

Evaluation of the Trainings Performed by IHSS Project: A Consolidated Report

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List of Abbreviations

- 1-** TOTTraining of Trainers
- 2-** PHC.....Primary Health Care
- 3-** PHCC.....Primary Health Care Center
- 4-** IHSS-PIraqi Health System Strengthening Project
- 5-** I-HELP.....Iraq Health Empowerment Leaderships Program
- 6-** MOH.....Ministry of Health
- 7-** DOH.....Directorate of Health
- 8-** **NGOs**.....Non Governmental organizations

Abstract:

A total of 41 workshops; 13 roll out trainings workshops in Basra, 6 in Wassit, 7 in Kirkuk, 6 in Mosul, and 3 in Najaf, have been conducted in addition to 5 TOT trainings workshops in each of those governorates and one training of master trainers in Baghdad, have been conducted (35 roll-out, 5 TOT, and one training of master trainers).

The numbers of the trainees was 81 participants for the TOT, 700 participants for the roll out training, and 21 participants for the training of the master trainers. Due to the bad security conditions, not all of those workshops have been included in this analysis report, there are some missing workshops that we didn't receive their forms and some have been delayed beyond the deadline of the project. And hence the numbers of the participants that will appear in this analysis do not reflect the actual numbers but purely indicate the numbers of the participants of the workshops that have been included in this analysis.

A total of 570 participants were included in all analyzed workshops, 3 of these workshops (87 participants) were for small grants while the other workshops (483 participants) were for PHC doctors trainings (TOT & Master trainers + Roll out trainings).

The mean age of the participants was nearly equal in all workshops and was of a middle age group. The male percent was higher than female percent although the female percent are still acceptable. The majority of the participants were medical doctors working in PHCC and other MOH directorates, nearly all of them considered the length of the workshops as right or short and found the workshops as useful. The majority has felt an improvement in their knowledge & skills with a positive impact of the workshops on their work, as well as, they were eager to participate in additional workshops.

The majority of the participants were satisfied with trainers and the workshops, except a small minority who were unsatisfied and didn't get benefit as they have stated in their comments. Those minority were the participants of the PHC workshops who may be highly qualified and may have attended other high level workshops and hence didn't get benefit from PHC workshops.

Small grants workshops were purely designed to introduce I-HELP to the Iraqi community through the existed NGOs and the invited medical and other community groups.

Variety of participants' recommendation was stated in this report and should be considered in designing future workshops.

The workshops' teams have succeeded to implement the workshops toward their expected results and as they were designed.

1. Introduction

Monitoring and Evaluation (M&E) has been recognized by IHSS project as a necessity for improving project performance. At the very beginning of the project, the M&E team developed the overall M&E plan, which specified the areas of work that should be conducted and their timelines, as well as the mechanisms for collaboration on internal M&E activities. As one component of the M&E activities, we planned that all training sessions and workshops must be evaluated using a uniform, pre-designed, and standardized evaluation questionnaire, which allows for both training-session-specific evaluation and consolidated evaluation. The former was to provide immediate feedbacks to the trainers and training organizers for them to adjust their training plan and improve the effectiveness of the training. The latter was aimed to document the overall performance of the training programs conducted by the IHSS project, and provide information for the preparation of the final report of IHSS project.

Training-session-specific evaluation reports have been submitted separately to the team leaders who were responsible for oversight of the trainings. This document is an overall report based on analysis of the consolidated dataset composed from all M&E evaluation questionnaires.

The trainings performed by IHSS project consist of three major types: (1) workshop for NGOs and community groups applying for small grants (small grant workshop); (2) training of the master trainers for primary health care (training of master trainers); (3) role-out primary health care training (role-out training).

The objectives of the small grant workshop are: (1) to mobilize application for small grants; (2) to strengthen participants' knowledge and skill for the preparation of proposals of small grant application; and (3) to inform them about the requirement, financial and technical management procedures, and M&E process. A total number of 3 workshops were conducted (2 in the north, and 1 in the central regions). The workshops involved a total number of 87 participants, and each workshop lasted for 1 day.

The objectives of the training of trainers are to give the tools to help improve the quality of the primary health care offered in Iraq. This can be broken down into several important elements, of which the most important are:

- Improved diagnosis and management of the most common acute and chronic problems that are treated at the primary care centers.
- Improved patient satisfaction and confidence in the health center staff
- Incorporation of preventive health activities and health education in every patient encounter
- Development of a team approach to health care, with significant collaboration between health center staff and the surrounding community

- Improved recognition and management of women's health problems before, during and after the reproductive years, in an environment of confidence and trust
- Incorporation of community health principles into the daily activities of the health center staff, such as monitoring of local epidemiology and environmental conditions, health promotion, and the special needs of the community

The strategy of the training includes several strategies in the curriculum and training methodology, which include:

- Incorporation of family medicine principles into all aspects of the training.
- Use of multiple training methodologies, such as lecture, small group discussion, problem oriented learning, computer learning modules, and on-site assignments
- Early involvement of all participants in development and presentation of selected training topics to their colleagues
- Periodic evaluation of the progress and competence of every trainer, both formally and informally
- Discussion and incorporation of important preventive health and educational messages and issues into every clinical topic

This two weeks training was done in 6 governorates (Baghdad, Basra, Mosul, Najaf, Wassit, Kirkuk) and it's lasted for with 81 participants from all those governorates.

Based on the training of trainers, role-out trainings were performed in 5 demonstration governorates (Basra, Wassit, Kirkuk, Najaf, and Mosul), but unfortunately we couldn't get the questionnaire forms of Mosul and Najaf and hence no analysis has been done for the roll out trainings in those 2 governorates (Bad security conditions interrupted and delayed the training schedule).

