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Report of the Seventh Annual Workshop in

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

June 2-27, 1986

The Center for Population and Family Health
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TABLE OF CONTENTS

Page

EXECUTIVE SUMMARY.....i

A. Introduction.....1

B. Rationale.....3

C. Goals and Objectives.....4

D. Curriculum.....5

1. Community Needs and Resources Assessment
2. Program Design Strategies
3. Specific Problems and Interventions
4. Management, Evaluation and Research
5. Workgroups
6. Other Activities

E. Participants.....11

F. Faculty.....13

G. Facilities and Resources.....14

H. Evaluation.....15

1. Design
2. Competence Levels, Concepts and Skills Gained
3. Preliminary and Final Exercises
4. Rapid Feedback
5. Qualitative Appraisals
6. Steering Committee
7. Evaluation Summary

I. Appendices

A. Workshop Syllabus, Schedule, and Workgroup Exercises
B. Final Exercises and Evaluation Criteria
C. Certificate and Group Photograph
D. Participant List and Biographies
E. List of materials distributed to participants

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

INTRODUCTION

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

- o focused primarily on Africa
- o simultaneously translated (English-French)
- o funded under cooperative agreement AFR-0662-A-00-2068-00

TRAINEES

Thirty-six participants from 13 sub-Saharan African countries.

Anglophone		Francophone	
Ghana	2	Cote d'Ivoire	5
Kenya	3	Madagascar	1
Liberia	1	Mali	2
Nigeria	4	Niger	4
Sudan	3	Rwanda	2
Uganda	2	Senegal	3
Zimbabwe	2	Zaire	2

Four participants from other regions.

Haiti	2
M.P.H.	2

CURRICULUM

- o Community needs and resources assessment
- o Program design strategies
- o Specific problems and interventions
- o Management, training, supervision, evaluation and research

NEW EMPHASES ADDED IN 1986

- o Full participation by a faculty member from Meharry Medical College in pre-workshop planning and as a member of the training staff for the entire workshop.

- o Four-day field visit to Mehary Medical College, Nashville, Tennessee, and Lee County Cooperative Clinic, Mariana, Arkansas.

- o Use of past participants from Niger and Sudan as workshop faculty.

- Newly structured sequence of workgroup assignments in the management module of the workshop.

- Peer-reviewed final exercise in application of management concepts and skills.

- Expanded training module including coverage of training policy-makers and managers, training of trainers, and training village health workers.

- Creation of participant Steering Committee to facilitate staff-trainee communications.

EXTRA-CURRICULAR ACTIVITIES

- Films
- Computer center site visits
- Library tours
- Field visits to service delivery sites
- Social activities
- Women in development activities
- Address by the Ambassador of the O.A.U. to the United Nations on Health and Development.

EVALUATION

Strongly positive results were obtained from four different approaches used, including:

- Pre- and post-testing of participants' self-appraised competence levels with respect to 16 curriculum areas. This approach also included questions about general concepts and specific skills gained during the workshop.

- Analysis of preliminary and final exercises in program design.

- Rapid feedback analysis of participant response to specific sessions.

- Participant responses to open-ended written questions and the qualitative impressions reported by participants and staff or by the newly formed Steering Committee.

A. INTRODUCTION

This report describes the seventh annual intensive workshop in "Family Planning, Nutrition, and Primary Health Care," conducted in New York City, June 2 through June 27, 1986. 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 for the provision of family planning, nutrition, and primary health care services to lower income groups living in rural and urban slum areas in Africa.

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

- Total enrollment in the workshop was 40, as follows:
  - 36 sponsored participants from 13 sub-Saharan African countries;
  - 2 sponsored participants from Haiti
  - 2 MPH students (1 American and 1 Haitian)
- Twenty-seven participants were from countries in which in-country follow-up workshops have been conducted or are contemplated.
- For the fourth time, the workshop was conducted in both French and English, using simultaneous interpretation for all presentations. This permitted representation and full participation of twenty-one trainees from eight Francophone countries. Ivory Coast, Ghana and Rwanda were represented for the first time in the 1986 workshop.

The curriculum and format of this workshop series have evolved since the workshop was first offered in 1980. In 1986, several new emphases were added, as follows:

1. A field visit to Meharry Medical College in Nashville, Tennessee and the Lee County Cooperative Clinic in Mariana, Arkansas, provided participants with the opportunity to observe rural health care delivery in an economically deprived area of the United States, to pose questions to administrators and medical personnel, and to evaluate ongoing programs in light of the skills and knowledge acquired in the workshop.

2. Greater use was made of participants from previous in-country and New York based workshops as presenters and facilitators in the program. Two participants from previous New York workshops (who had subsequently been

involved in in-country workshops) served as members of the professional training team in the 1986 workshop.

3. A newly structured sequence of workgroup assignments enabled participants to apply concepts and skills acquired in the management, supervision, and training components of the workshop.

4. A final exercise applying the principles acquired during the workshop was presented by workgroups and subjected to peer review, which evaluated the extent to which these principles had been appropriately applied.

5. An expanded module on training was developed to cover training policymakers and managers, training of trainers, and training village workers using competency-based training approaches.

6. A steering committee was formed to facilitate communications between staff and participants, to review the relevance and effectiveness of course content and methodology periodically, and to address problems arising during the workshop.

The following sections of this report cover the rationale, objectives, curriculum, participants, faculty, facilities, and evaluation of the 1986 workshop.

B. RATIONALE

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

The CPFH has aided the development of projects that make these basic family planning and related health services more accessible. 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, including 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, parasites, respiratory infections, malaria, malnutrition, and injuries.

Within this broad framework, CPFH technical assistance has focused primarily on management issues essential to program success such as management information systems based on simplified data collection and record keeping; evaluation; supervision; logistics and supply; identification, motivation and training of lay and allied health personnel; and general public health, epidemiologic and demographic research concepts. A major focus of CPFH activities during the years ahead will be to utilize this expertise and experience in assisting additional groups and countries interested in developing, expanding, and/or improving family planning and basic health and nutrition programs.

In the past, the New York based workshop has complemented our program-specific technical assistance activities by enabling us to work intensively with select groups of individuals. In several countries in which the Center is involved, this experience has led to the development of curriculum units for both the New York workshop and the in-country training programs under this cooperative agreement.

C. GOALS AND OBJECTIVES

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

1. Refine and adapt to African needs a curriculum emphasing the demographic and managerial aspects of integrated service delivery programs.

2. Train African participants to conduct a community needs and resources assessment.

3. Teach African participants to select and develop appropriate program design strategies.

4. Present a range of family planning, health, and nutrition problems together along with specific interventions which may be implemented to improve service delivery.

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 36 African participants in June 1986.

7. Provide technical assistance to enable participants to serve as trainers in adapting the curriculum of this program to programs 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, medium, and long term results of the training program.

D. CURRICULUM

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

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 health personnel, infrastructure, monetary resources and equipment.
- 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 sex roles; tradition of voluntarism in a society; tradition of community participation; and cultural health, nutrition and fertility related behavior.
- o Identification of community resources which can be mobilized for family planning and health and nutrition programs, with special emphasis on the political and social structure, religious organizations, traditional health workers, and those not included in the formal health sector.
- o Identification of decision-making processes in the formal health sector which must be understood to determine which approaches to introducing community oriented health services are appropriate.
- 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 were: community participation, horizontal and vertical 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 intersectorial linkages. 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 content on family planning, health and nutrition.

3. Specific Problems and Interventions

Objective: To present selected 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 cost.

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 child health, ORT, growth monitoring

The presentations and discussions of problems and interventions focused 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 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 stressed the logistics, implementation planning, and financial aspects of the programs, especially community financing and self-sufficiency.

5. Workgroups

Small, focused workgroups were an essential element of the workshop curriculum. The purpose of such groups was to engage participants in problem-solving activities and to provide them immediate opportunities to apply the concepts and tools presented in the classroom.

During the first week of the course, participants and faculty resource persons were divided into three Anglophone and three Francophone workgroups. Over the course of the workshop, each of these groups met 8-10 times to complete a series of six exercises following the sequence of topics covered in the curriculum. Their results were later presented to other participants and selected resource persons to be critiqued.

During the last week of the course workgroups undertook a final exercise which synthesized the six previous exercises and integrated the comments and suggestions made by their peers. The results of the final exercise and the evaluation criteria are presented in Appendix B.

6. Other Activities

In addition to the official workshop schedule (Appendix A), a number of professional and social activities were made available to the participants. These included:

a. Field Visit to Tennessee and Arkansas

This activity grew out of the collaborative efforts under the Joint Memorandum of Understanding (JMOU) between U.S.A.I.D., Meharry Medical College, and CPFH. The purpose of this visit was to provide participants with an opportunity to observe rural health care delivery in an economically deprived region of the

United States, to pose questions to administrators and medical personnel, and to evaluate ongoing rural health programs in light of the skills and knowledge acquired during the workshop. To this end, a full schedule of activites was offered which included an introduction to Meharry Medical College, in Nashville, site visits to the Lee County Cooperative Clinic and its satellite health centers in and around Mariana, Arkansas, and a session to present and discuss observations before returning to New York.

The group arrived in Nashville on Sunday evening and was welcomed at an opening reception followed by a riverboat buffet dinner hosted by Meharry Medical College. On Monday morning, participants viewed a film about Meharry and toured the campus, health facilities and the International Center for Health Sciences. Later that morning, the group observed two health facilities serving the urban Nashville population. The afternoon was spent travelling to Mariana, Arkansas. Upon arrival, an orientation session was held to discuss the next day's activities.

On Tuesday, participants visited the Lee County Cooperative Clinic, a comprehensive health service center. They were given a tour of the facilities and time to pose questions to clinic administrators and health personnel. During these and the subsequent sessions, participants were instructed to focus on the management aspects of the services visited. In particular, they were asked to observe the needs and resources of the communities served, the program design strategies employed, long and short term planning approaches, the training and supervision of personnel, monitoring and information systems, evaluation approaches, financing schemes, and organizational linkages between these facilities and government structures.

After a luncheon at a local Senior Citizens' Center, participants divided into four groups and visited the satellite clinics of the county health clinic. On Wednesday morning, each of these groups presented a summary of their observations.

In general, participants were impressed by the striking similarities between the rural health services observed and those in their own countries. Several problems were prevalent in both communities including those related to poor sanitation, and nutritional deficiencies, Organizational difficulties were observed which stem from scarce resources, weak organizational linkages, and inadequate government support. Program strategies in Lee County, as in Africa, emphasize community financing schemes and strive toward self-sufficiency.

Deficiencies were noted in the management systems of the Lee County Cooperative clinic, especially in the areas of monitoring, information systems, client follow-up and evaluation. Recommendations made by the groups were given to the Chief Administrator and the Comptroller of the clinic who thanked participants for their insightful comments and promised to study their recommendations.

b. An Evening with the Ambassador of the Organization of African Unity to the United Nations

Speaking in both French and English, Ambassador Youssofou addressed the group at International House on issues of health and development in Africa. He then engaged participants in a lively questions and answers session.

c. Topics of Special Interest

Presentations included a film and discussion about accupuncture in China, a discussion of recent developments in AIDS research, and a tour and discussion at the United Nations.

d. Films

The following films were presented:

"Community Based Family Planning in Zaire" (English translated for Francophone participants, 50 minutes)

"This is Meharry" (English translated for Francophone participants, 30 minutes)

"The New Healers" (English translated for Francophone participants, 1 hour)

New York promotional film (English translated for Francophone participants 20 minutes)

e. Evening Session Focused on Women in Development (WID)

This activity brought together workshop participants, New York based WID organizations, members of the CPFH staff and others interested in women in development issues.

f. Orientation Activities

A variety of activities were offered to acquaint participants with New York City, the neighborhood and International House:

- New York promotional film
- Group tours of International House
- Neighborhood walking tours
- Shopping tours and a shopping guide
- Visit to the United Nations
- Boat ride around Manhattan on the Circle Line

- Tour of Wall Street

g. Social Activities

During the month of the workshop a variety of social activities were offered. These included an opening reception, a closing party hosted by participants and a number of small group activities hosted or organized by CPFH staff. By the end of June, all participants had been invited to dinner at the home of a staff member at least once.

h. Library

Participants visited the CPFH library to become familiar with the services available. A Popline search was prepared in advance for each participant. Several participants requested literature searches during the month and search forms were distributed for future searches.

i. Certificate and Group Photographs

At the closing ceremony of the workshop, certificates and group photographs were distributed to all participants (Appendix C).

E. PARTICIPANTS

Participants were chosen from public and private sector organizations involved in the delivery of family planning, health and nutrition services in Africa. Nominations of candidates for the Workshops were obtained either through CPFH's own in-country program contacts, or in response to an extensive mailing to AID missions, international agencies regional and country offices, and selected African country programs and agencies. Particular attention was given to selecting candidates for the workshop from AID priority countries in which CPFH is currently involved and in which follow-up training activities are anticipated. Referrals from participants in previous workshops (since 1980) provided another important source of nominations.

More than 250 applications were received for the 1986 workshop. From these applicants 38 sponsored participants were selected to attend. Appendix D contains a complete participant list. In addition, two bilingual students matriculated in the School of Public Health were granted special permission to take the course for academic credit because of their demonstrated commitment to health problems in the developing world.

The following table describes the composition of the 1986 workshop by sex, language, profession and sponsor. While our intention is always to encourage the selection of country teams, Liberia and Madagascar were represented by single participants this year. Redso WCA sent a representative as part of the Ivoirian team, to participate in all aspects of training and to help the Ivoirian participants plan follow-up activities upon their return.

1986 PARTICIPANTS by COUNTRY, SEX, LANGUAGE, PROFESSION and SPONSOR

Country	No.	Sex		Language		Profession					Sponsor									
	# of Participants	Male	Female	French	English	Physicians	Nurse-Midwives	Administrators	Nutritionists	Health Educators	CPFH Africa Training	CPFH Operations Research	USAID Mission	USAID Worldwide	F.H.I.	W.H.O.	Redso-WCA	African Med. Res. Foundation/CPFH-Trng.	Harvard Institute for International Develop.	Pathfinder
Ghana	2	1	1	-	2	-	1	1	-	-	-	-	-	2	-	-	-	-	-	-
Haiti	2	2	-	2	-	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-
Ivory Coast	5	3	2	5	-	-	2	3	-	-	3	-	-	1	-	-	1	-	-	-
Kenya	3	1	2	-	3	-	2	1	-	-	2	-	-	-	-	-	-	1	-	-
Liberia	1	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Madagascar	1	1	-	1	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-
Mali	2	1	1	2	-	1	-	1	-	-	-	-	-	-	2	-	-	-	-	-
Niger	4	2	2	4	-	3	-	-	-	1	-	-	4	-	-	-	-	-	-	-
Nigeria	4	-	4	-	4	-	1	3	-	-	-	2	-	-	-	-	-	-	-	2
Rwanda	2	2	-	2	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-
Senegal	3	3	-	3	-	2	-	1	-	-	-	-	1	-	-	-	-	-	2	-
Sudan	3	3	-	-	3	-	-	1	-	2	2	1	-	-	-	-	-	-	-	-
Uganda	2	2	-	-	2	-	-	1	-	1	-	-	-	2	-	-	-	-	-	-
Zaire	2	-	2	2	-	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-
Zimbabwe	2	2	-	-	2	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-
TOTAL	38	23	15	21	17	11	7	15	-	5	9	5	9	5	2	1	1	1	2	3

F. FACULTY

Faculty for this program was drawn from the interdisciplinary faculty of the Center for Population and Family Health, and from Columbia University's School of Public Health and Medical School and selected outside consultants. In addition, two former participants of the New York and in-country workshops and a member of the faculty of Meharry Medical College served as full-time members of the training staff of the workshop.

Once again the field staff assigned to ongoing overseas projects in which the Center is involved proved to be an important faculty resource. Their presence enriched the course by making available the views of professionals involved in the day to day operation of actual programs. In addition to the faculty, an administrative aide, program coordinator, secretary and messenger provided support for the program.

External consultants and their areas of expertise included:

Dr. Samuel Wishik, School of Public Health, San Diego State University - Supervision and Evaluation

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

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

Ms. Sally Craig Huber, Community Financing

In 1986, a special effort was made to involve participants in the presentation and discussion of workshop topics. Chief among these efforts were the following:

- Information Systems - Nigerian participants.
- Supervision role play - Mrs. Grace Mbote, Kenya; Mr. Jean-Claude Zongo, Ivory Coast; Mr. Godfrey Sikipa, Zimbabwe; Mrs. Margaret Longe, Nigeria; Dr. Arkia Dourcoure, Mali; Citoyenne Fwelo Mwanza, Zaire.
- Community Participation - Mr. Tendai Chimbadzwe, Zimbabwe; Mr. Jean Claude Randriamiarisoa, Madagascar.
- Training Program - Dr. Eisa El Amin.
- Several participants with special expertise in training and program management served as resource people within their workgroups.

G. FACILITIES AND RESOURCES

Existing facilities and physical resources of the Faculty of Medicine and the CPFH were used for this program, including classrooms 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 25,000 documents, 5,000 books and monographs, and 200 journal and newsletter subscriptions was also made available. The Library provided free POPLINE literature searches to participants on programs in their own countries and showed them how to make use of the 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 each participant is contained in Appendix E.

Housing for participants was arranged at International House -- a short bus ride from the classroom location. International House is a private, non-profit residential program near the main campus of Columbia University which houses over 500 students and trainees from 75 different countries. Among its services and facilities are: a dining hall, gymnasium, health clinic, library and meeting rooms, and an extensive program of social, cultural and recreational activities.

Simultaneous interpretation of the Workshop was arranged through Rennert Bilingual Institute of New York. To preserve the participatory nature of the Workshop and to avoid the stilted format often associated with simultaneous translation, an innovative system was employed. Using infra-red transmitters and lightweight headsets, this system eliminates the need for extensive wiring, thus permitting a high degree of mobility and the rearrangement of the room for different training purposes. Overall, the system worked well. Participant assessment of the interpretation of the Workshop is covered in the section on Evaluation.

H. EVALUATION

1. Design

Evaluation methods used in the 1986 workshop included:

- o Pre- and post- testing of participants' self-appraised competence levels in 16 curriculum areas. This approach also included questions about general concepts and specific skills gained during the workshop.
- o Analysis of preliminary and final exercises.
- o Rapid feedback analysis of participant responses to specific sessions.
- o Participant responses to open-ended questions and qualitative appraisals reported by participants and staff.
- o Solicitation of verbal feedback from participants through the steering committee.

2. Competence Levels and Concepts and Skills Gained

Pre and Post testing of participants self appraised competence level in 16 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 16 areas.

In some cases, a curriculum area corresponds to a single session in the unit evaluations (law and policy). 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.

- o Columns 1-4 present pre and post-Workshop comparisons of participants' self-assessed level of competence in each of the 16 curriculum areas. Column 1 is the percentage of participants rating themselves "high" and "very high" on the pre-test. Column 2 is the same percentage obtained on the post-test. Columns 3 and 4 present the absolute (col. 3) and percentage (col. 4) changes from the pre-test to the post-test.

- 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 16 curriculum units.

Overall, the 1986 results are highly positive. Participants showed post test gains in excess of 100% improvement in their self-assessed levels of competence in 15 of the 16 curriculum units.

Gains in general concepts and skills were the highest in seven years of workshop experience.

PRE AND POST SELF-ASSESSED LEVEL OF COMPETENCE IN SIXTEEN CURRICULUM AREAS AND CONCEPTS AND SKILLS GAINED UPON COMPLETION OF THE 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	43	71	+28	65	94	74
Community-Based Maternity Care	29	63	+34	117	94	73
Community-Based Family Planning	12	69	+57	475	94	82
Community-based Nutrition	14	49	+35	250	86	63
Child Health	32	71	+39	122	94	77
Overall Design, Mgt. and Evaluation	17	72	+55	324	100	97
Needs and Resources Assessment	6	80	+74	1233	97	94
Planning	20	78	+58	290	97	97
Community Based Programs and Com. Participation	32	74	+42	131	100	91
Community Financing	9	40	+31	344	88	58
Training	32	73	+41	128	94	89
Supervision	35	85	+50	143	97	94
Information Systems/ Monitoring	17	74	+57	335	97	84
Evaluation and Operations Research	10	51	+41	410	94	79
Implementation Planning	14	71	+57	407	97	91
Development, Law and Policy/ Human Rights	6	20	+14	233	86	39

3. 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 and used in New York since 1984.

Upon arrival in New York, participants completed a preliminary exercise in which they were asked to identify the major health problems prevalent in their program area, to list these problems in order of priority, to choose the problem of highest priority and to justify their choice. Drawing upon their own experience, participants were then asked to identify a strategy to address this problem which included objectives, program activities, and the organizational structure in which the program would take place. In so doing, participants were asked to consider the number and types of personnel necessary and their training; the materials, facilities and transport required; plans for monitoring and evaluation of the program; and estimated budget categories.

As a final exercise, each workgroup was asked to develop a similar statement for a program or program component in their home countries or in Ficticia, a ficticious database developed by the CDC. These statements were presented to all participants and judged by a panel consisting of three participants and at least one faculty member.

For the preliminary exercise, the mean score for all country groups was 1.6 (out of a maximum possible score of 4.0), with a range of 1.0 to 3.1. On the final exercise the mean increased to 2.4 and the range shifted to 1.9 to 2.6.

Final scores were greater than preliminary scores for 14 out of 15 countries. Haiti, Liberia, Mali and Niger made large gains (>1.0) and Ghana, Ivory Coast, Madagascar, Nigeria, Senegal and Uganda made moderate gains (0.5>1.0). The results of these exercises are presented in the following table.

COMPARISON OF PARTICIPANTS' GROUP SCORES ON PRELIMINARY AND FINAL EXERCISES ON MANAGEMENT OF A PRIMARY HEALTH CARE PROGRAM
(Scores on Scale of 0-5)

Country	Preliminary Score	Final Score	Absolute Change	% Change
Ghana	1.6	2.5	.9	56%
Haiti	1.3	2.5	1.2	92%
Ivory Coast	1.3	1.9	.6	46%
Kenya	2.2	2.6	.4	18%
Liberia	1.4*	2.5	1.1	79%
Madagascar	1.8*	2.5	.7	39%
Mali	1.0	2.6	1.6	160%
Niger	1.4	2.6	1.2	86%
Nigeria	1.8	2.5	.7	39%
Rwanda	1.6	1.9	.3	19%
Senegal	1.8	2.5	.7	39%
Sudan	3.1*	2.5	-.6	-19%
Uganda	1.7	2.6	.9	53%
Zaire	**	1.9	-	-
Zimbabwe	2.3	2.6	.3	13%

* Based on one participant's performance

** Did not complete preliminary exercise

4. Rapid Feedback

Analysis of rapid feedback was used at the conclusion of several sessions to quickly ascertain participant reactions to the material presented and the quality of the presentation.

Seven sessions were evaluated over the course of the workshop. These included:

1) Needs and Resources Assessment
2) Child Health
3) Information Systems
4) Supervision
5) Family Planning
6) Community Participation
7) Training

All of the sessions received ratings between 4.1 and 4.6 on a scale of 0-5. The table below presents the results of the rapid feedback analysis by session.

RESULTS OF RAPID FEEDBACK EVALUATION OF SELECTED SESSIONS

Average Score of all Participants Responding
On a Scale of 0 to 5

Topic of Session	Session Worthwhile			Personally Needed Session			Participants Needed Session			Trainer Did His/Her Job Well		
	Tot	Eng	Fr	Tot	Eng	Fr	Tot	Eng	Fr	Tot	Eng	Fr
1. Needs and Resources Assessment	4.1	4.3	4.0	4.2	3.9	4.5	3.8	3.6	4.0	4.4	4.4	4.4
Average Score	4.1											
2. Child Health	4.3	4.4	4.2	4.3	4.2	4.4	4.3	4.3	4.4	4.4	4.6	4.3
Average Score	4.3											
3. Info. Systems	4.4	4.4	4.3	4.2	4.2	4.2	4.1	4.2	4.0	4.3	4.2	4.4
Average Score	4.3											
4. Supervision	4.8	4.8	4.7	4.4	4.5	4.3	4.4	4.4	4.4	4.6	4.8	4.3
Average Score	4.6											
5. Family Planning	4.7	4.9	4.4	4.5	4.6	4.3	4.2	4.2	4.2	4.8	4.8	4.7
Average Score	4.6											
6. Community Participation	4.5	4.5	4.5	4.5	4.2	4.8	4.0	4.0	3.9	4.6	4.6	4.6
Average Score	4.4											
7. Training	4.2	4.6	3.7	4.2	4.3	4.0	4.1	4.1	4.0	4.3	4.5	4.0
Average Score	4.2											

5. Qualitative Appraisals

At the conclusion of the workshop, participants were asked to complete an open-ended questionnaire designed to elicit qualitative evaluations of the course design, content, organization, training staff and simultaneous interpretation. The following is a summary of their responses.

a. Most useful concepts and skills:

Overall Management Concepts-
Program Design, Implementation and Evaluation
Operations Research
Training
Community Participation
Supervision
Family Planning
Information Systems
Primary Health Care

b. Least useful concepts and skills:

Community-based Maternity Care
Development Law and Policy

c. Topics needing more attention:

Training
Information Systems
General Management Issues
Needs and Resources Assessment
Community Participation
Evaluation
Supervision
Operations Research

d. Modifications in the Curriculum

Several participants suggested that the management concepts be expanded and that more time be devoted to acquiring specific management skills. Approximately 25% of the participants suggested that more time be reserved for discussion of issues. In order to accomplish this, several participants suggested that the number of topics be decreased, and that more time be spent in workgroups.

e. Evening Sessions:

In general, these sessions were perceived as worthwhile and relevant to the participants. In particular, participants rated highly the visit by Ambassador Youssoufou, from the O.A.U. Eleven percent of the participants felt that, by evening, they were too tired to benefit a great deal from these sessions.

f. Organization and logistics:

Favorable comments in general. Frequently repeated suggestions included: extending the length of the course and providing alternative accomodations to International House. Suggestions were also made to provide participants with more specific information regarding air travel and baggage requirements prior to their departure from their home countries.

g. Recommend workshop to a colleague:

Overwhelmingly, the participants would recommend the program to a colleague (99%).

h. Reading materials.

Those found to be most useful were:

On Being in Charge (67%)
Helping Health Workers Learn (14%)
Where There is No Doctor (19%)
My Name is Today (17%)
Operations Research Manual (Population Council) (11%)

Several participants requested that more materials be provided in French.

i. Access to Training Staff:

Eighty-three percent of the trainees felt that they had good or excellent access to the training staff.

j. Simultaneous Interpretation

Only 4 participants felt that simultaneous interpretation should be discontinued in future workshops. The majority felt that the French/English exchange enriched the training experience and that simultaneous interpretation should be continued. Sixty-nine percent suggested improvements, including special training for interpreters in technical medical terminology and briefing presenters to speak more slowly for future workshops.

k. Field Trip

An overwhelming majority of paticipants felt that the trip to Meharry Medical College and The Lee County Cooperative Clinic was a positive and enriching experience. For several it offered a chance to observe the provision of health care services in settings other than New York. Two others felt that what was observed applied directly to the realities facing health care managers in African countries. Other participants cited reasons such as relevance to their jobs, ability to apply newly acquired skills and the warmth and hospitality of their hosts.

6. Steering Committee

The Steering Committee was designed to establish a channel of open and responsive communication between participants and staff, to prevent problems from arising, and to resolve problems identified. The committee was comprised of four participant members (two Anglophone and two Francophone, elected by the participants), two members of the training staff, and one ex-officio member from Meharry Medical College.

The entire committee met five times over the course of the workshop. Prior to these general meetings, participant representatives met with participants in their language groups to solicit the concerns to be communicated to the steering committee.

Thirteen problems were brought to the attention of the committee. Ten of these related to course organization and scheduling; three related to course content and training methodology. All problems were resolved successfully.

Qualitative evaluation of the Steering Committee was quite positive. Recommendations were made by participants to increase the use of this method because it assures trainee participation in the determination of course content, methodology and organization.

7. Evaluation Summary

While no single approach to evaluation used in this workshop offers a precise measure of achievement, taken together the approaches used and the results obtained produce a highly positive picture overall. 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, community-based programs and community participation, and information systems showed substantial absolute and percentage gains. These areas also showed high percentages of acquisition of general concepts and specific skills. The final exercise included a needs and resources assessment component which also showed marked improvement over the preliminary exercise. Rapid feedback on these topics was positive. The qualitative evaluation showed that community participation and information systems were among the most useful concepts and skills in the workshop.

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 were strongly positive, as were the ratings of this unit in terms of concepts and skills gained. The results of the final exercise indicate that the participants' abilities to design programs increased. Qualitative comments indicated that these topics were considered to be among 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, and Nutrition. All areas showed impressive gains in pre- and post- self-appraised level of competence and in post-course acquisition of general concepts and specific skills.

Rapid feedback on the Family Planning, and Child Health components of the workshop was positive. Despite these positive findings, according to the qualitative evaluation, several participants felt that these topics should receive less emphasis in the future.

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, Community Financing, Logistics, Implementation Planning, Policy and Legal Issues, and Operations Research.

These were areas in which participants ranked themselves comparatively low (except for training and supervision) in the pre-course survey. Many of these issues were addressed in unit sessions and seminars, but were also treated 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 post-course gains (except for policy and legal issues) were substantial for levels of competence, general concepts and specific skills.

The Final Exercise (which included these topics) also showed a marked gain over the preliminary exercise. Rapid feedback on Management sessions (supervision, training, and information systems) was highly positive. Qualitative comments also rated these topics highly, and encouraged that they be given more emphasis.

FAMILY PLANNING, NUTRITION, and PRIMARY HEALTH CARE
for AFRICA:
PROGRAM DESIGN, MANAGEMENT, and EVALUATION

The Center for Population and Family Health
of Columbia University
New York

June 2 - 27, 1986

Workshop Syllabus and Schedule

27

Message to All Participants

We will try to follow the following schedule each day.

The morning and afternoon tea/coffee breaks may vary according to the activity underway.

9:30	Morning session begins Generally announcements will be made at this time.
10:45	Morning Break
11:00	Continue Morning Session
12:30	Break for lunch
2:00	Afternoon Session
2:30	Afternoon Tea and Coffee Break
3:45	Continue Afternoon Session
5:00	Finish for the day

28

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	2	3	4	5	6
9:30 2:30 2:00 5:00	Welcome Introduction Orientation Pre-workshop evaluation Banking Orientation to Columbia-Presbyterian Medical Center	Introduction to Primary Health Care Introduction to Program Management What is Management?	Planning: Quantitative and Qualitative Approaches to Needs and Resources Assessment Work Group Exercises	Synthesis New Frontiers in Primary Health Care Interventions Child Health Issues	Child Health Child Health
	9	10	11	12	13
9:30 2:30 2:00 5:00	Community Based Nutrition Programs Community Based Maternal Health Interventions	Synthesis Planning: -Problems -Strategies -Objectives -Activities -Evaluation Criteria Workgroup Exercises	Information Systems and Monitoring Supervision	Synthesis Community Based Family Planning Community Based Family Planning	Community Participation Community Financing and Self-sufficiency
	16	17	18	19	20
9:30 2:30 2:00 5:00	FIELD OBSERVATIONS →			Synthesis Training Training	Training Training
	23	24	25	26	27
9:30 2:30 2:00 5:00	Synthesis Evaluation and Operations Research Evaluation and Operations Research	Programming and Implementation Planning Workgroup Exercises	Prepare Final Exercises Prepare Final Exercises	Prepare Final Exercises Law & Policy and Human Rights	Present Final Exercises Evaluation Closing

FIRST DAY - MONDAY, JUNE 2, 1986

	INTRODUCTORY AND WELCOME SESSION	Rosenfield Gorosh Nalder & Staff
9:30 AM	Welcoming Remarks	
9:45 AM	Philosophy, Goals and Rationale of this Training Program in the Context of International Health	
10:00 AM	Introduction of Participants and of CPFH Staff	
11:30 AM	Overview of Course and Orientation to CPFH	
	. Course Objectives	
	. Curriculum and Schedule	
	. Methods	
	. Expectations	
	. Pretesting	
	. Distribution of management case	
1:00 PM - 5:00 PM	Lunch Banking Identification Cards Orientation to the Columbia Presbyterian Medical Center	

Read the Case "The Ngwata Community Base Contraceptive System and prepare to discuss it on Tuesday afternoon.

SECOND DAY - TUESDAY, JUNE 3, 1986

9:00 AM	Announcements	
9:30 AM	Primary Health Care: An Overview	Wray
10:30 AM	Tea Break	
11:00 AM	Introduction to Program Design, Management, and Evaluation	Ibrahim

- 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

2:00 PM	Discussion: What is Management?	Staff
4:00 PM - 6:00 PM	Reception	

Read "Ficticia" (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 4, 1986

9:30 AM	Announcements and synthesis	
9:45 AM	Introduction of the session and of the panel of speakers: Needs and Resources Assessment as the 1st step in planning; Concepts of qualitative/quantitative approaches; Linking the session to the model	Nalder
10:15 AM	Quantitative approaches	Ross
10:45 AM	Surveys and mini-surveys	Ross
11:30 AM	Tea/coffee break	
11:45 AM	Qualitative approaches	Lauro
12:30 PM	Lunch	
2:00 PM	Focus group method	Darabi
2:45 PM	Wrap up and introduction of work group exercise; divide into groups	Nalder
3:15 PM	Work group exercises	

32

FOURTH DAY - THURSDAY, JUNE 5, 1986

9:30 AM	Presentation of Work Group Exercises (in two language groups)	Nalder
10:15 AM	Community-Based Primary Health Care New Frontiers in Primary Health Care Interventions . Oral Rehydration . Immunization . Malaria and other parasitic diseases . Respiratory infections	Cunningham Clements
2:00 PM	Community-Based Primary Health Care Interventions . Child Health Issues	Morley

FIFTH DAY, FRIDAY, JUNE 6, 1986

9:30 AM	Child Health Issues	Morley
2:00 PM	Child Health Issues	Morley

SIXTH DAY - MONDAY, JUNE 9, 1986

9:30 AM - COMMUNITY BASED NUTRITION — Lederman, Solimano

- Infant feeding practices
- Nutrition and low birthweight
- Design and Implementation of community-based nutrition programs

12:30 PM Lunch

2:00 PM 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 (teratogenecity)
  - 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

SEVENTH DAY - TUESDAY, JUNE 10, 1986

9:30 AM SYNTHESIS

9:45 AM PLANNING: PROBLEMS, ACTIVITIES EVALUATION CRITERIA — Gorosh, Bellamin

. 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;
findings;
process timely and useable;
methodology is appropriate, decentralized and useable at all levels;
accountability, continuous and periodic,
participatory, constructive, non-threatening, self-evaluation, simple, and convincing.

