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The Pre-Implementation Workshop for
the Primary Health Care Project for Child
and Family Health

(Accelerated Cooperation for Child Survival Project, AACCS)

USAID/Sana'a

October 25 – 29, 1987

**Resources for
Child Health
Project**

REACH



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REPORT

The Pre-Implementation Workshop for
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(Accelerated Cooperation for Child Survival Project, ACCS)

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Translated by Layla Hammamy

The Resources for Child Health Project
1100 Wilson Blvd., Ninth Floor
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USA

AID Contract Number: DPE-5927-C-00-5068-00

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The Report

Appendix 1: Workshop Documents

Appendix 2: Evaluation questionnaire

Appendix 3: Proposed first year workplan

The Report:

This workshop was held with the cooperation of the principal parties responsible for the implementation of the "Primary Health Care Project for Child and Family Health", namely:

- The Ministry of Health in Sana'a, the Yemen Arab Republic
- The directors general of health and the officials responsible for primary health care in the six governorates covered by the project (Ma'reb, Mahwit, Baidi, Hajja, Jawf and Sa'da)
- Officials from the Confederation of Local Councils for Cooperative Development (CLCCD) and its branches in the six governorates
- Representatives from the contracting firms
- Officials from the United States Agency for International Development (USAID)

Objectives of the Workshop

1. To reach a common understanding about the detailed scope of the project and the outcomes anticipated from its implementation.
2. To agree on the roles and responsibilities of the project's major parties.
3. To agree on the strategies and policies to be used in implementing the project.
4. To agree on the project's management principles: planning and follow-up procedures, coordination measures, reports preparation, evaluation and decision taking.
5. To agree on the workplan for the project first year.

Schedule of the Workshop

<u>Sunday 10/25</u>	Opening. Getting to know each other. Introduction and explanation of the project
<u>Monday 10/26</u>	Strategies for child and family primary health care (work groups)
<u>Tuesday 10/27</u>	Administrative issues: roles, bases for the project planning, implementation and follow-up (work groups)
<u>Wednesday 10/28</u>	Project primary work plan (work groups)
<u>Thursday 10/29</u>	Final recommendations and work plan for the first year. Closing. Evaluation

Workshop Results

1. The recommendations agreed upon by the participants reflected an obvious commitment on the part of all parties to play their roles in succeeding the project and to cooperate with the other parties in this respect. The close and effective cooperation between the health systems in the governorates and the Councils for cooperative Development is one of the key factors on which the success of this project rides.
2. All the participants showed willingness to immediately start the execution of the first step in the implementation process, namely the comprehensive survey of the resources and needs of six governorates.
3. Appendix 1 includes in its last section the final recommendations that were reached by the participants, together with the first year work plan.
4. The participants evaluation of the workshop was highly positive. Their mean rating of the workshop ability to succeed in achieving its predefined goals was around 4.4 on a five point scale. The participant unanimously agreed on the need to hold similar workshop to devise plans of action for the six governorates. A number of them also suggested to hold the workshop on a yearly basis during the lifetime of the project, to follow-up on the implementation progress, and to find solutions to problems that may eventually face the implementation.

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APPENDIX 1

IN THE NAME OF GOD THE MERCIFUL THE COMPASSIONATE

The Yemen Arab Republic

- * Ministry of Health
- * The Confederation of Local Councils for Cooperative Development
- * The United States Agency for International Development

The Primary Health Care Project
For Child And Family Health

Preparatory Workshop
October 25-29, 1987

With the Cooperation of:

The National Institute for Public Administration
John Snow Inc. for Public Health - REACH
The Academy for Educational Development
Engineering and Management Consultants - TEAM

The National Institute for Public Administration

Ministry of Health
John Snow, Inc. - REACH

Y.A.R., Sana'a, P.O. Box 102
Y.A.R., Sana'a, Midan Al-Tahrir
Y.A.R., Sana'a, P.O. Box 10650

Objectives of the Workshop

1. To reach common understanding about the detailed scope of the project and the outcomes anticipated from its implementation.
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Plan of Activity During the Workshop

Workshop

Specific goals to be addressed

Limited time to achieve these goals

Problem solving collective workshop

What is required are solutions to the problems and not co-existence with them

Each participant has a role and is, therefore, free to express his opinion

Importance of collective work and role of the work groups

Realistic plans and recommendations

Necessity of basing plans and recommendations on realistic figures

Ambitious but realistic goals

Plans should be accompanied by proper methods of follow-up

Selected Child Health Indicators
the Yemen Arab Republic

Infant Mortality Rate	173/1000
Child Mortality Rate	95/1000
Maternal Mortality Rate	10/1000
Poliomyelitis Infection Rate	4/1000
Neonatal Tetanus Infection Rate	3/1000
Tuberculosis Infection Rate (5-10 yrs)	18.2/100
Immunization Coverage	10-15%
Primary Health Care Coverage	25-30%

