



**HEALTH-AID**  
**IGP-SABOBA**  
**Italian-Ghanaian Project**  
**for the Rural-deprived in Saboba-Chereponi District**

[www.health-aid.org](http://www.health-aid.org)  
E-mail: [info@health-aid.org](mailto:info@health-aid.org)

Please help us improve our work and our programmes by giving us a feed-back of the experience you just attended. Your suggestions will be highly appreciated and your remarks very useful.

**EVALUATION FORM**

for short-term volunteers

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

Best/most exciting part of experience

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The thing(s) that you liked the least

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Additional things you should consider adding to the programmes, organization, and facilities

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Describe briefly in what ways you took part at the project activities, what were your duties, work and areas of interest

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How did the project benefit from your contribution and intervention?

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Information received before leaving	Good	OK	Poor	Why? _____
Travel and means of transportation	Good	OK	Poor	Why? _____
Lodging at Hotel and Guest House	Good	OK	Poor	Why? _____
Food and water supplies	Good	OK	Poor	Why? _____
Communication facilities	Good	OK	Poor	Why? _____
Local Staff support	Good	OK	Poor	Why? _____
Activities undertaken	Good	OK	Poor	Why? _____
Team work and group atmosphere	Good	OK	Poor	Why? _____
Leisure time	Good	OK	Poor	Why? _____

Comments on the above (if any) \_\_\_\_\_

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Could you improve your understanding of the African/European Culture?	Yes	No
Could you improve your knowledge of health problems in Ghana-Saboba?	Yes	No
Would you come back to Saboba for further cooperation and work?	Yes	No
Would you advise any friend to do the same experience?	Yes	No

Will you continue supporting HEALTH-AID in Italy/Ghana? Yes No  
How? \_\_\_\_\_

Thank you for taking some time to fill in this EF. Please feel free to attach any other complementary sheet with further notes and reports as you may think appropriate and send it to:

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