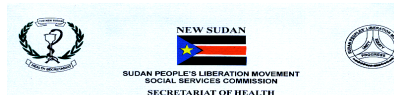




WHO



New Sudan



Istituto Superiore di Sanità

TRAINING NEEDS ASSESSMENT

of middle health cadres

IN SOUTH-SUDAN



October-December, 2005

Post Conflict recovery of the Health Sector-Southern Sudan
Strengthening training facilities for nurses and allied sciences and
capacity building of health managers

Draft

TRAINING **N**EEDS **A**SSESSMENT OF COUNTY MEDICAL OFFICERS IN SOUTHERN-SUDAN

October-December, 2005

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LIST OF ACRONYMS

CE	▪ Continuing Education
CHWs	▪ Community Health Workers
CMO	▪ County Medical Officer
CTC	▪ Crash Training Course
HA	▪ Hospital Administrator
HIS	▪ Health Information System
HMIS	▪ Health Management Information System
HRM	▪ Human Resource Management
HS	▪ Health System
HSM	▪ Health Services Management
HU	▪ Health Unit
ISS	▪ Istituto Superiore di Sanità
JB	▪ Job Description
MCH/FP	▪ Mother and Child Health/Family Planning
MDiPH	▪ Master Degree in Public Health
MOH	▪ Ministry of Health
PBL	▪ Problem Based Learning
PHC	▪ Primary Health Care
PHPC	▪ Provisional Health Personnel Council
PhD	▪ Doctor of Philosophy
SOH	▪ Secretariat of Health
SMO	▪ Senior Medical Officer
TBA	▪ Traditional Birth Attendant
TNA	▪ Training Needs Assessment
WHO	▪ World Health Organization

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Special thanks to all the survey respondents

1. EXECUTIVE SUMMARY

This TNA report presents the findings of a mission and the consequent survey that was conducted by the ISS Team in Southern Sudan in October-December 2005 with the aim of identifying the actual and perceived training needs of CMOs, SMOs and HAs and of validating the curriculum proposal for a management CTC.

Five different format questionnaires were proposed and discussed before the start of the survey with the participation of the SOH staff in Nairobi, in order to jointly design and select the most appropriate questionnaire to give to the health personnel.

At least two different questionnaires were selected and adapted to the local reality in order to collect information on: high and middle level health cadre respondents' profile; job related responsibilities; educational needs; interests and skills in teaching methodologies.

Due to their job constraints, it was not possible to obtain the questionnaire filled in by high cadres. Due to the permanence of this constraint to the completion of the TNA for high level health cadres, a short course based on international experiences will be proposed for them.

Due to the lack of security in South Sudan during the period of the survey and the consequent reduced accessibility to the different areas of the country, it was not possible neither to develop a census based on the involvement of all the health cadres nor to select a representative sample.

Therefore, the study covered the personnel working in the accessible areas of Rumbek, Juba, Yambio and Yei Counties.

On the basis of the TNA findings, the extent of awareness of assigned responsibilities by the health personnel is low.

A considerable part of the personnel do not perceive their changing role in the new statement and the implementation of the decentralization process.

Most of the responders are not used to a managerial language and terminology and do not feel confident with planning, monitoring and evaluation of health services. This lack of confidence is reflected in the poor knowledge of the planning cycle and in the weakness of the monitoring

system aimed at evaluating the quality of health services delivery. The respondents demonstrate also a limited awareness of the importance of HMIS and its use.

The major training needs emerging from matching the perceived and the actual needs of the health personnel, are in the areas of HSM, including Health Financing, HMIS, and Research Methodology and Communication Skills. Most of the respondents prefer interactive and participatory teaching methodologies.

2. BACKGROUND

2.1. Health Services Delivery in Southern Sudan

Following independence, Sudan went through two civil wars between the North and the South part of the country. These wars severely affected many sectors, including health.

The 1983 civil war continued until January 2005, when the peace agreement between the Government of Khartoum and SPLM/A was signed in Nairobi.

The civil war affected the health care system and its infrastructures, causing a deterioration of health care services delivery, facilities and training institutions.

The existing health care facilities and training institutions are neither adequate nor equitably distributed in the country. Most of the health care services and training of health personnel are currently provided by NGOs, with the support of international development agencies and foreign governments.

Since the signing of the peace agreement, the SPLM/A has embarked on strategic development initiatives for political and socio-economic recovery, and future development.

Within the health sector, a great effort is envisaged towards the provision of quality health care services at all levels for the estimated 8 million people in Southern Sudan and the additional 3 million refugees in the neighbouring countries. At the moment, there is great shortage of qualified health personnel to provide the much-needed health care services¹.

As a consequence of the creation of New Sudan and the decentralization process within the health reform there is a great need for improved skills for health managers, including the ability to: manage health services; assess the health needs of communities; supervise the health personnel in a supportive way; stimulate community participation for the effective allocation of health resources; monitor quality and managing change.

2.2. Human Resource for health and TNA in Southern Sudan

In South Sudan there is shortage of skilled personnel with the exception of few high level cadres. Almost all health workers need intensive training and upgrading as a consequence of both the short and poor quality of their training and years of practice in difficult circumstances.

Small and disconnected training institutions and initiatives trained most of the health workers. In order to establish proper standards with regard to contents and length of training programmes and curriculum, the PHPC was created in early 1990s. In 2002, the PHPC became a permanent structure with a management board called Health Personnel Council.

¹ "Report on training needs assessment for health human resources development in southern Sudan", secretariat of Health, AMREF, TROCAIRE, Nairobi, July 12, 2005

A training needs assessment for Health Human Resources focusing on the low level health cadres was conducted by the SOH, AMREF and Trocaire in 2004.

3. RATIONALE AND OBJECTIVES

Because of the two decades of civil war in Southern Sudan, violence and massive displacement of population, as well as severe shortage of educational opportunities, have severely affected the health workers.

The isolation of health workers caused by the conflict results in lack of supplies and equipment and lack of supervision and clinical or professional updating. Where health workers have been trained in difficult and reduced circumstances, many gaps in professional knowledge and practice must be filled.

The total trained health workforce is estimated at 4,600, two thirds of which are community health workers. Most qualified staff are expatriates in Kenya and Uganda. Many skilled Sudanese have attended only one or two years of respective 3-year phased-training programmes. In most cases, even holders of formal qualifications have obtained them through sub-standard training programmes. Some cadres have been trained abroad.

A training need assessment was conducted in 2004 by SOH AMREF for the Health workers, thus the scope of the present report is to propose a curricula for a crash training course.

The aims of this Report are:

- to identify the high and middle health management training needs
- to propose a curricula for a crash training course

4. METHODS

A TNA survey was conducted between September and November 2005 in different areas of Southern Sudan selected on the basis of the following two criteria: accessibility and safety.

4.1. The Survey

The survey included all the health personnel available in the centres visited by the interviewers. Table I summarises the target population by level and cadre.

