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Report of the Workshop In Planning, Implementating, and  
Evaluating Community Based Primary Health Care, Birth  
Spacing and Nutrition Programs

Khartoun and Sennar  
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Martin E. Gorosh  
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Center for Population and Family Health  
College of Physicians and Surgeons  
Columbia University  
60 Haven Avenue, New York, N.Y. 10052  
(212) 694-6960 Cable: POPHEALTH NEW YORK

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## ABSTRACT

The first in-country training program under Cooperative Agreement AFR-0662-A-00-2068-00 was held in the Democratic Republic of the Sudan from 2-14 December, 1982. Thirty participants (21 full-time and 9 part-time) representing the Ministry of Health, University faculty, and front-line medical officers and specialists of the Sudanese Health Service attended the program entitled "Workshop in Planning, Implementing, and Evaluating Community Based Primary Health Care, Birth Spacing and Nutrition Programs."

Faculty were drawn from the Department of Community Medicine (DCM) of the University of Khartoum Faculty of Medicine and included numerous Sudanese leaders and experts in specialized areas of primary health care programs. Technical support was provided by Center for Population and Family Health (CPFH) staff (including the Resident Advisor in Khartoum) who have worked closely with Department of Community Medicine faculty in collaborative operational research and training projects during the past four years.

The Curriculum included: overview of planning, administration and evaluation; primary health care, family planning, and nutrition interventions; needs and resources assessment; goals and objectives; program design; community involvement; implementation planning and phasing; training; supervision; logistics; information systems; monitoring; budgeting; and evaluation techniques.

Teaching methods emphasized "learning by doing" through small work group development of projects in Family Planning, Diarrheal Disease, Maternal and Child Health and Nutrition. The model used involved four steps in relation to each curriculum component. First, general concepts and specific skills were introduced, explained, and discussed. Second, each work group applied the concepts and skills to its assigned project. Third, each work group presented the results of its efforts to the larger group, and fourth, incorporated suggested improvements into its project. In addition to the work group projects other methods used included lectures, discussions, role playing, training exercises, and participant presentations of their own programs in the communities they served. The overall context for these approaches was provided by field observations of the DCM-CPFH collaborative operational research project and visits to other selected health and development programs. The training site at Sennar, 200 miles from Khartoum, reinforced the field orientation of the program and facilitated visits to nearby villages for training activities such as needs and resources assessment.

Immediate outcomes include substantial gains in competences as measured by pre and post training testing; positive qualitative assessments by participants, faculty, and resource persons; and, demonstration of the Department of Community Medicine's

capability to plan, organize and carry out an effective training program. (Note: The training logistics alone presented a formidable challenge. In the face of limited food availability and transport and gasoline shortages, the DCM ably managed to transport, house, feed, and care for more than thirty people at the site 200 miles from Khartoum).

Expected outcomes for the intermediate and long term include project proposals developed by participants for innovative service delivery and training activities.

## INTRODUCTION

The first in-country workshop conducted under Cooperative Agreement AFR-0662-A-00-2068-00 was held in the Democratic Republic of the Sudan from 2-14 December, 1982. The course, entitled "Workshop In Planning, Implementing and Evaluating Community-Based Primary Health Care, Birth Spacing and Nutrition Programs" was a collaborative effort involving the DCM (Department of Community Medicine) of the University of Khartoum, The Sudanese Ministry of Health, and the CPFH (Center for Population and Family Health) of Columbia University.

The DCM and the CPFH have been involved in a collaborative operational research project for the past four years and close and effective working relationships exist which were built upon in developing the workshop. Further, several DCM staff were participants in CPFH one-month courses in 1980, 1981, 1982. This facilitated curriculum development and adaptation of teaching methods for the workshop. Finally, the presence of a CPFH resident advisor in Khartoum greatly facilitated planning and communications.

### Participants

Participants were selected by Dr. El Tom, the Director of the DCM in close collaboration with the Undersecretary of Health, from among university faculty, Ministry of Health officials, and physicians and specialists in the Sudan Health Service. There were 21 participants (7 women and 14 men) representing 15 regions who attended the entire workshop. In addition, there were several participants who attended selected sessions. A complete list of workshop participants is contained in Appendix A.

### Faculty

The workshop Director was Dr. Abdel Rahman El Tom, the Director of the DCM. Other DCM staff assumed faculty roles in their areas of expertise including Dr. Naila Mubarak, Dr. Hassan ElMahdi ElBushra, Dr. Kamal Kheirala, and Ms. Susan Wessley Stacey. Sudanese experts (both participants and invited speakers) contributed expertise in selected areas. Mr. Mohammed Haytham Matthews, the CPFH resident advisor and Drs. Gorosh, Lauro, Wray and Mr. Hardy of the CPFH New York staff served as resource persons. Additionally, Mr. Hardy served as the CPFH advance person, arriving in Khartoum some 10 days prior to the Workshop to assist in final preparations.

### Organization and Logistics

The organization and logistics in support of the workshop were outstanding. The DCM decision to conduct most of the workshop in Sennar, away from the distractions of Khartoum, was a good one, yet it created numerous logistical obstacles all of which were overcome. Gasoline and food were in limited supply in the Sudan and DCM staff ably managed to transport the workshop

participants to, from and around Sennar. Food staples (eggs, sugar, tea, coffee, beans, rice) for 30 people for 10 days and audio-visual equipment were brought from Khartoum and supplies of fresh meat and vegetables were arranged in Sennar. Kitchen staff and custodial workers were employed for the workshop. The Malaria Training Center had been idle for sometime and it was refurbished for the workshop and provided comfortable sleeping quarters, dining facilities, classrooms, and meeting rooms for workgroups.

### Workshop Steering Committee

A steering committee was formed including Dr. El Tom, Gorosh, Lauro, Matthews, Hardy and Wray to monitor the workshop. The group met at least once daily to review progress, to plan for next activities, to adjust the schedule, and to respond to suggestions from the participants.

### Work Groups

The workgroups were the most important ingredient of the workshop. Each work group was formed around a priority Primary Health Care issue and the group mandate was to develop a simple, innovative, integrated, replicable, low cost, community-based, self sufficient project. Starting with the 7 December session on needs and resources assessment the following pattern emerged.

1. Presentation and discussion of concepts.
2. Work group activity to apply concepts in project development
3. Work group presentation of application of concepts followed by critiques by all participants
4. Work group incorporation of critiques into project

This pattern was repeated for Problem Definition and Objective Setting, Evaluation Criteria, Strategies, Interventions, Training, Supervision, Implementation Planning, and Budgeting. By the end of the workshop, each work group had been exposed to key concepts and their application in program design, management and evaluation.

### Reference and Resource Materials

Each participant was provided with a set of reference and resource materials covering important aspects of family planning, nutrition, and primary health care issues. A complete listing of these materials is contained in Appendix B.

## Certificates

Certificates of participation were sent to all who attended the workshop.

## Curriculum Development

Curriculum development for this training program went through five stages.

1. In August-September the Department of Community Medicine's staff and the CPFH resident advisor and Dr. Joe Wray drafted an outline of the areas of study.
2. In early October, the CPFH resident advisor visited N.Y. and part of this time was used to flesh out the outline and to gather readings and other materials for use in the program.
3. In Mid-November, Mr. Tom Hardy, the CPFH staff member assigned to be our "advance person" traveled to Khartoum with a full draft curriculum.
4. In the final week, last minute revisions and changes were made to reflect changes in the scheduled dates of the workshop and the availability of key Sudanese resource people.
5. During the course the Steering Committee met daily to make fine-tuning type adjustments to the program as indicated by work group progress, completion of topics, participant feed back, etc.

