WHO-EM/HMS/036/E

Community Health Management

A Problem-Solving Approach

World Health Organization

Regional Office for the Eastern Mediterranean

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Preface

While many training methodologies have succeeded in developing the management capacities of health professionals overall, the intended impact in terms of achieving specific improvements in health services has not been fully realized. This can be attributed to several factors. First, methodologies have tended to focus on the training of individuals. After training, individual managers return to posts where colleagues have not been trained in the same approach. They often find no useful application for their new skills and a resistance to change. Second, as most countries in the Region move towards more decentralized health systems, the effective involvement of new decision-makers at the local level is not possible with the traditional approach to management training. Innovative methods in management training are therefore required that are compatible with the broadened base of decision-making and the evolving roles and responsibilities of local decision-makers. Third, although the Alma-Ata Declaration on Primary Health Care strongly advocated for an intersectoral approach and active community involvement to improve health care and promote health, no clear mechanism was put forward as an effective means to achieve its goals. Finally, the challenges posed to the health system from a growing population with rising expectations, the changing burden of disease, increasing resource constraints and accelerating globalization all demand new skills from health professionals. Such realities affecting health systems call for greater responsiveness whereby learning-by-doing, information collection and analysis, thorough planning, and monitoring and evaluation of the expected results are considered essential components within the management of health services.

In response to these challenges, WHO's Regional Office for the Eastern Mediterranean strongly advocates the use of community health management, as a practical approach for developing the managerial capabilities of district health professionals. Experience has shown that whenever health care personnel are closely involved in the decision-making process, health services improve and more confident relations develop with users and the community as a whole. In the community health management approach, training is organized on the basis of teams composed of staff working in the same health unit and serving a defined community. Teams also include district supervisors and active members from the same community who could be from the municipality, local council, local non-governmental organization and the local civil administration. Participants are trained to use a systematic, intersectoral approach to solving specific health problems. Through community health management, teams enhance their capabilities for sound planning and optimal use of available resources. A specific health or health service problem, identified at their facility as posing a challenge, is used as their point of entry into the training process.

Senior health managers and faculty staff have often been sceptical about the methodology as it differs from the traditional, often theoretical, patterns of training typically used in the Region. However, scepticism changes to interest in the light of the results obtained during the planning workshop and the immediate changes within the field. Such results have always, and in all country circumstances, generated interest and enthusiasm among senior officials, faculty members, health personnel, local executive authorities and community leaders.

The involvement of community leaders, local government officers and members from other sectors in this training is a valuable and effective strategy in achieving multisectoral solutions to complex health problems. The managerial and planning skills learned by participants through such joint and practical training provide an effective platform for collaboration and partnership in solving health problems and in the promotion of community health.

In 1993, the World Health Organization (WHO) issued *District team problem-solving guidelines for maternal and child health, family planning and other public health services*.[1] The community health management approach described in this training manual are based on the concepts and methodology set out in that document, and have been revised and updated for use in the Eastern Mediterranean Region. The structure of the training process remains the same, but through the experience gained from the implementation of district team problem-solving within essentially primary health care services in countries of the Region, the chapters have been revised and the sessions (of both planning and evaluation workshops) have been simplified and clarified. The approach reflects the actual skills that participants need to learn and learning is based on real community health problems and routine data collected by health workers. For this reason, the title now focuses on community health management rather than the concept of problem-solving alone.

WHO Regional Office for the Eastern Mediterranean would like to thank all those who contributed to the development of this manual. The manual was written by Habib Rejeb with very valuable contributions from WHO staff. Thanks are extended to colleagues in Egypt, Islamic Republic of Iran, Morocco and Yemen, particularly Kamal Shadpour, Islamic Republic of Iran, and Magda El Sherbini, Egypt and Abdel Halim Hashim, Yemen, who, through their participation in implementation and comments, inspired many simplifications and clarifications in the text.

[1] Thorn M, Sapirie S, Rejeb H. *District team problem-solving guidelines for maternal and child health, family planning and other public health services.* Geneva, World Health Organization, 1993 (WHO-MCH-FPP/MEP93.2)

1. Introduction

In 1978, the concept of "primary health care" emerged from the Alma-Ata conference as the most effective means of reducing disparities in access to health care. Countries of the Eastern Mediterranean Region adopted the concept as their main approach towards strengthening and improving their health systems. However, the actualization of the three principles of primary health care, namely community involvement, intersectoral collaboration and self-reliance, has proved difficult to attain. Health systems in most countries have continued to evolve within a traditional vision and very few have developed mechanisms for involving the community in the management of health, and in local development in general.

Efforts towards decentralization of the health care delivery system have been rather timid and ineffective. They have not been accompanied by a policy of empowerment of local health personnel and communities in order to prepare them for sound decision-making and the sharing of responsibility. The training of the vast majority of primary health care personnel does not equip them for teamwork or for efficient implementation of their tasks. They rarely develop a clear vision of different programmes and the linkages between them. Also, they are seldom involved with planning and decision-making for the programmes they are implementing. Yet, experience has shown that whenever staff are involved in planning, services change for the better. This is one of the issues that health sector reforms emphasize in order to facilitate decentralization. The upgrading of management skills at local level is viewed as the key step towards effective district health systems and decentralization.

Community health management training aims at filling this gap, by providing an empowerment tool not only for health personnel but also for other sectors participating in the training (Box 1). At the same time, it creates a dynamic of change which makes health the concern of all. While it embodies the principles and steps of the managerial process for national health development developed by WHO,[2] it takes a practical, field-based and results-oriented approach to learning. Training is organized for district health teams, including members from the community and other sectors. The approach gets team members to pool their capital of knowledge and experience to perform the tasks required in each step of the learning process. It launches a process of team- and self-learning, through action and monitoring of activities.

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[2] *Managerial process for national health development: guiding principles for use in support of strategies for health for all by the year 2000.* Geneva, WHO, 1981

Box 1: Community health management

- Is problem-based
- Is community-oriented
- Uses a learning-by-doing process
- Does not require specific training materials
- Fosters intellectual curiosity and self-learning

Community health management has been shown to play an important role in developing health information systems. Strengthening the collection and use of information is an essential step in ensuring that health systems are responsive to health needs and in doing so enhancing the planning function of health authorities. Community health management achieves this by fostering the professional interest of health care staff in collecting and utilizing information. The experience of Oman has been illustrative of the efficacy of community health management in strengthening national and sub-national information systems for better planning (Box 2).

In brief, community health management training empowers human resources at community and district level. It fosters team spirit and teamwork within the community and leads to collective management of community health, thus contributing to the strengthening of district health systems.

Box 2: Achievements of the *wilayat* team problem-solving (WTPS) process in Oman

- Since 1995 the WTPS methodology has been used, with some variation, to develop the health component of the national socioeconomic development five year plans, and it has helped in establishing a "planning culture".
- It has promoted self-confidence and team work, through changes in the quality of relationships.
- It has created a better awareness about aspects of the health services, particularly the quality of care concept.
- It has helped staff to recognize the key role of data in problem and situation analysis. Also, teams started to ask for feedback and to call attention to certain problems in their locality.
- It has raised awareness about the need to involve other sectors and the community in project planning, in order to increase effectiveness in implementation.

Source: Expert group meeting on evaluation of the district team problem-solving (DTPS) approach in the Eastern Mediterranean Region, Muscat, Oman, 12–14 May 1998

2. Community health management

2.1 Training objectives

Community health management training has the following prime objectives.

1. To empower primary health care staff by strengthening their managerial skills, increasing their service performance and helping them to develop a culture wherein sound management of health problems is promoted.
2. To enable staff, through the process of problem analysis, to learn how to use data for planning and devising solutions to health problems.
3. To raise staff awareness of community potential for solving health problems.
4. To foster teamwork and team spirit, and help staff develop the capacity to work in collaboration with the community and other sectors.

2.2 Features of community health management

The implementation of community health management training in many countries has revealed the following features.

- It equips staff with the capacity to improve their performance in the delivery of services and to draw support from the community and other local development actors.
- It produces changes in the attitude of staff and establishes confident relations and partnerships with the community and other partners.
- It enhances the capacity of staff to make optimal use of available resources.
- It enhances interactive communication between service delivery staff, their supervisors, and first referral level.
- It helps staff to develop an integrated approach to the delivery of health services.

- It creates a real awareness among staff of the necessity of developing an accurate database for efficient planning of activities, their implementation and monitoring of their progress.
- It helps in solving organizational and operational problems.
- It promotes quality of care as an intrinsic part of staff concerns and efforts to improve service efficiency and to satisfy clients.
- It fosters teamwork and self-learning, through experience, and develops the desire to keep abreast of new knowledge.
- It is a practical tool for strengthening district, regional and even national planning processes.

2.3 Community health management requirements

The implementation of community health management requires the firm commitment of high level decision-makers in the ministries of health to facilitate the set-up of an efficient implementation infrastructure, the preliminary steps of which are as follows.

1. Appointment of a senior national coordinator, familiar with the health system, and with leadership attributes;
2. Formation of a National Steering Committee, the membership of which should be taken from health programme managers, invested with the responsibility of supporting community health management implementation and expansion;

   Note*:* The Steering Committee should be responsible for involving all primary health care-related programmes in the implementation of community health management training to enhance programme performance and speed up expansion.

