

**THE ORGANIZATION OF REGIONAL TRAINING IN
FAMILY PLANNING/FAMILY HEALTH
IN THE NEAR EAST AND NORTH AFRICA
NEEDS, PURPOSES, PLANS AND STRATEGIES**

Sidi Bou Said, Tunisia

September 1 - 6, 1986

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ACRONYM PREFACE

| | | |
|-------------|---|--|
| AV | = | Audio-Visual |
| AVSC/NAMERO | = | Association for Voluntary Surgical Contraception (North Africa, Middle East Regional Office) |
| FH | = | Family Health |
| FP | = | Family Planning |
| FPA | = | Family Planning Association |
| GDMCHFP | = | General Directorate for Maternal and Child Health and Family Planning |
| IE & C | = | Information, Education and Communication |
| ITRFP | = | Institute for Training and Research in Family Planning |
| IUD | = | Intra-Utrine Device |
| JFPPA | = | Jordan Family Planning and Protection Agency |
| LFPA | = | Lebanon Family Planning Association |
| MCH | = | Maternal and Child Health |
| MOH | = | Ministry of Health |
| MOHSA | = | Ministry of Health and Social Assistance |
| MOPH | = | Ministry of Public Health |
| NENA | = | Near East and North Africa |
| ONFP | = | Office National de la Famille et de la Population |
| PAC | = | Paramedical, Auxiliary and Community |
| VDMS | = | Visite Domicile de Motivation Systematique |

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EXECUTIVE SUMMARY

An important component of RONCO's PAC II project is the organization of regional training activities. As a first step in developing RONCO's overall strategy for regional training, a conference was held in Sidi Bou Said (Tunisia) from September 1 - 6, 1986. The conference, which was the first regional conference on FP training ever held in the Near East/North Africa Region, was attended by representatives from seven countries (Egypt, Jordan, Lebanon, Morocco, North Yemen, Tunisia and Turkey) and by staff of RONCO's PAC II project.

The primary objective of the conference was to develop a list of family planning training needs that can most appropriately be met through the organisation of regional training events; a secondary objective was to test the proposition that regional training events are indeed a feasible proposition when the countries involved have great disparities of language and culture as well as differences in the stage of development of family planning services.

Both objectives of the conference were achieved and the basis for developing a PAC II regional training strategy was thereby laid. However, the conference did highlight the manifold technical and logistical problems that are inherent in organizing training events in one of the world's most complex regions.

I. INTRODUCTION

RONCO believes the concept of regional training to be especially relevant to the NENA Region. Several countries in the Region have had rich and varied program experiences in FP service delivery and population activities. Well-trained and competent professionals in the FP/population field are found throughout the region. Regional training activities can build on this wealth of experience by promoting the exchange of ideas and program models.

RONCO's 1986 Tunis Conference on Regional Training Needs marked the first step in a series of regional conferences and training activities planned by the RONCO PAC II family planning training project. This seminal meeting tested the propositions that:

- o regional training is a valid approach to improving the quality and quantity of family planning services available in the region;
- o common regional training needs exist; and
- o cultural and social similarities and outlooks outweigh the many differences among the various countries.

The overall goal of the conference was to plan regional training activities for PAC (non-physician) family planning service providers and trainers from the NENA region in accordance with the participatory approach to training espoused by RONCO.

Although the final statement of objectives required the consensus of the participants, tentative objectives were:

- o to identify common service-delivery problems and related training needs in family planning/family health programs;
- o to identify those training needs which can best be met by regional training;
- o to propose strategies and identify resources within the region for the development of regional training activities; and
- o to exchange information and experiences in family planning/family health training and service programs.

The final objectives agreed upon with the participants can be found in Appendix B.

Representatives were invited from the following countries in the PAC II NENA region: Egypt, Jordan, Lebanon, Morocco, North Yemen, Tunisia, and Turkey. Each country was requested to select the participants for the following categories of personnel:

- o senior level policymakers and planners who are concerned with family planning issues;
- o heads of departments devoted to family planning/family health;
- o heads of health training institutions or departments within such institutions; and
- o senior personnel in Family Planning Associations.

These criteria were established to encourage broad representation from each country of persons from various sectors and program divisions; i.e. private versus public, pre-service versus in-service. For example, participants from Egypt were representing the public sector (Ministry of Health and National Population Council); the private sector (Egyptian Family Planning Association); pre-service training (Higher Institute of Nursing); and in-service training (Institute for Training and Research in Family Planning). This mix of program personnel from each country provided for a comprehensive view of family planning service delivery and training needs from all possible perspectives.

Each delegation was asked to prepare a presentation on FP programs in their respective countries, highlighting successes and innovations in FP service delivery and training and emphasizing the strengths, weaknesses and interests of training institutions in each country.

Simultaneous translation was provided in Arabic and English.

II. CONFERENCE PROGRAM

The conference was designed to develop a regional training strategy that responds to actual family planning program realities of the seven participating countries and to encourage sharing of program experiences among and between countries. The components of the conference design in order of presentation were as follows. Each of these components is described in detail.

(a) Identifying Priority Program Needs

In order that any regional training strategy that was subsequently developed could be based on actual FP program needs, initial activities focused on promoting discussion and reflection among participants on the status of FP service delivery in their own countries. Participants considered their country's progress towards the goal of an informed and motivated population with easy access to a wide-range of safe and effective contraceptive methods. In cross-country groups, participants identified successes at each level and in all components of the FP program. See Appendix E.2 for the program grid used.