2:00 PM WORK GROUP EXERCISE - PROBLEM DEFINITION, OBJECTIVES, STRATEGIES, AND EVALUATION CRITERIA

36

EIGHTH DAY - WEDNESDAY, JUNE 11, 1986

9:30 AM	INFORMATION SYSTEMS AND MONITORING	Arbessi Ravao Weiss
	. Organization as a communication network	
	. Planning - Management - Evaluation - Information Needs	
	. Sources of information for management	
	. Quantitative vs. qualitative information	
	. Service statistics systems	
11:30 AM	WORKGROUP EXERCISE	
	This exercise is to be written up and turned in Thursday morning. Instead of a presentation-discussion of your work, we will read it and give you written feedback.	
12:30 PM	LUNCH	
2:00 PM	SUPERVISION	Gorosh
	. Supervision by objectives	
	. Roles and responsibilities	
	. Routine supervision	
	. Selective supervision	

NINTH DAY - THURSDAY, JUNE 12, 1986

9:30 AM SYNTHESIS

9:45 AM 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

Intra-Uterine Contraceptives (IUDs)
- Types
- Prevalence and use effectiveness
- Mechanism of action
- Side effects
- Complications - risks
- Benefits
- Role of Paramedics

Injectables (DMPA or Depo Provera)
- History of use
- Mechanism of action

Side Effects
- Complications - risks
- Benefits
- Risk-Benefit assessment

2:00 PM Barrier Methods
- Diaphragm
- Foam and jellies
- Condom

Natural family planning

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

The Future
- Brieflook at the contraceptives of the future for community-based approaches

4:00 PM COMMUNITY-BASED MATERNITY CARE AND FAMILY PLANNING — Respondent Panel

38

TENTH DAY - FRIDAY, JUNE 13, 1986

9:30 AM	Feedback on the MIS Exercise	Gorosh
10:30 AM	Community Participation	Bower Wawer
2:00 PM	Community Financing and Self-Sufficiency	Craig-Huber
4:30 PM	Travel Plans for Field Visit to Tennessee and Arkansas	

39

TRAVEL begins SUNDAY, JUNE 15

ELEVENTH day	MONDAY	June 16
TWELFTH day	TUESDAY	June 17 1986
THIRTEENTH day	WEDNESDAY	June 18

Field Visits To:

Meharry Medical College.
Nashville, Tenn.

and

Lee County Cooperative Clinic
Mariana, Arkansas

The schedule for this visit will be distributed separately.

Please Note:

Sunday 15 June	6:00 AM Departure from International House for Newark Airport
Wednesday 18 June	10:25 PM Arrival at Newark Airport and return to International House

40

FOURTEENTH DAY - THURSDAY, JUNE 19, 1986

9:30 AM	TRAINING	
	Design of Training Programs	Bellamine
10:45 AM	Tea Break	
11:15 AM	Experience from the Field	Agbessi
	Introducing expansion of FP Services through training in Niger	
11:45 AM	A Model for Training:	Ibrahim
	Evolution of the doctor's role. responsibilities in PHC program management in Sudan	
12:30 PM	Lunch	
2:00 PM	Building Training on Local Traditions	Bower
3:15 PM	Tea Break	
3:45 PM	Workgroups: Prepare Educational Event	
5:00 PM	Finish	

41

FIFTEENTH DAY - FRIDAY, JUNE 20, 1986

9:30 AM	PRESENTATION OF EDUCATIONAL EVENTS	Bower et al.
10:45 AM	Tea Break	
11:15 AM	Continue Presentations	
12:30 PM	Lunch	
2:00 PM	HUMAN RELATIONS TRAINING FOR TEAMWORK	Nalder Bower
3:15 PM	Tea Break	
3:45 PM	SYNTHESIS ON TRAINING AND ADULT EDUCATION	Nalder

42

SIXTEENTH DAY - MONDAY, JUNE 23, 1986

9:30 AM	SYNTHESIS	
9:45 AM	EVALUATION AND OPERATIONS RESEARCH . An overview of evaluation	Wishik
2:00 PM	EVALUATION AND OPERATIONS RESEARCH (cont'd) . Using microcomputors for MIS and program evaluation	Fenn
3:00 PM	Tea Break	
3:30 PM	AN INTRODUCTION TO OPERATIONS RESEARCH	Wawer/ Staff
5:00 PM	Finish	

Optional Demonstration of Microcomputors to be arranged.

SEVENTEENTH DAY - TUESDAY, JUNE 24, 1986

9:30 AM	SYNTHESIS	
9:45 AM	PROGRAMMING AND IMPLEMENTATION PLANNING . Organization . Coordination . Job description . Activities schedules . Phasing	Gorosh Bellamine Ibrahim
2:00 PM	WORK GROUP EXERCISE - IMPLEMENTATION PLANNING	

EIGTHTEENTH DAY - WEDNESDAY, JUNE 25, 1986

9:30 AM	WORKGROUPS PREPARE FINAL EXERCISE
2:00 PM	WORKGROUPS PREPARE FINAL EXERCISE

NINETEENTH DAY - THURSDAY, JUNE 26, 1986

9:30 AM WORKGROUPS PREPARE FINAL EXERCISE

NOTE: You must submit your workgroup exercise in writing at 2:00 PM for photocopy.

It must be written in BLACK INK (Pencil and Blue Pen will not copy on our machines)

This is critical to the success of the final workgroup presentations!!

2:00 PM DEVELOPMENT LAW AND POLICY — Isaacs

- Development law and policy in sub-Saharan Africa in relation to family planning, nutrition and primary health care
- Policy Advocacy

HUMAN RIGHTS AND MATERNAL AND CHILD HEALTH — Cook

What human rights are relevant to maternal and child health?

- Right to life
- Right to found a family
- Right to health care
- Right to non-discrimination

TWENTIETH DAY - FRIDAY, JUNE 27, 1986

9:30 AM	PRESENTATION OF FINAL EXERCISES
2:00 PM	COURSE EVALUATION AND POST TESTING
	CLOSING CEREMONY

47

WORKGROUP EXERCISES

INTRODUCTION

Introductory Exercise

Preliminary Exercise on Management of a Primary Health Care Program

Needs and Resources Assessment

Problem Definition, Objectives, Strategies, Evaluation Criteria

Information Systems and Monitoring

Implementation Planning

Final Exercise

INTRODUCTION

The purpose of the work group exercises 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. Contraceptives 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. and approaches to pre and post training, evaluation, follow-up and refresher training. trainee selection. resource material. etc.

Each work group will be assisted by one or more faculty members serving as resource persons. Work groups will meet during the times set aside in the schedule and will develop their projects following the course syllabus. For example, on Wednesday afternoon, June 4, 1986, workgroups will meet to develop needs and resources components of their projects. On Thursday morning. June 5, 1986 one of the groups will be asked to present the results of its efforts.

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

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

Please do not write in this space

Preliminary Exercise on Management of A Primary Health Care Program

NAME _____

COUNTRY _____

PROFESSION _____

1. Briefly list the characteristics of the area in which your program operates. (demographics, resources, urban-rural, etc.)

2. List the major health problems in your area.

3. Now list the major health problems in priority order and justify your highest priority.

4. Write one of the ectives of your primary health care care.

Please do not write in this space

5. What intervention and strategies are being used to achieve your objective?

6. List the activities being carried out to achieve your objective.

Please do not write in this space

7. What types of workers are being used to carry out the objectives.

8. Draw a simple organization chart of your program.

Please do not write in this space

9. How are workers supervised?

---

10. How are workers trained?

---

11. List the supplies, equipment, facilities, and transport requirements of your program.

Please do not write in this space

12. How is your program monitored and evaluated?.

---

13. What are the budget categories used in your program?.

NEEDS AND RESOURCES ASSESSMENT

Planning Exercise I

As the regional director of a community-based primary health care program scheduled to be launched in six months, you have decided to look at the situation as a first step in planning for a selected component of this program. Using the "Fictitia" database and material on pages 269-277 in "On Being in Charge" as a guide, prepare an outline for this task. Be sure to include a mix of quantitative and qualitative approaches.

Which primary health care component(s) have you selected?

PROBLEM STATEMENT

<u>Quantitative Approaches</u>

Information Needed	Intended Use	Source and Method of Obtaining Information

56

NEEDS AND RESOURCES ASSESSMENT

Planning Exercise I (con't)

Qualitative Approaches

Information Needed	Intended Use	Source and Method of Obtaining Information

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

Continuing with your group exercise on needs and resources assessment, 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

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?

IMPLEMENTATION PLANNING

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

1. Prepare an outline organizational chart for your primary health care program. Be sure to show the relationships from the Ministry of Health to the village health worker. Include linkages with other health and development programs and relationships with community groups.

2. Prepare a 12-month Gantt chart (see pp. 199-200 of "On Being In Charge") which shows implementation planning for planning, service delivery, community participation, health education (IEC), training, supervision, information system, logistics and supplies, transport, monitoring, evaluation, and research.

3. Prepare a budget showing major categories of expenditures for your 12 month plan. Be sure to include personnel, supplies and equipment, travel, per diem, and facilities.

FINAL EXERCISE

Go back over the exercises you have prepared during the past weeks. Review and modify them and prepare a group presentation as follows:

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.

   The plan of action should specify:

   a) The interventions and strategies to be used.

   b) The activities to be carried out.

   c) The numbers of people involved and their qualifications.

   d) The organization purpose (in the program).

   e) The supervisory requirements.

   f) The training requirements.

   g) The required resources (supplies, equipment, facilities, transport).

   h) The monitoring and evaluation plan.

   i) The budget for the program.

   j) The implementation plan for the first year of the program.

Workgroups will meet all day Wednesday, 25 June, and Thursday Morning 26 June to prepare this exercise. On Friday, 27 June, starting at 9:30 a.m., each group will have 15 minutes to present the results of the exercise followedby a 10 minute period for critique and discussion. Each groups presentation will be evaluated by a panel of experts.

Outlines of presentations should be submitted by 2:00 PM on Thursday 26 June to enable us to xerox them prior to the Friday morning presentations.

EVALUATION CRITERIA

	0 Not Done	1 Poor	2 Satis-factory	3 Good	4 Excel-lent
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. activities designed to implement strategies.					
c. number of people needed and their qualifications.					
d. organization promotes coordination within program and with other programs.					
e. supervision is planned and uses checklists and information.					
f. training is based on modern approaches and methods.					
g. resources consistent with activities.					
h. process and outcome indicators are pertinent (they correspond to objectives and activities).					
i. budget categories are comprehensive cover all cost equipments.					
j. implementation plan is logical and complete.					

FINAL REPORT
OF
THE WORKING GROUP EXERCISE
TO DESIGN A PROJECT
FOR
GROWTH MONITORING AN NUTRITION INTERVENSIONS
FOR KAROI DISTRICT, ZIMBABWE.

MEMBERS OF THE WORKING GROUP

1- Godfrey SIKIPI - Zimbabwe
2 Tendai Chimbadzwa - Zimbabwe
3 Godfrey Ssembatya-Lule - Uganda
4 KIZZA-SSALI, John - Uganda
5 Solomon KAMIZA - KENYA
6 GRACE MBOTE - Kenya
7 NAOMI GOKO - Kenya

THE AREA

The Service Area is Karoi District which is situated in Mashonaland West Province of Zimbabwe. (Maps. 1 & 2)

The District covers an area of 12,000 sq. km. It has 20 wards and 120 Villages. Altitude from the Sea Level ranges from 1,000 to 1,500 Metres.

Karoi District has a sub-tropical climate with Winter temperatures of 15 to 20° Centigrade in the months of May June and July, and Summer temperatures of 25 to 30° Centigrade. Rains come in Summer months which is October to March and it is generally adequate for Agriculture activities. Rainfall per year is about 500 mm.

There is a good road network that links most of the Villages with the District Headquarter, but some of those roads are inaccessible during the rainy weather. (Map II)

There is Limited telephone communication to a few Health Centres and a few schools.

The Area is essentialy Agricultural. Crops grown include maize, Sorghum, Rapoko and groundnuts. Beans and vegetables are grown in a very small scale. Cash crops are Cotton, Sunflower, Tobacco and Soya beans.

On Livestock, they keep Cattle, Goats and Chicken for Commercial and Family use.

Majority of the population are small scale farmers as there are no industries in the area.

DEMOGRAPHIC PATTERN

Total Population	—	200,000
Female " (15-49)	—	46,000
Under 5 "	—	40,000
Birth Rate	—	47 per 1,000
Death Rate	—	13.6 per 1,000
Population Growth rate	—	3%
Population Density	—	19 per Sq. Km.

POLITICAL ORGANIZATION

There are Panty Leaders from the Distric Level down to the Village Level.
There are also Development Committees from District to the Village Level which puts together the Civil Servants and Politicians in all the three stages.
There are also the Traditional Leaders in each village (Kraal Heads) and Chiefs who over see villages

SOCIAL CULTURAL FACTORS.

The District is occupied by one tribe called Korekore and they speak the shona Language.
The Society is mainly monogamous except a very small percentage of Polygamous marriages.
The avarage Family size is 8.
Literacy Level is 50% but Less in Female population.
Both Christian and traditional beliefs are practiced.
The staple food is mainly maize meal taken with various types of relish (vegetables, meat, milk, insects etc)
Breast feeding is generally practiced by majority of women up to two yea

or more. Supplimentary feeding is introduced at around six months. This is usually maize meal porridge to which sugar or salt is added. By the time the child is one year, he is already eating the adult diet which does not contain adequate nutrients for a growing child.

HEALTH STATUS.

Life expectancy is 52
Infant Mortality rate is 100 per 1,000

CAUSES OF MORBIDITY AND MORTALITY ~~UNDER 5 YRS~~.

Respiratory Tract Infections	
Diarrhoea	
Malnutrition	S.T.D.
Measles	Cardio Vascular
Malaria	Cancer
Tetanus	Pregnancy related
Meningitis	Problems
Injuries	

It has been observed that Malnutrition is the root cause of ill health contributing to mortality ~~in~~ directly or indirectly by aggravating other infections like diarrhoea, Measles, Respiratory Tract Infections.

~~MORTALITY~~ Table I & II shows the age distribution and causes of mortality in the District Hospital in 1985.
These tables reveal the following points

a) 46% of deaths occur in the under 5
b) A big proportion of the deaths are preventable by immunization and good Ante Natal Care.

C. Diarrhoea takes a big toll of unders

HEALTH FACILITIES.

Diagram I shows the organizatio of Health Services and coordination with the Social Political structures. There is one District Hospital with one hundred twenty beds, one Mission Hospital, Seventeen Health Centres. Map shows the distribution of these facilities.

HEALTH MANPOWER.

District Hospital –

Doctors –	3
Clinical Officer –	1
Dist. Nursing Officer –	1
S.R. Nursing Officers –	5
S.C. Nurses –	25
Dist. Health Services Administrator –	1
Pharmacist –	1

Each of the Health Centres is staffed by two S.C. Nurses and two Nurse Aides.

Each of the 120 Villages has one Village Health Worker.

OBJECTIVES

The overall objective of the program is to improve the health status of children under 5 years by growth monitoring and improvement of their nutritional status.

SPECIFIC OBJECTIVES:

1. To reduce the prevalence of malnutrition in children under 5 years in Karoi District from 40% to 20%.
2. To provide growth monitoring and nutrition education to cover at least 80% of children under five in the district
3. To provide nutrition rehabilitation services through feeding centres.

STRATEGIES:

1. Growth Monitoring
2. Health Education
3. Supplimentary Feeding
4. Promotion of Kitchen Gardens.

ACTIVITIES: A. MANAGEMENT ACTIVITIES

1. To meet Health Centre Staff and ~~explain~~ discuss the program. Will be done by the manager at the beginning of the program.
2. To meet Community leaders and members of Community Development Committees in each Ward to sensitise them about the program in order to mobilise community support and participation.
3. To hold a two week management workshop to train 20 supervisors selected from experienced nursing officers from each Health Centre in the District.
4. To identify and recruit 120 village health workers and 120 Volunteers and train them for one week in 4 selected centres. The service area will be divided into 4 ~~zone~~ operation zones and one Health Centre in each zone will be used for training.
5. To set up a supplies system for the procurement of equipment and materials. The manager will purchase materials centrally and distribute them to the service delivery points once every six months through the supervisors.
6. To set up an information system to facilitate monitoring and communication within the program.
7. To carry out program review and evaluation by the manager and his team.

P.T.O

JOB DESCRIPTION FOR:-

1- PROGRAMME MANAGER

(a) WILL BE RESPONSIBLE FOR PLANNING IMPLEMENTATION AND EVALUATION OF THE NUTRITION PROMOTION PROGRAMME IN THE DISTRICT

(B) Other RELATED DUTIES WILL INCLUDE:-

(i) TO ORGANISE AND IMPLEMENT[redacted] THE TRAINING OF SUPERVISORS

(ii) TO SET UP A SUPPLY SYSTEM ON A SIX-MONTHLY BASIS FOR PROCUREMENT, STORAGE AND DISTRIBUTION OF SUPPLIES TO THE HEALTH CENTRES

(iii) TO STRENGETHEN THE INFORMATION SYSTEM AND ENSURE THAT REPORTS AND FEEDBACKS ARE SUBMITTED MONTHLY

(IV) TO CONDUCT QUARTERLY SUPERVISORY VISITS TO THE SUPERVISORS

(V) TO CO-ORDINATE PROGRAMME ACTIVITIES WITH OTHER AGENCIES WORKING IN THE DISTRICT

(VI) TO ORGANISE QUARTERLY MEETINGS WITH SUPERVISORS

(VII) TO ORGANISE MID-TERM AND FINAL EVALUATI[illegible] OF THE PROGRAMME

(VIII) TO BE RESPONSIBLE FOR THE BUDGETING AND CONTROL OF THE PROGRAMME EXPENDITURES AND WILL BE ACCOUNTABLE TO [redacted] THE DISTRICT MEDICAL OFFICER

2. SUPERVISORS:- WILL BE RESPONSIBLE FOR:-

(i) SENSETISATION OF ALL HEALTH WORKERS AND THE COMMUNITY

(ii) TO LIASE WITH THE COMMUNITY LEADERS IN RECRUITMENT OF VOLUNTEERS

(iii) TO TRAIN VILLAGE HEALTH WORKERS AND VOLUNTEERS

(IV) TO STRENGETHEN LINKS WITH OTHER GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS AND COMMUNITY LEADERS IN THE RUNNING OF THE PROGRAMME

(V) TO ORGANISE QUARTERLY MEETINGS WITH VILLAGE HEAL WORKERS AND VOLUNTEERS

(VI) TO SET UP FEEDING CENTRES AT THE HEALTH INSTITUTIONS

(VII) TO SET UP A SUPPLY SYSTEM FOR THE CATCHEMENT AREA.

(VIII) TO CARRY OUT SUPERVISORY VISITS TO HEALTH WORKER AND VOLUNTEERS AT LEAST ONCE A MONTH PER VILLAGE

(IX) TO SUBMIT MONTHLY REPORTS TO THE PROGRAM MANAGER.

3. VILLAGE HEALTH WORKERS AND VOLUNTEERS:- WILL BE RESPONSIBL FOR:-

(i) TO CONDUCT HEALTH EDUCATION SESSIONS IN THE COMMUNITY

(ii) TO CARRY OUT GROWTH MONITORING OF ALL CHILDRE UNDER 5 YEARS

(III) TO MAKE REFERRALS OF ALL SEVERE MALNURISHED CASES TO THE HEALTH CENTRE

(IV) HOLD MEETINGS WITH VARIOUS ORGANIZATIONS IN THE COMMU

SUPERVISION

Each supervisor will be responsible for supervision of six CHW's. She will make monthly visits to each CHW. She will discuss with the CHW the monthly report of her activities, review records, inventory and supplies using a check-list. She will make onsite observation of the ongoing activities of the community health worker to ensure standards are maintained. The supervisor will identify weaknesses and problems, provide support advice and onsite training and arrange for a retraining workshop as need be. During the visits, the supervisor will also try to interact with the community leaders to encourage community participation and assess community reaction. She will also arrange quarterly meetings with all CHW's in her area to be held at the Health Centre.

The manager will make supervisory quarterly visits to each supervisor to give support and motivation and solve problems if any. He will also arrange quarterly meetings with all supervisors at the District Hospital.

EVALUATION

The manager will continuously monitor the program and carry out evaluation to assess effectiveness of the program using information collected from the service area.

Evaluation will be done by comparing target figures obtained with the baseline data e.g. percentage of children growth monitored per village, number of CHW's/volunteers trained, number of CHW's who dropped out and the number who required retraining; number of feeding centres established and how many children given supplimentary feeding in each.

The manager will also arrange evaluation meetings with the supervisors every six months to review the program and develop new strategies in order to achieve the set objectives and targets.

A midpoint evaluation of the program will be carried out and the final evaluation will be done at the end of five years using service information reports and by means of minisur

TRAINING REQUIREMENTS FOR VILLAGE HEALTH WORKERS AND VOLUNTEERS

I) **VENUE:**

WILL BE AT THE FOUR (4) DISTRICT TRAINING ZONES (THE DISTRICT WILL BE DIVIDED INTO 4 ZONES AND EACH ZONE WILL SERVE 5 HEALTH INSTITUTIONS).

II) **DURATION:**

~~While~~ EACH COURSE WILL LAST 1 WEEK, STARTING, ON THE THIRD MONTH OF THE IMPLEMENTATION PERIOD.

III) **NUMBER OF COURSES:**

THERE WILL BE 12 COURSES, AT AN INTERVAL OF TWO MONTHS. HOWEVE BECAUSE THERE WILL BE 4 TRAMINI ZONES, ALL THE PARTICIPANTS WILL BE TRAINED BY THE 6TH MONTH.

IV) **NUMBER OF PARTICIPANTS:-**

TWENTY (20) per COURSE.

V) **CONTENT**

(1) COMMUNICATION AND MOTIVATION OF COMMUNITIES.

(2) HEALTH EDUCATION

(A) IDENTIFICATION OF

i) COMMONLY AVAILABLE FOODS.

ii) CULTURAL BELIEFS AND PRACTICES ON BREAST FEEDING, WEANING AND CHILD FEEDING PRACTICES.

(B) GIVING ADVICE TO FAMILIES ON SUPPLEMENTARY FEEDING AND HYGIEN

~~(C) GREO~~

(3) GROWTH MONITORING.

(A) HOW TO USE THE WEIGHING SCALE.

(B) " " WEIGH A BABY

(C) " " PLOT BABY'S WEIGHT ON THE CA

(D) " " INTERPRET THE PLOTTED WEIGH

(4) SIGNS AND SYMPTOMS OF MALNUTRITION, MANAGEMENT AND REFFERAL.

(5) REPORT WRITING (MONTHLY)

(6) PREPARATION OF MASTER CARD.

RESOURCES:

(1) TRAINERS:

WILL BE THE SUPERVISORS TRAINED AT THE DISTRICT HEADQUARTERS.

(2) MATERIALS

(A) STATIONARY
(B) PENS
(C) OVERHEAD PROJECTOR.
(D) TYPE WRITER.
(E) DUPLICATING FACILITIES.
(F) TEACHING AIDS.

(3) MONEY

(A) FOR PURCHASING VARIOUS MATERIALS.

TRAINING REQUIREMENTS FOR SUPERVISORS

I) **VENUE:**

THE COURSE WILL BE HELD AT THE DISTRICT HEADQUARTER IN THE TOWN HALL.

II) **DURATION:**

WILL BE ~~ONE~~ TWO WEEKS WHICH WILL FALL DURING THE ~~FIRST~~ SECOND MONTH OF IMPLEMENTATION

III) **NUMBER OF PARTICIPANTS:**

WILL BE TWENTY (20) WHO WILL BE DRAWN FROM THE NINETEEN (19) HEALTH INSTITUTIONS IN ~~THE~~ KAROI DISTRICT.

IV) **CONTENT:**

(1) ~~AD~~ ADULT LEARNING TECHNIQUES.

(2) TRAINING METHODOLOGY (MODERN).

- (A) ~~Obj~~ OBJECTIVES.
- (B) LESSON PLANS.
- (C) USE OF DIFFERENT TRAINING METHODS.
- (D) EVALUATION OF TRAINING

(3) SUPERVISORY AND MONITORING SKILLS:

- (A) USE OF CHECKLIST DURING SUPERVISORY VISITS.
- (B) USE OF MONTHLY REPORT WRITING FORMATS.
- (C) IMPROVEMENT AND MAINTENANCE OF RECORD KEEPING SYSTE
- (D) DEVELOPMENT AND MAINTENANCE OF INVENTORY CONTROL.
- (E) STAFF MOTIVATION
- (F) SITE CHECKS.
- (G) REGULAR COMPARISON OF BASELINE TARGETS WITH CURRENT PROGRESS OF THE PROGRAMME

  e.g. - NUMBER OF CHILDREN REFERRED TO HEALTH INSTITUTIONS.

  - NUMBER OF HOME VISITS MADE BY VILLAGE HEALTH WORKERS AND VOLUNTEE

(4) GROWTH MONITORING.

(5) HEALTH EDUCATION:

(A) ABILITY TO COMMUNICATE AND MOTIVATE COMMUNITIES.
(B) CULTURAL BELIEFS ON FEEDING AND WEANING HABITS.
(C) PREVAILING CAUSES OF MALNUTRITION IN KAROI DISTRICT.
(D) SIGNS AND SYMPTOMS OF MALNUTRITION
(E) PREVENTION AND CONTROL OF MALNUTRITION
(F) BREAST FEEDING PROMOTION.
(G) SUPPLEMENTARY FEEDING.

(V) RESOURCES:

(1) TRAINERS.

WILL INCLUDE THE FOLLOWING.

(A) THE MANAGER.
(B) DISTRICT HEALTH TEAM MEMBERS.
(C) DISTRICT AGRICULTURE OFFICER.
(D) DISTRICT ADMINISTRATORS
(E) TRAINING EXERTS FROM THE NURSING TRAING SCHOOL.

(2) MATERIALS:

(A) STATIONARY.
(B) PENS.
(C) OVERHEAD PROJECTOR.
(D) DUPLICATING FACILITIES
(E) TRAINING AIDS.

RESOURCES.

A. PERSONNEL:

Project Manager (District Nursing Officer).
Supervisors x20 (1 Nurse from each Health Centre)
Village Health Workers 120 (One in each Village).
Volunteers 120 (to be recruited one in each Village)

~~TR~~

B. TRANSPORT

1 Four Wheel Drive Vehicle (For use by the Manager)
20 Bicycles (For use by Supervisors).

C. EQUIPMENT.

1. Scales x 200
2. Weighing bags x 200
3. Posters
4. Overhead Projector
5. Typewriter

D. SUPPLIES.

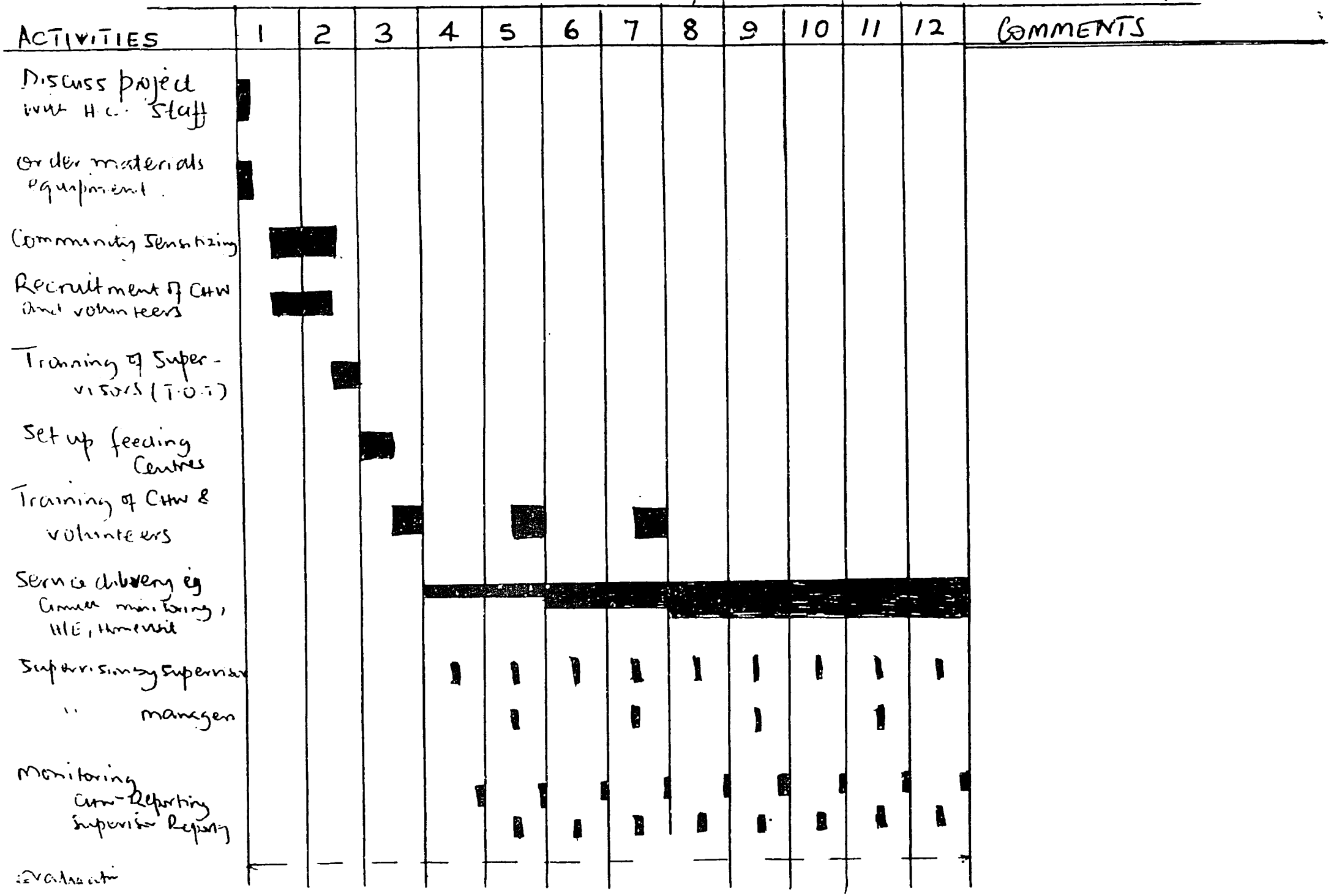
1. Growth Charts — 80,000
2. ~~Master Growth Charts~~
2. Pens
3. Writting Papers
4. Envelops
5. Information System Forms
6. Transparencies
7. Registers
8. Training ~~Modules~~. AIDES

BUDGET FOR THE PROGRAMME

ITEM	QUANTITY	COST/ITEM	TOTAL COST
A. TRANSPORT			
- 4 WHEEL DRIVE VEHICLE	1		
- BICYCLES	120		
B. EQUIPMENT			
- HANGING SCALES	200		
- WEIGHING BAGS	400		
- OVERHEAD PROJECTOR	1		
- TYPEWRITER	1		
- POSTER			
C SUPPLIES			
- GROWTH CHARTS	80,000		
- PENS	15,000		
- WRITING PAPERS			
- ENVELOPS			
INFORMATION FORMS			
REGISTERS			
TRAINING AIDES			
D. RECURRENT EXPENDITURE:			
RUNNING COSTS OF VEHICLE			
BICYCLES			
PERDIUM FOR TRAINING SESSIONS.			
FARE FOR TRAINERS.			
SUBSISTENCE (INCENTIVE) FOR MANAGER & SUPERVISOR			
HIRING OF FACILITIES eg. SCHOOLS			
COMMUNITY HALLS.			

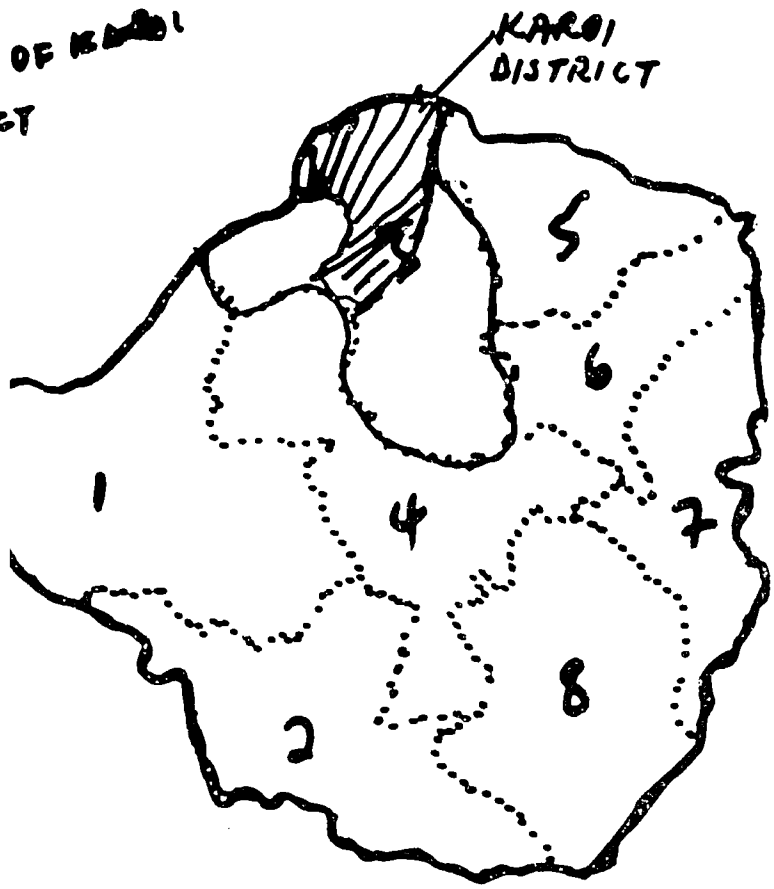
IMPREMENTATION PLAN FOR HRSI YEAR PROGRAM

TO ESTABLISH GROWTH MONITORING, NUTRITIONAL SERVICE IN KAROI DIST.

