



INTRAH

TRIP REPORT # 0-19

TRAVELERS: Ms. Diane Hedgecock, INTRAH
Consultant
Mr. Jean de Malvinsky, IHP Staff
COUNTRY VISITED: CHAD
DATE OF TRIP: February 19-23, 1985
PURPOSE: Preliminary Needs Assessment

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EXECUTIVE SUMMARY

Ms. Diane Hedgecock and Mr. Jean de Malvinsky conducted an initial needs assessment to determine the commitment to, the infrastructure for, and the potential of family planning services and training of personnel in the Republic of Chad, from February 19-23, 1985. The exploratory visit was made under the auspices of the Program for International Training in Health (INTRAH) of the University of North Carolina and International Health Programs (IHP) of the University of California/ San Francisco. During the four day visit to Chad, the team had a series of meetings with a variety of GOC officials and personnel from international organizations and private agencies (see Appendix A).

USAID's Health/Population Liaison Officer and his assistant identified the appropriate individuals and concerned entities and accompanied and introduced the team at each meeting. The consultants met with decision-makers from the Ministries of Public Health, National Education, Social Affairs, Plan and Information. In addition, the INTRAH-IHP team had the opportunity to visit the National Health Training Institution and maternity hospital as well as to discuss training priorities and future plans for training the Chadian health sector with USAID, UNFPA, UNICEF, ILO, UNESCO, Swiss Cooperation and Médecins Sans Frontières. One of the major accomplishments of INTRAH-IHP's first visit to Chad was to organize a multi-sectorial meeting on February 21, 1985 attended by key GOC representatives from the Ministries of Public Health, Education and Social Affairs (see Appendix B). This work session was an attempt to stimulate discussion on an interministerial level around the topic of training various types of personnel in family health and family planning.

Among the major findings of the needs assessment visit to Chad were the obvious lack of available and trained health personnel and the need to provide in-service training to government personnel already working in health and health-related programs. In addition, health sector personnel currently receive training at the National Health Institution which suffers from inadequate facilities, a lack of teachers properly trained in pedagogical techniques and an inadequate curriculum.

The major constraint in exploring potential areas of interest in population/family planning is the lack of maternal and child health (MCH) focus in Chad. Concerning training programs, expressed needs focused around the training of trainers, training in management and training in curriculum development. The consultants found that although no population policy exists in Chad, there is a willingness among the Ministries of Public Health and Plan to discuss the feasibility of a family planning program.

The team recommends that upon the specific request of the Ministry of Public Health and/or other concerned ministries, a second visit be made by INTRAH which will include a 2-3 day inter-ministerial workshop. This workshop will focus on planning for the development of a series of training programs in family planning.

SCHEDULE OF VISIT

Tuesday, February 19

- 09.30 Meeting with USAID Representative Mr. John B. Wood.
- 10.30 General discussion with the USAID Health Liaison Officer, Mr. L.A. Callahan.
- 12.00 Meeting with the Director General of the Ministry of Public Health, Dr. Yankalbe Matchok Mahuri.
- 13.00 Meeting with the Director of Research and Professional Training, Ministry of Public Health, Mr. Saleh Ramadan.

Weunesday, February 20

- 08.00 Meeting with the Director of the School of Public Health, Mr. Lam Taokissam.
- 10.00 Meeting with the Director of General Administration, Ministry of Public Health, Mr. Haliki.
- 13.00 (Diane Hedgecock) Lunch with Samir Zoghby.
- 13.00 (Jean de Malvinsky) Lunch at Mr. and Mrs. Callahan's.
- 19.00 Dinner at Hotel Tchadienne with Dr. Sabwa, Représentant Adjoint of UNFPA.

Thursday, February 21

- 08.00 Group meeting at the Ministry of Public Health Conference Room.
- 12.00 Meeting with Mr. Hassan Adoum Bakhit Haggat, Director General of the Ministry of Plan and Reconstruction.
- 13.00 Meeting with the Chef de Mission of Médecins Sans Frontières (MSF), Dr. Claire Bourgeois, at the Chari Hotel.
- 15.00 Meeting with Mr. Isaac Tedanme, Training Specialist, USAID.
- 17.00 Meeting with Marie Christine Ferer of MSF.

SCHEDULE OF VISIT, cont.