3. Identification of a first national core group of experienced health professionals and faculty members, to become familiar with the training methodology and to serve as facilitators, and to train other facilitators from the provinces.

2.4 Community health management training cycle

The training cycle consists of three phases.

Phase one: planning workshop

The planning workshop runs over 8 days. Participants, as team members, select a health problem and use the data that they routinely collect for problem analysis and to plan the solution. At the end of the workshop, each participating team comes out with a plan of action for reducing the magnitude of the problem in their community.

Phase two: implementation

After the planning workshop, the teams begin to implement the solution that they have designed. During this phase of about 1 year, they receive support from their supervisors or facilitators to help them consolidate the skills learnt.

Phase three: evaluation workshop

The evaluation workshop requires 3 days. The teams prepare an evaluation report in advance, which will then be expanded and improved upon during the actual workshop, in terms of subsequent plans. The workshop gives them the opportunity to share experiences and to further consolidate their planning skills.

2.5 Preparation for the planning workshop

2.5.1 Briefing

Thorough preparation for the planning workshop is crucial to its success. Experience has shown that participants need to be briefed ahead of time on the workshop process and requirements, in order to prepare themselves and to get the maximum possible benefit from the workshop.

2.5.2 Identification of facilitators

It is important to make sure, ahead of time, that facilitators are available full-time and for the duration of the workshop. Facilitators should, preferably, be an epidemiologist or a public health professional with statistical/ epidemiological background, and have experience with the health care delivery system and good communication skills. Otherwise, the participation of an epidemiologist for the first 2 days, as a resource person, is an asset as most of the participants will be dealing with data analysis for the first time.

2.5.3 Role of facilitators

The facilitators will be orientated by the coordinator on their role in a meeting

prior to the planning workshop. They are briefed on the steps of the workshops, the different tasks to be performed and their role within the process. Most of the facilitators' role, however, will be learnt on the job. The facilitators act as catalysts for learning and their role can be summarized as follows.

- They make sure that teams are organized and that responsibilities are rotated for each session.
- At the beginning of each session, they ask teams to read the tasks and ensure that all team members understand them and are clear about the required products.
- They get teams to employ brainstorming or nominal group techniques, in order to get the participation of all team members and stimulate creative thinking.
- They help teams to stay with required tasks and remind them, if necessary, of the workshop steps in order to avoid divergence.
- They act as resource persons for the team and, if necessary, request assistance from other colleagues familiar with the issues needing clarification.
- They keep some distance from the team and remain neutral, to allow the teams the feeling of ownership of their work.

2.5.4 Selection of health facilities

The first step is to decide where to start. In which province? In which districts? And which health facilities will be selected?

Usually, four health centres are selected and team members come from the same health facility.

2.5.5 Team composition

Each team is comprised of 7–10 members. It should include 4–5 key staff members from each selected health centre, e.g. medical officer, chief nurse, midwife, field supervisor, and others as appropriate, such as the officer within the health facility who is responsible for activities related to the selected problem. In addition, the team should include 1–3 district supervisors, for proper field follow-up of the teams. In addition, efforts should be made to include two community representatives, from local council, local government, local non-governmental organizations, or health-related sectors.

2.5.6 Selection of problems

The selection of the problems should be done in consultation with the staff of the health centres, after briefing them on community health management. The briefing explains the objectives of the training and the methodology used. The following points should be underscored.

- The health problem itself should not be the priority, but rather an entry point for learning a methodology which later can be applied to any health problem. Often the solution of the problem is, incorrectly, understood as being the objective of the workshop.
- More important is the availability of data routinely collected by the staff; this is pivotal to the community health management learning process. Without the availability of data to measure, for example, morbidity, service coverage and quality, the learning objectives are handicapped. This critical aspect is frequently overlooked.
- Experience shows that the problems should be selected at least 1 month in advance, to give participants time to collect the required data and to prepare themselves so that they get the greatest benefit from the workshop.

  Note: The data collected should include epidemiological information of the last 3–5 years, in order, for participants, to know the magnitude as well as the trend of the problem.

2.5.7 Preparation of reference materials

It is highly recommended that reference materials are prepared and sent to participants in advance. These materials should be pulled together once the problems are selected, and will include:

- relevant publications by the Ministry of Health
- studies related to selected problems that give wider information
- selected scientific articles that provide further knowledge on the problem
- statistics related to the selected problems from district and provincial levels, for comparison.

These reference materials give participants the opportunity to acquire new knowledge and stimulate self-learning.

2.5.8 Venue and equipment

The total number involved in the workshop is usually 40–50 people. Participants work about 12 hours a day. To facilitate the smooth running of the workshop and develop team spirit it is advised, at least initially if

possible, to provide accommodation for participants and facilitators, preferably in the same place. As regards the premises for the workshop, they should have:

- one large room for 50–60 people, for plenary presentations
- four rooms for 10–15 people, for the working groups
- one room for the secretariat
- space for coffee breaks.

With respect to logistics, the requirements are:

- a secretary, with good computer skills
- one computer and printer
- one heavy duty photocopier
- two overhead projectors,
- transparencies and pens
- four flipcharts with stands.

2.6 Conducting the planning workshop

2.6.1 Undivided format

The planning workshop is held on 8 consecutive days. All facilitators should be available full-time for the whole duration.

2.6.2 Split format

In circumstances where facilitators and/or participants are not easily available for the whole duration of the workshop, it is possible to conduct it in two phases.

The first phase would run over 3 days and cover the first four sessions. It would be followed by a break of 1–2 weeks, during which time teams collect any missing data and visit, with supervisors, one or two other health centres to compare recording of data (refer to Session 5). They can also use the time to revise their products (refer to Session 6).

The second phase would run over 4 days and complete the remaining sessions of the workshop.

2.7 Solution implementation

Before implementing the solution designed in the planning workshop, district teams need about 2 weeks to review and finalize their project document and to brief all concerned leaders and local authorities in the community.

Facilitators and team supervisors should work out a follow-up plan for the provision of support to the teams. The plan could be as follows.

- Supervisors meet with their team, every 2 months, to discuss implementation issues.
- Supervisors organize a 2-day seminar for all teams, after 2-6 months of implementation, to review progress.
- Supervisors visit teams at the end of the implementation period to review preparations for the evaluation report.

2.8 Evaluation workshop

The evaluation workshop runs over 2.5–3 days and completes the community health management training cycle. Its main objectives are to strengthen planning skills and give teams the opportunity to compare their achievements.

The workshop follows the structure described in the guidelines, and preferably should be assisted by the same facilitators who participated in the planning workshop.

For both planning and evaluation workshops the work pattern is as follows:

- introduction of session, in plenary, by one of the facilitators
- group work, according to the schedule
- presentation, in plenary, of the products of the session
- introduction of next session ... etc.

2.9 Expansion and institutionalization

Community health management training has proved an effective tool in strengthening the managerial skills of health personnel and community leaders, and in providing a good basis for building partnerships with the community. Its expansion and institutionalization require strong commitment

from top-level management and must be supported by a proper strategy. Because skills learnt from community health management training increase programme performance, all primary health care programmes should take part in expansion efforts and support endeavours at provincial level. Eventually, with the development of district facilitators and training capacities, community health management training should evolve as an in-service continuing education tool.

Institutionalization of community health management training requires the following elements to come together.

- clear political commitment of top managers;
- appointment of a senior national coordinator, whose place in the structure is decided by the Minister of Health;
- formation of a National Steering Committee, with members from senior health programme management, and which has a clearly defined mission;
- appointment of community health management focal points in all health programmes concerned;
- appointment of provincial community health management coordinators and district focal points;
- establishing partnerships with health training and research institutions, through participation in training in community health management (Box 3).

These requirements are reference points that can be adapted to the realities of different countries. Figure 1 gives an overview of the various phases in the implementation of community health management.

Box 3: Research and training institutions in promoting community health management, Menoufia University, Egypt

The experience of the Faculty of Public Health, University of Menoufia in Egypt, demonstrates the important role that training and research institutions can play in promoting and advancing community health management training.

Through involvement in facilitation of community health management workshops, faculty staff were able to develop a working relationship with the local health system for improved delivery of care, and students benefited from a more community-oriented approach to solving real problems.

Two factors have been important in providing technical support and advocating for community health management. First, the public health curriculum was adapted to incorporate the community health management approach. Second, the faculty has been active in researching the use of the methodology and thus assisting in understanding its impact and refining the approach.