Primary Health Care Project
For Child and Family Health

The need for the services

Statistics, surveys and studies show the urgent need for these services

The demand for these services

Depends on: (1) The awareness of the importance of prevention and immunization
(2) The confidence in the services provided

Supply

Available resources
Quality of the services
Adequate utilization of available resources

This project aims to develop both the supply and demand sides

Primary Health Care Project
for Child and Family Health

INPUTS

- * Financial resources: 12.7 million dollars aid
5.9 million dollars local resources
- * Manpower resources: local, resident consultants,
short-term consultants
- * Facilities and equipment: buildings, equipment, appliances

OUTPUTS

- * Health cadres training
- * Health education
- * Strengthening and developing primary health care
institutions, both financially and administratively
- * Innovative projects

ACHIEVEMENTS

- * Development of the resources available for primary health
care
- * Development of the quality and effectiveness of primary
health care institutions
- * Increase health awareness among the population
- * Decrease infant and maternal mortality and morbidity

OUTPUTS

1. Training

- Training of trainers/supervisors from the six governorates (males and females)
- Training of the primary health care workers (males and females)
- Training of the traditional birth attendants
- Administrative training of the Ministry of Health officials, both at the central and governorate levels
- Workshops at the governorate level to share experiences, and to make use of the evaluation of the primary health care services in the six governorates

2. Strengthening and developing primary health care institutions

- Initial surveys of the current resources and the provided primary health care services in the six governorates
- Identify gaps and develop work plans for strengthening and developing primary health care units and centers
- Strengthen primary health care units (180 units)
- Strengthen health training centers (12 centers)

3. Health Education

PROGRAM GOALS:

1. Develop the capability of the mass media with respect to public health campaigns
2. Develop health education in the governorate's primary health care centers

-
- The local Councils provide 50% of the training incentives
 - The project will support the training of the non-Yemeni midwives who will act as trainers/supervisors in the governorates health offices until enough Yemeni midwives are trained.
 - The project, in conjunction with the WHO, will support the training of nurses (males and females) who will act as supervisors and that of the traditional birth attendants.

Developing health education

- Establishing health education resources and potentials in each governorate. This will be executed in two stages:
 1. Establishing new locations (or repairing existing locations) - Workers - Equipment
 2. Training and guiding primary health care workers in health education

Major activities of health education

1. Designing health messages
2. Choosing various dispersion channels
3. Producing several mass media programs
4. Governorates level activities:
 - a. Training of cadres
 - b. Preparing plans of action
 - c. Purchasing the necessary equipment
5. Follow-up and reports preparation

Social Marketing

- The product: New ideas in the public health sector (ORS)
- Cost to consumers: Monetary or nominal
- The distribution: Public or private sectors
- The promotion: Based on studies of the targetted public

Steps in the Implementation of the Information
Program in the Public Health Sector

Example: Oral Rehydration Therapy

ANALYSIS

Prevailing values
Number of cases of dehydration
Effect of mass media
Effect of prevailing traditions
Economic status
Problem awareness
Knowledge about oral rehydration salts

PRODUCT

Radio, TV, and other media programs
Posters about oral rehydration
Testing the materials prior to the distribution to the
targetted society

EVALUATION

Decrease in the number of severe cases of dehydration
The number or proportion of mothers recalling the
information message
The number of mothers or fathers knowing about ORT
Time allocated by the radio and the other media

4. Special innovative projects for strengthening primary health care

Examples:

Disease monitoring in conjunction with the WHO. This project aims at improving the ability of the country to follow disease incidence, and therefore, to improve the ministry of health's ability to design, administer, follow and evaluate disease control programs. The project involves training cadres specialized in these activities, together with developing the necessary information systems.

Health care financing: This project aims at developing the local capabilities in financial planning and analysis in the primary health care systems in the governorates. It includes the analysis and evaluation of the Tiahama Primary Health Care Project and use of computers for financial planning and cost analysis, in order to derive lessons and adopt the necessary changes in the current systems.

Conducting Surveys and field studies to collect baseline data on the health status of the population and, more specifically, of children and mothers.

