

**District Health Management Team  
Training Modules**

# **Facilitator's Guide**

AFR/DHS/03.05

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**World Health Organization  
Regional Office for Africa  
Brazzaville**



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# Foreword

**H**ealth systems in Africa are undergoing considerable change, often in a context of ongoing health sector reforms. In most countries, decentralization of health services is very central to these changes, and consequently there is a need to prepare and empower those working at the district level for their new responsibilities and tasks. Many countries have requested WHO/AFRO to support them in the implementation of the change processes at the district level, and the Regional Office is giving special attention to these requests. Apart from the technical support that WHO can provide to the countries concerned, several support tools, modules and frameworks have been and are being developed to support the strengthening of district health systems.

The facilitator's guide for training district health management teams (DHMTs) is, together with the four training modules, intended to assist the trainers of trainers as well as the trainers of DHMTs. The guide will be useful in the adaptation of the training modules to country-specific situations as well as in the preparation, organization and conduct of training. Countries are also encouraged to use these training modules during basic training of health personnel.

I hope that countries and especially district health management teams in the Region will make optimal use of the training modules in order to enhance their capacity to address the priority health problems that we are facing every day.



Dr Ebrahim Malick Samba  
Regional Director

March 2003

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# Acknowledgements

**T**his publication is an effort to respond to the different needs for capacity building in management and implementation of health programmes and delivery of essential services. It reflects the thinking acquired from experience working with health sector reforms being implemented in the African Region.

The District Health Management Training modules are meant to be used as generic materials which may need to be adapted to country-specific situations. They cover the principles that are applicable across the Region and are meant to guide and strengthen the management capacity of district health management teams.

We would like to express our sincere gratitude to all those who have contributed to the development of the facilitator's guide. We thank Mrs M. Mohale, Dr B. Touré, Dr M. Kiasekoka, Dr M. Niang, Dr E. Soumbey-Alley, Mrs J. Nyoni, Ms. M. Awases, Dr A. Gbary, Mr T. Mwase and Dr D. Jonsson for their review and comments. Special thanks go to Dr L.G. Sambo, without whose strong leadership and guidance this work would not have been possible.



# List of Abbreviations

AMREF	African Medical and Research Foundation
CD-ROM	Compact Disk—Read-Only Memory
DALY	Disability adjusted life year
DHMT	District Health Management Team
EPI	Expanded Programme on Immunization
HFA	Health for All
HMIS	Health Management Information System
LFA	Logical Framework Approach
NA	Not Applicable
NGO	Nongovernmental organization
PHC	Primary health care
PRA	Participatory Rapid Appraisal
SWAp	Sector-wide approach
TOT	Training of trainers
WHO	World Health Organization



# Introduction

The facilitator's guide serves as a tool to help facilitators prepare for and guide the training of district health management teams using a set of four district health management team training modules produced by the WHO Regional Office for Africa (WHO/AFRO). It stresses the need for adaptation of the training modules to country-specific situations, presents the various approaches to facilitating training and provides a generic approach to facilitating the training modules. An overview of the training course indicating the main characteristics of the modules is provided at the end of the guide.

The modules on management training for DHMTs are meant to facilitate the training of members of the DHMTs, in order to improve their management of health systems. It is recommended that the modules be used alongside the tools for assessing the operationality of district health systems so that the training can respond to identified areas of weakness.

The set of DHMT training modules has been produced to support national reform efforts in all the districts in a country. Such reforms invariably involve decentralization whereby more management responsibilities rest with the districts, which the set of modules responds to.



# 1. In-Country Initiation

To initiate the DHMT training modules in a country, a meeting or workshop should be organized by the national authorities to review the modules, define their niche in view of existing management training initiatives and make recommendations for adaptation and harmonization. In addition, strategies for carrying out the training should be discussed and an initial training plan developed. The meeting can further identify a core group of facilitators who can further carry the process forward and initiate the training of trainers (TOT).

The Ministry of Health will have the responsibility for coordinating and supporting DHMT training. It is encouraged to make necessary arrangements for appropriate accreditation after training, including the provision of certificates to successful participants. To provide the necessary support, the Ministry of Health should identify a lead institution to move the training process forward.

Possible candidates for a lead institution include:

- Training Department of a Ministry of Health.
- Public Health Department at a university or institute for higher learning.
- Department of Business Education of a university or institute of higher learning.
- Strategically located public health or health worker training institutes.
- Management training institute or college.
- Human resource development (for health) institutes or colleges.
- Continuing education centres.
- An NGO or independent consultant in the field of public health or health management.
- An existing core group of facilitators that was created for an earlier purpose but that can still be identified and reached.

Usually, a single institution will not have all the required expertise or capacity. In most cases, therefore, it will require partnerships between management and health institutions, or lead institutes with additional co-opted persons to fill the gaps in their own spectrum of competence. To identify the lead institution, it is recommended to:

- Establish locally relevant criteria for selection of a lead institution or lead institutions; such criteria could include, but are not limited to:
  - geographical location and coverage / accessibility;
  - physical capacity (e.g. to organize workshops and field trips);
  - credibility and acceptability of the institutions in view of the target group;
  - availability of a library / resource centre / internet connectivity / learning resources in general;
  - core faculty that should have a mix of experience and technical capabilities;
  - track record of inter-sectoral work.
- Explore the willingness of selected institutions to engage in the DHMT training exercise.
- Discuss the strategies and plan for carrying out training with the candidate institution(s) on a preliminary basis and adjust strategies accordingly.

- Decide on the institution or set of institutions and include that choice in the strategic plan.
- Provide orientation to the institution(s) on the use of the modules. Use can be made of WHO experts and/ or consultants (see Training of Trainers).
- Involve the selected institution(s) in further planning, development and implementation of the training programme.
- Identify capacity-building requirements of the selected institution(s) and include them in the strategic plan.

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## 2. Adaptation of the Modules

The DHMT training modules were developed as generic modules based on experiences in some African countries. However, since they are intended to be used by all countries in the African Region, country particularities were not reflected in them. Before the modules are used for training in a particular country, it is important to review them and, where necessary, make country-specific adjustments or additions to reflect, for example, the local terminology used for structures, health facilities, etc. Such country adaptations at central level will facilitate the use of the modules by all the districts and ensure the same standard of training.

The review and adaptation of the modules should be done preferably through a four-stage workshop.<sup>1</sup>

### First stage

The first stage of the workshop, which should be of one or two days' duration, should be widely attended by experts in each of the fields covered in the modules or considered important for inclusion. A sufficient number of copies of the modules should be sent to participants well before the workshop for reading. In addition, extra copies and samples of existing national management and planning training materials should be available during the workshop while all efforts should be made to provide access to relevant literature. At this stage, the workshop should generate general comments and suggestions, preferably through small group work.

### Second stage

The second stage of the workshop will be of a longer duration, up to two weeks if necessary. It is intended for a much smaller group of experts (maximum ten), preferably from different disciplines but with a pedagogic / training background and writing skills. This part of the workshop will require strong secretarial and computer support and its purpose is to produce first generation adapted draft modules.

Sections of these draft modules should then be sent to the subject experts who attended the first part of the workshop to get their approval or further comments that should be incorporated in the modules. (This follow-up and further editing should be coordinated by the lead institution). Countries may wish to request technical assistance for either stage of the workshop from or through their respective WHO country offices.

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<sup>1</sup> If the modules can be used without initial adaptation, the second stage of the workshop can be skipped, to move straight to the developmental testing stage.

### Third stage

At this point,<sup>2</sup> the modules are ready for “developmental testing” which can be organized in a workshop kind of setting whereby a limited number (maximum 12) of invited members of the target group read through the modules with an editor (e.g. three target group members with one editor). The target group readers should point out and ask questions about anything that is not clear or that could be stated more clearly. Appropriate corrections or amendments are then made and the modules are ready for final editing.

### Fourth stage

The final editing team (2 to 3 people) will now produce the final version for mass production and large-scale use. When a mid-term review with revision is planned, the size of the print-run should be enough to provide a sufficient number of copies up to the planned moment of the review. The remainder will be printed after the mid-term revision.

Implementation should be monitored and it is recommended to have a mid-term evaluation and subsequent revision of the modules in view of the existing wide experience as well as ongoing reform developments. The quality of the modules and the training process will greatly benefit from such a mid-term revision.

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<sup>2</sup> If illustrations are included in the modules (which is technically no longer difficult with a scanner computer combination), this should preferably be done before the developmental testing stage. In this way, feedback from the potential readers will also concern the pictorial material.

### 3. Various Approaches to Facilitating District Health Management Training

Members of district health management teams are busy, experienced adults. Their educational and professional training backgrounds will differ and they may or may not be functioning as a team.

The aim of DHMT management training is not to bother the participants with theoretical knowledge but rather to support them to improve their performance and assist them to cope better with the new demands of health reforms. The training course aims at establishing functional district health management teams by building and strengthening their capacity.

The basic premise of the DHMT training course is to acknowledge and build on the qualification, knowledge, moral values and experience of the participants, rather than regarding them as “empty vessels” to be filled with knowledge (sometimes referred to as the “banking approach” to education). The training approach is to enable facilitators and participants to engage in a common search for solutions to problems (problem posing approach). Paulo Freire<sup>3</sup> contrasted the two approaches to education as follows:

Banking approach	Problem posing approach
<ul style="list-style-type: none"><li>■ Teacher seen as possessing all essential information</li><li>■ Participants seen as “empty vessels” needing to be filled with knowledge</li><li>■ Teacher talks</li><li>■ Participants absorb passively</li></ul>	<ul style="list-style-type: none"><li>■ Facilitator provides a framework for thinking; creative, active participants to consider a common problem and find solutions</li><li>■ Facilitator raises questions: why, how, who?</li><li>■ Participants are active, describing, analysing, suggesting, deciding, planning</li></ul>

A facilitator is someone who makes learning happen, not through lecturing, but by facilitating learning, that is, creating the conditions that make learning happen. A facilitator should therefore be someone with experience and qualification in teaching and learning processes. Trainers in the DHMT course should facilitate. Their task is to create conditions for learning and problem solving to take place. Their task is definitely **not** to stand in front of the class and deliver a lecture.

<sup>3</sup> Paulo Freire, quoted in A. Hope and S. Timmel: Training for Transformation, a handbook for community workers, Vol I, p 9. Mambo Press, Gweru, Zimbabwe, 1984.

For all categories of learning, the trainer will employ knowledge of experiential learning cycle (progressing from concrete experience, to reflective observation, to drawing conclusions/generalization to identifying applications). The trainer will deliberately draw the attention of participants to where current content and/or process fits in the learning cycle.

As part of the learning cycle, the trainer will summarize the content guided by the session objectives. The trainer will link present content with other contents in the training activity, drawing out participants' ideas regarding applications. The trainer will comment on, seek participants' ideas on, or seek actual plans for application of the content.

It is commonly recommended to start from the simple, the known and then to build up to the more complex. New information should fit into existing information and facilitators should begin by introducing new ideas and concepts at a fairly general level, emphasizing their link to previous knowledge and showing their relevance for the tasks at hand. Learners should be encouraged to find out from provided materials, dictionaries and articles, from resource persons, and from each other.

### 3.1 Various Ways of Teaching and Learning

There are many different approaches to teaching and learning and, to some extent, methods can be chosen because of the individual preferences and proficiencies of teachers and learners. Teaching and learning methods may include, but are not limited to:

- plenary presentation and discussions;
- group discussions and group assignments;
- demonstrations;
- practising under supervision and guidance;
- practising with a manual;
- watching and discussing a video or film;
- performing a role play;
- participants commenting on a poster, slide picture, or small play;
- reading and then writing a summary;
- working on problems, and applying rules;
- individualized learning with use of interactive CD-ROM (computer required), Internet or video;
- preparing and giving a presentation;
- consulting resources such as glossaries, library books, and journals;
- interviewing resource persons, and conducting research;
- introspection, meditation, probing one's own and other's feelings and values.

