PERFORM Uganda

NATIONAL WORKSHOP 2

FORT PORTAL KABAROLE DISTRICT

11TH – 13TH FEBRUARY 2013

WORKSHOP REPORT
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DAY 1: 11TH FEBRUARY 2013

Introduction
The PERFORM project implementation plan lays out well the implementation approach, and one of the requirements and milestones is a National Workshop annually that brings together all the District Health Management Teams (DHMTs).

The Second Uganda National Workshop was held at the Lisieux Centre in Fort Portal, Kabarole District on February 11-13th 2013.

The workshop brought together thirty six (36) participants from the three districts.

Workshop Objectives:
• Refine the problem analyses
• Explore and evaluate possible bundles of HR/HS strategies
• Develop a plan for HR / HS strategies to address problems identified in the situation analysis
• Agree support processes for DHMTs during the implementation period
• Discuss the use of learning histories to record the action research process and learning
• Stimulate sharing of experiences, information and lessons learned across the three DHMTs

Expected outputs
• Refined problem tree analyses
• Completed table of bundles of strategies for one or two problems
• Implementation plan for bundles of strategies
• DHMT self assessment completed
## National Workshop 2 Programme

### Monday 11th February

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme activities</th>
<th>Facilitator</th>
<th>Chair for the day</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00 am</td>
<td>Registration</td>
<td></td>
<td>Kabarole DHMT</td>
</tr>
<tr>
<td>9.00 – 9.15 am</td>
<td>Welcome</td>
<td>Richard Mugahi</td>
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<tr>
<td>9.15 – 9.30 am</td>
<td>Introduction to workshop</td>
<td>Sebastian O. Baine</td>
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<td>10.45 am – 1.00 pm</td>
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<td>Joanna Raven</td>
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<td>Presentation on bundles of HR / HS strategies</td>
<td>Tim Martineau</td>
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<td>Kabarole team /</td>
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<td>Sebastian O. Baine</td>
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<td>Evening</td>
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<td>DHMT read bundles guidelines in DHMT manual</td>
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### Tuesday 12th February

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<td>Luwero team / Saul Kamukama</td>
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<td>Using learning histories</td>
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<td>11.15 – 12.00</td>
<td>Ongoing support and communication with CRT</td>
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**Wednesday 13th February**
DAY 1: 11TH FEBRUARY 2013

Welcome Remarks
Remarks by Richard Mugahi – DHO Kabarole

In his brief speech, Dr. Mugahi made the following remarks;

- Welcomed participants to Kabarole district and promised a delightful workshop.
- Said as someone who has been in touch with the programme right from inception; PERFORM gives one a chance to look at things differently but with better results for workforce performance.
- A programme like this that targets human resources is critical, especially with the history of building theatres in Uganda that have never worked due to shortages of health workers. That all teams were looking forward to the sharing during the workshop and were fired up to begin the implementation phase.

Remarks by Sebastian Olikira Baine, PERFORM PI at MUSPH

Gave the chronology of events and activities as they have been conducted since the beginning of the programme and took the participants through the programme timelines. To access the PERFORM timeline click on the icon; Took the participants through the workshop objectives and expected outputs

He anticipated that the workshop was to be stormy and engaging drawing from past meetings with the DHMTs.

The DHMTs should come out with clear problem trees to guide the DHMTs into refining the bundles that are feasible to implement.

Remarks by Tim Martineau PI at LSTM

- Apart from reviewing the problem trees, there would also be DHMTs self-assessment to get situation analyses of what the DHMTs do and how they do it; information that was not captured in the initial situation analysis. He said that
the team needed to get some way of categorising what type of health workers in each of the 3 districts (i.e. Jinja, Kabarole and Luwero) and also level of facilities, e.g. Health Centre levels. This information was needed to make comparison across the three PERFORM countries.

**District Problem Tree Presentations**

During this session, District Health Management Teams made presentations of the problem tree they had worked on before travelling to the workshop. After each presentation, the rest of the workshop participants discussed the problem trees.

- **Luwero district presentation**
  The discussion that followed the Luwero presentation had the following few highlights;

  - Low professionalism was considered their main problem. The discussion, however, whether questioned this was a main problem with some participants suggesting the problem may be lack of ethics.

  - The induction of health workers that goes on in the district is lacking; there is no training and no induction in the area of management and leadership. Medical officers from university hardly have any training and skills in human resource and financial management.

  - Is there a way mentorship can be done in these districts/teams?