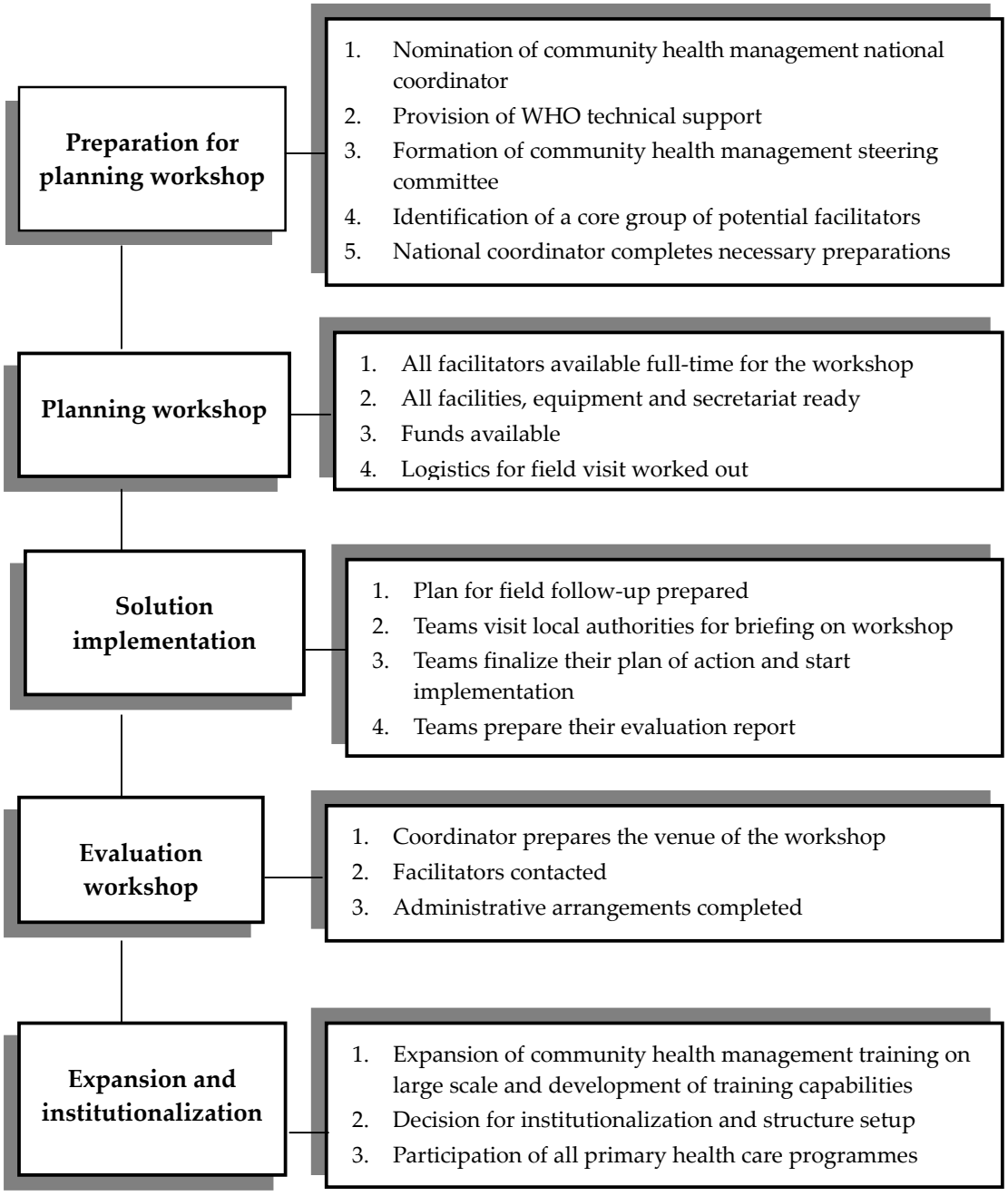

Figure 1. Community health management implementation phases

2.10 Role of WHO Regional Office for the Eastern Mediterranean

The role of the WHO Regional Office for the Eastern Mediterranean in community health management is diverse with key responsibilities in implementation, advocacy and sustainability of the approach.

Specifically, the Regional Office

- is a leading advocate of the community health management approach among decision-makers in health, within a broader strategy to advance planning capabilities at community level;
- assists countries in assessing the opportunities provided by community health management in light of their ongoing initiatives to build management processes in the health care delivery system;
- ensures, in collaboration with countries, the documenting of national experiences in community health management including the methods, contexts and facilitating factors that have led to tangible improvements in health services and health outcomes;
- works to establish community health management as a major vehicle for the overall development of health systems and services, becoming an integral component of the national planning process;
- makes efforts within resource mobilization in support of community health management to ensure that implementation is sustained and the improvements made are robust.

2.11 Conclusion

The advantages of community health management training can be summarized as follows.

- It is highly cost-effective.
- It is problem-based and is centred on the empowerment of local human resources in order to facilitate collective management of community health and multisectoral solutions.
- The skills learnt are strengthened by experience, and the results obtained on the ground provide a solid platform for collaboration with all actors in community development.

As a result, it has proved to be more effective than traditional training programmes in helping to build the capacity required for decentralization of

the health delivery system.

3. Planning workshop: Sessions guide

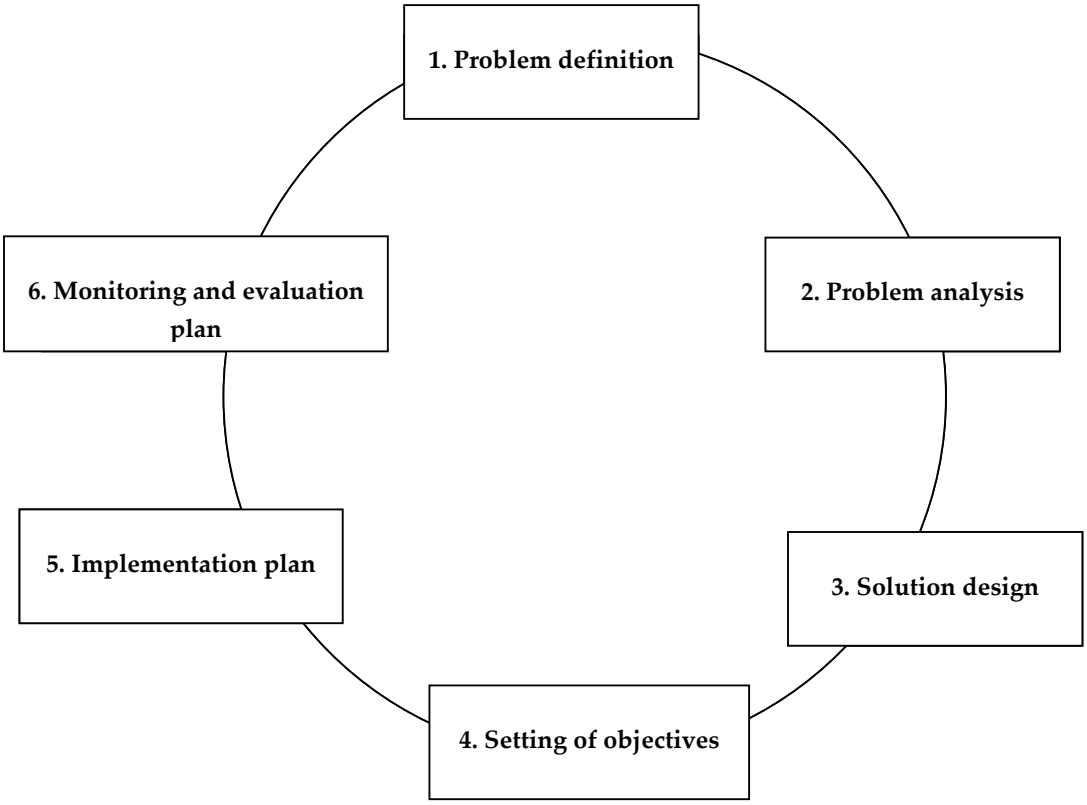

Figure 2. Main steps of the planning workshop

Session 1: Opening session

Programme

1. Welcome address
2. Introduction of officials, facilitators and participating teams
3. Keynote address
4. Community health management objectives, approach and method of work
5. Workshop agenda
6. Administrative matters

Session 2: Community profile

Objectives

- To provide a picture of the community including demography, social infrastructure, socio-cultural conditions and economic conditions.
- To analyse current strengths and weaknesses in the local delivery of health services.

Tasks

- Review available information for the community and select the main elements to provide a comprehensive picture, including the demographic, health and education profile, and socioeconomic/environmental conditions. Prepare a summary of the main characteristics.
- Prepare an inventory of health and social infrastructure (health facilities, equipment, human resources, schools, religious facilities, social and development centres, nongovernmental organizations).
- Discuss, with an open mind, the various features of the health service at all levels to identify strengths and weaknesses (facilities, equipment, staff, organization, constraints to satisfactory coverage of target groups, collaboration with community leaders and other sectors).

Product

Community profile, including: the main characteristics, health and social infrastructures, strengths and weaknesses of local health services.

Session 3: Problem definition

Objectives

- To reach a proper and specific problem statement.
- To understand the role of data and its translation into indicators for defining the magnitude of the health problem and the coverage of related services.

Tasks

- Review the available data from previous calendar year, and prepare a list of the data which is relevant to the selected problem, i.e. data related to morbidity, mortality, service coverage, service quality.
- Identify any other health problems or services which have an effect on the selected problem (e.g. association of high prevalence of diarrhoea and artificial feeding with malnutrition in young children, association of low birth weight with low coverage of antenatal care and short birth interval). Identify the related data.
- In case the problem statement is vague or nonspecific, discuss it in the light of available data, and agree on a specific formulation of the selected problem using appropriate phrasing. The statement should be short and specific.
- Review the epidemiological data of the last 3–5 years, and prepare a graph showing the trend of the health problem. Compare with trend in the district and/or province (if data available).
- Identify health indicators (e.g. infant mortality rate, prevalence of diarrhoea in children under age 5 years, low birth weight prevalence, prevalence of breastfeeding) to quantify the magnitude of the problem. Then identify service indicators (e.g. immunization coverage, antenatal care coverage, proportion of pregnant women receiving iron tablets, number of health promotion sessions per month) which are related and have an effect on identified health indicators.
- Identify "difficulty" indicators, i.e. constraints affecting the performance of the services (e.g. high drop-outs from vaccination, insufficient/irregular supply of medicines, lack of laboratory

equipment, and lack of staff trained in a specific skill, lack of transport, negative attitude towards a given service, high level of illiteracy, high proportion of the population living in remote areas).

