

BIBLIOGRAPHIC DATA SHEET

1. CONTROL NUMBER

PN-AAH-839

2. SUBJECT CLASSIFICATION (695)

PC00-0000-G236

3. TITLE AND SUBTITLE (240)

Family planning manpower development; summary recommendations and training work plan developed for USAID/Morocco

4. PERSONAL AUTHORS (100)

Gustafson, Harold; Derosa, Theresa

5. CORPORATE AUTHORS (101)

Am. Public Health Assn.

6. DOCUMENT DATE (110)

1980

7. NUMBER OF PAGES (120)

28p.

8. ARC NUMBER (170)

MO301.32.G982

9. REFERENCE ORGANIZATION (130)

APHA

10. SUPPLEMENTARY NOTES (500)

11. ABSTRACT (950)

12. DESCRIPTORS (920)

Health personnel

Family planning education

Morocco

Health services

Medical personnel

13. PROJECT NUMBER (150)

14. CONTRACT NO.(140)

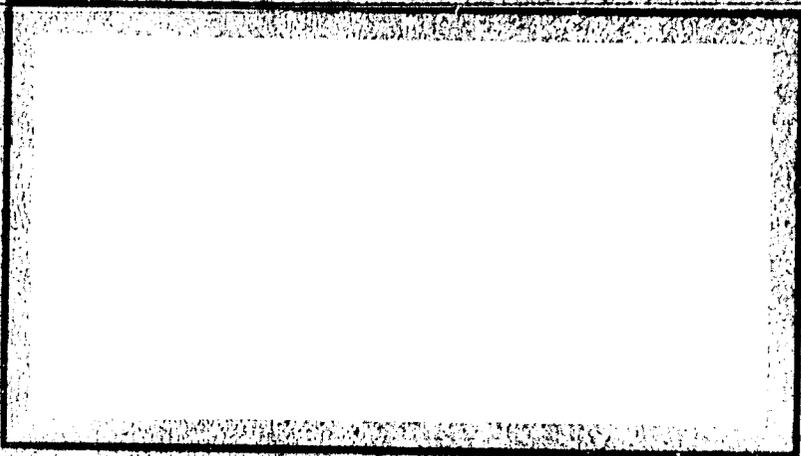
AID/DSPE-C-0053

15. CONTRACT TYPE (140)

16. TYPE OF DOCUMENT (160)

AID 590-7 (10-79)

M10
30132
6482



AMERICAN PUBLIC HEALTH ASSOCIATION
1100 15th Street, N.W.
Washington, D.C. 20004
202-462-1000

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

A Report Prepared by:

DR. HAROLD GUSTAFSON

MRS. THERESA DEROSA

During the Period:
JANUARY 1980

Under the Auspices of the:
AMERICAN PUBLIC HEALTH ASSOCIATION

Supported by the:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF POPULATION, AID/DSPE-C-0053

AUTHORIZATION:
Ltr. POP/FPS: 12/11/79
Assign. No. 582013

Agency for International Development
Library
Room 105 SA-18
Washington, D.C. 20523

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
I. SUMMARY AND CONCLUSIONS	
A. Policies	1
B. Administrative Reorganization of the Training Function	1
C. Job Analyses	1
D. Organization Diagnosis and Situation Analysis	2
E. Correspondence Courses	2
F. Practica	2
G. Supportive Training Resources	2
H. Non-Formal Training	2
I. Categories of Recommended Training	3
J. Funding Agencies	3
II. DRAFT - NATIONAL TRAINING PLAN MOROCCO - FAMILY PLANNING PERSONNEL	
A. Background	4
B. Problem	5
C. Purpose	6
D. Objectives	6
E. Prerequisites for Recommended Training Work Plan	6
F. Summary Description of Training Plan	7
1. Out-of-Country Long-Term Training	8
2. Out-of-Country Regional Short-Term Training	8
3. In-Country Short-Term Training	9
G. Specific Training Programs	10
1. Out-of-Country Long-Term Training	11
2. Out-of-Country Regional Short-Term Training	12
3. In-Country Short-Term Training	14
APPENDIX A: Time Sequencing for Projected Training Work Plan	
APPENDIX B: Morocco: List of Key Contacts	
APPENDIX C: Schedule - Gustafson and DeRosa	
APPENDIX D: Moroccan Participants in Scheduled Meetings	
APPENDIX E: Moroccan Participants in Meeting with Secretary General M.O.P.H.	
APPENDIX F: Marrakech Trip Report: January 20 - 21, 1980	

ACKNOWLEDGEMENTS

First of all, we wish to thank our Moroccan colleagues, especially Prof. Alaoui and Mr. Boukhrissi for their friendship, patience, and hospitality over the past 10 months of joint efforts in the development of the training plan. Our meetings have been characterized by open and frank interaction which has made it possible to reach a consensus concerning priority training needs and appropriate program strategies.

Also Mr. William Trayfors and Miss Ursula Nadolny contributed greatly to our efforts through superb management of all in-country arrangements for appointments, conferences, and our highly productive trip to Marrakech.

In all our meetings, we were completely dependent upon our talented interpreter, Ms. Cynthia Levin, who received not only our thanks and gratitude, but also praise from our French-speaking hosts.