Table I – Target population in grey by level and cadre

Level	Staff Cadre
County	County Medical Officer of Health
	Officer for Preventive and Health Promotion Services
	Officer for Curative and Pharmacy Services
	Officer for Human Resource Development
	Officer for Administration and Finance
Hospital	Medical doctors
	Clinical officers
	Hospital Administrator
	Certified midwives
	Nurses
PHCC	Technicians
	Community Health Worker
	Midwives community health worker
	Public Health technician
	Medical Assistant/Clinical Officer)
	Nurses
	Health Auxiliary nurses
	Laboratory assistant
	Pharmacy assistant

Overall, the total amount of the cadres interviewed was 28. Table II provides the number of health managers who were notified to be interviewed, and their response rate by cadre.

Table II – Survey response rate SOH

	No. of Health Managers	% of Health Managers	No. of administered Questionnaires	Response Rate
SOH	1	14	7	14%

Table III – Survey response rate CMO, SMO, HA

	No. of Health Managers	% of Health Managers	No. of administered Questionnaires	Response Rate
CMO	6	21,4	6	100%
SMO	12	42,9	12	100%
HA	4	14,3	4	100%
Others	6	21,4	6	100%
Total	28	100	28	100%

4.2. Assessment Tools

Two questionnaires (ANNEXES II, III,) were developed in order to provide relevant information concerning the survey objectives and were administered in form of structured interview on individual basis.

A first questionnaire was created to assess the training needs of the high health cadres at SOH, was tested on the SOH personnel and finally accepted. However, only one questionnaire was filled in because of time constraints of the personnel.

A second questionnaire, designed to assess the training needs of the middle health cadres was structured according to the following scheme:

- Section 1 - General Information aimed at describing the candidate's profile.
- Section 2 - Job Related Responsibilities aimed at identifying the gap between the desired knowledge and skills and those currently possessed by the health managers.
- Section 3 - Educational Needs and Interests specifically addressed to find out the training needs as perceived by the respondents thus validating the findings of the previous section.
- Section 4 - Skills in Teaching Methodologies aimed at selecting potential district tutors within County managers.

The typology of questions included open, open-ended, closed-end and scaled response items rated according to a 5-point scale, from 1=unimportant to 5=very important and from 1=does not meet to 5=highly meets.

The draft questionnaires were pilot-tested in Nairobi only with the apical health cadres of the SOH. The following indicators were used to ascertain their usefulness, applicability and reliability:

- Time needed for completing the interview;

- Clarity of questions;
- Validity in terms of providing the information required by the survey;
- Reliability in terms of providing consistent information.

The findings indicated that:

- The time required to complete the interviews was appropriate;
- Some questions were not clear;
- Some questions were redundant;
- Most of the questions provided information consistent with the purpose of the survey.

Following these findings, unclear or redundant questions were rephrased or deleted and the final questionnaires were developed.

The comparison between the expected and the observed results concerning the tasks to be accomplished by health personnel was not easy to be done due to the absence of job descriptions for the health cadres in the Southern Sudan.

Different options were considered. Firstly the use of standards related to the tasks adopted in developed countries was eliminated due to the existing gaps between these realities; secondly although WHO job descriptions could be appropriate to the area, those in use in Uganda were preferred as a benchmark. This choice was determined by the success of a previous study concerning TNA for health personnel conducted by ISS staff in Uganda and by the many links existing between the two neighbour countries.

This relevant approximation must be considered when reading the results of the study.

4.3. Data Analysis

Data entry and analysis were done using Epi2000-3.2 statistical package and Microsoft Excel was used in order to produce the charts.

As a first step open questions had to be translated into categorical variables. Some questions in section 2, aimed at evaluating the perception of the responsibilities and the extent of managerial knowledge possessed by health personnel, were analysed by measuring the gap between the answers given and what was expected according to their job descriptions. The quality of answers was scored according to a 5-point scale ranging from “very good” to “very poor”. Following this procedure the open questions were treated as closed-end ones.

In order to examine the distribution of the full set of responses for each closed-end question among the question's choices, frequency tables, and pie charts were then produced. In addition cross tabulations allowed us to examine results for subset of respondents (county, job title, professional background, years of service etc).

The results of the scaled response items included in section 3 were presented as radar-charts. This kind of graphs are useful when you aim at looking at several different factors all related to one item (e.g. factors influencing the decision to attend a course, preferred training methodology, desired training courses, etc). Radar charts have multiple axes along which data can be plotted. In a radar chart, a point close to the centre on any axis indicates a low value, (e.g. “not important” or “does not meet”). A point near the edge is a high value, (e.g. “very important” or “highly meets”). The average of all the values in the series was used in order to the charts.

Pareto Charts were used to analyse the constraints to the provision of health care delivery as perceived by health managers. These charts were created by plotting the cumulative relative frequency of data (event count) in descending order. This tool allowed us to focus attention on few critical priorities and thus screen out the less significant factors.

5. FINDINGS

The findings are presented under three sections. Under the first one, the profile, the actual and the perceived training needs of CMO, SMO members and HA managers are illustrated. The second section is dedicated to the training needs resulting from matching the actual and perceived training needs. The last one reports the constraints which affect the performance of health managers in health care delivery.

SOH The low response rate among the SOH personnel does not permit a useful analysis of the data collected.

5.1.1 General Information

CMO:

- 6 managers were interviewed: 1 in Juba, 1 in Maridi 1 in Rumbek and 3 in Yei,
- 3 have a certificate, 1 has a PhD diploma, 4 have a degree (3 in medicine).
- All of them are male
- 4 out of 6 (67%) of respondents are aged under 40 years.
- 4 out of 6 (67%) have been working in the current post less than two years.

SMO:

- 12 managers were interviewed: 9 in Juba, 1 in Maridi, 2 in Yambio
- 3 have a certificate, 1 has a diploma, 10 have a degree, 4 have a Master
- 9/12 (81,8%) are male.
- 41,7% of respondent are aged under 40 years
- 3 out of 10 respondents (30%) have been working in the current post less than two years.

HA:

- 4 managers were interviewed: 1 in Maridi, 1 in Rumbek, 1 in Juba, 1 in Yei
- 3 have a certificate and 1 has a diploma.
- 3 out of 4 (75%) are male.
- 50% of respondents are aged under 40 years
- 2 out of 4 (50%) have been working in the current post less than 5 years

5.1.2. Job Related Responsibilities

When asked “Is your role clear to you?”, one of the respondent answered “no”. This result, however, is not confirmed when the responders were asked to list their main responsibilities.

As a result of the comparison between the responsibilities as perceived by the interviewed health personnel and those considered as their tasks (overall leadership, planning, monitoring/evaluation, management of human and material resources, financial management,

supervision of HUs, data management, co-ordination between the county and MOH), the major gaps are related to the following areas:

- Data management, not mentioned by 19 out of 27 respondents (70%)
- Management of material resources, not mentioned by 19 out of 27 (70%)
- Overall leadership of County, not mentioned by 23 out of 27 (85%)
- Coordination between the County and MOH, not mentioned by 21 out of 27 (78%)
- Management of human resources, not mentioned by 11 out of 21 (41%).
- Training activities in the community, not mentioned by 18 out of 27 (67%)
- Planning activities, not mentioned by 16 out of 27 (59%)
- Resource mobilization and allocation, not mentioned by 23 out of 27 (85%)

As shown in figure I, among 56% of the respondents, the extent of awareness of their own responsibilities can be judged as very poor or poor as they mentioned 0 or respectively 1-2 items out of 8.

