

9343031

PLAIN 401

100-49527



INTRAH

Trip Report

#0-157

Travelers: Miss Pauline Muhuhu
INTRAH ESA Office Director

Country Visited: THAILAND

Date of Trip: June 29 - July 15, 1985

Purpose: To accompany Ugandan and
Kenyan Officials on an
Observational Study Tour.

4077

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

TABLE OF CONTENTS

PAGE

EXECUTIVE SUMMARY i

SCHEDULE ii

I. PURPOSE OF THE VISIT. 1

II. ACCOMPLISHMENTS 1

III. BACKGROUND INFORMATION 3

IV. DESCRIPTION OF ACTIVITIES 4

V. EVALUATION 9

VI. FINDINGS. 29

VII. CONCLUSIONS/RECOMMENDATIONS 33

APPENDICES

- A. PERSONS CONTACTED**
- B. LIST OF PARTICIPANTS**
- C. LIST OF FACILITATORS AND GUEST SPEAKERS**
- D. PDA/INTRAH COLLABORATIVE PROJECT**
- E. LIST OF MATERIALS DISTRIBUTED TO PARTICIPANTS**
- F. LIST OF ADDITIONAL MATERIALS OBTAINED**
- G. FIELD TRIP OBSERVATION EVALUATION FORM**
- H. INTRAH PARTICIPANT REACTION FORM**

ABBREVIATIONS:

ADMS	Assistant Director of Medical Services
CAFS	Centre for African Family Studies
CBD	Community Based Distribution
CCC	Chieng Mai Christian Clinic
CBIT	Community-Based Incentives Thailand (Project)
CRS	Contraceptive Retail Sales Company
DMS	Director of Medical Services
DTCP	Development Training and Communications Planning
MCH	Maternal and Child Health
MOPH	Ministry of Public Health
NGO	Non-Governmental Organizations
PDA	Population and Community Development Association
TOT	Training of Trainers
PS	Permanent Secretary

EXECUTIVE SUMMARY

Miss Pauline W. Muhuhu, Director of the INTRAH East/Southern Africa Office in Nairobi accompanied 10 Ugandan Ministry of Health officials, one Family Planning Association of Uganda executive and one program officer from the Centre for African Family Studies in Nairobi, Kenya on a two-week observation study tour in Thailand. The group was joined in Bangkok by two members of staff of the Contraceptive Retail Sales Company in Nepal.

During the two weeks, the group of 15 (including INTRAH E/SA Office Director) met with government and private organizations and visited officials of several urban and rural community-based family planning and development projects/programs in north and northeastern Thailand and in Bangkok.

At the end of the visit, the Ugandan group drafted recommendations to their government for strengthening the family planning program in Uganda. The recommendations were based on the group's experience in Thailand (see section on Findings).

Plans for a second group of Ugandans to attend the PDA course in September 1985 were finalized.

Some topics to be addressed during the PDA TOT in January 1986 were identified.

SCHEDULE DURING VISIT:

- June 26, 1985 Ugandan team arrived in Nairobi at 5 PM.
- June 27, 1985 Thailand visas for the Ugandan team were obtained.
- Mrs. Elangot, FP Project Coordinator and one CTT member met with Mrs. Kiereine, Kenya CNO.
- June 28, 1985 Ugandans and Kenyans departed for Thailand at 1:55 AM.
- June 29, 1985 Arrival in Bangkok.
- June 30, 1985 Rest.
- July 1, 1985 Ugandans, Kenyans and Nepalis oriented on PDA activities.
- July 2, 1985
- 9:00 AM Participants picked up from hotel.
 - 9:30 - 10:30 AM Participants visited School Health program.
 - 11:00 - 12:00 PM Participants visited mobile day care at Asoke Road.
 - 12:30 - 1:30 PM Lunch
 - 2:00 - 3:00 PM Participants visited volunteer distributor of a low-income community.
 - 3:30 PM Participants returned to hotel.
- July 3, 1985
- 7:30 AM Participants picked up from hotel.
 - 8:00 - 9:00 AM Participants briefed on USAID population and family planning activities.
 - 10:00 - 10:30 AM Participants met with senior MOPH officials.
 - 10:30 - 12:00 PM Orientation to National Family Planning Programme, Ministry of Public Health.

(iii)

- 12:00 - 1:00 PM Lunch
- 2:00 - 4:00 PM Briefing Orientation on IEC activities in training, supervision and evaluation, MOPH.
- 4:30 PM Participants returned to hotel.

July 4, 1985

- 5:30 AM Participants picked up from hotel, taken to Don Muang Airport.
- 7:00 AM Departure for Khon Kaen by Flight TH 202.
- 7:40 AM Arrived Khon Kaen Province.
- 8:00 AM Participants checked in at Kosa Hotel.
- 9 AM - 12:00 PM Participants visited Maternal and Child Health Centre No. 4.
- 12:00 - 1:00 PM Lunch.
- 1:30 - 3:30 PM Participants met with Khon Kaen Provincial Chief Medical Officer at the Ministry of Health office.
- 4:00 PM Participants returned to hotel.

July 5, 1985

- 9:30 - 12:00 PM Participants visited Srinakharinwirot University Medical Centre.
- 12:00 - 1:00 PM Lunch
- 2:00 - 4:00 PM Participants visited Community-Based Incentives Thailand Project (CBIT) at Ban Pai Village, Khon Kaen Province.
- 4:00 PM Participants returned to hotel.

July 6, 1985

- 6:30 AM Participants checked out from hotel.
- 7:00 AM Participants left for Mahasarakhan Province.

(iv)

- 9:00 - 10:00 AM Participants visited Appropriate Technology and Development Centre, Mahasarakhan Province.
- 10:00 - 12:00 PM Participants visited selected villages of CBIT Project and villages with income-generating programmes.
- 12:00 - 1:00 PM Lunch
- 1:00 PM Participants returned to Khon Kaen.
- 3:00 - 4:30 PM Participants visited silk-weaving factory in Chonabot District, Khon Kaen Province.
- 4:30 PM Participants left for Khon Kaen Airport.
- 6:10 PM Participants left for Bangkok.
- 6:50 PM Arrived at Bangkok Airport.
- 7:30 PM Participants checked in at hotel.

July 7, 1985 Free

July 8, 1985

- 8:30 AM Participants checked out from hotel.
- 9:00 AM Participants picked up from hotel.
- 10 AM - 12:00 PM Participants visited Development Training and Communication Planning Centre (DTCP).
- 12:00 - 1:00 PM Lunch
- 2:00 - 4:00 PM Leisure time.
- 4:30 PM Participants picked up from hotel.
- 6:30 PM Participants departed for Chiang Mai.
- 8:00 PM Participants checked in at Suriwong Hotel, Chiang Mai.