Using the grid, the participants then met and discussed in their country groups problems hampering the delivery of effective FP services in their own countries. Groups were encouraged to identify not only at which level the desired program component was not carried out effectively, but also to consider causal factors within the system that accounted for the deficiency. For example, lack of IEC at the front-line could be caused by lack of support of mid-level managers for health workers to carry out IEC activities or a lack of a defined policy for IEC activities in FP.

Based on these discussions, country delegations indicated their four priority problem areas. Each country group then received feedback and suggestions from another country group. A synthesis of their work provided the basis on which to develop the regional training plan for addressing FP program problems common to the NENA Region. Appendix E.1 outlines the steps in this process.

Group reports on priority problem areas are presented in Figure 1 following chart(see p.8). An X represents a response by a delegation that the program area is a priority problem area in their country.

The exercise indicated the following priority problem areas common to more than one country in the region.

Common to four countries:

- program planning, data management and organizational development at the policy level;
- clinical services and follow-up at the front-line common to three countries;
- clinical services and follow-up at the policy level;
- program planning, data management and organizational development at the mid-level; and
- outreach, IEC and service accessibility at the front-line.

Common to two countries:

- outreach, IEC and service accessibility at the mid-level, and
- program planning, data management and organizational development at the front-line.

| | OUTREACH, IEC, SERVICE ACCESSIBILITY | CLINICAL PROVISION OF SERVICES AND FOLLOW-UP | SUPPLY AND DISTRIBUTION | PROGRAM PLANNING, DATA MANAGEMENT, ORGANIZATIONAL DEVELOPMENT |
|-------------------------|---|---|-------------------------------|---|
| POLICY MAKERS | X | XXX | | XXXX |
| MID-LEVEL MANAGEMENT | XX | X | X | XXX |
| FRONT-LINE WORKERS | XXX | XXXX | X | XX |

FIGURE 1: PRIORITY PROBLEM AREAS IDENTIFIED
BY COUNTRY DELEGATIONS

Grouping the same information by level at which the problem exists gives the following:

- Policy-Makers: - clinical services and follow-up;
 - program planning, data management
 and organizational development.
- Mid-Level Management: - outreach, IEC and service
 accessibility;
 - program planning, data management
 and organizational development.
- Front-Line Workers: - outreach, IEC and service
 accessibility;
 - clinical services and follow-up.

A further explanation of each of these problem areas is found in Appendix F.

(b) Identifying Those Service Delivery Problems That Could Be Addressed By Training.

Participants then indicated which of the service delivery problems they had identified could be addressed by training. To do this, they responded to the following questions for each problem that had been identified, starting at the local level (service-delivery) and continuing up the management system.

- * Are the appropriate people now performing the role?
- * Do those who are to perform the role at each level have the necessary knowledge, skill and attitude?
- * Are the numbers of those people adequate?

These questions enabled the participants to identify training needs at each level of the system--national, mid-level and local--for each of the problem areas. For example, applying the questions to the problem of inadequate IEC at the local level, the following types of questions were addressed:

- Do health workers at the community level have the skills, understanding and motivation to conduct effective IEC in their communities and with clients in health centers?
- Do mid-level managers support and encourage health workers to carry out IEC activities? Do mid-level managers have adequate skills to guide, coordinate and monitor IEC efforts?

- Have roles and responsibilities of health workers in IEC been clearly established at the national level? Do pre-service education and national program plans support the stated roles and responsibilities? Are adequate resources allocated for IEC activities?

The training interventions suggested by each country group were then brought together, reviewed and discussed.

(c) Regional Training As A Concept

The next step was to define what is meant by regional training and to identify types of training needs for which regional training activities are most appropriate and effective. Participants were encouraged to consider advantages and disadvantages of regional training based on their own past experiences. Participants also considered characteristics of training conducted at three organizational levels: community-level, national-level and regional level. Criteria were developed for use in deciding at which level training should be organized and implemented. Those criteria are found in Appendix G.

Evaluating the conference itself provided information regarding benefits and problems associated with regional training. Overall the participants considered the opportunity to exchange ideas and experiences with family planning officials from other countries to outweigh the disadvantages associated with travel, logistics and language difficulties.

Matching the results of the previous session on common priority training needs and the criteria for effective regional training formed the basis for recommendations for a relevant and appropriate regional training strategy.

(d) Country Presentations: Sharing Program Experiences and Identifying Potential Regional Resources

One of the objectives of the conference was the exchange of information and experience in family health/family planning training and service delivery. Much exchange of information on this topic occurred as an integral part of the conference activities as well as through informal meetings and conversations. A formal mechanism of exchange was also used, that of individual country presentations.

The presentations were scheduled throughout the conference so that individual participants, grouped by their home countries, could share their experiences in a structured form. The content of these presentations included background information on family planning in each country; details on how family planning training and service delivery activities are structured in public and

private organizations and institutions; effective outreach strategies; provisions for training; program results, resources and unresolved problems. Country groups were asked to focus on innovative approaches and programs. Guidelines for preparing the country presentations are found in Appendix E.3.

