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PROGRESS REPORT
(JULY 1 - DECEMBER 31, 1982)

FAMILY HEALTH INITIATIVES COOPERATIVE AGREEMENT
No. AFR-0662-A-00-1088-00

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Submitted by

The Centre for Development and Population Activities

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I. INTRODUCTION

This report summarizes activities carried out under the Family Health Initiatives Cooperative Agreement No. AFR-0662-A-00-1088-0 from July 1 - December 31, 1982.

The overall purpose of the Cooperative Agreement is to improve and extend the delivery of family planning/health services through the availability of more trained managers who can implement integrated projects for the benefit of their communities in francophone Africa. The CEDPA model for obtaining this goal is based on a step-by-step strategy which includes technical assistance, institution-building, and development of integrated, community-based projects. The model begins with preparing the women through a Washington-based workshop, then encourages them to take initiative and leadership in the implementation of an in-country workshop. At the conclusion of the in-country training, CEDPA and the in-country team work together to provide technical assistance to the in-country participants as they develop integrated projects.

This report covers: 1) the implementation of the second in-country workshop and 2) follow-up technical assistance in two countries.

II. OBJECTIVES -- July 1 - December 31, 1982

- Conduct the second in-country workshop and training of trainers;
- Establish Follow-Up Units in two countries where workshops have been completed; and
- Review project proposals developed by WIM alumnae in the two countries where workshops have been completed.

III. TOGO IN-COUNTRY WORKSHOP

Background

A two-part feasibility study for an in-country workshop in Togo was carried out in January/February and June 1982. The identification of Togo as a workshop site, selection of the Association Togolaise pour le Bien-Etre Familial (ATBEF) as a collaborating organization, method of participant selection, program planning and activities regarding government support are outlined in the January 1 - June 30, 1982 Progress Report.

Overview

CEDPA, in cooperation with ATBEF, conducted the second in-country workshop under this Cooperative Agreement for mid-level women managers of family planning and health programs August 16-28 in Kpalimé, Togo. The two-week workshop was attended by 24 women representing all six regions of Togo, and was held at the Grand Hotel 30 août outside Kpalimé, which is two hours by car northwest of Lomé near the border with Ghana. The participants represented the Ministries of Public Health, Social Affairs and Women's Condition, and Rural Development. One participant represented ATBEF.

There is no official population policy in Togo designed to address issues of high fertility (2.9% annual increase); high incidence of infant mortality (100 per 1,000 births); and high rates of rural to urban migration (Lomé's annual growth is 15%). The absence of such a policy reflects the significant pro-natalist leanings (e.g. support for dependent children) of the GOT.

Despite the absence of an official population policy, in 1976 the GOT issued a decree giving full legal status to ATBEF, a voluntary family planning association affiliated with IPPF. ATBEF is attempting to build a nationwide network of family health and family planning services through both clinic-based services and an IE&C program. In 1972, the GOT also authorized the development of a government Program for Better Family Life (Programme National pour le Bien-Etre Familial). Although this program has funds to provide contraceptives to twelve Ministry of Public Health clinics, it has only one professional staff person and thus relies heavily on coordination with the ATBEF volunteer network and program for the implementation of its work.

The GOT, in practice, maintains a laissez-faire attitude towards family planning. Contraceptives provided by international donors are being distributed, in a very limited way, as part of Ministry of Health services. Service statistics on the number of total family planning acceptors in Togo and contraceptive usage are not available. It has been reported, however, that in 1980 contraceptives were being distributed by ATBEF in only two Ministry of Health clinics. The busiest clinic in Lomé served about 1,000 new and continuing users in 1980.¹ A 1981 ATBEF report to IPPF indicates that contraceptives are being distributed in five urban clinics (University of Benin hospital and Centre de Zongo, Lomé; and hospitals in Atakpamé, Sokodé and Aného). It was also reported by ATBEF that contraceptives were now being prescribed by ATBEF's volunteer network in Lama Kara and Dapaong, although this has not been confirmed by other sources. Service statistics² for 1981 indicate 3,437 new family planning acceptors in these five locations.² A 1982 ATBEF report indicates that six of the eleven clinics originally identified by the National Program have been equipped to provide family planning services. A pilot-clinic also provides services at the ATBEF headquarters in Lomé.

All family planning service delivery in Togo is clinic-based. Women must be married and must bring their husbands to the clinic to obtain their permission or bring written authorization before contraceptives can be prescribed. While community distribution of contraceptives is foreseen in the future, the Ministry of Health has no extension service. ATBEF can give information talks in villages and it can train and educate Ministry of Health medical corps, but it cannot go into villages and distribute contraceptives. Regional hospitals where contraceptives are, in theory, available are often too far for many women to travel.

¹ Sarah Seims, "Draft Population Strategy for Togo," AID, 1981, p. 3-4.

² ATBEF, 1981 Annual Report to IPPF.

³ ATBEF, "Integration de la Planification Familiale aux Services Sanitaires Nationaux," 1982.

Publicity about the possible association between cancer and the Pill is very strong in Togo and there is some reluctance to prescribe this form of contraceptive. Mr. Dosseh Tettekpoe, former president of ATBEF, has been quoted in the press as opposing the prescription of the Pill until more medical information is available about its effects. The effectiveness of condom use is well known, but male resistance is very strong and this form of contraceptive is regarded as impractical. The use of diaphragms and spermicides is also viewed as impractical since lack of sanitation and problems of resupply are widespread. Sterilization is not a popular solution. Abortion is prohibited under any circumstances. Some private physicians have resisted the introduction of family planning in public health clinics, but the private sector is not large and does not pose a serious threat to the family planning movement.

The most acceptable form of contraceptive appears to be the IUD. Excluding the problem of infection, the IUD is perceived by the service providers to have advantages to the acceptor. It requires a single clinic visit, does not involve recurrent costs, and does not incur problems of resupply.

Family planning services have been very slow to expand in Togo, despite evidence that both urban and rural populations appear to be favorably disposed toward family planning. In the short-term, the GOT will probably continue to take the conservative approach in restricting services to clinic-based facilities and seeking international donors to finance the contraceptives.

It is within this context that the workshop design and content emphasized family planning as a family health issue. Participants involved in the health sector and with women's social affairs and income-generating programs were encouraged to pay particular attention to how family planning is introduced in their communities, and to handle anticipated questions, potential resistance and misunderstanding. Thus, in addition to the technical information transmitted, the workshop was designed to highlight the management approach to family planning programs in the Togolese environment.

Workshop Preparations

The workshop was designed and organized by a team of four CEDPA alumnae.

- Enyonam Mensah, Chief of Clinical Medicine, ATBEF;
- Kafui Tepe, Nurse-Midwife Instructor, National School of Medical Assistants (ENAM), Ministry of Health;
- Ayawovie Santos, Regional Women in Development Program Officer, IPPF; and
- Dopé Agbekponou, Deputy Engineer, Ministry of Rural Development.

The team was advised by Dr. Barbara Brown, CEDPA staff and Nancy Benson, CEDPA Consultant. This team coordinated the overall management and implementation

of the workshop including logistical and financial management, identification and briefing of Togolese resource specialists and evaluation of the program. All the training, with the exception of five resource specialists, was performed by the Togolese CEDPA alumnae team. ATBEF provided the necessary administrative and official support for the program, and was able to facilitate ministerial clearances for participants, provide the necessary office space, secretarial support and transport for training staff and resource specialists.

The workshop was preceded by a one-week Training of Trainers course August 9-13 in Lomé, involving the Togolese training team, Barbara Brown and Nancy Benson. There were three major objectives of the Training of Trainers course.

- Team-Building: defining roles and responsibilities for the workshop and developing trust and confidence in the work of the group;
- Preparation of Training Sessions: reviewing the training techniques, adapting the training materials and practicing the presentation of materials and methodology; and
- Workshop Preparation and Evaluation; review of workshop objectives and content, review of workshop administrative and financial management, finalizing logistical details and preparing the evaluation framework.

Workshop Implementation

The text of the workshop final report produced by the Togolese training team is found in Appendix A. This report has been distributed to OAR/Lomé, members of the Steering Committee and participants.

Objectives

The overall objectives of the seminar were:

- To explore ways in which programs can be developed which address the needs of the family in the areas of family planning, health and community development;
- To increase the confidence and build effective communication skills of women managers to help them improve the conditions of family life in their communities; and
- To enhance the managerial capability of women leaders by focusing on their technical and supervisory skills.

Participant Profile

The 24 workshop participants representing all six regions of Togo, were chosen by an interministerial committee composed of the Director of the National Program for Better Family Life, Ministry of Public Health; the Director of

the Department of Women's Condition, Ministry of Social Affairs and Women's Condition; a member of Parliament and former CEDPA alumna; Medical Director at ATBEF; the USAID Mission Director and Blythe Tennent of CEDPA. Women were selected who were mid-level managers of health or community development programs which primarily affect women and who had a basic interest in family planning.

The twelve Ministry of Public Health participants represented twelve clinics which are receiving AID assistance through the Togo Family Health Training Center project. Of the nine participants selected by the Ministry of Social Affairs and Women's Condition, several currently plan to be involved in AID's Rural Water and Sanitation Project. Two participants selected by the Ministry of Rural Development are agronomic engineers involved with women's agricultural or food processing cooperatives. One participant is a project manager at ATBEF involved with women's programs.

While the participants working for the Ministry of Public Health had limited exposure to family planning in the course of their midwife and nurse's training, the remainder had had no exposure to family planning methods or strategies. The workshop served to increase the number of women managers who have knowledge of family planning. It also helped them identify ways in which family planning could be integrated into community-based women's projects. For those who had had some basic training in family planning, the workshop explored ways of introducing these services into ongoing health programs in their communities.

The women were extremely motivated, highly trained technically, sophisticated in their demands and expectations of mid-career management training. They worked in small groups during the evening hours, discussing with each other the material presented that day, and some worked around the clock to complete their project designs.

The evaluation of the workshop by the participants was very positive. The usefulness of the sessions was rated from 7.8 to 9.1 on a 1 to 10 point scale with 10 being the most positive score. Negative comments concerned the lack of time for project development and the need for follow-up technical assistance in project design and evaluation.

Content

The two-week seminar August 16 - 28, covered four training areas to achieve its objectives. These included technical information on family planning, health and development, field level exercises, human resource development skills, and project development.

1. Technical Information on Family Planning, Health and Development

Family planning and health issues as they relate to women and family life in Togo were incorporated in sessions including demographics, family planning techniques, and culturally specific approaches to introducing family planning programs. In the areas of community-based development, the relationships between health and development and how to form women's groups for cooperative action were discussed. The content and objectives of the sessions focused on

applying principles of project design and program management of health and family planning programs, and assessing their impact on populations at the national, community and family levels. For example, in the family planning sessions, technical aspects of family planning were presented; different types of contraceptives distributed and each type thoroughly discussed; contraindications for prescribing the Pill identified; films were shown and discussed; and a role play organized to allow participants to practice answering typical questions and objections regarding family planning. Over 26 hours of classroom instruction focused directly or heavily emphasized family planning, including films and role plays. Technical training was provided by five resource specialists. All other technical sessions, including family planning, were facilitated by the Togolese training team.

2. Human Resource Development Skills

The focus was on self-assessment, social and cultural constraints affecting women and group dynamics. The barriers to women being perceived as managers and how this affects their own self-concept and self-confidence was explored in terms of appropriate leadership skills and supervisory styles. The methodology used consisted of small group exercises and role play simulations. For example, stereotypes about women were identified and techniques for improving communications explored. In a role play, participants simulated a situation in which a committee had to convince the Minister of Planning to initiate a Women in Management training program. Other participants observed, gave feedback on their observations of behavior, and the roles were reversed. Through this exercise, women realized that it is not enough to have a good idea if you cannot communicate this idea effectively. They recognized the importance of the manner of presentation and the need for self-confidence in presenting ideas to gain support for proposed project activities.

3. Project Development Skills

The last week of the workshop was devoted to preparing the participants, through needs assessment, writing objectives, designing work plans, budgets and evaluation plans, to develop a project plan. Participants worked individually the last three days of the workshop, with the guidance of the entire training team, to develop drafts of small projects they could implement in their communities. Since all but one participant were generally familiar with their own Ministry's funding processes, a session on potential funding sources from the nongovernmental sector was organized to help participants understand what sources of funds are available for community-based projects.

Twenty-four projects were developed. Of these projects, 14 were either family planning projects or had family planning components within the project. Seven projects called for the creation of family planning clinics designed to be integrated into ongoing MCH clinic services. Some projects focused on other activities (training, income-generating, maternal/child health, nutrition) but strongly integrated family planning as a project component. Summaries of these projects can be found at the end of the Final Workshop Report in Appendix A.

4. On-Site Village Field Exercises

The participants had the opportunity to see in practice some of the lessons learned in the technical sessions on project management, and specifically family planning. These field exercises took place in two villages, identified by the Togolese training team, and involved two family planning sessions and a visit to a women's cooperative.

- Practicum in Project Management. A site visit was made to a women's rice cooperative in the village of Nyitoé-Zoukpé (a 30-minute drive from Kpalimé). Nyitoé-Zoukpé has approximately 2,500 inhabitants. Famine in 1977 led the women in the village to form a rice and market gardening cooperative (COOPAF). Later they added poultry raising. For the most part, the members of COOPAF are illiterate women. When the cooperative manager left the project in 1979, the cooperative was producing 180 sacs of paddy. In 1980 that production fell to 16 sacs. This failure was attributed to mismanagement and dishonesty of the subsequent project manager, which led to a lack of motivation and cooperation on the part of COOPAF members. By interviewing the women of the village and cooperative members, participants saw, in practice, the importance of observing the principles of project management, and community involvement in project activities. They also observed the importance of women's involvement in project design, as well as implementation, and a sense of community ownership and responsibility for project activities. The critical role of women was graphically underlined as a result of this visit.
- Practicum in Family Planning: Nyitoé-Zoukpé. After discussing the problems of the women's rice cooperative, the training team noticed a large number of malnourished children and the fatigued appearance of most of the village women. The team led by Mme. Tepe, a Nurse-Midwife Instructor at the National School for Medical Assistants, approached the village chief about the need for family planning in the community. By approaching the subject of family planning from a maternal and child health perspective, the chief was most enthusiastic and receptive to the idea. He admitted that a program was needed to make it easier for families to properly care for the many children being born. He agreed to form a village committee to study the problem and arranged for Mme. Mensah, Medical Director at ATBEF and a member of the training team, to return to talk to the village about family planning.
- Practicum in Family Planning: Kpadapé. The training team, led by Mme. Tepe and Mme. Mensah, held a family planning conference in Kpadapé (Mme. Tepe's home village) which is on the frontier with Ghana. The conference, held on a Sunday, lasted 3 - 4 hours and was attended by nearly 400 people, mostly young men and women. The chief and village elders were there and wholeheartedly endorsed the effort.

The objective of the conference was to introduce family planning in a socially and culturally acceptable way. At first, women were hesitant to ask questions with the men present, but soon they began to actively participate. Typical questions from women included: "I'm tired after having six children. How can I keep from having children every year? Will using contraceptives make me sterile?" Typical remarks from men included: "Giving contraceptives to our young people will lead to prostitution. If my wife uses contraceptives, she will be unfaithful to me." The training team handled the questions and remarks in an excellent fashion and the conference ended with villagers requesting referrals to clinics where family planning services are available.

Methodology

The trainers employed participative training methods throughout the workshop, facilitating nearly 75% of the sessions. Guest Togolese resource specialists representing WHO, Togolese government and private organizations were encouraged to use the participative teaching method, and contributed significantly to the success of the program. The participants were also involved in the management of the workshop. Teams were formed with rotating responsibilities, which included reporting on each day's session and handling numerous administrative and social details.

Post Workshop Follow-Up

The workshop was followed by three days of technical assistance to the training team. The objectives of these sessions were three-fold.

- To evaluate the strengths and weaknesses of the workshop organization, format and content;
- To discuss workshop reporting requirements and production schedule; and
- To discuss strategies for the follow-up unit's formation and operation, which will assist participants in refining project design and implementation plans.

The follow-up unit will consist of Enyonam Mensah and Kafui Tepe, representing both GOT and PVO interests. The Unit will be supported by members of the training team, other Togolese CEDPA alumnae, the interministerial steering committee and CEDPA/Washington.

Program Strengths

There are at least four major positive strengths of this program. First, as was the case with the in-country workshop in Mali, one identifiable strength of this workshop is a high degree of Togolese participation and ownership in the program.

Second, the program has the high-level government support necessary for program credibility and acceptance, without sacrificing any of the operational flexibility afforded by collaborating with a PVO (ATBEF). Finally, the projects which were designed in this workshop are highly complimentary to the USAID in-country program and will receive support and promotion by USAID with the GOT. Each of these strengths, as well as some identifiable problems, will be discussed.

1. Togolese Ownership

One of the greatest strengths of these in-country programs continues to be the sense of local ownership throughout the program. The training design was conceived by Togolese CEDPA alumnae during the WIM Washington seminar and implementation was further developed by an interministerial steering committee in Lomé. The administration, organization, participant selection and training remained in Togolese hands, leading to a much greater commitment to follow-up activities.

2. Government Support

The program had high visibility at national and local levels evidenced by the degree of official representation at both the opening and closing ceremonies, newspaper publicity and national radio coverage. (See Appendix B for the text of newspaper coverage). The presence of the Deputy Director of the WHO Regional Training Center as a resource specialist in the program reflects the high regard WHO has for the program. At the local level, visits were made to the Prefet of the Kloto Region and the Mayor of Kpalimé, both whom participated in the workshop ceremonies, gaining local political support and recognition for the workshop.

The participants represented three different ministries and the interministerial steering committee selection process ensured that the program would attract highly qualified women who were appropriately placed to manage community-based projects in family planning, health and development.

3. Operational Flexibility

As an affiliate of IPPF, ATBEF has had considerable experience in organizing training courses and the staff are experienced trainers in family planning. It has close relationships with the GOT's National Program for Better Family Life; ATBEF has embarked on an IE & C campaign in child spacing and is known among the health community. For the purposes of organizing and conducting the in-country workshop, the collaboration between CEDPA and ATBEF was satisfactory in the following ways. First, family planning is an organizational priority and ATBEF is experienced in organizing training programs. Second, ATBEF staff are experienced trainers in family planning and they were able to identify, for the most part, appropriate resource specialists. ATBEF also made office space, secretarial assistance and transportation available in Lomé to CEDPA staff at no cost. The extent to which this organization is appropriate for follow-up activities is assessed in Part VI of this report.

4. OAR/Lomé Support

The objectives of the training program and follow-up project activities are closely aligned with proposed OAR/Lomé activity in the areas of health, family planning and community development. The AID representative played an active part in the interministerial steering committee and was present at the opening ceremonies. OAR/Lomé was briefed prior to the workshop on participant selection, resource specialists, program content and other workshop preparations, and was debriefed after the workshop regarding projects designed.

Identifiable Problems

Despite evident strengths in the Togo in-country workshop, the program does have at least three problem areas from which lessons can be learned for the next in-country workshop. They include a failure to get a return on the Cooperative Agreement's Washington-based training investment, i.e. Togolese participants sponsored under the Agreement to attend CEDPA Washington-based training were unable to be involved with in-country training; weak program content in the area of community organization skills; and difficulty in getting the in-country training team involved in post workshop activities.

1. Cooperative Agreement Washington-Based Training Investment

One objective of the CEDPA Washington-based Women in Management workshop in October/November 1981 was to build a network of alumnae in francophone West Africa through which in-country training and project development could be implemented. In the case of Togo, two participants Zalia Bawa and Adakou Kologbe were nominated by OAR/Lomé and sponsored under the Cooperative Agreement to attend Washington-based training. Both women represented the Ministry of Health-- one working in a small community in northern Togo and the other in Sokodé. They were unable to get leave to meet with other Togolese alumnae and CEDPA staff member Blythe Tennent to plan for the in-country workshop, and have not demonstrated an interest in working with follow-up activities. Future attempts to get a return on Washington-based training investments should be much more successful due to the expansion of in-country networks and a greater number of CEDPA Washington alumnae now in francophone West Africa. More specific guidelines concerning Washington-based workshop participant selection should be provided to AID missions to ensure a greater probability of in-country training and follow-up involvement of participants sponsored under Cooperative Agreement funding.

2. Workshop Content

A second problem concerns the content of the workshop itself. One of the technical sessions focused on community organization, using the cooperative model as a framework for organizing women in income-generating or health-related activities. Baloukina Nimon of Lama Kara was responsible for this training module and an original member of the training team. Because of an illness in the family, she was unable to attend the workshop. The training team rallied to

cover this session by conducting part of the training themselves and identifying a resource specialist for the more technical aspects. The resource specialist, although an expert in his field, was identified at short notice and was not adequately briefed. Therefore, this session was a disappointment from a substantive and training methodology point of view. This is reflected in the participants' evaluation (See Final Report). This problem can be resolved in the future by carefully assessing the ability of alumnae without easy access to the rest of the training team to contribute to in-country training. Selecting trainers from the same general geographic area, regardless of whether it is the capital city, facilitates team-building and aids in program preparation. These practical concerns, however, should be tempered with the desire to have a broad geographic representation in-country.

3. Post-Workshop Activities

It was very difficult to maintain the interest of the training team in post-workshop activities. The objectives of post-workshop technical assistance is to evaluate the strengths and weaknesses of the workshop; discuss workshop reporting requirements and production schedule; and discuss follow-up strategies. Three days were devoted to these tasks.

One factor which made post-workshop activities difficult concerned the amount of time demanded of the training team. While the necessity of three days of post-workshop activities had been made clear during the feasibility study, three training team members were unable to get more than three weeks of leave, and had to return to their offices the following Monday after the workshop. For this reason, three days of technical assistance were accomplished more intensively, immediately following the closing ceremonies, throughout the weekend and during the evenings. The Togolese were tired, needed to celebrate their accomplishment and were not motivated to produce a final report. The report was received by CEDPA in early December and reflects a lack of critical analysis of participants' evaluation of the workshop. The ability to evaluate workshop organization, content and administration; the technical assistance received by CEDPA; and the identification of areas where further training might be appropriate is important to future in-country efforts. Rushing through post-workshop analysis did not produce optimum results. In the future, CEDPA could consider providing the training team with the analytical tools necessary to be more participative in critically evaluating all aspects of the training program. This should be incorporated into the training of trainers course.

Second, the very nature of the transition from a discrete, well-defined scheduled activity like a training program and long-term less precisely defined following-up planning work is difficult. The two activities are inherently different and call upon different interests and skills on the part of the training team. Not all members of the training team were interested in post-workshop activities, or felt comfortable giving technical assistance to workshop participants in project development. Training team members had high visibility, and received publicity and recognition for their efforts during the training program, but follow-up project development is much

slower to materialize and less visible. Managerially, this transition requires a different kind of technical assistance input by CEDPA to help the training team members who are interested and capable of implementing follow-up activities to "shift gears". Discussions regarding follow-up of project development activities should be initiated with interested alumnae in the days following the workshop, but definitive plans require more time and CEDPA technical assistance to develop.

Conclusions

The overall results of the Togo in-country workshop (the second conducted under the Cooperative Agreement) met the objectives defined in the Agreement in at least three ways:

- Transfer of training and organizational skills to the Togo WIM alumnae for the design and implementation of similar workshops.
- Training of 24 Togolese women in skills and motivation to develop integrated health, family planning and women's development projects to local communities.
- Agreement towards the establishment of a Togo WIM Follow-Up Unit by the alumnae. The purpose of the unit is to help in-country WIM alumnae to develop family planning/health projects which might qualify for seed money grants from CEDPA or other agencies.

At least three specific conclusions can be drawn from this workshop experience which have implications for future training in other countries.

1. Development of Government Commitment to Support the Workshop

The participants were selected by three government ministries and plans for implementation were further developed through an interministerial steering committee. This is a successful method of gaining government recognition, cooperation and involvement in the program, especially when the collaborating organization is a PVO. Gaining local authorities' cooperation was also important in facilitating the implementation of the workshop. The local mayor and regional prefect were invited to the opening and closing ceremonies, were briefed on the workshop objectives and follow-up plans and were made to feel part of the program. These mechanisms (interministerial steering committee and local government involvement) for gaining political support for the program did more than promote good will, but helped to facilitate the implementation of the workshop, and will contribute to the success of future project activities under this Agreement.

2. Technical Assistance in Pre-Training, Training and Post-Training Phases of the Project

A full five days of technical assistance were provided prior to the workshop. This amount of time was needed to adequately prepare the

team for the technical aspects of the workshop. The importance of team-building cannot be underestimated, and it is especially crucial during the preparatory phases of the workshop. Some time should be incorporated into the feasibility trip to build this sense of group cohesiveness and sharing of responsibility necessary for workshop preparations. It is important to avoid having one person bearing the full burden of responsibility and work towards program preparation. CEDPA technical assistance should provide the training team with the tools to critically analyze training activities and prepare a final workshop report.

3. Importance of the Collaborating Organization

This model for in-country family planning workshops is different from the Malian mode¹ in that a Togolese PVO was used as a collaborating organization. This model, accompanied by organizational focus on family planning, commitment by the leadership and staff of the organization to workshop objectives, and experience in family planning training, represents a positive factor in this program. It is a useful model for implementing in-country family planning training, particularly in a country where the government is less than enthusiastic about population activities and desires a low profile.

