Report on "The project for strengthening peace through the improvement of public services in three Darfur states"

Khartoum, Sudan

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JICA project team

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I. Background:

"SMAP-II: The Project for strengthening peace through the improvement of public services in three Darfur states" is a challenging project to enhance well-being of the people in three Darfur states through strengthen four public services; health; water supply; vocational training and governance.

There are two pillars in the health sector of this project. They are community mobilization and supportive supervision. The assumptions for successful outcomes the health sector are; 1) we can mobilize target communities by providing training to existing community-based manpower, and 2) the state-level health professionals can provide effective supervision to the community-based manpower.

The inception meeting and sector specific workshop for the project was conducted in May 18-20 in Khartoum, Sudan. This report covers detailed discussions and issues raised through the health sector workshop and recommendations for future workshop.

II. Activities/Analysis:

1) Literature review and information gathering

- Relevant written materials published by the government, NGOs, and previous JICA projects were reviewed in detail. Other relevant publications in the field, particularly in MCH, mental health and well-being are also reviewed.

- Community mobilization is one of the key components of this project[1], but literature doesn't support the evidence that community utilization directly enhance the use of skilled services[2][3].

- Community-based interventions alone are not sufficient to significantly decrease maternal mortality[4].

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[1] Bhutta, Z., et al. (2008). "Alma-Ata: Rebirth and revision 6. Interventions to address maternal, newborn, and child survival: What difference can integrated primary health care strategies make?" Lancet **372**: 972-989.

[2] USAID, A. p. (2007). Demystifying community mobillization: an effective strategy to improve maternal and newborn health. Baltimore, MD, , USAID, .

[3] Rifkin, S. (1990). Community participation in manternal and child health/family planning programmes. An analysis based on case study materials. Geneva, WHO.

- Majority of government policy papers failed to provide implementation guidelines but sang lofty goals and objectives repeatedly. In the conversation with several WHO personnel verified the weaknesses of implementation of the programs. There were several reasons: one is shortage of human resources due to high attrition and the second is the lack of actual guidelines.

- WHO has been working for rehabilitation/repatriation of refugees in Darfur region but admitted that implementation of the project is severely undermined due to lack of qualified government personnel and the high turnover rates.

2) Project proposal review

- The uniqueness of the project lies in aiming at *synergistic effects* of several key interventions[5], women's health and innovative training programs.

- Innovative training programs, which focus on peace-building principles such as professionalism, leadership, and quality control, will be developed and provided to all participants from all sectors together in the same room since they are as cross-cutting issues in the peace-building.

3) The workshop

Detailed procedures and contents of discussions can be found in Appendix A. Workshop log.

- Only a few participants of this workshop has involved in former assessment and planning phases.

- Many different stakeholders from DG of SMOH to community health workers were present.

- The venue of the workshop was in higher council building conveniently located in the center of the city close to the River Nile. Coffee breaks and breakfast (lunch) were provided throughout three days.

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[4] Lassi, Z., et al. (2011). Community-based intervention packages for reducing maternal morbidity and mortality and improving neonatal outcomes. Karachi, Pakistan, The International Initiative for Impact Evaluation.

[5] Ekman, B., et al. (2008). "Alma-Ata: Rebirth and Revision 7. Integrating health interventions for women, newborn babies, and children: a framework for action." Lancet **372**: 990-1000.

III. Finding/Assessment:

1) General

- Ambiguity in Japanese language cannot be translated well into English. The intention and rigor contained in original Japanese proposals are often lost in the English version of the proposal.

- Clear communication is not conducted even in the consulting team. Local project team often raised concerns in stranded communications among Japanese and Sudanese team members.

2) Contents of the project

- Majority of guidelines and manuals developed in Sudan or other countries in the past failed to capture the essence of supportive supervision[6] by replacing the focus of supervision from qualitative changes to quantitative checklists[7][8]. That merely assures the conduct of procedures by skewing activities towards numerical outputs.

- Current manuals available in Sudan in any topics scarcely incorporate concepts of professionalism, positive mindset, rapport, or active listening among colleagues and between supervisors and supervisees to improve motivation.

