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TRAINING STRATEGY FOR
CCCD/GUINEA

A Report Prepared By PRITECH Consultant:
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During The Period:
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GLOSSARY OF ACRONYMS

CCCD	Combatting Childhood Communicable Diseases
DPS	Direction Prefectoral de la Sante
MLM	Mid-level Management
MOHSA	Ministry of Health and Social Affairs
PEV	Program Elargi de Vaccination
TO	Technical Officer
TOF	Training of Facilitators
TOT	Training of Trainers
SMI	Sante Maternelle et Infantile
SSP	Soins de Sante Primaire

I. EXECUTIVE SUMMARY AND RECOMMENDATIONS

In order to help the CCCD project in Guinea launch its training activities, Pape Gaye, a Training Consultant, was sent to Conakry to assist in the development of a training plan. The training plan and suggested strategy would offer a framework through which all future training needs and activities would be filled.

The visit was just a preliminary one and lasted only four days. Furthermore, due to the fact that the Technical Officer was away attending the annual consultative meeting, only a short term plan was developed. During the implementation phase of this plan starting in the first week of May 1986, the long term strategy will be completed. The assignment consisted of two major steps. The first step was to identify the immediate training needs and the second step was to develop a strategy to meet these needs. The strategy which resulted included both the development of an overall system as well as the details of a short term training plan.

Three main elements comprise the suggested training strategy. The first is a training of trainers. The second is the use of a standardized curriculum since many of the courses will be repeated during the life of the project. The third is a system of follow up to insure that the learning from each training event is properly applied.

The strategy proposes two distinct levels. The top one is a national training team for the CCCD project composed of individuals from various Ministry of Health and Social Affairs agencies. Once their training is completed, the members of this team will be responsible for training the health personnel at the prefectural level.

This report presents our findings and outlines the training needed for each target group. These are summarized below.

- | | |
|---|--|
| o National Core of Trainers (12-15) | A series of 3 workshops of training of trainers |
| o Fifteen Facilitators for upcoming mid-level management course | Ten day Training of Facilitators |
| o Five Supervisors for the three project "prefectures" | Four day Supervisor training |
| o Forty-five health personnel working at the prefecture level | Two week mid-level management course focusing on diarrhea, malaria and EPI |
| o Fifteen Health Agents working in Conakryville | A two day workshop on cold-chain |

Recommendations were also made which were discussed with Dr. Fasou Haba, National CCCD Coordinator and Ms. Dianna Gersky, Technical Officer.

II. INTRODUCTION

A. Background

At the conclusion of the first Mid-level Management (MLM) Pilot courses in Rwanda and the Congo, CDC/IHPO Annie Voigt suggested that Training Consultants Tom Leorhardt and Pape Gaye assist the CCCD project in developing training strategies in Guinea and the Ivory Coast. This had not been done in the past with other countries and since Guinea and the Ivory Coast were just beginning their CCCD bilateral projects, a solid training strategy from the onset would help better implement this very important function.

The project in Guinea has been underway for about eight months. In addition to other standard areas of assistance, CCCD is to assist in the organization and delivery of central and regional courses.

The scope of work for the assignment entailed assistance in planning long term needs, and assistance in the preparation of training needs assessment.

Upon arrival in country, the above scope of work was modified to include the development of a training calendar for the month of May. This modification was in part due to the need to immediately start activities. The situation in Guinea is a very peculiar one due to the lack of any infrastructure, materials and personnel. Training Consultant Pape Gaye visited Conakry from March 16 to 21 to carry out the assignment.

B. Methodology

The first step in the methodology used to carry out the assignment was to identify a list of objectives to be achieved by the end of the visit. These included the following:

- o Draw up an organizational chart of the Ministry of Health and Social Affairs, including all the agencies directly or indirectly involved in the CCCD project;
- o Identify all the health personnel to be trained;
- o Identify possible participants to the training of a core team of trainers;
- o Schedule the first MLM course in May 1986;

- o Visit possible training sites;
- o Establish a list of criteria for the participants to the TOT;
- o Visit the UNICEF office to discuss the proposed training plan.

