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Report of the Fourth Annual Workshop in  
"FAMILY PLANNING, NUTRITION, AND PRIMARY HEALTH CARE IN AFRICA:  
Program Design, Management, and Evaluation"

May 31 - June 24, 1983

The Center for Population and Family Health  
Columbia University  
New York

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## A. Introduction

This report describes the fourth annual intensive "Workshop in Family Planning, Nutrition, and Primary Care," conducted in New York from May 31 through June 24, 1983. The Workshop was designed to teach managers, evaluators, trainers, and researchers the underlying principles, practical techniques, and tools for designing, implementing, managing, and evaluating integrated service delivery programs. Special attention was given to increasing the level of epidemiologic, demographic, and management skills required in programs whose goals are to provide family planning, nutrition, and primary health care services for lower income groups living in rural and urban slum areas in Africa.

While this was the fourth annual Workshop conducted by the CPFH (Center for Population and Family Health), it was the first Workshop focused exclusively on Africa.

- o Thirty-three of thirty-four sponsored participants were from eleven sub-Saharan African countries. One participant was from Haiti.
- o Eighteen participants were from countries in which in-country follow-up Workshops have been conducted or are contemplated.
- o For the first time, the Workshop was conducted in French and English using simultaneous translation for all presentations. This permitted representation and full participation of fourteen trainees from five Francophone African countries.

The following sections of this report cover the rationale, objectives, curriculum, participants, faculty, facilities, and evaluation of the 1983 Workshop.

## B. Rationale

In many developing countries, health care systems have followed western models of specialized, urban, technology-intensive medical centers. While such physician-oriented systems may provide good to excellent care for an affluent minority in a number of countries, the majority are denied the most basic family planning, maternal and child health, and primary health services.

The CPFH has assisted in the development of projects that make needed family planning and related health services more accessible. These community-oriented programs in rural villages and urban slum areas rely primarily on trained allied health and lay personnel, using hospitals, clinics, and physicians only for referral and supervision. These personnel have proven to be effective in delivering a wide range of family planning and simple health services in their own communities. These services include the provision of oral contraceptives, condoms, and foam (and, in some instances, injectables) together with simple approaches to the recognition and treatment of diarrheal diseases, parasite infestation, respiratory infections, malaria, malnutrition, and injuries.

The CPFH has already developed a number of operational research efforts to community-based family planning projects alone, or with related health and nutrition components. Within this broad framework, CPFH technical assistance has focused primarily on areas such as management information systems based on simplified data and record collection; evaluation; supervision; logistics and supply; innovative analytic approaches; training of lay and allied health personnel, including methods to identify appropriate lay and allied health personnel, as volunteer or paid agents; and general public health, epidemiologic and demographic research approaches. A major focus of CPFH activities during the years ahead is to utilize this expertise and experience in order to assist additional groups and countries interested in developing, expanding, and/or improving family planning and basic health and nutrition programs.

This training program has strengthened our ability to expand these efforts more rapidly by enabling us to work more intensively with a selected group of individuals to complement our program-specific technical assistance activities. The experience gained in several country programs in which we are involved has been translated into guidelines for the development of the basic curriculum units for this training program and for the in-country training programs included under this cooperative agreement.

### C. Goals and Objectives

The overall goal of the training program is to develop and strengthen the in-country capability of African program managers, evaluators, researchers, and trainers to design, implement, manage, to evaluate integrated family planning and primary health care programs. Specific objectives are to:

1. Refine and adapt to African needs an already developed curriculum emphasizing the demographic and managerial components of integrated service delivery programs.
2. Train African participants to conduct community needs and resources assessment.
3. Teach African participants to select and develop appropriate program design strategies.
4. Present the range of specific family planning, health, and nutrition problems together with specific interventions so that African participants can implement improved service delivery programs.
5. Prepare African trainees to use modern management, evaluation and research techniques to improve and strengthen their programs.
6. Conduct a 4-week training program for approximately 25 African participants in June 1983.
7. Provide technical assistance to enable participants to serve as faculty in adapting the curriculum of this program in their own countries and to assist with the design and implementation of five such efforts (three in Anglophone countries and two in Francophone countries). At least 20 participants will be trained in each country program.
8. Evaluate the immediate and medium-term results of the training program.

The evaluation of the degrees of achievement of these objectives is discussed in the section in "Evaluation."

## D. Curriculum

Four major areas of curriculum have been developed, all of which draw on basic epidemiologic, demographic, and management disciplines. These areas include: community needs and resources assessment; program design strategies; specific problems and interventions; management, research, training, evaluation; and policy issues.

The following sections present a general outline of the areas included in the curriculum. The detailed syllabus and schedule are attached as Appendix 1.

### 1. Community Needs and Resources Assessment

**Objective:** To train participants to conduct community needs and resources assessments. Training included.

- o Identification of major fertility, health and nutrition problems with particular emphasis on the use of existing data sources and the use of appropriate qualitative and quantitative approaches.
- o Identification of existing family planning, health and nutrition resources including physicians, nurses, midwives, auxiliaries, hospitals, clinics, health posts, and health training institutions.
- o Identification of gaps in services and constraints in the delivery of services.
- o Identification of cultural factors relevant to the delivery of health services, e.g. traditional roles of men and women; tradition of voluntarism in a society; tradition of community participation; and cultural health, nutrition and fertility related behavior.
- o Identification of community resources which may be mobilized for family planning, health and nutrition programs with special reference to political and social structure, religious organizations and traditional and indigenous workers not included in the formal health structure.
- o Identification of the decision-making structure and process in the formal health sector in order to develop an understanding of the approaches and actions needed to gain acceptance for community oriented integrated service delivery programs.

## 2. Program Design Strategies

**Objective:** To teach participants to select and develop appropriate program design strategies.

Topics covered included: single purpose programs, multi-purpose programs, mix of preventive and curative services, commercial sector opportunities, social marketing approaches, door to door canvassing and service delivery, local community depots, and relationships with existing health structures (referral, backstop, linkages).

An important related area of curriculum development concerned the relationship between health program activities and services and the programs and services offered in other development sectors. For example, activities in the agricultural sector often have a direct bearing on nutrition; educational programs (especially those addressing adult literacy) may be expanded to include family planning, health and nutrition content.

## 3. Specific Problems and Interventions

**Objective:** To present selected specific problems and interventions to enable participants to improve service delivery programs.

For these priority problems, the curriculum covered the epidemiology of the problem; pertinent demographic and ecological considerations; specific interventions available; their modes of action; and, the important issues of safety, indications, contraindications, and costs.

The priority problems and interventions covered included:

- o family planning
- o pregnancy and delivery
- o nutritional deficiencies (emphasizing children and pregnant and lactating women)
- o major parasitic and infectious diseases (with special emphasis on infant diarrhea and oral rehydration programs)

#### 4. Management, Evaluation and Research

**Objective:** Prepare trainees to use modern management, evaluation, and research techniques to improve and strengthen their programs.

Topics covered included: presentation and use of a systems model for use in program design, management, and evaluation; use of the "Logical Framework" for stating problems, setting objectives, and specifying evaluation criteria; selection of strategies to be incorporated into overall program design; development of information systems for administrative monitoring, supervision, and evaluation.

The management component also included training and supervision and throughout stressed the logistics, implementation planning, and financial aspects of programs.

#### 5. Work Groups

In addition to the class lectures, discussion, and seminars, the formation of workgroups was an important component of the curriculum. The purpose of these workgroups was to engage participants in problem-solving activities to give them an immediate opportunity to begin to apply the concepts, skills and approaches presented during the course.

At the end of the first week of the course, participants proposed several areas in which they were interested to form workgroups. These were narrowed to a few more specific topics and faculty resource advisors assigned.

In all, six workgroups were formed, as follows:

- o Training - 1 (English)
- o Integrated PHC/FP-3 (2 English and 1 French)
- o Family Planning - 1 (French)
- o Community Involvement (1 English)

Each workgroup unit met five times to complete exercises related to the sequence of management topics covered in the curriculum. Additionally, workgroups met at least six additional times to complete exercises related to identifying critical risks, training approaches, and water and sanitation. At least one group was asked to present the results of its exercise ensuring that all groups were called upon at sometime during the workshop.

Participants were also engaged as individuals serving as respondents to, or sharing country experiences in, curriculum topics. The syllabus and schedule contained in Appendix 1 has been annotated to include workgroup assignments, exercises, and other forms of participant involvement.

## G. Other Activities

In addition to the official workshop syllabus (Appendix 1), a number of professional and social activities were organized and made available to participants.

### 1. Evening film sessions included the following presentations:

Island Way. Family planning on an island in the Philippines.  
(English/French, 16 min.)

The Cheerful Revolution. Social marketing in Thailand.  
(English/French, 25 min.)

Barefoot Doctors in Rural China. (English, 50 min.)

A New Voice in the Village. Application of social marketing for infant health and nutrition in Tunisia. (English/French, 60 min.)

That Our Children Will Not Die. Institute of Child Health in Nigeria. Concerns communities developing local primary health care clinics. (English, 60 min.)

The City. Family planning - Colombia's problem of urbanization.  
(English/French, 25 min.)

Health by the People. Health and development in rural Mexico.  
(English, 60 min.)

### 2. Field Staff Seminars.

CPFH field staff offered a series of lunch time seminars in which health and family planning operational research project were presented. Presentations included: Haiti, Thailand, Sudan, Nigeria, and Tanzania.

### 3. Library Tours.

Participants visited the CPHF library for orientation services available. A Popline research was prepared for each participant and research quest forms were distributed for future requests.

### 4. Computer Demonstration.

In response to participant demand during the session on information systems, demonstration of mini-computers, video display terminals, and word processing equipment were arranged.

5. Visits to the Young Adult Clinic.

Visits to this clinic which specializes in adolescent health and family planning services were arranged for small groups of participants. Trainees observed education, intake, counselling, and provision of service activities. Toward the end of the Workshop, clinic staff met with participants at lunch time to discuss impressions.

6. Social Activities.

A variety of social activities were conducted during the month of the Workshop: opening reception, picnic, boatride around Manhattan, closing party hosted by participants, and numerous small group evening activities hosted or organized by CPFH staff.

7. Certificate and Group Photographs.

At the closing ceremony of the Workshop, certificates of participation and group photographs were distributed to all participants (Appendix 4).

## **E. Participants**

Participants were drawn from two primary sources: African government and private sector organizations involved in the delivery of family planning, health, and nutrition services. Nomination of candidates for the Workshops were obtained either through CPFH's own in-country program contacts, or as a result of an extensive mailing to AID missions, international agency regional and country offices, and selected African country programs and agencies. Particular attention was given to recruiting candidates for the Workshop from programs in AID priority countries and countries with which the CPFH is currently involved in and in which in-country follow-up training activities are planned. Referrals from participants in the 1980, 1981, and 1982 Workshops were another important source of nominations.

For the 1983 Workshop, more than 100 applications were received, of which 34 were selected as sponsored participants to attend the Workshop. Appendix 2 contains a complete participant list. Additionally, two students (both French and English speakers) enrolled in the M.P.H. program at the School of Public Health were given special permission to take the course for academic credit towards their degree because of their demonstrated interest in and commitment to African health problems. One physician, about to start an internship was admitted to the course in recognition of his international health interests and ambitions. Finally, a newly recruited CPFH staff member participated in the course prior to starting an assignment in Burundi.

**1983 PARTICIPANTS BY COUNTRY, SEX, LANGUAGE,  
PROFESSION AND SPONSOR**

COUNTRY	NO. PARTICIPANTS		PROFESSION										SPONSOR					
	MALES	FEMALES	FRANCOPHONE	ANGLOPHONE	M.D.	NURSE-MIDWIVES	ADMINISTRATION	HEALTH EDUCATOR	NUTRITIONIST	CPFH - AFRICA TRAINING	CPFH - RESEARCH	CPFH OTHER	MISSION	WORLDWIDE	PATHFINDER	FPIA	AHREF	
BURUNDI	3	2	1	3	-	2	-	-	-	1	1	1	-	1	1	-	-	
...	1	1	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	
...	4	-	4	-	4	-	2	1	1	-	-	-	-	1	2	1	-	
...	4	-	4	-	4	-	2	1	1	-	-	-	-	-	-	-	-	
...	2	-	2	2	-	2	-	-	-	-	2	-	-	-	-	-	-	
...	2	-	2	2	-	2	-	-	-	-	-	-	-	4	-	-	-	
...	4	-	4	-	4	-	4	-	-	-	-	-	-	4	-	-	-	
...	4	3	1	4	-	1	3	-	-	-	-	-	-	4	-	-	-	
...	4	1	3	-	4	1	3	-	-	-	4	-	-	-	-	-	-	
...	3	2	1	-	3	2	-	1	-	-	-	-	-	2	-	-	-	
...	2	2	-	-	2	2	-	-	-	-	-	-	2	-	-	-	-	
...	2	-	2	-	2	1	-	1	-	-	-	-	-	2	-	-	-	
...	3	-	3	3	-	-	3	-	-	-	3	-	-	-	-	-	-	
...	2	-	2	2	-	-	2	-	-	-	-	-	-	2	-	-	-	
Total	34	11	23	15	19	12	17	3	1	1	10	1	2	9	4	6	1	1

## F. Faculty

The faculty for this program was drawn from interdisciplinary faculty of the Center for Population and Family Health, and other School of Public Health and Medical School faculty, and selected expert consultants.

A most important faculty resource proved to be the field staff assigned to ongoing overseas projects in which the Center is involved. Their participation enriched the course by making available the views of professionals who are involved in the day to day operations of actual programs. In addition, since field staff were housed together with participants, they provided important "after hours" companionship and assistance in taking advantage of New York's attractions. In addition to faculty, a program coordinator, a secretary, and a messenger were assigned to provide administrative support for the program.

External consultants and their areas of expertise included:

Dr. MaryLou Clements, Univeristy of Maryland, Oral Rehydration Therapy.

Mr. Andrew Aigle, CDC, Immunizations.

Mr. Bill Bowers, Hesperian Foundation, Village Run Programs, Training.

Dr. David Morley, Institute of Tropical Child Health - Pediatrics, Training.

Dr. Abdul Rahman ElTom, Dept. of Community Medicine, University of Khartoum, Program Design and Evaluation.

Dr. Ray Isely, WASH Project, Water and sanitation.

Ms. Blythe Tennent, CEDPA, Women's Projects and Income Generation

\*Dr. Maria Wawer, John Hopkins University, Family Planning, Training.

\*Dr. Jean Marc Olive, WHO, Immunizations, Training.

\*Dr. Maryse Pierre Louis, Center for Family Health, Haiti, Family Planning, Training.

\*Drs. Wawer, Pierre-Louis, and Olive are all bilingual and contributed importantly to both the formal sessions and the french language workgroups.

## G. Facilities and Resources

Existing facilities and physical resources of the Faculty of Medicine and the CPFH were used for this program. Classrooms available in a variety of locations, in and around, the School of Public Health, including rooms in the CPFH were used. The Center's specialized library has over 10,000 documents and 3,000 books and monographs, and subscribes to 135 journals and newsletters devoted to program development and evaluation. A large number of publications was made available to the participants. The Library also provided free literature searches to each participants on their country programs and instructed them on how to make use of the POPLINE search service in the future once they return home. The well-equipped Audio Visual Center of the main Health Sciences Library and the multi-purpose classrooms, seminar and amphitheater space were important.

Participants whose programs required computer processing had access to the University Computer Center through terminals located at the Center for Population and Family Health. All participants received up-to-date literature searches on their countries as well as a comprehensive package of published and unpublished materials for their use on return to their countries. A list of materials (in French and English) was distributed to all participants is contained in Appendix 3.

Housing arrangements for participants were made at the International House -- a short bus ride from the CPFH and its classroom locations

Simultaneous translation of the Workshop was arranged through Ren.ert Bilingual Institute of New York. To preserve the participatory dynamic of the Workshop and to avoid the stilted formal format often associated with simultaneous translation, an innovative system was employed. This system used infra-red transmitters and lightweight headsets thereby eliminating extensive wiring and permitting easy physical movement and rearrangement of the room configuration for different training purposes. The two internationally know translators concurred with the attempt to preserve Workshop group dynamics and agreed to work outside of the booths usually provided translators. Overall, the system worked well and participant assessment of the simultaneous translation of the Workshop is covered in the section on Evaluation.

## H. Evaluation

### 1. Design

The evaluation design for this course, which was basically the same as the approach used in previous years, had three principal objectives.

- a. To assess the impact of the course (a) in the short-term, concerning the knowledge and skills gained by the participants during the course; and (b) in the long-term, concerning the extent to which course content is applied by participants and communicated to co-workers upon return to their jobs.
- b. To obtain feedback on the relevance and appropriateness of course content, methods and organization in order to make needed changes in the development of the course for the future.
- c. To make comparisons with the evaluation results of previous workshops, especially for those aspects of course content, structure and organization which were modified.

An initial pre-course survey was administered to participants to obtain general information on their objectives, expectations, experience and background. This pre-survey also asked specific questions about 22 curriculum areas covered in the Workshop. At the conclusion of the course, a similar questionnaire was administered asking general questions about the course overall and specific follow-up items on the 22 curriculum areas. Four unit surveys focusing in detail on individual course sessions were administered during the course, as each of the components of the curriculum was completed. This questionnaire was adopted from the course evaluation form used by the School of Public Health. Long-term follow-up will be accomplished by direct contact and communication with course participants in a formal and informal way. In particular this will focus on issues of job relevance and application of the training especially in the conduct of in-country follow-up Workshops. CPFH Resident field staff and New York-based staff will continue to provide personal follow-up on an informal basis wherever possible as part of their ongoing technical assistance activities.

## 2. Results

For the pre and post-course surveys, the curriculum was broken down into 22 major subject areas. The unit evaluations focused on individual class sessions, in part, to provide specific feedback on faculty, lecture material and organization which can be used in modification of the curriculum for future courses.

In some cases, a curriculum area corresponds to a single session in the unit evaluations (e.g. malaria and other parasitic diseases). In other cases, several unit sessions comprise a curriculum area, (e.g. Needs assessment), and in the final category, the curriculum area constitutes a major theme, dealt with specifically in certain sessions, but also addressed throughout the course, (e.g. Program Design, Management and Evaluation).

The table on the following page presents the results of the pre and post-Workshop tests and the unit evaluations.

- o Columns 1-4 present pre and post-Workshop comparisons of participants' self-assessed level of competence in each of the 22 curriculum areas. Column 1 is the percentage of participants rating themselves "high" and "very high" on pre-test. Column 2 is the same percentage obtained on post-test. Columns 3 and 4 present the absolute (col. 3) and percentage (col.4) changes from pre-test to post-test.
- o Columns 5 and 6 present post-Workshop findings on the extent to which participants reported gaining general concepts (col. 5) and specific skills (col. 6) in each of the 22 curriculum units.
- o Columns 7-11 present evaluations of the individual unit presentations. Each column contains an entry showing the percentage of respondents rating a presentation as "high" and "very high" for a particular characteristic. For example, column 7 for Primary Health Care indicates that 97 percent of respondents rated their understanding of the unit as "high" or "very high."

CURRICULUM UNIT

PRE AND POST WORKSHOP SURVEY:  
PARTICIPANTS SELF-ASSESSED  
ASSESSED COMPETENCE LEVEL

POST WORKSHOP  
SURVEY

UNIT EVALUATIONS

	% Rating Themselves "High" and "Very High"				% Who Gained		% Rating Sessions "High" and "Very High" for...				
	Pre-test (1)	Post-test (2)	Absolute Change (3)	% Change (4)	General Concepts (5)	Specific Skills (6)	Under- Standing (7)	Use- Fullness (8)	Adding To Factor Knowledge (9)	Adding To Problem Solving Skills (10)	Clarity of Instructor (11)
PRIMARY HEALTH CARE	55	91	36	65	97	86	97	90	56	60	87
MATERNITY CARE	47	83	36	77	97	78	86	77	57	54	87
FAMILY PLANNING	38	63	25	66	100	81	91	91	68	64	87
PEDIATRIC ISSUES	25	68	43	172	97	75	90	97	80	74	87
ORAL REHABILITATION	46	83	37	80	94	92	86	88	72	77	87
IMMUNIZATIONS	55	86	31	56	94	75	97	61	75	64	87
NUTRITION	40	86	46	115	94	75	97	94	72	75	84
MALARIA AND PARASITIC DISEASES	49	70	21	43	89	69	94	89	69	64	87
WATER AND SANITATION	20	64	44	220	89	56	90	75	60	67	80
OVERALL PROGRAM DESIGN, MANAGEMENT AND EVALUATION	28	60	41	146	87	92	77	83	74	70	80
PROBLEM DEFINITION OBJECTIVES, STRATEGIES, EVALUATION CRITERIA	32	67	35	109	94	94	78	81	81	--	87
NEEDS AND RESOURCES ASSESSMENT	22	72	50	227	89	89	87	87	81	81	87
VILLAGER RUN PROGRAMS	40	81	41	103	94	94	97	97	81	84	84
USE OF VILLAGE BASED WORKERS	41	81	40	98	92	97	82	85	51	51	80
TRAINING	53	91	38	72	94	94	92	100	75	81	87
SUPERVISION	60	88	28	47	89	78	92	100	75	81	87
INFORMATION SYSTEMS	26	76	50	192	92	69	83	90	80	77	80
BUDGET AND FINANCE	11	46	35	318	75	58	77	90	70	62	80
LOGISTICS	14	53	39	279	72	61	77	90	70	63	80
IMPLEMENTATION PLANNING	23	71	48	209	92	85	77	90	70	63	80
POLICY AND LEGAL ISSUES	5	56	51	1020	86	71	86	71	63	71	77
OPERATIONAL RESEARCH	5	65	61	1220	92	91	86	89	81	83	78

Below, some of the quantitative results are discussed in the context of the stated objectives of the Workshop. It should be noted again that the pre and post comparisons may reflect the impact of several curriculum units while the unit evaluations reflect only a particular unit. A unit receiving low scores on the unit survey could indicate problems with presentation, content, or format. Thus, the pre and post results are more reliable estimates of knowledge and skills gained in the Workshop.

**Objective:** To train African participants to conduct community needs and resources assessment.

The pre and post Workshop survey of participants self-assessed competence levels in the curriculum areas of needs and resources assessment and use of village based workers showed substantial absolute and percentage gains, high percentages of acquisition of general concepts and specific skills, and strong ratings for understanding, usefulness, and clarity of instruction.

**Objective:** To teach African participants to select and develop appropriate program design strategies.

The pre and post Workshop changes for the curriculum area of program design was strongly positive, as were the ratings of this unit in terms of concepts and skills gained and understanding, usefulness, adding to factual knowledge, contributing to problem solving skills, and clarity of instruction.

**Objective:** To present the range of specific family planning, health and nutrition problems together with specific interventions so that African participants can implement improved service delivery programs.

This curriculum component encompasses several units including Primary Health Care, Maternity Care, Family Planning, Pediatric Issues, Oral Rehydration, Immunizations, Nutrition, Malaria and Parasitic Diseases, and Water and Sanitation. All areas showed impressive gains in pre to post self-appraised level of competence and in post course acquisition of general concepts. All but Water and Sanitation recorded high percentages in acquisition of specific skills. All units were rated highly for understanding and clarity of instruction.

**Objective:** To prepare African trainees to use modern management, evaluation, and research techniques to improve and strengthen their programs.