July 9, 1985

- 9:30 AM Participants left hotel for the University of Chiang Mai Medical Centre.
- 10 AM - 12:00 PM Participants visited and observed activities of University of Chiang Mai Medical Centre.
- 12:00 - 1:00 PM Lunch
- 1:30 - 4:30 PM Participants visited and observed activities of MCH Centre.
- 5:00 PM Participants returned to hotel.

July 10, 1985

- 7:30 AM Participants left hotel for Chiang Mai Christian Clinic (CCC).
- 8 AM - 12:00 PM Orientation and observation of Mobile Injectable Programme of Chiang Mai Christian Clinic (CCC).
- 12:30 - 1:00 PM Lunch
- 1:30 PM Leisure time.

July 11, 1985

- 8:30 AM Participants departed hotel.
- 9:30 - 12:00 PM Orientation to the activities of a district hospital.
- 12:00 PM Participants left for Chiang Mai.
- 12:30 PM Lunch
- 1:30 PM Leisure time.

July 12, 1985

- 9:00 AM Participants checked out of hotel.
- 10 AM - 12:00 PM Wrap-up session at Suriwong Hotel.
- 12:00 - 1:00 PM Lunch

- 1:00 - 2:00 PM Leisure time.
2:00 PM Participants left for Chieng Mai.
3:15 PM Participants departed Chieng Mai for Bangkok.
4:15 PM Arrived at BKK Airport.
5:15 PM Participants checked in at Windsor Hotel.

July 13, 1985

- 9:30 AM Participants departed hotel for Asian Centre.
10:00 AM ADMS, PS, ADMS/MCH and Mrs. Ochwo, of the Ugandan team, met with Chairman, Futures Group.

July 14, 1985

Free

July 15, 1985

- 9:00 AM PS, DMS, CNO (Uganda) departed hotel for MOPH.
10:20 - 12:00 PM Ugandan team met with MOPH/Thailand counterparts.
8:00 PM Ugandans and Kenyans departed for Bombay.

I. PURPOSE OF THE VISIT

The purpose of Miss Muhuhu's visit was to accompany the Ugandan, Kenyan and Nepali participants on an observational study tour of community-based family planning and development activities sponsored by the Asian Centre, Population and Community Development Association of Thailand. Miss Muhuhu's role was that of a facilitator between the PDA and participants to enable identification of areas and issues that needed follow-up back home and future possibilities for INTRAH in the area of CBD training.

The observational study tour objectives were to enable African health officials to:

- Observe and examine strategies for delivery of community-based family planning services.
- Observe and examine roles of the public, health and other development sectors in implementation of community family planning programs.
- Identify aspects for application of community-based family planning services in African family planning programs.
- Identify potential resource persons who might assist in development of a plan for community-based family planning services.

II. ACCOMPLISHMENTS

1. In Bangkok the team visited PDA's community-based distribution programs in the slums; construction workers' mobile day care program; and the School Health program. These visits were preceded by a one-day briefing on the goals, objectives and activities of PDA with highlights on the Community-Based Incentives Thailand Project and the role of evaluation.

2. At the Ministry of Public Health, the team was briefed on the National Family Planning Program. The Permanent Secretary, Chief Nursing Officer, Project Coordinator and Assistant Director in charge of MCH/FP met with their Ugandan counterparts.

3. The USAID/Bangkok Director of the Office of Health/Nutrition/Population, Mr. Terrence Tiffany briefed the team on population and family planning activities in Thailand with special emphasis on interagency collaboration and coordination.

4. In the provinces the team visited two university family planning programmes and two MCH centres in Khon Kaen and Chiang Mai; the Community-Based Incentives Thailand Project, the Appropriate Technology Centre and the Community-Based Integrated Rural Development Program in Khon Kaen; and a district hospital and mobile injectable program in Chiang Mai.
5. The Permanent Secretary, Director of Medical Services, ADMS/MCH and Project Coordinator met with the Chairman of the Futures Group in Bangkok.
6. A visit was made to DTCP.
7. The team reviewed the September course content and made recommendations to PDA in regard to a second group of Ugandans scheduled to attend the course.
8. Dr. Matovu obtained a video cassette on the film "The Pill On or Off the Prescription".
9. Miss Muhuhu and Khun Tanaporn Praditwong met to:
- a) review the strengths and limitations of the study tour.
 - b) review the Ugandan team's recommendations for the September course.

- c) discuss INTRAH's expectations and preparations for the next Ugandan team's visit to PDA in September 1985. It was agreed that PDA would send participant packages to the INTRAH E/SA Office.
- d) outline basic information required by PDA prior to a proposed community-based needs assessment trip to Africa in February 1986.

III. BACKGROUND

During the INTRAH PAC I period, INTRAH assisted the government of Uganda through the Ministry of Health in the training of 109 persons in an effort to extend and improve the provision of family planning services. At the time, the MOH intended to establish 20 hospital-based family planning clinics per year from 1984 to 1986. In October 1984, Ugandans expanded the training plans to cover the period 1984 - 1989. This new plan took into account the orientation of policy makers within the Ministry of Health to modalities of service delivery, other than clinic based. Eight (8) top officials were identified to undertake an observational tour to Thailand where INTRAH's Deputy Director was familiar with the National Family Planning Program and work of PDA. During the period November 19 - 30, 1984, INTRAH Deputy Director, Ms. Lynn Knauff visited Thailand to discuss training needs and assistance under the PAC II Contract. The Asian Centre of the Population and Community Development Association (PDA) was one of the agencies visited then.

Arrangements were made for PDA to host the Ugandan study tour. This was followed by a visit by Miss Pauline Muhuhu, INTRAH E/SA Office Director to PDA to orient herself with PDA activities and to assist in selecting programs to be included in the observational study tour.

During a project development visit to Uganda by Ms. Lynn Knauff, Dr. James Veney and Miss Pauline Muhuhu at the recommendation of the Director of Medical Services, the number of tour participants was increased from 8 to 16.

Further visits to Thailand by INTRAH's Deputy Director and Associate Director for Administration in February and May 1985 finalized the scope of the tour and financial arrangements were completed.

IV. DESCRIPTION OF ACTIVITIES

The Ugandan team arrived in Nairobi on 27th June and on the following day they obtained their visas and transit advances. The group, including Miss Pauline Muhuhu, INTRAH E/SA Office Director and Dr. Henry Matovu, CAFS Program Officer, arrived in Bangkok on June 29. The program was organized in three phases:

PHASE I. Bangkok (Urban Experience)

Participants spent the first day at the Asian Centre where they were addressed by Khun Mechai Viravaidya, PDA Chairman; Khun Tanothai Sookdis, Director of the Asian Centre; and Khun Wilas Techo, Manager of the Evaluation and Research Unit. That evening PDA hosted a reception for the group.

As an introduction to community-based distribution strategy, a film by Malcolm Potts of FHI "The Pill On or Off Prescription" was shown. This provoked a controversy with the following issues and questions raised:

- Physical examination/screening of clients for pill use. Contra-indications should be considered a must contrary to what Malcolm Potts advocates in the film.