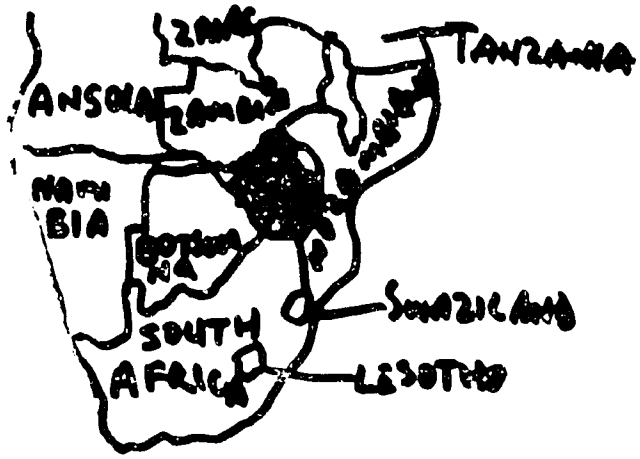


IP I

ATION OF KAROI DISTRICT



1 MATEBELELAND NORTH
2 MATEBELELAND SOUTH
3 MASHONALAND WEST
4 MIDLAND
5 MASHONALAND CENTRAL
6 MASHONALAND EAST
7 MANICALAND
8 MASVINGO



SOUTHERN AFRICA

MAP II KAROYI DISTRICT (ROAD NETWORK)

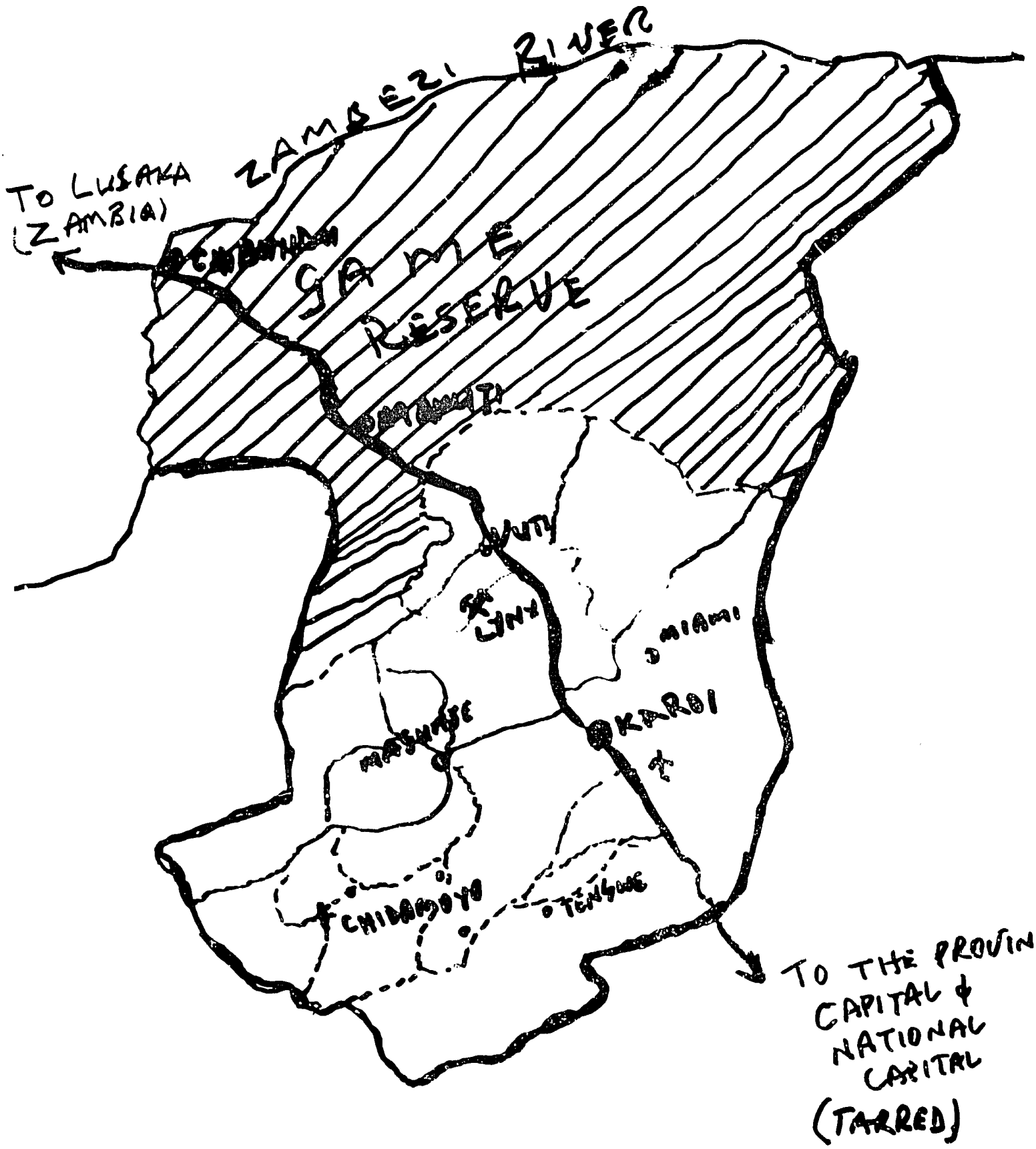


TABLE 1

AGE DISTRIBUTION OF MORTALITY IN DISTRICTS OF MASHONALAND WEST PROVINCE 1985

AREA	0-1 MONTH ACTUAL	0-1 MONTH %	1-11 MONTHS ACTUAL	1-11 MONTHS %	1-4 YRS ACTUAL	1-4 YRS %
PROVINCE	433	20.71%	201	9.61%	156	12.3%
SHINHOYI	118	21.71%	56	10%	78	14.4%
KADOMA	147	[illegible]	[illegible]	[illegible]	05	11%
KAROI	101				43	11.4%
KARIBA	17	25.4%	7	10.4%	12	17.9%
CHEGUTU	51	32.8%	16	10.3%	21	13.5%

	5-14 YRS ACTUAL	5-14 YRS %	15-44 YRS ACTUAL	15-44 YRS %	45-60 YRS ACTUAL	45-60 YRS %	60 OVER ACTUAL	60 OVER %
PROVINCE	106	5%	420	20%	480	13.8%	340	18.6%
SHINHOYI	28	5.2%	89	16.4%	82	15%	94	17.3%
KADOMA	45	4.8%	202	21%	143	15%	224	23.7%
KAROI	20	5.3%	107	28.5%	35	9.3%	37	9.8%
KARIBA	4	6%	18	26.8%	4	6%	5	7.5%
CHEGUTU	9	5.8%	4	2.6%	25	16%	30	19%

TABLE

0-4 YRS UNDER 5 - CAUSES OF MORTALITY 1985

DISEASES	PROVINCE		CHIMHOYI		KADOMA		KAROI		KARIBA		CHEGUTU	
	ACT	%	ACT	%	ACT	%	ACT	%	ACT	%	ACT	%
RESPIRATORY	180	20%	55	22%	59	18%	40	23%	1	3%	10	11%
PREMATURITY	175	20%	36	14%	48	14%	55	30%	7	18%	30	35%
DIARRHOEA	117	12%	32	13%	57	17%	19	11%	1	3%	8	9%
MALNUTRITION	82	7%	17	10%	30	9%	11	6%	7	19%	8	9%
ASPHYXIA	67	9%	17	7%	41	12%	6	3%	2	6%	1	1%
TETANUS	61	7%	32	12%	5	2%	13	7%	1	3%	10	11%
INJURIES ACCIDENT	49	6%	6	2%	19	5%	19	11%	4	11%	1	1%
MENINGITIS	41	5%	16	6%	21	6%	2	1%	1	3%	1	1%
MEASLES	37	4%	10	4%	20	6%	1	1%<	NIL	NIL	5	6%
CONGENITAL ABNORMALITY	15	2%	10	4%	3	1%	1	1%<	NIL	NIL	1	1%
OTHERS	66	8%	12	6%	34	10%	10	6%	4	12%	6	7%
TOTAL	890	100	174	100	337	100	36	100	36	100	88	100

DIAGRAM I

HEALTH SERVICE STRUCTURE

LEVEL OF CARE	TYPE OF HEALTH UNIT	EXECUTIVE BODY	COORDINATING BODY	SOCIO-POLITICAL STRUCTURE
QUATERNARY	CENTRAL HOSPITALS			
TERTIARY	PROVINCIAL HOSPITAL	PROVINCIAL HEALTH EXECUTIVE	PROVINCIAL HEALTH TEAM	PROVINCIAL DEVELOPMENT COMMITTEE
SECONDARY	DISTRICT HOSPITAL (1)	DISTRICT HEALTH EXECUTIVE	DISTRICT HEALTH TEAM	DISTRICT DEVELOPMENT COMMITTEE
PRIMARY LEVEL	HEALTH CENTRE (17)	HEALTH CENTRE WORKERS	WARD HEALTH TEAM	WARD DEVELOPMENT COMMITTEE
		VILLAGE HEALTH (120) WORKER	--	VILLAGE DEVELOPMENT COMMITTEE

COMPOSITION OF DISTRICT HEALTH EXECUTIVE

- DIST. MED. OFFICER.
- DIST. NURS. OFFICER
- DIST. PHARM.
- DIST. ENVI. OFFICER
- DIST. HEALTH S. ADMIN.

COMPOSITION OF DIST. HEALTH TEAM

- DIST HEALTH. EXEC.
- DIST. COUNCIL
- MINISTRIES OF (AGRIC. EDUC., LOCAL GOV., COM. DEV. YOUTH SPORT
- NGOS

KAROI DISTRICT. – DISTRIBUTION OF HEALTH FACILITIES

■ DISTRICT HOSPITALS

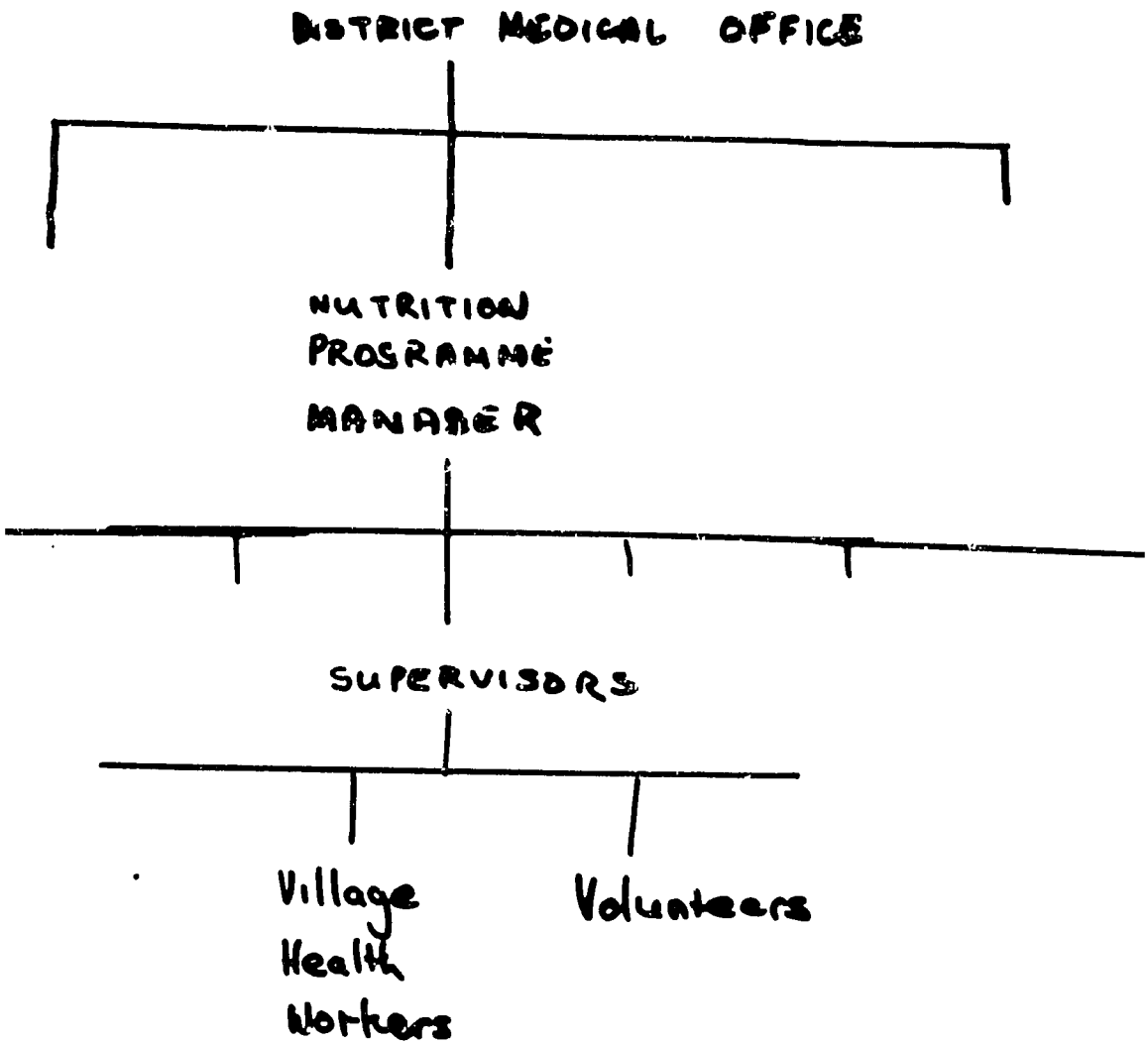
● HEALTH CENTERS

+ MISSION HOSPITALS

ESTIMATE OF WORKERS TO CARRY OUT ACTIVITIES

TITLE	NUMBER	QUALIFICATIONS
PROGRAMME MANAGER [District Nursing officer]	1	PRACTICAL NURSING SKILLS AND ADMINISTRATION
SUPERVISORS [Nurse-in-charge]	20	Nursing qualification
VILLAGE HEALTH WORKERS	120	V.H.W. training → basic knowledge and skills in common community health problems in the villages
Volunteers	120	Can read and write. Ideally permanent resident in the village

ORGANIZATIONAL CHART



TRAVAUX de GROUPE

— • —

Groupe A

1. Malang COLY (Senegal)
2. Pierre André Ferrus (Haïti)
3. Jean claude RANDRIAMIARISOA (Madagascar)
4. Oumar LY (Senegal)
5. Badara Diouf (Senegal)
6. Jean Franz MODE Haïti
7. Georgette TAYE Cote d'Ivoire
8. Laure AGBESSI Niger

Exercice : Planification d'un programme de Vaccination à base Communautaire dans la région de Bourou (Haïmaseci)

I] Description de la région de BOUROU

La Région de Bourou est située dans le SUD du pays d'Haïmaseci. Peuplé d'environ 7 millions d'habitants Haïmaseci couvre une Superficie de 200000 km². Sa densité est environ 35 hbts/km². Le pays est divisé

Fiche ②

en 4 régions administratives (II

- La région de Kilia au NORD
- La région de Issia au centre-EST
- La région de Saly au centre ouest
- La région de Bourou au Sud

dont le chef lieu Bourou est situé à 450 Km de Kilia la capitale d'Haïmaseci

Caracteristiques de la région de Bourou

Démographie	. population : 1500 000 hbts . Superficie : 40 000 km² . Densité : 37,5 hbts . population de D. Sam : 500 000 hbts - rier :
Données physiques	. 2 saisons — 1. Pluvieuse de 3 mois (juillet - Sept) — 1. sèche de 9 mois - Pluviométrie 150 à 200 mm . Etat des routes 1 route bitumée 60 Km de piste

	- Moyens de Transport : - train - Véhicule de transport public - charette - Climat Sahélien
Administration	1 Gouverneur à Bouaké 5 préfectures 15 Sous Préfectures 60 villages
Infrastructures Sanitaires	- 1 centre Hospitalier Régional (C.H.R de 400 lits : maternité 80 lits pédiatrie 100 lits Chirurgie 80 lits Médecine générale 140 lits 1 centre social 1 PMI - 1 centre de Formation Régional à Bouaké - 5 centres de Santé (1 centre de Santé par préfecture) - 15 dispensaires (1 dispensaire par sous préfecture)

	- 10 cases de Santé
Personnel	- 10 Médecins dont 5 au C.H.R - 15 infirmiers chef de Poste - 5 sages Femmes responsables de PMI - 10 A.S.C
Principales maladies infantiles	Paludisme, Rougeole, diarrhée coqueluche, varicelle, infecti respiratoire, Tétanos méningite, ~~dypht~~ dyphtérie Tuberculose, poliomyélite la mortalité infantile liée à ces maladies est elevée

II] Enoncé du Problème

En 1981, une enquête effectuée par l'Université de Haïmaseci avait révélé les problèmes suivants

5) dans la communauté de la région de Bourou :

- sur 100 cas de maladies infectieuses (Rougeole, coqueluche, Tétanos, poliomyélite, tuberculose, diphtérie) chez les enfants de 0 à 5 ans, il y a 5 décès (5 %)
- sur 1000 cas de maladies chez les enfants de 0 à 5 ans, 75 cas sont d'origine infectieuse (7 ‰)

Malgré un programme de Vaccination mis en place depuis 1979, 10 % seulement des enfants ont été vaccinés sur une population cible ~~de 500 000 hts~~. estimée à 500 000.

III] Recensement des besoins et des Ressources

(Voir Tableau suivant)

1°/ Approches quantitatives

Renseignements nécessaires	Applications Prévues	Sources et Méthodes
1°/ **Population**		
- Nbre d'enfants âgés de 0 à 5 ans	En prévision de la quantité de vaccins nécessaires	Services nationaux régionaux et départementaux de la statistique
- Tx de natalité	" " "	Service de Santé (Recensement, Etat Civil. (Dénombrement)
- Tx de mortalité	" " "	Etat civil
- Tx de morbidité	" " "	
- Population des femmes en âge de procréer	Evaluation du Programme Estimation quantité de vaccins	
2°/ **Environnement**		
Périodicité des saisons	Stockage de vaccins Programmation des activités	Services de météorologie (Entretiens) ~~population~~ populations (Entretiens)
3°/ **Société**		
Recensement des groupements	Identifier les ressources humaines pour le programme	dans la communauté (Entretiens)

4°/ Economie Activités principales	Programmation des activités des populations	Autorités locales Poste médical chef de village (entretiens
5° Politique Organisation politique	Accroissement des moyens du programme	collectivités administratives locales (Entretiens)
6° Santé Infrastructures, personnel et matériel existants	Meilleure répartition des ressources	Services de Santé régionaux départementaux et locaux (Enquête)
- Nombre et type de programmes de Santé existants	Intégration des programmes et co utilisation des ressources	Services de Santé (documents)

2/ Approches Qualitatives

Renseignements nécessaires	Applications nécessaires	Sources et méthodes
1/ Population		Education Nationale service alphabétisation
Niveau d'éducation de la population	Faciliter la communication (message)	
comportement et perceptions des populations vis à vis de la maladie	Faciliter l'acceptation du programme	services de santé population (consultation documents, Enquête par questionnaire, Entretiens Approfondis)
opinion sur le programme	Faciliter l'acceptation du programme	Enquête d'opinion (population)
2/ Environnement		
- Pluviométrie	disponibilité de la population	Communauté (entretiens service météo documents

type de Terrain (habitat et praticabilité des routes)	Prévision des moyens Logistiques, humains et programmation Accessibilité à la population	Cartes (Etude) Terrain · prospection Autorités Locales Poste de Santé population (entretie
3°/ <u>Société</u>		
- Ethnie - Groupes religieux - Groupement culturel	Faciliter la Communication avec les techniciens Soutiens des autorités au programme (Sensibilisation, appui	Chefs de Village chef de Poste autorités locales (Entretiens)
4°/ <u>Economie</u>		
Activités principales	Participation financière de la population	chef de village chef de poste autorités locales

5°/ Politique ganisation politique leaders	Soutien du programme	Collectivités (entretiens)
6°/ Santé Niveau de connaissance du personnel Etat du materiel + infrastructure	- Soutien du programme - Formation et ou recyclage - Améliorer les équipements	Personnel (Evaluation) Poste de Santé Visites sur le terrain.

IV] Identification du Problème Prioritaire

Problèmes \ critères	Ampleur	Gravité	Population concernée	Conséquences socio économiques	Vulnérabilité	Source Inf	Total
Mortalité	4	5	5	4	4	5	27
Morbidité	5	2	5	4	2	5	23

Coefficient basé de 1 à 5
- 5 très important
- 4 important
- 3 assez important
- 2 peu important
- 1 pas important

⇒ Problème prioritaire retenu : La mortalité infantile

V) Définition des Problèmes et des objectifs
Développement des stratégies
Spécification des critères d'évaluation

Rappel du Problème : Importance du taux de mortalité lié aux maladies infectieuses chez les enfants de 0 à 5 ans (5%)

(Voir Tableau suivant)

Objectifs	Stratégies	Activités	Evaluation	
			Indicateurs de Processus	Indicateurs de Résultat
Objectif Général :éduire la mortalité .ée aux grandes ıaladies infectieuses hez les enfants ıe 0 à 5 ans à Bourou				
objectifs Specifiques .éduire la mortalité liée ıux grandes maladies ıfectieuses (Rougeole étanos, dyphtérie, coqueluche ıberculose, Poliomyelite hez les enfants de 0 à 5 ans à Bourou le 5% à 2,5% dans s 5 années à venir à ompter de ~~[illegible]~~ ~~[illegible]~~ 1986 par : le renforcement du PEV	(A) Renforcement du P.E.V	1°/ Réunir en 1 Seminaire d'information de 3 jours axé sur le P.E.V les 20 présidents des C.S les 15 infirmiers chef de Poste et 5 Sages Femmes et 3 professionnels de la communication (Radio locale) durant la 1ère Semaine du mois d'octobre 1986 du Lundi au Mercredi	- Nbre de seminaire organisé par rapport au nbre de seminaire prévu - Nbre de pds des CS Informés / Nbre de pds C.S. prévus - Nbre de responsable du P.E.V. Informés / Nbre prévus - Nbre de professionnels de la communication Informés / Nbre prévus	Taux de mortalité infantile à la fin du Projet par rapport au Tx de mortalité en début du Projet.

	2°/ Diffuser 3 spots publicitaires par Semaine à la radio sur le P.E.V. pendant 4 Semaines durant le mois de Décembre 1986	Nbre de spots publicitaires par rapport au nbre de spots prévus
	3°/ Organiser à l'intérieur des Populations 2 Séances de causerie sur le P.E.V. par Village par les présidents des C.S et les Infirmiers durant la 1ère Semaine et la 3e Semaine de Décembre 1986	Nbre de Séance de Causeries organisées par rapport au nbre de causeries prévues.
	4°/ Former les 20 responsables du P.E.V. aux Techniques Vaccinales durant la 1ère Semaine	Nbre de responsables du P.E.V. formés par rapport au nbre prévu

	5°/ Installer le personnel et le matériel de Vaccination des 20 postes de Vaccination durant les 2 dernières semaines de Novembre 1986	Nbre de centres de Vaccination équipés par au nombre de centre prévu.
(B) Promotion de L'E.P.S	6°/ Confectionner 1 aide Visuelle sur chacune des mdies du P.E.V. à raison de 2 par an pdt les 3 1ers années. en débutant les 2 derniers semaine oct 86	Nbre d'aides Visuelles confectionnées par rapport au nombre d'aides Visuelles prévues
	7°/ Recycler les 80 assistants des C.P en 1 Seminaire de 2 jours (en Administration du programme) durant	Nbre d'assistants recyclés par rapport au nbre d'assistants prévus

XVI

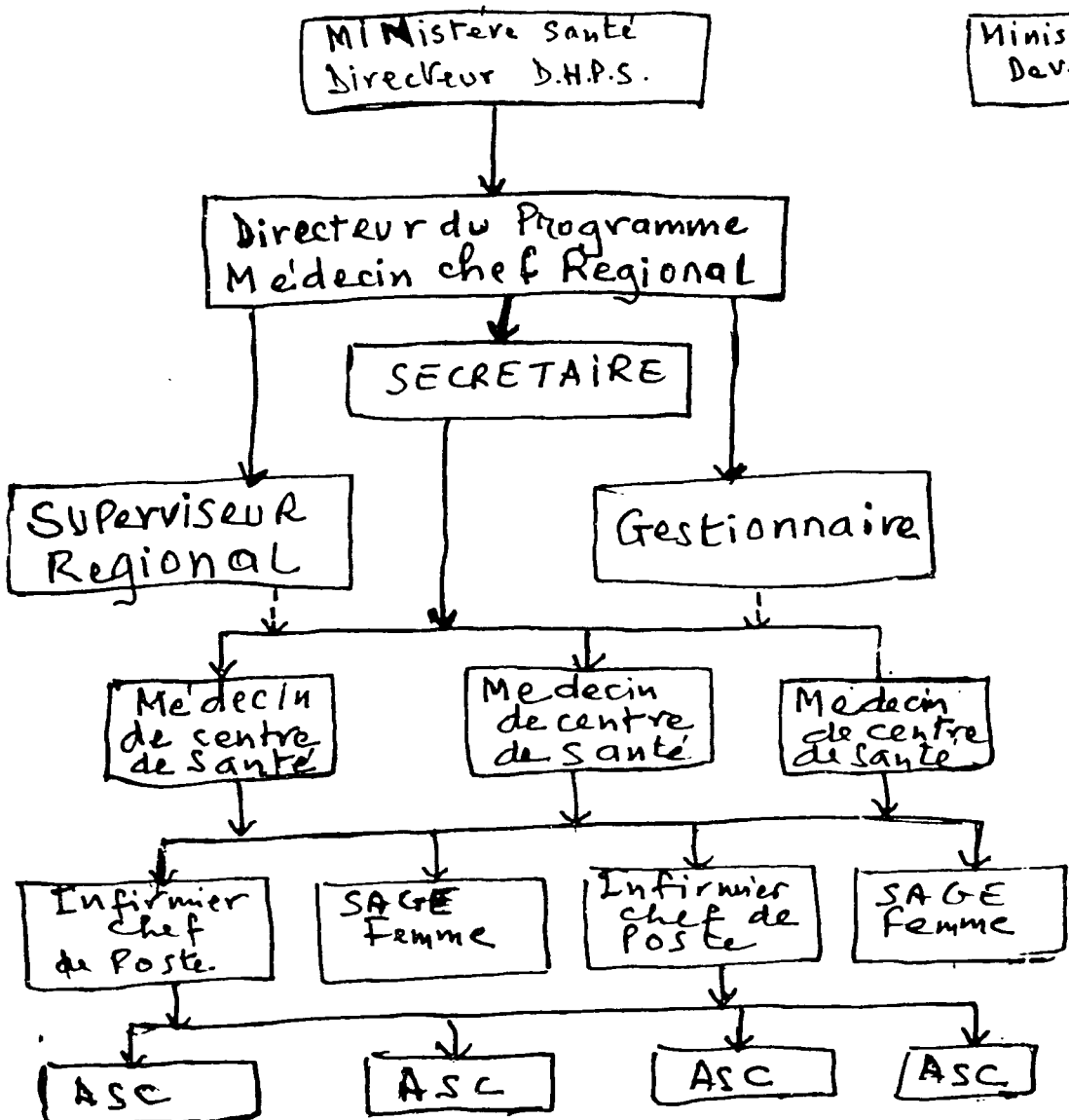
Objectifs	Strategies	Activites	EVALUATION	
			Indicateurs de processus	Indicateurs de resultat
		8°/ Elaborer un calendrier de Vaccination pour les 20 centres de Vaccination durant la 3e Semaine de Décembre 86	Nbre	
		9°/ Démarrer la Vaccination à compter de Janv. 87		
		10°/ Superviser la Vaccination au niveau des Postes à compter du mois de Février 87		
		11°/ Evaluer le démarrage de la Vaccination au niveau des centres de Vaccination		

16

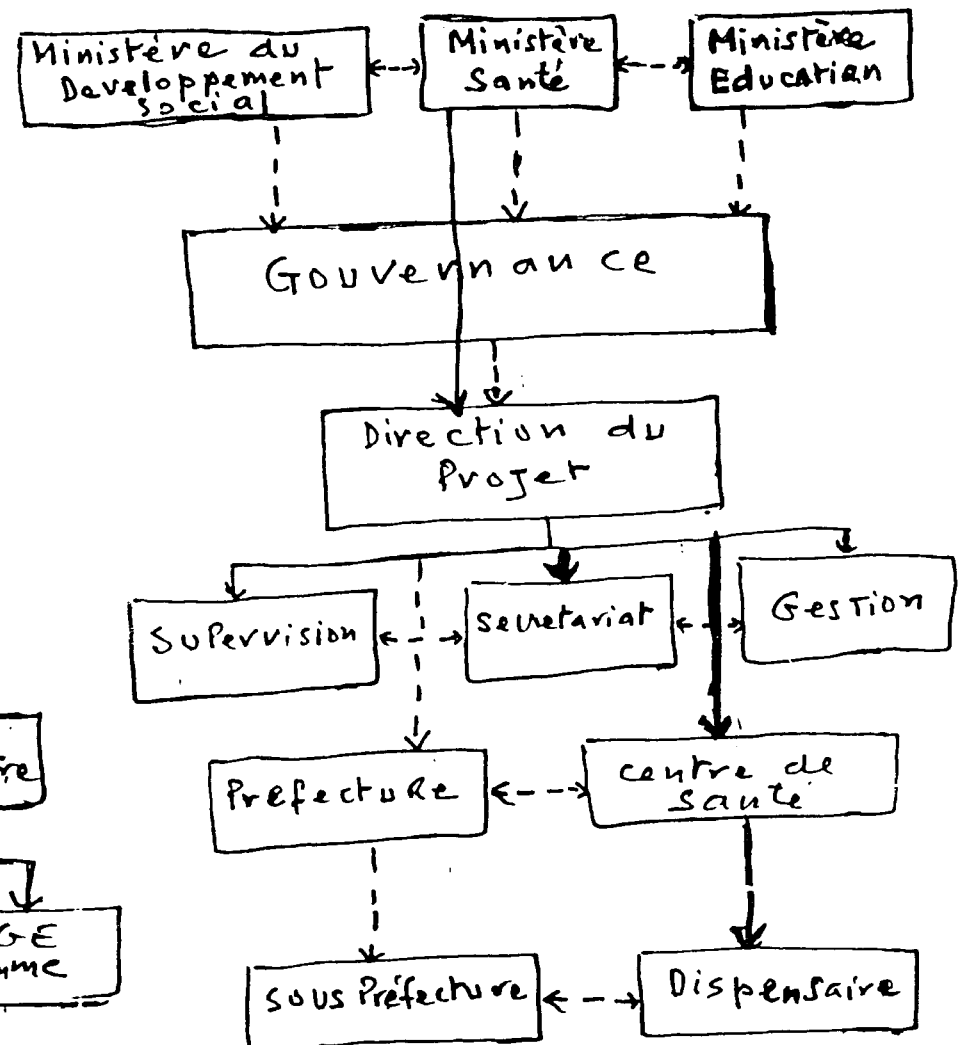
Objectifs	Strategies	ACTIVITES	EVALUATION	
			Indicateurs de processus	Indicateurs de resultat.
		12°/ Superviser les 20 Postes de Santé pendant une Semaine à Compter du mois de Septembre tous les 2 mois		
		13°/ Evaluer la 1ère phase du Projet durant le mois de Février 1988		
		14°/ Elaborer le rapport officiel du Projet à l'issue de l'évaluation de la 1ère ~~Semaine~~ année durant la dernière semaine		

ORGANIGRAMME

(A) De FONCTION



(B) De STRUCTURE



⟷ Définit les relations hierarchiques

Définit les relations de Fonction

XIX (19)

Fiche de Supervision

République de Haimaseci
Region de : Bourou
Poste de Santé :
Nom du Chef de Poste
Nom du Superviseur
Date :

	Domaines	Observations
I	Structure : Propreté du Local Disposition des pièces Utilisation des pièces État du batiment	
II	Personnel : Nombre d'agents Les catégories Présentation du personnel	
III	Matériel : État du matériel Disponibilité Disposition	
IV	Activités : Capacité technique des agents Organisation des activités Tenue des registres Régularité des rapports Disponibilités des données de la Zone Efficacité dans l'Exécution de l'Activité Horaires de travail	
V	Rapports avec Membres de la Communauté : Relations avec le Comité de Santé Relations avec Autorités Locales Relations avec le Personnel Relations avec les clients	

XX (20) (E)

(Suite)

Domaines	Observations
Gestion : - Manière de gérer matériel et mobilier - Manière de gérer médicaments - Gestion financière - Tenue des Livres	

Conclusion :

Suggestions et Recommandations.

Signature du chef de Poste Signature du Superviseur

106

XXI

RESSOURCES.