This curriculum component also encompasses several units including overall Program Design-Management-Evaluation, Problem Definition-Objectives-Strategies-Evaluation Criteria, Needs and

Resources Assessment, Training, Supervision, Information Systems, Budget and Finance, Logistics, Implementation Planning Policy and Legal Issues, and Operational Research.

Management and evaluation were areas in which participants ranked themselves comparatively low (except for training and supervision) in the pre-course survey. As with Program Design, these curriculum areas were addressed in unit sessions and seminars, but also throughout the course as aspects of management, evaluation and research related to almost all other topics in the curriculum. These were also areas in which most participants had specific objectives in attending the course, no doubt because they overwhelmingly identified themselves as professionals working in these general program areas. The pre to post-course differences are substantial, the individual unit evaluations for these sessions were among the most strongly favorable, and the concepts and skills gains were impressive.

### 3. Results of Post-Workshop Qualitative Appraisals

At the conclusion of the Workshop, participants were asked to respond to several general questions about the program. The following is a summary of their responses.

#### a. Most useful concepts and skills

Family planning, Primary Health Care, Prenatal and Maternity Care, Program Design, Training, Oral Rehydration, Evaluation, Use of Community Health Workers.

#### b. Least useful concepts and skills

Water and Sanitation, Policy and Legal Issues.

#### c. Topics Needing More Attention

Logistics, Budget, and Finance, Operational Research

#### d. Topics to be dropped or modified

Few isolated responses.

#### e. Evening Films

Well received.

#### f. Organization and Logistics

Favorable comments.

g. Simultaneous Translation

Enthusiastic response from Anglophone participants but some reservations among those from Francophone countries. All, however, indicated they would be willing to attend simultaneously translated workshops in the future.

h. Recommend Workshop to a Colleague

All would do so.

4. Evaluation of the Workshop in Relation to the CPFH Operational Research and Technical Assistance Cooperative Agreement.

During April and May of 1983, CPFH activities supported by Cooperative Agreement WORD were evaluated by a team composed of Dr. S. Scheyer, Dr. M. Labbock, and Dr. G. Cernada. In their review of CPFH activities they made the following comments about the annual Workshop in Family Planning, Nutrition and Primary Health Care.

"The Center has conducted an annual, month-long training program each June. This activity initially funded by the Rockefeller Foundation, is now supported by the AID African Bureau. The training program has served a number of functions within the Center.

- o The establishment of contacts and relationship between the Center and Third Country (mainly African) leaders and researchers.
- o The identification of project "opportunities" from these contacts.
- o The pulling together of the Center experienced to form the curriculum and the faculty of the training program.

This successful training effort plus the initiation of selected short-term in-country programs has satisfied the training requirements of the cooperative agreement."

The annual one-month training program conducted at the Center currently serves as a means to identify project opportunities. AID should continue to assist the Center to identify key African leaders for participation in this training.

The June one-month training programs conducted annually by the CPFH has been the most organized and structured means to date for the Center to synthesize findings and documentation across projects. The development of the curriculum and the bringing together of the field and Center's staff as instructor has provided a great deal of cross-fertilization. The training program should be continued."

APPENDIX 1

FAMILY PLANNING, NUTRITION, AND PRIMARY HEALTH  
CARE FOR AFRICA  
PROGRAM DESIGN, MANAGEMENT, AND EVALUATION

THE CENTER FOR POPULATION AND  
FAMILY HEALTH  
COLUMBIA UNIVERSITY  
NEW YORK

MAY 31 - JUNE 24, 1983

WORKSHOP SYLLABUS AND SCHEDULE

NOTE: This syllabus (which was also available in French)  
is annotated to include training exercises, work-  
group assignments, and participant contributions)

<p>9:00 AM to 12:00 Noon</p> <p>2:00 PM to 5:00 PM</p>	<p>MAY</p>	<p>31 MAY</p> <ul style="list-style-type: none"> <li>.Introduction</li> <li>.Orientation</li> <li>.Primary Health Care</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Overview of Program Design, Management, and Evaluation</li> </ul>	<p>1 JUNE</p> <ul style="list-style-type: none"> <li>.Maternity Care</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Family Planning</li> </ul> <p>5:30 to 7:30PM Reception</p>	<p>2 JUNE</p> <ul style="list-style-type: none"> <li>.Family Planning</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Village Based Health Workers In Maternal and Child Health Programs</li> </ul>	<p>3 JUNE</p> <ul style="list-style-type: none"> <li>.Oral Rehydration Therapy</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Immunization Programs</li> </ul>
<p>9:00 AM to 2:00 Noon</p> <p>2:00 PM to 5:00 PM</p>	<p>6 JUNE</p> <ul style="list-style-type: none"> <li>.Nutrition</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Nutrition</li> </ul>	<p>7 JUNE</p> <ul style="list-style-type: none"> <li>.Problem Definition, Objectives, Strategies, and Evaluation Criteria</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Work Groups</li> </ul>	<p>8 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Villager-Run Programs</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Villager-Run Programs</li> </ul>	<p>9 JUNE</p> <ul style="list-style-type: none"> <li>.Training Health Workers</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Training Health Workers</li> </ul>	<p>10 JUNE</p> <ul style="list-style-type: none"> <li>.Needs and Resources Assessment</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Work Groups</li> </ul>
<p>9:00 AM to 12:00 Noon</p> <p>2:00 PM to 5:00 PM</p>	<p>13 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Pediatric Priorities</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Pediatric Priorities</li> </ul>	<p>14 JUNE</p> <ul style="list-style-type: none"> <li>.Training for Pediatric Priorities</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Training for Pediatric Priorities</li> </ul>	<p>15 JUNE</p> <ul style="list-style-type: none"> <li>.Program Design</li> <li>.Work Groups</li> </ul> <p>-----</p>	<p>16 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Information Systems</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Work Groups</li> </ul>	<p>17 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Evaluation and Operational Research</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Work Groups</li> </ul>
<p>9:00 AM to 12:00 Noon</p> <p>2:00 PM to 5:00 PM</p>	<p>20 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Training and Supervision</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Work Groups</li> </ul>	<p>21 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Malaria and Parasitic Diseases</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Water and Sanitation</li> </ul>	<p>22 JUNE</p> <ul style="list-style-type: none"> <li>.Budget Finance, Logistics and Implementation Planning</li> </ul> <p>-----</p> <ul style="list-style-type: none"> <li>.Work Groups</li> </ul>	<p>23 JUNE</p> <ul style="list-style-type: none"> <li>.Work Group Report</li> <li>.Women's Projects</li> <li>.Income Generation</li> <li>.F.P. and Operational Research</li> <li>.Social Marketing</li> </ul> <p>-----</p>	<p>24 JUNE</p> <ul style="list-style-type: none"> <li>.Policy and Legal Issues: Past, Present and Future</li> <li>.Closing Ceremony</li> </ul> <p>-----</p>

21

FIRST DAY - TUESDAY, MAY 31, 1983

9:00 AM-12:00 Noon - INTRODUCTORY AND WELCOMING SESSION

9:00 AM	Welcoming remarks	Gorosh Weiss
9:15 AM	Philosophy, goals, and rationale of this training program in the context of international health	Rosenfield
9:30 AM	Introduction of participants and CPFH staff	
10:30 AM	Overview of course and orientation to CPFH <ul style="list-style-type: none"><li>. Course objectives</li><li>. Curriculum and schedule</li><li>. Methods</li><li>. Expectations</li><li>. Logistics</li></ul>	Gorosh Nalder Rosenfield Van Wie
11:00 AM	Primary Health Care: An Overview	Wray

12:00 NOON to 3:00 P.M. - LUNCH

(An extra hour is provided to allow for banking and related transactions)

3:00-5:00 - OVERVIEW OF A PROGRAM MODEL

3:00 PM	- Program Design, Management and Evaluation	Van Wie Gorosh Nalder
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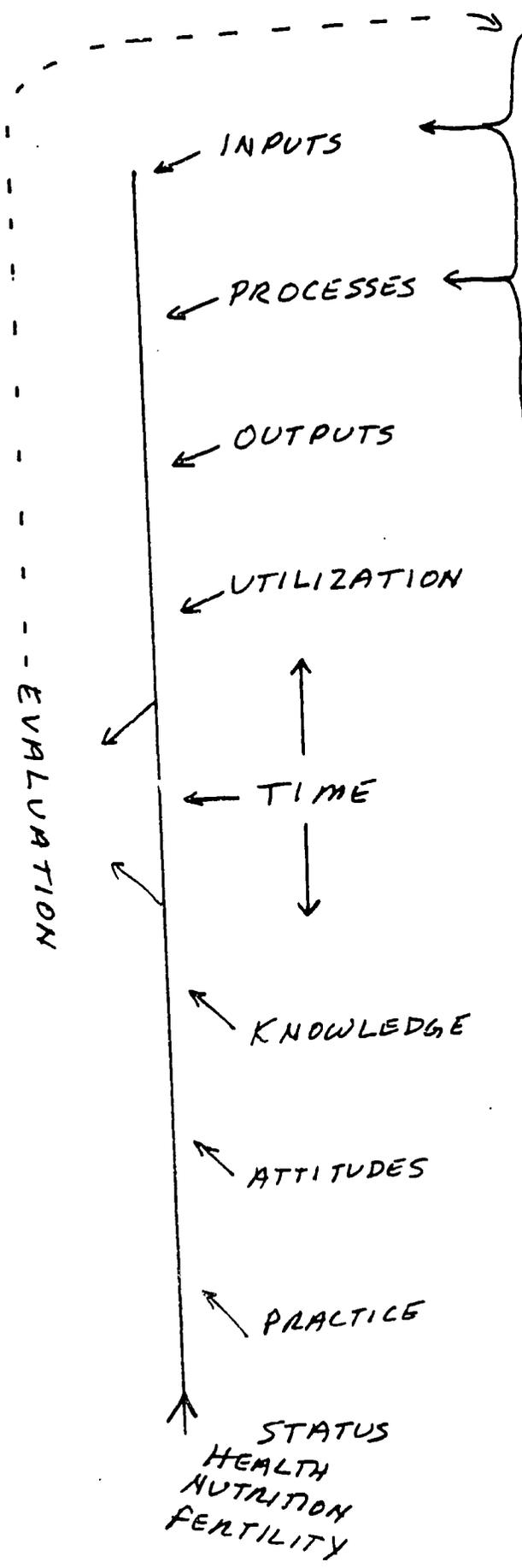
- .Introduction of a model analytical framework
- .Planning and decision making
- .Program design
- .Goals - objectives - targets
- .Inputs
- .Processes
- .Outputs
- .Utilization
- .Time
- .Knowledge
- .Attitudes
- .Practice
- .Health
- .Nutrition
- .Fertility
- .Evaluation
- .Population
- .Environment
- .Constraints
- .Total societal context

See la - lb

POPULATION, ENVIRONMENT, ECOLOGY, CONSTRAINTS, SOCIAL CONTEXT

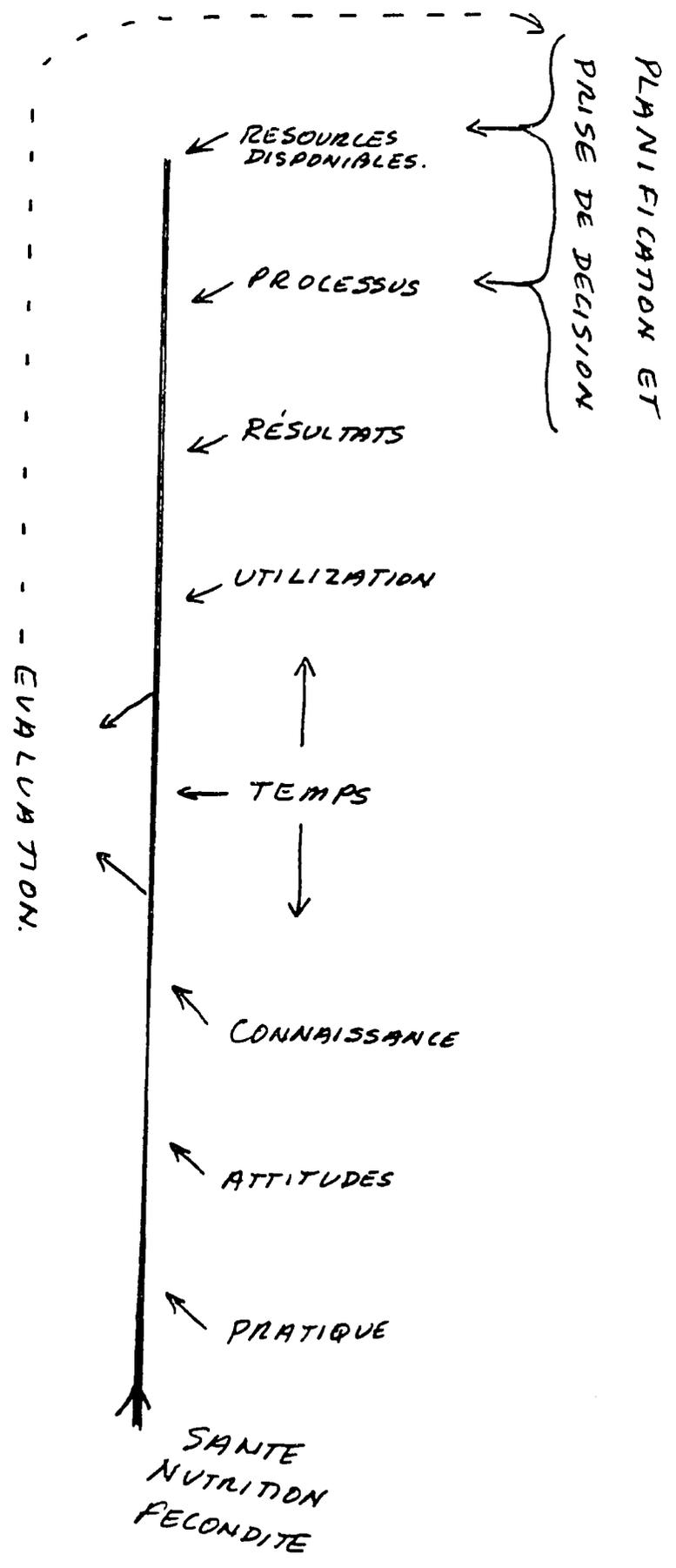
PLANNING AND

DECISION - MAKING



h2

POPULATION, ENVIRONNEMENT, ECOLOGIE, CONTAMINANTS, CONTEXTES SOCIAL.



SECOND DAY - WEDNESDAY, JUNE 1, 1983

9:00-12:00 MATERNITY CARE

Rosenfield

Introduction

Review of maternity care worldwide  
Industrialized Nations  
Monitoring and high risk perinatal  
Monitoring: current debates  
Non-industrialized Nations  
Urban  
Rural

Personnel

Doctors  
Nurse/Midwives  
Auxiliary Midwives  
Traditional Birth Attendants  
Other

Rural Maternity Care

General  
High risk assessment  
Personnel  
Referral systems  
Supervision  
Training  
Facilities  
Prenatal  
Education  
Diet-Nutrition  
Iron, Multivitamins  
Tetanus Toxoid  
Other Drugs (Teratogenicity)  
Toxemia  
Medical Complications

Delivery

Home vs. Health Center  
Life-threatening Complications (mother)  
Obstructed labor  
Ruptured uterus  
Placenta praevia  
Abruptio placentae  
Toxemia  
Hemorrhage (intrapartum, postpartum)  
Other

SECOND DAY - WEDNESDAY, JUNE 1, 1983 (continued)

Life-threatening Complications (infant)

Difficult delivery  
Low birth weight  
Cord around neck  
Other  
Perineal tears and/or episiotomy  
Postpartum  
Infections  
Bleeding  
Iron, multivitamins  
Traditional cultural practices  
Breast-feeding vs. bottle feeding

Formal comment and response  
by Aida Lo Faye - Senegal  
Abdulbasit Abbas - Sudan  
Tengio Urrio - Tanzania

2:00-5:00 P.M. FAMILY PLANNING

Rosenfield

Oral Contraception

Prevalence, Ever Use and Use Effectiveness  
Mechanism of Action  
Side Effects  
Complications - Risks  
Cardiovascular  
Gallbladder and Liver  
Metabolic  
Congenital Abnormalities

Benefits

General  
Benign ovarian and breast tumors: decreased  
Cancer of ovary, endometrium, breast: decreased  
Risk - Benefit Assessment  
Program Use

IUDS

Types  
Prevalence and Use Effectiveness  
Mechanism of Action  
Side Effects  
Complications - Risks  
PID  
Ectopic Pregnancy  
Benefits  
Risk - Benefit  
Postpartum insertion  
Paramedics

Formal comment and response  
by Gba-Kamara - Sierra Leone  
Joseph-Kuch - Sudan  
S. Raymonde - Mali

THIRD DAY - THURSDAY, JUNE 2, 1983

9:00-12:00 FAMILY PLANNING

Rosenfield

Injectables (DMPA or Depo Provera)

History of Use  
Mechanism of Action  
Complications - Risks  
Return of fertility  
Breast tumors (Beagle dogs)  
Endometrial cancer (monkeys)  
Congenital Abnormalities  
Benefits

Barrier Methods

Diaphragm  
Foam and Jellies  
Condom

Sterilization

Female techniques  
Male  
Facilities and personnel  
Minor vs. major surgical  
Paramedical and mobile  
Informed consent and target groups  
Film: "Techniques of Laparoscopy"

Formal comment and response  
by Nibigira - Burundi,  
Agbemibio - Togo,  
Ladipo - Nigeria

The Future

A brief look at the contraceptives of the  
future

2:00-5:00

VILLAGE BASED HEALTH WORKERS IN MATERNAL AND  
CHILD HEALTH PROGRAMS

Experience in and lessons learned from  
Tanzania and the Sudan (See 4a)

Nalder  
Lauro  
Matthews  
Rowberg

Participants joined panel  
Alexandre - Haiti  
Fofana - Senegal  
Kaisa - Uganda

Participants were asked to form  
country groups to define areas of  
high risk and possible village  
level intervention based on material  
covered in the workshop to date.  
Assignment and results are on  
pg. 4b.

## Village Based Health Workers in MCH Programs - Some Lessons Learned

## Programmes Communautaires Materno-Infantiles en Milieu Rural

Erik Rowberg - Tanzania  
 Don Lawro - Sudan  
 Susan Nalder - Moderator

### I Introduction

### I L'Introduction

### II Guide to the Presentations:

### II Guide des Presentations:

#### 1. Overview of Project

#### 1. Vue Générale sur le Projet

2. Description of How the Project Relates to the National Plan of Primary Health Care, MCH and FP

2. Description de La Collaboration et la Coordination Qui Existent Entre le Projet et le Programme National de Soins de Santé Primaire PMI et PF

#### 3. Important lessons learned from the projects

#### 3. Leçons Importantes à Tirer du Projet

- Community participation
- Selected interventions at the village level
- Training and Training of Trainers
- Supervision
- Linkages between community activities and government activities
- Special Subjects
  - training of the illiterate worker
  - records for illiterate workers
  - tracking of semi-nomadic MCH clients

- Participation communautaire
- Interventions spécifiques au Niveau du Village
- Formation et Formation des Formateurs
- Supervision
- Liasons entre les activités communautaires et celles du gouvernement
- Sujets spécifiques
  - formation de travailleurs illitrés
  - fiches pour les travailleurs illitrés
  - comment suivre les clients semi-nomades en PMI - PF

#### 4. Use of Operations Research in Community Based Program.

#### 4. L'utilité de la Recherche Opérationnelle dans les programmes communautaires

PAYS  
COUNTRY

\_\_\_\_\_

RESPONDANTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Est ce que vos reponses concernant. elles :

une region geographique \_\_\_\_\_  
un projet special \_\_\_\_\_  
le pays \_\_\_\_\_

Do your responses apply to

a geographic region \_\_\_\_\_  
a special project \_\_\_\_\_  
the entire country \_\_\_\_\_

Faites l'organigramme des services de soins maternel et infantile  
du niveau du milieu rural jusqu'au le niveau le plus haut

Please diagram the MCH services from the rural area to  
the highest level of care

RISQUE  
RISK

INDIQUER "X" LE PERIODE(S)  
CRITIQUE DE RISQUE  
.....  
MARK "X" TO INDICATE  
THE CRITICAL PERIOD(S) OF RISK

Pre Natal	Intra Partum	Post Partum	Neo Natal
-----------	--------------	-------------	-----------

LES CONSEQUENCES DE  
CE RISQUE  
.....  
Consequences of this  
RISK

QUEL EST LE RÔLE DE  
L'AGENT DE SANTÉ COMMUNAUTAIRE  
(ou de Matrone, Accoucheuse, etc.)  
.....  
WHAT IS THE ROLE OF THE  
COMMUNITY HEALTH  
WORKER (TBA, etc.)

QU'EST-CE QUE LES RESSOURCES  
EXISTANTES  
.....  
WHAT ARE THE EXISTING  
REFERRAL/BACK-UP  
RESOURCES

Malnutrition severe.