Finally, we wish to thank Ms. Suzanne Olds, Technical Assistance Director of the American Public Health Association (AHPA), for her work in making this consultation a success.

I. SUMMARY AND CONCLUSIONS

Based on two visits to Morocco totaling a period of one month, meetings in Washington with Moroccan health officials, numerous visits to training institutes, dispensaries, clinics, etc., and three in-depth interviews, we are prepared to submit a more detailed summary, and conclusions and recommendations for training in the Moroccan Health/Family Planning System. ^{1/}

In our last meeting with Prof. Alaoui and his staff and several training institute directors, we reached a consensus on specific priority training issues and related training strategies. Based on the policy statements regarding the new focus on more community-oriented Health/Family Planning services, essential changes in training strategies are to be initiated at all levels of the system. These strategies will build upon the existing strengths evidenced within the system. Because of the number of training institutes and the variety of personnel involved, the implementation of these strategies must necessarily be phased. Also, it will take some time to identify and utilize the existing resources available within country subregions and regions. Moreover, the effective implementation of these training strategies will be determined by how closely the following conclusions and recommendations are adhered to.

A. POLICIES

Prior to the initiation of any recommended and approved training strategy, policy governing such training should be formulated and disseminated to those administrators, trainers, and trainees involved. These policies should be modified on an ongoing basis as new training needs emerge.

B. ADMINISTRATIVE REORGANIZATION OF THE TRAINING FUNCTION

The position and scope of the present training unit does not allow for the effective implementation of recommended training strategies. It should be elevated to a Directorate status with components responsible for pre-service training, in-service training, research and evaluation, and audio-visual support.

C. JOB ANALYSES

In view of the new focus on community Preventive Health service, the jobs of each health worker should be analyzed and their responsibilities clearly identified. This is essential since it is the basis for:

- the development of realistic, valid curricula for pre-service and in-service training;
- job motivation and satisfaction;

^{1/} This report covers the period January 14 - 27, 1980 only.

- career development;
- reduced turnover;
- personnel evaluation; and
- job classification and civil service recognition.

D. ORGANIZATION DIAGNOSIS AND SITUATION ANALYSIS

It is necessary to initiate and maintain a systematic analysis of the administrative functions within the Ministry of Public Health (MOPH) that impact current training activities as well as proposed training recommendations.

E. CORRESPONDENCE COURSES

In addition to revising the curricula of pre-service and in-service training, correspondence courses should also be revised according to identified needs.

F. PRACTICA

A crucial element in education and Preventive Health/Family Planning services is the effective design, use, and supervision of experience-based field activities. Specific criteria should be developed and maintained for the successful completion of practica by doctors and all paramedical personnel. Curricula for practica should be developed and adhered to. A minimum number of home visits and small group discussions should be required.

G. SUPPORTIVE TRAINING RESOURCES

In order to ensure the effective implementation of training activities, faculty and trainees must have access to both technical and human resources. Training institutes should have a specific supply of equipment and materials. In addition, a central resource center should be developed to provide expertise and special equipment. There should be a film-lending library, which should also have the capability to produce audio-visual teaching aids and instruction guides and provide duplication services.

To further ensure the quality of training in provincial institutes, mobile training directorate personnel should provide continuing consultation and in-service training.

H. NON-FORMAL TRAINING

In addition to formal institutional training, it is important that supervisors be actively involved in staff training. These in-service and staff meeting skills should be included in the proposed training of supervisors.

I. CATEGORIES OF RECOMMENDED TRAINING

Most of the recommendations made here so far concern in-country training. Equally important is the provision of long- and short-term training overseas. To ensure self-sufficiency in the implementation and maintenance of the current and proposed training system, an essential core of key personnel should be designated for advanced training overseas in areas such as health education, organizational development and training, health planning, communications, and bio-statistics. Short-term training observation/study tours overseas are also recommended for key administrative and training personnel. This recommended overseas training is detailed in our first report of March-April 1979.

J. FUNDING AGENCIES

In addition to USAID, there are several donor agencies--the United Nations Fund for Population Activities (UNFPA) and the World Bank--interested in funding and providing resources to support the Moroccan Health/Family Planning training effort. The activities of these donor agencies should be coordinated so as to be complementary to and supportive of each other.

II. DRAFT - NATIONAL TRAINING PLAN MOROCCO - FAMILY PLANNING PERSONNEL

A. BACKGROUND

Despite the relatively sophisticated health infrastructure through which Family Planning services are delivered in Morocco, the country's birth and infant mortality rates (43 per 1000 and 150 per 1000, respectively) remain surprisingly high. The system, and thus the Family Planning program, suffers from many of the same ills that afflict other developing countries, with low utilization rates being a particular case in point.

The government of Morocco has placed a high priority on the improvement of its Preventive Health/Family Planning service delivery system. The consensus is that, in order to reach the public more effectively, the Health/Family Planning system needs to be reoriented and refocused toward outreach and prevention. In the present three-year plan for health, there is a clear statement regarding the desire of MOPH to focus increasingly on community development participation in Health/Family Planning and to try to shift some responsibility to the community and the family. The reorientation of health personnel to bring about the desired shift in program emphasis will be a key factor prerequisite to program success. It is planned to accomplish this reorientation through in-service and pre-service training as described in this training plan.