  *Margaret Nalukenge, a member of the Luwero DHMT presents the district problem tree*
Kabarole district presentation
The Kabarole problem tree had inefficient leadership as the main problem affecting health workforce performance in the district.

The discussion after the presentation dwelt on;

- Why the DHMT decided on inefficient leadership as their main problem
- As one of the branches had commitment and motivation, there was discussion as to which comes first

Jinja district presentation
The Jinja presentation also elicited a number of comments and observations from the participants, including;

- The DHMT chose to take on the arm/branch that reinforces management supervision
- Disentangle the ‘lack of enough supervisors’
- Separate ‘heavy workload’ from ‘understaffing’
- Are there cases where understaffing seriously affects support supervision such that the supervisor is not able to do their work? Yes, you find one person doing everything at the health facility and they simply don’t have time for support supervisors (the supervisor has a lot of things to look at/ focus on so they end up no doing them).
Commitment and Motivation- are the causes too similar? What is the difference between commitment and motivation? Some participants asked.

Refining the problem trees by Joanna Raven

- Joanna Raven took the participants through the process of refining the problem trees. She provided examples of good and bad elements picked from the district trees.

- She emphasised the importance of showing logical links - are there logical links between the various levels in the problem tree?

- Are the causes clearly written as problems?

This helped the participants understand what was required of them and how the problems should appear on the tree. Click here to access the presentation

After the presentations, DHMTs then went into their district groups and worked on refining their causes/problems
The Luweero DHMTs reviewing their problem tree; on the right on the wall in the background, the refined problem tree beginning to take shape

The Kabarole DHMTs reviewing their problem tree; on the right all members participate in putting the refined problem tree together

The Jinja DHMTs reviews the problem tree; right (on the wall in the background), the refined tree takes shape
DAY II: 12TH FEBRUARY 2013

Presentation on Bundles of HR/HS Strategies by Tim Martineau
This session was carried forward from the previous day. It was focused on transforming problems into solutions and plans. Tim advised the DHMTs to start the exercise by;

1) Considering interventions to staffing levels; number of staff, absenteeism, etc.
2) Understanding staff performance
3) Then moving on to bundle of ideas, which is a collection of human resource strategies

Steps for Developing Bundles
DHMTs were taken through the steps for developing strategy bundles. Highlights of the presentation are described below:

1. Remind ourselves of the PERFORM project. We are talking about individual skills and also about group contribution.

2. The second concern is about professionals; the whole group that makes the district top, bottom or halfway the league table. One of the key areas is having staff to do the work; right number of staff must have the right competences, and deployed in the right place.

3. The third concern is whether staff actually turn up for work and stay there. While there is authorised absence, there is unauthorised absence as well. While we try to separate these two issues; they all lead to the same end.

4. The forth point is how well the work has been done in addition to the volume delivered.

Understanding Individual Staff Performance
Staff effort to be available at work has to be transformed into performance e.g. while at the workstation the staffs ensure that budgets are developed, immunisation is carried out, ward rounds are conducted, etc.

Between effort and performance are three conditions to fulfil:

- Direction (one needs to know what to do) - job description, work plan, schedule
- Competencies - skills, attitude, knowledge
- Resources availability - These may be; a supervision checklist, equipment (like fridges for keeping vaccines, motor cycles for reaching hard-to-reach areas, etc)

In order to convert effort into performance, there is need for direction, competencies, and resources.

*The Reward System*

The reward may come from the job itself (intrinsic reward); also termed job satisfaction regardless of the pay.

The other type of reward relates to things outside the job (extrinsic rewards) e.g. a thank you, an incentive (like a training course, promotion), etc.

Areas to consider for managing workforce performance were pointed out as:

1. Availability (posts filled) distribution/staff present)
2. Direction (on what staff should do and how well they are doing)
3. Competences (appropriate skills, knowledge and attitudes to carry out the tasks assigned)
4. Rewards and sanctions (to influence their behaviour and therefore their performance)
5. Health systems (other building blocks), including resources, e.g. infrastructure, supplies, transport, etc.

*The concept of bundles of Human Resources/Health Systems Strategies*

The idea behind bundles of human resources is that there is no single magic bullet for a sustainable solution. A project introducing one single specific solution like an appraisal system, will not solve human resource effectiveness.

Need a coordinated bundle/package of human resource strategies, avoid deadly combination of strategies e.g. promoting team work and introducing individual incentives at the same time.

