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Report of the Fifth Annual Workshop in
"FAMILY PLANNING, NUTRITION, AND PRIMARY HEALTH CARE FOR AFRICA:
PROGRAM DESIGN, MANAGEMENT, AND EVALUATION"

June 4-29, 1984

The Center for Population and Family Health
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TABLE OF CONTENTS

	Page
A. Introduction.....	1
B. Rationale.....	3
C. Goals and Objectives.....	4
D. Curriculum.....	5
1. Community Needs and Resources Assessment	5
2. Program Design Strategies	6
3. Specific Problems and Interventions	6
4. Management, Evaluation and Research	7
5. Workgroups	7
6. Other Activities	8
E. Participants.....	10
F. Faculty.....	12
G. Facilities and Resources.....	13
H. Evaluation.....	14
1. Design	14
2. Competence Levels, Concepts and Skills Gained	17
3. Pre- and Post- Knowledge Test	19
4. Preliminary and Final Exercises	20
5. Rapid Feedback	22
6. Qualitative Appraisals	22
7. Evaluation Summary	22
I. Appendices	
1. Workshop Syllabus, Schedule, and Workgroup Exercises	
2. Final Exercises	
3. Participant List	
4. List of materials distributed to participants	
5. Certificate and Group Photographs	

A. INTRODUCTION

This report describes the fifth annual intensive "Workshop in Family Planning, Nutrition, and Primary Health Care," conducted in New York June 4th through June 29th, 1984. 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 fifth annual workshop conducted by the Center for Population and Family Health (CPFH), it was the second workshop focused exclusively on Africa.

- o Total enrollment in the workshop was 43, as follows:
 - . 36 sponsored participants from 13 sub-Saharan African countries;
 - . 3 sponsored participants from other regions (2 from Haiti, 1 from Tunisia)
 - . 4 others including 2 MPH students (1 U.S. and 1 Haitian), and 2 CPFH interns.
- o Twenty-seven participants were from countries in which in-country follow-up workshops have been conducted or contemplated.
- o For the second time, the workshop was conducted in French and English using simultaneous translation for all presentations. This permitted representation and full participation of twenty-one trainees from six Francophone African countries.

The curriculum and format of this workshop series have evolved since the workshop was first offered in 1980. In 1984, several new emphases were added, as follows:

1. The Focussed Group Discussion method was given prominent attention through presentation and demonstration as a useful qualitative approach to community needs and resources assessment.
2. All participants were given the opportunity to have a "hands on" experience with micro-computers. The rapid feedback evaluation component of the workshop was the vehicle for achieving this. As rapid feedback forms were collected at the conclusion of a morning session, a group of 5-7 participants entered the data and produced

the analyses during the lunch break, and presented the results to all at the start of the afternoon session.

3. A structured sequence of workgroup assignments was used to enable participants to apply new concepts and skills in the management, supervision, and training component of the workshop.
4. A final group exercise presented by country teams and subjected to a peer review process enabled participants to apply principles learned during the workshop and to obtain feedback from their peers on the extent to which the principles were appropriately applied.
5. One day was devoted to a presentation and group exercise in Law and Policy as they facilitate or impede family planning, nutrition and primary health care programs.

The following sections of this report cover the rationale, objectives, curriculum, participants, faculty, facilities, and evaluation of the 1984 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 care 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.

Within this broad framework, CPFH technical assistance has focused primarily on areas such as management information systems based on simplified data collection and record keeping; evaluation; supervision; logistics and supply; innovative analytic approaches; training of lay and allied health personnel, including methods to identify these workers, 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 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, and 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 a 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 and in June 1984.
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 eight such efforts. 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 objectives 1-6 is discussed in the section in "Evaluation." Separate reports are available for the 4 in-country workshops already completed (objective 7), and an independent evaluation (which will include objective 8) is currently underway.

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, supervision and evaluation; and policy issues.

The following sections present a general outline of the areas included in the curriculum. The detailed syllabus, schedule, and workgroup exercises 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.
- o Use of both qualitative and quantitative approaches in conducting needs and resources assessments.

2. Program Design Strategies

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

Topics covered included: community participation 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 by 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, immunization, malaria, and respiratory diseases)

The presentations and discussions of problems and interventions were focussed on community-based service delivery.

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; 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 the programs.

5. Workgroups

In addition to the class lectures, discussions, 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.

During the first week of the course, participants and faculty advisors were formed into 7 workgroups.

Each workgroup met 10 times to complete a series of exercises related to the sequence of topics covered in the curriculum. At least one group was asked to present the results of each exercise ensuring that all groups were called upon at sometime during the workshop.

During the last week of the course, workgroups were reorganized into country teams for the final exercise which involved preparation of a plan for a specific program (see Appendix 1, exercise #10). Twelve groups were formed (six Anglophone and six Francophone) and each group presented the results of its work in a context of peer review and open discussion. Examples of workgroup reports are included in Appendix 2. See the section on Evaluation for a full discussion of the Final Exercise.

6. 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.

a. Film sessions included the following presentations:

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

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

b. Field Staff Seminars

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

c. Library Tours

Participants visited the CPFH library for orientation services available. A Popline search was prepared in advance for each participant and search quest forms were distributed for future requests.

d. Computer Demonstration

In response to participant demand during the session on information systems, demonstrations of mini-computers, video display terminals, and word processing equipment were arranged. Further, all participants had the opportunity to enter data on microcomputers as part of the "rapid feedback" component of workshop evaluation.

e. Visits to the Young Adult Clinic (YAC) and the Maternity Center Association

Visits to these facilities were arranged for small groups of participants. Trainees observed education, intake, counselling, and provision of service activities.

f. Social Activities

A variety of social activities were conducted during the month of the Workshop: opening reception, picnic, boatripe around Manhattan, closing party hosted by participants, and numerous small group evening activities hosted or organized by CPFH staff. By the end of June, all participants had been invited, at least once, to dinner at a CPFH staff member's home.

g. Certificate and Group Photographs

At the closing ceremony of the Workshop, certificates of participation and group photographs were distributed to all participants (Appendix 5).

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 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, 1982, and 1983 workshops were another important source of nominations.

For the 1984 Workshop, more than 200 applications were received, of which 39 were selected as sponsored participants to attend the workshop. Appendix 3 contains a complete participant list. Additionally, two students (both French and English speakers) enrolled in the MPH 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. Finally, 2 CPFH staff members participated in the course as part of the CPFH internship program.

The following table describes the composition of the 1984 Workshop. While our intentions to select teams of participants from countries, we did have four countries in 1984 represented by single participants. We had originally selected two participants from Cameroon, Liberia, and Zambia. Last minute events intervened to alter the composition of country teams. (The government of Cameroon nominated only 1 participant, visa problems for 1 Liberian participant, and withdrawal of 1 Zambian participant.) The one participant from Tunisia was an AVS program officer with sub-Saharan African responsibility who worked closely with AVS sponsored participants from Mali, Togo, and Senegal.

**1984 PARTICIPANTS BY COUNTRY, SEX, LANGUAGE,
PROFESSION AND SPONSOR**

Country	Number of Participants	Males	Females	Francophone	Anglophone	M.D.	Nurse-Midwives	Administration	Health Educator	CPFH Africa Training	CPFH - Other	Mission	Worldwide	Pathfinder	UNFPA	AVS
Cameroon	1		1		1		1			1						
Haiti	2		2	2		1	1					2				
Kenya	4	1	3		4	1	1	2		1				3		
Liberia	1		1		1		1			1						
Mali	2	2														
Niger	2		2	2		1		1				2				2
Nigeria	4	1	3		4	1	3			4						
Senegal	6	3	3	6		2	4					5				1
Sudan	3	2	1		3	3				1	2					
Tanzania	2	2			2	1			1						2	
Togo	6	2	4	6	1	1	2	3			1	3				2
Tunisia	1	1		1				1								1
Uganda	2	1	1		2		1		1					2		
Upper Volta	2		2	2		1	1						2			
Zambia	1		1		1			1		1						
TOTAL	39	15	24	21	18	13	15	9	21	9	3	12	2	5	2	6

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 from Department of Pediatrics, Epidemiology, and Tropical Medicine, and selected outside 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 attractions. In addition to the faculty, a program coordinator, a secretary, and a messenger were assigned to provide support for the program.

External consultants and their areas of expertise included:

Mr. Bill Bower, Hesperian Foundation, Villager Run Programs, Training.

Dr. Mary Lou Clements, University of Maryland - Oral Rehydration Therapy.

Dr. Abdul Rahman El Tom, Department of Community Medicine, University of Khartoum - Program Design and Evaluation.

Dr. Olivia Holmes, Trost Associates, Connecticut - Focus Groups.

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

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

*Dr. Maria Wawer, Johns Hopkins University - Family Planning, Training.

Dr. Samuel Wishik, University of California - Program Design and Evaluation

*Drs. Wawer and Pierre-Louis were present for the entire workshop. Both contributed importantly to both the formal sessions and the french language workgroups.

Public Health and Medical School faculty included:

Dr. Nicholas Cunningham, Pediatrics
Dr. Dickson Despommier, Tropical Medicine
Dr. Sten Vermund, Epidemiology

G. FACILITIES AND RESOURCES

Existing facilities and physical resources of the Faculty of Medicine and the CPFH were used for this program including classrooms available in a variety of locations and the well-equipped Audio Visual Center of the main Health Sciences Library. The Center's specialized library with over 10,000 documents, 3,000 books and monographs, and 135 journal and newsletters subscriptions was also utilized. A large number of publications was made available to the participants and the Library provided free literature searches to participants on their country programs and instructed them on how to make use of the POPLINE search service in the future.

All participants received a comprehensive package of published and unpublished materials for their use on return to their countries. A list of materials distributed to all participants is contained in Appendix 4.

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 Rennert 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 translators employed in 1983 were available again this year and once again helped to preserve Workshop group dynamics and agreed to work outside of the booths usually provided translators. Overall, the system worked well. Participant assessment of the simultaneous translation of the Workshop is covered in the section on Evaluation.

H. EVALUATION

1. Design

Evaluation methods used in the 1984 workshop included:

- o Pre and post testing of participants self-appraised competence level with respect to 21 curriculum areas. This approach also included question about general concepts and specific skills gained during the workshop.
- o Pre and post testing using a 50 item questionnaire covering management, training, supervision, primary health care interventions, community participation, and law and policy.
- o Analysis of a preliminary and final exercises in program design.
- o Rapid feedback analysis of participant response to specific sessions.
- o Participant responses to open-ended questions and qualitative impressions reported by participants and staff.

2. Competence Levels and Concepts and Skills Gained

Pre and Post testing of participants self appraised competence level in 21 curriculum areas was carried out using the instruments developed for earlier workshops. In addition to assessment of competence levels, the post test asked whether general concepts and specific skills were gained in each of the 21 areas.

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, evaluation and nutrition).

The following table presents the results of this evaluation.

Columns 1-4 present pre and post-Workshop comparisons of participants' self-assessed level of competence in each of the 21 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 5-6 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 21 curriculum units.

Overall, the 1984 results are the most positive obtained to date. In 18 of 21 curriculum units, participants showed post test gains in excess of 100% improvement in their self-assessed levels of competence.

In 2 areas (malaria and parasitic diseases, and supervision) post-test gains were more modest and in one area (training) there was a post-test decline. In all three of these areas post-test levels were good. Moreover, these three levels were the highest ranked areas on the pre-test.

General concepts and skills gains were the highest levels in 5 years of workshop experience.

**PRE AND POST SELF ASSESSED LEVEL OF COMPETENCE IN
TWENTY ONE CURRICULUM AREAS AND CONCEPTS AND
SKILLS GAIN UPON COMPLETION OF WORKSHOP**

Curriculum Unit	Percent Rating Themselves "High" and "Very High"				% Who Gained	
	Pre Test (1)	Post Test (2)	Absolute Change (3)	% Change (4)	General Concepts (5)	Specific Skills (6)
Primary Health Care	17.5	80	+ 62.5	357	97	87
Community-based Maternity Care	20	80	+ 60	300	97	78
Community-based Family Planning	17.5	79	+ 61.5	351	92	86
Child Health	17.5	71	+ 53.5	306	97	92
Oral Rehydration	22.5	80	+ 57.5	256	97	92
Immunizations	20	76	+ 56	280	87	68
Nutrition	10	71	+ 61	610	92	79
Malaria and Other Parasitic Diseases	40	71	+ 31	77.5	80	56
Child Respiratory Diseases	10	61	+ 51	510	79	51
Overall Program Design, Management and Evaluation	25	71	+ 46	184	100	100
Planning: Evaluation Definition/Objectives/Strategies/Evaluation Criteria	20	54	+ 34	170	100	100
Needs and Resources Assessment	22.5	70	+ 47.5	211	100	100
Village Run Programs and Community Participation	20	74	+ 54	270	97	97
Use of Villager-based Workers	20.5	60	+ 39.5	193	100	97
Training	70	63	- 7	- 10	100	95
Supervision	55	63	+ 8	14	97	92
Information Systems and Monitoring	20	59	+ 39	195	100	97
Budget & Finance	15	37	+ 22	147	77	55
Implementation Planning	25	63	+ 38	152	97	94
Development Law and Policy	5	37	+ 32	640	92	65
Operational Research	15	38	+ 23	153	87	80

3. Pre and Post Knowledge Test

A second workshop evaluation tool was a 50 item questionnaire covering management, training, supervision, primary health care interventions, community participation and law and policy. This questionnaire, developed and used in in-country workshops in Keyna, Tanzania, and Senegal, was administered at the start of the workshop and again at the conclusion of the program. The results are presented below.