All the work was done in collaboration with Dr. Fasou Haba, the National CCCD Coordinator. Interviews were conducted with various health personnel and with Dr. Pathe Diallo, Minister of Health and Social Affairs. Another part of the strategy was to assess the existing training materials and curricula. Since practically none were available in the country, this task was fairly easy to accomplish. The second step of the methodology was to develop a strategy to meet the perceived training needs. To accomplish this second step, an assessment of previous training activities related to the project was conducted and past participants and trainers interviewed.

III. EXISTING SITUATION

The following summarizes the existing situation in Guinea as far as training is concerned.

1. The National Coordinator and CDD Coordinator both attended a one week inter-country TOT sponsored by CDC.
2. Many health personnel have attended WHO sponsored courses.
3. There has never been a systematic Training of Trainers for the Health Personnel having training as one of their major activities.
4. Because of the recent changes in the government and the appointment of a new Minister of Health and Social Affairs, the whole Ministry is being reorganized making it almost impossible to have an accurate chart.
5. There are no training materials (didactic and support documents) currently available in the country.
6. The people identified as possible candidates for the training of a core team of trainers are all in positions with many other responsibilities. This brings the question to mind as to whether they are the right people to benefit from a long and involved training of trainers.
7. There is a definite shortage of trained personnel in the MOHSA coupled with a serious lack of equipment.

A. Short Term Needs Assessment

Conversations with the National Coordinator and various health officials revealed the following training needs.

1. Health agents at the subregional (sous-prefecture) level. All the officials we talked with agreed that the most pressing training needs are for the health agents working at the subregional level. This group will be mixed, comprised of "medecins" and ATS (Agents Techniques de Sante).
2. Supervisors for the Three Project Zones. There is a need to identify and train supervisors in each of the project zones. Since Conakry is subdivided in three zones, a total of five supervisors will be necessary for Conakry, Kindia and Telimele.
3. Core of Trainers. Only two Guinean participants attended the inter-country TOT recently sponsored by CDC. Both of these participants (Dr. Fasou Haba and Dr. Alpha Diallo) have major responsibilities in the project and will be able to help only partially in training activities. In order to ensure long term independence from outside training assistance, it is necessary to train enough trainers. Suggestions have been made by the UNICEF Director to include personnel already involved in training such as those from medical schools.
4. Health Agents working in DPI in the Conakry Prefecture. It is the Technical Officer's opinion that there is a very pressing need to train personnel in the only prefecture where cold chain exists, namely the Conakry prefecture.

B. Training Strategy (Principles)

The following basic principles underlie the training strategy being proposed.

1. All training must be based on carefully written job descriptions which are consistent with CCCD objectives.
2. Training in isolation will have very limited benefits. If such factors as transportation, materials, equipment, and timely salary payments are not taken care of, the skill learned in the training will not be put into practice.
3. Individual follow up of each workshop will be done to strengthen training. On site visit should be made within three months after the workshop by one of the trainers who would act as coach and mentor to assist in applying the skills learned in the workshop.
4. It will be necessary to coordinate the various workshops offered in the context of the project, so that the same approach is used for all the activities. For example, the approach towards community participation used in the mid-level management course should be the same in the peripheral training workshops.
5. Since many of the courses will be repeated during the life of the project, the curricula which are developed should be standardized. Adaptation of the training modules to the Guinean realities is the

major effort required for this process.

6. A training of trainers approach will be used at every level of the project, since almost every level will be responsible for carrying out training at the next level down. It is necessary to develop the skills of all those responsible for planning, implementing and evaluating the training.

7. Training will integrate theory and practice. Training should have the opportunity to put into practice the skills and knowledge that are being learned. Any training activity should be organized so as to provide the opportunity for practical, hands-on experience.