ACTIVITES	RESSOURCES Humaines	MATERIELLES	TEMPS	Financières
(1) Réunir en 1 seminaire d'information de 3 jours après pour le PEV, les 20 CP, les 20 Pdts de comité de santé et les 3 Professionnels de communication durant la 1ère semaine d'octobre 86	Directeur du Projet Medecin chef de REGION Superviseur des SSP Medecin des Grandes Endemies 2 chauffeurs 1 secretaire	Local : centre Regional Formation Fournitures de bureau Materiel Educatif 2 véhicules de liaision carburant Machine à dactylographier Ronéotype	3 Jours	Per diem : 15 $ x 43 x 3 = 1935 $ Encadreurs 25 $ x 7 x 3 = 525 $ F. bureau 200 Emprunt materiel Educatif disponible (véhicules) 25 000 $ carburant 10 L x 2 x 3 x 1 $ = 60
(2) Confectionner 1 aide visuelle sur chacune des maladies du PEV à raison de 2 par an pdt les 3 premières années debut les 2 dernières semaines octobre 86	1 Directeur du Projet 1 dessinateur 1 imprimeur	Materiel de dessin imprimerie	2 Aides par an pdt les 3 premières années	dessinateur 30 $ x 6 = 180 $ imprimerie 10 Aides/Poste x 20 = 200 Aides + 50 Aides = 250 250 Aides x 6 x 1 $ = 1500 $
(3) Former les 20 CP en technique Vaccinales durant la 1ère semaine de Nov	Directeur Projet Superviseur Reg Medecin des G. Endemies 2 Spécialistes - infirmiers 1 chauffeur	Local : centre de Formation Fourtitures bureau Materiel Vaccinal (demonstration) Véhicule de liaison 1 poste de santé pour exercice (2 j)	1 semaine	Per diem : Participts 15 $ x 20 x 7 = 2100 Encad 25 $ x 6 x 7 = 1050 Materiel Vacc : disponible Véhicules disponible carburant 10 L/j x 7 x 2 = 140 $
(4) Installer le personnel et le materiel de vaccination au niveau des 20 Postes au cours des 2 dernières semaines Nov 86	Directeur Projet Superviseur 2 chauffeurs	Materiel de vaccination et fourniture 2 véhicules carburant	2 Semaines soit 2 villages/jour pour chacun, => 5 déplacements chacun	Materiel et Fournitures : 650 000 carburant 15 L x 5 x 2 x 1 $ = 150 $ Per diem 25 $ x 4 x 5 = 500 $
(5) Diffuser 3 spots publicitaires par semaine sur le PEV pdt le mois de decembre	3 Journalistes Directeur Projet	Station Radio document publicitaire	5 mn par spot x 3 x 4 = 60 mn 1 fois tous les 2 jours	Tarif forfaitaire 30 $ x 12 = 360 $
(6) Recycler les 60 Assistants des CP en 1 seminaire de 2 jours (en administration du programme) durant la 2e semaine Décembre	Superviseur Regional Medecin G des Endemies 1 chauffeur	Local Fournitures de bureau Vehicule carburant	2 jours	Per diem : Encad : 25 $ x 3 x 2 = 150 Participts 15 $ x 60 x 2 = 180 Fournit bureau 10
(7) ORGANISER à l'intention des populations 2 séances de causeries sur le PEV animées par le Pdt du comité et le C.P, durant le mois de décembre (1e et 3e semaine)	20 Pdts comités de Santé 20 C.P Superviseur SSP. chauffeur	Place publique Sonorisation bancs et nattes Materiel Educatif Vehicule carburant	4 oh de séances 4 villages choisis par le superviseur pour assistn hebdomadt aux séances 4 h Samedi Après-midi	10 mégaphones = x 200 $ = 2000 $ bancs et nattes emprunt Vehicule disponible carburant 10 L x 4 x 1 $ = 40

XXII

Activités	RESSOURCES			
	Humaines	Materielles	Temps	Financieres
(8) Elaborer un calendrier de vaccination pour les 20 postes de Santé durant la 3e semaine de Décembre 86	Directeur Projet Superviseur Régional Medecin Cdes Endemies Sécrétaire	Fournitures de bureau Machine à écrire Ronéotype	1 semaine	Fournit bureau 100 $ Machines Ecrire Roneotype [voir
(9) DEmarrer la vaccination de façon progressive. 4 postes/mois suivant 1 période hebdomadaire par poste à compter du mois de Janvier 87	Chefs de Postes 3 Assistants au CP Directeur Projet 1 chauffeur	1 véhicule carburant	1 Jour de présence par semaine pour le Directeur	carburant 10 l/j x 4 x 5 x 1$ = 200 $ Pour tous les postes
(10) Superviser la vaccination au niveau des postes de façon progressive à compter du mois de Fevrier 87.	Superviseur chauffeur	Vehicule carburant	4 fois par mois pour 4 postes pdt 5 mois	carburant 10 l/j x 4 x 5 x 1$ = 200 $
(11) Evaluer le démarrage de la vaccinat° au niveau des postes de santé durant la 1ere semaine de Juillet 87.	Directeur Projet superviseur chauffeur	Véhicule carburant Fournitures de bureau	1 semaine (7 jours)	carburant 10 l/j x 7 x 1$ = 70 $ Fourniture bureau 50 $
(12) Superviser les 20 postes de santé pdt ~~[illegible]~~ semaine, à compter du mois de septembre, ~~de façon bimensuelle~~ tous les 2 mois	Superviseur chauffeur	Véhicule carburant	1 semaine/~~[illegible]~~ pour 20 postes tous les 2 mois	Carburant : 20 l x 6 jrs x 3 fois x 1$ = 360 $
(13) Evaluer la 1ere phase du projet durant le mois de Fevrier 1988	Directeur projet superviseur consultant chauffeur	Véhicule carburant Fournitures de bureau	1 mois	carburant 10 l x 20 x 1$ = 200 $ Fournit bureau 100 $ Per diem consultant 100 $/j x 20 = 200
(14) Elaborer le rapport officiel du projet à l'issue de l'evaluation de la 1ere année, durant la dernière semaine de Fevrier 1988	Directeur projet secretaire	Fournitures de bureau Machine à écrire	1 semaine	Fournitures de bureau 100 $ Machine : disponible -

XXIII

Système d'Information

ations ssaires	Renseignements Utiles	SOURCES	Points de collecte	Frequence	Analyse	circulation
de 'é taire	% des personnes ayant entendu le message % des personnes ayant compris le contenu du message	La population	le Village	Tous les jours	—	• Les Renseignements sont transmis au niveau du supervisa 1 fois par semain
eurs	% de personnes ayant entendu le message. % des personnes ayant compris le contenu du message Nbre de messages diffusés	• les populations • Les rapports des Agents de Santé communautaire	• Les Villages • Les Agents de santé communautaire	• Hebdomadaire	• comparaison des différents rapports • mini enquête au niveau des populations	• Transmission des informations au niveau du Directeur du Proje • Soumission d'u projet de réform • Reformulation des information à émettre o'. 'icité
ur ime	% des personnes ayant entendu le message % de personnes ayant compris le contenu du	Les rapports de Supervision	les Superv-Seurs	Mensuelle	Etude des résultats par rapport à la politique du programme	• Information des autorités Publiques autorité régionales Instructions pour les superviseurs

XXIV

Republique de Haïmaseci
Region : Bourou
Poste de santé :
Mois de :

Fiche de rapport mensuel du P.E.V

Vaccins / Age	BCG	DTC	Polio-oral	Rouvax	Totaux
0 à 3 mois					
4 à 6 mois					
7 à 11 mois					
12 à 23 mois					
Plus de 24 mois					
Totaux					

1°) Nombre d'enfants vaccinés :

2°) Nombre de femmes enceintes vaccinées au Tetavax :

- 1ère dose : ....
- 2e dose : ....

Totaux .....

(3)

110

(2) XXIV

République de Haïmaseci
Région de : Bourou
Poste de santé :
Mois de :

Fiche mensuelle de surveillance épidémiologique.

Maladies / Age	Rougeole			Tetanos			Poliomyelite			Tuberculose		
	Vacc	Nm Vacc	Décès	Vacc	Nm Vacc	Décès	Vacc	Nm Vacc	Décès	Vacc	Nm Vacc	Décès
0 à 3 mois												
4 à 6 mois												
7 à 11 mois												
12 à 24 mois												
Plus de 24 mois												
Totaux												

Nota Bene : Vacc : correspond aux maladies survenues chez des enfants ayant reçu la vaccination contre la maladie mais aussi aux enfants [illegible] de moins de 3 mois dont

XXVI

Budget de Récapitulation du P.E.V

Rubriques \ Estimation		Total
Per Diem		12.210 $
Fourniture de Bureau		700 $
Véhicules		25000 $
carburant		1040 $
Matériel Pédagogique		2040 $
Soutien		4500 $
Indemnités		3150 $
Matériel de Vaccination		650000 $
Pieces de Rechange		5000 $
Divers		2500 $
Imprévu		2500 $
Total		708640 $

XXVII

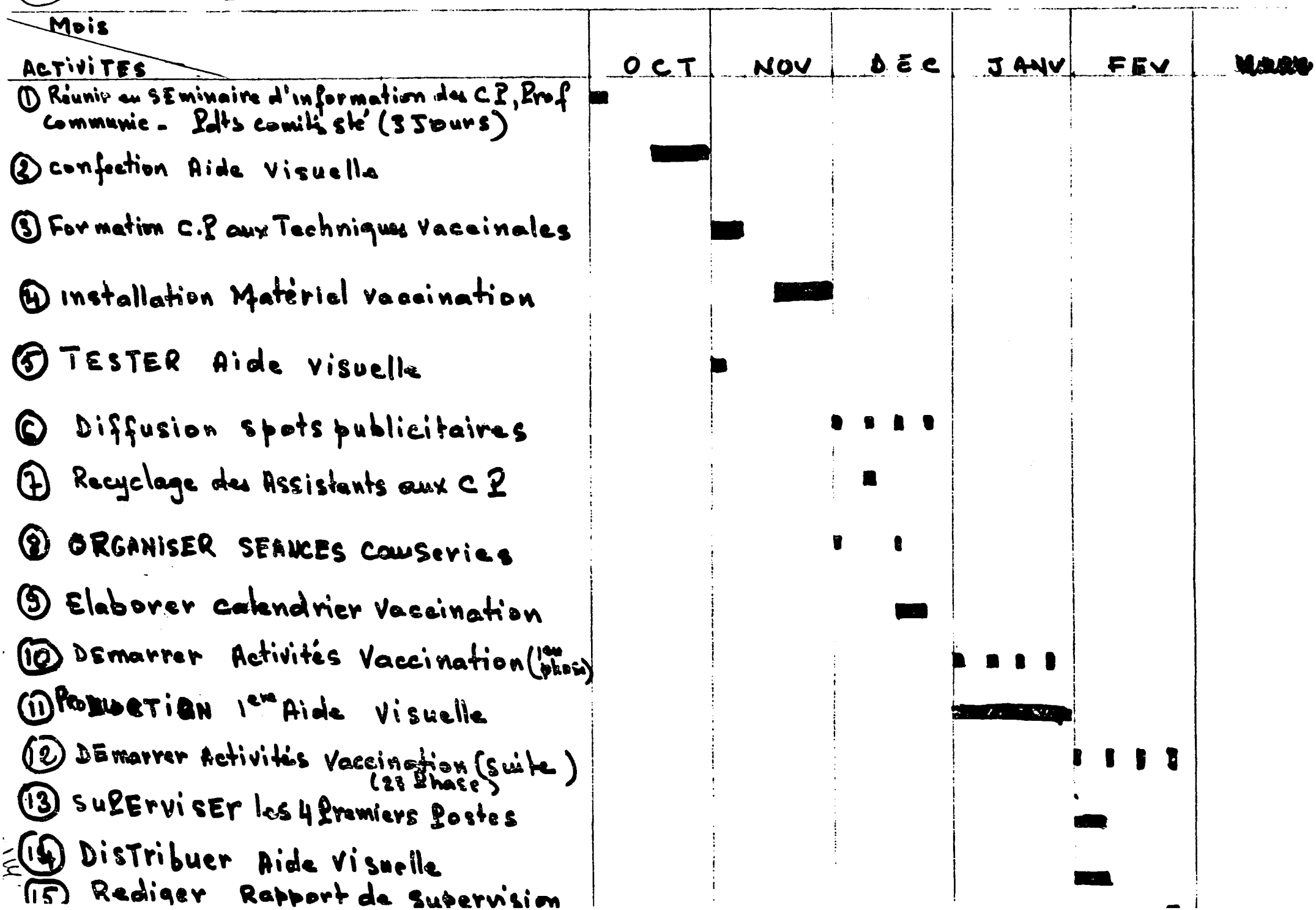
(27)

Sources de Financement

Sources "disponibles"	Organismes Sollicités	Participation "Souhaitée"
I. Etat		15%
- Les 5 communes de Bourou		4%
- Participation des communautés de Bourou		1%
	II Organismes Inter	
	- OMS	10%
	- UNICEF	10%
	III Organismes de coopération bi-La	
	- USAID	15%
	- CIDA	10%
	- Agence Franca de Coopérati	15%
	- Autres	10%
	IV Autres	
	- Columbia Univ	
	- etc...	10%
Totaux		100%

(8) XXVIII

DIAGRAMME DE GANT



(29) XXIX

Activités \ Mois	Mars	Avril	Mai	Juin	Juillet	Aout
(16) DEmarrer Activités vaccination (3ᵉ phase)						
(17) Supervision des postes (5.6.7.8)						
(18) Elaborer Rapport supervision						
(19) DEmarrer Activités vaccination (4ᵉ phase)						
(20) Superviser postes 9, 10, 11, 12						
(21) Elaborer Rapport supervision						
(22) DEmarrer Activités vaccination (5ᵉ phase)						
(23) SuperviSEr postes 13, 14, 15, 16						
(24) Elaborer Rapport de supervision						
(25) SuPErviSEr postes 17, 18, 19, 20						
(26) Rapport de Supervision						
(27) conception 2ᵉ Aide Visuelle						
(28) Evaluer demarrage Activités						
(29) RAPport officiel						
(30) TESTER 2ᵉ Aide Visuelle						

30

XXX

Mois / Activités	SEPt.	OCt	NOV	Dec	JanV	FEVrier.
31 SUPERVISER les 20 Postes de Santé	■					
32 RAPPORT de SUPERVISION	▮					
33 Production de la 2e Aide Visuelle		■				
34 SUPERVISER les 20 Postes de santé			■			
35 Rapport de Supervision			▮			
36 SORTie des Aides visuelles			■			
37 SUPERVISER les 20 Postes de santé					■	
38 Rapport de Supervision					▮	
39 Evaluer la 1ère Année du programme						■
40 Elaborer RAPPORT Officiel (1ère Année)						■

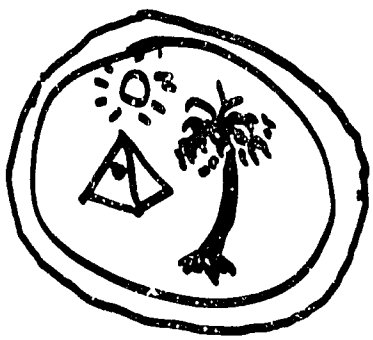
PILOT PROJECT

STRENTHENING URBAN FAMILY PLANNING SERVICES

BROMA

COASTAL REGION

FICTICIA



William Adu-Krow
Mohammed Al Fatih
Eisa Osman El Amin

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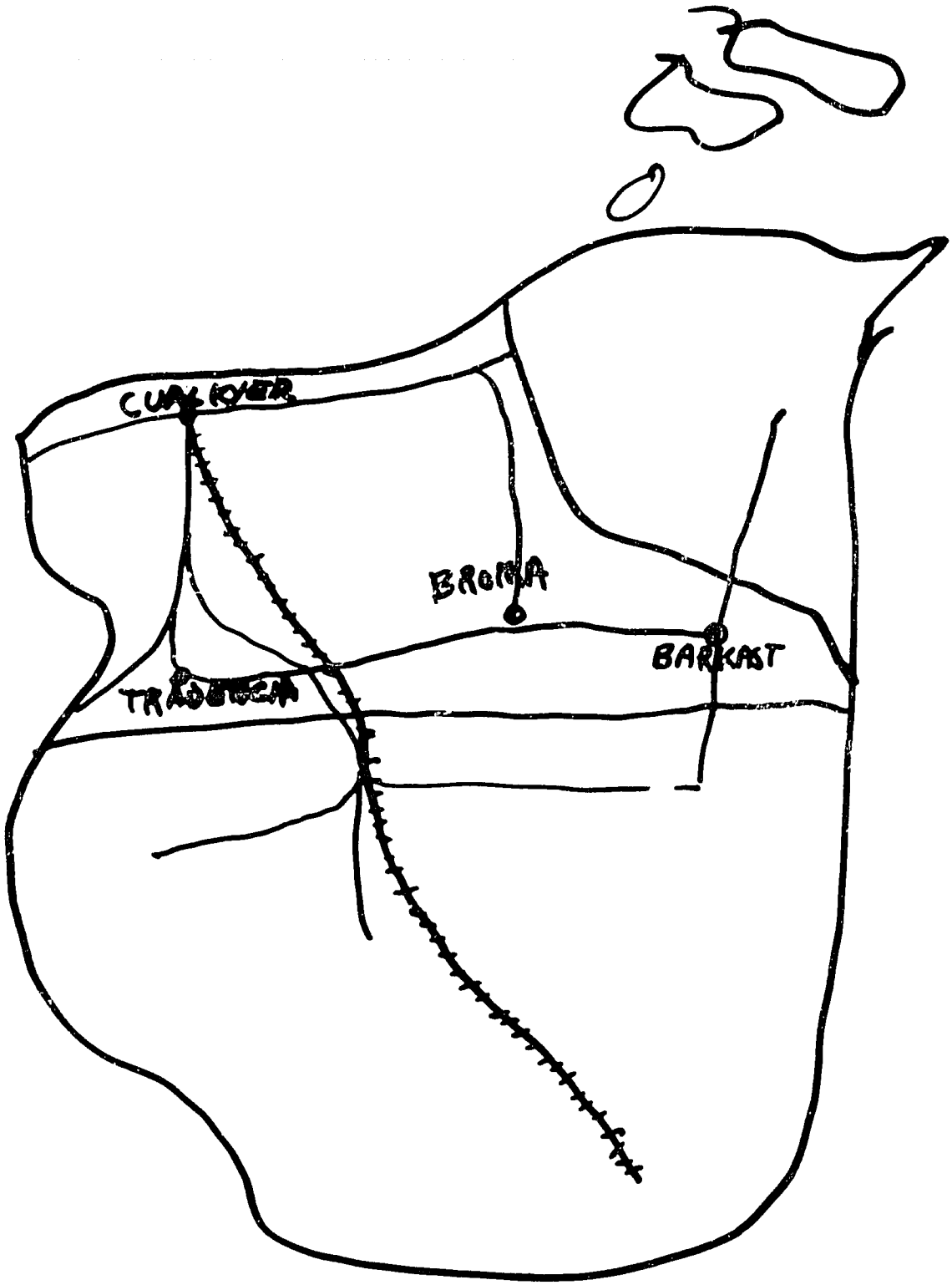
Marie-Carmel Decatus
Cecelia Nemah



P.D.R. of FICTICIA

Group A
Description of Study Area

(1)

Dr

Fictitia is located in the west coast of Africa with a population of 16 million (1981 Census) in an area of 245,000 km². The country is divided into four regions; each with distinct geo-climatic features.

For the purpose of this project, we have chosen the Coastal Region. This region is a tropical fertile plain with geographical features of forests, rivers and farms. It has two seasons - rainy and dry. There is an annual rainfall of 70-150 cm and a temperature of +25 - +38°C.

The main source of economy is farming, commerce and heavy industry. There is 60% paved road network which includes 5,400 km all weathered roads making transportation easier by bus and car. There are also five airstrips giving way to air transport. Transportation is also done by boats.

Access to communication is considerably good through radio, by telephones and in news papers.

There are three main religions Christians, Moslems and traditionalists. All have great influence in the entire country and their advice is sought on population and social matters.

The Prime Minister in an Official policy 1976 made a decision to undertake an active family planning program with the view of helping reduce the high birth rate.

The public climate is good in that there is a considerable public interest in the nation's overall health package. Some authorities expertise were used to conduct some original health programs. In addition, realizing the great need for improved health conditions, a cross sector

of the population has welcomed the Prime Minister's decision for family planning.

There are twenty hospitals with microbiology laboratory facilities which provide both in and out patient care; along with these are 198 health centers and dispensaries. These areas are staffed with two hundred doctors, 1,200 nurses and 6,200 auxiliary health workers. The typical health centers are staffed by 2 nurses 1 health inspector and two auxiliary nurses/midwives.

Presently though not satisfactory, the following health care programs have been undertaken. Malaria control, immunization, oral rehydration, maternal child Health and family planning.

The major health problems are as follows:

High population density
High infant mortality rate
Malaria
Diarrhea
Mal nutrition
High fertility rate
Immunizable childhood diseases
Teenage pregnancy
Septic abortion
Sexually transmitted diseases

Demographic Data

Population	10,000
Density	143/Km²
Annual growth rate	2%
Literacy rate	40%
Per capita income	$600.00

Group (A)

Priority Problem: High Fertility

criteria used for selection of this problems were as follows

① Health impact :-

The study area - Broma - of the Coastal region of Fictitia is a densely populated area of about 143/Km². As it's an industrial area more rural - Urban immigration is expected. Also there high maternal and infant mortality rate (100/1000).

② Economic Impact :-

It's clear from the data obtained in this area of Fictitia that 50% of the population are under 15 years of age with a natural increase of 20/1000. This indicates high dependency and low productivity evedanced by the fact that the G.N.P is only $475

③ Presence of a low cost effective Solution

This solution is family planning Intervenition which envolves simple technology.

④ Political Committment :-

The evedance of this Committment is the statement that came in the National 5 years plan (Extraction are in Fictitia Document

Group (A) Continued

N.B.

In deciding on high fertility as a problem of high priority we considered the fact that other health problems in the region such as immunizable diseases, malnutrition and diarrhoeal diseases are being adressed by other groups of participants.

OBjective :-

To reduce the crude birth rate in the city of Broma in the coastal region of Fictitia from 40/1000 to 36/1000 by the end of a 2 years period starting 1st of Jan. 1987 through improving family planning services being provided to women and men in the reproductive age group in that area

GP. A

INTERVENTIONS & STRATEGIES TO BE USED

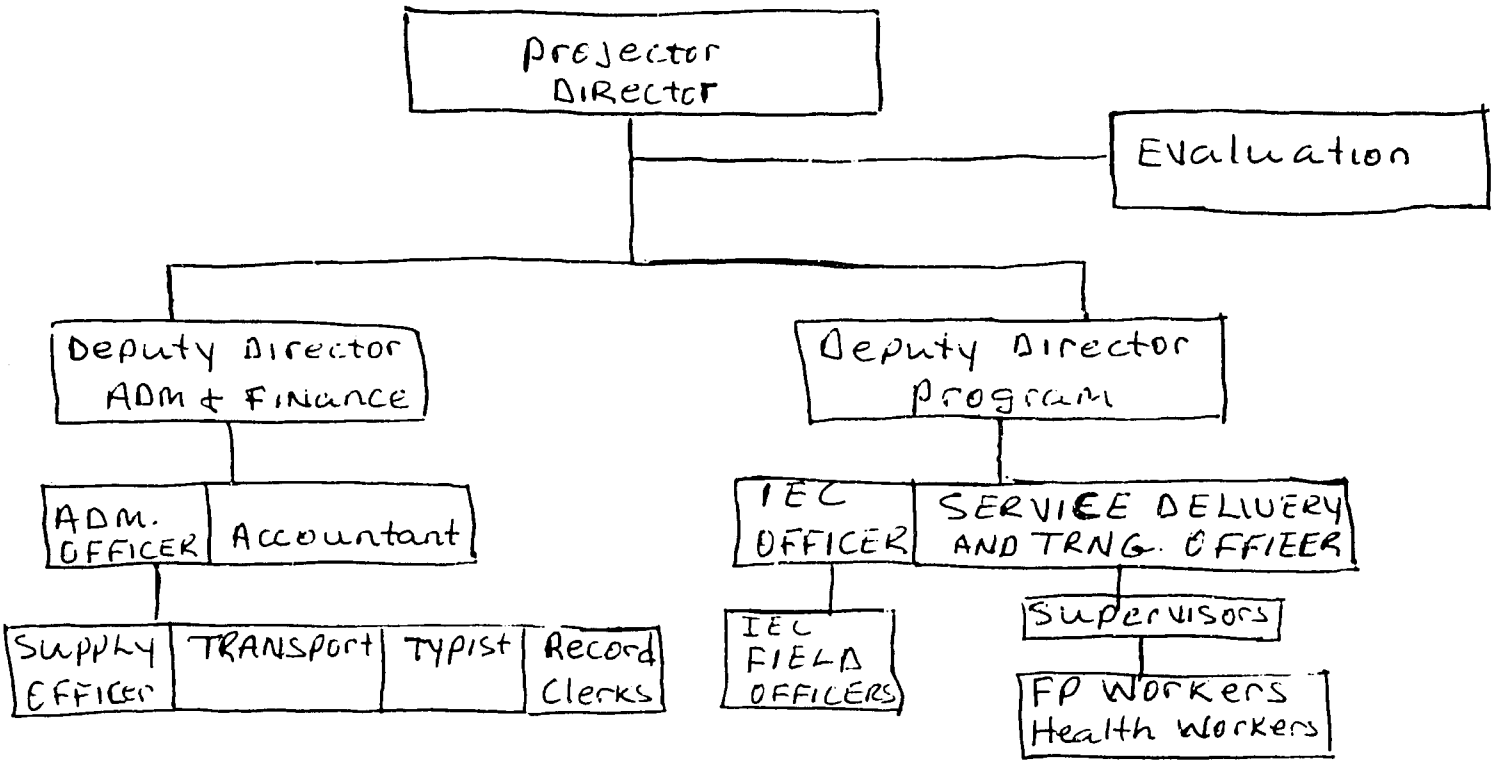
1. Expand existing FAMILY PLANNING SERVICES through utilisation of existing health facilities and outreach activities

2. Increase Family Planning knowledge and promote positive attitudes among the general population through Informati Education and Communication.

ACTIVITIES TO BE CARRIED OUT

1. Setting an Organisational structure
2. Securing funding
3. Carrying out a base-line survey on knowledge, attitu and practices as regards Family Planning - using mini-survey and focus groups discussions.
4. Development of Educational Materials for training purposes and also incorporating some aspects in second-cycle educational curriculum.
5. Procurement and distribution of Family Planning supplies
6. Organisation of workshops with community participation.
   (a) Community leaders
   (b) Factory workers
   (c) Some influential and respected personalit in the community.
7. Provision of Family Planning services by both the health workers and the Family Planning workers
   (a) all existing health institutions
   (b) factories
   (c) youth clubs
   (d) markets
   (e) homes
8. Establishment of an effective transportation system
9. Establishment of an effective mode of referral syste

Organigram



1- Project DIRECTOR:	MD, OB GYN + 3 yrs ADM. SKILLS
1- Dep Proj. DIR: ADM + Finance:	BSC. Finance + ADM. 5 yrs working exp
1- " " " Program:	MD 5 yrs working exp.
1- Evaluator (DIRECTOR):	BSC Eval. Demography and or Statistic 2 yrs. working exp. in data analysis and demographic study.
1- IEC. OFFICER	BSC. EDC and Communication 2 yrs working exp. in FP Education.
1- SER. DEL/TRNG OFF:	BSN 5 yrs nursing Supervision exp. and trng OF Social workers.
5- Field Supervisors	Basic High Sch Certificate, RN/NMI 2 yrs Supervisory experience.
10- Field WORKERS	Basic High School Certificate and trng. in FP education
30- Health workers	Certificate in nursing + MIDWIFER 2 yrs working exp in FP program.
50- FP workers	Basic High Sch certificate + Basic trng in FP ser. Delivery.
1- Accountant ~~in ADM.~~	Certificate in accounting 3 yr: Working exp.
1- ADM. OFFICER	BSC or its equivalence 2 yrs exp in administration

Supervision

Job description of the Supervisor (of FPWs & HWs)

- Supervisor must orient the family planning workers and health workers selected for the provision of family planning services in the area assigned to him
- must ensure a follow-up training to the family planning workers and health workers in the area assigned to him
- Supervision must be supportive. Supervisor must review the work with their health workers and Family planning workers
- must plan the schedule for supervisory visits which includes
  - Check lists preparation (see table I)
  - Checking the health workers in charge of family planning services for the frequency of required supervisory visits
  - Testing of all programs
  - Reviewing previous reports
  - Identifying need for extra control
  - noting in which health area special assistance is needed
- must give feedback to the health workers
  - where previous the program has made to date in relation to targets that have been set.
  - What problems have arisen in implementing the program and what solutions are being tried
- must do monthly visit to the area assigned to him in the beginning.
- ~~must report~~ must submit report on each visit

(Supervision continued)

to the service delivery officer each month

- Superintendant of the health center will supervise all outreach activities and report them monthly to the supervisor
- Supervisor acts as a liaison between HW, FP and service delivery officer

Table 1

Check List (supervisor)

- nº of new acceptors
- stock and supply inventories
- outreach activities
- Drop out
- methods used
- Rumors
- Problems

Form no. 1

Daily Record for Family planning workers & Health workers

Name of FPW or HW | Name of FP Post | Time period

Name	Age	Sex	New clients	Revisits	Drop outs	methods	Referrals	Acc. Preg	Side effects	Complic.	Problems	Satisfa
OUTREACH ACTIVITIES		FACTORY									CLUB	
No. of sessions												
No. attended												
STOCK AND INVENTORY	IN			OUT				STOCK				
Item												

Broma FP Project. Form no 2

	Pills				Condoms				IUD				Foam				Others				Refer
	<20	21-30	30+		<20	21-30	30+		<20	21-30	30+		<20	21-30	30+		<20	21-30	30+		
J																					
F																					
M																					
A																					
M																					
J																					
Aug																					
Sep																					
Oct																					
Nov																					
Dec																					

* Information needed by Health workers and FP Workers at the time of supervisory visits.
* used in analysis

I

Training Program for Implementation of utilization of existing Health ~~health~~ facilities and outreach activities.

The categories of personnel to trained are

5 Health Centre Supt.
50 Family Planning Workers
30 Other Health Workers

Task To be Performed by

A – Health Centre Supts.
Supervise work staff in the centre, and outreach services in his borough.
- Organise all aspects of work carried out in the centre & satellite areas.
- Order and issue supplies keep inventory of all descriptions of items in the centre.
- Ensure that equipment is carefully preserved after use.
- Collate information received from all divisions
- Prepare statistics on returns received from the Family Planning (Workers) Nurses.
- Conduct meetings with staff to evaluate the performance of the activities in the centre.
- To organise meetings with community leaders for their opinion on work of the centre
- Evaluate work of the staff in his centre and outreach clinics.
- Write quarterly reports and statistics on centre to the District Medical Officer.

II Tasks to be performed by Family Planning staff

Organise and Provide Family Planning Service in the borough to which they have been assigned.

The Family Planning Services include

Education - for both women & men in family planning.

Motivation - for acceptance methods

Selection of a method

Prescription of method chosen

Follow-up and / or referral of clients

Reporting

A quarterly or monthly report on family planning service - This include

Number of staff delivering the service

Number of people motivated

Number of new acceptors

Number of old cases ~~attending~~ ~~reporting~~ back / revisits

Number of referrals

Number of acceptors for each method.

2 Family Planning Trainers will be required for the training program.

Budget to Cover Their Services -

Transport - Provided by Management

Stationery

Visual Aids.

Posters.

Refreshment.

3 Description of course design, content and methods

The course is designed to update knowledge of all staff working in Health Centres in Family Planning Service delivery, and more detailed approach for Family planning workers engaged in giving direct service. The action taken is to maximize the use of Family Planning Services by the population who are sexually active.

Course Content

Health Centre Superintendents

Information on recent list of family planning methods.

Short history - of achievements in family planning (practice) acceptance and its effect on the health status of communities in the countries under reference. e.g. Indonesia China, Japan.

Display of Family Planning Posters

New approach - outreach posts e.g. factories, home visits, market places.

Specimens of forms in use for family planning purposes.

Target groups

Emphasis on the government policy regarding population growth control.

Statistics -

Number of days - 2 days.

Method:- Lectures, audio visual aids projections and graphs.

Family Planning Workers

Registered Nurse Midwives with Special Training in Family Planning.

Duration of course - 5 days.

Trainers - Staff with Special training in Family Planning.

Course Content & Methods for Teaching lectures, role play visits, discussion on

- Revision of Reproductive systems - male & female
- Pre Test - methods of contraceptives
  - activities concerning motivation for acceptors

Category of Staff - Family Planning Staff.
Registered Nurse Midwife.

Duration of Course - 5 days

Method for Teaching - Lecturing
Discussions
Role Play
Visual Aids
Demonstration.

Course Content.

Day 1 9.00 - 10.30 Pre Test
11.00 - Review of Reproductive System Male & Female
Day 2 Present Types of Contraceptive Methods ~~used~~ on the market.
Description of each one.
Day 3 Visits to other Family planning clinics.
Home Visits - Role Play
Day 4 Demonstration - on Barrier methods.
I.U.D.
Film Strip on Mini Laparotomy.
Day 5 - Policy on F.P. } - Evaluation of Course
Post Test
statistics & Reports }

There are 50 participants, and will work in two groups.

Other Health Workers will be given on the job training on 1/2 study day module for four periods.

The Courses will take place at ~~the~~ the Health Centre in Borough A
Transport will be provided daily for staff on training programme.

At the end of the retraining period, it is expected that all personnel engaged in health delivery services would be aware of the gov't's policy regarding population growth, and lend their support to the success of the project in Broma.

This will give them the leverage to utilise of all their energy in assisting their colleagues engaged in giving direct family planning service.

Monitoring

monitoring will be done by

- Continuous assessment of all the activities of the field workers, health workers and family planning workers'
- Checking supplies against inventories and stock lists
- Examining record and
- Descussing with staff. (Feedback)
- By watching the progress and the standards of the work in the program
- By interviews (to know about current knowledge and attide about FP), Discussion and studying report.

