

Survey Results Overview

The health team conducted the survey on the global course “Achieving the MDGs” among the alumni during the last two months. The total number of respondents was 90, and the majority of them were the Bangkok participants (19.1%). The respondents are working with various organizations, including international organizations (28.1%), governments (28.1%), academics/training institutions (14.6%) and NGOs (11.2%).

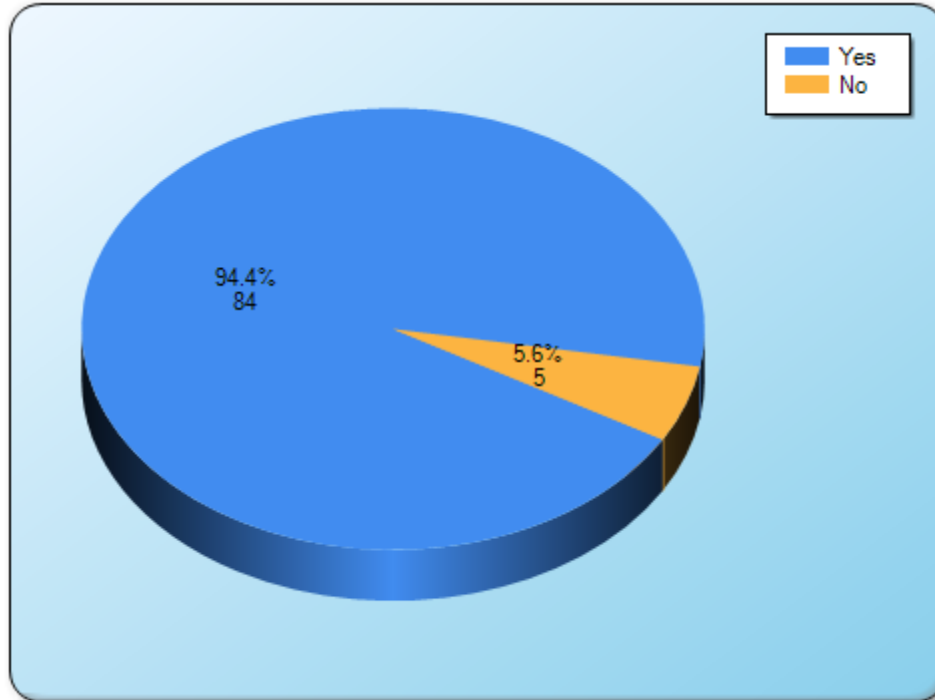
First, regarding the question of whether the respondents have been able to use the information and tools from the course, 94.4% answered “yes”, and their specific examples are as follows:

Many respondents stated that they used the course materials for training in their respective countries. Materials were also used for research and reference and shared among colleagues.

In addition, the respondents indicated that they have been able to use the information and tools for (1) evaluating and monitoring the MDGs, RH, MCH and TB control program; (2) prioritizing and planning RH program; (3) writing RH policy notes; (4) advocating the attainment of the MDGs, an increase in resources for RH and related health reform; (6) improving quality of RH services at the district and regional level; (7) addressing social and economical problems; and (9) understanding financial and efficiency of RH and its implications to the poverty reduction globally and nationally

In specific areas, (1) the course concepts of good policies and governance from Thailand and Rwanda have been applied to their respective country’s RH programs; (2) models of quality and health reform have been used in Egypt and Kuwait; (3) the health indicators were used in Pakistan to measure up Pakistan’s indicators in comparison to others’ indicators; (4) information and tools were used in the Lebanese government’s effort to fulfill its commitments towards Paris III donors conference; (5) the analysis on equity gap in Family Planning were used for the development of the new Country program document; (6) the pathways was used to teach health workers; and (7) SWAP analysis has been used for the country program

(Respondents could only choose a **single** response)