Severe Malnutrition

Grossesses Rapprochées

Short Birth Interval

Problèmes Socio-Économique  
severes

Socio Economic Problems  
(severe)

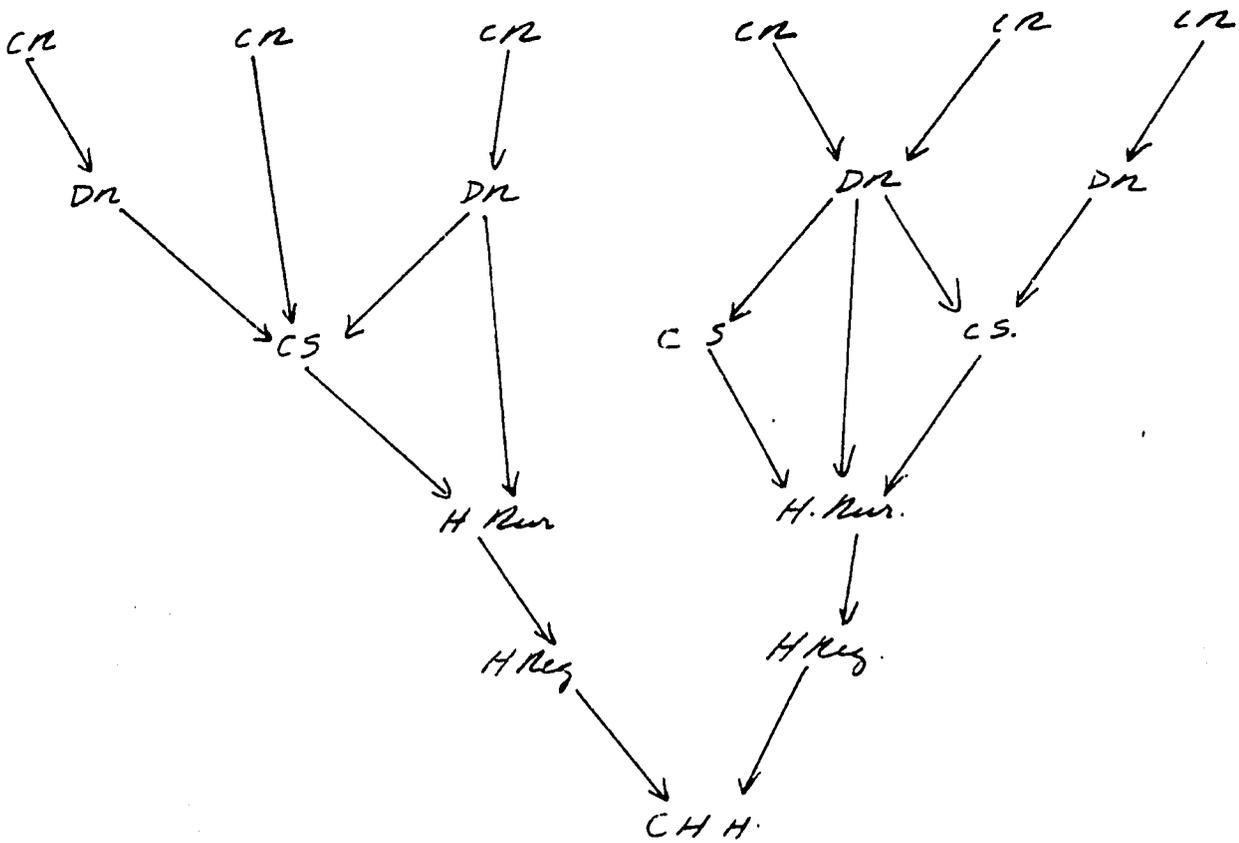
RISQUE RISK	INDIQUER "X" LE PERIODES/ CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				LES CONSEQUENCES DE CE RISQUE Consequences of this RISK	L'AGENT DE SANTE COMMUNAUTAIRE- (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	CENTRES DE REFERENCES des PONTIQUES WHAT ARE THE EXISTING REFERRAL/BACKUP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
HISTOIRE DE Section (cesarienne) HISTORY OF C-SECTION		X			Rupture uterine Mortalité Maternel/Infantile Rupture of uterus Maternal-Infant deaths	Identification Orientation à la maternité (avec salle d'opération) Identification and Referral to a maternity with operating room	Hopital obstétrique.  Hospital with obstetric service.
TOXEMIE TOXEMIA							
MAUVAISE PRESENTATION MAL PRESENTATION							
Grand Multiparité Grand Multiparity							
Grossesses Gemellaires Multiparity							
Anémie Severe. Severe Anemia							

RISQUE RISK	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE ..... MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce RISQUE ..... Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) ..... WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTING REFERRAL/BACK UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
Rhesus							
Rh Disease							
Complications Medicales							
Medical complications							
Mauvaise Histoire Obstétrique							
Bad Obstetric History							
Âge <18 ou >35 Ans							
Maternal Age <18 yrs or >35 yrs							
Disproportion céphalo-pelvienne							
CPD: Cephalo-Pelvic Disproportion							
Taille <100 cm							
Height under 5 feet (60 inches)							

Age

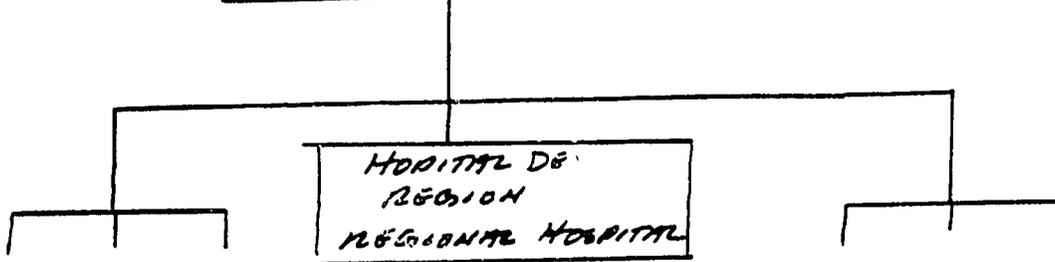
# BURUNDI

- |  |                    |
|--|--------------------|
| CR = COLLINE DE RECENSEMENT<br>(VILLAGE) | VILLAGE.           |
| DR = DISPENSAIRE                         | DISPENSARY         |
| CS = CENTRE DE SANTE                     | HEALTH CENTER      |
| H. Mur = HOPITAL MURAL                   | MURAL HOSPITAL     |
| H. Reg = HOPITAL REGIONAL                | REGIONAL HOSPITAL. |



HAITI

HOPITAL UNIVERSITAIRE  
DE L'ETAT.  
STATE UNIVERSITY HOSPITAL.



- PE  
VILAR)  
- PP  
ILAR  
BILIZATION

GWÉCO - OBSTÉ.  
OBSTÉTRICAN  
GYNAECOLOGIST

H. des D.  
D. H.

HOPITAL DU  
DISTRICT  
DISTRICT HOSPITAL.

H. des D  
D. H.

- PE  
ILAR + AUTRES  
- PP (MILAR +  
OTHER METHODS)

MD  
GYN-OBST.  
INFERMIERS  
AUXILIARIS  
MD  
OBST-GYN  
NURSES  
AUXIL.

CENTRE DE SANTE AVEC  
LITS  
HEALTH CENTER WITH  
INPATIENT BEDS.

- PE  
ÉCOLOGIE.  
- PP  
ÉCOLOGIE.

MEDICIN  
INFERMIERS  
AUXILIARIS  
(MD, NURSES  
AUXILIARIS.)

CENTRE DE  
SANTE SANS  
LITS  
HEALTH CENTER  
WITH NO BEDS.

SUBSIDION  
ULTATION  
'NARIS  
(TREATMENT)  
CATION  
MUNISATION  
(VACCINATION)  
" " "  
SERANCE  
(REGISTRATION)  
ENSEMENT DES 9. EN AGE DE PROCREER  
(RECORD KEEPING OF WOMEN OF FERTILE AGE)  
VIE (FOLLOWUP)

2 AUXILIARIS  
2 AUXILIARIS

DISPENSAIRES  
DISPENSARIES

AGENT DE  
SANTÉ  
HEALTH  
AGENT.

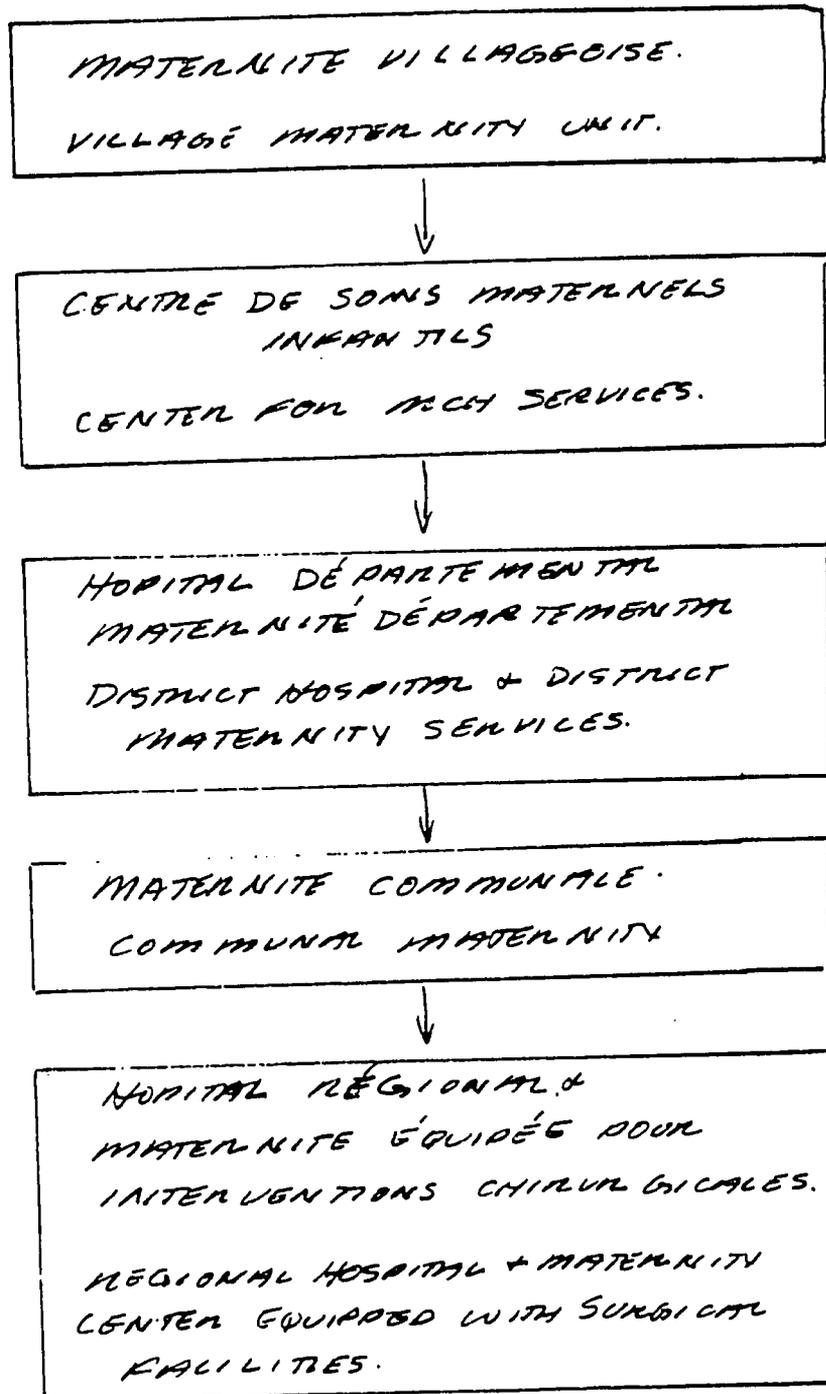
A. des.  
H. A.

A. des.  
H. A.

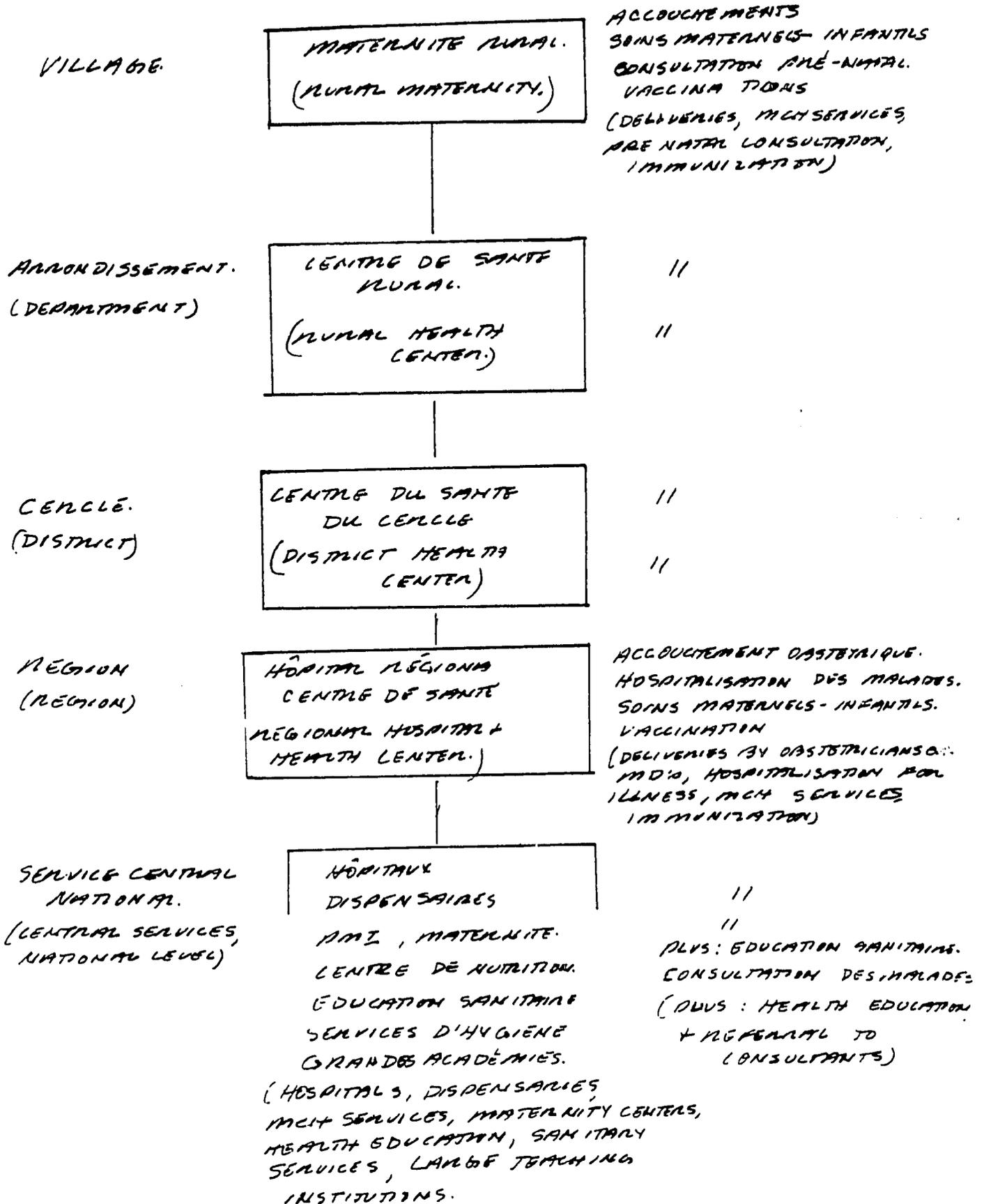
MATRONS  
MIDWIFE.

IDENTIFICATION DE  
GROSSESSES A RISQUE.  
RÉFÉRENCE AU  
DISPENSARE.  
ACCOUCHEMENT A  
DOMICILE  
SOINS  
(IDENTIFICATION OF  
HIGH RISK PREGNANCY,  
NEED FOR...)

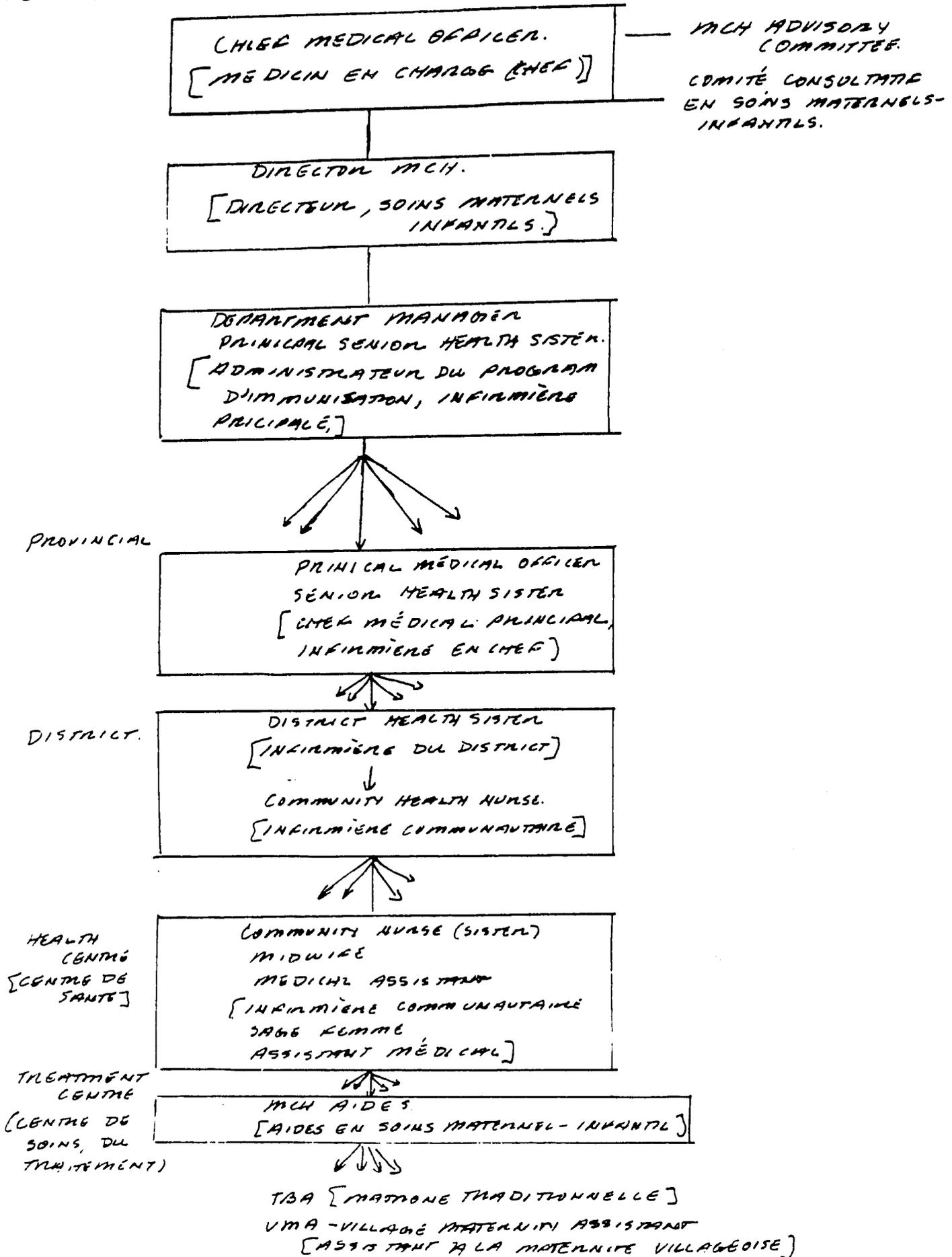
HAUTE VOLTA:



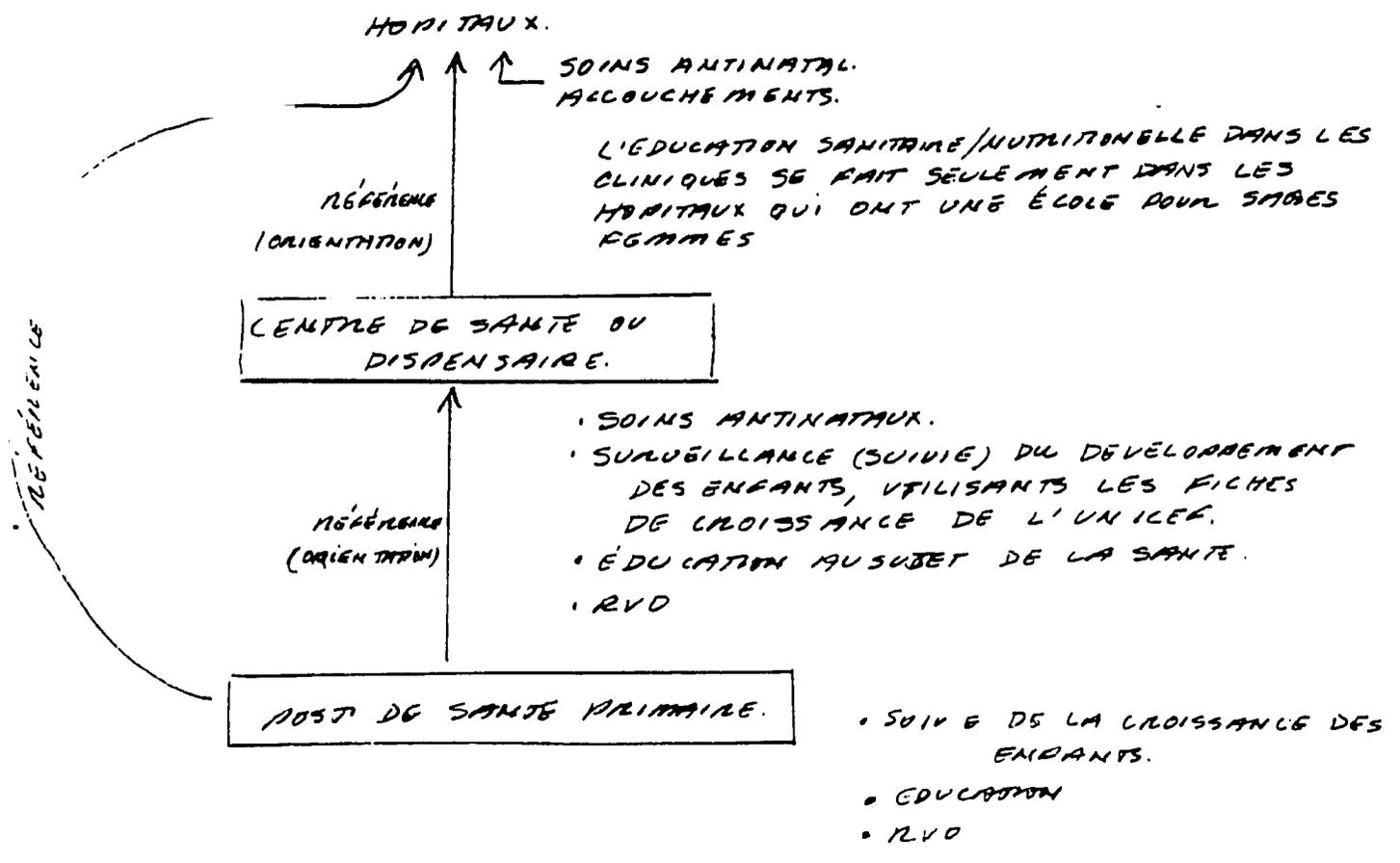
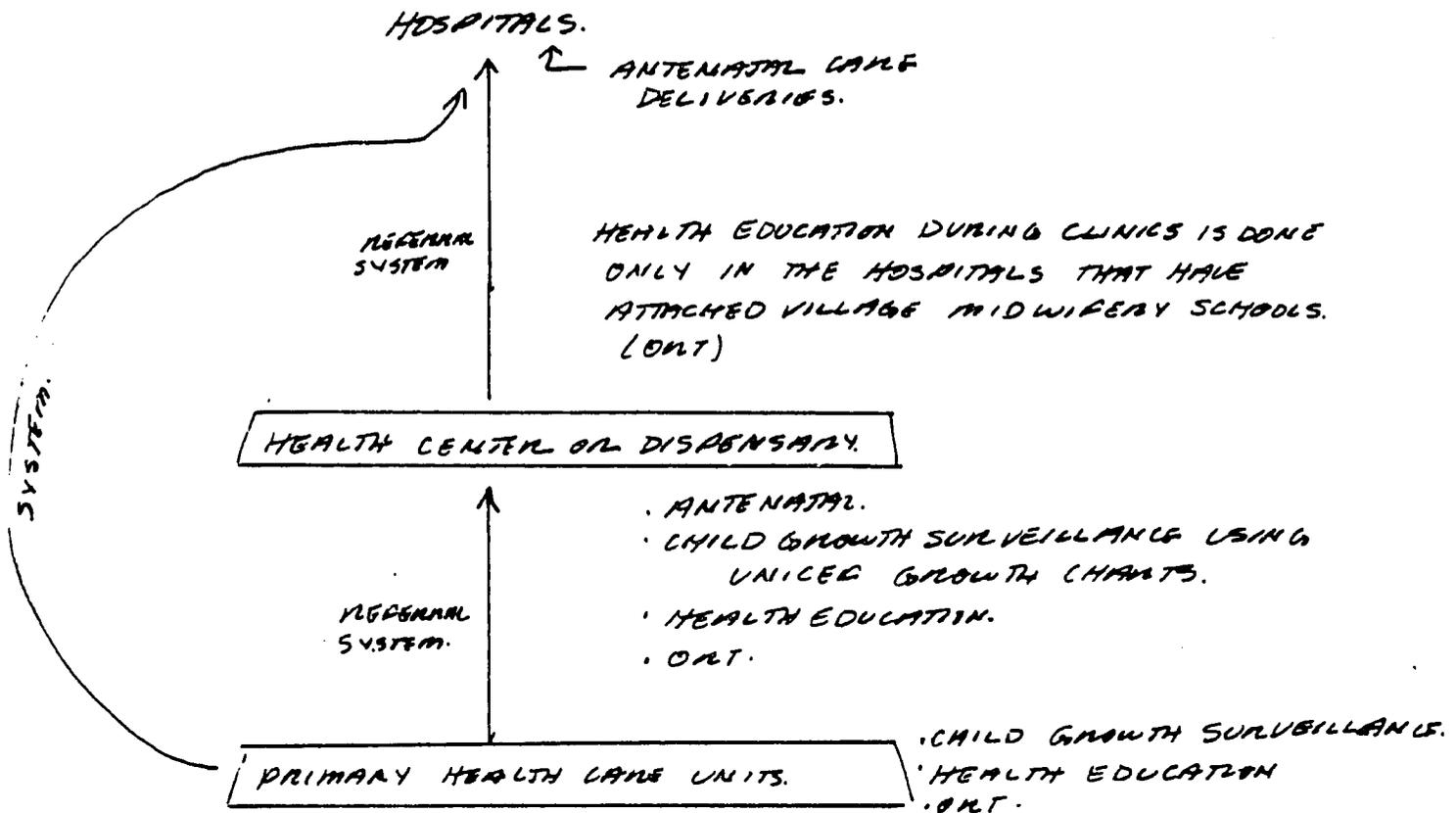
MALI



SIERRA LEONE.