Thursday, February 21

19.00 Dinner with Dr. Sabwa and his team (UNFPA).

Friday, February 22

08.00 Meeting with Dr. Jean-Maire, Swiss Cooperation.

09.00 PASP

10.00 Meeting with Mr. Robert Sarr, UNICEF.

11.00 Meeting with Dr. Grace Kodindo (Maternity) to see the maternity ward in N'Djamena.

14.30 Meeting with Dr. Barou Djouater, Director of of Pharmacies (Public Sector).

19.00 Debriefing Mr. L. A. Callahan, USAID Health Liaison Officer.

Saturday, February 23

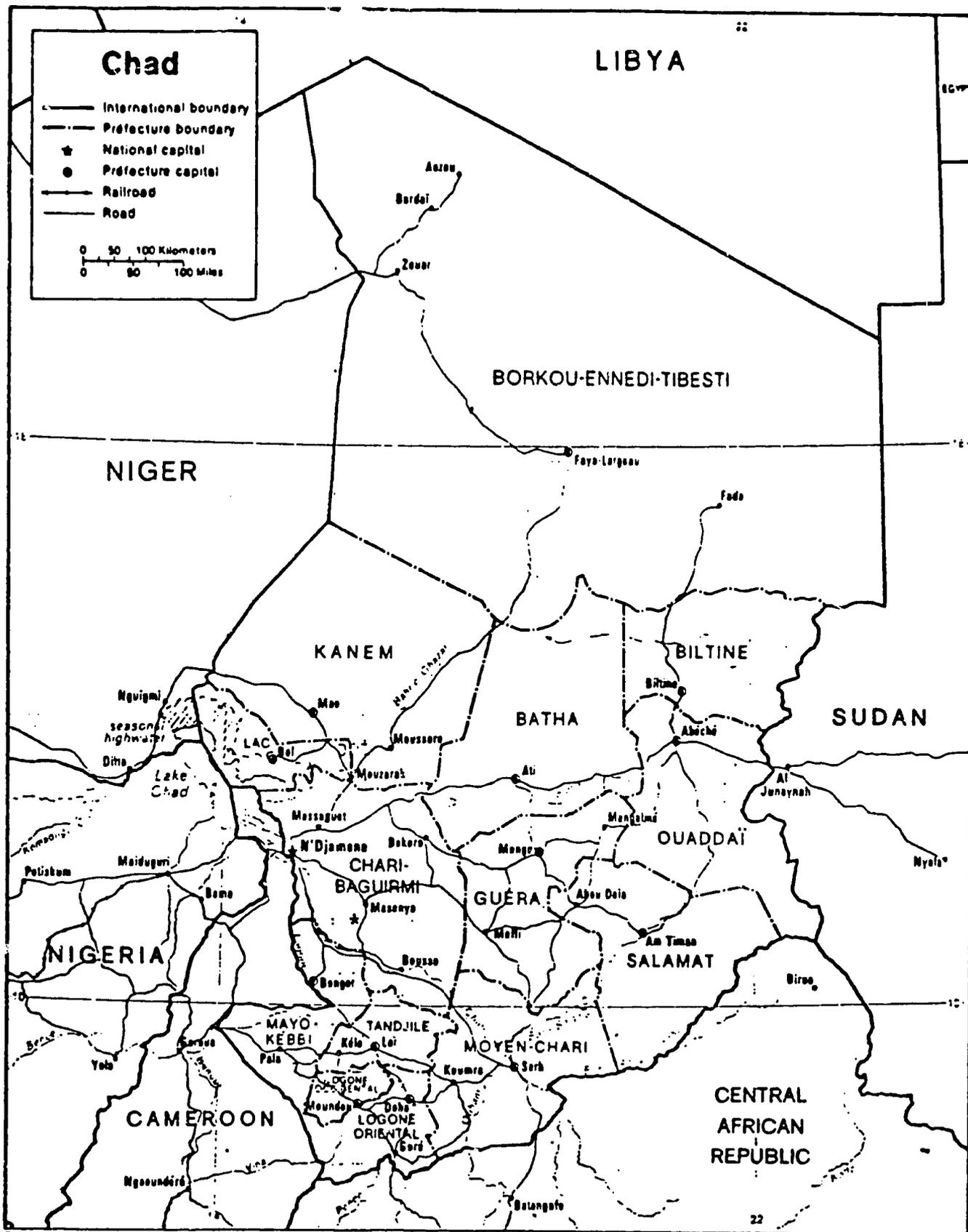
08.00 Debriefing with USAID Representative, Mr. John B. Woods.

09.00 Debriefing with U.S. Ambassador Moffat.

10.00 Debriefing with Dr. Yankalbe Matchok Mahuri.

17.00 Departure from N'djamena to Paris.

MAP OF CHAD



Base 505125(A00109) 5-82

Chad: Population Data

Total Population (1983)	4,990,000
Per Capita GNP (1981) in U.S. dollars	110
Annual Per Capita Growth Rate (70-81)	1.5%
Annual Rate of Inflation (70-81)	7.8%
Life Expectancy at Birth (1982)- Total	41.2
- Male	39.8
- Female	42.8
Population Growth Rate	2.4
Population Doubling Time (yrs.)	33
Urban Population (1983)	20%
Crude Birth Rate	44
Crude Death Rate	23
Population Projected (2000)	7,200,000
Infant Mortality Rate	210
Total Fertility Rate	5.9
% of Population under 15 / over 64	42 / 4
People per Physician (1983)	40,000
Child Death Rate (ages 1 - 4)	32
Major Causes of Illness (1983)	Malaria, Parasitic Diseases
Major Causes of Death (1983)	Malaria, TB, Malnutrition
Per Capita Caloric Supply as a % of RDI (1977)	72%
% of Population with Access to Safe Water (1975)	26%
Dependency Ratio	7 - 1

I. PURPOSE OF TRIP

The purpose of this consultancy assignment to Chad was as follows:

- to carefully assess the commitment to, infrastructure for, and potential of family planning services and training of PAC workers.