NOTE: The principal rationale for the training suggested herein is to increase the effectiveness of Family Planning services in Morocco. However, many of the skills and techniques involved are applicable both to Family Planning and to other Preventive Health services. In fact, there is a complementarity among the various preventive services which will, hopefully, be reinforced through the proposed training program.

Training Background: Until quite recently, relatively few participants have been sent abroad for training in Preventive Health/Family Planning. In part, this was due to language difficulties and to the paltry course offerings in the French language. This situation is changing: There are several courses now offered in French for physician's training in Advanced Techniques of Fertility Management (ATFM) for administrators and Information, Education, and Communications (IE&C) specialists. The University of Connecticut is now offering six-week training and management courses in the French language. Course materials are beginning to be made available in French under programs such as the African Health Training Institute Program (AHTIP).

USAID has organized English lessons for counterparts and for persons who seem to be likely candidates for possible future training abroad. Courses are already underway for 10 such persons in Marrakech Province and for 20 people in Rabat. The language problem should be somewhat alleviated within the next two years as the English program gets fully underway.

There is considerable interest in in-country training. Both didactic and practical courses are needed, as well as training of trainers and the provision of teaching equipment and materials. This training plan includes recommendations regarding equipment and supply needs to facilitate the establishment of recommended in-country training programs.

Some in-country training that is already underway forms an important part of ongoing activities. Both the Marrakech Home Visiting With Continuous Motivation (VDMS) project and the National Fertility and Family Planning Survey have substantial in-country training components. The planned National Training Center for Reproductive Health (NCRH) in Rabat will sponsor training for physicians and paramedicals in voluntary sterilization and other clinical Family Planning techniques. The NCRH is to be jointly funded by the Association for Voluntary Sterilization (AVS), the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), and the MOPH.

B. PROBLEM

While Family Planning assistance has been provided to Morocco for more than a decade, for the most part real progress in the development of Family Planning services has been slow at best.

With the November 1973 speech of King Hassan II, stressing the need to take appropriate action on demographic factors influencing the economy, the MOPH began to adopt a much more aggressive posture with respect to the development of family health care services: All health workers are expected to know something about Family Planning and to refer clients to Family Planning services as appropriate. Innovations being introduced into the program include prescription of oral contraceptives at the dispensary level, IUD insertion and follow-up by dispensary nurses, and reorientation of services toward outreach in Family Planning and other aspects of Preventive Health care.

The government of Morocco has invested in Health/Family Planning for many years. The large number of hospitals, training centers, and personnel is evidence of the physical sophistication of the system. The health care, however, reflects a bias for curative over preventive medicine through public health than is apparently necessary to reduce the high death rate, particularly the infant mortality rate (150/1000). In terms of Family Planning, there is evidence that the high birth rate (43 per 1000) and lack of spacing between children are important factors in poor maternal and child health. These conditions are usually preventable through Health/Family Planning education and other Preventive Health services, Family Planning included. Yet paramedicals in the generally under-utilized dispensaries (the first level of entry into the health system) provide little, if any, primary or preventive care. The developing shift in focus toward outreach and education activities necessitates retraining of a large number of health personnel at the service delivery level as well as development of in-country capability to provide training according to national policies and needs. Long-term in-country

training also requires development/procurement of appropriate training materials and equipment.

Successful national programs of Family Planning delivery services are characterized by well-trained health personnel with special skills in planning, administration and evaluation, and community-focused activities. Currently there is a shortage of trained personnel in these functions in the MOPH, and particularly so in the area of Family Planning.

Ongoing development of manpower is 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. Ultimately, in-country capability to plan Family Planning programs according to needs, priorities, and cost-effectiveness considerations, and to upgrade and reorient the skills of the Moroccan Family Planning worker toward outreach, prevention, and education will help ensure the success of the Family Planning service programs.

C. PURPOSE

The purpose of the national training plan is to provide for training activities needed to establish a solid base of manpower within the Moroccan health system for future planning and implementation of Family Planning programs relevant to current and emerging needs of the country, in accordance with national policies. The training to be provided is aimed at producing in-country capability to plan, manage, and evaluate cost-effective Family Planning programs at the administrative level, and to carry out and evaluate these programs at the service delivery level.

D. OBJECTIVES

The provision of appropriate training for training personnel, physicians, paramedics, administrators, statisticians/demographers, IE&C specialists, policymakers, and opinion leaders will:

- increase the pool of health professionals in Morocco with the knowledge and experience essential to the development of innovative, effective Preventive Health/Family Planning programs;
- promote self-sufficiency in all phases of Family Planning and Preventive Health programming; and
- prepare Moroccan health professionals for a re-direction and strengthening of their skills in community-based preventive medicine, including Family Planning.

E. PREREQUISITES FOR RECOMMENDED TRAINING WORK PLAN

This work plan presents recommended strategies for the training and development of specific health service and training personnel on all levels

that will reinforce and build upon the existing capabilities and service structure. This plan of action is based upon the summary of reports by the consultants, relevant to visits to Morocco in March 1979, and meetings in Maskendon with Mr. Trayfors, Mr. Boukhrissi, and Prof. Alaoui, and a second visit to Morocco in January 1980. It is also based on an analysis by the USAID Mission in Morocco.