The objectives of the role-out trainings are:

The participants in the roll out training workshops for PHC Doctors will learn more about the incorporation of the family health model of primary health care into all aspects of practice. This could be regarded as an important issue in their continuing medical education.

They will have better diagnosis and management skills of the most common acute and chronic problems that are treated at the primary care centers stressing on the improved recognition and management of women's health problems before, during and after the reproductive years.

Development of a team approach to health care, with significant collaboration between health center staff and the surrounding community, is emphasizing on regular and effective health education for the patient, the family and the community.

All of the above will lead to an improved patient and community satisfaction and confidence in the services at the PHC level.

To achieve the above mentioned goals at the roll out training level, some modification of the original schedule for TOT workshops was done to include more stress on problem-based learning, evidence-based medicine, introduction of some new topics that are relevant to particular areas of Iraq, distribution of more resources in the form of handouts that are accessible to doctors where no computer services are available.

Totally 41 workshops; 13 roll out trainings workshops in Basra, 6 in Wassit, 7 in Kirkuk, 6 in Mosul, and 3 in Najaf, have been conducted in addition to 5 TOT trainings workshops in each of those governorates and one training of master trainers in Baghdad, have been conducted (35 roll-out, 5 TOT, and one training of master trainers).

The numbers of the trainees was 81 participants for the TOT, 700 participants for the roll out training, and 21 participants for the training of the master trainers. But as mentioned above not all of those workshops have been included in this analysis report, there are some missing workshops that we didn't receive their forms and some have been delayed beyond the deadline of the project. And hence the numbers of the participants that will appear in this analysis, do not reflect the actual numbers but purely indicate the numbers of the participants of the workshops that have been included in this analysis.

2. Objectives

The general objective of this report is to provide an overall evaluation of the effectiveness of trainings, and provide necessary information that can be used in preparation of the final report of the IHSS project. Specifically, the report is to:

- Provide a description of the workshops, including the number of participants for each type of the workshop, the distribution of participants by age, gender, profession, administrative position, and place of work.
- To analyze the opinions, perceptions and responses of the participants according to their answers to the questions, which were presented in the workshop evaluation questionnaire.
- To conclude on the overall effectiveness of the workshops

3. Approaches

A workshop evaluation questionnaire (see Appendix 1) was designed based in the M&E requirements specified in the M&E plan of IHSS project. This questionnaire was uniform and universally used for all training sessions and workshop, in order to allow for cross-workshop analyses and consolidated evaluation. At the end of each workshop the questionnaires were distributed to the workshop participants to have them answer the closed questions and provide open-ended recommendations on how the workshop organizers and trainers could improve their performance. Participants filled the questionnaires anonymously.

Immediately after a workshop, data collected were analyzed and a report was prepared. In addition, the data were pooled and accumulated for consolidated analysis. Data were entered and analyzed using Epi Info. An *electronic copy of the consolidated dataset in Excel format was attached* to this report.

4. Results

(1) Description of the participants

The results of the consolidated analyses are presented in the following sequence:

1) Age and sex distribution:

1.1) Age and sex distribution of workshop participants (all workshops):

The mean age of the participants in all workshops was 35.93 ± 7.903 SD with a range between 30 – 68 years and a median of 35 years. 63.9% of the participants were males and 36.1% were females.

1.2) Age and sex distribution of workshop participants (small grant):

The mean age of the participants of the small grants workshops was 38.04 ± 9.34 SD with a range between 23 – 68 years and a median of 40 years. 82.8% of the participants were males and only 17.2% were females.

1.3) Age and sex distribution of workshop participants (primary health care):

The mean age of the participants of PHC workshops was 35.55 ± 7.56 with a range between 30 – 62 years and a median of 35 years. 60.5% of the participants were males and 39.5% were females.

* See table 1 for details.

2) Distribution of participants by their governorate of origin:

Participants of all workshops were distributed by their governorates of origins as; 8.9% in Baghdad, 12.1% in Wasit, 2.98% in Najaf, 2.98 in Mosul, 7.71% in Sulaimania, 2.8% in Duhok, 27.01% in Kirkuk, and 35.78% in Basra.

Participants of small grants workshops were distributed by their governorates of origin as; 31.03% in Baghdad, 7.71% in Sulaimania, and 2.8% in Duhok.

Participants of PHC workshops were distributed by governorates as; 4.55% in Baghdad, 14.28% in Wasit, 3.51% in Najaf, 3.51 in Mosul, 31.88% in Kirkuk, and 42.23% in Basra (Table 2).

3) Distribution of participants by their professions:

Table 3 shows the participants professions; in all workshops the main profession (77.9%) was medical doctor whereas other participants were distributed as 0.2% nurse, 2.3% technicians, 0.7% statisticians, 7% community medicine specialists, 1.2% social science specialists, and 10.7% were of other professions. In small grants workshops, most of the participants had non-specified professions (54%) while the others were 19.5% medical doctors, 14.9% technicians, 8% social science specialists, 2.3% community medicine specialists, and 0.2% nurse. In PHC workshops the main profession was also medical doctors (88.4%) while others are also medical doctors but working in other specialties; 0.7% statisticians, and 7.9% community medicine specialists

4) Distribution of participants by their administrative positions:

Table 4 shows participants' administrative positions, in all workshops 66.9% of the participants had non specified administrative positions, while the others were 23.3% PHCC managers, 4.4% people clinic managers, 1.8% hospital managers, 1.4% MOH officers, 1.4% department managers in a DOH, 0.7% planning department managers, and 0.2% was directorate general of a DOH. In small grants workshops 88.55 of the participants had non specified administrative positions while the others were 2.3% MOH officers, 2.3% department managers in a DOH, 2.3% planning department managers, 2.3% hospital managers, 1.1% people clinic managers, and 1.1% was a director general of a DOH. In PHC workshops 62.9% of the participants had non-specified administrative positions, while the others were 27.5% PHCC managers, 5% people clinic managers, 1.7% hospital managers, 1.2% MOH officers, 1.2% department manager in a DOH, and 0.4% planning department managers

(2) Participants' evaluation of the effectiveness of the training

The effectiveness of the workshop was evaluated by asking participants questions on the following dimensions:

- The lengthen of workshop
- Usefulness of the workshop
- Improvement in knowledge and skills
- The potential impact of the workshop
- The willingness to participate additional workshop
- Satisfaction with the trainers
- Overall satisfaction with the workshop

1) Participants' perception of the length of the workshop:

In all workshops, 42.3% of the participants considered the workshops length just about right, 41.8% considered it short, 7.9% too short, 6.5% long, and 1.6% too long. In small grants workshops, 78.2% of the participants considered the workshops length just about right, 9.2% considered it short, 6.9% too short, 4.6% too long, 1.1% long (Table 5 & Fig.1).

2) Participants' perception of the usefulness of the workshop

In all workshops, 58.9% of the participants found the workshops as very useful, 40.4% found it useful, and only 0.7% found it unuseful.

In small grants workshops, 58.6% of the participants found the workshops as very useful, 39.1% found it useful, and only 2.3% found it unuseful.

In PHC workshops, 59% of the participants found the workshops as very useful, 40.6% found it useful, and only 0.4% found it unuseful (Table 6 & Fig.2).

3) Participants' perception of their improvement in knowledge and skills

In all workshops, 53.3% of the participants felt minor improvement in their knowledge and skills, 46.5% felt major improvement, and only 0.2% felt no improvement.

In small grants workshops, 57.5% of the participants felt major improvement, 42.5% felt minor improvement, and interestingly no participants felt no improvement.

In PHC workshops, 55.27% of the participants felt minor improvement, 44.5% felt minor, and only 0.2 felt no improvement (Table 7 & Fig.3).

4) Participants' perception of the potential impact of the training on their work

In all workshops, 70.9% of the participants felt positive impact, 26.1% felt very positive impact, and only 3% felt no impact.

In small grants workshops, 55.1 % of the participants felt positive impact, 42.5% felt very positive impact, and only 2.2% felt no impact.

In PHC workshops, 73.7% of the participants felt positive impact, 23.2% felt very positive impact, and only 3.1% felt no impact (Table 8 & Fig.4).

5) Participants' willingness to attend to the additional workshops like this

In all workshops, 66.7% of the participants were very willing to attend additional workshops, 31.8% were willing, 1.4% was unwilling, and only 0.2% was very unwilling.

In small grants workshops, 58.6% of the participants were very willing to participate in additional workshops, 41.4 were just willing, and interestingly no participant was unwilling to participate in additional workshops.

In PHC workshops, 68.1% of the participants were very willing to participate in additional workshops, 30% were just willing, 1.7% was unwilling, and only 0.2% was very unwilling (Table 9 & Fig.5).

6) Participants satisfaction with the trainers

In all workshops, 53% of the participants were satisfied with trainers, 43.3% were very satisfied, 2.5% were unsatisfied, and only 1.2% were very unsatisfied.

In small grants workshops, 54% of the participants were very satisfied with trainers, 46% were just satisfied, and interestingly no participant was unsatisfied with the trainers.

In PHC workshops, 54.2% of the participants were satisfied with the trainers, 41.4% were very satisfied, 14% were unsatisfied, and only 1.4% were very unsatisfied (Table 10 & Fig.6).

7) Participants' overall satisfaction with the workshop

In all workshops, 54.6% of the participants were satisfied with the workshop, 43.7% were very satisfied, 1.4% were unsatisfied, and only 0.45 were very unsatisfied.

In small grants workshops, 54% of the participants were very satisfied with workshops, 46% were satisfied, and interestingly no participants was unsatisfied with the workshop.

In PHC workshop, 56.1% of the participants were satisfied with the workshops, 41.8% were very satisfied, 1.7% were unsatisfied, and only 0.4% were very unsatisfied with the workshops. (Table 11 & Fig.7)

(3) Participants' Recommendations

Table 12 shows the most commonly mentioned participants' recommendations.

(4) Comparison of the PHC workshop effectiveness among governorates

1) Comparison of participants' satisfaction with the workshop

The percents of participants who reported satisfaction with trainers in different governorates were as follows:

In Baghdad 100%, Wassit 93.8%, Najaf 94.1%, Mosul 100%, Kirkuk 99.37%, and in Basra 94.58%.

While the percents of the participants who reported an overall satisfaction with workshops in different governorates were as follows:

In Baghdad 100%, Wassit 95.05%, Najaf 100%, Mosul 100%, Kirkuk 99.26%, and in Basra 97.75% (Table 13 & Fig.8).

2) Comparison of the knowledge improvement and impact of the workshop

The percents of the participants who reported major improvement in knowledge & skills in different governorates were as follows:

In Baghdad 100%, Wasit 96.25%, Najaf 100%, Mosul 100%, Kirkuk100%, and in Basra 100%.