Following is the curriculum as it was actually covered in the program.

### 2 December - OPENING SESSION - 9 AM - 10 AM

This session marked the formal opening of the workshop. Chaired by Dr. El Tom, the session included introduction of all participants and welcoming remarks by Dr. Kabashi, the Undersecretary of Health; Dr. Saad, Dean of the Faculty of Medicine; and Dr. Gorosh of the Center for Population and Family Health. Pre-workshop tests and bio-data forms were completed by the participants prior to breaking for a breakfast reception hosted by the Department of Community Medicine.

2 December - INTRODUCTION TO THE CBFHP (The Community Based Family Health Project) 11 AM - 2 PM

This session was presented by Dr. El Tom, Dr. Naila Mubarak, and Ms. Susan Wesley of the Department of Community Medicine and Mr. Haytham Matthews, the CPFH resident advisor in Khartoum. The CBFHP covers 90 villages and has been an operational research project operated collaboratively by the Dept. of Community Medicine and the CPFH for the past three years.

The hypothesis of the CBFHP is: if village midwives are well-trained in a limited number of MCH functions and well-supervised and supported by village based workers (such as the village medical assistant), the result will be promotion of MCH and reduction in morbidity and mortality.

The rationale for this approach was based on the characteristics of the village midwife including: female, social and cultural acceptability, availability, inexpensive to train and maintain, already a village resident thus eliminating the need to provide housing.

The strategy used featured limited simple functions to be performed by the village midwives. Further, the functions were to be inexpensive, effective and replicable. The problems and interventions selected for the project were as follows:

- Diarrhea - Oral Rehydration Therapy
- Infectious Diseases - Immunizations
- Nutrition - Breastfeeding
  - Supplementary feeding
  - Weaning
  - Nutrition Education
- MCH
  - Antenatal Care
  - Delivery
  - Birth Spacing

The training programs developed were short, specific, and competency based. Implementation emphasized the phased introduction of interventions combined with refresher training as each new intervention was added. Community Participation was obtained through working with religious leaders, family and clan representatives, community leaders and school teachers. A key principle underlying all community work was to make no false promises.

Evaluation was built into the program from the outset and included field surveys and mini-surveys, qualitative approaches, service statistics, use of administrative and logistic data, and pre and post testing for assessing training activities.

2 December - National Diarrheal Disease Control Program - 2-3 PM

Dr. Gaafar Ibn Auf Suliman, Director of the National Program described the efforts now underway in the Sudan to increase the use of Oral Rehydration Therapy and to decrease the use of anti-diarrheal drugs, anti-biotics, and intravenous treatments.

4 December - Visits to CBFHP Villages 7AM - 3PM

Participants were divided into two groups and each group visited two villages in the CBFHP area. Participants were invited to visit homes, health centers and schools, to interview health workers and clients, and to observe workers and the community in the village setting. Observations and impressions included:

- numerous posters promoting breastfeeding
- involvement and cooperation of the village religious leader
- Midwives using ORT perceive a reduction in deaths from diarrhea. ORT is seen as "better" than traditional methods such as sorghum water and cautery. In one village (pop. 1000) the Community Health Worker reported that he had not had to refer any children with diarrhea to hospitals since the introduction of ORT.
- Some WHO oralyte packages with 1977 and 1979 dates were produced and shown to be rock-hard. Midwives reported this as a problem.
- The quality of training was demonstrated when participants questioned midwives on all aspects of ORT, Immunizations, Nutrition Education, and Family Planning.
- Service statistics show about 6 midwife deliveries per month. In the past, midwives delivered 25-35 per month (total pop. 10,000). The twenty-five family planning acceptors is too small a number to explain the decrease in births. In a second village with a population of 1000, 11 women out of 269 MWRA had accepted family planing after its introduction 4 months earlier.
- The Community Health Worker felt that his position was greatly enhanced by the CBFHP. A trained midwife was now available to assist him and the supervision provided by the CBFHP enabled him to do a better job.

- Visits to homes revealed the availability of pots calibrated by the project for exact measurement of one liter of water for use in ORT. Interviews with oral contraceptive users revealed correct pill taking practices.

5 December - Travel To Sennar including visits to the Blue Nile Health Project and the Central Region Ministry of Health - 8 AM - 7 PM

The Blue Nile Project-

Established in 1979 to serve 2 million people in the area around the main irrigation systems of the Blue Nile, this 10 year \$154 million project addresses malaria, schistosomiasis, and diarrheal diseases through a combination of strategies including chemotherapy, water supply, weed control, mosquito spraying, improvement of health services, health education, and community participation.

Central Region Ministry of Health -

Dr. Mutamid, the Minister of Health, described some of the innovative approaches introduced into this region's health programs.

- reorganization for greater decentralization
- completion of building programs (hospitals, clinics, and training centers).
- evening sessions at health centers for preventive services such as immunizations.
- plan to create a polyclinic where specialists on the faculty of medicine can practice.
- creation of a self-sufficient sanitation system. Donkeys and carts are provided to workers assigned to groups of 90 homes. Each home pays a monthly fee of one Sudanese pound for this refuse collection service. The worker retains \$50 and may use the donkey cart for private gains. \$40 is returned to the program.
- reduction of the number of drugs in inventory, direct procurement by the region, and establishing cooperative pharmacies where prescriptions are sold at cost.
- Savings of \$1 million per year by changing hospital meal policy to serve only those patients who request hospital food.

6 December- Introduction to Program Planning, Administration and Evaluation 7:30-9:30 AM

Dr. El Tom opened his session with a brief exercise on priority setting. First, the group as a whole was asked to produce a statement of priority health areas for the Sudan. Second, the larger group was divided into small groups, each of

which produced a statement of priorities. The apparent purpose of the exercise was priority setting. The underlying objective of the exercise, however, was to illustrate key aspects of group dynamics especially the utility of small group interaction. The consensus was that small group interaction was productive, thus setting the stage for future formation of work groups and work group projects to implement the curriculum of this workshop.

Dr. Gorosh presented an introduction and overview of a systems model of a program. Within a context of a population, environment, economy, and socio-cultural context, the model depicted the relationships among needs and resources assessment; available interventions, program design; planning and decision making; program inputs; program processes (especially training, supervision, logistics, and community participation); outputs; utilization; effect on knowledge, attitudes and practice; and impact on health, nutrition and fertility status. The presentation emphasized continuous evaluation of all components including administrative monitoring of short-term accomplishments, systematic assessment of intermediate and long range program impact, and feedback of evaluation findings for program improvement.

In addition to serving as an overall program model, the presentation was designed to be used as a unifying framework for the components to be covered in detail in the workshop curriculum.

#### 6 December - Steering Committee Meeting - 9:30 - 10:30 AM

The Workshop Steering Committee met to make assignments of participants and resource faculty to work groups. Based on participant interest, four groups were formed with resource staff assigned as follows:

Nutrition - Dr. Joe Wray  
Diarrheal Disease - Dr. Abdul Rahman El Tom  
Family Planning - Dr. Martin Gorosh  
MCH and Traditional Birth Attendants - Dr. Don Lauro

#### December - Participant Reaction to Site Visits to the CBFHP Blue Nile Health Project, Central Region Ministry of Health 10:30 AM - 2:30 PM

This session, chaired by Mr. Tom Hardy, was designed as a forum for participants to exchange impressions and reactions to site visits.

CBFHP - Overall positive impressions of community involvement, supervision, training and involvement of school children in health education, questions raised concerning emphasis on family planning, use of one method (orals), involvement of husbands, costs and replicability. Considerable discussion on the merits of oralyte vs locally made sugar and

salt solutions.