**Primary Health Care Project
for Child and Family Health**

Financial resources available over five years

American Aid

Technical aid	\$ 5,520,000
Training	\$ 2,386,200
Goods and equipments	\$ 1,431,000
Other expenditures	\$ 2,180,800
Evaluation and emergency expenditures	\$ 1,200,000
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	\$ 12,708,000

Local Resources

	\$ 5,911,000
	<hr/>
	\$ 12,619,000

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**Primary Health Care Project
for Child and Family Health**

Governorates covered by the project:

Hajja Mahwit Al-Baida
Al-Jawf Ma'reb Sa'ada

The collaborating parties

General planning and supervision: Central task force in Sana'a

The Ministry of Health
The CLCCD
The contracting firms
The Health Officer at the American AID

Detailed planning and follow-up: Governorates task force

The Director General of health in the governorate
The representative of the CLCCD in the governorate
The responsible for primary health care in the governorate
The Health Officer in the American AID
The Chief of Party of the contracting firm (John Snow Inc.)
The project coordinator in the governorate

* John Snow Inc. for Public Health
The Academy for Educational Development

** Works under the supervision of the Chief of Party of the contracting firm (JSI)

Project Objectives

- Primary health care system in the six governorates, to promote and provide preventive medical services, including immunization, oral rehydration, breastfeeding and child spacing. The primary health care system is expected to cover 50% of the population in each governorate.
- Establishing a training manpower for the health cadres in two primary health care centers in each governorate.
- Effective systems for management, planning, information, supplies, communication, supervision and finance in the primary health care systems in the governorates.
- Develop Yemeni cadres to analyze and follow disease development, specially diarrheal diseases and immunizable children diseases.
- Increasing the society cooperation in planning and financing primary health care.

Strategic Issues

Methods for mobilizing financial and human resources and for developing self-reliance.

- Development of child and family preventive medicine concepts and practices among health workers.
- Development of health awareness among the population
- Increasing the utilization level of the resources available for primary health care.

Work Groups

Developing recommendations regarding basic strategies and policies

- 1- What are the major problems associated with the issue discussed?
- 2- What are the consequences of the problem?
- 3- What are the causes of the problem?
- 4- What can be done to resolve these problems?

Management Issues

Roles and responsibilities of the different parties:

- The Ministry of Health
- The health systems in the governorates
- The local development systems
- The contracting firms

Essentials of successful management

- Defining clear and measurable goals
- Planning systems and methods for goal realization
- Establishing integrated plans for the implementation
- Appropriate supervision and guidance of the implementation
- Implementation follow-up/ results evaluation/ correction of digression from the plans

Work Groups

Project management

- 1- What is the information that you expect the other parties to share with you? (What type? How to get it? How often? From whom?)
- 2- What is the information that you expect to share with the other parties? (What type? How to give it? How often? To whom?)
- 3- What are your views of the roles each party in planning and implementing this project?
- 4- What are the standards to be used for monitoring and evaluating the output of the project?

Developing the workplan

Work Groups

Developing the workplan

- 1- What is the goal to be reached?
- 2- What are the major tasks or obligations needed to reach that goal?
- 3- What are the action steps for accomplishing each of the major tasks?
- 4- For each major task, define the resources needed, the starting and ending dates and assign responsibilities.

Example

Work Plan

Task

Prepared By:

1.

2.

3.

4.

5.

Work Steps	Required Resources	Person in Charge of Implementation	Timing		Comments
			Start	End	

The Non-Yemeni Parties Involved
in the Execution of the Project

- John Snow Inc. for Public Health

Responsible for training health cadres and strengthening and developing primary health care centers and units and training centers, and general coordination of the project.

Chief of Party: Dr. Dina Hammam.

- The Academy for Educational Development

Responsible for implementing the health education program.
Representative in the preparatory workshop: Mounsef Bouhafah (private consultant).

- Engineering and Management Consultants - TEAM International

Responsible for managing the project pre-implementation workshop, in coordination with the National Institute for Public Administration
Workshop director: Dr. Ahmed Shalabi.

STRATEGIC ISSUES

Workgroup I: Locating financial and human resources

Members: Dr. Ahmed Al-Akwa'

Tawfik Al-Shamy

Abdul-Rakib Al-Kobaty

Abdallah Al-Kahlany

Thabet Harmel

Hussein Ali Al-Ghosheimy

Financial Resources

- 1- Collaboration of the local councils in the construction of the health units according to the local councils' plan.
- 2- Collaboration of the UNICEF in the construction of the health units.
- 3- Collaboration of the Ministry of Health in the construction of the health units.

Human resources

- 1- Commitment of the local councils to provide local candidates with the qualifications defined by the Ministry of Health.
- 2- Participation of the local councils in providing half of the training stipend for the primary health care workers during the training period, according to the agreements between the Confederation and the Ministry of Health.
- 3- Development, by the local councils, of a set of guarantees to be presented by the trainees, committing these trainees to work in their regions upon completion of their training.
- 4- Responsibility of the Ministry of Health in providing the local councils with the qualifications required from the trainees, taking into consideration the cultural and educational status in each area.
- 5- The Ministry of Health will employ the primary health workers in the areas from which they come, after they complete their health training.
- 6- The project should pay monthly remunerations to the primary health care workers who finished their training, until the procedures for their employment are completed.
- 7- The project is responsible for furnishing the health units and centers, and for providing the operations and transportation means, together with any other expenses.