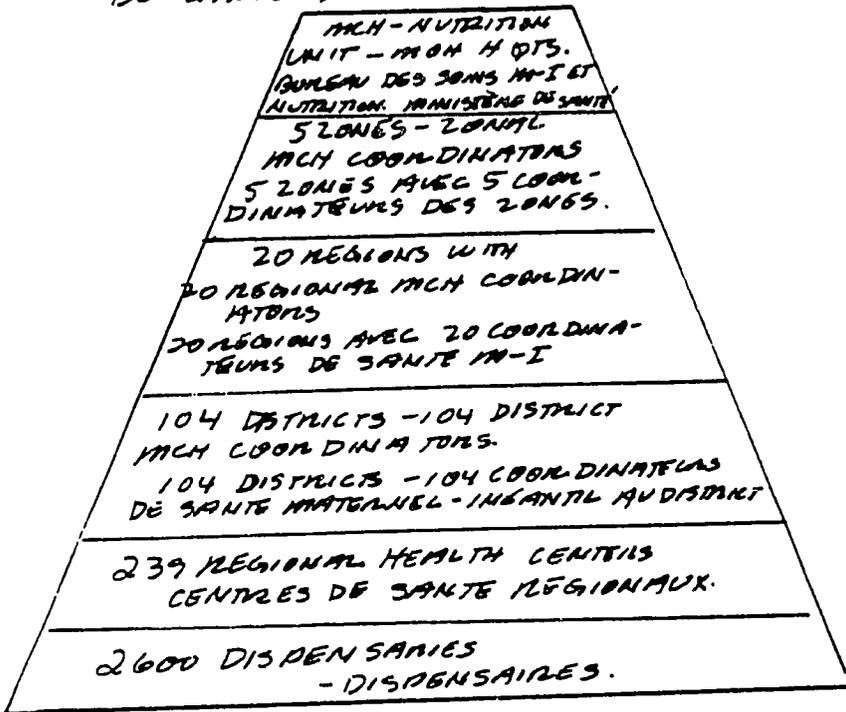
# SUDAN.



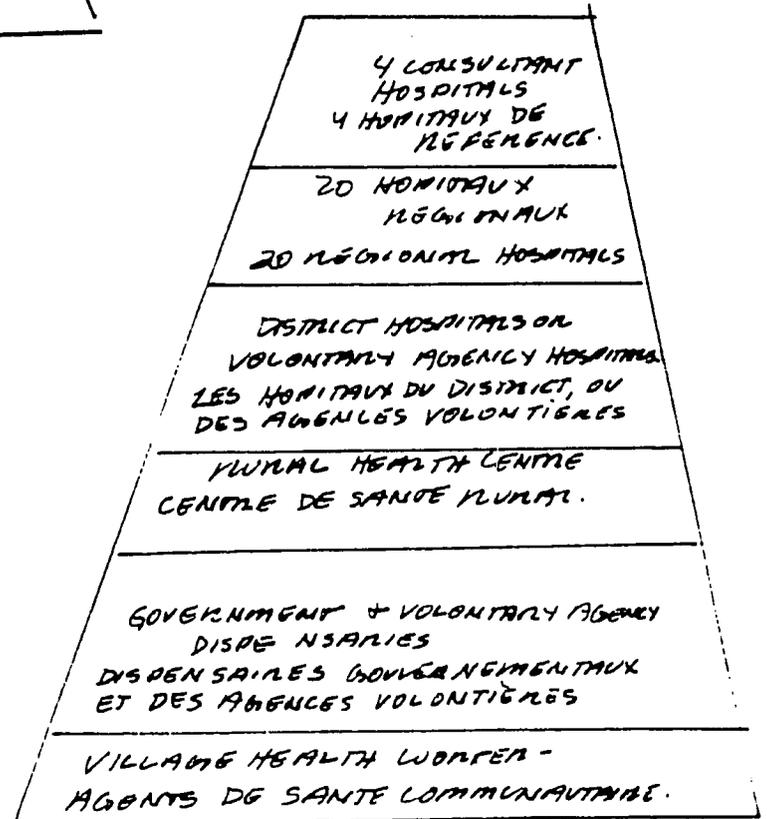
TANZANIA.

ADMINISTRATIVE STRUCTURE, MCH SERVICES

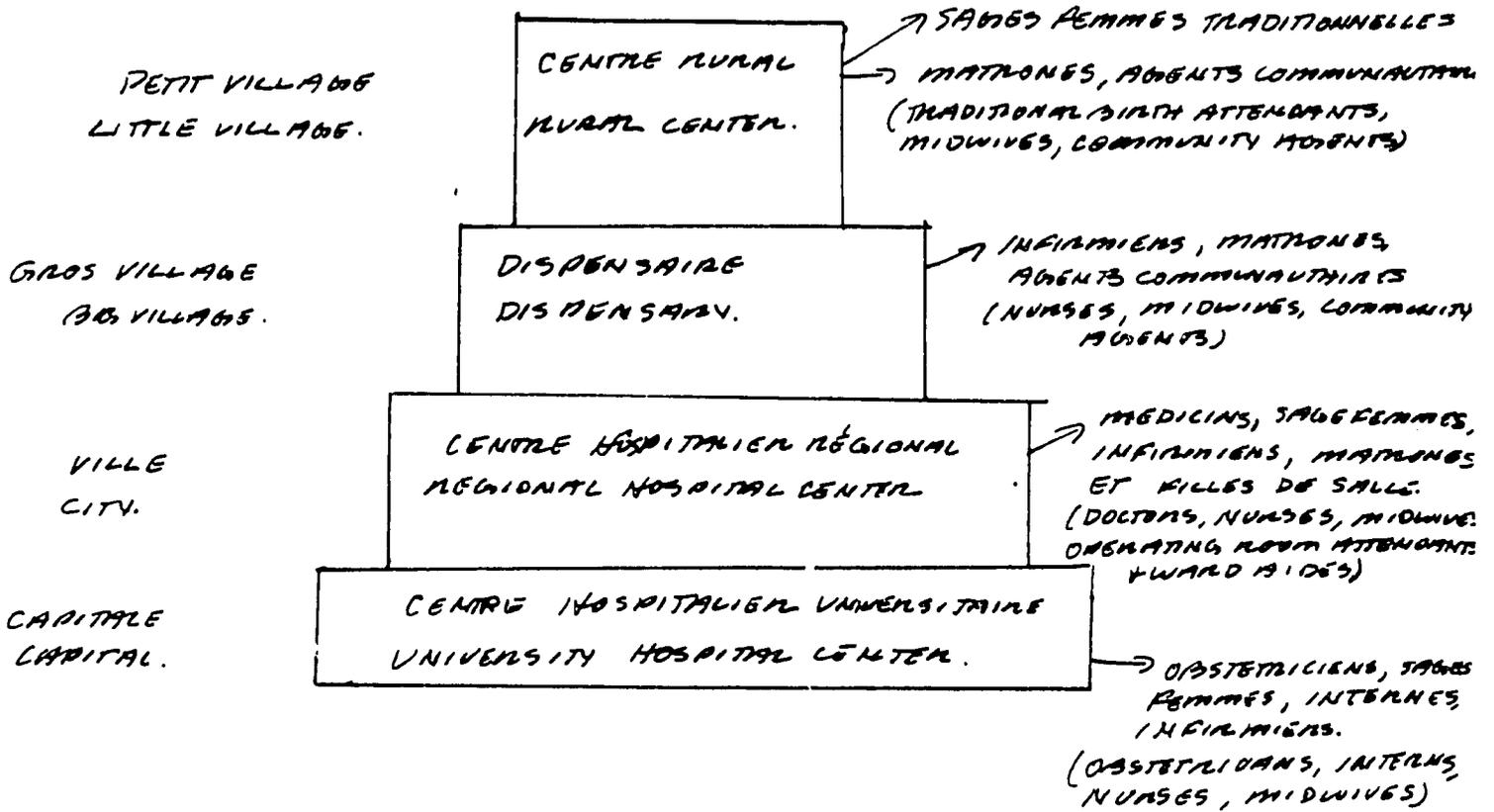
STRUCTURE ADMINISTRATIVE, SERVICE DE SANTE MATERIEL-INFANTIL.



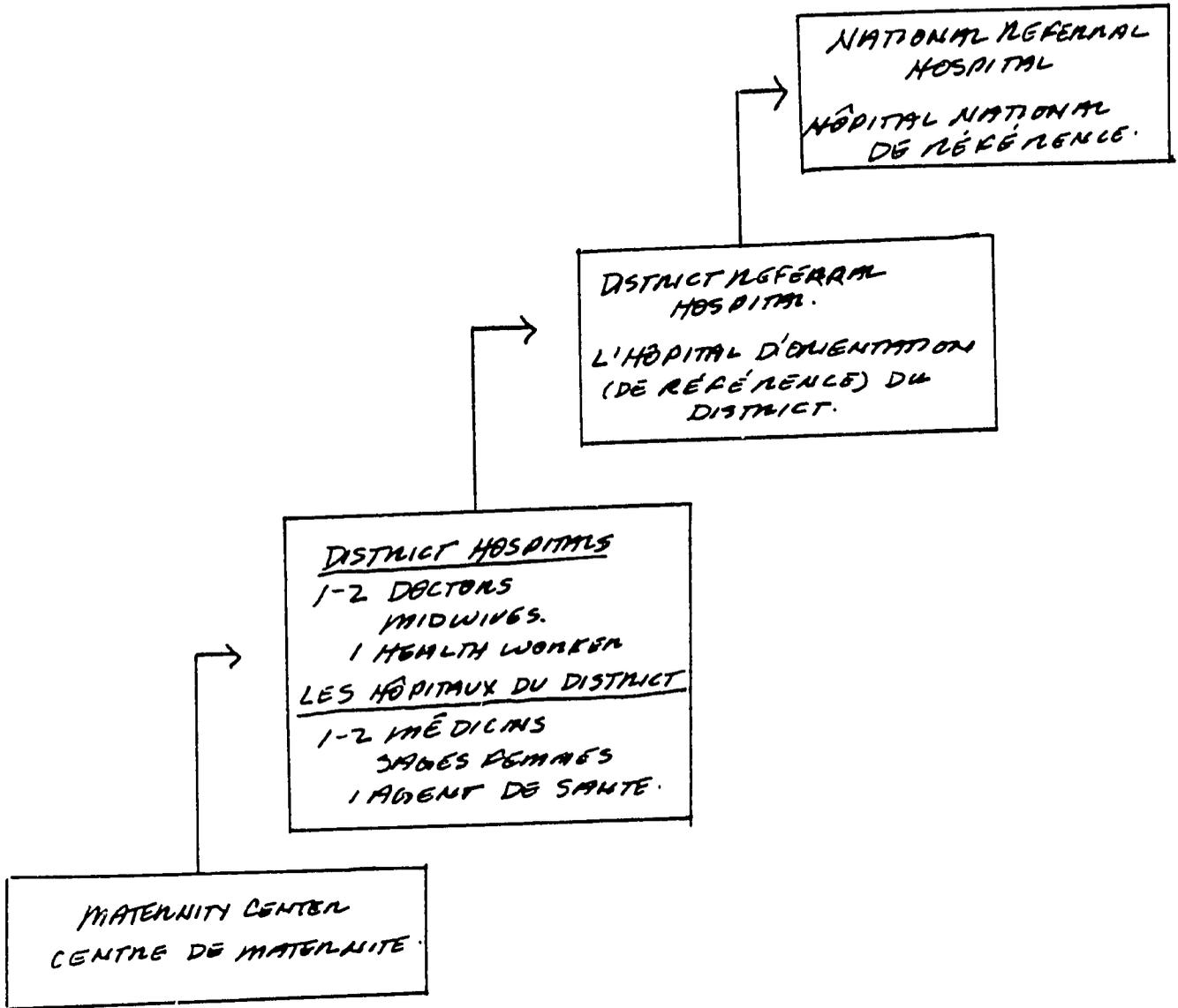
REFERRAL HIERARCHY  
HIERARCHIE DE REFERENCE (ORIENTATION)



TOGO.

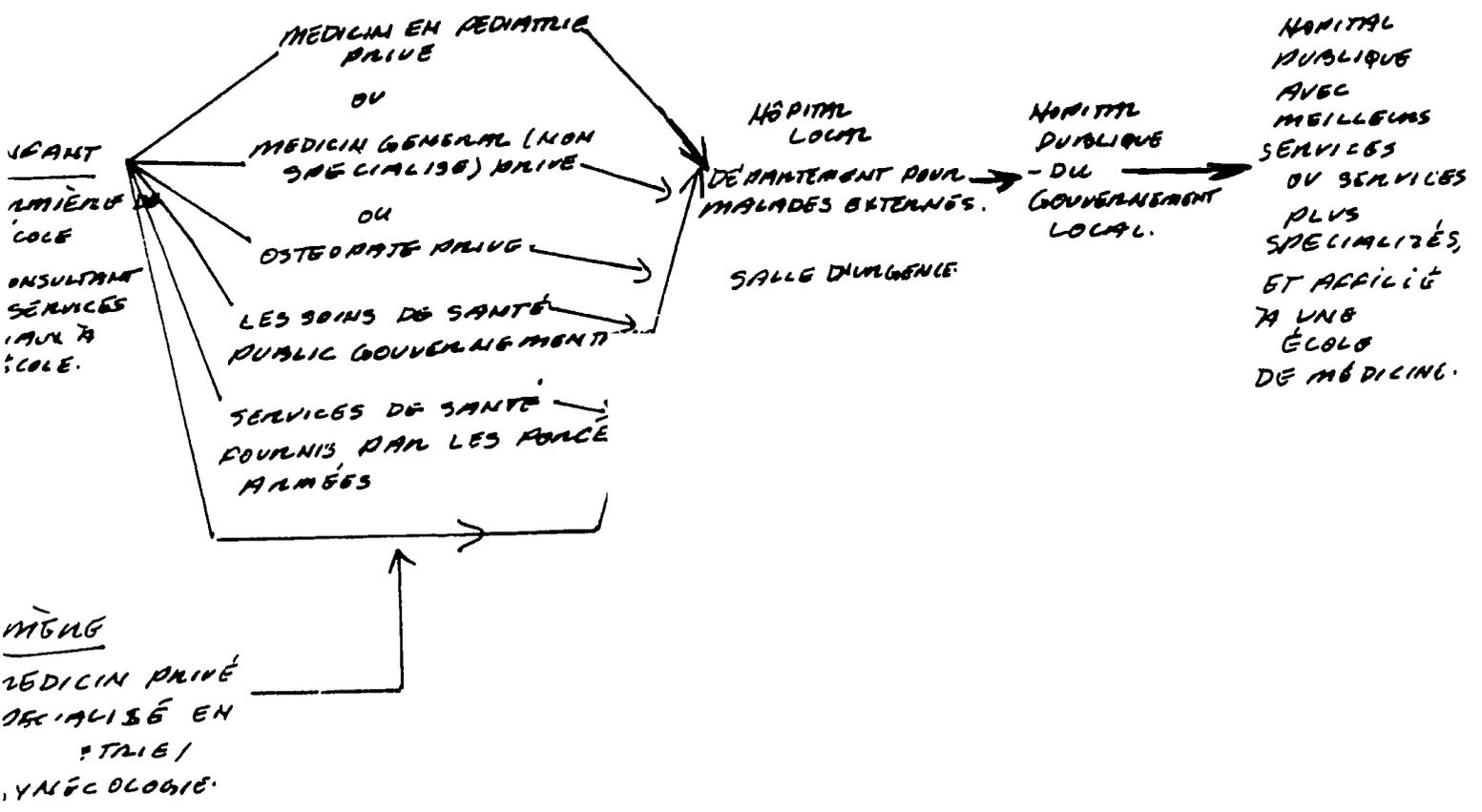
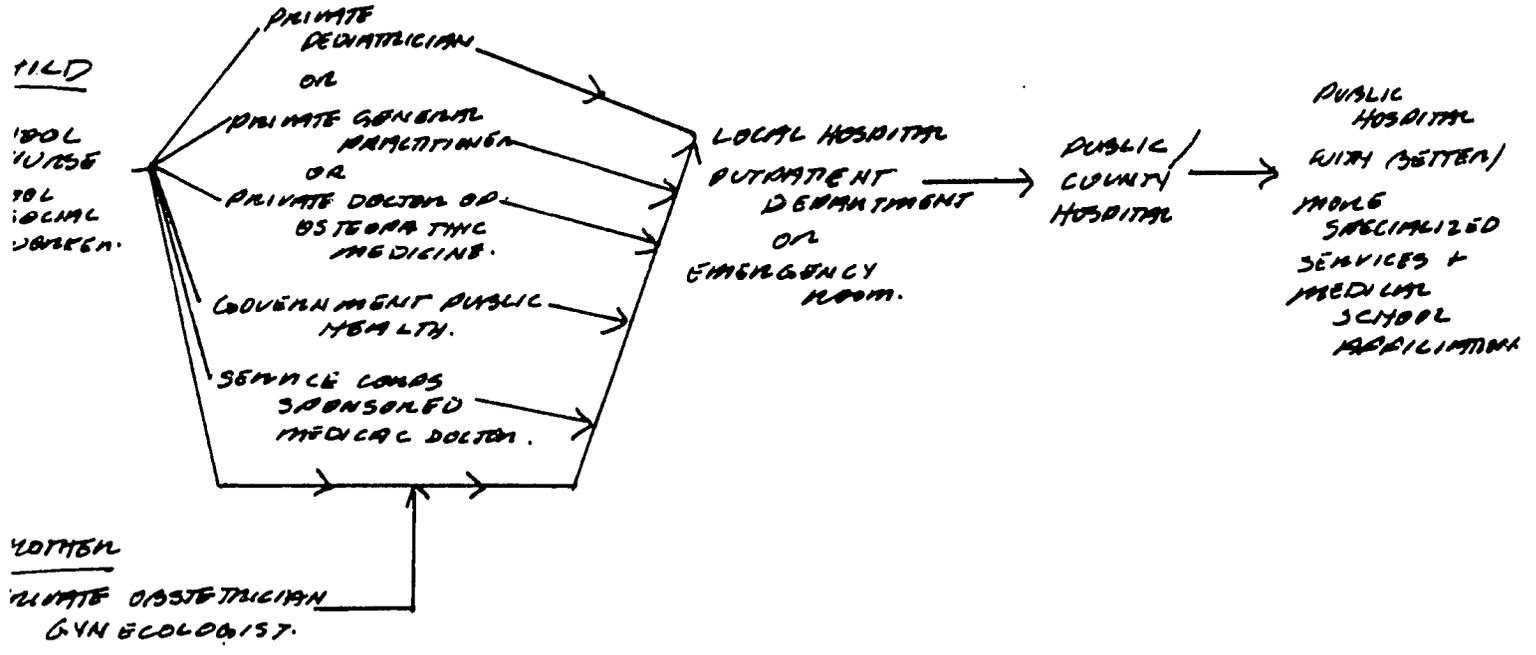


UGANDA.



MIDWIVES  
(SAGES-FEMMES)

# USA. ÉTATS-UNIS.



Le Pays	RISQUE SEVERE ANAEMIA.	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI				X	X	MATERNAL-INFANT MORTALITY HYPOVOLEMIA.	IDENTIFICATION AND REFERRAL TO A FACILITY (HOSPITAL) WHERE THERE IS A DOCTOR.	SEE DIAGRAM.
HAITI		X	X	X		MATERNAL-INFANT MORTALITY	IDENTIFICATION (APPROXIMATE) AND REFERRAL.	HEALTH CENTER WITH BEDS.
HAUTE VOLTA		X	X	X	X	- ABORTION - MATERNAL-INFANT MORTALITY - PROBLEM WITH BREAST FEEDING.	REFERRAL.	OBSTETRICAL HOSPITAL.
KENYA		X	X	X		MATERNAL-FETAL DISTRESS AND DEATH. LOW BIRTH WEIGHT. PREMATURITY.	IDENTIFICATION + REFERRAL. NUTRITION EDUCATION + FOLLOW UP.	HOSPITAL HEALTH CENTER DISPENSARY. HEALTH WORKERS TO FOLLOW UP AT HOME.
MALI						MATERNAL-INFANT MORTALITY	IDENTIFICATION + TREATMENT + ADMINISTRATION. IF NO IMPROVEMENT REFER TO A HEALTH CENTER.	HEALTH CENTER.
NIGERIA			X			MATERNAL-INFANT MORTALITY.	IDENTIFICATION + REFERRAL TO HOSPITAL.	RURAL HEALTH CENTER, FROM THERE TO HOSPITAL WITH OBSTETRICAL SERVICES.

RISQUE RISK <sup>SEVERE ANEMIA</sup>	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
	SENEGAL	X	X	X			
SIERRA LEONE	X	X	X	X	MATERNAL - INFANT DEATH.	IDENTIFY & REFER.	OBSTETRICAL HOSPITAL.
SUDAN	X	X	X		MATERNAL MORTALITY. POST PARTUM COLLAPSE.	NUTRITIONAL ADVISE, IRON TABS. VITAMINES. IF LATE IN PREGNANCY REFER TO HOSPITAL.	HOSPITAL.
TANZANIA	X	X	X		MATERNAL + FETAL DEATH.	DIAGNOSIS INFECTION INJECTIONS. REFERRAL.	HOSPITAL WITH BLOOD TRANSFUSION FACILITIES. INFECTION. TRANSPORT TO R.H.C.
TOGO		X			MATERNAL INFANT MORTALITY.	IDENTIFICATION & REFERRAL.	OBSTETRICAL HOSPITAL.
UGANDA	X	X	X	X	PREMATURE LABOUR POST PARTUM HAEMORRHAGE. ANEMIA IN INFANCY after MONTHS	HEALTH EDUCATION ABOUT NET & SANITATION	C-56. IN IN MORTALITY

Le Page	(RISQUE SEVERE RISK MALNUTRITION)	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI		X	X	X	X	INFANT + MATERNAL MORTALITY.	IDENTIFICATION + REFERRAL TO A HOSPITAL.	
HAITI		X	X	X	X	MATERNAL + INFANT MORTALITY + SEQUELAE.	IDENTIFICATION + REFERRAL.	HEALTH CENTER OR OBSTETRICAL HOSPITAL.
HAUTE VOLTA		X	X	X	X	MATERNAL + INFANT MORTALITY.	REFERRAL.	HOSPITAL WITH OPERATING ROOM.
KENYA		X	X	X		PREMATURITY TOXEMIA POSTPARTUM HEMORRHAGE - ANEMIA INFECTIONS MATERNAL/PETAL DYSTESS	NUTRITION EDUCATION REFERRAL (EARLY) FOLLOW UP HEALTH EDUCATION.	HEALTH CENTER HOSPITAL.
MALI		X	X	X	X	INFANT + MATERNAL MORTALITY.	IDENTIFICATION SURVEILLANCE WITH DIETARY EDUCATION + BETTER USE OF LOCAL FOODSOURCES.	IN THE VILLAGE
NIGERIA						?	?	?