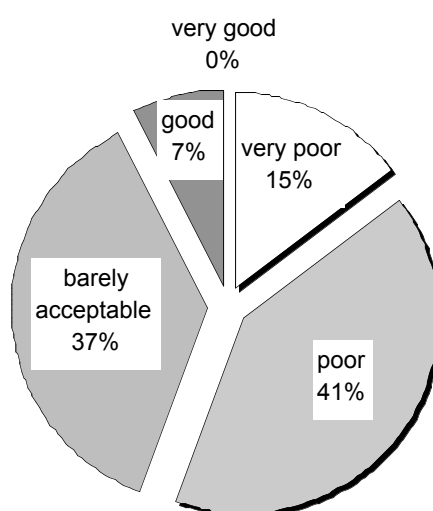


Fig. I – Extent of awareness of responsibilities by CMO

About 33% of the interviewed (9 out of 27) feel not confident in performing some tasks. For these respondents computer skills, planning, monitoring and evaluation, budgeting and allocation are considered as a need for training.

To the question 10: “What are your current responsibilities in your position?” More than 50% of the interviewed indicated that the following tasks are not under their responsibilities: resource

mobilisation and allocation; procuring, distributing and ensuring the rationale use of essential drugs, vaccines, equipment; ensuring provision of adequate safe water and promotion of environmental health in the county; development and maintenance of HU; routine technical supervision of lower level HUs. 87,5% of the respondents do not consider ensuring improvement of the nutritional status of the population as their own task.

More than 75% of responders recognize the following tasks as responsibilities:

- planning, monitoring and evaluating health services
- assessing manpower requirements and training needs in HUs
- in service training implementation for the personnel in HUs
- the supervision of routine health data collection, the preliminary data analysis, interpretation of results.

35% of the interviewed do not know to have an Health Plan.

The answer to the question “Can you list the steps you follow in developing the district work plan?” was compared among the only 5 responders with the steps present in the manuals on health policy planning and management², and measured on a qualitative scale. As a result, the knowledge of the planning cycle is still poor (figure III) confirming the poor confidence in planning as mentioned above.

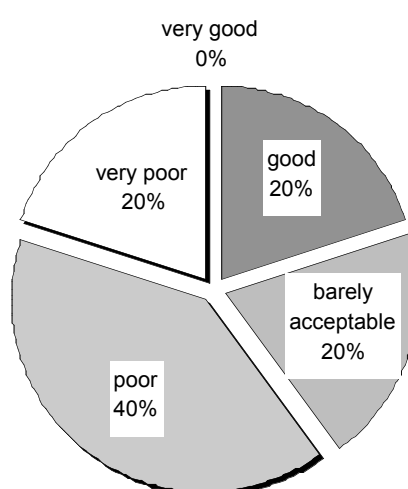


Fig. II – Extent of knowledge of the planning cycle

The responders to the question 13 concerning monitoring and evaluation (25%) recognised that the monitoring system is still in its beginning, the support supervision is carried out almost regularly but they do not report the use of indicators for monitoring the performance and costs of health care delivery in the county.

² “Manual of health policy planning and management” distributed by Health Policy Department; South Sudan

Professional background among the three considered classes (CMO, SMO and HA) did not influence the answers to the questions included in this section (the sample is generally too small).

Among the responders to the question 15 (13/28 46%) concerning the sufficiency of the training in relation with the respective roles, no-one expressed the opinion to be adequately trained.

“Not at all” was answered by 38% of the responders.

The interviewed articulated the need to provide them with further training in HSM and PH.

5.1.3. Educational Needs and Interests

The interviewed health personnel generally shows a low attitude towards attending CE courses in the area of PH. Less than 30% of the responders followed a short course in Health Services Management in the last 2 years. Other typology of short courses followed by the interviewed personnel are reported in the graph below.

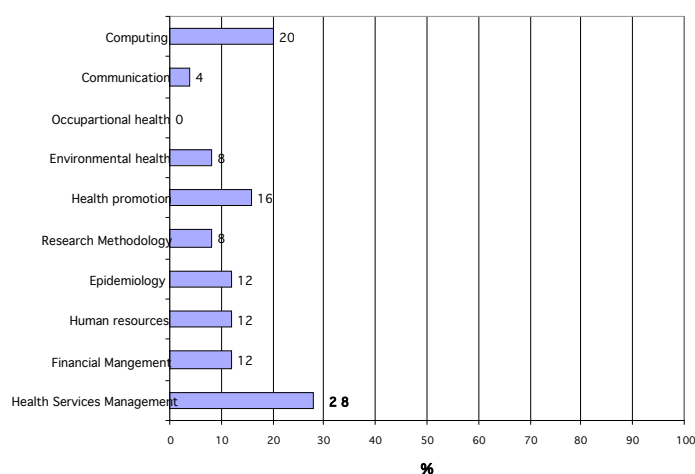


Fig. III – Percentage of short courses followed by the interviewed Personnel during the last 2 years

About 45% of the respondents did not attend any courses.

The tuition and facilitation costs, the topic offered and the tutor skills appear to be the most important factors influencing the decision of attending the courses, while the time of the year and the location appear to be “less important” in relation to the decision (see Figure IV).

Rated on a scale of 1-5 with
1=not important; 2=of little important; 3 moderately important; 4=important;

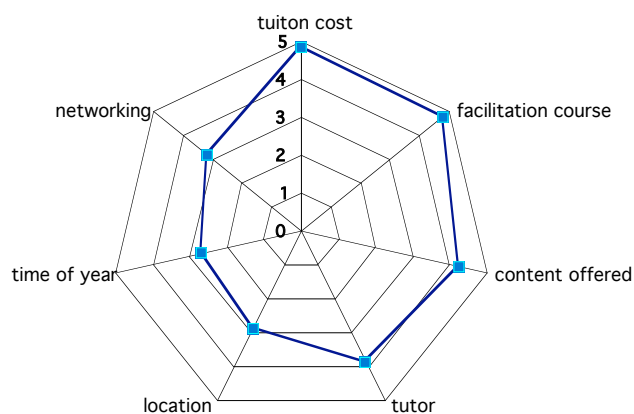


Fig. IV – Mean ratings of factors influencing the attendance of courses by responders

The responders expressed their preference for interactive training methodologies (mean 4,8), such as self directed learning, while traditional seminar and lecture (mean 4,3) appeared to be less appreciated (Figure V).