For the entire test and for the individual test components, post-test scores show improvement over pre-test scores. The results for law and policy and community participation and focus groups should be regarded with caution as these items were made up of only 3 questions each.

The scores are consistent with those obtained in in-country workshops in Keyna, Tanzania, and Senegal and with results obtained when the management test was administered to MPH students in the Spring of 1984.

COMPARISON OF PARTICIPANT SCORES ON 50 ITEM PRE AND POST TESTS

	<u>Mean Score on Pretest</u>	<u>Mean Score on Post-Test</u>	<u>Absolute Change</u>	<u>Percentage Change</u>
1. All Questions	56	62.4	+ 6.4	+ 11.4
2. Management	57	70.1	+ 13.2	+ 23.2
3. Training and Supervision	64	72.3	+ 8.3	+ 13.0
4. Law and Policy	33	47.0	+ 14.0	+ 42.0
5. Primary Health Care	50	57.2	+ 7.2	+ 14.4
6. Community Participation and Focus Groups	57	65.3	+ 8.3	+ 14.6

4. Preliminary and Final Exercises

Comparative analysis of preliminary and final exercises in program design was carried out using an approach developed in in-country programs in Senegal and Kenya. On arrival in New York, participants were asked to state an objective of their program, the basis for selecting the objective chosen activities designed to achieve the objective, the implication of the activities for training and supervision, and criteria for monitoring and evaluating achievement. These statements were assessed and scored by two faculty members.

As a final exercise, country workshops were asked to develop a similar statement for a program or program component in their home countries. These statements were presented to all participants and judged by a panel consisting of three or four participants and at least one faculty member.

For the preliminary exercise, the mean score for all country groups was 60% with a range of 33-83%. On the final exercise the mean increased to 74% and the range narrowed from 57-84%.

Final scores for all groups increased over the preliminary scores with small gains for Mali, Kenya, and Tanzania and very large gains for Haiti, Niger, Senegal, and Nigeria.

The results are presented in the following table.

COMPARISON OF PARTICIPANTS' GROUP SCORES ON PRELIMINARY AND FINAL EXERCISES ON MANAGEMENT OF A PRIMARY HEALTH CARE PROGRAM

<u>Country</u>	<u>Preliminary Score</u> (%)	<u>Final Score</u> (%)	<u>Absolute Change</u>	<u>% Change</u>
Haiti	57	77	+20	35
Mali ^{1/}	78	81	+ 3	4
Niger	33	65	+ 3	97
Senegal	52	76	+24	46
Togo	63	80	+17	27
Upper Volta	62	75	+13	21
Kenya	83	85	+ 2	2
Nigeria	40	74	+34	85
Sudan	65	72	+ 7	11
Tanzania	69	70	+ 1	1
Uganda	71	81	+10	14
Zambia ^{2/}	48	57	+ 9	19
Mean	60	74	+14	23

1/ Mali country team included Tunisian participant.

2/ Zambia Team included participants from Cameroon and Liberia.

5. Rapid Feedback

Rapid feedback was employed at the conclusion of several sessions to ascertain quickly participant reactions to the material presented and the quality of the presentation. As noted elsewhere, the rapid feedback forms were distributed at the end of a morning session and during the lunch period groups of participants entered the data and produced results using CPFH microcomputers. The results (presented below) were available for all at the start of the afternoon session.

In general, for the sessions on which rapid feedback was conducted, two-thirds of all respondents rated the sessions and presenters highly. While the overall results are positive, some differences between Anglophone and Francophone ratings emerged. Anglophones tended to rate English language presentations somewhat better than did their Francophone counterparts and French speakers tended to rate French language presentations more highly than did the English speakers.

RESULTS OF RAPID FEEDBACK EVALUATION OF SELECTED SESSIONS

% of participants (Total, English, French)
responding 4 + 5 on a six point scale (0-5)

Topic	Introduction to Management			Community-based Programs			Organization Monitoring Supervision			Contraception			Training			Child Health			Village Health & Training Methods		
	TOT	ENG	FR	TOT	ENG	FR	TOT	ENG	FR	TOT	ENG	FR	TOT	ENG	FR	TOT	ENG	FR	TOT	ENG	FR
1. Session worthwhile	71	77	65	66	45	89	84	88	80	92	89	85	87	86	89	96	93	100	79	95	64
2. Personally needed the session	73	83	65	67	60	73	64	71	60	78	84	72	86	82	72	86	93	78	74	80	69
3. Other participants needed the session	74	84	65	61	55	69	70	88	54	86	89	83	86	86	83	89	87	93	80	95	64
4. How well the trainer did his/her job	78	77	80	77	65	89	67	82	55	92	89	94	63	50	78	93	100	86	90	90	89

6. 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

Management
Evaluation
Program Design
Training and Supervision
Family Planning

b. Least useful concepts and skills

Development Law and Policy
Maternity Care.

c. Topics needing more attention

Training of Trainers
Budget and Finance
Family Planning.

d. Topics to be dropped or modified: Few isolated responses.

e. Evening films: Well received, worthwhile, relevant, and reinforcing.

f. Organization and logistics: Favorable comments.

g. General concepts: Favorable

h. Simultaneous translation

Enthusiastic response from Anglophone participants but some reservations among those from Francophone countries. Most, however, indicated they would be willing to attend simultaneously translated workshops in the future. A large majority of participants recommended continuation of the course in its current bilingual format.

i. Recommend workshop to a colleague: All would do so.

7. Evaluation Summary

While no one of the evaluation approaches used in this workshop offers a precise measure of achievement, taken together the approaches used and the results obtained combine to produce an overall highly positive picture. The following material presents the results obtained from the different approaches used in the context of workshop objectives.

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, villager run programs and community participation, and use of village based workers showed substantial absolute and percentage gains. These areas also showed high percentages of acquisition of general concepts and specific skills. Knowledge testing in these areas showed post-workshop gains in community participation and focus groups. The final exercise included a needs and resources assessment component which also showed improvement over the preliminary exercise. Rapid feedback on these topics was positive.

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

The pre and post changes in competence levels for the curriculum area of program design was strongly positive, as were the ratings of this unit in terms of concepts and skills gained. The results of the final exercise indicate that participants abilities to design programs increased. Rapid feedback on related sessions were also positive. Qualitative comments indicated that these topics were considered to be the most useful.

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, Child Health, Oral Rehydration, Immunizations, Nutrition, Malaria, and Parasitic Diseases, and Respiratory Diseases. All areas showed impressive gains in pre and post self-appraised level of competence and in post course acquisition of general concepts. All but malaria and parasitic diseases and respiratory diseases recorded high percentages in acquisition of specific skills.

Primary Health Care pre and post knowledge testing showed moderate post Workshop gains. Rapid feedback on related sessions was positive. Qualitative comments confirmed these findings.

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 and post-course differences (except for training and supervision) are substantial, and the concepts and skills gained were impressive.

Post-course knowledge testing revealed important gains in Management and Training and Supervision. The Final Exercise (which included these topics) also showed gain over the preliminary exercise. Rapid feedback on Management sessions was highly positive.

Qualitative comments rated these topics highly.

**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**

June 4 - 29, 1984

WORKSHOP SYLLABUS AND SCHEDULE

SCHEDULE 1984 - JUNE COURSE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
9:30 - 12:30	4 Welcome Introduction Orientation Pretesting	5 Overview of Program Design, Management, and Evaluation What is management?	6 Synthesis Planning: Quanti- tative and Qualita- tive Approaches to Needs and Resources Assessment	7 Synthesis Discussion of Exer- cise Planning: Problem Definition, Objec- tives, Strategies, Evaluation Criteria	8 Synthesis Discussion of Exer- cise Panel Discussion on Community-Based Programs	9/10
2:00 - 5:00	Banking ID Cards Orientation to CPMC	Case Study, What is Management? 4-7pm Reception	Exercise in Needs and Resources Assessment and Focus Group Demon- stration	Exercise in Problem Definition, Objec- tives, Strategies, Evaluation Criteria	Boatride around Manhattan	
9:30 - 12:30	11 Synthesis Implementation Planning	12 Synthesis Discussion of Exer- cise Information Systems and Monitoring	13 Synthesis Discussion of Exer- cise Evaluation and Operational Research	14 Synthesis Community-Based Maternity Care	15 Community-Based Family Planning	16/17
2:00 - 5:00	Exercise in Imple- mentation Planning	Exercise in Infor- mation Systems and Monitoring and Computer Demonstra- tions	F R E E	Community-Based Family Planning	Community-Based Maternity Care and Family Planning Respondent Panel	
9:30 - 12:30	18 Training	19 Synthesis Supervision	20 Synthesis Training and Super- vision	21 Synthesis Community-Based Primary Health Care and Interventions	22 Synthesis Child Health	23/24
2:00 - 5:00	Training Exercises	Supervision Exercises	Nutrition	Immunizations Malaria and other Parasitic Diseases	Child Health	
9:30 - 12:30	25 Synthesis Villager Run Health Programs	26 Synthesis Workgroups Prepare Final Exercises	27 Presentations of Final Workgroup Exercise	28 Development Law and Policy	29 Post-testing Closing Ceremony	
2:00 - 5:00	Training for Villager-Run Health Programs			Development Law and Policy Exer- cises		

26

FIRST DAY - MONDAY, JUNE 4, 1984

9:30AM - 12NOON INTRODUCTORY AND WELCOMING SESSION

9:30AM WELCOMING REMARKS

Gorosh
Weiss
Nalder

9:45AM PHILOSOPHY, GOALS AND RATIONALE OF THIS
TRAINING PROGRAM IN THE CONTEXT OF
INTERNATIONAL HEALTH

Rosenfield

10:00AM INTRODUCTION OF PARTICIPANTS AND CPEH STAFF

11:30AM OVERVIEW OF COURSE AND ORIENTATION TO CPEH

- . Course objectives
- . Curriculum and schedule
- . Methods
- . Expectations
- . Logistics
- . Pretesting
- . Distribute management case

1:00PM - 5:00PM LUNCH, BANKING, IDENTIFICATION CARDS, ORIENTA-
TION TO THE COLUMBIA PRESBYTERIAN MEDICAL CENTER

* Read Management Case Monday evening in preparation for Tuesday discussion.

SECOND DAY - TUESDAY, JUNE 5, 1984

9:30AM

PRIMARY HEALTH CARE: AN OVERVIEW

Wray

10:30AM

INTRODUCTION TO PROGRAM DESIGN, MANAGEMENT
AND EVALUATION

Van Wie
Gorosh
Nalder

- . 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

2:00PM - 4:00PM

CASE STUDY: WHAT IS MANAGEMENT?

* 4-7PM Reception

* Read "Fictitia" (through page 30 only) to familiarize yourself with the data-base which will be used in the workshop exercises during the workshop.

THIRD DAY - WEDNESDAY, JUNE 6, 1984

9:30AM

SYNTHESIS

9:45AM - 11:00AM

INTRODUCTION TO NEEDS AND RESOURCES ASSESSMENT:
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

11:15AM - 12:30PM

QUALITATIVE METHODS

Lauro
Shedlin

- . Comparison of quantitative and qualitative methods
- . The need for qualitative data in community-based health projects
- . Qualitative methods: what, when, how, who.
- . The utilization of qualitative data

2:00PM - 3:15PM

FOCUS GROUP DEMONSTRATIONS

Lauro
Shedlin
Darabi
Nalder
Wawer

3:45PM - 5:00PM

FORMATION OF WORKGROUPS AND EXERCISE IN NEEDS AND RESOURCE ASSESSMENT

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, 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 sectional 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 Wednesday afternoon, June 6, 1984, workgroups will meet to develop needs and resources components of their projects. On Thursday morning, June 7, 1984, one of the groups will be asked to present the results of its effects.