1. The administrative location of training should be upgraded to a Directorate and divisions of research and evaluation, pre-service training, in-service training, and audio-visual services should be established.
2. An organizational diagnosis should be conducted to identify priority training needs and activities for specific categories of health personnel.
3. Functional job descriptions should be developed for all Directorate, école, and service personnel consistent with the new focus on community outreach.
4. Correspondence courses for breveté nurses should be revised to reflect changes in the delivery of community outreach service.

The types of training recommended in this program are designed to develop the following skills:

- training capabilities;
- management, supervision, and administration of the training function;
- continuous training of:
 - faculty on all levels of the training hierarchy;
 - all health service personnel; and
- evaluation of faculty, trainees, and health service personnel and the impact of training on delivery of health services.

F. SUMMARY DESCRIPTION OF TRAINING PLAN

As previously noted, the reorientation and refocusing of the health system necessitates the retraining of a large number of health personnel. It is also necessary to develop a training faculty with educational skills designed to effect behavioral change essential to community-focused health activity. If sufficient resources, priority, and top-echelon commitment are given throughout this training schedule to the outlined in-country training, and if a sufficient number of Moroccans successfully complete the short- and long-term

training in the U.S. and elsewhere, as proposed, the training described herein will contribute greatly to continuing progressive developments in Family Planning service delivery.

The proposed training activities are of three general types: (1) Out-of-country long-term training, (2) out-of-country regional short-term training, and (3) in-country short-term training.^{2/}

1. Out-of-Country Long-Term Training

Duration: 18 months.

Purpose: To develop skills needed for program planning, implementation and evaluation, training, and organization development.

Who: The individuals chosen for this kind of training, upon return to Morocco, will constitute a core of health professionals located strategically in the health system so that their knowledge and skills may be brought to bear directly in such areas as program planning, implementation, and evaluation. The long-term training is for a few needed specialists selected from the national level and covers specialists in communications, health education, planning and administration, biostatistics, training, and organizational development.

2. Out-of-Country Regional Short-Term Training

Duration: 1-3 months.

Purpose:

- to provide the opportunity for appropriate staff to acquire specific skills in critical program areas, i.e., curriculum development, experiential training methodologies, follow-up and evaluation trainees, other elements in behaviorally oriented training, and organization development;
- to complement national-level training in specialized areas of program planning, management supervision, administration, IE&C, statistics, training, and organization development; and
- to broaden the scope of experience through third-country observational travel, to share common problems, concerns, and program strategies.

^{2/} When the University of North Carolina's Training Service for Middle East-Near East (MENE) Region has services available, designated candidates will be scheduled as needed.

Who: For provincial-level leaders, Family Planning administrators, selected medical specialists, directors of training institutes, etc. In each case, specific objectives of the training are spelled out and related directly to the trainee's function in his position in the Health/Family Planning system.

3. In-Country Short-Term Training

Purpose:

- to reorient the entire Health/Family Planning service and training toward the new MOPH philosophy of preventive and community-focused services, through didactic and practical training;
- to build upon the existing strengths of Health/Family Planning personnel by regularly providing information and training on current "state-of-the-art," new findings, and innovative methods of health service delivery; and
- to develop and promote within the MOPH long-range training and on-going development of manpower capability, crucial to the success of efforts to improve the Health/Family Planning service delivery system.

Who: With the increasing emphasis on more community involvement in health programs, and in order to effect the desired changes within this well-established system, it is essential that staff at all levels be exposed to the new philosophies that are guiding the changes, and in turn be provided training opportunities to acquire and/or develop the new knowledge, attitudes, and skills required. The content of each type of training is based on the respective levels and functions of each type of health worker, on health policy, and on community needs.

The broad range of personnel to be provided training opportunities are grouped into five levels, as follows:

- Policy level - senior policymakers, health planners, and administrators of the MOPH and other appropriate ministries;
- Management, administration, and supervisory level - those responsible for the delivery of health services;
- Trainer level
 - (national:) Those responsible for the management of training institutes and for the development and implementation of training activities;
 - (pre-service:) Faculty responsible for training trainers of specialty personnel;

- (in-service:) Faculty responsible for updating and continuing education of medical and paramedical personnel at all levels of health delivery;
- IE&C and health educator level - selected trainers from each of the above-described levels of training; and
- Health/Family Planning services delivery level - those directly involved with the public in the delivery of Health/Family Planning services, i.e., medical and paramedical personnel at all delivery points, including urban and rural clinics (health centers) and dispensaries, referral centers, etc.

This last group of health personnel will benefit from in-service training programs, including those provided by NTCRH, by VDMS training, and the various other seminars and workshops to be organized in-country.

Whenever applicable, appropriate training materials and equipment will be provided for use in training sessions, and as references after training has been completed.

G. SPECIFIC TRAINING PROGRAMS

1. Out-of-Country Long-Term Training

The strategy of the long-term (18-month) out-of-country training is intended to develop the technical competence necessary to continue the effective development and evaluation of Health/Family Planning programs and related activities. The selected fields of study, as described below, are designed to strengthen elements of communications and health education, of evaluation of program impact, and of statistical skills for the collection and use of Family Planning data for program decisions and improvement.