The percents of the participants who reported positive impact of the workshop were as follows:

In Baghdad 100%, Wasit 96.3%, Najaf 100%, Mosul 100%, Kirkuk 96.76%, and in Basra 97.5% (Table 14 & Fig.9)

Table 1 Age & Sex Distribution of the workshops' participants

Age (Years)	Male		Female		Total	
	No	%	No	%	No	%
Lo - 20	3	0.82	0	0	3	0.52
21 - 30	117	32.14	66	32	183	32.1
31 - 40	133	36.53	96	46.6	229	40.17
41 - 50	97	26.64	42	20.38	139	24.38
51 - Hi	14	3.84	2	0.97	16	2.8
Total	364	100.00	206	100.00	570	100.00

Table 2 Distribution of the participants by governorates

Name of governorate	All workshop		Small Grant		Primary health care	
	No	%	No	%	No	%
Baghdad	49	8.59	27	31.03	22	4.55
Wasit- Kut	69	12.1	0	0	69	14.28
Najaf	17	2.98	0	0	17	3.51
Mosul	17	2.98	0	0	17	3.51
Sulaimania	44	7.71	44	7.71	0	0
Duhok	16	2.8	16	2.8	0	0
Kirkuk	154	27.01	0	0	154	31.88
Basra	204	35.78	0	0	204	42.23
Total	570	100.00	87	100.00	483	100.00

Table 3 Distribution of the participants by profession

Profession	All workshop		Small Grant		Primary health care	
	No	%	No	%	No	%
Medical Doctor	444	77.9	17	19.5	427	88.4
Nurse	1	0.2	1	0.2	0	0
Technician	13	2.3	13	14.9	0	0
Statistician	4	0.7	0	0	4	0.7
Community medicine specialist	40	7	2	2.3	38	7.9
Social science specialist	7	1.2	7	8	0	0
Other	61	10.7	47	54	14	2.9
Total	570	100.00	87	100.00	483	100.00

Table 4 Distribution of the participants by administrative position

Administrative position	All workshop		Small Grant		Primary health care	
	No	%	No	%	No	%
Ministry of health officer	8	1.4	2	2.3	6	1.2
Director general / DOH of a governorate	1	0.2	1	1.1	0	0
Department manager in a DOH	8	1.4	2	2.3	6	1.2
Planning department manager	4	0.7	2	2.3	2	0.4
PHC manager	133	23.3	0	0	133	27.5
People clinic manager	25	4.4	1	1.1	24	5
Hospital manager	10	1.8	2	2.3	8	1.7
Other	381	66.9	77	88.5	304	62.9
Total	570	100.00	87	100.00	483	100.00

Table 5 Distribution of the participants by their opinions about workshop length

Participants perception	All workshop		Small Grant		Primary health care	
	No	%	No	%	No	%
Too short	45	7.9	6	6.9	39	8.1
Short	238	41.8	8	9.2	230	47.6
About right	241	42.3	68	78.2	173	35.8
Long	37	6.5	1	1.1	36	7.8
Too long	9	1.6	4	4.6	5	1
Total	570	100.00	87	100.00	483	100.00

Table 6 Distribution of the participants by their opinions about workshop usefulness

Participant's perception	Distribution (No. & %)	All workshop	Small Grant	Primary health care
		Very useful	No.	336
	%	58.9	58.6	59
Useful	No.	230	34	196
	%	40.4	39.1	40.6
Unuseful	No.	4	2	2
	%	0.7	2.3	0.4
Total	No.	570	87	483
	%	100.00	100.00	100.00

Table 7 Distribution of the participants by their opinions about improvement in knowledge & skills

Participant's perception	Distribution (No. & %)	All workshop	Small Grant	Primary health care
Major improvement	No.	265	50	215
	%	46.5	57.5	44.5
Minor improvement	No.	304	37	267
	%	53.3	42.5	55.27
No improvement	No.	1	0	1
	%	0.2	0	0.2
Total	No.	570	87	483
	%	100.00	100.00	100.00

Table 8 Distribution of the participants by their opinions about workshop impact on their work

Participant's perception	Distribution (No. & %)	All workshop	Small Grant	Primary health care
Very positive impact	No.	149	37	112
	%	26.1	42.5	23.2
Positive impact	No.	404	48	356
	%	70.9	55.1	73.7
No impact	No.	17	2	15
	%	3	2.2	3.1
Total	No.	570	87	483
	%	100.00	100.00	100.00

Table 9 Distribution of the participants by their opinions of willingness to participate in additional workshops

Participant's perception	Distribution (No. & %)	All workshop	Small Grants	Primary health care
Very willing	No.	380	51	329
	%	66.7	58.6	68.1
Willing	No.	181	36	145
	%	31.8	41.4	30
Unwilling	No.	8	0	8
	%	1.4	0	1.7
Very unwilling	No.	1	0	1
	%	0.2	0	0.2
Total	No.	570	87	483
	%	100.00	100.00	100.00

Table 10 Distribution of the participants by their opinions of satisfaction with the trainers

Participants' satisfaction	Distribution (No. & %)	All workshops	Small Grants	Primary health care
Very satisfied	No.	247	47	200
	%	43.3	54	41.4
Satisfied	No.	302	40	262
	%	53	46	54.2
Unsatisfied	No.	14	0	14
	%	2.5	0	2.9
Very unsatisfied	No.	7	0	7
	%	1.2	0	1.4
Total	No.	570	87	483
	%	100.00	100.00	100.00

Table 11 Distribution of the participants by their opinions of overall satisfaction of the workshops

Participants' satisfaction	Distribution (No. & %)	All workshop	Small Grant	Primary health care
Very satisfied	No.	249	47	202
	%	43.7	54	41.8
Satisfied	No.	311	40	271
	%	54.6	46	56.1
Unsatisfied	No.	8	0	8
	%	1.4	0	1.7
Very unsatisfied	No.	2	0	2
	%	0.4	0	0.4
Total	No.	570	87	483
	%	100.00	100.00	100.00