RISQUE SEVERE RISK MALNUTRITION	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce: RISQUE Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL	X	X	X	X	DIFFICULT PREGNANCY & DELIVERY.	NUTRITIONAL EDUCATION.	MATERNITY SERVICE
SIERRA LEONE	X	X	X	X	MATERNAL/ INFANT DEATH.	IDENTIFY/ REFER/ EDUCATE.	HEALTH CENTER.
SUDAN	X	X	X	X	LOW BIRTH WEIGHT.	IDENTIFICATION NUTRITION ADVICE.	—
TANZANIA	X			X	LOW BIRTH WEIGHT ANEMIA. INFELTION	HEALTH EDUCATION REFERRAL.	HOSPITAL FACILITIES. REGIONAL HEALTH CENTER.
TOGO	X	X			MATERNAL + INFANT MORTALITY.	IDENTIFICATION + REFERRAL.	HOSPITAL.
UGANDA	X		X	X	MATERNAL DEPLETION PREMATURE LABOUR	NONE	NIL
				X	LOW BIRTH WEIGHT WITH INCREASE OF PELVIC MORTALITY	PROMOTE PROPER ANTENATAL NUTRITION + MONITORING OF WEIGHT GAIN. PROMOTE POSTNATAL LBZ FEEDING	HOSPITAL BASED NUTRITION CONSULTING SUPPORT. ANTENATAL DISTRIBUTION

Le Pays	RISQUE RISK Toxemic	INDIQUER "X" LE PERIODE(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Maitre, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI		X	X	X	X	MORTALITY. MATERNAL IN FARI. TOXEMIA	IDENTIFY - REFER TO A CENTRAL HOSPITAL.	SEE DIAGRAM.
HAITI		X	X	X		MATERNAL - INFANT MORTALITY.	IDENTIFY REFER TO A HEALTH CENTER WITH BEDS (INPATIENT FACILITIES) OR TO THE DISTRICT HOSPITAL.	HEALTH CENTER WITH INPATIENT BEDS. DISTRICT HOSPITAL.
HAUTE VOLTA			X			ECLAMPSIA MATERNAL INFANT DEATH.	REFERRAL TO MATERNITY CENTER HAVING AN OPERATING ROOM.	HOSPITAL WITH OBSTETRICAL SERVICE.
KENYA		X	X	X		FETAL DEATH MATERNAL DEATH ECLAMPSIA. CEREBRAL VASCULAR ACCIDENTS	EARLY IDENTIFICATION EARLY REFERRAL. ENCOURAGING CONTINUATION OF DRUG THERAPY FOLLOW UP.	1) HEALTH CENTER ANTENATAL CARE 2) MOBILE CLINIC. 3) HOSPITAL. 4) FAMILY HEALTH FIELD EDUCATOR.
MALI		X	X	X	X	MATERNAL, INFANT DEATH.	IDENTIFICATION + TREATMENT: LOW SALT DIET TO DECREASE OEDEMA. REFER IF NO IMPROVEMENT.	HOSPITAL HEALTH CENTER
NIGERIA		X				ECLAMPSIA MATERNAL - INFANT DEATH.	IDENTIFY REFER TO AN EQUIPPED HOSPITAL.	RURAL HEALTH CENTER - REFER THEME TO A HOSPITAL WITH OBS N/C N/C.

RISQUE RISK	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce: RISQUE Consequences of this RISK	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL	X	X	X		RISKS TO MOTHER + INFANTS. MATERNAL + FETAL DEATH. RISK OF C-SECTION.	REFER TO THE RURAL MATERNITY CENTER	RURAL MATERNITY CENTER. REGIONAL MATERNITY HOSPITAL.
SIERRA LEONE	X		X		MATERNAL - INFANT DEATH.	IDENTIFY + REFER.	OBSTETRICAL HOSPITAL.
SUDAN	X	X	X		ECLAMPSIA. MATERNAL - INFANT DEATH	IDENTIFY. REFER TO A FACILITY WITH MORE QUALIFIED STAFF.	HOSPITAL.
TANZANIA		X	X	X	ECLAMPSIA. MATERNAL - INFANT MORTALITY FOETAL DEATH PERINATAL DEATH. BRAIN INJURY.	IDENTIFY - EARLY DIAGNOSIS. REFER TO MATERNITY HOSPITAL.	OBSTETRICAL FACILITY HOSPITAL WITH TRAINED MANPOWER TRANSPORT AT RHE.
TOGO		X			MATERNAL - INFANT MORTALITY	IDENTIFY REFER TO MATERNITY HOSPITAL.	OBSTETRICAL HOSPITAL.
UGANDA	X	X	X		FOETAL LOSS MATERNAL DEATH	HEALTH EDUCATION.	REFERRAL TO HOSPITAL

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Le Pays	RISQUE RISK MAL PRESENTATION	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI			X			MATERNAL - - INFANT MORTALITY UTERINE RUPTURE.	IDENTIFICATION. REFERRAL TO A MATERNITY WITH OPERATING ROOM WHILE THERE IS AT LEAST A DOCTOR.	SEE DIAGRAM.
HAITI			X			MATERNAL INFANT MORTALITY	IDENTIFICATION REFERRAL TO NEAREST FACILITY OR DISTRICT HOSPITAL.	DISTRICT HOSPITAL.
HAUTE VOLTA			X			- DISLOCATION OF SYMPTOMAS PUIS PARALYSIS - UTERINE RUPTURE - MATERNAL INFANT MORTALITY	REFERRAL TO MATERNITY CENTER.	HOSPITAL WITH OBSTETRIC SERVICES.
KENYA			X			UTERINE RUPTURE. MATERNAL/INFANT DEATH SERIOUS DAMAGE TO INFANT. VVP (FISTULAS, VAGINA ALBUDA DVE VAGINA BURNING.	IDENTIFY REFER TO HEALTH FACILITY	HOSPITAL. HEALTH CENTER. DISPENSARY OR OTHER GOVT RESOURCES
MALI		X	X	X	X	INFANT MORTALITY.	IDENTIFY. REFER TO A PLACE WITH AN OPERATING ROOM.	HOSPITAL.
NIGERIA			X			INFANT DEATH	REFERRAL TO HOSPITAL.	RURAL HEALTH CENTER: FROM THERE TO HOSPITAL WITH OBSTETRICAL SERVICE.
						INABILITY TO DELIVER - SECTION.		

RISQUE RISK	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
	SENEGAL		X				
SIERRA LEONE		X		X	RUPTURED UTERUS	IDENTIFY + REFER.	HOSPITAL WITH OBSTETRICAL SERVICE.
SUDAN		X			MATERNAL-INFANT DEATHS	IDENTIFY + REFER TO FACILITY WITH OPERATING ROOM.	HOSPITAL.
TANZANIA		X		X	RUPTURED UTERUS MATERNAL/FETAL DEATH.	DIAGNOSIS + REFERRAL.	HOSPITAL WITH OBSTET. FACILITIES. TRANSPORT AT LHC LEVEL.
TOGO		X			UTERINE RUPTURE. MATERNAL/INFANT MORTALITY.	IDENTIFY + REFER TO MATERNITY CENTER.	OBSTETRICAL HOSPITAL.
UGANDA		X	X		OBSTRUCTED LABOR BIRTH INJURIES		REFERRAL TO HOSPITAL.

Le Pays	RISQUE TWIN OR MULTIPLE BIRTHS	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI			X		X	<p>± INFANT MORTALITY</p> <p>RUPTURE OF UTERUS</p> <p>LOW BIRTH WEIGHT (CAN BE INCOMPATIBLE WITH LIFE)</p>	IDENTIFICATION REFERRAL TO MATERNITY CENTER	SEE DIAGNOSTIC.
HAITI			X			<p>MATERNAL INFANT MORTALITY.</p>	IDENTIFICATION REFERRAL TO AN INPATIENT FACILITY (WITH BEDS) @ DISTRICT HOSPITAL	HEALTH CENTER WITH INPATIENT BEDS
HAUTE VOLTA			X			<p>MATERNAL FATIGUE</p> <p>RETENTION OF 2nd TWIN - INFANT MORTALITY</p>	IDENTIFICATION + REFERRAL.	GYNOSTETICAL HOSPITAL.
KENYA			X			<p>ABNORMAL PRESENTATION</p> <p>POST PARTUM HAEMORRAGE</p> <p>RETENTION OF 2nd TWIN</p> <p>MATERNAL VITAL DISTRESS ANAEMIA</p>	EARLY IDENTIFICATION + REFERRAL. FP INSTRUCTION. NUTRITIONAL EDUCATION.	HOSPITAL HEALTH CENTER
MALI			X	X	X	X	IDENTIFICATION + REFERRAL.	HEALTH CENTER.
NIGERIA					X		IDENTIFICATION + REFERRAL TO HOSPITAL.	<p>RURAL HEALTH CENTER</p> <p>↓</p> <p>HOSPITAL WITH GYNOSTETICAL</p>

RISQUE RISK	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Maitre, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
	SENEGAL	X	X				
SIERRA LEONE		X	X		UTERINE RUPTURE MATERNAL- INFANT DEATH	IDENTIFY + REFER.	HOSPITAL WITH OBSTETRIC FACILITIES
SUDAN		X	X		INFANT + MATERNAL DEATH POST PARTUM HAEMORR.	IDENTIFY REFER.	HEALTH CENTER OR HOSPITAL
TANZANIA		X	X		LOW BIRTH WEIGHT POST PARTUM HAEMORRAGES	DIAGNOSIS + REFERENTIAL.	HOSPITAL FACILITIES.
TOGO			X		MATERNAL + INFANT MORTALITY	IDENTIFY + REFER.	OBSTETRICAL HOSPITAL.
UGANDA		X	X	X	POST PARTUM HAEMORR. ANTE PARTUM HAEMORR. PRE ECLAMPSIA. INERTIA OF 2° TWIN MAL PRESENTATION.	NXL.	REFERRAL TO HOSPITAL.

CHECK EXCESSIVE WEIGHT GAIN - AND  
FOLLOW UP ROUTINE. EXCEPTS, CYANIC  
PITAL DELIVER.

Le Page	RISQUE MEDICAL RISK COMPLICATIONS	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI		X	X	X	X	MATERNAL + INFANT MORTALITY	IDENTIFICATION & REFERRAL TO A HOSPITAL CENTER	
HAITI		X	X	X	X	MATERNAL, INFANT MORTALITY. SEQUELAE FOR THE INFANT.	IDENTIFICATION & REFERRAL.	HEALTH CENTER AND OBSTETRICAL HOSPITAL.
HAUTE VOLTA		X	X	X	X	ABORTION (MATERNAL + INFANT MORTALITY)	REFERRAL TO A MATERNITY CENTER WITH OPERATING ROOM	HOSPITAL WITH OBSTETRICAL SERVICES
KENYA		X	X	X	X	MATERNAL + FETAL DEATH, MATERNAL FETAL DISTRESS, MORBIDITY	IDENTIFICATION + REFERRAL FOLLOW UP.	HEALTH CENTERS HOSPITALS.
MALI		X	X	X	X	MATERNAL INFANT MORTALITY	IDENTIFICATION & REFERRAL.	HEALTH CENTER HOSPITAL.
NIGERIA		X				MATERNAL INFANT DEATH.	IDENTIFICATION & REFERRAL TO HOSPITAL.	RURAL HEALTH CENTER, THEN HOSPITAL WITH OBSTETICAL SERVICES

RISQUE MEDICAL RISK COMPLICATIONS	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
ENEGAL	X	X	X	X	INCREASED RISKS.	EVALUATION.	
SIERRA LEONE	X	X	X	X	PREMATURITY STILLBIRTH MATERNAL DEATH	IDENTIFY + REFER.	HOSPITAL WITH OBSTETRICAL SERVICES
SUDAN	X	X	X	X	MATERNAL & INFANT MORTALITY.	IDENTIFY + REFER TO FACILITY WITH MORE QUALIFIED HEALTH WORKER.	HEALTH CENTER DISPENSARY HOSPITAL.
TANZANIA	X	X	X	X	MATERNAL FETAL NEONATAL DEATHS	EARLY DIAGNOSIS & REFERRAL.	DRS. + SPECIALISTS IN DISTRICT REGIONAL CONSULTING HOSPITALS.
TOGO	X	X	X		MATERNAL + INFANT MORTALITY.	IDENTIFICATION + ORIENTATION.	OBSTETRICAL HOSPITAL
UGANDA	X	X		*	FETAL LOSS + MORTALITY + MATERNAL DEATH	ALONE.	REFER TO CIVIL HOSPITAL
	X	X		*	DIABETES, HYPERTENSION, ECLAMPSIA LARGE BABIES, CERVICAL NECrosis, DEATH + RISK STRESS OF DELIVERY		ANTE NATAL CLINIC OR INPATIENT

Le Page	(RISQUE POOR RISK OBSTETRICAL HISTORY)	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI		X	X	✓		MATERNAL- INFANT MORTALITY	IDENTIFY + REFER TO A HOSPITAL CENTER.	
HAITI			X			MORTALITY + SEQUELAE	IDENTIFICATION + REFERRAL	HEALTH CENTER WITH BEDS AND OBSTETRICAL HOSPITAL.
HAUTE VOLTA		X	X	X	X	ABORTION INFANT MORTALITY	REFERRAL TO MATERNITY CENTER WITH OPERATING ROOM.	HOSPITAL WITH OBSTETRICAL CENTER.
KENYA		X	X			MATERNAL DEATH, FETAL WASTAGE + DEATH, MATERNAL/FETAL DISTRESS + MORTALITY	IDENTIFICATION REFERRAL FOLLOW UP.	HEALTH CENTERS, HOSPITALS.
MALI		X	X	X		MATERNAL MORTALITY	IDENTIFICATION + REFERRAL.	HOSPITAL.
NIGERIA		X				SUBSEQUENT NEONATAL DEATH.	ADVISE WOMAN TO VISIT THE NEAREST HOSPITAL.	THE PATIENT GOES TO HOSPITAL.

RISQUE BAD RISK OBSTETRIC HISTORY.	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce: RISQUE Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL	X	X	X	X	INCREASED RISKS	EVALUATION.	—
SIERRA LEONE		X	X	X	MATERNAL - INFANT DEATHS	IDENTIFY + REFER.	HOSPITAL WITH OBSTETRIC SERVICES.
SUDAN	X	X			INFANT MORTALITY.	IDENTIFICATION REFER TO CENTER WITH BETTER TRAINED WORKER.	HEALTH CENTER HOSPITAL.
TANZANIA	X	X	X	X	ABORTIONS MATER, FETAL + NEONATAL DEATHS.	DIAGNOSIS + REFERRAL.	MNS + SPECIALISTS IN DISTRICT REGIONAL CONSULTING HOSPITALS.
TOGO		X			UTERINE RUPTURE, MATERNAL - INFANT MORTALITY.	DIAGNOSIS, IDENTI- FICATION + REFERRAL.	OBSTETRICAL HOSPITAL.
UGANDA	X	X	X		FETAL LOSS IMMUNIZ. STRAIN DEPRESSION OF MOTHER WELFARE OF	NONE.	REFERRAL TO REGIONAL HOSPITAL.
						IDENTIFICATION, REFERRAL.	ANTENATAL CONSULTING HOSPITAL DELIVERY WITH A MUM



RISQUE SHORT BIRTH RISK INTERVIEW.	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Maitresse, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
	SENEGAL	X	X	X			
SIERRA LEONE	X	X	X	X	MATERNAL INFANT DEATHS.	EDUCATION ON F.P. REFERR.	HEALTH CENTER.
SUDAN		X	X	X	POST PARTUM HEMORRHAGE. INFANT MORTALITY	IDENTIFICATION ADVISE FUTURE SPACING. REFER COUPLE TO HEALTH FACILITY WITH MORE QUALIFIED HEALTH WORKER.	HEALTH CENTER HOSPITAL.
TANZANIA	X			X	ANAEMIA. LOW BIRTH WEIGHT MATERNAL DEPLETION SYNDROME.	HEALTH EDUCATION. FAMILY PLANNING ADVICE REFERRAL FOR COMPLICATIONS.	HOSPITAL FACILITIES
TOGO		X			UTERINE RUPTURE. MATERNAL & INFANT MORTALITY.	IDENTIFICATION & REFERRAL.	OBSTETRICAL HOSPITAL.
UGANDA	X	X			MATERNAL DEPLETION SYNDROME	HEALTH EDUCATION ABOUT F.P. BY F.P.A.	FAMILY PLANNING CLINICS
				X	INCREASED RISK OF LOW BIRTH	FAMILY PLANNING	PRIVATE & PUBLIC F.P.C. 5 & FREE 2TH



RISQUE SOCIO ECONOMIC PROBLEMS	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL	X	X	X	X		AIM AND APPROPRIATE LOCAL SOLUTIONS.	
SIERRA LEONE	X	X	X	X	MATERNAL INFANT DEATHS	EDUCATE & REFER	TO HEALTH CENTER FOR SOCIAL WELFARE OFFICER.
SUDAN	X	X	X	X	INFANT & MATERNAL MORTALITY & MORBIDITY	IDENTIFY ADVISE. REFER TO SOCIAL WORKER	
TANZANIA	X			X	LOW BIRTH WEIGHT. INFECTION (POOR ENVIRONMENTAL SANITATION) MATERNAL MALNUTRITION.	1) HOME VISITING 2) MATERNAL EDUCATION 3) REFER FOR COMPLICATIONS	HOSPITAL PAULITIES
TOGO	X	X			MATERNAL & INFANT MORTALITY	IDENTIFICATION & REFERRAL	CLINICAL HOSPITAL.
UGANDA	X	X	X	X	ALL HEALTH PROBLEMS INADEQUATE CARE AND NEWBORN PHYSICAL CHALLENGES TO NEWBORN LACK SOCIAL PROBLEMS	HEALTH EDUCATION REFERRAL TO SOCIAL WORKER, PRENATAL COUNSELLING ALERTING SITE OF DELIVERY	HOSPITAL DELIVERY NEONATAL INTENSIVE CARE UNIT ALCOHOL & DRUG REHABILITATION CENTERS

Le Pays	RISQUE CERVAIX-PELVIC RISK DISPROPORTION.	INDIQUER "X" LE PERIODE(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI			X		X	UTERINE RUPTURE - INFANT MORTALITY.	REFERRAL TO A CENTER WITH A DOCTOR + HOSPITAL.	
HAITI			X		X	MATERNAL - INFANT MORTALITY & SEQUELAE	ONLY EXCEPT FOR REFERRAL	HEALTH CENTER. OR OBSTETRICAL HOSPITAL.
HAUTE VOLTA			X			UTERINE RUPTURE MATERNAL - INFANT MORTALITY.	REFERRAL TO A MATERNITY CENTER WITH AN OPERATING ROOM	MATERNITY CENTER WITH OPERATING ROOM.
KENYA			X		X	DIFFICULT LABOUR. MATERNAL-FETAL DISTRESS + DEATH. PUERPERAL SEPSIS	IDENTIFICATION REFERRAL.	HEALTH CENTER HOSPITAL
MALI			X		X	INFANT MORTALITY.	IDENTIFICATION & REFERRAL.	HOSPITAL.
NIGERIA			X			MATERNAL FETAL DEATHS	REFERRAL TO HOSPITAL.	RURAL HEALTH CENTER OR HOSPITAL WITH OBSTETRIC SERVICES

RISQUE LE Degré DE LA RISK DISPROPORTION.	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL		X			DIFFICULT DELIVERY.	EVACUATIONS.	
SIERRA LEONE		X	X	X	RUPTURED UTERUS. MATERNAL INFANT DEATH.	IDENTIFY + REFER.	HOSPITAL WITH OBSTETRICAL SERVICES.
SUDAN		X			INFANT + MATERNAL MORTALITY.	IDENTIFICATION REFERRAL TO MATERNITY FACILITY WITH OPERATING TABLE.	HOSPITAL.
TANZANIA		X	X	X	RUE FISTULAS VVA { - VAGINA + PELVIS - VAGINA + BLADDER. RUPTURED UTERUS MATERNAL + FETAL DEATH.	EARLY RECOGNITION, REFERRAL.	HOSPITALS WITH OBSTETRICAL FACILITIES.
TOGO		X			RUPTURED UTERUS INFANT + MATERNAL MORTALITY.	IDENTIFICATION + REFERRAL.	OBSTETRICAL HOSPITAL.
UGANDA		X	X	X	FETAL LOSS. OBSTRUCTED LABOUR. BIRTH INJURIES. UTERINE INFECTION - RUPTURE - VAGINA + PELVIS.	NONE. IDENTIFY + REFER.	REFERRAL TO HOSPITAL. PRIVATE MATERNAL CLINIC.

Le Pays	RISQUE HEIGHT UNDER 5 FEET RISK (150 CM)	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES		
		Pre Natal	Intra Partum	Post Partum	Neo Natal					
BURUNDI			X			INFANT MORTALITY. UTERINE RUPTURE.	REFERRAL TO HEALTH CENTER.			
HAITI			X		X	MATERNAL + INFANT MORTALITY SEQUELAE FOR INFANT	REFERR.	HEALTH CENTER WITH BEDS OR OBSTETRICAL HOSPITAL.		
HAUTE VOLTA			X			UTERINE RUPTURE. MATERNAL-INFANT MORTALITY.	REFERRAL TO A HEALTH CENTER WITH OPERATING ROOM.	MATERNITY SERVICE WITH OPERATING ROOM.		
KENYA			X		X	DIFFICULT LABOUR. MATERNAL-PETAL DISTRESS + DEATH SEPSIS.	IDENTIFICATION REFERRAL.	HEALTH CENTER HOSPITAL.		
MALI			X	X	X	X	INFANT MORTALITY.	IDENTIFICATION AND REFERRAL.	HEALTH CENTER.	
NIGERIA			X					MATERNAL-INFANT MORTALITY	REFERRAL TO HOSPITAL.	RURAL HEALTH CENTER. ↓ HOSPITAL WITH OBSTETRICAL SERVICE.

RISQUE HEIGHT & FEET RISK (150 CM)	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
7. SENEGAL		X			HIGH BORN INFANTS		
SIERRA LEONE		X	X	X	RUPTURED UTERUS. MATERNAL-INFANT DEATHS	IDENTIFY REFERR.	HOSPITAL WITH OBSTETRIC SERVICES
SUDAN		X			INFANT & MATERNAL MORTALITY	IDENTIFICATION REGARD TO MATERNITY WITH OPERATING ROOM	HOSPITAL
TANZANIA		X	X	X	POSSIBLE CERVICO PELVIC DISPROPORTION WITH ABOVE CONSEQUENCES	EARLY RECOGNITION & REFERRAL	HOSPITAL WITH OBSTETRICAL FACILITIES
TOGO		X			RUPTURED UTERUS. MATERNAL INFANT MORTALITY	IDENTIFICATION & REFERRAL	OBSTETRICAL HOSPITAL
UGANDA		X	X	X	FETAL LOSS OBSTRUCTED LABOUR BIRTH INJURIES	NONE	REFER TO HOSPITAL
		X			INCREASED RISK OF ... DISPROPORTION	IDENTIFICATION & REFERRAL	STATE HOSPITAL ...

