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REPORT ON TECHNICAL ASSISTANCE VISIT TO GHANA
(14-31 May, 1986)

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FAMILY PLANNING MANAGEMENT TRAINING PROJECT

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I. EXECUTIVE SUMMARY

A technical assistance mission to Ghana was carried out by the Family Planning Management Training Project (FPMT) from May 14 - 31, 1986. The purpose of the visit was to provide technical assistance to PHC management training programs within health facilities/organizations in Ghana. In order to accomplish this, FPMT consultant Nancy Piet-Pelon was sent to Ghana to attend and evaluate the second in a series of two management training workshops on the management of the PHDC as well as to meet with MOH officials to plan future stages of the management training program.

The content of the workshop included units on: situational analysis, improving communications, team development, staff development, planning a program, managing equipment and supplies, managing time, and monitoring and evaluation. The participants who attended the workshop were recently apppointed Regional Secretariat teams who were called upon to conduct management training at the District and Clinic level and to supervise at both of these levels. Sessions were led by resource people from the GMOH and from the Ghana Institute of Management and Public Administration (GIMPA). The training coordinators, Ms. Alma Adzraku and Ms. Florence Quercoopone organized the training and facilitated group work.

MSH has been involved with the GMOH management training efforts for some time, both through consultation visits in-country and training of key GMOH personnel at MSH Boston-based short-term trraining programs. Training materials, particularly case studies, which were used in the Regional Secretariat training were developed during an MSH consultation visit. The intial planning for the regional secretariat curriculum was developed at the same time, as well as long-range plans for management training of DHMT and clinical staff.

During the two-week workshop, the consultant identified several factors and problems that have limited the efficacy of the training programs in Ghana. These are:

1. Neither the manual nor the training program were adequate as a "training for trainers" tool.

2. There was a lack of information on technical PHC issues in the training.

3. GMOH senior level managers seemed unable to identify how much technical training and refresher training at the DHMT and clinic levels would be required to improve PHC service delivery.

4. There is a need for more instructions for use of the materials as well as for more time spent on suggested training techniques.

5. The draft manual should include more specific family planning content in order that management skills and technical ones could be taught simultaneously.

To help resolve the problems facing GMOH management training programs and to promote more effective family planning management training programs, the following recommendations are suggested: (See Section V. of this report for a more detailed explanation)

1. An FPMT consultant should be sent to attend the regional secretariat teams and GMOH senior management meetings to be held in December.

2. MSH should assist with developing the management training and PHC/integrated training areas of a long-range training program in PHC.

3. It is recommended that the GMOH consider adding two assistants, one for each coordinator, in management training areas.

4. The GMOH should begin a library by compiling training materials in the training coordinator's office, along with related, relevant reports to insure continuity in the management training activities.

5. It is recommended that the GMOH, as part of their coordination efforts, input data from other projects such the operations research project USAID/Colombia into the management training so that the field data and experience is continually used to improve the management at the service delivery level.

6. It is recommended that the GMOH take a more active role in coordinating the diverse management training activities in order to maximize the benefit to the PHC program.

The next few months are critical for the management training efforts in the MOH and those involved are aware that they must implement their proposed plans, (See Section III.), in order to reach their management goals so that service delivery for PHC at the health center is positively affected.

II. OBJECTIVES OF THE CONSULTANCY

USAID/Ghana requested a consultant to consider the following:

1. Assess the effectiveness of the training manual developed for the PHC management training;

2. Identify the kinds of training whcich might be most effective in dealing with specific problems which have been identified, e.g. supply management, supervision, monitoring;

3. Identifying specific training materials to support such training;

4. Assess the possibilities for the further development of the management training program, especially as it relates to family planning, with the objective of a consultant returning to conduct a follow-up assessment of what types of family planning management training are needed and to help prepare a plan of action for providing such a training.

III. DESCRIPTION OF ACTIVITIES

In response to a request from USAID/Ghana the Family Planning Management Training Project (FPMT) undertook a technical assistance mission in Ghana from May 14 -31, 1986. The purpose of the visit was to work with the Ghana Ministry of Health to identify problems in existing management training programs and to develop a management development plan addressing those problems.