Rated on a scale of 1-5 with
1=not important; 2=of little important; 3 moderately important; 4=important; 5=very

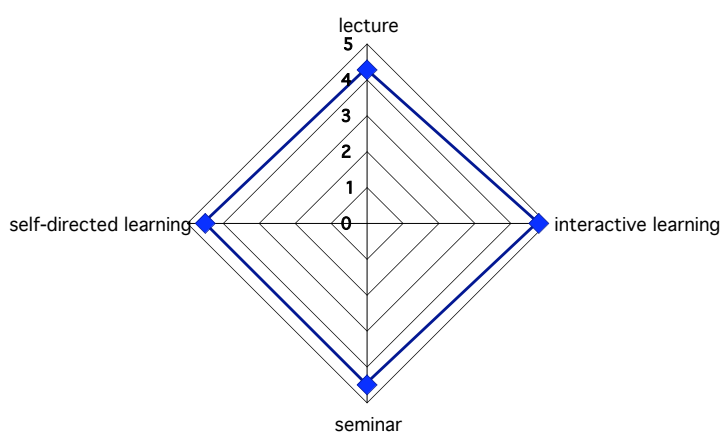


Fig. V – Mean ratings of teaching methodologies

The distribution of respondents' choice (89%) among different educational programmes³ is provided in figure VI.

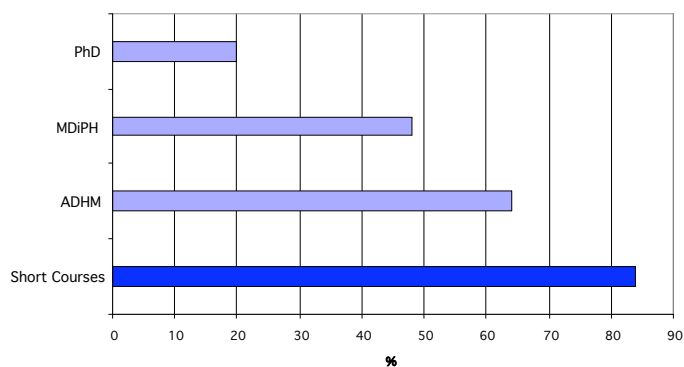


Fig. VI –choices educational program by responders

The most highly rated training modules (mean >2,5) (Figure VII) are:

- Computing (mean 3.1)
- Health ethics and low, Environmental Health, Occupational Health and Mental Health, (mean 3.0)
- Communication skills (mean 2.5)
- Health Promotion (mean 2.1)⁴

³ “32 fellowship were awarded during 2004. The fields of study included: Public Health....” 2004 Joint Annual Report – Sudan WHO - FMoH

⁴ “One of the ongoing activities is the development of the health promotion strategic plan” 2004 Joint Annual Report – Sudan WHO - FMoH

Rated on a scale of 1-5 with
1=not important; 2=of little important; 3 moderately important; 4=important; 5=very

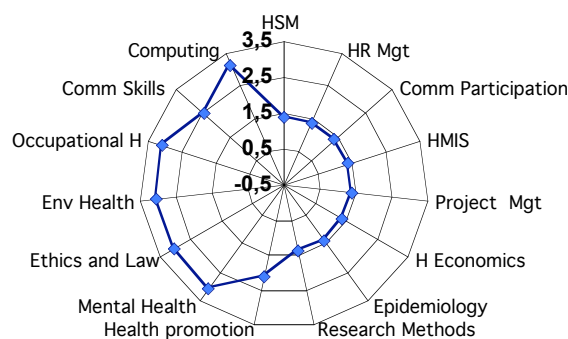


Fig. VII – Mean ratings of training modules by CMHT

The above analysis underlines the lack of knowledge⁵, particularly among SMO and HA, about language and cultural approach to management.

5.1.4. Skills in Teaching Methodologies

Among 22 out of the 28 responders (79%) to the questions 35-40 responders, 18% have experience in delivering training: two in Juba, one in Yambio and one in Rumbeck (2HMCO and 2 SMO).

4 out of 22 (about 18%) have conducted TNA on their staff and other health workers; 1 of them has also experience in curriculum development and training courses evaluation.

⁵ "A training workshop to increase the managerial capacity of the SmoH coordinators was conducted" 2004 Joint Annual Report – Sudan WHO - FMoH

5.2. Training Needs

Overall, the major training needs that emerge from matching the perceived and the actual needs of the health personnel are in the areas of HSM, including Communication Skills, Health Financing, HMIS and Research Methodology.

For each category of respondents there are no differences among the following modules matching between importance and need for training:

CMO/SMO/HA:

1. Health Services Management
2. HMIS
3. Epidemiology
4. Management of Material Resources
5. Research Methodology
6. Financial Management
7. Community Participation in Health Planning
8. Project Management
9. HRM

5.3. Non Training Needs

All the survey respondents, even across categories, identified the following operational constraints affecting their effective performance in health services delivery: lack of required staff; lack of qualified staff; lack of equipment; logistics (especially lack of transport).

As shown in figure VIII, these constraints represent about 80% of the problems related to health managers' performance and they represent high-impact issues to focus on.

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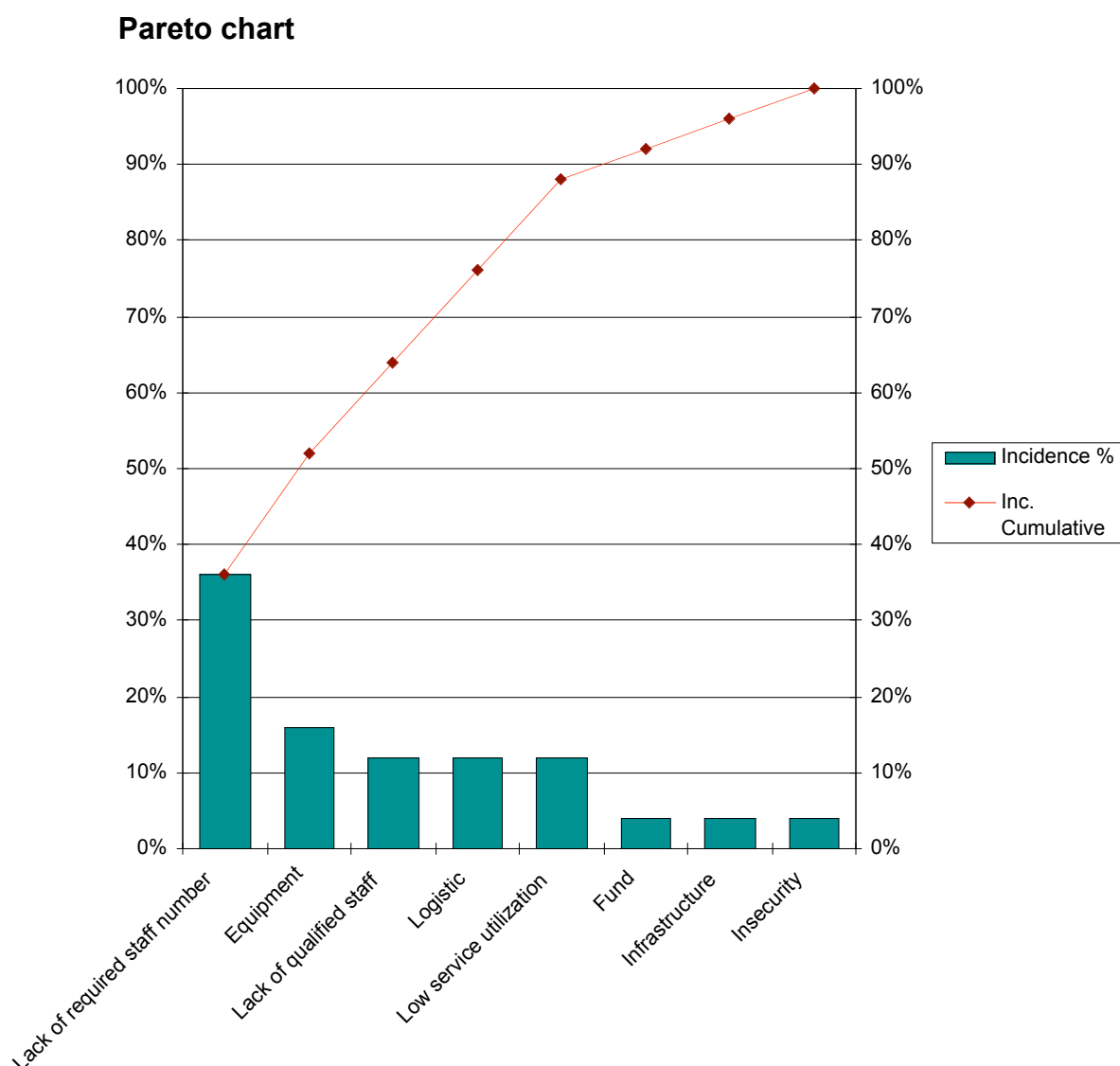