### 3.2 What to Avoid

Trainers should avoid:

- delivering a lecture;
- reading the text of the modules to the participants;
- covering the topics by showing copied texts of the modules on overhead sheets.

### 3.3 Better Approaches to Teaching and Learning

These include:

- facilitator guiding a discussion;
- probing;
- using an overhead projector or flipchart to show main points, pictures, graphs;
- participants reading, consulting resources, and discussing;
- participants engaging in practical assignments and finding out for themselves;
- participants giving a presentation.



## 4. Generic Approach to Facilitating a Module and Its Units

All the modules and units require a number of activities to translate them into real experiences. Jobs similar to those performed when organizing a training of trainers (TOT) course have to be executed when organizing management training for DHMTs.

Training of trainers will create for each training session a small group of people who are fully familiar with the DHMT training materials and can take the initiative.

### 4.1 Job 1: Planning and Preparing for Training

#### ***Task 1.1 Selection of DHMT trainers and resource persons***

In Module 1, a trainer or resource person should be somebody with thorough knowledge of the national health policies. Module 2 requires one or more resource persons with social skills, preferably with experience in Participatory Rapid Appraisal (PRA), while Module 3 calls for a variety of resource persons in view of the resource management topic at hand. Module 4 will need a facilitator of planning processes (e.g. Logical Framework Approach) who must have successfully attended a TOT course.

Prior to preparation for training, the trainers should re-read the modules and the related section in the facilitator's guide, focusing attention on the concepts, decision skills, and emotional and social skills, as well as on the various exercises and assignments.

#### ***Task 1.2 Selection and recruitment of DHMTs for a specific module in the management training***

Usually, it is convenient to train teams from two districts at a time, in order to achieve economics of scale and also to foster cross-fertilization of experiences between districts.

Invite about 12 members from each district. Invitations could come from the Regional Medical Officer or from the district authorities or any other authority depending on the usual protocol in the country. Make sure that the invited members attend in person; representatives should not be accepted. Participants should include, in the first instance, the core DHMTs found in most countries. These comprise:

- the District Medical Officer (also referred to as District Health Officer or District Director of Health Services);
- the District Nursing Officer;
- the District Environmental Health Officer; and
- the District Health Administrator / Secretary.

There is often, however, an extended DHMT including coordinators of various special programmes. The existence of the extended DHMT should be taken into account in the invitation but an attempt should

be made to achieve a mix of NGO, private and health training school participation. Always remember to ensure gender balance.

### ***Task 1.3 Collection of documents which may shape the training goal, objectives and/or contents***

Select, procure or photocopy reference and support materials, including articles, sections of policy papers, examples of forms, etc. Problem-based learning depends heavily on ready access to resource materials. Make sure they are available in sufficient quantities. The core background reading materials should either be bound or be provided in a clip-file, in addition to the set of four modules. This fifth document is referred to as the “Reader”. A bound reader has the advantage of being more durable. Photocopies in a clip-file are more flexible since new materials can be added or out-dated information replaced at any time.

### ***Task 1.4 Assessing, selecting and making arrangements for classroom venue and accommodation, if required, which will promote positive learning***

Prior organization for various exercises and assignments in the district may also include contacting partners and stakeholders in the district, arranging for transport, etc.

### ***Task 1.5 Briefing of supervisors and resource persons about the training, what is already done and what is yet to be done***

Resource persons and invited teachers/facilitators should be thoroughly briefed about the programme as a whole, the objectives of the training, the context in which they are called upon to contribute, what is expected of them, and what others are already doing. The best approach is to provide such briefing in two stages: (1) in advance in writing; and (2) shortly before the module is scheduled in a face to face session.

### ***Task 1.6 Building team***

Divide the trainers and resource persons into teams and assign specific roles to each team.

### ***Task 1.7 Preparation of a daily schedule and lesson plans***

The following is a suggested generic day programme. It can be adjusted to local conventions.

Session	Suggested time	Description
1	8.30–10.00	First morning session
2	10.30–12.00	Second morning session, after break
–	12.00–13.30	Lunch break
3	13.30–15.00	First afternoon session
4	15.30–17.00	Second afternoon session, after break
5	Evening	Open time frame for individual study, assignments, viewing of video, social events and relaxation



## Lesson plans

It is good practice to plan lessons beforehand. Planning forces the facilitator to think about issues such as: “what is the level of the participants?”, “what do they really need?, what audio-visual aids do I need to prepare?”, “what group assignments or role play should I prepare?”, “what field assignments should be arranged?”, and “what specialist resource people do I need to engage?”. A good lesson plan includes an objective and says something about content, learning activities and teaching aids or special arrangements. If it is more detailed, it mentions the planned sequence of events, which commonly includes an introduction, the “body” of the session followed by the closing/summary of the session, as well as methods of immediate and later evaluation. An example of a lesson plan is given in Annex 1.

### 4.2 Job 2: Managing Training

***Task 2.1 Ensure that all the necessary resources are on the training site before each session and session product is processed as needed, e.g. typed, filed.***

***Task 2.2 Brief trainers and review training process on a daily basis, seeking suggestions for improving all aspects of the training.***

***Task 2.3 Promote effectiveness of the training team.***

### 4.3 Job 3: Conducting Training

***Task 3.1 Drawing participants' expectations, share the training objectives and use participatory training approaches that apply adult learning principles to deliver the training contents.***

On the first day of the course, as part of the initiation of the programme, include a brief session on establishing group norms of expected behaviour of participants during the course.

Further establish a routine of selecting a small evaluation committee and secretariat for each day.

The evaluation committee should judge the quality of each day according to jointly agreed upon criteria. The secretariat should summarize the main points of the day.

A typical day will then start with 2 minutes evaluation and 2 minutes' presentation of the summary of the previous day.

Make sure that you provide a summary at the end of each unit. Optionally, give review questions or a post-test.

***Task 3.2 Facilitate learning by setting and maintaining a learning atmosphere, presenting subject content, conducting group discussion and applying other teaching methods with aids.***

#### 4.4 Job 4: Assessment, Monitoring and Evaluation

##### **Preparing a pre-post test**

This was practised during the TOT course. It should form part of the lesson planning by the trainers.

##### **Preparing an evaluation questionnaire**

The evaluation of daily sessions should follow a format to be decided upon by the participants. The task of the daily evaluation committees is to evaluate the daily sessions and provide a feedback on them.

An example of a summary evaluation to be used at the end of the course is provided in Annex 2. It should be adapted to fit local needs.

***Task 4.1 Preparing assessment and evaluation instruments and incorporating evaluation sessions in the training schedule.***

***Task 4.2 Using evaluation instruments to assess the achievement of learning objectives, satisfaction of trainees and the effectiveness of training.***

***Task 4.3 Analysing, summarising and interpreting evaluation data with a view to making recommendations for improving the training.***

***Task 4.4 Communicating evaluation results and recommendations to appropriate authorities verbally and in writing.***

#### 4.5 Job 5: Documentation

##### ***Task 5.1 Maintain a comprehensive training activity file***

Each DHMT training course should be properly documented in order to provide documentation for interested parties. Documentation of the daily sessions is the responsibility of the secretariat of the day, week or course (as the case may be). Summaries of the sessions are compiled by the facilitators and incorporated in the final report. The activity file should also include trainees' bio data filled in forms, the actual training schedule, evaluation instruments and summary of results, a list of the trainers and resource persons, special presentations, and the training report.

At the end of the DHMT training a small group selected from the secretariat may be asked to stay behind for one or two more days to work with the leader of the team of facilitators completing the report.

Apart from the technical report on the sessions, the team leader should ensure that a proper financial report is produced in compliance with the relevant accounting requirement.

# 5. Overview of the Course with the Main Characteristics of the Modules

## WEEK 1. MODULE 1

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**Main themes:** Health Policies; PHC; Health for All; Health Sector Reforms and Sector-Wide Approaches; District Health Systems; Preparation for Assessing the Operationality of a District Health System

### ***Pedagogic characteristics***

Many new concepts will be introduced in Module I whose main characteristic is conceptual. The concepts related to PHC do also have a strong moral and social justice implication. Preparation for the assessment involves practical intellectual skills.

### ***Implications for preparation***

Need for a resource person from policy level. Need for access to policy documents, dictionaries, thesaurus, glossaries, etc. The module can be classroom-based but should ensure scope for group work and evening preparations. No field visits needed.

## WEEK 2. MODULE 2

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**Main themes:** Management, leadership and partnership for district health

### ***Pedagogic characteristics***

The module is to a large extent in the affective, emotional and social skills domain. Management and leadership roles have to be experienced in simulated and real situations; partnership has to be exercised.

### ***Implications for preparation***

There will be several role plays and an assignment on preparation of terms of reference, interview guides and a letter of introduction to district-based partners. The partners will then be visited. On the last day, findings will be presented in the presence of invited partners and, if possible, the District Commissioner. Need for a facilitator with psycho-social and participatory, preferably including PRA, skills.

## WEEK 3. MODULE 3

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**Main themes:** Management of various health resources including: human resources, finances, logistics, physical infrastructure, drugs, time, space and information

### ***Pedagogic characteristics***

A mix of concepts and affective, emotional and social skills (especially in the field of human resource management and supervision) but mostly, for the non-human resource components, application of relatively simple intellectual skills (knowledge and application of rules and regulations) requiring practice and discipline.

### ***Implications for preparation***

Various resource persons with detailed specialist knowledge are required at different times in the programme. Some can be locally recruited (e.g. district accountant, manager of a zonal drug store). In addition, there should be easy access to relevant administrative forms and documents. Provision should be made for the conduct of supervision visits.

## INTERIM PERIOD: WEEK 4,5,6 (OR LONGER IF REQUIRED)

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**Main theme:** Assessment of the operationality of district health system

### ***Pedagogic characteristics***

Independent application of intellectual skills.

### ***Implications for preparation***

The main preparation was done at the end of Module 1; a budget may be required.

**Module 4.** Week x, y, z, preferably coinciding with or somewhat preceding the annual district (health) planning exercise to which it should contribute

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**Main theme:** Preparing a district health plan

### ***Pedagogic characteristics***

Intellectual decision skills in combination with communication skills.

### ***Implications for preparation***

A planning expert should facilitate this theme. All relevant information should be available, including possibly existing earlier district health plans.

## 5.1 Facilitator's Guide to Module 1

Module 1 is introductory to the other modules and is broad, mostly conceptual, in character. It aims at making the DHMT members aware of the policy context and health district environment, trying to show them what is familiar to them from new perspectives. It should be taught because better-oriented team members are more likely to perform adequately than those who keep struggling without seeing the broad picture.

The main objective of this module is to ensure that DHMT members will be able to:

- Function better within the prevailing and changing health policy context.
- Play an active and pro-active role in pursuing “Health-for-All” objectives in their districts.
- Strengthen their performance as leaders or managers, and as members of a team that is managing a district health system.

Module 1 consists of two units:

1. Health Policy, Strategies and Reforms (Day 1–3)
2. District Health Systems (Day 4 – 5)

The purpose of Unit 1 is to provide the DHMT members with a broad orientation on health policy issues, including PHC, Health for All, health sector reforms and SWAps, since such orientation is likely to improve and guide performance in the required direction.

Unit 2 is more focused on the district and should contribute to achieving “systems thinking”. Systems thinking, which is the ability to take a broad mental view of a situation, is necessary to ensure that health objectives are attained, hence the need for this unit.

### Preparations

- Engage at least one facilitator or resource person who is fully conversant with the national health policies and reforms.
- Ensure that a sufficient number of copies of the various national and, where possible, international health policy papers and health sector reform policy and strategy papers are available for individual and group work.
- Provide, for each participant, a copy of the Guidelines for Assessing the Operationality of District Health Systems.

In the invitation letter to the DHMTs, encourage participants to bring with them existing information, such as district health plans and profiles or studies performed in the district.

Arrange for a venue that allows for group discussions and individual and group work in the evenings.

Module 1 takes one week. Following is the suggested timetable.