The technical assistance was provided by FPMT consultant Nancy Piet-Pelon. Ms. Piet-Pelon attended the second and third weeks of a management training workshop and also met with GMOH officials to evaluate the training programs and discuss plans for future trainings in specific areas of PHC.

Over the course of the two-week visit, the consultant worked intensively with the training coordinators on a continual revision of the manual and attending most of the sessions of the workshop. In addition to meeting with GMOH officials, the consultant met with officials of other donor agencies involved with management training at different levels with the GMOH including UNDP, UNICEF and WHO.

The consultant did not do site visits to clinics since the course was located in Accra. For site information, the consultant relied on data from Ghanaian counterparts and the report of previous, management consultants, which presented management problems at the district and clinic levels.

While the consultant was in Ghana, the GMOH held the meeting which determined the future course of the management taining. The decisions which resulted from this meeting are listed below:

1. Each regional secretariat will train a DHMT and the health centers/clinics which are under the supervision of that DHMT in management skills and supervise those trainees in their work settings at least once before the end of November, 1986.

2 Regional secretariats will be assisted through their first training by the training coordinators and with supervision by other central MOH staff concerned with Primary Health Care (PHC).

3. The manual for management training will be distributed in revised draft format for use in the DHMT training. Following these trainings, it will be revised and a final edition will be produced. However, the MPH will use a modular format in the final production to insure that it can be updated and revised easily.

4. The MOH Divisions involved with PHC will prepare technical protocols for use in training DHMT and Health Center staff. Draft protocols will be prepared by the end of June based on a standardized format to be designed by Ms. Griffiths, title, and the training coordinators. The technical protocols will evntually be produced as a series of modules to be used with the management training manual.

5. Many materials for training have been produced in Ghana over the past several years. The training coordinators will systematically gather these materials for re-use, revision, and/or dissemination over the next few months.

6. By mid-June, when the training coordinators have completed their schedule for the training and supervision and budgetted the costs for the program at the central and regional levels, the MOH will invite the donors interested in management training (USAID, UNICEF, WHO, UNFPA) to share their plan and make decisions with the donors concerning planned projects and inputs which can strengthen the MOH plan. It is particularly important to link information from the USAID sponsored facilities survey (especially information regarding supervision as currently practiced) with the management training.

7. The MOH would like to finance the initial DHMT and health center trainings with their own resources. Some regions have the funding for PHC training which can be used. However, there maybe a need to request donor assistance for the first trainings. At the same time, the MOH is beginning to work on the tentative training plan for 1987, assuming that they should cover the management training of DHMTs and health center staff with their regular MOH budget as part of the institutionalization of management training.

8. At the end of November, the Regional Secretariat teams will meet in Accra at a review session with the training coordinators and MOH/PHC divisions to share their training/supervision experience; finish the revision of the manual and technical protocols; report on training needs at DHMT and Health Centers; and, based on the information gathered in the field, finalize the management training and technical training plans and budgets for 1987.

IV. FINDINGS

1. The training manual developed for the management training is based on the WHO manual, On Being In Charge. Training modules have been developed on : situational analysis; improving communication; team development; staff development; planning a program; managing equipment and supplies; managing time; and, monitoring and evaluation. Extensive use of case studies had been made, some of which are the cases developed in Ghana with MSH assistance.

   The manual contains the essential management elements in each of these technical areas. What is still needed are more directions for the use of the materials, i.e. a teacher's/trainer's manual. The regional secretariat teams were expected to begin immediate field training and supervision, using the manual as a guide. A supervision check list was developed by the training coordinators (see Appendix C). It may be that they will not yet have the expertise in training that they will need to carry on with the DHMT and clinic staff.

   Most of the sessions in the manual were tested and revised during the training program. The participants took an active role, making suggestions for improvements. The general feeling was that the manual would be useful to them and was written at an appropriate level for their training purposes. It will be tested in the field over the next few months, then undergo a further revision.