Long-term training is focused on the following areas: (a) communications; (b) education; (c) planning, administration, and management; (d) biostatistics; and (e) training and organizational development. Course work will be at the master's level.

Details of each area of training follow.

a. Communications

This will help to strengthen the capacity of Moroccan Health/Family Planning staff to more effectively utilize media of mass and interpersonal communications in programs designed to gain acceptance of new behaviors.

Course work at the master's level will include:

- principles of communications;

- community development and interpersonal communications;
- use of mass media and audio-visual techniques;
- planning and management of communications programs;
- basic behavioral sciences (psychology, sociology, political science); and
- demography, methods and research, and statistics and evaluation.

Communications training will 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.

Institution(s): University of Indiana, University of Wisconsin, E-W Center, Chicago University

Dates: September 1980, 1982 (18-month, degree or non-degree)

Trainees: 2

b. Education

This will develop knowledge to approaches to community education with a view toward changing Family Planning behavior and fertility management. It includes theories and techniques involved in information dissemination, problem definition, and personal and social change. Personnel training and curriculum development are stressed.

Such training will prepare the candidates to teach effectively on national, provincial, and local levels. They will 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.

Institution(s): University of California at Berkeley, San Jose State University, University of Michigan

Dates: September 1981 (18-month, degree or non-degree)

Trainees: 1

c. Planning, Administration, and Management

This program to develop analytical, planning, and managerial skills stresses planning in the training, organization, and supervision of personnel at all levels; the administrative aspects of planning; the management of personnel; the preparation of budgets and cost/benefit analyses, etc. As this administrative training is specifically geared to Family

Planning, the technical aspects of the management of health and medical services are emphasized.

Institution(s): University of Michigan, Johns Hopkins University, University of North Carolina, University of California at Berkeley

Dates: September 1980, 1981 (18-month, degree or non-degree)

Trainees: 2

d. Biostatistics

The biostatistics program will help the trainee to master statistical science and the design of research programs concerned with the social and demographic aspects of population groups.

The program emphasizes the development, implementation, and use of service statistics systems and other techniques for close monitoring of programs, including computer analyses.

Institution(s): University of North Carolina, Georgetown University, Johns Hopkins University, University of Michigan

Dates: September 1980, 1982

Trainees: 2

e. Training and Organizational Development

This program is designed to develop skills in the management, supervision, and administration of the training function, as well as skills in organizational diagnosis and related organization interventions.

Institution(s): University of Connecticut, Cornell University, University of California at Berkeley, Syracuse University, Georgetown University, Harvard University School of Public Health

Dates: September 1980, 1981, 1982

Trainees: 3

2. Out-of-Country Regional Short-Term Training

The overall goal of out-of-country short-term (one- to three-month) training 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 Family Planning service delivery. This short-term overseas training plan has been prompted by some of the problems and needs identified within

the Moroccan government's health care delivery system. Training programs scheduled for various categories of health personnel are as follows:

- Directors and faculty of training institutes (training and management skills)

Institution(s): University of Connecticut

Dates: November 1980, 1981, 1982
(for six-week French language program)

April --, 1981, 1982
(for 12-week English language program)

Trainees: 6
- Observation/study trips - U.S./Africa/Asia

Programs, institutions, locations, dates to be announced

Trainees: Policymakers, Medecin-chefs, Siaap administrators, directors of training institutes
- Family Planning administrators training

Institution(s): University of North Carolina, MENE
(French language regional and subregional programs)

Dates: As scheduled 1980, 1981, 1982

Trainees: 30
- ATFM for doctors

Institution(s): JHPIEGO

Dates: As scheduled 1980, 1981, 1982

Trainees: 12
- ATFM for nurses

Institution(s): JHPIEGO

Dates: As scheduled 1980, 1981, 1982

Trainees: 6
- Statistical Analysis

Institution(s): U.S. Census Bureau

Dates: As scheduled 1981 (three months)

Trainees: 1

- Demographic Analysis

Institution(s): U.S. Census Bureau

Dates: As scheduled (six months)

Trainees: 2

- Techniques for IE&C

Institution(s): E-W Center, University of Chicago

Dates: As scheduled (six months)
As scheduled (six weeks)

Trainees: 3

3. In-Country Short-Term Training

The in-country short-term training program is intended to provide pre-service and in-service training for all medical and paramedical personnel in those areas where gaps in skills and knowledge have been identified--both basic training and in new orientation of service delivery.

The training needs and objectives of pre-service personnel development will be coordinated by the head of Formation Professionnelle and incorporated into the curriculum of the existing training institutions, i.e., the NTCRH, the two medical schools, and the 22 practical nurse (infirmier breveté), the eight registered nurse (infirmier diplômé d'état), and the one nurse specialist (cadres) schools located throughout the country.