8. A ratio of two trainers per every group of 15-18 participants is used.

It is with the assumption that all of the above principles are used that we proposed the following training activities (see chart):

ACTIVITIES	PARTICIPANTS	DUREE	DATES	FORMATEURS	REMARQUES
Formation de Formateurs en vue du M.L.M.	-Medecins-Inspecteurs de Province -Directeurs des 3 volets OOOD -Directeurs D.P.S. -Coordonateur National OOOD -Directeurs de services Paralleles Nb Total = 15	10 jours	5/3 - 14/3		Conakry
Cours de Niveau Moyen	-Medecins -ATS Nb Total = 35	15 jours	A determiner	1 Consultant 2 Co-Formateurs OOOD/Guinee	
Developpement du Materiel pour la formation au niveau peripherique	3 ou 4 parmi le groupe de Formateurs y compris 1 specialiste au moins pour chaque volet	Long terme (6 mois a un an)	A commencer aussitot apres le premier MLM	1 Formateur/Consultant 3 - 4 responsables designes par OOOD/Guinee	
Adaptation des Modules pour le MLM	3 ou 4 parmi le noyau de Formateur	3 mois	Aussitot apres le Premier MLM	1 Consultant/Formateur au moins 3 Formateurs Guineens	
Formation de Formateurs	12 a 15 dont la majorite sont choisis parmi les Formateurs du premier MLM	sur une periode de un an et demi -2 semaines -tous les 6 mois	3-4 mois apres le MLM	1 Consultant 2 Co-Formateurs Guineens	L'equipe devrait inclure des Formateurs venant des formations medicales dans le pays et qui font deja la formation
Seminaire sur la chaine de Froid	Personnel Medical au niveau de Conakry utilisant une chaine de froid	2 jours		1 Consultant Technique de CDC ou OMS	

IV. RESOURCES NECESSARY

A. Training of Trainers

Twelve to fifteen Guinean Trainers must be identified who will comprise the core team of Trainers. These individuals should come from the various agencies and educational institutions that are involved in health. The major criterion for selecting these individuals should be their availability to do training in the context of the CCCD project for a minimum time to be established by the project coordinators. A complete list of these criteria will be established during the May 1986 training consultancy.

B. Equipment and Materials

The workshop will not require elaborate or expensive training materials. The following list of materials can serve as a guide for establishing available resources:

- 3-5 flipchart stands
- 7-10 magic markers (varying colors)
- 10 packets of flipchart paper
- 1 slide projector
- 1 overhead projector
- 100 transparencies
- 2-3 packets of transparency pens
- office supplies (paper, pens, pencils, etc.)

In addition to the above, costs for reproduction should be included. There will also be costs associated with the various components and activities such as transportation and supplies. A sample list follows for reference:

- 75 sets of modules
- 75 pens
- 75 pencils
- 75 erasers
- 75 rulers
- 75 calculators
- 75 folders
- 75 notebooks
- 5 buckets
- 3 packages of sugar cubes
- 3 packages of sugar powder
- salt, rock and powder
- knives
- spoons (big and small)
- glasses

C. Logistic Support

Given the difficulty of logisitics in Guinea and the number of training sessions to be conducted during the project, the support

needs for these workshops will be extensive. They include the following:

- o Arrange training sites
- o Notify Ministry of Health
- o Notify participants
- o Arrange transport for participants
- o Finalize arrangements with trainers
- o Arrange per diem with collaborating agencies (i.e. UNICEF)
- o Procure all supplies and equipment and make sure they are available on site
- o Budget and keep track of all expenses
- o Reproduce training materials
- o Design/Print certificates
- o Select appropriate modules
- o Invite other agencies to send observers and/or participants.

The complexity of the task of managing the training process coupled with the heavy logistical demands constitutes enough justification to hire and/or train a full time training coordinator for the project.