   It was suggested by both MSH and WHO consultants that the manual be produced in a modular format for simple revision. The long-range training plan of the GMOH requires training materials in all PHC technical areas--including family planning service delivery; EPI, ORT and others.

   The draft manual had little specific family planning content. However, there are several areas where family planning could be included so that management skills and technical ones could be taught simultaneously. One area is the management of logistics and supplies. Since family planning contraceptives will be widely available through the USAID project, a logistics and supply session which includes the management of family planning contraceptive supplies, as well as the present session on the management of immunization supplies, could be very useful.

protocols for their PHC areas. For example, the MCH/FP Director (Dr. Charlotte Gardiner) planned to develop simple information sheets on all family planning methods now available for use in Ghana; re-issue materials on logistics; and seek materials from local sources on IEC aspects of family planning. For other PHC areas, e.g. ORT, materials were prepared and were to be distributed for immediate use.

In all cases, technical division heads were requested to keep the materials simple and be prepared to make revisions based on what the regional secretariats found in the field during their training programs.

4. A follow-up assessment of specific types of family planning management training and the preparation of a plan of action wil be a logical step following the months of field training which will occur from June until November. Eah regional secretariat will try to train a minimum of one DHMT and the clinical staff which is supervised by that DHMT. The suggestion was made that (to save on limited financial and human resources) the DHMT and clinic staff be trained simultaneously. That would allow time for each regional secretariat to conduct one training and also allow time for supervision of the trained people prior to the proposed meeting in December. Since there are only two training coordinators and they are expected to attend each training, to both assess the capabilities of their trainees as trainers and also to assess the manual use in the field, it was essential to suggest a modified training plan which would allow some time savings.

V. RECOMMENDATIONS

1. When the regional secretariat teams reconvene with the GMOH senior management and training coordinators in December, they will have information from the field concerning training in management -- use of the manual, additions which may be required; they will also have direct information, based on their personal supervision of the situation, on training needs at the health center level. The assumption that technical training may be needed will be accredited with fact from the field. MSH could send a consultant to this meeting, to assist with the evaluation of the management training and suggest revisions of the manual, other training materials, format and evaluation. Through the FPMT project, it can also provide the technical expertise for planning and curriculum development for the family planning portion of the GMOH PHC program. Family planning management can be either integrated into the other training on PHC technical areas, or be provided as a single unit.

2. The GMOH needs to develop a long-range plan for training in PHC, including not only the initial training exercises which are going on presently but also specific plans for retraining the management teams at all levels and for the inclusion of new materials in the technical PHC areas. MSH has the experience which would allow them to assist with developing both the management training and the PHC/integrated training.

3. If the GMOH would like to continue to make inputs into management training areas, the position of the training coordinators needs review. A decision was made that all PHC training plans must pass through the office of the training coordinators. While this is a good move toward coordination, there will be a need to provide manpower to assist the two coordinators. At present, only one is based in Accra, the other in the Ashanti region. It is recommended that the GMOH consider adding two assistants, one for each coordinator.

4. The GMOH has been involved in management training for PHC and related health issues for a long time, as this report has indicated. Yet, there is no archive or library where the materials which have been developed over the years are available. Thus, each new wave of management training coordinators or consultants begins anew. The GMOH should compile training materials in the training coordinator's office, along with related, relevant reports, to insure continuity in the management training activities.

5. There are on-going projects in Ghana which can supplement the management information now available to the GMOH. These include the facilities survey (USAID) and an operations research project (USAID/Columbia) which will study the delivery of PHC. It is recommended that the GMOH, as part of their coordination efforts, input data from these (and other) projects into the management training so that the field data and experience is continually used to improve the management at the service delivery level.

6. There are several donor organizations interested or already actively engaged in management for PHC or improved service delivery. For example, UNICEF has chosen 15 districts where they will conduct management training with the purpose of improving service delivery for PHC. Other donors are also actively interested in improving management, mainly through training. It is recommended that the GMOH take a more active role in coordinating the diverse management training activities in order to maximize the benefit to the PHC program.