- Special CBD programs should be designed for developing countries to avoid copying those implemented in Western/developed countries.
- The film was made in 1977; would the author/actor repeat same message today?
- The author/actor was too casual regarding contra-indications. The sale of contraceptives was viewed as indiscriminate.

In response to the above, the group was asked by the presenter to consider the following:

- Health infra-structures in a country.
- Availability of health personnel including the doctor/population ratio.
- The extent to which non-physicians should be involved in the screening of clients.
- Comparison of risks.

This was followed by a discussion on PDA strategy in dealing with the population problem in Thailand, and PDA linkage with the government. The group was mainly interested in learning about MOPH coverage in comparison to that of PDA; why the major focus is on rural areas; the funding sources for PDA; and the political implications to PDA's very active program; and whether the income per capita had improved since 1970 when the program began.

Khun Mechai addressed the group on linking family planning to development. Using his belief that development cannot be achieved without bringing the population growth rate down and his definition of family planning as "a chance in the future" he generated a very lively and well received discussion. The group, however, challenged him on the Incentives Project which was viewed as coercion. In his response, he pointed out that no force or suppression is used, nobody suffers, and there are gains such as higher

infant survival rate, individual and institutional development and personal involvement.

Later in the day the group was given a detailed briefing on PDA's monitoring, reporting and evaluation methods with some statistical information on programs.

The USAID/Bangkok Director of Population/Health/Nutrition discussed USAID's role in the implementation of the Thai Five-Year Population Policy and Implementation Plan. The role of various non-governmental agencies, their collaboration and coordination was described.

On Day 2, the team visited the Ministry of Public Health (MOPH) where they were addressed on the National Family Planning Program by various section heads.

On the last day in Thailand, at their request, the Thailand MOPH Permanent Secretary, Chief Nursing Officer and ADMS/MCH/FP met with their Ugandan counterparts individually. Miss Muhuhu did not participate in these meetings.

A visit to Development Training and Communications Planning (DTCP) was made on July 8th. Discussions here centred on development of training systems. Speakers and facilities were described by the group as very impressive. The Ugandans wanted to know whether DTCP services could be extended to Africa.

PHASE II: Khon Kaen:

In the northeastern part of Thailand, participants observed MOPH rural activities that included MCH centre services; midwifery training and provincial health services management. Before being addressed by the head of the Department of Obstetrics and Gynaecology and her staff at Khon Kaen University Hospital, the group observed nurses and medical students performing post-partum sterilization. A courtesy call was also paid to the director of the hospital.

Of great interest to the group in this beautiful modern hospital were the use of specially trained nurses in the performance of sterilization and the maintenance of the family planning record keeping system.

Among PDA programs observed were the Mahasarakhan Appropriate Technology Centre, Ban Pai Rural Water Improvement Project, income-generating activities and the Community-Based Incentives Thailand Project. While some members applauded this project, others expressed great concern at what they described as coercion of the community.

PHASE III: Urban and Rural Experience, Chieng Mai:

In northern Thailand participants visited another medical school and MCH centre. Fertility research activities conducted by the medical school and its historical background were of interest to participants. The highlights of the visits in this area were the mobile injectable services of Chieng Mai Christian Medical Centre and the community-based activities carried out by a small district hospital. The aspect of the mobile injectable program that was of most interest is the concept of taking services to the clients rather than clients going in search of services, as is the case in Uganda.

A visit to a district hospital was requested at the last minute by the Director of Medical Services. To accommodate this, visits to a rural volunteer distribution and supervision program, and a government health centre had to be cancelled to the disappointment of the Nepali participants.

A wrap-up session was conducted in Chieng Mai. The session was chaired by Khun Tanothai Sookdis who had flown in from Bangkok. Khun Tanaporn Praditwong, with whom the plans for this tour had been made, participated in this activity (this was her second day with the group).

Participants were first given an opportunity to ask questions about their two-week experience. The questions were mainly on types and standardization of oral contraceptives in the country; channelling of contraceptives from donors to recipient agencies; government plans to sustain the target population growth rate (considering the high level of contraceptive awareness); PDA plans to increase its family planning activities; and the role of NGO's.

The Nepalis were then given an opportunity to share their experience and project plans of the CRS Company. Ugandans seemed interested in this project but somehow perturbed at "indiscriminate" sales of drugs. Nevertheless they requested further information on contraceptive social marketing. A meeting was then arranged for the most senior members to meet with a representative from the Futures Group the following day in Bangkok. Individual participants then summarized their experience as a form of evaluation. Initially, this exercise was to be in country groups but participants preferred individual presentations (see page 26).

The next day, the Permanent Secretary, Director of Medical Services, ADMS/MCH and Project Coordinator met with the Futures Group chairman in Bangkok at the Asian Centre. This was basically an information seeking meeting and both parties expressed interest in collaboration. INTRAH and PDA did not participate in this meeting.

On Monday, 15th July, the last day for the group in Thailand, the Permanent Secretary met his Thai counterpart and the WHO Representative at the MOPH while the CNO, ADMS/MCH and Project Coordinator met with the Director of the Thailand National Family Planning Program and Acting Head of the Training and Supervision Section.

While the above meeting was taking place, Miss Muhuhu met with Khun Tanaporn to:

1. Review experiences during the tour.
2. Discuss Ugandan expectations for the group scheduled to attend the regular PDA course in September and the logistics involved.
3. Discuss actions and information necessary prior to the proposed PDA CBD management training needs assessment visit to Africa in February 1986.

V. EVALUATION

Session evaluation was done by use of a standard questionnaire (Appendix F). Administration of INTRAH Participant Reaction Forms and PDA Session Evaluation Forms, in addition to verbal feedback, was used as summative evaluation.

Both PDA and INTRAH tools presented problems to participants.

- a) The INTRAH Participant Reaction Form is basically designed for courses and workshops. Some items were described by participants as inappropriate for this activity. These included:

Item 8: Asks about opportunity to practice skills.

Item 11: Asks about feedback on participants' progress.

Item 18: Asks about areas of additional training.

- b) The PDA Session Evaluation Form was administered after each session/visit, but the findings were not used for the improvement of this particular activity. PDA used findings "to improve on the next tour". This, in terms of training process, did not allow modification of the

program where necessary. The instrument was also limited.

In responses to this instrument and also in verbal feedback, participants tended to assess the services provided and made recommendations about these rather than the strategy applicability back home.

Suggestions for improvement on the PDA tool and its use were made.

An evaluation summary of the overall activity by participants follows.

PLACE OF VISIT Ministry of Public Health

N - 13

1. Was the place of visit appropriate and related to the training program?

a) most appropriate and relate	9
b) appropriate and related	4
c) not appropriate or related	0

2. Was the place of visit relevant to present job/career?

a) most relevant	9
b) relevant	4
c) not relevant	0

3. Were personnel at place of visit helpful and cooperative?

a) most helpful and cooperative	8
b) helpful and cooperative	5
c) not helpful or cooperative	0

4. Please indicate the length of visiting time.

a) too short	1
b) adequate	12
c) too long	0

5. Recommendations/Comments:

- a) Their system is working well.
- b) Impressed by organization and effort to improve services.
- c) Well-organized (2 participants).
- d) Would have liked to hear from person in-charge of IEC how IEC programs are implemented.
- e) We were not taken around the departments; neither did we meet senior officials, our counterparts. Next group should meet them.
- f) Commendable.
- g) Courteous staff.

