



Community Based Health Care (CBHC) Workshop for NGO Program Managers

July 1 & 2, 2003

Management Sciences for Health

Rural Expansion of Afghanistan's Community-Based Healthcare (REACH)

USAID Contract Number: EEE-C-00-03-00021-00

PURPOSE:

The goal of the USAID REACH program is to expand access to quality health care services based on the basic package of health services (BPHS) in health facilities and through community based health care (CBHC). On July 1 and 2, MSH conducted workshops to upgrade the program managers of those NGOs intending to apply for a CBHC grant in their understanding of community- based health care, to assist them in developing proposals based on the principles of the BPHS, and to enable them to successfully implement their plans in the future.

These workshops were held in response to requests for more detailed information on CBHC from participants of application (RFA) workshops conducted on June 19 and 22, 2003. At that time, NGO program managers received information on the priority provinces and districts of the USAID REACH program and on how to apply for a grant and develop a budget. During these workshops they also received some brief information about BPHS and other related technical issues. The request for more orientation led to the decision to conduct a separate workshop on CBHC for the NGO program managers.

A total of 64 NGOs signed up for the workshop; MSH accommodated this large group by conducting the workshop twice, with half the NGO program managers attending on one day and half the next. The workshops were held at Maiwand Hall and in addition to the NGO program managers, 6 staff from MoH and 1 from MSH also participated in the workshop.

DESIRED OUTCOMES:

At the end of the workshop, participants were expected to

- Have unified ideas on the concept and purpose of CBHC.
- Demonstrate the ability to successfully implement CBHC.

WORKSHOP ACTIVITIES:

In order to make the workshop more interesting for the participants and to provide them an opportunity to participate in the discussions and share their experiences with others, the facilitators used several effective teaching methods, such as discussions in plenum, question and answer, group work, brain storming, role playing, etc. All teaching materials were provided to the participants and they received copies of related documents and handouts in both Dari and English.

After opening remarks by Dr. Abdullah Fahim, Director General Health Care and Promotion MoPH, the facilitator of the first session provided participants with information on CBHC and its components. Afterwards, the participants were divided into small groups to identify the actions needed to achieve each component of CBHC:

Program Design and Implementation

Actions to be taken:

- Conduct a survey to collect necessary information, e.g., population, medical personnel, health facilities, education level, etc
- Collect the ideas of the community
- Ensure community cooperation
- Attract the cooperation of the private sector
- Develop a work plan (design the program)
- Implement the program (catchment area, activities, suitability) in agreement with responsible resources
- Develop human resources (hire staff, contract with the community and train employees)
- Establish a community health committee
- Provide regular supervision and support
- Coordinate with MoH, local authority and other related sectors.

Community Participation:

Educating the community on

- concept of community and community participation
- advantages of community participation
- roles and responsibilities of the community.

Involving the community

- Planning and design of the program
- Implementation of the program
- Monitoring
- Evaluation.

Training of CHWs and TBAs:

Selection factors:

- drawn from the community
- selected by the community
- preference to gender, literacy and age.

Standard curriculum and procedures:

- give priority to common health problems
- prepare relevant training materials
- ensure links with health facility
- ensure quality
- provide on the job and refresher training.

Sustainability

- Generate community funds to run the health care system
- Charge a fee for services
- Pay TBAs the traditional fee
- Provide space for health facilities
- Sustain the program by drug revolving funds.

In the second session, role playing was used to illustrate the work of an NGO in the community and the community approach. Audience participants then discussed the strengths and weaknesses of what they had seen and made the following recommendations:

- Program managers should have plan and follow it strictly.
- Program managers should give clear assignments to subordinates and make sure they are understood.
- Program managers should give feedback to subordinates when they complete their assigned tasks.
- When moving in the community, NGO staff and trainers should observe community customs in both dress and behavior.
- Trainers should avoid frequent use of medical terms, English words and complex Dari or Pashto words. The trainer should speak in a simple language which is spoken and understood in the local community
- Trainers should involve people from all villages and contact them personally
- Women should be involved in the program.
- Trainers should emphasize on the benefits of the CBHC program.
- Trainers should strictly follow selection criteria for the CHW and TBA training programs.
- Trainers should not make promises to community leaders which are difficult to keep.
- The trainer must establish and work with a community council.
- Communities should be given responsibilities.
- Community leaders should participate in the selection of trainees.
- Nominations should be open to all; there should be no favoritism in the selection of trainees.