* Hereafter, the term "project" will be used to refer to the contractors and AID.

Workgroup II: Developing child and family preventive medicine concepts and practices among primary health care workers

Members: Dr. Abdul-Karim Nassar
Mahmud Abdo AL-Zandany
Dr. Mohammad Hussein Al-Fadeel
Rashidah Al-Hamdany
Abdallah Al-Fadly
Abdul-Aziz Al-Shamy
Abdul-Wahab Al-Karady
Dr. Lotf Mohammad Al-Zubeiry

Problems and Causes

- 1- Lack of interest on the part of health cadres to work in the preventive medicine sector.
- 2- Lack of financial incentives in this sector.
- 3- Lack of understanding of the role of the preventive medicine workers.
- 4- Insufficient continuous training of the preventive medicine workers.
- 5- Insufficient supervision of preventive medicine workers.
- 6- Bureaucracy handicapping the employment procedure.
- 7- Lack of preventive capabilities and adequate budgets.
- 8- Lack of cooperation and coordination between the concerned parties.
- 9- Lack of interest in training the female cadres.

Solutions and Recommendations

- 1- Adoption of financial incentives for preventive medicine workers, taking into consideration the work location.
- 2- Raising the moral of physicians and workers in the preventive medicine sector through incentives:
 - *Priority in grants, studies and training.
 - *certificates of appreciation.
 - *infectious disease and special allowances.
- 3- Holding specialization and development courses for the workers and defining their job description.
- 4- Defining the supervisor's role to facilitate the supervision activity. Developing the following:
 - *An overall supervision plan.
 - *A qualified and suitable technical cadre.
 - *Suitable means of supervision.
- 5- Facilitate the employment of the workers through contacts with the concerned parties.
- 6- coordination among the concerned parties in order to find the resources necessary for developing preventive care. The concerned

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parties and their responsibilities being:

*The Ministry of Health: providing the rural centers and units with the required vaccines and treatments, and spreading health awarness.

*The Ministry of Municipalities: environmental health.

*The Ministry of Public Works: rural water projects.

*The Ministry of Agriculture: animal stock and control of animal diseases.

*The Ministry of Education: school health.

*The Local Councils: facilitating the work of preventive medicine workers.

*The Ministry of Information: supporting health education programs.

7- Allocating enough financial resources for preventive medicine.

8- Integrated and continuous coordination among the related administrations to improve the level of preventive medicine.

9- Encouraging the female cadres to join the preventive medicine field, taking into account the social conditions.

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Workgroup III: Health awareness development group

Members: Dr. Mohammad Suheyl

Lutfi Abdul-Lateef

Abdallah Badr Mohammad

Mohammad Ali Rassam

Jamileh Al-Azzam

Abdel-Malek Salam

Abdallah Al-Souswah

Najib Al-Ahjary

- 1- Establishment of a health and environmental education board in the country, including the Ministry of Health and other concerned parties.
- 2- Strengthening and providing the central public administration with the qualified cadres, and finding the required technical and financial resources.
- 3- Preparing the needed training plans (manuals and programs) for developing the cadres in health education at the central and governorates levels.
- 4- Establishing health education units in the six governorates and providing them with the needed resources. Appointing qualified personnel, spreading health awareness through the available channels and training the cadres in the governorates.
- 5- Establishing in each governorate a health education council that includes the director general of health, the director of health education, the local council, the director of information, the director of education and other related parties in the district and village.
- 6- Emphasizing the health problems that can be controlled through health awareness, such as:
 - malnutrition diseases, marasmus, rickets, anemia, kwashiorkor
 - control of diarrheal diseases and oral rehydration
 - infections of the respiratory system
 - parasites
 - promoting breastfeeding and prenatal care
 - immunization against the six childhood diseases
 - household accidents
 - clean waters
 - family planning (child spacing)
 - personal hygiene (environmental sanitation).
- 7- Using the health education channels in the best way to deal with the health problems, specially the Ministry of Information, and the television, radio and newspapers.

- 8- Diffuse daily educative television programs of one to three minutes duration, similar to the "Salamtak" program.
- 9- Evaluation through a simple questionnaire, prepared at the central level and administered to a random sample, at the beginning of the project.
- 10- Continuous supervision and follow-up on the part of the central team.

Workgroup IV: Increasing the utilization level of the primary health care resources

Members: Dr. Shaher Ali Mohammad
Yahya Ahmad Sha'fal
An'am Saleh Joubeh
Abdul-Wahab Salam Ali
Hussein Saleh Mounif
Saleh Ahmad Nassar
Abdallah Abdallah Al-Fakih

Major Problems

- 1- Lack of coordination between the concerned parties: the health office, the local councils and the other related parties.
- 2- Absence of an information system that would help to define the problem.
- 3- Problems in the construction of some health units funded by the UNICEF, and unknown whereabouts of the construction materials that were delivered to the contractors.
- 4- Lack of commitment on the part of the related parties to meet their obligations.
- 5- Incomplete coverage of the health services.
- 6- Insufficient local cadres in the health sector.
- 7- Lack of interest in health education.
- 8- Delays in employing the health workers, that often last a year or more.
- 9- Certain regional practices and traditions that hinder the progress.
- 10- Insufficient female cadres.
- 11- Insufficient means of transportation.