Blue Nile - The group questioned the assumptions underlying the project, i.e., reducing/eliminating schistosomiasis will increase the economic productivity of the region. Questions were also raised about the grand scope of the project (10 years, \$154 million) and the apparent isolation of the project activities from other health activities in the area. Finally the community participation component was severely criticized as being removed by the communities served by the project.

Central Region Ministry of Health -

The group was impressed with the Minister who was characterized as a good leader and a good administrator who knows his area. While positive about his innovations in community participation, sanitation, drug supply and hospital cost-cutting, there were some reservations about his approach to priority setting and the lack of family planning services in the region.

The visits to these three (3) sites and the subsequent discussions of the programs provided exposure to a range of activities which would serve as a context for the subsequent development of work projects.

6 December - Evaluation Panel Discussion - 5PM - 8PM

The topics covered and panel participants included:

Qualitative and Quantitative Methods - Lauro  
Service Statistics - Gorosh, Hardy  
Surveys - Matthews, Gorosh  
Cost Effectiveness - Gorosh, Matthews  
Operational Research - Lauro, El Tom

The panel first developed a shared concept of evaluation: a continuous process of measuring the degrees of achievement of short term, intermediate, and long term objectives and of studying the processes through which the achievements were obtained to produce findings which would be used for program improvement.

The quantitative - qualitative continuum was described and discussed including: census, pre-coded questionnaires, closed questionnaires, combined open and closed questionnaires, open ended questionnaires, structured and unstructured questionnaires, focus groups and panels, key informants and participant observation.

The use of service statistics in planning, management and evaluation was discussed in detail. The group developed indicators linked to program objectives and considered problems

of validity, internal consistency, matching evaluation and operational research approaches to local needs and resources, the cost of collecting information, and the need for timely data.

Following presentation of surveys and mini-surveys and approaches to determining cost effectiveness, the group concluded the session with a discussion of the need to teach use of data for management at local levels. It was felt that while the typical flow of information from the periphery to the Center and back to the field served some useful purpose, it was essential for local supervisors to "process" some information immediately to provide on-site feedback to local workers.

7 December Primary Health Care - 7:30-9:30 AM - 10:30 AM-3PM

Dr. Wray introduced this session by reviewing the components of primary health care and their potential for reducing morbidity and mortality in the most vulnerable groups. Following the introduction, participants and resource staff made presentations about PHC programs, as follows.

Eastern Region Program - Dr. Eisa  
Northern Region Program - Dr. Kaif  
Blue Nile Province - Dr. Rashid  
White Nile Province - Dr. Ezzedin  
National Nutrition Program - Dr. Aluweia  
National MCH Program - Dr. Baldo  
National Diarrheal Disease Program - Dr. Gaafar  
Family Planning and MCH - Dr. Wray

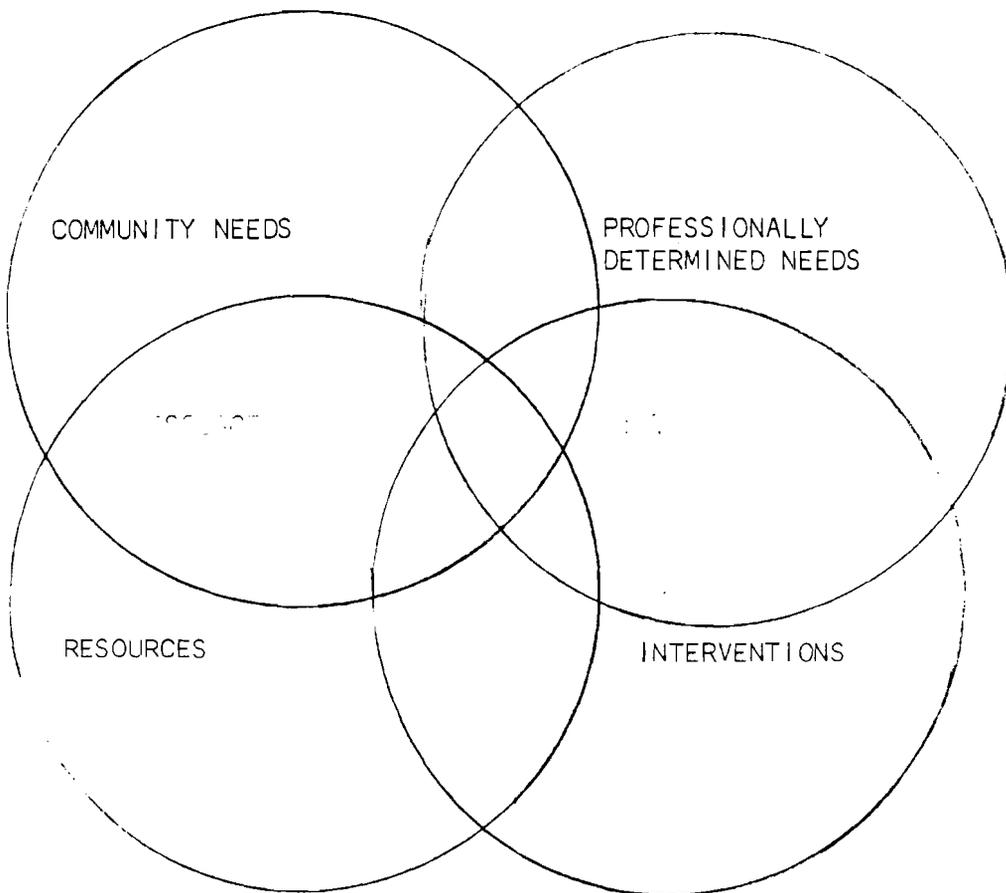
As these presentations were made and at their conclusion participants focused on common issues and problems. The following list was developed:

Community Involvement, Participation, and Acceptance  
Team Approaches  
Involvement of Physicians  
Selection and Training of Workers  
Supervision  
Curative vs Preventive Services  
Integrated vs Vertical Programs  
Motivation  
Levels of Service and Referrals  
Relation to traditional practices  
Logistics and Supplies  
Salaries and Incentives

7 December - Needs and Resources Assessment 6-8 PM

This presentation by Dr. Lauro focussed on needs and resources assessment in the community. Topics covered included: How information collected could be used in program design, methodological issues in community assessments, and approaches and strategies for assessments. The handout reproduced in Appendix C. was distributed to all participants.

Discussions of community needs and resources assessment led to the synthesis that the area of overlap among needs, resources, and interventions constituted an ideal area for initiating a program and developing subsequent entry points. Schematically,



Immediately following the presentation and discussion the work groups met to determine the foci for community assessment and the strategies and instruments to be used. Most groups targeted professionals, health workers, traditional practitioners, leaders, and men and women in the community for assessment of needs, resources, and obstacles.

7 December - Work Group Meetings (Needs and Resources Assessment)  
9-10 PM

Work groups met again to refine areas of study for needs and resources assessment. As an illustration, the Family Planning group defined the following areas: general knowledge, attitudes, and practice of contraception; availability of prenatal, delivery, post-partum, family planning, immunization, nutrition and diarrheal services; marital age; family size; education; income; rumors; and physician vs non physician family planning service delivery.

8 December Group Visits to Nearby Villages To Conduct Needs and Resources Assessment 7:30 AM-12 Noon

Work groups spent the morning visiting villages in the vicinity of Sennar. Each group concentrated on a single village where they interviewed individuals and used focus group techniques to gain first hand experience in this approach to community needs and resources assessment.

8 December - Work Group Synthesis of Village Visits - 12:30-2:30 PM

Work groups met to prepare reports of observations.

8 December - Work Group Presentation of Community Needs and Resources Assessment

Work groups reported and discussed the following impressions and observations.