The needs assessment checklist provided by INTRAH was used and the following items are incorporated in this report:

- a. written answers to each question/area of the checklist;
- b. background material, organizational charts and any other descriptive information that is made available to the team;
- c. an inventory of names and positions of those who should be involved in project planning;
- d. inventory of names and positions of those who will require training outside of Chad if they are to be effectively involved in:
 - (1.) training
 - (2) organization of services
 - (3) clinical service delivery; and
- e. potential areas where other cooperating agencies should become involved.

II. ACCOMPLISHMENTS

In accordance with the scope of work provided by INTRAH the following was accomplished by the consultants during their needs assessment trip to Chad:

- A. A series of meetings and interviews were held with approximately 25 individuals representing different government ministries and major donor agencies working in the health sector. The consultants discussed training needs for health and community development workers as related to family health and family planning services

in Chad with five government ministries, Public Health, Social Affairs, Plan, National Education, and Information. The team had extensive discussions with international agencies such as UNICEF, USAID, UNFPA, Médecins Sans Frontières, Swiss Cooperation, etc. on future plans for projects in family planning and training activities in family health.

- B. A round table discussion was convened with participants from four government ministries to discuss the purpose of INTRAH's visit, general training needs of health personnel in Chad, and most specifically training needs for PAC workers in family planning.
- C. Visits were made to the National School of Public Health and the maternity hospital to review school curricula for training of health personnel and to observe a family planning facility.
- D. The INTRAH team received a request, to be confirmed by the MOH/CHAD and USAID/CHAD, to conduct a 2-3 day inter-ministerial workshop that will focus on identifying a program plan for training activities in family planning and family health.
- E. Debriefing meetings were held with USAID/American Embassy officials and the MOH at which time a draft needs assessment report was distributed (see Appendix C).

III. BACKGROUND

This trip to Chad was a first visit for INTRAH-IHP and was made to determine the exact nature of training needs for PAC workers in family health and family planning. Since 1975 Chad has undergone tremendous conflicts among warring political

factions in the fighting, escalating between 1980 and 1982. A new government was created in 1982 under President Hissein Habre. At this point in time, the Government of Chad (GOC) is attempting to build a health care infrastructure where even basic health services can be offered to the population. Primary health care (PHC) and maternal and child health (MCH) programs are only in the developmental stage and exist as demonstration activities in the capital and in nearby areas.

The USAID mission in Chad has recognized the magnitude of training needs for the health sector. After surveying the information available on training programs, it contacted INTRAH as a potential USAID centrally-funded program that could assist the GOC in its attempt to retrain existing health personnel, strengthen pre-service educational institutions, and assist new program areas such as PHC and MCH. The intention is to include a more dynamic training approach with particular focus on family health in their projects. The Health/Population Liaison Officer/Chad was familiar with the training activities implemented in Mali through INTRAH-IHP's assistance. Therefore, INTRAH-IHP responded to a request made by the USAID/Chad mission which had the approval and interest of the MOH officials.

IV. DESCRIPTION OF ACTIVITIES

The INTRAH-IHP team held meetings with officials of government ministries and international, private, and bilateral organizations during their four-day trip to Chad. During this visit the consultants identified the following information as key elements in an assessment of training needs, programs, services and policies in the area of family planning and family health.

1. Background Data

Chad, a land-locked country of 1,284,000 km², has a highly diversified population estimated at 4.9 million with the majority earning their living from agriculture and livestock. Isolation, hostile climate, protracted political instability and conflict make Chad one of the poorest 2-3 countries in the world (per capita GNP \$110) with all the characteristics of severe underdevelopment : adult literacy of less than 15%, infant mortality rate between 146-210 per 1000, and life expectancy of 43 years. After 18 years of civil strife, Chad faces massive reconstruction efforts.

Population pressure is rising, especially on the arable land in the south, 36/km²; however toward the north the density is 1/10 km². Population growth in Chad is one concern to the government as it examines its current poor socio-economic base.

Government health services cover only a small portion of the population. Almost all of the health budget is devoted to curative services in urban areas. Most treatment is provided by expatriate medical staff outside the MOH. In fact, there is almost a complete dependence of Chad upon donor assistance to maintain a minimal infrastructure. Donors provide medicines, equipment, training, logistic support and personnel to about 70% of the population. For example, MSF operates out of 8 prefectures or regions in Chad with 56 medical personnel. In the south various church groups and missionary hospitals and medical centers provide health care services to the population. The last detailed analysis of health services was done in 1970.

The Ministry of Health has been reorganized (see Appendix D) with both primary health care and maternal and child health care services only in a developmental stage. One exciting innovation implemented by the MOH is the establishment of a coordinating committee composed of represen-

tatives from the different donor organizations and MOH divisions. The committee (CCASS) serves as a forum where plans, coordination and discussions on health projects and activities occur. Additional information on Chad and its health conditions and infrastructure can be found in USAID/Chad's Country Development Strategy Statement and Africare's ORT proposal (see Appendices E & F).