Table 12 Participants recommendations

Recommendation	Frequency
1- More attention to practical sessions e.g. computers & internet, field visits, and laboratory tests	Highly frequent
2- Increase the length of the workshop	Highly frequent
3- Use of audio- visual teaching aids e.g. posters, slides, and films	Frequent
4- Financial support to the participants and awards to the brilliants.	Frequent
5- The trainers should be specialized in the same field of the lectures	Occasional
6- More attention to the child – mother health, skin diseases, communicable diseases and eye diseases.	Occasional
7- Availability of transportation	Rare

Table 13 Comparison of the participants' satisfaction with the workshops among governorates

Name of governorate	% of participants reported satisfaction with trainers	% of participants reported an overall satisfaction with the workshop
Baghdad	100	100
Wasit- Kut	93.8	95.05
Najaf	94.1	100
Mosul	100	100
Kirkuk	99.37	99.26
Basra	94.58	97.75

Table 14 Comparison of knowledge improvement & workshop impact among governorates

Name of governorate	% of participants reported major improvement in knowledge and skills	% of participants reported positive impact of the workshop
Baghdad	100	100
Wasit- Kut	96.25	96.3
Najaf	100	100
Mosul	100	100
Kirkuk	100	96.76
Basra	100	97.5

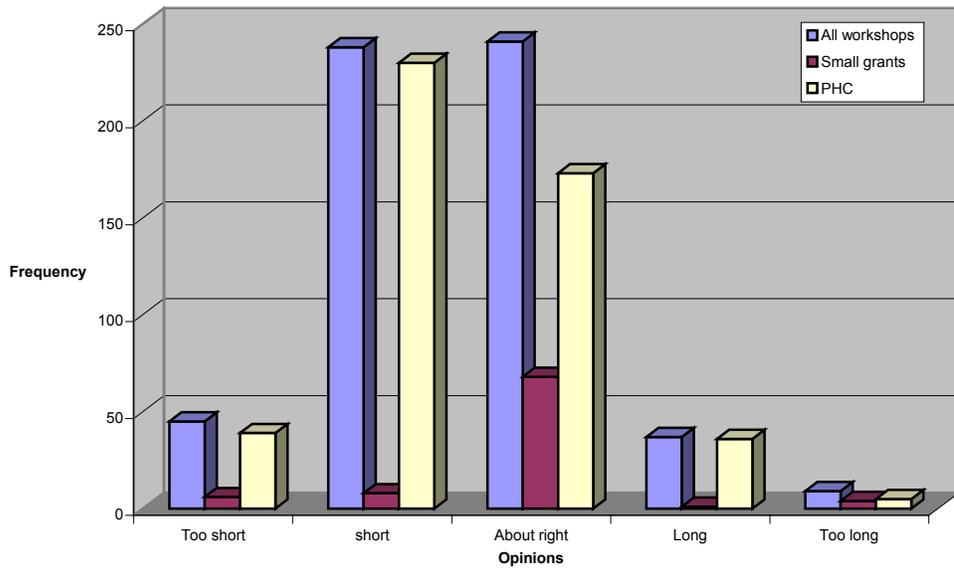


Figure 1 Distribution of participants by their opinions about workshop length

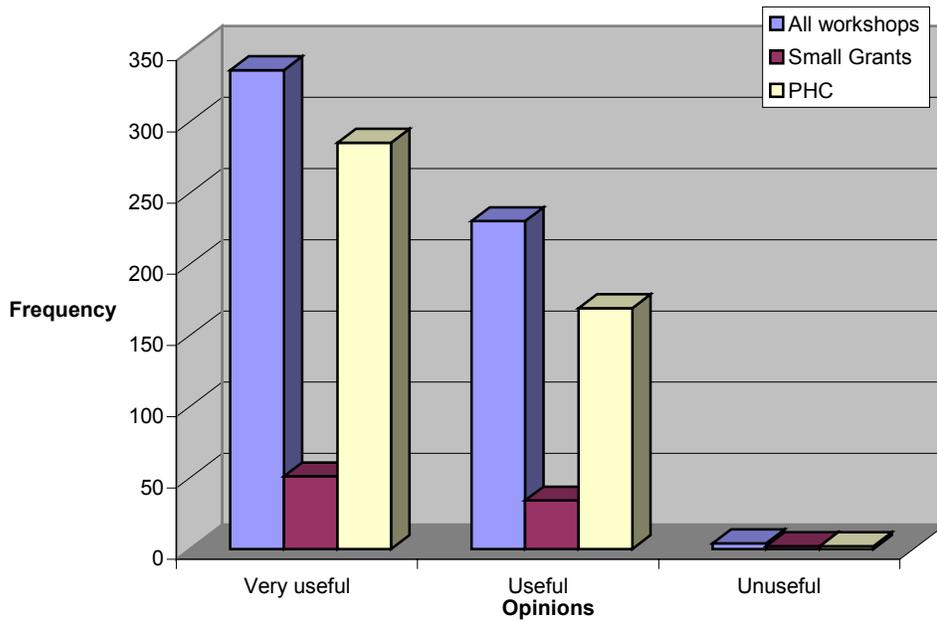


Figure 2 Distribution of participants by their opinions about workshop usefulness