- In this project in general, due to indirect intervention, it is critical to share the goals and objectiveness and sense of mission among all stakeholders of the project before launching any discussions for gathering data or facts.

3) The workshop

[6] WHO (2011). Strengthening Midwifery Toolkit Module 7. Supervision of midwives. Geneva, Switzerland, WHO.

[7] Sudan, U. (2013). In-service training (INSET) protramme for village midwives. Khartoum, Sudan, UNICEF Sudan.

[8] PATH (2003). Children's vaccine program at PATH. Guidelines for implementing supportive supervision: A step-by-step guide with tools to support immunizaiton. Seattle, PATH.

- On the first day, we did not prepare to capture problems or differences and articulate those problems in details by facilitate discussions or bouncing ideas.

- Poor facilitation skills in big audience and among different stakeholders.

- Goals and objectives were not clearly stated everyday.

- Caught in too much details of the project by checking boxes and going through fine prints rather than discussing ideas or objectives.

- It was clear that without overall goals and objectives, government officials from different departments were often entrenched by sectionalism and motivation for collaboration are slipped away from their priorities.

- Currently there are no reward structures in place to maintain motivation of workers or health officials.

- Concept of self-care, motivation and positive mindset is often forgotten due to overwhelming daily tasks.

- They were aware of the difficulties in big ideas, such as behavioral change and importance of positive mindset, but there were no action plans to achieve these goals.

IV. Recommendations:

1) For the Project

- Practice transparency and positive mindset starting now in the project team. Positive mindset is particularly important in communities like Sudan where embargo and social isolation directly triggers high unemployment, exodus of labor forces, and social anxiety.

- Implement positive feedback to our local staff and among us so that we all can maintain and practice positive mindset.

- Be aware the essence of communication is NOT about the language, but the willingness and attitude to communicate. We should communicate with local staff not simply passing our information/tasks to them; rather let them understand the task and share goals of the action.

2) For the Proposal/Reports

- Examine 'Japanese-English' words (English words made or used in Japan) thoroughly since they carry quite different meanings and connotations from original English. Ambiguity naturally contained in certain Japanese expressions cannot be translated well into other languages. Consciously clarify the meaning when putting it in English and other languages.

- Clarify the meaning of *synergy effects* of the project. It should be articulated and discussed among project team so that we can come up with some novel ideas and measurements to demonstrate the effect.

3) For the Workshop

- Repeat and re-repeat goals and objectives of the project at every workshop and the progress of the project should be checked among participant every time we meet.

- Avoid simply confirm or agree on written items or tasks in the workshop. The way to reach agreement or collaboration is through bouncing ideas back and forth among all participants, discuss every concern and problem coming out of the discussions and elucidate the differences among us.

- Develop skills to engage audience and capture their ideas by consulting team.

- Create a relaxed atmosphere among all participants so that we can discuss issues or bouncing ideas. Enough time should be allocated to, therefore, icebreaking and team building exercises.

- Focus on action plans and 'how' while capturing ideas and clarifying the differences through discussions.

- Incorporate concepts of leadership, collegiality, and professionalism in supportive supervision training, not simply adding another checklist or numerical tasks.

- Develop a training program that can demonstrate synergistic effect through single program, e.g. leadership, professionalism, active listening.

- Discuss regularly with native speakers on contents of the project so that they don't misuse any technical terms and jargons different from original meanings.

- Develop a program that enhances motivation through reward system. The reward means not necessarily monetary but professional/psychological reward.

Appendix A: Workshop Log: health sector discussions
(By Drs. Amira & Mahmoud)

Day one: 18.5.2015
Health sectors (three Darfur states)
Group discussion:

- Dr. Kobayashi and Dr. Mori gave a briefing about the project and the health sector plan. This was done because the number of participants who were involved in the first phase of the project was very few.
- Dr. Kobayashi then went through the timetable of the three workshop days and the topics to be discussed in them.

