



Primary Health Care Management Advancement Programme

**PLANNING
AND ASSESSING
HEALTH WORKER ACTIVITIES**

**MODULE 3
FACILITATOR'S GUIDE**

*Dedicated to
Dr. Duane L. Smith (1939-1992),
Dr. William B. Steeler (1948-1992)
and all other health leaders, managers and workers
who follow their example in the effort to bring quality health
care to all in need.*



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Contents

FOREWORD	1
SESSION 1: INTRODUCTION AND OVERVIEW	7
Transparencies	
3-1: Workshop objective	12
3-2: Steps in PHC work planning	13
SESSION 2: CATCHMENT AREA AND PRIORITY NEEDS (STEPS 1 AND 2)	15
Transparencies	
3-3: Session 2: Objectives	21
3-4: Work planning steps	22
3-5: A catchment area	23
3-6: Village/community level information	24
3-7: Larger catchment area information	25
3-8: Information sources	26
3-9: Purpose of mapping	27
3-10: Purpose of a community/village register	28
3-11: Data sources	29
3-12: Indicator categories	30
3-13: Sources of indicator information	31
SESSION 3: SET PRIORITIES AMONG HEALTH PROBLEMS AND IDENTIFY HIGH-RISK GROUPS (STEP 3)	37
Transparencies	
3-14: Session 3: Objectives	42
3-15: Examples of ranking criteria	43
3-16: Relative and attributable risks	44



3-17: Sources of demographic information	45
SESSION 4: PLAN PHC ACTIVITIES (STEP 4)	49
Transparencies	
3-18: Session 4: Objectives	55
3-19: Deciding activities and strategies	56
3-20: Types of activities	57
3-21: Formulae to determine staff requirements	59
3-22: Tools for planning community-based and outreach activities	62
SESSION 5: DEVELOP JOB DESCRIPTIONS AND RECRUIT STAFF (STEP 5)	65
Transparencies	
3-23: Session 5: Objectives	68
3-24: Purposes of a job description	70
3-25: Test questions	72
SESSION 6: DEVELOP WORK PLANS AND ASSESS PERFORMANCE (STEPS 6 AND 7)	73
Transparencies	
3-26: Session 6: Objectives	79
3-27: Advantages of work plans	80
3-28: Principles of work planning	81
3-29: Purposes of performance assessments	82
3-30: Performance assessment principles	83
3-31: Suggested performance assessment process	84



Foreword

What is the purpose of the Facilitator's guide?

The Facilitator's guide contains a suggested workshop design for use by individuals who will help PHC managers and staff learn how to use the Primary Health Care Management Advancement Programme (PHC MAP) series. There is a Facilitator's guide for each module in the PHC MAP series.

What information does it contain?

Each Facilitator's guide contains instructions for conducting a workshop on one of the modules in the PHC MAP series using the information contained in the User's guide.

The instructions are arranged in one to two hour sessions. The number of sessions depends on the amount of information and/or the number of steps contained in the User's guide. The first page of each session lists session objectives, major topic headings, time required, and materials and equipment. The following pages describe the instructional activities in outline form.

The outline is divided into two columns. The right-hand column indicates what the facilitator says or does to conduct the session. The left-hand column lists the handouts, overhead transparencies, or other materials needed to support the activity. Copies of these materials, suitable for duplication, appear at the end of the session in which they are first used. Some transparencies are used in more than one session.

How are the workshops organised?

The first session of each workshop contains activities designed to introduce the PHC MAP series and explain its importance to PHC programmes, present an overview of the workshop, explain the purpose of the module, review specific terms or concepts used in the module, and



acquaint the participants with the organisation and content of the User's guide.

The final session of each workshop contains activities designed to review key points of the User's guide, if appropriate, help participants prepare an action plan, and brings the workshop to a formal conclusion. The sessions in between present the steps required to accomplish the purpose of the module and provide an opportunity for participants to apply those steps to their own programmes.

Each workshop is designed to be given on consecutive days, uninterrupted except for breaks, meals, and rest, if the workshop is longer than one day. It is recognised, however, that situations vary and the PHC MAP modules will be used singly or in combination by individuals and organisations in the field and on university campuses. Therefore, it is expected that the workshops described in the Facilitator's guides will be adapted to fit a range of circumstances. Indeed, those who facilitate PHC MAP workshops are encouraged to make adaptations to meet the needs of participants and/or specific PHC programmes.

Who can be a facilitator?

Ideally, the person who serves as facilitator has training and experience in the fields of public health, management, planning, and evaluation, as well as sampling and survey design. It is recommended that this person also be skilful in working with small groups.

The facilitator should be someone from outside the PHC programme, perhaps from another agency or a university. As a person with no direct interest in the programme, the facilitator can be neutral in disagreements that may arise and help the group members resolve an issue objectively. Having an outside person as facilitator also allows the programme director, who usually has a leadership role, to contribute his or her knowledge and experience as a full participant in the work of the group.

It is also recommended that a facilitator have a full set of PHC MAP User's guides and Facilitator's guides. It is sometimes necessary, in the course of completing one module, to refer to information in another module.

Who should participate in the workshop?

The primary audience for the PHC MAP series is the team that manages PHC programmes or other population-based health programmes in either the public or private sector. An example of a PHC management team in the public sector is the core staff of a district ranging from 100,000 to 300,000 in size of population served.



An example of a PHC management team in the private sector is the core staff of an NGO that provides PHC services to a specific population in a given geographic area. The average size of the service population may range from 40,000 to 60,000, but may be as small as 10,000 or more than 100,000. In either case, the management team should have:

- the knowledge and skills needed to complete the steps in the module
- the time and resources required to collect and analyse the required data
- the authority to plan and implement improvements in management systems and procedures based on this analysis.

If feasible, teams from several districts or from several PHC programmes within a given NGO, may work simultaneously with one facilitator to complete a module. It is recommended that one facilitator work with no more than four teams or 20 people at one time.

What does the facilitator do?

Understands the needs of participants. If the facilitator is working with one PHC programme, the most efficient way to gather information about participants and the programme in which they work is to meet with the PHC director to determine:

- the nature of the PHC programme (services provided, size and description of area served, number and type of facilities, number and qualifications of staff, community involvement, computer capability, strengths, major problems, etc.)
- if information needs have been clearly identified
- previous staff training in management information systems or related topics
- resources available for training (time, space, equipment)
- possibility for subsequent technical assistance to workshop participants.