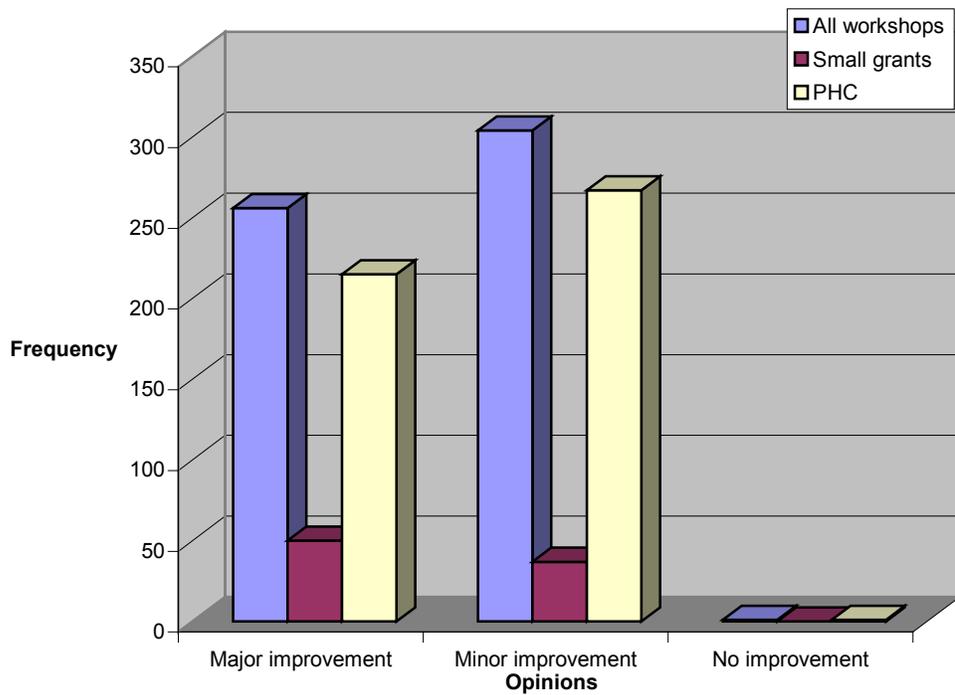


Figure 3 Distribution of participants by their opinions about improvement in knowledge & skills

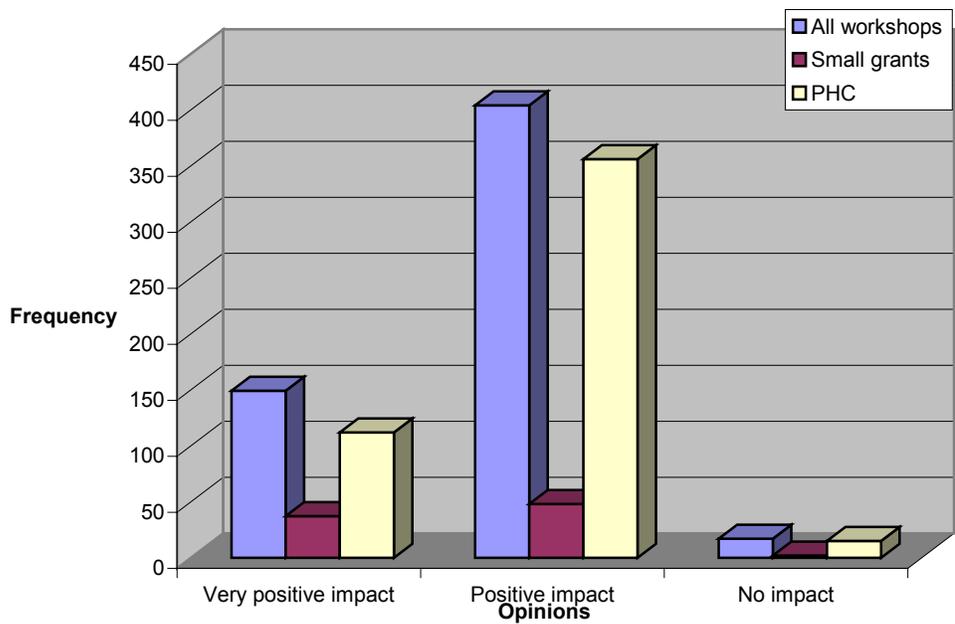


Figure 4 Distribution of participants by their opinions about workshop impact on their work

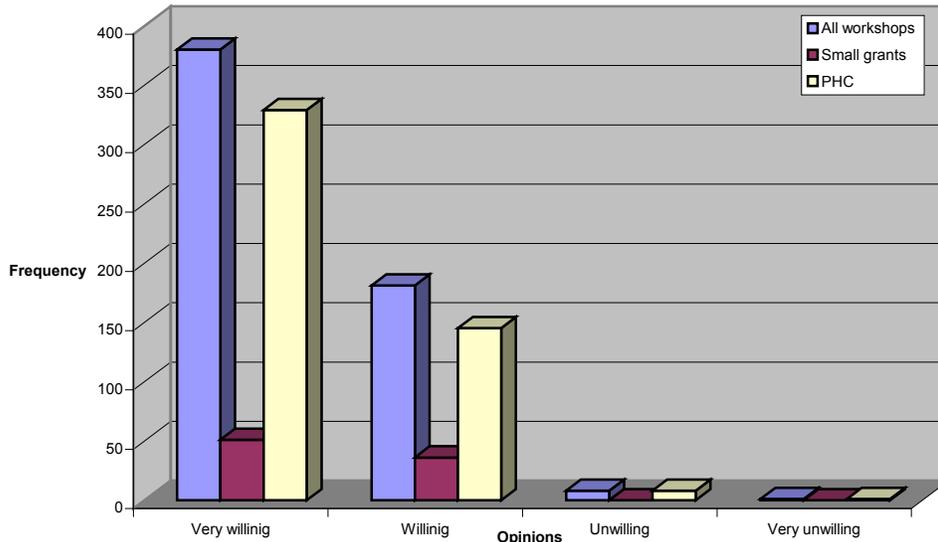


Figure 5 Distribution of participants by their opinions of willingness to participate in additional workshops