2. Policy

Family planning is seen by government officials as a health-related program that must be approached in a careful and sensitive fashion (see Appendix G). There is currently no family planning service system in place in Chad. However, some family planning services are delivered at the MCH clinic (SMI) and at the maternity hospital, both located in N'Djamena. There is no population policy for Chad, but unlike other neighboring Sahelian countries, the 1925 French law prohibiting birth control is not referred to. The only law on record is one against abortions, except those cases affecting the mother's health.

Interviews with policy-makers in both the Ministries of Public Health and Plan state that there is an awareness on the part of public officials of the disequilibrium between increasing population, 2.4% PGR, and a decreasing economic base. The government is concerned that a better balance be sought; therefore, government leaders are examining carefully what elements of a child-spacing program would be appropriate and acceptable to Chad. Other government ministries are very cognizant of growing population problems; e.g., Social Affairs and Education. To date, there is no financial support of family planning services, although both UNFPA and USAID are interested in assisting GOC in the development of a program. No studies, needs assessments, or surveys have been done.

3. Family planning/family health services.

Family planning services are minimal and extremely limited. Only two facilities in the public sector provide services at the MCH (SMI) clinic and at the maternity hospital. Services consist of tubal ligations (approximately 2-3 per month) for women of all income levels and insertion of IUD's (2-4 per week). No contraceptives are available on-site and must be bought by prescription at the private pharmacies. Contraceptives are extremely expensive, e.g., IUD -\$35 each; one month's supply of pills - \$1.50. Prescriptions are also done by private physicians. Health personnel cite that the demand and need for family planning services is there but constrained by cost. Only the wealthy can utilize the family planning services as provided. However, at the maternity hospital illegal abortions are reported at an estimated 6-7 per day, ranging from adolescents to low income multiparous women. Current economic conditions in Chad seem to be a major factor in the increasing numbers of reported abortions.

The GOC does not support an aggressive family planning program but is willing to develop a sensitive child-spacing program. The Director-General of the MOH has already indicated his willingness to distribute condoms and oral contraceptives within a planned and coordinated distribution strategy. Several Chadians have been trained in reproductive health (see Appendix H) and USAID plans to sponsor a total of 5-6 short-term fellowships in FY 85 in reproductive health.

No information or education on family planning is provided on a regular basis. Some discussion occurs at the social centers and a minimum is provided as a part of postnatal patient education at the maternity hospital, but given the cost of contraceptives these sessions are of limited use. In addition, the majority of personnel have not been trained in family planning. Certainly TBA's and VHW's have not received any information on family health. No books, documents, or manuals are available regarding family planning.

4. Training

MOH officials estimate more than half of the physicians have left Chad, leaving only 30-40 Chadian physicians in the entire country of whom 50% are in private practice. A new government regulation only requires a physician to serve five years in civil service before he can go into private practice. Urban-rural distribution of personnel is uneven. Of approximately 2,000 MOH salaried personnel, half are located in N'Djamena. Many of the existing staff received insufficient initial training and over the past years of internal strife have not functioned as health workers. In summary, the needs for training personnel in health are overwhelming, ranging from the training of trainers and teachers, to curriculum development and other in-service training activities.

The National School of Public Health has been reopened since the Spring of 1984 (Appendix I). There are two educational levels: the first which has 177 students is a two-year program for LPN's, child care and social assistants and sanitation workers. The second is a higher level (133 students) three-year program started this year for RN's, nurse-midwives and sanitation technicians. There are currently over 300 students with 13 full-time professors and 27 part-time teachers. Only 5-6 professors have been officially trained in education and pedagogy; others receive a short initial orientation. There are currently only two classrooms for the school and no library. The Swiss Cooperation has assisted the professors in establishing a curriculum for each course. Twice a week the staff convene to review and revise the curricula (see Appendix I). The structure of the curricula utilized is good, including pertinent learning and educational objectives that are measurable and comprehensive; however, the content of the curricula is primarily out of textbooks and does not adequately apply to Chadian health programs and the types of activities performed by the level of the health personnel trained.

Training does include theoretical training as well as practical demonstration sessions and internships. Review of the curricula does not indicate any focus on primary care, family health or family planning. A workshop is being planned for this year to train trainers in teaching techniques.

In-service training exists only intermittently and is provided by donor agencies. In the 8 prefectures where MSF operates, training of government health personnel is provided by expatriate staff. No training program has been established but is done according to prevailing needs of staff at each of the medical centers. Traditional didactic methods are used and the focus is on curative services. In addition, UNICEF and WHO have financed several workshops and seminars on EPI and PHC. UNICEF has sponsored a large PHC demonstration project which includes the training of village health workers and traditional birth attendants as well as in-service training of health personnel in the demonstration area. Training techniques are conservative and follow a formal teaching format with no inclusion of family planning content in the training course.

The INTRAH team was not able to meet individually with Ministry of Social Affairs personnel. However, social assistants and aides are trained at the School of Public Health. Their curriculum does not indicate any inclusion of discussion on family health and family planning. However, these personnel are responsible for doing nutrition education and conducting prenatal/postnatal counseling and "under-fives" clinics. Some health education talks are given on child-spacing to women in the social centers in N'Djamena although staff have not been specifically trained in the area of family planning.