## MODULE 1—ITINERARY AT A GLANCE

Wk	Day	Session	Themes and topics	Unit / Activity
1	1		<b>Day theme: General introduction / evolution of health policies</b>	
		1	Administrative and logistic arrangements	NA
		2	Opening, introductions, establishment of group norms, workshop procedures	NA
		3	Session on policy development	Unit 1.0-1.1
		4	Role play on establishment of policy agenda	Activity 1
		5	Preparation of presentation on international health policies	Unit 1.1.2 Activity 2
	2		<b>Day theme: Health for All and Primary Health Care</b>	
		1	Group presentations on various international health policies	Activity 2
		2	Reading PHC / HFA policy papers	Activity 2
		3	Discussion, clarification of PHC / HFA concepts	Unit 1.2.1
		4	Identify district health priorities in groups present	Activity 3
		5	Prepare presentations on policy analysis, appropriate technology and inequities	Activity 4
	3		<b>Day theme: Health sector reforms and sector-wide approaches</b>	
		1	Presentations on policy analysis, appropriate technology and inequities	Activity 4
		2	Read and discuss section and diagrams on health sector reforms, clarify concepts	Unit 1.2.2 Activity 5
		3	Read and discuss section on Sector-Wide Approaches, discuss “hopes and fears”	Unit 1.2.3 Activity 6
		4	Study and discuss in groups the national reform policy and strategy	Activity 7
		5	Evening assignments for groups; identify implications for own district	Activity 7
	4		<b>Day theme: Introduction to district health systems</b>	
		1	Discussion of concepts; system, district, district health system	Unit 2.0-2.4
		2	Identify various “bodies” in own district; in groups, discuss their functioning and relations	Unit 2.5-2.6
		3	Role play the formulation of a DHMT meeting agenda and /or other role play	Activity 8 Activity 9
		4	Group work on drawing communication lines between the district health system and higher levels	Unit 2.7 Activity 10
		5	In groups, identify services to be provided at different levels in the health hierarchy with the required knowledge, skills and attitudes	Unit 2.8 Activity 11
	5		<b>Day theme: Assessing the operationality of a district health system</b>	
		1	Presentation and discussion of work of the previous evening	Activity 11
		2	Plenary introduction to assessment of the operationality of a district health system	Unit 2.9
		3	In groups, prepare for an assessment in own district	Activity 12
		4	Present and discuss the assessment plan	Activity 12
	6		<b>Day theme: Review</b>	NA
			Optional: Evaluation of Module 1, post-test	NA

## MODULE 1—DAILY ACTIVITIES

Day/session	Concepts / content	Decision skills	Affective skills	Activities	Remarks
<b>D1. Session 1.</b> Administrative / logistic arrangements	Logistics			<ul style="list-style-type: none"> <li>Registration, accommodation</li> <li>Personal information form</li> <li>Payments if any</li> <li>Pre-test / Self assessment</li> </ul>	
<b>D1. Session 2.</b> Opening, introductions	Workshop procedures	Decide on group norms, and procedures, e.g. permanent or rotating chair / secretariat / evaluation committee. Decide on reporting procedure by evaluation committees and secretariat.	Starting the group process; accept that others get to know you, get to know others.	<ul style="list-style-type: none"> <li>Mutual personal history interviews among participants.</li> <li>Interviewers present interviewees to plenary session with use of posters.</li> <li>Plenary group elects chairperson(s), secretariat, evaluation committees.</li> <li>Plenary group discusses and decides on procedures</li> <li>Groups, discuss group norms.</li> <li>Plenary reaches consensus.</li> </ul>	Other introduction methods can be applied depending on the experience of the facilitator and participants' preferences.
<b>D1. Session 3.</b> Policy Development: Explain and outline how (health) policies develop and evolve	Policy. Health policy. Importance of having a (health) policy. Dynamics and forces in (health) policy development (Health) policy context, process, content and actors.	Judging the relevance of national policies for individual workers and the district. Deciding on the role of DHMT members in implementation of national policies. Identifying policy agenda points for the district.	Appreciating the importance of the policy context; Feeling the difference between working with and without clear policy guidance; Appreciating the dynamics, hidden agendas and power plays of policy development.	<ul style="list-style-type: none"> <li>Participants read Unit 1.</li> <li>Group discussion and mutual explanation of concepts.</li> <li>Group discussion on the meaning and importance of national policies</li> <li>Group discussion on individual and DHMT roles in policy implementation.</li> </ul>	Individually or in pairs as preferred. With facilitator assistance.  Importance for individual participants as well as DHMTs. Results are summarized on posters and shared over tea.
<b>D1. Session 4.</b> Role play on establishing policy agenda.	As above.	As above.	Ability to keep an important policy point on the agenda while it is under attack	<ul style="list-style-type: none"> <li>Role play depicting a meeting of a DHMT.</li> <li>Plenary discussion on power dynamics of policy formulation.</li> </ul>	Briefing: all members but one want to remove an important policy point from the agenda. The opposing member should defend it. Discussion led by facilitator, drawing lessons from the role play.
<b>D1. Session 5.</b> Preparation of presentation.	See Day 2.	See Day 2.	See Day 2.	<ul style="list-style-type: none"> <li>Groups read background documents.</li> <li>Groups prepare presentations for the next day.</li> </ul>	Background documents to be prepared by facilitator.
<b>D2. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 1</li> </ul>	

## MODULE 1—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D2. Session 1.</b>	Alma Ata Declaration Bamako Initiative. Health-for-All Policy for the 21st Century in the African Region: Agenda 2020.	Identify elements of use to own district situation.	Testing own values against the values embodied in the various declarations and policy statements	<ul style="list-style-type: none"> <li>Brief presentations and plenary discussion of group reports prepared the previous evening</li> </ul>	According to procedures agreed upon on Day 1, Session 2
<b>D2. Session 2.</b> PHC as a strategy for achieving Health for All.	Essential health care. Essential drugs. Multisectoral approach. Determinants of family health. Disease burden. Exemption mechanisms. Waiver mechanisms. Poverty and ill-health.	Identifying essential health care elements implemented in the district. Recognizing health contributions by non-health sectors in the district. Supporting the Vision of Health. Development in Africa by the Year 2020. Putting efforts to promote equity explicitly on the district health development agenda. Implementing fair and effective exemption and waiver mechanisms. Identifying essential PHC elements to be included in the national health policy.	Recognizing the revolutionary, social justice message of PHC, Health For All. Relating policies to ethics, good governance, transparency and Accountability. Understanding why many policies are failing to meet expectations. Becoming aware of moral values concerning equity including gender. Being ready to be a champion and effective promoter of the PHC and HFA.	<ul style="list-style-type: none"> <li>Reading section 1.2.1 of Unit 1, as well as extracts from PHC / HFA policy papers.</li> <li>Group discussion and mutual explanation of concepts.</li> <li>Group discussion on values, meaning and importance of PHC / HFA policies.</li> <li>Group discussion on individual and DHMT role in policy implementation.</li> </ul>	<p>Individually or in pairs as preferred.</p> <p>To be assisted by a facilitator.</p> <p>Values to apply to individuals and DHMTs. Consider why "empowerment" and equity is usually so difficult to achieve. Results are summarized on posters and presented.</p> <p>Breaks and energizers should be inserted when attention wanes.</p>
<b>D2. Session 3.</b>	Priority. Health priority.	Selecting priority activities to promote equity in the district.	Appreciate that not everything is possible, accept and internalize the priority concept.	<ul style="list-style-type: none"> <li>In groups, select priority health activities to be included in the district health plan (Activity 3).</li> </ul>	The facilitator to define the general concept of priority.
<b>D2. Session 4.</b>	Consolidation of earlier concepts (D2/S2).	Consolidation of earlier skills (D2/S2).	Consolidation of earlier skills (D2/S2).	<ul style="list-style-type: none"> <li>Prepare presentations (Activity 4) in groups.</li> </ul>	Present next day.
<b>D3. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 2</li> </ul>	



MODULE 1—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D3. Session 1.</b>	Consolidation of earlier concepts (D2/S2).  Appropriate technology. Health technology assessment Indicator.  Equity indicators.	Consolidation of earlier skills (D2/S2).  Making right decisions concerning choice of technology. Proper handling of equipment.  Measuring progress in efforts to achieve equity.	Consolidation of earlier skills (D2/S2).  Appreciate and value appropriate technology. Have a positive and caring attitude toward equipment. Be genuinely concerned about equity in health.	<ul style="list-style-type: none"> <li>Plenary presentations of group work of the previous evening.</li> </ul>	The participants should draw conclusions concerning "lessons learnt". Appropriate technology not to be confused with "second rate technology".
<b>D3. Session 2.</b> Health sector reform.	Health sector reform. Local Government reform. Civil service reform. Evidence-based decisions. Decentralization. Regulatory role.	Identifying and responding to changes or likely changes in the district and the relations with regional, national and international levels as a result of the various reforms.	Identifying hopes and fears and fairness values in connection with the various aspects of the reforms from own and community point of view.	<ul style="list-style-type: none"> <li>Reading section 1.2.2 and extracts.</li> <li>Group discussions for clarification of concepts (Activity 5).</li> </ul>	With assistance from facilitator(s).
<b>D3. Session 3.</b> SWAp.	Sector-Wide Approach (SWAp). Collaborative programme of work. Rolling medium-term budget, Sustainability Local ownership Performance agreement.	Identifying the consequences of a SWAp approach for / in the district.	Appreciating how a SWAp approach may affect previously existing vertical programmes e.g. <ul style="list-style-type: none"> <li>— flow of resources</li> <li>— partnerships</li> <li>— integration.</li> </ul>	<ul style="list-style-type: none"> <li>Reading and group discussion on section 1.2.3 of Module 1.</li> <li>Group discussions on "Hopes and Fears" related to reforms and SWAps.</li> </ul>	(Activity 6).
<b>D3. Session 4.</b>	As above.	Application to own situation.	Application to own situation.	<ul style="list-style-type: none"> <li>Reading and discussing on national reform policies and strategies.</li> </ul>	(Activity 7).
<b>D4. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 3.</li> </ul>	
<b>D4. Session 1.</b>	District health system. Inter-sectoral co-operation. District Health Management Team. Stewardship. Health Management Information System. Quality Assurance Pooling Mechanism. Referral system. Essential health package.	Distinguish between the conventional way of working in the health field and a health system approach. Decide if the district focus and decentralization is correct. Establish criteria for selection of essential health care packages. Distinguish various types of accessibility of health care.	Appreciate and communicate how a systems approach affects personal responsibilities and relations in a district. Identify with values of district health systems objectives. Identify potential areas of conflict between different groups in the district health system.	<ul style="list-style-type: none"> <li>Reading and group discussion; Unit 2, section 2.0 – 2.5.</li> </ul>	Groups need to be assisted by a facilitator who is thoroughly familiar with the district organization structure and the envisaged changes under the reforms.