- .At a village dispensary a child appeared carrying a vial of chloroquine phosphate and a disposable syringe (estimated cost £S5.00). The medical assistant performed the injection. The cost of oral chloroquine phosphate at the dispensary would have been £S0.05. The observation attested to the perceived belief of the efficacy of injected drugs.
- .Priority health problems as perceived by village residents were: malaria, bilharzia, diarrhea, lack of medical supplies, respiratory diseases. The group noted that it would be important to begin with a credible curative service to meet felt needs.
- .Diarrhea was perceived as a problem, only when accompanied by vomiting.

- .Village practice was to stop breastfeeding and/or supplementary feeding at the first sign of infant diarrhea and to use a variety of herbal mixtures (anise and fennel tea) yoghurt, sugar water or rice water for treatment.
- .Self help was observed to be an important part of village life. Groups noted community built dressing stations and elementary schools, well digging projects, and small fees charged for health station visits, the proceeds of which were used for operating expenses.
- .In one of the villages a famous traditional healer was visited. It was clear to the group that any health program for this village would require his involvement.
- .No connection was made between nutritional practices and health status.
- .Discussions with traditional midwives revealed their large practices and community acceptance. They can and do deal with complicated deliveries and are involved in all aspects of female circumcision.
- .Review of dispensary records revealed provision of curative services only; no prevention and no outreach.
- .One group considered the availability of food in the market. Available foods included fresh meat, seasonal vegetables, and beans used in lieu of higher priced rice. Shopkeepers reported brisk sales of oil, onions, spices, and soap and limited demand for tinned or powdered milk.
- .Visits to schools revealed that school children did not know how they contracted bilharzia. Further, health was not among the topics included in the school curriculum.
- .Women had favorable attitudes and good knowledge of family planning. Men had less favorable attitudes and poor knowledge.

Participants regarded this curriculum unit as a most important one (see section on evaluation, below).

9 December- Problem Definition, Objectives and Methods Evaluation  
7:30-9:30 AM

Concepts presented and discussed included:

- Problem definition-importance of the problem, causes, magnitude and dimensions, statement of goals, statement of immediate and long term objectives, setting and background (including area and population), problem being addressed, solution proposed.

-Criteria for Objectives-realistic and achievable, well defined, specific, related to problem, measurable, and acceptable to consumer.

-Criteria for methods-acceptability, effectiveness, low cost, use of available resources simple and technically feasible.

-Criteria for Evaluation-objectivity, linked to decision making, linked to methods, timely and useable, use of appropriate methodology, decentralized and usable at all levels, accountability, continuous and periodic, participatory, constructive, non threatening, self evaluation, simple, and convincing.

9 December - Work Group Meetings - 10:30 AM to 12:30 PM

Work groups met to develop problem definition, objectives, methods, and evaluation components of their projects.

December - Work Group Presentations and Discussions - 12:30-2:30 PM and 6:00-8:00 PM

Work groups presented their efforts to the entire group. For example, the Diarrheal Diseases Control group included the following items in its plan:

Problem Definition and Rationale-diarrhea is a major cause of morbidity and mortality in the 1-5 population, it affects 30% of infants at any given time, and 30% of hospital beds in the Sudan are occupied by diarrhea cases. It predisposes to malnutrition and infection and there are numerous health worker and general population misconceptions about the disease and its treatment.

Objectives-quantify the magnitude of the problem: study the knowledge, attitudes, and practices of health workers and the general population; identify homemade fluids and their potential for programmatic use; explore the safety of homemade fluids; train health workers at all levels in Oral Rehydration Therapy; introduce widespread use of ORT; decrease mortality from diarrhea; and, reduce morbidity from diarrhea.

Preliminary strategies included review of existing data, review of the health infrastructure to determine resource availability, and surveys of health workers and communities.

General evaluation approaches included pre and post testing of training, use of routine service statistics, mini-surveys of knowledge, attitudes, and practices observations of worker performance.

11 December - Strategies and Evaluation Indicators - 7:30-9:30 AM

As work groups had already moved into formulating strategies for their projects, this session dealt with the development of evaluation indicators and covered the following concepts: measures to be used, data sources, methodology, level of data collection and use, movement of information, feedback, periodicity of reports, and use of data for baseline purposes.

11 December - Work Group Meetings and Presentations - 10:30-2:30 PM and 6:00-8:00 PM

Work groups developed and presented for discussion final strategies and evaluation indicators to be used to measure progress.

12 December - Training and Supervision - 7:30-9:30 AM

The session began with five participant presentations of training and supervision experience in their areas of experience. Programs covered were Malaria, Immunization, Nutrition, Traditional Birth Attendants, and Trained Midwives. Concepts distilled from these presentations formed the basis for the next work group activities. For training, groups needed to consider: categories to be trained, role of each category, responsibilities, skills, knowledge, attitudes, training approaches, evaluation, work setting and level of competence. For supervision, groups were asked to specify role, responsibility, and skills.

2 December - Work Group Meetings and Presentations and Discussions - 10:30 AM - 2:30 PM and 6:00 to 8:00 PM

Work groups met to incorporate training and supervision dimensions into their project plans. Presentation included curriculum design, skills inventories, role-playing to contrast good and bad supervisory style, and development of a checklist for a supervisory visit.

13 December - Implementation Planning - 7:30 AM - 9:30 AM

Concepts presented included listing and scheduling of all activities, noting key logistics points and cost centers, planning for all strategies and interventions, noting start and completion of activities and identifying relationships among activities and phasing requirements.

13 December - Work Group Meetings and Presentations 10:30-2:30 PM and 6:00-8:00 PM

Work groups met to finalize all aspects of their projects with particular attention to implementation planning and phasing. Presentations included PERT networks, flow charts, and financial plans and cash flow requirements.

14 December - Closing Session and Course Evaluation-7:30AM -  
9:30 AM

The final session was devoted to completing course evaluation forms and to discussion of the course.

### Additional Activities

Throughout the workshop a variety of planned and spontaneous activities occurred which served to reinforce the formal content covered and to supplement both content and process of the workshop.

### Social Activities in Sennar

The health professional community of Sennar extended hospitality to the entire group by inviting the group for breakfasts and luncheons. These events facilitated a sharing between participants and local physicians and as a result of these contacts a number of Sennar Physicians attended some of the workshop sessions.

### Evening Seminars on Primary Health Care

Stimulated by workshop presentations on primary health care issues, participants held three (3) late evening discussions on approaches to community based primary health care. Much of the work discussion centered around the work of Dr. Abdul Bassit, whose work in rural areas embodies much of the teachings of David Morley and David Werner.

### Evening Seminar on Medical Education in Gezira

Two of the workshop participants were faculty of the new medical school at Gezira. Prompted by discussions of education of professionals for primary health care, they presented an evening session on the curriculum and teaching approaches of their new institution.

### Evening Seminar on the Relevance of Western Medical Training

Several participants who had done some or all of their medical preparation outside of the Sudan led a discussion of the lack of relevance of that training to the primary health care needs of the Sudan. Indeed, many of the Sudanese trained physicians also observed that their training in country was not especially relevant.

### Cartoons and Caricatures

Twice during the course of the workshop, early rising participants were greeted with a large poster mounted on an easel at the entrance to the training room. Prepared by several participants who constituted themselves as the "work-training-gossip-group," the posters included caricatures and quips about workshop participants including the Director and the Columbia University resource faculty. We took this to be a highly positive indicator of effective group process and group cohesiveness.

## Evaluation

Workshop evaluation was carried out using a variety of approaches as follows:

### Pre-test/Post-test

The pre-post methodology developed and used in our New York training program for the past three years was modified to adapt it for use in the Sudan in country workshop. Copies of the instruments used are contained in Appendix D.