Note: Although many constraints might be identified, focus should be only on those which can be reduced, in the short term, by the health team and its partners in the community.

- Select the most important indicators and define the numerator and denominator, where applicable, for each. (Table 1a)
- Compile a list of missing data (which are collected by health centres) that are needed to compute the indicators, and indicate the source. Identify any additional data that the team feel is important and which is easy to collect (e.g. prevalence of artificial feeding, age of introduction of complementary feeding to infants, client satisfaction with services, resistance to family planning services).
- Review the selected indicators and prepare the problem definition table, according to the template provided (Table 1b).

  Note: It is important that tables are clearly written and are not crowded.

Products

- List of available data related to the problem.
- Trend graph of the problem.
- List of selected indicators and their epidemiological definition.
- List of missing and/or additional data.
- Problem definition table.

Table 1. Problem identification

a) List of identified indicators

Health		Service coverage	
Indicator	**Definition**	**Indicator**	**Definition**

Table 1. Problem identification

b) Problem definition

Health		Service coverage		Constraints	
Indicator	**Baseline (year)**	**Indicator**	**Baseline (year)**	**Indicator**	**Baseline (year)**

Session 4: Problem analysis

Objectives

- To familiarize teams with the process of comprehensive analysis of health problems.
- To increase awareness of the links between health and various environmental factors (physical, cultural, social, economic etc.).

Tasks

- Use brainstorming or nominal group techniques to make a comprehensive inventory of the causes of the problem, including service shortcomings. Then, screen the ideas to identify the main causes and contributing factors and classify them into categories.
- Select the main causes and the contributing factors that can be addressed, immediately or within a short period of time, by the health team alone (e.g. deficiencies in services) or in collaboration with the community and other sectors (e.g. sanitation).
- Draw a diagram showing the problem in the middle, with the main causes and their contributing factors around the edge. The relative importance of the different causes could be reflected by the size of boxes used in the diagram (see example, Figure 3).
- Review the problem definition table (from Session 3) and the problem diagram to ascertain coherence between the two. This will help in identifying and listing the additional information to be collected.

Products

- Categorized list of the causes of the problem.
- Problem diagram.
- Revised list of missing and additional data, if any.

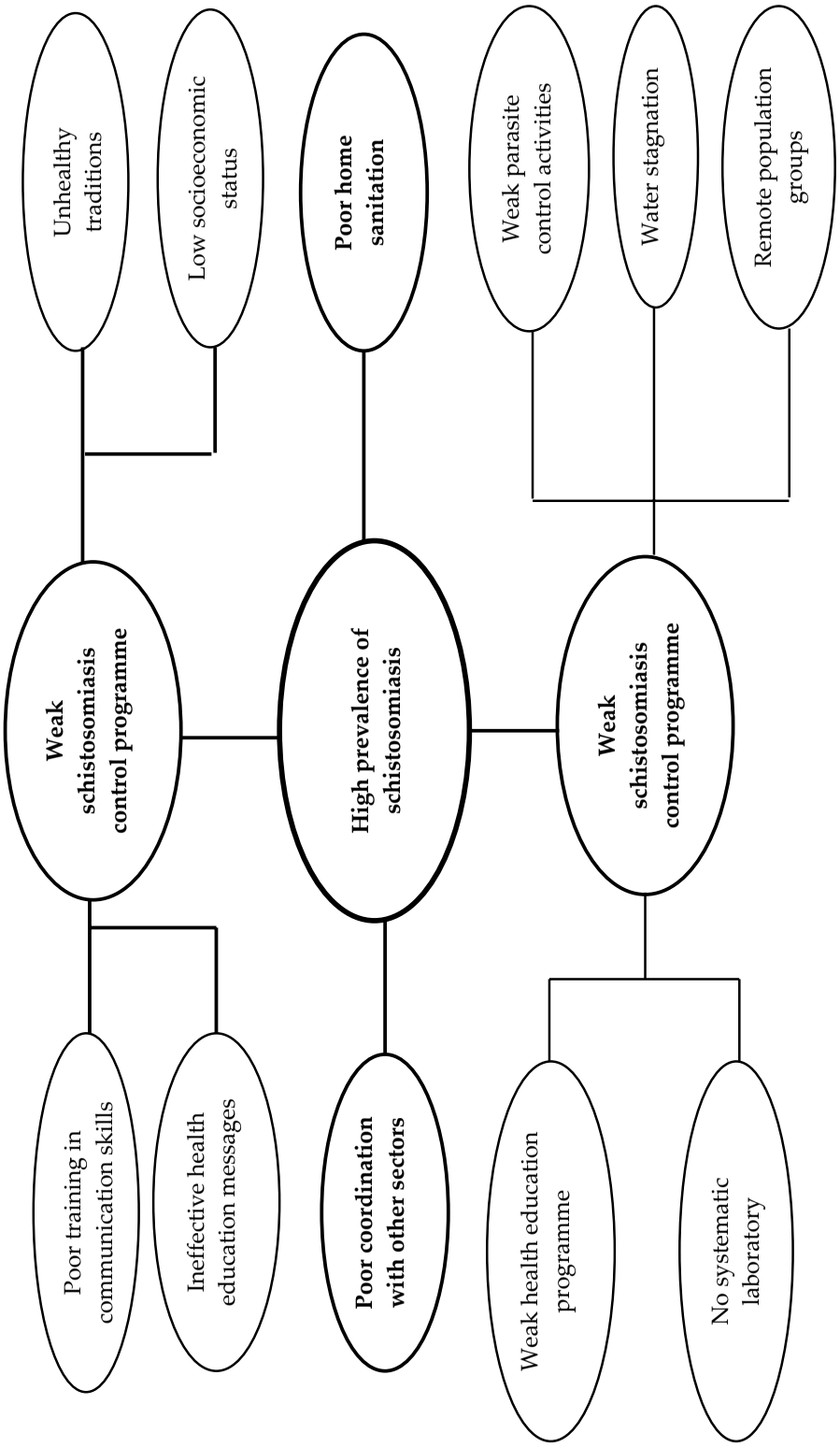

Figure 3. Problem diagram

Session 5: Field visit

Objectives

- To collect any missing or additional data.
- To check the recording of data and assess its reliability.

Tasks

- Undertake field visit to health facilities. When teams are visiting health facilities they should check concordance between data recorded in the registers and that which is recorded in the monthly reports. They should also check that data are recorded regularly and correctly. The reliability of certain types of data (e.g. weight, height, blood pressure, laboratory exams) needs to be checked. Teams should check consistency in recording data and whether the instruments for measurement are functioning and properly used.
- Prepare a team report focusing on the quality of observed data, i.e. the regularity and consistency in recording, which may change with change of staff.

  Note: Teams should be given the opportunity to visit facilities other than their own for more objective observation.

Products

- Visit report, with findings and comments.
- Collection of missing data.

Session 6: Finalization of problem definition and analysis

Objective

- To refine and finalize the products from previous sessions.

Tasks

- Review the problem definition table and discuss, in the light of information gained from the field visit, the accuracy of data used for quantifying each indicator.
- Relate selected indicators to identified causes and finalize the problem diagram. The latter should be clearly designed and self-explanatory.
- Review the community profile (from Session 2) to make it briefer and clearer, if necessary.

Products

- Revised problem definition table.
- Revised problem diagram.
- Final community profile.

Session 7: Generation of ideas and solution design

Objective

- To encourage teams to think creatively in order to develop innovative, multisectoral and practical solutions to health problems.

Tasks

- Review present health activities for addressing the problem (focusing on weaknesses and shortcomings).
- Refer to the problem diagram, and use nominal group or brainstorming techniques to generate ideas for reducing or solving the problem. Then screen the suggested ideas and retain those which are important and can be implemented by the health sector alone, or in collaboration with community leaders and other related sectors. Classify the selected ideas under specific categories to create a comprehensive list.
- Construct a scoring grid to assess the feasibility of the selected ideas and their likely effectiveness. Use parameters such as: available resources, willingness of community to participate, willingness of other sectors to collaborate (Table 2).
- Refer to the main causes in the problem diagram and the categorized list of ideas, and define the main lines of action or the strategies (e.g. to reduce infant mortality the strategy would be twofold: improvement of child care and improvement of maternal care).
- Design a solution diagram, similar to the problem diagram. The diagram should show the objective of the solution in the middle, with the main strategies and their specific activities to reduce causes/ contributing factors around the edge (see example, Figure 4)
- Prepare a description of the solution including:
  a) problem statement, its trend and main causes
  b) solution strategies and main activities
  c) locally available resources.

Products

- Categorized list of selected ideas.
- Scoring grid for selecting ideas.
- Solution description.