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 group will have a fully developed project.

FOURTH DAY - THURSDAY, JUNE 7, 1984

9:30AM

SYNTHESIS AND REVIEW OF NEEDS AND RESOURCES ASSESSMENT EXERCISE

10:00AM

PROBLEM DEFINITION, OBJECTIVES, STRATEGIES, AND EVALUATION CRITERIA

Gorosh
Nalder
Van Wie

- . 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.
- . 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.

2:00PM

WORK GROUP EXERCISE - PROBLEM DEFINITION, OBJECTIVES, STRATEGIES, AND EVALUATION CRITERIA

FIFTH DAY - FRIDAY, JUNE 8, 1984

9:30AM

SYNTHESIS AND REVIEW OF EXERCISE IN PROBLEM DEFINITION
OBJECTIVES, STRATEGIES, AND EVALUATION CRITERIA

10:00AM

PANEL PRESENTATION ON COMMUNITY-BASED PROGRAMS

Waver and
Staff

30

SIXTH DAY -- MONDAY, JUNE 11, 1984

9:30AM

SYNTHESIS

9:45AM

IMPLEMENTATION PLANNING

- . Organization
- . Coordination
- . Job description
- . Activities schedules
- . Phasing

Gorosh
Nalder
Van Wie
Wishik

2:00PM

WORK GROUP EXERCISE - IMPLEMENTATION PLANNING

SEVENTH DAY - TUESDAY, JUNE 12, 1984

9:30AM

SYNTHESIS AND REVIEW OF EXERCISE IN IMPLEMENTATION
PLANNING

10:00AM

INFORMATION SYSTEMS AND MONITORING

- . Organization as a communications network
- . Planning - Management - Evaluation -
Informational Needs
- . Sources of information for management
- . Quantitative vs. qualitative information
- . Service statistics systems

Weiss
Gorosh
Wishik

11:30AM

THE USE OF MICROCOMPUTERS IN INFORMATION
SYSTEMS

Weatherby
Fenn
Elkins

12:30PM

OPTIONAL - DEMONSTRATION OF MICROCOMPUTERS

2:00PM

WORK GROUP EXERCISE IN INFORMATION SYSTEMS AND
MONITORING AND DEMONSTRATIONS OF MICROCOMPUTERS

Participants will be organized in small groups for microcomputers demonstrations. In addition, all participants will have an opportunity to enter data from daily workshop evaluations (rapid feed-back) into a computer and to obtain results and to present findings.

EIGHTH DAY - WEDNESDAY, JUNE 13, 1984

9:30AM

SYNTHESIS AND REVIEW OF EXERCISE ON INFORMATION
SYSTEMS AND MONITORING

10:00AM

EVALUATION AND OPERATIONAL RESEARCH

Ross
Lauro
Wishik

- . Overview of evaluation - Impact and Process
- . Evaluation of family planning programs
- . Evaluation of other primary health care components
- . Evaluation case studies
- . Operational research

* Afternoon is free. An optional visit is scheduled to the Maternity Center Association of New York City, Inc. This is a birth center directed and operated by certified nurse-midwives.

15

NINTH DAY - THURSDAY, JUNE 14, 1984

9:30AM

COMMUNITY-BASED 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
 - Complications (mother)
 - Obstructed labor
 - Ruptured uterus
 - Placenta praevia
 - Abruptio placentae
 - Toxemia
 - Hemorrhage (intrapartum, postpartum)
 - Other
 - Complications (infant)
 - Difficult delivery
 - Low birth weight
 - Cord around neck
 - Other
 - Traditional cultural practices
- . Breast-feeding vs. bottle feeding

2:00PM

COMMUNITY-BASED FAMILY PLANNING

Rosenfield

Oral Contraceptives

- . Prevalence, ever use and use effectiveness
- . Mechanism of action
- . Side Effects
- . Complications - Risks
- . Benefits
- . Risk-Benefit assessment
- . Checklists for community-based services

IUDs

- . Types
- . Prevalence and use effectiveness
- . Mechanism of action
- . Side effects
- . Complications - risks
- . Benefits
- . Role of Paramedics

TENTH DAY - FRIDAY, JUNE 15, 1984

9:30AM

SYNTHESIS

Rosenfield

9:45AM

COMMUNITY-BASED FAMILY PLANNING (continued)

Injectables (DMPA or Depo Provera)

- . History of use
- . Mechanism of action
- . Complications - risks
- . Benefits
- . Risk-Benefit assessment

Barrier Methods

- . Diaphragm
- . Foam and jellies
- . Condom

NATURAL FAMILY PLANNING

Sterilization

- . Female techniques
- . Male
- . Facilities and personnel
- . Informed consent

The Future

- . Brief look at the contraceptives of the future
for community-based approaches

2:00PM

COMMUNITY-BASED MATERNITY CARE AND FAMILY PLANNING
— RESPONDENT PANEL

38

ELEVENTH DAY - MONDAY, JUNE 18, 1984

9:30AM

SYNTHESIS

9:45

TRAINING

Nalder
Wawer
Gorosh

Training Program Overview - In Context
of the Model

- . Community context
- . Needs and resources assessment
- . Training design
- . Implementation
- . Evaluation

Competency Based Training Approach

- . What it is?
- . How it compares to the educational approach
- . Ten elements of competency-based training

Making Training Relevant and Appropriate

- . Place
- . Methods
- . Phasing

2:00PM

TRAINING EXERCISES

21

TWELFTH DAY - TUESDAY, JUNE 19, 1984

9:30AM

SYNTHESIS

9:30AM

SUPERVISION

- . Supervision by objectives
- . Roles and responsibilities
- . Routine supervision
- . Selective supervision

Waver
Nalder
Gorosh

2:00PM

SUPERVISION EXERCISES

THIRTEENTH DAY - WEDNESDAY, JUNE 20, 1984

9:30AM

SYNTHESIS

9:45AM

CONCLUSION OF TRAINING AND SUPERVISION

Nalder
Gorosh

2:00PM - 3:00PM

NUTRITION

Solimano
Wray

- . Magnitude and determinants of priority of dietary and nutritional problems in developing countries
- . Nutrition interventions with particular attention to how nutrition fits into community-based, integrated primary health care programs

3:00PM - 5:00PM

DESIGN AND IMPLEMENTATION OF COMMUNITY-BASED NUTRITION PROGRAMS

6:30PM

SPECIAL EVENING SEMINAR, "The Impact of World Recession on Children"

FOURTEENTH DAY - THURSDAY, JUNE 21, 1984

9:30AM

SYNTHESIS

9:45AM

COMMUNITY-BASED PRIMARY HEALTH CARE

Interventions

- . Oral rehydration
- . Immunizations
- . Malaria and other parasitic diseases
- . Respiratory infections

Clements
Cunningham
Despommier
Morley

2:00PM

COUNTRY EXPERIENCES WITH PRIMARY HEALTH CARE
INTERVENTIONS

Participants will present case-studies of intervention programs from their own experiences.

42

FIFTEENTH DAY - FRIDAY, JUNE 22, 1984

9:30AM

SYNTHESIS

Morley

9:45AM

CHILD HEALTH

- . Introduction to Pediatric Priorities
- . Growth Monitoring
- . Oral Rehydration
- . Breastfeeding
- . Immunization
- . Birth Spacing

2:00PM

CHILD HEALTH (continued)

Morley

* Distribute final exercise and discuss instructions

SIXTEENTH DAY - MONDAY, JUNE 25, 1984

9:30AM

SYNTHESIS

Bower

9:45AM

VILLAGER RUN PROGRAMS

- . Villager run health programs
- . Politics of village health child to child approaches
- . Rehabilitation of physically handicapped children

2:00PM

TRAINING VILLAGE WORKERS

Bower

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

SEVENTEENTH DAY - TUESDAY, JUNE 26, 1984

9:30AM

SYNTHESIS

9:45AM

WORKGROUPS PREPARE FINAL EXERCISE

2:00PM

WORKGROUPS PREPARE FINAL EXERCISE (continued)

EIGHTEENTH DAY - WEDNESDAY, JUNE 27, 1984

9:30AM

PRESENTATIONS OF FINAL EXERCISES

2:00PM

PRESENTATIONS OF FINAL EXERCISES

c/b

NINETEENTH DAY - THURSDAY, JUNE 28, 1984

9:30AM

DEVELOPMENT LAW AND POLICY

Isaacs

- . Development law and policy in sub-Saharan Africa in relation to family planning, nutrition and primary health care
- . Issues for the 1984 International Conference on Population
- . Issues for the 1984 International Conference on the Status of Women
- . Policy Advocacy .

2:00PM

SMALL GROUP EXERCISES IN POLICY ADVOCACY

4:00PM

SHORT REPORTS FROM WORKGROUPS

TWENTIETH DAY - FRIDAY, JUNE 29, 1984

9:30AM COURSE EVALUATION AND POST TESTING

10:30AM CLOSING CEREMONY

SPECIAL EVENTS

1. I.D. Photos - Monday, June 4, 1984
Hammer Science Center
10:30 am
2. Tour of Campus Buildings, CPFH, and Bank - Monday, June 4, 1984
Meet in the Lobby of HSC
2:00 pm
3. Reception - Tuesday, June 5, 1984
Bard Hall Lounge
60 Haven Avenue
4:00 - 7:00 pm
4. Group Photo - Friday, June 8, 1984
Hammer Science Center
12:30 pm
5. Boatride Around Manhattan - Friday, June 5, 1984
Meet in the Lobby of HSC
2:00 pm
6. Picnic - Saturday, June 9, 1984
Leave from International House at 10:00 am
(Rain Date - Sunday, June 10, 1984)
7. Field Staff Seminars - Lunch hour presentations to be given by the CPFH
field staff on current projects and operational
research activities.
Topics and Dates to be Announced
8. Clinic Visits - To Be Announced
9. Special Invitations - A member of the CPFH staff will share an evening of
American family activities with one or two of you,
Dates and host-families to be arranged.
10. Other activities - to be announced

1/10

FILMS

The following films will be shown immediately after class from 5:30 to 6:30.

June 7	Thursday	<u>Barefoot Doctors in Rural China</u>	English Only
		<u>Immunize Your Children</u>	
June 12	Tuesday	<u>The Island Way</u> Family Planning on an island in the Philippines.	English/French
		<u>The Cheerful Revolution</u>	English/French
		<u>A New Voice in the Village</u> Application of Social Marketing for Infant Health and Nutrition in Tunisia.	English/French
June 14	Thursday	<u>We Go Where They Are</u> Family Planning in Columbia using a community-based distribution system.	English/French
		<u>The City</u> Family Planning-Columbia's problem of urbanization.	English/French
June 21	Thursday	<u>That Our Children Will Not Die</u> Institute of Child Health in Nigeria. Concerns communities developing local primary health care clinic.	English Only
June 22	Friday	<u>Maragoli</u>	English Only

TRAVEL INFORMATION FOR WASHINGTON, D.C.

FLIGHTS: Eastern Shuttle - from LaGuardia to National (D.C.)
The shuttle leaves hourly on Weekdays from 7:00 am to 9:00 pm.
This flight is \$65.00 one-way.

On Saturday the shuttle leaves hourly from 8:00 am to 9:00 pm.
This flight is \$34.00 one-way.

On Sunday the shuttle leaves hourly from 9:00 am to 12:00 pm.
This flight is \$34.00 one-way.
From 1:00 pm to 9:00 pm the shuttle leave hourly.
This flight is \$65.00 one-way.

No reservations are needed for the shuttle. You must however check-in at least 30 minutes before the flight.
Tickets are purchased on the plane.

Reservation number for Eastern Airline is: 986-5000

TRAINS: Amtrack leaves for D.C. from Penn Station-34th street.
The Regular train leaves hourly from 8:30 am to 6:30 pm seven days a week.
The fare is \$37.00 one-way and the travel time is 3½ hours.
No reservations are needed for this train.

The MetroLiner leaves Penn Station weekdays hourly from 6:00 am to 9:00 am; 12:00 pm (noon); and hourly from 2:00 pm to 6:00 pm.
On Week-ends the MetroLiner has only one train on Saturday at 9:00 am, and on Sunday at 12:00 pm (noon) and hourly from 2:00 pm to 7:00 pm.
Reservations must be made for all MetroLiner trains. The number is 736-4545.
The fare is \$46.00 one-way and travel time is 2 hours and 50 minutes.

BUSES: Buses to D.C. leave from Port Authority-42nd street and eighth avenue.
Both Greyhound and Trailway lines run hourly from 7:00 am to 9:00 pm seven days a week.
The fare is \$24.50 one-way and \$48.00 round-trip and travel time is four hours.
No reservations are needed-tickets may be purchased at the bus line counters at Port Authority.