Le Pays RISQUE MATERNAL AGE 48 yrs or 735 yrs	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce RISQUE Consequences of this RISK	QUEL EST LE RÔLE DE L'AGENT DE SANTÉ COMMUNAUTAIRE (ou de Matrière, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI		X	X		MATERNAL + INFANT MORTALITY.	REFERRAL TO A HEALTH CENTER.	
HAITI	X	X	X	X	MATERNAL - INFANT MORTALITY & SEQUELAE.	IDENTIFICATION & REFERRAL.	HOSPITAL WITH OBSTETRICAL FACILITIES OR HEALTH CENTER WITH INPATIENT FACILITIES.
HAUTE VOLTA		X			PROLONGED LABOUR ⇒ FETAL DISTRESS MATERNAL + INFANT MORTALITY	REFERRAL TO A MATERNITY WITH OBSTETRICAL ROOM.	HOSPITAL WITH OBSTETRICAL SERVICES.
KENYA			X		MATERNAL - FETAL DYSPLASIA PUERPERAL SEPSIS PUERPERAL PSYCHOSIS	IDENTIFICATION REFERRAL FOLLOW UP.	HEALTH CENTER HOSPITAL. F.H.C.E.
MALI		X	X	X	MATERNAL - INFANT MORTALITY	IDENTIFICATION & REFERRAL	HEALTH CENTER
NIGERIA		X			MATERNAL - INFANT DEATHS	REFERRAL TO HOSPITAL.	MUNICIPAL HEALTH CENTER ↓ HOSPITAL WITH OBSTETRIC SERVICES

RISQUE MATERNAL AGE L18 RISK >35	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTIN REFERRAL/BACKUP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL	X	X	X	X	HEMORRHAGE	REFERRAL	—
SIERRA LEONE	X	X	X	X	MATERNAL INFANT DEATH	IDENTIFICATION & REFERRAL	HOSPITAL WITH OBSTETRICAL SERVICES
SUDAN		X			MATERNAL INFANT MORTALITY	IDENTIFICATION REFERRAL TO HOSPITAL WITH OPERATING ROOM FACILITIES	HOSPITAL
TANZANIA		X		X	OBSTRUCTED LABOUR POST PARTUM HEMORR. LOW BIRTH WEIGHT	DIAGNOSIS & REFERRAL	HOSPITAL
TOGO			X		OPERATING ROOMS MATERNAL - INFANT MORTALITY	IDENTIFICATION & REFERRAL	OBSTETRICAL HOSPITAL
UGANDA		X			HIGHER RATE OF OPERATIVE DELIVERY	NONE	Nil

Le Pays	RISQUE RISK / LH DISEASE	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de, Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI				X	X	INFANT MORTALITY	IDENTIFICATION & REFERRAL TO A HOSPITAL CENTER WITH TRANSPUSION SERVICES.	
HAITI				X	X	INFANT MORTALITY ON NEGATIVE SEQUENCE FOR THE INFANT	NIL	HEALTH CENTER WITH BEDS ON OBSTETRICAL HOSPITAL.
HAUTE VOLTA		X			X	ABORTION INFANT MORTALITY.	REFERRAL	OBSTETRICAL HOSPITAL.
KENYA			X		X	FETAL DEATH	FOLLOW UP TO ENSURE ATTENDANCE AT THE CLINIC	HEALTH UNIT, HOSPITAL.
MALI					X	INFANT MORTALITY	IDENTIFICATION & REFERRAL.	HOSPITAL WITH OBSTETRICAL GYNACOLOGICAL SERVICES.
NIGERIA						?	?	?

RISQUE RISK FLU DISEASE	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL		X			FETAL DEATH PREMATURITY - SUCCESSIVE ABORTIONS.	EVALUATION	
SIERRA LEONE		X	X	X	BRAIN DAMAGE ↓ DEATH.	IDENTIFY + REFER	HOSPITAL WITH OBSTETRICAL SERVICES.
SUDAN				X	NEONATAL JAUNDICE (W/ INCOMPATIBILITY) NEONATAL DEATH.	NO EASY WAY OF IDENTIFICATION OF SUCH CASES AS BLOOD GROUPING. IS NOT FEASIBLE	REFER TO CENTER WITH TRANSFUSION FACILITIES (HOSPITAL)
TANZANIA				X	NEONATAL JAUNDICE, ANEMIA DEATH	DIAGNOSIS OF NEONATAL JAUNDICE.	TERTIARY (CONSULTANT) HOSPITALS WITH FACILITIES FOR EXCHANGE TRANSFUSION.
TOGO				X	INFANT MORTALITY	IDENTIFICATION NEONATAL.	OBSTETRICAL HOSPITAL
UGANDA				X	FETAL LOSS.	NONE.	NIL.
				X		IDENTIFICATION SO THAT IMMUNE GLOBULIN CAN BE ADMINISTERED	HOSPITAL - REFERRED WITH ENSUIE CARE IS EASY.

Le Pays	RISQUE GRAND RISK MULTIPARTY	INDIQUER "X" LE PERIOD(S) CRITIQUE DE RISQUE MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce Risque Consequences of this Risk	QUEL EST LE RÔLE DE L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc.) WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA, etc.)	WHAT ARE THE EXISTIN REFERRAL/BACK-UP RESOURCES
		Pre Natal	Intra Partum	Post Partum	Neo Natal			
BURUNDI			X		X	MATERNAL INFANT MORTALITY	IDENTIFIY. REFERR TO MATERNITY.	SEE DIAGRAM.
HAITI		X	X	X		MATERNAL-INFANT MORTALITY +	IDENTIFICATION. REFERRAL TO AN INPATIENT CENTER OR THE DISTRICT HOSPITAL.	DISTRICT HOSPITAL.
HAUTE VOLTA			X			INFANT MORTALITY RUPTURED UTERUS. MATERNAL FATIGUE.	IDENTIFICATION. REFERRAL TO A HEALTH CENTER OR MATERNITY WITH AN OPERATING ROOM.	HOSPITAL - OBSTETRICAL SERVICE.
KENYA			X			PPH. ANEMIA. MALPRESENTATION RUPTURED UTERUS MATERNAL/INFANT DEATHS.	EARLY REFERRAL. EDUCATION. MOTIVATION FOR FAMILY PLANNING.	HOSPITAL HEALTH CENTER.
MALI		X	X	X		MATERNAL MORTALITY.	IDENTIFICATION REFERRAL TO A HEALTH CENTER.	HOSPITAL HEALTH CENTER.
NIGERIA				X		PROFUSE BLEEDING MATERNAL INFANT DEATHS.	REFERRAL TO HOSPITAL.	RURAL HLTH CENTER - FROM THERE TO HOSPITAL WITH OBS' TRICAL SERVICES.

RISQUE RISK	INDIQUER "X" LE PERIODE, CRITIQUE DE RISQUE ..... MARK "X" TO INDICATE THE CRITICAL PERIOD(S) OF RISK				Les Consequences De Ce: RISQUE ..... Consequences of this Risk	L'AGENT DE SANTE COMMUNAUTAIRE (ou de Matrone, Accoucheuse, etc) ..... WHAT IS THE ROLE OF THE COMMUNITY HEALTH WORKER (TBA etc)	WHAT ARE THE EXISTING REFERRAL/BACK-UP RESOURCES
	Pre Natal	Intra Partum	Post Partum	Neo Natal			
SENEGAL		X			UTERINE RUPTURE HAEMORRHAGE.		RURAL MATERNITY HOMES REGIONAL HOSPITAL
SIERRA LEONE		X	X		PLACENTED UTERUS MATERNAL INFANT DEATH.	IDENTIFICATION + REFERRAL.	HOSPITAL WITH OBSTETRICAL SERVICES
SUDAN		X	X		POST PARTUM HAEMORRHAGE MATERNAL DEATH.	IDENTIFY. REFER TO FACILITY WITH MORE QUALIFIED MIDWIFE. WITH MEDICINES + POSSIBLE TRANSFUSION FACILITIES	HEALTH CENTER. (ERGOMETRINE INJECTION + TABS) HOSPITAL (ERGOMETRINE + TRANSFUSION)
TANZANIA	X	X	X	X	ANAEMIA SLOW WEIGHT GAIN. P.P.H. (POST PARTUM HAEM) LOW BIRTH WEIGHT.	DIAGNOSIS + REFERRAL	HOSP. FACILITIES.
TOGO		X			UTERINE RUPTURE MATERNAL + INFANT MORTALITY.	IDENTIFICATION + REFERRAL.	OBSTETRICAL HOSPITAL
UGANDA	X	X	X		OBSCURE PRESENTATION POST PARTUM HAEMORR. UTERINE RUPTURE MATERNAL DEATH SYNDROME.	HEALTH EDUCATION ABOUT P.P.	REFERRAL TO HOSPITAL.

LISA.

FOURTH DAY - FRIDAY, JUNE 3, 1983

9:00-12:00

ORAL REHYDRATION THERAPY

Lauro  
Clements

Introduction to Oral Therapy  
Oral Therapy and the Community  
Based Approach  
Community Based Approach  
Essentials of Oral Therapy  
Selection of an Oral Replacement Mixture  
Development of an Oral Therapy Program  
Data Collection for Program Design  
Procedure for Designing a Program  
Training Oral Therapy Trainees  
Practical Issues - Simple Technology

2:00-5:00

IMMUNIZATION PROGRAMS

Aigle

Health Significance  
Program Design  
Background Information Needed for Planning  
Management  
Training of Field Staff  
Supervision of Immunization Programs  
Special Aspects of Cold-Chain Management  
Technology Today  
Integration into Existing Services  
Evaluation of Programs

Three modules for TOT  
immunization managers  
were provided

FIFTH DAY - MONDAY, JUNE 6, 1983

9:00-12:00 - NUTRITION

9:00-9:30 - Magnitude and Determinants of Priority of Dietary and Nutritional Problems in Developing Countries Solimano Wray

9:30-12:00 - Assessment of food situation and nutritional status of the individual, family, and community

2:00-5:00 NUTRITION

2:00-4:30 - Design and Implementation of Nutrition Programs Solimano

4:30-5:00 - Summary on Program Management and Evaluation Wray

Presentations by  
Fofana - Senegal  
Kariuki - Kenya  
Magari - Tanzani  
Dicko - Mali

SIXTH DAY - TUESDAY, JUNE 7, 1983

9:00-12:00      PROBLEM DEFINITION, OBJECTIVES, STRATEGIES, AND EVALUATION CRITERIA

- Problem definition - importance of the problem, causes, magnitude and dimensions, statement of goals, statement of immediate and long term objectives, setting and background (including area and population), problem being addressed, solution proposed. Gorosh  
Nalder  
Van Wie
- Objectives - realistic and achievable, well defined, specific, related to problem, measurable, and acceptable to consumer.
- Strategies - acceptability, effectiveness, low cost, use of available resources, simple and technically feasible.
- Criteria for Evaluation - objectivity, linked to decision making, linked to methods, timely and useable, use of appropriate methodology, decentralized and useable at all levels, accountability, continuous and periodic, participatory, constructive, non-threatening, self evaluation, simple, and convincing.

2:00-5:00      Formation of Work Groups and Discussion of Project Assignments

The purpose of the Work Group Projects is to engage participants in group activities that address the important issues to be confronted in the programs to which the trainees will return, and to give them an immediate opportunity to begin to apply the concepts, skills and approaches which will be presented during the course.

Each work group, selected for geographical and/or substantive common interest, is to develop a comprehensive plan for a family planning, nutrition or primary health care program or for a selected aspect of such a program. The plan may be for a particular program design, e.g., Integrated MCH/Family Planning Services, Use of Traditional Birth Attendants, Family Planning and Oral Rehydration, Contraceptive Marketing and Parasite Control, Breastfeeding Promotion, or Nutrition and Family Planning.

Further options for group projects might include in-depth planning for a particular aspect of overall program development. For example, if participants are to be involved in baseline surveys an appropriate project would be to develop questionnaires, coding systems,

Sixth Day - Tuesday, June 7, 1983 (continued)

samples, interviewer manuals, interviewer selection criteria, field supervision, schedules, survey logistics (transport, housing, food) and data processing and analysis procedures. For participants who will be developing in-country training programs, an appropriate project would involve design of a model training program including task analyses, task-oriented training modules, instructional approaches, pre and post training evaluation approaches, follow-up and refresher training approaches, trainee selection, resource material, etc.

Each work group will be assisted by one or more faculty members serving as resource persons. Work groups will meet during the times set aside in the schedule and will develop their projects following the course syllabus. For example, on Tuesday afternoon, June 7, 1983, workgroups will meet to develop the problem definition, objectives, strategies, and evaluation criteria for their projects. On Wednesday morning, June 8, 1983, one of the groups will be asked to present the results of its efforts.

This pattern will be followed throughout the course as work group projects are developed and presented (of course groups are free to schedule additional work time outside of the times allotted in the syllabus). At the conclusion of the course each work group will have a fully developed project.

First work group assignment  
was to complete a "Logical  
Framework" See Pg. 8a-8b.

<p>1. Statement of the problem to be solved.</p> <p>2. Statement of the objectives of the program.</p>	<p>3. Statement of the assumptions.</p> <p>4. Statement of the constraints.</p>	<p>5. Description of the algorithm.</p>	<p>6. Input Assumptions</p> <p>Assumptions for achieving goals:</p>
<p>7. Statement of the results.</p>	<p>8. Conditions that will indicate that the steps have been achieved:</p>		<p>Assumptions for achieving objectives:</p>
<p>9. Statement of the conclusions.</p>	<p>10. Magnitude of outputs:</p>		<p>Assumptions for achieving outputs:</p>
<p>11. Statement of the recommendations.</p>	<p>12. Implementation Target (Type and Outcome)</p>		<p>Assumptions for achieving inputs:</p>

Reference to 50101

648

Ba

**Best Available Document**

Description Sommaire	Indicateurs de Performance et d'Impact	Les Moyens de Verification	Les Conditions de Continuite ou de Soutien
Objectif General (Le Grand But)	Les Mesures de But Achieve		Relatif au But
Les Objectifs Specifiques	Les conditions qui indiquent que les objectifs ont ete atteints		Relatif aux Objectifs Specifiques
Les Activites a Demander	L'etat des Activites Demander		Relatif aux Activites
Les Besoins Demander a l'Organisation	L'etat des Ressources		Relatif aux Ressources

Titre du projet \_\_\_\_\_  
 Duree du projet \_\_\_\_\_

LE CADRE LOGIQUE \_\_\_\_\_  
 Nom \_\_\_\_\_

Best Available Document

8b

dv

SEVENTH DAY - WEDNESDAY, JUNE 8, 1983

9:00-9:30 -- WORK GROUP REPORT

9:30-12:00 - VILLAGER RUN PROGRAMS

Bower

.Villager Run Health Programs  
.The Politics of Village Health  
Child to Child Approaches

.Rehabilitation of Physically  
Handicapped Children

2:00-5:00 Villager Run Programs (continued)

Training exercises in: Diarrhea & Oral Rehydration The Common Cold Bone Setting Growth Monitoring Nutrition
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EIGHTH DAY - THURSDAY, JUNE 9, 1983

9:00-12:00 - TRAINING VILLAGE WORKERS

Bower

- . Training methods and aids based on problem solving, doing, and thinking
- . Community theater

2:00-5:00 Training Village Workers (continued)

NINTH DAY - FRIDAY, JUNE 10, 1983

9:00-12:00 NEEDS AND RESOURCES ASSESSMENT

9:00-10:15 - QUANTITATIVE APPROACHES

Allman

Sources and Use of Existing Data

- .Census data and projections
- .Vital statistics
- .Demographic Surveys
- .KAP (Knowledge attitude and practice) surveys
- .Morbidity/Health Service Statistics
- .Program service statistics
- .Administrative statistics
- .Other surveys

Survey Modules - Design and Utilization

- .Knowledge of contraceptive methods, sources and supplies
- .Contraceptive use, present and past  
(history of contraceptive use - method, source, reasons for discontinuation, etc.)
- .Birth history
- .Lactation and weaning - infant feeding practices in relation to contraception, weaning practices, attitudes towards breastfeeding and local foods
- .Maternal health
- .Child health

Survey Methodology

- .Sampling
- .Questionnaire design and pretesting
- .Interviewer selection and training
- .Interviewing techniques
- .Organization and administration of fieldwork
- .Coding and data editing
- .Data processing
- .Data analysis and reporting

10:45-12:00 Noon - Qualitative Methods

Lauro  
Shedlin

- .A comparison of quantitative and qualitative methods.
- .The need for qualitative data in community-based health projects.
- .The perception of needs: programs vs community.
- .Qualitative methods: what, when, how, who.
- .The utilization of qualitative data.

2:00-5:00 WORKGROUPS

TENTH DAY - MONDAY, JUNE 13, 1983

See P11a for Work  
group assignment

Definition Du Problème:  
 Problem Statement:

Approches Quantitatives  
Quantitative Approaches

<u>Informations Nécessaires</u> <u>Information Needed</u>	<u>Utilisation Prèsumée</u> <u>Intended Use</u>	<u>Source De L'information Et Méthode utilisée</u> <u>Source and Method of Obtaining Information</u>

Approches Qualitatives  
Qualitative Approaches  
Informations Nécessaires  
Information Needed

Utilisation Prèsumée    Source De L'information Et Methode Utilisée  
Intended Use                Source and Method of Obtaining Information

--	--	--

Selectionnez une approche quantitative et/ou une approche qualitative et specifiez en détail le type d'Informations nécessaires ainsi que les étapes a' suivre pour la collecte des données. Décrivez en détail le moyen (méthode) que vous utiliserez afin de collecter les données.

Select one quantitative and/or one qualitative approach and specify in detail the type of information needed and the steps to be followed in data collection. Describe in detail the tool you will use to gather data.

TENTH DAY - MONDAY, JUNE 13, 1983

9:00-9:30 AM - WORK GROUP REPORTS

9:30 - 12:00 NOON PEDIATRIC PRIORITIES

Morley

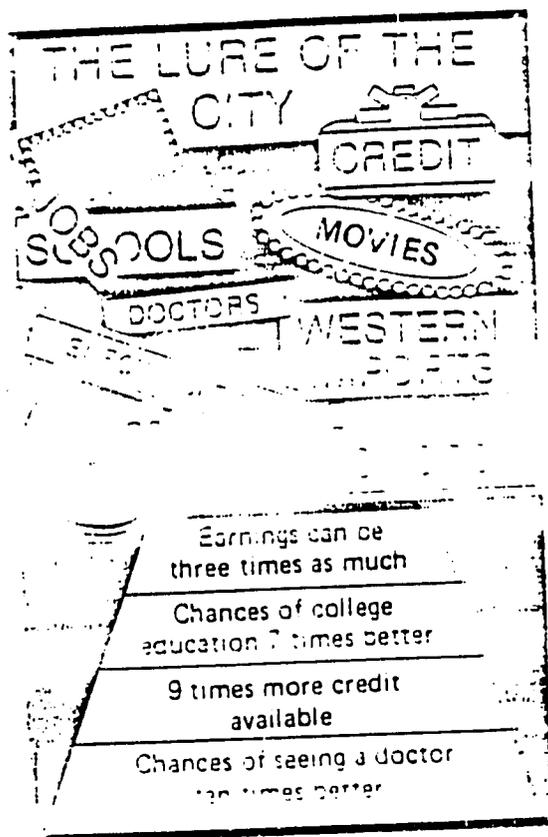
- .Overview of Pediatric Problems and Interventions
- .Discussion of Issues Raised
- .Monitoring Growth

2:00-5:00 PM - PEDIATRIC PRIORITIES (Continued)

- .Group Reports
- .Film: "Maragoli"
- .Breastfeeding and Birthspacing

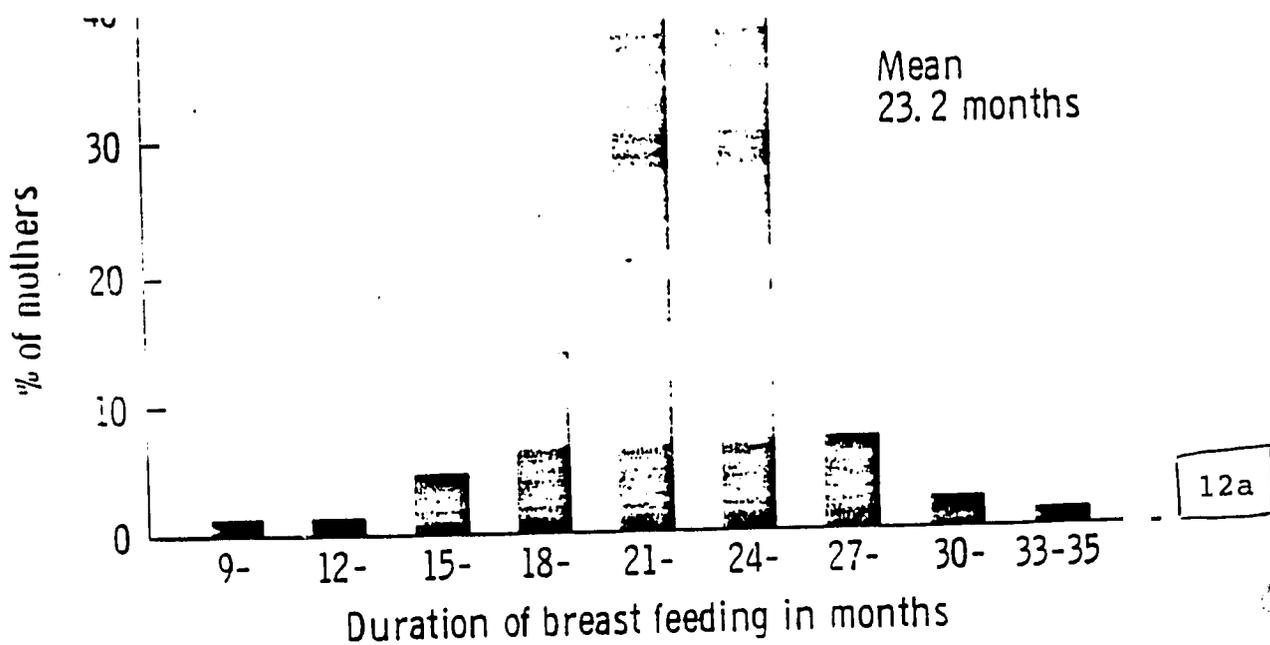
Work groups critique  
of Data Presentations  
P12a - 12f