Table 2. Scoring grid for feasibility and effectiveness

Activity	Support from upper levels	Availability of local resources	Willingness of community to participate	Willingness of other sectors to collaborate			Total
Total							

Excellent: 4 Very good: 3 Good: 2 Possible: 1

Score each parameter from (1) to (4) according to the level of potential.

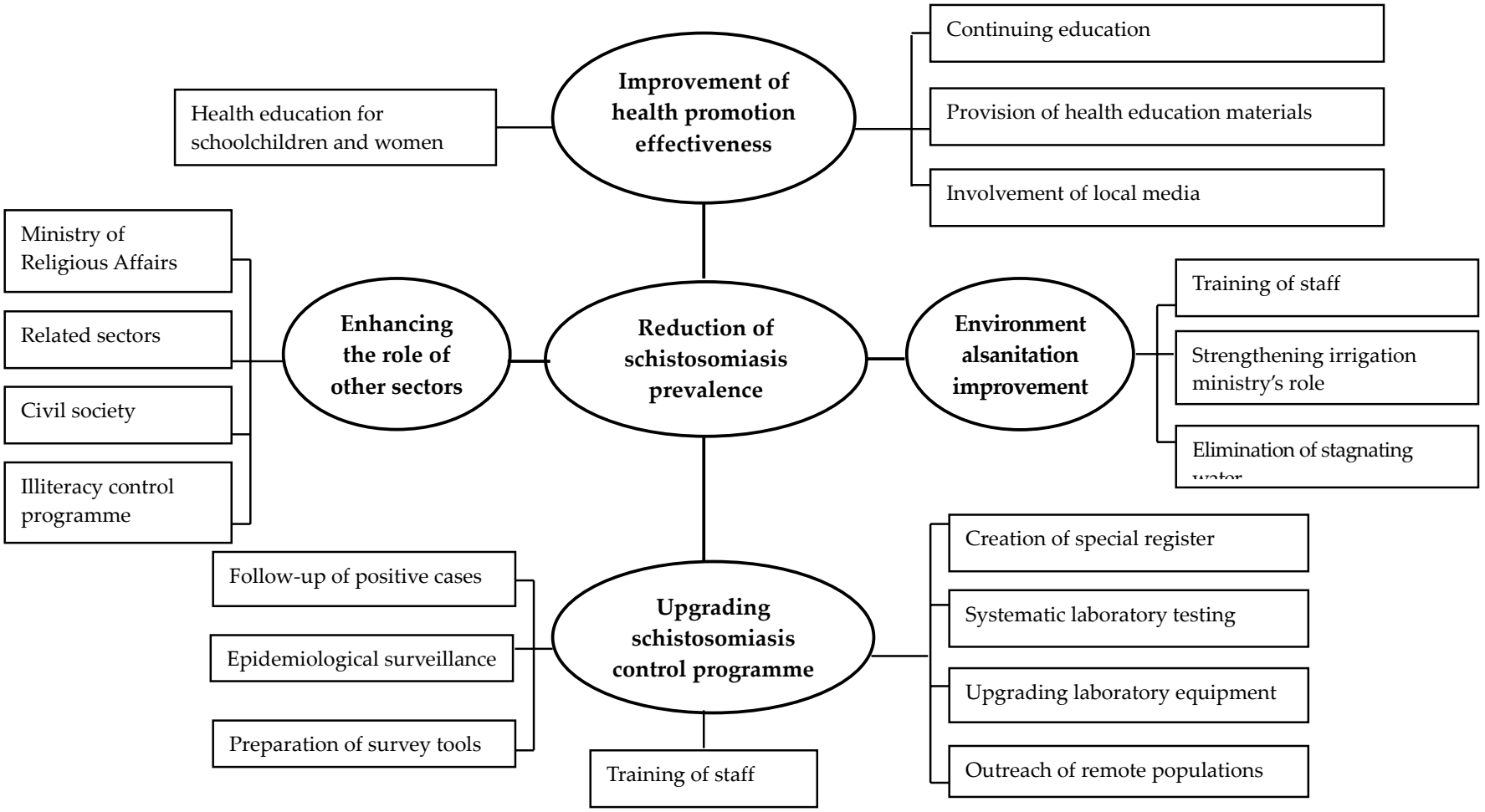

Figure 4. Solution diagram

Note: The example shown in this diagram was developed in a workshop conducted in Sahel Selim in Egypt in 2002.

Session 8: Setting objectives

Objective

- To familiarize teams with the process of setting objectives.

Tasks

- Review the problem definition table, the problem diagram and the solution diagram and check consistency between the three products.
- From the problem definition table, select health indicators that are more sensitive in measuring changes in the health situation of concern and the service performance indicators that are likely to change with the solution. Refer to baseline (level of indicators in previous year's calendar), consider level of data accuracy, and use team's experience to define realistic objectives achievable within a year's time.
- Prepare a table with selected indicators, their baseline and desired objectives according to the template provided (Table 3).

Products

- Table of objectives.

Table 3. Solution objectives

Health			Service coverage			Constraints		
Indicator	**Baseline (year)**	**Objective (year)**	**Indicator**	**Baseline (year)**	**Objective (year)**	**Indicator**	**Baseline (year)**	**Objective (year)**

Session 9: Solution implementation plan

Objective

- To familiarize teams with detailed planning and programming.

Tasks

- Refer to the solution diagram and prepare detailed operational activities and steps that are necessary to the implementation of the strategies and activities designed (e.g. training requires preparatory steps, such as identification of the trainers, preparation of the training programme and materials, preparation of the budget and identification of resources).
- Check the concordance between activities and objectives. Prioritize the activities and prepare an implementation plan, using the template provided (Table 4).
- State the expected result of each activity. The result should be measurable, as far as possible, in order to assess the effectiveness of activities (e.g. training could result in greater numbers of staff trained, or staff equipped with new skills; health information and promotion would result in change in knowledge or attitude, or change in knowledge, attitude and practice).

  Note: To measure the results of certain activities teams need to define what is to be measured and then determine the method for collecting information. Teams may call on more experienced colleagues or other professionals to help them design instruments for collecting the information needed (e.g. new register forms, questionnaires for exit interviews, survey, KAP study, observation of quality of service delivery, etc.)

- Specify how each activity would be documented (e.g. meetings are documented with minutes, which record decisions taken and lay out the follow-up activities; training is documented by a report, which describes how the training was performed).

  Note: The documentation of activities is very useful when evaluating the results of specific activities or progress towards objectives.

- Prepare a Gantt chart, scheduling the implementation process.

Products

- Solution implementation plan.

- Gantt chart.

Table 4. Solution implementation plan

Activity	Expected result	Documentation	Starting date	Completion date	Responsible officer	Supporting officer

Session 10: Monitoring and evaluation plan

Objectives

- To understand the key role of monitoring and evaluation in planning.

Tasks

- Using the table of objectives (from Session 8), select the most sensitive health and service performance indicators for measuring progress and pace of change. These indicators would reflect, indirectly, changes in other indicators for which objectives are set and which can be measured at mid-term and in final evaluation. The limitation on the number of indicators is intended to make monitoring easier.
- Since indicators to measure quality are seldom used, teams are asked to think of indicators to measure, for example, changes in quality of care, changes within the community as a result of health promotion, client satisfaction, etc. Refer to the planned activities and their expected result (from Session 9) and define the indicators to measure such changes, as well as the method of collecting information.
- Prepare a monitoring and evaluation plan indicating periodicity and selected indicators, using the templates provided (Tables 5 and 6).

  Note: If teams are not familiar with certain methods of collecting qualitative information, they should seek assistance from colleagues at district or other levels.

- For the different indicators, define the periodicity of, or interval between, monitoring or evaluation.
- Prepare a table, according to the format provided, with all the indicators selected.
- Prepare a description of how follow-up and monitoring would be carried out: frequency of meetings of team members and the objectives of such meetings; the distribution of responsibilities; steps to be taken to improve data quality; how data will be collected for measuring progress or change; how collaboration with community leaders and other sectors is envisaged by the team, etc.

Products

- Monitoring and evaluation plan.
- Description of follow-up and monitoring.

Table 5. Monitoring and evaluation plan

Indicator	Data source	Periodicity	
		Monitoring	Evaluation
1. Health			
2. Service coverage			

Table 6. Periodic monitoring and evaluation

Responsible officer: …….
Health centre :…….
Month: ……..…
Year: …….

Indicator	Baseline	Objective	Progress	Observations
1. Health				
2. Service coverage				

Session 11: Preparation of project document

Objectives

- To review and finalize products from all previous sessions.
- To organize all products in the form of a coherent project document.
- To prepare a 15–20 minute presentation summarizing the project.

Tasks

- Review all products from previous sessions and make sure they are in their final shape, taking into consideration observations and comments that have been made during the teams' daily presentations.
- Prepare visual aids for a brief and comprehensive presentation of the project including:
  - very brief summary of community profile with most useful points for the project
  - problem and solution diagrams
  - tables 1–4 (Table 3 with only a few selected activities as examples)
  - Gantt Chart including full range of activities
  - a brief summary of follow-up and monitoring process
- Prepare the project document using the outline.

  Note: The presentation should explain the steps followed during the workshop. Once ready, teams should start a rehearsal exercise.