VI. PEOPLE SEEN

USAID/Ghana	J.R. Kirkland, Population Development Officer Joanna Laryea, Health and Nutrition Officer
WHO	Dr. Ward-Brew, Country Director
GMOH	Dr. Joseph Otoo, Director of Medical Services Dr. Adibo, Deputy Director, Planning Unit Dr. Joseph Adamafio, Deputy Director, Medical Services Dr. Charlotte Gardiner, MCH/FP Alma Adzraku and Florence Quarcopone, Training Coordinators Nora Bruce, Doctor in Police Service, Mgmt. Trng. Facilitator
GIMPA	Dr. S.A. Amoa, Director

APPENDIX A

SUMMARY OF PREVIOUS MANAGEMENT DEVELOPMENT ACTIVITIES **

1976 - 1986

1976/7 Management Development seminars for GMOH.

No detailed information available, but funded by USAID, and executing agency for GMOH/USAID was Kaiser Foundation International, USA, and Dept of Health Planning and Administration, School of Public Health, University of Michigan, USA. No evaluation data located. No materials used in seminars extant.

1978 Evaluation of Primary Health Care

Institute of Development Studies, Sussex,UK. Only 2 districts in Ghana were studied. Major conclusions with regard to management include : absence of budgeting skills; insufficient revenue generation ; severe budget constraints: supplies inadequate and unpredictable; lack of procedures; equipment in short supply and disrepair; service providers get little supervision or material support: vertical programme structure. Service indicators were little better : F/p acceptors 1-2% of fertile women; 20% expected births attended by trained personnel : 20% under fives receiving child care.

1979 National Health Planning Unit

By 1979 the National Health Planning Unit, formed in 1976, produced 3 important manuals for use in Ghana. Audience not specified. Manual 1. An Approach to Planning the delivery of Health Care Services : Manual 2. Planning and management of Health Services at the District Level: Manual 3; Financial Planning and Budgeting for the Delivery of Health Services .

This material is apparently not available to principal actors in current management development activities in Ghana.

1979 Training of District Health Management Teams

The National Health Planning Unit started the first training of DHMTs (9 teams) in January 1979, at Tsito. One training

course was held annually until 1983, by which time 25-40 teams had been trained . No evaluation has ever been done to assess the success or failures of this exercise . It is understood that few teams ever became actively operational, and staff transfers have depleted teams of trained members. There has been no attempt to orient new members to teams; nor to do any retraining or supervision of the DHMTs. The concept of having DHMTs is well entrenched by now into the system, but there is no evidence of their having any impact whatsoever on PHC service delivery.

The training materials developed for this training is also not available to the principal actors in current management development.

1984 Management training Study Tour

Six senior level managers of GMOH participated in a study tour to Management Sciences for Health. Boston, USA. All participants endorse positive value of management training.

1984 Joint PHC Review

This joint review of WHO and GMOH showed little change from PHC status five years previously . Return rates for questionnaires was so low as to seriously question validity of data (16%) Health service indicators were as follows : GMOH services reach 30% of the population; IMR 79 per 1000; 10% population fully immunised; 88% mothers examined during pregnancy : 47% recorded births attended by trained personnel: 64% of the population within 1 hour of service facility. Management problems present the common features; supply and logistic support inadequate; vaccines in short supply ; absence of maintenance; mortality and morbidity data are inaccurate and incomplete; communicable disease notification covers 10% of the population ; health information data is neither used nor shared; supervision is virtually nonexistent .

Detailed analysis of this PHC review is not readily available, however summary data has been extensively used in formation of GMOH

program objectives to 1990. Recommendations from this review include: strengthening support mechanisms of PHC Health sector; reconsideration of job descriptions; develop in service training capacity for each region; reorganization of H.I.S.; reorganization of drug procurement, policy and control.