PLACE OF VISIT: Development Training Communication Planning

N - 15

1. Was the place of visit appropriate and related to the program?

- | | |
|---------------------------------|----|
| a) most appropriate and related | 12 |
| b) appropriate and related | 3 |
| c) not appropriate or related | 0 |

2. Was the place of visit relevant to present job/career?

- | | |
|------------------|---|
| a) most relevant | 9 |
| b) relevant | 6 |
| c) not relevant | 0 |

3. Were personnel at place of visit helpful and cooperative?

- | | |
|---------------------------------|----|
| a) most helpful and cooperative | 13 |
| b) helpful and cooperative | 2 |
| c) not helpful or cooperative | 0 |

4. Please indicate the length of visiting time.

- | | |
|--------------|---|
| a) too short | 7 |
| b) adequate | 8 |
| c) too long | 0 |

5. Recommendations/Comments:

- a) Session V. well-conducted; wish there were enough materials to take.
- b) Very educative, worthy adopting for it gives insight on how to go about communication.

- c) Good ideas on training system.
- d) Most helpful - needed more time for information.
- e) Lectures excellent. A well-established unit.
- f) A very well-organized centre. Their services should be encouraged within member states of the region who should investigate the possibility of funding this centre.
- g) An organization serving the region with expert advice and much needed professionalism. I wonder whether it cannot be extended to other regions in developing countries.
- h) Worthy introducing to other regions.
- i) Good job but looks rather expensive.
- j) Very impressive, organization activities.
- k) Other agencies can benefit from this.

PLACE OF VISIT: Volunteer Distribution at Low Income Area - Bangkok

N - 15

1. Was the place of visit appropriate and related to the training program?

- | | |
|-------------------------------|---|
| a) most appropriate | 9 |
| b) appropriate and related | 6 |
| c) not appropriate or related | 0 |

2. Was the place of visit relevant to present job/career?

- | | |
|------------------|---|
| a) most relevant | 5 |
| b) relevant | 8 |
| c) not relevant | 2 |

3. Were personnel at place of visit helpful and cooperative?

- | | |
|---------------------------------|----|
| a) most helpful and cooperative | 4 |
| b) helpful and cooperative | 11 |
| c) not helpful or cooperative | 0 |

4. Please indicate the length of visiting time:

- | | |
|--------------|----|
| a) too short | 0 |
| b) adequate | 14 |
| c) too long | 0 |

5. Recommendations/Comments:

- a) Intensification of FP and health education needed.
- b) Need for sanitation education (2 participants).
- c) A lesson to learn for application back home.
- d) It is the rural place I needed for education purposes.
- e) A good system for motivating people.
- f) Good arrangements.
- g) Revealing experience, deplorable conditions.
- h) PDA is doing well.
- i) People deserve the service.

A place that needs FP most. More effort could be given to health/education on need for FP. Need for more social and long-term solution to slum and peri-urban problems.

PLACE OF VISIT: School of Health Program - Bangkok

N - 15

1. Was the place of visit appropriate and related to training program?
 - a) most appropriate and related 7
 - b) appropriate and related 8
 - c) not appropriate or related 0

2. Was the place of visit relevant to present job/career?
 - a) most relevant 5
 - b) relevant 9
 - c) not relevant 1

3. Were personnel at place of visit helpful and cooperative?
 - a) most helpful and cooperative 10
 - b) helpful and cooperative 5
 - c) not helpful or cooperative 0

4. Please indicate the length of visiting time:
 - a) too short 2
 - b) adequate 13
 - c) too long 0

5. Recommendations/Comments:
 - a) Good program (2 participants).
 - b) Should be extended to more schools and probably twice a year.

- c) Fulfilling the principles of school health a vital target group for health behaviour change.
- d) One person should be set aside to take visitors and explain state by state.
- e) Should include screening workers more than once a year (5 participants).
- f) Could be a model for our country (Nepal).
Interesting and informative.
- g) Suggest room be used instead of corridor for chest examination; shirt or blouse should be removed.
- h) School well-organized. Pleased to have visited the place and have learned a lot.
- i) Handout would have been more useful if given in good time, e.g. day before visit.
- j) Allow for a short meeting with teachers.
- k) Children need more care - clothing, food, education and shelter.
- l) Self-help project for a boarding school would go a long way to help these children.
- m) Good work for community development project should be provided with adequate funds from various international agencies (2 participants).
- n) I really appreciate the contribution made by PDA in health education.

**PLACE OF VISIT: Appropriate Technology and Development
Centre - Mahasarakhani**

N - 15

1. Was the place of visit appropriate and related to the training program?
 - a) most appropriate 6
 - b) appropriate and related 9
 - c) not appropriate or related 0

2. Was the place of visit relevant to present job/career?
 - a) most relevant 3
 - b) relevant 11
 - c) not relevant 1

3. Were personnel at place of visit helpful and cooperative?
 - a) most helpful and cooperative 7
 - b) helpful and cooperative 8
 - c) not helpful or cooperative 0

4. Please indicate the length of visiting time:
 - a) too short 1
 - b) adequate 14
 - c) too long 0

5. Recommendations/Comments:
 - a) Most helpful for the villagers, source of self-reliance.
 - b) Good, more should be done.

4. Please indicate the length of visiting time:

- | | |
|--------------|----|
| a) too short | 2 |
| b) adequate | 11 |
| c) too long | 0 |

5. Recommendations/Comments:

- a) Needed more information about activities taking place in health centres.
- b) Something we should take home.
- c) Very busy.
- d) Impressive.
- e) Dr. Wanda very good.
- f) MCH/FP services commendable.

PLACE OF VISIT: Provincial Medical Office Khon Kaen

N - 11

1. Was the place of visit appropriate and related to the training program?

- | | |
|-------------------------------|---|
| a) most appropriate | 7 |
| b) appropriate and related | 4 |
| c) not appropriate or related | 0 |

2. Was the place of visit relevant to present job/career?

- | | |
|------------------|---|
| a) most relevant | 8 |
| b) relevant | 3 |
| c) not relevant | 2 |

3. Were personnel at place of visit helpful and cooperative?

- | | |
|---------------------------------|---|
| a) most helpful and cooperative | 5 |
| b) helpful and cooperative | 5 |
| c) not helpful or cooperative | 0 |
| d) no response | 1 |

4. Please indicate the length of visiting time:

- | | |
|--------------|----|
| a) too short | 0 |
| b) adequate | 11 |
| c) too long | 0 |

5. Recommendations/Comments:

- a) Very well organized (5 participants).
- b) Some very good strategies in service delivery.
- c) Very detailed and most inspiring.
- d) Review of what is happening in the province.
- e) Commendable work.

