GUIDELINES AND PROCEDURES

FOR

COMMUNITY BASED EDUCATION

Approved by Jimma University Senate on its deliberation of March, 2013

Office of Senior Director for Research, Community Based Education and Graduate Studies
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Office of Senior Director for Research, Community Based Education and Graduate Studies
Guidelines and Procedures for Community Based Education, Jimma University

March, 2013

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<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>BPR</td>
<td>Business Process Re-engineering</td>
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<td>CD</td>
<td>Communicable Disease</td>
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<td>CBE</td>
<td>Community-Based Education</td>
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<tr>
<td>CBTP</td>
<td>Community Based Training Program</td>
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<td>CHA</td>
<td>Community health agents</td>
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<td>DCBE</td>
<td>Director for Community Based Education</td>
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<td>DTTP</td>
<td>Developmental Team Training program</td>
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<td>EPD</td>
<td>Director for Extension and Publication</td>
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<td>EPD</td>
<td>Extension and Publication Director</td>
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<td>EPI</td>
<td>Expanded program of Immunization</td>
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<td>GO</td>
<td>Governmental Organization</td>
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<tr>
<td>HC</td>
<td>Health center</td>
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<tr>
<td>HEI</td>
<td>Higher Education Institute</td>
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<tr>
<td>HEW</td>
<td>Health Extension Worker</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>JIHS</td>
<td>Jimma Institute of Health since</td>
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<td>JU</td>
<td>Jimma University</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluations</td>
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<tr>
<td>MCH/FP</td>
<td>Maternal and child health and family planning</td>
</tr>
<tr>
<td>MD</td>
<td>Medical Doctor</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MOFED</td>
<td>Ministry of Finance and Economic Development</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PASDEP</td>
<td>Plan for Accelerated &amp; Sustained Development to End Poverty</td>
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<tr>
<td>SRP</td>
<td>Student Research Project</td>
</tr>
<tr>
<td>TBAs</td>
<td>Traditional birth attendants</td>
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<tr>
<td>THC</td>
<td>Training Health Center</td>
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<tr>
<td>TTP</td>
<td>Team Training Program</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Preface

Universities in Ethiopia are established to address core academic activities as teaching/learning, research and to deliver services to the community at large. To this end Jimma University aspires to be the leading higher education institute in the above three mentioned mandate areas. To implement its core mandate the university has developed a strategy called community based education (CBE), with its component of Community Based Training Program (CBTP); Development Team Training Program (DTTP/TTP); and Student Research Programs (SRP). The Jimma University is currently exerting efforts towards improving its strategy of implementing CBE to contribute in solving community development or felt needs problems. This guideline and procedure is developed by the office of senior director for research, community based education and postgraduate studies. The guidelines and procedures for CBE emanated from the policy document on research, CBE and PGs which was endorsed by the Jimma University senate in August 2009. And further the group to prepare the guide and procedure have made series of discussion with college CBE and partnership coordinators and directors, reviewed the College CBE manuals, Policies of MoE, MDG and PASDEP, BPR documents senate legislations, field testing and by receiving expert commenting. We believe that the policy makers, researchers, students, staffs of the University and other stakeholders will find the information valuable and serve as a reference material whenever one needs to strengthen and support CBE activities at Jimma University. Colleges /institutes, and the concerned offices have to play their responsibility in implementing CBE activities according to this guideline and procedures. The colleges /institutes has to record of challenges they may face while implementing the procedure and guideline, so that in the future they can be incorporated when revising.

The senior directorate of research, CBE and post graduate studies of Jimma University acknowledges the inputs from CBE director, colleges /institutes coordinators and the senate at large and those individuals who in one way or another contributed to the production of this final document. The efforts of all are highly appreciated and we look forward for their continuous support.

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Senior Director for Research, community Based Education and Post Graduate Studies
March, 2013
1. Introduction

1.1 Background

**Community Based Education (CBE)** is a means of achieving educational relevance to community needs. It consists of learning activities that uses the community extensively as a learning environment. Students, teacher, members of the community and representatives of other sectors are actively and continuously engaged in the CBE exercises. The recognition of the importance of community based training as Community development problem-solving mechanism was documented since 1940s (Trostle, 1986; WHO, 1987).

CBE evolved from the field of community development that grew in the industrialization model of the mid-1900. The best substitute for the word “development,” are terms that are more supportive of process concepts such as advancement; betterment; capacity building; empowerment; and nurturing, hence, community development is shortly defined as “the capacity of people to work collectively in addressing their common interests (Maser, 1997).

Historically, universities were centers of academic excellence where keen people of the society produce young philosophers, politicians and scientists through their teachings and generate new ideas. They had the opportunity to attract the creams of society and boost their image. The traditional universities saw the `general public as silent recipient of ideas. In most cases, these universities confined themselves in more theoretical activities, which isolated them from the real world that the society lived in.

The concept of formal education particularly tertiary education contributing towards social and economic development is being challenged in Africa, most particularly in Ethiopia (Thompson, 1981; Devi, 2003; Amare & Temechegn, 2002). It has been argued that, higher education in Africa didn’t go further than producing trained public servants needed to meet the requirement of bureaucratic hierarchy (Meseret, 2005b). The competence and commitment of graduates to serve the community and bring a meaningful change for economic development is also challenged. These could be attributed to insufficiency of curricula for practical training in the community. In this regard, Burgess 1986 argued that, the focus on teaching in higher education is lecture method that has jeopardized the students’ capability required in community development. It was suggested
that, education has to concentrate on analysis, criticisms and the acquisition of knowledge on formulation, provide solutions to problems, organizing and enhance constructive and creative activity to ensure educational relevance.

The creation of a new balance between education, research and service in the university educational system and the introduction of educational strategy that addresses the real development problems of the society through collaborative effort has been the order of the day in the late 1960s and 1970s. This teaching model has also inspired a reform in the traditional education system that redirects education to serve the society and respond to the real needs and problems of societies. Many international seminars and workshops were organized to promote the new strategy of education and transform the universities from their isolated status of pure academics to active participation in social development. The teaching, research and service were oriented to solve realistic problems of the society around them. In view of the above, some universities started to experiment their training to make more relevant to the needs of the people. These universities are known as ‘innovative schools’ and the educational philosophy they adopted were ‘Community –Oriented Education’ and 'Problem Based Learning'. Community oriented/based education, as a learning activity, involves the students, teachers, the community, and all other stakeholders in the community and follows a problem solving approach that starts with the identification of community problems, setting of objectives, set plan of action, implementation of plans and monitoring and evaluating of the progresses.

The international trend in the early 70s has compelled Ethiopia to think and introduce CBE. Hence, Addis Ababa university issued its manifesto that declares its commitment to enhance education to serve the interest of the Ethiopian people through that integration of education, research and services in 1975. On the other hand, the Global Movement of Health for All and Primary Health Care were also accepted by the Ethiopian Government in the late 1970s. These national and international trends on CBE motivated to pick and implement CBE in Jimma Institute of Health since (JIHS) 1983. The CBE in JU is integrated in all disciplines.
1.2 Historical development of CBE at JU

The former JIHS was established by the government decree in 1983, with the concept of opening a new type of school whose academic system is built on the philosophy of CBE through a pragmatic integration of training, research and service.

In response to the above JU is committed and has developed a CBE Program whose main intention is making education relevant to the society. Since the inception of CBE, the training program has integrated CBE in the curricula of all programs of JU. Currently there are 6 colleges embracing more than 48 undergraduate 53 Postgraduate programs in the university, where CBE is incorporated in all of the curricula. Previously the zonal health system was equally responsible to run CBE based on a written agreement. There was a structural bridge between the then JIHS, where the head of the Zonal Health bureau or the Deputy Head was commissioned to coordinate CBE. However, this trend has changed after 1999 as the two organs fall under the administration of different ministries.

The CBE as innovative educational philosophy differs from the traditional model in many regards. The CBE activities are introduced early in the educational process and continued till graduation. The students’ are exposed to the real work and the program is part of the requirements for obtaining the academic degree. CBE follows problem solving steps that included site selection, developing investigation tools, gathering data, processing and analysis of information, listing and prioritizing problems, drawing plan of action, carry out intervention and evaluation of the program. Evaluation of the program involves students, teachers, the community, and government development sectors. Currently all the six colleges are made fully responsible to run CBE. The curricula at all colleges are designed to equip learners with realistic, practical and relevant knowledge, skills and attitude that would contribute to the improvement of the life of the people. The learning is not limited to classroom activities, but also extends to the community.

1.3 Justification for including CBE into Educational System of JU

JU has run CBE for three decades. There is a good deal of experience in managing CBE program. The benefits obtained in implementing CBE are multifaceted. The CBE program has paved the way to fully implement its educational philosophy (training, research and service) which made the JU to be national pioneer. The experience in running CBE has helped the students, teaching staff
members to render service to the community and discharge their responsibility and helped to improve their research undertaking skills in the community problems. The program has created the opportunity to identifying community problems, lay down research projects on the felt need of the community and advance intervention to ameliorate societal problem. The transfer of technology to improve the livelihood of the community is possible through implementing CBE. Working with the community has improved the credibility of JU and the local community has developed the sense of belongingness to the university. The bonding between university and the community where CBE is implemented has significantly improved. The past experience with community has demonstrated that, the local government and nongovernmental organizations involved in development activities have showed their interest to be partners in running CBE in the community. The community and the local governments has either contributed in-kind or in cash to run CBE. The program has attracted a number of national and international organizations to support the program. Therefore, CBE can diversify income to run community development activities.

The CBE philosophy is in line with government development programs. The proclamation no 335/2003 of FDRE, the millennium development goals (MDG) of 2000, Plan for Accelerated & Sustained Development to End Poverty (PASDEP) of 2002 and Ministry of health strategy HSDP IV, 2009 supports reaching and empowering the community to ameliorate societal problems and improve household income, energy and health and livelihoods. Therefore, CBE creates the opportunity for JU to discharge its national mandate and contribute in meeting MDGs and government development programs.

The implementation of CBE is beneficiary to student in a number of accounts. The students are exposed to the real world and graduates will not be new to the community and eases their contribution to the community in the work front. Their attitude towards working and helping the community in a situation where there is poor infrastructure will improve. The students will have a skill to mobilize the community in implementing community development projects and use the available community resources, where the communities resources could be in the form of labor, local material, space or money (in cash or in kind) to cover most of the intervention costs. CBE is implemented by forming a team of students from different disciplines and fostering participatory training that will build team spirit. These will allow the graduates to work in team to bring meaningful change in the development of the community. Therefore, there is a compelling reason
to implement CBE in all programs of JU to improve educational relevance, societal belongingness and contribute in the development endeavor of the government.

1.4 Streamlining of CBE to colleges and institutes

Public health and medical sciences college has more experience in running CBE. These college has shared the experience in running CBE to sister colleges. The same has persuaded other colleges to integrate CBE and run the program. Through induction, all colleges has integrated CBE program in the curriculum. Sister colleges have taken over CBE and the program is running smoothly. The resources are shared to run CBE program among colleges. There is also a platform where outstanding senior research projects are presented at university level. The research, CBE and postgraduate study coordination office in the colleges is managing the program.

1.5 Objectives of CBE

1.5.1 General

- Produce competent professionals who are responsive to the felt needs of the community through development approach and contribute to improve the livelihood of society by involving the community and stakeholders in community development.
- Produce professionals who are socially accountable and ensure lifelong learning in the community through integrating training, research and services in the community.

1.5.2 Specific

- Produce competent professionals who are responsive to the felt needs of society
- Redirect the learning approach into participatory, team learning by taking into account the development needs of the community
- Ensure participatory development by involving the community in the problem identification and solving process.
- Empower the community to address their development needs within local resources and ensure sustainability of the development projects.
– Work with government and non-government organization and contribute in improving the livelihood of the community
– Promote development through multidisciplinary and team approach
– Undertake community based research to identify and solve development problems.
– Initiate, participate in local, national and international training research and development services.

CBE is integral part of the teaching and learning efforts of JU with a clear goal and objectives. The realization of the set goals and objectives are ensured through devising tangible and realistic strategies. The strategies are spiral in nature where the first strategy is linked to the subsequent strategies. The following are the strategies with clear learning objectives.

2. Components of the strategies of CBE

In order to realize the educational philosophy of CBE, the university has developed three strategies. These are: Community Based Education Program (CBTP), Team Training Program (TTP), Development Team Training Program (DTTP), and Student Research Program (SRP).

2.1 Community Based Training Program (CBTP)

CBTP is one of the components of CBE which starts from first year and extended to graduation. The number of CBTP phases in each program is less by one year (N-1). In each year the students are exposed to courses that are prerequisite courses to implement CBTP. Therefore, the quality and the depth of CBTP is expected to improve in the subsequent phases of CBTP. As part of CBE activity students are given orientation before they are assigned to the community. The orientation focuses on creation of awareness of students with norms and cultures of the community. The orientation of students is required because the students are coming from different regions with their own culture and may not be well versed with norms and cultures of the community. The students are also oriented on techniques of instrument development, data collection and culture of team work. A group of students are assigned to a community for at least four weeks every academic year. The CBE activity has field work and desk work. The CBE activity involves community selection, getting the list of households, sampling of the respondents and collection of data. The
data is analyzed, documented and presented which is a part of desk work. The same group of students will be assigned to the same locality in the subsequent years, this ensures knowing the real problems of the locality and lead into making difference in the community through working together with the community and other stake holders involve in community development for extended period. Colleges are the main drivers of CBTP implementation. There are also resources shared among colleges. Therefore, proper planning is crucial to implement CBTP and bring benefit to all stakeholders.

The work plan should be geared to enable students to use locally available resources and utilize appropriate technology. The Research, CBE and PG coordination office of each college in collaboration with the central CBE and concerned offices plans and put up schedules and mobilizes students to pass through the problem solving steps that included problem identification, implementation and evaluation.

2.2 Team Training Program (TTP)

This CBE strategy is solely devoted to the students in college of public health and medical sciences. The teaming of students simulates the work structure of the health cents in Ethiopia. A mix of health professionals is forming a team and each health professional has a role to contribute in health center activity. Graduating students from different health categories of college of public health and medical sciences are posted as a team. The team consisting of 20 -30 students are assigned in eight different health centers and hospitals. Each team elects a team leader and secretary that facilitate the team work and document the notable activities done by the team. The program aims to enable students to work as members of a health team in solving community health problems by applying the knowledge and skills of one’s profession and integrating these with the knowledge and skills of other members of the team. It also helps students to familiarize themselves to the primary health care units. Currently the university deploys the students in eight health centers in the four Woredas / districts, which is approximately 50 kilometers away from JU main campus. TTP covers more than 57% of the population of the Jimma Zone. The expansion of health programs and the increase in the number of students could lead to increase in the coverage of the community through TTP program.