Day one topic: Selection criteria of the project committees.
General questions:
Selection of the communities
Participants ask whether the communities selected in phase 1 of the project were final.
The answer was no it can be changed according to the need of each state.
Kobayashi san said that it can be changed according to the discussion today
We will start with 5 communities and increase according to the performance in these five communities
Today decision is not final but we will prioritize communities and accordingly u will go back and discuss with your states and reach the final decision in the communities.

- Sustainability
- Suitability
- Equity
- Community participation

Criteria of selection of communities:
Sustainability:
Is important and needs to be started at the community and train community leaders and health promoters to take the lead.
During preparatory phase they selected communities at state level but they did not involve the community in the selection and involve their leaders
Also Darfur has special circumstance that might change the target community
Do we have to stick to the communities in the short list? No we don't have to we can choose from different communities in the
Questions were asked about:

- The nature of the services that will be provided through this project
- The type of supportive supervision

Why are we going to discuss this criteria?
How to ensure sustainability:

Involving the community specially:

1. The community leaders (they are key people to implement all activities in the community). we have to train them
2. Community health volunteers coz they are the one who are providing services however community leaders needs to be involved and aware of the project they can facilitate the project implementation and they are the ones who helps us in selecting the volunteers so we need to involve them even at the planning level.
3. Community authorities: the states is divided into localities and localities are divided into admin unit which includes different types of committees (health environment, volunteers…etc..)
4. Community committee which includes community leader (Sheikh Alhela), religious leaders ….etc. …)
    - How to convince community leaders and motivate them about certain project to ensure sustainability?
    - We first ask to meet with the leader at specific community and explain to him the project and the benefits of the project to his community and ask him to organize a meeting with community
    - Identify stakeholder at each area and try to involve them in this project.
    - We don't only let them know about the project but try to convince them to adopt the project and let them involved and advocate for it to ensure sustainability
    - Then you need to involve them through asking them what are their problem and how we can improve it

Suitability:

Is that area suitable to carry out the project.

Equity:

- Provide services by justice and equality so provide the services to all so no one feels that he is underserved
- Equality has to be equal distribution of services between different areas not equal amounts.
- I think one of the criteria should be the degree certain village or area affected by war; if one village is destructed totally you can't equal it with another village which did not affected by war.
- Equality should also consider adaptability of ensuring provision of service package to all communities e.g. mobile communities.
- How can we make sure that we can provide the same package to all? And how I can measure it?
- Using the health map which can show us the number of population and accordingly we know how many PHC, FHC, Hospitals needed

- According to the situation of the area we will decide the amount of services needed.
- The standard is the same but the amount varies according to the need
- There are some type of documents that has this standards
- Some factors affecting the distribution of health services such as:
  - Security
  - Also IDP camps services can't be

  How do we ensure equity?
    - The implementation area/community
      - Level of destruction after war
      - Fair distribution of services
      - Distribution of services according to the health map (according to population and communities)
      - Distributing services according to need, not just fixe quota for every one (Standard)
      - The security situation

Summary of the discussion:

- There is standard we have which doesn't necessary be the amount of that services per each area

Community participation:

- How to measure it?
  - By measuring the increased number of service users (ANC users for example)
  - Acceptance of the community
  - Positive feedback and reporting
  - Contribution of the community in the project activities (local component)
  - Reaching the community by the implementers insures the participation
  - The number of volunteers from the community
- How to ensure community participation?
  - Delivering what you promise to the community is very important to create trust and insure community participation
  - Involving the community in identifying the problem and planning for the solution
  - Through supporting supervision
- How to convince the community members to participate in the project activities
  - Trust

how do you feel there will be fully involved in the project:

- E.g. if the indicators improved in certain health areas e.g. ANC then by default the community is participating
- What is required from the community during the project and after the project ends

How do you feel there will participates?