Note to workshop coordinator: Before starting the session, the workshop evaluation questionnaire should be distributed to participants to fill and return to workshop coordinator for analysis (see Annex 1).

Products

- Final project document.
- Visual aids for the presentation.

Outline for project document

1. **Community profile**
   - Demography
   - Health and education
   - Socioeconomic factors
     - social infrastructure
     - health infrastructure
     - facilities and resources
     - services: strengths and weaknesses

2. **Selected problem**
   - Problem statement
   - Trend
   - Main causes
   - Status of health services

3. **Solution**
   - Strategies
   - Main activities
   - Resources
   - Partnerships with the community

4. **Objectives**
   - For changes in health
   - For changes in services
   - For reducing/removing constraints

5. **Solution implementation: activities and expected results**
   - Main actors
   - Contribution of other staff
   - Contribution of the community
   - Contribution of other sectors

6. **Monitoring and evaluation**
   - Team method of work
   - Monitoring and evaluation methods

Session 12: Presentation of teams' projects

Programme

- Plenary presentation of teams' projects
- Feedback from representatives of the teams
- Presentation of results of workshop evaluation
- Discussions
- Closing remarks

4. Planning workshop: Guiding notes for facilitators

Introduction

These guiding notes for facilitators are designed to streamline the support provided to participants during the planning workshop of community health management training.

The facilitators should meet with the coordinator prior to the planning workshop in order to receive guidance on their role and distribute responsibilities.

The sessions should be introduced in full by the facilitators in around 15–30 minutes. They should refer to the sessions guide to help explain objectives, tasks and end products. The duration of each session includes about an hour for plenary presentation of the group products.

In group working sessions facilitators should ensure that the roles of chairperson and rapporteur are rotated among the team members, irrespective of their category. They should assist in achieving good group dynamics, by avoiding the dominance of discussions by a few and encouraging the chairperson to get input from all team members. They should remain neutral and avoid projecting their own views.

The facilitators should meet at the end of the day to discuss workshop progress.

Session 1: Opening session (1–1.5 h)

It is important that senior officials are invited to attend the opening session as their presence attests to their interest and support. The opening session should cover the following areas.

1. Keynote address

The speaker is invited to integrate the following points in his/her address:

- Community health management training is part of national efforts to upgrade the skills of staff in order to improve service performance and quality of care.
- Community health management training aims at strengthening the managerial capabilities of primary health care staff.
- Community health management training aims at building partnership with communities.

2. Community health management approach

It should be emphasized that the community health management training course is problem-based training focusing on managerial skills and that it aims to produce immediate changes in the delivery of health services.

3. Objectives of the planning workshop

The objectives of the planning workshop are to enhance the participants' understanding of:

- the objectives, approach and methods of CHM
- the importance of information in devising solutions to health problems
- the role of data and its translation into indicators for defining the magnitude of health problems and the coverage of related services
- the process of comprehensive analysis of health problems
- the links between health and various environmental factors (physical, cultural, social, economic etc).
- the process of setting objectives,
- detailed planning and programming
- the key role of monitoring and evaluation in the planning process.

4. Method of work

The role of facilitators is explained: they will act as catalysts for learning and as resource persons for technical inputs, whenever required or requested. They help the teams to attain proper group dynamics, in order to be creative in their discussions.

Session 2: Community profile (4–5 h)

1. *When introducing Session 2, the facilitator should stress:*

   - The importance of being aware of the social, economic and physical environment of the community;
   - The necessity for staff to be aware of the strengths and weaknesses of their service delivery: facilities, equipment, resources, organization, quality of services, relations with the community, etc.

2. *During this first group working session, the facilitator should help in ice-breaking and should ask the group to designate a chairperson and a rapporteur (these roles will be rotated among team members). Teams should also be urged to use flipcharts, or boards, to facilitate contribution from all team members.*

Session 3: Problem definition (7–8 h)

Session 3 is crucial to the subsequent steps. It is important to remember that the majority of participants are not familiar with the use of data, although they may collect it, report it and send it as a regular duty within their job. Therefore, it is recommended to invite an epidemiologist to attend this session as a resource person.

When introducing the session, the facilitator should explain the use of data collected by the health system, as follows.

- Data enable assessment of the situation of a given phenomenon. For example, data enable assessment of the epidemiological situation, in respect to one or more problems, in a defined population and at a specified time.

- Two types of indicator are of particular interest:
  - Health indicators, which measure health status/health situation and give an indication of quality of life. They are used to quantify the scale of a problem at a specified time and to measure change over time (e.g. to measure the trend of infant mortality). They are also used to monitor progress towards the objectives set by a specific programme.
  - Service performance indicators, which measure the performance of services in the provision of health care, in terms of coverage and quality.

- When teams are working on a specific health problem, they need to identify the health indicators and the service indicators related to the problem. This will enable participants to assess the performance of the health system.

- Teams should be encouraged to think of any additional indicators that are directly or indirectly related to the problem being analysed. In this way they can see the links between health problems and the complementarity between services (e.g. the link between malnutrition in young children and diarrhoeal diseases, low immunisation coverage, short birth interval, artificial feeding, etc.)

- There are often constraints faced by primary health care workers in achieving better coverage or to improving the quality of services. Teams should think carefully about those constraints, and focus on the constraints they are most likely to be able to reduce, e.g. through reorganization of the work, or by close coordination with the community or any related sector. Teams need to define constraint indicators for which they have information, or for which they can collect some baseline information. The indicators are expressed in numbers. If the constraints cannot be quantified at this stage then they should be listed and a plan made to collect the baseline data.

  Note: Teams usually come up with many constraints they believe are obstacles to satisfactory coverage, several of which are beyond their control (e.g. high illiteracy, poverty, dispersed population, etc.).

- The calculation of the various indicators (using data collected for a given year) provides the baseline, against which change is measured and which is used for setting targets for the subsequent year.

- The following definitions and examples may help the facilitator to select further relevant examples with which to illustrate his/her presentation of this session.
- Indicators are variables that measure changes directly or indirectly.
- Indicators should be valid: they should measure what they are designed to measure; and they should be sensitive, i.e. they should accurately reflect changes in the health problem.
- Indicators are also used to measure the quality of care against defined standards. They need to be developed for each standard of care.

Health indicators

Definition

Health indicators: measure of health status/health situation to give an indication of quality of life. They are used to quantify the scale of a problem at a specified time and to measure change over time (e.g. to measure the trend of infant mortality). They are also used to monitor progress towards the objectives set by a specific programme.

Service performance indicators: measure the performance of services in the provision of health care, in terms of coverage and quality.

Indicators

- Incidence: the occurrence of new cases of a specific disease during a specified time period (1 month, 1 year). It is expressed in rate per 1000, 10 000, or 100 000 population/year, and is related to the average number of persons exposed to risk during the same period.
- Prevalence: a measure of the total number of existing cases of a disease or condition at a specified point (15 December) or during a period of time (1 month, 1 year). It is a rate usually expressed per 100, or 1000 population.
- Perinatal mortality rate: [(number of still births) + (number of infants deaths in the first week after birth) in a year × 1000]/total number of births in the same year.
- Neonatal mortality rate: [number of deaths of infants under 28 days of age in a year × 1000]/total number of live births in the same year.

- Infant mortality rate: [number of deaths of infants under one year of age × 1000]/total number of live births in the same year.
- Child mortality rate: [number of deaths of children under 5 years of age × 1000]/total number of children under 5 years in the same year.
- Child malnutrition (PEM): the proportion of children aged under 5 years >2 standard deviations (SD) (moderate and severe) or >3 SD (severe) below the median weight-for-age of the WHO/National Center for Health Statistics reference population.
- Case-fatality rate: [number of deaths due to a given disease or condition occurring in a year × 1000]/total number of persons who suffered from the same disease or condition in the same year.
- Maternal mortality ratio: [number of female deaths due to complications during pregnancy, childbirth or the puerperium in a year × 1000]/total number of live births in the same year.

Examples of service performance indicators

- Contraceptive prevalence rate: [number of women of reproductive age (i.e. all women aged 15–49) who are using (or whose partner is using) a contraceptive method at a particular point in time × 100]/total number of target population.
- Proportion of children immunized against measles: [number of children immunized against measles in a specified period × 100]/total number of target population.
- Proportion of laboratory-confirmed cases of parasite infestation: [number of confirmed cases in a specified period × 100]/total number of suspected cases laboratory tested.

Note: *Process indicators* can also be discussed; these measure the efficiency or the quality of service performance (e.g. proportion of pneumonia cases or severe diarrhoea cases who receive standard case management at a health facility).

Examples of constraint indicators

- Drop-out from third round of polio vaccination.
- No regular supply of contraceptives or iron tablets.
- No trained staff for intrauterine device (IUD) insertion.
- No transport for referral of high-risk pregnancies.

Group work

During group work, facilitators should ensure that the following points are clear.

- The problem statement is specific and correctly formulated.
- Teams, when selecting indicators, have an integrated approach to the problem. For example, and as specified above, if the problem is high infant mortality, participants would relate this indicator to the quality of child and maternal care.
- Teams have a clear understanding of numerators and denominators involved when establishing indicators.

Session 4: Problem analysis (5–6 h)

In Session 4, participants learn to recognize the complex nature of health problems and their relation to other factors, e.g. social and environmental factors.