Goal of TTP program
Produce competent and socially responsible health professionals who can live, learn and work in a team in the community
Objectives of TTP

- Learn tools how to identify and prioritize health problems, draw action plan and implement interventions and evaluate the program
- Provide health education and health services in the health centers and surrounding communities
- Develop the communication skill through interactive learning among team members, resident supervisors, supervisors and community
- Develop team spirit and create a solid foundation for their future work in a team
- Enrich sense of belongingness and develop positive attitude of graduates to work in a community where there is poor infrastructure

2.3. Student Research Project (SRP)

The SRP is a requirement for students graduating from JU. The program creates a foundation to enhance analytical thinking, undertaking research, documentation and presentation of the research output. The research problems are picked from CBTP exercise and the problems picked are converted into research projects to generate information and knowledge. SRP involves a series of activities such as:

- Problem identification, topic selection and proposal development
- Instrument development and data collection,
- Data analyses and interpretation of the results
- Recommend possible solutions for intervention
- Documentation and presentations of the research output

SRP is a community based study which follows sound and ethical procedures aiming at solving the prevailing problems of the community. This research project will be a springboard for future elaborated research. Research advisors will be assigned for each student researcher

2.4. Developmental Team Training program (DTTP)

DTTP is a training program which has simulated Woreda development models. The Woreda development plan is initiated and organized at sector level. The plan and the budget are tabled to Woreda council that constitutes multidisciplinary team and representatives of the community to
ensure synergy of the sectors and ownership of the plan. The DTTP is a component of CBE and implemented in post graduate programs. The PG student in a college level is creating a team and the team encompasses a mix of disciplines. The PG students are exposed for two months in a community. The students of different discipline in a college which formed a team review the Woreda/Kebele plan and take activities from the Kebele and plan for data analyses and intervention. The team also mobilize the community, solicits funds from the community, government and non-government sources. The DTTP program involves the community in problem identification, drawing of action plan and implementation. The participation of the community is targeted to ensure sustainability of the intervention. There is also in-built exit strategy, where the community takes over interventions. The information which was collected from the community and the interventions implemented to ameliorate societal problems are presented to the DTTP team from different colleges. This plate form is a means to share ideas from different DTTP team and cross fertilize ideas among DTTP team aroused from different colleges.

3. Implementation of the CBE activities

In the program and projects of CBE, all staff members are serving either as supervisory team leaders or primary advisors. In relation with these activities, staff members are also rendering community service by regular follow up exercise. The main objective of implementation phase is to see how much responsive are our students to the needs of society at the individual family and community levels. By developing feasible action plans, the necessary strategy and securing relevant community resources, by collaborating with all stake holders in the community, an attempt will be made to implement the CBE curricula. In the implementation endeavors, the indicator for implementation would be to assess its products at the community service levels. The college research, CBE and PG coordinator will have a tradition of having regular meetings. This is an important forum where by issues of CBE under the college is discussed. The agenda may include

- Information sharing
- Discussing on best implementation lessons learned
- Each staff member involved in CBE reports on activities he/she was involved
- Department CBE performance based on the planned phase activities by stressing both the strengths and weaknesses.
3.1. CBE induction training for new JU recruits

The JU employs many instructors from other universities where the CBE strategy is nonexistent. Thus all new staff members and students will have a one day orientation session each year at the beginning of the course by the respective coordinator of the college research, PG, consultancy and CBE in collaboration with other staffs.

The objective of this inductive training helps students and new staff members acquire introduction to the skills and interest to work together as members of a team, and necessary to formulate and solve community development problems. Through active CBE service within the community, it is expected that students and academic staffs will increase their awareness of the importance of community involvement and intersectoral collaboration in development.

In brief, the common objectives in the induction training should include: community diagnosis (situation analysis); the related planning; implementation, and evaluation of activities through community involvement, collaboration with different stakeholders, and team approach. In addition, objectives relevant to specific profession should be taught. This will motivate students and staff members develop interest to acquire and improve the skills necessary to work together as a member of a team, and necessary to formulate and solve community problems.

3.2. Orientation of supervisors and students in CBTP, TTP and DTTP

At each phase of CBTP, TTP and DTTP before departing to the particular community of their assignment a one day orientation will be given to students and supervisors. The orientation include about the philosophy of CBE in general and the CBTP phase objective and activity in particular. In addition, students and supervisors will be oriented about their roles and responsibilities, the time required to complete the phase. Then the research, PG and CBE coordinators with respective department heads organize the students into manageable groups taking into account the academic ability, knowledge of the local language and culture. Each group shall elect one facilitator and someone to provide those logistics.

Besides introducing the objectives, philosophy of the university and activities they will be introduced how to keep the cultural norms and rights of the society. The orientation needs to include:
- How to decide the scope and area to be studied
- How to carry population census and statistical data
- Asking the concerns or views from the local community
- Retrieving information from government departments or relevant organizations
- Collecting and analyzing data
- How to disseminate a community diagnosis & report through different channels
- How to establish & prioritize areas for improvement
- How to set work plans & indicators for evaluation of activities

3.3. Detailed CBTP activities in different Phases

The CBTP is implemented in different phases and the number of CBTP activities/phases depends on the number of years in a program. The study period in JU ranges from three to six years. The CBTP activity at each phase is organized in a complementary bases, where the second CBTP is designed based on the first CBTP. The CBTP program in the first year is designed based on the courses offered in the first year and the CBTP in the fifth year is designed on the bases of the courses offered in the fifth year. This makes CBTP activities different at each phase. The depth of study and tools used in CBTP activities becomes more detailed as CBTP phase advances. The description of the CBTP activities at each phase is presented below (for details see Annex 1 a – c).

3.3.1. Three years programs

Three year program will run two CBTP phases. The students taking the first phase of CBTP will focus on understanding the environment which is geared towards collecting base line information and documentation of the base line information which will serve to run the second phase of CBTP. The CBTP involves group formation (10-15 students), assign two supervisors, provide orientation on how to work in community, development of instrument, provision of logistics, selection of the community, collection of data, program evaluation, documentation and presentation of the CBTP activity.
**a) CBTP I:** The instrument developed should constitute the following points in CBTP I (Check list Annex 2a and sample questionnaire Annex 2b).

**Baseline data collection and situation analyses:** The students will develop data collection instruments based on the following key features:

- Collecting demographic data, mapping and zoning of the community under study
- Study socio-economic characteristics of the community (e.g. education, health services, communication, power and energy, service rendering institutions, education services etc.)
- Collect secondary data on climatic and geographic characteristics
- Collect data on cultural aspects of the community (e.g. staple food, marriage, burial, language, community driven intuitions, etc.)
- Collect data on the resource endowed by the community (e.g. non-farm and farm income, land use pattern, animals, forests, grazing land, communal land, farm implements, water sources etc.)
- Collect data on the productivity of enterprises: (crop, animal, enterprises, etc.)
- Data collection on administrative services
- Constraint analyses for respective disciplines (ranking of problems)
- Report writing, documentation and presentation in symposium

**b) CBTP II:** Activity in CBTP II depends on the data collected in phase I and the courses offered in the same years. The main activities expected in CBTP II encompasses the following

- Updating of data collected during phase I
- Focus on the constraints in relation to once profession and conduct discipline and professional based study
- Draw action plan on priority problems and identify the key stake holders for the action (stakeholders involvement, resource mobilization, devise exit strategies to sustain the program)
- Identify the constraints that could be intervened through the participation of the community and devise the monitoring and evaluation of the program. Intervene
problems which requires to fix in short term and hand over the constraints that require long term intervention to the community and sector offices
- Report writing, documentation and presentation in symposium

3.3.2. Four years program

Four years programs run three CBTP phases based on the principle of N-1 CBTP attachments for those having four year program will include the following 3 phases of activities in each phase.

CBTP I

- Baseline data and situation analyses
- Survey on demographic data, mapping and zoning
- Socio-economic (education, health services, communication, power and energy, Service rendering institutions)
- Climatic and geographic data
- Cultural (staple food, marriage, burial, language, community driven intuitions)
- Resource endowment (income (non-farm and farm income), land, animals, forests, grazing land, communal land, farm implements)
- Productivity (crop, animal, enterprises)
- General constraint analyses for respective disciplines (ranking of problems)-
- Report writing and presentation in symposium

CBTP II

- Updating of data collected during phase I depending on the need
- Discipline based study (based on the prerequisite course taken in class)
- Action plan on priority problems (stakeholders involvement, resource mobilization)
- Intervention on prioritized problems Report writing and presentation in symposium

CBTP III

- Updating of data collected during phase I & II depending on the need
- Discipline based study (based on the prerequisite course taken in class)
- Action plan on priority problems (stake involvement, resource mobilization)
- Intervention on prioritized problems
- Evaluation the intervention (CBTP 1 and 2)
- Report writing and presentation in symposium

3.3.3. Five or more years programs

**a) CBTP I**

- Baseline data and situation analyses
- Collect demographic data, do mapping and zoning
- Survey on socio-economic (education, health services, communication, power and energy, service rendering institutions etc.)
- Climatic and geographic data
- Cultural (staple food, marriage, burial, language, community driven intuitions)
- Resource endowment (income (non-farm and farm income), land, animals, forests, grazing land, communal land, farm implements)
- Productivity (crop, animal, enterprises etc.)
- General constraint analyses for respective disciplines (ranking of problems)- I
- Report writing and presentation in symposium

**b) CBTP II.**

- Updating of data collected during phase I depending on the need
- Discipline based study (Based on the courses taken in year two)
- Preparation of action plan on priority problems (stakeholders involvement, resource mobilization)
- Intervention on prioritized problems
- Report writing and presentation in symposium

**c) CBTP III**

- Updating of data collected during phase I and II depending on the need
- Discipline based study (based on the course taken in class in year III)
- Action plan on priority problems (stake involvement, resource mobilization)
- Intervention on prioritized problems
- Evaluation
- Report writing and presentation in symposium

d) CPTP IV
- Problem based research (SET)
- Updating of data collected during phase I, II and III
- Discipline based study (Based on the prerequisite course taken in classes in Year IV)
- Preparation of action plan on priority problems (stakeholders involvement, resource mobilization)
- Intervention on prioritized problems
- Evaluation
- Write comprehensive final report

e) CBTP V:
- Measure the effect of changes due to health procedures introduced in to the community
- Conduct simple problem oriented research
- Write comprehensive final report

3.4. Development Team Training Program (DTTP)

The PG students shall register for DTTP after completion of the two semester course works. Therefore, DTTP shall be conducted twice per Year (January and September). The PG students in the respective colleges shall form a team to run DTTP. DTTP shall be done in the vicinity of Jimma. The teaming is limited to colleges due to good number of programs that will be difficult to manage the program by mixing more than 60 PG programs. There will be a feedback on the work of each team drawn from colleges in a form of presentation.

The following is the procedures to carry out DTTP:-

- Formation of team (15-20 PG students) and naming of the team leaders and reporter
- Assignment of supervisors, this could be done by the respective departments and CBE coordinators of colleges
- Provide orientation which could be organized by coordinators of CBE and supervisors
Guidelines and Procedures for Community Based Education

- Site selection for DTTP which could be done by research, CBE and PG coordination offices of colleges and JU
- Identify the study community
- Develop investigation tools
- Gather data
- Process and analyses of data
- Problem identification and priority setting
- Draw intervention action plan
- Carry out intervention
- Monitoring and evaluation
- Reporting and presentation
- Create a platform that could include all colleges to address DTTP by involving Woreda officers in the respective field, the community leaders and appropriate JU offices
- The university CBE office synthesizes the report and disseminates to the stakeholders, community and appropriate offices of JU.

3.5. Team Training Program (TTP) for Health professionals

TTP is devoted to health disciplines. It simulates the discipline mix recommended in the health centers and hospitals. The M.sc student who completed two semester course work will be assigned in health centers to use the center as learning environment and provide services to the community. The team is formed and the team should meet the following:

- Problem based research (SET)
- Multi-disciplinary health professional team formation
- Team shall be divided into manageable and multidisciplinary sub team and based on the capacity of training health centers and hospitals
- Orientation will be given at the respective assigned place with the resident and senior supervisors
- Students will elect their overall team leader, reporter and logistic committee
- Senior and resident supervisors are assigned by the respective departments and research CBE and PG coordinator of the college.
Activities at training health center

- Problem based research (SET)
- Situation analyses of the catchment of the respective health institution
- Develop plan of action for the period of attachment (Annex 3)
- Implementation of the action plan
- Health services packages
- Morning meetings
- Two week case presentation
- Weekly activity meeting with health center staff
- Fortnight report meeting with supervisors, HC staff
- Evaluation of implementation at 2nd and 8th weeks
- Program by student
- Final report of the students’ health center staff

3.6. SRP

The student’s research projects are aimed to serve as a springboard to develop future elaborated research skill. All graduating students undertake a research activity as requirement course for graduation. Research advisors are assigned for each student researcher. At the end abstracts of all students research work shall be compiled and distributed through LAN of the university.

At the end of each year, the college prepares a symposium where the three researches selected by the relevant departments to present their work. From this symposium three best researches will be selected at college level. Three best researches of the colleges will present their work for award at the university level.

As a principle, student research should be an individual work. However, if there are constraints, group researches may be undertaken in the future. Thus in conducting student research project the following are proposed:

- Problem based research (SET)
- Individual research: where each student conduct the research individually
- Group Research: If resource does not allow individual work as in the case of high number of students, team research undertaking or group project can be sought.
Procedures

- First student will be asked to present three topics with justification
- Using the set criteria, one topic will be selected from the three and the student shall be notified
- A team assigned by research, CBE and PG coordinator of college approves the topic and assign respective advisors (discipline based)
- Coordinator to be assigned from the team of supervisors to manage research undertakings
- The research, CBE and PG coordinator at each college will be coordinating the logistic, finance, prepares platform, etc.
- The students should submit their final report both in hard and soft copy to their advisors and college coordinators for Research, CBE and PG
- The student research abstract should be displayed in the SRP website of JU.

4. Ju structure regarding CBE

Community Based Education as the philosophy of the Jimma University has a prominent place in its organizational structure as shown in BPR document. At central level, there is a research, post, graduate study & Community Based Education and consultancy team led by senior director for research, post graduate study, consultancy & Community Based Education. The senior director is responsible to the vice president for research and academic affairs. There are coordinators for research, post graduate study, consultancy & Community Based Education at college levels and the actual implementation of all activities related to all CBE strategy is done at college level.

4.1 Duties and Responsibilities of the Functional Units in Research, Postgraduate Studies and CBE

**Background:** The creation of research culture, enhancement of collaboration of JU with other institutions, improving the visibility of JU in research outputs, community service and problem solving PG studies is governed by the identification of clear cut role to each office related to these
4.2 Job description and Roles of each actor Related to CBE

4.2.1. Senior Director for Research, PG & CBE

a) Develop policies, guidelines and strategies to implement research, CBE and graduate studies
b) Develop strategic plan related to research, CBE and graduate studies
c) Allocate resources pertaining to research, CBE and graduate studies to colleges
d) Ensures the implementation of policies and guidelines
e) Ensure mobilization of funds from different sources for research activities
f) Ensures the linkage between research, academics and development
g) Submit quarterly and annual plan to the vice president for academic, research and student affairs
4.2.2. CBE – Director

a) Coordinate CBE related activities at university level.
b) Assist the senior director for research, CBE and graduate studies in developing policies and guidelines related to CBE.
c) Prepare annual and quarterly plan related to CBE
d) Ensure the implementation of CBE related activities
e) Ensure the linkage between CBE and development
f) Prepare annual and quarterly report related to CBE

4.2.3. CBE and Partnership Management Unit of College

Duties and responsibilities

- Prepares both strategic & annual Plan regarding CBE and Partnership Management Unit of the College
- Coordinates all the CBE activities at College Level in collaboration with other Colleges
- Manage CBTP, TTP/DTTP and SRP endeavors at College level
- Coordinates proper assessment of students in CBE
- Revises the curriculum of CBE at College level
- Revise and update guidelines and manuals for CBE with JU CBE director
- Facilitates all CBE related activities at college
- Responsible to seek partners and establish linkage and collaboration in areas of academic, research and community services
- Coordinate various offices of the college in developing projects, identifying areas of partnership and searching for collaborators
- Submit quarterly and annual plan to the dean and director CBE
- Prepare/ coordinate seminars/ workshops regarding CBE annually

4.2.4. Duties and responsibilities of staff supervisory team leader

Supervision is a process whereby the supervisors are assigned from different disciplines to support students during their CBTP/TTP/DTTP attachment and learns from the process as well. The supervisory team leader is assigned by college research, CBE and PG coordinator in consultation
with the college dean. The following is a task performed by supervisory team leader throughout CBE attachment.