TAXI SERVICE

The trip from International House to J.F.K. Airport will be approximately \$30.00 and to La Guardia approximately \$20.00. The taxi service should be called at least one hour before you wish to leave International House. If you wish to reserve a taxi there is an additional charge of approximately \$3.50.

Following is a list of some taxi companies:

Red and White	655-5555
Target	796-6900
Bronx-Two-Way	295-1122
Write Way II Transport	733-3333
Miles Cab Co.	884-8888
City Wide	295-1122
Danite	293-4000

TAXIS

Le voyage de l'International House à l'aéroport J.F.K. coûtera approximativement 30.00 dollars, et à La Guardia approximativement 20.00 dollars. Vous devez appeler la compagnie de taxi au moins une heure avant le départ. Si vous voulez réserver un taxi, 3.50 dollars supplémentaire seront demandés.

Ci-dessous la liste de quelques companies de taxi:

Red and White	655-5555
Target	796-6900
Bronx Two-Way	295-1122
Write Way II Transport	733-3333
Miles Cab Co.	884-8888
City Wide	295-1122
Danite	293-4000

You are cordially invited to visit
the Library
of the Center for Population and Family Health
at 60 Haven Avenue, Level B-3
The Library is open from 9am to 5pm,
Monday through Friday

We look forward to showing you our collection
and the information services we provide



Vous êtes cordialement invités à visiter
la Bibliothèque
du Centre de Population et la Santé Familiale
qui se trouve à Haven Avenue sur l'étage B-3
Les Heures d'ouverture sont 9h à 17h
lundi à vendredi

Nous espérons avoir, bientôt, l'opportunité
de vous montrer notre collection
et les services informatiques
que nous fournissons

WORKGROUP EXERCISES

1. Introductory Exercise
2. Preliminary Exercise on Management of a Primary Health Care Program
3. Needs and Resources Assessment
4. Problem Definition, Objectives, Strategies, Evaluation Criteria
5. Implementation Planning
6. Information Systems and Monitoring
7. Training
8. Supervision
9. Law and Policy Advocacy
10. Final Exercise

INTRODUCTORY EXERCISE

Form a team with one other participant and interview each other covering items 1-5 below. You will then introduce each other to the entire group using the information obtained during the interview.

1. Name and country
2. Professional training
3. Current position and responsibilities
4. Interests, hobbies, avocations
5. One other interesting item about the person

**PRELIMINARY EXERCISE ON
MANAGEMENT OF A PRIMARY HEALTH CARE PROGRAM**

Country:

Profession:

Identification:

1. Select one objective from your primary health care program and write it in the space below: (Note, it is preferable to use an objective from a preventive aspect of maternal and child health.)

2. How was this objective determined? (i.e. What data, observations, and constraints were involved?)

3. What activities have been designed in order to achieve the objective?

4. What are the implications of these activities for staff training?

5. What are the implications of these activities for supervision?

6. How are the activities monitored or supervised?

7. How are the activities evaluated?

8. What is the current status of progress toward the achievement of the objective?

As the regional
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PROBLEM STATEMENT

Quantitative Ar

Information Needs

NEEDS AND RESOURCES ASSESSMENT

Planning Exercise I (con't)

Qualitative Approaches

Information Needed	Intended Use	Source and Method of Obtaining Information
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19

**DEFINING PROBLEMS, SETTING OBJECTIVES, DEVELOPING STRATEGIES,
AND SPECIFYING EVALUATION CRITERIA**

Consider a community-based primary health care program. Specify one major problem being addressed by the program. Then write several objectives for dealing with this problem and for each objective write the strategies to be followed and the evaluation criteria to be used.

PROBLEM:

OBJECTIVES	STRATEGIES	EVALUATION	
		PROCESS INDICATORS	IMPACT INDICATORS

IMPLEMENTATION PLANNING

Using the objectives developed in the previous exercise 5, we will now consider three important aspects of implementation planning include organizational structure, job descriptions, and activities schedules.

1. Prepare a detailed organizational chart for your primary health care program. Be sure to show the relationships from the Ministry of Health through the village health worker. Include linkages with other health and development programs and relationships with community groups.
2. Prepare a job description (see pp. 88-91 of On Being in Charge) for a village health worker and a supervisory worker.
3. Prepare an activities schedule for village health workers and supervisors (see pp. 314-317 of On Being in Charge) for the achievement of one of your objectives.

INFORMATION SYSTEMS - MONITORING

Continuing with your community-based program design:

1. Specify the information needed by the following groups in order to coordinate workers and activities.
 - village health workers
 - supervisors
 - managers

2. For each item of information specify the following:
 - data source
 - point of collection
 - frequency of collection
 - analysis (counts, distributions, indices, trends, etc.)
 - the upward and downward flow of the information in the organization

If your group wishes to continue:

3. Design a client record for use in the program. Indicate what information is needed for client care. Indicate what information is to be collected for monitoring activities.

4. Design a summary form for a monthly report of activities using information collected on the client record. What other information should be included in the summary report?

POTENTIAL LIST OF SUPERVISORY FUNCTIONS

Control Functions:

1. Liaison between workers and program
2. Structuring workers' activities and defining their roles
3. Setting goals and targets
4. Scheduling workers activities
5. Appraising and monitoring performance
6. Analysing workers and project performance
7. Reporting progress of workers and the project to program managers
8. Providing feedback for the worker.
9. Corrective measures
10. Worker training - formal and on-the-job
11. Hiring and firing

Support Functions:

12. Budget decisions
13. Payment and supplies for workers
14. Research and information

Motivating/Activating:

15. Commanding
16. Persuasion
17. Counselling
18. Promotion of worker initiatives

Activities during supervisory visits:

- Review of records
- Discussion of records with worker
- Praise/feedback
- Direct and indirect supervision - use of checklists
- Retraining -- didactic
active

Work Group 1

1) Checklist for ORT

You are the program manager of a Your community-based project. Community workers are conducting home visits in the community to teach mothers about ORT and how it is prepared, and to motivate them to use it.

Write a detailed checklist of the points you wish the worker to mention during the home visit. Organize your checklist in such a way that the supervisor can use it as a tool for observing the home visit, and for indicating which points have been well covered, and which have been done poorly or forgotten completely.

Work Group 2

You are the program manager in a community-based ORT project. Village health workers deliver ORT packets door to door, on a monthly basis to each home in the community. Once every three months, the supervisors visit each worker and supervise his or her work.

One of the activities the supervisors do is to look at each "Family Record" filled out by the worker, and then do a "Monthly Summary" report which they send to you.

Below is an example of a "Family Record" filled out by one worker, and a "Monthly Summary" filled out by the worker's supervisor.

- 1) What questions should the supervisor have asked the worker regarding the "Family Record"?
- 2) What questions do you want to ask the supervisor and what other information may you wish to have when you see the results of the Monthly Summary?
- 3) Would you want to change the design and the questions in either the Family Record or the Monthly Summary in order to make them more useful to the supervisor and also to you as program manager.

Family Record
(filled out by the worker)

Worker - Nlandu
Family - Mansilu
Place - Nsongololo

Number of children at home under the age of five:

	JAN	FEB	MAR	APR	MAY	JUNE
No. of children with diarrhea	2			0	1	1
No. of packets given	6			0	3	0

Monthly Summary
(filled out by the supervisor)

Worker - Nlandu
Place - Nsongololo

	JAN	FEB	MAR	APR	MAY	JUNE
No. of home visits accomplished	80	88	71		64	44
No. of packets of ORT distributed	120	132	60		20	8

68

Work Group 3

You are the manager of a CBD project in an isolated mountainous rural area, which stretches for 250 kilometers. Your field workers deliver ORT packets; simple family planning (pills, condoms, barrier methods); and give nutritional education. Field workers are literate village midwives who have received 3 weeks of training, and receive a small salary.

Field work is carried out on a door to door basis. Each worker is supposed to visit 100 families each month. There are total of 50 workers in the project. There are also 3 little rural dispensaries in the area, each with one auxiliary nurse. Your midwives can refer clients to the dispensaries for additional services. The workers are situated from 2 to 25 kilometers from an existing dispensary.

There has been some resistance of the health profession to your project. The one local doctor and the local pharmacist says your workers are "unqualified".

- 1) What tasks do you want your supervisors to accomplish? What contact would you want the supervisor to have with community members? What are the implications of the pharmacies' attitudes for the supervisor's work.
- 2) How many supervisors do you think you will need to fulfill these tasks?
- 3) What kind of personnel could you use to be the supervisors. Be creative -- maybe you can use several different types of people.
- 4) What support will be essential to allow your supervisors to do their job?

Work sheet for task analysis and identification of learning experiences

20

	Tasks	Knowledge	Skills	Attitudes	Appropriate learning experiences
Training of trainers in training methods					
Management training for regional team: planning					
Training of CHW in oral rehydration					

12

Sunday/Dimanche	Monday/lundi	Tuesday/lundi	Wednesday/mercredi	Thursday/jeudi	Friday/vendredi	Saturday/samedi
Sunday/dimanche	Monday/lundi	Tuesday/mardi	Wednesday/mercredi	Thursday/jeudi	Friday/vendredi	Saturday/samedi

LAW AND POLICY ADVOCACY EXERCISE

1. List policies and laws which impede the provision of information and services in your primary health care program.
2. List aspects of your primary health care program which are not affected by policies or laws but would be facilitated by the development of suitable policies and laws.
3. Outline a plan for changing policies and laws that impede, and for developing policies and laws that facilitate, the provision of primary health care services.

FINAL EXERCISE

Country _____

Participants _____

Based on your national experience:

1. Provide a brief description of your service area.
2. Identify major health problems of your service area.
3. Set priorities among the problems and justify your highest priority.
4. Define one objective according to your priorities.
5. Elaborate a plan of action using the approaches and procedures presented during the workshop.
6. Choose the indicators you will use for monitoring and evaluating progress toward achieving the objective you have set.

Workshops will meet all day Tuesday, 26 June to prepare for this exercise. On Wednesday, 27 June, starting at 9:30AM, each group will have 10 minutes to present the results of the exercise followed by a 10 minute period for critique and discussions. Each group's presentation will be evaluated by a panel of experts.

14

1	2	3	4	5
Not Done		Done but needs further clarification		Well Done

1. Description of service area. Population, target groups, health resources, climate, transport, communication, community organizations, etc.
2. Identification of major health problems. Listing of health problems
3. Selection of priorities. Priorities set based on specified criteria.
4. Objectives set according to priorities. Objectives contains statement of:
 - . what
 - . how much
 - . who
 - . when
 - . where
 Objective is:
 - . relevant
 - . measurable/observable
 - . feasible
5. Elaborate a plan of action.
 - a. selection of relevant/appropriate interventions and strategies
 - b. numbers of people needed and their qualifications
 - c. training needed to carry through planned activities
 - d. Needed resources (materials, transport, funds)
 - e. where these activities will take place
 - f. an implementation plan indicating when they will begin and when they will end
6. Define the indicators to be used for monitoring.
 - . Is the choice of indicators pertinent (does it correspond to objectives)?
 - . Has information to be collected been itemized?
 - . Did they identify impact indicators which are appropriate for the objectives and activities specified?
 - . Did they identify process indicators which will permit them to make improvements in the program?

EXERCICES POUR GROUPES DE TRAVAIL

1. Exercice d'Introduction
2. Exercice Préliminaire sur la Gestion d'un Programme de Soins de Santé Primaires
3. Identification des Besoins et des Ressources
4. Définition du Problème, Objectifs, Stratégies et Critères d'Evaluation
5. Planification de la Mise en Oeuvre/Réalisation
6. Systèmes d'Information et Contrôle
7. Formation
8. Supervision
9. Plaidoirie de Politiques et Questions Légales
10. Exercice Final

EXERCISE D'INTRODUCTION

Faites équipe avec un(e) autre participant(e) et entrenez-vous sur les sujets suivants. Ensuite, introduisez-vous l'un l'autre au groupe entier à utilisant l'information obtenue durant cet échange.

1. Nom et pays natal
2. Formation professionnelle
3. Poste et responsabilités actuels
4. Intérêts, distractions et amusement
5. Un autre aspect intéressant de la personne

6. Comment sont contrôlées ces activités?

7. Comment sont évaluées ces activités?

8. Quelle est la situation actuelle de cet objectif?

IDENTIFICATION DES BESOINS ET DES RESSOURCES

Exercice de Planification I

En tant que directeur(rice) régional(e) d'un programme à base communautaire tout le lancement est prévu dans six mois, vous devez décider d'examiner la situation comme un premier pas dans la planification de la section de planification familiale contenue au programme. Vous allez esquisser un plan du travail pour cette besogne en vous aidant des renseignements, pages 269-277. Soyez certains d'inclure un mélange de mesures quantitatives et qualitatives.