The instrument used identified 15 content areas (curriculum units) and asked respondents to consider each area in terms of concepts, skills, competence, and importance.

On pre-test, respondents recorded high expectations of gaining general concepts in all areas (range was 73% to 91%). These expectations were met or exceeded in all areas as revealed by the post-training test.

Respondents also recorded high pre-training expectations of gaining specific skill in all areas (range 70% to 95%). Expectations were met in 9 of 15 areas. Of the 6 areas in which skills gain did not appear, two (phasing and service statistics) were areas in which less than one half of the participants had any direct experience suggesting that prior direct experience in an area constitutes a threshold for skills gain.

Pre-test of self assessment of level of competence showed that 14% to 43% of respondents rated themselves high or very high in each area except Primary Health Care (77% high or very high). Post training assessment showed an increase from 77% to 82% for Primary Health Care and more than

- 100% increase in one area
- 200% increase in seven areas
- 300% increase in three areas
- 400% increase in one area
- 500% increase in one area
- 600% increase in one area

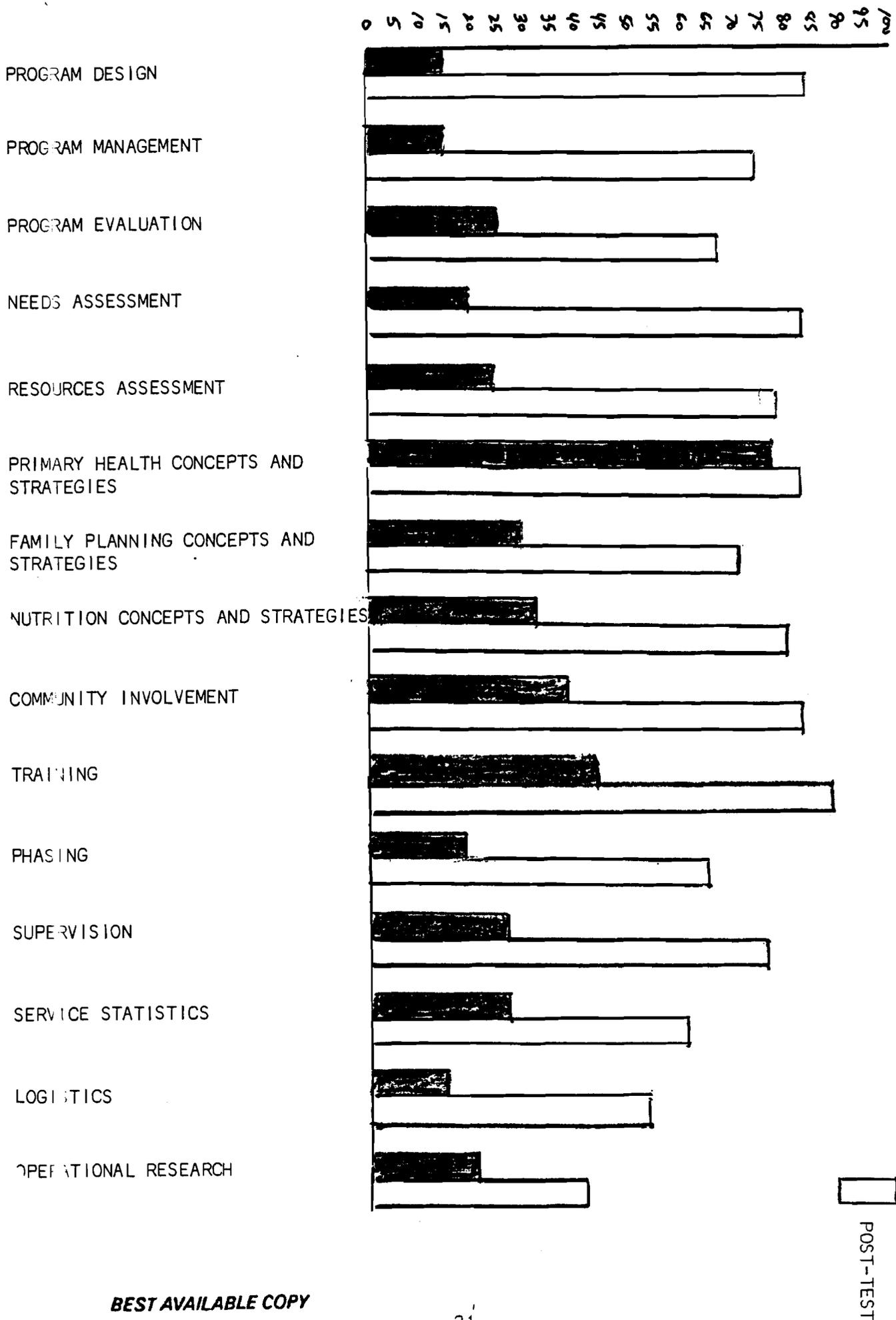
Pre-training levels of importance indicated high values for all areas (range 58%-95%). Post-training levels were higher in thirteen out of fifteen areas.

Overall, the pre-post evaluation (see following pages for results) of this training program is a positive one. Generally high expectations with respect to both concepts and skills were met. Dramatic increases in post training levels of competence were recorded. For the future, we need to develop new approaches to skills training in all areas, especially those where we have not been able to consistently meet trainee (and our own) expectations.

Note: For questions 1 and 2, entries represent percentage of respondents answering "yes". For questions 3 and 4, entries represent percentage of respondents answering "high" or "very high".

	Pre/Post	Pre/Pst	Pr/Pst	Pr/Pst	P/Pst	Pr/Pt	Pr/Pt	P/Pt	Pr/Pt	Pr/Pt	Pr/Pt	Pr/Pt	Pr/Pt	Pr/Post	Pre/Pt	Pre/Post
	PROGRAM DESIGN	PROGRAM MANAGEMENT	PROGRAM EVALUATION	NEEDS ASSESSMENT	RESOURCES ASSESSMENT	PRIMARY HEALTH CONCEPTS AND STRATEGIES	FAMILY PLANNING CONCEPTS AND STRATEGIES	NUTRITION CONCEPTS AND STRATEGIES	COMMUNITY INVOLVEMENT	TRAINING	PHASING	SUPERVISION	SERVICE STATISTICS	LOGISTICS	OPERATIONAL RESEARCH	
Do you expect to/Did you gain general concepts in this area?	100	100	100	100	100	85	90	85	90	95	85	90	90	90	90	
Do you expect to/Did you gain specific knowledge in this area?	91	82	91	86	91	86	86	82	91	91	91	91	73	77	86	
Indicate your level of competence.	100	90	95	95	95	70	80	80	80	85	60	65	65	79	79	
Indicate the level of importance to you.	91	95	95	86	90	84	72	74	74	70	79	75	75	70	89	
	84	74	67	83	78	82	71	80	83	88	65	76	61	53	41	
	14	14	24	18	24	77	29	32	38	43	18	27	27	14	20	
	100	95	90	95	90	100	80	75	100	100	85	95	75	75	75	
	90	90	81	86	90	79	74	74	90	95	86	95	80	58	90	
Very high	1															
high	2															
fair	3															
low	4															
very low	5															

20



In addition to the pre-post approach, unit evaluation were conducted during the workshop to assess the process of training and the quality of presenting curriculum units. Participatants were asked to rate each of eleven areas along five dimensions including understanding, usefulness to work, adding to factual knowledge, contributing to problem solving skills, and clarity of instruction. The rating system used was a scale of one thru five (1-very high, 2-high, 3-fair, 4-low, 5-very low). The results of these ratings (expressed as the percentage of respondents whose rating was high and very high) is presented below.