- The team leader is directly accountable to the College CBE coordinator
- Plans, directs, coordinates and monitors overall activities of the team.
- Confirms fieldwork is started on time as scheduled and facilitates the work of the team.
- Schedules supervision date and time for supervisory team members.
- Conduct regular supervisory team member’s meeting to discuss student performance.
- Compiles reports submitted by each supervisory team member, student’s group leader and submits to the CBE coordinating office.
- Makes sure that students receive proper supervision, guidance and consultation from members of the supervisory team.
- Performs all other tasks assigned by the CBE coordinator.

4.2.5. Job description for staff supervisory team members

The composition of the supervisory team should be multidisciplinary based on the students’ field of training (department). The supervisory team members provide professional and educational guidance to students through the process of community diagnosis, practical demonstration in the field and/or discussions. Special emphasis will be made on the application of theoretical knowledge and development of skill of students. The supervisory team members are assigned by the respective departments in consultation with college coordinators for research, CBE and postgraduate studies.

Based on the specific objectives of the CBE training program, team members provide continuous guidance and support to students assigned in the program and are expected to accomplish the following:

- Generate a conducive educational atmosphere through discussion on application of concepts and principles of CBE
Guidelines and Procedures for Community Based Education

- Help students in selecting study design, population /target, measurements etc

- Guide students in developing survey instruments, data collection, application of statistical methods in analysis and presentation of the results of the study

- Prepares daily reports and compile the reports, give feed back to the team leader about student assessment and program evaluation at the end of each CBE training program to the supervisory team leader.

- Lead the presentation of the findings of the study during CBTP symposium.

- Do all other tasks assigned by the supervisory team leader.

4.2.6. Duties and responsibilities of individual students during CBE activities

All students:

- Should be disciplined while evolved in CBE activities

- Be punctual for the day to day activity

- Should discharge individual and group tasks assigned to him/her

- Should actively participate in group meetings

- Should participate in implementation and evaluation activities

- Should participate in all CBE activities and report writing

- Should do all other tasks assigned to him/her by the group team leader

4.2.7. Job description of student team leader

The Student team leader is selected by the students and will have the following job description:

- She/he is directly responsible to supervisory team leader

- Organize, lead and play a role model to other students

- Take attendances in every day activity
– Assign specific and individual tasks to members
– Leads team student members meetings
– Participate in evaluation of the students
– Makes sure all necessary materials to be used in the program is available before hand
– Participate in all CBE activities and produce reports

4.2.8. Job description of student team reporter

The reporter of the student team is selected by the students democratically and will have the following job descriptions:

– He/ she is directly responsible to students team leader
– Organize the students in the write-up process of the team report.
– Compiles findings and job accomplished by the team in the symposium.
– Assist the student team leader in leading and organizing activities
– Represent the student team leader during his absence.
– Present the findings of the study during CBTP symposium

4.2.9. Job description of student team logistic personnel

One student team will have two or three logistic personnel. The students elect these personnel democratically. The students’ logistic personnel(s) will have the following tasks:

– Take responsibilities to receive and distribute stationeries and other materials
– Responsible for the foodservice that will be provided by the university
– Responsible in taking out food and other utensils from the students cafeteria
– Organize and lead students to participate in the preparation and distribution of field food
They will be responsible to communicate logistic related issues to the college research, CBE and PG coordinator in collaboration with the student team leader

4.2.10. Advisor’s responsibility in SRP

- Work closely with the student to develop proposal
- Help in the review and approval of the proposal
- Help the student to identify other resources as required for the project, eg., educational consultation, statistical advice and methodological guidance.
- Assist in writing and presentation of the research undertakings
- Evaluation of the student and submit the evaluation report to the department

4.2.11. Job description of Resident staff at THC

1 Duties and responsibilities of resident staff head at THC

The staff physician/health officer in charge is responsible for the THC and directly responsible to the College of public health research, PG, consultancy and CBE Co-coordinator at JU. The head is responsible to:

- Co-ordinate, direct, lead and supervise the student team during the training.
- Perform all activities specified in the job description of the health centre as issued by the Ministry of Health.

2. Duties and responsibilities of other senior resident health professionals at THC

- They are directly responsible to staff physician/health officer in charge of the THC.

- Directs and supervise the graduating student teams

- Performs all duties and responsibilities described in the job description of each professional category issued by Ministry of Health.

- Evaluate students teaching and all service activities of THC.

3. Duties and responsibilities of individual intern medical student in charge

- Directly responsible to staff physician in charge of THC
- Responsible for co-coordinating and directing the student teams

- Responsible for the follow-up after consultation with the physician in charge of the THC to:
  - Co-ordinates all activities and programs carried out by the THC.
  - Plan health activities with other members of the health team.
  - Collects, records, and report data.
  - Make contact with community leaders, health committees, and other GO/NGOs.
  - Manages financial and budgetary issues under supervision of physician in charge, and disseminates information to other members of the student team.
  - Participates in all activities of the THC according to his/her professional profile.
  - Organize and participates in continuing education of CHAs, TBAs, HEW and in service training of regular staff of the health unit.
  - Co-ordinates and participates in supervision of community health posts.
  - In his/her absence, he/she can delegate one of the intern medical students to carry out these responsibilities.

4. Duties and responsibilities of intern medical student assigned as a team leader

- Directly responsible to intern medical student in charge
- Participates in health service management and co-ordinates duties of other members of the team
- Responsible for communicable disease control, including epidemic service for entire area, guiding other members of the team carrying out C.D. services, and going into the field with them or separately as indicated
- Supervise community health posts
- Participates actively in team meetings and other gatherings
- Performs necessary activities in OPD, MCH/FP clinics, EPI, inpatient services, and far fields services in CO- operation with other members of the team
- Carries out and organizes field activities, community organization, works with other members of the team and the people in improving sanitary facilities, works with the team in planning and implementing public health activities in places such as schools and prisons

- Work actively in expanding health activities and services to people in more remote areas

- Participates in health committee and other government meetings when delegated

- Collects, records, and reports data

- Be available for emergency, weekend, and epidemic services

- Organize and participate in continuing education of CHAs, TBAs, and in-service training of regular staff of the health unit

- Perform other duties as assigned.

5. CBE program evaluation

5.1. Program evaluation by students

At the end of each CBE attachment, students will evaluate the relevance, importance to the field of the study, importance to the community development and main constraints of the program using formats prepared for this purpose (Annex 4a)

5.2. Program evaluation by supervisors

At the end of each CBE attachment, supervisors will be asked to evaluate the relevance, importance to the field of the study, importance to the community and main constraints of the program (Annex 4b).

5.3. Program evaluation by community/Woreda/kebele/residents

Once every two years stakeholders and the community will be asked to evaluate the CBTP program in relation to the benefits and constraints. This is done through conducting a general survey by the college CBE coordinators (Annex 4c).
5.4. Student evaluation when deployed to program

Students deployed for CBTP program will be continuously evaluated by supervisors, peers, and community leaders. In addition they will be evaluated by taking written exam and the report they produce. The grading system will be as per Senate Legislation. Percentage of each evaluation share is as follows. **Students should be evaluated continuously or graded as follows in CBTP based on the evaluation format (Annex 4d)**

- Peer Evaluation 5 %
- Supervisor 25 %
- Community Leader 10 %
- Written Exam 20 %
- Final Report 20 %
- Presentation and Discussion 20 %

5.5 Student evaluation in team training program (TTP)

For the sake of evaluating (grading) students deployed at training health centers supervision is conducted at two levels:

1. **Training health center level**: The resident supervisors evaluate students and a team on day to day bases (Annex 5). The students are expected to discharge their responsibilities as individual and as a member of the team under supervision of the resident staff (Annex 6-8)

2. **University level**- The senior supervisory team shall undertake fortnightly visits for two days possibly on Thursday and Friday every week. Multi-disciplinary supervisors are given roles to supervise the team specific to their own expertise. During each visit the senior supervisors provide technical support to both the staff and students. During supervision of senior staff from JU, the students present two weeks activity report and management session seminar on selected topics of academic interest. Students are fully participating in presenting the fortnight findings and supervisors provide feedback to the team. The students at TTP are assessed by the resident staffs, and senior supervisors (Annex 9)

The student assessment is done every week by THC supervisors using the format prepared for this purpose. Every fortnight (two weeks) the senior supervisors will discuss with THC supervisors on the results of each student and grade will be fixed. The progressive assessment of ten weeks will
make the final grade. Failure in the program will differ graduation. The grading system will be as per Senate Legislation. Percentage of each evaluation share suggested is as follows. The evaluation instruments are Annexed (Annex 6-51)

- Peer evaluation 5%
- Resident supervisor 40%
- Senior supervisor 20%
- Two week and final report 15%
- Presentation and discussion 20%

5.6. DTTP student performance evaluation

Post graduate students deployed for DTTP program will be continuously evaluated by peer, supervisors and stakeholders. In addition, the mode of evaluation consists of written examination, action plan preparation, reporting and presentation of the results of the DTTP activities. The grading system will be as per Senate Legislation. The percent share of each evaluation scheme will be as follows:

- Peer Evaluation 5%
- Supervisor 25%
- Stake holders 10%
- Written Exam 30%
- Report 20%
- Presentation and discussion 10%

The evaluation instruments are Annexed (Annex 13b-c)

5.7. Student Research Project (SRP) evaluation (Annex 14-16)

Two to three advisors will be assigned to students. They will advise the student(s) from proposal writing to completion of the paper. At the end of the research work, these advisors evaluate the research report based on the following parameters:

1. Proposal development (subtotal = 35%)

- Topic selection 5%
- Introduction 5%
- Literature review 10%
- Material and methods 15%

2. Data collection & compilation (subtotal = 20%)
- Preparation 5%
- Data collection & organization 15%

3. Data analysis and interpretation (subtotal= 45%)

- Analysis, interpretation & discussion 15%
- Organization of report 15%
- Open defense 15%

Total 100%

6. Requirement, rules and regulations for CBTP

6.1. Attendances

As specified in senate legislation:

- A student must attend all class sessions for which he/she has registered
- After approval by the college academic commission, an instructor may require a student who has missed more than one quarter of the class session to drop the course and communicate this to the office of the college CBE coordinator.
- A recorded absence of more than 20 percent in any course may constitute sufficient grounds to bar the student from evaluation in CBE courses [see for details Senate legislation]
- In addition if a student is absent for 1 or 2 days, he/she will be warned by College CBE coordinator
- Full attendance (100%) is mandatory during CBTP to be equipped with skills unless written permission is given by the concerned CBE coordinating office of the Colleges. Failure in punctuality at work and group meeting places is not acceptable

6.2. Requirements from students assigned in CBE activities

- Severe disciplinary measures against academic nuisance, dishonest misbehavior, cheating, plagiarism, impersonation, will be taken if discovered.
- If one cheats for the second time, he or she will be dismissed from the university

- Supervisors are obliged to report to the respective college research, CBE and PG coordinator and the department head about the misconduct [refer to senate legislation article number 3.10].

- Any student in CBTP who misbehaves towards community members and senior supervisors shall appear before the disciplinary committee of the university.

- Damage or loss of any material taken for the program shall be paid back/replaced by the student who did the act with disciplinary measure.

6.3. Academic requirement or grading

CBTP will have 3 credit hours in each phase. The minimum passing grade in CBTP and TTP courses for those programs that use fixed scale for grading is a "C", (50 – 59.9). However, student who scores \( \leq 49.9 \) (“F” will repeat.[refer to senate legislation article number 3.13.2].

6.4. Requirements from students assigned in TTP

6.4.1 Attendances

As specified in senate legislation:

- A student must attend 8- 10 TTP attachments for which he/she has registered

- Any student who has not attended 20% of a course with no justifiable reason will have to withdraw from the course/program.

- Supervisors may require a student who has missed more than one quarter of the TTP attachment to drop the course and communicate this to the office of the college CBE coordinator.

- A recorded absence of more than 20 percent [3 days in TTP] may constitute sufficient grounds to bar the student from evaluation in TTP courses [see for details Senate legislation article 3.4.4.]
- In addition if a student is absent for 1 or 2 days, he/she will be warned by College CBE coordinator
- Full attendance (100%) is mandatory during TTP to be equipped with skills unless written permission is given by the concerned CBE coordinating office of the Colleges.

6.4.2 Misconduct in TTP

- Severe disciplinary measures against academic nuisance, dishonest misbehavior, cheating, plagiarism, impersonation, will be taken.
- Resident and senior supervisors from both the health center and JU should be obliged to report to the respective college research, CBE and PG coordinators and the department head about the misconduct [refer to senate legislation article number 3.10].
- Any student in TTP attachment who misbehaves towards, the health center staff, community members and supervisors shall appear before the disciplinary committee
- Damage or loss of any material taken for the TTP program shall be paid back/replaced by the student who did the act with disciplinary measure.

6.4.3 Academic requirement or grading

TTP will have 3-5 credit depending on departments’ requirement. The minimum passing grade in TTP courses for those programs that use fixed scale for grading is a "C". However, those who scored below “≤49.9” will repeat the attachment [refer to senate legislation article number 3.13.2].

- Any student who fails to score a minimum of “C” in TWO progressive assessments will be warned by the resident and senior supervisory team members jointly.

6.5. Requirements from students assigned to DTTP

6.5.1 Attendance

- A student must attend full two month attachments in DTTP for which he/she has registered
- Any student who has not attended 20% of a course with justifiable reason will have to withdraw from the course/program.
- After approval by the college academic commission, supervisors may require a student who has missed more than one quarter of the DTTP attachment to drop the course and communicate this to the office of the college CBE coordinator.

- In addition if a student is absent for 1 or 2 days, he/she will be warned by College coordinator

- Full attendance (100%) is mandatory during DTTP to be equipped with skills unless written permission is given by the concerned CBE coordinating office of the Colleges.

6.5.2 Misconduct of students assigned to DTTP

- Disciplinary measures against academic nuisance, dishonest misbehavior, cheating, plagiarism, impersonation, will be taken if discovered.