1985 MSH/INTRAH Joint Consultancy visit

Consultants: J.Lyons. R.Cushman, C.Brancich. The terms of reference for this visit were to (1) review PHC structure;(2) review community health priorities and design problem based PHC strategy;(3) develop framework for inservice training . Based on information from the PHC review, the team identified the six major health problems that function as the current priorities. The team also identified the constraints that operate to prevent the effective implementation of PHC. In focusing on the six health priority issues, the team developed a problem based training model that identifies the required competencie of the service providers, and the required knowledge and attitudes of service providers and communities . The plan outlines in detail how the inservice training should be organised,
This plan is readily available to the principal actors from GMOH.

1985 Study tour by National PHC training co-ordinators to MSH/CIT, USA

Mrs A.Adzraku, Ms F Quarcoopome had a six week study tour in mid-year. Subsequently both have remained active in the PHC national training programme. Exact scope of their jobs, responsibilities and authority is becoming clarified over time.

1985 Development of mid level management training

In December. Dr D. Benbouzid, Dr M. Thorne and Ms J. Bentley, WHO, were in Ghana for two weeks to co-operate with the GMOH in the development of mid-level management training methodology and materials covering MCH/NUT/FP and other essential elements of PHC . The mission worked with GMOH training co-ordinators on organization of workshops to prepare regional teams to be able to train district health management teams to better train and manage health centres . To give a core of training materials the mission recommended the adaptation of extracts from 'On Being in Charge' and the further modification of the case studies to make them more usable .

The following management skills have been identified at this point: collection, analysis and use of data to guide health centre activities, define own catchment areas; identify targets; monitor coverage; identify management problems; make programme budgets; organize and conduct training; organize and manage health programmes; distribute supplies;

Following this visit, WHO/HQ sent some training materials (WHO) for use during the training of the regional teams.

1986 Formation of Regional PHC Secretariat

January/February saw the appointment of 3 health personnel from each region as the regional training secretariat . Job descriptions were done . All were drawn from district management level . Some had been members of active DHMTs and/or participated in the previous DHMT training.

The national PHC training co-ordinators also participated during this time in the development of job descriptions for level A (community) and B (health centers), and detailed job descriptions for trng. function of DHMTs However a clear description of management tasks at each level, and consequently the necessary standard management procedures remains to be done.

1986 Training of Regional PHC Secretariat (1)

Training of the first 5 teams took place for 3 weeks in March. Funded jointly by UNFPA/USAID/GMOH. This is phase III Stage 1 of the master training plan . The training approach was not entirely appropriate - content was more appropriate for national health planners ; the training methodologies were didactic and heavily reliant on specialised trainers . WHO/HQ had an observer, J.Griffiths for the final week of the workshop. All regions developed training plan and budget for training DHMTs .

1986 Initial development of management training material

WHO assisted (J.Griffiths) in the adaptation of materials from On Being In Charge plus the developed case studies, as a basis for training for the next set of PHC Regional secretariats and for use by them DHMT training. Originally planned as Phase II Stage 2, there had

not been sufficient time to complete this stage prior to the training intervention . It was felt critical to complete this material immediately in order to reorient the next training to a better direction. and to provide some core training materials for use in doing the district level training due to start in June 1986.

By now the management training skills have been identified as: Situation analysis; improving communication; team development; planning and budgeting programmes; managing financial resources; staff develoment and training; supervision; managing equipment and supplies; managing transport; managing time; monitoring and evaluating programmes.

This exercise was in fact very rushed due to the fact that management training was in effect already launched and had a certain momentum. Not enough focused activity/dialogue had been undertaken by which to identify regular management solutions and procedures that would obviate or avoid some of the preventable management crises, and give PHC managers some recipes to sort out problems that have already occurred. By now it is felt at some levels of MOH that by encouraging active management of PHC, that information will be generated that can contribute to the development of management procedures from the district level. (Phase 1 Stage 2)

.986 <u>Training of Regional PHC Secretariat (2)</u>

Training of second group of Regional PHC secretariats (5 teams) took place for 3 weeks in May. (Phase III Stage 1). The trainers used the first draft of the manual, and thus field testing material as well as training the teams in how to use the material. Regions developed plans and budget for period to December 1986. Emphasis now placed on training a minimum of one DHMT plus attached health centre staff and following up with structured supervision by DHMT . Monitoring of program was particularly emphasized.