Consequences

- 1- Weak performance in the health centers and units.
- 2- Drop out of primary health care workers and trainers/supervisors, and lack of interest in their work on their part.
- 3- Lack of organization in the work due to lack of information.
- 4- Restriction of health care services to one aspect only.

Recommendations

1- Necessity of coordination between the governorates concerned parties, the health office and the local councils.

2- Conducting field surveys in each governorate to assess the severity of the problem:

- The health cadres needed in each region
- The number of health institutions needed and available in each governorate
- Understanding the financial commitments of the local councils in training and construction.
- Definition of the financial and human resources available in the health offices.

Analysis of the data from these surveys will help in the following:

- (i) Construction of the required number of health units
- (ii) Training of the health needed health cadres
- (iii) Efficient use of the available resources (health units, training centers, etc...)
- (iv) Providing the guarantees needed to keep the health care workers in their jobs, such as:
 - Improving their financial situation, and improving their professional abilities through continuous courses
 - Providing the requirements needed for the work, followup, evaluation and problem solution
- (v) Emphasizing health education and involving the society in community health programs, through coordination with the Ministry of Education, the local councils, the department of health education, and religious guidance to select proper means of spreading health awareness.

MANAGEMENT ISSUES

Workgroup I

Members: Dr. Abbas Zabarrah
Dr. Ahmed Al-Akwa'
Mahmoud Al-Zandany
Mohammad Al-Fadeel
Dr. Lotf Al-Zubeiry
Dr. Shaher Mohammad
Jamilah Al-Azzam
Abdallah Al-Souswah
Lutfi Abdul-Lateef

Information needed from the governorates health offices:

- 1- Population size.
- 2- Coverage rate of the present health services.
- 3- Fertility level, number of infants less than one year of age and number of children less than five years of age.
- 4- Number of available health units and proportion of the operating ones.
- 5- Proportion of vaccinated children.
- 6- Number of health cadres (doctors, nurses, health workers).
- 7- Births and deaths rates.
- 8- Proportion of the population benefitting from the primary services.
- 9- The prevalent diseases.

Method of data collection

- 1- Interviews.
- 2- Field visits.
- 3- Direct requests to the proper authorities.
- 4- Periodic reports.

Sources of information

- 1- Health reports.
- 2- The Central Planning Organization, the Ministry of Health, the Ministry of Education and Civil Services.

Schedule

- At the beginning of the project.
- Periodically.

Information required from the Local Councils

- Same information and commitments.
- Same method and schedule.

Information required from the Project

- Integrated plan for the project, its goals, financial, human, technical and developmental resources.

Method

- Through the official channels.

Schedule

- At the beginning of the project.

Source

- The Central Planning Organization.
- The Ministry of Health.
- The Project.

Information to be given to the other parties

- 1- The official primary health care plan.
- 2- The Ministry of Health plan.
- 3- A copy of the project agreement.
- 4- Any other requests regarding technical matters.

Schedule

- Before the implementation and on demand.

Parties receiving the Information

- The Health Offices.
- The Local Councils.
- The Project administration.
- The concerned institutions.

Roles of the concerned parties

1- Coordination between the concerned parties

- The Ministry of Health.
- The Governorates health offices.
- The Local Councils.
- The contracting firms.

2- Roles definition

- d- The Ministry of Health: guidance and supervision, according to the Ministry plan.
 - The health offices: implementation, followup and presentation of reports.
 - The Project: financial, technical, consulting and developmental support.
 - The Local Councils: planning, financial support, implementation and followup.

Standards to be used in monitoring and evaluation of results

- 1- Periodic reports.
- 2- Field visits.
- 3- Analysis and evaluation.

Workgroup II

Members: Dr. Mohammad Suheyl
Dr. Abdulkarim Nassar
Abdallah Al-Fakih
Abdallah Badr
Saleh Ahmed Nassar
Abdallah Mabrouk
Hussein Al-Kusheymy
Hussein Saleh Munif
Mohammad Ahmad Abbas
Abdul-Aziz Al-Shamy
Tawfik Sa'ad Al-Shamy

1- Information needed from:

a- The Ministry of Health

- A copy of the project agreement
 - A plan of action
 - Other instructions.
- Through letters and meetings.
- The contact will be the Undersecretary of Health.

b- The Confederation of Local Councils for Cooperative Development

- The Local Councils commitment to the project
- The plan of action for the project
- The resources allocated in the plan for the project
- The possibility of commitment to cooperate in training (financially).

c- AID

- Expect the coordination of the Chief of Party with the Ministry of Health according to the project agreement.