- Acceptance of the community to SMOH and project team.
- Reports submitted and feed backs from the community and accordingly we will act and provide supportive supervision to strengthen the weak areas
- Contribution of the community in the activities (e.g. provision of labor or some construction materials if we want to build a health center) so they will feel the ownership and defend it
- Community is ready the issue is how to reach out to it and mobilize it.
- Community participation may be affected by different things such as:
    - Trust we shouldn't give promises that we can't fulfil
- You can measure the community participation from the participation of the community volunteers
- Raise awareness of the community about the problem and identifying them and ask them to participate in the planning process and implementation of the activities

Summary:

- The community has to accept the project concepts and start promoting for it this will happen through active involvement of the community, motivate them and gaining their trust

Day Two:

Mr. Yamamoto started by explaining the activities of the pilot project

- The component of the community which includes community, health care providers and SMOH
- Basic concept of community mobilization is the government to mobilize the community and the community mobilize the community resources such as (HR, volunteers m labor force, knowledge, physical resources,) these are the most important resources of community but. Unfortunately the community doesn't know how to utilize it, they just wait for your services and for u to come and say let us do it. Even health care providers do not have the capacity to mobilize community.
- SMOH must trains HCP and provide supervision for them.
- Supportive supervision is part of this supervision. So the supportive supervision complements the community mobilization and can't be separated. Supportive

supervision doesn't' aim only to support VMW rather it will target all health care providers working in that area.

- How to conduct SS will be managed and decided by FMOH.

The activities of this pilot project were discussed in different meeting before during phase one but I will review them with you quickly:

1. **Conduct community mobilization:**
    - Organizing community meeting (you have to inform people)
    - Conduct socio-economic survey (you don't know the main problem in the community so u have to do this to identify the problem)
    - Establishing community health committee (after understanding the problem we need structure to start implement community activities) either establish new one or activate the available one.
    - Provide basic training to key persons of community on health promotion (if the HCP are not capable they can't implement) the type of this training will be decided later but they has to receive certain type of training.
    - Conducting health education to community people (make people aware about their own problems so they know it and can understand)
    - Identifying health issues to be tackled by the project (has to happen by the community , we will just facilitate it and help them prioritization)
    - Organizing community health groups
    - Developing action plan of community health group
    - Regular visit and support to community health group (support implementation)

Supportive Supervision to VMW:

- Situation analysis of VMW(VMW role doesn't end in providing health care services for pregnant women but rather she contributes in health education, they are trusted by the community and helping the officials from MOH during implementation of different activities, she also contributes infighting bad behaviors and cultures like FGM and early marriage and her opinion in this cases is very respected. The VMW are trained based on the community recommendations who selects her based on certain personality criteria)
- Don't forget that village midwife is one of the team members of the community mobilization.
- 5w1h (when, where, whom, what, why and how)
- Question was asked about the component of the supportive supervision and how to simplify the checklist to be used easily by VMW.

Discussion:

- Coordination is not very well each department at SMOH works alone and we don't meet as often
- Another comment was made about the acceptance of the community to VMW some community thinks the trained midwives are too young to deliver women so they go for traditional midwifes
- The traditional midwife roles can't be bypassed anytime soon so we can use by providing her with 3 month training to know the right way of doing things and ask her to just examine women and refer them to the nearest VMW they know and .
- Decide who will be part of the community health committee the states have the freedom to choose who will be in that committee.

<u>Each state to let us know how the community mobilization activities at your states:</u>

- North Darfur: we select the community that we want to work in and then identify the target group e.g. for HBV: we went to area where we believed there is a pandemic there we included all health workers, women union, youth, community leaders and religious leader. We then provided training the entire group after which we divided the stakeholders to work in different areas of that specific area. Public health officers and health promoters from SMOH train the people. The community mobilization approach will be selected by the community people we equip them with all types of community mobilization methods and they go to choose. After that they start competing by using different method e.g. educations session. We provide them with IEC materials and all the information they need to raise awareness. We also have M&E form to get an idea of number of home visits and sessions….etc….. We started in2007 and we have movie about health promotion activities in the states that we can screen tomorrow. Also we have this peer education for children in schools.
    - The role of the locality , we have CHW affiliated with locality health promotion
    - Challenges faced during carrying out community mobilization training:
        - Different languages that they do not understand what we are trying to do. You have to train someone from the local people
        - High illiteracy rate specially among pregnant women specially
        - Distance is a big challenge how to reach out to those remote areas and mobile communities
        - Malnutrition that can't be treated and the paralyzed cases due to polio infection. Referral system.
        - Not everyone is willing to participate in the surveys and studies
        - Some issues are not accepted to be discussed like FGM
- West Darfur: the health promotion activities are basically the same. We train people either at state capital or at locality level. We go to the community and