ENONCIATION DU PROBLEME

Approches Quantitatives

Information Nécessaire	Usage Proposé	Source d'Information et Méthode Employée pour l'obtenir

IDENTIFICATION DES BESOINS ET DES RESSOURCES

Exercice de Planification I

Approches Qualitative

Information Nécessaire	Usage Proposé	Source d'Information et Méthode Employée pour l'Obtenir
------------------------	---------------	--

24

**Définition des Problèmes, Etablissement des Objectifs,
Développement des Stratégies,
et Spécification des Critères d'Evaluation**

Envisagez un programme de soins de santé primaire à base communautaire. Précisez un problème problème majeur que ce programme est en train d'aborder. Inscrivez ensuite plusieurs objectifs pour le traitement de ce problème. Pour chaque objectif, précisez les stratégies à suivre et les critères d'évaluation à employer.

Problème

		E v a l u a t i o n	
		Indicateurs du Processus	Indicateurs l'Impacte
Objectifs	Stratégies		

PLANIFICATION DE LA MISE EN OEUVRE/REALISATION

En employant les objectifs développés au cours de l'exercice précédent, nous allons à présent considérer trois aspects importants de la planification de la mise en oeuvre, à savoir, la structure de l'organisation, les descriptions de poste de travail, et l'organisation des activités.

1. Préparez un schéma détaillé de l'organisation de votre programme de soins de santé primaires. Assurez vous de bien y montrer toutes les relations à partir de Ministère de la Santé jusqu'à l'agent de santé communautaire. Notez de même les liaisons avec d'autres programmes de santé et de développement ainsi que les relations avec les groupes communautaires.
2. Préparez une description de poste de travail (voir pp. 88-91 dans Si Vous Etes Charge De pour un agent de santé rurale et pour un agent surveillant.
3. Préparez pour ces deux agents un emploi du temps pour la réalisation de l'un de vos objectifs.



Systemes d'Information - Contrôle

En continuant avec le plan de votre programme communautaire:

1. Précisez l'information nécessaire au groupes suivants afin de coordonner les agent et les activités.

- agents de santé communautaire
- surveillant(e)s
- administrateurs(trices)

2. Pour chaque élément d'information, précisez ce qui suit:

- la source
- le point de rassemblement des données
- la fréquence du rassemblement des données
- l'analyse (énumérations, distributions, tendances, indices etc.)
- la direction du flot d'information au sein de l'organisation (du haut vers le bas et du bas vers le haut)

Si votre groupe désire continuer:

3. Créez un dossier de clients à employer dans le programme. Indiquez quelles informations sont nécessaires pour le soin des clients. Indiquez quelles information sont à rassembler pour des activités de contrôle.

4. Créez un dossier sommaire pour un rapport mensuel en employant l'information rassemblée dans le dossier client. Quelles autres informations sont à inclure dans le dossier sommaire?

LISTE DES TACHES DU SUPERVISION

Fonctions de controle:

1. Communication entre l'agent et le programme.
2. Structurer les activités de l'agent et définir les tâches
3. Etablir les objectifs pour l'agent.
4. Etablir l'horaire du travail de l'agent.
5. Contrôler le travail du l'agent.
6. Analyser les activités et le progres du l'agent, et le progress du programme.
7. Evaluation
8. Donner les rapports au sujet de l'agent et du programme aux directeurs du programme.
9. Donner du "feedback" aux agents.
10. Corriger les fautes.
11. Formation des agents - formel et pratique sur le terrain.
12. Selection ou renvoi des agents.

Fonctions de support:

13. Budget
14. Deboursement du salaire au personnel
15. Donner le stock (le matériel) à l'agent
16. Recherches et information

Motivation, de l'agent:

17. Commandes
18. Persuasion
19. Conseils
20. Promotion des initiatives de l'agent

Activités pendant une visite de supervision:

- Contrôle des fiches
- Discussion des fiches avec l'agent
- Discussion des problèmes et des questions
- Supervision directe)
- Supervision indirect) avec ("checklists") la liste de contrôle
- Motivation, feedback
- Recyclage -- didactique
actif

Groupe de Travail 1

1) Checklist pour RVO

Vous êtes le directeur d'un programme. Les agents communautaires font des visites à domicile pour enseigner la rehydratation orale aux femmes: comment la préparer, comment l'utiliser.

S'il-vous-plaît, élaborer une liste de contrôle détaillée des points que vous voulez que l'agent mentionne et fasse dans chaque maison. Organiser la liste de contrôle tel qu'elle soit utile comme une méthode de supervision. C'est-à-dire, le superviseur doit être capable de s'en servir pour observer une visite à domicile complète, indiquer les points qui ont été bien couverts, mal faits, ou oubliés complètement.

Groupe 2

Rapport Mensuel
(rempli par le superviseur)

Agent - Nlandu
Endroit - Nsongololo

Mois:

	JAN	FEB	MAR	AVR	MAI	JUIN
Nombre de visites à domicile accomplies	80	88	71		64	44
Nombre de sachets de RVO distribués	120	132	60		20	8

Groupe de Travail 2

Vous êtes le directeur d'un programme de RVO. Dans votre projet, les agents communautaires visitent chaque domicile pour donner des paquets de RVO: chaque domicile est visité une fois par mois. Chaque agent visite 100 domiciles par mois. Chaque agent donne 3 paquets de RVO pour chaque enfant avec la diarrhée, et il est demandé de faire une visite de suivi le lendemain à chaque enfant ayant la diarrhée. Tous les 3 mois, le superviseur visite chaque agent pour le superviser.

Une des tâches du superviseur est de contrôler chaque "Fiche Familiale" qui est remplie par chaque agent. Aussi, le superviseur doit remplir un "Rapport Mensuel" qu'il vous envoie. Le Rapport Mensuel résume les activités de chaque agent. Enbas, vous avez un exemple d'un "Rapport Familiale" rempli par l'agent et d'un "Rapport Mensuel" rempli par le superviseur de l'agent.

- 1) Si vous étiez le superviseur, quels seraient les questions que vous voudriez poser à l'agent en voyant le "Rapport Familiale"?
- 2) Si vous étiez le directeur, Quels sont les questions que vous voulez poser au superviseur quand vous voyez son Rapport Mensuel, et quels sont d'autres points d'information que vous voulez recevoir?
- 3) Voudriez-vous changer l'information qui est recueillie sur ces deux fiches, soit pour assister le superviseur à faire son travail, ou pour vous aider dans votre devoir de directeur?

Group 1

Rapport Familiale
(rempli par l'agent)

Agent - Nlandu
Famille - Mansilu
Endroit - Nsonglovo

Nombre d'enfants moins de 5 ans qui resident dans la maison - 3

Mois:

	JAN	FEV	MAR	AVR	MAI	JUIN
Nombre d'enfants avec la diarrhéé	2			0	1	2
Nombre du sachets distribués	6			0	3	0

29

Groupe de Travail 3

Vous êtes le directeur d'un projet de distribution communautaire dans un endroit rural isolé et montagnoux, qui s'étend pour 250 kilomètres. Les agents distribuent la RVO; des contraceptifs (la pillule, le condom, les méthodes de barrière); et donnent des conseils nutritionnels. Les agents sont les matrones litrées qui resident dans les communautés. Elles reçoivent 3 semaines de formation et reçoivent une petite salaire du projet.

La distribution se fait de domicile à domicile. Chaque agent visite 100 familles par mois partager parmi 50 agents dans le programme. Il y a aussi 3 petits dispensaires dans otre district, doté d'un infirmier auxiliare chaqu'un. Les agents peuvent orienter des clients ayant des problemes à ces dispensaires. Les agents sont situés de 2 à 35 kilometres de ces petits dispensaires.

Il y a eu un peu de rèsistance à votre projet de la part des professionnels de santé de la region. Le seul médecin privé dans la région les gens qui mènent les petites pharmacies priveés disent que les agents n'ont pas assez de formation.

- 1) Quels sont les taches que le supeviseur devrait accomplir pendant chaque visite? Quels sont les contactes que le superviseur devrait avoir avec des membres de la communaute?
- 2) Combien de superviseurs pensez-vous avoir dans le programme, pour remplir toutes les taches voulues?
- 3) Quel type du personnel pensez-vous utiliser comme superviseurs?
- 4) Quels sont les supports nécessaires pour les supeviseurs pour qu'ils puissent accomplir leurs taches?

Fiche d'exercice: Analyze des Taches/ Identification des methodes
et des experiences d'apprentissage

	Liste des Taches	Elément: connaissances	Elément: pratiques	Elément: attitudes	Methodes/Experiences d'Apprentissages
Formation de Formateurs Methodes d'enseignant.					
Formation d'une equipe regional en planification					
Formation des ASC en en Rehydratation par V.O.					

Exercice en Plaidoirie de Politiques et Droit

1. Faites une liste des politiques et des lois qui le entiavent le fourrissement d'information et de services au sein de votre programme de soins de santé primaires.
2. Faites une liste des aspects de votre programme de soins de santé primaires qui ne sont pas touchés par des politiques et des lois mais qui seraient facilités par le développement de politiques et de lois convenables.
3. Esquissez un plan de changement des politiques et des lois qui entiavent le fournissement des services des soins de santé de primaires et de développement pour celles qui les facilitent.

FINALE EXERCICE

Pays _____

Participant(e)s _____

En vous basant sur votre expérience nationale:

1. Donnez un bref aperçu de votre région de service.
2. Identifiez les problèmes sanitaires majeurs dans votre région.
3. Arrangez ces problèmes par ordre de priorité et justifiez votre plus haute priorité.
4. Définissez un objectif selon vos priorités.
5. Elaborez un plan d'action en employant les approches et processus présentés au cours du stage
6. Choisissez les indicateurs que vous utiliserez dans le contrôle et l'évaluation du progrès vers l'achèvement de l'objectif établi.

Les groupes de travail se réuniront le long de la journée du 26 Juin pour préparer cet exercice. Le Mercredi 27 Juin à partir de 9h:30, chaque groupe aura 10 minutes pour présenter les résultats de l'exercice. Ceci sera suivi par une séance de 10 minutes pour la critique et les discussions. L'exposé de chaque groupe sera évalué par une équipe d'experts.

CRITERES D'EVALUATION EXERCICE FINALE

1 2 3 4 5
Pas fait Fait Mais plus de Clarté est Exigé Bien Fait

1. Description de la région à servir

Population, groupes cibles, ressources sanitaires, climat, transportation, communications, organisation communaitaires, etc.

2. Identification des problèmes sanitaires majeurs

Liste de problèmes sanitaires

3. Sélection des priorités

Priorités établies selon des critères précisés.

4. Objectifs établis suivant les priorités

Les objectifs énoncent des données quant au:

- quio
- combien
- qui
- quand
- où

l'objectifs est au:

- approprié/pertinent
- mesurable/observable
- faisable

5. Etablir un plan d'action

- a. Sélection de stratégies et d'actions appropriés
- b. Nombre requis de personnes et leurs qualifications
- c. Formation nécessaire pour achever les activités planifiées
- d. ressources requiser (materiel, transport, finances
- e. où se passeront ces activités
- f. Un plan de mise en oeuvre indiquent les dates de commencement et de termination des activités.

6. Définir les indicateurs à utiliser pour le contrôle.

- . Le choix correspond - il aux objectifs?
- . L'organisation en catégories de l'information à rassembler a-t-elle été faite?
- . A-t-on identifié des indicateurs d'impacte qui sont qppropriés aux objectifs et activités précisés.
- . A-t-on identifié des indicateurs de processus qui permettront d'introduire des améliorations au programme?

40

FINAL EXERCISE

COUNTRY : KENYA. EAST AFRICA.

PARTICIPANTS:

E. Chege,
Nyambura Githagui.
Margaret Kiruhi.
Rebecca. Nyonyintono

June 1984.

EMBU ORT PILOT PROJECT.

The ORT pilot project is to be carried out in Gachoka division of Embu District in Eastern Province of Kenya. This is a rural area with a population of about 80,000 people. The target group for the project is children under five years of age who number 7,000.

- The health resources available include:-
- 11 health facilities and one rural health training centre.
 - approximately 30 ECN's, 2 CO's, 18 PHTs, 180 TBAs and about 180 TBAs, 10 traditional healers, 5 CDAs.
 - 13 agricultural technical assistants
 - 3 family planning field educators.

Gachoka is a semi arid, low lying plain with scanty rainfall (less than 30" a year) and there is one major river.

Half the area is serviced by all-weather rural access roads while the other half is serviced by poor seasonal roads. The most common means of transport are; country buses and mini buses, bicycles and foot. The communication system includes a telephone servicing four markets. ~~and~~ About 2000 homes own radio receivers.