Human resource (HR) strategies cannot be implemented on their own; add wider health systems (HS) strategies to the bundles.
Effectiveness of bundles will work in some settings and may not work in others, because of different contexts.

Towards implementation you will have to move beyond the human resource strategies and staff improvement to how this improves service delivery.

**Key Steps for Developing Bundles of HR/HS strategies**

This was demonstrated by Tim taking the DHMTs through a table with sample strategies.

1. Identify problems to be addressed
2. Review options of strategies by performance area (in the manual). Explore all possibilities; have a good think about this
3. Put selected strategies in planning table and complete all columns

**Please Note:**

- Make sure the plan is relevant to your problem tree
- Will effect on workforce performance be felt in short term?
- Is implementation possible within existing resources in district?
- Are bundles linked to existing policies and strategies by central or local government?
- Bundles should be based on evidence accumulated in the situation analysis
- Make sure bundles are logical; a combination of things that add up and can work together

To access the rest of the presentation, click here;
The Kabarole DHMT generating bundles of strategies from the refined problem tree

The Luwero DHMT using the refined problem tree (right) to generate bundles of strategies

The Jinja DHMT generating bundles of strategies using the refined tree on the left
Group Presentations on Bundles of HR/HS Strategies

The final bundles of strategies were assessed and presented by Tim.

*Discussing the Kabarole bundle of strategies*

*Discussing the Luweero bundle of strategies*

*Discussion the Jinja bundle of strategies*
DAY III: 13TH FEBRUARY 2013

Incorporating Bundles of Strategies into Existing Plans by Tim and Sebastian

The session focused on what bundles of HR/HS strategies could be put into the existing district plans for the financial year ending June 2013.

DHMTs were shown how to transfer their strategies done the day before to the district plans. Two plans; the format developed by PERFORM and is being used across the project countries, and the plan and format being used by the districts were integrated.
For Future Planning, the DHMTs considered the following issues;

- Source of funding because implementation of the strategies may need some funds; some activities will need to be delayed until the next financial year.

- Time constraints – these plans are coming in mid-way the financial year, meaning time for implementation will be short i.e. incorporating them into the existing district plans may be difficult. They were advised to do so where it is feasible and incorporate the rest in the financial 2013/2014 district plans.

- Sourcing support from other development partners (e.g. use the health management committees)

- In the remaining two quarters, districts will have to marry some of the new activities identified into those that had been planned and funded; those that fit into the original objectives

- Sharing plans with district technical and political leaders; certain actions yield results when all key stakeholders are in the know. The DHMTs agreed that the Secretary for Health for all the districts have to be initiated into the process. It was agreed that an official letter be written to the Secretary for Health explaining the relationship between the district and project and also explain that no funds are coming in with project activities but that the project is using efficiently what is already available for better performance.

- Availability and commitment of Human resources- new activities were added into the district plans, yet people available on ground to do the work are few.

- On a positive note, in the next financial year, all Jinja district activities will be incorporated in the TASO work plan since the DHMT does most of the work with TASO as a key partner.

Capturing Progress and Reflections in PERFORM by Joanna Raven
Joanna explained that the recording was to ensure that people do not forget their learnings and experiences, but are able to share with other people or see how differently
they would have done the work. Records show how one is learning from the project and the process.

She also said there are many different ways to record these experiences using a diary and description of implementation of the strategies.

This involves recording the why, what, how and the effects. With this others are able to follow what is happening in the different districts.

**The reflection would include;**

- What worked well?
- What worked not so well?
- Changes in environment that affect progress e.g. cuts in budget, new programme looking at human resource that you can tag on to do things!

The diary will be used to record meetings, selection of health system/human resource strategies; implementing these, monitoring/observing effects of these, identifying changes in the environment, etc

**Some of the Practical Issues discussed were;**

- The diary should be kept by the focal person for PERFORM who exists in every district, who should also ensure that the recording in the diary is happening.
- All DHMT members were encouraged to ensure that they record in the diary whenever they do a PERFORM-related activity.
- All activities that are focused on improving workforce performance should be recorded
- The focal persons are;
  - Kabarole – Eugene Agaba
  - Jinja – Peter Dyogo
  - Luwero – Christine Adyedo
The presentation is available here;

Next steps and Ongoing Communication with CRT by Sebastian and Tim
Six weeks after the national workshop, the CRT will be visiting the DHMTs

Joint review meetings are to be held after six months.