- Supervisors should be obliged to report to the respective college CBE coordinators and the department head about the misconduct

- Any student in DTTP attachment who misbehaves towards, the, community members and supervisors shall appear before the disciplinary committee

- Damage or loss of any material taken for the DTTP program shall be paid back/replaced by the student who did the act with disciplinary measure.

6.5.3 Academic requirement in DTTP

DTTP will have 4 credit and 2 month attachment. The minimum passing grade in D TTP courses on a fixed scale for grading is a "C".

- Any student who fails to score a minimum of “C” in TWO progressive assessments will be warned by the staff supervisor and report to the college program coordinator.

- College coordinators, supervisors and department heads are expected to make a close follow up of the student and give guidelines during DTTP activities and should avail themselves for the whole duration and should always be ready to help the student
6.5.4 Repeating CBE courses

Repeating a course or courses due to academic deficiency is not the right of a student but a privilege granted by the Academic Commission [see senate legislation article number 3.15 sub article number 3.15.1 for details]

6.6. SRP

The credit hour allotted to SRP is three.

Student’s responsibility: it is the student’s responsibility to follow the items listed below:

6.6.1 Pre-proposal

- Review the concept of the selective and gain the advisor’s agreement to serve prior to submitting pre-proposal description
- Submit pre-proposal description information, topic, methods, population by due date

6.6.2 Proposal

- Work with advisor to develop proposal
- Submit proposal two weeks prior to the beginning of implementation of the work
- Ensure that all the materials are included with the proposal

6.6.3 Project

- Communicate with your advisors on a regular bases
- Notify your advisor of any changes, problems or new approaches
- Submit your paper to the advisor with sufficient time for review and to make changes in the paper prior to evaluation
- Ensure that there are no copyright infringements in the material presented
- Follow research write up guideline strictly

7. Mobilization and diversification of resources

CBE is resource intensive and in the past most of the resources come from government, community, and other NGOs in-kind and in-cash. The following table shows minimum resources required (specific and common) to run CBE program.
### Table 6. Resources required for implementing CBE

<table>
<thead>
<tr>
<th>CBE STRATEGY</th>
<th>Resources required</th>
<th>Common resources</th>
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<td></td>
<td>Audio – Visuals</td>
<td>Vehicles</td>
</tr>
<tr>
<td></td>
<td>Over – head projector</td>
<td>Stationeries</td>
</tr>
<tr>
<td></td>
<td>Slide projector</td>
<td>Duplicating machines</td>
</tr>
<tr>
<td></td>
<td>Film projector</td>
<td>Duplicating accessories</td>
</tr>
<tr>
<td></td>
<td>Camera with photo processing equipment</td>
<td>Computers</td>
</tr>
<tr>
<td></td>
<td>Video camera with play back screen (TV)</td>
<td>Perdium for supervisors, drivers, and supportive staff</td>
</tr>
<tr>
<td></td>
<td>Calculators – ordinary and scientific</td>
<td>Statistical current publications and journals</td>
</tr>
<tr>
<td></td>
<td>Weighting scale – adult and baby scales</td>
<td>Field food</td>
</tr>
<tr>
<td></td>
<td>Umbrellas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First aid kits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Microscope</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug and medical supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand tools.</td>
<td></td>
</tr>
<tr>
<td>TTP</td>
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<td></td>
<td>Student accommodation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cafeteria</td>
<td>Vehicles for static &amp; outreach services</td>
</tr>
<tr>
<td></td>
<td>Meeting halls</td>
<td>Different tools</td>
</tr>
<tr>
<td></td>
<td>Diagnostic: bacteriology, parasitological …</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstration materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mini library, with books, journals, computer centers &amp; furniture, internet lines, e-materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnostic sets /Physical exam equipments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Essential drugs, immunization antigens &amp; medical supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Utilities: electricity, water, telephone etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Construction materials &amp; tools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perdium for senior supervisors, resident staffs and drivers etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluation forms and other formats</td>
<td></td>
</tr>
<tr>
<td>SRP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reference materials/ journal</td>
<td>Reference materials</td>
</tr>
<tr>
<td></td>
<td>Budget for research undertaking</td>
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<tr>
<td></td>
<td>o Personal, travel, stationary and communication costs, transportation,</td>
<td></td>
</tr>
<tr>
<td>DTTP</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Audio – Visual materials</td>
<td>Vehicles</td>
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<tr>
<td></td>
<td>Camera with photo processing equipment</td>
<td>Perdium for supervisors, drivers, and supportive staff</td>
</tr>
<tr>
<td></td>
<td>Calculators – ordinary and scientific</td>
<td>Current statistical publications &amp; journals</td>
</tr>
<tr>
<td></td>
<td>Microscope</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project implementation costs &amp; other resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand tools.</td>
<td></td>
</tr>
</tbody>
</table>
As indicated above resources to run CBE programs is intensive. Considering various resources needed to run CBE programs, which are beyond the JU capacity. The following is recommended to be sought:

- Proper planning to avoid overlapping of programs within the college e.g. Use of vehicles, rescheduling the program to avoid overlap.
- Proper use of the available resource e.g. The questionnaires can be duplicated on two sides.
- Persuading of government for more budget – MoE, MOFED.
- Community resources: local community resources as labour, minimal subsidy for interventions, local materials for construction purposes.
- Looking for more in-kind and in-cash contribution of other stakeholder.
- Project: revitalize the link with the Irish Embassy, Unicef and WHO & prepare new projects and look for funding.
- Regional states: look areas of support in CBTP with regional, local ministry of health office and other stakeholders.
- Sustainability: involve all administrative bodies, MoH and the health extension workers, to make follow up of the interventions started when students complete their program.
- Overall to materialize CBE several projects must be prepared to initiate and involve NGO’s in funding the specific community development sectors planned by the university community (students and supervisors).
- Joint plans must be designed to involve the resources of the governmental offices found around the community where CBE programs are carried.
8. Academic staff Work load in CBE courses

The workload for CBE programs follows the JU senate legislation. The work load of an academic staff, in CBE programs, shall be expressed in terms of Credit Hours Equivalent (CrHrsE) as expressed in the JU legislation [article no 2.3.10]. For the purpose, course credits, laboratories, tutorials, senior projects/essay or Thesis advising, etc. are expressed in terms of CrHrsE according to the following category:

- CBE practical student size Undergraduate =30-40 students
- For graduate = 15-20 students
- One day CBTP/TTP /activity or supervision undergraduate= 0.20 CrHrsE/group
- One day CBTP/TTP / activity or supervision graduate= 0.30 CrHrsE/group
- Supervision and Evaluation=0.20 CrHrsE/group
- Advising with evaluation =0.50 CrHrsE/project
- Six CrHrs of workload is allowed for those staff who participated in CBE programs making overall workload of 24 credit hours.
9. REFERENCES


7. Devi S., system of education, Omsons publications, Delhi, 2003


15. Ministry of health Ethiopia (FMoH). Health System Development Program (HSDP IV), 2009


19. United Nations (UN). The Millennium development goals (MDG) of 2000,


## Annexes

### Annex 1a: Strategies, Objective and Activities of CBTP for 3 year Program

CBTP three Years program objective and activity

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **CBTP 1** | - Define the demographic, socio-economic, political & environmental aspect of the community  
- Do community diagnosis & identify prevailing development problems related to profession | • Collect , organize and interpret the baseline data  
- Demographic data collection  
- Mapping & zoning  
- Socio-economic information  
- Climatic & geographic data  
- Cultural issues  
- Reporting |
| **CBTP2** | - Determine the community resources & their distribution and potential for intervention.  
- Collect, analyze, interpret development problems, in order to plan possible interventions  
- Monitor & evaluate the intervention  
- Write scientific report & present in a symposium. | • Update base line data and assess  
- Resource endowment  
- Productivity  
- Constraint analyses and ranking  
• Report writing  
• Presentation in symposium |
| **SRP** | - Exposing students in SRP exercise enables them to develop future career in research | • Topic selection and approval  
• Research proposal writing and approval  
• Research report  
• Publication |
### CBTP Four Years program objective and strategy

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **CBTP I**  | - Define the demographic, socio-economic, political & environmental aspect of the community  
- Do community diagnosis & identify prevailing development problems related to profession | Baseline data and Situation analyses  
Survey on demographic data, Mapping and zoning  
Socio-economic (education, health services, communication, power and energy, Service rendering institutions)  
Climatic and geographic data  
Cultural (staple food, marriage, Burial, language, Community driven intuitions)  
Resource endowment (Income (Non-farm and farm income, Land, Animals, forests, grazing land, communal land, farm implements)  
Productivity (Crop, Animal, enterprises)  
Constraint analyses for respective disciplines (Ranking of problems)-General  
Report writing and presentation in symposium |
| **CBTP II** | - Determine the socio-demographic characteristics & means of communication  
- Determine basic vital statistics indicators  
- Determine community resources & their distribution  
- Collect, analyze & interpret profession based developmental related data  
- Identify, prioritize, plan, organize | Updating of data collected during phase I depending to the need  
Discipline based study (Based on the prerequisite course taken in class)  
Action plan on priority problems (Stake involvement, resource mobilization)  
Intervention on prioritized problems (M&E)  
Report writing and presentation in symposium |
| **CBTP III** | & implement intervention measures of common problem  
- Use communication skills to effect necessary behavioral changes to solve problems  

CBTP III - To assess community on professional bases  
- Determine problems which are discipline based condition,  
- Identify, prioritize & organize an action plan for some of the common developmental in the community  
- To indicate & recommend useful solutions based on the finding  

Updating of data collected during phase I & II depending no the need  
Discipline based study (Based on the prerequisite course taken in class)  
Action plan on priority problems (Stake involvement, resource mobilization)  
Intervention on prioritized problems (M&E)  
Evaluation the intervention (CBTP 1 and 2)  
Report writing & presentation in symposium |
| **SRP** | - Exposing students in SRP exercise enables them to develop future career in research  

SRP - Exposing students in SRP exercise enables them to develop future career in research  

Topic selection and approval  
Research proposal writing and approval  
Research report  
Publication |
**Annex 1c. Strategies, Objective and Activities of CBTP for 5 year Program**

CBTP Five year program objective and activities

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CBTP I</strong></td>
<td>- Define the demographic, socio-economic, political &amp; environmental aspect of the community&lt;br&gt;- Do community diagnosis &amp; identify prevailing development problems related to profession</td>
<td>Baseline data and Situation analyses&lt;br&gt;Collect demographic data, do Mapping and zoning&lt;br&gt;Survey on socio-economic (education, health services, communication, power and energy, Service rendering institutions etc.)&lt;br&gt;Climatic and geographic data&lt;br&gt;Cultural (staple food, marriage, Burial, language, Community driven intuitions)&lt;br&gt;Resource endowment (Income (Non-farm and farm income, Land, Animals, forests, grazing land, communal land, farm implements)&lt;br&gt;Productivity (Crop, Animal, enterprises etc.)&lt;br&gt;Constraint analyses for respective disciplines (Ranking of problems)- General&lt;br&gt;Report writing and presentation in symposium</td>
</tr>
<tr>
<td><strong>CBTP II</strong></td>
<td>Determine the socio-demographic characteristics &amp; means of communication&lt;br&gt;Determine basic vital statistics indicators&lt;br&gt;Determine community resources &amp; their distribution&lt;br&gt;Collect, analyze &amp; interpret profession based developmental related data&lt;br&gt;Identify, prioritize, plan, organize &amp; implement intervention measures of common problem</td>
<td>Updating of data collected during phase I depending to the need&lt;br&gt;Discipline based study (Based on the course taken&lt;br&gt;Preparation of action plan on priority problems (Stake involvement, resource mobilization)&lt;br&gt;Intervention on prioritized problems (M&amp;E)&lt;br&gt;Report writing and presentation in symposium</td>
</tr>
</tbody>
</table>
| CBTP III | Use communication skills to effect necessary behavioral changes to solve problems | To assess the community on professional bases  
Determine problems which are discipline based condition,  
Identify, prioritize & organize an action plan for some of the common developmental in the community  
To indicate & recommend useful solutions based on the finding | Updating of data collected during phase I and II depending to the need  
Discipline based study (Based on the course taken)  
Action plan on priority problems (Stake involvement, resource mobilization)  
Intervention on prioritized problems (M&E)  
Evaluation of implemented program change  
Report writing and presentation in symposium |
| CBTP IV | Conduct profession or discipline based research  
Design action plan for intervention  
Make an intervention  
Make evaluation of overall CBTP phase activities | Problem based research (SET)  
Updating of data collected during phase I, II and III  
Discipline based study (Based on the prerequisite course taken in class)  
Preparation of action plan on priority problems (Stake involvement, resource mobilization)  
Intervention on prioritized problems (M&E)  
Evaluation of implemented program change  
Report writing and presentation in symposium |
| SRP | Exposing students in SRP exercise enables them to develop future career in research | Topic selection and approval  
Research proposal writing and approval  
Research report  
Publication |
Annex 2a: Check lists of questionnaire for CBTP by phases

**Phase I Year II**

In this phase students are expected understand policies, needs and activities undertaken as well as conducting situation analysis to identify problems that are inherent in the community.