PLACE OF VISIT: Community-Based Incentives Project
Thailand Village - Ban-Pai Khon-Kaen

N - 15

1. Was the place of visit appropriate and related to the training program?

- | | |
|-------------------------------|----|
| a) most appropriate | 10 |
| b) appropriate and related | 4 |
| c) not appropriate or related | |
| d) no response | 1 |

2. Was the place of visit relevant to present job/career?

a) most relevant	7
b) relevant	7
c) not relevant	0
d) no response	1

3. Were personnel at place of visit helpful and cooperative?

a) most helpful and cooperative	7
b) helpful and cooperative	7
c) not helpful or cooperative	0
d) no response	1

4. Please indicate the length of visiting time:

a) too short	0
b) adequate	14
c) too long	0
d) no response	1

5. Recommendation/Comments:

- a) Good beginning to solve community problems.
- b) More care should be taken to involve community in needs assessment.
- c) Excellent.
- d) Cheerful homely community.
- e) Very impressive.
- f) Good experience.
- g) A scheme worth trying.
- h) Very good work.
- i) Good project.

PLACE OF VISIT: University Teaching Hospital Khon Kaen:

N - 15

1. Was the place of visit appropriate and related to the training program?
 - a) most appropriate 8
 - b) appropriate and related 4
 - c) not appropriate or related 2
 - d) no response 1

2. Was the place of visit relevant to present job/career?
 - a) most relevant 8
 - b) relevant 5
 - c) not relevant 1
 - d) no response 1

3. Were personnel at place of visit helpful and cooperative?
 - a) most helpful and cooperative 7
 - b) helpful and cooperative 4
 - c) not helpful or cooperative 2
 - d) no response 2

4. Please indicate the length of visiting time:
 - a) too short 0
 - b) adequate 11
 - c) too long 1
 - d) no response 3

5. Recommendation/Comments:

- a) Was impressed with cleanliness.
- b) Very impressive set up and services (5 participants).
- c) Well organized tubal ligation demonstration especially to non-medical participants.
- d) Educative.
- e) Too short time disappointing (local setting for training).

PLACE OF VISIT: MCH Centre Chiang Mai:

N - 15

1. Was the place of visit appropriate and related to the training program?

- | | |
|-------------------------------|---|
| a) most appropriate | 8 |
| b) appropriate and related | 7 |
| c) not appropriate or related | 0 |
| d) no response | 0 |

2. Was the place of visit relevant to present job/career?

- | | |
|------------------|---|
| a) most relevant | 5 |
| b) relevant | 7 |
| c) not relevant | 0 |
| d) no response | 3 |

3. Were personnel at place of visit helpful and cooperative?

- | | |
|---------------------------------|---|
| a) most helpful and cooperative | 6 |
| b) helpful and cooperative | 9 |
| c) not helpful or cooperative | 0 |
| d) no response | 0 |

4. Please indicate the length of visiting time:

- | | |
|----------------|----|
| a) too short | 10 |
| b) adequate | 5 |
| c) too long | 0 |
| d) no response | 0 |

5. Recommendation/Comments:

- a) A good exposure to a beginner, a nice set-up.
- b) Very well organized staff. Good program (3 participants).
- c) Repeat experience, could have done without this one, another visit should have been arranged (4 participants).

PLACE OF VISIT: University Medical Centre Chiang Mai:

N - 15

1. Was the place of visit appropriate and related to the training program?

- | | |
|-------------------------------|---|
| a) most appropriate | 9 |
| b) appropriate and related | 5 |
| c) not appropriate or related | 0 |
| d) no response | 1 |

2. Was the place of visit relevant to present job/career?

a) most relevant	6
b) relevant	8
c) not relevant	0
d) no response	1

3. Were personnel at place of visit helpful and cooperative?

a) most helpful and cooperative	10
b) helpful and cooperative	4
c) not helpful or cooperative	0
d) no response	1

4. Please indicate the length of visiting time:

a) too short	2
b) adequate	12
c) too long	0
d) no response	1

5. Recommendation/Comments:

- a) Needed more information about nursing education and job descriptions of each cadre of nurse.
- b) Well-organized.
- c) More time for discussions.
- d) Good example of impact of FP.
- e) Modern teaching hospital.
- f) FP taken care of.
- g) FP well-integrated.
- h) I wish we had same facilities.
- i) Work well done.

- j) Very impressive, keeping in touch with country needs (2 participants).
- k) Appears to be contributing a lot in research and planning services.

PLACE OF VISIT: Chieng Mai Christian Centre (including Mobile Injectable Program)

N - 15

1. Was the place of visit appropriate and related to the training program?

- | | |
|-------------------------------|-------------|
| a) most appropriate | 13 |
| b) appropriate and related | 0 |
| c) not appropriate or related | 0 |
| d) no response | 2 (Nepalis) |

2. Was the place of visit relevant to present job/career?

- | | |
|------------------|----|
| a) most relevant | 13 |
| b) relevant | 0 |
| c) not relevant | 0 |
| d) no response | 2 |

3. Were personnel at place of visit helpful and cooperative?

- | | |
|---------------------------------|-------------|
| a) most helpful and cooperative | 12 |
| b) helpful and cooperative | 1 |
| c) not helpful or cooperative | 0 |
| d) no response | 2 (Nepalis) |

4. Please indicate the length of visiting time:

a) too short	1
b) adequate	12
c) too long	0
d) no response	2 (Nepalis)

5. Recommendation/Comments:

- a) Very much impressed.
- b) Playing a vital part in FP.
- c) Very high acceptance rate.
- d) Very educative, nice to watch.
- e) Impressed by sincerity of those rendering services.
- f) Good program.
- g) They are doing a mighty job.
- h) Very impressive program.
- i) Every worker in this program is committed.
- j) Very recommended for future visitors with similar objectives.
- k) Very well-organized clinic, could be introduced in my country.
- l) We could not understand Dr. Boochom's briefing but visit made it clear.
- m) Very successful program. The whole world needs to learn about DMPA from this program.
- n) Very good work.

Summative evaluation by participants during the wrap-up session generated the following comments:

A. Positive aspects:

1. Logistics were impressive.
2. Community motivation and compliance impressive.
3. A chance to observe CBFPS in action appreciated.
4. Impressed by community-based services offered by the hospitals.
5. Integration of family planning with income-generating activities and utilization of appropriate technology is appreciated.
6. Primary health care approach by hospitals was noted.
7. DTCP very good especially in visual aids.
8. A relationship was established between PDA and Uganda.
9. A very informative learning program.
10. A living example of coordination between MOH and non-governmental organizations.

B. Comments that reflect weakness of the Program:

1. Information on the program with clear objectives and daily activities were not available to participants until commencement of workshop.
2. No provision for group discussion or involvement of the participants in the program's daily schedule.
3. No allowance for special interests.
4. There was too much travel time.
5. Repetition of activities; example visit to 2 MCH centres. One would have been enough and time could have been scheduled for something different.