The country presentations were detailed and open, with the result that all participants left the conference with an appreciation of the successes, resources and future plans of family planning training and service delivery organizations in the NENA region.

(e) Electronic Technology As A Tool For Training

Because of the potentially significant contributions which can be made by electronic technology to family planning training and service delivery activities, a special evening session of the conference was held in which computers and video systems were demonstrated. Microcomputer software for management and administrative purposes were demonstrated and discussed, as well as computer-aided instructional (CAI) packages relevant to family planning training and service delivery. Video equipment was used to demonstrate how RONCO uses video technology in its training programs, and was made available for country delegations to present their use of video as training and marketing tools.

Electronic technology applications have the potential to improve the ability of family planning training institutions to achieve their training objectives and enhance their managerial and administrative functions. Microcomputers would permit these institutions to expand their training capabilities, to manage and monitor data more efficiently, to administer programs more effectively, and to use a more comprehensive and precise data base in decision making. Microcomputers would facilitate improved training through more efficient and effective trainee record-keeping and training program administration. Microcomputers would facilitate improved curriculum design, revision and update. Microcomputers would improve the supervision of trainee performance in the field by use of an appropriate data base. In addition, microcomputers can permit the training institutions to cooperate more effectively with the Ministries of Health and service delivery organizations for whom they train family planning workers by use of computer data on both aspects of family planning activities.

Appropriate applications of television technology can also contribute to the success of training programs in ways not duplicated by any other means. Video is a powerful tool in the teaching of interpersonal and human relation skills which are essential to successful family planning service delivery. Video is an effective tool in documenting training activities. Video makes possible a rapid and cost-effective distribution of training and topical information in response to issues and needs which arise in

family planning training and service delivery. Training organizations can make culturally appropriate and sensitive video tapes for a variety of purposes ranging from self-instruction or refresher courses to patient education.

RONCO has plans for training activities in electronics technology applications, and the demonstration session as well as informal discussions were held so as to begin to identify regional electronic technology interest and resources. RONCO will also conduct a survey of electronic needs and resources in the countries represented at the Tunis Conference. Survey findings on needs and resources will be used to design and implement regional training activities in appropriate electronic technology applications in the coming year.

(f) Identifying Regional Training Activities To Address Common Priority Service Delivery Problems

To assimilate country reports on service delivery problems into a workable and clear strategy for regional training, RONCO staff analyzed and grouped the reported problems and suggested training interventions by training topic area. This synthesis was presented to the plenary group for review and discussion. In cross-country groups, participants considered each of these possible regional training program interventions and recommended a series of workshops appropriate to and relevant for regional training. Their recommendations are included in the recommendation section of this report.

III. RECOMMENDATIONS

The conference group established the following guidelines for regional training activities to be conducted under the RONCO PAC II project.

- that regional training activities be organized so that they are of direct relevance to FP service delivery programs in each country;
- that future regional training activities meet the criteria that were agreed upon at the conference and that are found in Appendix G of this report;
- that efforts be made to hold a series of regional workshops and visits with the aim of working towards standardization, if and when appropriate, of FP service delivery, FP training and IEC activities; and

- that regional training activities be used as a mechanism for the dissemination of new methods and innovations in training including electronic technologies, IEC, and contraceptive technology through the training of a core group who will return home to train others.

Specific recommendations of the conference group were:

1. that mechanisms be established for exchange of information, ideas and experiences with training institutions from other regions of the world;
2. that each participating country provide RONCO with a list of training institutions and training projects in their country;
3. that RONCO conduct an assessment of institutions and projects that can provide regional training;
4. that a working group with representatives from each country be set up to assist RONCO in data collection on FP training;
5. that a conference be held for policy makers from each country to discuss policies that affect FP training;
6. that regional workshops be organized:
 - to enable FP trainers in each country to compare experiences and projects with trainers from other countries,
 - to introduce new training technologies in FP to trainers from each country in the region,
 - to define the training needs of mid-level managers of FP services and decide upon training strategies to meet these needs,
 - to discuss and develop strategies for the development of country-wide training systems including the establishment of in-country FP training teams,
 - to provide FP trainers with the skills necessary to manage and evaluate FP training activities at national and local levels,
 - to provide in-country personnel with skills to develop and use FP training materials that are culturally appropriate and locally relevant, including the use of AV techniques,

- to provide in-country personnel from the region with skills in program planning for FP services including needs assessment, data analysis and evaluation,
 - to improve the skills of trainers and teachers of FP in task analysis/job descriptions, curriculum design and development,
 - to train mid-level personnel to design and implement IEC programs and produce materials for mass media and local use; and
7. that RONCO hold a workshop to develop the consulting skills of qualified regional professionals to serve as resource persons to FP programs in the region.

IV. CONCLUSIONS

Central to both the conference recommendations and the discussions held throughout the conference is the need for expansion of FP clinical services and effective outreach activities. Integral in any response to that need would be the training of more paramedical workers to assume roles in FP service delivery. Equally critical, however, is the clear need for consistent policies to support the paramedical role in FP, a clear and comprehensive training strategy for preparing PAC workers for those roles, and an adequate management system for supporting their work. Training paramedical workers in clinical FP skills alone without corresponding efforts in the other areas will not resolve the problems hampering effective FP service delivery.