Understands the content of Module 1. Read the User's guide and Facilitator's guide for Module 1 and consider options for workshop delivery.

- The purpose of Module 1 is to help participants select priority information needs and to review some basic concepts underlying management information systems. Depending on participant background, the amount of time available, and the need to establish priorities among management information needs, Module 1 can be presented in its entirety, limited to Level 1: Quick start, limited to the PHC MAP systems framework, or in



summary form as contained in the first session of the Facilitator's guides for Modules 2 through 9.

- If information needs have not been clearly identified and participants have no background in systems, then Module 1 should be presented in full. The selection of the next module will depend upon priorities set by the participants as they complete the steps in Module 1.
- If information needs have been clearly identified and participants have no background in systems, then that portion of Module 1 can be added to the first session of the selected module.
- If information needs have been clearly identified and participants have a background in systems, then the overview of PHC MAP in the selected module will be sufficient.

Understands the content of the selected module. Read the User's guide and Facilitator's guide for the selected module and consider options for workshop delivery.

- Depending upon the length of the module and the availability of staff for training, the workshop sessions may be presented as described in the Facilitator's guide, or workshop sessions may be delivered at intervals (for example, every morning for a certain number of days, one session per week, or one day per week for three or four weeks).
- If follow-on technical assistance is available, the content of the module could be presented in the workshop and the application of the procedure to the PHC programme could be conducted on the job.
- Participants could plan steps in the workshop, complete them on the job, and bring the results to the next workshop session. This approach is particularly applicable to Module 2 which requires development of a questionnaire, selection of a survey sample, training of data collectors, and data collection. These steps cannot actually be carried out within the time limits of the workshop as contained in the Module 2 Facilitator's guide.
- Other options are possible depending upon the circumstances of each situation.

Determines what programme information, if any, is needed for completion of the module. For example, census data and lists of households are required to complete some of the steps in Module 3.



Determines the most appropriate people to attend the workshop. For example, Module 7 is best completed by those responsible for planning, training, supervision, logistics, and other management services.

Discusses the delivery options and participants with the PHC manager and make decisions regarding the most appropriate option and participant selection. Also determines if the needed information is available and if it is not, the alternatives for obtaining the information.

Notifies participants of the date, time, and purpose of the workshop and confirms attendance. Initial notice of the meeting may come from the PHC manager, with follow-up by the facilitator.

Prepares the agenda, using as a model the sample in Session 1 of the Facilitator's guide for the selected module.

Inspects the room where the workshop will be held and answers these questions:

- Is the room large enough to seat all the participants?
- Can chairs and tables be arranged in a variety of ways; all participants around one table; participants in groups of three or four at smaller tables?
- Is the lighting adequate?
- Can temperature and humidity be controlled?
- Is there an electrical outlet for an overhead projector?
- Is a microphone necessary for everyone to hear and to be heard?
- Are toilets conveniently located?
- Is the site convenient to parking, restaurants and public transportation?
- Are supporting facilities available and convenient: duplication, word processing, computers?

Prepares notes to conduct the workshop using the session outlines in the Facilitator's guide for the selected module, and makes the necessary adaptations. Refer to the appropriate User's guide for content.

Duplicates the worksheets and other handouts as indicated in the Facilitator's guide and obtains the necessary equipment.

Conducts the workshop as planned.

Provides follow-on assistance, if appropriate.



Session 1: Introduction and overview

- Objectives:** Participants will be able to:
- Explain the purpose of Module 3.
 - Describe at least two limitations of Module 3.
 - Explain the steps involved in planning and assessing health worker activities.
- Session outline:**
- I. Introduction (30 minutes)
 - II. Overview of workshop (10 minutes)
 - III. Purpose of Module 3 (20 minutes)
 - IV. Module 3 User's guide (5 minutes)
- Materials:**
- Module 3 User's guide
- Handout 3-1: Agenda
 - Transparency 3-1: Workshop objectives
 - Transparency 3-2: Steps in PHC work planning
- Equipment:** Flip chart, stand, markers, masking tape, overhead projector and screen



Session 1: Introduction and overview

I. Introduction (30 minutes)

Note: Omit Section I if you have presented Module 1, or some other module, immediately prior to the presentation of Module 3.

A. OPENING REMARKS

- **Introduce** self and other staff, as necessary.
- **Explain** your role in the workshop.
- If you do not know the participants, **ask** each one to state his or her name, position title, and job location.

Name tags
or place cards

Note: If the group is larger than 6 or 8, you may wish to have them wear name tags or place cards with their names at places where they are sitting.

Flip chart

- **Ask** each participant to complete this sentence: "As a result of attending this workshop, I expect . . ." and **write** their responses on the flip chart.
- **When** all responses have been recorded, **say** that you will return to this list after giving an overview of the workshop.

B. OVERVIEW OF PHC MAP

- **Explain** why information is important for PHC programmes.
- **Summarise** PHC MAP programme, including:
 - Purpose of PHC MAP
 - Title and purpose of each module and other materials.
- **Make** the following points about PHC MAP:
 - Has been field tested and revised to ensure usefulness to PHC programme staff.



Session 1: Introduction and overview

Modules can be used in any sequence.

Checklists and other materials can, and should, be adapted to fit a particular situation.

The procedures outlined in the modules can be adopted as routine monitoring activities in a PHC programme.

- **Explain** why MAP is being introduced in this PHC programme.

Note: The remarks here should be tailored to the specific programme and should provide the answers to these questions:

Why are we doing this workshop?

What do we expect to achieve?

It may be appropriate for the PHC manager to make these remarks.

II. Overview of workshop (10 minutes)

Transparency 3-1:
Workshop objectives

Handout 3-1: Agenda

- **Review** the workshop objectives.
- **Distribute** and **review** the workshop agenda, describing the activities that will take place to accomplish the workshop objectives.
- **Review** the expectations contributed by participants at the beginning of the session.
Indicate which ones will be met and which ones will not and why.
Suggest, if possible, alternatives for meeting the expectations that will not be met in this workshop.
- **Ask** for questions or comments.

III. Purpose of Module 3 (20 minutes)

- **Explain** that the purpose of Module 3 is to help PHC programme staff to:



Session 1: Introduction and overview

Set priorities for meeting community health needs.

Develop realistic workplans to ensure that health workers spend their time most effectively to meet those needs.

Improve assessment of health worker performance.