1986 <u>Strengthening supervisory mechanisms</u>

With WHO assistance, the GMOH identified the need for strengthening supervisory mechanisms and practices. GMOH have developed a PHC supervisors checklist that will be tested and monitored to identify effect on supervisory practices and impact on service delivery. Data will be analyzed and written up by mid 1988.

1986 MCH Facilities survey

In Apri 1986, using USAID funds, the Dept. of Community Health, Korle Bu Uiversity, have been conducting a detailed survey of MCH facilities and services, including equipment supplies, availability of services, supervisory practices. Analysis of data not yet available but will be helpful input for the management training when it is available.

1986 Production of field test edition of management training modules

In June 1986 the field test edition of the management training materials became available for field testing during the training of DHMTs in each region. Sufficient copies were made available for all DHMT staff.

1986 Review of technical programme management

Originally it had been assumed that technical competence and knowledge at the district level is enough to permit district teams to do necessary level B training. Since there are changes to technical procedures and new standardized regimens, the GMOH has asked managers of technical divisions to actively strengthen programme management by immediately updating the technical and management protocols and procedures for their programme areas. This will be done by issuing technical procedure manuals for each programme area. These manuals will be used in the training of service providers.

** This summary was compiled by Sean Griffiths, WHO consultant to the GMOH for management training.

APPENDIX B

SUMMARY OF PLANNED MANAGEMENT DEVELOPMENT ACTIVITIES OF THE REGIONAL SECRETARIAT BY DECEMBER 1986

REGION	PRINCIPAL ACTIVITIES
1. ASHANTI	Regional briefing for divisional heads. 1 x 4 wk DHMT training (4 teams = 28) Supervision
2. BRONG AHAFU	Regional workshop. Familiarisationtour of all districts. 3 x 3 wk DHMT training (9 teams = 78) Evaluation
3. CENTRAL	Regional briefing of divisional heads. Familiarisation tour of 3 districts. Formation of regional PHC council. 1 x 4 wk DHMT training (3 teams = 18) Supervisory follow up.
4. EASTERN	Familiarisation trip. 1 x 4 wk DHMT training (3 teams = 15) Supervision.
5. GREATER ACCRA	1 district visit. 1 x 4 wk DHMT training (1 team + = 14)
6. NORTHERN	Briefing of regional PHC team. Familiarisation tour of region. Reorientation and supervision of 3 existing DHMTs.
7. UPPER EAST	Regional briefing for divisional heads. 1 x 4 wks DHMT training (4 teams = 23). Supervision.
8. UPPER WEST	Briefing of regional divisional heads. Familiarisation tour of region. 3 x 3 wk DHMT training (3 teams). Supervision.
9. VOLTA	Briefing of regional PHC team 1 x 3 wk DHMT training (3 teams = 18) Supervisory follow up.
10. WESTERN	Regional workshop for divisional heads Situation analysis (regional profile) 2 x 3 wk DHMT training (5 teams = 40) Supervision.

APPENDIX C

PHC SUPERVISORS CHECKLIST

Health Centre. ..... Date of visit.....

Water supply to centre.....Power supply. .....Date of last visit.....

Staff at post : 1.....2 .....3.....

4..... 5.....6.....
7..... 8.....9.....
Level A staff at attached community clinics : 1. . .....
2.....3.....4.....
5.....6..... Population of catchment area.....

Progress of centre programmes

Monthly targets reached ? _____ F/P clinic attendance up ?_____

Changes in disease prevalence/ incidence? _____ MCH clinic attendance up? _____

Community activities on increase?(wells dug, meetings)?_____

Home visits increasing? _____

Health education(IEC)activities increased? _____ Attended deliveries up? _____

TBA supervision rates up? _____

Scheduled outreach activities maintained ? _____ ANC clinic attendance up? _____

Water and sanitation indicators improving? _____ EPI coverage up? _____

Nutritional status improving _____

Supplies and logistics

Availability of stocks:

Item	Qty	Stocks enough for	Received date
ORS			
Vaccines			
Contraceptives			
Chloroquine			

Correct amounts of essential drugs ordered ? .....