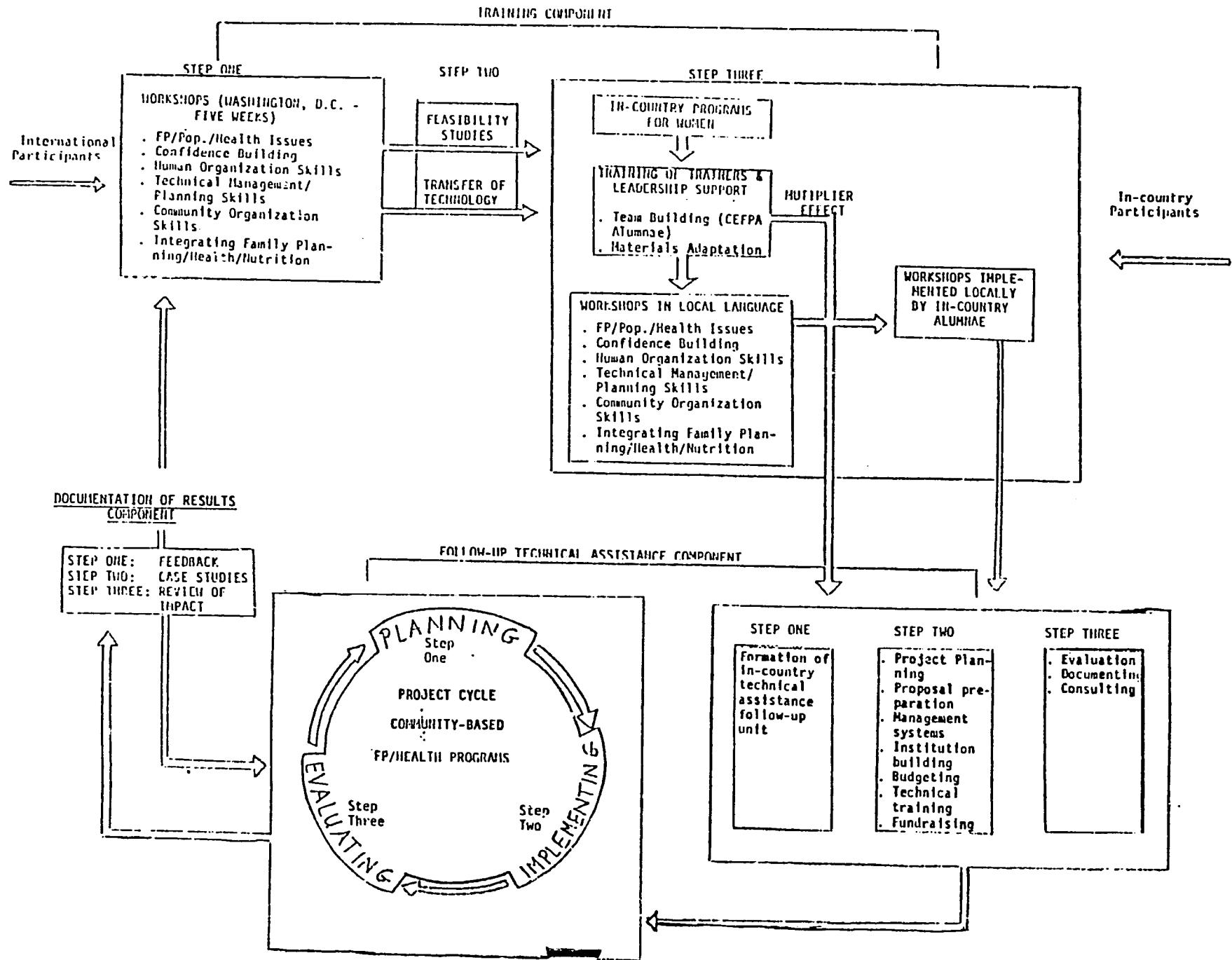
IV. TECHNICAL ASSISTANCE IN PROJECT DEVELOPMENT AND IMPLEMENTATION

There are three major components to CEDPA's strategy for improving management skills and generating community-based family planning/health programs: Training, Follow-Up Technical Assistance and Documentation. The diagram on the following page represents a systems model illustrating the relationships of the interacting components. In October/November 1981 five mid-level women managers working in health and development programs from francophone West Africa were sponsored under the Family Health Cooperative Agreement to attend a five-week Women in Management (WIM) Washington-based workshop (Step One). In January/February 1982 feasibility studies for in-country WIM workshops were conducted in Mali and Togo (Step Two). From these feasibility studies, in-country WIM workshops were held in Mali in May and in Togo in August 1982. CEDPA alumnae from the Washington-based WIM workshops were trained as workshop organizers and trainers in Training of Trainers courses (Steps Two and Three). The three-step Training Component is followed by a Follow-up Technical Assistance component. The work in Mali and Togo is now proceeding to the follow-up phase.

Objectives

One objective of the Cooperative Agreement is to establish eight to ten community-based family planning/health projects implemented by country-level personnel and funded through donors. In pursuit of this objective, CEDPA is providing project-related technical assistance in the planning, funding, implementing, institution-building and evaluating of community-based projects in family planning and health. CEDPA staff and consultants work with the in-country Follow-Up Units, which consist of two or three key members of the in-country training team. The purpose of CEDPA technical assistance is two-fold: 1) to prepare the Follow-Up Unit to

A COMPREHENSIVE STRATEGY FOR IMPROVING SKILLS AND GENERATING COMMUNITY-BASED FAMILY PLANNING/HEALTH PROGRAMS



offer assistance and guidance to in-country WIM workshop alumnae to plan and implement community-based family planning/health projects, and 2) to provide "as needed" technical assistance for a specific project or conduct of a technical workshop on particular identifiable skills that need strengthening such as project planning, evaluation or update on contraceptive/health technologies.

Applicability of CEDPA Model to francophone West Africa

CEDPA has established technical assistance Follow-Up Units in Bangladesh, India, Kenya and Peru, following in-country WIM workshops. The basic methodology involves working in close consultation with Washington alumnae who initially are the primary link between CEDPA and in-country efforts. This methodology has been applied in each country with some variations. Every workshop has maintained a core content material that addresses the following areas: 1) population and development issues related to women in that country; 2) self-development skills; 3) technical skills in project planning and management; 4) delivery systems with emphasis on health and family planning; and 5) community organization skills.

The Technical Assistance Follow-Up component began in a systematic manner in early 1981 and proposals for health/family planning activities have been submitted to CEDPA by Follow-Up Units for seed money funding. At the present time, eleven projects in Kenya, India and Peru have been funded from CEDPA's private Seed Money Fund.

CEDPA's Training and Technical Assistance Follow-Up model has been adapted in each country to reflect local needs, sensitivities and approaches to family planning. In francophone West Africa, adaptations may be made because of two factors which make working in these countries particularly challenging.

1. Limited Private Sector

The size of the private health sector in francophone Africa is much more limited than in other countries where CEDPA's model has been applied. Nearly 90% of all health workers are government employees. This has repercussions for in-country workshop participant selection and follow-up project activities. The mechanism selected for identifying in-country workshop participants in francophone West Africa has been the interministerial steering committee. These committees, which have been composed of representatives of government, USAID and collaborating organizations, have selected participants predominantly from the public sector working in government programs. (In other countries, more than half of CEDPA in-country participants have represented private organizations as salaried staff or volunteers.) Therefore, the type of health/family planning projects designed by workshop participants have tended to be expansions of existing government health services or development programs. This effects the strategy of follow-up technical assistance employed in francophone West Africa, the formation of Follow-Up Units, and the development and funding of family planning activities.

Projects developed by Follow-Up Units elsewhere have tended to involve women's groups and village community organizations, and have not depended greatly on the use of government facilities for their implementation, although government cooperation and use of in-kind services have been encouraged. An analysis of health/family planning projects developed by in-country participants in Mali and Togo reveals two things in this regard.

First, Follow-Up Units will tend to assist in developing project activities which will operate through government structures. This has implications for how innovative and experimental the approach to family planning can be, since government sanction for the activity will be required. CEDPA will attempt to introduce the maximum amount of flexibility and sensitivity in project approaches in order to extend family planning acceptance and service delivery.

Second, it may be more difficult to get communities, per se, to develop project activities, and to take over responsibility for their implementation once initial funding has ended. Health and social services are provided almost exclusively through government structures, and governments have tended to foster this dependency on public sector responsibility and authority in this area. Projects developed by Follow-Up Units in francophone West Africa will integrate community concerns in health/family planning, but it will be interesting to see to what degree a sense of community responsibility can be fostered under these circumstances.

The follow-up technical assistance strategy in Mali will offer the opportunity to encourage the GOM to provide health/family planning services by creating a demand, at the community-level, for these services. In this way, project development will not only be responsive to community needs, but also will provide a mechanism to express these needs to the Government and a plan to meet them.

2. Conservative Population Policies and Restrictive Family Planning Practices

While the CEDPA model has the ability to be adapted to any environment, however conservative or restrictive, the lack of active family planning programs in francophone West Africa has repercussions on the familiarity and experience of in-country participants with family planning techniques. In general, a lack of exposure to family planning methods or strategies has been exhibited by participants attending in-country workshops. For many in Mali and Togo, the CEDPA training offered their first systematic introduction to this field. While no pretesting has been done across countries to compare prior family planning knowledge, restrictive family planning policies and limited exposure in the medical curriculum have produced WIM participants who are relatively inexperienced with family planning techniques. This has implications for the amount of follow-up technical assistance that will be needed for developing family planning projects.

Accomplishments to Date

During this reporting period, initial follow-up technical assistance has taken place in Mali and Togo. Nancy Benson, CEDPA consultant, conducted a follow-up visit in Mali September 4-11, 1982. Barbara Brown, CEDPA staff, began the follow-up phase in Togo December 6-17. The objectives of both of these missions were to: 1) identify a country strategy for the development and implementation of health/family planning project activities; 2) establish a Follow-Up Unit which will offer guidance to in-country participants in developing family planning project proposals, and assist in developing a work plan and budget for the operation of that Unit; and 3) identify potential health/family planning projects which could be developed with additional technical assistance. The following discussion outlines country strategies for providing technical assistance, establishing Follow-Up Units, and includes project profiles which have been identified for further technical assistance in Mali and Togo.

V. FOLLOW-UP TECHNICAL ASSISTANCE IN MALI

The Government of Mali officially supports family planning activities. The Government rescinded the colonial French law forbidding family planning and has authorized the family health division of the Ministry of Health to provide contraceptive services as a part of a total maternal and child health program. Despite the official openness to family planning, traditional beliefs and a suspicion of Western influence create a resistance by both the local population and health care providers to promote the use of contraceptives. Currently family planning services (primarily provision of IUDs and Pills) is limited to a few large urban centers and is entirely clinic-based. Only a very small percentage, therefore, of this mostly rural agricultural society has access to family planning services.

More socialist than many of its francophone neighbors, the Malian government almost entirely controls the country's public services and businesses. Individual and private enterprise is very limited and is discouraged by the government. Foreign businesses and funding organizations are required to register and work through government structures. Individuals are encouraged to work for the collective rather than for individual gain. Thus, although rural communities in Mali have strong local governing bodies, they rely heavily on the national superstructure for most social services. As a result, an individual is restricted from directly approaching outside donor organizations to fund a personally developed project without obtaining government backing.

Due to the extremely centralized government structure, projects developed and implemented through the WIM workshop in Mali must work within the government system. The first step in obtaining government backing for the technical assistance follow-up step of CEDPA's work in Mali has been to gain official sanction for the activities of the Follow-Up Unit. The Minister of Health has signed an official accord for selected WIM Washington alumnae to assist local graduates to develop projects and identify funding sources.

Projects that evolve from this technical assistance will also be coordinated through the government infrastructure. Although local initiatives can be developed through community-based projects, health/family planning services will depend on the support of MOH delivery systems and personnel. In addition, efforts at expanding family planning services through non-medical personnel will need to be approached delicately and will require the supervision of MOH personnel. In some cases, social center programs can be coordinated with family planning services provided at the local maternity.

The Follow-Up Unit

The plan for the establishment of the Mali Follow-Up Unit was developed in June immediately after the WIM workshop in a meeting with W.M. Seydou Diallo, special assistant to the Ministry of Public Health and Social Affairs. Four WIM-Washington alumnae who had been active in the training team in-country were selected as Follow-Up members. All are employees of the Ministry. They include Mme. Mintou Traoré, who is a midwife and director of the "Section Specialisation et Perfectionnement" in the Training Division of the National Direction of Planning and Sanitary and Social Training. Mme. Traoré was a major organizer of and trainer in the Mali workshop. A second member of the Unit is Mme. Aminata Touré who is also a midwife and works in the information division of the Family Health Program in the Ministry. A third member is Mme. Dousouba Konaté, a secondary education instructor, and director of the urban collectives section. Mmes. Traoré, Touré and Konaté all attended CEDPA's first Washington-based workshop in French in October/November 1981. Mme. Traoré's participation was sponsored under the Cooperative Agreement. The fourth member of the Unit is Mme. Korotoumou Kané, a midwife in service at Hospital Point G in Bamako. She attended CEDPA's second Washington-based WIM workshop in French in March/April 1982.

The members of the Follow-Up Unit agreed to request the approval of the Ministry for the Unit to develop and implement follow-up projects, identify and liaise with potential donor organizations, and administer funds.

In September, Nancy Benson facilitated the processing of the letter of agreement from the Ministry. (See Appendix C for a copy of this agreement.) The agreement formally creates a Follow-Up Unit of Women Managers within the Training Division of the National Direction of Planning and Sanitary and Social Training. It outlines the objectives of the Unit as the following:

- To identify projects designed by women managers
- To submit these projects to donor organizations for funding according to their regulations and guidelines
- To monitor the implementation of these projects in the field and to submit a detailed report of this supervision.

The agreement also identifies the members of the Unit.

The Mali Unit **developed** a work plan and budget for one year of operations beginning **January 1983** (See Appendix D). The plan calls for initial field visits to four **selected** projects, two follow-up visits to each of the four projects over **the next** ten-month period, and the production of a final report. The budget **identifies** the cost per project for proposal preparation and requests an allocation of 581,000 Malian Francs (approximately \$1,000) and 1,282,000 FM for project monitoring (\$2,200). CEDPA has deferred from approving this work plan and budget, for the present, pending further technical assistance to the Unit.

Project Identification and Review

Proposals for four projects were selected by the Mali Unit to develop for potential funding. Consultant Nancy Benson visited three of the four projects. A project review was held by CEDPA in Washington in late November to examine these proposals. The Mali Unit has chosen to focus primarily on providing family planning services through MCH centers. Project directors are in-country WIM workshop alumnae.

One project proposed is the Provision of Family Planning Services and Nutrition Education in Katibougou. The Project Review Committee found this to be the most promising of the four projects submitted. The project director is one of the most capable of the in-country alumnae. The project seeks to train community health workers in family planning, contraceptive methods, and health and nutrition education for five villages surrounding Katibougou. The Project Review Committee recommended, however, that the Follow-Up Unit receive additional technical assistance, as the project was lacking details concerning the selection and training of the health workers, relationship of the training and IE & C activities to service delivery, the plan for community financing and support, and operating costs.

Three other promising projects submitted to CEDPA either offer information that is too vague or involve project managers inexperienced in the proposed activity. The Project Review Committee has recommended that the Unit receive further technical assistance to develop these ideas further.

Strengths and Weaknesses

One of the primary strengths of the Mali Follow-Up Unit is that it has authorization from the GOM to operate and there is a high level of interest on the part of Ministry of Health officials in follow-up activities. This authorization will facilitate project implementation and provide important support for project activities at the central level. Another strength is the high interest and motivation of the Mali WIM alumnae. They initiated discussions with the Ministry to organize the Unit and have pursued the development of a work plan and project proposals with very little technical assistance. Another strength is the presence of trained health professionals as members of the Unit. This **will** strengthen the technical capacity of the Unit, although not necessarily **in the** area of project development.

One of the primary weaknesses of the Follow-Up Unit is the lack of project development skills. The generally average quality of the proposals developed by in-country participants will necessitate working with this Unit to help develop more viable projects. There is a need for additional assistance to the Unit in project development before it will feel confident to guide workshop alumnae in designing health/family planning activities. A mechanism must be identified which will allow follow-up activities to continue. It is important not to lose both the enthusiasm of the Unit and CEDPA's credibility with the Ministry.

Recommendations

CEDPA needs to recapture the momentum of the Mali Follow-Up Unit in developing project proposals with additional technical assistance. A trip is planned for February 1983. CEDPA will explore a means of funding the Unit for its operation. This strategy should identify a mechanism for Unit support which will avoid delays in implementation and maintain Unit responsibility for the financial management of its activities.

VI. FOLLOW-UP TECHNICAL ASSISTANCE IN TOGO

Unlike the Government of Mali, the Togolese government has no official population policy. The colonial French Law prohibiting the sale or distribution of contraceptives and the practice of family planning is still in effect, and there is no political movement to rescind the law. Abortion is illegal under any circumstances. Despite legal and political constraints, the GOT, in practice, has maintained a somewhat laissez faire attitude about family planning activities, in that it allows internationally funded activities to exist.

While the GOT is not as socialist in orientation or as centralized as the Government of Mali, the size of the private health sector is also very limited. Health/social services are primarily provided through government structures. As in Mali, private agencies and funding organizations must register with the government. The procedure for registration of a new organization is lengthy and expensive, making it prohibitive for small associations to form to receive funds. As in Mali, an individual is prohibited from directly approaching outside donor organizations to fund a personally developed project without obtaining government backing.

Family planning, or child spacing as it is referred to in Togo, is considered an activity of maternal and child health. All family planning activities must be integrated within MCH programs with clinical support. The GOT's National Program for Better Family Life (PNBEF) has identified 12 MCH clinics for potential family planning service delivery. (Participants from these 12 clinics attended CEDPA's in-country WIM workshop.) The Ministry of Public Health has assigned ATBEF the role of implementing the PNBEF program, and an official organization chart institutionalizes this relationship.

Family planning services (primarily IUDs and the Pill) are reportedly available at six urban MCH centers. (Two of these are in Lomé.) Therefore, the majority of Togo's rural population does not have access to family planning services. The Director of PNBEF, Dr. Dovi Placca, has indicated that the expansion of family planning services must proceed very slowly, only after the population is ready to accept family planning and medical staff have been trained to deliver contraceptives. Some clinical training of midwives at ENAM (National School for Medical Assistants) has been organized by ATBEF.

The key to future training of Togolese health professionals in contraceptive technology may be the WHO Regional Training Center. In December Dr. Ayité D'Almeida, Deputy Director of the WHO Regional Training Center and a resource specialist for CEDPA's WIM workshop, was requested by the GOT to seek WHO approval to incorporate AID's bilateral project, the Family Health Training Center, into the WHO training program. Dr. Placca and Dr. D'Almeida are jointly responsible for supervising the development and preparation of a curriculum.

The Family Health Training Center program has been slow to start. It was scheduled to open in April 1982 and again in January 1983. OAR/Lomé's best estimate is that a training program will take place this year. Family Planning International Assistance (FPIA) will assist the GOT in training 120 medical professionals in family health and planning, and will provide them with the skills to train medical auxiliaries, inform and educate the population and provide family planning services. Following training, contraceptives will be distributed to doctors and health clinics with a goal of obtaining 8,000 new acceptors.

Because of the necessity of working closely with the PNBEF, it will be necessary to coordinate technical assistance and project development with the GOT's plans to offer family planning services. For the immediate future, the GOT is focusing on preparing the 12 MCH clinics to deliver services. It will be difficult to convince Dr. Placca that family planning services can be delivered outside a medical facility or that non-medical personnel can deliver some family planning services. This is a strategy, however, that the Follow-Up Unit would like to try with the supervision of Ministry of Public Health personnel.

In consultation with OAR/Lomé, CEDPA will seek GOT support for specific project activities when the Follow-Up Unit has developed a proposal and can present a specific plan of implementation. At that time, both Drs. Placca and D'Almeida will be consulted. It was felt that it was premature to involve them until a Family Health Training program materializes and the Unit has spent some time developing specific activities. These activities will be designed to take advantage of Family Health Training activities and contraceptive distribution.

The strategy for health/family planning project development and implementation in Togo must take into account the fact that local WIM participants are government employees and that projects they develop will involve the expansion of government services using government facilities and personnel. Although local initiatives can be developed through community-based projects, health/family planning services will have to be carefully integrated into Ministry of Public Health delivery systems.

The Follow-Up Unit

The plan for the establishment of the Togo Follow-Up Unit was initially discussed in September immediately following the WIM workshop. Two WIM Washington alumnae who had been active in the training team in-country were interested and felt they had the time to pursue follow-up activities. Follow-Up Unit members include Mme. Enyonam Mensah, Medical Director for ATBEF, and Mme. Kafui Tepe, nurse/midwife instructor for ENAM.

The members of the Unit have agreed to adopt the following objectives:

- Contact in-country WIM alumnae and maintain regular contact with CEDPA;
- Provide guidance to in-country WIM workshop alumnae to develop project ideas and identify projects ready for funding;
- Enhance the skills of workshop alumnae necessary for project implementation; and
- Document its experience.

With the assistance of CEDPA staff, a one-year work plan and budget was developed in December. Details can be found in Appendix E.

The establishment of the Togo Follow-Up Unit remains an informal one, in that no written agreement exists recognizing their existence as in Mali. At the present time, the Unit is not attached to any particular organization. The Unit has suggested to CEDPA that it might become a special project within ATBEF, and that operating funds might be directed in that manner. Mr. Mensah, Director of ATBEF, is willing to cooperate in any way and did provide office space, secretariat support and transportation in Lomé at no cost during the follow-up trip in December. It is his belief that the objectives of the technical assistance and the Follow-Up Unit are compatible with ATBEF's program. CEDPA has made no oral or written agreement to collaborate at this time.

Other alternatives to establishing a formal collaborative arrangement with a family planning organization like ATBEF will be explored. While ATBEF's in-kind support and relationship with the PNBEF is invaluable within the

family planning technical assistance strategy, the intent behind the establishment of a **Follow-Up Unit** is to permit WIM alumnae to be programmatically and financially **responsible as managers** of Unit activities. CEDPA would prefer to **work directly with the Unit** without an intermediary and will seek a mechanism by which Unit activities can be supported.

Project Identification

The Follow-Up Unit in Togo has identified three different approaches to implementing family planning projects in Togo. The first approach will be to work through the Ministry's maternal and child health programs where no family planning services are now being delivered. This approach will make use of government personnel and health facilities to mobilize leaders of women's groups (marketing and trade associations, cooperatives, etc.) to support family planning practices. It is hoped that by focusing on these leaders and encouraging them to disseminate information, a greater number of women can be reached and family planning will become more accepted in the community. This approach will be tried at MCH clinics in Aného and Lama Kara.

A second approach will be to extend family planning services through social centers which have MCH programs and community outreach, but no clinical facilities. This approach will be controversial and efforts to assure the GOT that there will be adequate medical supervision will be crucial to its acceptance and implementation. The project designed to employ this approach is proposed by a very capable alumna who is a midwife responsible for MCH services in a community center in Lomé.

The third approach employs a village-based women's cooperative as a means of introducing health/family planning activities. An outstanding non-health workshop alumna is proposing a project to revitalize the women's rice cooperative in Nyitoé-Zoukpé--the village that workshop participants visited in August as part of a project management practicum. (See Part III.) The Follow-Up Unit wants to design health/family planning activities in conjunction with this project, and will work with the participant to integrate these activities.

During the course of the technical assistance visit in December, OAR/Lomé shared information which indicates that this village is targeted for project activities by Columbia University (awaiting approval by the Ministry). If this project is approved, the Unit will seek to cooperate in any way possible. The Unit has a strong commitment to integrate health/family planning with non-health activities through women's cooperative structures at the village-level.

A review of the Unit's work plan, budget and project selections will take place by CEDPA's Project Review Committee in January. The Unit expects to submit the first draft of a project proposal to CEDPA by late February.

In addition to project development, the Unit will develop a survey instrument to be distributed to in-country WIM alumnae. The purpose of this survey will be to establish contact with in-country alumnae, announce the establishment of the Follow-Up Unit and the assistance it can provide, solicit reactions to WIM training, and identify alumnae needs for additional technical assistance or training. This activity is planned to take place in January/February with results due in June. At that time, the work plan may need to be revised to incorporate alumnae needs.

Strengths and Weaknesses

The Follow-Up Unit in Togo possesses some relatively good project development skills. The Unit's qualifications in health/family planning are also impressive. These skills and experience constitute one of the primary strengths of the Unit.

A second strength is the interest and commitment demonstrated by the in-country alumnae in project follow-up. There are many more alumnae potentially interested in developing projects than the Unit is effectively able to handle at the present time. Several in-country alumnae were interviewed in December and it was learned that at least four had submitted their project ideas developed in the August WIM workshop to their supervisors. One participant had submitted her project idea to the Director of the PNBEF and another to the Director of Women's Condition in the Ministry. This provides continued evidence of the seriousness and motivation of the in-country alumnae and their desire to pursue family planning project activities.

One identifiable weakness is that, at the present time, the Follow-Up Unit is only linked indirectly to the GOT. Mme. Tepe is a Ministry of Health employee and Mme. Mensah is an employee of ATBEF, which is the implementing agent for the PNBEF. A stronger linkage will be made when the Unit is prepared to approach the GOT with specific project activities. At that time, a strategy for doing this will be developed in conjunction with OAR/Lomé and the Unit.

Another weakness in the follow-up strategy, which is also a weakness in the Mali program, is the lack of a mechanism by which CEDPA can offer support to the Unit for its operational expenses. While this problem has not delayed follow-up activity in Togo thus far, a solution should be found as soon as possible.

Recommendations

CEDPA plans to offer additional technical assistance in project development to the Togo Follow-Up Unit in April, and will assist the Unit in developing a strategy for approaching the GOT for authorization and support for follow-up projects. The search for potential donor organizations for family planning projects in francophone West Africa will be intensified. Thus far, the range of possibilities appears quite small. While CEDPA has private seed monies for project start-up (average grant size has been \$4,000), these monies are not sufficient for supporting substantial activity over a period of time. CEDPA will intensify its cooperation with AID missions, AID/W and other organizations working in the field in its search for project support for health/family planning activities.

VII. OTHER ACTIVITIES

AID/W Briefing

Mary Ann Reigelman, Cooperative Agreement Project Monitor, scheduled a briefing on September 9, regarding activities conducted under the Agreement for members of the Africa Bureau, S&T, the PVO Office and PCC. A Progress Report was distributed to all those invited. The agenda for the debriefing included an overview and background on the grant with a focus on the Mali and Togo program. CEDPA representatives included Kaval Gulhati, President; Peggy Curlin, Vice President; Blythe Tennent and Barbara Brown, Project Coordinators. In attendance for AID/W were William Trafors and Dana Vogel, Office of Population, Training Division; Mona Fikry, Africa Bureau; and Mary Ann Reigelman, AFR/RA. Sally Huber of Population Crisis Committee (PCC)/also attended. Ms. Huber is the project monitor for the seed money component of the Agreement funded by PCC.

AID/Upper Volta Training Officer Briefing

In November, the newly appointed Training Officer for AID/Ouagadougou, Robert Zeigler, was briefed at the CEDPA offices by Peggy Curlin, Vice President; Blythe Tennent and Barbara Brown, Project Coordinators. The objectives of the Agreement and activities to date were reviewed and a strategy for a possible WIM workshop in Upper Volta discussed. Mr. Zeigler was very interested in the plans for Upper Volta and offered his cooperation when CEDPA staff conduct a feasibility study.

Senegal Mission Director Briefing

Also in November, President Kaval Gulhati and Project Coordinator Blythe Tennent met with the Senegal Mission Director, David Shear and the Senegal Desk Officer, Nick Mariani, to discuss the possibility of working in Senegal under the Cooperative Agreement. This meeting coincided with a cable from the Senegal mission (Appendix F) requesting a CEDPA representative visit to discuss collaboration with WIM alumnae for an in-country workshop. The purpose of the meeting was to discuss the CEDPA WIM training/project development with Dr. Shear and possible ways the WIM training could be integrated into the mission's programs. Dr. Shear indicated that the mission is currently seeking ways to encourage the development of projects at the community level and felt that the WIM program would compliment their overall strategy.

He suggested that CEDPA work closely with Dr. Mike White to coordinate the workshop with mission on-going programs. As the mission is currently working with the Division of Promotion Humaine on family planning initiatives, CEDPA should consider the possibility of them as a collaborating organization.

