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Trip Report

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Travelers: Teresa Mirabito, INTRAH Program Officer
Pauline Muhuhu, INTRAH/AA Office Director
Grace Mtawali, INTRAH/AA Training Officer

Country Visited: KENYA

Date of Trip: February 21 - March 4, 1986

Purpose: To Facilitate Anglophone Africa
Technical Advisory Committee Meeting

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY.	i
SCHEDULE OF ACTIVITIES	ii
I. PURPOSES OF THE TRIP.	1
II. ACCOMPLISHMENTS	1
III. BACKGROUND	2
IV. DESCRIPTION OF ACTIVITIES	2
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF TAC MEMBERS	8

APPENDICES

- A. INTRAH Anglophone Africa Technical Committee
- B. Technical Advisory Committee Daily Agenda
- C. Welcome Address by Miss Pauline W. Muhuhu
- D. INTRAH Regional Activity Report
- E. INTRAH Technical Advisory Committee Meeting Minutes
- F. List of Handouts Given to Each TAC Member
(Actual handouts are on file with INTRAH Program Office.)
- G. Guidelines for Chairman's Direction on Each Day's Activities
- H. Follow-Up Letter to TAC Members Regarding Update on INTRAH Progress in Implementing TAC Members' Recommendations

EXECUTIVE SUMMARY

The first meeting of the of the Anglophone Africa Technical Advisory Committee (TAC) under PAC II convened in Nairobi, Kenya on February 24, 1986. Miss Pauline W. Muhuhu, Director, INTRAH Anglophone Africa (INTRAH/AA) Office; Mrs. Grace Mtawali, Training Officer, INTRAH/AA; and Ms. Teresa Mirabito, Program Officer, INTRAH/CH facilitated the five-day meeting. Mrs. Lucy Botsh, representative from Zimbabwe, was elected to chair the meeting. Members of the Anglophone Africa Technical Advisory Committee include 13 senior family planning personnel representing government and non-governmental organizations from seven countries in Anglophone Africa: Kenya, Mauritius, Uganda, Somalia, Zimbabwe, Sierra Leone, and Nigeria.

It was agreed under PAC II that INTRAH would convene a regional advisory group for the purpose of reviewing INTRAH programs and progress to date in order that the members could provide INTRAH with recommendations for training/technical assistance activities in the region.

TAC members worked very hard and were able to define country-specific and regional training issues and make recommendations accordingly.

Key issues addressed included:

1. The absence of national family planning policy and the resulting impact on family planning training and service delivery.
2. Criteria for selection of candidates for INTRAH training activities.
3. Deployment of trained personnel.
4. Training/technical assistance needs.
5. Regional resources for possible institutional collaboration.

6. Inclusion of host-country personnel (nationals) in INTRAH needs assessment and project development activities.

Recommendations made by TAC members were directed toward:

1. Influencing national policy makers by providing family planning information and education through seminars and by involving officials in INTRAH-sponsored activities.
2. Continuing to provide training/technical assistance in several areas including management supervision and evaluation, communication skills, how to conduct a needs assessment, training of trainers and clinical FP skills delivery. (Refer to chart: Training Needs as Identified by TAC Members, page 12, for complete list of training needs.
3. Improving the process of preparation for project implementation.
4. Improving basic nursing education by including family planning in the curriculum, and by creating linkages between pre-service education and in-service training.

INTRAH should review these recommendations and adopt those which are within INTRAH's professional mandate. For those recommendations which are beyond INTRAH's scope of work, collaborative linkages should be established with appropriate cooperating agencies.