Three types of regional activities are indicated as a result of this conference. They are:

(a) Establishment of Effective Training Systems

Specific objectives in this regard are:

- o to develop a long-term training strategy, incorporating both pre-service and in-service training, for the development and the maintenance of qualified clinical service providers and FP outreach workers;
- o to improve pre-service training for PAC workers in FP through the exchange of curricula and teaching strategies among teaching institutions in the region and regional workshops for improved teaching methodologies;

- o to train a core group of trainers in each country to assess training needs, develop appropriate training strategies and programs, and to design, implement, and evaluate training and activities throughout their country; and
- o to introduce innovative training techniques and strategies.

(b) Improved and Expanded Clinical Family Planning Training

Specific objectives in this regard are:

- o to evaluate and improve existing clinical training programs through the exchange of program experiences and results among institutions with FP clinical training programs; and
- o to establish clinical training programs for paramedical workers where currently non-existent through third-country training of clinical FP trainers in established programs in the region.

(c) Improved Management of Family Planning Services

A specific objective in this regard is:

- o to develop a cadre of management trainers in each country capable of assessing management training needs and developing and implementing relevant and effective management and supervision training.

This conference, then, confirmed:

- 1) the importance of and interest in the exchange of information, ideas and experiences within countries and among countries; and
- 2) that common priority training needs exist throughout the region which are appropriate to address through regional training. It can be concluded that the concept of regional training within the NENA Region is justified and appropriate. It remains to determine an effective mechanism to carry out this training.

APPENDIX A: LIST OF PARTICIPANTS**REGIONAL TRAINING IN THE NEAR EAST AND NORTH AFRICA
NEEDS, PURPOSES, PLAN STRATEGIES**

Hotel Sid Bou Said, Tunisia
September 1 - 6, 1986

TURKEY

1. Dr. Guler Bezirci, Deputy Director, GDMCHFP
2. Dr. Cihangir Ozcan, Deputy Director, GDMCHFP
3. Ms. Harika Guzel, Teacher, Health Education
4. Ms. Semra Koral, Executive Director, FPAT
5. Mr. Yasar Yasar, Executive Director, Family Health and Planning Foundation

YEMEN

6. Dr. Khaled Ghailan, Deputy Director, MCH and FP Division, MOH
7. Mr. Hamood Saeed Ali, Director, Health Manpower Institute
8. Ms. Fatma Ishaq, Director, MCH Unit, MOH
9. Dr. Abdul Rahman Al-Mutawakel, Ob-Gyn Public Hospital, MOH

EGYPT

10. Ms. Salha Awad, Dean, ITRFP
11. Mrs. Bahia Amed-Fouad, Deputy General Director, Nursing Department, MOH
12. Professor Maher A. Omran, Ob-Gyn, Ain Shams University
13. Dr. Omaima M. Hamdy, Higher Institute of Nursing

LEBANON

14. Dr. Mohamed Mohanna, Director of Preventive Medicine, MOPH
15. Mrs. Najla Bizri, Assistant Executive Director, LFPA
16. Ms. Loyal Choukeir, Assistant Training Officer, LFPA

JORDAN

A-2

17. Dr. Mohamed Ali Halabi, MOH
18. Dr. Adnan Dumour, Karak Health Directorate, MOH
19. Mr. Asbdulrahim El Ma'ayta, MOH
20. Mr. Anwar Al Hadeed, Secretary General, JFPPA

MOROCCO

21. Mr. Mohamed Hamane, Charge de Programme VDMS, Population Division, MOPI

TUNISIA

22. Mr. Mongi B'chir, Director, Centre de Formation et de Recyclage, Office National de la Famille et de la Population
23. Dr. Mohmoud Khiri, Medical Director, Centre de Formation et de Recyclage, Office National de la Famille et de la Population
24. Mr. Fethi Ben Messaoud, Delegeue de L'Office National de la Famille et de la Population - Ben Arous
25. Dr. Taoufic Nacef, Directeur, Centre de Recherche et de Formation Pedagogique, Ministere de la Sante
26. Mr. Rabah Hajji, Coordinateur des Activities d'Education et d'Information, Association Tunisienee du Planning Familial

AVSC, NAMERO, TUNIS

27. Mr. Bjorn Holmgren, Assistant Director (Observer)

APPENDIX B: CONFERENCE OBJECTIVES

The objectives of the conference, as agreed by the participants on the first day, were as follows:

1. to exchange information and experiences in family planning/ family health training and service programs;
2. to identify common service delivery problems and related training needs in family planning/family health programs;
3. to identify those training needs which can best be met by regional training;
4. to identify resources and materials within the region for the development of regional training activities; and
5. to develop a plan of action for the establishment of regional training in FP/FH in the Near East and North Africa.