REDSO/WA Staff Briefing

Barbara Brown, Project Coordinator, briefed REDSO/WA staff Darlene Bisson December 8 in Abidjan on future follow-up technical assistance planned under the Cooperative Agreement, Ms. Bisson had attended the Togo in-country workshop in August. William Bair, REDSO/WA Population Officer, was on home leave and his replacement had not yet arrived at the time of CEDPA's visit. It was a productive meeting and Ms. Bisson provided CEDPA with two papers on population policy in Africa. CEDPA plans to continue cooperation with REDSO/WA when the newly appointed Population Officer is posted.

OAR/Lomé Briefing

CEDPA has continued to work closely with OAR/Lomé in exploring ways in which Follow-Up Unit activities can compliment the AID family Health Training Center (FHTC) program. Participants from 12 Ministry of Health clinics receiving AID assistance attended the August workshop. The Togo Follow-Up Unit has initially selected two of these participants to receive technical assistance in project development. Elsewhere in the country, CEDPA identified for the mission clinics where particularly capable WIM alumnae are working, and submitted to Rudy Thomas, Health Officer, the names of WIM alumnae with whom CEDPA would like to work, and the names of their medical supervisors as candidates for Family Health Training. According to FHTC plans, trainees will receive contraceptives to distribute as part of the practical application of the classroom experience. CEDPA plans to assist the Togo Follow-Up Unit in developing projects which will lay the ground-work for community acceptance and practice of family planning once training is completed and contraceptives are available.

In the area of Social Affairs, the immediate prospect for complimentary programming is less promising. At the present time, the Follow-Up Unit has not identified the projects proposed by Ministry of Health and Social Affairs alumnae from the Dapaong area as a priority for project development assistance. The general outlines of these projects were shared with the mission, and a possible strategy for CEDPA assistance in project development was discussed with Agma Prinz and Paul Guild, Water and Sanitation Project managers. AID will review these project activities to determine if they can be integrated within the scope of the Water and Sanitation program and advise CEDPA.

VIII. SUMMARY OF PROGRESS AND PROBLEMS IN THIS REPORTING PERIOD

Activities during this reporting period have met the objectives of the Cooperative Agreement proposed for this time period in the following ways. First, CEDPA conducted the second in-country workshop and training of trainers in Togo August 9-28, 1982. Positive strengths of this training were the sense of Togolese ownership in the program; high visibility, representation and support from the GOT and OAR/Lomé, and a positive collaborative experience with ATBEF. Some problems incurred with the workshop include a failure to get CEDPA Washington-WIM alumnae sponsored under the Cooperative Agreement interested in

in-country training; weakness in the workshop technical content in the area of community organization; and difficulty getting adequate attention from the training team in post-workshop activities. Despite the problems, the workshop was successful in transferring training and organizational skills to WIM alumnae and raising the total number of women trained in-country under the Agreement to forty-five. The high degree of government commitment to the training activities and CEDPA's technical assistance in pre-training, training and post-training contributed to the success of the program.

Second, during this reporting period Follow-Up Units were established in two countries where workshops had been completed. Initial technical assistance has taken place in Mali and Togo to establish these Units. The objectives of the Units are to identify projects designed by in-country WIM alumnae, submit these projects to donor organizations for funding and monitor the implementation of the projects. The primary strengths of the Mali Unit include the high level of interest and support on the part of the Ministry of Health in follow-up activities, and the motivation and technical expertise of the members of the Unit in health/family planning. The major weakness of the Mali Unit is its lack of program development skills. There will be a need for increased technical assistance to help the Unit develop viable project ideas.

The primary strength of the Togo Unit is its capabilities and experience in health/family planning, and the motivation and commitment of in-country alumnae in pursuing family planning activities. A weakness of the Togo Unit is its lack of direct ties with the GOT. When the Unit has developed specific project activities, a strategy will be developed in cooperation with OAR/Lomé to approach the GOT for authorization and support for follow-up activities.

A problem CEDPA faces in conjunction with continuing technical assistance in both Mali and Togo is the inability to support the one-year work plans and budgets submitted by both Units for CEDPA approval. A strategy for directing Agreement funds to enable these Units to operate will be explored with AID/W.

The third objective of the Agreement during this reporting period was to review project proposals developed by WIM alumnae in the two countries where workshops have been completed. A Project Review Committee meeting was held in November to examine four project proposals submitted by the Mali Follow-Up Unit to CEDPA for support with private seed monies. It was the determination of the Committee that the Mali Unit receive additional technical assistance in project development. A decision to support these projects has been deferred until they are more fully developed. The Togo Unit has submitted a one-year work plan and budget, and has made initial selections of four projects it would like to develop. The first of these will be submitted in late February.

IX. ACTIVITIES PLANNED DURING THE NEXT REPORTING PERIOD

Building upon the work completed during this reporting period, the following objectives have been proposed for the next reporting period, January 1 - June 30, 1983.

- Assist WIM alumnae in one or two countries to develop training plans for in-country workshops.
- Conduct a third in-country workshop and training of trainers course.
- Identify a mechanism through which the operational expenses of the Follow-Up Units can be met and project development and implementation can be supported.
- Review project proposals developed by WIM alumnae in Togo.
- Provide technical assistance to two Follow-Up Units in project development so that criteria may be met for awarding seed money grants to two projects.

Future activities under the Agreement will profit from lessons learned in previous workshops and technical assistance visits, as follow-up activities continue and the work expands into an additional country in the francophone West Africa region:

APPENDIX A

TOGO IN-COUNTRY WORKSHOP

R A P P O R T D U S E M I N A I R E

Introduction

Un séminaire de formation pour les Femmes Gestionnaires des projets en faveur du développement communautaire et de la planification familiale, organisé conjointement par le Centre pour le Développement et les Activités en Matière de Population (CDPA) et l'Association Togolaise pour le Bien-Etre Familial (ATBEF) a eu lieu du 16 au 28 Août au Grand hôtel du 30 Août à Kpalimé. Ce séminaire a réuni 24 participantes des trois Ministères suivants :

- Le Ministère des Affaires Sociales et de la Condition Féminine. Dix participantes
- Le Ministère de la Santé Publique, Douze participantes
- Le Ministère du Développement Rural, Deux participantes.

Les participantes représentaient les six régions Economiques du Pays et travaillaient sur le terrain. L'encadrement a été assuré exclusivement par une équipe togolaise constituée des anciennes stagiaires de la CDPA. Le thème principal de ce séminaire a été l'acquisition d'une méthode pratique de gestion, d'un processus de développement de projet et de notions de planification familiale.

LE C.D.P.A.

Le Centre pour le Développement et les Activités en Matière de Population (CDPA), appelé jusqu'ici Centre pour les Activités en Matière de Population CEPPA, est une association de formation en matière de population à but non lucratif, qui a été créée à Washington D.C. en 1975.

Son objectif principal est d'assister les responsables chargées de la gestion des programmes de développement en faveur de la santé et de la planification familiale, et d'améliorer leurs techniques de travail, grâce à la formation, l'assistance technique et le développement des organisations, plus de 1.100 Administrateurs venus de 50 pays ont profité de la formation dispensée par le CDPA.

Les sujets proposés :

- La gestion par objectifs
- La planification
- L'exécution
- Le contrôle de la supervision et l'évaluation constituent

l'essentiel des programmes de formation des Femmes Gestionnaires. Le succès de ces programmes se ressent au niveau de la demande toujours croissante des inscriptions aux stages de formation à Washington et par le degré d'exigence de ces formations dans d'autres pays.

Grâce aux programmes conçus et administrés par le CDPA, le centre est devenu une ONG de premier rang travaillant dans le domaine de la gestion internationale. L'efficacité de la technique de la formation en gestion s'est rapidement manifesté à travers le réseau de gestionnaires formé à Washington, car ils servent comme consultants, conseillers et co-formateurs. Cette approche innovatrice a fini par créer un système de ressources couvrant 60 pays en Asie, en Afrique dans les Caraïbes en Amérique Latine et au Proche Orient. Le CDPA est financé par les frais de formation, les allocations pour les services, les contrats et les bourses. CDPA a reçu des bourses de l'Agence Internationale de Communication (ICA) des Fonds des Nations Unies pour les Activités en Matière de Population.

.../...

L'Agence des Etats-Unis pour le Développement International (USAID), le Pathfinder Fund et la Population Crisis Committee. Les subventions pour les participantes provenaient du Church World Service, Sister Cities Development Association, Family Planning International Assistance, les Fondations Ford, Noyes et Trull, le gouvernement de la Malaisie, Kreditanstatt Für Wiederaufbau, l'organisation des Nations Unies pour l'enfance (UNICEF) l'université de Hawaï et l'université de la Caroline du Nord (Formation Internationale en Santé (INTRAH)).

L'A.T.B.E.F. Association Togolaise pour le Bien-Etre Familial

L'Association Togolaise pour le Bien-Etre Familial (ATBEF) est un organisme privé non lucratif adopté le 2 Janvier 1975 par l'Assemblée constitutive de l'ATBEF. Approuvé le 13 Mars 1976 sous le n° 611/INT.SG APA-PC.

Son But : Contribuer à l'amélioration qualitative de la vie de la population togolaise.

Objectif : Favoriser les conditions nécessaires à la sauvegarde des droits des mères et à la protection de droit de l'enfant.

Informen l'opinion et les pouvoirs publics sur les conditions de la vie des familles et suggérer les moyens propres à les améliorer. Amener les parents, si besoin est, à planifier les naissances de leurs enfants pour pouvoir assurer à ceux-ci une meilleure condition d'existence.

- L'Association est formée de volontaires, de diverses spécialités et de personnel salarié.

L'ATBEF a eu à organiser plusieurs séminaires et colloques tant au niveau national qu'international.

Source de financement IPPF, cotisation des membres, dons et legs. ATBEF : Organisme de parrainage.

LA COLLABORATION CDPA/ATBEF

Elle est née en 1981 à la suite de la formation d'une équipe de Femmes togolaises au CDPA à la session du 5 Octobre au 6 Novembre 1981. Les buts poursuivis par les deux organismes étant presque les mêmes, la collaboration a été spontanée ; c'est ainsi que l'ATBEF a accepté de parrainer ce séminaire de formation de femmes gestionnaire pour le développement communautaire et la planification familiale. Le projet ainsi conçu a été présenté par le CDPA et financé par L'USAID.

Origine du programme de formation des femmes gestionnaires, en développement et planification familiale.

C'est à la session de la formation du 5 Octobre au 6 Novembre à Washington que l'idée d'organiser une session de formation du même genre dans nos pays a été émise. Ainsi le projet a été formulé à la fin du stage et soumis au CDPA. Ce projet devait adapter le contenu aux réalités du Togo pour répondre aux besoins des femmes engagées dans la santé, le développement communautaire et la planification familiale. Ces besoins dégagés par les femmes responsables des centres médico-sociaux, elles-mêmes devraient leur permettre d'encadrer les femmes sur le terrain et de leur donner des notions simples adaptées de gestion.

LE SEMINAIRE

Cadre organisationnel

C'est le cadre agréable du Grand Hôtel du 30 Août à Kpalimé qui a abrité ce séminaire. L'une des principales villes du Togo, Kpalimé

est situé à 125 Kilomètres de Lomé (la capitale) ville touristique, économique à cause du commerce du café, cacao, fruits divers très développés.

Le cadre a été choisi pour permettre aux femmes de mieux se concentrer aux activités et de tirer le meilleur profit du séminaire, ce qui n'a pas été du leur.

L'encadrement a été assuré par une équipe de 4 membres : les anciennes stagiaires du CDPA.

Quatre spécialistes et l'équipe d'encadrement ont assuré les cours dispensés à ce séminaire.

Le séminaire a été financé par l'USAID tandis que le CDPA en assurait une supervision active. Cette supervision active ressentie depuis la conception du projet jusqu'à l'organisation du séminaire a été d'autant plus efficace que la présence de la Coordinatrice de projet envoyé par le CDPA Mme Barbara BROWN et de la Consultante au CDPA Mme Nancy BENSON a donné un cachet spécial à la réussite du séminaire.

L'ATSEF a parrainé le séminaire en mettant tous les moyens logistiques nécessaires à la disposition du séminaire.

LES PARTICIPANTES

Vingt quatre femmes représentantes des différentes régions du Togo ont participé au séminaire. Elles sont actives dans le domaine de la santé, du développement rural, de la planification familiale, des affaires sociales et de la condition féminine. Elles participent sur le terrain au développement social du pays.

Elles sont mariées pour la plus part.

16 mariées et 6 célibataires.

Leur âge varie entre 26 et 49 ans.

La moyenne d'âge est de 35 ans.

OBJECTIFS DU SEMINAIRE

OBJECTIFS :

A la fin du séminaire, les responsables doivent être capables de :

- Enumérer les étapes d'élaboration du projet
- Préparer et soumettre un projet
- Acquérir l'expertise nécessaire pour initier ou améliorer les programmes de planning familial, santé et développement dans les communautés et créer l'occasion de les mettre à l'épreuve.
- Identifier et comprendre les problèmes rencontrés par les gestionnaires féminins et examiner les moyens par lesquels elles peuvent réussir à être plus affirmatives face à ces problèmes.
- Etudier les systèmes de communication femme à femme et femme à homme.
- Appliquer au moins 2 techniques d'organisation au développement communautaire.

CONTENU DU PROGRAMME

Le programme de la formation de gestionnaires féminins a été élaboré à l'image du programme du 1er stage pour les Francophones à

Washington du 5 Octobre au 6 Novembre 1981, mais un peu condensé et avec une légère modification pour que le contenu soit adapté aux réalités du Togo.

Le programme se présente comme suit :

- La première semaine :

SANTE ET DEVELOPPEMENT

Le conférencier a défini la santé comme un "état de bien-être physique, mental et social permettant à l'individu, à la famille et à la collectivité de mener une vie économiquement et socialement PRODUCTIVE.

Le développement, lui a été défini comme un "processus de changement qui vise à éliminer la maladie, la misère, l'ignorance".

Le conférencier a insisté sur les facteurs influant sur le développement et la santé notamment les maladies, l'absentéisme...

L'étude dans les 2 sens a amené à une interaction du Développement sur la santé et vice-versa et c'est ainsi que l'on est arrivé au "cercle vicieux" de la productivité à la production et aux revenus pour le développement, et des revenus à la productivité et à la production pour la santé.

Dans sa synthèse, le conférencier a mis l'accent sur le fait qu'un développement décent amène à une santé harmonieuse, laquelle est source d'épanouissement pour l'individu, à la famille, puis à la collectivité.

L'influence du comportement sur le développement joue un rôle important dans la solidarité qu'elle apporte au sein du travail, l'amélioration des conditions de vie qu'elle amène. Mais ce n'est pas sans noter que la peur de l'inconnu demeure un frein à l'évolution : c'est ce qu'on appelle la résistance au changement. Et cette résistance au changement est renchériée par les habitudes, les mentalités, les croyances, les tabous dans lesquels nous sommes enracinés.

DEMOGRAPHIE ET PLANIFICATION FAMILIALE

Dans cet exposé, l'accent a été mis sur l'utilité de la démographie et de la planification familiale à différents niveaux : famille, collectivité, pays, monde.

Le Bien-Être Familial procure une harmonie au sein de la famille, de la collectivité et partant, une harmonie dans le pays. La démographie est définie comme étant une science qui étudie les caractéristiques de la population et le recensement se fait par deux structures : la structure par sexe et la structure par âge. L'explication retenue sur la planification familiale est la suivante ; c'est la possibilité d'avoir le nombre d'enfants désirés et au moment voulu, en tenant compte de ses propres ressources. Le conférencier a insisté sur la relation qui existe entre la planification familiale et la démographie.

RELATIONS HUMAINES

C'est une communication et un échange continu entre deux "moi". L'individu a un potentiel acquis, qui en communion avec le potentiel inné, favorise l'échange, la réceptivité entre les deux "moi".

La relation entre les deux "moi" est dite primaire, tandis que la relation entre le "moi" et l'objet est dite secondaire.

La relation primaire est une relation intime, irrationnelle, incommensurable et subjective qui appelle à la réciprocité. La relation

secondaire par opposition à la relation primaire demeure objective.

Les Mythes et murs culturels

Au cours de cette séance, les participantes aidées du spécialiste et des encadreurs ont eu à analyser les barrières que rencontrent les femmes dans leurs efforts de changement. Ces barrières sociales pour la plupart sont constituées de mythes et de coutumes qui favorisent souvent l'homme et freinent l'épanouissement de la femme. Les mythes et coutumes ayant été définis comme un ensemble d'idées de croyances de superstitions et même de pratiques institutionnalisées et acceptées par la société.

REALISATION DE SOI

La séance sur la réalisation de soi a permis aux participantes de parler d'elles-mêmes en faisant l'inventaire de leurs points forts et de leurs points faibles, et elles ont trouvé qu'il n'était pas facile de parler de soi. La deuxième partie de la séance a été consacrée à l'étude des différents types de comportements : passif, affirmatif, et agressif. Lors de la séance les participantes ont essayé de se trouver dans ces différents comportements afin de faire un effort pour améliorer leur comportement.

LA DYNAMIQUE DE GROUPE

Plusieurs définitions du mot groupe ont été proposées lors de cette séance de travail et les participantes ont retenu la suivante : Un groupe est un ensemble de personnes réunies, ayant les caractéristiques communs et poursuivant un même but dans un temps donné.

Et, pour un travail en groupe rentable, les membres du groupe doivent avoir une maîtrise de soi, le respect pour autrui; un apport intellectuel est aussi indispensable quelque soit le niveau, ils doivent tous tendre vers un même but et oeuvrer pour la réussite de leur entreprise.

Le gestionnaire devra prendre en considération tous ces éléments dans l'organisation de son travail, surtout dans la communication avec ses subordonnées.

COMMUNICATION - JEU DE ROLE

En jouant au ministre du plan et à ses membres de cabinet, les participantes ont appris pendant la séance du Feedback qui a suivi le jeu, leur façon propre à elles de communiquer avec autrui grâce à certains gestes, miniques le ton de voix, l'expression du visage et certaines attitudes. Plusieurs participantes ont souhaité refaire ce jeu car elles ont apprécié son apport dans le changement du comportement

COMMENT DIRIGER UNE REUNION

Après avoir fait ressortir, grâce à des exercices oraux et écrits le nombre d'heures que nous passons dans les réunions sans/un grand profit, l'encadreur chargé de ce cours a insisté sur certains points à retenir afin de mieux réussir les réunions à savoir :

- le rôle du directeur, du secrétaire, des participants
- la préparation de la logistique
- la préparation de l'ordre du jour
- la préparation et la mise à la disposition des participants de documents appropriés.

LA PLANIFICATION FAMILIALE

Après avoir souligné la différence entre la limitation et l'espacement des naissances, entre l'obligation de s'arrêter à un certain nombre d'enfants et le désir de les avoir au moment voulu, et compte tenu de ses propres ressources et de la santé de la mère, le spécialiste a abordé successivement les problèmes qui entravent la pénétration de la planification familiale dans les pays en voie de développement, l'utilisation des méthodes contraceptives traditionnelles, l'utilisation des méthodes contraceptives modernes avec leurs avantages et leurs inconvénients. L'exercice pratique sur l'introduction d'un projet de planification familiale au sein d'un village a suscité l'intérêt général des participantes. Ce qui a permis à certaines de concevoir déjà l'idée de leur projet.

LA VISITE SUR LE TERRAIN

La visite d'un projet de coopérative de femmes à Nyitoé, spécialisée dans la riziculture a permis aux participantes de relever les erreurs de projets conçus à l'insu des bénéficiaires et l'absence de leadership chez les bénéficiaires, les avantages de l'identification des besoins et le choix des priorités tout en tenant compte des priorités fixées par les bénéficiaires elles-mêmes.

COMMENT FORMER LES COOPERATIVES

Cette séance de travail qui vient à point nommé, après la visite sur le terrain a donné aux participantes quelques notions sur les co-opératives et les conditions nécessaires à remplir pour démarrer et faire fonctionner une bonne co-opérative.

Deuxième Semaine de Travail

La deuxième semaine a été consacrée au processus d'élaboration d'un projet à savoir :

- Identification des besoins communautaires
- Analyse des besoins communautaires
- Evaluation des ressources communautaires
- Identification des contraintes communautaires
- Définition des objectifs
- Développement d'un plan de travail et d'un budget
- Evaluation du projet
- Identification d'une organisation donatrice

Les étapes du projet ont été traitées en exposés et en travaux de groupe par les participantes aidées des encadreurs. Puis, munies des renseignements nécessaires à l'élaboration des projets, les participantes ont travaillé pendant deux jours et demi sur leurs projets personnels sous la supervision des encadreurs. Les projets élaborés ont largement prouvé que les séances de travail ont été bénéfiques ; les sujets des différents projets reflétaient le domaine de formation professionnelle des participantes à savoir la santé, la planification familiale, les affaires sociales et le développement rural.

C O N C L U S I O N :

Durant ces deux semaines de travail intensif les participantes ont eu à apprécier la bonne entente et la facilité de communications entre les participantes d'une part et entre les participantes et les membres de l'équipe d'encadrement d'autre part.

L'évaluation générale des objectifs à la fin de la deuxième semaine a prouvé que les objectifs du séminaire ont été largement atteints. L'analyse des projets nous permettra de voir dans quelles mesures l'exécution de tels projets seraient bénéfiques pour les communautés à assister.

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EVALUATION DES PROGRAMMES DE LA PREMIERE SEMAINE

TITRE DU COURS	Utiles aux besoins profession- nels ?	Degré de compré- hension	Sujet présenté à Fond ?	Occasion de bien discuter le sujet	Méthodologie du stage utile ?
SANTE ET DEVELOPPEMENT	8,4	7,6	8,1	7,3	8,3
DEMOGRAPHIE ET PLANIFICATION FAMILIALE	8,1	7,1	6,7	6,6	7,3
RELATIONS HUMAINES	9,1	7,5	7,7	7,3	8,1
RELATIONS HUMAI- NES (suite) ASPECT DU COMPOR- TEMENT	8,6	7,1	7,2	7,1	7,8
DYNAMIQUE DE GROUPE I	8,5	6,9	6,9	7,1	7,6
DYNAMIQUE DE GROUPE II	8,4	6,8	7,1	7,1	7,3
COMMUNICATION JEU DE ROLES	8,9	7,9	8,1	7,7	8,6
COMMENT DIRIGER UNE REUNION	8,6	6,1	5,4	5,4	4,8
LA PLANIFICATION FAMILIALE	8,9	8,6	8,6	8,2	8,8
VISITE SUR LE TERRAIN	8,3	7,4	5,9	6,4	6,9
COMMENT FORMER LES COOPERATIVES	7,8	6	5,5	5,1	5,1

Le stage de formation a été organisé pour stimuler un échange d'information entre les spécialistes, les encadreurs et les participantes. En tenant compte de cet objectif, veuillez répondre aux questions suivantes :

4/. Avez-vous eu assez de temps pour discuter les problèmes et les points d'intérêts avec les encadreurs ?

OUI 10

NON 17

Plus ou moins 2

5/. Avez-vous eu l'occasion de discuter avec les spécialistes ?

OUI 10

NON 13

6/. Avez-vous eu assez de temps pour discuter vos problèmes et vos intérêts avec les autres participantes ?

OUI 16

NON 7

7/. Vos commentaires sur la formation en général.

Bonne 4

Intéressante et trop chargée 2

Trop courte 5

Assez bonne mais temps insuffisant

Certains cours expédié (définitions des objectifs ; manque de temps pour d'autres) (plan d'évaluation) ; Doléance : que la prochaine semaine se fasse à Lomé pour cause de continuité.

Très court, un mois aura suffit. Mille félicitations aux encadreurs Il faut répéter souvent.

Bien passé

Assez bien, trop chargée - Projets , il faut une semaine.

Utile, intéressante à mon service. Manque de temps pour les projets

Un mois.

Instructive, éducative 2

Manque de temps

Bienvenue et à point

Deux temps : première stage-séminaire
deuxième stage de pratique

Venu au moment opportun (période de projets chez nous)

Bons pédagogues - encadreurs

M'a permis de m'épanouir

Pas assez de temps pour la pratique. Dommage, pas de tourisme

A renouveler

Il faut trois semaines Bon encadrement

Réussi, mais il faut la pratique en même temps que la théorie

Très riche en information - très utile, va nous aider à mieux faire sur le terrain

Utile aux besoins professionnels et quotidiens

Utile aux besoins professionnels - Appris comment ~~en~~ travailler, en groupe ce qui permettra une bonne collaboration

Très bienvenue.

SEMINAIRE SUR LA FORMATION DES FEMMES
GESTIONNAIRES AOUT 1982

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EVALUATION GENERALE

OBJECTIFS

Est-ce que vous pensez que les six objectifs de la formation ont été atteints?