- Geographical location & information of the study community
- Socio-economic, demographic, resource endowment, political, natural resources, livelihood system, extension services & access to public services
- Economy: Means of livelihood and community resources and their distribution
- Other means of generating income
- Social and Other basic services in the community
- Culture and structure of social institutions
- Major development problems prevailing in community
- Means of communication of the community
- Basic vital statistics indicators
- General and specific information on schools
- Identifying various stakeholders and available resources for intervention
- Collect, analyze and interpret profession related data
- Preparation of action plans which is feasible, relevant, applicable and cost effective

**Phase II year II**

In this phase students are expected to make more assessments for intervention based on already developed action plans in the previous phase

- Updating of data: Detailed study on demographic and socioeconomic characteristics
- Access to profession based development priority community problems:
- Interview survey: Record review, nutritional survey such as anthropometric measurements and parasitological survey with simple laboratory tests using appropriate sampling techniques as simple random sampling,
- Environmental situations: Sanitary level: waste disposal, water supply system and quality, housing condition, food sanitation and vector control
  - Intervention measures for some of the common development problems identified in the community
  - Organize and guide the use of appropriate technology for
  - Safe and adequate water supply
  - Proper liquid and solid waste disposal
  - Proper food preparation and preservation
  - Insect and rodent control

**Phase III year IV**

In this phase students are expected to further apply their knowledge and skill through implementation of different professional programs and make an evaluation survey to measure the effect of change due to developmental procedures introduced to the community and check list for question are development is as follows:

- Survey on animal health & production problems
- Common preventable health issues antenatal and postnatal problems.
- Immunization program: coverage, reason for defaulting
- Simple clinical surveys on anthropometry, …
- Schools development services: school environment, health appraisal and detection of defects.
- Exposure to occupational hazards: accident prevention, protection from possible pollutants and toxicants.
- Questionnaires to evaluate changes due to intervention procedures introduced into the community

**Phase IV year V**

This phase of CBTP is allotted for evaluation of program implementation and research time. The student research activities are spread over academic years in phase IV and internship as indicated on the program of activities. The student, however, should be able to choose area of interest and submit proposal by the end of year IV.
Annex 2b: CBTP Questionnaire format from medical science as example

CBTP PHASE 1 YEAR 1

A.2 Socio- Demographic characteristics

Identification particulars

<table>
<thead>
<tr>
<th>Woreda</th>
<th>Keftegna/ Kebele</th>
<th>Village / zone</th>
<th>House Number</th>
<th>House Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>S. No</th>
<th>Full name of the House hold member (i.e usual members)</th>
<th>Relationship to the head of household</th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Religion</th>
<th>Education for people 7 years &amp; above</th>
<th>For people 10 years and above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marital status</td>
<td>Occupational status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Religion</th>
<th>Educational level</th>
<th>Marital Status</th>
<th>Occupational status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spouse</td>
<td>1. Muslim</td>
<td></td>
<td>1. Married (i)</td>
<td></td>
</tr>
</tbody>
</table>

* For married men indicate the number of wives that the individual has in bracket, example – (2) means a married man who has two wives
Means of communication

1. Do you have radio set? 1. Yes ________ 2. No________

2. Do you have private TV set? 1. Yes_________ 2. No ________

3. Do you have telephone in your house 1. Yes 2. No

4. If no, do you have access to public telephone? 1. Yes ____ 2. No____

5. If you want to read, do you get newspapers fairly in time (within a month after their dissemination)? 1. Yes ______ 2. No_______

6. Do you have access to postal service? 1. Yes_____ 2. No________

Family Income

7. What is the average annual income of the family? ____ (In money or in kind and if reported on a monthly basis convert it in to annual)

8. Do you have additional source of income? 1. Yes _____ 2. No_____ 

9. If yes, specify the source and amount ___________________

Vital Statistics

1. Was there any birth in the last 12 months in the family? 1. Yes 2. No

2. If yes, complete the following form for each birth:

<table>
<thead>
<tr>
<th>Ser No</th>
<th>Name of the mother</th>
<th>Age of the mother</th>
<th>Status of birth</th>
<th>Sex of the newborn</th>
<th>Place of delivery</th>
<th>Attendant of delivery</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
3. Was there any death in the last 12 months in the family? 1. Yes 2. No

4. If, yes complete the following form for each birth.

<table>
<thead>
<tr>
<th>No</th>
<th>Sex of the deceased</th>
<th>Age at death</th>
<th>Perceived cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

A.3. Perceived Morbidity format

1. Was there anyone sick among the members of the family during the last two Weeks?

1. Yes ______ 2. No______

2. If Yes, complete the following for each sick family member

<table>
<thead>
<tr>
<th>Ser. No</th>
<th>Sex</th>
<th>Age</th>
<th>Ailments</th>
<th>Days lost from usual activity due to illness</th>
<th>Did the person seek any help?</th>
<th>If yes, Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
<td></td>
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<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. Health institution
2. Traditional health
3. Home level self – treatment

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A.1. General Information collection format
I. General

1. Geographical location of the study community
   - Region _______________ Zone _______________
   - Woreda _______________ Kebele _______________

2. Geographical boundaries of the selected study community
   - East _______________ West _______________
   - North _______________ South _______________

3. Distance of the study community from the university in Km __________


6. Range of estimated altitude in meters:____________________

7. Description of physical features
   4. Forested__________  5. Other (specify) __________

11. Number of:  
    a) Streams______  b) Ponds_______


13. If people use irrigation, what is the estimated area?
   - In Gasha _______________
   - In hectares _______________

14. Total population________________
   - Male ______________
   - Female ___________

II. Economy

15. Means of livelihood?
1. Agriculture/ farming________  2. Animal husbandry____

3. Mixed (Agriculture & animal husbandry)  4. Trading______

5. Governmental organization_______  6. Private Organization____

7. Other (specify)________________________________________

16. If agriculture, type of farming


17. Identify cash crops produced: 1___________ 2. _________ 3.__________

18. Identify food crops produced: 1. _________ 2. _________ 3.__________

19. If trading, type / level of trading: _______________________________

20. Identify the number of :

1. Small scale/ cottage________

2. Large scale________________

3. Other (specify)______________

21. Other means of generating income

1. Handicraft________

2. Selling fuel wood & charcoal _______________

3. Daily labour _______________

4. Other (specify)______________

**III. Social and other services**

22. Educational facilities, indicate the number of:

1. Kindergarten _________  2. Elementary school________


5. Other educational facilities (specify)______________

23. Literacy status (estimated number of literate members of the community)_______

24. Number of Churches_______
25. Number of mosques_______

26. Other religious centers (specify)_______

27. Community health post: 1. Yes _____ 2. No_______

28. If yes, number of : Functioning ________ Non- functioning________

29. Distance to the nearest

1. Health station _________

2. Health center___________

3. Hospital ________________

4. Drug vendor shops ______

IV. Communications and Power


31. If No, on average how far is the road found from the study community?________

32. Availability of postal service in the kebele: 1. Yes ____ 2. No_______

33. If No, average how far is the service located from the study community? ___

34. Is there electric power supply? 1. Yes _____ 2. No________

List all formal and informal organizations present in the kebele.

35. Formal

1. _________________________________________________

2. _____________________________________________

3.________________________________________________

36. Informal 1._________________________________________

2. __________________________________________________

3.____________________________________________________

V. Culture
37. What is / are the staple diet?

38. Is / are there food taboos in the study community? 1. Yes _____ 2. No______

39. If yes, identify the prevailing food taboos? ________________________________

40. For whom are these food items considered taboos?__________________________


43. What are the major problems prevailing in the study community?

__________________________________________________________________________
__________________________________________________________________________

44. What do people feel would be done to solve these problems?

__________________________________________________________________________
__________________________________________________________________________

45. What do they think is the community’s contribution to solve their own problems?

__________________________________________________________________________
__________________________________________________________________________

46. Is there any other observation that impressed you?

1. Yes ___________ 2. No____________

47. If yes, identify ________________________________________________________
__________________________________________________________________________
### Phase II year II: Questionnaire

**Anthropometric Measurements Recording Form For < 5 Children**

Reporting Team _______ Woreda _____ Kebele _____

<table>
<thead>
<tr>
<th>Ser.No</th>
<th>Name of Child</th>
<th>House. No</th>
<th>Age</th>
<th>Sex</th>
<th>Weight in kg</th>
<th>Length in cm.</th>
<th>MVAC in cm.</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Group</th>
<th>Team</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
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</tbody>
</table>

**Haemoparasite field survey recording form**

<table>
<thead>
<tr>
<th>Ser No</th>
<th>Name</th>
<th>House</th>
<th>Age</th>
<th>Sex</th>
<th>Laboratory Result</th>
<th>Remark</th>
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<td>+/- Type Load</td>
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</table>

Name of student_____________ Name of supervisor _________
Signature _________________ Signature _________________
Date: ______________________ Date: ______________________
Environmental Health survey

Household: All people living together in a house

Ventilation:
Good – A house which has one or more widows for a room which are functional
Fair – A house which has one window but function partially
Bad: No windows or closed all the time/non functional

- Illumination
Good:- A house in which lead/pencil written material can be read by natural light
Fair: A house in which ink written material can be read by natural light
Bad: ink written material is illegible

- Need of maintenance
Good- no sign of deterioration and the house is erect
Fair- Signs of deterioration but erect
Bad- deteriorated and not erect

QUESTIONNAIRE FOR PHASE III YEAR III

NAME OF THE HEAD OF THE HOUSE HOLD __________________________
Woreda ___________ Kebele __________ House No. _______ H. Code______
Number of family members __________________________
Income _______________

I. ENVIRONMENTAL HEALTH SURVEY

1. Waste Disposal
1. What is the source of waste in your community?
Residential/Domestic/Household
Commercial
Industrial
Other (specify) ________________
2. Is there any scheduled program to collect the waste?
   - Yes  - No

3. What is the final disposal method used for disposing collected waste?
   - Sanitary land field  - Dumping in the river
   - Burning  - Other _______________________
   Composting

4. Do you have latrine facility?
   - Yes  - No

5. If yes, which type?
   - Pit
     - VIP
     - Flush
     - Other ________

6. If Pit, how far is it from the house?

   ____________________________________________

7. What is the status of ownership of excreta disposal?
   - Owned by the family
   - Shared or communal
   - Other _______________________

8. If there is no latrine, is there adequate space for construction of a new one?
   - Yes  - No

9. Is latrine construction affordable for the family?
   - Yes  - No

10. What is the waste disposal system of your latrine?

    - Closed
    - Drained to pipes and then to river
    - Clearing the septic tank
2. Water Supply

1. What is the source of your water supply?
   - Tap
   - Well
   - Stream/River
   - Others _____________________

2. If you use well,
   ⇒ Is it protected?    □ Yes    □ No
   ⇒ What is the distance from the toilet? (in meters)
   ⇒ Is it downhill from the toilet? □ Yes    □ No

3. Do you employ any method of water purification?
   □ Yes    □ No

4. If Yes, Which of the following?
   - Boiling
   - Traditional filtration
   - Standard filtration
   - Other________________________

5. How much is your daily consumption in litres?
   __________________________________________
3. Housing Condition

1. Number of rooms (Excluding kitchen & toilet) ______________________

<table>
<thead>
<tr>
<th>No. of rooms</th>
<th>* Ventilation</th>
<th>** Illumination</th>
<th>* Cleanses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>


2. Need of maintenance

   □ Good  □ Fair  □ Bad

3. Type of floor

   □ Cement  □ Soil  □ Wood  □ Others

4. Are there cracks on the floor? □ Yes  □ No

5. What is the frequency of House Cleaning?

6. Are there any livestock around the house? □ Yes  □ No

7. If yes, are they living together with people?

   □ Yes  □ No, they have separate quarters

8. Type of kitchen

   □ Separate room attached to the main house

   □ Separate room but detached from the main house

   □ No kitchen at all

4. Food Sanitation

   1. Which of the following procedures do you implement during food preparation?

      □ Washing hands

      □ Washing vegetables
Guidelines and Procedures for Community Based Education

2. What method do you use to preserve food?
   - Refrigerator
   - Drying

5. Vector and Insect control
   1. Is there any stagnant water in your locality?
      - yes
      - No
   2. Is there any method you are applying to control insects?
      - yes
      - No
   3. If yes, which of the following?
      - Bed nets
      - Insecticides
      - Fumigation
      - Draining stagnant water
      - Insect repellant
      - Other
   4. Do you encounter problems of rodent infestation in your house?
      - yes
      - No
   5. If yes, what methods do you take for prevention or eradication?
      - Poison
      - Mouse traps
      - Cats
      - Other
II NUTRITIONAL ASSESSMENT

NAME OF THE HEAD OF THE HOUSEHOLD _____________________________

Woreda __________ Kebele __________ House No. _______ H. Code______

Number of family members _____________________

Income _______________________

1. Maternal Education:
- Cannot read and write _________
- Read and write _______
- Grade completed _______

2. What is your staple food?

□ Injera □ Bread □ Vegetables and fruits □ Inset □ Others (specify) _________

3. Do you get dairy food? □ Yes □ No

4. Do you get fatty and proteinious foods? □ Yes □ No

5. How many times do you eat daily?

□ Once □ Twice □ 3 x/day □ four times/day others (specify) _________

6. Is there any death related to lack of food in this year?

□ Yes □ No

CHILD NUTRITION

1. Do you breast feed the child? □ Yes □ No

2. Did the child receive supplementary food? □ Yes □ No

3. If yes, at what age you start supplementary feeding?

< 4 month □ 7-12 month □

4-6 month □ after 12-month □

4. For how long you keep on breast-feeding?

< 6-month □

6-12 month □ More than 12-month □
5. How frequently you feed your child?

Once □ Twice □ 3 X/ day □ more than 3x/day □

6. What combination of food do you use to feed your child?
Food made of cereals only _____________ 
Food made of cereals and legumes combined ______
Milk alone _____________
Milk cereals and legumes combined ______
From family dish only _____________

7. Do you use to feed fruits and vegetables to your child?
□ Yes □ No

7. Do you expose the child to sunlight?
□ Yes □ No

**IV. PARASITOLOGICAL SURVEY**

Name________________ Age____________ Sex_____ House No._______
Educational Status__________ Religion__________ Ethnic group____

What are the ways of exposure to river water in your locality?

☐ Drinking water source ☐ Washing
☐ Swimming
☐ Others ______________

- Shoe-wearing habit □ No □ Sometimes □ Regular (always)
- Do you have any awareness how river waters are related to health?
□ Yes □ No
Guidelines and Procedures for Community Based Education

- If yes, specify________________________________________

- Hand washing Habit
  A. Before meal  i. Regularly  ii. Sometimes  iii. Not at all
  B. After toilet  i. Regularly  ii. Sometimes  iii. Not at all

- On observation, are the finger nails cut short?  □ Yes  □ No

- If no, are the nail beds full of dirt /soil  □ Yes  □ No

Stool Examination

Stool Appearance

A. Formed  B. Soft  C. Mucoid  D. Bloody  E. others (specify)_________

Examination Results

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoeba</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giardia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichuris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schistosoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ascaris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hookworm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Student_________________  Name of Supervisor_________________

Signature____________________  Signature____________________________
CBTP phase IV year IV School Health Survey Format

Part I: School Environment

Instruction

Accurate measurements, visits, and observations have to be made by the interviewer wherever applicable. **Example** - Classroom dimensions, water source, and latrine, refuse disposal sites etc.

I. Identification

- Name of the School _______________________
- Location:     - Region _______________________
- Woreda ______________
- Keftega/Kebele ______________

II. Academic level

- 1. Kindergarten
- 2. Elementary
- 3. Junior high school
- 4. Senior high school
- 5. Others (Specify) ______________

III. Population of the school (Don't include the evening sessions)

<table>
<thead>
<tr>
<th>Session/shifts</th>
<th>Students</th>
<th>Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV. Characteristics of the school environment with reference to:

A. Compound and its vicinity

1. Total area of the compound (sq. meters/gashas)______________

2. Is there excessive noise from near by:

2.1. Market Yes_____No _____

2.2. Passing motor vehicles Yes _____ No ______

2.3. Mills Yes _____ No ______

2.4. Factory Yes _____ No ______

2.5. Others (specify) ______________________________________

3. If yes, how far is the source of the noise from the school compound?

(in meters)

Market ___________ Motor vehicle ______

Mills ___________ Factory ___________

4. Does the school environment get polluted from excessive dust?

1. Yes _____ 2. No. ______

5. If yes, source of dust:

1. Surrounding area (main road)

2. The school compound

3. Other sources /specify/ ____________

6. Is there any foul odour in the school environment?

1. Yes ______ 2. No ______

7. If yes, the source is:

1. Excreta disposal site 2. Refuse disposal site

3. Stagnant water 4. Animal slaughter area

5. Neighbouring factory 6. Others/specify ____________________
8. Are the school children exposed to traffic /vehicle/ and other accidents?