Fig. VIII—Constraints in health services delivery indicated by all survey respondents

Lack of staff and of qualified health personnel, inadequate transport facilities and shortage of equipment make difficult to properly implement the supervision of staff and outreach activities and affect the overall quality of health services delivery.

Concentrating efforts on these few factors and on the identified training needs will have a greater impact on improving the management of health services and will be more cost-effective than undirected efforts.

6. CONCLUSIONS/RECOMMENDATIONS

On the basis of the findings presented above, it is worth highlighting the following points:

- Overall, the extent of awareness of health managers' responsibilities is low. In particular, it is poor and very poor for 56% of them.
- Most of the survey respondents do not feel confident with planning, monitoring and evaluation of health services. This lack of confidence is reflected in the poor (60%) knowledge of the planning cycle.
- Nearly all the respondents acknowledge that the monitoring system is still at the beginning and even though support supervision is carried out quite regularly, performance and health care delivery costs monitoring indicators are just starting to be used.
- Generally, there is limited awareness of the importance of HMIS and its use. This is reflected by the absence of a system aimed at evaluating (the accuracy of the information collected by the health units (33% of respondents answered that they do not use performance and/or cost monitoring indicators).
- The training level of the health personnel both in the county and in the hospital is generally basic and there is a low attitude towards attending CE courses.
- Facilitation and tuition costs are the major factors that determine the attendance of CE courses for all the respondents.
- Interactive teaching methodologies are the preferred mode of learning by most of the respondents.
- All the survey respondents (out of CMO, SMO, HA categories) meanly rated the proposed training modules concerning management; probably this is due to low knowledge of the management language, computing scored first.
- Lack of staff, lack of equipment and of qualified health personnel, inadequate transport facilities and low services utilization are perceived by all health managers as the main constraints affecting their effective performance in health services delivery.

- Overall, the major training needs that emerge from the matching of the perceived and the actual needs of health managers are in the areas of HSM (both human and material resources), including health financing, leadership and coordination between county and MOH, communication skills and health promotion.
- Although survey findings reveal that the proposed modules and training methodology adequately meet the learning needs of the potential candidates to the training programmes, a more in-depth examination of the draft curricula by SOH-MOH and WHO is needed before finalising and implementing the training programmes.
- Potential district tutors that could support the field work activities included in the training programmes have been identified among CMO and SMO. Training of trainers should be organised in the future through the best participants to the proposed course, once enforced in knowledge and skills through the PBL methodology.

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ANNEX I – Draft Curricula

1. Crash Training Course Programmes

Objectives

- The CT Course, open to graduate and non graduate health workers, aims at improving the knowledge and skills of health workers in planning, managing and evaluating a given health service, such as a hospital department or service, from both the medical and paramedical or nursing perspective, depending on the background and specific professional level of individual participants.

Programmes Structure

The CT course curricula will consist of 5 individual and self-contained modules. Each module will have a proposed duration of one week.

The work proposal could consider an entire course of 5 weeks (table 4).

The CT course consists of:

- a core component of compulsory modules (residential) which provides the basic principles of public health and health services management.

The work proposal could consider an entire course of 1 or 2 weeks (table 5);

- For the High Cadre (SOH), a single elective component of module which allows specialised skills and knowledge to be gained in the following specialised areas:
 - A. HSM
 - B. Health Economics
 - C. Communication Skills

Table IV – CT Course

MIDDLE LEVEL	
Each module will occur during one week; the total duration of the course will be 5 weeks. The modules will be sequential as presented above.	
1	Introduction to Computing
2	Situation analysis and HMIS
3	Planning
4	Implementation and management
5	Evaluation of health services and health promotion

TOP LEVEL
<p>A single module aimed at providing specialised skills and knowledge in the following areas:</p> <ul style="list-style-type: none"> ▪ HSM ▪ Health economics ▪ Communication skills

2. Modules content

Contents and main aims of core and elective modules are summarised in the following pages.

2. 1. Middle level

1 Functions of Health Managers

The module will provide participants with the skills needed to understand the role and position occupied in their own HS with particular emphasis on the managerial training needs in the new public health era.

At the end of the module the participants will be able to:

- Discuss the result of a training need assessment
- Prepare a job description
- Discuss a task analysis
- design a tree diagram

2 Situation analysis and HMIS

This module will enable participants to use basic data as a tool for assessing population health needs. Participants will be introduced to systems utilised for the entering and analysis of epidemiological data. During this module the participants will use basic software such as word-processors and spreadsheets.

At the end of the module the participants will be able to:

- Acquire basic computer skills
- Register and collect the data related to their field situation
- Analyze and interpret these data
- Transmit and present the above data.

3 Planning and health management

After learning the differences between strategic and operational planning, participants will have an overview of the "Project cycle" approach and its steps: situation analysis; problem identification; priority setting; planning, management, monitoring, assessment and evaluation of activities.

At the end of the module the participant will be able to:

- Define general and specific objectives
- Plan a meeting
- Plan an activity by setting priorities
- Chose the most appropriate strategies for the plan considered.

4 Implementation

Participants will gain knowledge and skills on different methods of implementing programme and activity chosen.

At the end of the module the participants will be able to:

- Acquire basic communication skills
- Run a meeting
- Discuss the importance of the motivation
- Identify the different leadership styles
- Implement liaising with central and peripheral level.

5 Evaluation of delivery and health services

Participants will gain knowledge and skills on different methods of monitoring and evaluation and their central role in health care delivery.

At the end of the module the participant will be able to:

- Monitor the achievement of target sets
- Supervise the quality of care in public health services
- Supervise private health and paramedical services
- Supervise and maintain personnel files including performance appraisal
- Monitor of drug supply

2.2. Top Level

Public health leadership skills

This module will provide participants with concrete skills needed by leadership positions in health. Topics will include: public speaking, articulation of goals, negotiation, budget justification, and capacity building.