## MODULE 1—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D4. Session 2.</b>	District Council. District Health Board. Health Facility Committee. Hospital Management Team. Community Health Committee.	Identify what can make a District Health Board functional and what can disrupt its functioning. Identify how bodies such as health boards, DHMT, District Health Office and various health committees in the district relate to each other in terms of role, tasks and links.	Explore individual levels of trust and confidence in the district health system and the various district bodies such as the District Health Board and Facility Health Committees and their composition.	<ul style="list-style-type: none"> <li>• Identification of the different "bodies" existing or planned to be formed in their participants' districts.</li> <li>• Discussion of their functioning and relations.</li> </ul>	In plenary session, buzz groups followed by facilitated discussion.
<b>D4. Session 3.</b>	Group dynamics.	Deciding on a meeting agenda.	Awareness of group dynamics in a DHMT.	<ul style="list-style-type: none"> <li>• Role play on preparation of meeting agenda (Activity 8)</li> </ul>	Facilitator should emphasize attention for the group process /dynamics. Group to do Activity 9 if time allows.
<b>D4. Session 4.</b>	Organization structure.	Differentiate roles and identify links between roles of a district health system and those of a national health system.	Appreciate the power dynamics of different organization structures and resistance to change of these structures.	<ul style="list-style-type: none"> <li>• Reading sections 2.6 and 2.7 of Module 1.</li> <li>• Group assignment (Activity 10).</li> </ul>	
<b>D4. Session 5.</b>	Referral. Referral system. Levels of health care services.	Analyse the functioning of the referral system and develop options for improving it. Understand the referral system and how it is expected to function in the reformed health sector.	Identify attitudinal obstacles to accessibility of health care. Identify emotional, attitudinal and social obstacles that may interfere with the proper functioning of the referral system (both on the side of the clients / patients and on the side of the service providers).	<ul style="list-style-type: none"> <li>• Reading section 2.8.</li> <li>• Group assignment (Activity 11).</li> </ul>	Ask trainees to read over night through the District Health Systems Operability Assessment Guidelines in preparation for the sessions of the next day.
<b>D5. Introduction</b>				<ul style="list-style-type: none"> <li>• Evaluation and secretariat report on Day 4.</li> </ul>	
<b>D5. Session 1.</b>	As above.	As above.	As above.	<ul style="list-style-type: none"> <li>• Presentation and discussion of the work of the previous evening.</li> </ul>	Presentations to be visual (posters).
<b>D5. Session 2.</b>	Operability of a district health system assessment process.	Identify how such an assessment may improve work performance.	Appreciate the importance of an assessment.	<ul style="list-style-type: none"> <li>• Introducing the tool for assessing the operability of district health systems.</li> </ul>	By facilitator / resource person in plenary; give time for clarifying questions .
<b>D5. Session 3.</b>	As above.	Plan and prepare for an assessment of the operability of a district health system.	Be committed to participating in an assessment exercise.	<ul style="list-style-type: none"> <li>• Groups planning for assessing the operability of own district health system.</li> </ul>	To be realistic; it may be that only outline plans can be made at this stage.

## MODULE 1—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D5. Session 4.</b>	As above.	As above.	As above.	<ul style="list-style-type: none"> <li>• Presentation and discussion of the assessment plans.</li> </ul>	Plenary session.
<b>D6. Introduction</b>				<ul style="list-style-type: none"> <li>• Evaluation and secretariat report on Day 5.</li> </ul>	
<b>D6. Session 1.</b>	Evaluation Assessment	Judge own mastery of concepts and skills.	Judge own liking and emotional affiliation to the module.	<ul style="list-style-type: none"> <li>• Post-test or post-self assessment.</li> <li>• Module evaluation.</li> </ul>	Assessment and / or evaluation tools should have been prepared in advance.
<b>D6. Session 2.</b>	Protocols in district health management.	<p>Decide which partners / communities to visit.</p> <p>Decide on terms of reference and content of covering letter.</p>	Judge correct style of writing, appreciate value of proper introduction and protocol.	<ul style="list-style-type: none"> <li>• Preparing covering letters and terms of reference for visits to partners and communities in the district.</li> </ul>	In groups, as preparation of Day 4 & 5 in Module 2 (see Module 2, Day 4 and 5).

## 5.2 Facilitator's Guide to Module 2

Module 2 is oriented toward people and interpersonal relationships. The main objective of the module is to enable DHMT members to identify their core management and leadership roles, to henceforward function as a team and to acquire skills to better manage partnership in health care.

The module covers the areas of management and leadership (Unit 1), teamwork (Unit 2), multisectoral collaboration (Unit 3), partnership between organizations (Unit 4) and community participation (Unit 5). Learning is mainly in the affective and communication domains which require psychosocial and experiential methods of facilitation. Proper management, leadership and collaboration are central to the success of health services and a lot can be gained from improvements in these areas, hence the importance of this module.

The purpose of Unit 1 (Day 1, Sessions 1 and 2) is to provide DHMT members with a strong sense of their management and leadership roles and responsibilities, particularly in view of the leadership qualities required for the management of change.

Unit 2 (Day 1, Sessions 3 and 4) should lead to the creation or reinforcement of a team identity among the DHMT members.

Unit 3 (Day 2, Sessions 1 and 2) is somewhat theoretical, and should lead to an understanding of multisectoral collaboration and various types and modes of partnership that is necessary to undertake Unit 4 which is more practical.

Unit 4 (Day 2, Sessions 3 and 4 with practice on Days 4 and 5) is about partnership among organizations in a district and culminates in a first initiative to create or consciously strengthen such partnership by visiting and then inviting partner organizations.

Unit 5 (Day 3, with practice on Days 4 and 5) initiates the DHMT to the importance of community participation and provides a method of how to actually ensure it. Actual practice of community participation is hardly possible in the time given and is best done in the interim period between Module 3 and Module 4. However, initial community exposure is possible on Day 4.

### Preparations

- Engage one or better two facilitators who are highly skilled in psychosocial, experiential facilitation methods. One of them should be a person with PRA skills, specifically to handle Unit 5 (Community Participation). It is assumed that facilitators have been exposed to PRA methods as part of the training of facilitators.
- Preferably, a provisional inventory of the main partners and identifiable communities in the district should be made in advance and they should be forewarned that they might be visited during Day 4 of the module and invited for the feedback session.
- A prior visit to the Area Commissioner or equivalent district authority is also advisable, to inform him or her about the intentions of the module and to probe his / her availability and

interest to participate in the feedback session on the visits to partners. This feedback session is best scheduled for the afternoon of Day 5.

- Resource materials and references on the subject at hand should be available in sufficient quantities. Transport arrangements to support the fieldwork on Day 4 should have been made.
- The total estimated time for Module 2 is one week. This allows for a visit to a few organizations and possibly two communities. It is not sufficient time to do a full PRA. Optionally, such an extensive PRA exercise can be done in the interim period between Module 3 and Module 4. Days 4 and 5 will be devoted to practical exercises related mostly to Units 4 and 5.
- It is of the greatest importance that all DHMT members themselves (no representatives) attend all the units. It is this module that builds the team. This cannot be done through representation.

## MODULE 2—ITINERARY AT A GLANCE

Wk	Day	Session	Week theme: Management, leadership and partnership for district health	Unit/Activity
2	1		<b>Day theme: Management, leadership and team work</b>	
		1	Introduction to management, leadership and leadership for change; identification of leadership characteristics	Unit 1.0-1.5, Activity 1
		2	Self-assessment of leadership qualities (Activity 2), preparing for change (Activity 3)	Unit 1.5 Activities 2 & 3
		3	Presentations on preparations for change. Practising team work (Activity 4)	Unit 1.6 Activity 4
		4	Practising teamwork continued; discussion of lessons learnt.	Activity 4 cont.
		5	Unstructured	
	2		<b>Day theme: Multisectoral collaboration, partnership between organizations</b>	
		1	Reading and discussing Unit 3; group work on analysis of partnership in the district.	Unit 3 Activity 5
		2	Determining characteristics of organizations; plenary introduction, group work	Unit 4.0-4.2 Activity 6
		3	Facilitation of partnership; reading sections 4.3 – 4.4.5, group discussions and role play concerning facilitation of and impediments to partnership.	Unit 4.3-4.4.5 Activities 7,8,9
		4	Introduction to mapping of district health organizations; identifying strengths and weaknesses in relations	Unit 4.5 Activity 10
		5	Preparation of visits to district-based organizations (writing letter of introduction, preparing terms of reference, interview / observation questions).	Preparation for Unit 5
	3		<b>Day theme: Community participation and partnership</b>	
		1	Reading, discussing and clarifying Unit 5; as buzz groups brainstorm on community perception of participants.	Unit 5.0 – 5.2 Activity 11
		2	Exposure to PRA theory and methods, role play on entering a community	Unit 5.2.1, Activity 12
		3	Summary of lessons learnt from Activity 12, perform Activities 13, 14, 15 on practical examples of community participation, obstacles to community participation and strategies to promote partnership.	Unit 5.2.2- 5.3 Activity 13,14,15
		4	Preparation of methods and observation / discussion tools for field work.	Preparation
		5	Preparation of field work continued.	Preparation
	4		<b>Day theme: Partnership in practice: field work</b>	
		1	Field work (2 groups to organizations, 2 groups to community)	Field work
		2	Field work.	Field work
		3	Field work.	Field work
		4	Field work, preparation of reports.	Field work
		5	Preparation of reports.	Reporting
	5		<b>Day theme: Feedback and discussion, laying the basis for continuing partnership</b>	
		1	Preparation of reports, arrangement for presentations and feedback in the presence of the Area Commissioner, organizations, and community representatives.	Reporting
		2	Presentations	Reporting
		3	Presentations	Reporting
		4	Joint discussion of strategies for continuing partnership.	Reporting
		5	A joint social event with partners.	
	6/7		<b>Day theme: Evaluation, review</b>	
			Evaluate the week, review questions, winding up pending issues.	

## MODULE 2—DAILY ACTIVITIES

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D1. Introduction</b>				<ul style="list-style-type: none"> <li>Deciding on procedures, chair, evaluation and secretariat committees.</li> <li>Pre-test or pre-self assessment.</li> </ul>	The group may have decided to maintain the same functions and procedures as in Module 1; in which case the first step can be omitted.
<b>D1. Session 1.</b> Introduction Procedures  Introduction to management and leadership.	Management and leadership.	Defining management and leadership	Appreciation of management/leadership.	<ul style="list-style-type: none"> <li>Buzz session on leadership qualities followed by plenary brain storming</li> <li>Reading Unit 1: 1.1 – 1.5.</li> </ul>	
<b>D1. Session 2.</b> Management and leadership.	Management / manager. Administration / administrator. (Effective) Leadership / leader, leadership qualities. Conflict, Critique Motivation (extrinsic and intrinsic) Empathy	Recognition of management functions and roles. Distinguishing between management and administration. Distinguishing between conventional management and effective leadership. Identification of an effective leader on the basis of an agreed set of criteria.	Take on responsibilities of a district health manager. Value leadership qualities. Be motivated and motivate others to go the extra mile. Make independent decisions, be innovative, curious and inquisitive, work hard and smart, face and handle conflict, give and receive critique, be integer and transparent.	<ul style="list-style-type: none"> <li>Self assessment of leadership / management qualities (Activity 2)</li> <li>Assessment of colleague or superior.</li> <li>Reading section 1.6 on management of change.</li> <li>Identify interests, power structure and access to information among stakeholders.</li> <li>Use this information to devise a change strategy.</li> </ul>	Individual exercise; only to be shared when agreed. This can be sensitive, only to be done with skilled facilitator. Individually or in groups. In group discussion (Activity 3).
<b>D1. Session 3.</b> Management of change.	Change (strategic and operational). Conformity.	Devising and applying a strategy for change.	Practise empathy. Express and overcome one's fear of impending changes. Understand other's fear of particular changes.	<ul style="list-style-type: none"> <li>Plenary group presentation session on the outcome of (Activity 3), the preparation of a change strategy.</li> <li>Start "Paper tower exercise". Activity 4)</li> </ul>	Facilitator should focus discussion on how to turn blockers into supporters, losers into winners. Various materials (logistics) to be prepared in advance.
<b>D1. Session 4.</b> Teamwork.	Team dynamics. District Health. Management Team.	Judge the appropriateness of the national definition of a DHMT and its composition. Judge the appropriateness of the present allocation of roles and tasks within the DHMT.	Be aware of own functioning in a (DHM) team. Be aware of own feelings and judgements toward various members of the DHMT. Be a good leader or follower in a group / DHMT.	<ul style="list-style-type: none"> <li>Plenary discussion on lessons learnt from Activity 4.</li> <li>Reading of Unit 2.</li> <li>Plenary discussion on Unit 2.</li> </ul>	Concentrate on group processes, power struggle, participation.  Facilitator should ensure that participants link activity 4 with the content of Unit 2.