2- Information to be given to the other parties

- Presenting a report about the health status in the region including: the important health problems, the prevalent diseases, infant and maternal mortality rates, population density, current development projects and available resources, together with information about the economic, social and educational status in the region. These data will be presented periodically to the Ministry of Health and other interested parties.

3- Roles of the different parties in implemetation and planning

- The role of the Ministry of Health is planning and supervision, the local councils' role is coordination, planning, implementation and followup, while the Project's role lies in the implementation with the cooperation of the governorates' health offices and local councils, according to the agreement reached between the concerned parties at the central level.

4- Standards used in monitoring and avaluating the project's outcomes

- Periodic supervision together with data collection, statistics and reports, presented to the interested parties and evaluated using the previously collected data.

Workgroup III

Members: Abdul-Malek Salam
Abdul-Wahab Salam Ali
Abdallah Sharaf Al-Kahlany
Thabet Ali Harmel
Ana'am Saleh Joubeh
Abdul-Rakeeb Al-Kobaty
Abdul-Wahab Al-Korady
Tawfik Ali Najashy
Abdul-Rahman Sayf Ismail

Recommendations

- 1- The Ministry of Health should compile a health map of the six governorates showing:
 - a- The number of health units and centers, their location, whether operating or not, the trained cadres serving in them and the coverage rate of the actual needs, together with the needed number of trainees and their qualifications.
 - b- The required number of health units to be established to cover the population needs in the health care sector, in coordination with the regional health offices and the local councils.
 - c- The map should be prepared by the Ministry of Health with the cooperation of the local councils, and the cost should be covered by the project. It should be ready within the first three months of the project.
 - d- Sample plans of the health units and centers to be established, including estimates of costs and equipments needed for their operation. The plans should be ready within the first three months of the project, and should be prepared with the cooperation of the engineering unit in the Ministry of Health, and the division of services in the CLCCD.
- 2- All parties should have implementation and supervision roles in the project, whether centrally or on the governorate level. In view of the importance of training in improving primary health care, and the leading role of the local councils in that field and their financial commitment, the central team of the Project should prepare a work plan for the project with the collaboration of the training sector of the CLCCD.
- 3- The 180 health units should be built according to the CLCCD plan for the project and the agreement between the ministry of health, the Central Planning Office and the CLCCD, with the approval of AID and within the resources it allocated for this purpose.

4- In view of the active role of the CLCCD in promoting health awareness, the project should support the CLCCD newspaper and the education and information division.

5- Clean waters should be provided to the health unit and centers in the six governorates, in order to reach integrated health. The costs for this task could be provided either by the emergency fund or by the coordination of the central team of the project and other international donors.

6- Means of transportation should be provided to the project's workers, whether centrally or in the six governorates.

7- A team representing all parties should periodically evaluate the project activities by comparing the planned goals and the actual achievements.

From the Local Councils

- (1) Information about the different commitments in training the primary health care workers (males and females).
- (2) Information about the commitments to build health units.
- (3) Information about the method of supervision and followup of the workers in the health units.
- (4) Information about the method of coordination with the different health projects.
- (5) Information about the available buildings.
- (6) Data on the social distribution in each region to be used in effective planning and implementing primary health care.
- (7) Information about the role of the local councils in selecting the health workers and the conditions that guarantee their continuous work.

2- What information do you expect to share with the other parties?

- (1) Introducing the project.
- (2) Explaining the project.
- (3) The method of project evaluation and supervision, and the mode of coordination.
- (4) Introducing the officials in contracting firms and agencies, and how to contact them.
- (5) The project work plan and its commitments.
- (6) Periodic reports about the progress in the project implementation.

3- What are your views of the roles of each party in the planning and implementing the project?

- (1) Participating in all meetings for planning and followup, both at the central and governorates levels.
- (2) Coordination between the different contracting firms.
- (3) Conducting seminars every six months in the governorates covered by the project.
- (4) Followup on the changes in the ministry plan and the project implementation plan.
- (5) Periodic exchange of information.
- (6) Collaboration in putting the plans, both centrally and on the governorates level.
- (7) Collaboration in putting the periodic plans and goals, and their annual followup.

4- What are the standards to be used for monitoring and evaluating the project's outputs?

The Ministry of Health role

- (1) Participating in preparing the plan.
- (2) Followup on the different governorates implementation plans.
- (3) Continuous followup.
- (4) Participation in the mid-term and end-of-project evaluations.
- (5) Coordination with the concerned parties.