SCHEDULE DURING VISIT

Saturday February 22	Ms. Mirabito arrived in Nairobi at 8:30 a.m. Met with Miss Pauline W. Muhuhu, Director, INTRAH/AA Office, to prepare for meeting.
Sunday February 23	Continued preparation for Technical Advisory Committee meeting with Miss Muhuhu and Mrs. Grace Mtawali, Training Officer, INTRAH/AA Office.
Monday - Friday February 24-28	Facilitated TAC meetings with Miss Muhuhu and Mrs. Mtawali.
Monday - Wednesday March 3-5	Met with Miss Muhuhu at INTRAH/AA Office: - Reviewed recommendations of TAC members. - Drafted proposal for Nurses' Conference.
Wednesday March 5	Ms. Mirabito departed Nairobi at 11 p.m.

I. PURPOSES OF THE TRIP

The purposes of this trip were:

- A. To facilitate the first Anglophone Africa Technical Advisory Committee (TAC) meeting under PAC II. The overall purpose of the meeting was to provide guidance on new directions and priorities to be addressed by INTRAH and on policy matters in the region. Objectives of the meeting were:
 - 1. to exchange information about training curricula, FP training approaches and successes/problems;
 - 2. to identify in-country training needs so far not addressed;
 - 3. to identify regional training needs; and
 - 4. to identify untapped regional resources.
- B. To collaborate with the Director of INTRAH/AA Office on drafting a proposal for an INTRAH-sponsored Nurses' Conference scheduled to take place in early 1987.

II. ACCOMPLISHMENTS

- A. The first Anglophone Africa Technical Advisory Committee under PAC II was convened and objectives identified by INTRAH were achieved.

TAC members were briefed on the following:

 - History of INTRAH: origin, PAC I, PAC II.
 - Organizational structure of INTRAH.
 - Relationship/role of USAID/INTRAH/IHP.
 - INTRAH's purpose, training strategies.
 - Overview of INTRAH training plans, regional and country-specific.
 - INTRAH's accomplishments to date in PAC II, regional and country-specific.
- B. Semi-Annual Reports Number 1 (October 1, 1984 to March 31, 1985) and Number 2 (April 1, 1985 to September 30, 1985) were distributed to each TAC member.

- C. TAC members identified unmet family planning training needs indigenous to their own countries. Recommendations, based on these needs, were made to INTRAH.
- D. TAC members met with representatives from Family Planning International Assistance (FPIA) and the Pathfinder Fund and were provided information regarding these organizations' goals, activities and the process of soliciting organizational assistance.
- E. Ms. Teresa Mirabito, INTRAH Program Officer, was able to meet individually with TAC members from Plateau State and Imo State, Nigeria, for the purpose of discussing their proposals for training in IUD insertion. Plateau State had already submitted its proposal to INTRAH and Imo State was planning to submit a similar proposal to INTRAH.
- F. Miss Muhuhu and Ms. Mirabito initiated a draft of a proposal for a Nurses' Conference which INTRAH plans to sponsor in 1987.

III. BACKGROUND

An agreement under the PAC II contract included the formation of an Anglophone Africa regional advisory group comprised of senior family planning officials from national ministries and non-governmental organizations. The group was to meet annually to review INTRAH regional progress and program plans for the purpose of recommending new directions and priorities and advising on policy matters. This meeting was the first of what is planned to be an annual event.

IV. DESCRIPTION OF ACTIVITIES

- A. The first Anglophone Africa Technical Advisory Committee (TAC) meeting under PAC II convened in Nairobi, Kenya on February 24, 1986. The venue for the

five-day meeting was the Silver Springs Hotel which also accommodated the TAC members.

- B. TAC members are senior family planning personnel who represent government institutions and non-governmental organizations. The thirteen members who will serve for two years are:

NAME	TITLE	COUNTRY
Mrs. Lucy Botsh	Chief Training Officer, Zimbabwe National Family Planning Council	Zimbabwe
Mrs. Grace Ogbonna	Coordinator Family Health Programme, Ministry of Health, Imo State	Nigeria
Mrs. Saratu O. Dung	Primary Health Care Coordinator, Ministry of Health, Plateau State	Nigeria
Mrs. Tuende Kuteyi	Assistant Chief Nursing Officer, Federal Ministry of Health, Lagos	Nigeria
Mrs. Halima Abdi Sheikh	Information/Education/ Communication Coordinator, Ministry of Health	Somalia
Mr. Abdulla Hirad	Director Information/Education/ Communication Unit, Somalia Family Health Care Association	Somalia
Mrs. Geeta Oodit	Deputy Manager Mauritius Family Planning Association	Mauritius
Mrs. Lakezi Rushota	Tutor Mulago School of Nursing and Midwifery	Uganda
Dr. Margaret Kaisa	Lecturer	Uganda
Mrs. Val Gilpin	Nurse Tutor and INTRAH Core Training Team Member	Sierra Leone
Mrs. Eileen Beres- ford-Cole	Program Officer Planned Parenthood Association of Sierra Leone	Sierra Leone

Ms. Pearl Asila	MCH/FP Coordinator, Ministry of Health	Kenya
Mrs. Lydia Cege	MCH/FP Trainer Division of Family Health, Ministry of Health	Kenya

- C. The TAC members were welcomed by Miss Pauline W. Muhuhu who presented a brief overview of the goals and objectives of the PAC II project; and discussed the purpose of the Technical Advisory Committee and the role of its members.
- D. Mrs. Elizabeth N. Ngugi, Chief Nursing Officer, Ministry of Health, Kenya, urged the members to use this meeting to critically examine the status of family planning in their respective countries and to identify gaps which INTRAH can address rather than dwell on problems which defy solutions.
- E. TAC members selected Mrs. Lucy Botsh, Chief Training Officer, Zimbabwe National Family Planning Council, to be chairperson of the meeting. Three working committees were formed and a secretary was selected for each committee. The main responsibility for each committee was to record and summarize the proceedings of the day for presentation in the following day's plenary session led by a working committee member.
- F. **INTRAH: Organization and Program Report:**
During the course of the workshop TAC members were presented with an overview of INTRAH in order to enhance their perspective and knowledge of the organization, and of regional, inter-regional and in-country activities in East/Southern Africa and Anglophone West Africa. The following information was presented:

- Past history of INTRAH, including PAC I.
- INTRAH's contractual agreement with AID/ST/POP/IT for PAC II.
- Organizational structure of INTRAH.
- INTRAH's subcontract with IHP.
- Purpose and objectives of INTRAH.
- Summary of INTRAH's activities and accomplishments to date:
 - . regional
 - . inter-regional
 - . in-country

G. Presentation of Family Planning Country Profiles:

In preparation for the meeting, members from each country were requested to write a country profile of the status of family planning in their own country. In the case of Nigeria each representative wrote a separate paper as Nigerian TAC members represented the Federal Ministry of Health and two state Ministries of Health (Plateau and Imo). The papers were presented throughout the first day and a half of the meeting. The main purpose of presenting country profiles was to enable each member to share the FP program of his/her country with colleagues and in the process identify successes, constraints and FP training needs in-country and regionally.

The country profiles included:

- family planning programs and activities;
- organizations responsible for FP services;
- overview of service delivery;
- constraints to service delivery; and
- identification of training needs.

An unanticipated outcome arose out of the country presentations. By the end of the presentations the TAC members had identified several constraints and issues regarding family planning service delivery or training

which pertained to their work settings and had begun to solicit support from their colleagues in an attempt to solve those problems. However, solutions to these problems extended beyond the scope of the meeting. It was, therefore, necessary to refocus the TAC members' attention on the intended purpose of the meeting while, at the same time, acknowledge that their concerns were legitimate but not able to be resolved at the TAC meeting.

H. Panel Discussion:

A panel discussion was convened in order to provide the TAC members with an opportunity to explore available resources for their countries from various donor agencies. Panel participants included Mrs. Nedit, Assistant Regional Director of Family Planning International Assistance and Dr. Ajayi, Acting Regional Representative of the Pathfinder Fund.