identify community leaders and then political leaders and then we reach out to health cadre the community level. We train them according to the need of the specific health need tor outbreak we divided them into: health promotors who will work at health facility and the second group will do home visits to understand the community health issues. We focus on the local languages to ensure that the message is well conveyed and received. We also send supervisors with the health promotors in some of their visits to ensure the quality of the messages received.

- We work on personal hygiene and certain epidemics in schools
- Challenges:
  - Behavior change is the most difficult thing (they deliver messages as plays and concerts in IDP camps)
  - The health promotion program face funding issues
  - Follow up is weak and poor feedback on the implemented activities.
  - The equipment needed for community mobilization are not available or comes really late
  - No fixed staff for health promotion at locality level
  - Lack of communication and transportation

- South Darfur: we visit the community and do rapid assessment of the health issues in the area and then we formulate the health community and the head of the committee is from the community and the rapporteur of the committee will be health cadre. We then identify the problem and select health promotors to be trained to carry out activities addressing this problem
- Challenges:
  - Believes are very difficult to be changed (go to Faki before coming to the health facility or health care providers).
  - Behaviors change is less complicated than believes bit still is a problem
  - Life style in Darfur that puts health as less priority
  - Lack of coordination
  - Low resources of health promotion department to continue follow up and receive feedback from the communities
  - Use of the health projects for political benefits
  - And usage of the community leaders of his position and trying to nominate people that might not be very qualified.
  - Instability and turnover at SMOH
  - Low resources at the first phase of this project that they couldn't reach out to community to include them in the process of selection of community.
- Why UNICEF activities are not effective in terms of behavior change? We should consider this during implementation of this project.

Day Three: 20.5.2015

Expected Output form the STC workshop/ Health component:

- Brain storm about the Pilot Project plan
- Agree on the selection criteria of the communities to be included in the project. (group work, each state to come up with criteria of selection and explain why they believe this is the best criteria to be considered. After they returned to their states they will be requested to come up with short list of communities 20 -25 community and in the next STC meeting in July/August this list will finalized after discussing it with JICA and FMOH)

Suggested point to be discussed in day three:

1. Understand the languages difficulty problems. Is it a language problem or culture and how to can it be talked.
2. Supportive supervision part (we need survey to understand the situation of VWM in the target communities)
3. How to address the low acceptance of rate of community participation in surveys? Define sensitive issues and cultural taboos and how they can be included in survey without community resistance. Consider conducting education sessions before implementing the survey.
4. Low coordination between different department with MOH and with other partners. How this can we overcome it.
5. Behavioral change is very difficult, discuss different strategies and approaches.
6. Sustainability of the activities after project end how it can be addressed.
7. Training plan, training need, target and when.

Discussion:

1. **Different languages**:
   Most of the participants from the states agreed that it is not a real challenge rather it is difficulty in delivering the health message to people with different local languages.
   Some of the suggestion and best practices were:
   - Usage of local interpreter
   - When visiting a community try to use the local phrases and adopt their way of talking to ensure they understand you and feel comfortable talking with you.
   - The health messages designing should consider and respect the local community tradition and culture.
   - The problem is the IEC martials comes ready from FMOH we don't have the chance to design it according to our need.
2. **Difficult to reach out to community:**
   Different concepts were said regarding hard to reach population such as:

- Remote areas that are difficult to reach because of lack of difficult transportation. .
- Rainy season make things even worse (July to October) some areas are completely isolated during rainy season. Also during this season all the communities are fully occupied with farming and harvesting and the might not have the time to be involved in community mobilization activities targeting health.
- Fragile comprise area due to security issues, it is difficult to reach this area specially during newly emerging conflicts. .