The CLCCD role

- (1) Participating in preparing the plan and followup on its implementation.
- (2) Commitment to the schedule and responsibilities.
- (3) Coordination with the concerned parties.

The standards

- (1) A commitment to the project goals and plans.
- (2) A commitment to build the health units on time.
- (3) A commitment to train the cadres specified in the plan.
- (4) A commitment to conduct the needed surveys on time.
- (5) A commitment to write the reports and define the different problems and the parties responsible, and to put recommendations aiming at solving these problems.
- (6) Periodic supervision and reports.

OUTLINE OF THE WORKPLAN

Training group

Members: Mahmoud Abdo Al-Zandany
Mohammad Ali Rassam
Ali Al-Sawary
Mohammad Al-Fadeel
Abdallah Sharaf Al-Kahlany
Ahya Ahmed Sha'afal
Tawfik Saad Al-Shamy
Rashidah Al-Hamdany
Hussein Saleh Munif

General Goal: Training

Specific goals

1- Training supervisors and trainers	72 (males & females)
2- Primary health care workers	360 (males & females)
3- Traditional birth attendents	900
4- Health visitors	12

Needs

1- Health training centers	12
2- Health units	180

Manpower for the training centers

1- Physician + medical assistant	1 - 3
2- Nurse + nurse assistant	3 - 6
3- X-ray technician	1 - 2
4- Lab technician	1 - 2
5- Health educator	1
6- Assistant pharmacist	1 - 2
7- Qualified midwives	1 - 2

Training needs

- 1- Training courses
- 2- Equipped training room
- 3- Modern education equipments (audio, visual, etc...)
- 4- Health units for practical training
- 5- Means of transportation

<u>Trainees</u>	<u>Place of training</u>
1- Trainers/supervisors (males & females)	Health Manpower Institute and its branches
2- Primary health care workers (males & females)	Governorates training centers
3- Traditional birth attendants	Health units and villages
4- Health educators	Health Manpower Institute and health education offices
5- Other categories	Health Manpower Institute, its branches & the laboratories
6- The administrative cadre	The National Institute for Public Administration

Specialized training in health care

- | | |
|---|---|
| 1- Scholarships for each governorate | 2 |
| 2- Scholarships in health education | 2 |
| 3- Training courses, both in and out of country | |
| 4- Continucus education courses for all workers in the health care sector, and all parties involved in the primaty health care program. | |

Courses

Prepared by the Health Manpower Institute.

Seminars

Centrally and on the governorates and district levels.

Responsibilities

In-country training (Health Manpower Institute and its branches)

- Health training centers.
- Health units.
- Health education and information offices.

Selection of trainees

- 1- According to the criteria set by the training parties, in coordination with the local councils.
- 2- Selection of trainees who are interested in working in their communities.
- 3- In and out of country training courses and seminars and workshops: according to the project plan.

Training schedule

Prior to constructing the health units, and using the available resources.

Workgroup IV

Members: Dr. Daaa Hammamy
Mounsf Abu-Hafeh
Dr. Rashida Al-Hamdany
Dr. Moushtak Choudry
Hammoud Al-Hamdany
Mohammad Ali Rassam
Magib Ali AL-Ahjary
Yahya Ahmed Sha'afal

1- What is the information that you expect the other parties to share with you?

From the Ministry of Health

- (1) Data on the human resources in the governorates and the future needs of the ministry.
- (2) Data on the training needs and needs for medicines and other materials.
- (3) Demographic and morbidity statistics.
- (4) The ministry training and manpower plan.
- (5) Information about the local and international projects related to the project activity.
- (6) A baseline survey of the available resources in the health information and education sectors.
- (7) A list of the health centers and units, and their distribution.
- (8) Information about the CLCCD plan, if available in the ministry.
- (9) Providing the necessary backup and permits to the project team.
- (10) A written commitment and a defined schedule for tasks, and identification of the persons responsible for the execution.
- (11) Timely coordination with the project with respect to the campaigns.
- (12) Interest in the womens' role and problems, and meetings with women, educated and illiterate in all regions.

From the governorates health offices

- (1) Information about the organization chart of the offices.
- (2) Information about the existing coordination with the districts' local councils and other interested parties.
- (3) Provide help to the project in the governorates.
- (4) The type and volume of health services in the governorates.

Strengthening and developing the primary health care institutions group

Members: Dr. Mohammad Suheyl
Abdallah Salām
Dr. Abbas Zabarah
Abdallah Al-Fakih
Abdallah Al-Fadly
Ana'am Joubeh
Abdul-Wahab Salam
Dr. Shaher Mohammad
Dr. Ahmed Al-Akwah
Dr. Abdul-Karim Nassar
Abdallah Mabrouk
Mohammad Abbas

1- Conducting a complete survey of the health institutions

- a- The number of existing health units
- b- The existing Yemeni cadres
- c- The furniture available
- d- The suitability of these units
- e- The distance to the nearest center
- f- The population density
- g- Other problems.