In session three, participants working in groups identified the characteristics of a good manager:

- Respect for local culture/tradition
- Good communication skills
- Transparency
- Ability to plan properly
- Ability to lead a team
- Result oriented
- Proper behavior
- Ability to motivate staff
- Efficiency in use of time
- Good decision maker

- Problem solving ability
- Job interest
- Willingness to evaluate jobs
- Willingness to delegate
- Active
- Visionary
- Good judgment
- Good personality
- Gregarious
- Takes initiative
- Adaptable to changes
- Sets a model
- Good listener
- Able to manage crises
- Able to maintain good organizational discipline
- Cooperative and able to coordinate with others
- Able to prepare job descriptions for all employees
- Able to implement a sustainable project.

In the final session, participants worked in groups to identify and present their ideas on the actions and qualities of supportive supervisors:

- Controls, guides and consults
- Assesses the quality of the work done
- Provides on the job training and corrects deviations from the standard norms
- Supports his or her subordinates
- Exercises patience
- Plans for and allocates sufficient time for regular supervision
- Includes all aspects of work in supervisory visits
- Possesses enough authority to solve problems
- Acts fairly
- Possesses good communication skills
- Motivates subordinates
- Knows the community
- Accepts criticism
- Assesses progress of the work
- Has technical knowledge
- Uses a supervisory checklist
- Involves the community in related activities
- Possesses teaching skills
- Provides feedback to employees

How to make supervision supportive:

- Properly plan the supervision processes
- Identify problems and address them
- Assign a technical person for supervision

- Use a supervisory checklist
- Provide transportation facilities for supervision
- Maintain regular supervision
- Provide materials required for supervision
- Provide feedback to employees.

5- EVALUATION OF THE WORKSHOP:

Participants were asked to evaluate this CBHC workshop and responded as follows:

a- What did you like most about the workshop?

No of Participants	Group work	Role play	Teaching Methodology	Management of workshop	All parts of the workshop
41	9	6	5	7	14

b- What did you like least about the workshop?

No of Participants	sound system	Hand outs	Too much Dari communication	Arrangement of workshop	Short time workshop	No negative ideas
41	6	2	2	2	3	26

c- What did you learn at this workshop that you will use in completing the USAID-REACH grant application?

No of Participants	CBHC knowledge	Community participation	Program management	Supportive Supervision	Project Planning	TBA & CHW Training
41	11	7	9	8	4	2

d- If you were conducting this workshop for other staff, what would you do differently?

No of Participants	Increase practical work	Selection of TBA & CHW	Add need of the community	More clarification before group work	It was a perfect workshop
41	2	3	2	1	33

RECOMMENDATIONS:

- 1- More time should be allotted for such a workshop
- 2- Some handouts were prepared only in one language; in future, English versions as well as versions in Dari/Pashto should be available.
- 3- The sound system should be checked prior to conducting the workshop and the number of mikes should be sufficient.
- 4- Facilitators should give clear directions prior to group work.

ANNEX – I

PARTICIPANTS OF THE WORKSHOP

SN	NAME	DESIGNATION	ORGANIZATION
1	Dr. Abdullah Fahim	Director General Health Care & Promotion	MoPH
2	Dr. Haneef Khushhal	Director Control of Communicable Diseases	MoPH
3	Dr. Mahsumy	Director General CM Department	MoPH
4	Dr. Husaini	Information Education Communication GD	MoPH
5	Dr Sarwar Abawai	Director GH	MoPH
6	Dr. Moh Ehsan Gull	BDN	MoPH
7	Dr. Moh Ehsan	BDN	MoPH
8	Dr. Hamidullah Saljuqi	HTSU In charge	CHA
9	Dr. Sahibullah	Medical Coordinator	AMI
10	Moh. Yonus	Director General	Evtibat
11	Dr. Abul Haq	Medical Coordinator	Aschiana
12	Dr. Jan Mohamad	Program Manager	KRDO
13	Valli Jain	MCH Director	HOPE Worldwide
14	Ahmad Fareed	Program Manger	BDF
15	Bdekervenoel	Coordinator	MRCa
16	Dr. Shafiq Shahim	Director	AFDO
17	Dan Margan	PH Officer	MSDev
18	Dr. Mubarak	MoPH Health Support Program Manager	MSH
19	Dr. Bashir Hamid	Director	CAE
20	Mirza Jan	Program Development Director	Ibnesina
21	GunigorDubius	Health Coordinator	ZOA
22	Dr. Zia	Program Manger	SDF
23	Rahmatullah	Health Director	SDRO
24	Dr. Askari	Health Director	UWS
25	S. Ahmad Shah	Administrator	NNRC
26	Aikhanan Mahed	Director	ARE
27	Hameed Tori	Health Director	RCA
28	Dr Moh Moqeem Barna	Master Trainer	RCA
29	Hezbollah	Coordinator	HOPE Worldwide
30	Mohamad Khan	Deputy Director	MSDev
31	Beheshti	Monitoring Supervisor	MSH
32	Dr. Moh Nabi	Deputy Health Coordinator	IFRC
33	Barakatov Denis	Project Manger	ADRA
34	Dr. Moh Naser Ahadi	Monitoring Officer	AHDS
35	Atta Mohmad Zaheer		JRRO
36	Dr. Abdullah Jan	Medical Coordinator	ISRA International
37	Dr. Saeed Habib	Director	DRA
38	Pashtoon	Assistant Health Director	SDRO
39	Dr. Jana	Program Manger	SDF
40	Dr. S. S. Sharif	Program Manger	Ibnesina
41	Abdul Qahar	Medical Coordinator	MSDev
42	Richard Dick Johnson	Training & Education Program Manager	MSH
43	Miho Sato	Gender Specialist	MSH
44	Dr. Iqbal Pakzad	CHT Advisor	MSH

