

**Brief Communication****Comprehensive training needs assessment in Sudan: Executive action document (8-20 December 2007)****Maye Omar**

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**Executive summary**

This document is the report of a short term consultancy held for the purpose of carrying out a training needs assessment (TNA) of (i) public health managers in the Northern Sudan at District and State levels as well as for those working in hospitals and other health institutions and organisations; and (ii) instructors at Academies of Health Sciences (AHS). The document also reports of a two course given by the consultant to train a core group in the Federal Ministry of Health in order to undertake the training needs analysis for other cadres in regular basis. The Terms of Reference (ToR) for the consultancy are described in section 1.3 of the main consultancy report.

The agreed approach for the assignment was to:

- Review documents on the health sector and in particular on the human resources for health situation in Sudan to get acquainted with the strategic and management frameworks of the federal, states and locality health system;
- Examine management practices and problems of decentralised health institutions from the perspective of management capacity;
- Examine teaching facilities and teaching practices of the academy of health sciences from perspective of teaching and learning capacity,
- Identify management training needs of public system managers and pedagogic training needs of instructors of health sciences academies, and
- Recommend strategies for meeting the identified training needs.

**Brief findings**

Improvement in the teaching and management capacities of training institutions and other decentralised health institutions has been a major policy agenda of the National Unity Government of Sudan. This is in recognition of the fact that poor professional (due to poor teaching) and management capacities are critical constraint to delivering better health outcomes for the population in Sudan. As part of the strategic plan of the Federal Ministry of Health strengthening human resource capacity in the country, efforts are underway for developing the much needed teaching and management capacities of both training and decentralised health institutions.

Although plans are underway to rebuild and develop the capacity of the Academies of Health Sciences (AHS) in all the States, the findings indicate that the State Academies of Health Sciences are in a real crisis position regarding staff sufficiency. This is an issue that must have serious implications for quality of teaching and learning as well as the overall performance of the new AHS.

From the analysis on training needs assessment (TNA) it is clear that there is a need for developing institutional and teaching capability of federal and state level AHS. A large part of the need can be addressed through management training interventions. The principal target groups for training of trainers include:

- Senior managers and academics of Federal AHS (Heads of different academic and management units, master trainers, etc).

- Senior managers and academics of State AHS (Heads of different academic and management units, core and full time instructors, etc).
- Sisters who are responsible for clinical and practical teaching and training.
- Associate teachers who are part of the teaching team, but not full time instructors (doctors from hospitals and other health facilities, nurses from hospitals, etc.)

The main competencies of the identified target groups that need to be developed can be categorised under the following sixteen competency areas as given below:

Methods and approaches for identification of training needs	How to each skills and attitudes
Principles and approaches to curriculum development	Evaluation of own and others teaching
Course design	Effective communication
Facilitating individual and group learning	Managing teaching programmes
Principles of writing measurable learning objectives	Course evaluations
Principles and approaches to learning	Giving effective feedback to students and colleagues
Setting exams and assignment questions	Approaches to providing support to students
Making effective presentations to large and small groups	Writing lesson plans

It is also observed that educational resources in forms of lecture theatres, skill labs and libraries across AHS are suboptimum. There are no libraries and some of the States AHS are still using chalk and blackboard as a method of imparting knowledge, skills and attitudes to these future cadres of health workers. There are no textbooks books or reference materials. Most of the teaching is carried out by doctors from local health facilities, who work as associate instructors. These doctors have no guidelines to use in order to ensure that teaching is carried out in a systematic manner. On

the other hand, hospitals where practical teaching is taking place lack all the basic requirements for a conducive learning environment in terms of cleanliness, basic equipment and role model from the senior staff.

Findings also suggest that the quality of health service delivery by local health institutions (LHIs) is not satisfactory, which is constrained by six major unfavourable performance conditions that operate on their management system. They include: lack of community participation, and accountability; a lack of management culture; insufficient resource availability; poor management policies, systems, and practices; inadequate management and professional capability; and lack of performance values, commitment, motivation, and initiatives. These interrelated unfavourable conditions have created three basic management constraints: inappropriate institutional framework; unfavourable work conditions; and low staff resourcefulness and productivity. The management constraints, in turn, are adversely affecting institutional performance of health institutions causing inadequate and low quality service delivery by them.

These problems as well as the emerging policy and strategic thrusts in the management of health systems at the state and locality levels have major implications for management capacity development of LHI. From those implications it can be concluded that there is a huge need for developing management capability of state and locality health teams. A large part of the need can be addressed through management training interventions.