APPENDIX C: AGENDA**MONDAY, SEPTEMBER 1**

- 1:30 - 2:30 Identifying Priority Training Needs
- 2:30 - 3:45 Cross-Country Groups
- share experiences of what is happening in each country;
 - share successes; and
 - identify problem areas.
- 3:45 - 4:00 Coffee Break
- 4:00 - 5:00 Presentations of First Two Groups
- 5:00 Summary of Day

TUESDAY, SEPTEMBER 2

- 9:00 - 9:15 Review Previous Day and Present Day's Agenda.
- 9:15 - 10:00 Presentations of Last Two Groups
- 10:00 - 10:15 Instructions for Small Groups
- 10:15 - 10:30 Coffee Break
- 10:30 - 11:30 Country Groups
- 11:30 - 12:00 Is it a problem that can be addressed by training?
- 12:00 - 1:00 Feedback from Colleagues
- 1:00 - 2:15 Lunch
- 2:15 - 3:15 Highlights of the Turkish Program

WEDNESDAY, SEPTEMBER 3

- 9:00 - 10:30 Work in Small Groups on Question
- 10:30 - 12:00 Criteria for Selecting Regional Training Topics
- 12:00 - 1:30 Highlights of the Egyptian Program
- 1:30 - 2:30 Lunch
- 2:30 - 3:00 Highlights of the Yemen Program
- 3:00 - 4:00 Small Groups to Discuss Highlights of the First Three Countries
- 4:00 - 5:00 Jordan Highlights
- 5:00 - 5:15 Briefing on Field Trip

THURSDAY, SEPTEMBER 4

- 9:00 - 1:00 Field Trip to ONFP Clinics and Training Center
- 1:00 - 6:30 Free Afternoon
- 6:30 - 8:00 Demonstration on the Use of Computers and Videos In Training

FRIDAY, SEPTEMBER 5

- 9:00 - 9:15 Results of the Conference Evaluation
- 9:15 - 9:45 Agenda of Day
- 9:45 - 10:45 Highlights of the Lebanese Program
- 10:45 - 11:00 Coffee Break
- 11:00 - 11:30 Highlights of the Moroccan Program
- 11:30 - 1:00 Conference Recommendations
- 1:00 - 2:00 Lunch
- 2:00 - 5:00 Conference Recommendations Continued. Country Action Plans
- 7:30 Closing Dinner Ceremony

SATURDAY, SEPTEMBER 6

- 9:00 - 10:00 Review of the week
- 10:00 - 10:15 Coffie Break
- 10:15 - 11:30 Development of Plan of Action for Future
- 11:30 - 12:45 Plan for Regional Network
- 12:45 - 1:30 Closing

APPENDIX D: CONFERENCE EVALUATION SUMMARY NOTES

From September 1-6, 1986, a conference was held in Sidi Bou Said, Tunisia called "The Organization of Regional Training in Family Planning/Family Health in the Near East and North Africa: Needs, Purpose, Plans and Strategies."

The final evaluation of the conference showed that on a scale of 1 - 5 (5 being the highest; selection of a 4 or 5 denoting success), 90% of the participants completing the survey felt that the objective of exchanging information had been achieved; 78% of the respondents felt that common problems in service delivery had been identified; 87% felt that training needs appropriate for regional training had been identified; and 48% felt that regional resources capable of providing FP had been identified. Finally, 79% felt that a plan for future action in regional FP training had been developed.

In addition to the conference objectives, RONCO objectives for the meeting included:

- o Creating an atmosphere that would enable participants to overcome possible constraints to discussions of country problems/issues in a free and frank manner.

Outcome: Conferees working in both small and large group sessions contributed to the success of the conference by participating fully and discussing openly the problems and constraints they face. These discussions were characterized by noticeable candor.

- o Assessing feasibility of regional training in the NENA region.

Outcome: Participants were asked to weigh the advantages and the disadvantages of the regional format by assessing problems and benefits they had identified during the conference. Results are presented in the following table.

| ADVANTAGES | Number Responding/Percentage | | |
|---|------------------------------|----------|------------|
| | Very Little | Somewhat | Very Much |
| Presentations by RONCO | | 2 (8.7%) | 21 (91.3%) |
| Small Groups with Participants from other Countries | | | 23 (100%) |
| Country Presentations | | 3 (13%) | 21 (87%) |
| Informal Discussions with Participants from Other Countries | | 7 (33%) | 16 (67%) |
| Concentration on FP Issues | | 3 (13%) | 20 (87%) |

| DISADVANTAGES | Number Responding/Percentage | | |
|---|------------------------------|----------|-----------|
| | Very Little | Somewhat | Very Much |
| Visas, Travel Different Language | 10 (50%) | 3 (15%) | 7 (35%) |
| | 10 (45%) | 9 (41%) | 3 (14%) |
| Variations Between Countries & Programs | 13 (57%) | 7 (30%) | 3 (13%) |

One unexpected advantage identified by the participants was the opportunity the conference provided for senior staff to focus their attention entirely on FP and FP training while they are away from their other responsibilities and concerns. As noted in the above table, 87% saw this factor as a distinct advantage.

Ninety-one percent felt that the institutions they represent would be interested in regional training. Among the recommendations of the conference was the compilation of baseline data on FP training activities, capabilities, and needs. RONCO expects to follow-up on these recommendations in the near future in collaboration with the various interested institutions.

APPENDIX E.1.: PRIORITY TRAINING NEEDS SESSION**INSTRUCTION FOR SMALL GROUP WORK**

- Step 1: Discuss briefly the difficulties if any encountered in each of the grid boxes. We suggest that you start at the front-line level, those closest to your target group, and work up the grid.
- Step 2: Select the six most important problem areas of those you have discussed in terms of how they impact on your program goals.
- Step 3: Develop a problem statement for each of the six priority problem areas that you have identified. Describe the problem including:
- what is happening?
 - who is involved?
 - where is it happening?
 - why is it happening?
 - what is the effect on service delivery?