The in-service training program will require much coordination and organization to reach all health workers in the individual provinces, i.e., setting up of workshops, preparation of curricula and appropriate materials, scheduling of sessions, travel and assembling of personnel, etc. At present, the provincial Medecin-chef is responsible for in-service training for his health personnel. However, considering the increased emphasis to be given to training over the next four to five years, the additional workshops, sessions, and new curricula, it is recommended that a Training Office be established at the national level to be responsible for in-service training. The proposed Training Office would work with the head of Formation Professionnelle, the provincial Medecin-chefs, and the local training institutions.

It is envisioned that the first phase of the in-country training plan will be largely devoted to training aimed at developing the capacity

to provide in-country training for the bulk of the health personnel. Included in this category is the training of directors and faculty of training institutes, curriculum development, planning, management and evaluation of training, training methods, audio visual techniques and use, and field practicum training.

Training programs in administration and management, IE&C, medical knowledge, interpersonal skills, equipment maintenance and repair, etc., will be planned, implemented, and evaluated throughout.

Dialogue opportunities will be provided on a national scale for policy-makers and top-echelon personnel in the MOPH and other ministries.

Consultant assistance (U.S. and third country) will be required to implement the in-country training plan but it is anticipated that this will diminish progressively as in-country capacity and experience increase.

APPENDIX A

TIME SEQUENCING FOR PROJECTED TRAINING WORK PLAN

<u>ACTIVITY</u>	<u>PROPOSED TIMING</u>
Training of policymakers and top echelon (inter, intra ministry)	Begins January 1980 and continues through June 1980 (non-formal meetings)
2. Ministry of Public Health organization functional task analysis	Begins January 1980 and continues through June 1980
3. Training of directors of training institutes and training specialty faculty	A three-week program in August or September 1980 (formal workshop)
4. Curriculum revisions including correspondence course revision	Begins September 1980 and continues throughout 1981 and 1982
5. Training of management and supervisory personnel - Medecin-chefs of provinces, zones, regions, and Siaap regions	Two-day workshop for three separate groups, to take place during the period from October 1980 through March 1981 (formal workshops)
6. Training of management and supervisory personnel of referral centers, urban and rural health centers, and dispensaries	Three-day workshops for 30 separate groups beginning in November 1980 and continuing throughout 1981 and 1982 (formal workshops)
7. Trainer and training management skills workshop for faculty of: - l'école des cadres - l'école d'état - l'école d'infirmiers brevetés	Begins September or October 1980 and continues through December 1980 (formal workshops)
8. IE&C workshops for trainers: - l'école des cadres - l'école d'état - l'école d'infirmiers brevetés	A total of 12 hours for faculty of each of these schools conducted by IE&C specialist trainers during the regularly scheduled staff meetings beginning July 1980 and continuing throughout 1981 and 1982 (non-formal workshops)
9. Training of health service delivery personnel	A total of 12 hours' orientation for staff conducted by supervisors beginning December 1980; within a month after each referral center supervisor has been trained, he shall orient his staff (non-formal)

APPENDIX B
MOROCCO: LIST OF KEY CONTACTS*

GUSTAFSON/DEROSA
JANUARY 1980

ORGANIZATION	POSITION	NAME	TELEPHONE	LOCATION
Ministry of Public Health	Secretary-General	Mr. Othman Jannane	64019	MOPH Building, 2nd Floor
	Director of Technical Services	Dr. <u>Alaoui</u> Tahar	63895	MOPH Building, 3rd Floor
	Head, Division of Infrastructure	Dr. Md. <u>Mechbal</u>	61675	MOPH 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>		
USAID	Assistant Director	Mr. Erick Griffel	30361 x513	Embassy Annex, 5th floor
	Population Officer	Mr. William Trayfors	30361 x534	Embassy Annex, 4th floor
	Health/Nutrition Officer	Ms. Sue Gibson	30361 x550	Embassy Annex, 3rd floor
Embassy	Marine Guard	(Varies)	30361 x350	Embassy, Front Entrance
UNFPA	Resident Representative	Mr. Winston Lane	65140 or 63505	UNDP Building

* For others, see attached Schedule, Appendix C.

APPENDIX C

SCHEDULE - GUSTAFSON AND DEROSA

Tuesday, January 15

At USAID - Mr. Tom Harriman and Ms. Ursula Nadolny

Wednesday, January 16

- 9:00 a.m. - meeting with Secretary General of Ministry of Public Health (MOPH), Mr. Jannane
- meeting with Prof. Alaoui, Director, Technical Affairs (policy and training, etc.)
- 3:00 p.m. - meeting MOPH Population Division (Mssrs. Boukhrissi, Jouhara)

Thursday, January 17

Visits:

- 9:00 - 10:30 a.m. Nurses' Aides Schools (infirmiers brevetés)
- 10:30 a.m. - 12 noon School for Registered Nurses (école d'infirmiers d'état)
- 2:30 - 4:30 p.m. School for Environmental Hygiene Engineers (école d'ingénieurs d'assainissement)
- 4:30 p.m. Health Statistics Service, MOPH Population Division (service Mecanographique) - M. Ouakrim

Friday, January 18

Field Sites for Practica:

- 9:00 a.m. Maternity Hospital, Children's Hospital, Dispensary
- 3:00 p.m. School of Nurse Specialists (école des cadres)