When introducing the session, the facilitator explains that teams should:

- use brainstorming or nominal group techniques (see Annex 1) to identify causes and contributing factors;
- not overlook deficiencies in service delivery;
- select the main causes and contributing factors which could be addressed by the team in the short term;
- show the causes in the form of a diagram;
- use brainstorming to generate ideas, which must be disciplined:
  - one idea at a time
  - everyone participates
  - no discussion
  - no criticism.

The chairperson invites team members to try to think of innovative ideas and listen carefully to any being suggested. When the list of ideas is complete, each one is discussed and screened by the group.

The nominal group technique is similar to brainstorming and is also used to generate ideas. The chairperson asks team members to write down, on a card

or piece of paper, as many ideas as possible. At the end, a list of the ideas can be compiled (one idea at a time and avoid repetition) which is then discussed and prioritized by the group.

Note: Facilitators should make teams adhere to such disciplines in order to learn to listen to others, to review one's ideas in the light of other ideas and to try to be creative and come out with innovative ideas.

The facilitator demonstrates how to construct a diagram and shows an example (Figure 3). The diagram should be easy to read and self explanatory; it should also reflect the weight or relative importance of the different causes and contributing factors.

Session 5: Field visit (half day, morning)

The main objective of the field visit is to get participants to further realize the importance of accuracy in recording and collecting data. It is also an opportunity for teams, if returning to their own centre or community, to collect any missing/additional data. If possible, teams should be given the opportunity to visit one or two health facilities other than theirs, for further objective observation and to compare the recording of data.

The following points should be brought to the attention of the facilitators:

- The logistics of the field visit should be planned ahead of time, with facilities to be visited identified and managerial staff informed.

- In their report on the field visit, teams should comment on the quality of data and give their insight about the reasons for any deficiencies observed. The report is presented in plenary session.

Session 6: Finalization of problem definition and analysis (4h)

Session 6 allows additional time for teams to review and finalize their products from the previous sessions. It is very important that all team members are clear about the concepts involved thus far: the specificity and clarity of the problem statement, the relevance of selected indicators to problem definition, the distinction between the different types of indicators, how selected indicators are calculated, and the relationship between identified causes and selected indicators.

While keeping the above points in mind, facilitators should help the teams to

perform the following tasks.

- Review whether they have collected all missing data or their plan for collecting, at a later stage, any additional/missing data needed to complete their problem definition table.
- Review the selected indicators and their relevance to the health problem.
- Make sure that all team members have a good understanding of how indicators are calculated and the significance of numerators and denominators. The teams' attention should also be drawn to the significance of some rates when they are dealing with small communities. For example, infant or maternal mortality rates are not sensitive enough to show change in small communities and can be misleading. In such cases, numbers should be used instead.

Session 7: Generation of ideas and solution design (6 h)

In Session 7, teams consolidate their comprehensive approach to the causes of, and solutions to, health problems. They should use either brainstorming or nominal group techniques.

When introducing this session, the facilitator should stress the following points.

- The solution should be worked out within available resources.
- Teams should be creative and think beyond the health sector, although they should first concentrate on the improvements they can introduce in their delivery of health care.
- Teams should construct a scoring grid, to assess the degree of effectiveness of the selected ideas.
- Teams should design a solution diagram, which should parallel the problem diagram.
- Teams should describe the main strategies for reducing the problem, and the main activities under each of the strategies.

Session 8: Setting objectives (4–4.5 h)

The facilitator should bear in mind that most participants are engaging in this

kind of exercise for the first time and that they need to digest the considerations that need to be taken into account when setting objectives. Therefore, when introducing Session 8, the facilitator should remember the following points.

- Explain that teams should check that the strategies are linked to the objectives.
- Ask teams to discuss the accuracy of their data, considering the fact that objectives are estimated with reference to the baseline (the more accurate the baseline, the better the estimates for the objectives). They should then set realistic short-term objectives or targets (for one year implementation of the solution) they wish to reach.
- Make sure that teams select a fewer number of indicators than in their problem definition table and that these indicators are the most proper or sensitive to measure change, thus reflecting significant changes in the performance of services (e.g. a decrease in infant mortality takes time, however service performance, quantitatively and qualitatively, can be improved over a short period of time).

Session 9: Solution implementation plan (4–5 h)

In Session 9, teams return to the solution that they designed and detail the activities to be carried out. The implementation plan is intended to get teams think about how the activities will be actually operationalized.

The facilitator should call the attention of teams to the following points.

- When planning for the implementation of activities, teams should be aware of preliminary preparations, resources, participation of other partners, time needed, etc.
- It is important to prioritize the activities according to their relevance and effectiveness to the defined objectives.
- Teams should include activities that ensure the involvement of the community and/or other sectors.
- The expected result of activities should, as far as possible, be measurable.
- All activities should be documented, to facilitate monitoring and evaluation.

Note: Teams need some brainstorming time in which to develop the steps for implementing the defined strategies and activities.

Session 10: Monitoring and evaluation plan (4 h)

During Session 10, teams need to select the most sensitive indicators that will measure change or progress towards the objectives. Teams should avoid just listing the same indicators they have used before. They should think of new indicators to measure changes that are not usually considered and that are important to show to decision-makers.

In introducing the session the facilitator would cover the following points.

- Teams should go back to the problem definition table and select the most sensitive indicators to measure changes that will show the impact of the strategy. Monitoring would concentrate essentially on service performance changes whereas evaluation would be less frequent and would, rather, measure the impact of increased performance.
- Teams should be encouraged to define quality indicators which are necessary to measure or assess the effectiveness of certain activities, such as health promotion. Such indicators need the collection of additional information. Teams should define the method they will use to collect such information.
- The description of monitoring would include:
  - periodicity of team meetings for activity follow-up;
  - periodicity of meetings with community leaders and local authorities;
  - linkages and coordination with supervisors at district and provincial level;
  - approach to data quality improvement;
  - methods for collecting qualitative information for monitoring the effect of certain specific activities;
  - parties participating in monitoring and evaluation exercises.

The facilitator should demonstrate how to prepare the plan, using the model formats (Tables 4 and 5).

Session 11: Preparation of the project document (one day)

In Session 11 teams review all the products from previous sessions and prepare a coherent project document, according to the suggested outline handed out to them. Facilitators assist teams to make sure that visual aids for the plenary presentation are well prepared. Basically, teams go through the following steps.

- They review and finalize the tables and text that they have developed, taking into account any useful remarks made by colleagues during earlier presentations.
- They prepare text that explains the content of the tables. For example, the problem definition table should be introduced by a paragraph about the quality of data used and how the selected indicators reflect the different aspects of the health problem. The table of objectives would be preceded by a paragraph explaining how objectives have been estimated.

  Note: Before starting the session, the workshop evaluation questionnaire should be distributed to participants to fill in and return to the workshop coordinator for analysis (see Annex 1).

Session 12: Presentation of teams' projects (2–3 hours)

The coordinator of the workshop usually invites health and other officials to attend this final plenary presentation, which shows the work done by the teams.

Each team makes a 15–20 minute presentation, using the available equipment and resources (overhead projectors, power point). The chairperson then invites representatives from the participants and the facilitators to give their feedback about the workshop.

The results of the workshop evaluation are presented before the closing remarks.

5. Evaluation workshop: Sessions guide

Session 1: Opening session

Programme

- Welcome address
- Introduction of new team members
- Workshop objectives
- Workshop programme
- Administrative matters

Session 2: Overview of main achievements

Objective

- To train participants to select the achievements most relevant to the successful implementation of the plan of action.

Tasks

- Prepare a brief summary of problem statement, main causes, solution strategies and main objectives.
- Prepare a brief summary of main achievements, such as:
  - Changes in the organization of work;
  - Changes in the distribution of responsibilities;
  - teamwork;
  - Changes in relationships with supervisors, clients, community leaders, local authorities;
  - Mobilization of additional resources;

– Increases in coverage or health improvement should be mentioned if the change is dramatic.

Note: teams need not go into detail, as they will be doing so in the subsequent sessions. They should focus on successes that have made a difference in their work and increased their motivation.

Products

- Overview of the problem and the solution strategy.
- Summary with main achievements.

Session 3: Evaluation of activity implementation

Objective

- To evaluate the extent to which activities have been implemented as planned.
- To compare actual outcomes of main activities to the expected outcomes.

Tasks

- Refer to the implementation plan and prepare an implementation table, using the model provided (Table 7). Mention, under "remarks", the facilitating factors or the constraints. Under the "actual outcomes" of the activities mention the method used for their quantification, as applicable.
- If "new activities" have been introduced in the plan as a result of monitoring, prepare a table using the model provided (Table 8).
- Prepare a brief summary underscoring the main facilitating factors which helped in the timely implementation of the activities and (if applicable) the constraints that could not be overcome.

Products

- Evaluation of activity implementation table.
- New activities table.
- Summary highlighting the facilitating factors/constraints.

Table 7. Evaluation of activity implementation

Activity	Expected outcome	Actual outcome	As scheduled		Delay	Remarks
			Yes	No		

Table 8. New activities

Activity	Justification	Expected outcome	Starting date	Completion date	Remarks

Session 4: Evaluation of solution effectiveness

Objective

- To evaluate the effectiveness of the solution in reducing the health problem and improving service performance.