Evaluation outline

Process and outcome indicators

- No. of existing health services and outreach ~~activities~~ now providing family planning servic
- No. of visits made by FP workers and health workers to outreach units
- ~~[No. of New clients]~~
- No. of FP workers and H workers providing family planning services
- No. of sessions performed by these FP and H Workers
- No. of new contraceptive acceptors as percent of eligible.
- No. of accidental pregnancy by method used
- % Change in Knowledge and attitude in Broma on FP.
- Change in Crude birth rate in Broma

Evaluation (continued)

Evaluation plan

- Continuous evaluation with Mini-survey each 3 months + Focus group
- Evaluation at the end of the program. (sample survey)

BUDGET

(For 2 years period)

A/ Personnel :-		U.S $
Salary for projet director	(1200/month)	36 000
Deputy director for Programme	(800/m)	24 000
~ ~ ~ Management	(600/m)	18 000
Adminstration officer	(400/m)	12 000
Accountant	(400/m)	012 000
50 Family planning workers [(50X100 X/12]		150 000
Supplementation of 30 Health centres workers' salaries	(30/m)	027 000
IEC officer	(400/m)	12 000
Service delivery officer	(400/m)	12 000
2 drivers	2 X (100/m)	06 000
3 Security men	3 X (60/m)	05 400
5 Field supervisors	5X (150/m)	22 500
4 clerks	4X (150/m)	18 000
1 Secretary	(200/m)	06 000
2 cleaners	2X (60/m)	3 600
A mesenger	(40/m)	01 200
Evaluator	(800/m)	24 000
3 evaluation clerks	3 X (200/m)	18 000
Tootal		441 000

		US $
B/ Equipments & Supplies :-		
2 typewriters	(2 x 4 000)	8 000
Memograph machine		1 000
2 Loud speakers	2 X 200	0 400
20 sphygmomanometers	20 x 10	2 000
20 stethoscopes	20 x 4	0 800
~~Total~~	total	12 200
C/ Stationary		10 000
D Transport		
2 Vans	2 X 14 000	28 000
Services for vans	2 x (50/m)	0 3 000
Petrol	2 X (250/m)	07 500
Bicycle		00 100
Transport allowence for deputy directors (2)	2 x (100/m)	08 000
	Total	46 600
E/ Renovation of offices and office equipments		6000
F/ Training		4000
G/ Evaluation		4000
Total		5 238 00
10% overhead		5 2 3 8 0
Total expenses in 2 years	=	5 7 8 0 8 0

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12
Supervision												
Evaluation												
-miniisurveys												
-focus group discussion												
-follow-up survey												

BROMA PILOT F.P. PROJECT

IMPLEMENTATION PLAN FOR FIRST YEAR

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12
Set organizational structure	—											
Secure funding	—											
Order FP supplies	—						—		—			
Baseline survey												
- office work	—											
- field work, survey, focusgroups		—										
- analysis of data			—									
Develop educational material			—	—								
Community participation workshops												
- community leaders					—							
- factory workers					—							
- schools					—							
- other					—							
Training												
- orientation of trainers						—						
- training for health workers						—						
- refresher course (FP)							—					
- IEC workers							—					
Establish transportation system							—					
Develop N/E radio programme			—									
Integrate Fam. Life Ed. into schools				—								
Provision of services												
- factories						.	.	.	.	.	.	. →
- youth clubs						.	.	.	.	.	.	. →
- markets						.	.	.	.	.	.	. →
- health centers						—	—	—	—	—	—	— →
- hospital						—	—	—	—	—	—	— →

PLAN DU TRAVAIL

I. 1.1. INTRODUCTION

1.2 JUSTIFICATION

1.3 PROBLEME

1.4 OBJECTIFS

II GENERALITES

2.11. Generalities

2.1 PRESENTATION DE LA REGION

2.1.1. RAPPEL SOCIO-GEOGRAPHIQUE

2.1.2. NOMBRE DE VILLAGES et POPULATION

2.1.3. REPARTITION / TRANCHE D'AGE

2.1.4. ORGANISATION SOCIO-POLITIQUE

2.2. STRUCTURES SOCIO-ECONOMIQUES

III PLAN D'ACTION

3.1. STRATEGIE

3.2 ACTIVITES

3.3. RESSOURCES

3.4. STRUCTURES (ORGANIGRAMME)

3.5. SUPERVISION - CONTROLE . EVALUATION

3.6 BUDGET DU PROGRAMME

3.7. PLAN DE MISE EN OEUVRE

INTRODUCTION

LE GOUVERNEMENT AYANT PRIS CONSCIENCE DE L'AMPLEUR DE LA MORBIDITE ET LA MORTALITE, A DECIDE DE DEVELOPPER UN PROGRAMME DE LUTTE CONTRE LES MALADIES DIARRHEIQUES.

JUSTIFICATION

Le comportement, tout comme l'état de santé des populations est lié à de multiples facteurs. Mais nous retiendrons d'isoler le facteur diarrhée pour reconnaitre que la thérapeutique de rehydratation par voie orale (RO) peut éviter efficacement un décès dans les 2/3 des cas de diarrhée. La SRO doit être administrée pendant toute la durée de l'épisode diarrhéique.

Les mères de famille, de même que le personnel de santé, doivent en connaître la préparation et l'utilisation.

PROBLEME

A FICTITIE UNE ENQUETE FAITE EN 1981 A MIS EN EVIDENCE UN TAUX DE MORTALITE DE 50 ‰ DES ENFANTS DE 0 A 4 ANS

UNE ANALYSE DES CAUSES DE CETTE MORTALITE REVELE QUE LA MORTALITE DUE A LA DIARRHEE REPRESENTE 34,2 % DE DECES TOTAL, soit $\frac{50.000 \text{ CAS}}{147\,200} = 17$ ‰

OBJECTIFS LES OBJECTIFS DE CE PROGRAMME SONT:

1. REDUIRE LE TAUX DE MORTALITE DUE A LA DIARRHEE CHEZ LES ENFANTS DE 0 A 4 ANS DE 17% PAR AN A 8% DICI DEUX ANS

2. REDUIRE LE NOMBRE D'EPISODES DIARRHEIQUES DE 5,6 M PAR AN A 2 M DANS LA MÊME PERIODE

GENERALITES LA REGION COUVRE UNE SUPERFICIE DE 70.000 Km² AVEC UN RELIEF PEU ACCIDENTE. ABONDAMMENT ARROSEE, ELLE A DEUX SAISONS, UNE PLUVIEUSE (JUIN A SEPT) ET UNE SAISON SECHE (DEC A MAI)

LES 980 VILLAGES DE LA REGION

ABRITENT 4.910.000 ha SUR UNE POPULATION TOTALE DE 10.000.000 ha.
(LA MOITIE DE LA POPULATION TOTALE HABITE EN VILLES)
RETENONS QUE LES ENFANTS DE 0 à 4 ANS REPRESENTENT 18,4% DE LA POPULATION TOTALE, soit 1.840.000.
LA REGION EST DIVISEE EN QUATRE SOUS REGIONS et 20 TERRITOIRES; ELLE EST SOUS LA RESPONSABILITE ADMINISTRATIVE DU GOUVERNEUR REGIONAL, ALORS QUE LE VILLAGE EST ADMINISTRE PAR UN COMITE DE DEVELLOPEMENT RURAL, AYANT à SA TETE LE CHEF DU VILLAGE.

STRUCTURES SOCIO. ECONO.

. NOUS avons 20 hôpitaux, 198 centres de santé et dispensaires
TOUS LES HOPITAUX SONT IMPLANTES

EN ZONES URBAINES. L'ENSEMBLE DES FORMATIONS SANITAIRES EMPLOIENT

- 200 MEDECINS
- 1 200 INFIRMIERS
- 6 200 AUXILIAIRES DE SANTE

LE DIRECTEUR REGIONAL DE LA SANTE SUPERVISE TOUTES LES ACTIVITES SANITAIRES DE LA REGION.

. TOUTES LES ECOLES DE LA REGION REÇOIVENT 85 % DES ENFANTS DE 6 à 14 ANS

. NOUS SIGNALONS QUE LA REGION EST DESERVIE PAR

- 3.000 KM de ROUTE GOUDRONNEES
- 5.400 KM DE PISTES PRATICABLES (TOUTE L'ANNEE)
- UNE VOIE FERREE QUI LA TRAVERSE
- 5 PISTES D'AVIATION.

. L'AGRICULTURE CONSTITUE L'ACTIVITE PRINCIPALE DE LA POPULATION RURALE

PLAN D'ACTION.

STRATEGIES

1. Promotion de TRO par la formation des personnels de la santé et des mères aux techniques de préparation et d'administration des solutions sucrées et salées devant tout cas de diarrhée

ACTIVITES

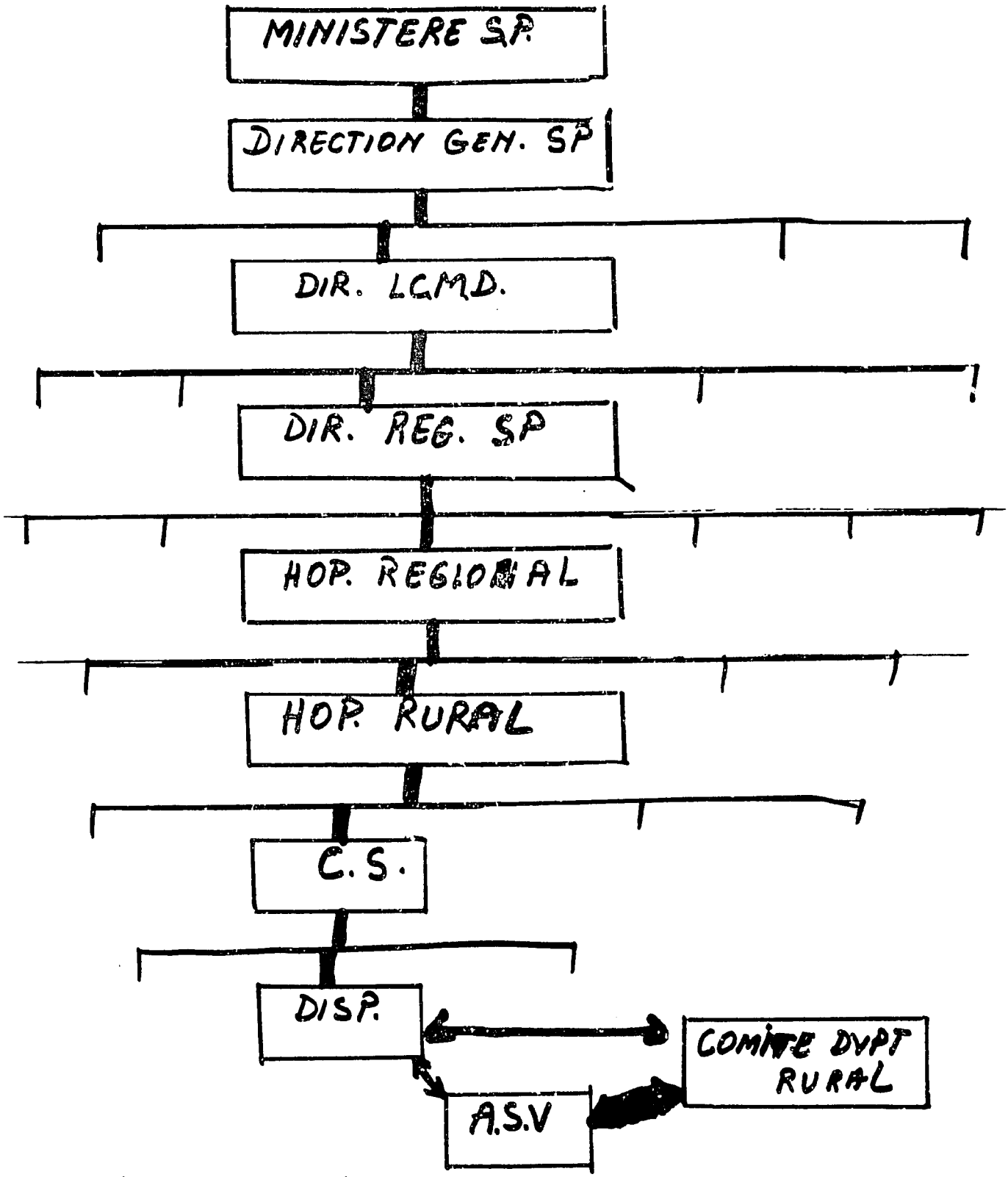
AU REGARD DE LA STRATEGIE, NOS ACTIVITES SONT ESSENTIELLEMENT DES ACTIVITES DE FORMATION:

- IDENFICATION ET SELECTION DES PERSONNELS A FORMER (INFIRMIERS ET AGENTS DE SANTE VILLAGEOIS)
- IDENTIFICATION DES FORMATEURS
- ELABORATION DES PROGRAMMES DE FORMATION

- PREPARATION DU MATERIEL PEDAGOGIQUE
- MISE EN PLACE DE TOUTE LA LOGISTIQUE POUR LES FORMATIONS
- SEMINAIRE DES FORMATEURS DE FORMATEURS (5 formateurs)
- SEMINAIRES DE FORMATION DES INFIRMIERS :
  - Infirmiers à former 218
  - Session de formation 5/AN
  - Infiers/session = 44
  - Durée/session = 1 semaine
  - Durée totale formation 5 semaines.
- SEMINAIRES DE FORMATION ASV
  - ASV à former 980/soit 4 ASV/Inf.)
  - Session de formation 1 jour
  - Durée totale formation 1 mois/AN
- VISITE DE SUPERVISION, CONTRÔLE ET EVALUATION : tous les 2 mois

8'

ORGANIGRAMME. (DE SERVICE)



Lien d'autorité
Lien de communication
Lien fonctionnel

- EVALUATION GLOBALE DU PROGRAMME :

à la fin de l'année

* Indicateurs du processus

• NOMBRE DE PERSONNELS FORMÉS
DE MERES FORMÉES
DE SEMINAIRES ORGANISÉS
DE CENTRES APPLIQUANT CORRECTEMENT LA TRO

* Indicateurs de resultats

• Taux de prévalance
• Taux de décès
• Comportement des mères et personnels.

BUDGET

Notre programme se base sur les ASV qui sont bénévoles, les infirmiers qui sont salariés et travaillant dans les formations

sanitaires existantes. Nous utiliserons des materiels locaux.

COÛT DE FORMATIONS

- FORMATION DES FORMATEURS :

pas de dépenses supplémentaires

* FORMATION DES INFIRMIERS

. FRAIS VOYAGE (BUS) B 10.00 × 2 × 218 = B 4,360.00

. LOGEMENT B 5.00 × 7 × 218 = B 7,630.00

. REPAS B 6.00 × 7 × 218 = B 9,156.00

. ARGENT DE POCHE B 2.00 × 218 = B 436.00

* FORMATION AGENTS DE SANTE

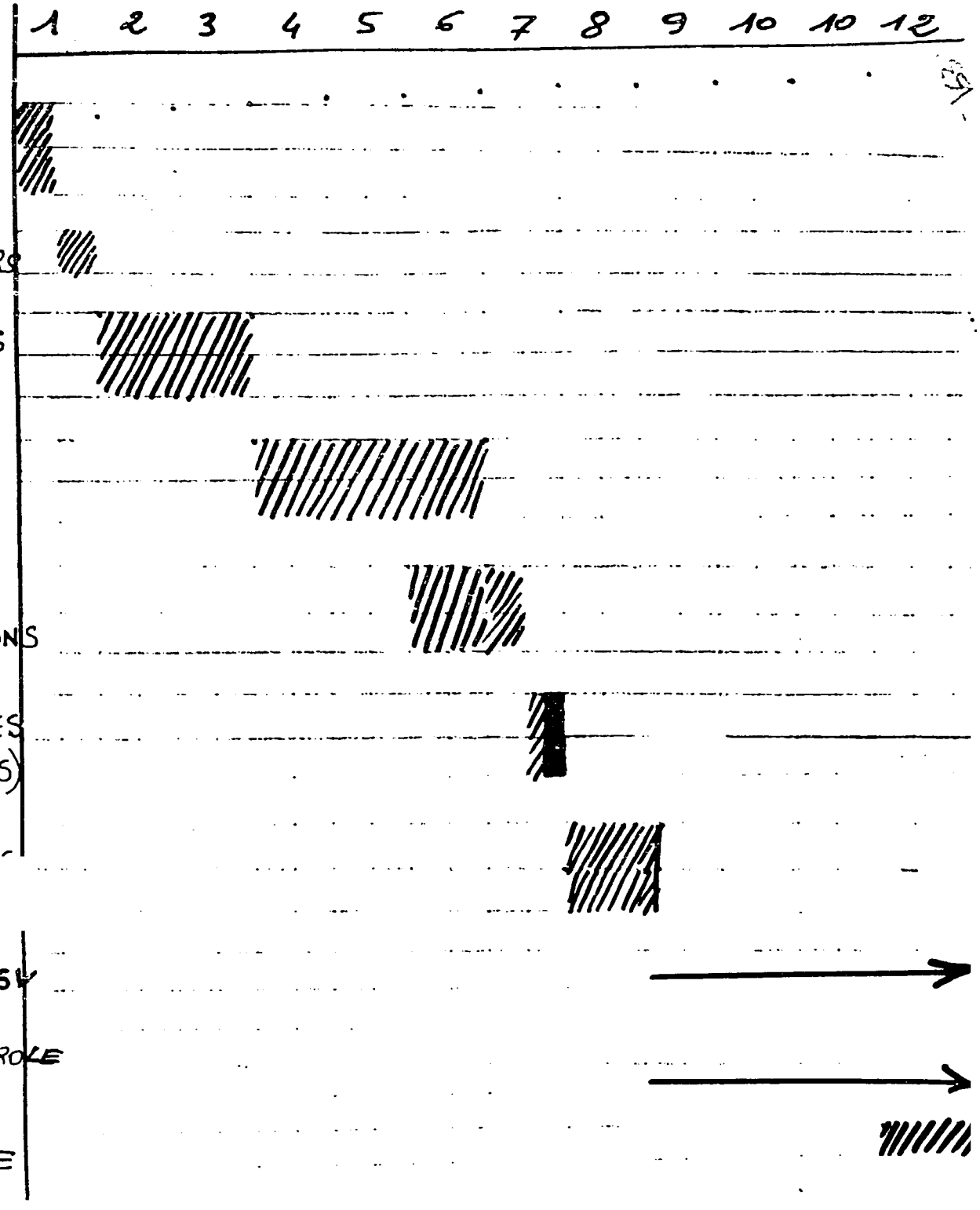
. FRAIS MISSION INF B 10.00 × 4 × 218 = B 8,720.00

* SUPERVISION. 6 visites/an par inf.

→ ~~B 10.00 × 24 NUM~~ B 10.00 × 24 × 218

= 52,320.00

ACTIVITES



1) IDENTIFICATION & SELECTION DES PERSONNELS A FORMER

2) IDENTIFICATION DES FOR'TEURS

3) ELABORATION DE PROGRAMMES DE FORMATION

4) PREPARATION DU MATERIEL PEDAGOGIQUE

5) MISE EN PLACE DE T^TE LA LOGISTIQUE POUR LES FORMATIONS

6) SEMINAIRE DE FORMATION DES FORMATEURS (5 FORMATEURS)

7) SEMINAIRES DE FORMATION DE INFIRMIERS

8) SEMINAIRE DE FORMATION DES ASV

9) VISITE DE SUPERVISION, CONTROLE ET EVALUATION:

10) EVALUATION GLOBA DU PROGRAMME

* ENTRETIEN VEHICULES
  $ 500.00 x 5 = $ 2,500.00
* CHAUFFEURS : 15,800.00
* FRAIS ENGAGÉS / ORGANISATION DE SEMINAIRE (divers) = $ 654.00

TOTAL DEPENSES POUR TOUTE L'ANNEE $ 101,576.00

CONCLUSION.

LA DIARRHEE PEUT ETRE EVITEE GRACE A LA PROMOTION DE LA THERAPEUTIQUE DE REHYDRATATION PAR VOIE ORALE, A L'AMELIORATION DES CONDITIONS SANITAIRES, et A L'APPROVISIONNEMENT EN EAU POTABLE.

FAMILY PLANNING, NUTRITION & PRIMARY HEALTH CARE FOR AFRICA

PILOT STUDY on:

"DIARREAL DISEASE IN CHILDREN UNDER 5 YEARS OF AGE IN ALPHA AREA OF COASTAL REGION OF FICTICIA COUNTRY"

GROUP "B"

DR. ELBAGIR ALI ELFAKI
MRS. ALICE M. LAOYE
MRS. FLORENCE A LAWALE
MISS. FOLASADE M. LONGE
MRS. MOJISOLA M. OYELAMI
MR. MICHAEL PENSAK

165'

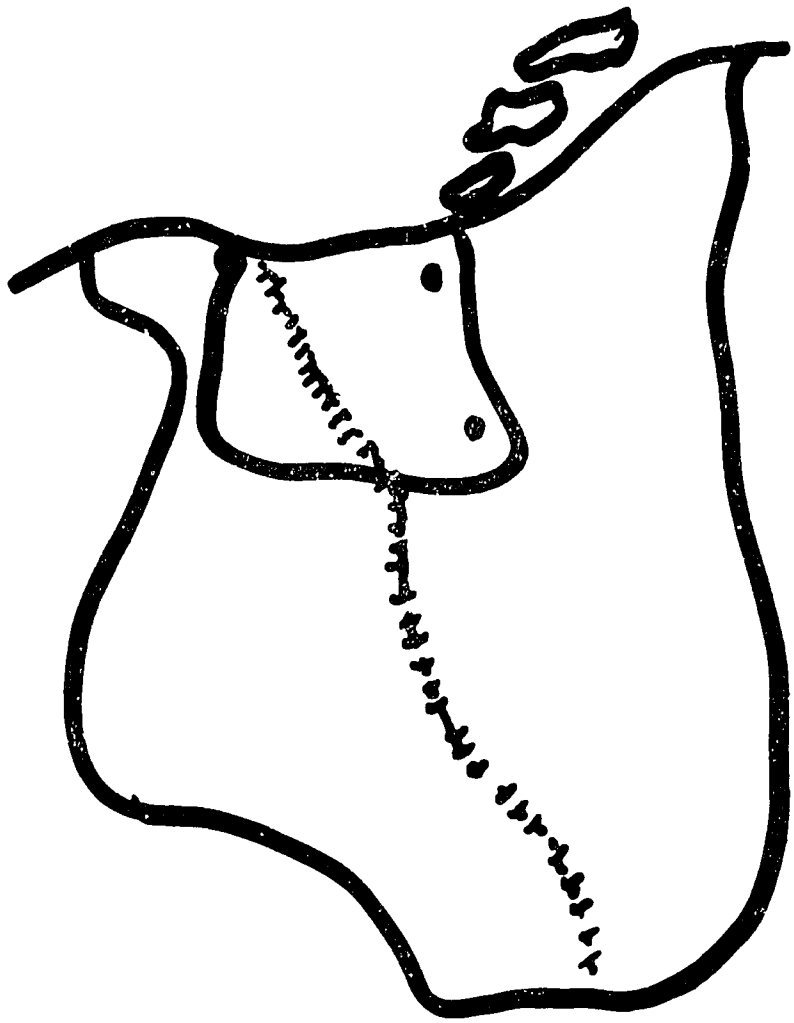
This is a Pilot study in a district area of The coastal region in The Ficticia Country "alpha area" - "The Catchment area"

~~This~~ alpha is a rural area of 35000 Population (1980 census), in an area of 1050 Km^2 i.e 50x21 Km, it contains 18 villages ~~each~~ ~~one~~ is between (1200 - 2500 Pop.)

Geography and climate. alpha area is a Tropical fertile farm and Plain, with some forrest, the rainfall region is mainly in the summer Time but sometimes extend to The Autum months, The main river of The region run Through east Part of The catchment area (alpha) only about 12 Km.

Most of the inhabitants are farmer (80%), and 17.5% are labourers and only 2.5% are Governmental workers, The Percapita income is less Than 300 $ i.e one of The Least developing Countries., and the illitracy rate is 72%.

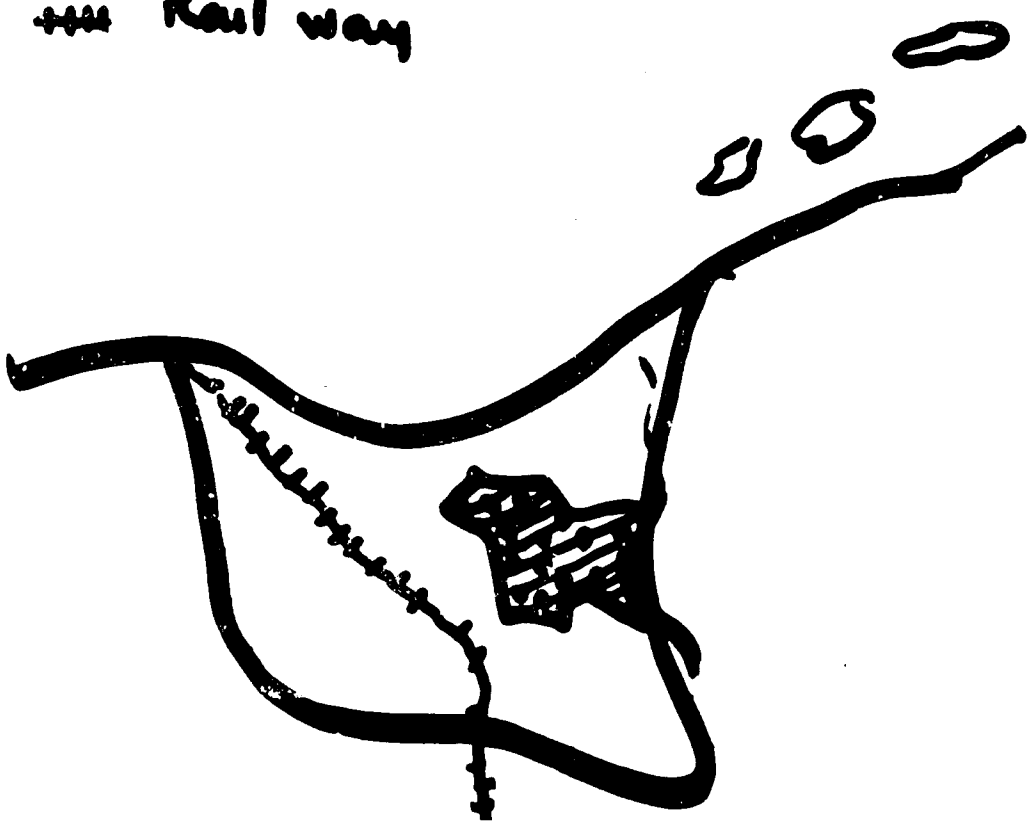
2



Country of Fiercus

Showing Coastal region

+++ Rail way



COASTA Reg.

Showing The Project area

3

IN The alpha area there are 18 Primary School, 4 intermediate school, 3 social clubs and 3 markets with other religious centres. (see table I). also There are 10 Dispensaries one in each villages and (10 villages) and 6 Dressing stations and one health centre and one of The villages has not health facility.

Transport in the area is one of the Constraints., mainly by lorries (irregular) and Expensive, and the only van available in the area serving The north Part of The catchment area connecting it with the nearest town (50 miles) once/week,

<u>Roads</u>: Most of the roads 90% are unpaved and rather impossible To use in rainy Seasons.

<u>Other organisation</u>: There are 2 health Programmes going on in The area. (EPI) Programme for The Last 10/12 and Newly started Programme (control of malaria) Both going with National Health Programme x 5 years Can.

A

Educational and Health facilities in the alpha area

Village No	No of sch	Intermediate school	High School	Disp.	D.D	H.C	Market
1	1	1		1		1	1
2	1			1	1		
3	1			1			
4	1	1	1	1	1		
5	1			1			
6	1			1			
7	1			1			1
8	1	1	1	1	1		1
9	1			1			
10	1			1	1		
11	1			1			
12	1			1			
13	1	1		1	1		1
14	1			1	1		
15	1			1			
16	1			1			
17	1			1			
18	1						

"COMMONEST HEALTH PROBLEMS"

Morbidity & Mortality (0-5) y

Health Problem	No. of Deaths	%
Diarrhoea	119.7	34.2
L.R.Tr. Infect.	43.05	12.3
measles	42	12
Neonatal T.	30.1	8.6
other Neo. N. C	21	6
mal Nutrit.	17.85	5.1
malaria	17.85	5.1
Pertussis	17.85	5.1
other Causes Diphth., Acc T.B, Skin inf .... etc.	40.6	11.6
Total	350	100%

N.B. No. of Deaths (350) Annually

160

6 By looking at the major health problems encountered in the Alpha area (Table II.) we will found that the diarrhae & the measles are the most serious common health problems. This obtained from the recent information about leading causes of morbidity and mortality in children under 5 years of age (compiled by the staff in ministry of health, survey and statistic Dept. in collaboration with school of medicine.

Since the diarrhae comprises 34-2 of causes of death, affecting helpless fairly big sector of pop. (20%) under 5 years of age, and life condition while both (vernmen can help very problem... we chosed this problem to be our project problem.

7 DISTRIBUTION OF The Population By: AGE x Sex in The project area:

AGE / Sex	(0 - 4) (20%)	(5 - 14) (30%)	15-44 (45%)	45+ (5%)
MALE	3700	5500	8000	950
Female	3300	5000	7500	800
Total	7000	10500	15750	1750

* Data used in this programme are :

Birth Rate (live births)	40/1000
Crude Death rate	20/1000 po
Infant Mortality rate (IMR) (< 1 year)	100/1000 (Live birt
under 5 years MR	50/1000 (pop. under 5

4. <u>Programme Objective</u>

To reduce the incidence of mortality among children 0-5 years due to severe dehydration caused by diarrhea diseases by 75% within 1 year of operation in the catchment area, Alpha.

5 Giving the objective stated above, the plan of action is presented below under various ~~bu~~ sub-topics.

a. The Interventions to be used are

(i) Health Educating the entire community about the diarrhea disease:

(ii) Teaching [redacted] women in reproductive age about diarrhea disease.

To achieve these inter-ventions,

the following would be used

Existing Health workers in the community

Trained Health Workers.

Women groups in churches & mosques, social clubs.

School teachers.

Mass media, jingles, songs & poems

Posters, Handbills etc.

The activities to be carried out are,

i Recruitment & Selection of supervisor

ii Supplies

iii Sensitizing the population.

iv Recruitment of VHWs.

v. Training of VHWs.

vi Service delivery

vii Health Education

viii Supervision & [redacted] Monitoring of personnel & project activities

Evaluation.

THE NUMBERS OF PEOPLE INVOLVED.

1) THE District Health officer.

2) The chief Coordinator of Some Programmes e.g. EPI, F/Pet

3). The Coordinator of Oral Rehydration Therapy Project

4). The Supervisor

5) The Health worker (voluntary)..

6). The mothers.

QUALIFICATIONS OF THE PEOPLE

1) DISTRICT Health officer - medical Doctor

2) The chief Coordinator - medical Doctor on Public Health.

3). The Coordinator - Experienced Health personnel (Registered Nurse or Mid wife).

4) The Supervisor - Registered Nurse or Midwife

5) The voluntary Health Worker - Have minimal education or may not be litrate.

characteristic of The Voluntary Health Worker.

Enthusiasm, Willing to Learn and accept correction.

- Willing to be a voluntary worker without any Incentives.
- Ability to attend the training Programme
- must be friendly and sponsored by the Community
- must not be self Centered (ability to Interact freely with others)
- Have minimal education or may not be literate.

male or female either sex can participate.

must be self Confident.

The TARGET POPULATION

8000 women of child bearing ag

i). 7,500 females below age 15

i). 4,000 children under 5

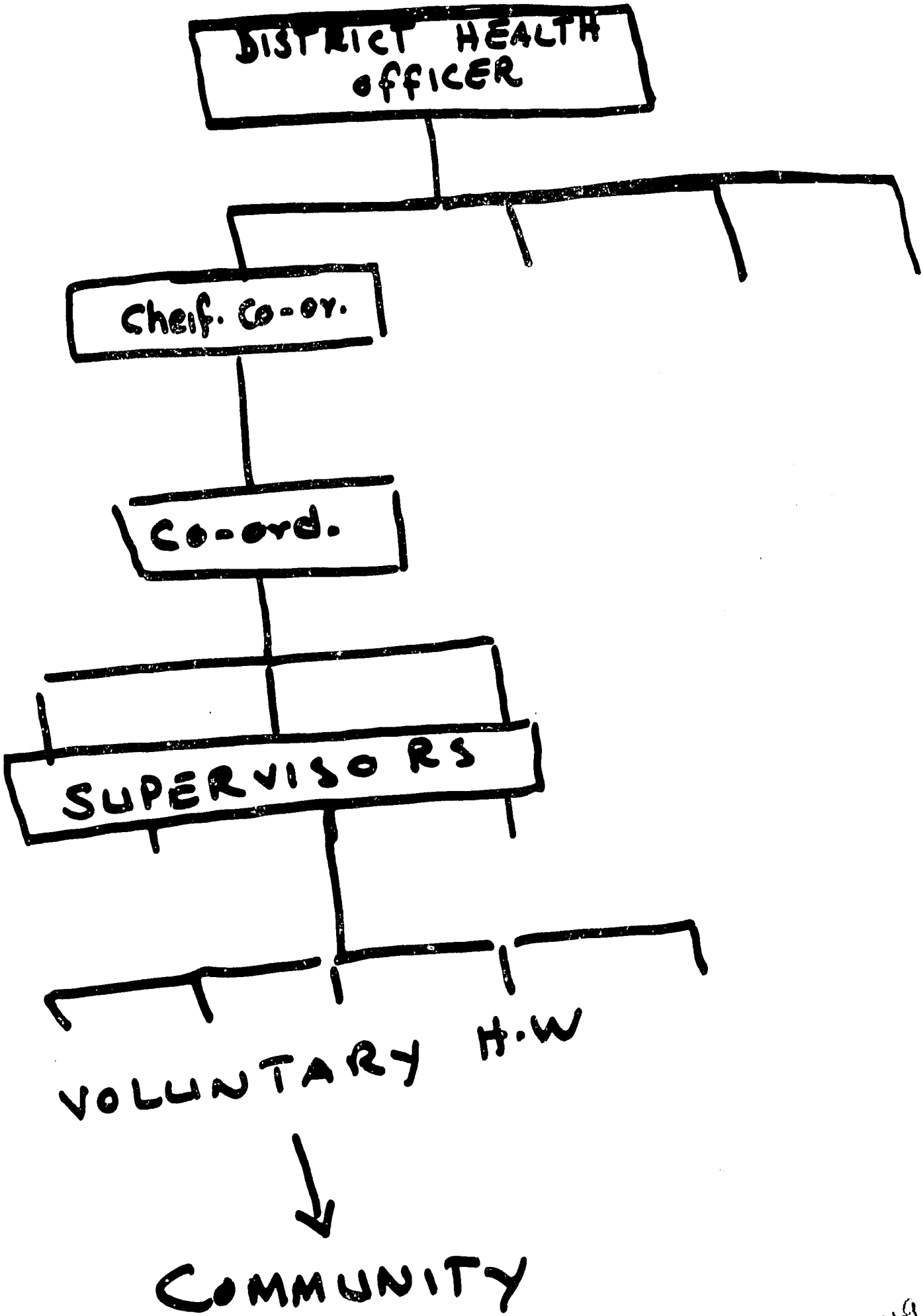
The training will be divided into zones and phased.