CRT should call the DHMTs weekly at the beginning.

The DHMTs were urged to start the implementation of activities as soon as possible in the current financial year, as well as start work on the other branches of the problem tree for which strategies were not designed during the workshop.

A Facebook Page and an email newsletter to be created to enhance sharing of experiences and lessons learnt, among the DHMTs.

Closing remarks by DHO Kabarole
The closing remarks were made by the DHO Kabarole, Dr. Richard Mugahi who thanked the facilitators for a job well done.

He said all the workshop objectives were covered very well and observed that as districts go into the implementation phase; they may need some support financially because districts are constrained, adding though, that districts are fully committed to implementation.

He also pointed out that much as Kabarole has made such progress to top the League Table, there are still challenges, emphasising the need for districts to learn from each other using the platform provided by PERFORM.
## ANNEX I: LIST OF PARTICIPANTS

<table>
<thead>
<tr>
<th>NO</th>
<th>NAME</th>
<th>POSITION HELD</th>
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<tbody>
<tr>
<td>1.</td>
<td>Mugisa Brian</td>
<td>Senior Clinical Officer</td>
<td>Kabarole</td>
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<td>2.</td>
<td>Musinguzi Victor</td>
<td>District TB and Leprosy Services</td>
<td>Kabarole</td>
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<td>3.</td>
<td>Turyahewba Caroline</td>
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<td>Agaba Eugene</td>
<td>ART Focal Person</td>
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<td>Kamara Bernadette</td>
<td>Ag. District Health Educator (SNO)</td>
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<td>Sekitoleko Richard</td>
<td>Medical Officer</td>
<td>Kabarole</td>
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<td>8.</td>
<td>Mugisa Tonny</td>
<td>Senior Clinical Officer</td>
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<td>Bagagire Nathan</td>
<td>Senior Health Inspector</td>
<td>Jinja</td>
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<td>Richard Kawenyera</td>
<td>District Surveillance Focal Person</td>
<td>Luwero</td>
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<td>Isiko Joyce</td>
<td>Principal Nursing Officer</td>
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<td>Bwogi Ellis</td>
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<td>Enid Kemari</td>
<td>Admin.</td>
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<td>Dyogo Peter Nantamu</td>
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<td>Kyarisiima Alison</td>
<td>Health Management Information Systems</td>
<td>Kabarole</td>
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<td>Kasangaki Cyprian</td>
<td>Clinical Officer</td>
<td>Kabarole</td>
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<td>Takoba Proscovia</td>
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<td>Natukunda Paul</td>
<td>In charge Health Sub District</td>
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<td>Byamukama Agaba</td>
<td>Senior Medical Officer</td>
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<td>Adyedo Christine</td>
<td>Asst District Health Officer/Environmental Health</td>
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<td>Kizito K. Josephine</td>
<td>Nursing Officer</td>
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<td>Milly Natimba</td>
<td>Comm. Officer</td>
<td>CHS</td>
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<td>Bwoye Fred</td>
<td>District Cold Chain Technician</td>
<td>Jinja</td>
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<td>Lumala J. Esther</td>
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<td>Naanimake Elizabeth</td>
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<td>Kabarole</td>
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ANNEX II: DISTRICT PERFORM PLANS

LUWERO -

JINJA -

KABAROLE -
ANNEX III: WORKSHOP EVALUATION

Workshop Evaluation

Evaluation questionnaire

Please circle the relevant number to indicate the extent to which you agree with the following statements and add any relevant comments – especially on how the consortium can improve similar events - in the box below:

1. The stated objectives for the workshop were relevant to my needs
   (1 = strongly disagree; 5 = strongly agree)

<table>
<thead>
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<td>1. Refine the problem analyses</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>2. Explore and evaluate possible bundles of HR/HS strategies</td>
<td>0</td>
<td>1</td>
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<td>13</td>
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<tr>
<td>3. Develop a plan for HR / HS strategies to address problems identified in the situation analysis</td>
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<td>12</td>
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<tr>
<td>4. Agree support processes for DHMTs during the implementation period</td>
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<td>13</td>
<td>11</td>
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<tr>
<td>5. Discuss the use of learning histories to record the action research process and learning</td>
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<td>4</td>
<td>16</td>
<td>6</td>
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<tr>
<td>6. Stimulate sharing of experiences, information and lessons learned across the three DHMTs</td>
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<td>4</td>
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</table>