- **Explain** that Module 3 does **not**:

Deal with overall PHC programme planning.

Discuss ways to involve communities, although community members should be involved in setting priorities and evaluating progress.

Provide a comprehensive approach to personnel management.

IV. Module 3 User's guide (5 minutes)

Module 3 User's guide

- **Distribute** a User's guide to each participant.

- **Highlight** key sections of the User's guide:

The overview of PHC MAP with the description of modules and other materials, which they may wish to refer to for review of information needs met by other modules.

Step-by-step directions for developing workplans, individual assignments, and performance assessment procedures.

Appendices containing blank worksheets and other reference material.

- **Review** briefly the steps in Module 3, including substeps and expected outcomes.

- **Ask** for questions or comments.

Transparency 3-2:
Steps in PHC work
planning



SAMPLE AGENDA

MODULE 3*

Session 1 (1 hr, 5 mins)	Introduction and overview
Session 2 (1 hr, 30 mins)	Map catchment area and identify priority needs (Steps 1 & 2)
Session 3 (1 hr, 30 mins)	Set priorities among health problems and identify high-risk groups (Step 3)
Session 4 (1 hr, 40 mins)	Plan PHC activities (Step 4)
Session 5 (1 hr, 20 mins)	Develop job descriptions and recruit staff (Steps 5)
Session 6: (1 hr, 25 mins)	Develop work plans and assess performance (Step 6 & 7)

*For an actual presentation, substitute the appropriate clock hours in the first column.



WORKSHOP OBJECTIVES

1. Set up a system that identifies the PHC programme's various target populations, determines their health needs and sets priorities among those needs
2. Design simple and effective procedures to increase health services coverage of high-risk groups through planning and assessing of health worker activities



STEPS IN PHC WORK PLANNING

- Step 1: **Describe and map catchment area**
- Step 2: **Identify community needs and available resources**
- Step 3: **Set priorities among health problems and identify high-risk groups**
- Step 4: **Plan PHC activities**
- Step 5: **Develop job descriptions and recruit staff**
- Step 6: **Develop individual work plans and schedules**
- Step 7: **Assess job performance**

Session 2: Catchment area and priority needs (Steps 1 and 2)

Objectives:

Participants will be able to follow the directions in the Module 3 User's guide to:

- Define and describe the catchment area and the target population that the PHC programme serves.
- Identify community needs and available resources.
- Set priorities among health care needs and identify groups at highest risk.

Session outline:

- I. Introduction (5 minutes)
- II. Describe and map catchment area (40 minutes)
- III. Identify community needs and available resources (45 minutes)

Materials:

Module 3 User's guide

Transparency 3-3: Session 2: Objectives

Transparency 3-4: Work planning steps

Transparency 3-5: Definition of catchment area

Transparency 3-6: Village/community level information

Transparency 3-7: Larger catchment area information

Transparency 3-8: Information sources



- Transparency 3-9: Purpose of mapping
Transparency 3-10: Purpose of a community/
village register
Transparency 3-11: Data sources
Transparency 3-12: Indicator categories
Transparency 3-13: Sources of indicator information
Handout 3-2: Worksheet for defining
catchment area
Handout 3-3: Worksheet for describing
catchment area
Handout 3-4: Village register
Handout 3-5: Worksheet to make a
house hold register
Handout 3-6: Worksheet for determining
indicators and their
source

Equipment: Flip chart, stand, markers, masking tape, overhead projector and screen



Session 2: Catchment area and priority needs (Steps 1 and 2)

I. Introduction (5 minutes)

Transparency 3-3:
Session 2: Objectives
Transparency 3-4:
Work planning steps

- **Review** the session objectives.
- **Review** the steps to be completed in this session.

II. Describe and map catchment area (40 minutes)

Transparency 3-5:
Definition of catchment area
Handout 3-2: Worksheet for defining catchment area

Transparency 3-6 and 3-7: Village/community level, and larger catchment

Transparency 3-8:
Information sources

Handout 3-3: Worksheet for describing catchment area

Transparency 3-9:
Purpose of mapping

- **Explain** that the purpose of this step is to:
Define and describe the catchment area and target population.
Develop a register of households and/or individuals in the catchment area.
- **Define** catchment area.
- **Distribute** the worksheet and **direct** participants to complete the worksheet for their catchment area. (Exhibit 1, User's guide, appendix E)
- **Explain** the types of information needed to describe a village or community level catchment area and larger catchment areas.
Review some possible sources of this information.
Distribute worksheet and **direct** participants to fill in the information they have for their PHC catchment area. (Exhibit 2, User's guide, appendix E)
- **Review** the purpose of mapping catchment areas.



Session 2: Catchment area and priority needs (Steps 1 and 2)

User's guide

Explain that more than one map may be required depending on the level of service delivery and **review** the information that should be depicted on each.

District level

Health facility level

Community/village level

Say that it may be useful to show target populations for different PHC services.

Direct participants to make at least one type of map of their catchment area, referring to Exhibits 1 and 2 and Appendix A as necessary.

Transparency 3-10:
Purpose of a
community/village register

User's guide

Handout 3-4: Village
register

- **Explain** the purpose of making a community/village register.

Refer participants to Exhibit 6, and **review** the information it contains.

Distribute handout and **review** the information that may be included. (Exhibit 6, User's guide, appendix E)

Direct participants to compare the handout to their own village register (if available) and discuss differences, if any, or begin to prepare a village register based on the information they have.

Explain that someone should be assigned to maintain the register so that information is always current.

- **Explain** that a household register can help identify individuals or underserved groups in need of a specific type of PHC service.

Refer participants to Exhibit 7, and **review** the information required for household registers.

User's guide



Session 2: Catchment area and priority needs (Steps 1 and 2)

Explain how household registers are used to determine the size of the target population for a specific PHC service.

Explain that if a household register cannot be made the target population can be estimated using demographic or census data.

Note: *Be prepared to demonstrate how this is done if the participants cannot describe the process to you.*

Handout 3-5: Worksheet to make a household register

Distribute the handout and **direct** participants to complete it. (Exhibit 7, User's guide, appendix E and page 35 of this FG.)

If participants do not have the information to complete a register for one household, **lead** them in a discussion of the relevance of the information and how they would modify it to fit their situation, if at all.

- **Ask** for questions and comments.