There are about 100 registered women groups, 18 health committees, 14 co-operative unions, 40 school parents' associations and several sub-locational administrative committees

Major Health Problems:-

The major diseases in the community are; in order of prevalence;

1. malaria
2. Acute respiratory infections &
3. diarrhoeal diseases
4. Intestinal worms.

But the morbidity and mortality patterns vary slightly.

1. Upper respiratory tract infections (URTI) constitute 20% of all diseases malaria 18%, ~~Diarrhoeal~~ diseases of the skin 9.8% while diarrhoeal diseases contribute 6.3% and accidents of all kinds contribute 2.9%.

Mortality is caused by 18% Parasitic infections. 17% URTI including pneumonia 16.4% diseases of circulatory system and other heart diseases; 5.5% diseases of newborn and childbearing and 4.9% diarrhoea. So, whichever way you look at the health picture, there are five main ~~causes~~ diseases affecting a large proportion of Gachoka community.

Priority health intervention areas.

In choosing the area of intervention we have used for criteria, namely;

- a) low cost
- b) suitability
- c) Lack of ongoing intervention programme
- d) Severity of the problem.

By these criteria, diarrhoeal diseases

can be identified as a priority health problem meriting intervention.

All the health problem areas indicated by the figures are mainly preventable at community level, and can be treated inexpensively if detected early. The existing services and success with treatment, at present varies from disease to disease.

In the case of malaria, control programmes are already underway in the areas where malaria is prevalent including Gachoka itself. The Lake Basin Development Programme is another extensive malaria programme.

U.R.T.I and skin conditions are two areas where the medical services have not established low-cost manageable treatment procedures. There is need for further knowledge and simple skills in this area before it can be possible to incorporate U.R.T.I and skin disease treatment into community-based health care.

Diarrhoeal diseases are among the major health problems and causes even higher levels of morbidity and mortality among children (0-5) than among the general population.

So far, we do not have any specific programme addressing the problem. Both preventive and curative measures could be done at the community level using locally available resources.

Furthermore, success with an ORT programme will be useful in introducing

other interventions because if we can demonstrate that children can be helped to survive, then we can motivate families to adopt other PHC measures e.g. f.p.

General Objective:

To introduce an ORT programme into ongoing programmes in order to reduce the death from diarrhoeal diseases among children under 5.

Specific Objectives:

- 1. Reduce morbidity and mortality caused by diarrhoeal diseases among children under 5 years of age by 50% within 2 years.
- a. By the 10 talk and encourage use of ORT so that up to 5,000 homes are reached by the end of the project period.

Intervention Strategy

The site of intervention has the following characteristics; - about 7,000 children under 5 years of age scattered within 90 villages of 900 homes each with a distance of about 2 kilometres between homes. There are about 10,000 homes altogether. It is with this picture in mind that we plan the intervention strategy.

- 1. Training 11-22 trainers who are community nurses working in 11 rural health delivery points. These will be responsible for training 180 CHW's

- 3 -

whose work will include:-

- a) diagnosis of cases of diarrhoea
- b) teaching parents to administer ORT
- c) referring serious cases of diarrhoea to rural health clinics.
- d) motivating the community to prevent the occurrence of diarrhoeal diseases.

2. Facilitating selection of community health workers for training

[Role - Play]

Training Needs for Trainers / Supervisors.

1. Data collection and analysis skills.
2. Supervisory skills.
3. Programme planning, and management and evaluation.
4. Diagnosis of diarrhoea.
5. Use of ORT method
6. Communication skills
7. Record-keeping and use of information.
8. Preventive skills.

Training Needs for CHW's

1. Diagnosis of diarrhoea.
 2. Use of ORT method.
 3. Communication skills.
 4. record-keeping
 5. preventive skills.
- 101

Needed Resources:-

a) Training materials
(i) simple teaching aids eg. flannel-graph, O.T demonstration materials and ingredients.

(ii) simple record forms

b) Personnel
community leaders, village health committee

c) Funding

(i) community

(ii) district development committee.

Budget

BUDGET (Estimates for 1 yr)

	K sh
<u>Personnel</u>	
22 Trainers @ 25sh per day for 22 person days	12,100 00
<u>Travelling Costs</u>	
10,000 km per annum @ 5sh per km for 22 times Supervisors	50,000 00
<u>Teaching materials</u>	
OBT 20 kg Sugar @ 2.50 sh per kg	50 00
5 kg Salt @ 1.50 sh per kg	7 50
4 Flannelgraphs @ 100 sh each	400 00
4 gourds @ 10 sh each	40 00
180 Kits @ 5sh each	900 00
<u>Stationery and other supplies</u>	
pencils chalk paper	1000 00
10% Contingencies	<u>6449 00</u>
Total Cost Ksh	<u>70947.25</u>

Training Schedule and Venue

1. Trainers

January

course 1

February

course 11

Two courses of two days each 1 day theory one day field practice.
Venue: Rural health training Centre.

2. CHW's

March 3 courses of 15 CHW's each

June

"

"

"

"

"

August

"

"

"

"

"

November

"

"

"

"

"

The courses will run for 5 days; 2 days theory 3 days field practice.
Venue: SD P's.

Monitoring and Evaluation

The following questions will elicit indicators for the above process.

For the trainers:

1. Are courses conducted according to schedule?
2. Are CHW's being supervised once a month?
3. Are records and reports correct and up to date?

For the CHW's

1. How accurate and effective are the

- diagnostic skills of CHW's
2. What is the level of coverage of homes within each CHW's area.
 3. Are records and reports correct and up to date?
 4. Is the referral system being used?
 5. Are there adequate materials for ORT demonstration?
 6. Are there enough teaching materials.

Impact Indicators.

1. Have the rates of morbidity and mortality from diarrhoeal diseases decreased? By how much?
2. How many homes know and can use ORT?
3. What is the number of referrals by CHW's?

COUNTRY : NIGERIA.

PARTICIPANTS : ① DR M. A. ABODERIN.
 ② MRS C. S. INUSA.
 ③ MRS. F. M. ADAMU.
 ④ MRS G. A. FAOYE.

SERVICE AREA OYO STATE OF NIGERIA : IBADAN

The Oyo State of Nigeria covers a total geographical area of 2,000 square miles. It is composed of 15 large towns and several different sized villages. Several of the villages (about 60%) have a basic infrastructure like electricity and water. IBADAN town is the capital of the Oyo State.

There are 51 million people in Oyo State, 55% of whom live in rural areas. The population of Ibadan is 1.2 million as at the 1966 National Census. The Government Health Services include two Teaching Hospitals, 10 Specialist Hospitals, 10 General Hospitals,

6 primary (20-bed) Health Centres, 2 (30-bed) Comprehensive Health Centres, and 50 (6-bed) Health Clinics. The distribution of the Health Units however varies much to be desired. There are also several privately run maternity homes based mainly in the urban areas.

② Identification of Major Health Problems:

The major Health problems in Oyo State can be summarized under 'Health Problems', 'Health Service Problems' and 'Community Problems'

HEALTH PROBLEMS:

- ① Malaria
2. Communicable Diseases e.g Measles, Tuberculosis.
3. Diarrhoea.
4. Respiratory Diseases.
5. Malnutrition.
6. Road Traffic Accidents.
7. Low Birth Weight.
- ⑧ Illegal Abortions by Unqualified Personnel.

HEALTH SERVICE PROBLEMS.

- ① Insufficient Drugs.
2. Inadequate qualified Personnel.
3. Insufficient Equipment.

COMMUNITY PROBLEMS.

- ① Inadequate and Erratic Water and Electricity Supply.
- ② Adult Illiteracy.
- ③ Inadequate transportation / Bad Roads.
- ④ People in rural areas have to go long distances for health care
- ⑤ Unwanted Pregnancies.
- ⑥ Abandoned Babies

③

PRIORITIES :

(1) High incidence of maternal mortality and morbidity due to illegal abortions from unwanted pregnancies by unqualified personnel.

(2) High incidence of Abandoned babies

Justification for the Selection of the above priority.

(i) A large percentage (about 5%) of hospital bed space is usually taken up by patients suffering from complications of Abortion from unqualified hands. Such complications include post-abortal Sepsis, peritonitis and Septicaemia. There is a high ~~incidence~~ mortality rate resulting from these illegal abortions. Hospital treatment on these cases are very expensive.

(ii) There has been a large increase in the incidence of abandoned babies, necessitating an unnecessarily huge government expenditure to maintain these babies.

④ OBJECTIVES:

That the Oyo State Ministry of Health will set in motion a pilot programme to reduce the number of hospital admissions and mortality due to complications of unqualified abortions in the Ibadan Town by 80% within 2 yrs from January 1985 to December 1986, amongst sexually active adolescent women of age ranging between 15-25 years.

⑤ PLAN OF ACTION

The objective is aimed at reducing the mortality and morbidity in adolescent women between the ages of 15-25 years due to unwanted pregnancies, a high incidence of illegal abortion and its attendant complications

These objectives can be achieved through the underlisted alternative ~~strategies~~ facilities:

By making use of:

- (a) Existing hospital based family planning Clinics, and its personnel. In hospitals where such clinics are not already available, adequate facilities will be provided for the purpose.
- (b) School Health Clinics.
- (c) Youth Clubs (Christian/Muslim)
- (d) Special Adolescent Clinics.

The Committee decided on the first alternative as the best approach from point of view of economy, reliability and accountability. The following Strategy will be pursued.

(A) To make use of the following already existing institutions for counselling and provision of

Family Planning Services to the target group. It is

- Adeoyo State Hospital
- Ring Road Hospital
- Jericho Maternity Hospital
- Jericho Nursing Home
- Aremo Maternity Hospital.
- University College Hospital
- University of Ibadan Health Centre (Taja Clinic)
- Ibadan Polytechnic Health Centre.

In the choice of these units, cognisance is taken of the fact that there is a very high concentration of the groups under review in the universities and polytechnics.

(B) Counselling of the target group will be provided

by a specially recruited Guidance Counsellor. He will @ teach responsible sexuality, mentioning the possibility of Sexually transmitted diseases.

- (b) Intimate the women with the different types of available Family Contraceptive devices
- (c) Highlight the dangers of abortion at the hands of unqualified persons

- (C) Appointed doctors will receive training at the University College Hospital Ibadan on Contraceptive methods, and especially on the proper application of the Intrauterine devices for a period of 1 week.
- (D) Appointed nurses will receive training at the same venue for 4 weeks at a time to be announced reflected on the Schedule
- (E) Contraceptive devices, and will be provided at the designated centres by doctors and nurses.
- (E) Contraceptive devices will be purchased by an open tender from at least ten reputable pharmaceutical companies in Nigeria.
- (F) Activation of Pharmaceutical Care drug store to stock various forms of Contraceptive devices.
- (G) Public Enlightenment on Adolescent Sexuality and Fertility with its attendant problems, on Radio, television and posters.
- Develop a Community Based Advocate programme whereby Ibadan residents should seek and find out high risk teenagers.
 - Advertisement of locations of and available

H Staff Requirement.

- a 1 Project Manager.
- b The Chief Medical Officer of the State will act as the project director, and will coordinate and supervise the activities of all the units.
- c One Medical Officer and 1 Nursing Sister/Midwife in each of the units.
- d One Guidance Counsellor.
- e 1 Store Officer.
- f 1 Statistical Clerk.

A Job description of all the Staff is attached as Appendix C.

I A List of all drugs is attached as Appendix B.

J An organisational chart ~~scheduling time~~ for each activity is attached as Appendix A.

~~J~~ is attached as Appendix D

K A Schedule of activities is attached as Appendix A.

Indicators for the monitoring and Evaluation of Progress.

- (A) Determine Pre-Acceptance
 - (i) Fertility Rate in the target age group.
 - (ii) % currently pregnant
 - (iii) % currently on admission in the hospitals for complications of abortion. (%/month).
- (B) Determine Post Acceptance, every four months.
 - (i) The fertility rate
 - (ii) % currently pregnant/month.
 - (iii) % admission/month.
- (C) Follow closely the Stocks of Supplies. Ensure that there are adequate supplies, and that a proper inventory of supplies is kept at each level.
- (D) Information, Education. Find out whether information is getting out to the desired groups - via Radio, television, or the Community leaders.
- (E) Collate the number of users from each of the groups.

SUBJECT

1. Selection of Personnel

2. Data collection on Adolescents facility abortion, and compliance

3. ^{list} Training of Doctors ^{list} Nurses, Orientation of School Teachers

4. Purchase of Vehicle. Ordering of Contraceptive Equipment, Award Contracts.

5. Supplies Received

6. Propaganda via the Media

7. Service Delivery Outreach Services

8. Evaluation

9. Report to chief Medical officer - consult Project

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DEC.