Tasks

- Refer to the planned objectives and prepare:
  - A table of health indicators, using the template provided (Table 9), showing the achievements as compared to the set objectives;
  - A table of service indicators, using the template provided (Table 10), showing the achievements as compared to the set objectives.
- If the health facility's database has been corrected, mention whether the objectives have been revised accordingly and describe any steps taken to improve the quality of data.
- If qualitative indicators were added, mention the method used for collecting the information for measuring such indicators.
- Describe any lessons learnt from the monitoring and evaluation process.

Products

- Table of health indicators.
- Table of service indicators.
- Description of changes in data quality and lessons learnt.

Table 9. Evaluation of solution effectiveness: health indicators

Health indicator	Baseline (year)	Objective (year)	Actual achievement	Remarks

Table 10. Evaluation of solution effectiveness: Service indicators

Service indicator	Baseline (year)	Objective (year)	Actual achievement	Remarks

Session 5: Future plans

Objective

- To evaluate improvements in the teams' planning skills.

Tasks

- Prepare a description of the new problem(s) the teams plan to solve: their magnitude, causes, and the strategies designed for addressing them.
- Using the formats provided, prepare:
  - An activity implementation plan for continuing the first and new health problems (Table 11)
  - A table with new yearly objectives for the first and the new selected health problems (Table 12)
  - A plan for monitoring and evaluation

Products

- Description of new selected problem(s)
- Table showing plan for activity implementation.
- Table of new objectives.
- Monitoring and evaluation plan.

Table 11. Future plans

Activity	Expected outcome	Documentation	Starting date	Completion date	Responsible Officer	Supporting officer
1. Continuing activities						
2. New problem activities						

Table 12. New objectives

Health			Service coverage			Constraints		
Indicator	**Baseline (year)**	**Objective (year)**	**Indicator**	**Baseline (year)**	**Objective (year)**	**Indicator**	**Baseline (year)**	**Objective (year)**
First problem								
New problem(s)								

Session 6: Assessment of impact

Objective

- To assess the effectiveness of community health management training in changing the vision and attitude of health personnel and in building partnerships with the community.

Method

This session is organized as a panel discussion, with panel members representing participating categories within the teams. The discussion is moderated by an experienced person, familiar with community health management, and with a proven ability to facilitate discussion and to summarize the salient points in clear language. The following questions serve as a framework for the moderator to get as much insight as possible from the panel members.

List of questions

- What are the most striking changes to have resulted from community health management training? How have these changes affected team members?
- How did teamwork and team spirit evolve and how were other staff members, in the same health facility, integrated into the team?
- Were there new members of staff and how did the team manage to get them on board?
- Were there any difficulties in coping with workload?
- What changes were there in communication with supervisors from district or higher levels? What kind of support was received?
- How did the teams manage to keep community leaders involved? How effective was their collaboration?
- What were the changes in the attitude of community leaders, other sectors, and local government staff? What were the changes in the attitude of service beneficiaries?
- What are the skills gained from community health management training? Does community health management training help in understanding the relation between the different primary health care activities? Does it facilitate the integration of the activities? Does it help in making better use of other training activities?

- What kind of support do teams feel was most needed during the implementation period? What kind of support do teams feel they will continue to need in the future?
- How do teams feel about the need and means for consolidating partnerships with community leaders, local government, and other sectors?

Outline for evaluation report

1. Overview of main achievements

2. Status of activity implementation

    - Timely implementation of activities
    - Reasons for delays
    - Facilitating factors
    - Constraints
    - New activities and their justification

3. Solution effectiveness

    - Improvement of health indicators
    - Improvement of service indicators
        - changes in the quality of services
        - changes in the quality of data

4. Future work plan

    - Continuing activities for solving the initial problem
    - New problem(s) selected
    - Definition of the problems and main causes
    - Description of the strategy
    - Objectives
    - Integration of the activities
    - The continuation of effective teamwork

6. Evaluation workshop: Guiding notes for facilitators

Session 1: Opening session (30–45 min.)

The objectives of the evaluation workshop can be laid out in this opening session, as follows.

- To evaluate the performance of the teams in implementing their plan of action.
- To evaluate the changes that have taken place, such as:
  - changes in the organization of work and in communication with higher levels
  - changes in data quality
  - changes in quality of care and coverage
  - collaboration with the community and other sectors
  - health improvements.
- To strengthen the improvements in planning skills and to facilitate sustainability.

Session 2: Overview of main achievements (3 h)

When introducing Session 2, the facilitator should underscore the following points.

- The workshop is an opportunity to revive the practice of team spirit while reaching a consensus on the most important determinants for the successful implementation of the plan of action.
- Teams should not go into detail or provide figures (this will be the focus of the following sessions). They should just highlight the activities and factors that produced the most successful results. They may also highlight any lessons learned that could be of interest to all participants.

- Teams should point out any successful innovations in the provision of health care, or in overcoming certain constraints, which could inspire changes in the system.

Session 3: Evaluation of activity implementation (4 hours)

When introducing Session 3, the facilitator should draw the attention of the teams to the following points.

- Most important is evaluating how accurate they were in their planning and to single out the factors that facilitated or constrained implementation.
- Teams should mention the methods used in evaluating the results or outcome of the activities.
- In cases where certain activities were cancelled, the reasons should be mentioned. If new activities have been introduced, justifications should be given.

Session 4: Evaluation of solution effectiveness (4 hours)

When introducing Session 4, the facilitator should explain the following points.

- Teams should mention any changes introduced in the database and/or in the set objectives. If the database was reviewed, teams should explain the actions taken to ensure data accuracy.
- Teams should mention activities or factors that facilitated their achievements, such as changes in organization, integration of activities, use of resources, quality of care, teamwork, community involvement, etc.
- Teams should point out how monitoring helped them in reviewing their planned activities or introducing new ones to further their progress towards the set objectives.

Session 5: Future plans (4–6 h)

The products of Session 5 are normally included in the evaluation report, as teams need time to collect data for the new health problems that have been selected and to go through the same process they learned in the planning workshop. Hopefully, all staff within the health facility can be involved in this exercise, which could be performed in 1–2 days.

Ideally teams receive some technical support when they start preparing for their evaluation report. The workshop also provides an opportunity to review the work that has been done, to make sure teams have digested the planning process and have become familiar with the use and interpretation of data.

When introducing the session, the facilitator should simply refer to the sessions guide and explain the tasks required by going through the formats to be used for the products.

Session 6: Assessment of impact (2 h)

The session gives useful feedback to participants and decision-makers. It is up to the latter to see how they would use the lessons learnt.

Annex 1

Workshop evaluation questionnaire

A. Comprehension of workshop process	Fully	Partially	Minimal
1. Did you understand the logical sequence of the sessions?			
2. Did you realize the importance of accurate data for knowing the magnitude of a given problem and its analysis?			
3. Are you satisfied with the quality of data used in the workshop?			
4. Did you understand how to easily define indicators?			
5. Have you become familiar with the different types of indicators?			
6. Did you understand how to design a simple, clear and practical problem diagram?			
7. Was the problem diagram useful in identifying the strategies and activities for problem solution?			
8. Did your team come out with new ideas and activities for solving the problem?			
9. Does the solution designed include a well defined role for the community and other related sectors?			
10. If part of the data was missing, or not accurate, did you find it difficult to put reasonable objectives for your implementation plan?			
11. When preparing your implementation plan, did you understand the difference between planned activities and the steps to be taken to implement them?			
12. Did you understand the importance of selecting critical indicators for monitoring progress towards the objectives defined for the solution?			
13. Did your team define quality indicators for evaluating the effectiveness of certain critical activities?			
B. Workshop impact	**Fully**	**Partially**	**Minimal**
1. Do you think the workshop will change your practice and the quality of your work?			
2. Do you feel you have gained skills to be more effective in delivering the services and improving the health situation?			
3. Do you feel the methodology is a good tool for creating team spirit?			
4. Do you feel you have acquired the capacity to introduce the methodology to other colleagues?			
5. Did you find the participation of community leaders, in the training, important for future collaboration in solving problems?			

6. At which level do you think the methodology can be used for problem analysis and planning for solutions?			
– Primary health care centre			
– District hospital			
– District management office			
– Provincial health directorate			
– Ministry of health			
7. What changes do you think are required to improve the health information system as a step for better planning and management?			
– Developing proper and practical training for all staff			
– Fresh review of the purpose and usefulness of different types of data being collected			
– Concentrating on data which is of practical use for situation analysis, planning and management			
– Developing an integrated system for data collection at primary health care level?			
C. Workshop support	**Fully**	**Partially**	**Minimal**
1. How satisfied are you with the working conditions and the overall support provided during the workshop?			
2. To what extent are you satisfied with the role of facilitators:			
– In understanding the objectives of each session ,the specific tasks required and the end products			
– In helping your team to concentrate on the tasks and not losing time in marginal discussions			
– In facilitating team work with participation of all team members			
– In understanding the importance of the main sessions in the planning process?			
3. What do you think the role of facilitators should be?			
– To guide teams with the provision of technical information, as and when required			
– To get the teams to understand very clearly the tasks required and ensure participation of all members			
– To identify with the team and participate directly in task performance			
– To be neutral, to not interfere in the discussions and to just make sure that all team members reach the same understanding and are progressing in their learning			