WEEK OF JANUARY 20

Sunday, January 20

Leave early afternoon for Marrakech

Monday, January 21

- 9:00 a.m. - meeting with Dr. Zarouf, Medecin-chef (chief physician), Marrakech Province
- 9:30 a.m. - visit Hospital, Mrs. Menoir, Maternity Section; observe nurses' practica
- 10:00 a.m. - travel to rural dispensary; visit; observe Family Planning and nurses' training
- 11:30 a.m. - observe activities in villager's home serving as a weekly clinic
- 2:30 p.m. - visit School for Registered Nurses (École d'État)
- 6:00 p.m. - return to Rabat

Tuesday, January 22

- 3:00 p.m. - meeting with Mrs. Hassani, Directress of Nurses' Training, MOPH

Wednesday, January 23

- 9:00 a.m. - work session, Dr. Alaoui, Dr. Mechbal, Mr. Boukhrissi, Mrs. Hassani, Dr. Cherkaoui, Mrs. Laziri, and others at MOPH
- 3:00 p.m. - continuation of morning work session

Thursday, January 24

Consultant prepare draft work plan for training (all day)

Friday, January 25

- 9:00 a.m. - consultants present draft work plan for training to Dr. Alaoui and colleagues for their perusal
- 3:00 p.m. - closing meeting with Dr. Alaoui and colleagues - conclusions, recommendations, actions to be taken

APPENDIX D
MOROCCAN PARTICIPANTS IN SCHEDULED MEETINGS

Moroccans attending the two meetings (Wednesday, January 23, 1980, 9:00 a.m. - 12:00 noon and 3:30 - 6:30 p.m.) and the Final Session on Friday, January 25, 1980, 3:00 - 5:30 p.m., are listed below.

- * Prof. Alaoui, Director, Technical Affairs, MOPH
- + Dr. Mechbal, Infrastructure and Planning
 - Mr. Azzizi, Chief of the Service of Hygiene and Environmental Hygiene
 - Mrs. Hassani, Chief of Professional Training Service
 - Mrs. Lazziri, Chief of Health Education Service
 - Mr. Boukhrissi, Chief, Family Planning Service
 - Mr. Benliman, Director of Public Health School (Collège)
 - Mr. Razim, Director of Nursing School, Meknès
 - Mr. Bougriene, Director of School for Registered Nurses, Fez
 - Mr. El Gazouli, Director of School for Hygiene and Environmental Hygiene Technicians

COLLEAGUES ALSO ATTENDING (CENTRAL PROFESSIONAL TRAINING SERVICE)

- Mrs. Themar
- Miss Meziani
- Mr. Teimi

* Attended morning session only on Wednesday, January 23. Final session attended by full list.

APPENDIX E

MOROCCAN PARTICIPANTS IN MEETING WITH SECRETARY GENERAL, M.O.P.H.

DATE, TIME, PLACE: January 16, 1980; 0900 - 1245
Ministry of Public Health

SUBJECT: National Training Plan for Manpower
Development of Health/Family
Planning Personnel

PARTICIPANTS:

MOPH: Mr. Jannane, Secretary General
Dr. Alaoui, DAT
Mr. Boukhrissi, F.P.
Dr. Mechbal, Infrastructure and
Planning
Dr. Azzizi, Hygiene and Water
Dr. Cherkaoui, Infrastructure and
Planning
Dr. Fikri, Epidemiology

USAID: Dr. Harold Gustafson, San Jose State
University
Mrs. Theresa DeRosa, University of
Connecticut
Ms. Cynthia Levin, Interpreter
Ms. Ursula Nadolny, USAID/Rabat,
POP/Health/IDI

The initial session with the Secretary General served as a welcome to the training consultant team and provided general background on the administration and organization of training within the Ministry of Public Health (MOPH). In his introductory remarks, Mr. Jannane indicated that the MOPH is moving toward a new emphasis on community involvement in health care and on increasing the educator role of the health worker.

Dr. Mechbal outlined for the consultant team the infrastructure of the health system at the national, provincial, circonscription (district), and sector levels. Subsequent to this, Dr. Alaoui presented in some detail the training that has been and is still being presented at all the paramedical schools, including former objectives (the MOPH has developed a new set of objectives, on which future training is to be based--see below), schedule of training (theoretical/classroom and practical), number of hours spent on each subject/area each year, percentage of time devoted to particular areas, numbers trained, etc. Some of the problems they are now facing are (1) difficulty in recruiting students into the paramedical professions, due to relatively low salaries and housing problems, and (2) more specifically related to training needs, that of coming to grips with the fact that up to now, specialty training has not been linked to actual health care needs, especially in rural areas.

The new MOPH objective of auxiliary personnel training is as follows (rough translation): to train a health auxiliary staff capable of providing basic health services both in the urban and rural areas; of meeting actual needs and demands of communities; of working with the communities; and of referring more difficult cases and problems to the appropriate level within the existing health infrastructure.

Related to this, the new training is to reflect increased emphasis (in terms of time, technical information, and practical experience) on (1) MCH; (2) demography, family planning, population; (3) infectious diseases; (4) environmental sanitation; (5) individual hygiene; (6) IE&C; and (7) health management and economics. In addition, MOPH training guides need to be reviewed and updated; the "science of communication" introduced into the teaching curriculum; and new teaching methods geared toward community participation, and education learned by the pre-service and in-service trainers and taught to paramedical students and personnel.