[Do not write lack of money, staff, cars, etc. State the problem in terms of what is not happening because of that lack.]

IS IT A PROBLEM THAT CAN BE ADDRESSED BY TRAINING?

- Are the appropriate people now performing the role?
- Do those who are to perform the role at each level have the adequate knowledge, skills and attitude?
- Are the numbers of those people adequate?

APPENDIX E.2.: TRAINING NEEDS PROGRAM GRID

| | OUTREACH, IEC, SERVICE ACCESSIBILITY | CLINICAL PROVISION OF SERVICES AND FOLLOW-UP | SUPPLY AND DISTRIBUTION | PROGRAM PLAN- ING, DATA MANAGEMENT, ORGANIZATIONAL DEVELOPMENT |
|---------------------------|---|---|-------------------------------|--|
| POLICY MAKERS | | | | |
| MID- LEVEL MGT | | | | |
| FRONT- LINE WORKERS | | | | |

GOAL: Informed, motivated couple with easy access to choice of wide-range of safe and effective family planning services.

APPENDIX E.3.: FRAMEWORK FOR COUNTRY PRESENTATIONS

OBJECTIVES: 1. to illustrate innovative family planning approaches and successful experiences;
 2. to provide a forum for project-specific questions and discussion; and
 3. to develop a list of country resources in family planning training.

SUGGESTIONS FOR PREPARING THE COUNTRY SESSIONS:

1. Useful themes could be:

a. innovative projects that illustrate sound principles of FP training and programming including:

- needs addressed by the project,
- factors that permit success,
- problems met and overcome,
- role of training in the project, and
- future strategies.

Examples could include integration of services, training of trainers, outreach, community-based programs, organization of the training and training methodologies.

b. the coordination of service delivery to include:

- teamwork of different cadres of health workers,
- integration of service delivery,
- joint funding of projects, etc.

c. linkages of service to training including:

- appropriate use of needs assessment tools,
- service-delivery directed training design,
- participant follow-up and supervision, and
- evaluation of training and service delivery impact.

2. Each country should describe existing resources for family planning training which could serve as a potential resource for regional training activities and the specialization of any in-country training institutes, eg. evaluation, training of trainers, clinical training for PAC workers, etc.

3. The format should be:

- interesting,
- designed to elicit audience participation,
- designed to emphasize practical details as well as concepts.

The presentations should be limited to one or two innovative program examples. Ideally, the country group should cooperate in the preparation and presentation of the session. If this is not possible to achieve, each group should try to limit the number and length of the presentations.

APPENDIX F: DETAILED LIST OF COMMON PRIORITY PROBLEM AREAS

Using the program grid in Appendix E.2., each country group described the problems encountered in each of the six grid boxes they had identified as priority problem areas in their country's FP program. Of those problems, the groups indicated which problems could be addressed by training. The result of their work is presented here.

Each country group discussed and received feedback from another group. However, to encourage open and frank discussion, the country reports to the plenary group were anonymous.

COUNTRY A:

- PROBLEMS:**
1. Guidance, advice and information in remote areas
 - shortage of field workers
 - difficulty in using audio-visual methods
 - transport difficulties
 - difficulty in coordinating field activities in rural areas with scattered population
 - lack of local community leaders to facilitate the supervisors' task
 2. Medical and follow-up services
 - lack of skilled staff (physicians and midwives) in rural areas
 - negligence by certain workers to devote the required attention
 - relative instability of acceptors mainly for those in towns
 - insufficient integration of family planning training in educational institutions
 3. Supply and distribution
 - insufficiency in social marketing particularly on the private sector level
 4. Program planning
 - insufficient awareness among front-line workers as regards the accuracy of information
 - difficulties for the managerial staff in gathering and analyzing data and identifying needs at local and national level.
 - insufficiency in maintaining touch of the various program realities, particularly those in the field.

PROPOSED TRAINING SOLUTIONS:

1. The shortage of field workers could be addressed by training if financial resources were made available.
2. Negligence by certain workers to devote the required attention to FP issues could be addressed by training if funds were made available.
3. Training could assist managerial staff in gathering and analyzing data to identify program needs at both the local and national levels. As the FP program has recently adopted a new management approach consisting of evaluating needs beginning at the service delivery level up to the central, this training could be especially effective regardless of the current number of workers and their present level of competence.

COUNTRY B:

- PROBLEMS:
1. Weakness of conviction, indifference and lack of knowledge of family planning among the personnel of government MCH centers.
 2. Government managerial staff have knowledge about FP, but in accordance with general policy, they are uninterested in FP service delivery.
 3. Government policy makers and officials have not yet adopted a defined and stated policy towards family planning. The mass media are thus inactive in this respect.
 4. Not all the services are available in all areas, particularly the provision of IUDs. Only three government centers and five family planning association centers are currently providing IUDs.
 5. Managerial staff as well as policy makers do not carry out supervision, investigation and follow-up.
 6. Supply of contraceptives exceeds to a great extent distribution, leading to the waste of contraceptives, mainly pills (in the governmental sector).
 7. Data are effectively collected but are not analyzed. As a result, there is no program evaluation.