6. Arrangements for policy level and NGO members to meet their counterparts to share experiences and learn from counterpart's experiences could have been of great help.
7. Allowance should have been made after each visit for review of the experience.

VI. FINDINGS

1. The group expectations were as varied as the individuals in the group. Though objectives of the tour appear clear to organizers, the participants had great difficulties in detaching their thinking from hospital clinic-based family planning services. This state of affairs resulted in frustrations at the beginning and some good aspects of community-based services could well have been missed. There was also an expectation that governmental officials should have been on hand to receive the group and play host rather than a private organization. This issue lingered on until the end of the tour.

This could have been minimized by discussing the detailed daily schedule with participants to review program objectives, briefly explain what to expect in general and also incorporate participants' expectations that are within the program goals. The daily schedule and objectives could also have been sent to participants prior to their arrival to familiarize them with the institution expectations and to provide them an opportunity to raise any issues they had at least by Day 1 of the workshop.

All this did not happen and the first session started as a large conference.

2. The two Nepali participants did not display enthusiasm for the program. They missed a few sessions as they had other assignments to accomplish. Though they did complain of inappropriateness of visits whenever the group visited clinical settings, they did not show any particular interest even during community-based distribution activities. One wonders whether this was the appropriate program for them.
3. PDA has expressed interest in continuing collaboration with INTRAH in training of Ugandans in community-based services. However, PDA found the composition of the group a disadvantage as the most senior members appeared to inhibit the expression of other members who were much more open to and interested in the practical aspects of the CBD program. It was also PDA's view that the tour could have presented more challenge to the Ugandans had there been a number of other countries represented. Exchange of multi-national views would have broken the stereotyped thinking that government/clinic-centred service is the only appropriate approach to provision of FP/MCH services.
4. Per diem was not available to participants until the afternoon of the fourth day. The explanation was that per diem is paid out on Day 1 of training and in this case, Day 1 was a bank holiday preceded by a weekend. So no money was available until after the bank holiday. By the third day, participants were very restless. This may also

have contributed to certain negative behaviours displayed especially by Wednesday of the first week.

Efforts should be made to ensure that participants receive at least part of their per diem on arrival.

5. The processing of learning experiences was either lacking or inadequately done resulting in frustration of participants. This may also have contributed to the excessive energy being spent by some participants in criticizing PDA strategies rather than in identifying positive areas that could be adopted or modified for adoption back home. The outstanding training elements that were missing are:

- a) Daily or session objectives. The group had project objectives only.
- b) Sharing of expectations. The first session started with an introduction of PDA staff and then delivery of content for that session. No discussion or program overview was provided. No opportunity was offered for participants to provide input until the last day. This resulted in extra activities being carried on outside the agreed-on training days; that is, 13th and 15th July, and a last minute cancellation of two activities to replace a visit to a district hospital.
- c) Though participants were from two countries no time was allowed for the teams to get to know each other and their country programs. On the

last day a request was specifically made for the Nepalis to share their country program with the entire group. This sharing provoked interest in CRS among Ugandans.

- d) An evaluation questionnaire was issued after each session; however, the results were not used for ongoing modification where necessary. This evaluation was of absolutely no use to this particular group though it may benefit the next. There was no opportunity for the entire group to review the day's activities or to process the field trip experience as a method of training.

The PDA local training program appears successful but one has also to take into consideration the extensive field support and supervision that is built into this program. As noted during the January visit the personnel of the Training Unit serve as the support group to guest speakers, even within PDA system, and are probably viewed as tour guides. The guest speakers were, however, quite good in giving information.

- 6. Despite initial resistance and seemingly non-acceptance of a private organization offering family planning services and objections to income-generation through the FP programs, the group finally identified several useful aspects. Following are some of the Ugandan group's suggestions to their government:

- a) Government and NGO's should be encouraged to start CBD programs.

- b) District medical officers should be urged to start mobile services.
- c) Contraceptive supplies coming into the country should be standardized, and distributed in a standardized manner by MOH.
- d) Family planning should be integrated into MCH but have a vertical line in planning, budgeting and strategy setting activities.
- e) Family planning should be extended to communities throughout the country using every available resource.
- f) Manpower development activities should be strengthened, especially in family planning; e.g. basic programs to include family planning and elementary statistics (medical, nursing, medical assistants, environmental health workers and physiotherapy students).
- g) Financial support should be provided or sought for CBD work and other projects developed as a result of this tour.

VII. CONCLUSIONS AND RECOMMENDATIONS:

Although the group appeared to have had initial problems related to conflicts arising from institutional orientation, professional and position expectations, the tour accomplished its objectives. Based on the findings in this report, the following recommendations are made:

1. To ensure that participants are fully informed, the training institution should send information packages to all participants prior to their arrival at the training site. Learning experiences should be structured in such a way that there is room for verification of participants' and trainers'

expectations and also, for use of the trainer/participant agreement on what expectations could be met and how. The next group of Ugandans should have the program information from PDA before their arrival in Thailand. PDA should send the participant packages to the INTRAH Nairobi Office. Participants should be briefed by the INTRAH Nairobi Office before departure.

2. INTRAH should follow up the two Nepali participants. Follow-up could be combined with other scheduled activities in Nepal. In the future, if the CRS Company in Nepal needs to send more staff with responsibilities similar to these two participants, those staff should attend the special PDA course on contraceptive social marketing.
3. INTRAH should sponsor the second group of Ugandans as planned.
4. PDA should not assume that all participants will always have personal funds to use. Per diem or part of it must be paid to participants on arrival.
5. The proposed TOT for the Asian Centre Training Division scheduled for January 1986 should be carried out. This should enable these trainers to develop/strengthen skills necessary for application of the training process.
6. INTRAH should follow up the Ugandan team and provide support for appropriate CBD training that may be identified. Uganda should be included in the countries to be visited in February 1986 for the CBD training needs assessment.

APPENDIX A

PERSONS CONTACTED/MET

The Asian Centre:

Khun Tanothai Sookdhis - Director

Khun Tanaporn Praditwong - Ag. Manager, Training Division

USAID/Bangkok:

Mr. Terrence Tiffany - Director, Health/Population/Nutrition

(The only contact was made at the Asian Centre. He left the country before the end of the tour.)