Each donor agency representative provided TAC members with the following data:

- overview of his/her respective organization;
- scope of work including eligibility of non-government organizations for assistance;
- past accomplishments and future plans;
- procedure for applying for assistance; and
- review process of a proposal once it is submitted.

Immediate outcomes of the panel discussion included:

- The realization on the part of TAC members that donor agencies do collaborate with national organizations, as was evident with FPIA, Pathfinder and INTRAH.
- TAC members were informed of specific resources which are available from each organization.
- TAC members were provided with names of persons to contact and the process required for obtaining assistance from each organization.

I. Field Visit:

The MOH and Pathfinder have planned sequential implementation of community-based distribution projects in four regions in Kenya. TAC members visited the Kandara and Mandeleo Ya Wanawake CBD projects.

Highlights of the visit included:

- An introduction to a village chief, assistant chief and elders to hear their views on family planning and their role as motivators in the project. The chief and other male leaders from the village participated in a three-week FP workshop sponsored by MOH/Pathfinder in preparation for project implementation.
- A visit to the home of a CBD worker who welcomed the visitors and cleverly conducted a role play to illustrate the procedure she utilizes in FP client management. CBD workers have a checklist to screen FP clients. This particular worker was well versed in the risks and benefits of oral contraceptives and barrier methods.
- Enthusiasm of CBD workers encountered throughout the day was remarkable and very impressive to the visitors.

During the course of a follow-up discussion it was apparent that the visit was beneficial to most of the group. The following aspects were most impressive and thought by some TAC members to be replicable in their own countries:

- The strategic importance of involving and thoroughly preparing male leaders in the planning and implementation of the project.
- The specific approach demonstrated, which included designating the chief as administrative supervisor and the nurse as technical advisor/supervisor, was thought to be a unique and workable system.
- The effect of an income-generating scheme in conjunction with a CBD project was perceived by TAC members to be a motivating force for CBD workers.

- The strong organization of women was seen as a powerful force behind this project, particularly the fact that women of all ages were observed working together.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF TAC MEMBERS

A. Policy Level

1. Finding

There is a lack of support for family planning programs from officials responsible for national policy decisions.

Conclusion

Support from policy level officials is essential for the implementation of family planning programs.

Recommendation

Officials responsible for family planning policy decisions should have an orientation to family planning to enable them to:

- revise family planning policy that will facilitate program implementation;
- provide support for a family planning program, including service provision; and
- influence a community to use family planning services.

INTRAH should consider the following strategies in order to accomplish FP orientation for policy level officials:

- conduct policy seminars in-country for the following:
 - . religious leaders
 - . community leaders
 - . business leaders
 - . chiefs
 - . private enterprise managers
- sponsor study observation tours outside of the country;
- invite policy makers to officiate in ceremonies;
- encourage leaders to participate as resource persons in meetings/conferences;

- invite policy makers/politicians to visit health centers in order to provide orientation to family planning activities; (NOTE: INTRAH suggested that the family planning coordinator is an ideal person to implement this recommendation)
- send policy makers (semi-)annual reports/publications/materials on family planning; and
- liaise with relevant agencies in order to assist in formulation of a population policy.

2. Finding

INTRAH is not always training the right people. The following reasons were identified:

- population policy not in place;
- MOH is frequently unaware of what the family planning training program involves;
- MOH lacks a well-defined profile of participants to be selected;
- favoritism;
- wrong channeling of letters calling for nominations;
- short notice to the participant regarding the training activity; and
- supervisors who have a bad attitude toward family planning programs and who are not well-informed may choose the wrong trainees for the following reasons:
 - . supervisors feel a need to receive training in skills offered in a workshop prior to their subordinates.
 - . a lack of appreciation for the training priority required to ensure successful family planning service delivery.

Conclusion

- The existence of a population policy enhances the selection of appropriate candidates for training.
- There is a need for INTRAH to intervene in the selection of candidates for the training activities.