60 agents (voluntary health workers)

10 zones

800 mothers per zone.

6 Supervisors will train 16-25 health workers at three different centres within a short period.


DISTRICT HEALTH OFFICER
Cheif. Co-or.
Co-ord.
SUPERVISORS
VOLUNTARY H.W
COMMUNITY

5E.1 SUPERVISORY Requirements.

Job Description of the Health Worker

1). To Identify and assess the health needs of the Commu

2). To encourage community participation in utilizing th available resources on preparation of Salt and Sugar Solution.

3). To create awareness of the Importance of good environmental and preventive measures on the occurence of diarrhoea.

4). Maintain the correct mixture and standard in Preparation of both home preparation and pre-Packed Sachet.

5). knowing limitations, detecting early Signs and Symptoms of diarrhoea Complications and ability to convey this knowledge of Limitations and recognising danger Signs with prompt referral to the mothers.

6). must be able to assess the Impact of the trainin on the reduction of diarrhoea in the Community.

7). To organise and Supervise environmental Sanitation Campaign.

8). To act as liason personnel between the mothers Community and the [illegible] fficials.

Job Description of The Supervisor.

1. Ability to train voluntary health workers and to participate in the training of trainers with good teaching methodology.
2. To carry out both Scheduled and Unscheduled visits to the health workers.
3. Report Problems found during the visit promptly and regularly to program Coordinator.
4. To have a written guideline for the visits e.g. use of check list.
5. Ability to visit at least once every 2-3 month each health worker. This may lessen during the rainy Season.
6. A problem solving and educative approach should be the focus of supervision as opposed to policing.
7. must have a good record keeping logistics and good reporting System.

Voluntary Health worker should check on others and see if she is mixing correctly

· V. Health worker must be able to utilize by marking the monthly work sheet correctly.

SUPERVISOR (1). Supervision will be done monthly

2). Check list must be use appropriately.

3). Problems encountered must be corrected.

4). The supervisor should assess the knowledge of the health worker by asking series of questions while the health worker must be able to answer promptly, indicating that he has correctly retained what he was taught.

5). The supervisor should check the personal and home condition of the health worker to see if she is potraying the good image on sanitation.

5F, THE TRAINING REQUIREMENTS

CONTENTS	MATERIALS
RECOGNITION OF SIGNS AND SYMPTOMS OF DIARRHOEA AND DEHYDRATION.	CHALK BOARD POSTERS CHARTS MODELS FLANNEL-GRAP. FLIP CHART
THE DANGER SIGNS	
PREPARATION OF HOME MADE SOLUTION-ORS,	SALT, SUGAR ORALYTE I SATCHET,
SUPPLIMENTARY DIET	BOTTLES-E.G COKE, STOUT AND BEER BOTTLES.
REFERRAL SYSTEM AFTER 24 HOURS IF NO IMPROVEMENT.	BOILED OR CLEAN WATE 3 mls. SPOO

(1

DURATION OF TRAINING
- - AYS.

5 TRAINING REQUIREMENTS CONT'D

METHOD	EVALUATION.
FOCUS GROUP DISCUSSION	QUESTIONS
	RE-DEMONSTRATION
LECTURE	BRAIN STORMING
REPETITION	DISCUSSION
BRAIN-STORMING	ROLE PLAY
EDUCATIVE SONGS	NOMINAL GROUP METHOD
ROLE PLAY	
DEMONSTRATION	
USE OF SLIDES.	

2

5G, THE REQUIRED RESOURCES — SUPPLIES, EQUIPMENT, FACILITIES AND TRANSPORT.

SUPPLIES	EQUIPMENTS
PRE PACK SATCHETS FROM THE GOVERNMENT.	SALT SUGAR KETTLES BOTTLES BOWLS 3 MLS-SPOON
FACILITIES	**TRANSPORT**
HEALTH-CENTRE DISPENSORY SOCIAL CLUBS RELIGIOUS CENTRES	VEHICLE WE NEED ONE VAN.

3

175

BUDGET

A. Personnel

(1) chief coordinator (not charged to project)	
(2) Coordinator of ORT for Coastal Region $500/month x 12 months	6,000
(3) Supervisors/Trainers 6 @ $300/month x 12 months	21,600
(4) Village Health Workers 60 @ $50/year (incentive)	3,000
(5) Driver $150/month x 12 months	1,800
(6) Project Secretary $250/month x 12 months	3,000
Subtotal	35,400

B. Supplies and Equipment

(1) training sets for VHW's 60 @ $20	1,200
(2) administrative supplies	350
(3) office furniture	500
(4) communication services	350
(5) health education materials	500
(6) van (including insurance)	15,000
(7) gasoline & spare parts	2,000
Subtotal	19,900

C. Training

(1) travel and per diem for VHW's 60 @ $40	2,400

D. Miscellaneous Expenses

	1,000

Total $58,700 US

H.

MONITORING AND EVALUATION PLAN

THE PURPOSE OF MONITORING

- To help V.H.Ws to discover their strengths and weaknesses.
- To reveal to the supervisors to what extent further training would lead to improved work performance.
- To identify some causes of work deficiency
- To help solve personal problems.
- To resolve dispute if any among team members

An Example of the checklist to use in Assessing Work Performance

Code Y = yes , N = No , P = Partially

		DATES				
Work relations						
	a) Arrives punctually at work					
	b) Relates with other colleagues and trainers.					
OUTPUT	a) The clinic register shows good attendance					
	b) Has achieved target in home visit					

			DATES		
PUT CONT'D.		& teaching mothers			
SKILLS		Recognizes the beginning signs of dehydration			
	b.	Detect at risk mothers.			
	c	use of ORT technique is adequate			
	d	Supplies & stocks well arranged			
	e	Submits report regularly.			
XTRA	1.	Participate in other Community Activities			

H

Example of Health Record

Year — month — Name of V.H.W. —

1. No of cases of diarrhoea reported
2. No of patients seen during the month.
3. No of patient referred
4. No of complications encountered e.g. severe dehydration
5. No of death due to diarrhoea disease.

Other V.H.Ws. Activities —

V.H.Ws' Comment —

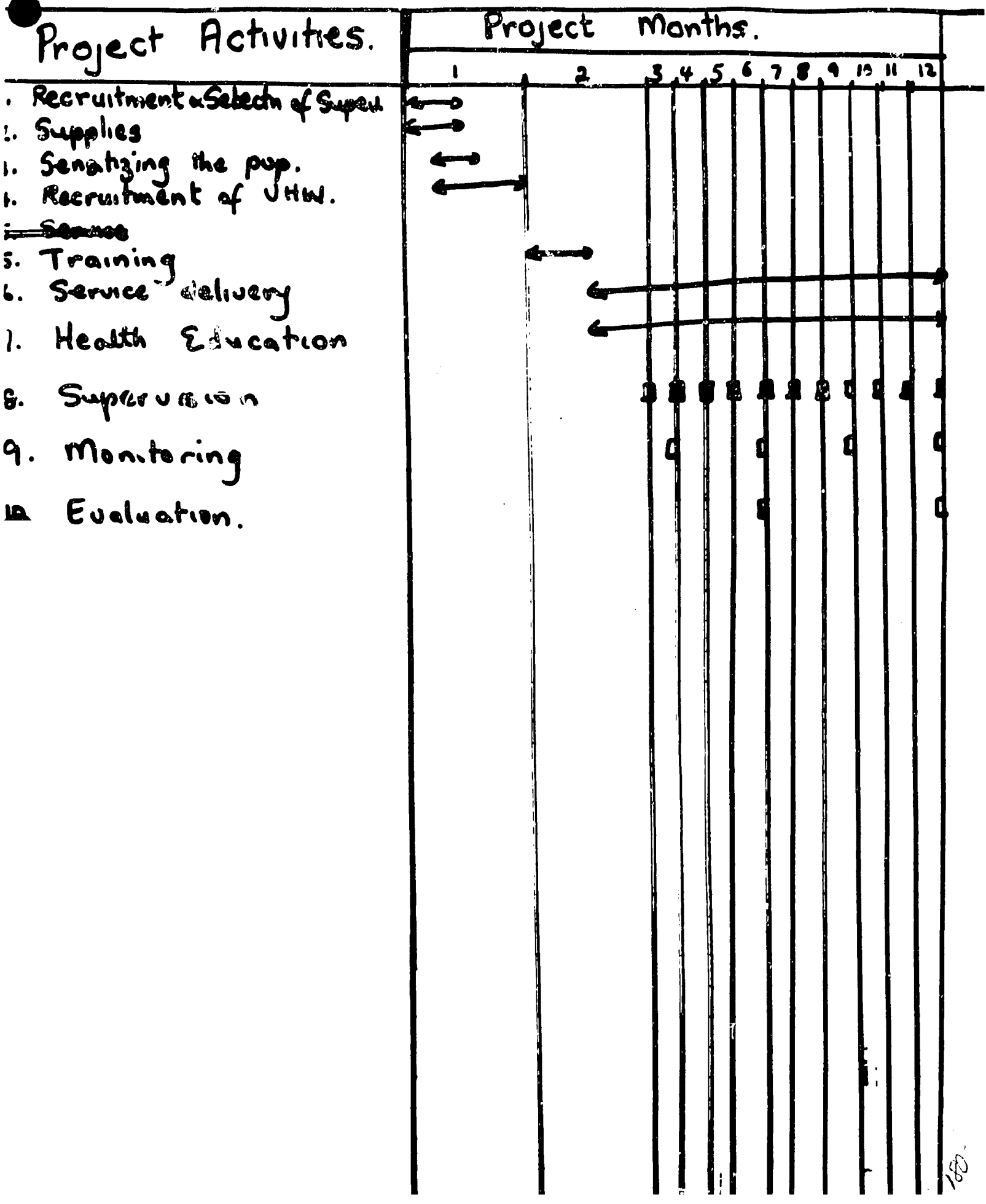
Supervisor's Comment —

N.B.

Through discussions, personal problems will be examined & solutions found to them.

— All records would be analysed and Information sent to the Coordinator.

J. The implementation plan for the first year of the program.



H

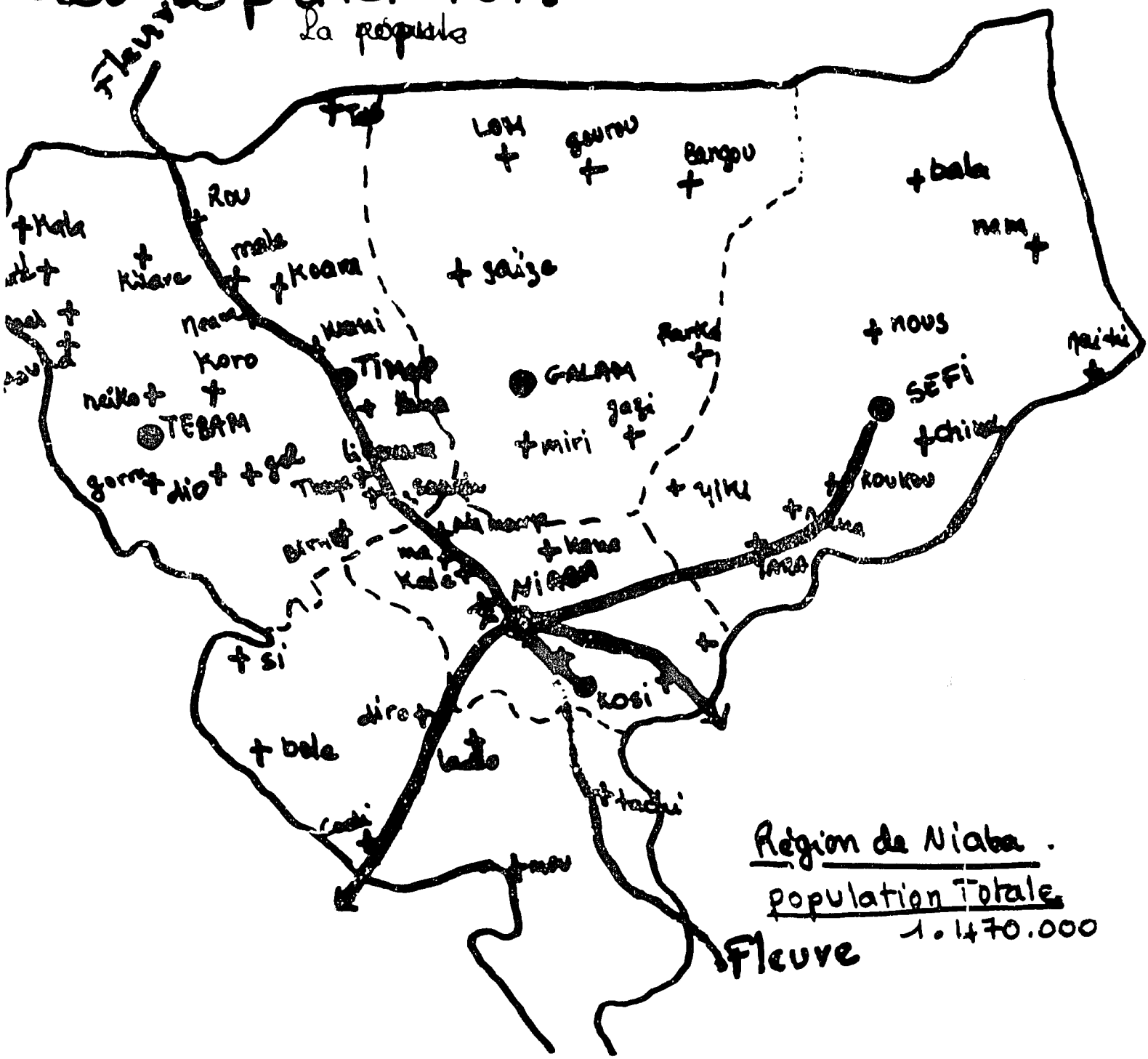
Evaluation Plan

— We evaluate to see if we are making progress or achieving the land down objective through data collected at the health centres of each zone: to see if the mortality rate due to diarrhoea disease has decreased. And if so, by how much?

La Présentation Physique

La Population

La population



Région de Niaba.

population Totale

1.470.000

Introduction

Le groupe E composé des participants du MALI et du NIGER se sont proposés au cours de l'exercice d'application sur le processus de planification d'étudier les problemes sanitaires de Nima Pays fictif (NIGER, MALI).

Les donnees contenu dans ce document sont empruntées au NIGER et au MALI. Le groupe a tenté dans l'elaboration de ce document de faire ressortir les étapes enseignees au cours. Nous sommes conscients des limites de notre travail bien que l'exercice s'inscrive dans le cadre d'un apprentissage.

Nous aspirons que l'exercice de nos fonction nous permettra de maitriser le processus appris.

Composition du groupe

- MALI
  - Dr DOUCOURÉ Arkia
  - Mr TOURE HAMIDOU
- NIGER
  - Mme BOUBE FATOUMA
  - Dr AYOUBA DOGON-YARO
  - Dr Traore MAMADOU SARATOU
  - Dr BAKO DAOUDA

Presentation physique

La region de Niaba est une des 4 ions de la Republique de Nima et couvre une superficie de 70.000 km² dont 12% de erres cultivables. ELLE se caracterise par 2 ones climatiques :

- une zone Sahelienne
- une zone desertique

On y distingue 2 saisons

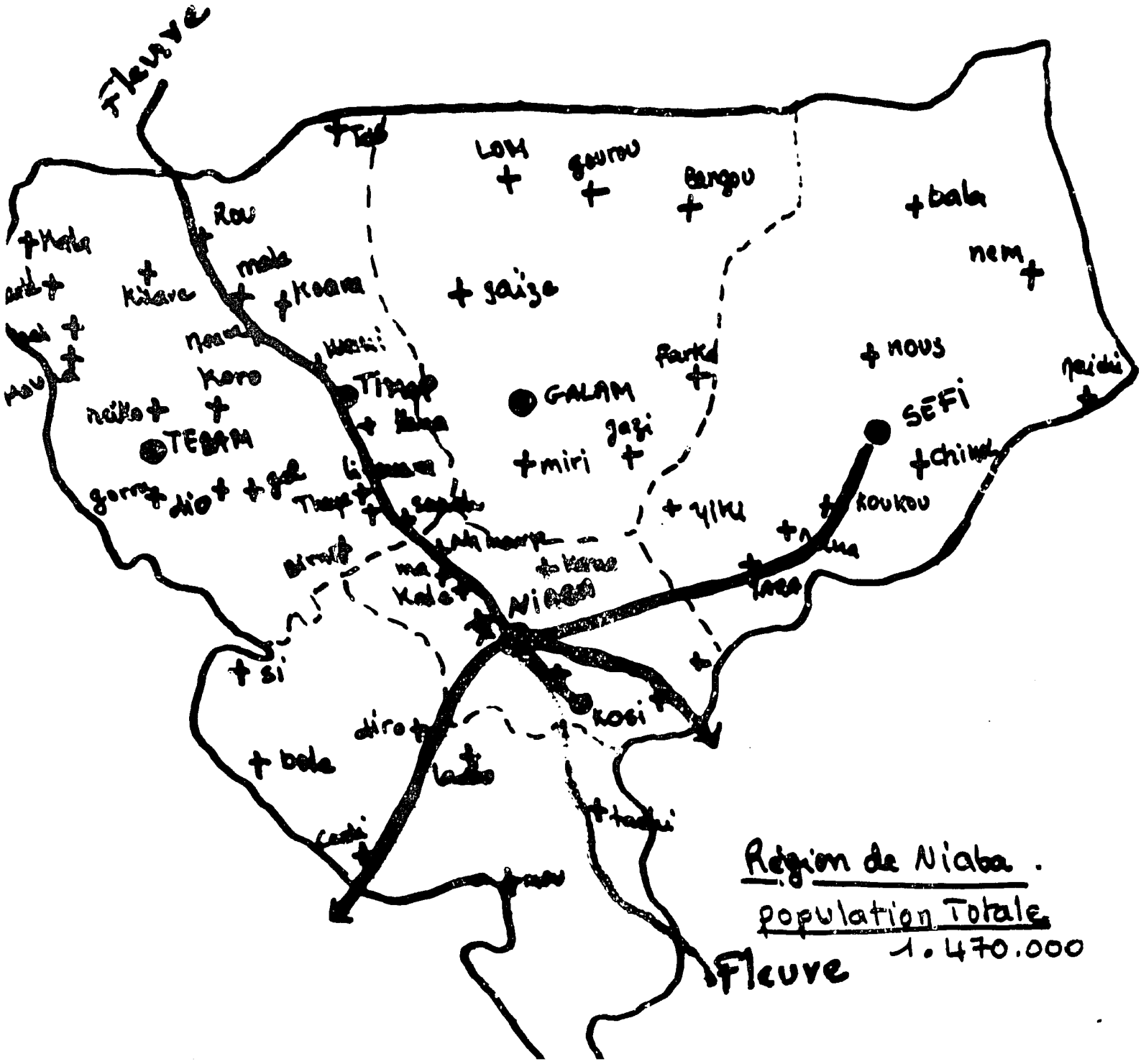
- une saison seche
- une saison pluvieuse qui dure

eneralement 3 mois (Juillet, Août, Septembre) ivec des precipitations allant de 400 à 800 mm. on compte 2 rivières, 3 mares permanentes ares semi-permanentes et 1 fleuve.

c'est une region de plateaux et de col- ines avec 300kms de routes goudronnees, 250 ms de pistes praticables toute l'année et un iste d'aterrissage. Le moyen de transport oderne est très peu dereloppé. La population rurale utilise des chevaux, des chameaux ânes et des charettes à traction animale.

Du point de vue administratif, egion de Niaba est subdivisée en 6 arron- lissements et compte 6 villes et 1450 vil-

La Présentation physique



Région de Niaba.

population Totale

1.470.000

La population

La population de la region de Niaba
s'élève à 1.470.000 habitants. La densité
est relativement élevée dans le Sud 57 hts/km²
La population est rurale à 84% et se repartit
selon les groupes d'âge suivant

- 0 – 4 ans : 283.710
- 5 – 14 ans : 354.330
- 15 – 44 ans : 351.330
- 45 et +
- Les autres caracteristiques de cette population
- taux de natalité : 52 ‰
- taux brut de mortalité : 26 ‰
- taux d'accroissement naturel : 2,7 %
- taux de mortalité infantile : 134 ‰
- taux de mortalité des enfants de 0 – 5 ans : [illegible]
- nombre de femmes en âge de procreer : 27[illegible]

La Société

Dans la region de Niaba, il existe plusieurs dialectes, mais une seule langue nationale appelé le [illegible] français étant la langue officielle.

La population est composée en majorité de musulmans 50%, 25% de chrétiens, 12,5% d'animistes et 12,5% autres. C'est une population qui est assez conservatrice : c'est ainsi que l'accouchement maternel est de rigueur dans cette region. Il est bon de noter toutefois l'existence de certains tabouts alimentaires et croyances qui peuvent porter préjudice à la santé du jeune enfant. En effet l'enfant ne peut pas manger un oeuf avant qu'il ne perde il ne doit recevoir aucun supplément alimentaire avant de marcher ; il ne doit pas manger la viande, il ne doit pas manger du maricot sous peine d'avoir des parasites, et l'enfant rougeoleux ne doit pas être lavé.

Il faut aussi déplorer la pratique du sevrage tardif chez les enfants dès lors que la mère constate un retard de règle. Enfin la population croie profondément aux thérapeutes traditionnels.

La Politique

Niaba fait partie integrante de la Republique
ique de Nima où il existe un seul parti politique
tenu par differentes associations socio-professionnelles
armi lesquelles :

- une association de femmes
- une association de jeune
- une association islamique

Toutes ces associations ont des antennes dans les
illes et villages

L'economie

A Niaba la majeure partie des investissements
pose sur le budget annuel des collectivites qui est
environ : 6 % de ce budget est affecté au
ecteur santé.

L'agriculture et l'elevage constitue le support
e l'economie de la region de Niaba. Une insecurité
manente pèse sur ces deux domaines compte tenu
le la faiblesse de la pluviometrie.

L'agriculture est pratiquée par plus de 90 %
le la population. On y cultive du mil, du riz, du sorgho
t du Niebe. Les fruits et legumes ne sont disponibles
qu'à une certaine période de l'annee. On y produit
galement de l'arachide, mais à des fins commerciales.

L'elevage constitue la seconde source de richesse
chesse de cette région. Malgré tout la consommation
iande est relativement faible dans cette région, le bétail
st utilisé en grande partie pour l'exportation.

Les besoins en cereales estimé à 250 Kg par personne
onne et par an sont generale ment couverts en dehors
eriodes de secheresse qui sont cycliques et surviennent
resque tous les dix ans. Ce phenomène climatique
romet sérieusement l'equilibre économique, sanitaire et
utritionnelle. Mais des efforts importants doivent être
matière, de sensibilisation sur la nécessité d'une ration
mentaire équilibrée. La pratique de l'élevage parcourant
alides et les activités commerciales citées ci-dessus contribuent
maintenir le revenu annuel moyen à 350 dollars US par tête

La Santé

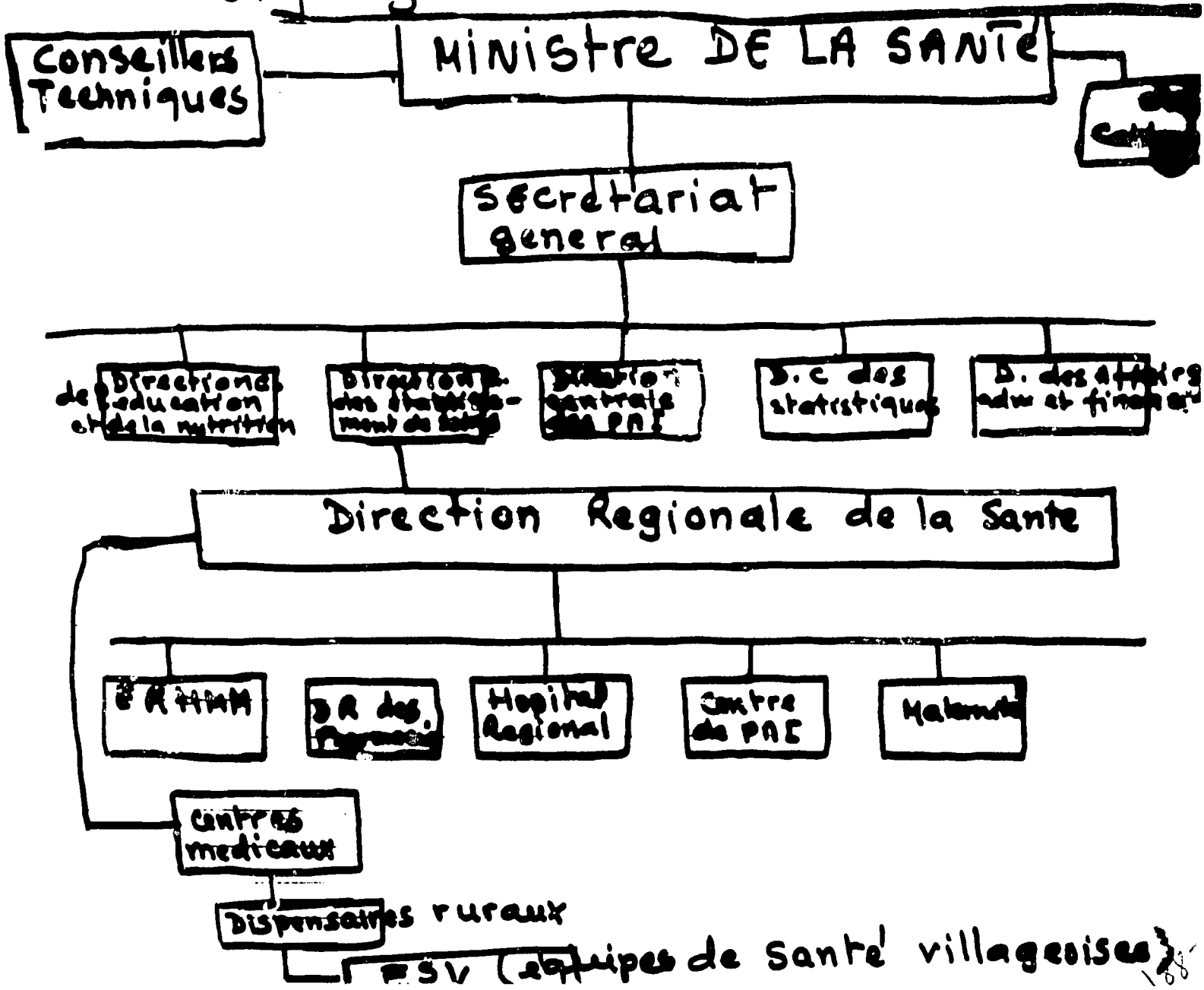
1) Politique gen[redacted]

En Republique de NIMA on trouve un double systeme de medecine : un système de medecine moderne et un autre de medecine traditionnelle.

Bien que la population reste fermement confiante aux guerisseurs traditionnels, seul le premier systeme a reçu l'aval du gouvernement et beneficie de ce fait d'une certaine organisation sous la responsabilité d'un Ministre de la Santé avec un organigramme permettant de mettre en evidence 3 niveaux

- un niveau central
- un niveau regional
- un niveau peripherique

Organigramme du Ministère de la santé



Santé (suite de la politique generale

Le gouvernement de Niaba a souscrit pour l'objectif social de santé pour tous d'ici l'an 2000 et a mis en place un systeme de soins de santé primaire.

Le système de santé se caracterise par la decentralisation des activites et du niveau de prise de decision, ainsi que la participation active de la population dans la resolution de leurs problemes de santé.

Toutes les institutions publiques du pays ont pour mission de dispenser d'une maniere intégrée les soins préventifs, educatifs, curatifs et promotionnel. Ces soins sont gratuits pour les indigents et les étudiants. Le principe de la quote part est de rigueur pour les fonctionnaires.

C'est ainsi que l'organisation sanitaire de la région de Niaba est conforme aux orientations de la politique generale en matiere de santé. On note dans cette region l'existence de 3 programmes sanitaires en cours d'execution, il s'agit de:

- PEV (programme elargi de vaccination)
- programme de lutte contre les maladies diarrheiques
- programme de lutte contre le paludisme.

② - Les infrastructures

Dans la region de Niaba il existe:

- 1 hopital regional d'1 capacité de 295 lits
- 6 centres medicaux
- 54 dispensaires
- 6 maternités
- 2 centres de PNI*
- 1 direction regional de l'hygiene et de la medecine mobile
- 1 centre antituberculeux
- 4 pharmacies
- 10 depots de vente de médicaments essentiels

* N.B: les activites PNI font partie integrante des prestations assurés par toutes les formations sanitaires et les ESV

3)- Personnel

Dans la région de Niaba il existe :

- 12 medecins dont 1 medecin pour 115 [illegible]
- 1 pharmacien dont 1 pour 1.470.000 hts
- 2 dentistes dont 1 pour 694.134 hts
- 45 infirmiers diplomes d'etat dont 1 pour 30.850 hts
- 90 infirmiers certifies dont 1 pour 15425
- 18 sage-femmes dont 1 pour 77.126 hts
- 1 assistant social dont 1 pour 1.470.000
- 11 aides sociaux dont 1 pour 126.269 hts
- 1142 secouristes dont 1 pour 1215 hts
- 1148 matrones dont 1 pour 1209 hts
- 120 femmes relais dont 1 pour 12262 hts

4)- La Pathologie

La pathologie à Niaba est essentiellement infectieuse, parasitaire et nutritionnelle. Les maladies transmissibles constituent les principales causes de mortalité chez l'adulte et particulièrement chez l'enfant. Les taux communément admis dans ce pays sont les suivants:

- maladies infectieuses 24,1 %
- Paludisme 21 %
- maladies diarrheiques 20,5 %
- malnutrition 20 %
- accidents 1,9 %
- autres 12,5 %

En 1984, sur un total de 3.302.350 consultants la frequence des maladies les plus courantes est la suivante :

- maladies infectieuse 20 %
- Paludisme 17 %
- maladies diarrheiques 15,6 %
- malnutrition protéino-calorique 15,3 %
- affections broncho-pulmonaire 13,1 %
- les conjonctivites 7,3 %
- les plaies 5 %
- les affections dermatologiques 4,3 %
- autres 2,2 %

3) - Logistique

- l'hopital regional dispose de 2 ambulances et d'1 vehicule de liaison
- Dans chaque centre medical, il y a 1 vehicule tout terrain et 1 ambulance
- Dans chaque dispensaire rurale il y a 1 mobylette
- l'equipe mobile a 5 vehicules
- 1 vehicule pour chaque centre de PMI
- au ⁰ du centre regional, il existe 1 gen-
le chargé de l'entretien des vehicules

L'intersectoriel

La Republique de Nima a opté pour un de
eloppement intégré en menant des actions multisectori
est ainsi que :

- pour faire face au faible taux de scolari-
ation, il a été entreprit l'alphabetisation des adultes
- Dans le domaines pastoral, la reconstitution
u cheptel decimé par la sécheresse constitue une priorité
ans les actions du développement.
- Dans le domaine agricole, la population
st encouragée pour developper la pratique des cultures
e contre saisons pour combler le deficit alimentaire
hronique
- Dans le domaine de l'information, une
aste campagne de sensibilisation pour le développe-
nent a été entreprise à la radio, à la télévision et
ans les différents Journaux

Problemes Sanitaires de la Région de Niaba

L'analyse de la situation de la région de Niaba a fait ressortir que la malnutrition protéino-calorique occupe la 4ᵉ place après les maladies diarrhéïques, les maladies infectieuses, le paludisme dans la pathologie infantile. En effet sur une population cible (c'est à dire les enfants de 0 de 5 ans) de 283.710 enfants, 73.765 soit 26% souffrent de malnutrition protéino-calorique avec un taux de mortalité estimé à 20%. En d'autres termes chaque année environ 14.453 enfants meurent de malnutrition protéïno-calorique.

Problème

A Niaba, sur 73.765 enfants de 0 de 5 ans atteint de MPC, 14453 décèdent soit 20% des malnutris.

Justification du choix du problème

Nous l'avons déjà vu que l'analyse de la situation dans la region de Niaba a fait ressortir que la malnutrition protéino-calorique occupe la 4ᵉ place dans la pathologie infantile après les maladies infectieuses, le paludisme et les maladies diarrhéïques. Puis l'existence de programmes tel que le programme élargi de vaccination) le programme de lutte contre le paludisme, le programme de lutte contre les maladies diarrhéïques d'1 part, et d'autres part le souci constant des autorités politiques à assurer une alimentation suffisante et correcte nous amène à proposer la mise en place d'un programme de lutte contre la malnutrition protéino-calorique

Objectifs

Réduire de 20 à 10 % dans la région de Niao
les décès dus à la malnutrition protéino-calorique
hez les enfants de ⊖ de 5ans par une prise en
harge des enfants malnutris au cours de la pério
e allant du 1er Août 1986 au 31 Juillet 1990.

Les stratégies

Dans le cadre de cet exercice, c'est volon-
airement que nous mettons de côté toutes les strat
ui n'ont pas un impact direct dans la résolution de
otre problème.

C'est ainsi que nous écartons les strat
l'action préventive primaire et celles visant à
ur les séquelles de la malnutrition. On peut toutefois
es énumérer :

— assurer une alimentation suffisante et
ermanente avec le concours de la communauté.

— développer des programmes
d'éducation des mères en vue d'une
rage progressif et correct de l'enfant en vue de prévenir
a malnutrition

— faciliter l'accessibilité des contraceptifs
i la population

Fait en vue d'atteindre l'objectif ci-dessus vis
ous retiendrons la stratégie suivante basée sur :

— la prise en charge des enfants atteints de
IPC.