Some of the suggestion and best practices were:

- There is an emergency directorate at federal and state level who are responsible of planning ahead for the rainy season and outbreak emergencies.
- For the regular services to be continued during the rainy season in difficult to reach areas we should consider doing all the activities and procuring the medication before the start of the season.
- In case of fragile comprise areas we can't interfere during the conflict rather we wait till it become more stable then we deal with it as an emergency area and implement all the planned activities together in short time.
- Consider selecting some communities at the urban areas to be included in this project.

3. Culture taboos and low rate of surveys participation:

They agreed that some communities consider some issue very sensitive and cultural taboos and it is not acceptable; to discuss it with someone such as FGM and FP. Other communities discuss these issues with someone they trust e.g. VMW.

Some of the suggestion and best practices were:

- This thing can be overcome by studying the community and identify the key person in each community. The key person in most of the case is the community leader (Sheikh Alhela) he is usually very respected by the community and they follow his instructions.
- We need to improve our communication skills and train our health promotors on effective communications
- Health promotor's role at the health centers is very crucial because doctors are usually very busy to conduct health educations.
- Following MOH standard criteria in selecting the CHW and VMW is very important so as the community already accepts this person and can discuss some sensitive issues with them. Community leaders or politicians shouldn't influence the decision of selection.

- Communication is very important and pilot project team at different level has to be trained on communication.

4. **Behavior change needs time**

   It is very difficult and needs a lot of follow up

Some of the suggestion and best practices were:

- Ownership of the program
- Acceptance of the program
- Learning from the success
- Stick with the message
- Try to use different strategies and approaches
- Social marketing.
- Positive attitudes 20 No's and one yes.

Summary of the first session discussion:

- Incorporate the local content to help solving the language barrier problem.
- Each stat to identify what type of distance they suffer from the most (definition of distance , geographical, rain, security or simply access issues)
- Different ideas we discussed in the culture taboo and acceptability, involving the community, identifying key person and try over and over again is the most important thing.
- Different ideas were discussed on how to increase your professionalism to maintain the work you are doing.

Professionalism:

Areas to consider while developing the training:

- Skills need at each level of the training.
- Maintaining positive attitudes and professionalism.

Session 2: Health and water sectors joint discussion:

- The water component of this project is to avail water and sanitation to the community. So we need some information about availability of water in health facility and the concepts of that community about water.
- Water department works on availing good quality of water
- Health sector works on the health education on hand washing and water utilization.
- Health and water sectors must work together in some of the selected communities to complement each other.
- Health sectors did not select the communities yet but we need to put this into our consideration during the selection process.

- Synergy explanation and how to use the synergetic effect of water and health together
- Do all health facilities at your states have water tabs? Most answered no, a good amount of health facilities doesn't have access to tab water.
- We need information from health people to provide quality of water. Also sustainability of quality of water is the responsibility of the health sector
- Water department needs help from health department to aware people on the rational management of the water, utilization, hygiene …etc.
- The source of the water can be contaminated after people start using it here comes the role of health education.
- Water project has to complement health education; you can't educate people to use healthy water while they don't have access to clean water.
- Suggestion to select the same communities for health and water intervention is better.
- There is a poor coordination between water and health sector in different states.
- Water department
- Why do we need water in health facility? hospital (much more water), FHU (needs less water)
- We have two points here:
    - Availing water for the health facilities (this our concern in this discussion)
    - Availing water for community
- Does the criteria for selecting water and health community meet somewhere

Summary:
Output of this workshop will be:

- Water sector and health sector will coordinate.
- Water sector almost finalized the list of selected communities, health sector still have some homework to do. So after the health sector comes up with the final list of communities'. Health and water will meet in July and agree on how this coordination can be operationalized on the ground.