1. Yes ______  
2. No ______

9. If yes, how many accidents have been recorded during the last one-year?

<table>
<thead>
<tr>
<th>Type of accidents</th>
<th>Number of students suffered from these accidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

10. What are the types of feasible playgrounds available in the school compound?

1. Football ground
2. Basketball ground
3. Valley-ball ground
4. Others /specify/ ____________________________

11. Is the school site well drained?

1. Yes ______  
2. No ______

12. Is the school site well cleared?

1. Yes ______  
2. No ______
B. Buildings

Wall

<table>
<thead>
<tr>
<th>Type of building material</th>
<th>Number of rooms</th>
<th>Condition needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mud and Wood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brick and cement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Floor

<table>
<thead>
<tr>
<th>Type of Material</th>
<th>Number of rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earth</td>
<td></td>
</tr>
<tr>
<td>Wood</td>
<td></td>
</tr>
<tr>
<td>Concrete</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

2.1 General Cleanliness


3. Roof

4. Classrooms

<table>
<thead>
<tr>
<th>Type of building material</th>
<th>Number of rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrugated iron sheet only</td>
<td></td>
</tr>
<tr>
<td>Corrugated iron sheet with ceiling</td>
<td></td>
</tr>
<tr>
<td>Concrete</td>
<td></td>
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<tr>
<td>Total</td>
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</tbody>
</table>

- Total number of classrooms ___________________________

- Average number of students in a class (consider an averaged sized class room) ___________

- Area of a room ____________ sq. m

- Volume of a room __________ cubic m.
5. Ventilation

- Number of windows in a classroom ________________

- Number of classrooms lacking windows___________

- Area of each window in a classroom

1. ____ m$^2$  
2. ____ m$^2$  
3. ____ m$^2$  
4. ____ m$^2$  
5. ____ m$^2$

6. Illumination: Reading ability of the interviewer to see and read with ease and comfort in the middle of the classroom.

1. Good (able to read pencil written material)
2. Fair (reading only ball pen printed material)
3. Poor (unable to read pencil written and printed material)

C. Availability of facilities

1. Is there a functional water supply system for the school?

1. Yes ______  
2. No ______

2. If yes, indicate the source

Tap ______  
Number of taps/faucets ______

Well ______  
Protected ______ Unprotected ______

Spring ___  
Protected ______ Unprotected ______

River ____  
Zoned_____ Unzoned __________

3. How far is the water source from the latrine (in meter)?__________

4. Location of the water source from the latrine.

1. Up hill ______  
2. Down hill ______

5. Is there toilet facility?
1. Yes ______  2. No _______ (for staff only) ______

6. If yes, type of toilet

1. Pit latrine ___  No of seats ______
2. VIP _____  No of seats ______
3. Water carriage ___  No of seats ______
4. Others (specify)________

7. Utilization

______ Used in good condition (clean and in good maintenance)
______ Used but in poor condition (Dirty and needs maintenance)
______ Not used because:
1. Filled _____  2. Collapsed _____  3. Bad odour and dirty ______
4. Lacks privacy ___  5. Others /specify/ ________________

8. Is there a refusal disposal facility?

1. Yes ______  2. No ______

9. If yes, indicate type

1. Pit ______  2. Barrel with pit ______  3. Municipality service ______
3. Open field ______  4. Others /specify/ ______________________

10. If yes to question 8, Does it produce foul odour?

1. Yes _____  2. No _____

11. Is there any food service to the pupils?

1. Yes _____  2. No _____

12. If yes, is there an organized kitchen for cooking?
13. If yes to question 11, how is the general sanitation of the kitchen, utensils, food storage site, etc.?

1. Poor ______  2. Fair ______  3. Good ______

D. Arthropod Infestation

1. Are there health hazardous arthropods in the school environment?

1. Yes ______  2. No ______

2. If yes, list them:

1. ______________
2. ______________
3. ______________
4. ______________
5. ______________

E. Other vital observations
## School children Health Appraisal form

Name of School ________________________________  Wereda __________________ Kebele/PA ___________

<table>
<thead>
<tr>
<th>S. N</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>General Appearance</th>
<th>Visual Acuity (R</th>
<th>L)</th>
<th>Eyes (2)</th>
<th>Hearing (3)</th>
<th>Y</th>
<th>N</th>
<th>Dental (4)</th>
<th>Chest (5)</th>
<th>Heart (6)</th>
<th>Abdomen (7)</th>
<th>Extremities (8)</th>
<th>Skin (9)</th>
<th>Remarks</th>
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</tr>
<tr>
<td>1. Looks healthy</td>
<td>0. Normal</td>
<td>Able to hear voice from 4 meter</td>
<td>0. Normal</td>
<td>0. Normal</td>
<td></td>
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<tr>
<td>0. Normal</td>
<td>0. Normal</td>
<td>0. Normal</td>
<td>0. Normal</td>
</tr>
<tr>
<td>_____________</td>
<td>5. Enlarged liver</td>
<td>5. Deformed nails</td>
<td>_____________</td>
</tr>
<tr>
<td>6. Others ______</td>
<td></td>
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</tr>
</tbody>
</table>
CBTP Phase IV year V (Evaluation survey)

I. Identification:

Name of head of household ______________________

Keftegna/Kebele:___________ House number __________

1. What is the average annual income of the family? _________ (In money or in kind and if reported on a monthly basis convert it into annual)

II) Vital Statistics

1. Was there any birth in the last 12 months in the family? 1. Yes 2. No

2. If yes, complete the following form for each birth:

<table>
<thead>
<tr>
<th>Age of the mother</th>
<th>Status of birth</th>
<th>Place of delivery</th>
<th>Attendant of delivery</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. Was there any death in the last 12 months in the family? 1. Yes 2. No
4. If, yes complete the following form for each birth:

<table>
<thead>
<tr>
<th>Age at death</th>
<th>Perceived cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
iii Morbidity survey

1. Was there anyone sick among the members of the family during the last two weeks?
   1. Yes _________  2. No _________

2. If yes, complete the following for each sick family member:

3.

<table>
<thead>
<tr>
<th>Ser No</th>
<th>Sex</th>
<th>Age</th>
<th>Ailments</th>
<th>Did the person seek any help?</th>
<th>If yes, where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
</tbody>
</table>

1. Health institution
2. Traditional health
3. Home level self-treatment
4. Religious treatment

3. If there under five children with diarrhoea in question #2, what treatment did the child receive?
   1. Homemade remedies (e.g. Soup, tea, rice water, and fruit-juice-)
   2. Oral rehydration salt (ORS)
   3. Starvation therapy
   4. Other (specify) ___________________________

Health record review from ________ health centre (Date ______________)

1. Malaria
2. Tuberculosis
3. Ascaris
4. Hookworm
IV. Environmental Health Survey Form

4.1 Water Supply
1. Source of water supply
   1. Pipe line in the house or compound ____  2. Public stand point ____
   3. Well:____________
   4. Others ____________________________________________
2. Distance of water source from the house:
   2.1. Estimated in minutes or hours ________
3. Distance of water source from the latrine

4.2. Excreta Disposal
1. Is there latrine facility for the family? 1. Yes ____ 2. No ________
2. What is the status of excreta disposal ownership?
   1. Owned by the family
   2. Shared or communal
   3. Other

4.3. Refuse Disposal
1. Where do you dispose refuse?
   1. Pit ______________  2. Open field ________
   3. Municipality service ________
   4. Other places (Specify) ______________

V. Mother and Child Health

Family Planning (To Be Filled For Mothers of Childbearing Age Group (15-49 Years))
1. Age of the woman (in years)______________
2. Do you know about contraceptive?
   1. Yes ____  2. No ________
3. Do you currently use any contraceptive method?       Yes____1           No__2
4. If yes what type? ____________________________
Pregnancy and Delivery Practices

(Only for Women who had at least one pregnancy)

5. What was your age at first pregnancy?

6. Where did you deliver your last child?
   1. At home       2. In a health institution       3. others

7. If the delivery was at home, who attended the delivery?
   1. TBA (Trained)    2. Neighbours, family members
   3. TBA (untrained)  4. Health personnel
   5. Other (specify) _______________________________

8. Do you go to the nearby health facility during pregnancy?
   1. Yes_____        2. No_____  

Child Care Practices

(Only for women who had at least one delivery)

9. When do you start breast-feeding the child after birth?
   1. Less than 1 hour
   2. 1-12 hours
   3. > 12 hours

10. Is the child given other feeds immediately after birth?
    1. Yes        2. No

11. When was complementary diet started?
    1. Less than 6 months        2. Greater than 6 months

12. Do you use bottle for feeding?
    1. Yes ___        2. No ______

13. Which of the following do you practice in the family?
    1. Uvula cutting    2. Extraction of milk tooth
    3. Female circumcision    4. None ____________________

    5. Application of cow dung on the umbilical stamp
    6. Other (specify) ________________________________
VI. HIV/AIDS

Have you ever been screened for HIV/AIDS?

1) yes 2) NO

If no, why?

1. Sure of being negative.
2. Facility not available.
3. Fear of positive result
4. Don’t know where to get the service
5. Other (specify)

VII) EPI coverage (for all children < 2 years of age in the household)

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<tr>
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Annex 3: Format for action plan preparation

Purpose: - Each student group after collection of data, analysis and identification of major health problems in the Kebele is expected to plan intervention program. This format, therefore, is designed to guide them write this action plan.

Outline of Health Action Plan

1. Introduction

2. Background information
   - Geographical (location)
   - Physical characteristics
   - Climate
   - Area
   - Population
   - Political
   - Economical
   - Social – (Education, Communication etc…)
   - Cultural

3. The problem
   Situational analysis
   - Health status of the population
   - Health services
   - Health manpower
   - Health facilities
- Disease pattern: Professionally determined
  Community perceived

3.2 Defining the problem and setting priorities

4. Objective and targets

What is expected to be achieved? (Indicate target)

5. Chosen strategy and activities

- explain the strategy chosen and the detailed activities

6. Implementing

6.1. Resources

- Manpower – How many are needed
  - What skills do they need?
  - How will they be allocated?

- Material – List available
  - List to be ordered

- Money – Funds available
  - How it is to be spent
  - How much more is needed

6.2. Organization

- Structure – Other sectors to be involved (Multi –sectoral)
  - Community participation

  - Each level of working unit to be defined
      - Working areas
- Time – table  Schedule of stages for activities to begin and end.

6.3. Controlling

- Assignments  - allocate responsibility for activity

-Monitoring decides on information to be collected for monitoring and how it will be used.

7. Evaluation

- Indicators decide on type of indicators

8. Annexes

8.1. Time-table

8.2. List of materials, equipment needed

8.3. Budget
Annex 4a: CBE Program Evaluation Form for Students

1. Time allotted to the programme
   1. Too inadequate  
   2. Inadequate  
   3. Adequate  
   4. Bit long  
   5. Excessive

2. Correlation between classroom teaching and community practice
   1. Complete disparity  
   2. Partial disparity  
   3. Some what complementary  
   4. Fairly complementary

3. Integration of service and training in the field situation
   1. No integration  
   2. Minimal  
   3. Fair  
   4. Good  
   5. Very good

4. The programme is problem oriented
   1. Strongly disagree  
   2. Disagree  
   3. Neutral  
   4. Agree  
   5. Strongly agree

5. Students are exerting all efforts to make the programme fruitful
   1. Strongly disagree  
   2. Disagree  
   3. Neutral  
   4. Agree  
   5. Strongly agree

6. Educational value of this programme to students
   1. Useless  
   2. Minimal  
   3. Fair  
   4. Good  
   5. Very good

7. The program has contributed in strengthening the health service of the community
   1. Completely disagree  
   2. Partially disagree  
   3. Neutral  
   4. Partially agree  
   5. Completely agree
Evaluation Items on Logistic and Other Supplies

4. Good 5. Very good


4. Good 5. Very good

4. Good 5. Very good

12. Others (Laboratory equipments, chemicals, measurement scales, etc):
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

Evaluation Items on Supervisory, Health Service Institutions and Others Support and Community Involvement

13. Support from supervisors
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

14. Support from health service institutions
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

15. Support from other development sectors
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

16. Community involvement in the programme
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good
Evaluation Items on Working Relationships and Organization of the Program

17. Working relationship of students and supervisors

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

18. Working relationship of students and health service staff

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

19. Working relationship of students and community leaders

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

20. Organization and coordination of the programme

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good
Annex 4b: CBE Program Evaluation Form for Supervisors

Class Year: ___________   Team _____   Date: __________________________

Position of respondent __________

1. Does JU have a clear statement or guideline on community oriented education?
   1. Yes ___   2. No ____

2. Did it manage to execute its community-oriented education following the guidelines drawn?
   1. Yes__________   2. No_______

3. If yes, to question 1, mention the different resource allocations? (Human resource, money and material)
   3.1 For operations of programmes
       ______________________________________________
       ______________________________________________
       ______________________________________________

   3.2. For implementation of plans
       ______________________________________________
       ______________________________________________
       ______________________________________________

4. What is the degree of Community participation in the implementation of the CBTP?
   1. Satisfactory ____   2. Unsatisfactory _______   3. Don’t know _____

5. If yes to question 3, what is the level of participation?
   4. Non-participative     5. Authoritarian

6. Is the present organisational structure for CBTP helpful (effective)?
   1. Yes__________   2. No_______

7. If no to question 6, what improvements should be done in your opinion?
   ______________________________________________
   ______________________________________________
   ______________________________________________
Annex 4c: CBE Program Evaluation Form: Community/stakeholders

Year ________________ Month _______________ date _______________

Kefitegna, Woreda or peasant association _______________ kebele ___________

Student’s subgroups working in your area________________

1. Time allotted to the programme
   1. Too inadequate  2. Inadequate  3. Adequate
   4. Bit long  5. Excessive

2. Integration of service and training in the field situation
   1. No integration  2. Minimal  3. Fair
   4. Good  5. Very good

3. The programme is problem oriented
   4. Agree  5. Strongly agree

4. Students are exerting all efforts to make the programme fruitful
   4. Agree  5. Strongly agree

5. The program has contributed in strengthening the health service of the community
   4. Partially agree  5. Completely agree

6. Support from other development sectors
   1. Very poor  2. Poor  3. Fair
4. Good 5. Very good

7. Community involvement in the programme
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

8. Working relationship of students and community leaders
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

9. Organization and coordination of the programme
1. Very poor 2. Poor 3. Fair
4. Good 5. Very good

10. List some of the problems you consider are very serious

10.1 ________________________________________________

10.2 ________________________________________________

10.3 ________________________________________________
Annex 4d: CBE Program Evaluation Form: Residents/Woreda

Year ________________ Month ________________ date ______________

Kefitegna, woreda or peasant association______________ kebele________

Students subgroups working in your area________________

1. Time allotted to the programme
   1. Too inadequate       2. Inadequate       3. Adequate
   4. Bit long             5. Excessive

2. Integration of service and training in the field situation
   1. No integration       2. Minimal         3. Fair
   4. Good                 5. Very good

3. The programme is problem oriented
   4. Agree                5. Strongly agree

4. Students are exerting all efforts to make the programme fruitful
   4. Agree                5. Strongly agree

5. The program has contributed in strengthening the health service of the community
   4. Partially agree      5. Completely agree
6. Support from other development sectors

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

7. Community involvement in the programme

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

8. Working relationship of students and community leaders

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

9. Organization and coordination of the programme

1. Very poor  
2. Poor  
3. Fair  
4. Good  
5. Very good

10. List some of the problems you consider are very serious

10.1

10.2

10.3
Annex 5: Memorandum of Understanding

1. Preamble

JU is an innovative community oriented training institutions. The university trains high calibre health professionals based on team and research oriented educational approach that are appropriate to the societal and health needs of Ethiopia.