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DEC.

511
Appendix
A

Appendix B

1. 500 packets of oral Contraceptives / month
2. 4000 Condoms at 30k each
3. 4000 tubes of Spermicides at 50k per tube
4. foam tablets. 2,000 pks at 10k each

Appendix C. JOB DESCRIPTION.

The Chief Medical Officer:

- ① He will be in overall charge of the programme
 - ② He will oversee purchase of drugs and dressings for the project
 - ③ Periodic Supervision of all the units.
 - ④ Interpretation of data collected from service delivery areas
- b. Report progress and problems of the project to the Permanent Secretary Ministry of Health

The Medical Officers:-

1. Will be in charge of the units
2. Will conduct medical examinations and counsel the students on responsible sexuality.
3. Responsible to the Chief Medical Officer.

Nursing Sister.

Will be Responsible to the Medical Officer in charge of her unit.

Will assist in provision of family planning services at the unit.

Will be responsible for the collection of supplies from the main store.

Will be responsible for the keeping of the proper inventory about the equipment.

Statistical Clerk.

Responsible to the ^{Chief} Medical Officer in charge ~~of the unit~~.

Will collect data from the F.P.U. and prepare statistical summaries and forward same for analysis and interpretation.

Appendix C (cont.)

Statistical Officer.

3. Will collect data from the gynaecological wards of all hospitals in ~~London~~ reflecting the number of ~~so~~ hospital admission of abortion cases and adolescent fertility...

Store Keeper.

Will be responsible for the proper keeping of stock.

(2) will keep a log of inventory of all items in the store.

ORGANIZATIONAL CHART OF PROJECT OFFICERS

COMMISSIONER
OF HEALTH

C. M. O.

CHIEF
PHARMACIST

M. O. M. O. M. O. M. O.

2 NURSING
SISTERS

2 NURS.
SISTERS

2 NURS
SISTERS

2 NURS
SISTERS

SUDAN

A plan for a
training of trainers
for the Sudan Community
Based Family Health Project

- Dr. Ibrahim Mohamed A. Elum
- Dr. ELKHALID OMER
- Dr. Amal Adnan
with a Responder

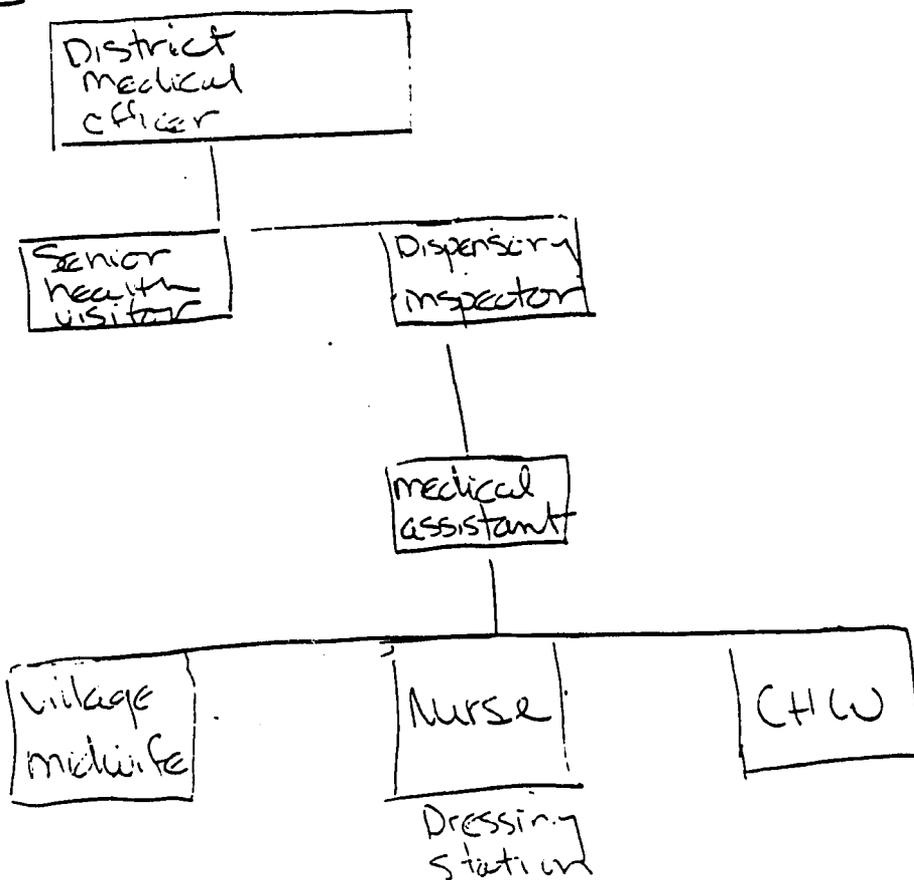
Best Available Document

The Sudan is the largest country in Africa, with a varied terrain and heterogeneous population. The Sudan Community Based Family Health Project will be implemented in the southern part of the Northern region; an area covering 38 villages and a population of 130,000 lying about 70 km north of Khartoum. The climate is dry and semi-sahara with minimal rainfall and farming is the main occupation of the population.

The population consists of a large portion under 15 years of age - 40%. The primary health problems are the high infant mortality rate, mostly due to diarrheal diseases, malnutrition, infectious diseases and maternal and neonatal morbidity and mortality. The project is designed to introduce community intervention - CBS immunization, nutrition education and family planning, by utilizing the existing health care system. The local ~~is~~ ^{is} education system trained mothers will have the closest contact with the women and children in the community. The project will be implemented in the

Diagram I illustrates the layout of the existing health care system.

Diagram I



All villages have midwives who have had a nine month training in conducting labour and maternal health care. Larger villages have a dispensary run by a medical assistant and a nurse. The smaller villages are covered by a dressing station or an auxiliary nurse. The others have a community health care worker.

Table I illustrates the daily schedule of the two week training program.

Table II shows the analysis of activity in the 5 days where CRT is taught. The table breaks the activities needed for each module and the training objectives behind each course.

The first column illustrates the title of the session or module. The second shows the technique which is utilized for each module. The third column shows the specific learning objectives of the day.

Table III breaks down the activities and analyzes each in accordance with:

- The knowledge needed to undertake the activity.
- The attitude needed to perform the activity successfully.
- The skills which should be mastered to conduct this activity.

Implementation

The training will take place in Bisabon, one of the larger villages in the project area. The first course is scheduled in December 1954. A second course will be held in three months later when the medical assistants who have completed the field work the first half of the course have been trained will be trained.

MODULE

1. Identify Diarrhea as a problem
What is Diarrhea?

2. Causes of Diarrhea and Prevention

3. Dehydration and Complications

4. Treatment and Management
Recording and Reporting

ACTIVITIES

Group Discussion
Field Training
Storytelling

Group Discussion
Role Playing
Educational Materials

Educational Materials
Role Playing
Discussion
Clinical Demonstration

Discussion
Demonstration

Practice
Demonstration

TRAINING OBJECTIVES

By the end of the training the learner will be able to:
 - conduct a group discussion on the causes of diarrhoea as a health problem and to explain the importance of giving examples and to have a personal experience with diarrhoea.
 - able to conduct a field training on the causes of diarrhoea with mothers in the village.
 - Ability to tell an engaging story about diarrhoea and to elicit personal experience about diarrhoea by telling stories.

By the end of the training the learner will be able to:
 - discussion with the midwives on the causes of diarrhoea.
 - Ability to arrange a role playing concerning breast feeding and the prevention of diarrhoea.
 - able to utilize pictures, charts, pamphlets, etc. to educate midwives on preventive measures of diarrhoea.

able to use a ground trainer on their model to train midwives how to identify dehydration.
 - able to direct a role playing play acting the complications and dehydration.
 - Ability to discuss dehydration and its complications with midwives.
 - show the midwives the signs of dehydration in a child and ~~and~~ severely dehydrated child - furnish a name.

- Ability to lead a discussion with midwives about the treatment of diarrhoea with ORT.
 - Ability to demonstrate to midwives how to use ORT.

- Ability to have the midwives practice the use of ORT.

able to demonstrate to the midwives the use of ORT in cases of diarrhoea and to have a personal experience with ORT.

able to have midwives practice the use of ORT in cases of diarrhoea.

ANALYSIS OF ATTITUDES

	Knowledge	Attitudes	Skills
Group Discussion	<ol style="list-style-type: none"> 1) Care of Dynamics 2) People come with the agenda 	<ol style="list-style-type: none"> 1) Not to dominate discussion 2) Everyone should be involved 	<p>Teamwork skills</p> <p>How to start a discussion</p>
Field Practice	<ol style="list-style-type: none"> 1) Know the village, the leaders, the culture. 2) Get cooperation 3) Timeschedule of persons in the area 	<ul style="list-style-type: none"> - respect for the people, culture and deas - consideration 	<p>Good Communication Skills</p>
Story telling	<ol style="list-style-type: none"> 1) Understand the individuals in the group/culture/sentiment 2) know a relevant story 	<p>Realistic Attitude</p>	<ul style="list-style-type: none"> - An material - Acting as - clear simple speaking about
Educational Materials	<ol style="list-style-type: none"> 1) knowledge of subject matter 2) How the materials are used 3) where are the best materials to use 	<p>Patience</p> <p>Positive attitude about usefulness of materials</p>	<ul style="list-style-type: none"> - Skills using machines like projector - Science & technology - Educational materials
Group	<ol style="list-style-type: none"> 1) know subject matter 2) know message to be conveyed 3) know the group 	<ul style="list-style-type: none"> - Patience - Creativity - Open - Respectful - Non-judgmental 	<ul style="list-style-type: none"> - Start - End - ...

Clinical Demonstration

Knowledge

- of clinical signs
- knowledge about patient with symptoms
- degrees of seriousness of symptoms

Attitude

- meticulous about recognizing symptoms
- caring about the patient
- sensitive
- compassionate

Skills

- clinical assessment skills
- observation skills
- ability to standardize and replicate assessment
- make analysis of feel comfortable

Demonstration

- knowledge of subject by mastering checklist
- knowledge of measurements
- knowledge of materials available

- meticulous
- creative
- patience
- confidence

- use of checklist
- organized
- speaking skills

Practice

Knowledge/ability of person performing task

patience encouraging sensitive

ability to instill confidence support resources

Evaluation..

The training will be evaluated in three ways.

A. Knowledge will be evaluated with

- pre and post tests
- performance during the course

B Attitudes of participants

(opinions during training)

- focus groups to elicit opinions
- quick feedback

C. Skills

- checklist
- a log book
- qualitative
- quantitative

Participants should satisfy the minimum competency level before graduation.

in the field, job evaluation will be scheduled after the course.

TRAINING

V. H. W.

TO GIVE

IMMUNIZATION

IN VILLAGE B.

PROGRAM

ALUSHA REGION.

FINAL EXERCISE

COUNTRY - TANZANIA

PARTICIPANTS

DR. MOSHA E.E.
MR. F. SHOMET
June 1984.

FINAL EXERCISE

26/6/84

COUNTRY — TANZANIA

— DR. MISHA E.E

MR. SHOMET FRANCIS

TRAINING VIEWS IN CBP

I. ARUSHA REGION

Arusha is situated in northern Tanzania and it is one of the three biggest regions in the country. The overall landscape consists of mountains with dense forests and savannah plains. In the mountainous areas, the population is very dense. The reason being that, climatic conditions in such areas favour the growth of food and cash crops. The rainfall in these areas is relatively more than in the plains.

There is approximately a population of 1 million people in this region, 70 percent of which being under-25s — the target group in the training.

Government is aware of the economic problems and acts as a stimulant — mostly in the form of credit and technical programmes in the region.

During the rainy season, most of the roads that go to various districts, become impassable. This makes communication so difficult and at times impossible. The rains usually come in the end of December and end late May. However, the mountainous parts of the region take a lion's share of the rains as compared to the plains.

The population consists of four big ethnic groups, the majority of whom being pastoralists and hence seminomadic.

Traditional political organisations no longer feature prominently in the local village governments. All village governments are made up of party and government officials who have either been elected ~~and~~ or appointed to their respective positions. However, traditional leaders are still used by village governments for the promotion of development programmes.

Existing health resources in this region are as follows :-

- (a) Eight hospitals
- (b) Twenty one health centres
- (c) Eighty dispensaries and
- (d) one hundred health posts.