5. Donors

Médecins Sans Frontières - a Franco-Belgian PVO has 56 medical staff which provide on-the-job training for Chadians, gather epidemiological data, develop standard drug lists and treatment manuals, and conduct continuing nutrition surveys.

League or Red-Cross Societies operates food distribution centers and supplementary feeding centers.

FAC- supports EPI activities.

UNICEF- continues to supply medical equipment, basic medicines, and vaccines. They have financed with MCH services/MOH a PHC training program with a particular focus on strategic childhood interventions (GOBIFF).*

WHO - provides limited supplies of vaccines and cold chain equipment and have been of some assistance to the National School.

CARE - distributes the PL 480 program.

Swiss Cooperation - among its activities is the technical assistance to the National School of Public Health in curriculum development.

USAID - has a variety of assistance activities to the health sector. They have set up a successful management system for the public sector pharmacy centers. \$ 1.2 m. worth of drugs have been contributed by USAID. USAID will soon have its Health Planning Restoration Activity awarded which will establish a central planning unit within the MOH. Through the training of personnel and the development of a health information system, the MOH will be able to assess health needs and establish priorities for planning purposes. USAID through contract with Africare will establish a national ORT program.

* growth monitoring, breast feeding, immunizations, family planning, female education/employment, food supplementation.

Concerning population, USAID/Chad would like to utilize centrally-funded population programs, such as PAC II. A Rapid II presentation has been done in-country and USAID hopes to continue with future presentations to the Council of Ministers, the President, etc. USAID has indicated an interest in using the Development Law and Policy Project to further facilitate policy development in the MOH. USAID has been active in providing long-term and short-term training to Chadian health personnel in planning, administration, PHC, and reproductive health. USAID plans to continue its assistance by identifying additional resources for training, I.E.C., policy, contraceptive supplies, etc. in the population sector.

UNFPA - During INTRAH's visit to Chad, a UNFPA team was conducting a needs assessment for a potential UNFPA project in population/family planning. That team (composed of representatives from UNFPA, UNICEF, UNESCO, ILO) was identifying potential program interest areas in family health. A second team will come in April to finalize the program development with funding approval hopefully granted in Fall of 1985. Topics to be included in their report are:

- training of teachers in population (national workshop)
- curriculum development (population/population education component);
- training of journalists (assistance with radio health programs);
- supply of contraceptives to SMI and maternity hospital;
- reproductive health component in high school science course;
- training of trainers;
- in-service training for MCH personnel;
- long-term training of health personnel; and
- national policy seminars/workshops.

UNFPA will work closely with many of the ministries and will encourage a multi-sectorial national program. UNFPA's project will be for 3 years and will amount to an estimated \$ 350,000 per year.