Recommendations

1. INTRAH should provide technical assistance for formulation of national population policy.
2. INTRAH should sponsor orientation workshops and management training for policy makers and senior and mid-level managers from government and non-government organizations.
3. INTRAH should work with family planning coordinators to develop well-designed criteria for selection of participants, to include:
 - . types of training to be offered;
 - . identification of necessary qualifications of participants;
 - . identification of present job responsibilities;
 - . specification of the participants' anticipated job responsibilities following training; and
 - . acceptance of family planning training by participants.
4. INTRAH should notify countries well in advance of scheduled training activities.
5. INTRAH should assist USAID Missions by:
 - . providing early notification of dates of planned activities;
 - . presenting details of training activities; and
 - . presenting profiles of participants to be selected.
6. INTRAH should develop training activities for supervisors which would include:
 - . relationship of FP to PHC; and
 - . management and supervision of FP programs including staffing, commodities, client flow analysis, record keeping, health information systems and program planning.
7. INTRAH should involve supervisors during the planning phase of training projects.

8. INTRAH should encourage in-country and regional meetings for program coordinators and managers in order that they may be provided a forum where they can exchange ideas and share examples of success.

B. Deployment

Finding

FP trained personnel are frequently deployed wrongly depending on priorities of the organization responsible for FP/MCH service delivery.

Recommendations

1. All personnel responsible for delivery of MCH services should be trained in FP service delivery in order that personnel can be interchanged.
2. INTRAH should encourage and assist national organizations to strengthen pre-service FP curricula in all basic schools of nursing and midwifery so all graduates will be prepared to deliver FP services.
3. In the event a nurse/midwife trained in FP is deployed to a clinic which does not provide FP services, the FP coordinator or a core trainer should follow the trainee to the new station to assist her/him in establishing an FP clinic.
4. INTRAH should encourage and assist national organizations to orient transferring officers and personnel officers to the need to utilize FP-skilled service providers appropriately.
5. Prior to sending a candidate for INTRAH training, it should be determined that she/he is willing to utilize FP skills upon completion of training.

C. Training Activities

Findings

TAC members identified the following training needs:

TRAINING NEEDS AS
IDENTIFIED BY TAC MEMBERS
1986

TRAINING NEED	COUNTRY IN NEED						
	KENYA	NIGERIA	SOMALIA	UGANDA	ZIMBA- BWE	MAURI- TIUS	SIERRA LEONE
Management/Supervision/ Evaluation/Follow-Up	X	X	X	X	X	X	X
Communication Skills	X	X	X	X	X	X	
Needs Assessment and Project Development Skills	X	X	X	X		X	X
Training of Trainers	X	X	X	X			X
Clinical Skills	X	X	X	X		X	
Family Planning Orientation For All Levels	X	X	X	X		X	
Curriculum Development	X	X	X			X	X
Development of Procedure Manual	X	X	X	X			X
Materials Development	X	X	X	X			
Management of Supplies and Logistics		X	X				X
Development of CBD Programs	X	X		X			
Community Health Education		X		X			

In addition to these needs, the following special requests were made by members:

Nigeria (Plateau State and Imo State)

1. Refresher course: TOT Skills
2. Management and evaluation training

Zimbabwe

1. Technical assistance for Five-Year Development Plan of ZNFPC Training Unit
2. Development of management manual

Mauritius

Training for family planning field workers and motivators

Recommendations

1. INTRAH should involve appropriate personnel in-country during the INTRAH needs assessment in order that they may learn the process of conducting a needs assessment and will be able to teach the same process.
2. INTRAH should conduct workshops for the purpose of teaching the process of needs assessment and project development.

D. **Regional Training: Institutional Collaboration**

Members identified regional institutions appropriate for possible collaboration with INTRAH.