III. Identify community needs and available resources (45 minutes)

Transparency 3-11:
Data sources

- **Explain** that this step is important because it enables a PHC programme to:
 - Identify community needs based on various data sources.
 - Identify resources that will help in providing better service.
- **Review** some possible sources of information about community needs and available resources.
- **Assist** participants in selecting indicators necessary to assess the health status in their community.



Session 2: Catchment area and priority needs (Steps 1 and 2)

User's guide

Explain that this information will help in setting priorities and determining strategies.

Transparency 3-12:
Indicator categories

Discuss the four types of information that these indicators will measure.

Handout 3-6: Worksheet
for determining
indicators and their
source

Distribute worksheet and **direct** participants to fill in the first column. (Exhibit 8, User's guide, appendix E)

Facilitate a discussion of what indicators were chosen and why.

Transparency 3-13:
Sources of indicator
information

- **Review** possible sources of information for the indicators selected. State that similar sources were used to obtain information about needs and resources.

Handout 3-6: Worksheet
for determining
indicators and sources of
indicators

- **Direct** participants to complete Handout 3-6.
- Based on the indicators selected, **assist** participants in developing a survey instrument about the community and the health facilities.
- **Refer** participants to Appendix C and Module 2 for examples of questionnaires that can be modified to fit their needs.
- **Ask** for questions and comments.



SESSION 2: OBJECTIVES

1. Define and describe catchment area and target population
2. Identify community needs and available resources
3. Set priorities among health care needs and identify groups at highest risk



WORK PLANNING STEPS

1. Describe and map catchment area

- 1.1 Define catchment area
- 1.2 Describe catchment area
- 1.3 Map catchment area
- 1.4 Make a village register
- 1.5 Make a household register

2. Identify community needs and available resources

- 2.1 Select indicators
- 2.2 Identify sources of information
- 2.3 Develop a survey instrument



A CATCHMENT AREA . . .

- is the geographical area surrounding a single health facility or group of health facilities
- includes the target population
- is determined by the type of PHC service or by geographical or administrative boundaries



VILLAGE/COMMUNITY LEVEL INFORMATION

- Number of individuals/households in the area
- Age, gender, ethnic group, health status of household members
- Socio-economic status
- Social activities
- Size and terrain; roads



LARGER CATCHMENT AREA INFORMATION

- Roads, transport, cost
- Social differences
- Industry
- Listing of communities



INFORMATION SOURCES

- Government offices
- Village registers
- Household registers
- Community surveys
- Interviews and observations



PURPOSE OF MAPPING

- Plan work assignments
- Conduct surveys
- Monitor services
- Determine physical parameters of service coverage



PURPOSE OF A COMMUNITY/VILLAGE REGISTER

Helps identify ethnic, religious, or social groups; and health facilities which serve the communities/villages



DATA SOURCES

- Existing records
- Surveys
- Interviews with community members



INDICATOR CATEGORIES

● Health problem indicators

- simple frequencies
- community perceptions of priorities
- prevalence rates
- mortality rates

● Demographic indicators

- population composition
- age-sex distribution
- sex ratio
- number of births and deaths

● Risk factor indicators

- environmental
- biological
- socio-economic
- behavioural
- health care related

● Indicators of existing health services and available resources

- type and quality of health services
- number of health providers
- access to health services and supplies
- community perceptions
- other resources, such as transportation and human resources



SOURCES OF INDICATOR INFORMATION

- Existing data sources
- Interviews
- Observations



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Exhibit 1: Worksheet for defining catchment area

a) Select criteria to define the boundaries of your catchment area.

- Fixed distance of ___ kms around health facility
- Administrative unit (specify level and name)
- Panggang (sub district) ___ in Gunung Kidul (district)
- PHC service target group, socio-economic or geographically defined population
- A practically defined population (please specify)

b) Define sub-catchment areas for different services:

- Curative care
 - MCH
 - Family planning
 - TB
 - Other
-

Exhibit 2: Worksheet for describing catchment area

Level	Information	Data sources
District level	Number of facilities	Government offices
	Name of facilities	Government offices
Facility level	Name of villages	Village registers
	Number of villages	Village registers
	Location of facility(s)	Village registers
	Size & terrain of area	Observation
Village level	Number of households	Household registers
	position of HHs	Household registers
	Sources of income	Community surveys
	Educational levels	Community surveys
	Religion/ethnicity	Community surveys
	Status of houses/roads	Interviews and observations
Distance to health facility	Interviews and observations	





Exhibit 6: Village register

District: _____ Sub-district: _____										
S. No	Village	No. of households	Population	Local leaders	Health volunteers	Health problems		Distance to health facility (Km.)	Public transport available	Others remarks
						Priority	Being addressed			

Exhibit 7: Household register

Sector #/House #/ Household #: _____
 Name of head of household: _____
 Household income: _____

Registration date: _____
 Occupation: _____
 Centre name: _____

ID No	Name	Father's/ husband's name	Date of birth /age*	Sex M/F	Chronic health problem	Date of :		Remarks
						Death	Migration out	
					Risk profile of Household	Score if present	Score	
					At least 1 child < 1 yr	1		
					>2 Infant deaths in past 5 yrs	2		
					>2 children < 5 yrs	1		
					Illiterate women	2		
Restriction on mobility of women	1							
Presence of TB case	1							
Low family income	1							
Improper/no use of toilet facilities	1							
					Total			

* List oldest member first and youngest last



Exhibit 8: Worksheet for determining indicators and sources of indicators

INDICATORS	SOURCE
I. Health status indicators	
Clinical	Clinic/hospital records
Prevalence rates	Community survey
Age-specific morbidity rates	Community survey
Frequency of cause of deaths	Community survey
Cause-specific mortality rate	Verbal autopsy
Community survey	Verbal autopsy
II. Demographic indicators	
Age distribution	Community survey
	Village household registers
Sex ratio	Community survey
	Village household registers
CBR	Community survey
	Village household registers
CDR	Community survey
	Village household registers
III. Risk factors	
Biological	
- malnutrition	MCH card
- immunization status	MCH card
Environmental	
- water	Observation
- sanitation	Observation
Socio-economic	
- literacy	Community survey
- behavioural	Community survey
IV. Health service related	
Quantity	Facility survey
Quality	Facility survey
Accessibility	
- distance	Community survey
- cost	Community survey



Session 3: Set priorities among health problems and identify high-risk groups (Step 3)

Objectives:

Participants will be able to follow the directions in the Module 3 User's guide to set priorities to enable their programme to:

- Provide equitable health care;
- Increase the frequency of services for those in greater need.