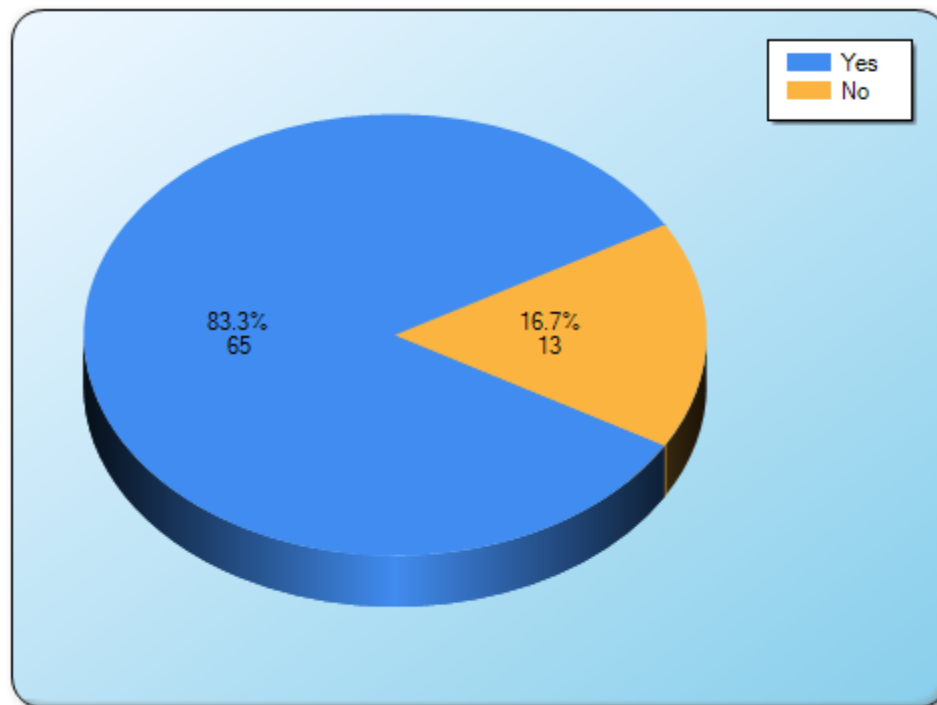
Second, regarding the question of whether or not they have been able to influence and/or change their organizations as a result of attending the course, 83.3% answered “yes”, and their strategies are as follows:

The respondents have been able to Increase the awareness and knowledge of achieving the health MDGs (1) by including them in discussions/lectures; (2) by training, advocating, incorporating, redesigning, strengthening the MDGs focused plans, projects, and proposal development; (3) and by sensitizing the district council and the district leadership about the MDGs and its attainments

The respondents also indicated that they have been able to influence their organizations by (1) contributing to the preparation of the new country programme, better program implementation, decision-making on RH MNH; (2) Initiating health sector reform; (3) helping an establishment of state PHC agency that oversees all primary health care issues; (4) Influencing the needs of pro poor strategies for FP programming and the program formulation; (5) changing attitude of co-workers towards providing high quality of health care; (6) developing monitoring indicators and the design of national health strategies; (7) adopting the capacity strengthening initiatives from this course to the Anglophone region; (8) conducting in-country training; (e.g) customization of the MDGs course in Pakistan; (9) producing data for evidence based advocacy and planning of RH

programs (10) designing new interventions in RH programs; (11) building networks to share and learn from different colleagues and stakeholders; (12) assisting MOH with RH programs; (13) guiding colleagues to ensure that poverty and RH issues are included in strategic or action plans at all level; (14) introducing community based health action teams; and (15) applying SWAPs in UNFPA; (16) developing cost effective strategies in commodity securities and procurement

(Respondents could only choose a **single** response)



Third, regarding the question of whether or not the respondents want to recommend the course to others, 98.6% indicated 'yes', and the reasons are as follows:

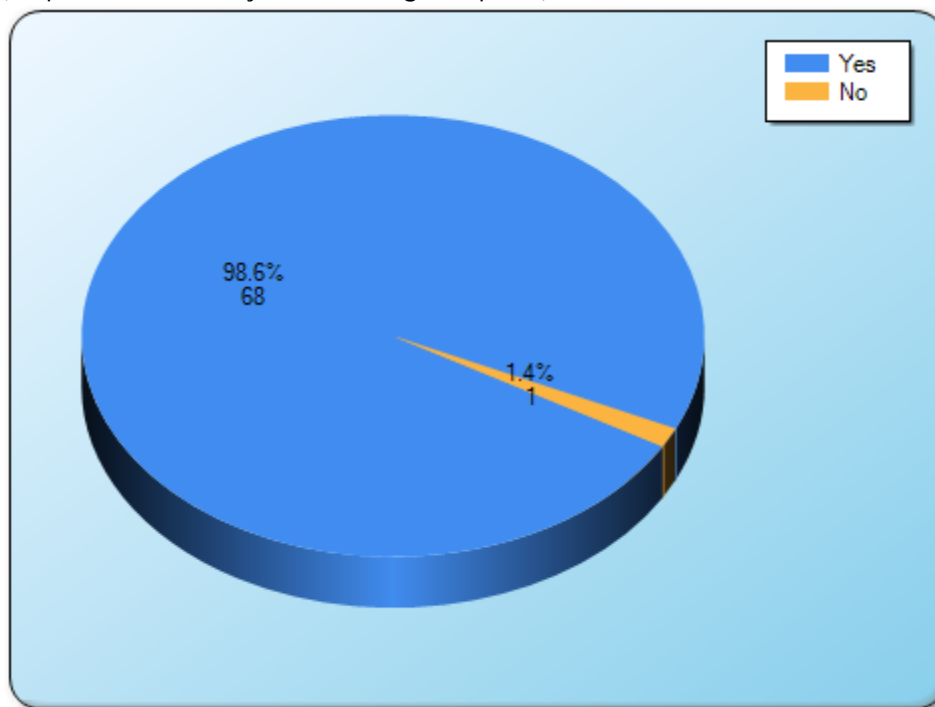
The content is very tangible and relevant to the work of program managers and development partners, including UNFPA, and it is practical, innovative, useful, comprehensive, and well -organized, according to the experts.

Also the course (1) provides holistic views on poverty reduction, RH and MDGs; comprehensive and concrete methods and best practice; a global perspective;

professional/practical skills; experiences from different countries; opportunities to share experiences from other countries; different tools and skills for planning/advocacy; a paradigm sheet to achieve organization effectiveness; an opportunity of networking with other professionals; critical thinking and other alternatives in solving health economic problems; a direction for the future services, research and training; (2) helps in planning, implementing and monitoring the health program/Research work; considering the cost factor; reviewing policies; influencing decision-makers to see the link between poverty, RH, HSR; contextualizing a social agenda at the wider macro-economic level; (3) enhances the vision of RH and relative importance of other stakeholders; the capacity to design more comprehensive sector wide projects than the present vertical programs

Other reasons are that some tools are very useful to be applied in a country specific; the course has good overview; teaching methodology and the faculty are excellent; the course brings out important issues affecting vulnerable people and covers the topics which are not covered in the pre-service trainings for health workers

(Respondents could only choose a **single** response)



Lastly, regarding the question of any suggestions for improving the course for the future, the respondents indicated that the course should (1) keep up with the latest world issues and update the course materials; (2) create a platform for greater

interaction & feedback among alumni after the workshop (3) include more stories from regions, practical exercises and examples, interactive sessions; research methodologies/priorities related to measure impact/outcomes of MDG programs; guest speakers from other agencies working on health; field visit in remote areas; country case studies and successful interventions; actual problem solving by using real data; contribution of participants from developed countries; follow-up courses and networking among participants; final course product written by participants, such as proposal, health sector policy analysis paper.