3. The teaching-learning method

Learning occurs through a combination of PBL and non-PBL activities (such as seminars, audiovisuals simulation games, informatics sessions). The teaching-learning method adopted finds its main and distinctive pillar in the PBL approach. PBL, at its most fundamental level, is an instructional method characterised by the use of "real world" problems as a context for students to learn critical thinking and problem solving skills, and acquire knowledge of the essential concepts of the course. Using PBL, students acquire life long learning skills which include the ability to find and use appropriate learning resources. The process used in PBL is the following:

- Students are presented with a problem (case, research paper, video tape, for example). Students (in small groups – 7-10 people) organise their ideas and previous knowledge related to the problem, and attempt to define the broad nature of the problem.
- Throughout discussion, students pose questions, called "learning issues," on aspects of the problem that they do not understand. These learning issues are recorded by the group. Students are continually encouraged to define what they know - and more importantly - what they don't know.
- Students rank, in order of importance, the learning issues generated in the session. They decide which questions will be followed up by the whole group, and which issues can be assigned to individuals, who later teach the rest of the group. Students and instructor also discuss what resources will be needed in order to research the learning issues, and where they could be found.
- When students reconvene, they explore the previous learning issues, integrating their new knowledge into the context of the problem. Students are also encouraged to summarise their knowledge and connect new concepts to old ones. They continue to define new learning issues as they progress through the problem. Students soon see that learning is an ongoing process, and that there will always be (even for the teacher) learning issues to be explored.

Tutor/facilitator plays a central role in the PBL process, guiding and supporting the students as they "learn how to learn." Each student PBL group has a dedicated tutor whose role is to

stimulate discussion, hone the students' ability to analyse and critique the information they bring to group discussions, and monitor the group process.

4. Monitoring and evaluation

Monitoring and evaluation are essential for the success of any training programme. It will deal with the implementation of the programme and the performance of the participants.

Evaluation of programme

From inception to implementation of training programmes, a systematic monitoring of their suitability and ability to meet participants' needs will be carried out. At the end of each module, tutors will prepare and distribute a questionnaire to all participants.

The questionnaire will cover the following areas:

- achievement level of learning objectives;
- relevance of course contents to planned learning objectives;
- quality of teaching methods;
- tutors' professionalism, availability and courtesy;
- availability, quantity and quality of learning materials;
- time allocated to the different steps of PBL;
- ameliorative proposals.

Participants' assessment

As in any programme utilising PBL, the following assessment tools will be used:

- individual written test: a final written test composed of short answer, multiple choice, true/false questions and exercises, aimed at assessing knowledge and skills gained, as certifying assessment.
- oral presentation skills assessment: short oral presentation on a topic relevant to the objectives of the module. This is aimed at assessing presentation skills, and has formative purposes. Hand-outs will be distributed in the framework of a ad-hoc seminar;
- weekly peer and facilitator feedback: aimed at monitoring group-work skills has formative purposes;
- final feedback by facilitator: aimed at assessing participant's ability to work effectively in a group. It provides feedback on individual basis and has formative purposes.

ANNEX II – TNA Tool 1: Questionnaire for SoH-MOH

QUESTIONNAIRE FOR ASSESSING TRAINING NEEDS OF HIGH PROFILE HEALTH MANAGERS



Job title: _____

1. Which of the following management challenges do you face in your setting?

(Please circle the selected answer)

1. Objectives identification:

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

2. Complexity of organizational structure:

2a. Designing the functional network connecting all services.

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

2b. Outlining tree diagram and defining individual tasks and responsibilities (job descriptions).

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

3. Human resource management:

3a. Promoting and strengthening working relationships among staff members, between staff and managers, between staff and service users.

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

3b. Planning and implementing staff training/upgrading.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

4. Internal communication problems:

4a. Assuring effective flow of information, instructions and documents within the facility.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

5. Financial planning and supervision:

5a. Preparing budget, as part of a (yearly, etc.) action plan.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

5b. Financial audit.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

6. Internal financial control:

6a. Assuring regular examination of financial documents, verifying disbursements performed and services provided.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

6b. Checking consistency with approved budget and with stated objectives.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

7. Quality control:

7a. Selecting quality standards.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

7b. Implementing technical audit.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

7c. Identifying tools to provide and maintain high quality provision of services.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

8. Use technology:

8a. Setting a system for technology assessment and procurement.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

8b. Effectively using of computer network system, to save up time and cut down costs.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

9. Cost-benefit analysis:

9a. Identifying opportunities for activities and their cost vs. expected results.

1. *Irrelevant* 2. *Somehow important* 3. *Fundamental* 4. *Don't know exactly what this means*

2. How do you consider useful and needed educational programs / sessions in the following domains?

(Please circle the selected answer)

10. Legislative domain

10a. Overview of laws concerning: health reform, rules and regulations in employee management, quality standards on service provision (examples from neighbor countries, from Europe, etc.).

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

11. Epidemiology

11a. Fundamentals of statistics and epidemiology, useful to health service management.

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

12. Human Resource Management

12a. Use of methods (including occupational psychology) to improve working environments and relationship between staff and manager, focused to improve effectiveness. Organize training staff / refresher program.

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

13. Information technology and HIS (health information system)

13a. Overview / basic training on the most commonly used software and analytical techniques, useful in managerial domain and for constant updating (Internet browsing and teleconferencing)

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

14. Health Economics

14a. Summary of core concepts and tools of business economics, tailored to client-oriented health service management.

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

15. Planning and Control

15a. Update on managerial principles: project-oriented planning, target setting, project monitoring and evaluation, report writing, how to conduct Meetings, project proposal writing.

1. Irrelevant 2. Somehow important 3. Fundamental 4. Don't know exactly what this means

3. Skills in teaching methodologies

16. Have you conducted training needs analysis (e.g. identified needs of trainees, requirements of the jobs, etc.)? (1) Yes q (2) No q

16a. If Yes, please list 3 major problems you have encountered with needs analysis:

1 _____

2 _____

3 _____

17. Have you designed training curriculum (e.g. identified objectives, content, activities, and/or format, worked with subject matter experts, etc.)? (1) Yes q (2) No q

17a. If Yes, please list 3 major problems you have encountered with designing training:

1 _____

2 _____

3 _____

18. Have you delivered training (e.g. provided stand-up training, one-on-one training, etc.)?

(1) Yes q (2) No q

18a. If Yes, please list 3 major problems you have encountered with the delivery of training:

1 _____

2 _____

3 _____

19. Have you evaluated overall training program effectiveness (e.g. measured instructor effectiveness, trainee learning, transfer of learning to the job, etc.)? (1) Yes q (2) No q

19a. If Yes, please list 3 major problems you have encountered with the evaluation of training:

1 _____

2 _____

3 _____

20. Have you designed assessment tools for measuring trainee learning (e.g. designed knowledge tests, performance tests, learning projects, etc.)?