## MODULE 2—DAILY ACTIVITIES

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D2. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 1.</li> </ul>	
<b>D2. Session 1.</b> Multisectoral collaboration Partnership	Multisectoral collaboration. Partnership. Coordination. Collaboration. Networking.	Identify various sectors in the district that have a health impact (positive and negative). Recognize advantages of partnership in district health-care provision.	Appreciation of partnership and collaboration.	<ul style="list-style-type: none"> <li>Reading and discussion of Unit 3.</li> <li>Activity 5, on a few questions about partnership.</li> <li>Brief plenary presentations.</li> </ul>	In groups.  Each group to answer a different question.
<b>D2. Session 2.</b>	Partnership / characteristics of organizations.	Distinguish and describe organizations on the basis of their similar and differing characteristics. On the basis of these characteristics, identify factors that are likely to facilitate partnership and factors that may make partnership difficult to realize. Devise and implement a strategy for improving partnership among organizations in a district.	Accept others / other organizations despite differences; use empathy to understand differences.	<ul style="list-style-type: none"> <li>Reading of Unit 4, sections 4.0 and 4.1 on organization characteristics.</li> <li>Performing Activity 6, in preparation of visits.</li> </ul>	Allow plenary discussion for clarification.  Check on follow-up of invitation letters + TOR to partners and communities.
<b>D2. Session 3.</b>	Facilitating partnership.	Identify to what extent partnership in district health-care provision has or has not been achieved in own district. Decide what is required to improve partnership and to achieve collaboration and networking.	Recognize personal emotional resistance to partnership with individuals or organizations in the district. Recognize what resistance other potential partners in the district may have toward collaborating with you and your organization.	<ul style="list-style-type: none"> <li>Individual reading of sections 4.3 – 4.4.5.</li> <li>Buzz group Activities 7 and 8 on facilitation / hindrance of partnership.</li> <li>Role play on meeting with partners (Activity 9).</li> </ul>	Participants sit in plenary arrangement. Participants can start "buzzing" as soon as they have finished reading.  Facilitator should prepare briefings on different expectations.
<b>D2. Session 4.</b> Mapping organizations.	Organization / organizational characteristics Mapping.	Perform "mapping" of district health-care organizations.	Recognize common interests and opportunities as well as potential bottlenecks to collaboration.	<ul style="list-style-type: none"> <li>Reading of section 4.5.</li> <li>"Mapping" organizations in the district (Activity 10)</li> </ul>	In group arrangement.  With the use of a function allocation chart (Figure 3). Encourage visual representation of the relationships.
<b>D2. Session 5.</b>	Preparations for partner and community visits.	Decide between important and not so important questions to be mutually explored while partners get to know each other.	Influence own feelings to achieve better collaboration. Ability to influence the feelings of others toward self or own organization in order to achieve better collaboration.	<ul style="list-style-type: none"> <li>Preparing questions for visits to partners and communities.</li> </ul>	Participants should list questions of what they want to know, what the partner, community may want to know and how this may be known.



MODULE 2—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D3. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 2.</li> </ul>	
<b>D3. Session 1.</b>	Community participation. Values / beliefs. Customs and habits.	Identify and explain the rationale of investing in community participation. Rate the degree of community participation in various projects and health-care activities in the district.	Become aware and discuss own emotional resistance to involvement in community participation. Empathetically, become aware of possible emotional resistance of community members to participating with you or your organization.	<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 2.</li> <li>Individual reading of Unit 5.</li> <li>Buzzing (Activity 11)</li> </ul>	In plenary arrangement. Buzzing can start as soon as participants are through with the reading; it builds on the evening assignment of the previous day.
<b>D3. Session 2.</b>	Participatory Rural Appraisal (PRA).	Devise and implement a strategy for improving community participation in the district. Assess the long-term feasibility of various strategies and ways of "coverage" of community participation in the district.	Devise methods of softening or removing such resistance. Initiate and maintain participatory relations with the communities in the district.	<ul style="list-style-type: none"> <li>Induction of participants into PRA methods and thinking.</li> <li>Classroom simulation of PRA exercise in preparation of field visit (Activity 12).</li> </ul>	This should be done in an experiential way by either a well trained facilitator or by a PRA expert just engaged for this occasion.
<b>D3. Session 3.</b>	Strategies for promoting partnership with communities	Deciding on appropriate strategies.	Mustering the intention and will to engage in partnership.	<p>Summary of lessons learnt.</p> <p>Group activities 13,14,15.</p>	In plenary by the facilitator or chairperson. Optionally, different groups can engage in different activities; results can be shared in plenary presentations and discussion.
<b>D3. Sessions 4 and 5.</b>	Field work preparation	Planning and organization.	Enthusiasm, sincerity	Continue preparing instruments, methods and approaches for the fieldwork.	Strong facilitator support is required to ensure quality.
<b>D4. Session 1.</b>	<i>Integration and consolidation of all previous learning in the module</i>			<ul style="list-style-type: none"> <li>Field visits</li> </ul>	Different groups to visit different organizations / communities.
<b>D4. Session 2.</b>				<ul style="list-style-type: none"> <li>Field visits</li> </ul>	
<b>D4. Session 3.</b>				<ul style="list-style-type: none"> <li>Field visits</li> </ul>	
<b>D4. Session 4.</b>				<ul style="list-style-type: none"> <li>Returning from field visits.</li> <li>Plenary sharing of first experiences.</li> </ul>	
<b>D5. Sessions 1 and 2.</b>	Reporting	Being brief while still covering the essentials.	Recognizing the important "soft" observations to report on.	<ul style="list-style-type: none"> <li>Group preparation of reports / presentations.</li> </ul>	Strong facilitator support is required to ensure quality.
<b>D5. Sessions 3 and 4.</b>	Presentation / sharing	Being brief while still covering the essentials.	Confidence, communication.	All visited stakeholders and district commissioner are invited. Groups' presentations, discussions.	To be organized well in advance. Preferably led by participants' chairperson; focus on strengthening and maintaining partnership.

### 5.3 Facilitator's Guide to Module 3

Module 3 deals with a variety of resources that the district health management team has to manage. Learning is mostly at a relatively elementary level of intellectual skills (application of rules and simple concepts) but involves the affective domain (honesty, discipline, accuracy, etc.). Learning will be essentially through practical exercises and applications. The management of several of the resources (though not all) is not health specific, thus the facilitation of this module may be commissioned to a generic management training institute or trainer, provided that subject experts are co-opted where required.

The main objective of Module 3 is to ensure that DHMT members acquire skills to better manage resources at district level.

Module 3 contains seven units:

1. Management of Human Resources for Health (Day 1)
2. Management of Finances (Day 2, morning)
3. Management of Logistics (Day 2, first part of afternoon)
4. Management of Physical Infrastructure (Day 2, second part of afternoon)
5. Management of Drugs (Day 3, morning)
6. Management of Time and Space (Day 3, afternoon)
7. Management of Information (Day 4, morning)

Provision for integration of the units is made through a supervision exercise whereby health facilities or departments are visited. The afternoon of Day 4 will be used for preparation of supervision instruments and trials through role play. The actual supervision visits will take place on Day 5. The evening of Day 5 or the morning of Day 6 will be reserved for reporting on the visits and extracting the lessons learnt.

Although some of the units are fairly specialist, the level aims at general understanding by all DHMT members in order to create better mutual understanding of each other's tasks. All members should therefore participate in all the units.

#### Preparations

- Recruit local subject experts as resource persons, since various units require specific expertise.<sup>4</sup> (See chart on next page.)
- Make sure that all the participants have sufficient access to all the various forms and types of paperwork required for the various units in order to practise. This may include drug requisition forms, forms to report snags or small breakdowns, vehicle logbooks, various financial/accounts forms and books, etc.
- Also have the various government and other organizational rules and regulations as well as handbooks (e.g. on drug supply system) available for easy reference.

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<sup>4</sup> This will only apply in countries with a regional or provincial level, where such expertise close to the district may be found. In other circumstances, the facilitators should have acquired the necessary knowledge and skills to facilitate these subjects from the subject experts during the facilitators' course.

- Identify and prepare in advance one or more nearby hospital departments or health facilities for a learning supervision visit or drug use indicator exercises; ensure that transport is available if required.
- Acquire at least one copy per 4 participants of “Workload Indicators for Staffing Needs” by Peter Shipp, WHO, Geneva<sup>5</sup> and the Handbook on Drug Use Indicators, WHO, Geneva (for Unit 5, Activity 25).
- Sections from Managing Health Facilities (AMREF) contain useful information on management of space (Unit 6).

The total estimated time for Module 3 is one week. See next page for an overall timetable.

U. 1	A human resource management expert or a senior manager/administrator with strong human resource experience
U. 2	A senior accountant and/or health financing expert
U. 3	A logistics/procurement expert and a specific transport management expert
U. 4	A drug supply expert/pharmacist
U. 5	A building/construction engineer
U. 6	A general manager; there are also videos on time management (British Council)
U. 7	A HMIS expert-health statistician and health librarian/resource centre manager

<sup>5</sup> Available from the WHO web-site.

## MODULE 3—ITINERARY AT A GLANCE

<b>Wk</b>	<b>D</b>	<b>Ses</b>	<b>Week theme: Management of resources for district health care.</b>	<b>Unit / Activity</b>
3	1		<b>Day theme: Management of human resources.</b>	Un. 1
		1	Planning, recruitment and deployment of staff (plenary introduction, group discussions , role play).	Un. 1.0 – 1.1 Act 1,2,3
		2	Read section on job descriptions, write job descriptions and advertisement , group discussion on job orientation.	Un. 1.1 Act 4, 5
		3	Read section on communication process, role play on obstacles to communication; read section on meetings, role play the meeting without agenda.	Un. 1.2-1.3 Act 6, 8
		4	Read and discuss sections on promoting staff motivation, performance appraisal, and supervision, continuing education and conflict management. Perform activities on supervision, discussion on continuing education activities and conflict management), activity 10 will be conducted on the afternoon of Day 4.	Un. 1.4 - 1.6 Act 9, 11, 12 Un 1.7–1.8
		5	Self assessment on communication skills , preparation of role play on “perfect meeting” (Activity 8, second part). Optionally, watch and discuss video on “Meetings, more bloody meetings” or another suitable film show on meetings.	Act. 7 Act. 8 second part
	2		<b>Day theme: Management of finances, logistics, transport and physical infrastructure.</b>	Un. 2 3 4
		1	Plenary introduction to management of finances by expert.	Un. 2
		2	Exercising accounting using the various forms and accounting instruments .	Act. 13
		3	Plenary introduction to logistics and transport management by expert; in groups, perform exercises on equipment, maintenance and vehicle monitoring.	Un. 3 Act. 14, 15
		4	Introduction to physical infrastructure by expert (preferably building engineer); individual groups perform different activities; plenary feedback and discussion.	Unit 4 Act. 16,17,18
		5	(Optional) view and discuss film on logistics and transport, e.g. EPI Cold Chain Film from Ghana.	

MODULE 3—ITINERARY AT A GLANCE, CONTINUED

	3		<b>Day theme: Management of drugs, time and space.</b>	Un. 5 & 6
		1	Plenary introduction to drug supply management and essential drug concept (buzz group discussion); role play, buzz group discussion / exercises (Activities 21, 22, 24 and 26).	Un 5. Act 19, 20 Act 21, 22, 24, 26
		2	Introduction to drug use indicator exercise (to be performed on Day 5).	Act 25
		3	Introduction to time management (by manager, if possible reinforced with a suitable video); prepare for Activity 27; perform Activity 28 as individuals / buzz groups.	Un. 6.1 Act 27, 28
		4	Introduction to the management of space; prepare for activity 29 (to be conducted on Day 5); conduct group discussion concerning coverage.	Un 6.2 Act 29, 30
		5	Make drug requirement list.	Act 23
	4		<b>Day theme: Management of information</b>	Un. 7
		1	Introduction to information systems; make inventory of individual learning needs in this area.	Un. 7
		2	Visit to a resource centre, discussion of its importance and management requirements.	Un.7 (Act 30)
		3	Introduction to preparation of supervision visit (include Activities 10, 25, 29).	Act 10, 25, 29
		4	Preparation for supervision visits.	Preparation
		5	Preparation for supervision visits.	Preparation
	5		<b>Day theme: Integration of resource management through guided supervision practice.</b>	
		1	Supervision visits.	Field work
		2	Supervision visits.	Field work
		3	Supervision visits.	Field work
		4	Compiling reports.	Reporting
		5	Compiling reports, and preparing presentations.	Reporting
	6		<b>Day theme: Feedback. Presentations, preferably in the presence of supervised parties and district authorities.</b>	Feed back
	Interim period		The interim period between Module 3 and Module 4 is set aside for determining the operability of the district health system and for compiling other information necessary for district health planning (Module 4). Keep time-log forms (Activity 27); optionally, conduct workload study (Activity 2, first option), optionally continue study of drug use indicators (Activity 29).	