8. There is no tendency to develop and promote programs due to the lack of a defined and stated policy on FP.

(Only points 3 and 4 above apply to the private sector.)

COUNTRY D:

- PROBLEMS:
1. Lack of concerned and specialized institutions that provide FP services.
 2. Lack of existing medical centers in rural areas that can provide FP services.
 3. Sterilization problem due to lack of funds to provide services with minimum cost.
 4. There is only a limited number of educational programs that prepare health workers to provide FP services following correct procedures.
 5. Lack of adequate national administrative cooperation for family planning service provision.
 6. Lack of managerial skills for family planning service delivery at the community-level.
 7. Planning system is ineffective and does not meet family planning program needs.

PROPOSED TRAINING SOLUTIONS:

1. To increase the number of FP service providers, train personnel in family planning.
2. Training in managerial skills for effective FP service delivery to meet community needs.
3. Training of trainers to train health workers for health education activities and other related family planning interventions such as integrated projects directed for children and field workers.

COUNTRY E:

- PROBLEMS:
1. Problems faced by front-line personnel in IEC.
 - weakness in training leading to a lack of evaluation in IEC
 - shortage of front-line personnel
 - lack of communication and material means to stay in touch with this category in remote areas
 - low awareness among women about FP resulting in low acceptor levels
 2. Difficulties faced by front-line personnel in clinical, medical and other related services.
 - shortage and insufficient training of front-line personnel
 - shortage of resources
 - lack of coordination with concerned parties
 - lack of follow-up
 - difficulties in reaching front-line personnel working in remote areas
 3. Difficulties faced by front-line personnel in supply and distribution.
 - scarcity of contraceptives
 - lack of coordination between this category and upper management
 - lack of statistical data to facilitate the development of financing plans
 4. Difficulties faced by managerial staff in supply and distribution.
 - lack of statistical data from front-line personnel
 - lack of coordination between upper and lower levels

COUNTRY F:

- PROBLEMS:
1. Lack of clinics for FP service delivery
 2. Front-line health workers lack FP knowledge/skills for FP service delivery and both these workers and community leaders and other development personnel lack skills and knowledge in public education and IEC in FP.

3. Insufficient knowledge about FP programs and management skills of middle-management level (provincial). Middle-managers do not have skills to plan, coordinate and supervise FP services. There is no preparation for this role in the medical schools nor do personnel receive appropriate in-service training.
4. Shortage of trained personnel for clinical services. There are not enough training centers for doctors, nurses and midwives in family planning.
5. Lack of skills for the development of training materials.
6. Lack of knowledge about the collection and use of statistical data.
7. Lack of data assessment and analysis at provincial level.

PROPOSED TRAINING SOLUTIONS: Country F and Country C Combined

1. Training front-line workers in clinical, IEC, data collection and recording skills.
2. Training of mid-level management in:
 - evaluation
 - planning
 - supervision
 - coordination with upper and lower levels
 - management
3. Training of trainers.
4. Team training for service delivery personnel.
5. Training in data collection to standarize forms, periodically review and computerize for data analysis.
6. Training in training materials development for improved preparation of health workers in FP.

COUNTRY G:

- PROBLEMS:
1. Lack of up-dating of personnel's knowledge (on-the-job training).
 2. In very hilly areas of the country, health workers are assigned to very remote sites. It is difficult because of lack of means of transport to gather them together for in-service training.
 3. Since there is a shortage of personnel, workers cannot be trained without disrupting the normal functioning of service provision.
 4. There is a shortage of female staff in rural areas.
 5. Other health departments do not sufficiently collaborate nor support FP activities.
 6. Program decisions are made at the national level without consideration of specific problems and characteristics of each area or district -- i.e. language, customs, traditions, socio-economic factors, etc.

**APPENDIX G: CRITERIA FOR DECIDING AT WHICH LEVEL
TRAINING ACTIVITIES SHOULD BE CONDUCTED**

Community Level: Training at the community level is appropriate under the following circumstances:

- when a new project is to begin or when there is to be a new component of services (e.g. integration of FP);
- when there are new skills or knowledge to be acquired by front-line workers through in-service training;
- when there are new skills to be acquired by students attending basic training institutions that are located at the local level (e.g. midwife training);
- when cultural factors prevent travel of participants to distant places for training;
- when large numbers of people are to be trained;
- when simple training technologies are to be used;
- where remoteness of communities requires training of local people so that the community is more self-reliant;
- where lack of financial resources requires training at the lowest possible cost;
- where local community leaders (e.g. imams) are to be participants;
- when trainers and trainees need to learn from the community;
- when a specific service delivery problem can be solved by short-term training; and
- where a specific request is made for training to be held in a specified local place.

Regional Level (when participants are from different countries in a region): Training at the regional level is appropriate under the following circumstances:

- when an issue requires discussion between representatives of different countries of a region;
- when examples of the application of new technologies can be found in the region;
- when those responsible for training at the institutional or national level decide that there is a need for discussion of training problems/issues that several countries have in common;
- when there is a new and appropriate training technology or medical technology that should be generalized throughout the region;
- when follow-up of a previous regional training activity is necessary;
- when the success-or failures- of projects require discussion between representatives of national or sub-national institutions;
- when there is a need to review progress towards previously agreed regional training goals;
- when there are special training issues or problems that are unique to this region;
- when detailed information is required about training resources that exist in the region;
- where cultural and linguistic barriers are unlikely to prevent achievement of regional training objectives; and
- when training objectives can only be achieved by intensive and full-time dedication to a task.