	ENTIEREMENT	PARTIELLEMENT	PAS DU TOUT
1/ Enumérer les étapes d'élaboration du projet	8	15	
2/ Préparer et soumettre un projet	2	20	1
3/ Acquérir l'expertise nécessaire pour initier ou améliorer les programmes de planification familiale dans les communautés et créer l'occasion de les mettre à l'épreuve	11	12	1
4/ Identifier et comprendre les problèmes rencontrés par les gestionnaires féminins et examiner les moyens par lesquels elles peuvent réussir à être plus affirmatives face à ces problèmes	10	12	2
5/ Etudier les systèmes de communication femme à femme	15	9	
6/ Appliquer au moins 2 techniques d'organisation au développement	6	16	2

LISTE DES PARTICIPANTES

<u>NOM ET PRENOMS</u>		<u>ADRESSES</u>
1.	Mme BAKOU Enyohalé	- Centre Communautaire de Tokoin Avenue de la Libération prolongée - Villa La Trinité face aux Assemblées de Dieu (Bretelle route de Kpalimé route d'Atakpané) - Akossombo B. P. 8067 - <u>LOME</u>
2.	Mme AWADÉ M'ina	Coordinatrice Régionale des Programmes féminins Préfecture de la KOSAH B. P. 49 - <u>KARA</u>
3.	Mme TAGBA Tawané	Coordinatrice Régionale des Programmes Féminins B. P. 48 - <u>SOKODE</u>
4.	Mme AKOUETE-AKUE Adoukoè	Sage Femme d'Etat Centre de Santé - Aného-Kpota - <u>ANÉHO</u>
5.	Mme JIBIDAR Ayélé	- Association Togolaise pour le Bien-Être Familial Tél; 21-41-93 - 115, Boulevard Circulaire B. P. 213 Tél. 21-45-79 - <u>LOME</u>
6.	Mlle HOR Kafui	Responsable du Service Social de l'Hôpital de Kpalimé - <u>KPALIME</u>
7.	Mme SETODJI Akossiwa	Centre Hospitalier Régional - <u>KANBE</u>
8.	Mme YERIMA Zaratou	Hôpital - <u>KPALIME</u>
9.	Mlle BENSON Nancy	505 Woodvale Drive Greensboro, N. C. 27410 - <u>ETATS-UNIS</u>
10.	Mlle AGDEKPOKOU Dope	DRAPP B.P. 1007 - <u>LOME</u>
11.	Mme BROWN Barbara	CEBRA 1717 Massachusetts Avenue, N. W. Suite 202 Washington, DC 20036 - <u>ETATS-UNIS</u>

NOM ET PRENOMSADRESSES

12. Mme MENSAN Enyonam
A. T. D. E. F.
B. P. 4056
- LOME
13. Mme TEPE Kafui
E. H. A. M.
B. P. 1271
- LOME
14. Mlle SANTOS A. Ayawovie
Département P. P. W. D.
IPPF - Bureau de Lomé
B. P. 4101
- LOME
15. Mme GNON Rabi
Sage Femme
P. M. I.
B. P. 123
- SOKO E
16. Mme AMEDODJI Adjélé Mawussi
Sage Femme
Maternité de Tabligbo
- TABLIGBO
17. Mme ANAI Dolibè
Sage Femme au Centre de Santé
- LOME
18. Mme KODJO NYAKU Afi Lolonyo
Direction Générale de la Condition
Féminine
B. P. 369
- LOME
19. Mme DOGBE Massan A.
Sage Femme P. M. I.
Affaire Sociale
- KARA
20. Mme KAGA Tchikpédé
Sage Femme à la maternité
- ATAKPAME
21. Mme KODJOVI Déllali
Togofruit
B. P. 3292
- LOME
22. Mme SANKAREDZA Tadampo
Direction Régionale des Affaires
Sociales et de la Condition
Féminine
B. P. 108
- DAPONG

NOM ET PRENOMSADRESSES

	Mme	NEOULA	Absavi	Directrice Centre Social de Zongo - <u>LOME</u>
24.	Mlle	LOSSO	Bételzma	Sage Femme C. H. R. - <u>DAPONG</u>
25.	Mme	BATASCOME	Ahlonkoba	Centre Social B. P. 357 - <u>KEPALLE</u>
26.	Mme	ATTOH-MENSAN	Akouavi Zaza	Sage Femme Centre de Santé de Bè B. P. 3343 - <u>LOME</u>
27.	Mlle	BINI	Prewè	Assistante Sociale Direction Régionale des Affaires Sociales B. P. 108 - <u>DAPONG</u>
	Mme	DJALLA	Essodolon	Sage Femme P. M. I. Subdivision Sanitaire de l'Agou - <u>AKEMBALE</u>
29.	Mlle	DJODO	Nassara	Assistante Sociale Direction Régionale des Affaires Sociales Préfecture de la Kozah B. P. 49 - <u>KARA</u>
30.	Mme	MENSAN	Ayélo	Service des Espaces Verts Direction de l'Agriculture B. P. 341 - <u>LOME</u>

RESUME DES PROJETS

PROJET N° 1

Intégration d'une clinique de planning familial au sein de la maternité du CHR de Dapaong.

Présenté par : Mme LOSSO Betelgua

Bénéficiaire : Les femmes en activité génitale et les enfants de Dapaong et ses environs.

Problèmes : La maternité est souvent confronté aux problèmes du taux élevé de mortalité et de maladies chez les femmes et les enfants de la région due aux

- grossesses rapprochées
- avortements provoqués etc...

Objectif : Réduire le taux de mortalité maternel et infantile dans la région.

Coût global : 3.690.000 Frs

PROJET N° 2

FORMATION DES COOPERATIVES DES COUTURIERES A LOME

Il s'agit de jeunes qui après apprentissage n'ont pas le moyen d'acheter une machine à coudre pour exercer leur métier. Elles sont parfois obligées de se livrer à des activités douteuses. Ce qui les oblige à faire des avortements provoqués avec ses conséquences.

Objectifs : - Regrouper les jeunes couturières en coopérative
- Créer des structures adéquates pouvant aider les jeunes couturières à exercer leur métier
- Donner une formation dans le domaine de la planification familiale.

Bénéficiaires : Filles-mères de 16 à 30 ans - moitié alphabétisée, dont la moitié a déjà 1 ou 2 enfants sans mari, ni soutien familial

Durée du Projet : 3 ans ; autofinancement après 3 ans

Coût : 6.000.000

PROJET N° 3

Intégration d'une clinique de Planification familiale au centre de santé de Dè - Lomé

Présenté par : Mme ATTON-MENSAH Akouavi Sago-femme

Bénéficiaire : la population de Dè et plus particulièrement les femmes en activité génitale

Justification du projet

Le centre est confronté à des problèmes de santé des femmes enceintes et des enfants.

- grossesses rapprochées
- avortements provoqués
- grande multiparité
- malnutrition des enfants

Objectif : Améliorer les conditions de vie de la population par le Planning familial

Coût total : 2.951.284,05 Frs

PROJET N° 4

Relance de la COOPAF (Coopérative agricole des femmes de Nyitoé-Zoukpé) Préfecture de KLOTO

Présenté par : Mme MENSAH Ayélo Ingénieur Agronome Lomé

Bénéficiaires : Femmes du village de Nyitoé-Zoukpé très motivées pour la culture de riz.

Description du problème : Les femmes de Nyitoé se sont regroupées en coopérative pour la culture de riz. Mais depuis un certain temps les femmes ont déserté grâce aux mauvais rendements de la coopérative.

Objectif : Aider les femmes à réorganiser la COOPAF pour augmenter leur revenu Coût global : 3.658.300 Frs.

PROJET N° 5

Il s'agit d'un projet d'amélioration des techniques de préparation du savon local des femmes de Wassarabo.

Wassarabo est un village situé à 14 km à l'Est de la ville de Sokodé avec une forte population. La préparation du savon est l'activité lucrative principale du village.

Titre : Amélioration des techniques de préparation du savon local

But : Aider les femmes à augmenter leur revenu afin d'améliorer leur condition de vie.

Objectifs :

- amener les femmes à acquérir des techniques modernes de fabrication
- aider les femmes à mieux s'organiser afin de bien gérer leur coopérative
- aider les femmes à avoir des activités non lucratives pour leur formation personnelle en santé, nutrition et planification familiale.

Groupe cible : Les femmes de Wassarabo 20 femmes mariées âgées de 20 à 45 ans ayant une famille nombreuse : moyenne : 6 enfants.

Durée du projet : 3 ans ; après le projet s'autofinancera.

Coût : 6.553.400 Frs.

PROJET N° 6

Il s'agit d'un projet de développement communautaire devant aider à augmenter les revenus des femmes de Lassa.

Lassa est un village de 22.000 habitants situé à 12 km de Kara dont plus de la moitié est constituée de femmes jeunes engagées dans le domaine de l'agriculture des produits vivriers.

45

Titre du projet : Relancement de la coopérative des femmes de Lassa pour une meilleure production

But du projet : - aider les femmes à améliorer leur condition de vie
- produire des produits maraichères tout le long de l'année

Durée du projet : 3 ans ; après 3 ans il doit s'autofinancer.

Coût du projet : 5.000.000 Frs.

Population cible : 30 femmes toutes mariées âgées de 18 à 45 ans ayant en moyenne 5 enfants.

PROJET N° 7

Centre de récupération nutritionnelle à la Pédiatrie de Dapaong

Présenté par : Mlle Bini Prèwè Sage-femme

Bénéficiaire : population infantile de Dapaong hospitalisée pour état de dénutrition et d'anémie grave

Description du problème : Il est enregistré à la pédiatrie de Dapaong un nombre important de cas de maladie nutritionnelle

Objectif : - Améliorer l'état nutritionnel des enfants de 0 à 10 ans qui visiteront ce centre.

Coût global : 7.724.000 Frs.

PROJET N° 8

Intégration d'un centre d'éducation nutritionnelle à la PMI de Sokodé

Présenté par : Mme GHON Rabi

Bénéficiaire : population infantile de la ville Tchaoudjo

Justification : pourcentage élevé de la mortalité infantile par malnutrition.

Objectif : - Réduire la mortalité infantile due à la malnutrition

Coût global : 4.353.400 Frs.

PROJET N° 9

Titre du projet : Centre de démonstration nutritionnelle à Atakpané

Présenté par : Mme KAGA Thikpedè

Bénéficiaire : Tous les enfants atteints de maladie nutritionnelle, hospitalisés à la pédiatrie du CHR d'Atakpané.

Justification du projet : La pédiatrie du CHR d'Atakpané reçoit en moyenne 360 enfants malnourris par an. Les enfants reçoivent uniquement des soins médicaux. L'alimentation était laissée aux mères qui n'avaient aucune notion de régime équilibré.

Objectif : Fournir aux enfants des repas équilibrés préparés sur place par les mamans.

PROJET N° 10

Intégration d'une clinique de Planning Familial à la PMI d'Atakpané

Présenté par : Mr DJALA

Bénéficiaire : 20.000 femmes en activité génital âgées de 15 à 45 ans.

Problème : 65 % de la population est très jeune et très fertile. Fertilité favorisé encore par le climat frais.

On a assisté donc : - à la grande multiparité
- à des avortements provoqués
- à la naissance d'enfant non désiré - malnourri

Objectif : Diminuer le taux de mortalité maternel dû aux grossesses rapprochées et aux avortements provoqués.

Coût global : 3.410.000 Frs.

PROJET N° 11

Création d'un centre de planification familiale au sein de la maternité de Tabligbo.

Présenté par : Mme AMEDODJI Adjélé

Bénéficiaire : Toutes les femmes de Tabligbo en activité génitale ayant besoin des services de planning familial.

Problème : La maternité est confrontée à des problèmes tels que :
- grossesse à haut risque
- avortement provoqué
- mortalité infantile par malnutrition

Objectifs : Améliorer l'état de santé de la collectivité par le service de planification familiale.

Coût global : 3.547.268,4 Frs.

PROJET N° 12

Intégration d'une clinique de Planning familial au centre de PMI de Kara.

Présenté par : Mme DOGBE Massa Ehyonam Sage-femme

Population bénéficiaire : Toutes les femmes parmi les 5.500 femmes en activité génital visitant la PMI de Kara et justiciables des soins de Planning familial.

Justification du problème: Le centre est souvent confronté aux problèmes de santé
- grossesses rapprochées
- grande multiparité
- avortements provoqués ~~de 15 à 45 ans en 1989~~
- mortalité infantile

Objectif : Améliorer les conditions de vie de la famille par le planning familial.

Coût global : 3.452.000 Frs.

PROJET N° 13

Intégration d'une clinique de planification familiale au centre de santé de Lomé.

Présenté par : Mlle AMAI Dolibé

Bénéficiaire : 20 % des 16.000 femmes qui viennent en consultations prénatale au centre.

Justification du projet : 20 % des 16.000 femmes qui visitent le centre portent soit des grossesses à haut risque ou soit des grossesses non désirées. Elles nous réclament toujours des services de planning familial.

Objectif : Permettre à toutes les femmes visitant le centre d'adopter une méthode contraceptive.

Coût global : 3.000.000 Frs.

PROJET N° 14

Construction de centre de récupération nutritionnel à l'hôpital de Kpalimé.

Présenté par : Mme GERIME Zaratou

Bénéficiaire : Les enfants malnourris hospitalisés au service de Pédiatrie de Kpalimé et leur mère.

Description du problème : Les enfants malnourris hospitalisés au service de pédiatrie reçoivent uniquement des soins médicaux sans être bien nourris ce qui retarde leur guérison.

Objectif : - créer un centre de nutrition
- amener les mères des enfants hospitalisés à préparer des repas équilibrés avec les produits locaux
- permettre aux enfants de consommer des aliments équilibrés.

Coût global : 4.000.000 Frs.

PROJET N° 15

Coopérative de consommation à l'hôpital de Kpalimé (Kloto)

Présenté par : Mlle NOR Kafui

Bénéficiaire : Les malades hospitalisés nécessitant provenant des différents cantons de la préfecture de Kloto.

Justification du projet : Les malades hospitalisés ne sont pas nourris. Ils éprouvent beaucoup de difficulté pour s'approvisionner en vivres et en produits de première nécessité car l'hôpital est éloigné de la ville.

Objectif : Améliorer les conditions de séjour en offrant sur place aux malades des repas à meilleur marché, des vivres frais - des produits de première nécessité.

Coût global : 1.264.000 Frs.

PROJET N° 16

Ouverture d'une clinique de Planning familial au centre communautaire de Tokoin. à Lomé.

Présenté par : Mme BAKOU Sage-femme

Bénéficiaire : Population de Tokoin en particulier et les femmes en activité génitale visitant le centre.

Justification : Le centre s'expose tous les jours à des problèmes graves de santé :

- grossesses rapprochées
- grande multiparité avec état de dénutrition de la mère
- avortements provoqués
- enfants malnourris.

Objectif : Mettre à la disposition des femmes des services de planning familial pour une amélioration de la condition de vie.

Coût global ; 3.245.412,45 Frs.

PROJET N° 17

Formation d'un groupement pour fabrication de savon

Présenté par : Mme BATASCOM Ahlonkoba

Le projet concerne 20 femmes de Kpalimé (Préfecture de Kloto).
Il aura des objectifs suivants :

- procurer du savon à la population en toutes saisons
- augmenter le revenu des femmes et partant, améliorer la condition de vie

Coût global : 6.553.400 Frs.

PROJET N° 18

Construction de centre de récupération nutritionnel à l'hôpital de Kantè.

Projet présenté par : Mme SETODJI Akossiwa

Bénéficiaire : Tous les enfants de 0 à 7 ans souffrant de malnutrition et hospitalisés dans cet hôpital.

Justification du projet : Les 350 enfants malnourris hospitalisés chaque année au service de pédiatrie de l'hôpital passent plusieurs mois dans le service de santé, service diététique approprié pouvant leur fournir des repas équilibrés.

Objectif : - améliorer la nutrition des enfants hospitalisés
- aider les mères à acquérir des notions de jardinage et d'élevage.

Coût global : 3.327.000 Frs.

PROJET N° 19

Pisciculture dans le village de Sigbhoué.

Présenté par : Mme JIBIDAR

Justification du projet ?

Objectifs : - objectif global

Améliorer les conditions de vie de la population du village de Sigbehoué ; village situé dans la préfecture des lacs et dont les habitants sont pour la plupart agriculteur et pêcheur.

- objectif secondaire

- assainir les eaux de l'étang
- améliorer l'alimentation de la population
- fixer la population de Sigbehoué
- accroître les revenus du village
- stabiliser le niveau de vie
- équilibrer la santé physique et morale des Sigbehouéens.

Bénéficiaires : Ensemble de la population de Sigbehoué environ 35.000 habitants en particulier les femmes.

Coût global : 5.172.000 Frc.

Date de démarrage 1er Janvier 1984.

PROJET N° 20

Ouverture d'une clinique de Planning familial au centre de santé d'ANEHO.

Présenté par : Mme AKOUETE-AKUE Adoukoè Sage-femme

Bénéficiaire : Population de plus de 30.000 habitants qui ont exprimé leurs besoins dans le domaine de planning familial.

Justification du projet : nombre croissant

- d'avortements provoqués
- de grossesses rapprochées
- d'enfants malnourris qui décèdent souvent.

Objectif : Améliorer les conditions de vie de la population d'ANEHO.

Coût global : 3.202.420 Frc.

PROJET N° 21

Réorganisation d'une unité de production et de distribution de produits agricoles et manufacturés au groupement de Pya.

Objectif : Améliorer les conditions de vie de la communauté.

- aider les femmes à avoir une formation dans la transformation et conservation des produits.
- aider les femmes à espacer leur naissances par une éducation de l'état.

Le projet se situe à Pya préfecture de la Kozah au Nord avec 15.000 habitants dont près de 9.000 femmes en âge de procréer.

Population cible : 50 femmes toutes analphabètes âgées de 20 à 45 ans ; certaines ont en moyenne 5 enfants.

Coût du projet pour les 3 ans : 16.500.000 Frc.

Durée : 3 ans après 3 ans autofinancement.

PROJET N° 22

Installation et exploitation d'unité de transformation de fruits et de légumes à Agouényivé situé à 10 km de Lomé, Banlieue de la capitale.

- Environ 60 % de la production pourrissent au moment des récoltes, de Juillet à Octobre, faute de moyen de conservation.
- réduit de près de 40 % les revenus déjà trop bas des paysans.

Objectifs : - assurer la formation des conservation des fruits et des légumes aux femmes productrices.

- aider les producteurs à récupérer au moins 80 % de leur production.
- améliorer la condition de vie des femmes par une éducation en planification familiale.

Population cible : 25 femmes et 25 hommes âgés de 25 à 50 ans producteurs des fruits et légumes. Tous mariés ayant en moyenne 8 enfants.

PROJET N° 23

Projet de réorganisation de la coopérative de production vivrière à Kantindi Bagnamé.

Kantindi Bagnamé est un petit village situé dans la région des savanes à 42 km de la ville. Population : 10.000 habitants ; climat aride rendant le travail agricole difficile donc insuffisance alimentaire.

- Objectifs :
- améliorer les conditions de vie des femmes de Kantindi Bagnamé
 - aider les femmes à se regrouper pour un meilleur rendement.
 - aider les femmes à réduire le taux de malnutrition.

Bénéficiaires : 60 femmes âgées de 20 à 45 ans toutes mariées ; analphabètes et n'ayant d'autres ressources que la culture des produits vivriers.

Durée du projet : 3 ans.

Coût : 2.600.000 Frs.

PROJET N° 24

Projet de formation des femmes-leaders de la région des savanes.

La région des savanes est l'une des 5 régions du Togo. Elle est située dans le Nord. Les femmes de cette région sont engagées dans l'agriculture. Manque d'encadrement, le travail se fait sans technique appropriée ni modernisée en retour revenu faible, condition de vie médiocre.

- Objectif :
- assurer la formation de 20 femmes leaders afin de mieux encadrer les femmes dans le domaine de l'agriculture.
 - améliorer les conditions de vie des femmes de la région des savanes.

Durée du projet : 2 mois Coût : 3.252.800 Frs.

Bénéficiaires : 20 femmes âgées de 20 à 45 ans ; analphabètes motivées pour être chef de groupe.

APPENDIX B

NEWSPAPER COVERAGE OF TOGO IN-COUNTRY WORKSHOP

onliance que les prési-
-t-Boigny et adéma afin cette expé-
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ne n'est pas un rêve, mais une réalité, une œuvre de longue haleine à laquelle chacun de nos actes quotidiens doit permettre d'aller de l'avant. C'est pourquoi cette initiative a un appui favorable tant en Côte d'Ivoire qu'au Togo. Elle constitue le couronnement de la volonté de nos chefs d'Etat. Il n'y a pas de nuance entre la Côte d'Ivoire et le Togo qui auraient voulu être plus rapprochés si l'histoire n'avait pu

que et entre les ministres des Affaires étrangères.
La confédération sénégalienne, créée le 17 décembre dernier, est entrée en vigueur le 1er février 1982.
Peu avant la ratification de ces protocoles, le chef de l'Etat gambien, Sir Dawda Jawara, a affirmé, dans un discours prononcé devant les députés gambiens, que la tentative de coup d'Etat manquée du 30 juillet 1981, a permis, de se rendre compte de la vulnérabilité de son pays.
Il a indiqué que son gouvernement va tout

vres des pays étrangers qui, a-t-il dit, volent en la Gambie le bas ventre mou par lequel ils doivent prendre le contrôle de la sous-région ». Il a fait remarquer d'autre part que la création des ministères de l'Intérieur et de la Défense en Gambie ainsi que la mise sur pied prochaine d'une armée régulière entraient dans ce cadre. Il a précisé qu'une force de gendarmerie était en train d'être constituée en vue de remplacer la « Field Force » (force paramilitaire dans laquelle avaient été recrutés la plupart des

toutefois fait remarquer que ces mesures de sécurité seraient incomplètes si le Sénégal n'y était pas associé.
Le président Jawara a par ailleurs déploré la crise que traverse actuellement l'OUA et émis l'espoir de la voir rapidement réglée afin de rendre l'organisation plus crédible. Il a réaffirmé son soutien à l'Organisation du peuple du Sud-Ouest africain (SWAPO), au Congrès national africain (ANC-Interdit en Afrique du Sud) et au peuple palestinien, et appelé l'Iran et l'Irak à faire la paix.



usé avec la colonie de vacances
africains à fait autrement les choses
internatio- Dans nos esprits, a-t-il conclu, nous devons donc éliminer les frontières géographiques qui nous divisent ».
La création nationale. notre sous- de chance pendant les
fait remar- vient aux autres res- l'avenir de de créer et telles ren
Sol'Kuzu Souley-Nyaw

KPALIME La Nouvelle Marche, August 20, 1982

Séminaire de formation de gestionnaires féminins en matière de planification familiale et de développement communautaire

Un séminaire national de formation des gestionnaires féminins en matière de planification familiale et de développement communautaire a été ouvert le 16 août à l'Hôtel du « 30 Août » de Kpalimé sous l'égide de l'Agence américaine pour le développement international (USAID).
Organisé par l'Association Togolaise pour le Bien-être familial (ATBEF) en collaboration avec le Centre Américain de Développement et des Activités en matière de Population (CEDPA), ce séminai-

re regroupe 25 femmes gestionnaires relevant de trois ministères (Santé publique, Affaires sociales et Condition féminine, Développement rural), venues de toutes les régions du Togo.
M. Kpodar, président de l'ATBEF de Kloti, expliquant les raisons de la tenue du séminaire, a indiqué dans son allocution que l'Association pense apporter, par le biais de ce séminaire, sa contribution au bonheur du peuple togolais. Aussi a-t-il convié les séminaristes à profiter de cette stratégie pour s'armer efficacement en vue du combat pour atteindre les objectifs que s'est assignés l'ATBEF.
Pour sa part, Mme Barbara Brown, représentante du CEDPA, a défini le rôle et les objectifs de son organisme et a indiqué que ce séminaire au Togo donne l'occasion à cet organisme de continuer son action d'aide au développement socio-économique des pays africains. Elle a exprimé l'espoir du CEDPA de voir ces pays

remporter des succès écia- tants pour le bien-être de leurs populations respectives.
De son côté, le maire de la ville de Kpalimé, qui présidait la séance, a rappelé que l'ATBEF, dans son action sociale, contribue à l'épanouissement et à la promotion des femmes togolaises.
Auparavant, le représentant de l'USAID au Togo, M. Lindgrin, avait demandé aux séminaristes d'avoir toujours présent à l'esprit que le développement économique, et surtout le développement rural, ne peut s'accomplir sans une collaboration agissante entre tous les départements intéressés par cette action. Il a, à l'occasion insisté sur le rôle des femmes dans le développement communautaire et de la planification familiale. M. Lindgrin a enfin ré- vélé que d'autres projets issus de la coopération USA-Togo verront bientôt le jour, entre autres le programme de la santé familiale et celui de la santé villageoise. (ATOP)

du Comité directeur de l'UFOA

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alors que les visiteurs se livraient à une séance d'entraînement. Cette mise en garde est assortie d'une amende de 100.000 Frs/CFA.
Une autre mise en garde a été adressée à M. Kane Amadou, entraîneur de l'A.S. Concorde de Mauritanie pour incitation à la violence et injures à l'arbitre lors du match Stade Mallen - A.S. Concorde du 14 mars à Bamako.
Le joueur Moustapha Bagle

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Le joueur Moustapha Bagle

APPENDIX C

LETTER OF AGREEMENT ESTABLISHING MALI FOLLOW-UP UNIT

SECTEUR ADMINISTRATIF ET FINANCIER

3200

ARRETE N° _____ /MSP.AS.CAF

Portant création d'un Comité de
suivi de projet de gestionnaires
Féminins.

LE MINISTRE DE LA SANTE PUBLIQUE
ET DES AFFAIRES SOCIALES

- Sur la Constitution ;
Vu la Loi N°80.16/AN.RM du 26 Mai 1980 portant création de la Direction Nationale de la
Planification et de la Formation Sanitaire et Sociale ;
Vu le Décret N°145/PG.RM du 7 Juillet 1980 portant organisation et fonctionnement de la
Direction Nationale de la Planification et de la Formation Sanitaire et Sociale ;
Vu le Décret N°151/PG.RM du 6 Juillet 1982 portant nomination des Membres du Gouvernement ;

A R R E T E

ARTICLE 1er / Il est créé au sein de la Division Formation de la Direction Nationale de
la Planification et de la Formation Sanitaire et Sociale un comité de suivi des projets
de Gestionnaires Féminins.

ARTICLE 2 / Le Comité de suivi des projets de Gestionnaires Féminins a pour mission :

- de choisir les projets de gestionnaires Féminins
- de faire soumettre ces projets aux bailleurs de fonds par les instances
réglementaires;
- de suivre l'exécution des projets sur le terrain et d'établir un rapport
circonstancié de cette supervision.

ARTICLE 3 / Sont membres du Comité de suivi des projets de gestionnaires féminins :

- 1°) au titre de la Direction Nationale de la Planification et de la Formation
Sanitaire et sociale, organe de coordination
 - Mme TRAORE née Mintou DOUCOURE N°Mle 172.38-T, Sage Femme 2°Classe 11°Echelon
Chef de la Section Spécialisation et Perfectionnement de la Division Formation
de la Direction Nationale de la Planification et de la Formation Sanitaire et
Sociale.
- 2°) au titre de la Direction Nationale de la Santé Publique.
 - Mmes TOURE née Aminata DAGNOKO N°Mle 143.90-C Sage Femme 2°Classe 12°Echelon
chargée de l'information à la division de la Santé Familiale.
 - KANE née Korotoumou SYLLA N°Mle 160.90-C Sage Femme 1°Classe 7°Echelon en
service à l'Hôpital du Pt"G".

3°) au titre de la Direction Nationale des Affaires Sociales

Mme Doussouba KONATE NEMle 424.13-P, Professeur de l'Enseignement Secondaire
3° Classe 1° Echelon, Chef de la Section des collectivités urbaines.

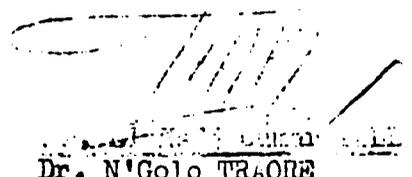
ARTICLE 4 / Le présent arrêté sera enregistré, publié et communiqué partout où besoin sera.