## MODULE 3—DAILY ACTIVITIES

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D1. Introduction</b>				<ul style="list-style-type: none"> <li>Deciding on procedures, chair, evaluation and secretariat committees, pre-test or pre self assessment</li> </ul>	
<b>D1. Session 1.</b>	Human resource planning. Recruitment. Curriculum vitae.	Distinguish and decide between various methods of human resource planning. Apply staff selection and recruitment procedures. Make right decisions in human resource recruitment, selection and placement.	Conduct recruitment interview, make impartial selection; be aware of and control your personal feelings / interest / bias when electing candidates for a job. Judge whether a candidate for a job is suitable or not.	<ul style="list-style-type: none"> <li>Reading sections 1.0 – 1.1</li> <li>Plenary brainstorming on human resource management issues.</li> <li>Role play on interview procedures.</li> </ul>	Activity 1, start with a silent and a "buzz" phase. Activity 2 is best scheduled in the interim period between Modules 3 and 4.  Activity 3
<b>D1. Session 2.</b>	Job description. Contract. Job orientation.	Design and interpret appropriate job descriptions and contracts for staff. Induct and orient staff on their jobs.	Value and honour a contract.	<ul style="list-style-type: none"> <li>Writing own job description and advertisement.</li> <li>Discussing job orientation.</li> </ul>	Activity 4  Activity 5
<b>D1. Session 3.</b> (This session should be linked to Session 5).	Communication. Meeting.	Identify important communication barriers in the district health system; devise alternative ways of overcoming them. Decide on an effective, yet efficient, meeting schedule. Determine a meeting agenda.	Sense whether a person is ready to communicate and whether your message has "got through". Identify emotional communication blocks and overcome them. Be a good listener, participate effectively in meetings.	<ul style="list-style-type: none"> <li>Reading sections 1.2 and 1.3 on communication and conducting meetings.</li> <li>Role play on obstacles to communication.</li> <li>Role play on "meeting without agenda".</li> </ul>	Individually or in pairs as preferred.  Activity 6  Activity 8
<b>D1. Session 4.</b>	Motivation. Performance appraisal. Effective supervision. Continuing education. Conflict. Discipline.	Select suitable criteria for a performance appraisal. Prepare a supervision checklist. Make a supervision plan and schedule. Identify performance gaps. Determine a continuing education agenda.	Be a motivator, generator of enthusiasm; Perform a fair self appraisal, give effective feedback on staff appraisal; give effective supervision feedback. Value the importance of continuing education. Handle conflicts. Apply disciplinary action firmly and fairly.	<ul style="list-style-type: none"> <li>Reading sections 1.4 - 1.8 on staff management and supervision.</li> <li>Role play on supervision visit.</li> <li>Discussion on continuing education activities in the district</li> <li>Role play on conflict management</li> </ul>	Individually or in pairs as preferred.  Activity 9.  Activity 11, group or plenary discussion.  Activity 12
<b>D1. Session 5.</b> (This session should be linked with Session 3).	Communication. Conducting meetings.	Assess necessity and frequency of meetings.	Awareness of own communication skills and improvement needs.	<ul style="list-style-type: none"> <li>Assessment of own communication skills and improvement plans</li> <li>Preparing for the supervision visit of Day 4.</li> </ul>	Activity 7  Activity 10

## MODULE 3—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D2. Introduction</b>				Evaluation and secretariat report on Day 1.	
<b>D2. Session 1.</b> Finance management.	Money, visible and invisible. Accounting, accountability. User fee. Imprest. Reconciliation.	Know the use of various accounting instruments. Maintain simple accounts. Assess in broad terms whether an accounting system is in order. Check accounts.	Appreciate the social value of accounting and accountability. Be accurate and disciplined in maintaining accounts and giving time to accounting.	Session 1. <ul style="list-style-type: none"> <li>Reading Unit 2 on management of finances.</li> <li>Preparing questions for clarification from the finance resource person.</li> <li>Plenary question and answer session.</li> <li>Introduction to accounts, documents and activities.</li> </ul>	In plenary arrangement. In buzz groups.  With facilitator or resource person as applies.
<b>D2. Session 2.</b> Finance management.				Session 2. <ul style="list-style-type: none"> <li>Accounting exercises.</li> </ul>	Activity 13 guided by resource person or facilitator.
<b>D2. Session 3.</b> Logistics management.	Logistics, logistic systems. Stores. Inventory. Maintenance. Depreciation. Transport management. Logbook.	Apply various store procedures. Use rational criteria when deciding on acquisition of capital equipment. Assess maintenance procedures for equipment and transport. Make a transport plan; Interpret a logbook.	Appreciate the value of equipment and transport. Care for equipment and transport and instill in all workers this sense of care and responsibility. Overcome "fear of technology"; appreciate appropriate technology.	<ul style="list-style-type: none"> <li>Reading Unit 3 on management of logistics.</li> <li>Preparing questions for clarification on logistics / transport.</li> <li>Plenary question / answer session.</li> <li>Group discussions / assignments on equipment / transport management.</li> </ul>	Plenary arrangement.  In buzz groups.  With facilitator or resource person as applies.  Divide Activities 14 and 15 among groups; discuss results in plenary.
<b>D2. Session 4.</b>	Physical infrastructure. Maintenance. Bed occupancy rate. Capital investment. Service contract.	Use technical criteria to determine size and type of facilities. Assess recurrent cost implications of capital investment. Assess a maintenance plan / maintenance contract.	Resist investment in unsustainable capital. Appreciate appropriate, well-maintained buildings and clean work environment. Care for the state of physical infrastructure.	<ul style="list-style-type: none"> <li>Reading Unit 4 on management of physical infrastructure.</li> <li>Preparing questions for clarification on physical infrastructure resource.</li> <li>Plenary question answer session.</li> </ul> Preparation for Activities 16, 17 and 18 ("home work")	Divide among groups; give as "home work"
<b>D2. Session 5.</b>				Unstructured; optionally see a video on logistics management. <sup>6</sup>	
<b>D 3. Introduction</b>				Evaluation and secretariat report on Day 2.	

6 For instance the Cold Chain, a WHO production based on the Ghana EPI Programme.

## MODULE 3—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D3. Session 1.</b> Essential drug concepts.	Essential drug Drug (supply) system. Drug wastage. Standard drug list. Drug requirement. Dangerous drug. Stock control system. Generic drug.	Selecting drugs, preparing essential drug lists. Calculating drug requirements using 2 methods. Ordering and receiving drugs. Devising / applying a drug distribution system. Identifying sources of drug wastage in the district, devising and implementing strategies to reduce drug wastage.	Appreciate the tension between bio-medical and other rationality toward drugs. Value drugs as important health resources to be used cost-effectively. Be accurate in prescribing and dispensing. Resist demands for irrational prescribing. Effectively communicate with patients concerning the use and dangers of drugs. Value and keep up the ethical standards with relation to the care and use of drugs.	<ul style="list-style-type: none"> <li>Reading Unit 5.0 – 5.2 on management of drugs.</li> <li>Discuss drugs wastage (Activity 19). Prepare questions for clarification on pharmaceutical supplies.</li> <li>Plenary question answer session.</li> <li>Role play on irrational drug demand.</li> <li>Assignments on drug requirement.</li> </ul>	Plenary arrangement. In (buzz) groups.  With facilitator or resource person as applies. Activity 20.  Divide Activities 21, 22 and 24 among groups to be prepared and shared in plenary.
<b>D3. Session 2.</b> Drug use indicators.	Drug use indicator	Assessing and comparing drug use practices in health facilities with the use of a set of drug use indicators.		<ul style="list-style-type: none"> <li>Introduction of drug use indicators.</li> <li>Preparation of application of drug use indicators.</li> </ul>	Assisted by facilitator or pharmaceutical supplies resource person (Activity 25).
<b>D3. Session 3.</b>	Time as a non-renewable resource. Time management.	Assess time expenditure by time logging. Identify and apply time-savers. Prepare timetables, schedules, rosters and programmes. Use calendars and dairies (and applicable computerized schedulers where possible).	Appreciate the value of people's time. Be punctual and don't let people / patients wait unnecessarily. Adhere to appointments, rosters and schedules. Be accountable for time expenditure and discipline staff to account similarly for use of time.	<ul style="list-style-type: none"> <li>Reading sections 6.0 and 6.1.</li> <li>Watching a relevant video<sup>7</sup> and asking clarification questions.</li> <li>Group work on time planning and monitoring.</li> </ul>	Optional, when such a video can be obtained.  Activity 28 and preparation for Activity 27.
<b>D3. Session 4.</b>	Space, work space. Space management Work-flow.  Catchment area. Coverage (in the context of health services).	Assess the lay-out of a work station as well as the work-flow. Interpret and use maps, draw simple maps of workstations and catchment areas.  Identify ways to reduce waiting time and distances to be covered by patients in a health facility. Assess health service coverage on the basis of availability, accessibility, acceptability, contact and effectiveness. Identify ways to improve coverage in all these aspects.	Appreciate and care for the comfort of spatial and flow arrangements of workers and patients. Understand attitudinal factors that reduce the coverage of your health services. Use rosters, other time plans, maps and other ways of visualization when communicating about use of time and space.	<ul style="list-style-type: none"> <li>Reading section 6.2 on managing space.</li> <li>Asking clarification questions.</li> <li>Preparation of observation of spatial arrangement.</li> <li>Group discussion on trends in coverage.</li> </ul>	Plenary arrangement. Plenary  Activity 29  Activity 30

7 Facilitators could check the local British Council video library.



## MODULE 3—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D3. Session 5.</b>	Drug requirements	Determine drug requirements.	Value cost-effective ordering, accuracy.	In groups, determine standard drug lists for the district.	Activity 23
<b>D4. Introduction</b>				Evaluation and secretariat report on Day 3.	
<b>D4. Session 1.</b>	Information Data (qualitative, quantitative) Analysis Frequency distribution. Line graph. Histogram. Pie graph.	Identify information needs and sources.  Analyse and interpret available health information.  Make a frequency distribution from raw quantitative data. Present data in graphic form.	Affective / social / communication skills.  Be accurate and honest in the handling of data.  Be disciplined in the maintenance of information systems.  Appreciate the importance of being well informed.  Recognize and appreciate the sensitivity of some types of information.  Maintain confidentiality of confidential information.	Reading Unit 7 on management of information.  Group discussion on learning needs in this area.  Group work on data needs and sources, data processing and analysis and reporting.	Participants' learning needs may be very different. Training in actual information management is outside the scope of this set of modules. Refer to Activities 31, 32 and 33.
<b>D4. Session 2.</b>	Library Resource centre	Devise workable storage/ filing systems for the district health office.  Decide on the place, main functions and procedures for a district health resource centre	Value the importance of a resource centre, be motivated to use it.	Visit to a resource centre or library, discuss how such resources can be better used.	Optional, if such a centre exists.
<b>D4. Session 3.</b>	Integration of concepts, decision skills, values and affective skills learned.			Introduction to preparation of supervision visits by facilitator.	
<b>D4. Session 4.</b>				Preparation for supervision visits. Assign different tasks to various groups.	Refer to Unit 1, Section 1.6 and Activities 10, 25 and 29.
<b>D4. Session 5.</b>					
<b>D5. Session 1.</b>	Integration of concepts, decision skills, values and affective skills learned.			Supervision visits to hospital departments / nearby health facilities.	Requires timely logistic arrangements!
<b>D5. Session 2.</b>					
<b>D5. Session 3.</b>					
<b>D5. Session 4.</b>				Compiling reports.	
<b>D5. Session 5.</b>				Compiling reports, preparing presentations.	
<b>D6. Session 1.</b>	Integration of concepts, decision skills, values and affective skills learned.			Presentations, preferably in the presence of supervised parties and district authorities.	Send invitations early enough.
<b>D6. Session 2.</b>					
<b>D6. Session 3.</b>	Evaluation Assessment	Judge own mastery of concepts and skills.	Judge own liking and emotional affiliation to the module.	Evaluation and secretariat report on Days 4 and 5. Post-test or post self assessment. Module evaluation.	
<b>Interim period</b>	Keep time-log forms (Activity 27); optionally perform workload study (Activity 2, first option); optionally continue study on drug use indicators (Activity 29).				