(1) Yes q (2) No q

20a. If Yes, please list 3 major problems you have encountered with designing assessment tools:

- 1 _____
- 2 _____
- 3 _____

21. Have you had experience using instructional technologies? (1) Yes q (2) No q

21a. If Yes, please list 3 major problems you have encountered when using instructional technologies:

- 1 _____
- 2 _____
- 3 _____

THANKS A LOT FOR YOUR COOPERATION.

ANNEX III – TNA Tool 2: Questionnaire for CMO/SMO/HA



QUESTIONNAIRE FOR ASSESSING TRAINING NEEDS OF COUNTY MEDICAL OFFICERS, SENIORS MEDICAL OFFICERS/ HOSPITAL ADMINISTRATORS

Questionnaire No. _____

SECTION I—GENERAL INFORMATION

1. (County): _____

2. Which is your job title?

1. CMOH ☐ 2. SMO ☐ 3. Hospital administrator ☐

3. Age: _____

4. Sex: 1. ☐ M 2. ☐ F

5. Professional training completed: (Mark all that apply)

<input type="checkbox"/> 5.1. Certificate in _____	year when completed _____	Institution _____
<input type="checkbox"/> 5.2. Diploma in _____	year when completed _____	Institution _____
<input type="checkbox"/> 5.3. Degree in _____	year when completed _____	Institution _____
<input type="checkbox"/> 5.4. Master in _____	year when completed _____	Institution _____
<input type="checkbox"/> 5.5. PhD in _____	year when completed _____	Institution _____
<input type="checkbox"/> 5.6. Other _____	year when completed _____	Institution _____

6. Number of years in current post:

1. ☐ < 2 years 2. ☐ 2 –5 years 3. ☐ 5 –10 years 4. ☐ > 10 years

SECTION II—JOB RELATED RESPONSIBILITIES AND TASKS

7. Is your role as CMOH/Senior Medical Officer/Hospital Administrator clear to you?

1. ☐ Yes 2. ☐ No

7.1 If No, give reasons:

i.	iv.
ii.	v.
iii.	vi.

8. Please, can you list the main responsibilities you have as?

i.	vi.
ii.	vii.
iii.	viii.
iv.	ix.
v.	x.

9. Please, list the tasks that you do not feel confident to perform and give reasons:

TASK	REASON
i.	
ii.	
iii.	
iv.	
v.	

10. What are your current responsibilities as CMOH/SMO/Hospital Administrator? 1 2 3

10.1 Provision of the overall leadership to county health services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.2 Planning, monitoring and evaluation of health services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.3 Resource mobilisation and allocation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.4 Procuring, distributing, and ensuring the rational use of essential drugs, vaccines, equipment...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.5 Ensuring improvement on the nutritional status of the population	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.6 Ensuring provision of adequate safe water and promotion of environmental health in the county	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.7 Develop and maintenance of health units	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.8 Assessing manpower requirement and training needs in Health Units	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.9 In-service training implementation for the personnel in Health Units	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.11 Routine technical supervision of lower level Health Units	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.12 Supervision of routine health data collection, preliminary data analysis, interpretation of results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.13 Surveillance and data management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
10.14 Coordination of health activities within the and with the Ministry of Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared

11. Do you have a health plan? 1. ☐Yes 2. ☐No 3. ☐ Don't know (If Yes, ask to see)

11.1 If Yes, does the plan indicate: (Mark all that apply) 1.☐Objectives 2.☐Strategies 3.☐Budget 4.☐Timeline

11.2 If Yes, what are the objectives of the current county health plan?

i.	v.
ii.	vi.
iii.	vii.
iv.	viii.

11.3 If you do not have a county health plan, please give reasons:

i.	iv.
ii.	v.
iii.	vi.

12. Please, can you list the steps you follow in developing a county health plan?

i.	v.
ii.	vi.
iii.	vii.
iv.	viii.

13. Please, can you list the steps you follow in monitoring and evaluating the implementation of county health plan activities?

i.	v.
ii.	vi.
iii.	vii.
iv.	viii.

14. Is the County Health Management Team adequately staffed? 1. ☐ Yes 2. ☐ No 3. ☐ Don't know

14.1 If No, which staff is lacking? List them by cadre:

1. ☐ CH Visitor 2. ☐ CH Educator. 3. ☐ C TB Supervisor
4. ☐ CH Inspector 5. ☐ Nursing Officer 6. ☐ C Drug Inspector
7. ☐ Other _____

15. In your opinion, are CHMT members adequately trained?

1. ☐ Yes 2. ☐ basically/No in HSM 3. ☐ Not at all 4. ☐ Don't know

15.1 Specify the trained and un-trained staff by cadre:

1 2 3

- | | | | |
|-------------------------|----------------------------------|---|-------------------------------------|
| 15.1.1 CH Visitor | <input type="checkbox"/> Trained | <input type="checkbox"/> Need specific training | <input type="checkbox"/> Un-trained |
| 15.1.2 CH Inspector | <input type="checkbox"/> Trained | <input type="checkbox"/> Need specific training | <input type="checkbox"/> Un-trained |
| 15.1.3 CH Educator | <input type="checkbox"/> Trained | <input type="checkbox"/> Need specific training | <input type="checkbox"/> Un-trained |
| 15.1.4 CTB Supervisor | <input type="checkbox"/> Trained | <input type="checkbox"/> Need specific training | <input type="checkbox"/> Un-trained |
| 15.1.5 Nursing Officer | <input type="checkbox"/> Trained | <input type="checkbox"/> Need specific training | <input type="checkbox"/> Un-trained |
| 15.1.6 C Drug Inspector | <input type="checkbox"/> Trained | <input type="checkbox"/> Need specific training | <input type="checkbox"/> Un-trained |
| 15.1.7 Other _____ | | | |

15.2 Indicate what training and experience you would want to give to CHMT to improve their performance.

i.	iv.
ii.	v.
iii.	vi.

16. Is there a specific person responsible for CE in your County? 1. ☐ Yes 2. ☐ No 3. ☐ Don't know

16a. If Yes, who is he/she? (Designation) _____

17. Do you have a county training plan? 1. ☐ Yes 2. ☐ No 3. ☐ Don't know

(Please, ask to see if available)

17.1 If No, list reasons:

i.	iv.
ii.	v.
iii.	vi.

18. Do you have a written job description for each member of the CHMT? 1. ☐ Yes 2. ☐ No 3. ☐ Don't know (Please, ask to see if available)

18.1 If No, list reasons:

i.	iv.
ii.	v.
iii.	vi.

19. Do you hold regular staff meetings? 1. ☐ Yes 2. ☐ No

19.1 If Yes, how often? 1. ☐ weekly 2. ☐ monthly 3. ☐ quarterly 4. ☐ Other *Specify* _____

19.2 If No, list the reasons:

i.	iv.
ii.	v.
iii.	vi.