AMPLIATIONS /

Présidence JO.....	4
BEG.....	2
Tous Ministères.....	18
DISP.DNAS.INRSP.OMP.DNHPA.DNPFSS...	6
SGF.CGE.....	2
Hôp.pt"SG".....	1
Int. & Dossiers.....	8
CnF.....	10

8 SEP 1966

Koulouba, le
LE MINISTRE DE LA SANTE PUBLIQUE
ET DES AFFAIRES SOCIALES



Dr. N'Golo TRAORE

Officier de l'Ordre National.--

APPENDIX D

PROPOSED WORK PLAN AND BUDGET DEVELOPED BY MALI FOLLOW-UP UNIT

PLAN DE TRAVAIL

ACTIVITES	Janvier	Février	Mars	Avril	Mai	Juin	Juillet	Août	Septem- bre	Octo- bre	Novem- bre	Dé- cem
- 1 Visite sur terrain aux 4 projets sélectionnés.	—											
- Suivi intensif des projets A et B pendant 5 Mois.		—										
1ère visite : A			—									
B			—									
2ème visite : A						—						
B						—						
- Suivi intensif des projets C et D pendant 5 Mois.							—					
1ère visite : A							—					
B							—					
2ème visite : A											—	
B										—		
- Rapport final et envoi au C.E.D.P.A. (Centre pour les Activités de Développement en Matière de Population).-												—

BUDGET POUR COMITE DE SUIVI
AU MALI POUR UN (1) AN.-

Phase Préparatoire

QUATRE (4) PROJETS SELECTIONNES : KATIBOUGOU - NIONO - KANGABA - KITA

- KATIBOUGOU : Durée 2 jours :

Indemnité pour une (1) personne :	
15.000 x 2	= 30. 000 FM
Chauffeur :	
5.000 x 2	= 10. 000 FM
Carburant 100 Litres :	
520 FM x 100	= 52. 000 FM
Entretien Vehicule	= 20. 000 FM
	<hr/>
<u>TOTAL</u>	= <u>112. 000 FM</u>

- NIONO : Durée 3 jours :

Indemnité pour une (1) personne :	
15.000 F x 3	= 45. 000 FM
Chauffeur :	
5.000 F x 3	= 15. 000 FM
Carburant 300 Litres :	
520 F x 300	= 156. 000 FM
Entretien	= 20. 000 FM
	<hr/>
<u>TOTAL</u>	= <u>326. 000 FM</u>

Socourani → KANGABA : Durée 3 jours :

Indemnité pour une (1) personne :	
15.000 F x 3	= 45. 000 FM
Chauffeur :	
5.000 F x 3	= 15. 000 FM
Carburant 150 Litres :	
520 F x 150	= 78. 000 FM
Entretien Voiture	= 20. 000 FM
	<hr/>
<u>TOTAL</u>	= <u>158. 000 FM</u>

- KITA : Durée 4 jours

Indemnité pour une (1) personne :

15.000 F x 4 = 60. 000 FM

Aller - Retour :

7.500 F x 2 = 15. 000 FM

TOTAL = 75. 000 FM

Budget pour Phase Préparatoire :

112. 000 FM + 236. 000 FM + 158. 000 + 75. 000 FM = 581.000 FM

PHASE DE SUIVI

PREMIERS PROJETS (A et B) SUIVI INTENSIF : 5 Mois

- KATIBOUGOU : 2 Visites de 3 jours / an et par projet :

Indemnité pour une (1) personne :

15. 000 F x 3 = 45. 000 FM

Chauffeur :

5.000 x 3 = 15. 000 FM

Carburant 100 Litres :

520 F x 100 = 52. 000 FM

Entretien = 20. 000 FM

SOIT UN TOTAL DE :

132. 000 FM

x 2

264. 000 FM

Soccarani -> KINGIRA : 2 Visites de 4 jours / an et par Projet :

Indemnité pour une (1) personne :

15.000 F x 4 = 60. 000 FM

Chauffeur :

5.000 F x 4 = 20. 000 FM

Carburant 150 Litres :

520 F x 150 = 78. 000 FM

Entretien Véhicule = 20. 000 FM

SOIT UN TOTAL DE :

178. 000 FM/Visite

x 2

356. 000 FM/2 Visi-
tes.

DEUXIEMES PROJETS (C et D) SUIVI INTENSIF : 5 Mois

- KITA : 2 Visites de 4 jours / an et par Projet :

75. 000 FM x 2 = 150. 000 FM

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- NICHO : 2 Visites de 4 jours / an et par Projet :

Indemnité pour une (1) personne :

15. 000 F x 4 = 60. 000 FM

Chauffeur :

5.000 F x 4 = 20. 000 FM

Carburant 300 Litres :

520 F x 300 = 156. 000 FM

Entretien Véhicule = 20. 000 FM

SOIT UN TOTAL DE :

256. 000 F/Visite

x 2

512. 000 FM

Budget pour Phase de Suivi :

264. 000 FM + 356. 000 FM + 150. 000 FM + 512. 000 FM = 1. 282. 000 FM

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- EQUIPEMENT :

Fourniture de Bureau :	500. 000 FM
Secrétariat :	75. 000 FM
Téléphone :	50. 000 FM
Télégramme :	100. 000 FM
Timbre :	50. 000 FM
Armoires :	100. 000 FM

TOTAL = 875. 000 FM

IMPREVUS 10 % = 260. 000 FM

TOTAL = 1.135.000 FM

Budget pour un (1) an :

581. 000 FM + 1.282.000 FM + 1.135.000 FM = 2.998. 000 F.
 au Taux de 600 FM

../-.-

APPENDIX E

PROPOSED WORK PLAN AND BUDGET DEVELOPED BY TOGO FOLLOW-UP UNIT

PLAN DU TRAVAIL

ACTIVITES	JAN.	FEV.	MARS	AVRIL	MAI	JUIN	JUIL.	AOUT	SEPT.	OCT.	NOV.	DEC.	JAN
- Enquête des participants													
a) Développement du questionnaire	X												
b) Poste		X											
c) Evaluation des résultats						X							
- Visite sur le terrain													
a) Développement des propositions		A,B		C				D					
b) Développement du plan de supervision du Comité de Suivi		A,B		C				D					
c) Démarrage des projets				A	B			C				D	
d) Visite de supervision					A	A,B	A,B	A,B	A,B,C	A,B,C	A,B,C	A,B,C	A,B
e) Evaluation (mi-terme)													A,B,

6

PLAN DU TRAVAIL

ACTIVITES	JAN.	FEV.	MARS	AVRIL	MAI	JUIN	JUIL.	AOUT	SEPT.	OCT.	NOV.	DEC.	JAN.
3 - Rapports pour CEDPA													
1) Soumission des propositions		A,B				C				D			
2) Rapports trimestriels				X			X			X			X
3) Final Evaluation													A,B C
<hr/>													
Projet A : Ouverture d'une clinique du Planning Familial au Centre Communautaire de Tokoin - Mme BAKOU													
<hr/>													
Projet B : Ouverture d'une clinique du Planning Familial au Centre de Santé (Aného) Mme AKOUE-TE-AKUE													
<hr/>													
Projet C : Relance de la COOPAF (Coopérative agricole des femmes de Nyitoé-Zoukpé) Mme MENSAH													

Projet D :	!	!	!	!	!	!	!	!	!	!	!	!	!	!
Intégration d'une cli-	!	!	!	!	!	!	!	!	!	!	!	!	!	!
ntique de Planning	!	!	!	!	!	!	!	!	!	!	!	!	!	!
Familial au Centre de	!	!	!	!	!	!	!	!	!	!	!	!	!	!
PMI de la KARA	!	!	!	!	!	!	!	!	!	!	!	!	!	!
Mme DOGBE	!	!	!	!	!	!	!	!	!	!	!	!	!	!
_____	!	!	!	!	!	!	!	!	!	!	!	!	!	!
	!	!	!	!	!	!	!	!	!	!	!	!	!	!
	!	!	!	!	!	!	!	!	!	!	!	!	!	!

RUDGET DU COMITE DE SUIVI AU TOGO
DU 1er FEVRIER 1983 AU 31 JANVIER 1984

PER DIEM pour le Comité de Suivi : 10.000 FCFA/jour
PER DIEM pour le Chauffeur : 4.000 F CFA/jour

500.000 F CFA

FRAIS DE L'ESSENCE

LOME - KARA - LOME
(900 Km x 3 visites + course en ville) 250.000 F CFA

LOME - ANEHO - LOME
(90 Km x 11 visites + course en ville)

LOME - KPALIME - LOME
(240 Km x 7 visites + 80 Km KPALIME-NYITOE-ZOUKPE-KPALIME
x 7 visites + course en ville)

Total Km 7.000
Course en ville (LOME) 500

7.500 Km

15 Km/litre x 205 F CFA/litre

Inflation de l'essence (10 %) 25.000

Réparation du véhicule 10.000/mois 120.000

Frais du Secrétariat 100.000

(Téléphone, Télégrammes, Papier, Stencils, etc.)

Petites enquêtes 200.000

Evaluation finale 200.000

1.395.000

Imprévus (10 %) 13.950

1.408.950 F CFA

APPENDIX F

CABLE FROM USAID/DAKAR REQUESTING CEDPA ASSISTANCE

RECORDS COPY

23 NOV 1982

UNCLASSIFIED
Department of State
Info ~~IT~~ ~~AF~~

INCOMING
TELEGRAM

PAGE 01 DAKAR 10625 192157Z 6149 096170 AID9651

ACTION AID-00

ACTION OFFICE POP-04
INFO AAFF-02 AFFW-04 AFCW-03 AFDR-06 STHE-01 SAST-01 HHS-09
AFDA-01 RELO-01 STHP-01 MAST-01 DO-01 /035 A4 820

INFO OCT-00 AMAD-01 OES-09 /045 W
-----063753 200118Z /30

R 191512Z NOV 82
FM AMEMBASSY DAKAR
TO SECSTATE WASHDC 7755
INFO AMEMBASSY ABIDJAN
AMEMBASSY BAMAKO

UNCLAS DAKAR 10625

AIDAC

SECSTATE FOO ST/POP/A. WILEY

ABIDJAN FOR REDSO

BAMAKO FOR SOPT

E. O. 12356: N/A

SUBJECT: POPULATION: CENTER FOR DEVELOPMENT AND POPU-
LATION (CEDPA) WOMEN IN MANAGEMENT VII WORKSHOP.

1#8 PARTICIPANTS HAVE EXPRESSED GREAT SATISFACTION WITH THE SUBJECT WORKSHOP AND WOULD LIKE TO ORGANIZE A SIMILAR WORKSHOP IN SENEGAL WITH CEDPA'S SUPPORT.

2. THE PROPOSED GOAL OF THE SENEGAL WORKSHOP WOULD BE TO:

- A) DEVELOP THE SKILLS NECESSARY TO PLAN, IMPLEMENT AND EVALUATE SMALL, COMMUNITY BASED PROGRAMS.
- B) IMPROVE LEADERSHIP AND COMMUNICATION SKILLS.
- C) PROVIDE INFORMATION ON FAMILY PLANNING AND NUTRITION INTERVENTIONS.

3. USAID/SENEGAL REQUESTS THAT A REPRESENTATIVE OF CEDPA COME TO DAKAR TO ASSESS THE FEASIBILITY OF HELPING ITS GRADUATES TO ORGANIZE SUCH A WORKSHOP LOCALLY. BRAY

UNCLASSIFIED

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THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES

Sarah G. Epstein
Maxine G. Garrett
Chair
Felix B. Gorrell
Treasurer
Donald W. Helbig, M.D.
Julia J. Henderson, Ph.D.
Rolf P. Lynton, Ph.D.
Phyllis T. Piotrow, Ph.D.
Secretary
Patricia C. Shakow
Davidson Sommers
Kaval Gulhati
President

August 23, 1982

Ms. Mary Ann Reigelman
Project Officer
AFR/RA USAID
Room 4527A
Washington, D.C. 20523

Dear Mary Ann:

The Progress Report for the period January 1 - June 30, 1982 under the Family Health Initiatives Cooperative Agreement #AFR-0662-A-00-1088-00 is attached. Four scheduled overseas activities completed during this period are reported upon. These include three feasibility studies -- one each in Mali, Togo and Upper Volta -- and a two-week workshop in Mali. Also presented in the Report are the results of CEDPA's second Washington, D.C.-based five-week workshop in French, March 15 - April 16, 1982. Information on this activity, not funded under the Cooperative Agreement, is included because it provides direct support for the implementation of future in-country workshops under the Cooperative Agreement. (As you know, CEDPA's strategy relies upon alumnae from the Washington-based training for the development and implementation of in-country activities under the Cooperative Agreement.) The Progress Report concludes with a summary chapter which describes achievements and identifies some hurdles, especially as they might relate to future activities.

The eight appendices (A-H) included in the Progress Report provide additional details and information about specific activities. For instance, Appendix H consists of a complete copy of the Mali In-Country Workshop Final Report.

We sincerely hope that the work completed under the Cooperative Agreement, as reported in the enclosed document, meets your expectations. Any questions or comments that you might have would be appreciated. In particular, your suggestions and guidance relating to the next six-month period will be most helpful.

Yours sincerely,


Peggy Curlin
Project Director

mlp

Enclosures

File -
Final
version

PROGRESS REPORT
(January 1 - June 30, 1982)

FAMILY HEALTH INITIATIVES COOPERATIVE AGREEMENT
No. AFR-0662-A-00-1088-00

Submitted by

The Centre for Development and Population Activities

August 20, 1982

- I. INTRODUCTION
- II. OBJECTIVES
- III. FEASIBILITY STUDIES
 - A. Mali
 - B. Togo
 - C. Upper Volta
- IV. WOMEN IN MANAGEMENT SEMINAR VIII, WASHINGTON,
MARCH 15 - APRIL 16, 1982
- V. MALI IN-COUNTRY WORKSHOP
- VI. SUMMARY OF PROGRESS AND PROBLEMS IN THIS REPORTING PERIOD

APPENDICES

- A. Invitation Letter from Minister of Public Health
and Social Affairs, Mali
- B. Mali In-Country Training Proposal
- C. Invitation Letter from the President of The Association
Togolaise Pour Le Bien Etre Familial
- D. Togo In-Country Training Proposal
- E. USAID Mission Cable, Lome
- F. Women in Management VIII Report
- G. Newspaper Coverage, Mali In-Country Training Workshop
- H. Final Report - Mali In-Country Training Workshop

I. INTRODUCTION

This report summarizes activities carried out under the Family Health Initiatives Cooperative Agreement No. AFR-0662-A-1088-00 from January 1-June 30, 1982.

The overall purpose of the Cooperative Agreement is to improve and extend the delivery of family planning/health services through the availability of more trained managers who can implement integrated projects for the benefit of their communities in francophone Africa. The CEDPA model for obtaining this goal is to integrate training and follow-up assistance in a way that develops increasing levels of expertise in CEDPA alumnae who will gradually assume the major management aspects of the project. The model begins with preparing the women through a Washington-based workshop, then encourages them to take initiative and leadership in the implementation of an in-country workshop. At the conclusion of the in-country training, CEDPA and the in-country team work together to provide technical assistance to the in-country participants as they develop integrated projects.

This report covers (1) feasibility studies conducted in Mali, Togo and Upper Volta, (2) the implementation of a second five-week Washington-based Women in Management Workshop in French, and (3) the implementation of the first in-country workshop under this agreement.

II. OBJECTIVES -- January 1 - June 30, 1982

- Conduct feasibility studies in at least three francophone African countries requesting in-country training.
- Design in-country training for at least two countries in francophone Africa and form in-country training teams with alumnae and resource persons/consultants in these countries.
- Conduct an in-country workshop and training of trainers in one country.

III. FEASIBILITY STUDIES

Introduction - The project manager conducted feasibility studies for in-country workshops in Mali, Togo and Upper Volta, in January/February and June 1982. Mali and Togo were selected because during the Seventh Women in Management (WIM VII) Workshop held in Washington, D.C., October/November 1981, representatives from these countries developed plans for in-country training proposals. (See progress report, April 1982.) The primary purpose of these visits was to assess the interest and organizations and to further define the training designs, methodology, and facilitator roles.

The third country, Upper Volta, was selected in January when the Senegal USAID Mission could not give official clearance for the CEDPA project manager to follow-up a training proposal developed by Senegalese participants during the WIM VII workshop. In order to develop alternative plans for a third country program, the project manager planned a short visit to Upper Volta. The trip was also planned to identify additional women from Upper Volta who could participate in the March Washington-based Women in Management (WIM VIII) workshop and thereby assist in preparation and implementation of an in-country program in Upper Volta.

A. MALI: Feasibility Study

Background

The Minister of Public Health and Social Affairs invited the project manager of this Cooperative Agreement to visit Mali and discuss the possibility of collaboration on a two-week Women in Management workshop (Appendix A). In an effort to gain broad-based recognition and support for this project, the Minister requested the CEDPA alumnae to organize an inter-ministerial review committee for the project prior to CEDPA's visit. The committee, including representatives of government programs working with women's projects in Mali, met in early January, and then again with the CEDPA project manager in late January, to review the training design and objectives and to identify candidates for the workshop.

On-Site Meetings Related to:

Coordination - During the visit to Mali, the project manager met with the Director of the Cabinet of Health (Deputy Minister), the Technical Advisor to the Minister of Health assigned to oversee the CEDPA project, the Director and Deputy Directors of the Division of Planning and Training (Ministry of Public Health and Social Affairs), and the Chief of the Training Division (MOPHSA). As a result of these meetings, the project manager agreed to coordinate the Mali workshop with the Division of Planning and Training. It was determined that this Division offered experience in implementing training workshops, including experience in making pre-workshop preparations. The Division also had an alumna of the November Women in Management Program (WIM VII) on the staff.

Preparation - In order to adapt the training curriculum to the Malian context, the project manager visited health, family planning and women's income generating projects in Bamako, Segou and Sikasso. Visits with government and non-government organizations (American Friends Service Committee, UNICEF, the World Bank, the Peace Corps, etc.) provided information on the types of on-going projects and possible funding sources for participant's projects available in Mali.

The Malian WIM alumnae (Mintou Traore, Aminata Toure, Dousouba Konate and Miriam Thiam) met several times during the visit. They worked to clearly define the training objectives (see page 12) and schedule, and identify roles for the training preparation phase of the project.

Conclusions

The overall result of this visit was CEDPA's commitment to collaborate with the National Division of Planning and Training (Ministry of Public Health and Social Affairs), to conduct a two-week Women in Management workshop for twenty-one participants in May 1982. The proposal for the project (Appendix B) was finalized and sent to the Minister for final approval.

As part of their commitment to the training, the Ministry of Public Health and Social Affairs agreed to recruit, select, and pay round trip transport costs of participants for the workshop. They also committed the participation of five training facilitators (WIM alumnae) to work on the preparation and implementation of the workshop. CEDPA agreed to finance the additional costs of the program under this Cooperative Agreement, and to provide training materials and necessary technical support for the workshop.

B. TOGO: Feasibility Study

A two part feasibility study was undertaken because the project manager, during this six-month period, was able to dovetail a second visit in June following completion of the Mali workshop. Part I was therefore focused on planning, organizing and coordinating and Part II on preparation for a workshop in August.

Part I

Background - In response to the training proposal developed during the WIM VII (November) workshop the Association Togolaise Pour Le Bien Etre Familial (ATBEF) invited the project manager to visit Togo and discuss possibilities for collaboration in the implementation of the Women in Management workshop (Appendix C). During this visit, the project manager met with representatives of ATBEF, Ministry of Health personnel concerned with MCH and family planning activities in Togo (including the National Family Planning Program), the division of Condition Feminine (Ministry of Social Affairs), and non-profit groups interested in women's community development programs.* The purpose of these meetings was to assess interest and institutional capacity of these organizations for collaboration in the in-country program.

*Such as CONGAT (Conseil des Organismes non-gouvernementaux en Activites au Togo), and the representatives for a Women's Training Center organized by the National Council of Negro Women in Northern Togo.

On-Site Meetings Related to:

●Selection of Coordinating Agency - ATBEF was chosen as the collaborating organization because it contains the necessary balance of both family planning expertise and administrative support for the implementation of the workshop. As the International Planned Parenthood Federation affiliate in Togo, ATBEF provides materials and training for half of the family planning centers in the Ministry of Health clinics throughout Togo. It is also responsible for the information, education, and communication regarding family planning in Togo through a large volunteer network. Several of the WIM alumnae are closely associated with ATBEF as either full-time staff, volunteers, or board members.

●Preparation - Only three of the six CEDPA alumnae were able to meet and review the project developed during the WIM VII Seminar. They were very supportive of the in-country workshop and identified ways they could help in the overall planning. Since two of these women hold high positions in their government, (deputy director of Condition Feminine and member of Parliament), they were not able to commit the necessary time for the training portion of the workshop.* For this reason they suggested that CEDPA recruit additional Togolese to attend the March Washington-based seminar as preparation for facilitating the in-country workshop.

Government Support (including USAID) - In an effort to gain government support and integrate the workshop into on-going women's programs, the project manager decided to also work closely with the Division of Condition Feminine, Ministry of Social Affairs. The deputy director for Condition Feminine (a CEDPA alumnae) is on the planning committee for the workshop and will be responsible for identifying ten participants. This close association with both a private family planning organization and a government women in development program should provide a broad-based support and outreach for the workshop.

In a debriefing meeting with USAID, the mission director strongly supported the workshop in Togo as he felt it would complement the USAID project with the Ministries of Health and Social Affairs to develop a family planning training center in Lome. He stressed the importance of involving both ministries in the planning and execution of the project. As a means to ensure this government support and visibility, which is important to the success of the workshop, he agreed to assist in establishing a steering committee.

*Although these women will not participate in the training activities of the workshop, they are key figures in gaining government support and visibility for the program. One of these alumnae is responsible for recruiting 10 participants for the workshop. The other will create visibility through her connection with the parliament and Togolese Women's Union.

Members of this committee included M. Placca (Director of the National Family Planning Program), M. Houmey (Director of ATBEF), Mme. Aithnard (Director of Condition Feminine), Cheffi Meachi (Member of Parliament and CEDPA alumnae), a USAID representative and Blythe Tennent (CEDPA Project Manager). A meeting of this committee was proposed during this visit but had to be cancelled at the last moment.

Conclusions - The overall results of the Togo visit were the decision to collaborate with the Association Togolaise Pour Le Bien Etre Familial to conduct a two-week workshop. Seminar participants will be selected by the Ministry of Health and the Ministry of Social Affairs (Appendix D). ATBEF agreed to provide the necessary administrative support for the program and assign Mme. Enyonam Mensah to coordinate the overall activities. CEDPA will provide technical assistance and financial support for all aspects of the workshop through this Cooperative Agreement.

Part II

Introduction - The second visit to Togo occurred in June immediately after the Mali training program. The overall purpose of the meeting was to make final preparations for the Togo workshop (select the training team, review training design and materials, design facilitator roles), and to meet with the steering committee which would provide the necessary administration for the program.

Preparation for Workshop - During this visit the project manager met with eight of the ten Togolese WIM alumnae. Five of these women felt they could work with the in-country workshop as members of the training team. These women included Mme. Enyonam Mensah, ATBEF; Mlle. Adnette Santos, IPPF (PPWD Regional Program Officer); Mme. Kafui Tepe, Ministry of Health; Mme. Baloukina Nimon, Ministry of Social Affairs; and Mlle. Dope Agbekponou, Ministry of Agriculture. The women reviewed the training objectives and schedule, and selected specific sessions and roles for the workshop.

A meeting of the steering committee was also held and representatives from the National Family Planning Board and Condition Feminine agreed to be responsible for recruiting participants for the workshops. It was agreed that ATBEF, as the collaborating agency, would manage all the administrative details for the program.

USAID Mission - In an indication of support for this project, the Lome USAID Director sent a cable to Washington after the June trip indicating ways in which the workshop would help to integrate several of the on-going programs in Togo (Appendix E).

C. UPPER VOLTA: Feasibility Study

Introduction - The visit to Upper Volta was planned to explore an alternative site to the Senegal in-country workshop. The overall purpose for this visit was to establish preliminary steps towards development of a workshop in Upper Volta and to identify potential candidates for the Washington workshop (WIM VIII) who could enhance the capability of the in-country training team.

Meetings Related to:

● Preparation - Meetings were held with the three Voltaique alumnae (Jacqueline Tapsoba and Yvette Ouedrago from WIM VII, and Fati Ouedrago WIM I). The WIM VII alumnae were very supportive of working with an in-country program and set up a series of meetings with government and non-government groups to promote the concept. Both women are closely associated with the newly organized IPPF representative organization, the Association Voltaique Pour Le Bien Etre Familial (AVBEF). Jacqueline Tapsoba is the organization's Executive Director. They requested that CEDPA collaborate with AVBEF under the auspices of the Ministry of Social Affairs to implement the program in Upper Volta.

The third WIM alumnae, Fati Ouedrago, was less sure of her role in the in-country training team. She is currently very occupied with her position at USAID, and was hesitant to involve herself in a project that would require a long-term commitment. She encouraged CEDPA to identify additional Voltaique women to attend the March Washington-based program as preparation for the work in Upper Volta.

● Coordination - In addition, meetings were held with representatives of UNFPA, the Ministry of Social Affairs, Ministry of Rural Development, INADES, AFRICARE and EUROACTION. Each of these organizations encouraged the development of a training seminar for women in Upper Volta and agreed to provide resource persons for the program. The UNFPA representative proposed three candidates for the March Washington-based workshop whom he felt would be good members of the in-country program. The Secretary General of Ministry of Social Affairs expressed strong interest in the workshop and informally indicated their interest in collaborating with AVBEF in the overall organization of the program.

Conclusions - The overall results of this visit were the confirmed interest expressed by AVBEF in collaborating in the development of an in-country workshop. It was agreed that CEDPA would encourage the funding of at least three Voltaique participants to WIM VIII who would be members of the in-country team and be responsible for the development of a training proposal.

IV. WOMEN IN MANAGEMENT SEMINAR VIII - March 15 - April 16, 1982, Washington, D.C.

In response to the positive reaction of francophone African participants in the Women in Management VII seminar/workshop (November), and the need for a stronger francophone African network of WIM alumnae to support the activities of the Cooperative Agreement, CEDPA offered a second Washington-based Women in Management seminar in French (WIM VIII) in March 1982. Although this seminar was not financially supported by this Cooperative Agreement, the program provided a number of important benefits for the required activities under the agreement. Generally, the seminar created stronger support for in-country programs and increased the network of women possessing the skills and awareness necessary to carry out in-country workshops. More specifically, the seminar supported in-country activities by 1) providing the representatives from Upper Volta the opportunity to develop a training proposal for an in-country workshop, 2) training three of the five facilitators for the Togo in-country workshop and 3) creating a wider range support base for the training and follow-up units in Mali. (One WIM VIII alumnae was a member of the training team and another is a key member of the follow-up unit.)

Among the twenty-six women who attended the WIM VIII workshop, sixteen represented countries in which we are working through this Cooperative Agreement. In each case these women represented government ministries and thus created a broader support base for the in-country programs. The following is a list of these participants and their affiliations, and countries.