Note: Entries represent percentage of respondents rating each unit "high" or "very high" on each of the five evaluation criteria.

Evaluation Criteria	1. understanding of session	2. usefulness of session to your work	3. adding to your factual knowledge	4. contributing to your problem-solving skills	5. clarity of instruction
Orientation and Introduction	87	100	80	57	86
The Community Based Family Health Project	100	77	85	67	92
Field Visit to the CBFHP	100	82	91	80	90
Introduction to Planning, Administration, Evaluation	94	78	79	82	94
Small Group Discussion of Field Visits and Planning, Administration, and Evaluation	100	79	58	67	89
Primary Health Care	100	95	65	80	95
Needs and Resources Assessment	85	90	90	90	90
Problem Definition , Rationale, Objectives	90	90	80	90	95
Strategies Evaluation	95	95	79	89	95
Training and Supervision	100	94	72	83	94
Implementation Planning	78	83	67	83	89

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In addition to the preceeding ratings, participants were asked to indicate which of the sessions were most and least useful to them. Sessions identified as most useful included Planning, Administration and Evaluation; Field Visits to the CBFHP; Work Group Discussions; Problem Definition and Objective Setting; Needs and Resources Assessment; and, Primary Health Care. Sessions identified as least useful included Orientation, CBFHP Field Visits, and Implementation Planning.

A third instrument asked a series of questions about the workshop and participants were asked to respond briefly or at length and to add comments not specifically called for in the questions. Results obtained were as follows.

From the overall training program, what general concepts or specific skills do you feel will be most useful to you in your work?

1. Emphasis on integration of all health services in a unified primary health care effort and not a variety of independent vertical programs.
2. The group project because it includes all aspects of the workshop.
3. Program design, management, and evaluation (mentioned 6 times).
4. Needs and resources assessment (mentioned 6 times).
5. Supervision (mentioned 5 times).
6. Training (mentioned 5 times).
7. Implementation Planning (mentioned 5 times).

What general concepts or specific skills do you feel will be least useful to you in your work?

1. Operational research
2. Implementation planning
3. Manpower categorization
4. Family Planning
5. Nutrition

Were there any areas covered in the training program which you feel needed more emphasis?

1. Operational Research (3)
2. Training (3)
3. Supervision (2)  
Needs and Resources Assessment in the field (2)
4. Evaluation (2)
5. Implementation Planning (2)
6. Service Statistics (2)
7. Primary Health Care (2)

Are there any subjects you would like modified or omitted in future programs?

1. All work group projects should be defined as broad PHC projects and not limited to one component of an integrated program.
2. Expand the field visit component of the needs and resources assessment unit.

Would you like to have some subjects added to future programs which were not included in this one?

1. Survey participants one month in advance to assess their needs.
2. More time in field visits.
3. More use of program case studies including successes and failures.
4. Environmental sanitation.
5. Health services in the USA (for comparative study).
6. Concepts and Policies of Foreign donors.
7. Health economics.
8. Research methods.
9. Case studies from other countries.
10. More materials available in Arabic.

Please comment on the quality, interest, relevance, of the evening sessions.

Unanimous positive and enthusiastic response.

We would like your comments on the organization and logistics of the training program - what helped, what hindered, what changes would you suggest with respect for space, schedule, extracurricular activities, staff availability, food, lodging, group projects, lectures, etc.

All were highly positive about the organization and logistics and many commented on the importance of selecting a site away from Khartoum and its distractions. Two respondents suggested extending training for a longer period and one noted a need for more recreational activities.

Would you recommend this program to a colleague?

Nineteen of twenty respondents indicated they would recommend this workshop to a colleague. The sole dissenter also observed that the schedule was too packed and intense and that participants were overworked.

Please add any other comments on the training program.

1. Most appropriate for Sudanese physicians who are clinically oriented.
2. The program is really what we need.
3. Participants from neighboring countries should be included.
4. Group work does not necessarily reflect the work of all group members.
5. Well timed and the subject is top priority.
6. Just thanks...and we need more such training programs.
7. Very useful and important for countries like the Sudan.
8. Short, compact, interesting.
9. I hope such programs continue. I look forward to attending an advanced one soon.

At the closing session of the workshop (after all evaluation forms had been completed independently) participants were invited to assess the workshop in a general forum.

Several themes were repeated throughout this discussion:

1. The relevance of the workshop to Sudanese problems and Sudanese solutions. This was of particular importance to participants who had attended our New York courses and who could compare a country-specific program with one that was more generally targeted.
2. The opportunity to meet and to exchange ideas with Sudanese colleagues from the health service, the Ministry, and Universities, working to achieve the same goal.

3. The amount of practical material covered and the methods used made this workshop "better than any I ever attended..."covered more than 10 months of learning in 10 days"...something I would have greatly regretted to miss"...give meaning and hope for achieving health for all in the Sudan by the year 2000."
4. The ultimate test of the workshop would be the extent to which participants were able to introduce new concepts and skills into their programs.

### Future Projects

In addition to the work group projects individual participants developed proposals during the workshop which may be considered for future support under operational research or training programs of the CPFH. These include:

1. Add Family Planning Service delivery to the Childrens Emergency Hospital and compare contraceptive acceptance with acceptance under the current practice of referral for family planning.
2. Study acceptance and use of ORT when it is also promoted for treatment of diarrhea in adults.
3. Use of Diarrheal Disease Control Services (ORT) as an entry point for other Primary Health Care services.
4. Define clusters of family planning acceptors and designate one as a depot holder for resupply. Compare continuation of use between clients served by depot holders and existing system.
5. Use of TBA's to perform basic primary health care services.
6. Development of right to left growth charts for use in Arabic areas.
7. Development of a workshop (based on this one) in Primary Health Care approaches geared to the needs of senior medical students and physicians about to undertake rural service assignments.
8. Requests and nomination of 8 Sudanese candidates for further training in New York.

Dr. Priscilla Joseph Kuch  
 Dr. Omar Osman El Khalifa  
 Dr. Abdel Basit Abbas  
 Dr. Delia Ann Fitzpatrick Abbas  
 Ms. Ilham Abdalla Bashir \*  
 Ms. Asia Abdalla Belal \*  
 Dr. Mohammed El Amin  
 Dr. Omer Ahmed Mirghani

\*Applications referred to CEDPA for "Women in Development" training.

CONTACTS AT USAID MISSION, KHARTOUM

As Dr. Mary Ann Micka was on home leave, we met with Ms. Joyce Jett, 1 Dec. '82. Ms. Jett expressed interest in the training program and was invited to participate in the workshop in Khartoum and Sennar. Unfortunately, scheduling problems and personal illness prevented her from attending.

At the conclusion of the workshop we reported on its process and outcomes to Dr. Gary Leinen, the Acting Health Officer. Dr. Leinen informed us that the mission would support training activities as long as they were focussed on orientation and retraining of existing personnel. Specifically, the mission would support additional Sudanese participants to our New York June Training course as well as additional in-country workshops in the Sudan.