National institutions that might possibly be developed and utilized as regional training centers include:

Nigeria

University of Benin, Benin State

University of Nigeria, Anambra State

Amadubello University Teaching Hospital, Kaduna State

University of Ile Ife School of Health Sciences, Owerri, Imo State

Kenya

Division of Family Health, Ministry of Health, Nairobi (for clinical FP skills training)

Mauritius

WHO/UNFPA Regional Center (for training in needs assessment, planning and management)

Zimbabwe

Zimbabwe National Family Planning Council (for clinical skills training)

Recommendation

INTRAH should develop a regional training center that will be a parent institution and have the capacity to provide technical assistance to other institutions in the region.

E. Nursing Conference

Finding

INTRAH will sponsor a nursing conference for the purpose of linking FP pre-service education with FP in-service training. Members were enthusiastic about the proposed plan and made the following recommendations:

Recommendations

1. INTRAH should include representatives from the following offices/organizations in the meeting:
 - . Nursing councils
 - . West African College of Nursing
 - . In-service educators
 - . Chief nursing officers or directors of Nursing
 - . Nursing service and education institutions MOHs and NGOs
 - . Principal tutors of nursing schools
 - . Principal of School of Midwifery at Ibadan
2. The following topics should be focused upon during the meeting:
 - . Integrating family planning into pre-service curricula in order that post-basic family planning training will be a reinforcement of knowledge and skills, and in-service training will necessarily be an update of that knowledge and those skills.
 - . Strengthening the family planning component in primary health care.

APPENDIX A
INTRAH ANGLOPHONE AFRICA
TECHNICAL ADVISORY COMMITTEE

NAME	DESIGNATION	ADDRESS
Mrs. Lucy Botsh	Chief Training Officer	Zimbabwe National Family Planning Council Box St 220 Soth Harare-Zimbabwe
Mrs. Grace Ogbonna	Coordinator Family Health Programme	Ministry of Health Imo State, Nigeria, PO Box 1940, Owerri Nigeria
Mrs. Saratu O. Dung	Primary Health Care Coordinator	Ministry of Health PMB 2014, Jos Plateau State, Nigeria
Mrs. Tunde Kuteyi	Assistant Chief Nursing Officer (Public Health)	Federal Ministry of Health, New Secre- tariat, Ikoyi, Lagos, Nigeria
Mrs. Halima Abdi Sheikh	Information/Education/ Communication Coordina- tor, Family Health Division, Ministry of Health Telex - through Population Office USAID/Mogadishu	C/O PO Box 91 (Private) Mogadishu Somalia Tel: (H) 80234
Mrs. Geeta D. Oodit	Executive Director	Mauritius Family Planning Associa- tion 30 SSR Street Port Louis, Mauritius
Mrs. Lakeri Rushota (Rachel)	Tutor and INTRAH Core Trainer	Mulago School of Nursing and Mid- wifery PO Box 7051 Kampala, Uganda

Mrs. Val Gilpin	Nurse/Tutor and INTRAH Core Trainer	National School of Nursing, Lightfoot- Boston St. Freetown, Sierra Leone Tel: (O) 25852 (H) 50473
Mrs. Eileen Beresford- Cole	Programme Officer Service Delivery	Planned Parenthood Association of Sierra Leone 22 Puthey St. Freetown, Sierra Leone Tel: (O) 24488 (H) 30569
Dr. Margaret Kaisa	Lecturer, Makerere University	Mulago Hospital Dept. of Ob/Gyn PO Box 7051 Kampala, Uganda (To be sent with Rachel)
Mrs. Pearl A. Asila	MCH/FP Coordinator	Ministry of Health PO Box 30016 Nairobi, Kenya
Mrs. Lydia W. Cege	Trainer, MCH/FP Training Programme	Division of Family Health, Ministry of Health PO Box 43319 Nairobi, Kenya Tel: 725105/6/7/8
Mr. Abdulla Ahmed Mohamed Hirad	Director, Information/ Education/Communication Unit	Somalia Family Health Care Association PO Box 3783 Mogadishu Somali Democratic Republic Tel: (O) 80425 (H) 80214