Responsible for execution: The health offices and the local councils.

Schedule: Start in 11/1/1987 and end in 12/1/1987.

2- Construction of health units

- a- Identify each governorate needs
- b- Source of financing (the Central Planning Office)
- c- Unified sample plan.

Responsible for execution: the Central Planning Office.

3- Health units and institutions equipment

- a- Medical equipment needed to operate these institutions
- b- Providing the furniture for these institutions
- c- Providing the transportation costs.

Responsible for execution: The project.

420

4- Training the technical cadres and the local administrative staff that are needed for operation

- a- Selecting the trainees
- b- Training
- c- Training expenditures
- d- Employment.

Responsible for execution: The Ministry of Health
The local councils
The project.

5- Providing the essential drugs

- a- The source: The project/ Unicef/ the Ministry of Health
- b- Transportation costs
- c- Equitable distribution of these drugs.

Responsible for execution: The health offices.

6- Establishing a referral system between the health institutions

- Providing the cards and forms necessary for the referral system.

Responsible for execution: The health offices.

7- Securing means of transportation

- Source: the project.

8- Providing clean waters and electricity to the health units

- Source: the local councils/ the Ministry of Health/ the rural water projects/ the project.

9- Followup and evaluation

- With the coordination of the concerned parties.

Health education workgroup

Members: Dr. Lotf Mohammad Al-Zubeiry
Lotfi Abdul-Lateef Ismail
Abdallah Badr Mohammad
Saleh Ahmad Nassar
Nagib Ali AL-Ahjary
Abdul-Aziz Ahmad Masa'ad
Abdul-Wahab Al-Korady
Abdallah Al-Souswah
Jamileh Al-Azzam
Tawfik Baggash
Abdul-Rahman Sayf

What is to be done in the field of health education?

- Devise a five-year program in health education in the six governorates.

Steps

- 1- Establishing six health education units in the governorates, with the coordination of the central team and the concerned parties.
- 2- Providing the units with the needed technical resources, such as:
Means of transportation, stationnary, typing and xeroxing mahines, audio-visual equipments, e.g. slide projectors and slides, tape re-corders and tapes, health related films, films, video camera and television, health education library, posters and booklets.
- 3- Equipping the training rooms in the centers.
- 4- Holding training seminars and workshops, for the concerned members of the Ministry of Information.
- 5- Providing qualified technical cadres.

Major tasks

- 1- Selection and preparation af the human cadre.
- 2- Prepare a short program, similar to the "Salamtak" program, that serves the objectives of the project in the six governorats, together with short health related TV spots.
- 3- Collaboration with the radio program "tabib al-ousrah", and devise short health messages to be used between programs.
- 4- Use the newspapers to spread health awarness.
- 5- The department of health education should be responsible for prepar- ing posters and periodic health reports.
- 6- Establish health awarness campaigns in schools and other meeting places in the six governorates.
- 7- Coordinate with other governorates guidance offices (agriculture, municipalities, etc...).
- 8- Focus on health guidance, in dealing with the major problems.

Model for a seminar in health education

Program: Number of participants: 10
Duration 4 days
Schedule 8:00 am - 12:00 pm.

Topics: - Immunization against childhood diseases.
- Promoting breastfeeding.
- Prenatal care, and child spacing.
- Oral rehydration and treatment of severe diarrhea.

Costs:

10 participants
 each receiving 300 rials per day, for 4 days = 12,000 rials
10 booklets, 10 rials each = 100 rials
10 films, 5 rials each = 50 rials
Written materials = 1,000 rials
Trainers remunerations (responsible for health
guidance in the governorate, the center's physician)
3 lectures daily, each for 300 rials X 4 days = 3,600 rials
Total = 16,750 rials.

APPENDIX 2

Primary Health Care Project
for Child and Family Health

Pre-Implementation Workshop Evaluation

1- The goals of the workshop are listed below. Mark the number that most closely indicates how you feel each goal has been achieved. The scale is from 1 (low, goal not achieved) to 5 (high, goal achieved very well).

(i) To reach common understanding about the detailed scope of the project and the outcomes anticipated from its implementation.

1 2 3 4 5

(ii) To agree on the roles and responsibilities of the project major parties.

1 2 3 4 5

(iii) To agree on the strategies and policies to be used in implementing the project.

1 2 3 4 5

(iv) To agree on the project's management principles.

1 2 3 4 5

(v) To agree on the workplan for the first year of the project.

1 2 3 4 5

2- What do you think were the positive and negative points of the workshop?

Positive points

Negative points

3- What are the important issues in the project implementation, that this workshop failed to address?

4- Would you suggest holding similar workshop during the project lifetime? Why? Explain.

APPENDIX 3