## 5.4 Facilitator's Guide to Module 4

Module 4 is meant to guide the DHMT through a district health planning process. It is taught after a sufficiently long interval, at least six weeks, after Module 3 to allow the DHMT to perform the assessment of the operationality of its district health system and to prepare a draft district health profile. The end result of Module 4 is a district health plan (where none existed) or a strengthened district health plan, where an earlier version did exist. It would be of great advantage if the module is conducted at the right time in the district planning cycle, to ensure that the health plan is incorporated in the comprehensive district plan.

The main objective of the module is to enable members of the DHMT to participate in district health planning and, as a team, produce a realistic district health plan.

Module 4 consists of six units:

1. Basic Concepts of District Health Planning (morning of Day 1).
2. Preparation for Planning.
3. Health Systems Research.
4. Steps in the Planning Process.
5. Essential Health Package.
6. Disaster Preparedness.

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### Preparations

- Engage a facilitator who is well versed in the leading of planning processes such as Logical Framework Approach (LFA), preferably an impartial outsider who does not have a vested interest in the district concerned.
- Prepare an ample supply of firm paper of different colours (A-4 to be cut in half over the length), pin-boards or large walls and materials (pins, “scotch tape” or “blue tack”) to stick paper on the pin-board or wall, paper glue, and marker pens of different colours (mainly black or blue and at least one per participant).
- In the invitation to the DHMT, the participants should be instructed to bring along the results of the assessment of the operationality of their district health system, a draft district health profile and any other information, for instance, previous plans or results of socio-economic studies performed in the district. They should be prepared to give brief introductions on the situation analysis background or history of their district, etc. It is also important to bring along to the workshop information related to resource allocations and budget ceilings.
- There are two options for facilitating this module. In the first option, it is taught as part of the course, immediately after Module 3, for a duration of one week. It is then revisited at a later stage when the actual district health plan is being prepared.
- In the second option, there is an interim period between the end of Module 3 and the beginning of Module 4 which should coincide with the preparation of the district health plan. Because actual information needs to be collected and because of the importance of reaching consensus on many points, Module 4 may take two to three weeks to complete. It however results in a concrete district health plan.
- On the next page, the breakdown of time expenditure is based on the first option.

## MODULE 4—ITINERARY AT A GLANCE

Wk	Day	Session	Week theme: District health planning, research and disaster preparedness	Unit / Activity
X	1		<b>Day theme: Basic health planning concepts, preparation for planning</b>	
		1	Administrative and logistic arrangements; Introduction to Module 4	
		2	Introduction to basic health planning concepts	Unit 1.1 – 1.4 Activity 1-4
		3	Preparation for planning	Unit 2
		4	Practice in planning preparations	Unit 2
		5	Practice in planning preparations	Unit 2
	2		<b>Day theme: Health systems research</b>	
		1	Rationale for health systems research, who should be involved?	Unit 3.0-3.3
		2	Introduction to writing research proposals and reports	Unit 3.4 -3.5
		3	Practice in writing an outline proposal	Unit 3.4 – 3.5
		4	Using and disseminating research findings	Unit 3.6 – 3.7 Activity 5
		5	Fine-tuning research proposals	
	3		<b>Day theme: Planning steps from situation analysis to interventions</b>	
		1	Overview of planning steps, situation analysis	Unit 4.0 – 4.1 Activity 6, 7
		2	Problem analysis and prioritization	Unit 4.2 Activity 8
		3	Setting objectives and targets	Unit 4.3
		4	Formulating interventions	Unit 4.4 Activity 10
		5	Continuing planning work	
	4		<b>Day theme: Planning: concrete details</b>	
		1	Determining resource requirements	Unit 4.5 Activity 11
		2	Developing a plan of action	Unit 4.6
		3	Preparing the budget	Unit 4.7 Activity 12
		4	Implementation, monitoring and evaluation	Unit 4.8 – 4.9 Activity 13
		5	Completing outline plans	Unit 4.10
	5		<b>Day themes: Essential health packages, disaster preparedness</b>	
		1	Cost-effective health interventions	Unit 5
		2	Exercises in determining cost-effective health interventions	Unit 5 Activity 14
		3	Disaster preparedness	Unit 6 Activity 15
		4	Preparing disaster preparedness plan / performing an emergency drill	Unit 6 Activity 16, 17
	6		<b>Day theme: Evaluation, consolidation and preparing for follow-up</b>	

## MODULE 4—DAILY ACTIVITIES

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D1. Introduction</b>				Logistic arrangements; procedures for chairing; evaluation and reporting; pre-test or assessment.	
<b>D1. Session 1.</b>	Decentralized planning. District health needs. Allocation of resources.	Relate planning to district health management. Recognize planning implications of decentralization.	Appreciate the importance of planning in district health management. Be prepared to devote time to planning.	<ul style="list-style-type: none"> <li>Introducing Module 4.</li> </ul>	By facilitator in plenary presentation plus question and answer session.
<b>D1. Session 2. Health Planning</b>	Determinants of health. Affordability, essential services, cost-effectiveness. Responsiveness to equity; Planning horizons; Rolling plans and forward budgets. Planning cycle.	Identify determinants of health in own district. Relate affordability and equity to planning. Distinguish between long-term and short-term planning needs. Decide on planning steps for the district health plan.	Be willing to consider equity, affordability and health determinants in district health planning practice.	<ul style="list-style-type: none"> <li>Reading sections 1.0 – 1.4.</li> <li>Group discussion for clarification of concepts.</li> <li>Group discussions.</li> </ul>	As individuals but in group arrangement. Assisted by facilitators.  Activities 1,2,3,4
<b>D1. Session 3.</b>	District health profile. Health management information system.	Interpret district health profile and health management information. Determine planning implications.	Inclination and valuing of information and statistics, highly critical attitude toward figures on paper.	<ul style="list-style-type: none"> <li>Reading Unit 2</li> </ul> <p>Starting planning preparations in groups.</p>	In plenary arrangement and clarification. They then divide work among the groups.
<b>D1. Session 4.</b>	Internalization of above concepts, decision skills and attitudes.			Practical preparations for planning.	
<b>D2. Introduction</b>				Evaluation and secretariat report on Day 1.	
<b>D2. Session 1.</b>	Health systems research. Multi-disciplinary / participatory approach	Decide on role of health systems research in district health planning. Determining research questions and priorities. Decide on appropriate research methods.	Value health systems research as "real" and important research. Appreciate the multi-disciplinary and participatory approach to health systems research. Exercise scientific discipline while conducting or proposing health systems research.	<ul style="list-style-type: none"> <li>Reading section 3.0 – 3.3 on health systems research and involvement.</li> <li>Identifying issues for clarification from the facilitator.</li> </ul>	Individuals but in group arrangement.  In groups.
<b>D2. Session 2.</b>	Health systems research process / proposal. Variables / associations. Statistical analysis.	Apply the steps in developing a research proposal.		<ul style="list-style-type: none"> <li>Reading section 3.4 and 3.5 in groups.</li> <li>Writing a mini-research proposal.</li> </ul>	Individual but in group arrangement. Group assignment.
<b>D2. Session 3.</b>	Research proposal.			<ul style="list-style-type: none"> <li>Continuing writing of research proposal.</li> </ul>	Group assignment (to be continued as D2. Session 5)
<b>D2. Session 4.</b>	Link between research findings and decision-making.	Recognize the policy implications of research findings. Identify and use opportunities of influencing policy.	Policy-makers / implementers respecting research findings. Researchers respecting policy-makers and implementers' points.	<ul style="list-style-type: none"> <li>Reading sections 3.6 and 3.7</li> <li>Group discussions (Activity 5)</li> <li>Sharing of conclusions</li> </ul>	Individuals but in group arrangement. Plenary presentations and discussion.

## MODULE 4—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D2. Session 5.</b>	Research proposal.	Decide what to include in a research proposal.	Have stamina and discipline to write a proposal.	<ul style="list-style-type: none"> <li>Completing research proposals to be handed in to facilitators.</li> </ul>	In the evening if needed. Facilitators to write comments
<b>D3. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 2.</li> </ul>	
<b>D3. Session 1.</b>	Planning cycle. Situation analysis. Problem identification	Link practical examples to steps in the planning cycle. Decide which type of planning to use. Perform a situation analysis; identify key problems.	Analytical attitude; ability to link theory and practice.	<ul style="list-style-type: none"> <li>Reading sections 4.0 and 4.1.</li> <li>Group work on Activity 6, 7; reflections on planning in the district.</li> <li>Reporting conclusions.</li> </ul>	In groups, asking for clarification if needed. In plenary.
<b>D3. Session 2.</b>	Problem analysis. Prioritization; Problem tree; Vulnerability to intervention. Cost-effectiveness. Political expediency.	Identify problems; decide on cause and effect relationships. Apply a set of criteria to decide on relative priorities.	Accept the priority concept, while being aware of its human and political implications.	<ul style="list-style-type: none"> <li>Generating a problem tree (Activity 8).</li> <li>Identification of two main priority areas.</li> </ul>	In plenary session, using brainstorming methods with facilitator guidance, using criteria of 4.2.2.
<b>D3. Session 3.</b>	Objectives and targets. Objectives tree.	Determine objectives and planning targets in a logical hierarchical order.	Be aware of different interests that may play a role in determining plan objectives, targets and interventions. Be ethical in choice for highest health benefit and equity as opposed to own interest (e.g. new car, allowances).	<ul style="list-style-type: none"> <li>Setting sample objectives based on the problem tree statements.</li> <li>Formulating a target for each objective.</li> <li>Sharing conclusions.</li> </ul>	In groups with facilitator guidance. In groups with facilitator guidance. In plenary session.
<b>D3. Session 4.</b>	Health intervention.	Identify interventions that contribute to set objectives and targets.		<ul style="list-style-type: none"> <li>Reading section 4.4. Identification of interventions.</li> <li>Sharing of results.</li> </ul>	In group arrangement. (Activity 10). In plenary.
<b>D3. Session 5.</b>	Plan interventions.	Internalize above skills and values.		<ul style="list-style-type: none"> <li>Refining formulation of plan interventions.</li> </ul>	Evening activity.
<b>D4. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 3.</li> </ul>	
<b>D4. Session 1.</b>	Resource requirements.	Decide on various types of resources and quantities thereof to achieve targets and objectives.	Being realistic, avoiding "shopping lists".	<ul style="list-style-type: none"> <li>Reading section 4.5.</li> <li>Determination of resource requirements.</li> </ul>	In group arrangement. Group assignment (Activity 11).
<b>D4. Session 2.</b>	Plan of action. Plan matrix.	Bringing various elements of a plan together in a logically coherent way.	Conciseness in written formulation.	<ul style="list-style-type: none"> <li>Continued group preparation of plans of action.</li> </ul>	On the basis of information provided in section 4.6.
<b>D4. Session 3.</b>	Budget. Types of budgets. Recurrent cost. Capital cost.	Decide which type of budget to use. Decide on recurrent and capital costs of resource inputs.	Being realistic, informed, accurate.	<ul style="list-style-type: none"> <li>Reading section 4.7.</li> <li>Costing the plan of action. Preparing a budget.</li> </ul>	While remaining in groups (Activity 12).