APPENDIX B

LIST OF PARTICIPANTS:

A. Uganda:

Mr. Austin J. Ojara	Permanent Secretary, MOH
Dr. Samwiri Etyono	Director of Medical Services, MOH
Mrs. Faith Elangot	Chief Nursing Officer, MOH
Dr. Emmanuel Mutabaazi Kaijuka	ADMS/MCH, MOH
Mrs. Marcella Ochwo	INTRAH/MOH Project Coordinator, MOH
Mr. John Ruberantwari	Chief Pharmacist, MOH
Mr. Jonathan Gaifuba	ADMS/H.ED., MOH
Mrs. Solome Katesigwa	CTT Member, MOH
Mrs. Laheri Rushota	CTT Member, MOH
Dr. Margaret Kaisa	CTT Member, MOH
Mr. Enoth Mugoya	Executive Director, FPAU

B. CAFS:

Dr. Henry Matovu	Program Officer (Medical)
------------------	---------------------------

C. Nepal CRS:

Mr. Arun Shrestha	Senior Accountant
Mr. Surendra Rayamajhi	Sales Supervisor

APPENDIX C

LIST OF FACILITATORS/GUEST SPEAKERS:

A. Population & Community Development Association:

- | | |
|---------------------------------|--------------|
| 1. Khun Mechai Viravaidya | Asian Centre |
| 2. Khun Tanothai Sookdhis | Asian Centre |
| 3. Khun Tanaporn Praditwong | Asian Centre |
| 4. Khun Kanaporn Phatihatakorn | Asian Centre |
| 5. Khun Gvia Morales - Yamokgul | Asian Centre |
| 6. Khun Napasri Maneewong | Asian Centre |
| 7. Khun Wilas Techo | Asian Centre |
| 8. Mr. Don Weeden | Ban Pai |
| 9. Khun Vichen | Ban Pai |
| 10. Khun Boomrod Leeran | Ban Pai |
| 11. Khun Prokorn Sriruenthong | Mahasarakham |

B. Ministry of Public Health:

- | | |
|----------------------------------|------------|
| 12. Dr. Sirikul Isarasena | |
| 13. Khun Darinee Chotigata | |
| 14. Khun Pinenghai Sattayut | |
| 15. Dr. Prakarsna Chaovanapricha | Khonka |
| 16. Dr. Wanida Sinchai | Khon Kaen |
| 17. Dr. Sapon Chalapati | Khon Kaen |
| 18. Khun Choompol Polnara | Khon Kaen |
| 19. Dr. Suwarth Singhakovin | Chieng Mai |
| 20. Dr. Prathem Ninmanhemntir | Chieng Mai |

C. Development Training and Communication Planning:

21. Khun Najib M. Assifi
22. Khun Jeff Moss
23. Khun Jim French

D. USAID:

24. Mr. Terrence Tiffany

E. Khon Kaen University Hospital:

25. Khun Kanchana Thiensiripat
26. Dr. Chuananchom Sakondhavat
27. Dr. Virat KlungboonKrong

F. Chiang Mai Medical School

28. Dr. Kanjad Swasdio
29. Dr. Thawatchai Tansathit
30. Khun Sasiphin Skulsuthavong

G. Chiang Mai Christian Clinic:

31. Dr. Boonchom Areevong

APPENDIX D

PROJECT TITLE: PDA/INTRAH COLLABORATIVE PROJECT

ACTIVITY TITLE: Integration of Family Planning and Community Development Observation Study Tour for African Health Officials

I. GOAL:

To introduce Ministry of Health/Uganda Family Planning Association of Uganda and Kenya Centre for African Studies senior managers to a system of urban and rural community-based family planning services that complements clinic-based services and other development sector activities.

II. OBJECTIVES:

To enable African officials to:

- observe and examine strategies for delivery of community-based family planning services.
- observe and examine roles of the public sector, health sector and other development sectors in implementation of community-based family planning programs.
- identify aspects for application of community-based family planning services in African family planning program.
- identify potential resource persons who might assist in development of a plan for community-based family planning service.

III. BACKGROUND:

Uganda

The Ministry of Health of the Government of Uganda (MOH) is responsible for provision of health services for the majority of the Ugandan population. For over

20 years, the Family Planning Association of Uganda (FPAU), an affiliate of the International Planned Parenthood Federation (IPPF) has been providing family planning services in Uganda. This service has only reached a small percentage of the population. In 1982, the government expressed a need for Uganda to slow down its current population growth rate of 3.2% to 2.6% by 1986. Subsequently, the MOH issued a statement calling for integration of family planning services into all maternal and child health (MCH) services in the country, both in government and non-governmental institutions. As a step towards facilitation of the integration, INTRAH provided assistance in training of service providers at hospital-based clinics and also assisted in development of a prototype curriculum for implementation in basic and post-basic non-physician health training programs.

For the next 5 years, the MOH plans to accelerate and expand the clinic-based family planning services from hospitals to health centres and MCH centres. At this early stage when Uganda is developing a national family planning program, a need has been identified for the health decision makers to become familiar with non-clinic-based family planning service delivery systems that have been successful.

Thailand

The Population and Community Development Association (PDA) in Bangkok has successfully developed community-based family planning programs that incorporate into family planning some aspects of primary health care (parasite control, sanitation etc.) and development activities (income-generation, roads, water supply). This community-oriented approach which fosters self-

reliance appears very appropriate to predominantly rural agricultural populations. The ease of access to family planning services afforded by community-based services enhances utilization of the services, hence improving the health, economic and social welfare of the communities served.

Given the success of the PDA program, INTRAH found it appropriate to introduce the senior Ugandan Ministry of Health and Family Planning Association of Uganda officials to this innovative and successful system of community-based service delivery as part of the three-year INTRAH/MOH training program.

IV. DURATION AND DATES:

The Ugandan, Kenyan, and Nepalese officials will visit Thailand in 2 groups. Each visit will be 2 weeks in length.

Group I will participate in a specially structured study tour from July 1 - 13, 1985.

Group II will attend a regular Asian Centre observation activity from September 16 - 28, 1985.

The approximate number of days in Thailand for each group will be 15.

V. PARTICIPANTS:

- 19 Senior Ministry of Health Officials (MOH), Uganda.
- 1 Family Planning Association Official (FPAU), Uganda.
- 1 Official from the Centre for African Family Studies (CAFS), Kenya.
- 2 Contraceptive Retail Sales Company (CRS), Nepal.

Each team will be accompanied by an INTRAH staff member.

APPENDIX E

List of Materials Distributed to Participants

1. Participation and Observation Tour for Senior MOH Officials.
2. Organization Structure of the PDA.
3. CBFPS IN THAILAND: A Community-based Approach to Family Planning.
4. Rationale Behind CBD and Potential Integration: Its Approaches.
5. Distribution and Logistics Aspects of Rural Community Based Contraceptive Distribution.
6. Population and Family Planning in Thailand.
7. Family Planning in the 1980s.
8. Incentives, Reproductive Behavior, and Integrated Community Development in Asia.
9. Contrasting Case Histories.
10. Family Planning: A Universal Right.
11. Population Division, Economic and Social Commission for Asia and the Pacific.
12. The Birth Control Pill 25 Years on (The Nation Review).
13. Two Ways Development.
14. Rural Water Technology.
15. Birth Control Expert Keeps Thais in Stitches.
16. Mechai Crusades to Help Orphans.
17. Population Milestone Mark the Decade 1974 - 1983.
18. Community-Based Incentive-Thailand (CBIT).
19. Day Care Centre for "Neglected Children" (Sunday Nation Review).
20. Mechai Gives Farmers a Fighting Chance (Bangkok Post).
21. Thai Man Puts Fan in Family Planning.
22. How many mouths to feed six years from today.
23. FP in Thailand: A Cheerful Revolution.
24. Clients Record Form.