The strategy of training at JU is CBE, which is a means of achieving educational relevance to the community needs. It extensively uses the community as a learning environment for clear benefit to both students and the community. One of the training strategies is Team Training Programme (TTP).

Team Training Programme is one of the educational means of training all categories of students of health profession to learn together the competencies and skill they need to solve the problems which are known to be particularly amenable to team work and inter-professionals action, in a real working environment ie the hospitals and health centres.

TTP has the following aims and specific objectives

1.1 Aim

- to enable students to work as a member of a health team in addressing community health problem
- to enable students to apply the knowledge and skills of their profession and integrating these with the knowledge and skills of the other members of the team and health service personnel
- To give students a chance to learn through the process of work and from the real situation

2.2 Specific Objectives

At the end of the Team Training Programme, the students will be able to:

1. Describe the relevance, components, activities and functional organization of a primary health care system team;
2. Describe the specific role and responsibilities of a member within a health team;

3. Organize a health team which could work at the PHC care system based on the primary health care initiatives by the government;

4. Identify problems, plan, implement, monitor and evaluate health package activities according to the needs and resources of the community and the training health centre;

5. Use communication skills to involve the community, other sectors in the activities;

6. Provide continuing education to all members of the health team and health centre staff as well as community health extension workers, anti-AIDS club, food handlers and traditional birth attendants;

7. Participate with members of the health team in research oriented activities towards community health problems;

Bilateral agreement between JU and _____ HC

JU and __________ Woreda Health Desk/_______Health Centre, agree to enter into a formal agreement for using ________ Health centre as Team training site for the Medical science students of JU for mutual benefit of ______ Woreda Health Desk/__________Health Centre and JU for the development, enhancement and delivery of quality training and service for production of High Caliber Health professionals in Ethiopia.

2. Aims and Objectives

2.1. Aims

- To use the _____ Health centre as team training site for the graduating Health Science Students of JU for training high caliber Health Professionals that are appropriate to the societal and Health needs in Ethiopia

- To enable Graduating Health Science students to solve community Health problem by applying the knowledge and skills of their profession and integrating these with the knowledge and skills of other members while they are in TTP attachment
2.2. Specific Objectives

a. To use the ___________Health Centre as Team training site for mutual benefit of ___________ Woreda Health Desk/______ Health Centre, JU and the catchment Population

b. To train high caliber Health professionals that are appropriate to the societal and health needs in Ethiopia

c. To work with the various stakeholders for better delivery health Services for the catchment Population of ___________Woreda /___________Health Centre

d. To equip students with the experience to work as Health Team that can work at any hospital and Health Care Level.

3. Program Structure

To achieve the stated objective TTP will be integrated into the existing program structure of the Health Centre. The Health Centre Head will be responsible to the coordinator of the TTP at JU who in-turn is responsible to college CBE coordinator. The Head of the Health centre at the same time responsible to the Woreda Health Desk. In the health there will be teams of resident staff responsible for supervising, guiding and evaluating the students who are being trained and rendering health services to the community. The student plan of action will be in line with the plan of the health centre. Students will obtain credits for successfully completion of program.

4. Responsibilities

4.1. Responsibilities of JU

4.1.1. Academic standards required for student for TTP will be developed from best practice of JU

4.1.2. The Job descriptions of each category of students, resident supervisors and Senior supervisors shall be provided by individual with appropriate expertise from either or
4.1.3. The academic requirements, rules and regulation for the students will be developed by JU.

4.1.4. The accommodation, conference and dinning rooms shall be furnished by JU

4.1.5. JU will avail books and Journals for the library in the THC

4.1.6. Bookkeeper for the library, guards, proctor and cleaners for the students’ accommodation, dinning and conference room shall be appointed by JU.

4.1.7. JU shall build Kitchen and food store and provide kitchen appliance

4.1.8. JU will deploy all food stuffs and entertainments to the Health Centre for the students

4.1.9. JU shall pay all the students expenses and subsistence fee while the students are in TTP (eg. electricity and water supply and for drugs used by the students). In the absence of the students JU will not pay any expense.

4.1.10. JU will be responsible to maintain damaged students’ accommodation, water supply, conference and dining rooms, showers, toilets, kitchen and library. JU will not maintain other damaged properties of the Health Centre.

4.1.11. JU supplies additional medical equipment and laboratory regent demanded by the students, and unused materials be returned JU after the students finish their TTP.

4.1.12. JU will deploy construction for interventions planned by the students in collaboration with stake holders; materials available in the community or at the Health centre will used for students interventions as well.

4.1.13. All materials and Resources that will be deployed by JU will remain the Property of JU and Materials and Resources owned by the Health Centre will remain the property of the Health Centre
5. Responsibilities ________Woreda Health Desk/__________Health Centre

5.1.1. ________Woreda Health Desk/__________ Health Centre will provide space in the health centre for students’ accommodation, library, conference hall and dining room and space for students’ recreation

5.1.2. Create conducive working environment for Team Training Program

5.1.3. Contribute Books and other materials for the Library

5.1.4. The Health Center will avail transport services for outreach activities, Medical supplies and equipment and laboratory regents. However it is anticipated there will be more works in the Health Centre during Team Training program attachment. Therefore JU may supplement some medical equipment, supplies and some laboratory regents to students as mentioned in section 5.1.10. This does not mean the students cannot use the Health Centre properties.

5.1.5. The Woreda Health Desk/Health Centre will insure for safety and security of students when they are on TTP attachment

5.1.6. The Woreda Health Desk/Health Centre will pay the perdiems and other expenses for the resident staff during the outreach activities

5.1.7. The Woreda Health Desk/Health Centre will Provide Transport Services for outreach activities

5.1.8. The Woreda Health Desk/Health Centre should mobilize the community for the necessary support for use of resources for intervention being carried out

5.1.9. The Health Centre staff must be in their work place during TTP to support students. Students during their TTP attachment by no means replace the health center staff. TTP is not a replacement of the health centre staff rather students during TTP must work under supervision of the health centre staff as the students allowed only to work under supervision.
5.1.10. The Health Centre staff should be cooperative, show commitment, friendly and must work in harmony with the students. However, if the student(s) is/are misbehaving, the residents’ supervisors should tell to the senior supervisors which in-turn informs the college coordinating office in written. As TTP is an academic exercise, either the resident supervisors or the rest of health centre staff, are not allowed to withhold or punish students from their activities. To take measure on the student, who commit an awful act or misbehave, is the sole responsibilities of the JU.

6. Supervision

6.1 Resident supervisors

6.1.1 JU will select resident supervisors from the resident staff of the health centre and will pay based on part time work. It is anticipated that from now onwards JU is training Degree students (generic) in all category. Therefore resident supervisors will have at least first degree in each category of the Health Professionals. Therefore, JU may negotiate with the Oromia Regional State Health Bureau and Jimma Zonal Health Department to have qualified Health Professionals to the Level that each Category of the students will attain at their Graduation.

6.1.2 The resident supervisors will sign their contract in September that should be approved by the Vic president for Academic and Research Affairs JU and CBE Coordinating Office of the college of public health and medical science.

6.1.3 The resident supervisors should be responsible for supervising, guiding and evaluating students

6.1.4 Resident supervisors will be responsible to the seniors supervisors which in-turn responsible to college CBE coordinating office

6.1.5 The resident supervisors should evaluate the Student assigned to Team Training program based the criteria formulated and provided. The resident supervisors should discuss with the senior supervisors during the fortnight visit and students’ grade should be endorsed after accommodating feedbacks from the senior supervisors.
6.1.6 The resident supervisors should be available and work with the students in the health Centre for the whole period of student TTP attachment; however they can delegate other member of the health centre Staff when they are away.

6.2 Senior Supervisors

6.2.1 College CBE coordinating office of JU in the consultation of School/Department heads will assign senior supervisors. The team of the senior supervisors will contain experts from all disciplines in health

6.2.2 CBE coordinating office in consultation of the Schools/ departments will change the senior supervisors without notifying to Woreda Health Desk/Health Centre

6.2.3 The Job description of the senior supervisors will be provided to _______ Woreda /The Health Centre

7. institutional aspects

7.1 The proposed agreement between JU and _________ Woreda Health Desk/ _________ Health Center will benefit those who entered to agreement by enriching opportunity for training high caliber health professionals that are appropriate to the societal and health needs in Ethiopia.

7.2 TTP will help to improve the quality as well the coverage of the health service of the catchment population of ____________ Woreda

8. Report and Evaluation

8.1 Progress report will be made available to JU and the Woreda Health Desk

8.2 CBE coordinator at JU will prepare and dispatch evaluation formats by stakeholders including students, Resident supervisors and Senior Supervisors.

9. Conclusion

9.1 This Memorandum of Understanding will be effective after being signed by both parties who enter into the agreement.
9.2 This memorandum of Understanding will be revised when it is required by both parties.

10. Declaration

Hereby we declare that we agreed to use ________________Health Centre for Team Training program based on the above information presented in 5 pages for mutual Benefit of JU and _________________Woreda Health Desk/___________Health Centre.

Signed

For JU For ________________Health Desk/_______HC

Name---------------------- Name ----------------------

Signature --------------- Signature ---------------

Date-------------------- Date---------------------
Annex 6: TTP: Two weeks detail activities report form

THC

Report duration: From ________________________to ______________________ 20____

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<th>Performed for ___/52</th>
<th>Coverage (%)</th>
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### Guidelines and Procedures for Community Based Education

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Annex 7: TTP Students’ two week assessment form

Name of THC ____________________

DATE INTERVAL OF ASSESSMENT, FORM _______ TO ______

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<td>4</td>
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<td>5</td>
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<td>6</td>
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</tr>
</tbody>
</table>

Assessed by ____________________ Proved by _____________

Position ______________________ Position____________

Signature ______________________ Signature ____________

Date __________________________ Date ________________

Grading System

\[ \geq 95.0 = A^+; \quad 85 - 94.9 = A (4.0); \quad 80-84.9 = A^- (3.75); \quad 75 - 79.9 = B^+ (3.5); \quad 70-74.9 = B^+ (3.0); \quad 65-69.9 = B^- (2.75); \quad 60-64.9 = C^+ (2.5); \quad 50-59.9 = C^- (2.0); \quad \leq 49.9 (0.0) = \text{Repeat} \]

Grade should be based on performance assessment

This form should be filled very 15 days and must be sent to TTP coordinating office

Any student with “F” grade should be immediately informed and the detailed report on his poor performance and the action taken should be sent to the TTP coordinating office
**Annex 8: TTP Students’ 8 week assessment report format**

Name of teaching health center __________________________

The week’s interval, form __________________ to ____________

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name Of Student</th>
<th>Title</th>
<th>Grade For Every 15 Days</th>
<th>Average</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1st 2wk</td>
<td>2nd 2wk</td>
<td>3rd wk</td>
</tr>
<tr>
<td>1</td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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</tr>
</tbody>
</table>

Assessed By ____________________       Approved By _____________

Title __________________________        Title ____________________

Position _______________________         Position _________________

Signature _____________________           Signature ________________

Date _________________________        Date _____________________

\[ \geq 95.0 = A^+; \quad 85 - 94.9 = A\ (4.0); \quad 80-84.9 = A^-\ (3.75); \quad 75 - 79.9 = B^+\ (3.5); \quad 70-74.9 = B^+\ (3.0); \quad 65-69.9= B^-\ (2.75); \quad 60-64.9= C^+\ (2.5); \quad 50-59.9 = C^-\ (2.0); \quad \leq 49.9 \ (0.0) = Repeat \]
Annex 9: TTP: Supervisors Feed- Back Sheet

_________________________ Teaching health center

Form:- senior supervisory team

Date ________________

Good points observed during supervision

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Problem areas identified

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Possible solutions

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments /suggestion:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Team leader
Name ________________
sig. ________________

Teams secretary
name ________________
sig. ________________
Annex 10: TTP: Check list for supervision by supervisors

Name of THC ______________________________

Date of supervision: From _____________ TO _____________

Supervision Round: 1st  2nd  3rd  4th

Time of ; Departure _________________ Arrival __________

I. Plan attainment

a. Check if students have prepared
   Action plan for their term of stay
   Yes _______   No _______

b. Does the action plan contain the necessary contents
   (eg. Introduction, Geography, Demography, climate, etc.)
   Yes _______   NO ______

C. Does the action plan consider the increment in Human power?
   Yes _______   No ______

II. How far did they attain the planned activities?

a. Activities performed

   NB* Part I should be filled only in the 1st round, and in the subsequent visits if necessary.

b. Did the students monitor their progress in achieving the planned work?
   Yes _______   No ______________
   If Yes mention how?

   ____________________________
   ____________________________
   ____________________________

   c. comments: (on their progress & monitoring skill)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

III. MORNING MEETING AND EVENING DISCUSSION

a. Attendance of students

   1. Less than half present   2. ¾ present   3. few absent   4. All present
b. Punctuality

   c. Staff supervisors (Total No. _______)
      1. Less than half present  2. ¾ present  3. Few absent  4. All present

   d. Topic presented for discussion _______________________

   e. Involvement of each student in the discussion

   f. Completeness of data for the discussion

   g. The topic or case presented; appropriateness to induce involvement by each member

   h. Preparation for the discussion

   i. Problem areas (Mentioned by students or observed by supervisors)
      ____________________________________________________________
      ____________________________________________________________

   j. Possible solutions
      ____________________________________________________________
      ____________________________________________________________

   k. Suggestion or comments
      ____________________________________________________________
      ____________________________________________________________

IV. ACTIVITIES IN THE T.H.C.

   a. Schedule for daily activities

   b. Assignment of students to different sections

c. Rotation, inorder to give for every student a chance of exposure to different activities of THC.

d. Professional competence of students

e. Problem areas

____________________________________________________________________________
____________________________________________________________________________

f. Possible solutions

____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

V. FIELD ACTIVITIES

a. Early preparation for field trip (Personnel, materials and equip., vehicle, etc.)

b. Composition of the tea, of students
1. Poorly selected  2. Well selected

c. Respecting the time of planned field work

d. Sharing responsibilities & duties among students

e. Competence in each students respective assigned duty

f. Link with the community
g. Good points observed

________________________________________________________________________

ackets is od w to

h. Problem areas

________________________________________________________________________

i. Possible solutions

j. Suggestions or comments

VI. Record keeping and information system

a. Collecting & filing necessary health information


b. Compiling and keeping morning meeting and evening discussion reports


c. Students’ ability utilize already available health service data in the analysis and interpretation of health institutions activities


VII. Health center staff supervisors:-

(Follow-up of students, guidance, time set for supervision etc.)