Session outline:

- I. Introduction (5 minutes)
- II. Set priorities among health problems (20 minutes)
- III. Determine the risk factors (20 minutes)
- IV. Set priorities for the risk factors (20 minutes)
- V. Identify target groups and high-risk groups (10 minutes)
- VI. Use risk factors to monitor high-risk groups (15 minutes)

Materials:

Module 3 User's guide

Transparency 3-14: Session 3: Objectives

Transparency 3-15: Examples of ranking criteria

Transparency 3-16: Relative and attributable risks

Transparency 3-17: Sources of demographic information



- Handout 3-7: Worksheet for setting priorities among health problems
- Handout 3-8: Worksheet for setting priorities among risk factors
- Handout 3-9: Worksheet for developing risk profiles of households

Equipment:

Flip chart, stand, markers, masking tape, overhead projector and screen



Session 3: Set priorities among health problems and identify high-risk groups (Step 3)

I. Introduction (5 minutes)

Transparency 3-14:
Session 3: Objectives

- **Review** session objectives.
- **State** that this step should be conducted by the PHC team and the community, but for the purposes of this training, it will be done by the participants.

II. Set priorities among health problems (20 minutes)

Transparency 3-15:
Examples of ranking
criteria

User's guide

Handout 3-7: Worksheet
for setting priorities
among health problems

- **Explain** that one method of setting priorities among health problems is by ranking specified criteria, and **explain** the purpose of each criterion.
- **Review** the information in Exhibit 9, and **explain** the difference between multiplicative and additive scores.
- **Distribute** Handout 3-7, and **assist** participants in completing it for their programme. (Exhibit 9, User's guide, appendix E)

III. Determine the risk factors (20 minutes)

- **Explain** that identifying risk factors will help in developing appropriate strategies for health promotion, disease prevention, and the reduction of morbidity, disability and mortality.
- **Explain** that determination of priority risk factors should be based on research and data from the programme site.
- **Review** broad classifications of risk factors:
 - Biological
 - Environmental
 - Socio-economic
 - Behavioural
 - Health-care related



Session 3: Set priorities among health problems and identify high-risk groups (Step 3)

Transparency 3-16:
Relative and attributable risks

- **Assist** participants in determining the priority risk factors for their programme.
- **Define** relative risk and attributable risk, and **explain** that these will help determine the magnitude of risk associated with each factor identified. (Refer to Appendix B.)
- **Assist** participants in calculating the relative and attributable risks for at least one of the factors they have identified.

Note: If incidence data is not available for individual programmes, the Facilitator should provide an example for participants to work from.

- **Ask** for questions and comments.

IV. Set priorities among the risk factors (20 minutes)

Handout 3-8:
Worksheet to set priorities among risk factors

- **Explain** that a process similar to the one just used to set priorities among health problems can also be used to set priorities among the risk factors identified.
- **Review** modifications to be made for this process.
- **Distribute** Handout 3-8 and **instruct** participants to complete it for at least one of the risk factors they have identified.
- **Facilitate** a discussion about which risk factors were prioritised and why.

V. Identify target groups and high-risk groups (10 minutes)

- **Explain** how the identification of priority target groups and high-risk groups are related.



Session 3: Set priorities among health problems and identify high-risk groups (Step 3)

Transparency 3-17:
Sources of demographic
information

User's guide

- **Review** sources of demographic information to be used in the identification of individuals or households in the target groups.
- **Review** the example of the maternal health record card, as an example of a mechanism for identifying individuals or households.
- **Assist** participants in identifying individuals or households that will be the target of their PHC services, as well as those who are at higher risk.
- **Discuss** why this selection was made. This selection should be consistent with the priorities identified by the participants.

VI. Use risk factors to monitor high-risk groups (15 minutes)

User's guide

Handout 3-8: Worksheet
to develop risk profiles of
households

- **Explain** the purpose of a risk profile and how to create one.
- **Explain** that groups with high risk scores (based on the risk profile) are at high risk of morbidity and mortality.
- **Review** binomial scoring (0 or 1) and weighting.
- **Review** and **explain** the information contained in Exhibit 11.
- **Distribute** Handout 3-9, and **direct** participants to develop a list of risk conditions and then complete the worksheet. (Exhibit 11, User's guide, appendix E)
- **Explain** that based on these scores, PHC services should be organised according to the special needs of the high-risk groups.
- **Ask** for questions or comments.



SESSION 3: OBJECTIVES

Participants will be able to follow the directions in the Module 3 User's guide to set priorities to enable their programme to:

1. provide more equitable health care
2. increase the frequency of services for those in greater need



EXAMPLES OF RANKING CRITERIA

- seriousness of the disease
- prevalence of the disease
- feasibility of control
- community acceptance





RELATIVE AND ATTRIBUTABLE RISKS

Relative risk: measures association between a characteristic and the disease. It is calculated as follows:

$$\text{Relative risk} = \frac{\text{Incidence of disease in an exposed group}}{\text{Incidence of disease in an unexposed group}}$$

Attributable risk: measures the additional incidence of disease following exposure over and above that experienced in an unexposed group. It is calculated as follows:

$$\text{Attributable risk} = \frac{\text{Incidence in an unexposed group}}{\text{Incidence in an exposed group}}$$



SOURCES OF DEMOGRAPHIC INFORMATION

- Household registers
- Surveys
- Administrative records
- Interviews of key persons





Exhibit 9: Worksheet for setting priorities among health problems

Health Problems	Prevalence	Seriousness	Feasibility of control	Community acceptance	Additive sources	Multiplicative scores (X)
Malnutrition	3	3	3	2	11	54
Diarrhoea/ dehydration	3	4	2	4	13	96
Cancer	1	4	1	4	10	16
AIDS	2	4	1	3	10	24

Worksheet for setting priorities among risk factors

Health problems	Prevalence	Seriousness	Feasibility of control	Community acceptance	Additive scores (+)	Multiplicative score (x)





Exhibit 11: Worksheet to develop risk profiles of households

CONDITIONS	SCORE IF PRESENT	HOUSEHOLD No			
Number of infant deaths in past 5 years	*	1	1	1	0
Number of children under the age of 5	*	3	1	1	1
Illiterate mother	1	1	1	0	1
Culture/religious restriction on mobility of women	1	1	1	1	0
Presence of infectious diseases (e.g., TB)	1	0	1	0	0
Low family income (below locally accepted level)	1	1	1	1	1
Improper/no use of toilet facilities*	1	1	0	1	0
Total risk score		8	6	5	3

* Weight determined by number of children

Rating scale:	Low risk	Moderate risk	High risk
	0-3	4-6	>7

Session 4: Plan PHC activities (Step 4)

Objectives:

Participants will be able to follow the directions in the Module 3 User's guide to:

- Plan outreach activities for groups at risk for a priority health problem in their PHC programme.
- Plan clinic-based services for the same target group.