## MODULE 4—DAILY ACTIVITIES, CONTINUED

Day/session	Concepts	Decision skills	Affective skills	Activities	Remarks
<b>D4. Session 4.</b>	Implementation. Time lines. Monitoring / Evaluation. Process / input/ output indicator. Means of verification.	Determine time frame, monitoring and evaluation procedures. Formulate indicators and their means of verification, being relevant (non-trivial) and realistic.	Being realistic, informed, accurate.	<ul style="list-style-type: none"> <li>Reading sections 4.8 and 4.9.</li> <li>Identifying indicators and means of verification.</li> </ul>	While remaining in groups (Activity 13).
<b>D4. Session 5.</b>	Plan format	Internalization, consolidation of decision skills and values.		<ul style="list-style-type: none"> <li>Completing a mini district health plan write-up.</li> </ul>	In groups using section 4.10 for guidance.
<b>D 5. Introduction</b>				<ul style="list-style-type: none"> <li>Evaluation and secretariat report on Day 4.</li> </ul>	
<b>D5. Sessions 1 and 2.</b>	Essential health package. Cost-effective intervention. Cost analysis methodology. DALY. Indicator of effectiveness.	Apply cost-effectiveness concepts to determine a minimum essential health care package.	Appreciate the underlying value assumptions of DALYs and other cost-effectiveness calculations. Determine own judgement of these values. Appreciate the social justice/ fairness aspect of a guaranteed minimum set of health interventions that should be accessible to all.	<ul style="list-style-type: none"> <li>Reading and studying Unit 5 in groups.</li> <li>Practising methods of determining cost-effective packages.</li> </ul>	In groups, facilitator(s) to assist, giving clarification (difficult concept). In groups with facilitator assistance (Activity 14).
<b>D5. Sessions 3, 4 and 5.</b>	Disaster. Disaster preparedness. Early warning system. Mass casualty management plan. Disaster-prone area / group. High risk season. Disaster drill.	Identify disasters that may occur in own district. Assess the district's disaster preparedness. Determine disaster preparedness plan needs. Draft an outline plan; organize a drill.	Have the courage to foresee disasters without being pessimistic. Show initiative and enthusiasm in engaging whoever may play a role when disaster strikes.	<ul style="list-style-type: none"> <li>Reading Unit 6 on disaster preparedness.</li> <li>Preparing a disaster preparedness plan .</li> <li>Continue Activity 15.</li> <li>Disaster drill (optional Activity 16).</li> <li>Review last epidemic (Activity 17).</li> <li>Finalize disaster preparedness plan.</li> <li>Discuss the drill results.</li> <li>Evaluation and secretariat report on Day 5.</li> </ul>	In groups.  Group assignment (Activity 15). Optionally if time allows extending the session, perform a simulation drill. Evening activity.  If drill was done.
<b>D6. Session 1.</b>	Evaluation. Assessment.	Judge own mastery of concepts and skills.	Judge own liking and emotional affiliation to the module.	<ul style="list-style-type: none"> <li>Post-test or post-self assessment.</li> <li>Module evaluation.</li> </ul>	Testing / evaluation tools to be prepared in advance.
<b>D6. Session 2.</b>	Preparation and practical arrangements for follow-up.				Ensure implementation, monitoring and evaluation.

# Annex 1: Example of a Lesson Plan: “Planning: The Planning Cycle”

Duration of a lesson: 2 hours. Venue: Conference Room 2

Time	Sub-task/ objective	Contents	Teaching method	Teaching activity	Participant activity	Teaching aids	Evaluation
9.00 – 9.05	Overview on previous topics	Information compilation and analysis	Lecture/ discussion	Ask questions	Ask/answer questions	Chalkboard	Question and answer
9.05 – 9.20	Introduce the planning concept	What Why Who How When	Lecture/ discussion	Describe Ask questions	Ask/answer questions	Chalkboard Flipchart	Question and answer
9.20 – 10.45	Describe the steps in planning	Situation analysis Problem identification Prioritization Development of plan Implementation Monitoring and evaluation	Discussion	Ask questions Provide case studies to analyse	Answer/ask questions Let participants work in groups	Flipchart	Question and answer
10.45 – 11.00	Summary	Summarize Definition of planning Steps in planning	Question and answer Discussion	Ask questions Clarify doubts	Answer/ask questions	“	Participants should be able to state the steps in the planning cycle sequentially

# Annex 2: Evaluation Forms

## EVALUATION FORMS

### TEACHER SELF – EVALUATION EXERCISE

Statement	Rating			
	Seldom 1	Average 2	Often 3	Additional comments
I give my students the opportunity to <i>practise</i> or apply knowledge in practical ways.				
In my lectures I stop and obtain thoughtful <i>feedback</i> from my students regarding what I am saying.				
I encourage my students to exercise their own initiatives (mental or practical) in mastering a subject.				
My daily teaching includes ways of rewarding good work.				
My assignments are such that the student can objectively measure his/her success.				
My emotional relationships with my students are relaxed, friendly and caring.				
My teaching includes relating students' work with other disciplines.				
My teaching includes simulations or role-playing.				
My teaching includes actual case studies.				
I give myself a chance to measure their progress half way through the course.				
I give my students a chance to show what they do not know, without embarrassing them.				
My teaching includes clear, simple, relevant audio-visual aids.				
My course is relevant to the job the student will actually be expected to do in the field.				
My course includes relevant interestingly presented on-the-job visits.				
I change my course content to fit changing circumstances.				
I take time to explain a student's error to him/her.				
I give practical examples of my points.				
I make allowance for individual student's differing aptitudes and pace of work.				
My lessons are carefully planned and prepared.				
Overall score				



## A LESSON EVALUATION FORMAT

	<b>V. good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>
<p><i>Lessons</i></p> <p><b>Introduction: Objectives clear?</b></p> <p>Teaching methods used</p> <p>Teaching aids</p> <p>Sequence of lesson</p> <p>Appropriate language</p> <p>Confidence</p> <p>Active participation</p> <p>Rapport</p> <p>Maintaining eye contact</p> <p>Voice management</p> <p>Emphasis of key points</p> <p>Variation in teaching</p> <p>Control of class</p> <p>Does the teacher give examples?</p> <p>Does he/she teach with a lesson plan?</p> <p>Time management</p> <p>Students' activities</p> <p>Style of teaching</p> <p>Summary</p> <p>Conclusion</p>				
<p><i>Evaluation</i></p> <p><b>Does he/she:</b></p> <p>Ask thought-provoking questions?</p> <p>Allow time for questions?</p> <p>Allow time for practice?</p> <p>Observe students' responses?</p> <p>Tell students how well they are doing?</p> <p>Give exercises?</p> <p>Make continuous assessments?</p> <p>How does he/she respond to questions?</p>				
<p><i>Other observations:</i></p>				
<p>Final rating of teacher: General</p> <p>Comments</p>				

## FORM FOR PARTICIPANT'S ASSESSMENT OF TRAINING

*The purpose of this form is to give facilitators information about the quality of the training activity that they have just concluded.*

For each set of statements below please tick the response that best describes your feelings or reactions about this aspect of the training.

### 1. Training objectives were clear and achieved.

3. Agree  2. Not sure  1. Disagree

Please explain:

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### 2. The topics covered for this workshop were adequate.

3. Agree  2. Not sure  1. Disagree

Please explain:

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### 3. The length of the workshop was also about right.

3. Agree  2. Not sure  1. Disagree

Please explain:

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### 4. The topics covered for this workshop were adequate.

3. Agree  2. Not sure  1. Disagree

Please explain:

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**5. This workshop dealt with some real problems which I have at work.**

3. Agree  2. Not sure  1. Disagree

Please explain:

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**6. Workshop facilities and arrangements (e.g. classroom and accommodation) were quite satisfactory.**

3. Agree  2. Not sure  1. Disagree

Please explain:

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**7. (a) The facilitators and/or resource persons for this workshop have helped me to acquire knowledge and skills and to apply them.**

3. Agree  2. Not sure  1. Disagree

Please explain:

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**(b) The classroom practice sessions of this workshop have helped me put into practice what I have learned.**

3. Agree  2. Not sure  1. Disagree

Please explain:

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**(c) If applicable: The practical/field exercises during this workshop have made me feel competent and confident in exercising district health management skills.**

3. Agree  2. Not sure  1. Disagree

Please explain:

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**8. Out of the list below tick those things that could have improved the workshop.**

- \_\_\_\_\_ a. Use of more examples
- \_\_\_\_\_ b. More time on practical exercises outside the classroom
- \_\_\_\_\_ c. More time in classroom
- \_\_\_\_\_ d. More competent facilitators / resource persons
- \_\_\_\_\_ e. More time to discuss in groups
- \_\_\_\_\_ f. Different training venue
- \_\_\_\_\_ h. Less topics covered during the workshop
- \_\_\_\_\_ i. Different practical site(s)
- \_\_\_\_\_ j. Other (please explain)

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**9. Below is a list of major topics that were presented in the workshop. Please tick in appropriate column to show their usefulness to you.**

**NB. Facilitators:** Please be sure to fill in topics before giving this form out to the participants.

TOPICS	VERY USEFUL	USEFUL	NOT USEFUL
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
Please comment:			

**10. Below is a list of activities in which skills were developed. Please tick in appropriate column to show their usefulness to you.**

**NB:** Facilitators, please be sure to fill in activities before giving this form out to participants.

PROCEDURES	VERY USEFUL	USEFUL	NOT USEFUL
A.			
B.			
C.			
D.			
E.			
F.			
Please explain			

**11. Below is a list of handouts/materials given to you to use during the workshop and later in your work station.**

Please tick in the appropriate column to show how well each helped you to understand or learn what was taught.

**NB:** Facilitators, please list by titles the handout/materials that you gave and on which you want feedback from participants.

Handout/Reading Material	VERY USEFUL	USEFUL	NOT USEFUL
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
Please comment on the handouts / materials:			

**12. The following training methods were used during the workshop. Please tick in the appropriate column to show how useful they were to your learning.**

**NB:** Facilitators, please add methods/techniques on which you want feedback from participants and cross out those methods that do not apply as you prepare the table.

TRAINING METHODS/ TECHNIQUES	VERY USEFUL	USEFUL	NOT USEFUL
A. Lectures			
B. Small group discussions			
C. Individual exercises			
D. Group exercises			
E. Field trips			
F. Reading assignments			
G. Role play			
H. Case studies			

Please comment on training methods:

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Write down anything else you want to say about the workshop

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Feel free to put your name: \_\_\_\_\_

# Annex 3: Example of Participant Intake Form (To Be Locally Adapted)

**ACTIVITY TITLE:**

**DATES OF ACTIVITY:**

**INSTRUCTIONS:**

This form should be completed by the participants at the beginning of each training course. The information helps facilitators to verify the consistency of trainee background selection criteria and the training being undertaken.

**GENERAL INFORMATION**

1. Last name: \_\_\_\_\_ Mrs  Miss  Mr  Dr
2. First name: \_\_\_\_\_
3. Sex (circle one): Female: \_\_\_\_\_ Male: \_\_\_\_\_
4. Work place: \_\_\_\_\_
5. Contact Address: \_\_\_\_\_
6. Job Title/Position/Designation: \_\_\_\_\_

**EDUCATION**

7. Number of years of formal education:
    - a. \_\_\_\_\_ years of primary school
    - b. \_\_\_\_\_ years of secondary school
    - c. \_\_\_\_\_ years of professional training
    - d. \_\_\_\_\_ years of university training
  8. Do you have a professional certificate or diploma? Yes  No
- If yes, circle the appropriate title (ADJUST TO BE LOCALLY RELEVANT)
- a. Registered Nurse/Midwife
  - b. Public Health Nurse
  - c. Medical Doctor
  - d. ....
  - e. ....



9. List below the training and/or refresher courses you have attended since you qualified. State for how long and in which year.

<b>Training</b>	<b>How long</b>	<b>What year</b>
a. _____	a. _____	a. _____
b. _____	b. _____	b. _____
c. _____	c. _____	c. _____
d. _____	d. _____	d. _____
e. _____	e. _____	e. _____



**World Health Organization**  
**Regional Office for Africa**  
**Brazzaville**