45	S.K. Zaman	Advisor TRG Unit	TAI
46	Miram Jan Naeemi	Master Trainer	MSH
47	M.Ghafoor Dehsabzwal	Master Trainer	MSH
48	Moh. Yonus	Monitor	MSH
49	Saifullah	Monitor	MSH
50	Moh. Akram	Admin Assistant	MSH
51	Dr. A Ahmadzai	CHW and Refresher Training Manger	MSH

ANNEX – II

AGENDA OF THE WORKSHOP

Community Based Health Care (CBHC) Workshop for NGO Program Managers: *In Preparation for USAID/REACH Grant Proposals*

Date and time: Tuesday, 1 July, 2003, from 8:30 to 16:30 the same workshop will be repeated on 2 July.

Venue: Maiwand Hall

Participants:

NGO program managers who are planning to apply for MSH grants
MoH officials
MSH staff
USAID

Objective:

To provide the opportunity for NGO Program Managers to share their knowledge and skills on CBHC, which will assist them to prepare the USAID/REACH grant proposals

Desired Outcomes:

At the end of the workshop, participants will:

- 1) Have unified ideas on the concept and purpose of CBHC
- 2) Demonstrate the ability to successfully implement CBHC

Agenda:

08:30 – 08:45	Registration	
08:45 – 09:00	Recitation from the Holy Quran Workshop opening by Dr. Abdullah Fahim, Director General, Department of Healthcare and Promotion, Ministry of Health	
09:00 – 10:30	Session 1: Knowledge/ Facilitator: Dr. Ahmadzai and Ms. Miho Sato	
	Outcome:	Activities:
	Participants have unified idea on what CBHC is	1. Individual assignment 2. Clustering 3. Discussion of challenges and successes 4. Presentation 5. Summary and recommendations
10:30 – 10:45	Tea break	

10:45 – 12:15	Session 2: Communications Skills/ Facilitator: Mr. Miram Jan/ Dr. Ahmadzai	
	Outcome:	Activities:
	Participants demonstrate communication skills to successfully implement CBHC	<ol style="list-style-type: none"> 1. Role play, 2. Analysis (positive/negative), 3. Recommendations for improvement, 4. Role play by participants, 5. Summary and recommendations
12:15 – 13:00	Lunch and prayer break	
13:00 – 14:30	Session 3: Management Skills/ Facilitator: Dr. Ahmadzai	
	Outcome:	Activities:
	Participants demonstrate management skills to successfully implement CBHC	<ol style="list-style-type: none"> 1. Group work on the characteristics and quality of a good manager 2. Presentation from each group 3. Summary and recommendations
14:30 – 14:45	Tea break	
14:45 – 16:15	Session 4: Supervision skills/ Facilitator: Dr. Iqbal Pakzad	
	Outcome:	Activities:
	Participants demonstrate supervision skills to successfully implement CBHC	<ol style="list-style-type: none"> 1. Brainstorming on how to perform effective supervision 2. Discussion 3. Summary and recommendations 4. Evaluation 5. Workshop closing
16:15 – 16:30	Conclusion of the workshop and evaluation/ Facilitator: Mr. Richard Johnson	