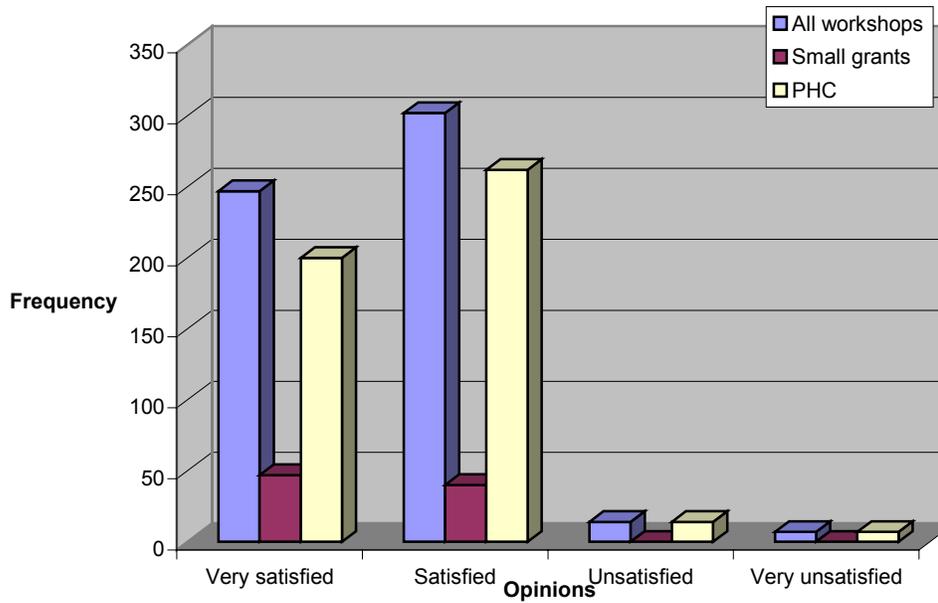


Figure 6 Distribution of participants by their opinions of satisfaction with the trainers

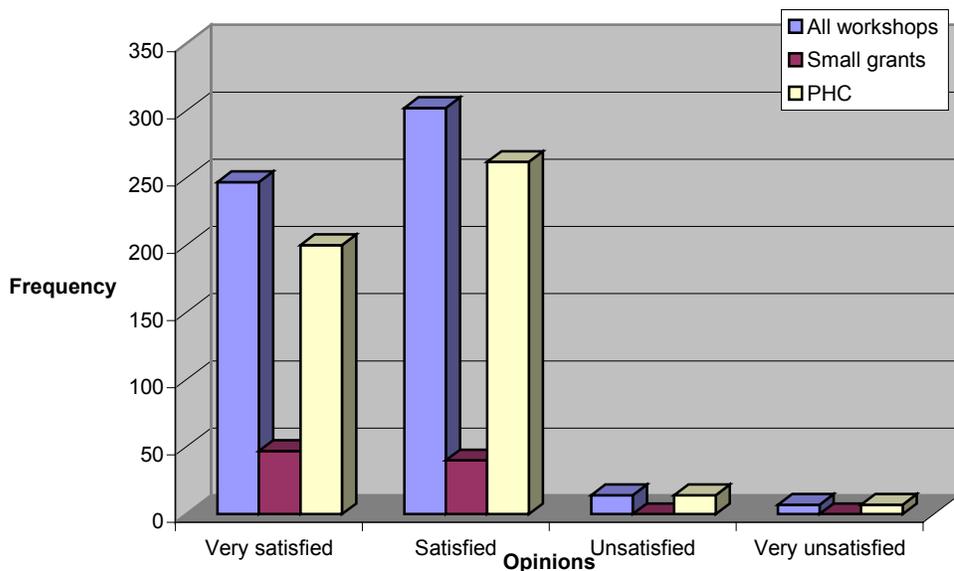


Figure 7 Distribution of participants by their opinions of overall satisfaction about the workshops