25. Maternal and Child Health Centre Region 4: Organizational Chart.
26. Faculty of Medicine: Khon Kaen University, Thailand.
27. Lecture Handouts for "School Health Program."
28. DMPA: Another Choice for Planning Our Families.
29. McComick Hospital's Family Planning Program.
30. Tentative Program for Participants for Population & Community Development Association.
31. The CBFPS Family Planning Game.
32. Development Training & Community Planning.
33. Population by 5 Year Age Group, Sex and Area.

APPENDIX F

List of Additional Materials Obtained (Excluding Handouts)

<u>Title</u>	<u>Source</u>
1. DPMA Follow-up Record	Chieng Mai Christian Clinic
2. DPMA Acceptor History	Card Chieng Mai Christian Clinic
3. Client History and Follow-up Card	Khon Kaen University Hospital Department of Obstetrics and Gynaecology.
a) IUD Insertion (R114)	
b) Injectable Contraception (R113)	
c) Oral Contraception (R115)	
4. National Family Planning Program (NFPP). An Overview.	M.O.P.H, FHD
5. Second Asia Regional Workshop on Injectable Contraceptives	C.C.C. (World Neighbours Publication)
6. MCH Centre Chieng Mai	Chieng Mai MCH Centre MOPH
7. A Decade of Partnership - 1974-84	C.C.C. (IPPF Publication)
8. Manpower Development Plan in FP and MCH 1983- 1987	M.O.P.H.

41

APPENDIX G

FIELD TRIP OBSERVATION

EVALUATION FORM

Date: _____

Place of visit _____

1. Was the place of visit appropriate and related to the training programme/theme?

- _____ a) most appropriate and related
_____ b) appropriate and related
_____ c) not appropriate or related

2. Was the place of visit relevant to present job/career?

- _____ a) most relevant
_____ b) relevant
_____ c) not relevant

3. Were personnel at place of visit helpful and cooperative?

- _____ a) most helpful and cooperative
_____ b) helpful and cooperative
_____ c) not helpful or cooperative

4. Please indicate the length of visiting time

- _____ a) too short
- _____ b) adequate
- _____ c) too long

5. Recommendation/Comments

APPENDIX H

Participant ID# _____
Course ID# _____

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

Very clear	Mostly clear	Somewhat clear	Not very clear	Not clear at all
<input type="checkbox"/>				

2. Workshop objectives seemed to be achieved:

Entirely	Mostly	Somewhat	Hardly at all	Not at all
<input type="checkbox"/>				

3. Workshop material (presentations, handouts, exercises) seemed to be:

____ All material seemed to be up-to-date and accurate,

____ Most materials seemed to be up-to-date and accurate,

____ Some material seemed to be up-to-date and accurate,

____ Little material seemed to be up-to-date and accurate,

____ No material seemed to be up-to-date and accurate.

4. Workshop material presented was clear and easy to follow:

All the time	More than half the time	About half the time	Less than half the time	None of the time
<input type="checkbox"/>				

5. For the work I do or am going to do, this workshop was:

Very useful	Mostly useful	Somewhat useful	Not very useful	Not useful at all
<input type="text"/>				

6. Possible solutions to real work problems were dealt with:

All the time	More than half the time	About half the time	Less than half the time	None of the time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. In this workshop I learned:

___ many important and useful concepts,
___ several important and useful concepts,
___ some important and useful concepts,
___ a few important and useful concepts,
___ almost no important or useful concepts.

8. In this workshop I had an opportunity to practice:

___ many important and useful skills,
___ several important and useful skills,
___ some important and useful skills,
___ a few important and useful skills,
___ almost no important or useful skills.

9. The amount of material covered during the workshop was:

Too much	Somewhat too much	Just about right	Somewhat too little	Too little
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. The amount of time and effort required by the workshop was:

Too much	Somewhat too much	Just about right	Somewhat too little	Too little
<input type="checkbox"/>				

11. Workshop facilities and arrangements were:

Very good	Good	Acceptable	Barely acceptable	Poor
<input type="checkbox"/>				

12. The trainer/trainers for this workshop was/were:

Very effective	Effective	Somewhat Effective	Not very effective	Not effective at all
<input type="checkbox"/>				

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/>				

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

Very effective	Effective	Somewhat effective	Not very effective	Not effective at all
<input type="checkbox"/>				

15. This workshop was:

_____ excellent, I would recommend it without hesitation,
_____ good, I would probably recommend it,
_____ acceptable, I might recommend it to some people,
_____ not so good, I might not recommend it,
_____ poor, I would not recommend it.

16. Please check any of the following that you feel could have improved the workshop.

- Additional time for the workshop
- More limited time for the workshop
- Use of more realistic examples and applications
- More time to practice skills and techniques
- More time to become familiar with theory and concepts
- More effective trainers
- More effective group interaction
- A different training site or location
- More preparation time outside the training sessions
- More time spent in actual training activities
- Concentration on a more limited and specific topic
- Consideration of a broader and more comprehensive topic
- Other (specify) _____

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful				hardly useful
	1	2	3	4	5
a. _____	<input type="checkbox"/>				
b. _____	<input type="checkbox"/>				
c. _____	<input type="checkbox"/>				
d. _____	<input type="checkbox"/>				
e. _____	<input type="checkbox"/>				
f. _____	<input type="checkbox"/>				
g. _____	<input type="checkbox"/>				
h. _____	<input type="checkbox"/>				
i. _____	<input type="checkbox"/>				
j. _____	<input type="checkbox"/>				

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful		hardly useful		not used	
	1	2	3	4		5
lectures	<input type="checkbox"/>					
group discussions	<input type="checkbox"/>					
individual exercises	<input type="checkbox"/>					
group exercises	<input type="checkbox"/>					
clinical sessions	<input type="checkbox"/>					
field trips	<input type="checkbox"/>					
handouts/readings	<input type="checkbox"/>					
books	<input type="checkbox"/>					
audio-visuals	<input type="checkbox"/>					

19. From the list below, please indicate the three (3) areas in which you feel additional training would be most useful to you.

- _____ Counselling and/or client education
- _____ Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- _____ Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- _____ Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- _____ Supervision of Family Planning Services
- _____ Management of Family Planning Service System
- _____ Planning/Evaluation of Family Planning Services
- _____ Policy Making/Direction of Family Planning Services
- _____ Community Based Distribution of Contraceptives
- _____ Community Based Outreach, Education or Information
- _____ In-Service Training in Family Planning
- _____ Pre-Service Teaching/Tutoring in Family Planning
- _____ Other (specify) _____

20. Additional Comments: _____