Session outline:

- I. Introduction (10 minutes)
- II. Identify strategies and activities (20 minutes)
- III. Plan outreach and community-based activities (35 minutes)
- IV. Plan clinic-based activities (35 minutes)

Materials:

Module 3 User's guide

Transparency 3-18: Session 4: Objectives

Transparency 3-19: Deciding activities and strategies

Transparency 3-20: Types of activities

Transparency 3-21: Formulae to determine staff requirements

Transparency 3-22: Tools for planning clinic-based activities

Handout 3-10: Worksheet for identifying services, strategies and activities

Handout 3-11: Worksheet for planning PHC activities



Handout 3-12: Worksheet to determine
staff requirements

Equipment: Flip chart, stand, markers, masking tape, over-
head projector and screen



Session 4: Plan PHC activities (Step 4)

I. Introduction (10 minutes)

Transparency 3-18:
Session 4: Objectives

User's guide

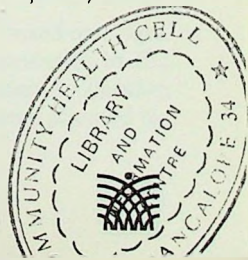
- **Review** session objectives.
- **Review** the information needed to complete Step 4.
 - Programme goals, objectives, and strategies from Module 1.
 - Assessment of community needs from Module 2 (for PHCs with large catchment areas).
 - Selected PHC components from Module 1.
 - High-risk group(s) from Module 3, Step 2.

II. Identify strategies and activities (20 minutes)

Transparency 3-19:
Deciding activities and strategies
Transparency 3-20:
Types of activities

User's guide

- **Remind** participants about the group nature of this activity.
- **Review** decisions that will need to be made in deciding on how to provide services.
- **Define** community-based, outreach, and centre-based activities, and **provide** examples of each.
- **Refer** participants to Exhibit 12 and **explain** the information it contains.
- **Review** basic questions that will help in deciding how to provide the services selected earlier.
 - What overall strategy will be used to provide each service?
 - Which activities are needed to provide the service?
 - Who will perform the activities, how, and at what service delivery level?



Session 4: Plan PHC activities (Step 4)

Handout 3-10:
Worksheet for identifying
services, strategies and
activities

- **Distribute** the worksheet and **assist** participants in completing it and identifying each service or component as community-based, centre-based, or outreach. (Exhibit 12, User's guide, appendix E)
- **Ask** for questions and comments.

III. Plan outreach and community-based activities (35 minutes)

User's guide

- **Describe** the relationship between community-based, clinic-based, and outreach activities.
- **Refer** participants to Exhibit 13 for a chart showing the information that will be developed in this session and **explain** the information it contains. **State** that the same chart for clinic-based services appears on the following page in the User's guide
- **Explain** the substeps involved in this step and **state** that although each activity is examined separately, activities should be viewed as a whole.
 - Determine number of units to be covered.
 - Determine optimal time interval for each activity.
 - Determine resource requirements, using the formulas provided.
 - Identify an optimal number of visits.
 - Review guidelines for frequency.
- **Develop** tools to plan and monitor activities. **Refer** participants to models 1-5 presented in the User's guide, and **assist** them to adapt one to fit their own PHC programme needs.

Transparency 3-21:
Formulas to determine
staff requirements



Session 4: Plan PHC activities (Step 4)

Handout 3-11:
Worksheet for planning
PHC activities

- **Distribute** worksheet and **direct** participants to list the community-based outreach services for a health problem of their choice in the first column. (Exhibit 13, User's guide, appendix E)
- **Assist** participants in completing sections A and B of the worksheet, following the substeps outlined in the User's guide.

IV. Plan clinic-based activities (35 minutes)

Handout 3-12:
Worksheet to determine
staff requirements

- **Explain** the purpose of planning clinic-based activities:
Supplement field-based preventive services by providing back-up referral and centralised preventive services.
Determine the types of services which are or will be in demand.
- **Explain** that section C of the worksheet will be used for recording the outcomes of the substeps to planning clinic-based services.
- **Assist** participants to complete the handout, referring to each substep used to complete it.
- **Determine** client load.

Distribute handout and **explain** the two methods that can be used to calculate demand for services or project client load.

Determine staff requirements and resource requirements.

Determine availability of resources.

Compare availability with need and identify an optimal solution.

Develop tools to plan clinic-based activities.

Refer participants to examples in the User's guide and **direct** them to develop one for the services they have planned by:

Transparency 3-22:
Tools for planning
community and outreach
activities



Session 4: Plan PHC activities (Step 4)

developing a new form;
modifying a sample form contained in
the User's guide; or
modifying a form they are currently
using.

- **Ask** for questions or comments.



SESSION 4: OBJECTIVES

1. Plan outreach activities for households at risk for a priority health problem in the PHC programme
2. Plan clinic-based services for the same target group



DECIDING ACTIVITIES AND STRATEGIES

- What overall strategy will be used to provide each service?
- What activities are needed to provide the service?
- Who will perform the activities?
 - How?
 - At what level?