I. MAJOR HEALTH PROBLEMS :

1. Measles
2. Diarrhoeal diseases
3. Pneumonia
4. Malaria
5. Conjunctivitis
6. T.B.
7. Venereal diseases
8. Typhoid
9. Obstetric and ~~Gynaeco~~ Gynaecological Problems
10. Trauma (accidents)

II. - Immunisable diseases i.e measles, TB, Polio and DPT.

a) - Immunisable diseases kill about 5% of children every year.

b) - It is feasible, using totally available resources, to reduce infant mortality resulting from these diseases and even given the necessary resources, they may be eradicated.

- Malaria - High prevalence and mortality rate and economic drawback.
- Diarrhoea - High morbidity and mortality. Feasibility in reduction and control.

V. 1. OVERALL OBJECTIVE:

To train village health workers who will be able to vaccinate underfives against immunisable diseases in their respective villages in order to:-
→ Reduce morbidity and mortality resulting from immunisable diseases in underfives by 40% in one year
→ They will be expected to achieve a coverage of 50% of underfives in one year

2. Specific objectives in the training

(a) To train 84 CHWs in 42 villages in the Region of Arusha in a period of one year
who will be able to:-
→ assess the magnitude of immunisable diseases in their respective villages by use of informal and formal methods.

- identify the number of underfives in their villages
- Keep records; inventory, logistics and care for vaccines.
- maintain and observe sterile / aseptic technique in the whole process of vaccination.
- give injectable as well as oral vaccination under supervision of MCH aide
- Educate communities, esp mothers on the significance and importance of vaccinations and thereby motivate them to bring their children to MCH clinics every month.

V. PLAN OF ACTION:

(a) Contact village leaders to visit the area and identify resources (e.g. health centres, dispensaries, personnel, health workers)

(b) Conduct T-T and then sanction of ...

-6-

INDICATORS FOR APPRAISAL

- 1 - The number of CHWs trained and who finished the training successfully.
- 2 - The number of children immunised against target diseases
- 3 - Level of reduction of immunisable diseases in underfives (records survey)
- 4 - Assessment of CHWs' ability to vaccinate correctly (by use of skills record)

→ -

Demonstration of training.

- Demonstrate how to vaccinate a child or children against measles

⇒ Equipment required

- 1 - Working fridge
- 2 - Vaccines
- 3 - Fire
- 4 - Water
- 5 - Pot
- 6 - Firewood.
- 7 - needles
- 8 - Syringes
- 9 - Cotton wool
- 10 - Anti-septic - avoid spirit

⇒ Two persons are required for participation in the demo - one being a trainee and the other a trainer

- The demo will include explanation about
- the vaccine stability (cold chain)
 - Sterilization technique / aseptic technique
 - arrangement of equipment
 - preparation of injection sites
 - How to draw the vaccine
 - actual giving of injection

FUTURE PLANS

1. Intend to increase the number of VHUs trained each year by 5%
2. To incorporate the experiences gained in the national PHC Program
3. Design an operation research to ~~so~~ to collect evaluative information which will be used for determining failure or success.

BUDGET

Per Diem for Regional + District Staff -
Per year

$$150 \times 10 = 1500 \text{ Rs.} \times 12 = 18,000 \text{ Rs.}$$

Transportation - Supervision - 1 Trip - 100 = 1,200.00
12 Trips

Trainees — 84 x 150 x¹² per month = 136,200.00

Training materials
Manual etc.

$$\begin{array}{r} 50,000.00 \\ 2 \quad 05400.00 \\ \hline 20540 \end{array}$$

10% Contingency. -

$$\begin{array}{r} 2 \quad 25940.00 \\ \hline \end{array}$$

- FROM THE REGIONAL GOVT.

- AND LOCAL COUNCILS.

1984 JUNE COURSE

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June 1984

English*

Helping Health Workers Learn
Where There is No Doctor
Where There is No Dentist
Project PROJIMO: A Villager-Run Rehabilitation
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H-7, February 1984

Periodic Abstinence: How Well Do New
Approaches Work? 1-3 September 1983

Community-Based and Commercial Contraceptive
Distribution: An Inventory and Appraisal,
I-19 March 1978

Traditional Midwives and Family Planning
J-22, May 1980

Analyse Du Contenu Des Huit Composantes
Essentielle Des Soins de Sante Primaires

Les Contraceptifs Oraux A-5, Jan. 1979

Les Contraceptifs Oraux Pendant les
Annees 1980's, May 1982

Le DIU: Le Contraceptif Qui Convient
A De Nombreuse Femme B-4, May 1983

Retablissement De La Fecondite Apres
Sterilisation C-8, Mars 1981

La Sterilisation Volontaire: Tendence
et Probleme Juridiques E-6, Mail 1982

Les Spermicides: Simplicité et
Innocuite Sont Leur Plus Grand Avantages
H-5, Avril 1980

Situation Actuelle de Condoms:
Produits, Protection, Promotion, H-6,
Aout 1983

La Contenance Periodique: Dans Quelle
Mesure Les Nouvelles Methodes Donnent-
Elle Des Resultats? I-3 Mai 1982

Distribution de Contraceptifs: Commerce
ou Base Communautaire Inventaire et
Evaluation, J-19 Juin 1979

La Commercialisation Sociale: Reussit-
Elle? J-21, October 1980

Les Sages-Femmes Traditionnelles et le
Planning Familiale J-22, January 1981

* French-speaking participants were given the English version of materials unavailable in French

Films for Family Planning Programs J-23,
February 1981

Sources of Population and Family Planning
J-26, February 1983

Long-Acting Progestins-Promise and Prospects
K-2, May 1983

Oral Rehydration Therapy (ORT) for Childhood
Diarrhea L-2, December 1980

Community-Based Health and Family Planning
L-3, December 1982

Infertility and Sexually Transmitted Disease:
A Public Health Challenge, L-4, July 1983

The World Fertility Survey: Current Status
and Findings, M-3, July 1979

Age at Marriage and Fertility, M-4,
November 1979

Contraceptive Prevalence Surveys: A New
Source of Family Planning Data, M-5, June 1981

Population Education in the Schools M-6,
April 1982

Welcome Kit

Columbia Guide to New York City, Subway Maps, Information on the International House,
English Phrase Book (for French speakers).

Films Pour Programmes de Planning
Familiale J-23, January 1982

L'Allaitment Au Sein La Fecondite et Le
Planning Familiale J-24, Aout 1982

Sources d'Assistance Internationale Dans
le Domaine de la Population J-26,
December 1983

Progestatifs A Effet Prolonge-Promesses
et Perspectives D'Avenir K-2 Mars 1984

Traitement de la Diarrhee de l'Enfance
par Rehydratatin Orale (TRO) L-2,
Juin 1980

La Sante et le Planning Familiale a Base
Communautaire L-3, October 1983

Sterilisation Volontaire: Principale
Methode Mondiale de Contracection M-2,
January 1979

L'Enquete Mondiale Sur la Fecondite:
Situation et Resultats Actuels M-3,
Avril 1980.

L'Age Au Mariage et la Fecondite, M-4,
December 1980

Enquetes Sur la Prevalence de la
Contraception: Source Nouvelle de
de Donnes Sur le Planning Familiale M-5,
Fev. 1982

L'Education en Matiere de Population
dans les Ecoles M-6, December 1982.

Notebook

Schedule, Syllabus, Exercises, Participant List, Vocabulary List, Special Events Lists, Films List, Travel Information, Popline Literature Search by Country.

Shopping Bag

A shopping bag with the CPFH logo printed on it.

Group Photo**Diploma**

HANDOUTS DISTRIBUTED TO PARTICIPANTS

English

The Guadalupe Family Planning Clinic - Casebook for Family Planning Management, pg. 7

A Model for Analyzing Programs

Checklist for Planning, Implementation and Evaluation

Needs and Resources Assessment
Quantitative Aspects

Some Practical Suggestions for the Use of Qualitative Methods

Methodology Bibliography

Quantitative and Qualitative Approaches

Guidelines for Needs Assessment

The Focussed Group Discussion:
An Overview - Tai

Health Planning - Taking Soundings for Development and Health - Arnold Pacey

Delivery Systems: Models Service Selection Management Issues

Maternal Health Report - Ibadan
CBD MCH/FP Project - Service
Statistics Worksheet for Treatment

The Dynamic Process of Operations Research - Figure I
Operations Research Figure II

French

La Clinique de Planification Familiale de Guadalupe

Un Schema Pour Analyser des Programmes

Liste de Controle pour La Planification, L'Execution et L'Evaluation

Identification des Besoins et des Ressources Aspects Quantitatifs

Quelques Suggestions Pratiques pour L'Emploi des Methodes Qualitatives

Les Approches Quantitatives - Qualitative

Planification Sanitaire - Des Coups de Sonde Donnent des Renseignements Utiles pour le Developpement et pour la Sante Publique - Arnold Pacey

Systems de Distribution: Models Selection de Services Point Clefs de Planification et de Gestion

Le Processus Dynamique de la Recherche Operationnelle I
La Recherche Operationnelle II

Family Planning Evaluation Measures

Methodes et Mesures pour Evaluer
les Programmes de Planification
Familiale

Training Checklist

Liste de Controle

Checklist for Planning and Conducting
a Workshop

Training

La Formation

ORT Supervisory Checklist

Liste D'Observation - RVO

Nutrition Programs Handout

Les Programmes Nutritionels

Design and Implementation of
Community-Based Nutrition Programs
Integrated in PHC

Organisation et Implantation de
Programmes de Nutrition à Base
Communautaire Integres aux Soins
de Sante Primaire

Nutrition: A Health Sector
Responsibility - Jean Pierre Habicht

La Nutrition est une Responsabilite
du Secteur de la Sante - Jean Pierre
Habicht

The Third World: What the Child
Eats and How This Has Changed Over
Approach to Malnutrition - David
Morley, FRCP

*French speaking participants were given the English version of materials
unavailable in French.

851

THE CENTER FOR POPULATION AND FAMILY HEALTH
 and
 THE SCHOOL OF PUBLIC HEALTH
 of
 THE FACULTY OF MEDICINE
 of
 COLUMBIA UNIVERSITY

Recognizes the participation of

in The Training Workshop

FAMILY PLANNING, NUTRITION, and PRIMARY HEALTH CARE
 IN AFRICA:

Program Design, Management, and Evaluation
 given in New York, June 4 - 29, 1984



Robert J. Weiss, M.D.
 Dean
 School of Public Health

Martin Gorosh, Dr. P.H.
 Course Director

Susan Nalder, C.N.M., M.P.H.
 Assistant Course Director

Allan Rosenfield, M.D.
 Director
 Center for Population
 and Family Health



**Center for Population and Family Health
Columbia University, June 1984**

EXECUTIVE SUMMARY OF THE REPORT OF THE FIFTH ANNUAL WORKSHOP IN "FAMILY PLANNING, NUTRITION, AND PRIMARY HEALTH CARE FOR AFRICA: PROGRAM DESIGN, MANAGEMENT, AND EVALUATION."

- INTRODUCTION

While this was the fifth annual workshop conducted by the Center for Population and Family Health (CPFH), it was the second workshop:

- focused exclusively on Africa
- simultaneously translated (English - French)
- funded under cooperative agreement AFR 0662-ACO-2068-00

- TRAINEES:

- Thirty-six participants from 13 Sub-Saharan African Countries

<u>ANGLOPHONE</u>		<u>FRANCOPHONE</u>	
Cameroon	1	Mali	2
Kenya	4	Niger	2
Liberia	1	Senegal	6
Nigeria	4	Togo	6
Sudan	3	Upper Volta	2
Tanzania	2		<u>18</u>
Uganda	2		
Zambia	1		
	<u>18</u>		

- Seven participants from other regions

Haiti	-	2
Tunisia	-	1
CPFH Interns (Thailand and Sudan)	-	2
M.P.H. Students	-	2

- CURRICULUM:

- Community Needs and Resources Assessment
- Program Design Strategies
- Specific problems and interventions
- Management, evaluation, and research

- NEW EMPHASES ADDED IN 1984:

- The focussed group discussion method
- Hands-on experience with micro-computers
- Structured sequences of small group assignments
- Final group exercise by country teams
- Law and policy

- EXTRA-CURRICULAR ACTIVITIES:

- Films
- Field staff seminar
- Library tours
- Computer demonstrations
- Field visits to service delivery sites
- Social activities

- EVALUATION:

- Strongly positive results were obtained from the five different approaches used, including:

Pre and post testing of participants self-appraised competence level with respect to 21 curriculum areas. This approach also included questions about general concepts and specific skills gained during the workshop.

Pre and post testing using a 50-item questionnaire covering management, training, supervision, primary health care interventions, community participation, and law and policy.

Analysis of preliminary and final exercises in program design.

Rapid feedback analysis of participant response to specific sessions.

Participant responses to open-ended questions and qualitative impressions reported by participants and staff.