# WHY THERE IS A SHIFT TO THE TOWNS



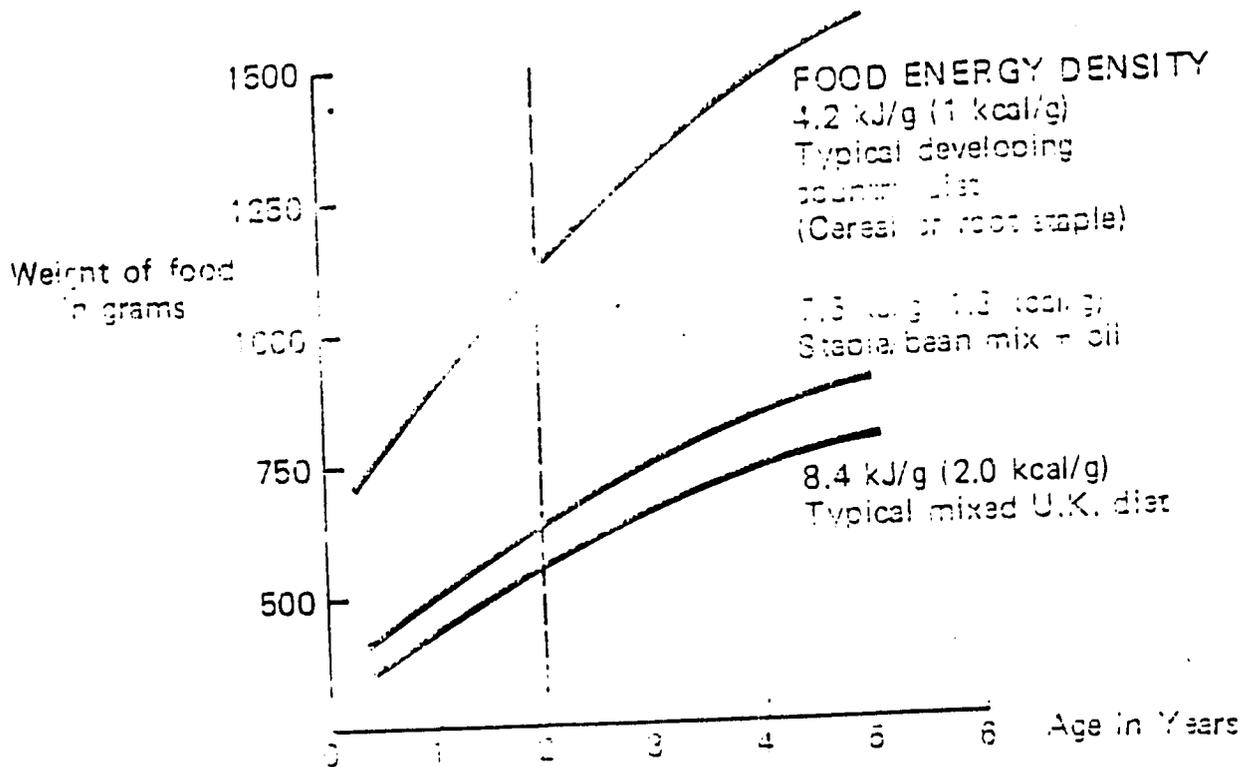
## DURATION OF BREAST FEEDING

DURATION OF BREAST FEEDING 291 mothers in a West African village

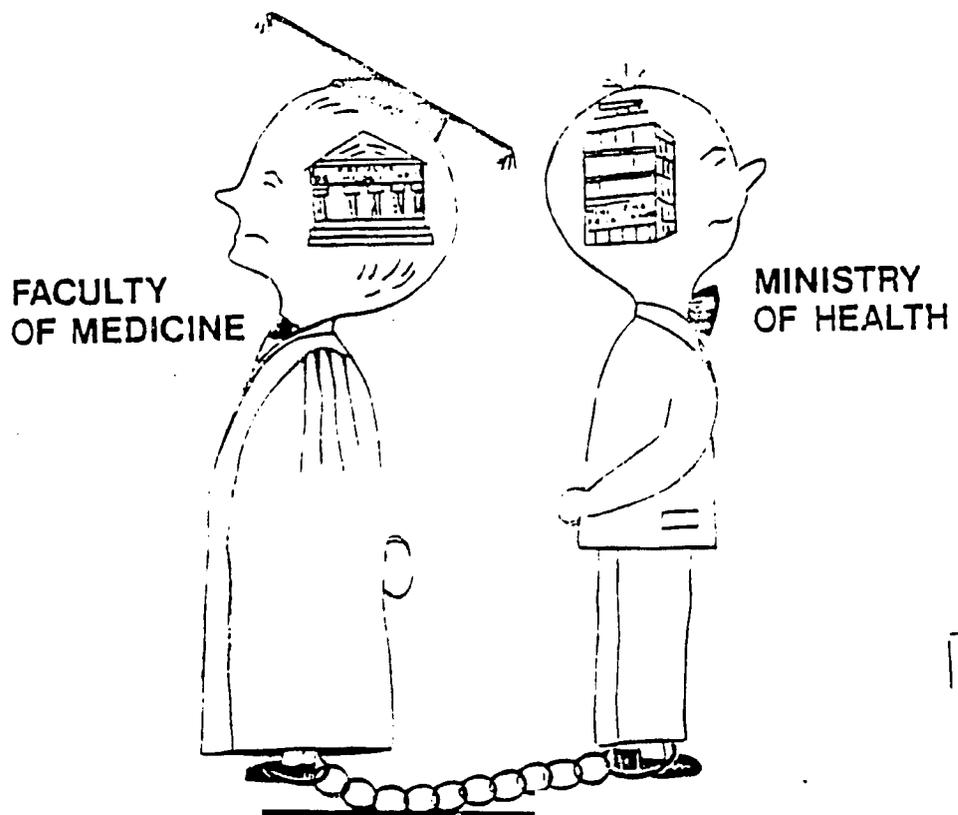


# CHILDREN NEED MORE FATS AND OILS IN THEIR DIET

## FOOD INTAKES IN RELATION TO ENERGY DENSITY



OFTEN THE AIMS AND OBJECTIVES OF THE UNIVERSITY  
DIFFER FROM THOSE OF THE MINISTRY OF HEALTH

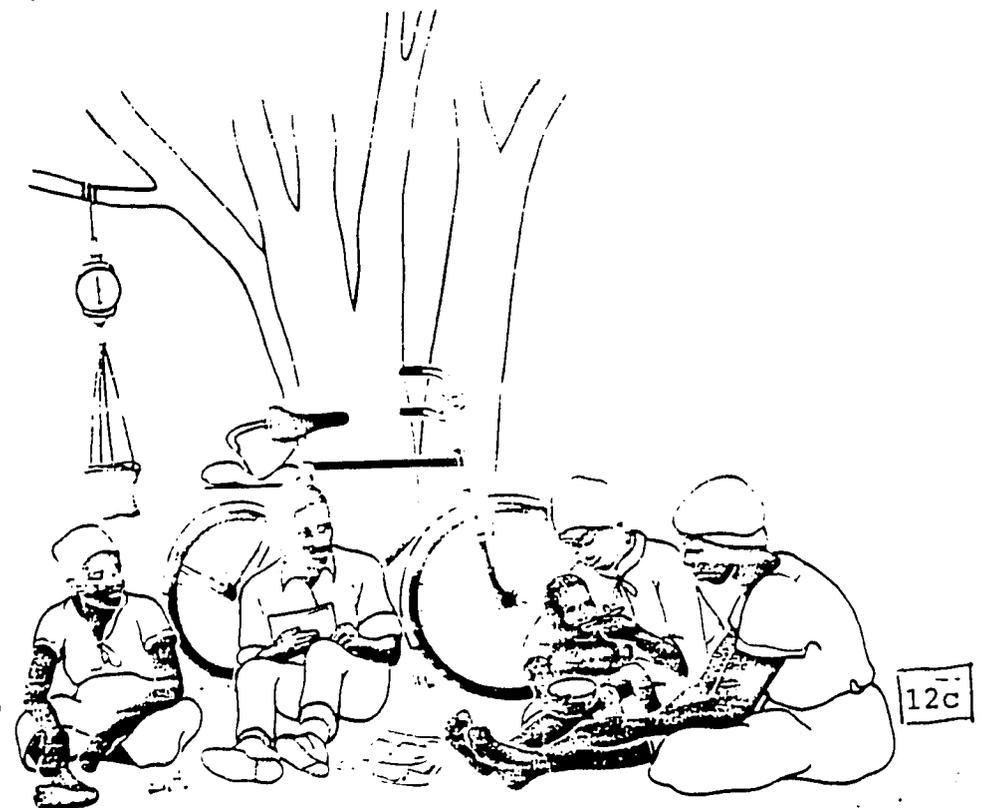


WHO IS TO PROVIDE PRIMARY HEALTH CARE?

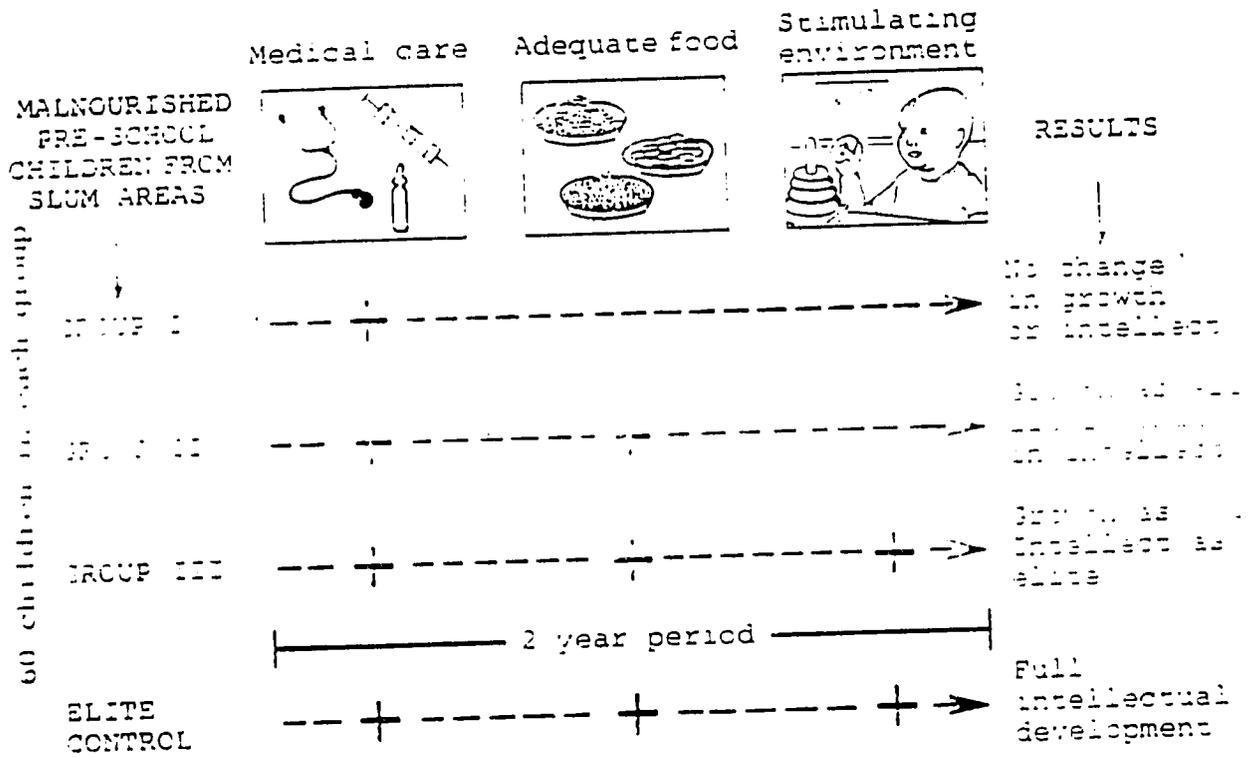
# PRIMARY CHILD CARE - WHICH OPTION?

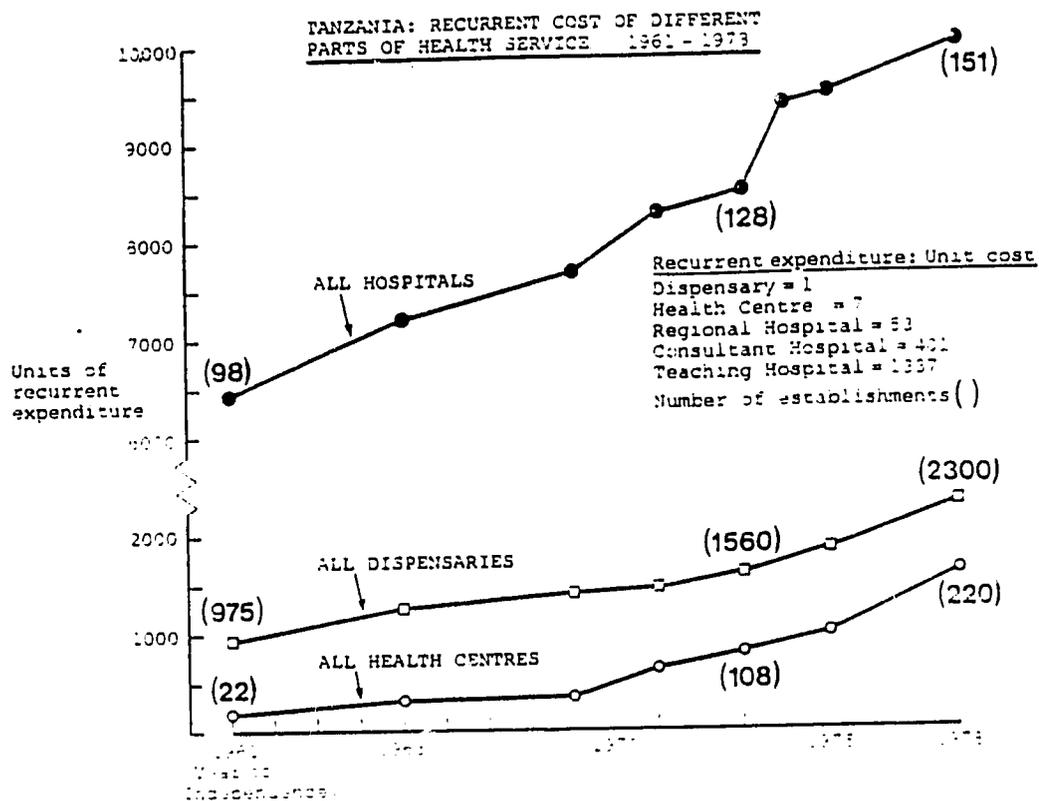


THE VILLAGE OR PART-TIME HEALTH WORKER IS A RESPONSE TO THE NEED FOR CHANGE IN HEALTH SERVICES

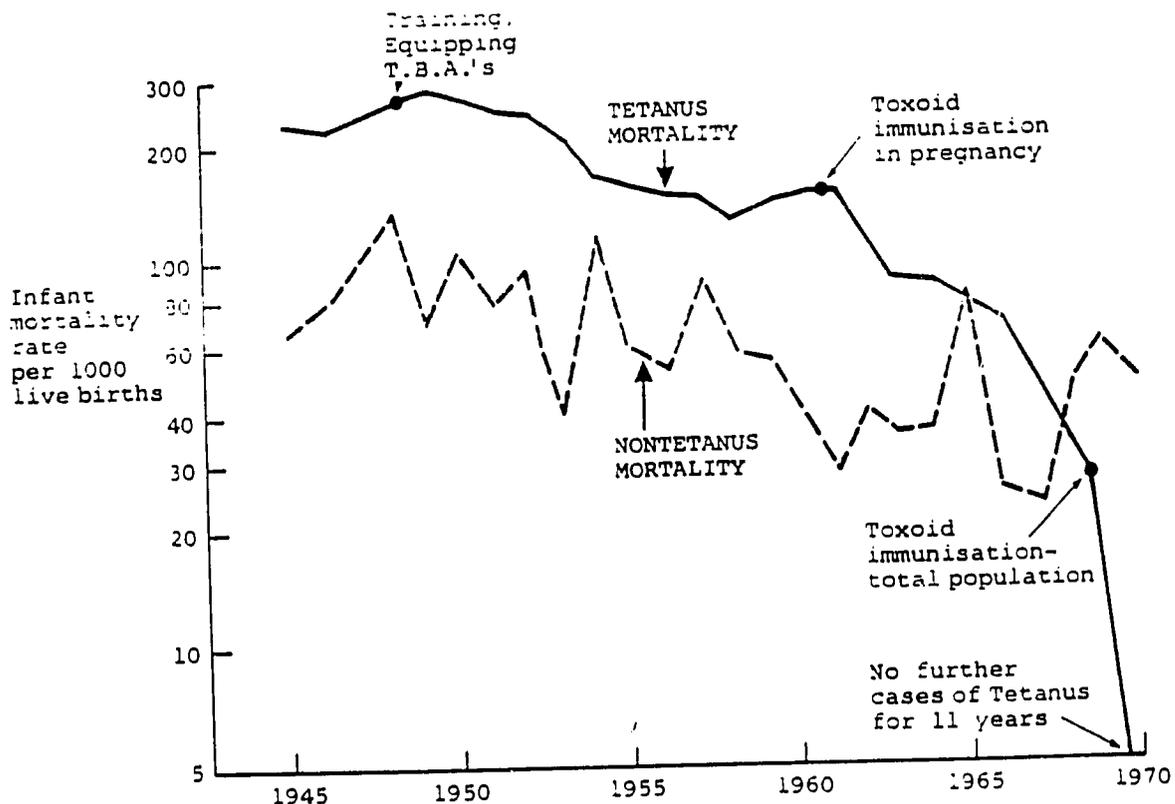


PRIORITIES FOR CHILD DEVELOPMENT





TENSUS TRACT REP. 2000 SCHWEITZER HOSPITAL UNIT  
TETANUS AND NON-TETANUS MORTALITY National Institute of Hygiene, Berlin, 1960



26



20.30 to 21.30



Wash children and dishes

18.30 to 20.30



Cook for family and eat

17.30 to 18.30



Collect water

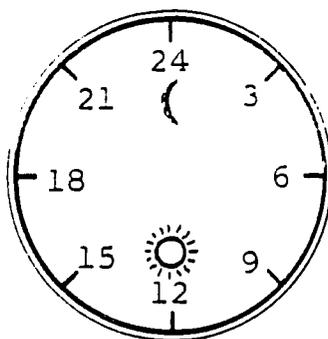
16.00 to 17.30



Pound and grind corn

21.30

Go to bed



15.00 to 16.00

Collect firewood, return home



A DAY IN THE LIFE OF A TYPICAL RURAL AFRICAN WOMAN

● 4.45

Wake up, wash and eat



5.00 to 5.30

Walk to fields



5.30 to 15.00

Work in fields



ELEVENTH DAY - TUESDAY, JUNE 14, 1983

9:00-12:00 Noon - PEDIATRIC PRIORITIES (Continued)

Morley

- .Measles
- .Group Work on Diagrams
- .Diarrhea: Oral Rehydration

2:00-5:00 P.M. - PEDIATRIC PRIORITIES (continued)

- .Report from Morning Groups
- .Reports from Participants on MCH Experiences
- .Immunization: The Target Diseases

Exercise in mixing  
and tasting ORT  
solution

TWELFTH DAY - WEDNESDAY, JUNE 15, 1983

9:00-11:00 A.M. - PROGRAM DESIGN STRATEGIES

- .Community-Based
- .Hospital and Clinic based
- .Self Sustaining
- .Inexpensive
- .Local Resources
- .Volunteer vs paid workers
- .Simple Interventions
- .Combinations of Interventions  
and Phasing
- .Acceptability
- .Availability
- .Effectiveness
- .Integrated-Vertical
- .Urban-Rural
- .Post Partum Strategies
- .Use of Traditional Health  
Workers

Gorosh  
Weiss  
Allman  
Lauro  
Van Wie  
Nalder

12:00 Noon to 2:00 P.M. - WORKGROUPS

See 14a - 14b  
for Work group  
exercise

## PROGRAM DESIGN — WORK GROUP EXERCISE

1. Select an area of high risk [from the critical risk assessments done earlier or from other documented critical risk assessments].
2. Develop a problem statement.
3. Select two program design strategies to deal with the problem:
  - A. A Health Center or Clinic-Based Strategy, and
  - B. A Community Based Strategy
4. Specify the following:
  - A. THE LINEAGES BETWEEN THE STRATEGIES
  - B. THE MANPOWER, TRAINING, AND SUPERVISION IMPLICATIONS OF THE STRATEGIES [ASSUME THAT NO NEW PERSONNEL ARE NEEDED OTHER THAN VILLAGE VOLUNTEERS].
  - C. THE CHANGES REQUIRED IN THE HEALTH CENTER COMPONENT TO ENABLE IT TO RELATE TO THE COMMUNITY-BASED COMPONENT.

## CONCEPTION DU PROGRAMME - EXERCICE DE GROUPE

### PROBLEME

1. CHOISISSEZ UNE ZONE A HAUT RISQUE (EN UTILISANT L'ESTIMATION DES RISQUES FAITE AUPARAVANT OU D'APRES TOUT AUTRE METHODE DOCUMENTEE D'ESTIMATION DES RISQUES.
2. DEVELOPPEZ L'EXPOSE D'UN PROBLEME
3. CHOISISSEZ DEUX STRATEGIES POUR LA CONCEPTION DU PROGRAMME POUR POUVOIR S'INTERESSER A UN PROBLEME
  - A. UNE STRATEGIE BASEE AU NIVEAU DU CENTRE DE SANTE OU DE LA CLINIQUE, ET
  - B. UNE STRATEGIE BASEE SUR LA COMMUNAUTE.
4. DETAILLER LES POINTS SUIVANTS :
  - A. LES RELATIONS ENTRE LES STRATEGIES
  - B. LES IMPLICATIONS DES STRATEGIES AU NIVEAU DU PERSONNEL, DE LA FORMATION ET DE LA SUPERVISION. [ CONSIDEREZ QU'AUCUN AUTRE EMPLOYE N'EST NECESSAIRE A PART LES BENEVOLES DU VILLAGE ]
  - C. LES CHANGEMENTS NECESSAIRES AU NIVEAU DE LA COMPOSANTE CENTRE DE SANTE POUR PERMETTRE DE L'APPARENTER A LA COMPOSANTE COMMUNAUTAIRE

THIRTEENTH DAY - THURSDAY, JUNE 16, 1983

9:00-9:30 A.M. - WORKGROUP REPORTS

9:30-12:00 Noon INFORMATION SYSTEMS

The organization as a communications network  
Planning-Management-Evaluation  
Informational Needs  
Sources of Information for Management  
Quantitative vs Qualitative Information  
Service Statistics Systems  
Use of Computers

Allman  
Gorosh  
Van Wie  
Weiss  
Weatherby

2:00-5:00 PM WORKGROUPS

See 15a - 15c  
for work group  
assignment

FOURTEENTH DAY - FRIDAY, JUNE 17, 1983

9:00-9:30 A.M. - WORK GROUP REPORTS

9:30-12:00 Noon - Evaluation and Operational Research

- .Overview of Evaluation
- .Evaluation of Family Planning Programs
- .Evaluation of Other Primary Health  
Care Components
- .Evaluation Case Studies
- .Operational Research

Gorosh  
Ross  
Wray  
Allman  
Lauro  
Nalder  
Van Wie

2:00-5:00 P.M. - WORKGROUPS

Evaluation Handout 16a-16g
O.R. Handout 16h
Work group Assignment 16i-16j

## FAMILY PLANNING EVALUATION MEASURES

Evaluation starts with the program's objectives -- are they being achieved?

### A. For fertility reduction consider the following:

1. The Crude Birth Rate
2. Child/woman Ratio
3. General Fertility Rate
4. Total Fertility Rate
5. Age Specific Fertility Rate
6. Marital Age Specific Fertility Rate
7. Percent Currently Pregnant
  
8. Acceptor follow-up surveys may also measure pre- and post-acceptance fertility -- the drop from one to the other can be compared to some standard, such as the fertility trend for other women matched on personal characteristics.
  