Upper Volta

Marie Madeleine Cuedrago, Ministry of the Interior and Chief Finance Officer for the Association Voltaique Pour Le Bien Etre Familial

Mariam Sawadogo, Ministry of Health, Midwife working with family planning

Pauline Cassalom, Ministry of Social Affairs and Women's Condition and a Member of the Association Voltaique Pour Le Bien Etre Familial

Togo

Kafui Tepe, National School of Nursing, Ministry of Health and Member of the Association Togolaise Pour Le Bien Etre Familial

Baloukina Nimon, Women's Artison Center, Ministry of Social Affairs, Division of Women's Condition

Togo (Continued)

Sareteka Bitho, National School of Midwifery, Ministry of Health, and Member of the Association Togolaise Pour Le Bien Etre Familial

Dope Agbekponou, Integrated Development Program, Ministry of Agriculture

Mali

Massaran Keita, Director of Village Matron Program, Ministry of Health, Sikasso

Velore Sacko Diallo, National Division of Cooperatives, Ministry of Agriculture and Representative of the Malian Union of Women

Korotoumou Kane Sylla, Head Midwife, Hospital Point G. Ministry of Health

Coura Niamebe, Chief of Information Service, Urban Project for Mali

Fatoumata Diarra, Nurse, Regional Hospital in Sikasso, Ministry of Health

Senegal

Oulimata Dia, Ministry of Human Promotion, and Member of the Association Senegalaise Pour Le Bien Etre Familial

Aichatou Sar Diop, Midwife and Specialist in Family Planning, also Member of the Association Senegalaise Pour Le Bien Etre Familial

Awa Diouf, Social Worker, Ministry of Health

Fatoumata Diop, Ministry of Human Promotion and Member of the Senegalese Federation of Women's Association

As workshops were fairly well developed for Togo and Mali, the additional participants from those countries were able to fit into roles already established by the in-country training teams. Their experience in the Washington-based workshop provided them an understanding of the overall objectives of the WIM programs and helped to establish the important skills for working with women who would attend the in-country workshops. In Mali, participants from WIM VIII helped to make important contacts with the National Women's Union, served as resource specialists in several sessions and played key roles as members of the

training team and the follow-up unit. In Togo, three of the WIM VIII alumnae will be members of the training team and are currently involved in the preparations for the August workshop. By representing the Ministries of Health, Social Affairs and Agriculture, they provide a broad-based government involvement in the workshop. The participants developed an in-country training proposal while participating in the Washington program. (See page 11)

The overall reaction to the WIM Washington seminar was very positive. The women felt the content and methodologies helped them to develop personal and professional skills needed for their work. They were very supportive of CEDPA's efforts to adapt the program to the African context and strongly encouraged the continuation of the Washington-based programs. One of the strongest impacts of the program on many of the women was the awareness that other women throughout the world were struggling to solve similar problems. They recognized the need to develop strong support networks in their own countries as well as through international channels.

The content and methodology for this seminar were based on the previous WIM seminars. Improvement on materials and selection of resource specialists were made from feedback to the WIM VII (November) program. A full report on the seminar is attached in Appendix F.

Proposal for Upper Volta Workshop Developed in WIM VIII

All three Voltaique participants in WIM VIII worked together to develop the Upper Volta in-country training proposal during the last week of the seminar. They proposed that CEDPA collaborate with the Association Voltaique Pour Le Bien Etre Familial (AVBEF), to conduct a two-week Women in Management seminar in February 1983. AVBEF is a private family planning organization recently certified as a member of the International Planned Parenthood Federation. AVBEF works primarily in the area of communication and education and depends on a volunteer basis for the promotion of its programs. It has the facilities available for a private family planning clinic and is currently seeking government authorization to open the clinic. The Executive Director of AVBEF, Jacqueline Tapsoba, is a WIM alumnae and is very interested in promoting the CEDPA in-country workshop.

In the proposal, the women recommended that participants for the workshop represent the Ministries of Health, Social Affairs and Rural Development, as well as members of AVBEF and the Voltaique Women's Union. The training team would include all alumnae of the French Women in Management series. They would be responsible to the administration and overall facilitation of the workshop. In addition, the team would call on resource specialists to present some of the sessions.

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The overall objectives of the Upper Volta workshop are as follows:

- o To increase awareness of problems that women managers face, and examine ways that women can more effectively address these issues.
- o To examine the family planning needs in Upper Volta, and learn techniques to develop programs that will address these needs.
- o To identify the necessary communication networks for the development and execution of integrated family planning and women's programs in Upper Volta.

Subjects to be covered in the workshop include: health and family planning needs in Upper Volta, family planning technology, group dynamics, community participation techniques, and project development skills.

V. MALI IN-COUNTRY WORKSHOP

Introduction - CEDPA, in collaboration with the National Division of Planning and Training, Ministry of Public Health and Social Affairs, conducted the first in-country workshop, May 17-May 26, 1982. Twenty-one women from all seven regions of Mali participated in the seminar. They represented the Ministries of Public Health and Social Affairs, Agriculture and Education.

The Family Health Division, which houses the government family planning program, is placing a major effort on improving management of existing family planning services before expanding to smaller rural-based clinics. As a result, delivery of family planning services remains largely in the traditional clinic-based services remains. Community-based services are needed to provide "outreach" to urban and rural women.

It is within this context that the workshop design and content emphasized the integration of family planning into already established health and community development projects by involving participants from a variety of program sectors and incorporating information on current family planning, health and women in development programs.

Implementation - The workshop was designed and organized by a training team of five CEDPA alumnae: Mintou Traore, Division of Planning and Training, MOHSA; Aminata Toure, Division of Family Health, MOHSA; Dousouba Konate, Division of Social Affairs, MOHSA; Massaran Keita, Sikasso Regional Medical Staff, MOHSA; and Mariam Thiam, FEDEV, Division of Ministry of Agriculture. The team was advised by the Director of the Training Division, Dr. Bocar Toure, and two CEDPA representatives, Blythe Tennent, Project Manager and Kathy Parker, Consultant. This team coordinated the overall management and implementation of the workshop including logistical and financial management, identification and briefing of Malian resource specialists (guest speakers) and facilitation of sessions and on-going evaluation of the program. The National Division of Planning and Training provided the necessary official authorization and logistical support for the workshop. They were able to facilitate official clearances for participants and for the guest resource specialists in the program, as well as provide necessary office space, secretarial support and transport of training staff and participants. The Ministry of Health and Social Affairs provided the cost for participant transportation to and from the seminar.

Content and Objectives

The overall objectives of the seminar were:

- To explore ways in which women's programs can be developed which serve women's priority needs in the areas of family planning, income generating activities, family economics and health/nutrition.
- To increase the confidence of women as managers for the development and implementation of integrated community-based family planning/health projects.
- To enhance the managerial capability of a core of women leaders by focusing on their technical and supervisory skills.

The two-week seminar covered three major areas:

1. Human Resource Development Skills - The focus was on self-assessment, social and environmental constraints and on group dynamics. Specifically, the goal was to understand the impact of sex role socialization in the Malian context on their own self-concept as managers. This understanding was expected to help them in improving their supervisory behavior styles and their team leadership skills. The methodology included use of open-ended exercises, and role-play simulations. The exercises were simple group participation approaches in which the content is supplied by the participants. For instance, the group is divided into four or five small groups and each is asked to list "changes in women's roles" or "myths and barriers to family planning." The trainer

then leads a discussion on these issues and summarizes the results which usually lead into the next exercise. The role-play consists of a group activity where one team plans a project for a second team to implement. A third team observes the process. New insights and learning are expected from the feedback and interchange between the players and observers. The trainer has detailed instructions on how to conduct the discussion.

2. Technical Information on Current Strategies and Techniques in Family Planning, Health and Development Programs - Technical aspects of health, family planning and development programs in Mali incorporated education information with analysis of current government strategies for the implementation of health and development services throughout Mali. The methodology was primarily lecture-seminar with representatives from the divisions of family health (the national family planning program), nutrition, women's cooperatives, family economy, literacy and hygiene serving as resource persons. The content included objectives and activities of government programs and methods for integrating these services into community-based projects. Special exercises and overviews were designed to emphasize methods to incorporate family planning into these program areas. In addition, participants visited family planning and women's cooperative programs in the Bamako and Segou regions. These site visits helped participants to apply information presented in the training session to realistic situations.
3. Project Development Skills - During the second week of the workshop, participants focused on project development skills. Three days were set aside for improving skills in needs assessment, writing of objectives, workplans, budgets, evaluations and proposal writing. Then participants worked individually to develop a draft of a small project they could implement in their communities. A panel discussion of representatives from funding organizations in Mali (EUROACTION and Volontaires de Progres) was organized the last day to help the women better understand possible sources of funds available for development of community-based projects.

Some examples of the project proposals developed in the workshop are outlined below:

- A project to augment the family planning services already offered through the MCH Center in Tomboutou by establishing a family planning clinic to serve the community. The clinic will encourage IUD insertion because of the widespread incidence of hypertension in the region.

oDevelopment of a family planning and nutrition education program in Kita. The program will include promotion of pre-natal nutrition and child spacing through small group discussions, demonstrations and home visits. As the project will be run by the head midwife of the Maternity, close follow-up with health and family planning interventions will be possible.

oDevelopment of a nutrition education component to augment initial interest created by a school gardening project. The garden will be cultivated and maintained by the students and thus will integrate the development of small gardening techniques with importance of a nutritiously balanced diet.

oTraining of four health/family planning agents to work with families of rice farmers in the Nioro region. These women will be responsible for family planning, health and family development education as well as primary health care prevention for families in this area.

Methodology - The trainers (CEDPA alumnae and guest resource specialists) employed participative training methods throughout the workshop. Specific techniques included: lecture discussions, small group work assignments, individual task assignments, and role-play/simulation exercises. The training team facilitated about half of the sessions, and local Malian resources specialists were invited to present the more technical sessions.

The participants were also involved in the overall management of the seminar. Working in small groups as "teams," they summarized each day's activities to provide a linkage to the following day's sessions, and elected leaders to help meet personal needs of the participants.

Participants - The women attending the workshop represented several different program sectors and interests. Among the group, nine women represented the Family Health Division, MOHSA (one doctor and eight nurse/midwives) and worked with MCH programs in the regional capitals. Almost all of this group were responsible for providing family planning services throughout these centers. Another group of seven women worked with different types of community development programs. Many were social workers involved with health and nutrition education, sewing, and literacy classes. One woman was the director of a women's training center for income generation skills, and another worked with a national program for training women community development agents. Other types of programs represented included the national cooperatives program, the national literacy program, a day care center in Gao, the National Hygiene Department, and the training division of the Ministry of Health and Social Affairs.

With the exception of the women working with the Family Health Division, few of the participants had been exposed to family planning methods or strategies. The workshop helped to increase awareness of the need for family planning as critical to overcoming the major problems that affect women in Mali. Many of these participants were interested in identifying ways to integrate family planning into their on-going programs. At the same time those already working with family planning were exposed to the need to develop self-sufficiency of women's projects through community cooperative efforts such as income generating activities, or small community work groups.

The women were highly motivated and interested in sharing concerns and ideas for improving their work. This seminar was the first in-service training for most of the participants, and provided the opportunity for sharing experiences from a wide variety of sectors.

The overall evaluation of the workshop by the participants was very positive. They rated the usefulness of sessions and methodologies from 7.1 to 9.7 on a 1 to 10 point scale with 10 being the most positive score. The participants commented that the workshop provided them the opportunity to discuss and identify solutions to many of the socio-economic problems they face in their daily work, and indicated that the content was very valuable and met their individual and professional needs. Several requested that this type of training be offered on a continuing basis. They reacted very positively to the participative training methodologies, which allowed ample opportunity for discussion.

The only overall negative comments related to the feeling that the program was not long enough and several requested that a refresher course be offered in the near future.

Identification of Some Strengths and Weaknesses

The major positive aspects of the workshop included a high degree of Malian participation and ownership in the program, wide support at high levels of the government bureaucracy, and an increased interest in developing effective family planning projects. Each of these aspects is described below as also an identification of some problems.

•High-Level Support - The high visibility of the program was demonstrated by the degree of official representation at the opening ceremony, front page newspaper publicity and interview on the national radio (see Appendix G for the text of newspaper coverage). The highly qualified resource specialists who participated in the workshop also demonstrated the positive regard the Malians had for this program.

The workshop participants represented at least three different ministries (Public Health and Social Affairs, Agriculture, and Education) and a wide variety of different kinds of community women's programs. By gaining support of the Ministry of Public Health and Social Affairs through collaboration with the National Division of Planning and Training and by attracting participants from other ministries, the program enjoyed strong and broadly based government support.

●Stress on Family Planning - The participants interest in family planning was high. The sessions on the status of family planning in Mali and contraceptive technology, as well as the field visits to four family planning clinics, were well received. Although the Mali system is clinic-based, the participant's projects reflect strategies which would increase the outreach of clinics and provide an auxiliary referral for existing services. The potential for community-based delivery of services exists, although the overall government policy does not encourage such programs at this time. The participant's projects reflect the government policy, but could be expanded to provide services with technical assistance from CEDPA and the tacit approval of the Ministry in the future.

●Malian Ownership - Finally, and most importantly, the greatest strength of the Mali workshop was the sense of Malian ownership throughout the program. The training design was conceived by Malian alumnae during the WIM Washington seminar and then went through a second developmental phase in an inter-ministerial review committee in Bamako, thus the organization, administration, and training remained primarily in Malian hands.

One result of this Malian sense of ownership is a strong interest on the part of the Malian government to establish follow-up activities which would support the enthusiasm and interest of the in-country participants created through the training program. Immediately after the workshop, the project manager met with Seydou Diallo, Chief Counselor to the Minister of Public Health and Social Affairs, to define initial plans for a follow-up unit to assist in the implementation of projects. The official plan, currently being developed for the Minister's approval, will house the unit in the Division of Planning and Training; but will operate primarily under the direction of three WIM alumnae, Mintou Traore, Korotoumou Kane, and Dousouba Konate.

●Response to Content - The enthusiastic response to the workshop content and methodology indicates that this type of training meets a strongly felt need by women in this part of Africa. The participants of the Mali workshop were highly motivated by the program, as they felt they were learning practical skills critical to their work situations. The director of the training division was also very impressed with the training curriculum

and suggested to the Minister that these materials be included in the overall pre-service and in-service training for health employees. He also requested that the materials on project design and development be revised and published in a booklet to be distributed to local social welfare centers.

●Problem Areas - Three basic problems hindered the implementation of the program. These are listed below:

1. Bureaucratic and Transportation Delays -

Due to the highly centralized structure of the Malian government, much time was spent obtaining official permission for each preparation activity. Delays in this process often led to postponement of many tasks until the last moment. Two important consequences of these constraints were the late arrival of one critical member of the training team, and the reduction of time for the Training of Trainers workshop planned for the week prior to the program. In addition, local transportation during this phase proved unreliable and created continued delays for members of the training team. Although these administrative and logistical problems are inherent in working with programs in francophone Africa, more lead time and a second planning visit for the workshop would have been helpful. For example, it is important to allow at least a three month lead time (in the case of the Mali workshop there were only two months between final ministerial approval and the start date) for the pre-training activities which include: participant recruitment, site selection and preparation, material development, identification and briefing of resource specialists, obtaining official permission for members of the training team to participate in the program, and overall logistical and transportation arrangements. In addition, more time was needed to better establish a more clearly defined pre-training plan to help the team better share responsibilities and complete necessary tasks before the start of the Training of Trainers workshop.

2. Inadequate Managerial Capacity of Local Coordinator -

Another difficulty in the overall planning for the workshop was the lack of management experience on the part of one of the workshop coordinators. Because of her important political connections and advance preparation work to establish the inter-ministerial planning committee critical to the success of the workshop, she took a major leadership role in the program. Although she had created close working relations with the members of the training team, she had difficulty delegating the many pre-training preparation responsibilities and thus was not able to effectively use the resources of the entire team.

Again, in future training workshops, a pre-training planning visit to emphasize the importance of team work and clearly define pre-training roles and activities would help reduce this type of problem.

3. Lack of Familiarity with Participative Methodologies -

The third major difficulty confronted in the workshop involved adequate preparation of guest lecturers involved in the program. The workshop design included the invitation of Malian experts representing different national programs to facilitate fifty percent of the content sessions. These resource specialists benefited the program by providing contacts and program information valuable in addressing problems in the local context. There were problems created, however, by the lack of exposure of some of these specialists to the participatory training methodologies used in the program. Although they had been briefed by the training team prior to their sessions, a few specialists insisted on using a lecture format which created frustration on the part of the participants who were accustomed to an informal discussion methodology. This problem becomes delicate when faced with the recognition that most of these specialists meet the political requirements of the Minister of Health to incorporate a number of different services in the program. In future in-country workshops involving such a large number of outside resources, some effort should be made to invite them to observe the training of trainers session preceding the workshop so that they have some exposure to participative methodology and have the aid of the trainers to structure their session to a more participative approach.

Conclusions: What Has Been Learned

Three factors important to the success of the design and implementation of the workshop and to future work under the Cooperative Agreement were:

1. Flexibility of the Workshop Design to Adapt to the Local Context and Create a Sense of Ownership by the Local Organizing Groups.

A planning team of representatives from various ministries interested in developing Women in Development programs helped to design the workshop. They expanded the family planning curriculum to include inputs from the division of women's cooperatives, hygiene, literacy and family economy. They also invited participants from ministries representing these programs. By allowing the flexibility of expanding the workshop design, we were able to meet the needs of local representatives and at the same time, promote the integration of family planning into these different areas.

2. Development of Government Commitment to Support the Workshop and Project Follow-Up Units.

Working in countries with centralized government systems requires official authorization to introduce changes at the community level. The high visibility given to the program by the Malian government, as well as the interest to continue working with CEDPA technical assistance for the development of integrated health and family planning projects, provides the necessary authority to continue future development efforts under the Cooperative Agreement. It will be important for CEDPA to continue to seek this type of government support in future programs to ensure the long-range achievement of objectives under the Cooperative Agreement.

3. Provision of Adequate Technical Assistance for the Pre-Training, Training and Post Training Phases of the Project.

In the case of Mali, we had a relatively short lead time between the feasibility study in late January and the workshop in May. The feasibility trip should therefore have allowed more time to meet with the training team and carefully define roles and responsibilities to lessen the organizational difficulties experienced in this program. In addition, it is important to ensure the time for a four or five day training of trainers workshop where the training team can prepare for the technical aspects of the workshop.

Summary of Results

The overall results of the Mali in-country workshop demonstrate that the workshop activities conducted to date meet the objectives defined by the Cooperative Agreement. In summary the work completed in Mali has accomplished the following:

- Transfer of training and organization skills to the Mali WIM alumnae for the design and implementation of similar workshops.
- Training of twenty-one Malian women in skills and motivation to develop integrated health, family planning and women's development projects in local communities.
- Agreement towards the establishment of a WIM follow-up unit by the alumnae with commitment and support from the Ministry of Health. (The purpose of the unit is to help in-country WIM alumnae develop integrated family planning/health projects which might qualify for seed money grants from CEDPA or other agencies.)

Recommendations for Future Work

Future activities will concentrate primarily on technical assistance for creation of a follow-up unit to support the initiation of integrated health and family planning projects. This workshop laid the groundwork for continued positive working relationships with the government and members of the follow-up unit. The Ministry of Health has indicated interest in supporting development of small projects and members of the follow-up unit are motivated to continue the momentum of the workshop. Technical assistance from CEDPA, however, will be needed to strengthen the capability of the follow-up unit to develop and manage project activities and to incorporate outreach family planning objectives. This effort may be constrained by the fact that the follow-up unit will work through a very centralized government structure, and this may pose delays or obstacles in getting activities approved and implemented.

A plan to give the follow-up unit as much flexibility as possible was discussed at the end of the workshop and is currently being reviewed by the Minister of Health. CEDPA is planning a follow-up visit to Mali in early September to formalize this plan and review possible project sites.

IV. SUMMARY OF PROGRESS AND PROBLEMS IN THIS REPORTING PERIOD

Application of CEDPA's Comprehensive Training Model

Having completed the first ten months of the Cooperative Agreement, CEDPA has trained a network of women managers through two Washington-based seminars to implement in-country training workshops and assist in the development of projects. The activities completed to this date illustrate the CEDPA model of training, technical assistance and project follow-up in its various stages. In Senegal and Upper Volta, CEDPA has worked with alumnae to develop initial training designs for programs planned for a later date. In Togo, detailed plans for an August workshop have been developed and an in-country team selected and trained to carry out these activities. In Mali, CEDPA has successfully transferred the confidence and skills necessary for the implementation of an in-country workshop, and is now in the initial stages of developing the technical assistance component of project follow-up.

Our success to date lies in the overall CEDPA design of developing increasing levels of expertise in WIM alumnae to encourage them to assume the management of in-country programs. The integration of family planning concerns has also been accomplished in a culturally sensitive way by local alumnae and resource persons. The experience of the Washington seminar not only creates a knowledge and commitment to the objectives of the program, but

just as importantly creates a trust relationship between CEDPA and a network of host country nationals. This relationship is enhanced as the alumnae continually take more ownership of the program from the initial design stages through the actual implementation of the workshop. The Malian in-country workshop illustrated the success of this process as both the WIM alumnae and the government felt comfortable with adapting the family planning training objectives to the Malian context. The results of this sense of ownership were the high visibility given the workshop through the media, the strong government backing, and their request for CEDPA's technical assistance in designing outreach integrated family planning projects. In Togo, the same sense of ownership is evident in the interest and time that Togo/CEDPA alumnae have given the initial development stages of the program, and the warm support offered by ATBEF and the Director General of Condition Feminine.

Prognosis for Future Activities

During this reporting period we have met the objectives and accomplished measurable results. However, we are concerned about two problems: 1) mission clearances and 2) having a critical core of alumnae in the countries where we can get clearances. These two problem areas are discussed below.

1. The Senegal Mission would not concur on the CEDPA visit to Dakar to conduct the initial feasibility study for the in-country workshop. Senegal had been a primary choice for the in-country programs because of the strength of the WIM VII Senegalese participants and the knowledge that Senegal is both stable politically and possesses the necessary infrastructure to permit women to develop health/family planning-related projects (see the first progress report for further details). We have learned through informal channels that the Senegal USAID Mission is interested in the CEDPA project but is hesitant at this time to permit additional U.S.-based organizations to begin work in Senegal. Our strategy at this moment is to maintain close relations with the Federation of Women's Associations in Senegal in anticipation that we will eventually get mission clearance. The delay caused by the mission, however, has resulted in loss of momentum and has been a set back for the in-country work.
2. Critical Core of Alumnae - The limited number of francophone countries with large enough WIM alumnae support bases to execute activities in the Cooperative Agreement is based on the existence of a network of WIM alumnae in-country who can carry out training and project follow-up activities. After the first francophone Women in Management Seminar (November), we discovered that we needed to create a strong alumnae support base in order to work effectively in Africa.

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In offering the second francophone seminar in Washington (March), we hoped to increase the number of alumnae in countries where activities were already established, as well as build a base network in one or two additional countries to serve as alternatives if one of our four priority choices did not materialize. The first objective was firmly met as the March Workshop strengthened our in-country networks in Mali, Togo, Upper Volta and Senegal. We were unsuccessful, however, in developing adequate support bases in another viable country in sub saharan francophone Africa. We were very interested, for example, in building up a network in Rwanda, Burundi and the Cameroon. In all three of these countries bureaucratic delays, lack of funding sources, and difficulty identifying appropriate candidates impeded the participation of women in the program.

In addition to the difficulties with recruitment was the lack of mission support to fund women to the Washington-based program. The majority of our participant sponsorship to these seminars came from non-US government organizations. It is important to note that local USAID missions from the sub saharan African region sponsored only three women to WIM VII (out of forty-one), and did not fund any participants to WIM VIII in which twenty-six women attended. This perhaps indicates the lack of understanding on the part of local USAID missions or the Washington-in-country linkage which is essential to the CEDPA strategy.

Recommendations

For future activities, it would be important to develop closer communication with the local USAID missions to persuade them of the importance of developing stronger in-country alumnae support groups through Washington-based training programs. Future visits to on-going projects might also include additional countries where CEDPA could work to discuss the program with local missions and identify women who could serve as part of the in-country network. It would also be important for CEDPA to strengthen relations with the country desk officers in Washington so that we could make contacts with mission personnel when they come to Washington.

Based upon our experience in accomplishing the objectives to date and despite the concerns identified, we have set forth the following objectives for the next six months, June through December 1982, as follows:

- o Work with the WIM alumnae to conduct a two-week Women in Management workshop in Togo.
- o Finalize plans for the follow-up unit in Mali and select two family planning projects for funding through CEDPA Seed Money Projects.

- o Develop a follow-up unit in Togo incorporating WIM alumnae and other local specialists as needed.
- o Continue relations with the Senegalese Federation of Women's Association to obtain permission for conducting a feasibility study in Senegal.
- o Continue working relations with the Upper Voltan alumnae to define details for a two-week Women in Management Seminar for early 1983.

PROGRESS REPORT

This report summarizes activities carried out under the Family Health Initiatives Cooperative Agreement No. AFR-0662-A-00-1083-00.

OBJECTIVES - August 31, 1981 - December 31, 1981

- o Recruit and select candidates for Washington based five-week Women in Management Workshop.
- o Select four participants from Francophone Africa to be sponsored under the Family Health Initiatives Agreement and facilitate travel arrangements.
- o Conduct Women in Management workshop in the United States for twenty participants from five to ten Francophone African countries.
- o Review project proposals developed by participants of the Women in Management workshop.
- o Make preparations for needs assessment visits to countries selected as potential training sites.

ACTIVITIES

1. Preparations for Washington Women in Management Workshop

This process began in March 1981. CEFPA hired a consultant to make initial contacts with embassies in Washington and develop recruitment materials for the October workshop. Consistent with its recruitment design CEFPA announced the program through a variety of channels. These included WIM alumnae, ministries and family planning organizations in over twenty countries as well as potential sponsors and stateside organizations. We worked closely with the USAID Africa Bureau to identify candidates who would qualify to be sponsored by the Family Health Initiatives Cooperative Agreement. As a result of these efforts the following

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organizations sponsored participants to the program: International Planned Parenthood Federation, the United Nations Fund for Population Activities, The Pathfinder Fund, The University of North Carolina (INTRAH), Sister Cities International, The Jessie Smith Noyes Foundation, The Trull Foundation, and The United States Agency for International Development (local missions, the Near East Bureau, the Women in Development Office and the Africa Bureau through Family Health Initiatives Agreement).

2. Selection of Participants to Be Funded By The Family Health Initiatives Agreement

Five women were selected to be sponsored as participants to the Women in Management VII workshop under this agreement.* Criteria for the selection of these candidates were a working knowledge of French, and a managerial or supervisory position in any of the following service related organizations: health/family planning, community action/rural cooperatives, or national/local women's groups. Another consideration in the selection of candidates under this agreement was to ensure the invitation of two or more candidates from each country represented in the workshop. This was done to improve our selection of a working team for the in-country workshops. The following is a brief description of each participant funded under this agreement.

* The agreement was budgeted to fund four candidates; however, as there were many good candidates for the workshop we matched funds for one participant with tuition funds we had available from a private fund to cover the cost of two women.

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MALI

Mintou Traore:

Mme. Traore, the Director of the Training Section at the National Board of Health Planning and Social Training, Ministry of Health and Social Affairs, was nominated by USAID/Mali. A former nurse and Assistant Director of Family Health, Mme. Traore's focus is in health and community development programs. In her current position, she maintains close contact with coordinators of community maternal and child health programs as well as a variety of integrated community development programs. She is also very interested in women's training programs and was one of the first participants to approach CEFPA about the possibility of conducting training in Mali.