Cette stratégie porte sur le traitement de tous les en
ants chez lesquels il aura été diagnostiqué une MPC.
ette prise en charge se fera en pratique avec la parti
ipation stimulée de la population. Nous adopterons
une approche fixe. Le traitement sera fait à titre am
ntré, seul les cas graves feront l'objet d'une hospitalis

Toutes les décisions relatives à la mise en oeuvre d
ette stratégie seront prises au niveau des formation sanitaire
ues en fonction des niveaux où elles se trouvent, mais
près consultation de la population. L'éducation sanitaire sera c
nsidérée comme un appui à cette stratégie

Les activites

Elles consistent en :

(A) - Sensibilisation

(B) - Dépistage

• au niveau des centres medicaux : le dépistage se fera lors des consultations des enfants malades par les IDE et les I.C, et au niveau de la consultation des nourrissons sains par l'Assistante sociale.

• Dans les centres de PNL :
le dépistage se fera aussi par le medecin, l'IDE lors la consultation des enfants malades, par l'assistante sociale lors de la consultation des nourrissons sains, mais aussi par les femmes relais dans la communauté

• Dans les DR
le dépistage se fera par les I.C lors les consultations

• Au niveau des ESV
le dépistage se fera par les matrones

Education pour la Santé

Se fera par le biais des causeries

- dans les centres médicaux : les causeries seront faites par les aides sociaux
- dans les centres de PNL : les causeries seront faites par les I.C ou par des aides sociaux
- Dans les D.R : les causeries seront faites par les I.C
- Dans les ESV : les causeries seront faites par les matrones

les thèmes des causeries sont les suivants :

→ avantages de l'allaitement maternel
→ les besoins nutritionnels pour un meilleur sevrage de l'enfant
→ les tabouts alimentaires de l'enfant
→ l'espacement des naissances

Correction de la malnutrition

1) _ traitement

- il consiste en :
  - deparasitage systématique
  - vitaminotherapie
  - traitement de toutes les affections associées telles que Paludisme, affections respiratoires maladies diarrhéiques
- et se fera par :
  - au niveau de l'hopital par 1 medecin
  - au niveau du centre medical par 1 medecin ou par 1 IDE
  - au niveau des centres des PNC par 1 medecin ou par 1 IDE
  - au niveau des D.R par 1 I.C

2) _ Préparation des repas équilibrés

il s'agit de repas preparés à base de produits locaux, enrichis avec du lait, des oeufs, de la viande, du poisson et de l'huile.

Chaque enfant reçoit 2 repas au centre de recuperation même et 1 troisieme repas que la mère emporte à domicile

Ces repas seront préparés
- dans les hopitaux par 1 Aide Sociale
- dans les centres médicaux par 1 Aide sociale en collaboration avec les mères
- dans les centres de PNC par 1 aide social avec la collaboration des mères
- dans les DR par 1 I.C avec la collaboration des mères

Surveillance de la courbe pondérale

elle se fera de la manière suivante
- dans l'hopital : par l'assistante sociale
- dans les centres médicaux par l'aide sociale
- dans les centres de PNC par l'aide sociale

- dans les DR par les I.C

(E) le suivi

il consiste en:

- des visites à domiciles

l'hopital refère au niveau des centres medicaux et des PNI

Au niveau des centres medicaux : elles seront faites par les aides sociaux

Au niveau des centres de PNI : elles seront faites par les aides sociaux

Au niveau des DR : elles seront faites par les I.C

Nombre de gens participant, leurs qualificat

(1) Personnel disponible

- 12 medecins dont : 9 généralistes, 1 pediatre, 1 nutritionniste, 1 chirurgien
- 1 pharmacien
- 2 dentistes
- 45 infirmiers diplomés d'etat (I.D.E)
- 80 infirmiers certifiés (I.C)
- 18 Sage-femmes
- 1 assistante sociale
- 11 aides sociaux
- 1142 secouristes
- 1148 matrones
- 20 femmes relais

(2) Personnel nécessaire

- 1 nutritionniste
- 2 medecins generalistes
- 10 IDE
- 1 assistant social
- 11 aides sociaux
- 54 I.C
- 1.148 matrones
- 20 femmes relais

La Supervision

La Supervision se fera à tous les niveaux

1- le Directeur Regional supervise le directeur du programme

2- Le Directeur du programme supervise l'hopital, les centres medicaux et les PMI tous les 2mois, alors qu'il supervise les dispensaires ruraux et les équipes de santé villageoises tous les 6mois

3- le chef du centre medical supervise tous les mois les dispensaires ruraux et tous les 3 mois les ESV

4- Le chef du dispensaire rural supervise les equipes de santés villageoises tous les mois.

3)- Liste de contrôle

- contact avec la communauté
- observation des activites et de la relation entre le personnel et le rendement
- consultations des dossiers
- reinformation si necessaire
- adoption de nouvelles techniques si besoin
- discussion avec le personnel en ce qui concerne les conclusions de la supervision
- Rappel de la prochaine date de visite

3)- Composition des equipes de supervision

- les equipes de supervision Regional se composent de 2 personnes: le directeur du programme et son chauffeur.
- les equipes de Supervision de l'arrondissement est composé: du Chef du centre medical et de son chauffeur
- l'equipe de supervision rurale se compose de l'infirmier responsable du dispensaire

D) _ Activites de supervision

Activités	Approche de la supervision	Methodologie
Diagnostic de la MPC	– savoir si le diagnostic est bien posé – savoir si le principe de la référence est bien appliqué	– entretient et observation dans la communauté – en observant les agents au travail – en consultant les dossiers
Education pour la santé	– fréquentation des mères aux causeries – appréciation du contenu des thèmes – respect du calendrier des causeries – aptitude du personnel à transmettre correctement le message – reaction des mères face au message pendant et après les seances	– en assistant aux causeries – en interrogeant les mères au centre – en faisant des visites à domicile
Correction de la malnutrition	– s'assurer que le depersitage est systématique – s'assurer que la vitaminotherapie est appliquer – s'assurer que les affections associées sont traites – s'assurer que l'enfant reçoit une alimentation equilibree au centre – s'assurer que les enfants prennent le repas au centre – s'assurer que les meres amportent le 3e repas – s'assurer de la disponibilité des produits – s'assurer que tous les aliments préparés sont enrichi – s'assurer que les meres participent à la preparation des repas – s'assurer que les enfants ont mangé toute leur ration	– en observant les agents – en consultant les dossiers – en interrogeant les mères – en interrogeant les agents
Suivi	– savoir si les enfants n'ont pas de reechute – savoir si les mères continuent l'alimentation débutée au centre	– en faisant des visites à domicile

La formation

Pour atteindre l'objectif du programme, il est necessaire d'assurer la formation et le recyclage du personnel qui intervient dans les activités suivantes :

- sensibilisation
- Depistage des cas de malnutrition proteïne calorique
- Education pour la santé
- traitement medical
- Préparation des divers aliments necessaires aux enfants malnutris
- suivi des enfants malnutris

1 - bénéficiaires du cours de recyclage

- 2 Medecins
- 10 infirmiers diplomés d'Etat (I.D.E)
- 54 infirmiers certifiés (I.C)
- 1 Assistant(e) social(e)
- 11 Aides sociales

Ce personnel sera recyclé en vue d'assurer :

- la sensibilisation
- la depistage
- le traitement
- le suivi
- le contrôle
- et l'evaluation du programme

Contenu du programme

- Definition et Rappel des causes de la malnutrition
- Signes cliniques et critères de classification
- Approches standardisées du traitement
- suivi des enfants récupérés
- contrôle et evaluation du programme

- Durée de la formation

3 sessions de 5 jours

- Lieu du seminaire

Chef lieu de la région

1- Méthodes

- conferences
- Discussions
- Etude de cas
- demonstration
- jeu de rôle
- brainstorming
- travaux de groupe
- exercice sur le terrain

2- Formateurs

une equipe composée de:

- le directeur du programme
- un pediatre
- un nutritioniste

- Ressources nécessaires

- Materiels didactiques
  - diapositives
  - films
  - affiches
  - livres
  - batteries de cuisine
  - Produits alimentaires
- Fournitures bureau
  - pour 79 personnes
- Formateurs
  - une equipe composée de
    - Directeur de programme
    - Pediatre
    - nutritioniste
- Ressources financières
  - coût → materiels didactiques 2.000.000f
    - → Fournitures bureau 2500/pers 202.500
    - → Perdiem participants 1500/pers 780.000
    - → Perdiem formateurs 5000/pers 225.000
    - → transport participants 3000/pers 192.000
    - Total 3.400.000
    - Imprévu 10% total 340.000
    - Coût total 3740.000

8 - bénéficiaires d'une formation

- bénéficiaires
  - → 20 femmes relais
  - → 1145 matrones

en vue de participer au dépistage des enfants malnutris dans la communauté

- Contenu du programme
  - → causes de malnutrition protéino-[illegible]
  - → signes cliniques de la MPC
  - → conseil pour prévenir la MPC
- Durée de la formation
  - 58 sessions de 3 jours en groupe de 20 personnes
- Lieu de la formation
  - → au niveau des arrondissements
  - → 10 sessions pour arrondissements
- Méthodes
  - → conférence → étude de cas → jeu de rôle
  - → exercice sur le terrain
- Ressources nécessaires
  - → matériels didactiques : diapositives, affiches, films
  - → formateurs : IDE, Aide social
  - → ressources financières

Coût

- matériel didactiques	1.000.000
- Perdiem participants [illegible] .	1.752.000
- Perdiem formateurs [illegible] .	1.740.000
- transport participants [illegible]	1.150.000
total	5.642.000
2 imprévu 10% total	564.200
coût total	6.206.

Ressources matérielles

MATERIEL DISPONIBLE

LOCAUX

- 1 PAVILLON DE MALNUTRIS AU NIVEAU DE LA PEDIATRIE DE L'HOPITAL
- 2 CENTRES DE RECUPERATION NUTRITIONNELLE pour les 2 PNI
- 6 BATIMENTS DE RECUPERATION NUTRITIONNELLE
- 54 HANGARS DONT 1 pour chacun des 54 dispensaires

equipement technique

- 69 balances
- 69 Toises
- 69 Tables d'examen
- 300 SERINGUES
- 1000 aiguilles
- 69 Poissonnières
- 100 Thermomètres
- 40 rechauds
- 100 plateaux
- 50 HARICOTS
- 20 SONDES GASTRIQUES
- 20 classeurs
- 50 000 FICHES DE CROISSANCE
- 50 000 CARNETS INFANTILE

MATERIEL DE BUREAU

BUREAU	22
TABLE	100
CHAISE	1000

BANCS 3000
NON DISPONIBLES
BIC
PAPIER
REGISTRES

- MATERIEL POUR L'EDUCATION POUR LA SANTE

AIDES VISUELS

- MATERIEL POUR LA DEMONSTRATION NUTRITIONNELLE

- PRODUITS ALIMENTAIRES

- MEDICAMENTS

TRANSPORTS

- VEHICULES disponibles 5
- MOBILETTE 54

PLAN DE CONTROLE

A. CONTROLE DES RESSOURCES

	OBSERVATION
① **PERSONNEL** . NECESSAIRE . PRESENTS . ABSENTS . ESPRIT D'EQUIPE . PROBLEMES ADMINISTRATIFS	
② **LOCAUX** . ETAT DES LOCAUX BON - MAUVAIS	
③ **MATERIEL DE FONCTIONNEMENT** a) → MATERIEL DE BUREAU . PAPIERS SUFFISANT - INSUFFIS. . BICS . . . . b) → PRODUITS ET MATERIEL DE DEMONSTRAT° . CEREALES . MARMITES . . . c) MATERIEL TECHNIQUE . BALANCE . TOISE	
CREDITS DE FONCTIONNEMENT - CARBURANT . DEPENSES . DISPONIBLES	
VEHICULES Nb : . VEHICULES TOUT TERRAIN . AMBULANCES . MOBYLETTES ETAT : BON - MAUVAIS	
MEDICAMENTS . ETAT DE STOCKAGE . DELAI DE PEREMPTION . BESOINS EN PRODUCTS	

204

B. CONTROLE DU DÉROULEMENT DES ACTIVITES

	OBSERVATION
OBSERVATION - DISCUSSION - MAITRISE DES TECHNIQUES - RESPECT DES CRITERES - RESPET DES CALENDRIERS	
EXAMEN DES DOSSIERS → DEPISTAGE ET PRISE EN CHARGE a - REGISTRE DE CONSULTATION DES NOURRISSONS SAINS . Nb DE CONSULTANTS . Nb DE CONSULTAT°S . Nb DE MALNUTRIS DÉPISTÉS. . Nb DE b - REGISTRE DE CONSULTATION CURATIVE . Nb DE CONSULTANTS . Nb DE CONSULTAT°S. . Nb DE M.P.C. DEPISTÉ . Nb DE M.P.C. REFERÉS c. REGISTRE DES PRIS EN CHARGE . Nb DE PRIS EN CHARGE . Nb DE RECUPERES. . Nb DE REPAS PREPARES d. REGISTRE DES V.A.D . Nb de VISITES - MOTIF. . Nb DE FAMILLE VISITEES e. CAHIER DE DEMONSTRATION . TYPE DE DEMONSTRAT° . Nb DE SEANCES - FREQ. . Nb DE PARTICIPANTES	

D. CONTROLE DU DEROULEMENT DES ACTIVITÉS (SUITE)

	OBSERVATION
→ EDUCATION POUR LA SANTÉ - CAHIER DE CAUSERIES . THEMES DISCUTES . Nb DE SÉANCES /S/M . Nb DE PARTICIPANTES PAR SÉANCE	

C. CONTROLE DES ACTIVITÉS DES F. RELAIS + ASV

	OBSERVATIONS
→ DISCUSSION . APTITUDE . CONNAISSANCES . DIFFICULTÉS → EXAMEN DES REGISTRES . Nb DE MALNUTRIS DEPISTES . Nb DE CAS REFERÉS . Nb DE V.A.D EFFETUEES	

EVALUATION

I. CRITERES D'EVALUATION DE LA SENSIBILISAT°

A. AU NIVEAU DU PERSONNEL

Nb DE REUNIONS PREVUES	Nb DE REUNIONS TENUES

B. AU NIVEAU DE LA POPULATION

Nb DE REUNIONS PREVUES	→	Nb DE REUNIONS TENUES
Nb DE POPULATION CIBLES	→	% DE PARTICIPATION

II. CRITERES D'EVALUATION DE LA FORMATION

Nb D'AGENTS A FORMER → Nb D'AGENTS FORMES

Nb D'AGENTS A RECYCLER → Nb D'AGENTS RECYCLES

DEPISTAGE

(A) NIVEAU A.S.V.

Nb D'ENFANTS MALNUTRIS DEPISTÉS	
Nb DE CAS RÉFERÉS	
Nb DE V.A.D EFFECTUÉES	

(B) NIVEAU C.M et D.R

CONSULTATION N.S

Nb DE CONSULTATIONS N.S.	
Nb DE MALNUTRIS DEPISTÉS	

CONSULTATIONS CURATIVES

CM - D.R.

PRINCIPALES MALADIES	Nb CAS	%
1 2 MALNUTRITION		

~~HOPITAL~~

~~Nb D'HOSPITALISATIONS A-SANS MALNUTRITION AUTRES PATHOLOGIES~~	~~GUERIS~~	~~DCD~~

IV. CORRECTION DE LA MALNUTRITION

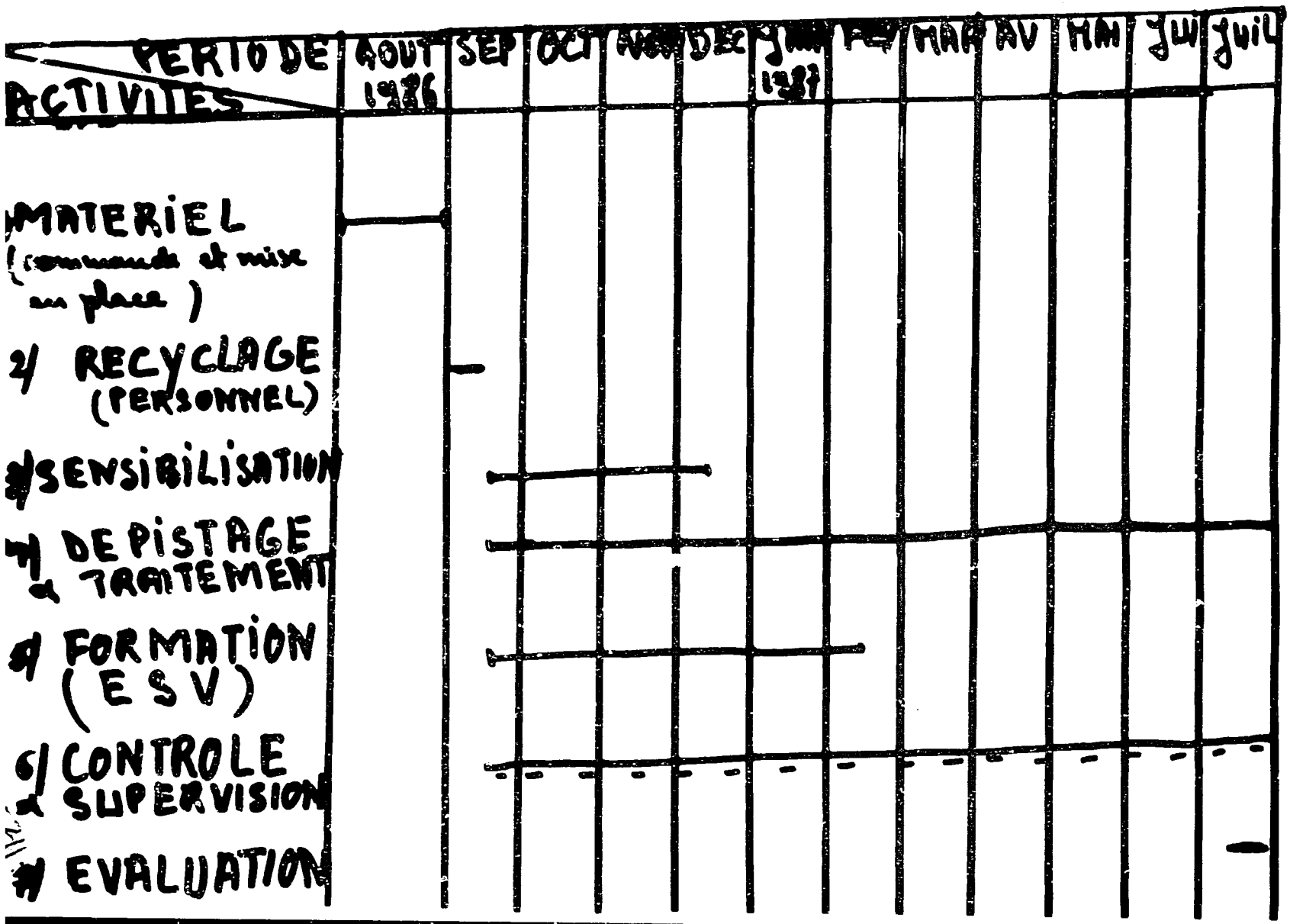
Nb DE MALNUTRIS PRIS EN CHARGE	
Nb DE MALNUTRIS RÉCUPERÉS	
Nb DE MALNUTRIS DÉCÉDÉS	
Nb DE MALNUTRIS P. D. V.	

BUDGET . PROGRAMME

RESUME POUR LA 1ère Année

CATEGORIE	COÛT TOTAL ANNUEL	contributions du MINISTERE de la SANTE PUBLIQUE	FONDS DEMANDES
PERSONNEL			
• SALAIRE : PERSONNEL Disponible et Prevu POUR LE PROGRAMME	10. 300. 000	10. 300. 000	—
• IDEMNITE	600 000	—	600 000
MATERIEL			
Disponible et Prevu	5. 000 000	1. 000 000	4000 000
SUPERVISION et CONTROLE			
- IDEMNITES - CARBURANTS - MATERIEL	1.200 000	—	1.200 000
FORMATION	9. 946 200	—	9. 946. 200
EVALUATION	600 000	—	600 000
IMPREVU 10%	2. 764 620	—	2. 704. 620

PLAN DE MISE EN OEUVRE POUR LA 1ère NEE DU PROGRAMME



212

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

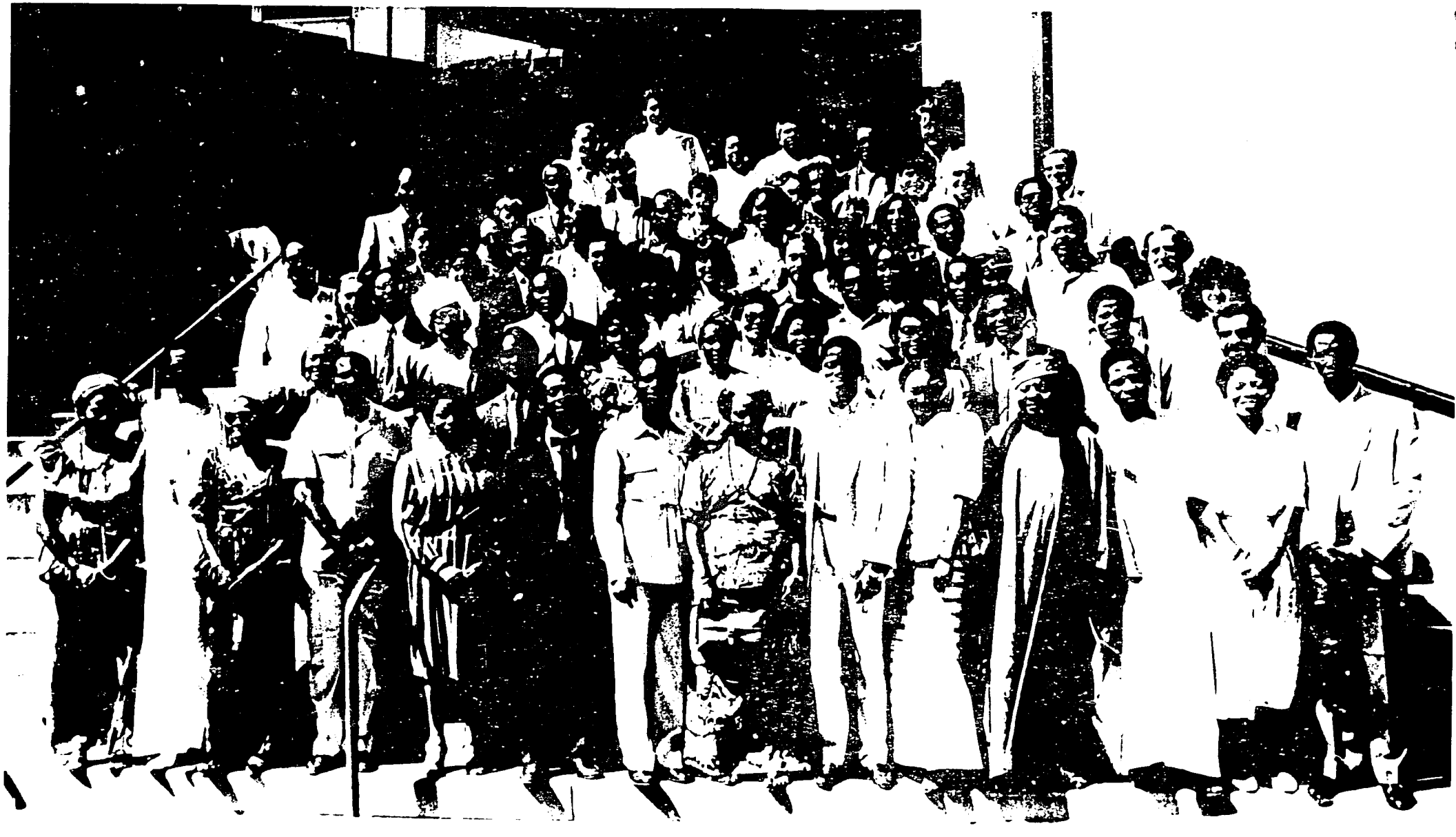
FAMILY PLANNING, NUTRITION, and PRIMARY HEALTH CARE
IN AFRICA:

Program Design, Management, and Evaluation
given in New York, June 2-27, 1986

Martin Gorosh, Dr. P.H.
Course Director

Allan Rosenfield, M.D.
Director, Center for Population and Family Health and Dean, School of Public Health

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



Center for Population and Family Health
Columbia University, June 1986

PARTICIPANTS, FACULTY, CONSULTANTS, STAFF

OF THE TRAINING-WORKSHOP

"FAMILY PLANNING, NUTRITION AND PRIMARY HEALTH CARE IN AFRICA:

PROGRAM DESIGN, MANAGEMENT AND EVALUATION"

2-27 June 1986
New York City, USA

PLEASE NOTE:

In order to complete this directory of participants and faculty we need to have the following people complete their forms or submit a photograph:

1. Kenya: Mrs Goko photograph only
~~2. Liberia: Mrs Cecelia Nemah biographical form and photograph~~
3. Nigeria: Miss M.F. Long biographical form and photograph
Mrs Laoye Biographical form and photograph
Mrs Oyelami photograph only
~~4. Uganda: Dr. Godfrey Ssemgatya Lulo biographical form and photograph~~
Mr. John Kizza Ssali ~~biographical form and photograph~~

A NOTER:

Pour completer votre cahier de participants, il nous faut l'information ou photograph sur les personnes suivants:

1. Côte d'Ivoire: M. Ebrin Messou photograph
M. Félix Dro photograph
Mme Ming Hung biographie et photograph
2. Mali: Dr. Arkia Doucouré photograph
3. Niger: Dr. Saratou Touré photograph
Dr. Daouda Bako photograph
Dr. Ayouda Dogan-Yaro photograph
Mme. Fatouma Boube photograph
4. Sènègal: Dr. Malang Coly photograph
Dr. Badara Diouf biographie et photograph
Dr. Omar Ly biographie et photograph

PARTICIPANTS FOR 1986 WORKSHOP
FAMILY PLANNING, NUTRITION AND PRIMARY HEALTH CARE FOR AFRICA

GHANA	Dr. William Adu-Krow
(E)	Ms. Henrietta Aboagye
HAITI	Dr. Jean Frantz Mode
(F)	Dr. Pierre Andre Ferrus
IVORY COAST	Mr. Ebrin Messou
	Ms. Georgette Taye Gbaou
	Mr. Felix Dro
	Mr. C. F. Zongo
(F)	Ms. Ming Hung
KENYA	Dr. Solomon Kamiza
	Ms. Grace Mbote
(E)	Ms. Naomi Goko
LIBERIA	Ms. Cecelia Nemah
(E)	
MADAGASCAR	Mr. Jean Claude Randriamiarisoa
(F)	
MALI	Mr. Hamidou Toure
(F)	Dr. Arkia Doucoure
NIGER	Dr. Saratou Toure
	Dr. Daouda Bako
	Dr. Ayouda Dogan-Yaro
(F)	Ms. Fatouma Boube
NIGERIA	Mrs. Alice Laoye
	Mrs. Florence Lawale
	Miss M. F. Longe
(E)	Mrs. Mojisola Oyelami
RWANDA	Dr. Eulade Ntezilizara
(F)	Dr. Faustin Munyaruguru
SENEGAL	Dr. Malang Coly
	Dr. Badara Diouf
(F)	Dr. Omar Ly
SUDAN	Dr. Eisa El Amin
	Dr. El Bagir El Faki
(E)	Dr. Mohamed El Fatih
UGANDA	Dr. Godfrey Ssembatya Lule
(E)	Mr. John Kizza-Ssali
ZIMBABWE	Dr. Godfrey Sikipa
(E)	Dr. Tendai Chimbadzwa

M.P.H. Students:

Dr. Marie Carmel Decatus
Mr. Michael Penzak

COUNTRY

LANGUAGES

LANGUES
Anglai

NAME

ADDRESS

NOM Felix DRO

ADRESSE B.P. 24
Bouafle, Cote d'Ivoire
Tel: 68-90-12

PRESENT POSITION

EMPLOI ACTUEL Coordinateur des Soins de Sante Primaires.
Ministère de la Santé Publique; Secteur Sante Rurale Bouaflé

EDUCATION AND TRAINING

ETUDES ET FORMATION

Centre Universitaire des Sciences de la Santé; Yaounde
Diplome de Technicien Superieur en Soins Infirmiers

EXPERIENCE

EXPERIENCE

M. Dro est charge de gestion du personnel; planification, programmation et supervision des programmes de SSP.
-enseignement de personnel

SPECIAL INTERESTS

THEMES D'INTERET

Soins de Santé Primaires

COUNTRY

LANGUAGES

NAME

ADDRESS

PRESENT POSITION

EDUCATION AND TRAINING

EXPERIENCE

SPECIAL INTERESTS

PAYS COTE D'IVOIRE

LANGUES FRANCAIS

NOM Georgette TAYE GBAOU

ADRESSE Institut National de Santé Publique
BP V 47
Abidjan, Cote d'Ivoire
Tel: 37 44 04 ou 37 29 45
(bureau) (dom.)

EMPLOI ACTUEL

Puericultrice; Responsable du Programme National d'Education Nutritionnelle (PNEN)

ETUDES ET FORMATION

Ecole Nationale des Sages-Femmes (Cote d'Ivoire)
Ecole de Puericulture, Sucy en Brie (France)
Institut de Formation, de Recherche et d'Etudes sur la Sexualitéet la Planification Familiale; attestation de conseil lère conjugale

EXPERIENCE

Mme TAYE GBAOU est chargé d'un programme national:
-elaboration de programmes nationaux
-formation des formateurs
-concpetion suports pédagogiques et diffusion
-organization campagnes nationaux de sensibilisation

THEMES D'INTERET

-plusiers thèmes du seminaire
-les problèmes de blocage au niveau du suivi des programmes nationauz, blocage lié aux problèmes financiers

COUNTRY		PAYS	COTE D'IVOIRE
LANGUAGES		LANGUES	ancais Anglais, moyenne
NAME		NOM	Ebrin MESSOU
ADDRESS		ADRESSE	INSP/SNES B.P. V 47 Abidjan, Cote d'Ivoire

PRESENT POSITION	EMPLOI ACTUEL Sous-directeur du Service National d'Education Sanitaire, MSP
EDUCATION AND TRAINING	ETUDES ET FORMATION Doctorat 3e cycle, Nutrition er Sante Publique Université Paris I (IEDES)
EXPERIENCE	EXPERIENCE M. Messou est coordinateur des activities d'Education pour la Sante au niveau national
SPECIAL INTERESTS	THEMES D'INTERET -gestion, evaluation des projets -plusiers aspets de l'education sanitaire

COUNTRY

LANGUAGES

NAME

ADDRESS

PAYS COTE D'IVOIRE

LANGUES FRANCAIS
moyenne en anglais

NOM Claude-Francois ZONGO

ADRESSE Hopital Protestant
BP 115
Dabou, Cote d'Ivoire
Tel. 30-21-30

PRESENT POSITION

EMPLOI ACTUEL
Infirmier Surveillant

EDUCATION AND TRAINING

ETUDES ET FORMATION
B.E.P.C.; Diplome d'Infirmier

EXPERIENCE

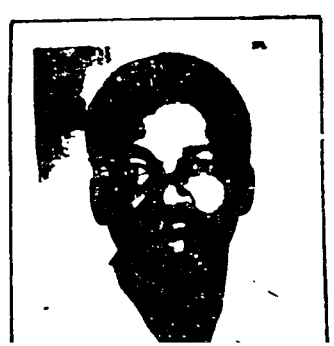
EXPERIENCE
M. Zongo s'occupe de l'enseignement sanitaire au niveau des villages depuis 1972; il est le chef de service depuis 1976.

SPECIAL INTERESTS

THEMES D'INTERET

-les methodes de l'enseignement sanitaire
-les activites preventives

M. Zongo s'interesse a savoir comment introduire les activites de planning familiale aux accoucheuses traditionnelles



COUNTRY GHANA

PAYS

LANGUES

LANGUAGES English

NAME Henrietta Akosua ABOAGYE

NOM

ADDRESS Ghana Registered Midwives Assn
PO Box 214
Accra, Ghana
Telex No. 2340 MNJ GH

ADRESSE

PRESENT POSITION

President, Ghana Registered Midwives Association

EMPLOI ACTUEL

EDUCATION AND TRAINING

Registered Nurse Midwife
Cerificate in Administration of Hospital Service (nursing Major)

ETUDES ET FORMATION

EXPERIENCE

Mrs. Aboagye has extensive experience in nursing and midwifery as well as in nursing service management and administration.
Her recent experience is in the legal and policy areas of nursing and midwifery, as president of the Assn.

EXPERIENCE

SPECIAL INTERESTS

-community oriented reproductive health service for women
-research with international groups
-service and teaching

THEMES D'INTERET

COUNTRY *GHANA*

LANGUAGES *ENGLISH*

PAYS

LANGUES

222

NAME *Dr. William ADU-KROW*

NOM

ADDRESS *St. Michaels's Hospital*
c/o the Catholic Diocese of Kumasi
PO Box 99
Kumasi, Ghana

ADRESSE

PRESENT POSITION *Medical Officer In-Charge, Ejisu-Juaben-Bosomtwe District, Ashanti Region*

EMPLOI ACTUEL

EDUCATION AND TRAINING

- *University of Science/Technology, Kumasi School of Medical Sciences; M.B.Ch.B., 1982*
- *Ghana Institute, Management & Public Admin. 8-wk. Course "Health Management for Senior Personnel"; Certificate*

ETUDES ET FORMATION

EXPERIENCE

Dr. Adu-Krow organized a 14 week course for 26 community health workers (14 TBA's and 12 VHW's) in June-August 1985. This served as the starting point of the PHC Programme for the Ejisu-Juaben-Bosomtwe District. We are now monitoring the activity.