V. CHART OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>Chad is in the process of recovering from war, political instability, heavy personnel and infrastructure losses and currently encountering a drought/famine and a serious socio-economic situation.</p> <p>Chadian health system being reoriented toward PHC. Currently, PHC and MCH activities are minimal. MOH is weak with deteriorated facilities and equipment and lack of trained personnel, materials and transport. Focus is on basic curative health services.</p> <p>The MOH has been reorganized with strong leadership and management from the Director-General. There is an established Health Sector Coordinating Committee, composed of donor agencies and MOH personnel. Recently a new Ministry of Affaires Sociales et Promotion Feminine was established which also provides MCH services, e.g. pre-natal, under-fives, nutrition education without trained health personnel.</p> <p>Increasing awareness on the part of the government officials of imbalance between resources and increasing demographic situation. Increased numbers of illegal abortions, demand for family planning services despite high costs of contraceptives, increased adolescent pregnancies all have put pressure on health officials to examine mechanisms and strategies for child spacing program. There seems to be strong interest in such a program if a sensitive approach is established. Director-General of MOH willing to distribute oral contraceptives and condoms and clinic health personnel are seeking contraceptive supplies for their facilities. Some educational discussions are held with women on family planning.</p>	<p>Chad has major dependence upon donor assistance to reconstruct and even provide basic health infrastructure.</p> <p>Chad and in particular MOH has a wide variety of needs including the establishment of a viable health infrastructure.</p> <p>MOH is attempting to undertake a revitalization and assume direction by coordinating its activities. Confusion exists about the exact nature of functions and responsibilities in MCH as divided between the MOH and MSAPP.</p> <p>Government officials feel comfortable without population policy, thereby allowing them to address subtly family health issues. Government officials interested in demographic planning, population data. Increased importance placed on MCH.</p> <p>Chad may have more immediate priorities for the health sector at this time but it is apparent that government officials at the highest level are aware of their demographic problems. It seems as if Chad is ready to begin a pilot family planning program.</p>	<p>MOH needs to determine among its many diverse existing needs which are of utmost importance and priority.</p> <p>Donor agencies and technical assistance agencies need to determine whether their program areas can be supported and maintained given a weak infrastructure.</p> <p>Any training or program development activity undertaken by INTRAH needs to have the participation of both ministries. Coordinating committee could have a training sub-committee to identify needs and coordinate activities in health training.</p> <p>INTRAH should take advantage of this positive attitude toward family health to begin in-depth discussions with MOH on integrated MCH/FP training efforts. INTRAH-IHP conduct 2-3 day multi-sectorial workshop to assist MOH and other concerned ministries to determine priority areas for training in family health with particular focus on family planning as an element of PHC. An outcome of the workshop will be the development of a training program. Participants should come from Ministries of Public Health, Education, Social Affairs, Information, Community Development and selected donor agencies.</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>USAID has provided short-term training to health personnel in reproductive health at JHPIEGO. Those trained and to be trained are extremely interested in family planning and serve as advocates for the establishment of a FP program in Chad.</p> <p>Government has indicated that health and education/training are the top development priorities for Chad. USAID has been active in seeking training assistance in health and increased awareness about population through Rapid II presentations, participation in DDDS workshop in Bamako, and development of health planning unit.</p> <p>USAID, UNFPA and UNICEF all are interested in stimulating and facilitating a focus on family health /family planning in Chad.</p> <p>Many of the donor agencies provide training but in a traditional didactic format. All have indicated a need for in-country training capabilities. All see the need for including either a PHC and/or a family planning component in existing training programs.</p>	<p>Although there is no population policy, these personnel participating in population presentations are in training sessions and are determining future program policies and directions in the area of family health and family planning.</p> <p>Donor agencies perceive interest and increasing attention given to MCH needs by Government of Chad.</p> <p>Current donor agencies operating in Chad have weak training capabilities. No attempt has been made to correlate task analysis with the design of training activities nor develop innovative materials and approaches to training. Given the current situation in Chad, attention has been given to quick on-the-job training in order to proceed with the basic delivery of health care.</p>	<p>It is timely for INTRAH-IHP to begin technical assistance to Chad in training of PAC workers given the awareness of demographic problems, demand for family planning services, interest of key MOH personnel and other donor agency involvement.</p> <p>INTRAH-IHP activities or any other USAID-centrally funded population activity be coordinated and closely integrated with other donor agency activities, specifically with the new UNFPA project. The team believes that family planning activities can be included and will complement other donor-sponsored programs.</p> <p>INTRAH-IHP work with other donor agencies in developing a national cadre of trainers. The MOH develop job descriptions and conduct task analyses in order to develop sound pre-service and IST activities. Mutually-supportive activities should be developed between GOC and donor agencies.</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>Round-table meeting generated a listing of needs around clinical training, management training, and the training of trainers. There are tremendous needs in the area of training, particularly in the training of health professionals for the national school, qualified health personnel at mid-management levels.</p>	<p>Despite the enormity of training priorities for health personnel in Chad, the emphasis is placed on curriculum development, the development of national training capabilities, and improved pedagogical techniques. Through this initial round-table discussion, there is demonstrated capacity to plan for a multisectorial training program in family health.</p> <p>USAID Health/Population Officer in Chad will continue to carry on a dialogue with MOH officials concerning specific training needs. In addition, he will also see that training needs outside the area of INTRAH-IHP's capabilities will be coordinated and/or delegated to other, more appropriate USAID centrally-funded population programs.</p> <p>No training should be conducted without an analysis of tasks performed by health and PAC workers in MCH.</p> <p>The consultants were extremely struck by the magnitude and scope of need for assistance in health training. A tremendous need for training is only exacerbated by a health infrastructure that is in the process of being reconstructed. Training of personnel does not suffice if the actual health service delivery system, management and administration, and distribution and supply channels are not, in reality, responsive to the needs of the personnel.</p> <p>The INTRAH-IHP team stated explicitly that since this is an exploratory visit to Chad, no commitment can be made for financial and technical assistance until the needs are reviewed and discussed by INTRAH and AID/W.</p>	<p>INTRAH-IHP's areas of expertise correspond to the current training needs of Chad PAC workers. INTRAH-IHP, if technical assistance is approved for support to Chad, should conduct training in the following areas:</p> <ul style="list-style-type: none"> -curriculum development -assist training institutions to incorporate PHC and family planning components into pre-service curricula. -train institutional educators in pedagogical techniques. -training of trainers for in-service training -clinical training in family planning -management of family health programs -assist MOH and donor agencies to incorporate a family planning component into PHC and other in-service training activities. -audio-visual techniques, possibly mass-media. e.g., radio health messages. <p>If a request is made for a second INTRAH-IHP visit, INTRAH-IHP needs to be ready to make a financial commitment in order to assure the provision of any further technical assistance requested by the Government of Chad. In addition, any training contemplated for family planning should be multi-sectorial and extended to include those working in community development and health-related programs.</p> <p>Lastly, INTRAH should send two libraries on family planning topics, to the MOH for distribution to the MCH clinic and the National School of Public Health.</p>