9. Other methods to measure program effect on fertility are explained in two UN Manuals\*\*:

Trend analysis  
Areal regression  
Field experiments with control areas  
Computer stimulation (Tabrap/Converse; SCYP)  
Potter and Wolfer methods of births averted  
Bongaarts formulas for the relation of prevalence to fertility  
Others

### B. For services provided:

- By contraceptive method
- By first vs. repeat acceptors (and also divide the quantity of pills and condoms by first vs. repeat).
- By service point (to see what type of outlet works best -- this may vary by method).
- By type of personnel who recruit, or have the first contact with clients (again, to learn the paths via which people come to the service).
- Also by open interval, previous contraception (both in the program and privately), and past abortions.
- Also by personal characteristics -- age, no. children, residence.

C. For analyzing program mechanics (process measures).

1. Personnel: follow each process separately: selection, training (and re-training), supervision, and especially turnover. Watch monthly, the proportion of authorized posts that are not occupied, as program performance can be very sensitive to empty field positions.
2. Supplies: follow closely the stocks and flow of each contraceptive method, being sure that the pipeline has plenty of inventory at each level. Also small medicines, forms, etc.

For major equipment items, watch lead times necessary for ordering, transport and installation.

3. Information, Education, Communication: follow each sub-activity by desired output:
  - is the work getting out not just the family planning is a good idea but specifically what services are available: where, when, by whom.
  - via which media (follow each separately)
  - at what cost (the more expensive is often not the one that does the most good).

\*\*UN Population Division: Methods of Measuring the Impact of Family Planning Programmes on Fertility, ST/ESA/SER.A/61.1978.

Also: The Methodology of Measuring the Impact of Family Planning Programmes on Fertility: Manual IX, ST/ESA/SER.A/66.1979

For program improvement

Do small studies and experiments. Try such examples as:

Small depots in the remoter villages

Volunteers who are ready users, to recruit new clients, or visit them after acceptance for reassurance

New kinds of personnel, especially larger numbers of lay and paramedic staff who cost less and can cover a larger rural population

An intensive small area study to interview every household, see what contraceptive method is used (or preferred), what travel patterns exist between them and the services, what contacts they report with fieldworkers or IEC, and so on.

Ways to activate the private sector, to do more via small drugstores or sidewalk stands, traditional midwives, folk medical practitioners, etc.

Local mothers clubs - to be depots, to focus on health and FP, to back up the field staff

Other

## Méthodes et mesures pour évaluer les programmes de planification familiale .

Il faut commencer l'évaluation en considérant les objectifs du programme - est-ce qu'on les achèvent?

A. Pour évaluer la réduction dans la fécondité, il faut considérer:

1. Le taux brut de natalité
2. Le rapport enfants - femmes
3. Taux global de fécondité
4. Somme des naissances réduites (somme des taux de fécondité parage.)
5. Taux de fécondité par les ages des femmes
6. Taux de fécondité par age des femmes mariées
7. Pourcentage des femmes présentement enceintes
8. On peut mener des enquêtes pour suivre les acceptrices de planification familiale et pour mesurer leur fécondité avant et après qu'elles acceptent. La chute de fécondité apres le commencement du program peut être comparée à un standard, tel que la tendance dans la fécondité d'autres femmes (non dans le programme) qui ressemblent aux femmes du programme en centres d'autres caractéristiques importantes
9. D'autres méthodes de mesurer les effet du programme sur la fécondité sont expliquées en deux livrets de l'ONU.(compluse)\*\*
  - o Analyse des tendances
  - o Analyse des regressions
  - o Expérience dans le terrain, utilisant des groups de contrôle.

\*\* UN Population Division: Methods of Measuring the Impact of Family Planning Programmes on Fertility. ST/ESA/SER.A/61. 1978.  
Aussi: The Methodology of Measuring the Impact of Family Planning Programming On Fertility, Manual 1X, ST/ESA/SER.A/66, 1979.

- o Simulations au ordinateur
  - o Les méthodes de Potter et de Wolfer pour estimer les naissances averties.
  - o Les formules de Bongaarts pour analyser les relations entre la prévalence contraceptive et la fécondité.
  - o D'autres.
- B. Pour évaluer les services rendus - surveiller les tendances mensuelles.
- o Par méthode contraceptive.
  - o Par acceptatrices - nouvelles, anciennes diviser la quantité des pilules et des condoms par le nombre des nouvelles et anciennes acceptatrices.
  - o Par l'endroit où le service est rendu (quel type d'endroit est le plus populaire et les plus efficaces? Cela peut varier par méthode.)
  - o Par les caractéristiques du personnel recruté ou du personnel qui a le premier contact avec les clients. (pour apprendre les meilleurs voies pour faire venir les clients.)
  - o Aussi par interval entre les naissances, surtout durant l'interval "ouvert", c'est à dire, avant la prochaine grossesse. Aussi par méthode de contraception antécédent (qu'il aurait été reçu du program ou chez un médecin privé.) Aussi par avortements antécédants.
  - o Par les caractéristiques personnelles des clients (age, nombre d'enfants, résidence...)
- C. Pour analyser les mécaniques du programme (mesurer et évaluer le processus.)
1. Personnel: suivre chaque point du processus séparément:
    - recrutement et sélection
    - entraînement et recyclage

- supervision
  - très important: la proportion des agents qui quittent le programme et qui doivent être remplacés
  - chaque mois, surveiller la proportion des postes qui sont fermés (par manque permanente ou temporaire du personnel): le programme peut souffrir s'il y a des postes vides.
2. Les "stocks" - surveiller l'approvisionnement avec beaucoup de soins et pour chaque méthode. Il doit y avoir une accumulation adéquate de chaque méthode à chaque niveau de programme.
- Le même système de surveillance est nécessaire pour l'approvisionnement des formulaires, des autres médicaments, etc...
  - Pour maintenir un approvisionnement adéquat, en des instruments plus grands, il faut faire la commande assez tôt pour assurer qu'on aura le temps pour le transport, l'installation, etc...
3. Information éducation, communication: il faut suivre chaque activité en se rendant compte de l'objectif de chaque activité.
- Est-ce qu'on fait répandre l'information que la planification familiale est une bonne chose, et aussi qu'il existe des services spécifiques (ou, quand, par qui...)
  - quel est la forme de communication utilisée (radio, journaux, réunions de groupes résultats. Il faut suivre les achevés par chaque voie de communication.
  - quel est le prix? (La voie la plus chère n'est pas nécessairement la meilleur.)

D. Pour améliorer le programme:

Faire des petites études et des petites expériences. Par exemple

- Tester l'effet des petits dépôts ruraux.
- Tester le travail des volontiers qui ont déjà accepté la planification familiale, soit pour recruter plus des accepteurs, ou pour rassurer les anciens accepteurs.
- Tester des types nouveaux de personnel: gens de la communauté, personnel paramédical, personnel qui ne reçoivent pas un salaire élevé, et qui pourraient répandre les services dans des lieux isolés.

- Une enquête intensive, limitée à une petite région, chaque maisons pour demander leur connaissance pour méthodes, leurs méthode, préféré, leur manière de voyager entre le village et le poste, leurs contacts antécédant avec le personnel du programme, etc...
- 4 - Moyens de motiver le secteur privé, pour qu'il rend disponible la contraception (pharmacies, sages femmes traditionnelles, etc...)
- Contactes avec les clubs des mères, etc...
- D'autres.

# OPERATIONS RESEARCH

EXISTING  
FAMILY PLANNING  
AND/OR  
HEALTH PROGRAM



DIAGNOSTIC PHASE			STUDY PHASE					
PROBLEM IDENTIFICATION	PRIORITY SETTING	SUGGESTED SOLUTIONS	RESEARCH OBJECTIVES	RESEARCH DESIGN	DEMONSTRATION	COMPARISON OF ALTERNATIVES	PROCESS	PRODUCT

IMPROVED PROGRAM



## EVALUATION - WORK GROUP EXERCISE

1. SPECIFY THE OBJECTIVE BEING EVALUATED
2. SPECIFY THE QUANTITATIVE AND QUALITATIVE MEASURES TO BE USED TO EVALUATE PROCESS AND IMPACT. FOR IMPACT, BE SURE TO INDICATE WHETHER YOU ARE CONSIDERING<sup>ING</sup> SHORT, INTERMEDIATE, OR LONG TERM.
3. REPEAT 1. and 2. FOR ADDITIONAL OBJECTIVES.

## EVALUATION - EXERCICE DE GROUPE

1. SPECIFIER L'OBJECTIF EVALUÉ

2. SPECIFIER LES MESURES QUANTITATIVES ET QUALITATIVES A UTILISER POUR EVALUER L'ETAT D'AVANCEMENT ET L'IMPACT. POUR L'IMPACT SOYEZ SUR D'INDIQUER SI VOUS CONSIDEREZ LE COURT, MOYEN OU LONG TERME.

3 REFAITES LES PARAGRAPHES 1. ET 2. POUR D'AUTRES OBJECTIFS.

FIFTEENTH DAY - MONDAY, JUNE 20, 1983

9:00-9:30 AM - WORK GROUP REPORT

9:30-12:00 NOON - Training and Supervision

Nalder  
Gorosh  
Van Wie

Training

Categories to be trained  
Roles  
Responsibilities and work setting  
Skills  
Knowledge  
Attitudes  
Training Approaches  
Levels of Competence  
Needs Assessment  
Task Analysis  
Training Objectives  
Essential Ideas  
Lesson Plans  
Evaluation

Supervision

Roles and Responsibilities  
Routine Supervision  
Selective Supervision

2:00-5:00 PM - WORKGROUPS

Luncheon discussion with  
Director of Young Adult  
Clinic to review clinic  
visits

The importance of pretesting trainees to assist in setting objectives was made. A modification of Hatcher's contraception and family planning test was used. Results are on pg. 17a. Participants were much sobered by their poor performance.

Materials used in training sessions is on pg. 17b-17g

There was their own group pre-test performance as basis for writing training objectives.

17a

English

	Correct		Incorrect
1 A	16		6
2 A	12		10
3 C	7		14
4 B	20		2
5 C	11		9
6 E	9		12
7 E	7		15
8 E	5		15
9 A	13		19
10 B	18		3
11 E	11		13
12 C	2		20
13 F	15		4
14 B	14		8
15 D	17		4
16 B	14	THROW OUT	7
17 B	4		18
18 C	2		18
19 D	12		9
20 C	2		19
21 F	15		5
22 D	2		17
23 A	16		7
24 E	1		18
25 B	11		7
26 C	-		17
27 C	6		11
28 E	5		11
29 B	12		4
30 D	7		9
31 A	5		11
32		throw out	16
33 E	13		3

Summary

5 Questions were answered correctly by 30% or more of participants  
1, 4, 10, 15, 23

~~100% of participants did not answer 1, 4, 10, 15, 23~~

Highest scores were 21/12 or a score of 63 out of 100

Nurses Ranged 34-57 avg=43

MO's ranged 35-63 avg 53

Non-Med/Paramed 30-53 avg 44

# Français

	<u>correct</u>	<u>non-correct</u>
1 - A	10	5
2 - A	11	4
3 - C	6	9
4 - C	13	2
5 - C	9	6
6 - E	3	12
10 - B	10	5
11 - E	7	7
12 - C	1	10
13 - F	8	4
14 - B	9	2
15 - D	4	6
16 - B	3	7
17 - B	0	9
18 - C	2	7
19 - D	2	6
20 - C	2	5
21 - F	2	3
22 - D	1	3
23 - A	-	2
24 - ABC	-	2
25 - B	1	1
26 - C	-	2
27 - C	2	0
28 - A	2	0
29 - Rejeter		
30 - E	-	2
31 - B	1	1
32 - D		
33 - ABD REJETER		
34 - E		

1/3 group <sup>a répondu</sup> ~~answered~~ 50% des Questions

2 personnes ont termine

Le Rang des résultats

Infirmieres / sage-Femmes  
31 - 85, moyen 53

Medecins  
33 - 66, moyen 53

Autres  
41 - 63, moyen 52

## TRAINING OBJECTIVES

17b

At the end of the morning, the participants can

1. Write a partial task analysis for the program objective " Family Planning training will be provided at all levels to integrate Family planning services into existing community based services which are linked to clinic based services
2. Write at least three training objectives which state clearly what the learner is expected to be able to do at the end of training

## OBJECTIFS DE FORMATION

À la fin du matinée, les participants peuvent

1. Ecrire une analyse des tâches (partiel) pour l'objectif du programme  
" Promouvoir la formation en matière Planning Familiale à tout niveau pour pouvoir intégrer les services de planning familiale dans les services existantes (services communautaires qui sont liées aux services cliniques du ministère)
2. Ecrire au moins trois objectifs qui énoncent ce que l'apprenti est supposé être capable de faire à la fin de la formation

TASK ANALYSIS SHEET \*

17c

STAGES OF THE TASK

ACTIONS

DECISIONS

COMMUNICATIONS

KNOWLEDGE AND SKILLS NEEDED

## Learning Objectives

17a

A training objective states what the learner is expected to be able to do at the end of training that he could not do before. Here are some examples:

1. At the end of training, each student will be able to describe five health or social benefits of family planning
2. At the end of training, each student will be able to conduct a community meeting for the purpose of explaining the family health benefits of modern contraception to semi literate men
3. At the end of training, the student will be able to state how to recognize seven important contraindications to use of the oral contraceptives

## Objectifs d'Apprentissages

Un objectif d'apprentissage énonce ce que l'apprenti est supposé être capable de faire à la fin de la formation et qu'il n'était pas capable de faire avant. Voici trois exemples:

- 1- A la fin de formation, chaque apprenti sera capable de décrire cinq bénéfices sanitaires ou sociaux de la planification familiale
2. A la fin de formation, chaque apprenti sera capable d'organiser et d'animer une réunion communautaire pour expliquer les bénéfices pour la santé familiale des contraceptifs modernes, aux hommes peu littérés
3. A la fin de formation, l'apprenti sera capable de dire comment reconnaître sept contre-indications importants à l'emploi des contraceptifs oraux.

SUBJECT / SUJET

DATE

TIME / TEMPS

INSTRUCTOR / INSTITUTRICE

OBJECTIVE (S) / OBJECTIF (S)

ESSENTIAL / IDEES  
IDEAS / ESSENTIELLE

MATERIAL / MATERIEL

TIME TEMPS	OUTLINE OF CONTENT LE CONTENU	POINTS TO EMPHASIZE → HOW POINTS A SOULIGNER → COMMENT

OUTLINE OF CONTENT

POINTS TO EMPHASIZE → HOW

17f

///

NIVEAU/LEVEL	FUNCTION	Actors / Values		Professional Training
NATIONAL LEVEL NIVEAU NATIONAL	Policy - Program Design Evaluation - Funding  Politiques - Evaluation - Financement	Political Appointees Senior Level Physicians, Nurses, Midwives  Les Administrateurs Les Politiciens Les Medecins/ Infirmiers / Sage Femmes de Haut Niveau	$10 \pm$	Special seminars in F.P.  Formation professionnelle Seminars en P.F.
REGIONAL LEVEL NIVEAU REGIONAL	Program Management  Administration du Programme	Physicians Nurses Midwives  Les Medecins Les Infirmieres / Sage Femmes	$20 - 50$	Professional Training 6 week TOT in FP Some clinical practice  Formation Professionnelle Formation de formateurs de 6 semaines en matière P.F. Quelques praticiens
SERVICE DELIVERY LEVEL (Clinics - Health Centers - Hospitals)  NIVEAU DE PRESTATION DE SERVICES (Centre de Santé - Dispensaire / Centre Santé - Hôpital)	Service delivery  Prestation de services	Doctors Nurses / Midwives MCH Aides  Medecins Infirmiers / Sage Femmes Assistant de PMI	$100 \pm$	Professional Training Know about FP Never practiced  Formation Professionnelle Connaissance de P.F. Jamais pratiqué P.F.
COMMUNITY LEVEL  NIVEAU COMMUNAUTAIRE	Service delivery Public Education community Interaction  Prestation de services Education a la sante (Interaction) communautaire	Village Health Workers Traditional Birth Attendants  Agent de Santé Communautaire Matrones	$1000 \pm$	Trained in Primary Health Care at community level  Formé en Soins de Santé Primaire au Niveau de la communauté

SIXTEENTH DAY - TUESDAY, JUNE 21, 1983

9:00-9:30 AM - WORK GROUP REPORTS

9:30-12:00 Noon - Malaria and Other Parasitic Diseases

Despommier

- .Prevalence
- .Life Cycle
- .Modes of Transmission
- .Relation to other diseases
- .Management of Interventions
- .Participant Presentations of Country Programs

Reports by:  
Leinen - Sudan  
Alexandre - Haiti  
Kaisa - Uganda  
N'Diaye - Senegal

2:00 PM - 5:00 PM - Water and Sanitation

Isely

The basis of relating water supply and sanitation to primary health care found in the declaration of Alma Ata.

The problems of relating WS&S to PHC

- .Problems of multiple ministries and agencies
- .Problems of weak and ineffective services
- .Problems of lack of technical skills

Opportunities of relating WS&S to PHC

- .Felt needs for water by populations
- .Health personnel motivated to learn technical skills
- .Health (and other) personnel in contact with populations

Key Issues

- .Community Participation
- .Involvement of Women

A National Planning Perspective

- .Bottom up planning and top down support
- .Interministerial cooperation
- .Mutual training
- .Mass communication
- .Development of skeletal national action plans.

## CASE STUDY QUESTIONS

- 1) Think of a village in your country where there is the possibility of including Water Supply and Sanitation in a Primary Health Care Project.
- 2) Discuss with your group how you could go about planning to carry out this possibility.
- 3) In making out your plan, consider the following four questions which need to be answered:
  - a. What would be a set of objectives which could be easily realized in a first phase of this project?
  - b. What resources would you need to call on?
  - c. What obstacles would you expect to encounter?
  - d. How would you propose to overcome these obstacles?

## QUESTIONS SUR UN CAS D'ESPECE

1) IMAGINER UN VILLAGE DANS VOTRE PAYS OÙ IL EST POSSIBLE D'INCLURE L'APPROVISIONNEMENT EN EAU ET LA SANITATION DANS UN PROJET DE SOINS DE SANTE PRIMAIRES.

2) DISCUTER AVEC VOTRE GROUPE COMMENT PLANNIFIER POUR ENTREPRENDRE CETTE POSSIBILITE

3) AU MOMENT DE PREPARER VOTRE PLAN, PRENEZ EN CONSIDERATION LES QUATRE QUESTIONS SUIVANTES AUXQUELLES IL FAUT REPONDRE ?

a. QUELS POURRAIENT ETRE LE GROUPE D'OBJECTIFS QUI POURRAIENT ETRE REALISES FACILEMENT DANS LA PREMIERE PHASE DU PROJET ?

b. DE QUELLES RESSOURCES AUREZ VOUS BESOIN DE MOBILISER ?

c. QUELS SONT LES OBSTACLES QUE VOUS POUVEZ ESPERER RENCONTRER ?

d. QUE PROPOSERIEZ VOUS POUR SURMONTER CES OBSTACLES ?

SEVENTEENTH DAY - WEDNESDAY, JUNE 22, 1983

9:00 AM to 12:00 Noon - TRAINING AND SUPERVISION (con't)

2:00 PM to 5:00 PM

Formal presentaticns by:  
Ochola, Memia, Ndeti and  
Kariuki of Kenya and Mboup  
of Senegal

Training exercises demonstrated  
Twister  
Hammer and Nails  
Role playing

EIGHTEENTH DAY - THURSDAY, JUNE 23, 1983

9:00-9:30 AM - WORK GROUP REPORTS

9:30-10:30 AM - Womens Projects and Income Generation

10:45-12:00 Noon - Family Planning and Operational Research

NINETEENTH DAY - FRIDAY, JUNE 24, 1983

9:00-12:00 NOON - CLOSING

9:00-10:30 AM - Law and Policy Issues 1983-2000

Isaacs

10:30-Noon Course Evaluation

WORKSHOP IN FAMILY PLANNING, NUTRITION AND PRIMARY HEALTH CARE  
1983 PARTICIPANT LIST

1. Name/Nom
2. Organization/Organisme d'Affiliation
3. Position/Poste Actuel
4. Address/Adresse

SponsorCountryBurundi

- . Dr. Roger Nibigira
- . Minisante
- . Medicin Directeur do
- l'Institut Medical
- . Gitega B.P. 147
- Burundi



AID/WORLDWIDE

- . Dr. Fidele Kwizera
- . Ministere Sante Publique
- . Directeur de la Formation
- Medicale de Ruyigi
- . Department de
- l'Epidemiologie et Laboratores
- B.P. 1420
- Bujumbura, Burundi



CPFH-AFR. Training

- . Ms. Trudy Reyner-Christensen
- . USAID
- . Admin. Asst/Health & Pop.
- . Health Population Office
- USAID/Burundi
- c/o Embassy Bujumbura
- Dept. of State
- Washington, D.C. 20523



CPFH Research

Haiti

1. Dr. Yves Pierre Alexandre
2. Association de Sante
- Publique d'Haiti
3. Directeur District Sanitaire
- de Miragoane
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- Port-au-Prince, Haiti



AID/Haiti

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- .. Ms. Penina A. Ochola
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Nairobi, Kenya



AMREF

- 1. Mrs. Mary T. Memia
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- 3. RPHN
- 4. AMREF  
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AMREF

- 1. Mrs. Cecilia Situmai Ndeti
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- 3. Program Officer
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FPIA

- 1. Joyce Wamuyu Kariuki
- 2. Ministry of Health  
National Family Welfare Centre
- 3. Senior Nutritionist/Public Health  
Educator
- .. P.O. Box 43319  
Nairobi, Kenya



AID/WORLDWIDE

Mali

- 1. Dr. Guattara Inna Dicko
- 2. Ministry of Health
- 3. Medical Chief
- 4. Ministere de la Sante  
Publique et Affaires Sociale  
Bamako (Mali)



CPFH-AFR. Training

- 1. Dr. Seignon Raymonde Saint Leger
- 2. Malien Govt/Ministry of National  
Health
- 3. Doctor (Mother and Children Protection)
- 4. BP 909 Republique du Mali - Bamako  
Afrique de L'ouest, West Africa



CPFH-AFR. Training

120

Nigeria

1. Mrs. Hannah Omorimre Ladipo
2. The Pathfinder Fund
3. Principal Midwife Sister
4. c/o Mr. S.L. Ladipo  
P.O. Box 3254  
Ibadan, Nigeria



Pathfinder

1. Mrs. Aishatu Sani Abubakar
- 2.
3. Senior Midwife Tutor
4. P.O. Box 5281 Kano  
Kano State, Nigeria



Pathfinder

1. Mrs. J.A. Amoo
- 2.
3. Health Sister
4. State Health Council/Ibandan  
N4/828, Yemetu, Ibandan  
Oyo State, Nigeria



Pathfinder

1. Mrs. Zipporah Gambo Mafayai
2. Pathfinder
3. Senior Nurse Tutor
4. School of Nursing  
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Pathfinder

Senegal

1. Mr. Sangone MBoup
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ENGLISH

FRENCH

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- Plan d'action pour la mise en oeuvre la Strategie mondiale de la sante pour tous
- Une Strategie de Sante, Composante Du Programme de Developpement Du Sahel
- Strategie mondiale de la sante pour tous d'ici l'an 2000
- Elaboration d'indicateurs pour la surveillance continue des progres realises dans la voie de la sante pour tous d'ici l'an 2000
- Le processus gestionnaire pour le developpement sanitaire national (Principes directeurs)
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Guide de gestion a l'usage des soins de sante primaires au niveau intermediaire
- Analyse Du Contenu Des Huit Composantes Essentielles Des Soins De Sante Primaires
- Vers un Avenir meilleur: Sante Maternelle et Infantile

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To Primary Health Care In Africa

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