

MESAU COBERS EVALUATION

Outline for Assessing Competency in Community Needs Assessment

All students undergoing COBERS, whether individually or in groups should provide a report on their Community Health Needs Assessment (CNA – also called community diagnosis) as part of their COBERS experience. The CNA Report should include each of the sections shown below. A CNA Report may have more sections than shown below, but this outline is considered the minimum standard for all COBERS CNA Reports. A standard CNA score will be given for each report based on how well the report addresses each of the items in this outline. These scores will be used to assess competency in community needs assessment for the COBERS evaluation.

Community Needs Assessment Report Outline

Name of Community:

Date of Assessment:

Student(s):

1. Community Health Data

This section should report on the following types of community health data. The data can refer specifically to the community, or the relevant the health sub-district, district, or region.

a. Health conditions of the population. This section may include data on estimates of morbidity (e.g. disease incidence or prevalence), mortality (e.g. age specific or cause specific rates), malnutrition, or fertility

- Sources of this data include Demographic and Health Survey (DHS) reports, other surveys, hospital or clinic reports, or from disease surveillance reports. There should be an explicit statement that such data could not be found if none is reported.

b. Health services in the area. This section may include coverage rates for services (e.g. immunization, skilled birth attendance), or utilization of services (e.g. number of outpatient visits)

- Sources for this data include hospital and clinic reports, DHS or other survey reports, and health management information system reports. There should be an explicit statement that such data could not be found if none is reported

c. Health risks, which may include reports on risks from water and sanitation, other physical environment, biological, behavioral or social factors that contribute to poor health

- Sources for this data include: DHS or other survey reports, hospital or clinic reports, and observations from the CNA or key informant interviews from the CNA (see section 3, below). There should be data for this section in all CNA reports.

2. A hand-drawn map of a community (or communities) that includes the following items. If the item is not located in the community map, there should be a note on the map showing how far it is to the nearest one:

- a. Government health facility(ies)
- b. Private sector sources of health services (e.g. drug shops, traditional providers, etc.)
- c. Main roads

- d. Markets
 - e. Public sources of water
 - f. Solid waste disposal sites
 - g. Churches &/or mosques
 - h. Bars, brothels, and/or truck stops
 - i. Location of poor or otherwise disadvantaged population in the community relative to other members
3. Observations from site visits and key informant interviews from the following sources:
 - a. Village health teams. This section should indicate: (i) whether the VHT has a list of priority health & development issues for the community; (ii) whether a VHT health plan exists (if the VHT does not exist, the report should say so)
 - b. Community leader. This section should indicate: (i) type of leader (e.g. religious leader, elected official); (ii) priority health &/or development concerns for the community
 - c. School. This section should comment on what health education or school health programs are present in the school, if any.
 - d. Markets. This section should comment on health risks seen at the market (notably from traffic, garbage, unsafe food, other unsafe products, etc.)
 - e. Water source(s) for the community. This section should comment on whether the water source provides sufficient quantity to community members, and if there are any risks for poor quality of water.
 - f. Solid waste disposal. This section should report on how solid waste and/or human fecal waste are handled in the community.
 - g. Bar, brothel, and/or truck stop. This section should comment on the availability of condoms and safe sex information. If these services are not located in the community, comment on the distance to the community.
 4. Analysis of health priorities. This section should (i) identify a set of health priorities for the community; and (ii) reference to any of the information reported in sections 1-3 of the CNA report as a basis for the analysis.
 5. Future Research. This section should, as a minimum, describe a research question to address one or more of the problems identified in the CNA Report.
 6. Feedback. This section should report on what the student(s) have done to provide feedback on the CNA or related COBERS activities to any of the stakeholders identified on the community map (section 2).