20. How often do you supervise Hospitals/PHCCs/PHCUs in your county?

1. ☐ monthly 2. ☐ quarterly 3. ☐ not regularly 4. ☐ never 5. ☐ Other *Specify* _____

21. How do you collect health information in your county?

1. ☐ Routine Health Information System 2. ☐ Surveillance system 3. ☐ Both 4. ☐ Don't know

22. What are the following health system indicators in your county?

Indicator	
22.1 Population per Doctor	
22.2 Population per Hospital bed	
22.3 Pop. within 5 km radius to health facility (% of pop)	
22.4 Birth attended by trained personnel (%)	

23. What are the following health status indicators in your county?

Indicator	
23.1 Infant Mortality Rate (x 1,000)	
23.2 Child Mortality Rate (x 1,000)	
23.4 Crude Death Rate (x 1,000)	
24.4 Crude Birth Rate (x 1,000)	
25.5 Maternal Mortality Rate (x 100,000)	
25.6 Total Fertility Rate (x 1,000)	

24. What are the following health service delivery indicators in your county?

Indicator	
24.1 EPI/Immunisation Coverage	
24.2 TBAs Trained	
24.3 CHWs Trained	
24.4 Latrine Coverage	
24.5 Water coverage (County average)	

25. Do you routinely receive information from the Hospitals, PHCCs and PHCUs on the following activities?

	1	2	3	4	5	6
25.1 Out-patient visits	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.2 In-patient	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.3 Antenatal clinics	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.4 Immunisation	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.5 FP activities	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.6 Home visits	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.7 Outreach clinics	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> every six months	<input type="checkbox"/> yearly
25.8 Other (<i>specify</i>)						

25.1 If Yes, the information you receive from the Hospitals, PHCCs and PHCUs is: (specify the reason)

1. ☐ Reliable 2. ☐ Not reliable Reason _____
3. ☐ Timely 4. ☐ Not timely Reason _____
5. ☐ Complete 6. ☐ Not complete Reason _____
7. ☐ Useful 8. ☐ Not useful Reason _____
9. ☐ Paper 10. ☐ Computerised Reason _____

25.2 If Yes, how do you use the information you receive from the Hospitals, PHCCs and PHCUs?

i.	iv.
ii.	v.
iii.	vi.

25.3 If you do not routinely receive information from the Hospitals, PHCCs and PHCUs, list reasons:

i.	iv.
ii.	v.
iii.	vi.

26. Do you use indicators for monitoring the performance and costs of activities of the county health services providers?

1. ☐ Yes, both 2. ☐ Performance only 3. ☐ Cost only 4. ☐ No 5. ☐ Don't know

26.1 If Yes, what kind of performance and cost indicators do you use?

Performance	
i.	i.
ii.	ii.
iii.	iii.
iv.	iv.

27. Do you routinely send to the MOH the information collected from your county?

	1	2	3	4	5	6
27.1 Demographics	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> six months	<input type="checkbox"/> yearly
27.2 Health Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> six months	<input type="checkbox"/> yearly
27.3 Health Services Delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> six months	<input type="checkbox"/> yearly
27.4 Health system	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> six months	<input type="checkbox"/> yearly
27.5 Health programmes	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> six months	<input type="checkbox"/> yearly

28. In your experience as CMOH/SMO/Hospital Administrator, which basic health services required by the community are missing or need to be strengthened in this county? (Mark all that apply)

	1	2		1	2
28.1 Health Education	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened	28.5 School Health	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened
28.2 MCH/FP Services	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened	28.6 Home Visiting	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened
28.3 Nutrition	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened	28.7 Environmental Health	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened
28.4 Immunisation	<input type="checkbox"/> missing	<input type="checkbox"/> to be strengthened	28.8 Other (<i>specify</i>) _____		

SECTION III—EDUCATIONAL NEEDS AND INTERESTS

29. How many Continuing Education (CE)/professional development training courses have you attended in the past two years?

	1	2	3	4
29.1 Health Services Management	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.2 Financial Management	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.3 Human Resources management (supervision)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.4 Epidemiology	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.5 Research Methodology	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.6 Health Promotion	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.7 Environmental Health	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.8 Occupational Health	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.9 Communication Skills	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.10 Computing	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
29.11 Other _____		<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
Other _____		<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more

30. On average, how many hours of CE/professional development training do you participate in each year?

1. ☐None 2. ☐ <30 hrs 3. ☐ 30-60 hrs 4. ☐ > 60 hrs

31. How important are the following factors in deciding to attend CE courses?

	1=Not Important				5=Very Important
	1	2	3	4	5
31.1 Tuition Cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.2 Facilitation Cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.3 Topic/content offered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.4 Tutor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.5 Location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.6 Time of year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.7 Networking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31.8 Other _____					

32. Rate the following instructional formats according to how effectively they meet your learning needs:

	1=Does Not Meet				5=Highly Meets	
	1	2	3	4	5	
32.1 Lecture		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32.2 Interactive workshop		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32.3 Seminar		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32.4 Self-directed/trainee centred learning		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

33. Would you be interested in educational programs that provide: (choose 1 option)

- 33.1 Continuing education 1. ☐ Yes 2. ☐ No
- 33.2 Advanced Diploma in Health Services Management 1. ☐ Yes 2. ☐ No
- 33.3 Master Degree in Public Health 1. ☐ Yes 2. ☐ No
- 33.4 PhD in _____ 1. ☐ Yes 2. ☐ No

34. Please, rate these courses to indicate your interest in attending future educational programs:

	1=Does Not Meet				5=Highly Meets
	1	2	3	4	5
34.1 Health Services Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.2 Human Resources Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.3 Community Participation in Health Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.4 Management of Health information System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.5 Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.6 Health Economics & Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.7 Epidemiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.8 Health Services Research Methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.9 Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.10 Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.11 Health ethics and law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.12 Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.13 Occupational Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.14 Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.15 Computing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV— SKILLS IN TEACHING METHODOLOGIES

15. Have you conducted training needs analysis (e.g. identified needs of trainees, requirements of the jobs, etc.)? 1. ☐ Yes 2. ☐ No

35.1 If Yes, please list 3 major problems you have encountered with needs analysis:

- 1 _____
- 2 _____
- 3 _____

16. Have you designed training curriculum (e.g. identified objectives, content, activities, and/or format, worked with subject matter experts, etc.)? 1. ☐ Yes 2. ☐ No

36.1 If Yes, please list 3 major problems you have encountered with designing training:

- 1 _____
- 2 _____
- 3 _____

17. Have you delivered training (e.g. provided stand-up training, one-on-one training, etc.)? 1. ☐ Yes 2. ☐ No

37.1 If Yes, please list 3 major problems you have encountered with the delivery of training:

- 1 _____
- 2 _____
- 3 _____

18. Have you evaluated overall training program effectiveness (e.g. measured instructor effectiveness, trainee learning, transfer of learning to the job, etc.)? 1. ☐ Yes 2. ☐ No

38.1 If Yes, please list 3 major problems you have encountered with the evaluation of training:

- 1 _____
- 2 _____
- 3 _____

19. Have you designed assessment tools for measuring trainee learning (e.g. designed knowledge tests, performance tests, learning projects, etc.)? 1. ☐ Yes 2. ☐ No

39.1 If Yes, please list 3 major problems you have encountered with designing assessment tools:

- 1 _____
- 2 _____
- 3 _____

20. Have you had experience using instructional technologies? 1. ☐ Yes 2. ☐ No

40.1 If Yes, please list 3 major problems you have encountered when using instructional technologies:

- 1 _____
- 2 _____
- 3 _____