

The Project Fund: APPENDIX 10

FINAL REPORT

PARTNERSHIP ACTIVITIES, SMALL-SCALE DEVELOPMENT PROJECTS AND LARGE-SCALE DEVELOPMENT PROJECTS

The total report may not exceed 8 pages (excluding Annex 1 – Budget Revision).

Aim:

The final report is the Danish organisation's report. Your reflections are important in terms of documentation and learning. It is therefore not the aim that the partner organisation completes the report on its own.

The final report can be used as a tool in your partnership to strengthen transparency and joint responsibility as described in "Position Paper No. 4. Partnership and Strengthening of Civil Society".

The final report is also an element in the Danish organisation's "track record" and can be taken into account in future assessments of applications from the Danish organisation with the same or other partners, as described in the Guidelines 2011.

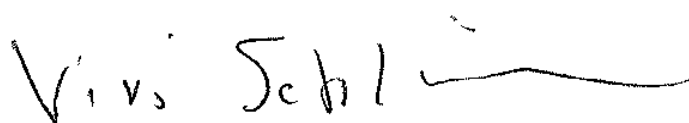
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| Danish applicant organisation: | DASAM (Danish Society for Occupational and Environmental Medicine) through its International Center of Occupational, Environmental and Public Health | | |
| Project title: | Capacity building in Occupational Health and Safety for health practitioners in workplaces in Tanzania | | |
| Journal nr.: | Reg.nr.: 12-1121-PA-apr | | |
| Country(-ies): | Tanzania | | |
| Period: | 17 – 22 December 2012 | | |
| Total budget: | 103,255 Dkr | Actual expenditure: | 94.525 |

28. march 2013

Date

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E-mail address



Person responsible (Signature)

Vivi Schlüsslen

Person responsible (Block letters)

1. Objectives and results achieved

- Explain in point form how the intervention has reached each objective and indicators and/or expected changes which have been described in the original application.

The objective of the intervention was to promote OHS (Occupational Health Services) in key health care facilities by improving the knowledge and skill of OHS among health care practitioners in agricultural areas, and to strengthening skills in reporting of injury, ill-health and health promotion interventions. The method used was a 5 days participatory training for 28 health care practitioners, medical students and MPH students. The course was a mixture of Interactive lectures, panel discussions, group work and presentation of group work by participants. The participants were introduced to the principles of BOHS (basic occupational health service). After an excursion to a small scale mining facility, 5 groups presented programs for dealing with specific hazards (noise, temperature, accidents, musculoskeletal problems, air pollution) at that particular facility and in general.

In the original application the main focus was the agricultural area, but the focus was broadened to include other sectors as well for example the mining industry. The course was planned for 50 subjects, but only 28 participated in the course. Otherwise the original planned intervention was followed.

- Describe how the strategy has led to the results/effects which were described in the original application.

The course included daily oral and written “recaps” and a final written and oral evaluation in order to evaluate the impact of the training. This was slightly different from the procedure described in the application (“Pre and post test will be administered to participants before and after the training to determine their understanding and skills acquisition”) but the performed evaluation is judged to be satisfactory

- Did implementation progress as planned? Yes
- If there were activities which were planned but not implemented, describe in point form and give a short explanation (only for the period since the last status report). All planned activities were performed
- Describe significant problems, opportunities and/or contextual changes which have influenced the intervention in a positive or negative direction. It turned out to be difficult for professional health care practitioners to join the course due to practical and economic reasons, and due to that half of the participants were students, mostly medical students. Though, from a preventive perspective medical students are a very important group to approach in order to implement BOHS in the society.
- Describe any changes and adjustments in the intervention’s strategy taken underway and what effect they had. Please see above.

For phased projects: Describe how the experiences for this current phase can be used to improve/adjust the strategy for any future phases. Not relevant

2. Adjustments of the intervention in response to the original letter of approbation from the Assessment Committee.

- Describe actions taken as a result of any “good advice” or suggestions concerning adjustments which were raised in the original letter of approbation from the Assessment Committee (It is not necessarily to fill this part out, if none were mentioned).

We chose to follow the very good advice. TAPOE will approach the participants by mail in order to evaluate

the effect of the course 3 month after finalization with questions about change of practice and level of knowledge.

- If you have chosen not to follow the advice, state the reasons why.

3. Monitoring and learning:

- How has important learning been gathered, systematised and shared?

It was a fine challenge to plan the course and develop course material together with the local partners. There was a fruitful exchange of knowledge, teaching methods and evaluation methods. All teachers were present during most of the course, and all material was handed out in a course map. Afterwards power point presentations from all lectures were exchanged between local and Danish partners.

It was our impression that important networks were initiated among the participants during the course, and we do expect that the participants will further disseminate their acquired knowledge to colleges.

- How will it be used in the future by the Danish partner, the South partners and in the partnership?

We are currently planning an application together with the objective to develop tools for BOHS among the farming population in Tanzania. This is possible now due to the exchange of academic, social and cultural skills and knowledge during the preparation of and the completion of the course.

- Has the Danish organisation participated in a Project Fund Workshop? Yes ___ No X___

4. Partnership

Give a specific account of how the intervention has contributed to strengthening the partners and your partnership.

We have during the preparation and the completion of the course exchanged academic, social and cultural skills and knowledge

For projects over 2 million: Describe how the intervention has sharpened the partners' profile and role as civil society actors (as described in A.4. in the original application).

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| 5. Principal reflections – general considerations |
| - Looking back on the entire project implementation process, what are the most significant changes which have occurred? |
| This course was the first course in Tanzania on BOHS for health care practitioners and medical/public health students. The corporation between very skilled local lectures and experienced specialist in Occupational medicine from Denmark created a very fruitful and inspiring learning situation and initiated networking across Tanzania and between Denmark and Tanzania, and laid the ground for more corporation in the future focusing on improving the working conditions for people in Tanzania |
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| 6. Information in Denmark. (Fill out only if there is a budget line for "Information in Denmark".) Not relevant |
| - Describe in point form the implemented activities. |
| - Explain how the information work has reached the objectives described in the application. |

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| 7. Summary of the accounts |
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| Total budget: | 103,255 d.kr |
| Actual expenditure: | 94,525 d.kr |
| Unused funds: | 8,551 d kr |

8. Budget adjustments and changes

- State any budget adjustments made or any funds transferred from the budget margin during the period since the last status report and made without prior approbation from CISU (as described in the “Guide to the administration of grants from the project fund 2011” sections 5.1. and 2.).
- All adjustments must be justified and a revised budget submitted.
- Compared to the original budget we used less money on activities (the venue, logging and material for the students) and more expenses on travel and hotel for the expatriate staff and also more on local staff and administrative salaries. The expense “venue” is partly covered under administration, which is one reason for the irregularities compared to the budget. Furthermore we underestimated the costs to hotel for the Danish participants. Taken together, the account were 8,551 dkr lower than stated in the budget.

9. Additional comments