Mariam Thiam:

Mme. Thiam was recommended to us by the American Friends Service Committee. She is the co-director of "Femme Et Developpement" a rural community development program within the Ministry of Agriculture. In this position she works closely with community women's groups providing technical assistance and training for the development of small projects. One example of a project that Mme. Thiam has developed is the Markala Cooperative, founded in 1975 by a group of twenty women to join efforts to increase their income. The project has grown to the current membership of 52 women (with a waiting list) and includes such activities as soapmaking and cloth dyeing. Throughout the years, the cooperative has received funds from several donors in the United States, Canada and Europe, including the AFSC.

TOGO

Zalia Bawa:

Mme. Bawa is a midwife at the Health Center in Koumea, a small community in Northern Togo. While she is young and has only recently started working, she has already taken on a variety of responsibilities in the Health Center. She is in charge of the MCH clinic, teaches health and nutrition education, distributes food supplements and gives inoculations. Mme. Bawa is very concerned with the problem of adolescent pregnancies in her area and is interested in developing family planning services and sex education programs for young girls and women. Mme. Bawa was nominated by the USAID mission in Togo.

Adakou Kolagbe:

Also nominated by the Togo mission, Mme. Kolagbe is a midwife in the regional hospital center of Sokode. Recently graduated from the National school of midwifery, she has held supervisory positions in two different hospital centers. Currently she is involved in pre and post natal consultations, and overall supervision of the child delivery activities in Sokode.

UPPER VOLTA

Yvette Ouedrago:

Mme. Ouedrago was nominated by the USAID mission in Upper Volta. She is a nurse midwife and has been working for the Ministry of Health in Ouagadougou for the past five years where she has been managing personnel who work in the Maternal and Child Health

Division. One of her major concerns is the initiation of programs which offer protection against common nutritional and intestinal diseases. She is a member of the Upper Volta Association for Better Family Life (Association Voltaïque Pour Le Bien Etre Familial, AVBEF), a recently organized group to promote acceptance of family planning and the decrease of infant mortality. She plans to manage a private family planning clinic under the auspices of the AVBEF.

3. Women In Management Workshop Seminar VII - Oct. 5 - Nov. 6, 1981

Forty-one women managers from fifteen countries attended the seminar workshop. Participants came from Africa, the Near East and Haiti. Although they represented varied cultural and religious groups they shared a common language, mutual professional goals and experience with similar governmental infrastructures. All participants worked in programs either directly or indirectly aiding women in their countries. Over half of the women worked in the area of health/family planning, while the rest of the women worked in integrated community development projects, women's promotion programs or education.

The five week workshop provided the participants an opportunity to discuss general issues pertaining to development of income generation, health nutrition, family planning, and integrated community development programs. They also explored both the human and technical skills necessary to develop projects. During one week of the program participants examined roles, appropriate

management styles and interpersonal communication skills required to effectively manage groups. Another week focused on program planning skills such as writing objectives, developing workplans and budgets and designing evaluations for use in small community projects. Time was also planned for participants to meet representatives from funding organizations to discuss assistance and funds available for in-country projects. During the last week of the workshop, participants worked individually and with consultants to develop a blueprint for a project they wished to undertake in their own communities.

The overall evaluation of the seminar was very positive. Participants evaluated the content of the workshop from good to excellent and were particularly impressed with the practical methodologies employed throughout the training. They commented that both techniques presented, and information shared, about programs were very useful to their professional needs. Equally important were the personal contacts they made among other participants and seminar resource specialists. They strongly encouraged CEFPA to continue these workshops for other women in their countries. A summary, in English, of this program is attached. A full report on the workshop in French will be available later in January.

4. Review of Projects

Representatives of Senegal, Mali and Togo developed project blueprints for in-country training programs during the mini-workshop portion of the seminar. Selection of these countries was based on two factors: (1) a demonstrated understanding on the part

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of the country representatives of the project objectives, and (2) an indication of interest and commitment on the part of these representatives to carry out these objectives. In order to build on their mutual experience, the participants met to discuss overall workshop objectives and develop complementary programs. In designing programs with compatible goals, the women hoped to share resources and information in the implementation of their projects. A brief description of each project follows.

SENEGAL

Marie Therese Boye developed a blueprint for a training workshop in Senegal. Since all three Senegalese participants work for different organizations they agreed that the Federation of Senegalese Women's Associations (Federation des Associations Feminines du Senegal - FAFS) would provide the best support for the program. The FAFS is a non-profit apolitical organization started in 1978 with the purpose of unifying all the Senegalese women's organizations. It has a membership of 35 women's associations and considers its main purpose to be the study of all questions concerning Senegalese women.

The Senegal team is proposing to conduct a two-week workshop for twenty rural community development officers. The overall purpose of the workshop will be to improve technical skills and encourage the development of small, community based projects. They feel that this training will serve as a catalyst to create a network of women managers working with rural women's groups.

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Specifically the training will cover three areas:

- (1) information on nutrition interventions and family planning techniques,
- (2) improvement of self-confidence, interpersonal communications and leadership skills, and
- (3) development of project planning and implementation skills for small, community based programs.

MALI

The five Malian participants of WIM VII nominated Mintou Traore and Aminata Dagnoko Toure to develop the blueprint for the in-country program. They selected their organization, the Ministry of Health and Social Affairs, as the collaborating agency, since four of the five Malians work with this ministry and would be able to get permission to work on a project under its authorization. Also, Mme. Traore works in the National Training division for this ministry and indicated she would be able to obtain the needed support for this project.

same JP problem

These participants designed a training program for thirty community development officers and directors of rural health units. The workshop is designed to supplement training they have already received from the ministry to enhance skills needed for their field work. Specific subjects they want to cover include: health and nutrition, education, family planning services, maternal and child consultations, human organizational skills (understanding self, interpersonal communications, group dynamics), and project development skills (writing objectives, budgeting, evaluation).

TOGO

A blueprint for work in Togo was developed with Enoyonam Mensah who represents the Association Togolaise Pour le Bien Etre Familial, (The Togolese Association for Better Family Life). She proposed that we collaborate with her organization to train representatives of regional social/medical centers throughout Togo. The ATBEF (Association Togolaise Pour le Bien-Etre Familial) works primarily through government clinics to provide counseling and contraceptive services to clients. Because the ATBEF is providing services through government employees, it places a high priority on training to communicate information and skills to distribute family planning services. She would like to use the Women in Management model to strengthen the work that they are already doing with women managers in these centers.

Mme. Mensah states that as many as two-thirds of the women they have trained have requested further information about contraceptive technology and nutrition interventions, as well as specific skills in record keeping and interpersonal communications. From her assessment of women managers working with the ATBEF programs, she has also recognized a need to develop their self confidence and leadership skills and project planning techniques. The program proposed for Togo reflects these needs.

All of the Togolese participants of the WIM VII workshop also indicated their support of this project and desire to help in the organization of the training. In particular Mme. Cheffi Meachi, who is a member of the board, has given strong support of the

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project. Also, Mme. Adnette Santos has been elected regional Women in Development Officer for the IPPF West Africa Bureau since her return to Africa. We expect her full support of this project in Togo.

5. Preparations for Needs Assessment

Follow-up plans for in-country needs assessments were developed with representatives from Senegal, Mali and Togo. One week visits are planned for each country to meet with collaborating organizations, develop contacts with additional supportive groups in the country, and review training preparations. Since the end of the WIM VII Workshop, we have received a letter from the President of the Association Togolaise Pour le Bien-Etre Familial indicating interest in the project and an invitation to continue discussions. The Ministry of Health and Social Affairs in Mali has also indicated interest in discussing the possibility of this program. WIM VII alumnae are organizing the detailed preparations and meetings required in each country.

SUMMARY

Activities completed during the first four months of this agreement have established a firm base for future work. The major activity during this time period, the Women in Management VII workshop seminar, achieved three major functions: 1) the creation of a network of forty-one women managers from 15 countries who understand the Women in Management objectives and can serve as future resources; 2) an information forum where women managers

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raised issues and concerns which affect development of community-based programs in francophone countries; and 3) an opportunity to meet and develop a working rapport with representatives from sub-Saharan francophone countries.

Participants returned to their communities with new techniques important for the development and implementation of projects, as well as with a network of new contacts and resources they can call upon. Equal emphasis was placed on the development of technical skills and the importance of team work and collaboration in both the planning and implementation of a project. By the end of the seminar the women felt confident that they could call on each other to provide necessary resources when needed.

The workshop also served as a forum where participants shared concerns and information about their projects. Innovative use of local resources as well as technical information on methods for developing new programs were incorporated into the on-going methodology of the program. In addition, the workshop served as a testing ground for the materials and methodologies in the francophone context. Participant suggestions and overall reactions to materials will be incorporated into the development of in-country materials.

Working with the participants in a neutral environment, we were able to assess countries and programs as potential work sites under this agreement. In this capacity, we spent time during the seminar with representatives from three countries to begin initial discussions of project design and preparation for needs assessment trips.

During the next six months we plan to conduct needs assessments in three to four francophone African countries including those with whom we have already begun discussions (Senegal, Mali and Togo) and make preparations for a training workshop in each of these countries. During the country assessment trips we will meet with alumnae to select a collaborating organization, identify training sites, finalize training design and develop criteria for participant selection.

CEFPA will be conducting a second Women in Management Workshop in French this spring, and we will take advantage of that program to make further contacts with resources who can participate in this agreement. We will encourage the sponsorship of additional women from countries where we have already begun activities and develop contacts for additional training programs.

The Objectives for the next 6 months are:

- Conduct needs assessments in three to four countries including Senegal, Mali and Togo to assess feasibility of work, select collaborating organization, identify training sites and finalize training design.
- Work with WIM alumnae from one country to organize and implement a two-week training workshop.
- Work with participants of a second Women in Management workshop, to be held in Washington in March 1982, to refine and develop in-country workshops.
- Select one or two additional countries as possible sites for in-country work.

PROGRESS REPORT

under

FAMILY HEALTH INITIATIVES COOPERATIVE AGREEMENT
No. AFR-0662-A-00-1088-00

submitted by

The Centre for Population Activities

Blythe Tennent
Project Manager

PROGRESS REPORT

This report summarizes activities carried out under the Family Health Initiatives Cooperative Agreement No. AFR-0662-A-00-1088-00.

The overall purpose of the Cooperative Agreement is to improve and extend the delivery of family planning/health services through the availability of more trained managers who can implement integrated projects for the benefit of their communities in francophone Africa. Statistically, the need for family planning and infant and maternal health care services in francophone African countries is great. World population statistics for 1981 indicate that the infant mortality rate for countries in francophone sub-saharan Africa range from 127/1000 to 211/1000 and the rate of natural increase in these countries range from 2.6 to 3.0. The health systems set up to meet these needs in most of these countries are highly centralized, clinic based and often lack the trained personnel and resources to meet the needs of rural populations. Although health and nutrition education have been given high priority as means to address these needs, family planning information and methods have been prohibited by most of these pro-natalist governments.

Only in the last few years have local programs under the name of Better Family Health (Bien Etre Familial) been able to integrate Family Planning services as a method of child spacing into a general program of upgrading family health. Thus, although there is an unmet demand for family planning services, expertise in the development and implementation of the delivery of such services is still very limited in this part of Africa.

In addition to the role of family planning, Women's Programs have recently gained recognition as being important to the overall national development. In most of these countries, the governments have officially committed themselves to the promotion of women's programs by creating new divisions of Women's Affairs. Official recognition of the need to work with women's programs provides a good environment for establishing women's leadership in the development of family planning programs. As an indication of this, immediately after the completion of WIM VII, two of our alumnae were officially hired by family planning organizations. Several others were sent to the program by family planning organizations to develop skills and information for the development of new family planning programs in their countries.

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The scope of work defined under this agreement was designed on CEFPA's comprehensive model (see diagram 1) which integrates training, follow-up technical assistance and documentation. The components of the model are described in detail in the project proposal. The model illustrates the development of an increasing level of expertise in CEFPA alumnae to gradually assume management aspects of activities in each of the model's components. The process is begun with our five-week training seminar in Washington where a core group of women assimilate the objectives of the Women In Management program and develop management skills to implement the workshops in their countries. The in-country phases build on the Washington experience by encouraging the WIM alumnae to take the initiative and leadership required to implement training in their countries. At the conclusion of the in-country workshops, in the period of follow-up technical assistance, CEFPA and the in-country WIM team work together to provide on-going development of projects with local women graduates. Thus, a continuing cycle of management training and follow-up technical assistance creates a team of managers in-country who have the means and capabilities to implement projects in their communities.

This report covers portions of the training segment of this model. During the first four months of the cooperative agreement, we have conducted the Washington, D.C. seminar-workshop for 41 women managers from francophone countries and have begun steps for the development of in-country training programs in three sites in francophone Africa.

OBJECTIVES -- August 31, 1981 - December 31, 1981

- o Recruit and select candidates for Washington based five-week Women In Management workshop.
- o Select four participants from francophone Africa to be sponsored under the Family Health Initiatives Agreement and facilitate travel arrangements.
- o Conduct Women In Management workshop in the United States for 20 participants from five to ten francophone African countries.
- o Review project proposals developed by participants of the Women In Management workshop.
- o Make preparations for needs assessment visits to countries selected as potential training sites.

ACTIVITIES

1. Preparations for Washington Women In Management Workshop

This process began in March 1981. CEFPA hired a consultant to make initial contacts with embassies in Washington and develop recruitment materials for the October workshop. Consistent with its recruitment design CEFPA announced the program through a variety of channels. These included WIM alumnae, USAID missions, ministries and family planning organizations in over 20 countries as well-as potential sponsors and stateside organizations. Using established criteria, we worked closely with the USAID Africa Bureau to identify candidates who would qualify to be sponsored by the Family Health Initiatives Cooperative Agreement. As a result of these efforts, the following organizations sponsored participants to the program: International Planned Parenthood Federation, the United Nations Fund for Population Activities, The Pathfinder Fund, The University of North Carolina (INTRAH), Sister Cities International, The Jessie Smith Noyes Foundation, The Trull Foundation, and the United States Agency for International Development (local missions, the Near East Bureau, the Women in Development Office and the Africa Bureau through Family Health Initiatives Agreement).

In WIM VIII we were forced to rely heavily on contacts in international donor organizations to recruit and identify participants for the program, as our network of WIM alumnae was very limited in francophone countries. Unfortunately, responses to our requests for nominations came in very late and often contained very little information to aid in either the selection of candidates or identification of possible sponsorships from outside organizations. In addition, several funding sources for fellowships were delayed in allocating funds, forcing us in some cases to inform participants of their sponsorship only days before the beginning of the program. These problems culminated with very limited information and time to select the best qualified candidates, and to send them the proper program and travel information prior to the beginning of the workshop.

2. Selection of Participants to Be Funded By The Family Health Initiatives Agreement

Five women were selected to be sponsored as participants to the Women in Management

VII workshop under this agreement.* Criteria for the selection of these candidates were a working knowledge of French, and a managerial or supervisory position in any of the following service related organizations: health/family planning, community action/rural cooperatives, or national/local women's groups. Another consideration in the selection of candidates under this agreement was to ensure the invitation of two or more candidates from each country represented in the workshop. This was done to improve our selection of a working team for the in-country workshops.

Unfortunately, many of the nominations for selection under this grant arrived after the August 31st deadline established in the cables. Responding to the need to allow participants adequate preparation time, we selected qualified individuals among the names we had available one month prior to the beginning of the workshop. We made every attempt to locate alternate sources of funds for candidates submitted after the deadline and were able to locate fellowships for all but two. Because of the very late notice, however, some of these women were not notified of sponsorship until one week before the beginning of the program.

The following is a brief description of each participant sponsored under this agreement:

TOGO

Zalia Bawa:

Mme. Bawa is a midwife at the Health Center in Koumea, a small community in Northern Togo. While she is young and has only recently started working, she has already taken on a variety of responsibilities in the Health Center. She is in charge of the MCH Clinic, teaches health and nutrition education, distributes food supplements and gives inoculations. Mme. Bawa is very concerned with the problem of adolescent pregnancies in her area and is interested in developing family planning services and sex education programs for young girls and women. Mme. Bawa was nominated by the USAID mission in Togo.

* The agreement was budgeted to fund four candidates; however, as there were many good candidates for the workshop, we matched funds for one participant with tuition funds we had available from a private fund to cover the cost of two women.

Adakou Kolagbe:

Also nominated by the Togo mission, Mme. Kolagbe is a midwife in the regional hospital center of Sokode. Recently graduated from the National School of Midwifery, she has held supervisory positions in two different hospital centers. Currently, she is involved in pre and postnatal consultations, family planning services and overall supervision of the child delivery activities in Sokode.

MALI

Mintou Traore:

Mme. Traore, who works in the Training Section at the National Board of Health Planning and Social Training, Ministry of Health and Social Affairs, was nominated by USAID/Mali. A nurse/midwife and former Assistant Director of Family Health, Mme. Traore's focus is in maternal child health. In her current position, she maintains close contact with coordinators of community maternal and child health programs as well as a variety of integrated community development programs. She is also very interested in management and leadership training for women in Mali and was one of the first participants to approach CEFPA about the possibility of conducting WIM training in Mali.

Mariam Thiam:

Mme. Thiam was recommended to us by the American Friends Service Committee. She is the Co-Director of "Femme Et Developpement," a rural community development program within the Ministry of Agriculture. This quasi-government position was developed to give Mme. Thiam the unique ability to locate funds outside of traditional government sources for small women's projects. Given the highly structured nature of the Mali government, official community agents are not permitted to raise funds from private sources. Mme. Thiam works closely with community women's groups providing technical assistance and training for development of small projects and is very supportive of family planning. She has a good understanding of how to develop group cohesiveness and decision-making among local women. This knowledge should enhance our ability to get family planning projects started in Mali.

UPPER VOLTA

Yvette Ouedrago:

Mme. Ouedrago was nominated by the USAID mission in Upper Volta. She is a nurse/midwife and has been working for the Ministry of Health in Ouagadougou for the past five years where she has been managing personnel who work in the Maternal and Child Health Division. She has been active in initiating programs which offer protection against common nutritional and intestinal diseases. She is a member of the Upper Volta Association for Better Family Life (Association Voltāique Pour Le Bien Etre Familial, AVBEF), a recently organized group to promote acceptance of family planning and the decrease of infant mortality. She plans to manage a private family planning clinic under the auspices of the AVBEF.

3. Women In Management Workshop Seminar VII -- October 5 - November 6, 1981

Forty-one women managers from 15 countries attended the seminar-workshop. Participants came from Africa, the Near East and the Caribbean. Although they represented various cultural and religious groups, they shared a common language, mutual professional goals and experience with similar governmental infrastructures. All participants worked in programs either directly or indirectly assisting women in their countries. Over half of the women worked in the area of health/family planning, while the rest of the women worked in integrated community development projects, women's promotion programs or education.

The five-week workshop provided the participants an opportunity to discuss general issues pertaining to development of income generation, health nutrition, family planning, and integrated community development programs. They also explored both the human and technical skills necessary to develop projects. During one week of the program, participants examined roles, appropriate management styles and interpersonal communication skills required to effectively manage groups. Another week focused on program planning skills, such as writing objectives, developing workplans and budgets, and designing evaluations for use in small community projects. Time was also planned for participants to meet representatives from funding organizations to discuss assistance and funds available for in-country projects. During the last week of the workshop, participants worked individually and with consultants to develop a blueprint for a project they wished to undertake in their own communities.

The overall evaluation of the seminar was positive. Participants evaluated the content of the workshop from good to excellent and were particularly impressed with the practical methodologies employed throughout the training. They commented that both techniques presented and information shared about the programs were very useful to their professional needs. Equally important were the personal contacts they made among other participants and seminar resource specialists. Although they were pleased with the overall quality and content of the workshop, participants indicated that they were dissatisfied with the language ability of some of the resource specialists. Some suggested that CEFPA use two or three of the best resources for more sessions in future programs and suggested that a closer survey of French ability for additional resource specialists be observed.

Another important element in the program was the difference in the level of sophistication and perceived training needs between women from North Africa and those coming from the Caribbean and sub-saharan African countries. Women from North Africa tended to request more technical and theoretical courses while those from sub-saharan countries wanted more time to share project related information. Ironically, by the end of the five weeks, many of the North Africans had revised their opinions and indicated that the participative training methodology had taught them a great deal about how to interact and collaborate with people in a program setting.

In the mini-workshop portion of the program, participants from highly centralized government systems or in positions of high authority found it difficult to develop new project ideas. In some cases we felt that there was a misunderstanding of the purpose of the mini-workshop and the expectation that it was to be an in-depth study on a specific subject (family planning, nutrition, income generation). In many cases, however, this difficulty was a result of the nature of the local situations (such as Mali) where government employees are not permitted to initiate project ideas or locate funds through private organizations. In future programs a special effort will be needed to work individually with participants throughout the workshop to help them identify project ideas that fit into their local requirements.

A full report on the workshop in French (which includes a copy of the final evaluation) and an English summary is attached to this report.

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4. Review of Projects

Representatives of Senegal, Mali and Togo developed project blueprints for in-country training programs during the mini-workshop portion of the seminar. Selection of these countries was based on two factors: (1) a demonstrated understanding on the part of the country representatives of the project objectives; and (2) an indication of interest and commitment on the part of these representatives to carry out these objectives. In order to build on their mutual experience, the participants met to discuss overall workshop objectives and develop complementary programs. In designing programs with compatible goals, the women hoped to share resources and information in the implementation of their projects. A brief description of each project follows:

SENEGAL

Marie Therese Boye developed a blueprint for a training workshop in Senegal. Since all three Senegalese participants work for different organizations, they agreed that the Federation of Senegalese Women's Associations (Federation des Associations Feminines du Senegal - FAFS) would provide the best support for the program. The FAFS is a non-profit, apolitical organization started in 1978 with the purpose of unifying all the Senegalese women's organizations. It has a membership of 35 women's associations including community-based programs concerned with promoting health and family planning.

The Senegal team is proposing to conduct a two-week workshop for 30 rural community health and development officers. The overall purpose of the workshop will be to improve technical skills and encourage the development of small, community-based health and family planning projects. They feel that this training will serve as a catalyst to create a network of women managers already in touch and working with rural women's groups. Specifically, the training will cover the following three areas:

- (1) information on contraceptive methods, family planning, and nutrition interventions;
- (2) improvement of self-confidence, interpersonal communications, and leadership skills; and
- (3) development of project planning and implementation skills for small community-based integrated family planning, health and development programs.

MALI

The five Malian participants of WIM VII nominated Mintou Traore and Aminata Dagnoko Toure to develop the blueprint for the in-country program. They selected their organization, the Ministry of Health and Social Affairs, as the collaborating agency, since four of the five Malians work with this ministry and would be able to get permission to work on a project under its authorization. Also, Mme. Traore works in the National Training division for this ministry and indicated she would be able to obtain the needed support for this project.

These participants designed a training program for directors of rural health units and community outreach workers. The workshop is designed to supplement training they have already received from the ministry of health to encourage the integration of family planning and nutrition education into ongoing health and community activities. Specific subjects they want to cover include: family life education, family planning methods, maternal and child health, nutrition education, human organizational skills (understanding self, interpersonal communications, group dynamics), and project development skills (writing objectives, budgeting, evaluation).

TOGO

A blueprint for work in Togo was developed with Enoyonam Mensah, who represents the Association Togolaise Pour le Bien Etre Familial, (The Togolese Association for Better Family Life). She proposed that we collaborate with her organization to train representatives of regional social/medical centers throughout Togo. The ATBEF (Association Togolaise Pour le Bien Etre Familial) works primarily through government clinics to provide counseling and contraceptive services to clients. Because the ATBEF is providing services through government employees, it places a high priority on training to communicate information and skills to distribute family planning services. She would like to use the Women In Management model to strengthen the work that they are already doing with women managers in these centers.

Mme. Mensah states that as many as two-thirds of the women they have trained have requested further information about contraceptive technology and nutrition interventions, as well as specific skills in record keeping and interpersonal communications. From her assessment of women managers working with the ATBEF programs, she has also

recognized a need to develop their self-confidence and leadership skills and project planning techniques. The program proposed for Togo reflects these needs.

All of the Togolese participants of the WIM VII workshop also indicated their support of this project and desire to help in the organization of the training. In particular Mme. Cheffi Meachi, who is a member of the board, has given strong support for the project. Also, Adnette Santos has been elected regional Women in Development Officer for the IPPF West Africa Bureau since her return to Africa. We expect her full support of this project in Togo.

5. Preparations for Needs Assessment

Follow-up plans for in-country needs assessments were developed with representatives from Senegal, Mali and Togo. One week visits have been planned for each country to meet with collaborating organizations, develop contacts with additional supportive groups in the country, and review training preparations. Since the end of the WIM VII workshop, we have received a letter from the President of the Association Togolaise Pour le Bien Etre Familial indicating interest in the project and an invitation to continue discussions. The Ministry of Health and Social Affairs in Mali has also indicated interest in discussing the possibility of this program. WIM VII alumnae are organizing the detailed preparations and meetings required in each country.

SUMMARY

Activities completed during the first four months of this agreement have established a firm base for future work. The major activity during this time period, the Women In Management VII workshop-seminar, achieved three major functions: 1) the creation of a network of 41 women managers from 15 countries who understand the Women In Management objectives and can serve as future resources; 2) an information forum where women managers raised issues and concerns which affect development of community based family planning and health programs in francophone countries; and 3) an opportunity to meet and develop a working rapport with representatives from sub-saharan francophone countries and to share program experience in planning and implementing integrated family planning, health and development programs.

Participants returned to their communities with new techniques important for the development and implementation of projects, as well as with a network of new contacts

and resources they can call upon. Equal emphasis was placed on the development of technical skills and the importance of team work and collaboration in both the planning and implementation of a project. By the end of the seminar the women felt confident that they could call on each other to provide necessary resources when needed.

The workshop also served as a forum where participants shared concerns and information about their projects. Innovative use of local resources as well as technical information on methods for developing new programs were incorporated into the ongoing methodology of the program. In addition, the workshop served as a testing ground for the materials and methodologies in the francophone context. Participant suggestions and overall reactions to materials will be incorporated into the development of in-country materials.

Working with the participants in a neutral environment, we were able to assess countries and programs as potential work sites under this agreement. In this capacity, we spent time during the seminar with representatives from three countries to begin initial discussions of project design and preparation for needs assessment trips.

During the next six months we plan to conduct needs assessments in three to four francophone African countries including those with whom we have already begun discussions (Senegal, Mali and Togo) and make preparations for a training workshop in each of these countries. During the country assessment trips we will meet with alumnae to select a collaborating organization, identify training sites, finalize training design and develop criteria for participant selection.