APPENDIX A

PARTICIPANT LIST

Name	Region/ District	Title	Profession
Abdelbasit Abbas	Darfur, Elfashir	Pediatrician	Physician
Izzeldin Abdel Mottalib Moukhtar	Middle/Sennar	Director Malaria Training Center	Malariaologist
Nailla Mubarak Suliman	Khartoum	Master Student	Physician
Omer A. A/Gabar	Khartoum	Master Student	Physician
Ibrahim Mohmed Abdelrahim	Gezira	Lecturer	Physician
Suzan Wesley Stacy	Khartoum	Researcher	Nutritionist
Mohamed Elamin Ali	Gezira	Lecturer	Physician
Dr. Elhag Mohed Malik	Gedaref	Hospital Director	Physician
Jul Rahman Kintibai Abugarga	Kordofan	Director of Health Services	Physician
Amal Adnan	Khartoum	Lecturer	Physician
Amal Abubakr	Khartoum	MCH/FP Program	Physician
ElTayeb Elbushra Mohd.	Northern/ Atbara	General Director	Physician
Aziza Ibrahim Mohmed	Omdurman	Health Visitor	Midwife
Eisa Abubakr Mohed	Khartoum	Director/ Malaria Administration	Physician
Omer Osman El-Khalifa	Kassala	Medical Officer	Physician
Abbas Bashaer Hussien	Kordofan/ Elobied	Director Preventive Medicine	Physician

Priscilla Joseph Kuch	Southern/ Juba	Director MCH/FP/PHC	Physician
Kari Hamad Hassan	Khartoum	Deputy Dir. Expanded Program of Immunization	Physician
Dr.Gaafar Ibn Auf Suliman	Khartoum	Director Children's Emergency Hospital	Physician
Alawia ElAmin Mohamed Ahmed	Khartoum	Deputy Dir. Min.of Health	Nutrition Officer
Kamal. Madani	Khartoum	Lecturer	Physician
Hassan El Mahdi ElBushra	Khartoum	Lecturer	Physician

Participants Who Attended Selected Sessions

Dr. M. Hassan Baldo - Director, National MCH Program  
Dr. Berner - WHO Pediatric Advisor  
Dr. Jean Marc Olive - WHO Advisor, Extended Immunization Program  
Dr. Gadai, Project Manager, Blue Nile Health Project  
Dr. Assim, Bilharzia Program, Blue Nile Project  
Dr. Jobin, WHO Consultant, Blue Nile Project  
Dr. Osman Bashir, Hospital Director, Hassa Haisa, Blue Nile  
Region  
Dr. Abu Ahmed Haider, Director of Community Epidemiology,  
Ministry of Health  
Dr. Kheiry, Pediatrician, Sennar  
Dr. Gaffar Gaily, Obstetrician, Sennar  
Dr. Kabashi, Undersecretary of Health, Ministry of Health  
Dr. Saad, Dean of the Faculty of Medicine, University of Khartoum  
Dr. Kamal Madani, Director, General Training MOH

## APPENDIX B

Reference and Resource Materials Distributed To Participants  
Family Planning: It's Impact in the Health of Mothers and Children.  
CPFH

Where There Is No Doctor. David Werner

Helping Health Workers Learn. David Werner and Bill Bower

On Being In Charge. WHO

Casebook For Family Planning Management. Frances and David Korten

Growth Monitoring. APHA

Using Radio. APHA

Financing Primary Health Care. APHA

Scaling Up. APHA

Primary Health Care: Progress and Problems. APHA

Primary Health Care Resource Directory. APHA

Technical Work Group Report in Service Statistics and Indicators. PAHO  
ALMA ATA - PRIMARY HEALTH CARE. WHO-UNICEF

### Population Reports

L-2 - Oral Rehydration Therapy For Childhood Diarrhea (Arabic)

J-17 - Service Statistics: Aid to More Effective Family Planning  
Program Management

M-5 - Contraceptive Prevalence Surveys: A New Source of Family  
Planning Data

J-22 - Traditional Midwives and Family Planning

J-4 - Breastfeeding - Aid to Infant Health and Fertility Control

J-19 - Community-Based and Commercial Contraceptive Distribution (Arabic)

CJ-21 - Social Marketing: Does it Work?

Contact #48 - Evaluation

Contact #50 - Nutrition of Mothers and Children

Contact #52 - Safe Water

Contact #63 - Essential Drugs

Contact #68 - World Hunger

Contact #69 - Child Malnutrition

Path - Immunizations

Path - Schistosomiasis

Improving Management Through Evaluation. Martin Gorosh  
Popline Brochures and Literature Search Request Forms.

GUIDELINES FOR NEEDS ASSESSMENT

INFORMATION REQUIRED	HOW TO GET IT	HOW TO USE IT	TIME FRAME
General information on program area: population, environment, ecology, social context, cultural factors, language, political (power) structure, economics, education, communication	Utilize the assistance of a staff member(s) or student(s) to search through available documents and literature and write a review of existing studies in anthropology, ethnography, sociology, etc. relevant to area; objectify personal knowledge, perceptions and experiences of the area.	Context and specific background. Knowledge of area necessary for program development.	2 months
Health data - regional and demographic	Consult with country and regional health experts to identify health data and studies relevant to area and for program.	Provides basis for regional health profile, though likely to be incomplete.	1 month
Health data - local	Interview community residents about health problems they face and strategies they utilize for obtaining health care. Interview local (traditional and modern) health practitioners about type and extent of services they provide.	Provides basis for community health profile, also likely to be incomplete but useable.	Field study phase
Current level and type of information, attitudes and behaviors relating to particular health problems (e.g. diarrhea, vaccination, fertility control, parasitic control, etc.).	In-depth interviews with community residents. Especially important to interview mothers and local practitioners.	Develop delivery/motivation strategies compatible with or that can successfully contravene existing knowledge, attitudes, and behavior.	Field study phase and after

INFORMATION REQUIRED

HOW TO GET IT

HOW TO USE IT

TIME FRAME

Perception of health needs

Compare regional and local health data.

Determine where expert and community perspectives on health needs coincide and where they differ - indicates where and how much education/motivation will be required.

After field study.

Identify Infrastructure (persons, places and other resources) that can be used in the provision of health services.

Ask community residents to identify people, places that could be used to provide particular health services; ask informants about acceptability of such people, places, in health intervention programs. Identify resources at both community and household level that could be useful for program.

Develop criteria for selecting appropriate personnel to work at community level; identify places that could be used; assess possibility for community participation in selection process.

Field study phase and after.

I would like to ask you a few questions about some of the foods you eat, some of the fluids you drink, and some other things about your household. This will be a great help to us in our work. May I begin?

1. What things do you use to make food taste salty? (PROBE)

FOR EACH RESPONSE, ASK:

- a. Do you always have \_\_\_\_\_ in your house or are there times when you do not have any?
- b. Is \_\_\_\_\_ always available in your village or are there times when you cannot get \_\_\_\_\_ even if you wanted it?
- c. Do you make any kind of drink to which you add \_\_\_\_\_? (IF YES:) What is it?
- d. Is \_\_\_\_\_ expensive or not?

	(a.) Always in House	(b.) Always in Village	(c.) Name of Drink	(d.) Expensive?
Salty Additive				
_____	yes/no	yes/no	_____	yes/no
_____	yes/no	yes/no	_____	yes/no
_____	yes/no	yes/no	_____	yes/no

Notes or comments:

2. What things do you use to make things taste sweet? (PROBE)

FOR EACH QUESTION, ASK:

- a. Do you always have \_\_\_\_\_ in your house or are there times when you do not have any?
- b. Is \_\_\_\_\_ always available in your village or are there times when you cannot get \_\_\_\_\_ even if you wanted it?
- c. What drinks do you add \_\_\_\_\_ to?
- d. Is \_\_\_\_\_ expensive or not?

	(a.) Always in House	(b.) Always in Village	(c.) Name of Drink	(d.) Expensive?
Name of Sweetener				
_____	yes/no	yes/no	_____	yes/no
_____	yes/no	yes/no	_____	yes/no
_____	yes/no	yes/no	_____	yes/no
_____	yes/no	yes/no	_____	yes/no

Comments: (other side)

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3. What kinds of soup do you make? (PROBE)

- a. Do you put anything in this soup to make it salty?
- b. Do you put anything in this soup to sweeten it?
- c. Are the things you use to make this soup expensive or inexpensive?