I. Communication and relationship

a. Interaction among students both during working hours & after work


b. Interaction with the H.C staff

d. Attitude of students towards TTP

e. Comments and suggestions
II. How far have they involved other sectors for health activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Involved sector</th>
</tr>
</thead>
</table>

III. Health station supervision

a. Expected number of health stations to be supervised (within 10 wks.)

b. Number of health stations visited

| ____________________ | Rate ____________________ |

c. Did they give feedback on the supervision

Yes _______ No ________

d. Did they give feedback on the supervision

Yes _______ No ________

e. Comments

IX. Health center facility:

a. Human power

1. V. Poor 2. Poor 3. Adequate 4. More than needed

b. Equipment for Laboratory

1. Inadequate

2 Adequate

3. Quite adequate

4. More than needed


- Others: ________________________________

c. Physical facility


d. Comments:
Accommodation & cafeteria

a. Dormitory facilities
b. Cleanliness of the dormitories
c. Cafeteria facility
d. Cleanliness of the cafeteria
e. Quality of food, water supply, etc.
f. Problem:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

g. Possible Solutions
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
h. Suggestion or comment
   ________________________________________________________________

XII. LIBRARY

a. Access of students to library, In terms of time, place & facility
b. Availability of importance reference materials for each category of student.
c. Problems
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

d. Solutions
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
e. comments and suggestions
XIII. Logistics Need
a. Drugs
   5. In excess
b. Medical equipments
   5. In excess
c. Furniture’s needed

   _______________________________________________________
   _______________________________________________________

d. Vehicle for field activity
   1. Serious shortage  2. Inadequate  3. Some shortage  4. adequate
   5. In excess
e. Others

   _______________________________________________________

   • Please mention the materials needed where there is any shortage.

   _______________________________________________________

XIV. Any disciplinary problem

XV. General comments or suggestions

   NAME OF SUPERVISORS
   1. __________________________________  4. ____________________________
   2. __________________________________  5. ____________________________
   3. __________________________________  6. ____________________________

N.B. Comments and suggestions to improve this supervision checklist are highly appreciated.
Annex 11: TTP Students’ performance assessment

NAME OF STUDENT ___________ SCHOOL/ CATEGORY ___________

TRAINING HEALTH CENTER________ DATE INTERVAL OF ASSESSMENT, FORM ____ TO __

Please mark the score in the appropriate box below

<table>
<thead>
<tr>
<th></th>
<th>WEEK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Average</td>
<td></td>
</tr>
</tbody>
</table>

1. Appearance & general behavior
2. Punctuality
3. Altitude toward the team training program
4. Relationship to other students
5. Relationship to people in the community
6. Collection of data
7. Presentation of data
8. Interpretation of data
9. Ability to relate findings to solving community health problem
10. Student’s critique of his own approaches to the problem
11. Ability to suggest new approaches to the solution of problems
12. Contribution to group discussion
13. Performance in crisis situation
14. Assessment of the student’s written report

Assessed By ____________________ Proved By ____________________
Position ____________________ Position ____________________
Signature ____________________ Signature ____________________
Date ____________________ Date ____________________

GRADING SYSTEM FOR THE AVERAGE RESULT
> 4.5-5.0 = EXCELLENT = A; 4.0-3.99 = V.GOOD = B; 3.0-3.99 = GOOD = C; <2.0 = V. POOR = F
Annex 12: TTP: Internship assessment form

(FOR MEDICAL & HEALTH OFFICER STUDENTS ONLY)

NAME OF STUDENT ________________________________

AGE _______ SEX _________ TRAINING HEALTH CENTER ________________

PERIOD OF CURRENT INTERN SHIP: FROM _________ TO ____________

<table>
<thead>
<tr>
<th>Grade</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

1. Relation with other students:--  
2. Relation with health center staff  
3. Punctuality in work area  
4. Level of competence and skill in his/ her profession  
5. Relation with the community  
6. Attitude towards team training  

Name of evaluator ______________ signature ____________

(Senior supervisory team leader)  
Name of the health centre head __________ signature _________  
Name of ttp coordinator ___________ signature ____________  

NB. A = EXCELLENT (>4.5-5.0); B= V.GOOD (4.0-4.49); C= GOOD (3.0 - 3.99); D= FAILED (<3)  
E= NOT EVALUTED  

Write the **Final assessment as**  
Excellent ______ very good ___ good _____ failed ___  

**Comment:** reasons for unsatisfactory results
Annex 13a: Check list-by senior supervisors/residents/THC head

(Do not write your name)

Year___________________ Month________ Date____________

Round__________________ THC_________

Your Title: ______________________________ Department ___________________

GENERAL

1. Time allotted for the program
   
   If you tank the time allotted is inadequate suggest the time you think appropriate

   __________________________________________________________________________

2. How did you find the team training Program (TTP) in terms of practically implementing
   the students training?

   1. Not related at all  2. It is of limited help 3. Quite useful  4. It is of utmost importance

3. Integration of service and training in TTP


4. The TTP is problem oriented

     4. Partially agree  5. Completely agree

5. The student team are exerting maximum effort to make the program fruitful

     4. Partially agree  5. Completely agree
6. **The program has contributed in strengthening the health service of the community.**

1. Completely disagree  
2. Partially disagree  
3. Neutral  
4. Partially agree  
5. Completely agree  

7. Community involvement in the program

1. Poor  
2. Fair  
3. Good  
4. Very good  
5. Excellent

8. Support from other development

1. Poor  
2. Fair  
3. Good  
4. Very good  
5. Excellent

9. Support from health service institutions

1. Poor  
2. Fair  
3. Good  
4. Very good  
5. Excellent

10. Organization and coordination of the program

1. Poor  
2. Fair  
3. Good  
4. Very good  
5. Excellent

11. The frequency of supervisory visit was

1. Too few  
2. Somewhat adequate  
3. Quite adequate  
4. Too frequent

12. Have you ever missed supervision sessions

1. Yes  
2. No

12.1 If yes, How many sessions did you miss sessions _________________

12.2 If you missed sessions what was the reason that you missed the session

a. You had a class

b. You had personal problems

c. You forgot

d. The department assigned you to another task

e. You were out of working place on the date of the supervision

f. Others, Please mention_____________
13. The one and half day of supervision period at THC


If you think it was long or short give your suggestion

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. The supervision of students was to you

1. Educative
2. Entertaining
3. Routine
4. Very boring

15. Your opinion on the value of supervision to help the students

1. Not helping at all  2. Seldom helpful  3. Occasionally helpful

If you have additional comments on supervision

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Discussion on students activities


17. Working relationship of students and supervisors


18. Working relationship of students and health service staff

19. Working relationship of students and community leaders


20. Logistic Problems

20.1 The supply of transportation was


Any additional comment related to transport

__________________________________________________________

20.2 The THC vehicle for field activities was mostly


20.3 Logistic problems related to stationery, reference material food etc


21. General comment or suggestion about TTP

__________________________________________________________________

__________________________________________________________________
Annex 13b: DTTP Student Evaluation Form by Supervisors

Evaluate the student objectively based on a five-point scale (1 – 5) for each level of measurement (Very poor=1, poor =2, satisfactory =3, Good = 4, Very good = 5)

<table>
<thead>
<tr>
<th>S. No</th>
<th>Level of</th>
<th>Names of student to be evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Team spirit</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Punctuality &amp; Participation during group member meetings</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Participation during dissemination of the work plan</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Participation during action plan development</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Critique of his/her own approach to the problems</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Communication skill</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Leadership (Coordination) capacity</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Suggesting new approaches in solving identified problems</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Relationship with the community &amp; other stakeholders</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Participation during community mobilization</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Application of skill during community intervention</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Participation during actual community intervention</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Participation during conducting of the workshops</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Participation in preparation of reports</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Participation during preparation of training materials</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Participation in giving feedback to the stakeholders</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Participation during evaluation of the intervention</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Participation during final report writing &amp; presentation</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Other(s)</td>
<td></td>
</tr>
</tbody>
</table>
Annex 13c: DTTP Student Evaluation Form by Peers

Evaluate your peers objectively based on a five-point scale (1 – 5) for each level of measurement (Very poor = 1, poor = 2, satisfactory = 3, Good = 4, Very good = 5)

<table>
<thead>
<tr>
<th>S. No</th>
<th>Level of</th>
<th>Names of student to be evaluated</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Team spirit</td>
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<tr>
<td>4.</td>
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<td>Critique of his/her own approach to the problems</td>
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</tr>
<tr>
<td>9.</td>
<td>Relationship with the community &amp; other stakeholders</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Participation during community mobilization</td>
<td></td>
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<tr>
<td>11.</td>
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<td>15.</td>
<td>Participation during preparation of training materials</td>
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</tr>
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<td>16.</td>
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<td>18.</td>
<td>Participation during final report writing &amp; presentation</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Other(s)</td>
<td></td>
</tr>
</tbody>
</table>
Annex 14: SRP grade reporting format

JIMMA UNIVERSITY GRADE REPORTING FORMAT FOR

I. IDENTIFICATION OF THE STUDENT:

NAME____________________
I.D. No. ___________________
SUBGROUP IN SRP: _____________________________
RESEARCH TOPIC ____________________________

SCORE OBTAINED _______________ % ___________
LETTER GRADE__________________________

II SUPERVISOR/ ADVISORS:

NAME SIGNATURE
1.______________________ ___________________
2.______________________ ___________________
3.______________________ ___________________

III. STATUS OF STUDENT: PASSED_________ DETAINED________________
Annex 15: Student’s performance evaluation format in SRP

<table>
<thead>
<tr>
<th>ITEMS TO BE EVALUATED</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. TOPIC SELECTION AND PROTOCOL DEVELOPMENT (SUBTOTAL 50%)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.1 TOPIC SELECTION (2 Point)</strong></td>
<td></td>
</tr>
<tr>
<td>• The degree of compliance to the procedures of topic selection by the department</td>
<td></td>
</tr>
<tr>
<td>• Appropriateness/fitness of topic selected in addressing the objectives of the study</td>
<td></td>
</tr>
<tr>
<td><strong>1.2 PROTOCOL DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.2.1 ORGANIZATION THE PROTOCOL (3 points)</strong></td>
<td></td>
</tr>
<tr>
<td>• Clarity of the protocol and its organization according to the format of the department</td>
<td></td>
</tr>
<tr>
<td>• Clarity and conciseness of the abstract in showing important aspects of the problem to be studied</td>
<td></td>
</tr>
<tr>
<td>• Way of presenting the references</td>
<td></td>
</tr>
<tr>
<td><strong>1.2.2 INTRODUCTION (10 Points)</strong></td>
<td></td>
</tr>
<tr>
<td>• Clarity of stating the problems</td>
<td></td>
</tr>
<tr>
<td>• Way of signifying the problems</td>
<td></td>
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<tr>
<td>• Definitions of important terms</td>
<td></td>
</tr>
<tr>
<td>• Clarity of stating objectives (hypotheses)</td>
<td></td>
</tr>
<tr>
<td>• Description of the study area and period</td>
<td></td>
</tr>
<tr>
<td>• Clarity and exactness of stating potential limitation of the study</td>
<td></td>
</tr>
<tr>
<td><strong>1.2.3 LITERATURE REVIEW (15 Points)</strong></td>
<td></td>
</tr>
<tr>
<td>• Appropriateness/relevance of literatures reviewed</td>
<td></td>
</tr>
<tr>
<td>• Clarity of stating the relationship of the problem to be studied with previous studied</td>
<td></td>
</tr>
</tbody>
</table>
### 1.2.4 MATERIALS AND METHODS (15 Points)

- Description of the study design
- Appropriateness of the study design vs the objectives of the study
- Description of population and/or sample
- Appropriateness of sampling technique
- Description of data collection methods and instruments
- Appropriateness of data collection methods and variables
- Readiness of the methods to control the validity and reliability of data
- Appropriateness of the statistical methods proposed for analyzing the data
- Consideration of ethical issues
- Presentation of work plan and identification of the resources needed
- Appropriateness of the dummy tables to display the data more relevant to the study objectives
- Readiness of the dummy tables for proper statistical treatment

### 1.2.5 APPENDIX (5 points)

- Content of the appendix
- Questionnaire (instrument) displayed
- Relevant figures, pictures, etc. displayed

<table>
<thead>
<tr>
<th>2. FIELD PREPARATION AND DATA COLLECTION AND COMPILATION (SUBTOTAL 20%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 FIELD PREPARATION (5 Points)</td>
</tr>
<tr>
<td>- Appropriateness of procedures taken in terms of getting prepare for data collection.</td>
</tr>
<tr>
<td>- Letter to concerned officials written</td>
</tr>
<tr>
<td>- Enumerators, supervisors, etc, selected and trained</td>
</tr>
<tr>
<td>- Necessary resources requested</td>
</tr>
<tr>
<td>- Necessary resources secured</td>
</tr>
<tr>
<td>2.2 DATA COLLECTION AND COMPILATION (15 Points)</td>
</tr>
</tbody>
</table>

- Data collection was conducted according to the proposed method
- Data collection took place according to schedule
- Appropriateness of measures taken for solving problems faced during data collection
- Measures taken for Reliability and Validity of Data
- Way of data management

3. DATA ANALYSIS, DISCUSSION AND INTERPRETATION AND WRITE UP OF THE REPORT (SUBTOTAL 30%)

3.1 DATA ANALYSIS, DISCUSSION AND INTERPRETATION (15point)
- Analysis was carried out based on the proposed dummy tables
- Appropriateness of statistical methods employed for analyzing data
- Data is inter – predated appropriately

3.2 DATA ANALYSIS, DISCUSSION AND INTERPRETATION (15 points)
- Report organized and written according to the formal of the department
- Objective and applicable conclusions and recommendations are forwarded
- Data analysis discussion, and interpretation and write up of report took place according to schedule

GRAND TOTAL (100%)
Annex 16: Student Research evaluation criteria

Name_______________________________
College __________________________
Department _________________________
Title of the research _______________________________________________

<table>
<thead>
<tr>
<th>S.No</th>
<th>Item</th>
<th>Lowest</th>
<th>Highest</th>
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<tbody>
<tr>
<td>1</td>
<td>Title</td>
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<tr>
<td></td>
<td>• Relevance: problem addressed is large</td>
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<td></td>
<td>• Feasible for researching</td>
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<td>2</td>
<td>Introduction</td>
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<tr>
<td></td>
<td>• Well addressed</td>
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<td></td>
<td>• Gaps shown clearly</td>
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<td>3</td>
<td>• Rationale of study explained</td>
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<td>4</td>
<td>Methods</td>
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<tr>
<td></td>
<td>• Study design appropriate</td>
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<td></td>
<td>• Study area well defined</td>
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<td></td>
<td>• Source &amp; study population well defined</td>
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<td></td>
<td>• Sampling &amp; instrument appropriate</td>
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<td></td>
<td>• Exclusion/inclusion criteria identified</td>
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<td>5</td>
<td>Results</td>
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<td></td>
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<tr>
<td></td>
<td>• Tables, figures &amp; graphs well formulated</td>
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<td>• Result coincide with the objective</td>
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<td></td>
<td>• Objectives clarified</td>
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<td>6</td>
<td>Discussion</td>
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<td></td>
<td>• Discussed well citing other similar works</td>
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<td></td>
<td>• Discussion focused on topic/area of interest</td>
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<td></td>
<td>• Conclusion well communicated</td>
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<td></td>
<td>• The Research findings well discussed &amp; communicated</td>
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</tbody>
</table>

Over all out of 100    _____________
Rating with other presenters
Evaluator __________________________________
Signature __________________________________
We are in the Community!