EXPERIENCE

SPECIAL INTERESTS

- *An update in new and modern trends in Primary Health Care*
- *Family Planning and population dynamics*
- *Nutrition with emphasis on available local weaning foods*
- *Research and teaching*

THEMES D'INTERET

Dr. Adu-Kr s has prepared two papers of interest:
"The Practical Working Strategy in the E-J-B District, Ashanti Region of Ghana" 25 March 1986
"Family Planning K-A-P in the E-J-B District, Ashanti Region of Ghana" March 1986

COUNTRY

LANGUAGES

NAME

ADDRESS

PAYS HAITI

LANGUES F AIS,
Un peu d'anglais

NOM Pierre Andre FERRUS

ADRESSE s/c Ecole St. Vincent
PO Box 1319
Port-au-Prince, Haiti (W.I.)
Tel: 2-6095, 7-2912

PRESENT POSITION

EMPLOI ACTUEL

Coordinateur, Mirebalais Programme de Sante Communautaire

EDUCATION AND TRAINING

ETUDES ET FORMATION

Faculte de Medecine et de Pharmacie
Port-au-Prince, Haiti Docteur en Medecine

EXPERIENCE

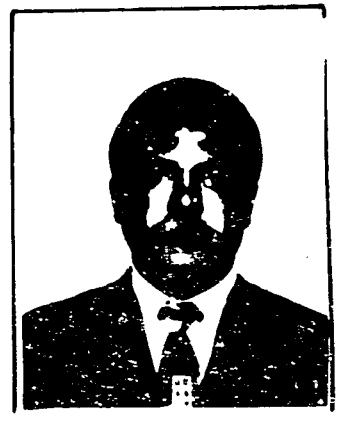
EXPERIENCE

-medecine
-coordinateur d'un programme de sante communautaire x 3ans

SPECIAL INTERESTS

THEMES D'INTERET

-la recherche, la form
-la planification fami



COUNTRY

LANGUAGES

NAME

ADDRESS

PAYS

LANGUES FRANCAIS, ANGLAIS

NOM Jean Frantz MODE

ADRESSE Complexe Medico-Social de la Cite Simone
PO Box 1666
Port-au-Prince, Haiti
Tel: 2-3464

PRESENT POSITION

EMPLOI ACTUEL Directeur d'un Centre de Sante

EDUCATION AND TRAINING

ETUDES ET FORMATION
Faculte de Medecine et de Pharmacie
Port-au-Prince, Haiti Docteur en Medecine

EXPERIENCE

EXPERIENCE

Dr Mode dirige un Centre de Sante qui comprend une section de recuperation nutritionnelle et une section de Medecine Communautaire pour une population de 40,000 habitants.

SPECIAL INTERESTS

THEMES D'INTERET

-la nutrition, la planification familiale en medecine communautaire; la vaccination egalement

COUNTRY KENYA

LANGUAGES English

PAIS

LANGUES

NAME Naomi Wangari GOKO

NOM

ADDRESS African Medical and Research Foundation
PO Box 30125
Nairobi, Kenya
Tel: 501301 Telex: 23254 AMREF KENYA
Home: PO Box 49875, Nairobi, Kenya

ADRESSE

PRESENT POSITION

Registered Community Nurse; AMREF

EMPLOI ACTUEL

EDUCATION AND TRAINING

Kenyatta National Hospital: Registered Nursing Diploma 1971
Registered Midwifery Dipl. 1973
Registered Community Nse 1977

ETUDES ET FORMATION

EXPERIENCE

With a background in supervising community health workers, Mrs. Goko is presently involved in training health workers in the disciplines of MCH and FP, who work at the community level.

EXPERIENCE

SPECIAL INTERESTS

- approaches to needs and resources assessment
- programme design
- management and evaluation

THEMES D'INTERET

COUNTRY *KENYA*

LANGUAGES *ENGLISH*

PAYS

LANGUES

NAME *Dr. Solomon KAMIZA*

NOM

ADDRESS *Kaimosi Friends Hospital*
P.O. Box
Tiriki, Kenya

ADRESSE

PRESENT POSITION *Medical Director of the Kaimosi Friends Hospital*

EMPLOI ACTUEL

EDUCATION AND TRAINING

- *Makerere Medical School, Kampala, Uganda Bachelor of Medicine & Surgery, 1975*
- *Family Planning Association of Kenya; Nyeri Certificate in Minilaparotomy, 1984*

ETUDES ET FORMATION

EXPERIENCE

Dr. Solomon Kamiza wears three hats:

- *Director of Family Planning Extension Project of the Private Sector F.P. Project*
- *Director of the Voluntary Surgical Sterilization Project, sponsored by the Assn. for Vol. Ster.*
- *Project Manager, Community Based Programs*

EXPERIENCE

SPECIAL INTERESTS

Improving skills in designing, implementing and managing community based health programmes; Integration of service delivery programmes; Training (as project manager, he has been involved in training village health workers in a project which is now in it's third year)

THEMES D'INTERET

COUNTRY KENYA

LANGUAGES ENGLISH

LANGUES

NAME Grace Wambura MBOTE

NOM

ADDRESS Field Work Supervisor
Family Planning Associationof Kenya
PO Box 98223
Mombasa, Kenya

ADRESSE

Home address: PO Box 85544, Mombasa, Kenya

PRESENT POSITION

Field Work Supervisor, FPAK; Coast Province

EMPLOI ACTUEL

EDUCATION AND TRAINING

Enrolled Nurse; 1964
Enrolled Midwife 1966

ETUDES ET FORMATION

EXPERIENCE

After several years of expereince as a nurse-midwife, Mrs Mbote joined the FPAK in 1968. Her job involved providing family planning services and education. She has since become the field work supervisor, responsible for staff of 33.

EXPERIENCE

SPECIAL INTERESTS

-training
-management of personnel in a FP program
-planning programs

THEMES D'INTERET

COUNTRY LIBERIA

LANGUAGES ENGLISH

PAIS

LANGUES

NAME Cecelia Wady NEMAH

NOM

ADDRESS Family Planning Association of Liberia
27 Broad Street
PO Box 938
Monrovia, Liberia
Tel: 222821 or 224649

ADRESSE

PRESENT POSITION National Program Coordinator
Family Planning Association of Liberia

EMPLOI ACTUEL

EDUCATION AND TRAINING

Firestone Medical Center; 1969 Diploma in Nursing
Downstate Medical Center, New York; 1972 Certificate in Family Planning

ETUDES ET FORMATION

EXPERIENCE

As a professional nurse, Mrs. Nemah has worked as director of clinics in family planning. She has experience in coordinating FP service delivery programs and in seeking integration of F.P. with other health institutions.

EXPERIENCE

SPECIAL INTERESTS

-training programs
-program evaluation
-management research
-evaluation issues
-integration of family planning and PHC

THEMES D'INTERET

COUNTRY

LANGUAGES

NAME

ADDRESS

PAYS MADAGASCAR

LANGUES FR

NOM Jean-Claude José RANDRIAMIARISOA SOME ENGLISH

ADRESSE Fianakaviana Sambatra (FISA)
BP 703
Lot IVD Ter
Rue Lénine, Antananarivo (101) Madagascar
Tel: 244-98

PRESENT POSITION

EMPLOI ACTUEL Educateur, Association de Planification Familiale de Madagascar

EDUCATION AND TRAINING

ETUDES ET FORMATION

License en sociologie

EXPERIENCE

EXPERIENCE

M. Randriamiarisoa a fait les experiences en:
- formation et administration d'animateurs de P.F.
- etude et recherche sur une méthode d'approche intégrée;
- conception et etablissement d'un programme d'education en matière de PF

SPECIAL INTERESTS

THEMES D'INTERET

- administration
- gestion
- recherche
- evaluation
- approches et methodologies d'évaluation
- approches methodologiques du "Marketing Social"

COUNTRY	PAYS *MALI*
LANGUAGES	LANGUES *FRANCAIS* moyenne en: *ANGLAIS* *RUSSE* *ESPAGNOL*
NAME	NOM *Dr. Arkia-Diallo DOUCOURE*
ADDRESS	ADRESSE *Centre d'Application en Sante Familiale et Nutritionnelle* *Ministere de la Sante Publique et des Affaires Sociales Bamako, Mali* *(tel: 22-28-74)*
PRESENT POSITION	EMPLOI ACTUEL *Medecin-Chef, Centre d'Application en Sante Familiale et Nutritionnelle*
EDUCATION AND TRAINING	ETUDES ET FORMATION *Doctorat en Medecine, 1981* *(specialisee en Gynecologie-Obstetrie)*
EXPERIENCE	EXPERIENCE *Dr. Doucoure a eu de l'experience en gynecologie-obstetrie et en planification familiale.*
SPECIAL INTERESTS	THEMES D'INTERET *-la planification familiale et la nutrition* *-la supervision des programmes* *-la formation de personnel sanitaire* *-la recherche sur les contraceptifs*

COUNTRY MALI

LANGUAGES FRANCAIS

NAME Hamidou A TOURE

ADDRESS Assn. Malienne pour la Protection et la Promotion de la Famille
B.P. 105
Bamako, Republique du Mali
Tel: 22-44-94

PRESENT POSITION

Assistant Program Coordinator

EDUCATION AND TRAINING

EXPERIENCE

SPECIAL INTERESTS

LANGUES FRANCAIS

NOM Hamidou A TOURE

ADRESSE

Voir a coté

EMPLOI ACTUEL

Coordinateur du Program Adjoint

ETUDES ET FORMATION

Baccalaureate
Formation en statistiques, Abidjan; Diplôme de statistique

EXPERIENCE

M. Touré a fait plusières années d'expéience avec les enquêtes dans les communautés
Il est résponsable pour les activités de recherche et d'evaluation statistique dan le programme de AMPPF.

THEMES D'INTERET

-conception, élaboration, exècution et évaluation des projets de planification familiale
-la recherche sur le comportement de la clientèle vis-à-vis des méthodes modernes de contraception

COUNTRY	PAYS *NIGER*
LANGUAGES	LANGUES *FRANCAIS, ZARMA, HOUSA, un peu de: ANGLAIS, FULANI*
NAME	NOM *Dr. Dogon Yaro AYOUBA*
ADDRESS	ADRESSE *Centre Hospitalier Departemental (CHD) de Maradi B.P. 24 Maradi, Niger (tel: 410-220)*
PRESENT POSITION	EMPLOI ACTUEL *Medecin-Chef du Centre Hospitalier Departemental de Maradi; Adjoint au D.D.S.*
EDUCATION AND TRAINING	ETUDES ET FORMATION *Ecole des Science de la Sante, Universite de Niamey Doctorat en Medecine, 1983*
EXPERIENCE	EXPERIENCE *Dr. Ayouba a eu de l'experience en supervision des formations sanitaires du departement de Maradi; y compris: la suivi des programmes specifiques en matiere de sante: lutte anti-diarrheique, lutte antituberculause; organisation er coordination des ~~activities hospitaliers~~*
SPECIAL INTERESTS	THEMES D'INTERET *-Les strategies de la gestion -Les methodes de la formation et de la supervision*

COUNTRY	PAYS *NIGER*
LANGUAGES	LANGUES *NCAIS*
NAME	NOM *Dr. Daouda BAKO*
ADDRESS	ADRESSE *Maternite de Poudriere (tel: 722318)* *S/C Ministere de la Sante Publique et des Affaires Sociales* *Niamey, Niger* *(Personnel: B.P. 759, Niamey, Niger)*
PRESENT POSITION	EMPLOI ACTUEL *Medecin-Chef de la Maternite Poudriere Niamey, Niger*
EDUCATION AND TRAINING	ETUDES ET FORMATION *Faculte de Medecine de (Abidjan, Reims, Tunis, Paris)* *-Diplome de Doctorat d'Etat en Medecin, 1974* *-CES de Gynecologie-Obstetrique, 1976* *Participant au seminaire "L'integration de PF dans les Activites de Maternite/PMI", Niamey, Aout 1985*
EXPERIENCE	EXPERIENCE *Dr. Bako a eu les experiences suivantes:* *-Directeur Departemental de la Sante de Zinder, 1977-1981; de Tahoua 1981-1983;* *-Chef de Service GYN-OB a Zinder et a Tahoua* *-Medecin-Chef, Maternite Poudriere, 1983 au present* *-Participant a la conference internationl sur les SSP; Alma Ata (URSS) 1978*
SPECIAL INTERESTS	THEMES D'INTERET *-Prestations de soins pour les femmes au niveau de la communaute;* *-Recherche en sciences sociologiques* *-Formation (charge de cours a l'ENSP et Faculte de Medecine* *-Amelioration des prestations de service en GYN-OB*

COUNTRY	PAYS NIGER
LANGUAGES	LANGUES FRANCAIS ANGLAIS
NAME	NOM Fatouma BOUBE
ADDRESS	ADRESSE S/C DEESN* Ministere de la Sante Publique et des Affaires Sociales Niamey, Niger *Direction de l'Enseignement et de l'Education Sanitaire et Nutritionnelle
PRESENT POSITION	EMPLOI ACTUEL Responsable de la Formation Continue Ministere de la Sante Publique/Affaires Sociales
EDUCATION AND TRAINING	ETUDES ET FORMATION -EPIAH (Namur, Belgique) Sage-femme -CESSI (Dakar, Senegal) Enseignement Administration -ESP/ULB (Bruxelles, Belg) Licence Sciences Hospitalieres
EXPERIENCE	EXPERIENCE (Soins SMI, la formation, l'administratio Mme Fatouma Boube a eu une formation initiale de Sage-Femme, ce qui l'as permis de travailler dans les services de SMI au Niger. Certains problemes Socio-Sanitaires de la mere er de l'enfant l'as sensibilisee sur la necessite de developper les activites de PF au Niger
SPECIAL INTERESTS	THEMES D'INTERET La formation continue, en particuliere la selection des candidats pour la formation et le conseil aupres des eleves infirmiers et sages-femmes dans leurs travaux de recherche

Mme Boube est auteur d'un memoire: "L'Integration et le Developpement du Planning Familial dan les Services Sanitaires pour une Promotion de la Sante de la Mere et de l'Enfant au Nsger" 1984, Bruxelles

COUNTRY	PAYS *NIGER*
LANGUAGES	LANGUES
NAME ADDRESS	NOM *Dr. Mamadou Saratou TRAORE* ADRESSE *Complexe PMI-Maternite, Lamorde* *S/C Ministere de la Sante Publique et des Affaires Sociales* *Niamey, Niger* *(ou: B.P. 2413, Niamey, Niger)*
PRESENT POSITION	EMPLOI ACTUEL *Medecin-Cher du Complexe PMI-Maternit*
EDUCATION AND TRAINING	ETUDES ET FORMATION *Faculte de Medecine de Niamey, Doctorat en Medecine*
EXPERIENCE	EXPERIENCE *Dr. Traore est responsable pour la coordination de toutes les activites du Complexe PMI Maternite Lamorde* *Elle assure les prestation de soins en SMI-PF;* *Elle fait parti de comite charge d'elaborer le programme de l'I.E.C. dans la Commune de Niamey*
SPECIAL INTERESTS	THEMES D'INTERET *La gestion d'un programme de SMI-PF* *L'I.E.C. (pour la SMI-PF)* *Formation du personnel en SMI-PF et en l'I.E.C.*

COUNTRY NIGERIA

LANGUAGES ENGLISH

PAYS

LANGUES

NAME Florence Adenike LAWALE

ADDRESS CBD Project Secretariat
State Health Council
Ibaden, Nigeria

PMB 25
Agodi IB
P.O.
Ibaden, Nigeria

NOM

ADRESSE

PRESENT POSITION Health Sister, Oyo State CBD Project

EMPLOI ACTUEL

EDUCATION AND TRAINING

t. Helier Hospital, Surrey England; 1972 S.R.N.
Bromley Maternity Hosp., Kent; 1974 S.C.M.
School of Hygiene, Eleixle, 1980 O.N.D.
Family Planning Training, 1984

ETUDES ET FORMATION

EXPERIENCE

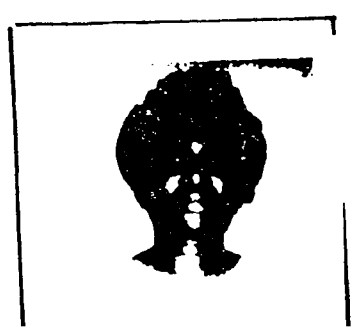
Mrs. Lawale has experience in public health nursing, family planning training. At present she is involved in a community based distribution (CBD) project where she is involved in training and supervision

EXPERIENCE

SPECIAL INTERESTS

-approaches to needs and resources assessment at the community level
-family planning for adolescents
-CBD programmes

THEMES D'INTERET



COUNTRY NIGERIA

LANGUAGES english

PAYS

LANGUES

NAME Mojisola Morenkike OYELAMI

ADDRESS CBD Project Secretariat
State Health Council
Ibaden, Nigeria

P.M.B. 25
Agodi P.O.
Ibaden
Oyo State
Nigeria

NOM

ADRESSE

PRESENT POSITION Nursing Sister, Oyo State CBD Project

EMPLOI ACTUEL

EDUCATION AND TRAINING

University of Ife, Ile-Ife 1975-1980: S.R.N.; S.C.M.; Diploma in public Health, Bachelor in Nursing Science
Family Planning Unit, U.C.H., Ibaden; Family planning certificate

ETUDES ET FORMATION

EXPERIENCE

Mrs. Oyelami has experience as a nurse and a midwife. At present she is involved as a programme officer in the C.B.D. project. In this capacity she is concerned with planning, execution and supervision of the training of village health workers and the coordination of F.P. activities

EXPERIENCE

SPECIAL INTERESTS

-management skills
-research and evaluation issues
-research and evaluation approaches and methods
-supervision of village health workers
-operation of a revolving drug fund scheme
-introducing family planning into a polygamous family

THEMES D'INTERET

COUNTRY	PAYS RWANDA
LANGUAGES	LANGUES Francais, Anglais moyenne
NAME	NOM Faustin MUNYARUGURU
ADDRESS	ADRESSE s/c O.N.A.P.O. BP 914 Kigali, Rwanda s/c O.N.A.P.O. B.P. 44 Kibuye, Rwanda
PRESENT POSITION	EMPLOI ACTUEL Delegue Regional, Off. National de la Popln.
EDUCATION AND TRAINING	ETUDES ET FORMATION Faculte de medecine; Doctorat en medecine 1984
EXPERIENCE	EXPERIENCE Dr. Munyaruguru est chargé de la coordination d'un programme de l'Office Nationale de la Population, y compris la gestion des services de PMI/PF au niveau d'une région.
SPECIAL INTERESTS	THEMES D'INTERET -la recherche operationnel pour améliorer la préstation des services -selection des stratégies pour l'elaboration des programmes -"management" des SSP/PF

COUNTRY

PAYS RWANI

LANGUAGES

LANGUES Francais
moyenne anglais

NAME

NOM Eulade NTEZILIZAZA

ADDRESS

ADRESSE S/C O.N.A.P.O.
B.P. 57
Ruhengeri, Rwanda
Tel: 415

PRESENT POSITION

EMPLOI ACTUEL

Medecin Chef de PMI; Chef du Bureau Regional

EDUCATION AND TRAINING

ETUDES ET FORMATION

Faculte de Medecin; Docteur en medecine 1980

EXPERIENCE

EXPERIENCE

Dr. Ntezilizaza est responsable d'un service de PMI avec PF.Po
Office National de la Population il coordonne les activites,
avec les activites PMI.

SPECIAL INTERESTS

THEMES D'INTERET

-Management in family health

COUNTRY

LANGUAGES

NAME

ADDRESS

LANGUES FRANCAIS

NOM Badara DIOUF

ADRESSE s/c Ministère de la Santé Publique
Dakar, Sènègal

ou: s/c Dispensaire de Bel Air
Dakar, Sènègal

PRESENT POSITION

EMPLOI ACTUEL

Medecin Chef de la C.M. de Dakar

EDUCATION AND TRAINING

ETUDES ET FORMATION

Université de Dakar; Doctorat en Medecine

EXPERIENCE

EXPERIENCE

SPECIAL INTERESTS

THEMES D'INTERET

COUNTRY

LANGUAGES

NAME ADDRESS	NOM Coly MALANG ADRESSE C.M. de Sokone Departement Foundiougne; Region Fatick Sènègal Tel: 45-31-15
PRESENT POSITION	EMPLOI ACTUEL Medecin-Chef ; C.M. de SOKONE
EDUCATION AND TRAINING	ETUDES ET FORMATION Université de Dakar; Faculté de Medecine; Doctorat en Medecine 1983
EXPERIENCE	EXPERIENCE Dr. Malang a fait des experiences dans les programmes de Programme Elargi de la Vaccination (PEV) et de Programme de Soins de Sante Primaires (SSP). Il s'interesse à l'appl tion de R.V.O. aussi
SPECIAL INTERESTS	THEMES D'INTERET -l'ameliroation de prestations des services -planification familiale et la santé maternelle et la santé infantile -planification familiale et l'approche des SSP -l'approche multisectorielle (comment associes les autres secteurs de développement à la gestions des programmes des SSP?

COUNTRY SUDAN

LANGUAGES ENGLISH, ARABIC

LANGUES

NAME El BAGIR Ali Ahmed El Faki

NOM

ADDRESS Faculty of Medicine
University of Gezira
Box 20
Wad Medani, Sudan

ADRESSE

PRESENT POSITION
Lecturer, Faculty of Medicine

EMPLOI ACTUEL

EDUCATION AND TRAINING

Faculty of Medicine, Cairo University	1974	MBBC
Royal College of Surgeons	1980	FRCS

ETUDES ET FORMATION

EXPERIENCE

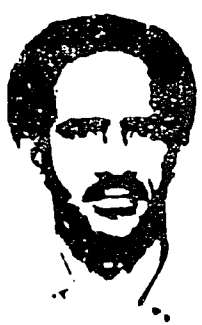
Dr. Bagir has expereicne as a surgeon and as a lecutrer at Gezira University using the new concept of community oriented, problem solving medical education. He is involved in the PHC Programme and is coordinator of the PHC clerkship and field training rural research development programme; he participates in the core training team for a PHC training programme.

EXPERIENCE

SPECIAL INTERESTS

-evaluation of community based programmes

THEMES D'INTERET



COUNTRY SUDAN

PAYS

LANGUAGES ENGLISH
ARABIC

LANGUES

NAME EISA Osman El-Amin

NOM

ADDRESS Faculty of Medicine
University of Gezira
PO Box 20
Wad Medani, Sudan

ADRESSE

PRESENT POSITION

Lecturer (pediatrics) ; Faculty of Medicine

EMPLOI ACTUEL

EDUCATION AND TRAINING

Faculty of Medicine, University of Khartoum; M.M.B.S.
University of Liverpool (UK); D.T.C.H.
Royal College of Physicians ; M.R.C.P.

ETUDES ET FORMATION

EXPERIENCE

Dr. Eisa has experience as a lecturer in the faculty of medicine. This school is community oriented in philosophy. He takes part in delivery of comprehensive child care programmes in the village setting and is involved in training programmes of health education and PHC.

EXPERIENCE

SPECIAL INTERESTS

- teaching and research
- better and cheap (inexpensive) coverage for child health
- how to get existing health workers in a place to become enthusiatic about the PHC interventions and to take part in them

Dr Eisa has had experience in an organized "Child-to Child" programme in his area

THEMES D'INTERET

COUNTRY SUDAN

PAYS

LANGUAGES English
Arabic

LANGUES

NAME Mohamed EL FATIH Ali Ahmed

NOM

ADDRESS Dept of Community Medicine
Faculty of Medicine, University of Khartoum
PO Box 102
Khartoum, Sudan
Tel: 71326

ADRESSE

PRESENT POSITION Deputy Director; Community-Based Family Health Project and Lecturer; Dept. Community Medicine

EMPLOI ACTUEL

EDUCATION AND TRAINING

Faculty of Medicine, University of Khartoum; M.B.B.S. and Master of Community Medicine (M.C.M.)

ETUDES ET FORMATION

EXPERIENCE

Dr. El Fatih is involved in training programs of the CBFHP and is Deputy Director of the Project. In addition he is a lecturer at the university in Community Medicine.

EXPERIENCE

SPECIAL INTERESTS

- applied research (operations research) in health
- teaching community level health workers on how to implement, manage and evaluate health care services
- supervision and supply systeme
- issues and approaches to management, research and evaluation

Dr. El Fatih is particualrily interested and has experience with immunization programmes

THEMES D'INTERET

COUNTRY ZIMBABWE

LANGUAGES ENGLISH

PAYS

LANGUES

NAME Tendai Matthew CHIMBADZWA

NOM

ADDRESS Provincial Medical Director
Mankaland
Ministry of Health
P.O. Box 323
Mutare, Zimbabwe

2 Spathodia Av
Murambi
Mutare,
Zimbabwe

Tel 63386

ADRESSE

PRESENT POSITION

Provincial Medical Director, Mankaland

EMPLOI ACTUEL

EDUCATION AND TRAINING

University of Rhodesia; 1974 M.B.Ch.B.
London School of Hygiene and Tropical Medicine; 1980
M.SC. in Community
Medicine for Developing
Countries

ETUDES ET FORMATION

EXPERIENCE

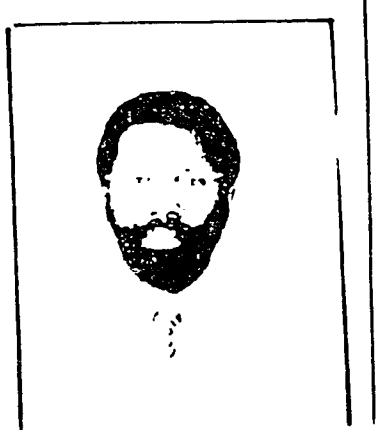
Presently, as director, Dr. Chimbadzwa is responsible for overall planning, management and corrdiantion of health facilities and health care services in his province

EXPERIENCE

SPECIAL INTERESTS

-the role of village health workers and traditional midwives in community oriented programmes
-training
-research in programmes

THEMES D'INTERET



COUNTRY ZIMBABWE

LANGUAGES ENGLISH

PAYS

LANGUES

NAME Godfrey Gwaze SIKIPA

NOM

ADDRESS

ADRESSE

Provincial Medical Director
Ministry of Health
PO Box 139
Chinhoyi, Zimbabwe
Tel: 2324

Home:
7 Mopani Close
Chinhoyi, Zimbabwe

PRESENT POSITION

EMPLOI ACTUEL

Provincial Medical Director;

EDUCATION AND TRAINING

ETUDES ET FORMATION

University of Zimbabwe, School of Medicine 1976; M.B.CH.B.
LondonUniversity; Institute of Child Health 1983; M.Sc. (MCH)

EXPERIENCE

EXPERIENCE

In addition to his experience as a medical doctor, Dr.Sikipa is responsible for the planning, implementation and evaluation of health services for a province which serves 900,000 population. He supervises personnel in 5 districts, as well as provides training in seminars and workshops for nurses, doctors and environmnetal staff

SPECIAL INTERESTS

THEMES D'INTERET

management, research and evaluation issues
community needs and resources assessment

COUNTRY UGANDA

PAYS

LANGUES

LANGUAGES ENGLISH

NAME John Ssali KIZZA

NOM

ADDRESS Family Planning Association of Uganda
PO Box 1954
Kampala, Uganda
Tel: 258300 or 230260
home: PO Box 6826; Kampala, Uganda

ADRESSE

PRESENT POSITION Area Officer, Buganda
Family Planning Association of Uganda

EMPLOI ACTUEL

EDUCATION AND TRAINING

N.S.T.C. School of Journalism: Diploma in Journalism
Centre for African Family Studies (CAFS) in Nairobi;
Certificate in Programme Development and Implementation

ETUDES ET FORMATION

EXPERIENCE

Mr. Kizza has experience in supervisi a of FP programm
in the central region of Uganda, including the capital y.
His responsibilities are diverse; supervising a team
motivators in urban and rural areas; supervisin g clin
activities and supply system activities; planning/eval on

EXPERIENCE

SPECIAL INTERESTS

-short term training for staff and volunteers
-promotion of breast feeding
-management of PHC programmes

THEMES D'INTERET

COUNTRY UGANDA

LANGUAGES english

PAYS

LANGUES

NAME Godfrey Lulu SSEMBATYA

NOM

ADDRESS

Institute of Public Health
Makerere University
PO Box 7072
Kampala, Uganda
Tel: 530137

Personal:
Box 8774
Kampala,
Uganda

ADRESSE

PRESENT POSITION Unversity lecturer

EMPLOI ACTUEL

EDUCATION AND TRAINING

Busoba College; East African Advance Certificate in Education
Makerere University, Faculty of Medicine; M.B.CH.B.
Makerere University, Postgraduate Diploma in Public Health
Johns Hopkins University, USA; Certificate in Reproductive Health Management
~~Nairobi University: Certificate in Modern Contraception~~

ETUDES ET FORMATION

EXPERIENCE

At present Dr. Ssembatya wears five different hats:
he is lecturer in MCH and PHC at the Institute of Public Health for undergraduate and post-graduate programs
he is Vice-Chair of the West Buganda Family Planning Assn.
he is Resident Medical Officer in the Makerere rural teaching ~~centre at Kasangati; he is consultant F.P. doctor in 3~~ clinics and he is involved in a CBD project

EXPERIENCE

SPECIAL INTERESTS

-teaching and research, MCH-FP and PHC
-the involvement of men into the acceptance of FP programs in Africa...how can this be achieved?
-making service delivery work in a situation where "things don't work"

THEMES D'INTERET

COUNTRY HAITI

PAYS

LANGUAGES FRENCH
CREOLE
ENGLISH

LANGUES

NAME Marie Carmel DECATUS

NOM

ADDRESS 154 Haven Ave. , Apt. 805
New York NY 10032

ADRESSE

PRESENT POSITION

M.P.H. candidate, School of Public Health, Columbia Univ.

EMPLOI ACTUEL

EDUCATION AND TRAINING

1978; Faculty of Medicine, Haiti; Doctorat en Medecine
1986; M.S. in Nutrition; Institute of Human Nutrition
Columbia University NYC

ETUDES ORMATION

EXPERIENCE

Dr. Decatus was an intern at Hopital de L'Université d'etat
Haiti, followed by a residency through 1980. She was
attending physician at a medical center in a rural
setting for 4 years.
During the summer of 1985, she was a nutrition volunteer
at the Manhattan Veterans Hospital

EXPER

SPECIAL INTERESTS

-nutrition in pregnancy
-management, program implementation and evaluation

THEME

COUNTRY U.S.A.

LANGUAGES English
French

PAYS

LANGUES

NAME Michael PENZAK

NOM

ADDRESS 150 Haven Avenue, Apt. 21
New York, N.Y. 10032
(212)-928-8006

ADRESSE

PRESENT POSITION School of Public Health
M.P.H. candidate , Columbia University

EMPLOI ACTUEL

EDUCATION AND TRAINING

University of Chicago A.B. 19__

ETUDES ET FORMATION

EXPERIENCE

Mr. Penzak has 2 years experience as a Peace Corps Volunteer in Gabon where he worked in fisheries extension and training .as well as budgeting and construction. At present he is an M.P.H. candidate in the school of public health with MCH-FP Program as major study.

EXPERIENCE

SPECIAL INTERESTS

-refinement of skills in working with multinatiional groups
-management training
-research in MCH/FP and PHC
-integration of special PHC programs
-development

THEMES D'INTERET

GUIDE TO READINGS

During the workshop, you will receive a large quantity of reading materials. We hope you will find them useful and that you will refer to them upon return to your countries. While we do not expect you to read all of the materials during your stay in New York, we suggest you try to familiarize yourselves with selected items in preparation for the following workshop topics.

FOR	READINGS
Tuesday, 3 June	. Case Study. The Ngwata Program for Family Welfare . PHC Charts . Analysis of Eight Essential Ingredients of PHC
Wednesday, 4 June	. Ficticia . McMahon, Barton & Piot. ON BEING IN CHARGE, WHO 1984, pp.30-40, 268-277 . Pacey. A. "Taking Soundings for Development and Health." World Health Forum 3. (1): 38-47, 1982 . Buzzard, Shirley ,"Look, Listen and Learn: Preparing the Ground for Primary Health Care," World Health Forum 6 (5): 361-364, 1985 . Trost Associates, "The Focussed Group Discussion: An Overview" . Shedlin, M.G.,"Protocol for the Design of Focus Group Program Research," 9/25/83 . Qualitative/Survey Research . Comparisons of the Qualitative and Quantative Research Paradigms . Checklist for Evaluation Situations for Qualitative Methods are Appropriate . Guidelines for Needs Assessment . Some Practical Suggestions for the Use of Qualitative Methods . Needs and Resources Assessment - Quantitative Aspects
Thursday, 5 June Friday, 6 June	. State of the World's Children (UNICEF) . Oral Rehydration Therapy for Childhood Diarrhea (Population Report L-2) . Where There Is No Doctor (Werner) . Why the Other Half Dies (Rhode)

Monday, 9 June	. Nutrition: A Health Sector Responsibility . Guidelines for Incorporating Nutrition into the Design of PHC and Related Projects (INU Technical Report # 10) . Design and Implementation of Community-Based Nutrition Programs Integrated in PHC . Nutrition Programs Handout
Tuesday, 10 June	. ON BEING IN CHARGE, 268-310, 329-344 . A Management Approach to Health Systems Development . Vaughan, Mills, Smith, The Importance of Decentralized Management . Tarimo, Good Intentions are Not Enough . White, A New Look at Health Information
Wednesday, 11 June	. On Being in Charge, 186-202, 312-328 . Service Statistics: Aid for More Effective Family Planning Program Management (Population Report J-17)
Thursday, 12 June	. Family Planning: Its Impact on the Health of Mothers and Children (CPFH Chartbook) . Traditional Midwives and Family Planning (Population Report J-22) . Family Planning Methods & Practice Africa . Family Planning Procedures Manual
Friday, 13 June	. Community-based Health and Family Planning (Population Report L-3) . Selections from Assignment Children 59/60 on Community Participation . Skeet, Community Health Workers: Promoters or Inhibitors of Primary Health Care?
Thursday, 19 June Friday, 20 June	. HELPING HEALTH WORKERS LEARN (Werner and Bower) . Teaching for Better Learning
Monday, 23 June	. ON BEING IN CHARGE, 329-344 . Manual on Operations Research (Population Council)
Tuesday, 24 June	. ON BEING IN CHARGE, 44, 61-124
Thursday, 26 June	. African Charter on Human and People's Rights . Conventionon the Elimination of All Forms of Discrimination Against Women . Laws and Policies Affecting Fertility: A Decade of Change (Population Report E-7)