Group work:
Criteria of selection of the communities:
All stated agreed on most of the criteria of selection; some comments were

- West and South Darfur agreed to change the selection of water and health to be 3 if not more instead of 2-3

- North and South Darfur agreed to change the selection of water and health communities to be 1- 2 instead of 2-3

- South Darfur state had couple of comments on:

- At least 1-3 has the water project
- It doesn't have to be close to the IDP camps

Distance	To change the distance to be 1 day in most of the communities however consider adding communities that are far.
Suitability	Agree
Equity	agree
Feasibility	Agree with feasibility however if the community doesn't have trained VMW OR CHW this community can be targeted in the second or the third year after she receives the ins service training.
Community participation	agree
Security	agree
Decrease conflict	agree
Coordination with implementing agencies	agree
Coordination with other donors	agree

Discussion:

- Does the languages should be included in the criteria of selection. They agreed that is shouldn't be as one of the criteria, however it should be considered during implementation.
- The community has to have trained VMW not necessary received the in service training from JICA but she **should** have attended the midwifery school and get certification.
- Equity is very important criteria.
- After you return to your states you will be asked to select the 20 – 25 communities in short list. That will be categories in three categories A, B and C. next time we will set down with the list you prepared and agree on the final list and when it will be implemented per project year.

Discussion about the action plan:

- What do you need to do at the community level?
- Meet community leaders and asked for joint meeting and don't exclude women
- Need to have endorsed plan and allocated budget
- Think about some operational challenges such as transportation will you use project car or rent car but even if you get the car can you pay for fuel.

- Agree on who can do baseline survey : SMOH, JICA, IOM or the three of them together
- Training needs and plan: when you come back in July please bring some ideas about the types of the training we will implement and how.
- Education to community: what type of messages we want to convey and by which department and what is the package they want. Agree on the type of the package we want to delivery either PHC or only MCH package and we will agree on it in the next meeting in July.
- Agree whether the doctors can be part of the community team because everyone in the community believes that the doctors are the SMOH representative.
- SMOH to visit the community regularly and talk with them and try to identify the problem based on the community prospective. How frequent do you think this visits should be? once a month is the best
- Behavioral change focuses on the selected community and needs at least three years to be accomplished.
- Training for VMW we need a baseline survey to understand the level of the VMW skills and capacities and accordingly design your training plan.

Action points to be done before next workshop in July:

1. Short list of selected communities
2. Agree on who can do baseline survey : SMOH, JICA, IOM or the three of them together
3. Training needs and plan: when you come back in July please bring some ideas about the types of the training we will implement and how.
4. Agree on the type of the package we want to delivery either PHC or only MCH package and we will agree on it in the next meeting in July.

The Closing Session of the STC workshop

Each sector summary of the outputs from the workshop

1. **Health Sector speech:**
   - Providing happiness is our goal.
   - We come up with 3 advices: Transperancy, Equity and Women empowerment
   - We planned as group to deliver the following:
     - Select communities for the project implementation
     - The team action plan
     - Supervision and integration
     - Water and health sectors will work together
     - Cost discussion; planning the budget and local component will be included

    - Interaction with HCDG personnel was helpful

2. **Water Sector speech:**
    - This JICA project is a good aid to the governmental efforts.
    - Japan experience in changing the mentality after war into peace building is something that should be considered.
    - Japan aid is very valued and Sudan needs peace building, the peace will maintain the project.
    - To implement the project, an important input is equity of services and our output will be happiness of the community.
    - Changing concepts is key for development and we sould be advocates for change
    - This pilot project should be multiplied in the future.
    - The message we are delivering here is; We should lead our communities to peace with equity and transparency.
3. **Employment Sector speech:**
    - The happiness for us is the gathering that we had together as 3 sectors.
    - We discussed the criteria of employment with committee memebers.
    - Our output for the plan is as follows:
        - Descision making; through feasibility study
        - Building partnerships
        - Personnel management
        - Report writing
    - Women capacity building plan:
        - Training in areas related to market needs
        - We will train women on food and traditional manufacturing (Manual crafts)
        - Safety and health is important in our training, that's why the health sector is needed.
        - Funding and marketing.
    - Youth training:

Appendix B: Community Selection Checklist

	Task	Date completed
Step 1	Complete discussion on selection criteria	
Step 2	Make shortlist of communities (25 or so)	
Step 3	Conduct hearing from community leaders	
Step 4	Make ABC categorization (prioritization) of communities	
Step 5	Make final selection of communities	

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