APPENDICES

APPENDIX A

PERSONS CONTACTED

USAID

Mr. John WOODS, Mission Representative
Mr. Loel CALLAHAN, Mission Health / Population Liaison Officer
Mrs. Vanessa UGATTI, Assistant Health/Population Representative
Mr. Isaac TEDAMBI, Training Specialist
Mr. Samir ZOGHBY, General Development Officer

US. EMBASSY

Ambassador MOFFAT

GOVERNMENT OFFICIALS

Dr. Yan Kalbe Matchock MAHUM, Director-General,
Ministry of Health (MOH)
Mr. Saleh RAMADAN, Director of Research and Professional Training
(MOH)
Mr. Lam Tao KISSAM, Director of School of Public Health, MOH
Mr. Waliki TIDEIMI, Director General of Administration, MOH
Dr. DJEDOUBOUM-TOMOU, Chief of Primary Care Services, MOH
Dr. Kono NOUDJALBAYE, Chief of Maternal and Child Health Services, MOH
Dr. Grace KODINDO, Maternity Hospital, MOH
Mr. Katymia EZECHIEL, Chief of Scholarships and Training, MOH
Dr. Helena TCHIOUNA, Chief of EPI, MOH
Dr. Amoula WAYA-HOUMA, Director of Public Health, MOH
Mr. Hassan ADOUM-BAKHIT, HAGGAR, Director General,
Ministry of Plan (MOP)
Mrs. Selquet ACHATA, Chief of Community Development and
Cooperative Action, Ministry of Social
Affairs and Women's Development (MOSAWD)
Mr. Bekaigoto DINGAMSOULA, National School of Teachers,
Ministry of Education (MOE)

OTHERS

Dr. Robert SARR, UNICEF Representative

Dr. Sabwa a MATANDA, UNFPA Deputy Representative, and
Senior Advisor on Population (Based
in Ouagaddougou, Burkina- Fasso)

Dr. Angelika SOLHEIM, UNESCO. Population Consultant
(Based in Dakar, Senegal)

Ms. Hélène POUR, ILO, Population Representative
(Based in Geneva)

Dr. Claire BOURGEOIS, Chief of Mission,
Médecins Sans Frontières

Dr. Jean MAINE, Swiss Cooperation.

APPENDIX B

LIST OF PEOPLE PRESENT AT MEETING HELD ON FEBRUARY 21, 1985 AT THE MINISTRY OF
PUBLIC HEALTH'S CONFERENCE ROOM ON BEHALF OF THE INTRAH TEAM.

1. BEKAIGOTO Dingamsoula,
Enseignant,
Education Nationale,
Ecole Normale d'Instituteurs,
N'DJAMENA.
2. DE MALVINSKY Jean,
Coordinateurs de Programmes,
Université de Californie San Francisco,
210 High Street, Santa Cruz,
California.
Tel: 408-429-2678
3. UGATTI Vanessa,
Assistante au Représentant de la Santé,
USAID,
N'DJAMENA.
Tel: 30-93
4. HEDGECOCK Diane,
Consultante,
Université du Caroline du Nord,
Chapel Hill,
N. C. 27519
5. Dr. DJEDOUBOUM-TOMOU,
Responsable P.N.S.S.P.,
Ministère de la Santé Publique,
Soins de Santé Primaire,
N'DJAMENA.
Tel: 35-27/20-19
6. Saleh Ramadan
Directeur des Etudes et de la Formation Professionnelle,
Ministère de la Santé Publique
N'DJAMENA.
Tel: 37-98
7. Dr. Kono Noudjalbaye,
Responsable SN SMI/RF
(Santé Maternelle Infantile),
Ministère de la Santé Publique, (Polyclinique)
N'DJAMENA.
Tel: 30-19
8. KATYMIYA Ezéchiel,
Chef de Programmation Bourses et Formations,
Ministère de la Santé Publique,
Direction des Etudes et de la Formation Professionnelle
N'DJAMENA.
Tel: 37-98

9. HALIKI TIDEIMI,
Directeur de l'Administration Générale,
Ministère de la Santé Publique,
N'DJAMENA.
Tel: 27-74

10. LAM TAOKISSAM,
Responsable ENSPSS,
Ecole Nationale de la Santé Publique et Services Sanitaires,
Ministère de la Santé Publique,
N'DJAMENA.
Tel: 23-99