Date-expired drugs vaccines in stock ? .....

Stores ledger / issue cards up to date ? .....

Cold chain operational ? ..... Vaccines correctly stored?.....

Refrigeration failures ?..... .. Vaccine wastage rate ?.....

Transport available ? ..... Vehicle itinerary ? .....

Maintenance schedule being followed? .....Unplanned maintenance rate?.....

Remarks:

Health information system

Monthly health returns complete ? ..... Community profile up to date?.....

B/D registers corect and up to date ? .....

Patient records completed corectly ? .....Records tally with registration?....

Growth monitoring cards issued / active ? .....

Charts/maps/graphs of summary data available and up to date?.....

Follow up system for clinic defaulters active /operational ? .....

Remarks:

Financial management

Cash books available and balanced ? ..... Last months cash flow: Income=
Expenditure=
Imprest issued : Amount..... Date ..... Balance =
Local revenues collected last month, amount.....

Remarks:

Centre Organization

Work schedule for health centre available /utilised?.....

Staff meetings held regularly? .....Records of staff meetings?.....

On the job training conducted since last visit? ORT.....Nutrition.....

EPI.....F/P.....Env Sant.....ANC/Delivery.....

Evidence of team actively functioning?.....

.....

Remarks:

Conclusions

Are there technical skills lacking/poor standards of performance by the health centre staff?.....

.....

Which of these can be improved through on the job training?.....

.....

Identified Problems	Actions to be taken	Person responsible
1.....		
2.....		
3.....		

Date of next visit.....Signature of supervisor.....

APPENDIX D

DRAFT PROGRAM FOR DECEMBER WORKSHOP

(Follow-up of Initial Regional Secretariat Training and Supervision of DHMT and Health Center Staff)

Day 1

Session 1 : Formal opening. Defreezing exercise. Keynote address

Session 2 : Introduction of participants to each other.

Session 3 : Introduction to workshop - Objectives; agenda ; appointment of daily chairmen; evaluation methods; general information.

Day 2

Session 1 : Presentations by regional secretariats on training approach(s) adopted.

Session 2 :

Session 3 : Analysis in working groups of each training approach.

Day 3

Session 1 : Synthesis in working groups of guidelines/recommendations for use of particular training approach.

Session 2 :

Session 3 : Presentation by each group in plenary session.

Day 4

Session 1 : Presentations by regional secretariats on costs involved in implementation of trial programme - including financial, human resources, time, travel costs.

Session 2 :

Session 3 : Analysis in working groups of cost effectiveness of each training approach.

Day 5

Session 1 : Presentation of cost analysis by working groups to plenary session.

Session 2 : Summary of progress so far with regard to feasibility and cost effectiveness of DHMT training programme. Plenary session.

Session 3 : Review of management tasks, standards and procedures at district level in working groups

Day 6

Session 1 : Regional secretariat presentations on the observable impact
Session 2 : made on service delivery in PHC.

Session 3 : Plenary discussion on issues arising from prsoentations.

Day 7

Session 1 : Analysis of relationship between training approach/ costs/ service impact in plenary session, then in working groups.

Session 2 : Preliminary synthesis of group discussion in plenary session.

Session 3 : Evaluation of modules in small working groups.

Day 8

Session 1 : Review of developments in technical programmes. Briefing
Session 2 : and discussion session with divisional heads of six PHC priority programme areas.

Session 3: Review of service tasks and standards of practice for service providers. Working groups for six programme areas.

Day 9

Session 1 : planning and budgeting for 1987 programme by regional
Session 2 : secretariats.
Session 3 :

Day 10

Session 1 : Brief presentation of plans by each regional secretariat.
Session 2 :

Session 3 : Evaluation and closure.