CEFPA will be conducting a second Women In Management workshop in French this spring, and we will take advantage of that program to make further contacts with resources who can participate in this agreement. We will encourage the sponsorship of additional women from countries where we have already begun activities and develop contacts for additional training programs.

The objectives for the next six months are:

- o Conduct needs assessments in three to four countries including Senegal, Mali and Togo to assess feasibility of work, select collaborating organizations, identify training sites and finalize training design.

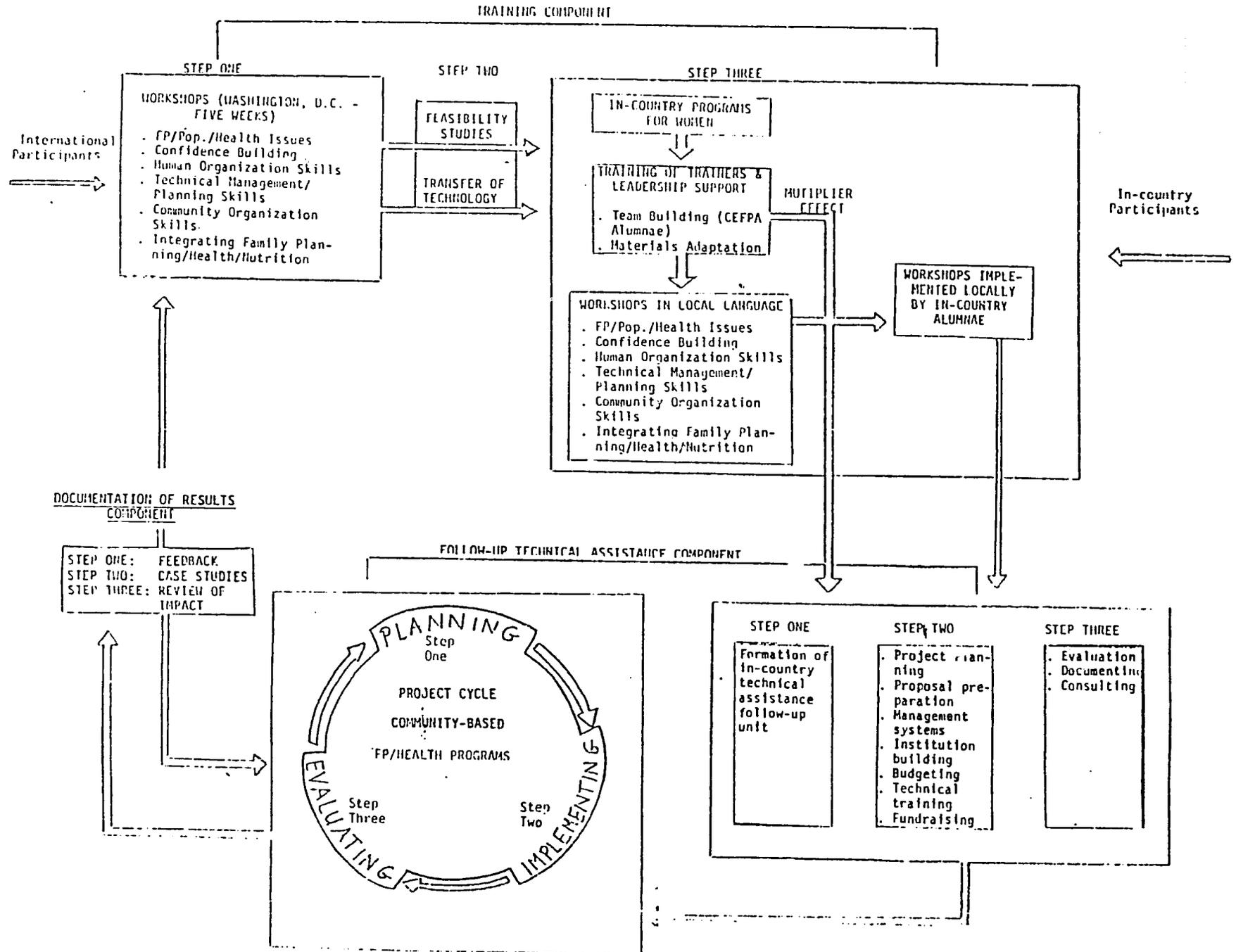
- o Work with WIM alumnae from one country to organize and implement a two-week training workshop.
- o Work with participants of a second Women In Management workshop, to be held in Washington in March 1982, to refine and develop in-country workshops.
- o Select one or two additional countries as possible sites for in-country work.

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A COMPREHENSIVE STRATEGY FOR IMPROVING SKILLS AND GENERATING COMMUNITY-BASED FAMILY PLANNING/HEALTH PROGRAMS



THE CENTRE FOR POPULATION ACTIVITIES

WOMEN IN MANAGEMENT VII
OCTOBER 5 - NOVEMBER 6, 1981

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OVERVIEW

The Women in Management VII seminar-workshop was the first of this series to be conducted in French and the first program CEFPA has conducted in a foreign language in the United States. The program was funded on a tuition basis by eight organizations which provided full or partial fellowship grants for the participants. These organizations include: The United States Agency for International Development (the Africa Bureau, The Near East Bureau, The Women In Development Office and local missions); International Planned Parenthood Federation; The Pathfinder Fund; The United Nations Fund for Population Activities; the Program for International Training in Health, University of North Carolina (INTRAH); Sister Cities International; The Jessie Smith Noyes Foundation, Inc.; and the Trull Foundation.

Forty-one women representing fifteen countries participated in the workshop. Although they had different educational backgrounds and professional experience, they are all actively engaged in projects which help women in their countries. Sixty-five percent of the women work in a ministry or a governmental agency and the other thirty-five percent work in private organizations. Areas of professional involvement include family planning/health programs, integrated community development projects, women in development projects, income generation and education. All the women were interested in integrating new activities into existing programs and better utilizing local resources. The participants themselves contributed to the exchange of innovative program ideas and collaborated to help their colleagues develop ideas for future projects.

The five week seminar focused on the management needs of women working in the fields of family planning, health and community development. The session content included technical and human organization skills as well as information on development of community based women's programs. One portion of the workshop was devoted to the development of small projects. Participants were divided into a mini-workshop of their choice: family planning, income generation, training or nutrition/day care, to practice the techniques they learned throughout the workshop and develop a blueprint of a project they wished to implement in their own communities.

The workshop especially emphasized participative training methods, in order to encourage a dynamic rather than a one-sided learning process. Verbal and written feedback of each session provided the staff concrete information of the training's effectiveness as well as changes needed for future programs. The participants were introduced to an international network of individuals and agencies involved in the field of family planning, health, development and women's programs. Individual visits were arranged in New York and Washington to allow for participants to discuss their projects and gather useful information for their work.

Participants were very enthusiastic about their involvement in the WIM VII seminar workshop and encouraged CEFPA to continue future programs of this sort for the women from francophone countries. Work begun in this program should provide increased training opportunities for women in francophone countries. Participants developed designs for workshops to be conducted in Africa and provided feedback which will be incorporated in the design of future Washington based workshops.

OBJECTIVES

1. To explore ways in which programs can be developed and implemented which identify and serve women's priority needs so that women can become participants and not "targets" of programs.
2. To identify and understand the problems which women managers encounter and to examine ways in which they can be more assertive in coping with such problems.
3. To acquire the necessary technical skills essential for initiating and implementing community-based service delivery programs in family planning, health and development and to have the opportunity to test some of these skills.
4. To study the need for "women-to-women" delivery systems and to learn how organization skills can be applied in the development of such programs.

CONTENT

The program curriculum reflected the seminar-workshop objectives which are based upon the premise that action programs require management skills which women often do not have because they lack the access to training and professional opportunities. The program content therefore focused on two key components of community program efforts: 1) management training and 2) action projects, specifically community-based

programs run by women for women. To meet the objectives of the seminar-workshop the program content was comprised of the following four areas: Population and Development Issues as they relate to Women, Technical Skills for Program Development and Implementation, Self Confidence Building for Professional Women, and Human Organization Skills.

During the first week of the workshop, participants discussed the major program development issues that affect health, family planning and women in development projects. Special emphasis was placed on the importance for women to gain collective leverage and power through better cooperation and organization of objectives and resources, recognition and visibility for the roles they currently play, control over financial aspects of programs and freedom over reproductive health. Throughout this week participants examined the traditional customs and governmental systems established to address the health and economic needs in their countries, as well as innovative programs developed to maximize use of local resources. Specifically, participants discussed the incorporation of paramedical personnel in family planning/health programs, development of community income generating activities and technical health and nutrition interventions. In the last session of the week, the participants examined the role that cultural traditions and myths play in contributing to social acceptance of new programs and changes.

The second week of the program was a residential workshop in Harper's Ferry, West Virginia. Here the participants and project staff lived at the same hotel and had an opportunity to exchange project and personal

concerns in an informal environment. The overall theme for the week was the development of human process skills and was divided into two sections: 1) the professional women understanding herself, and 2) group organization skills. Participants first identified issues that affect their lives and decisions as professional women. In an exercise called "From - To" the women identified transitions which have occurred in the past ten years (from housework to salaried positions, from little education to higher education, from well defined and limited roles to greater responsibility and varied roles).

Some of the major issues posed in the form of critical questions which evolved from these transitions were expressed as follows: With these new roles and responsibilities, will we neglect our children and husbands?; Does the modern woman lead a better life than that of her mother or less liberated sisters? Then, through the use of individual exercises, role plays, and small and large group discussions, participants examined personal goals, the variety of roles they play as women managers and effective communication styles. They also discussed characteristics of passive, aggressive, and assertive behaviors as a means to choosing effective personal management and leadership styles.

The subject for the second half of the week focused on working effectively with groups. Participants discussed in detail various aspects of group dynamics including task and maintenance skills, evaluation of group development and characteristics of groups. Then, through simulation exercises and small group work, they applied these concepts to a practical planning exercise.

During the third week of the workshop, participants examined technical management skills. The content of this week was designed to improve skills for the development and implementation of small service delivery projects. Subjects covered during this week included: identifying needs, writing project objectives, developing workplans and budgets, and designing project evaluation and monitoring systems. In a session on proposal preparation, participants incorporated these components into the development of a proposal and defined individual project ideas which they would develop during the last week of the program. They also had an opportunity to meet with representatives of funding organizations to learn their overall policies and discuss the potential for small service related projects in their countries.

In the fourth week of the program, the women participated in a second residential workshop at the Donaldson Brown Center in Port Deposit, Maryland, and made a field visit to New York City. The theme of the residential portion of this week was the management of the change process in the implementation of community development programs. Participants studied the process of change in their communities and their roles as a community change agent. Using the force field analysis instrument, they identified the key forces working for or against proposed change efforts and selected the most effective ways of initiating the change process. In order to develop techniques for better involving members of the community in the overall achievement of project goals, participants studied various training components. They also developed skills in designing training programs. Working in teams, they designed a workshop meeting country specific needs.

In New York, participants met with representatives of the Population Council, the United Nations Fund for Population Activities, the United Nations Development Program, UNICEF, World Education, and Columbia University to learn about the overall structure of these organizations and potential funding opportunities through these sources. Participants also spent a morning visiting the International Women's Tribune Centre where they were able to interact with the personnel and to see the way they set up an organization which facilitates the communication of information on women's programs around the world.

The fifth week of the program provided a practicum where participants were able to apply the skills and information learned in the five week workshop by developing or expanding a project that they could implement in their communities. Working with specialists in the field of family planning, nutrition, income generation and training, participants developed blueprints of projects they wished to implement in their own communities. A half day was devoted to the sharing of examples of projects developed in each mini-workshop.

METHODOLOGY

A variety of participative training methods, adapted from standard management training methodologies, was employed throughout the workshop to help participants apply the information and ideas presented to their work situations. Essentially, five participative models of instruction were employed to introduce management concepts, facilitate understanding of new approaches and simulate real life situations. The variety of training techniques, (case studies, role play exercises, small and large group discussion, individual task assignments and films), utilized in each of the models helped to facilitate application of new concepts to individual needs. The five training models and combinations of techniques are described below.

Seminar Sessions

- * Presentation by a specialist
- * Round table and group discussion

Workshop Session

- * Individual and group instruments and case studies
- * "How to" instruction or "practicum guides" for learning skills in a specific program area

Residential Workshop

- * Simulated experimental learning exercises
- * Role plays
- * Films and discussion
- * Individual feedback in dyads and triads
- * Small group practical work

Mini-Workshops

- * Practice in "how to" apply technical tools
- * Individual instruction
- * Preparation of "blueprints" for action

Participant Presentations

- * Individual presentation on participant program/organization
- * Round table discussion

The seminar also incorporated a variety of other maintenance and evaluation/feedback techniques to enrich the learning experience, including program linkages, daily evaluation, informal feedback discussions with participants, and an on-going administrative review to maximize the interaction of the group and staff.

Evaluation

The program was evaluated by participants and CEFPA staff. Participants completed both daily and final written evaluations. The workshop staff conducted informal, oral feedback sessions as part of an on-going administrative function of the program. In all forms of evaluation, participants were requested to assess the content presented, the materials used and the methodology employed. Complete tables of both daily and final evaluation are recorded in the Final Report (French).

Participants evaluated the program from good to excellent (6.8 to 9.0 on a 10 point scale) on both the daily and final assessments. Most of the women felt that both the workshop objectives and their own personal objectives were partially or entirely met. They were also impressed with many of the methodologies which they experienced for the first time in this program. The residential workshop in Harper's Ferry, where many of the experiential methods were introduced, was considered one of the best learning experiences of the program. Sessions considered the most important to their professional needs included: Extending Family Planning and Health Services, How to Run a Meeting, Understanding Groups, and Program Evaluation.

Another aspect of the program that participants found particularly useful was sharing of project ideas. Participants were encouraged to report on their projects through informal presentations and as part of the exercises used in the on-going content of the workshop. They were also very impressed with the information resources provided by the International Women's Tribune Centre in New York City as it offered the sharing of project information.

Participant Profile

Forty-one women from Africa, the Near East and the Caribbean attended the workshop. Although the participants represented various cultures and geographic backgrounds, they shared a common language and worked within similar government systems. These shared qualities created a homogeneous atmosphere and helped to facilitate the exchange of information. All of the participants worked in programs which either directly or indirectly affect women in their countries. Among these programs, a wide variety of professional interests were represented. Fifty-one percent of the women work in the areas of health/family planning, twenty-five percent work in integrated community development projects, fifteen percent work in women's promotional programs and nine percent work in the field of education. Most of the women earned salaries and worked for government sponsored programs; however twenty-five percent of the women were also active in volunteer organizations outside of their salaried positions. Some examples of projects in which participants worked include: a women's income generating community cooperative for dying cloth and soap making; an urban integrated community project to provide legal aid, income generation, and education in health/nutrition and sexuality; a small industry to make cement blocks and provide employment for the local community; and a private family planning clinic in the low income area of a large city.

Characteristics of Participants

Age:

Average: 37
Range: 28-44

Marital Status:

Single: 10
Married: 24
Divorced: 5
Widowed: 1

Organizational Affiliation:

Private: 11
Government: 24
International: 6

Salaried: 34
Non-Salaried: 5

Areas of Professional and Volunteer Work with Women's Program:

Family Planning	11
Integrated Health/Family Planning	6
Health	4
Women's Promotional Programs	6
Non-Formal Education	4
Integrated Development Programs (including health and community development, day care and cooperatives)	10

APPENDIX A
PARTICIPANT LIST

WOMEN IN MANAGEMENT VII

STAGE DE FORMATION POUR GESTIONNAIRES FEMININS FRANCOPHONES

PARTICIPANTS

République Populaire du Bénin / People's Republic of Benin

Elise Mahoussé Akpo, Monitrice en Chef, Ecole Sage-Femmes, Institut National Médico-Social, Cotonou / Chief Instructor, School of Midwifery, National Medical-Social Institute, Cotonou

Odette Baba-Moussa, Institutrice, Enseignement Supérieur et de la Recherche Scientifique, Cotonou / Teacher, Higher Education and Scientific Research, Cotonou

Gina Marianne Godonou, Sage-Femme, Comité National Béninois pour la Promotion de la Famille, Cotonou / Midwife, National Committee for the Promotion of the Family, Cotonou

Togo

Zalia Bawa, Sage-Femme, P.M.I., Koumea / Midwife, P.M.I., Koumea

Adakou Kolagbe, Sage-Femme, Chef de Section Maternelle, Hôpital Régional, Sokodé / Midwife, Chief of the Maternity Section, Regional Hospital, Sokodé

Cheffi Méachi, Puéricultrice d'Etat, Caisse Nationale de Sécurité Sociale, Lomé / Child Development Specialist, National Social Security Department, Lomé

Enyoman Mensah, Assistante Médicale, Association Togolaise pour le Bien Etre Familial, Lomé / Medical Assistant, Association for Family Welfare, Lomé

Adnette Santos, Assistante Administrative, World Trading Co., Lomé / Administrative Assistant, World Trading Co., Lomé

Nignigaba Takouda, Directrice, Ministère des Affaires Sociales, Lomé / Director, Ministry of Social Affairs, Lomé

Rwanda

Marie-Rose Mukabuzizi, Agent de l'Office National de la Population, Kigali / National Population Office, Kigali

Marie-Madeleine Nyiranzayirwanda, Agent de l'Office National de la Population, Kigali / National Population Office, Kigali

Tunisie / Tunisia

Farida Gmati, Sous-Directrice, Ministère de l'Enseignement Supérieur et de la Recherche Scientifique, Tunis / Assistant Director, Ministry of Higher Education and Scientific Research, Tunis

Haute Volta / Upper Volta

Yvette Ouedraogo, Sage-Femme d'Etat, Ministère de la Santé, Ouagadougou / Midwife, Ministry of Health, Ouagadougou

Jacqueline Tapsoba, Secrétaire Exécutif, Association Voltaïque pour le Bien Etre Familial, Ouagadougou / Executive Secretary, Association for Family Welfare, Ouagadougou

République Centrafricaine / Central African Republic

Odette Bolo née Yamobaya, Directrice, Promotion Feminine, Bangui / Director, Advancement for Women, Bangui

Hélène Yomba, Chef de Service, Promotion de la Femme au Milieu Rural, Bangui / Director, Advancement of Women in Rural Areas, Bangui

Maroc / Morocco

Fatima Dahbi, Ministère Jeunesse/Sports; Responsable Nationale de la Promotion Féminine / Ministry of Youth and Sports; National Director of Advancement for Rural Women

Najat Boughalem, Ministère des Affaires Sociales / Ministry of Social Affairs

Zhora Lyazid, Responsable Régionale de la Promotion Féminine / Regional Director of Advancement for Women

Hiba Hassani, Chef de Service des Formations Techniques, Ministère de Santé, Rabat / Director of Technical Training, Ministry of Health, Rabat

Zhor Laaziri, Chef de Service de l'Education Sanitaire, Ministère de Santé, Rabat / Director of Health Education, Ministry of Health, Rabat

Mali

Doussouba Konate, Chef de la Section Développement Communautaire et Urbaine, Ministère des Affaires Sociales, Bamako / Director, Community and Urban Development, Ministry of Social Affairs, Bamako

Mariam N'diaye Thiam, Directrice de FEDEV, Ministère du Développement Rural, Bamako / Director of FEDEV, Minister of Rural Development, Bamako

Aminata Dagnoko Toure, SageFemme d'Etat, Division de la Santé Familiale, Bamako / Midwife, Division of Family Health, Bamako

Mintou Doucoure Traore, Chef de la Section Formation, Spécialisation à la Direction Nationale de la Planification et de la Formation Sanitaire et Sociale / Director of the Training Section, National Board of Planning and Health and Social Training, Bamako

Aminata Diawara, Chef de Division Développement Communautaire, Opération Riz Segou, Segou / Chief of the Division of Community Development, Operation Rice, Segou

Sénégal

Marie-Thérèse Boye, Assistante Sociale, Fédération des Associations Féminines du Sénégal, Dakar / Social Assistant, Federation of Women's Associations of Senegal, Dakar

Boyo Mbaye, Sage-Femme, Dispensaire Jamm, Dakar / Midwife, Jamm Dispensary, Dakar

Awa Paye Guèye, Animatrice Principale du Projet CHODAK SEN, Secrétariat d'Etat à la Promotion Humaine, Dakar / Chief of CHODAK SEN Project, State Secretariat for Human Development, Dakar

Cameroun / Cameroon

Damaris Mounlom, Directrice Ecole Infirmiers et Sage-Femmes, Ministère de la Santé Publique, Yaoundé / Director, School of Nursing and Midwifery, Ministry of Public Health, Yaoundé

Guinée / Guinea

Dr. Thierno Mariama Barry, Gynécologue, Conakry / Gynecologist, Conakry

Marthe Boure, Supervision de Santé Maternale et Infantile, Dixinn / Supervisor of Maternal and Infant Health, Dixinn

N'Diaye Souede Hilal, Directrice des Affaires Sociales, Conakry / Director of Social Affairs, Conakry

Mariama Cissé Sow, Secrétariat à l'Organisation du Comité National de l'Union Révolutionnaire des femmes de Guinée / National Committee of the Revolutionary Union of Women of Guinea

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Zaire

Gulungana Gapozo, Directeur du Personnel, Département de l'Enseignement Primaire et Secondaire, Kinshasa / Director of Personnel, Department of Primary and Secondary Education, Kinshasa

Ngalula Muika, Représentante de la femme travailleuse / President of Working Women's Sector, National Labor Union

CARAIBES / CARIBBEAN

Haiti

Marie Ange Puzo, Directrice Petite Industrie, Port-au-Prince / Director of Small Industry, Port-au-Prince

Marlène Cantave, Secrétaire, Responsable Projet Pilote Pétion-Ville / Secretary in charge of Pilot Project, Pétion-Ville

République Dominicaine / Dominican Republic

Emérita Aurora Rincon Mojica, Coordinatrice Stages de Formation, Ministère de Santé Publique / Coordinator of Training Programs, Ministry of Public Health

PROCHE ORIENT / NEAR EAST

Liban / Lebanon

Marcelle Homsy, Infirmière responsable du Planning Familial, Office du Développement Social et Planning, Beyrouth / Nurse in charge of Family Planning, Office of Social Development and Planning, Beirut

Nesli Moukhaich, Assistante de Recherche, Maison d'Édition et Représentante de Longmons; Enquêtrice d'un Cours de Formation du L.F.P.A. / Research Assistant, Interviewer for L.F.P.A. Training Course

APPENDIX B
WORKSHOP SCHEDULE

Five-Week Schedule

Women in Management Seminar-Workshop VII

on

"Planning and Management of Service Delivery Programs
in Family Planning, Health, and Development"

	FIRST WEEK	SECOND WEEK	THIRD WEEK	FOURTH WEEK	FIFTH WEEK
	OCTOBER 5 - 11	OCTOBER 12-18	OCTOBER 19-25	OCTOBER 26-NOVEMBER 1	NOVEMBER 2-6
MONDAY	5 Orientation and Introduction to the Workshop "Getting to know you"	12 Residential Workshop I in Harper's Ferry, West Virginia The Professional Woman Understanding Herself:	19 Assessing Needs Writing Objectives/ Stillman	26 Residential Workshop Donaldson Brown Center Port Deposit, MD.	2 Mini-Workshops HCH/Family Planning/ Vansintejan/ EngelLund Nutrition/ Leslie/ Keith
TUESDAY	6 Human and Political Dimensions of Development Wizer/Hoskins/ Danforth What is Management?/ Leaux	13 * Self-Actualization skills * Role clarity * Using personal Resources * Personal and Professional Alternatives/ Leaux/ Hoskins	20 Developing a work plan Drawing up a Budget/ Pawlato	27 Concept of Change Managing the Change Process	3 Income Generating Activities/ Finucane/ Peplowe Training/ Leaux/ Adams
WEDNESDAY	7 Development of Programs in Health and Nutrition in the Third World/ Parker/Hedgecock	14 Residential Workshop II Human Organization Skills Participant Presentations	21 Program Evaluation Reporting/ Tabibanda	28 Training of Trainers Participant Presentations/ Leonhardt	4 Reports and Review of Mini-Workshops ----- Overall evaluation
THURSDAY	8 Extending Family Planning and Health Services; Contraceptive technology; family planning programs/ Vansintejan	15 * Understanding Small Groups * Planning * Motivation * Managing meetings Small group work	22 Proposal Preparation Problem Analysis/ Fizby	29 New York Field Exercise: Columbia University Population Council UNICEF UHPPA UNDP World Education	5 Re-entry Issues/ Leaux Final dinner/ Houston
FRIDAY	9 Income Generating Activities/ Puzo/ Tiliam/ M'Baye Cultural Myths and Barriers/ Tennent	16 Processes critical to the manager/ Leonhardt ----- Return to Washington	23 Interaction with funding agencies: Pathfinder Fund USAID World Council of Credit Unions	30 International Women's Tribune Center	6 Final day * Relay back of Evaluations * Certificate Presentations
SAT.	10 TOURISM 7:30-4:30 Leave for Harper's Ferry	17 FREE DAY	24 FREE DAY	31 Return to Washington	7
SUN.	11	18 FREE DAY	25 Leave for Donaldson Brown		8

APPENDIX C
SPONSORING AGENCIES AND REPRESENTATIVES

SPONSORING AGENCIES AND REPRESENTATIVES

The United Nations Fund For Population Activities (UNFPA)

Mehri Hekmati, Chief, Division Women and Youth

Sylvere Looky, Deputy Director, UNFPA Dakar

International Planned Parenthood Federation (IPPF)

Rissa Stella, Program Advisor, Youth and Women in Development

The Pathfinder Fund

Gail Callanan, Assistant to the Regional Director for Africa and the
Near East

James Crawford, Regional Director for Africa

The Program for International Training in Health (INTRAH)

Anne Eckerd, Training Section

Rosalia Rodriguez, Director of Training

Sister Cities

Walter Cooper, Director, Rochester

Ruth Davis, Mayor's Office, Washington, D.C.

James Ekstrom, Director, Technical Assistance Program, Sister Cities
International

United States Agency for International Development

Ruth Aladj, International Education Branch, Office of International
Affairs

Lea Dunston, Population/Family Planning Advisor, Near East Bureau,
Office of Technical Support, Division of Population and Nutrition

Paula Goddard, Acting Director, Office of Women in Development

Mary Ann Riegelman, Africa Bureau, Office of Regional Affairs

Faye Thompson, Program Analyst, Office of Women in Development

Walker Williams, Program Director, International Education Branch,
Office of International Affairs

The Jessie Smith Noyes Foundation

Marilyn Gross, Program Administrator

The Trull Foundation

Colleen Claybourn, General Director

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APPENDIX D
WORKSHOP STAFF

WORKSHOP STAFF

Workshop Coordinators

Blythe Tennent - Program Coordinator
Dorothy Leroux - Consultant
Rose Engelland - Program Assistant

Program Staff

Kaval Gulhati, President
Peggy Curlin, Program Director

Administrative Staff

Dennis Miller
Kay Youngflesh
Beth Craig
Susan Ovington
Chuchi Vehemente
Belford Brandon