2. The objectives for the workshop were achieved
   (1 = strongly disagree; 5 = strongly agree)

<table>
<thead>
<tr>
<th>Objective</th>
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<th>2</th>
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</thead>
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<tr>
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<td>21</td>
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<tr>
<td>2. Explore and evaluate possible bundles of HR/HS strategies</td>
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6. Stimulate sharing of experiences, information and lessons learned across the three DHMTs

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</table>

**Comments on objectives:**

1. Thanks for the knowledge you have given me
2. The workshop objectives were relevant and timely
3. The objectives will help to improve performance of health workers
4. The objectives were very specific and clear. Guiding to improvement of our district performance levels
5. It was very good and important for the team to get a logical flow of the problem trees
6. Communication with CRT is very important for the success of implementation phase
7. PERFORM program has come at the right time as Luwero district was performing decimally because of absenteeism. Analysis of the problem came at the right time
8. As per now the consortium is okay
9. All objectives have been achieved
10. The objectives were made more clear
11. All the objectives were achieved and in time
12. It was a new learning exercise and I have learned so much. I hope putting this information in place; it will improve my and our district performance
13. The objectives were well presented
14. The objectives of the workshop were achieved and well incorporated in the district plan
15. All the objectives were met
16. Objectives were very relevant and stimulating
17. A lot of work in a short period of time
18. Tick
19. Initial explanation by the facilitator, group work with assistance from the facilitators
20. The method which was used was very fine
21. The objectives were clear and were achieved
22. There was a need to explain more on the learning histories at least with some examples so that we get exactly what to put on the paper
23. Well planned session through the whole concept of bundles is very good but needs more explanation as some strategies cross cut between HS and HR
24. It was good for the district to come up with their problem trees and made plans for implementation after the workshop
25. Every lesson in the objectives was very fruitful to me and in weak areas, there will be improvements
3. The workshop venue and workshop support contributed to achieving the objectives

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<tbody>
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</tbody>
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Comments
1. The venue was very convenient to me and habitable
2. The conference room had enough space
3. The accommodation was fair
4. Venue was conducive enough to learn
5. A good environment for concentration on the issues
6. The place is very clean
7. Nil
8. Meals were on time. Food was excellent
9. Environment was conducive and it was more of sharing and new ideas were got
10. Well organised and conducive place. All the support appreciated
11. The venue was good
12. The area is located in a cool comfortable environment and hospitable people
13. It was clean, friendly and very conducive for learning
14. Right
15. The place is convenient and the meals were good
16. It was a quiet, not destructive venue
17. The hotel is expensive and the services do not meet the price. Time management is weak
18. The accommodation was good but we need to catch up on news. Need TV in open place for our guests to access as they wish
19. The hotel was average, the venue was fine, appreciated the support especially it was distant from the main town. It was quiet and comfortable.
20. The venue was very good
21. Beds were too narrow for fat people and management of hotel needed to organise themselves especially with serving the meals
22. The environment was very quiet and conducive for learning
23. The place was very good and convenient
4. Overall, I was satisfied with the workshop.

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Comments

1. Much as the workshop objectives were achieved, I still think that for proper implementation, resources (funds) to facilitate some activities must be supported
2. The workshop has been very good and it has identified our gaps in the district which we need to look into and bridge them
3. Everything was okay
4. The objectives of the workshop were achieved and I learnt a lot
5. I have learnt how to manage my staff to deliver the best
6. All the topics were handled after the facilitator explained the group work for better understanding with guidance from the facilitators
7. Our objectives were met
8. The workshop was good. The challenges though were a lot – to do it in a short time
9. The workshop was very good, great for the change. Hopefully utilised, it will improve our district performance
10. Need more of the workshop
11. I strongly agree that the workshop was very good and I learnt a lot from it because it was very participatory and interactive
12. Overall the workshop was successful
13. Period for the workshop was enough to cover all the lessons in the manual and time for each session was enough. Facilitators were knowledgeable
14. Thanks for the initiatives given to our DHMTs
15. The workshop was very organised and involved all participants to think hard and come up with the plan
16. Satisfied
17. It was very good knowledge, boosting and relevant
18. Not all workshop materials were shared with the participants
19. Intentions of the workshop are for betterment of services in the health sector
20. The workshop was timely in a sense that the districts are in the process of developing work plans 2013/14
21. Objectives were achieved and I am satisfied with everything. All expectations were met
22. At least all the objectives of improving our performance at the district level have been met

Thank you for your time.