**APPENDIX H: LIST OF PROBLEMS GROUPED BY POSSIBLE
TRAINING TOPIC INTERVENTIONS****Policy Development, Program Planning and
Organizational Development**

- lack of local community leaders to facilitate the supervisor's task
- insufficient integration of FP training in educational institutions
- lack of skilled staff in rural areas (midwives, physicians)
- insufficiency in holding grasp of the various program realities particularly those in the field
- lack in social marketing within the private sector
- lack of existing medical centers in rural areas that can provide FP services.
- weakness of conviction, indifference and lack of knowledge about family planning among government MCH personnel
- managerial staff have knowledge but in compliance with the general policy, they lack interest in the subject.
- policy makers and officials have not yet adopted a defined and stated policy towards family planning. The mass media are thus inactive on this respect.
- not all the services are made available in all areas particularly those related to the provision of IUDs.
- there is no tendency to develop and promote programs due to the lack of a defined and stated FP policy
- lack of updating of personnel's knowledge (on the job training)
- remoteness of trainees in very hilly areas (difficulty in gathering them together due to the lack of transport means).
- shortage of personnel so workers cannot be trained without disrupting the normal functioning of health institutions
- shortage of female staff in rural areas
- lack of participation from other health departments
- low awareness of population about FP

- decisions are made for the whole country without studying the specific problems for each area or district (language, customs, traditions, the socio-economic context)
- training of mid-level management for better coordination between upper and lower levels
- at the front line, lack of clinics and knowledge by personnel, lack of training
- shortage of trained personnel for clinical services
- lack of IUD training for doctors, midwives and nurses (not enough training centers)
- scarcity of communication and material means to maintain contact with workers in remote areas
- lack of coordination between frontline and management re: supply needs
- shortage of clinical personnel and clinical skills
- lack of coordination between different levels of clinical service delivery
- lack of skilled staff (physicians and midwives in rural areas)
- the existence of a limited number of educational programs to provide family planning in its right procedure
- planning system is inconvenient and does not meet family planning needs

IEC And Health Education

- lack of local community leaders to facilitate the supervisor's task
- limited number of educational programs to provide FP in its right procedure
- lack of knowledge of public education and levels of training of front-line personnel on IEC and service delivery
- weakness in training in IEC leading to lack of service evaluation
- low awareness among population
- will be or no training for front-line workers in IEC

Management -- Management information systems; manpower planning; effective resource utilization; supply and distribution; organization of service delivery system; use of data in planning.

- shortage of field workers
- transport difficulties
- relative instability of acceptors, mainly for those in towns
- data are collected in an excellent way, but are not analyzed, as a result, there is no program evaluation
- the supply exceeds demand thus leading to the waste of contraceptives, mainly pills (in the government sector)
- insufficient knowledge of middle-level management (provincial level)
- lack of knowledge about statistics
- lack of data for analysis of data at provincial level
- shortage of trained personnel for clinical services
- difficulties for the managerial staff in gathering and analysing data and identifying the appropriate needs at local and national levels
- data collection, record-keeping skills
- lack of training of mid-level managers in information delivery system
- shortage of front line personnel in IEC
- shortage of managers trained in IEC
- inability to reach rural areas with clinical services
- scarcity of contraceptives
- lack of statistical data for financial management in supply
- data collection: standardizing forms and periodical review of the forms and computerization for data analysis

Human Resource Management -- program planning and evaluation; supervision and follow-up; management of service delivery; leadership;

- difficulty in coordinating field activities in rural areas with scattered population;
- negligence by certain workers to devote the required attention to duties;
- insufficient awareness among front-line workers as regards the accuracy of information to be gathered;
- lack training of mid-level managers and information delivery systems;
- insufficient knowledge in middle-level management;
- lack of proper knowledge, planning and coordination of provincial health directors and their staff;
- the managerial staff have the knowledge but in compliance with the general policy, they lack interest on the subject;
- the managerial staff as well as policy makers do not undertake supervision;
- scarcity of trained personnel to provide communication services in remote areas;
- shortage of trained clinical personnel;
- inability to reach remote areas with clinical services;
- lack of managerial skills in FP at the community level .

Training Materials/Audio Visual

- difficulty in using AV methods;
- lack of skills to develop training materials;
- lack of development of training materials pertaining to the activities of the different family planning personnel;

Family Planning Non-Clinical

- lack of training in non-clinical and outreach for front-line workers;
- weakness of conviction, indifference and lack of knowledge about FP among the personnel of government MCH Centers;
- lack of skilled staff (physicians and midwives) in the rural areas.

Clinical

- lack of skilled staff in rural areas (physicians and midwives);
- shortage of trained personnel in clinical services;
- lack of IUD training for doctors, midwives and nurses (not enough training centers);
- indifference and lack of knowledge on the subject of FP and MCH service providers in related government sectors;
- lack of training for front-line workers in clinical family planning;
- lack of follow-up system to ensure continuous community motivation and use of FP services;
- inability to provide clinical services to remote areas.

Team Training

- lack of team spirit;
- lack of skills in particular training.