TYPES OF ACTIVITIES

	Performed at:	Performed by:
1. Community-based	Community level	Community members
2. Outreach	Community level	Health centre staff
3. Centre-based	Centre	Health centre staff





Exhibit 12: Worksheet for identifying services, strategies and activities

Service/ component	Strategy	Activities		
		List	Who will do it	How and when

FORMULAE TO DETERMINE STAFF REQUIREMENTS

$$\text{Staff capacity/month} = [\text{days/month}] \times \left[\begin{array}{l} \text{number of units} \\ \text{that can be} \\ \text{covered per day} \\ \text{per worker} \end{array} \right]$$

$$\text{Staff requirement} = \frac{\text{units to be covered}}{\text{staff capacity}}$$





Exhibit 13: Planning PHC Activities (continued, p. 61)

SERVICE/ACTIVITIES NEEDED			MANPOWER			LOGISTICS/SUPPLIES			OPTIMAL LEVEL OF SERVICES GIVEN RESOURCE CONSTRAINTS
A. COMMUNITY-BASED	TARGET GROUP	FREQUENCY	REQUIRED		AVAILABLE	REQUIRED		AVAILABLE	
			TYPE	NUMBER (FTEs)		TYPE	AMOUNT		
B. OUTREACH									

Exhibit 13: Planning PHC Activities

SERVICE/ACTIVITIES NEEDED			MANPOWER			LOGISTICS/SUPPLIES		OPTIMAL LEVEL OF SERVICES GIVEN RESOURCE CONSTRAINTS
C. CLINIC-BASED	TARGET GROUP	FREQUENCY	REQUIRED		AVAILABLE	REQUIRED		
			TYPE	NUMBER (FTEs)		TYPE	AMOUNT	
Total								



TOOLS FOR PLANNING COMMUNITY-BASED AND OUTREACH ACTIVITIES

- CHW activity register
- Pictorial CHW activity record
- Pictorial TBA activity record
- LHV activity register
- Computer lists of individuals who need a service



Exhibit 14: Worksheet to determine staff requirements

Staff capacity per month = days/month x number of units that can be covered/day per worker

$$\text{Staff requirement} = \frac{\text{units to be covered}}{\text{staff capacity}}$$

Note: When determining the number of units that can be covered for one type of activity in a day, take into account the time it takes to effectively cover the units for that activity and travel time if needed.

For example, if you were planning LHV's outreach support visits:

Number of villages in catchment area: 50

Frequency for visiting each village: once a month

Number of working days per month: 25

Number villages that can be visited per day per LHV: 1

Staff capacity per month = 25 x 1 = 25 per LHVs

$$\text{Staff requirement} = \frac{50}{25} = 2 \text{ full time (FTE) LHVs}$$



Session 5: Develop job descriptions and recruit staff (Step 5)

- Objectives:** Participants will be able to follow the directions in the Module 3 User's guide to:
- Develop job descriptions for the positions needed to provide planned PHC services.
 - Plan to recruit and hire individuals to fill those positions.
- Session outline:**
- I. Introduction (5 minutes)
 - II. Develop role and task list (15 minutes)
 - III. Prepare job descriptions (25 minutes)
 - IV. Plan staff recruitment (20 minutes)
 - V. Agree on expectations (15 minutes)
- Materials:**
- Module 3 User's guide
 - Transparency 3-23: Session 5: Objectives
 - Transparency 3-24: Purposes of a job description
 - Transparency 3-25: Test questions
 - Handout 3-13: Worksheet for roles and tasks
 - Handout 3-14: Job description worksheet
- Equipment:** Flip chart, stand, markers, masking tape, overhead projector and screen



Session 5: Develop job descriptions and recruit staff (Step 5)

I. Introduction (5 minutes)

Transparency 3-23:
Session 5: Objectives

- **Review** session objectives.

II. Develop role and task list (15 minutes)

User's guide

Handout 3-13:
Worksheet for roles and
tasks

- **Explain** that the tasks included in programme plans are the basis for developing job descriptions
- **Refer** participants to Exhibit 24 and **explain** each section of the role and tasks list.
- **Distribute** worksheet and **direct** participants to complete it for at least one staff position identified in Step 3. (Exhibit 24, User's guide, appendix E)

III. Prepare job descriptions (25 minutes)

Transparency 3-24:
Purposes of a job
description

User's guide

Handout 3-14: Job
description worksheet

Transparency 3-25:
Test questions

- **Explain** the purposes of a job description.
- **Refer** participants to Exhibit 25 and **describe** the information contained in each section.
- **Distribute** Handout 3-13 and **assist** participants to complete it based on the role and task list just completed. (Exhibit 25, User's guide, appendix E)
- **Recommend** that participants check that the job description is realistic and feasible, using test questions.



Session 5: Develop job descriptions and recruit staff (Step 5)

IV. Plan staff recruitment (20 minutes)

Flip chart

- **Ask** participants to list the steps usually followed by their agency when filling a staff position and **record** their responses on the flip chart (be sure they include necessary approvals).
- **Ask** participants to speculate on the outcome of this process given the way the position description was developed (better, worse, the same).
- **Facilitate** a discussion on this point, depending on the time available.

V. Agree on expectations (15 minutes)

- **Describe** the intent and purpose of this sub-step.
- **Explain** that this activity will lead to the successful development of individual work plans (Step 6).
- **Ask** participants to comment on the extent to which this process has been done in the past with new staff and the extent to which it is done with current staff.
- **Ask** for questions and comments.



SESSION 5: OBJECTIVES

1. Develop job descriptions for the positions needed to provide planned PHC services
2. Plan to recruit and hire individuals to fill those positions



Exhibit 24: Role and tasks list worksheet

PHC programme goals:

Service objectives:

Strategies:

Position title	Role	Tasks list	Experience	Ability/skills



PURPOSES OF A JOB DESCRIPTION

- Describe staff roles and tasks needed to help achieve programme objectives
- Identify skills and experience required to carry out role and tasks
- Ensure a mutual understanding of expectations for job performance



Exhibit 25: Job description and announcement

1. POSITION TITLE:	2. POSITION STATUS: 2.1 Full-time a. Permanent 2.2 Part-time b. Temporary	3. DATE OF PREPARATION:
4. POSITION SUMMARY:		
5. REPORT TO:	6. POSITION DIRECTLY SUPERVISED BY INCUMBENT:	
7. SPECIFY REQUIREMENTS: 7.1 Education/professional qualifications 7.2 Experience and training 7.3 Knowledge, skills, ability		
8. DESCRIPTION OF DUTIES/RESPONSIBILITIES: List duties under two separate headings: REGULAR DUTIES and PERIODIC DUTIES		
		% TIME SPENT:
A. REGULAR DUTIES/RESPONSIBILITIES:		
B. PERIODIC DUTIES/RESPONSIBILITIES:		



TEST QUESTIONS

- Does the job description adequately reflect programme needs?
- Does the job description include all necessary activities?
- Is the projected work load reasonable?
- Are suitable candidates available?
- Are they likely to apply, given the terms and conditions of the job?
- Is the job secure; will there be adequate funding to continue it?
- Are there any other factors that could positively or negatively affect recruitment of suitable candidates?