The principal target groups for management training include five staff groups and one MC members as identified below:

- Senior level health institutions managers at Federal and State levels (Directors and heads of different departments and service units of

FMOH and SMOH, medical superintendents of tertiary hospitals).

- Senior level health institution in-charges at locality level (Heads of different departments and service units of LHIs, Locality Health Officers, Public Health Officers, Medical Superintendents of secondary level hospitals, etc.)
- Junior level health institution in-charges (In-charges of health centres and peripheral health units).
- Health supervisors.
- Support staff (Administrative Officer, Accountant, Store Keeper, etc.)
- Management Committee (MC) Members

The main competencies of the identified target groups that need to be developed can be categorised under eleven competency areas as given below.

Contextual, conceptual, and policy frameworks of national and local	Health systems, health sector reforms as well as community- focused primary health care management system
Planning and programme development capability	General management and organisation capability
Finance and resource management capability	Human resource management capability
Materials, supplies and facilities management capability	Information management and reporting capability
Office management capability	Community mobilisation capability
Institutional linkage building and partnership management capability	

**Recommendations**

1. The findings from the TNA demonstrated that there is an urgent need for developing the capacity of the Academy of Health Sciences in Khartoum to play a leading role in setting standards for curricula, training programmes, assessment policies and quality assurance of State Academies of Health Sciences as well as to organise in-country training programmes for instructors (trainers) of all training institutions.

Similarly, the newly established Institute of Public and Centre for Professional Development (CPD) in Khartoum need to be supported to establish Policy, Planning and Management Units that will undertake to develop training programmes for the country. This will require short, medium and long term support.

In the short and medium term, they need to be provided with short term consultants to assist in establishing Health Management Units, identify academic staff to be trained as trainers and develop health management, planning and policy training programmes.

- Efforts need to focus in the development standard curriculum for AHS in all States to ensure that all training programmes to similar cadres of health staff meet these requirements.
- The Federal Ministry of Health need to finalise the organogram of the AHS, identify vacancies and develop plans to fill the vacancies as a matter of urgency.
- In order to ensure that all AHS are capable to train the required number and type of health workers with the required knowledge and competencies, the Federal Ministry of Health needs to urgently develop Core and permanent members of staff who could trained to function as instructors for the AHS.
- There is an urgent need to develop guidelines for associate teachers, such as doctors and other health professionals whose main responsibilities lie else where but are involved in teaching nursing and medical assistants. These guidelines need to include aspects of teaching to be covered, number of hours and expected learning outcomes.
- Associate teachers need to be provided with training on teaching and student assessment methods.

In the medium and long term, it is recommended to:

- Provide overseas training to a group of academics from the above mentioned institutions specialise in teaching and learning methods, health policy, planning and management.
- Establishing link programmes between the above institutions in Sudan and overseas universities could be encouraged and supported. The obvious advantages include exchange of staff, undertaking joint research in health systems development, developing joint training programmes in specific management areas, etc. These courses can range from short certificate courses to long postgraduate courses could be made available to the instructors of training institutions, health managers and policy makers.
- Need for the redefinition of roles and responsibilities, including establishment of a Unit responsible to provide support to programme managers, who should take the responsibility to undertake training needs assessment for their staff and propose the sort of training needed for their respective programmes.

2. Training *principles* should include the following:

- Finding a balance between training in knowledge of the area and enhanced work performance in terms of specific skills (e.g., report writing, presentation skills);
- Use of adult learning techniques;
- A staged approach with continuous learning should be adopted as it offers a practical solution to the difficulty HSRU staff and health managers find in taking time away from normal activities; it allows for reflective learning; and it facilitates use of self development activities

such as personal plans and individual or group projects;

3. It is recommended that an optimum range of training *mechanisms* be adopted for example, in-country training, short and long course overseas, individual learning to provide the best possible combination of training experiences.

4. Specifically, it is proposed to assign the task of developing in-country short training to an overseas academic institution that have expertise in health systems development and track record incapacity of development in the areas of training methods/approaches, health systems development and training in management, planning and policy. This institution could undertake training of local trainers through short and long courses and to implement the initial in-country training in collaboration with local training institutions in the pilot provinces. Local institutions could then cascade training programmes through out their respective provinces, and later on throughout country. ,

5. It is recommended that *follow up* takes place to ensure that the training has met its objectives and to continue the process of learning. There are various options for doing this including further training, continued self development, support from line managers and others. It is recommended that design of follow up mechanisms take place as part of the detailed training programme design.

6. It is also recommended that the training should be *evaluated* to identify whether learning objectives and outcomes have been met, as well as the routine evaluation of training by participants. It is recommended that evaluation of the training be part of the detailed design of the training programme.