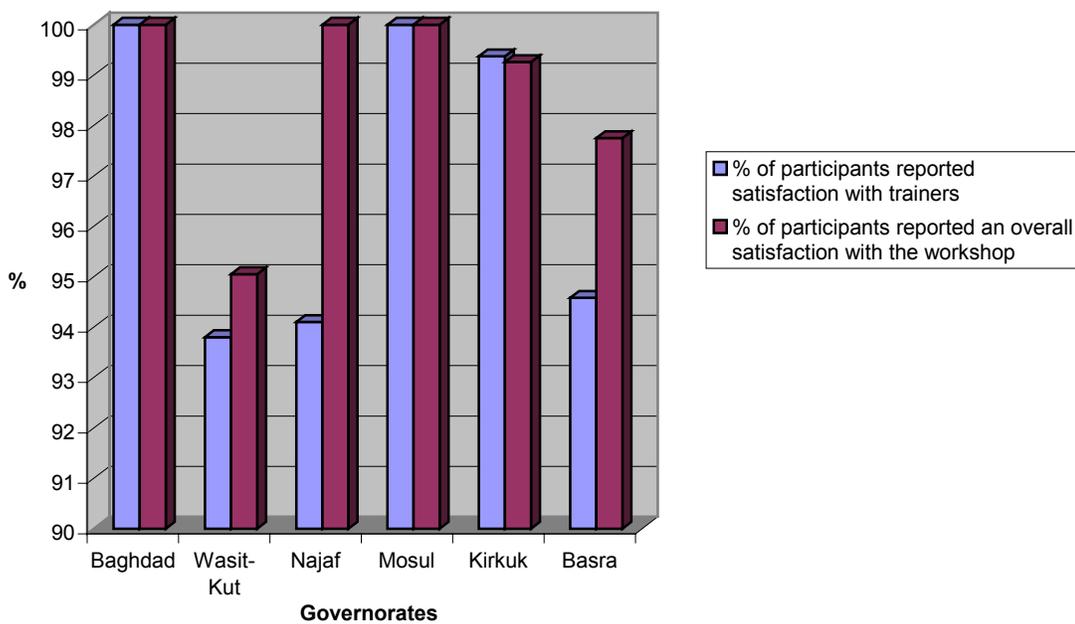


Figure 8 Comparison of participants' satisfaction among governorates

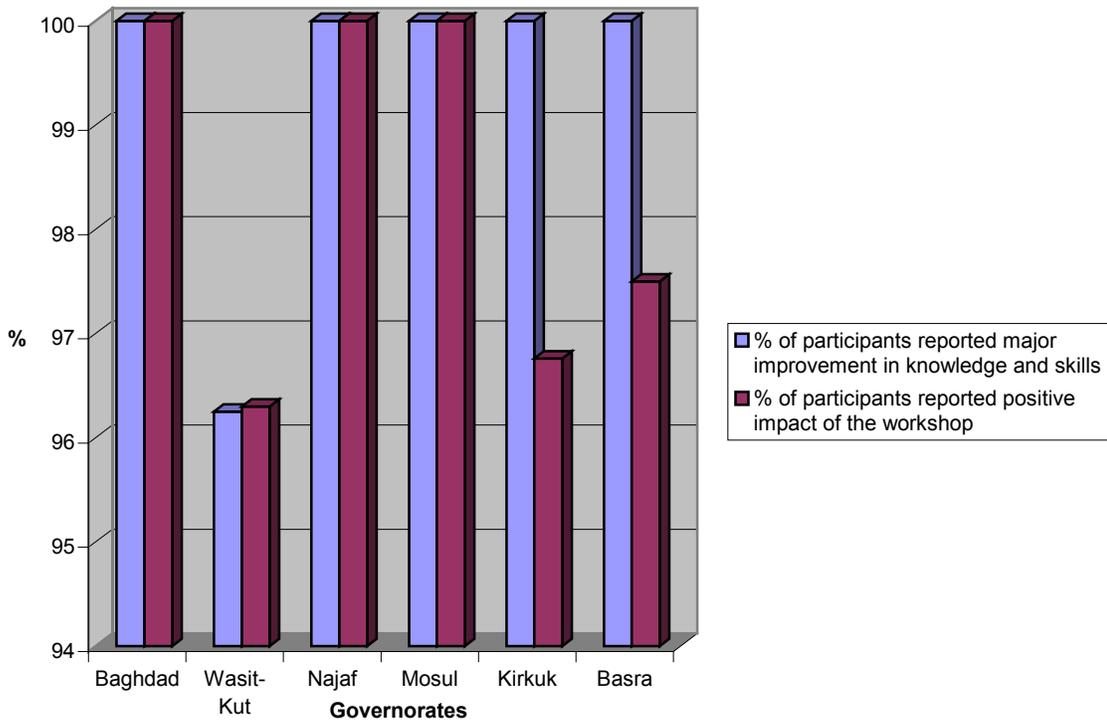


Figure 9 Comparison of knowledge improvement & impact on the work among governorates

5. Summary and conclusions

- A total of 570 participants were included in all workshops, 3 of these workshops (87 participants) were for small grants while the other workshops (483 participants) were for PHC doctors trainings (TOT & Master trainers + Roll out trainings).
- In all workshops the mean age was nearly equal and was of a middle age group. The male percent is higher than the female percent in all workshops, but the female percent is still acceptable.
- The highest number of participants was in Basra governorates where more workshops have been held, but this does not reflect any training bias because this happened as a result of the interruption in the training schedules of other governorates by the bad security conditions.
- The majority of the participants were medical doctors working in the PHCC or other MOH directorates such as people medical clinics. In PHC workshops they were all medical doctors although few of them have stated other professions since they have been granted additional degrees (e.g. in statistics) and hence they appeared in this analysis as of other professions. While in small grants workshops, a variety of professions have attended those workshops that were basically designed to introduce the I-HELP to the Iraqi community as a whole and through the existed NGOs.
- Nearly half of the participants considered the length of the workshops just about right and the remaining majority found it either as short or too short, this purely indicates that the participants have enjoyed their time and found the workshops as a good source of information and hence they were eager to stay for a longer period joining those workshops.
- Nearly all of the participants found the workshops as useful, felt an improvement in their knowledge & skills, got a positive impact on their work, and were willing to participate in additional workshops. But few of them found it unuseful or they didn't feel any improvement or impact, this may be due to the personal variation in the knowledge and skills levels among the participants e.g. may some of them be highly qualified or have attended other high level workshops and they didn't get an additional benefit from these workshops.
- Nearly all of the participants were satisfied with the trainers and the workshops with a small minority that were unsatisfied as explained above. Small grants workshops had no one who has stated opinions of non-satisfaction due to the nature of those workshops that were purely served to introduce I-HELP project and were not professional training workshops.
- There were frequent recommendations to use more audio-visual teaching aids, more practical sessions (e.g. computer literacy), and to increase the length of the workshops these recommendation should be taken in consideration in designing the syllabus for future training workshops.
- According to all of the above conclusions, it appears that the training teams were successful to conduct those workshops and the workshops have been conducted as they were designed and toward the expected results.