Session 6: Develop work plans and assess performance (Steps 6 and 7)

Objectives:

Participants will be able to follow the directions in the Module 3 User's guide to:

- Develop individual work plans based on planned PHC activities.
- Plan for performance assessment based on individual work plans.
- Plan next steps in implementing work planning and performance assessment.

Session outline:

- I. Introduction (10 minutes)
- II. Develop work plans (20 minutes)
- III. Assess job performance (30 minutes)
- IV. Next steps (15 minutes)
- V. Conclusion (10 minutes)

Materials:

Module 3 User's guide

Transparency 3-26: Session 6: Objectives

Transparency 3-27: Advantages of work plans

Transparency 3-28: Principles of work planning

Transparency 3-29: Purposes of performance assessments

Transparency 3-30: Performance assessment principles

Transparency 3-31: Performance assessment process



Equipment:

Flip chart, stand, markers, masking tape, overhead projector and screen



Session 6: Develop work plans and assess performance (Steps 6 and 7)

I. Introduction (10 minutes)

Transparency 3-26:
Session 6: Objectives

- **Review** session objectives.
- **List** the information needed from prior steps. Outreach and clinic-based plans for PHC services from Step 4 which contain programme objectives and priorities and provide basis for determining how much time each worker will spend:
 - on each task
 - at each site
 - with each individual

Individual job descriptions from Step 5, which define the role and tasks each worker is responsible for.

II. Develop work plans (20 minutes)

Transparency 3-27:
Advantages of work plans

Transparency 3-28:
Principles of work
planning

- **Review** benefits to programme of developing and using work plans.
- **Explain** the principles of work planning.
- **Underscore** the importance of a team approach to work planning to ensure common understanding of who is doing what and coordination among staff when indicated.
- **Explain** that work plans link programme/activity planning to what each worker will do.
- **Refer** participants to work plan examples in Exhibits 28 and 29 of the User's guide and **explain** each section, emphasising the focus on job-related performance.



Session 6: Develop work plans and assess performance (Steps 6 and 7)

User's guide

- **Distribute** blank work plan and **instruct** participants to develop a work plan for at least one job description.

Develop an annual work plan based on PHC activity plans from Step 3 and the job description developed in Step 4.

Select one of the types of plans just discussed and develop a one month work plan based on the annual plan.

Participants will then explain their monthly plan and the rationale for their choice of work plan.

Note: The number of participants who do this will depend on time available.

- **Refer** participants to examples of work plan scheduling forms and **explain** each type.
 - Gantt charts
 - Time and task charts
 - "To do" lists
 - Duty rosters
- **Ask** for questions and comments.

III. Assess job performance (30 minutes)

Transparency 3-29:
Purposes performance
assessment

- **Review** the purposes of performance assessments.
- **Explain** that individual work plans provide the basis for assessing health worker performance.

Transparency 3-30:
Performance assessment
principles

- **Explain** the principles of performance assessment, and that this tool links programme goals to health worker activities.



Session 6: Develop work plans and assess performance (Steps 6 and 7)

User's guide

Transparency 3-31:
Performance assessment
process

- **Stress** the importance of continuous and formal performance assessments.
- **Refer** participants to the sample performance review form and **explain** the purpose and origin of each section. (Exhibit 34, User's guide).
- **Suggest** a process for carrying out the performance assessment.
- **Lead** participants in a discussion of the performance review system they have in place, with these questions:
 - What procedures are now in place for assessing worker performance?
 - How are they working? Are they being followed?
 - What are the strengths and weaknesses of the present system?
 - What changes, if any, would you like to implement?
- **Ask** for questions or comments.

IV. Next steps (15 minutes)

Transparency 3-2:
Steps in PHC work
planning

- Briefly **summarise** the steps in this module and the outcomes of each step.
- **Direct** participants to review their completed worksheets and write down the actions that they need to take when they return to the job to:
 - Complete tasks begun in the workshop.
 - Collect more information.
 - Implement or improve work planning and performance assessment in their PHC programmes.



Session 6: Develop work plans and assess performance (Steps 6 and 7)

- **Ask** each participant (or participant team) to briefly describe the actions they will take when they return to their jobs.

V. Conclusion (10 minutes)

Flip chart of expectations from Session 1

- **Review** the expectations participants expressed at the beginning of the workshop and **ask** them to assess informally how well they think those expectations have been achieved. If any were not achieved, **ask** how the workshop could be improved to make that happen.
- **Thank** participants for their time and attention, **congratulate** them on the effort they put into the workshop, and **wish** them good luck in implementing their plans.

Note: Indicate what follow-on assistance will be available, if appropriate.



SESSION 6: OBJECTIVES

- Develop individual work plans for planned PHC programme activities
- Plan for performance assessment based on individual work plans
- Plan steps to implement work planning and assessment



ADVANTAGES OF WORK PLANS

- Monitor activities to ensure that:
 - planned activities are carried out
 - they are carried out in the correct sequence
 - priority tasks are carried out first
- Help the staff manage its time efficiently
- Maximise programme impact
- Improve coordination among staff
- Facilitate assessment of worker performance



PRINCIPLES OF WORK PLANNING

- Clearly stated objective
- List of all tasks necessary to achieve the objective
- Specification of the priority tasks and activities
- A specific time frame
- Clear indicators
- Specification of resources



PURPOSES OF PERFORMANCE ASSESSMENTS

- Helps staff improve their effectiveness in reaching objectives
- Increases efficiency in carrying out work
- Allows mutual effort at improving job performance



PERFORMANCE ASSESSMENT PRINCIPLES

- Focus on improving worker performance
- Supportive rather than critical
- Praises accomplishments as well as identifies weaknesses
- Educational rather than judgmental
- Regularly and frequently conducted
- A collaboration between the supervisor and subordinate, not a top-down, parent-child relationship
- Based on open, frequent communication, and mutual trust
- Designed to find solutions to problems, not to fix blame for them



SUGGESTED PERFORMANCE ASSESSMENT PROCESS

1. Worker completes work plan and then consults with supervisor for final agreement
2. Worker does self-assessment
3. Supervisor does supervisory-assessment
4. Worker and supervisor meet to discuss performance, identify strengths and weaknesses, and make adjustments and set goals for the next period
5. Frequency of reviews depends on agency policy and worker performance



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MODULE 3
FACILITATOR'S GUIDE

Primary Health Care Management Advancement Programme