Name of Soup	(a.) Salty Additive	(b.) Sweetener	(c.) Expensive?
_____	_____	_____	yes/no
_____	_____	_____	yes/no
_____	_____	_____	yes/no
_____	_____	_____	yes/no

Notes or comments:

4.. What foods do you cook by boiling them in water? (PROBE)

- a. When you make \_\_\_\_\_, do you put anything in it to make it salty?
- b. Do you put anything in it to sweeten it?
- c. What is done with the water after \_\_\_\_\_ has been cooked? Do people ever drink this water?
- d. Is it expensive or inexpensive to make \_\_\_\_\_?

Food Boiled in Water	(a.) Salty Additive	(b.) Sweetener	(c.) Water Drank?	(d.) Expensive?
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no

Notes or comments:

5. Do you ever prepare Nasha? yes/no

- a. Is Nasha ever given to people because they are not feeling well? When? (PROBE)
- b. Is it ever given to babies or small children? When? (PROBE)

6. Where does the water that people in your house drink come from?  
(well, river, canal, faucett, etc.)
  
7. In addition to mother's milk, are there any other fluids which you think are good to give small babies? (specify)
  
  
8. What kind of cups, glasses, and jugs do you have in your house?  
How big are they?

<u>Type</u>	<u>Estimate of size in ounces or litres</u>
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.	.
.	.

Now I would like to ask you some things about an illness that often occurs among babies--diarrhea.

9. When a baby has diarrhea, what kinds of treatment can be given? (PROBE)

a. Where can you get these treatments/medicines?  
Are they expensive or inexpensive?

<u>Treatment</u>	<u>From Where?</u>	<u>Expensive?</u>
_____		yes/no

b. Which of these treatments do you think is the best one?

10. How long after a baby begins having diarrhea should you start giving treatment to him? (e.g. after 2nd watery stool, after 1st day of watery stools, etc.)

11. Who in the family is most likely to be taking care of a baby when he has diarrhea? Anyone else?

12. Do you think a baby with diarrhea should eat more, less, or the same amount as he usually eats?

13. Do you think a baby with diarrhea should drink more, less, or the same amount as he usually drinks?

a. What kind of fluids should he drink?

14. If a baby is still breastfeeding, should you continue or stop breastfeeding when the baby has diarrhea?

PRE TRAINING PARTICIPANT SURVEY

Name \_\_\_\_\_

Region and District \_\_\_\_\_

Title \_\_\_\_\_

Profession \_\_\_\_\_

Describe your current program responsibilities \_\_\_\_\_

Check the services currently included in a program for which you have direct administrative responsibility or those in which you have particular expertise and experience:

- |                                    |                         |
|------------------------------------|-------------------------|
| Prenatal _____                     | Oral Rehydration _____  |
| Delivery _____                     | Malaria _____           |
| Postpartum _____                   | Sanitation _____        |
| Family Planning _____              | Schistosomiasis _____   |
| Child Growth and Development _____ | Curative Services _____ |
| Nutrition _____                    | Other (Specify) _____   |
| Immunization _____                 | Other (Specify) _____   |
| Community Education _____          | Other (Specify) _____   |
| Training _____                     | Other (Specify) _____   |

Please list the major problems you have experienced in providing the services checked above \_\_\_\_\_

List the services not now included in your program that you would like incorporate in the coming year \_\_\_\_\_

Check the types of workers involved in your programs:

- |                                    |                        |
|------------------------------------|------------------------|
| Doctors _____                      | Others (Specify) _____ |
| Nurses _____                       | _____                  |
| Midwives _____                     | _____                  |
| Educators _____                    | _____                  |
| Supervisors _____                  | _____                  |
| Traditional Birth Attendants _____ | _____                  |
| Community Workers _____            | _____                  |
| Aids _____                         | _____                  |

List the five most important health problems in your area.

What do you want to learn in this workshop? \_\_\_\_\_

Name \_\_\_\_\_

INITIAL EVALUATION OF SUBJECT AREAS

Directions: Please answer all questions. For questions 1, 2, and 3, circle "yes" or "no" for each item. For questions 4 and 5, circle the number that most accurately reflects the level of competence/importance.

	Program Design	Program Management	Program Evaluation	Needs Assessment	Resources Assessment	Primary Health Concepts and Strategies	Family Planning Concepts and Strategies	Nutrition Concepts and Strategies	Community Involvement	Training	Phasing	Supervision	Service Statistics Logistics	Operational Research
1. Do you expect to gain general concepts in this area?	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
2. Do you expect to gain specific skills in this area?	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
3. Have you had any direct experience in this area?	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
4. Indicate your level of competence.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5. Indicate the level of importance to you.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
NOTE: 1 Very high 2 High 3 Fair 4 Low														

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Name \_\_\_\_\_

FINAL EVALUATION OF SUBJECT AREAS

Directions: Please answer all questions. For questions 1, and 2, circle "yes" or "no" for each item. For questions 3 and 4, circle the number that most accurately reflects the level of competence/importance.

	PROGRAM DESIGN	PROGRAM MANAGEMENT	PROGRAM EVALUATION	NEEDS ASSESSMENT	RESOURCES ASSESSMENT	PRIMARY HEALTH CONCEPTS AND STRATEGIES	FAMILY PLANNING CONCEPTS AND STRATEGIES	NUTRITION CONCEPTS AND STRATEGIES	COMMUNITY INVOLVEMENT	TRAINING	PHASING	SUPERVISION	SERVICE STATISTICS	LOGISTICS	OPERATIONAL RESEARCH
1. Did you gain general concepts in this area?	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
2. Did you gain specific skills in this area?	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no	yes no
3. Indicate your level of competence.	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5
4. Indicate the level of importance to you.	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5	2 3 4 5
5. Legend: 1: Very high 2: high 3: fair 4: low 5: very low	1 2 3 4 5														

In the past few days, we have covered several areas, please indicate your rating of each area on each of the evaluation criteria listed by placing the numbers 1- 5 in the appropriate cell. (1 = very high, 2 = high, 3 = fair, 4 = low, 5 = very low)

Evaluation Criterion	Orientation and Introduction	The Community Based Family Health Project	Field Visit to the CBFHP	Introduction to Planning, Administration, Evaluation	Small Group Discussions of Field Visits and Planning, Administration, and Evaluation
1. understanding of session	1				
usefulness of session to your work	2				
3. adding to your factual knowledge	3				
4. contributing to your problem-solving skills	4				
5. clarity of instruction	5				

Please comment generally on these units of instruction. Specify the most and least useful concepts and skills covered in these periods.

Directions: Please answer all questions below. Your responses will assist us in making improvements in future training programs.

1) From the overall training program, what general concepts or specific skills do you feel will be most useful to you in your work?

What general concepts or specific skills do you feel will be least useful to you in your work?

2) Were there any areas covered in the training program which you feel needed more emphasis?

If yes, please list the subjects and explain briefly why you think they need more emphasis.

3) Are there any subjects you would like modified or omitted in future programs?

If yes, please explain briefly why they should be modified or omitted.

4) Would you like to have some subjects added to future programs which were not included in this one?

If yes, please list the subjects and explain briefly why you think they should be included.

5) Please comment on the quality, interest, relevance, of the evening film sessions.

6) We would like your comments on the organization and logistics of the training program - what helped, what hindered, what changes would you suggest with respect to: space, schedule, extracurricular activities, staff availability, food, lodging, group projects, lectures, etc.

7) Would you recommend this program to a colleague? Yes \_\_\_\_\_ No \_\_\_\_\_  
Reasons:

8) Please add any other comments on the training program.