The training scheme outlined is based on the breveté, i.e., nurses' aide, as the lowest level of health worker. This level worker has had six years of primary education, four years of secondary education, plus two years of nursing school.

Draft:POB:UNadoIny:et:1/24/80

Clearances: HGustafson (in draft)
TDeRosa (in draft)

Distribution:	USAID	AID/W	
	Trayfors	Labbok	Gustafson
	NadoIny		DeRosa
	D, AD, PROG		
	HN		
	C&R		
	POP chron (2)		

APPENDIX F

MARRAKECH TRIP REPORT: JANUARY 20-21, 1980

- Purpose:** Discussion of Training Needs re: VDMS-type activities; observation of (1) health services, dispensary level; (2) health outreach activities; and (3) nursing school training.
- Travelers:** Dr. Harold Gustafson and Mrs. Theresa DeRosa, Consultants, Population/Health Personnel Training
Ms. Cynthia Levin, Interpreter
Ms. Ursula Nadolny, POP/Health/IDI

To complement information gathered re: training objectives and needs in discussions with national-level MOPH officials and with the directors of nursing and technical (paramedical training) schools in Rabat, the training consultant team visited Marrakech to observe actual training and to learn what kind of training needs and problems might be encountered as the MOPH moves toward outreach and community-based health activities.

We were met by Dr. Zarouf, the Medecin-Chef of Marrakech Province; Mr. Bonn-jimi, Director of the Ecole d'Infirmiers Brevetés (nurses' aides), and Mr. El Amiri, Director of the Ecole d'Etat d'Infirmiers (roughly RN equivalent). At the Provincial hospital, the Ecole de Breveté instructor (monitrice) outlined the hospital-based practica for the students and explained evaluation procedures. We then visited a rural dispensary at about a 15-minute drive outside of the city (I had previously visited this same dispensary during an orientation visit). Patient flow and record-keeping were observed.

Next we visited a douar (an agglomeration of households outside the city limits) to observe one of the Province's four mobile MCH units. The MCH activities, i.e., food preparation demonstrations, some nutrition education, vaccinations, and Family Planning motivation and distribution, take place in a building or a room which is owned by a well-known local and is on loan to the provincial health system. According to Mr. Aniba, the head of Marrakech Province's SIAAP (the preventive health arm of the health system), this kind of outreach and community involvement is fairly common throughout Morocco. The mobile MCH units have monthly schedules and routes they are to follow, to give as wide a coverage to the population as possible.

Other activities on the day's agenda included a visit to the Marrakech Family Planning Referral Center, to observe activities and discuss VDMS progress. Related to this, we met with the "Chef de Service" of Health Education in Marrakech and with others involved with VDMS training and implementation to learn some of the problems that might be anticipated when planning subsequent outreach-type training in other provinces. It was learned that, at least for VDMS-extension activities, Marrakech trainers will be meeting with appropriate individuals in the next three provinces.

Finally, we visited the Ecole d'Infirmiers d'Etat to observe the training provided there. Unfortunately, all that could be observed was the standard classroom lecture in which students religiously wrote down every word spoken by the lecturer (chronic lack of texts?). We were unable to observe any practical field training provided to the students. We did learn, however, that each student is required to summarize his field work experience, and that a resumé of all the students' summaries is communicated to MOPH one time per year. In fact, the MOPH is now in the process of revising its nursing and technician schools' curricula and is trying, among other things, to determine the best mix of hours and stress on classroom/theoretical work vs. practical field experience.

During our visit to Marrakech, the common theme that we had heard in previous discussions in Rabat was echoed: the emphasis is on swelling the ranks of upper-level (diploma d'Etat) nursing personnel (four years of training with work experience) so as to have sufficient technical capacity and skill within the health system to deal with any medical need, even in the rural areas. It was pointed out that this represents a curative approach and that those health services which would have the most direct impact on infant mortality and morbidity (i.e., health and nutrition education, immunization, rehydration) could be taught in far less time (several weeks vs. two to four years) and would cost far less. The official agreed with this statement but went on to comment that if this were the approach taken, what would all these more highly trained paramedicals do? This seemed to reflect the current MOPH trend toward more highly trained polyvalent workers, as well as their concern for ensuring individual job satisfaction through increased worker responsibility.

NB: While in Marrakech I took the opportunity to check up on the "enquête de sondage," i.e., the baseline and follow-up survey for VDMS, Marrakech city. The Rabat-based statistician, Mr. Mustapha Azenmat, is in Marrakech and will be working there throughout the survey, until about mid-March. The preliminary steps seem to be proceeding well and on schedule; work began one week ago, and at the present time about one-half of the names for the first survey ("continuation") have been catalogued. Training for field household visiting is expected to begin on February 15.

Draft:POP:UNadolny:et:1/24/80

Clearance: HGustafson (in draft)
TDeRosa (in draft)

Distribution:	USAID	AID/W	
	Trayfors	Labbok	Gustafson
	Nadolny		DeRosa
	D, AD, PROG		
	HN		
	C&R		
	POP chron (2)		