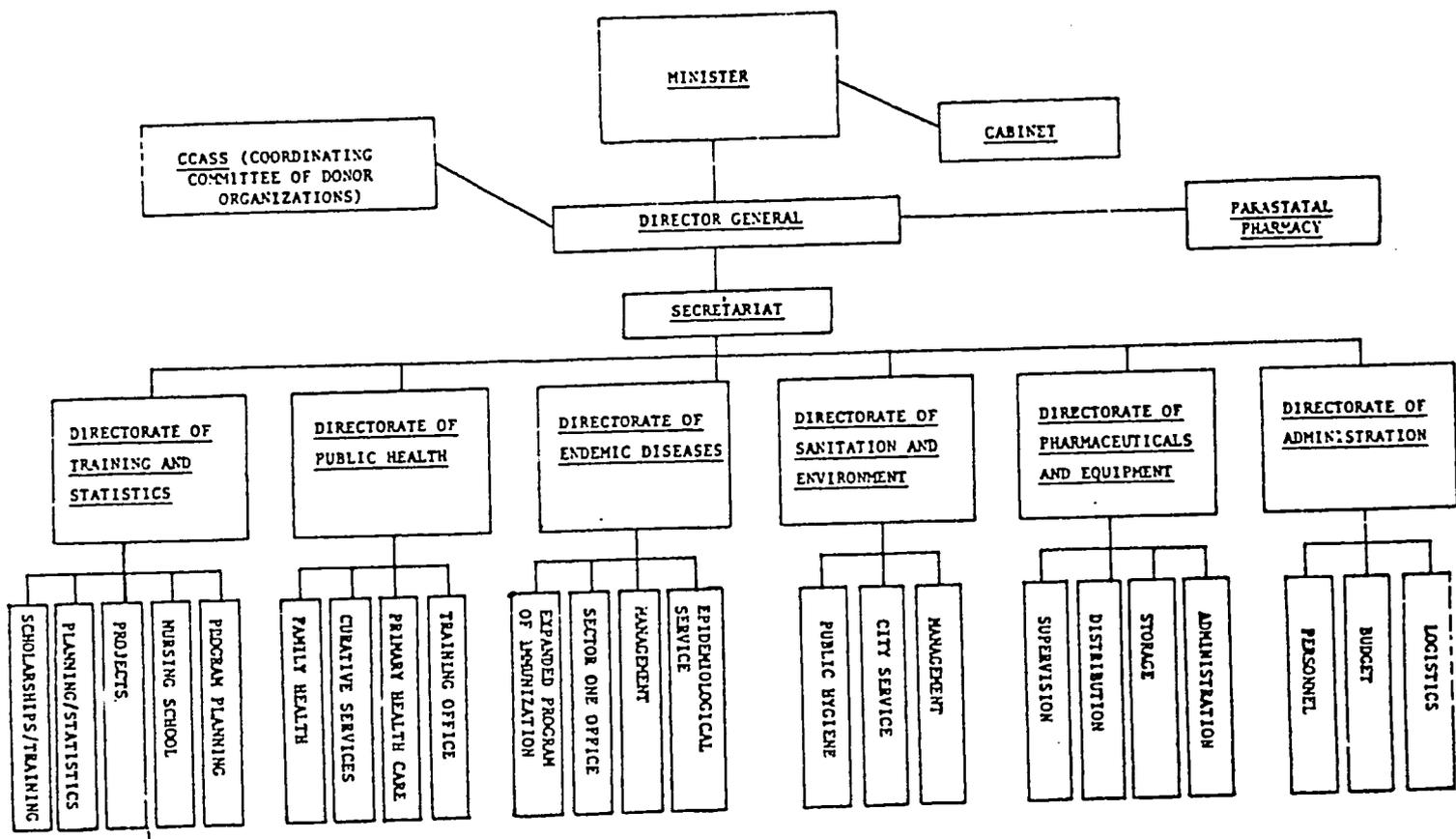
11. Mme Selguet Achta,
Chef de Service de Développement Communautaire
et Actions Cooperatives,
Ministère des Affaires Sociales et la Promotion Féminine,
N'DJAMENA.
Tel: 23-51

12. Dr. HELENA-TCHIOUNA,
Médecin Chef Secteur N° 1,
Responsable P.E.V. (Programme Elargi de Vaccinations),
Ministère de la Santé Publique,
Secteur N° 1 GE - B. P. 759,
N'DJAMENA.
Tel: 23-70

13. Dr. AMOULA WAYA-HOUMA,
Directeur de la Santé Publique,
Ministère de la Santé Publique,
B. P. 440,
N'DJAMENA.
Tel: 25-57

Organizational Chart: GOVERNMENT OF CHAD, MINISTRY OF HEALTH (MOH)

AID/CHAD: April 1984



APPENDIX H

CHADIANS TRAINED IN FAMILY HEALTH/REPRODUCTIVE HEALTH

Mr. Saleh RAMADAN, Director of Research and Professional Training
Trained at JHPIEGO (1983)

Mme. Madeloum TABANE, Midwife at maternity hospital
Trained at JHPIEGO (1984)

Dr. Yankalbe MATCHOK MAHURI, Director General of MOH
Trained at UNC (1984)

Dr. Kono NOUDJALBAYE, Chief of MCH to be re-trained at
JHPIEGO (April 1985)

Dr. Tahir MAHAMAT, Chief of Abéché Hospital
to be trained at JHPIEGO (April, 1985)

3-4 additional health personnel to be trained in 1985.

APPENDIX J

PERSONS TO BE CONTACTED DURING FUTURE INTRAH VISITS

Dr. Abdoulaye DJIG-DJAG, Maternity Hospital, MOH

Dr. Kono NOUDJALBAYE. Chief of Maternal and Child Health Services
MOH

Mrs. Madeloum TABANE, Midwife, Maternity Hospital, MOH.

MINISTRY OF SOCIAL AFFAIRS:

Dr. DAGAL, School of Public Health
(22-33-99).