APPENDIX B

TECHNICAL ADVISORY COMMITTEE DAILY AGENDA

DAY 1: Monday 24, February 1986:

- | | | |
|-------|---|------------------------------------|
| 8.30 | Registration and housekeeping matters | Pauline Muhuhu
Margaret Kyangwa |
| 9.00 | Welcome address; Purpose, expectations and Introductions. Review and Adoption of agenda. | Pauline Muhuhu |
| 10.00 | Official Opening | |
| 10.30 | B R E A K | |
| 11.15 | INTRAH Program Report.

Purpose of this presentation is to review INTRAH's overall objectives and accomplishments under PAC II and proposed 1986 program in order to facilitate the work of the TAC. | Terry Mirabito |
| 11.30 | Discussion of INTRAH Program Report | |
| 12.00 | Selection of TAC Chairperson, three working committees, and a Secretary for each committee.

The purpose of each committee is to record and summarize proceedings of the day. A member of the committee will be responsible for presenting the minutes in the following day's plenary session. The summary will highlight the identified needs and recommendations and all suggestions made.

Minutes will be typed and distributed following presentation. | Grace Mtawali |
| 12.30 | Presentation of FP country profiles:

Purpose of these presentations is to inform TAC members of family planning programs, progress, successes and constraints in order to assist the TAC and INTRAH in the identification of solutions that can be achieved through further training both regional and country specific. | |

12.30-1.00	Mauritius	Geeta Oodit
1.00-2.00	L U N C H	
2.00-2.30	Sierra Leone	Val Gilpin
		Eileen Beresford-Cole
2.30-3.00	Zimbabwe	Lucy Botsh
3.00-3.30	Uganda	Rachael Rushota
3.45-4.30	Country presentations Discussions	
4.30	C L O S U R E	

DAY 2

Tuesday February 25, 1986

8.30-9.00	Presentation and adoption of Day 1 Minutes	
9.00-9.30	Kenya	Lydia Cege Pearl Asila
9.30-10.00	Somalia	Halima A. Sheikh Abdulla Hired
10.00-10.30	B R E A K	
10.30-11.00	Nigeria (Federal MOH)	Mrs. Kuteyi
11.00-11.30	Nigeria (Imo State)	Grace Ogbonna
11.30-12.00	Nigeria (Plateau State)	Saratu O. Dung
12.00-12.45	Discussions and clarifications	
12.45- 2.00	L U N C H	
2.00- 4.30	Support Agencies - Panel Discussion:	
	Purpose of this discussion is to provide an opportunity for TAC members to explore the availability of resources for their countries from various donor agencies.	

DAY 3.

Wednesday 26 February 1986:

Field Visits:

The purpose of these study visits is to expose TAC members to a variety of modalities of family planning service delivery in a Kenyan situation.

Agencies: FPPS

Maendeleo ya Wanawake

Grace Mtawali
Terry Mirabito

DAY 4.

Thursday 27 February, 1986

- 8.30-9.00 Presentation and adoption of Day 2 Minutes
- 9.00-10.00 Overview of field visits.
- 10.00-10.30 B R E A K
- 10.30-11.30 Regional & Transregional Activities Report:
Purposes of this report is to inform TAC members of types of activities carried out and how these activities fit with the overall strategy of strengthening countries' capability to provide family planning training and service delivery.
- 11.30-12.30 Regional Resources Discussion:
The purpose of this discussion is for TAC members to share information on resources available in their respective countries and to propose ways and means the countries in the region could best utilize such resources.
- 12.45 L U N C H
- 2.00-4.30 Special Interest Session
The purpose of the session is to provide an opportunity for members who wish to

Pauline Muhuhu

Pauline Muhuhu

consult/discuss country project
problems/issues with INTRAH staff
or other agencies in Nairobi.

DAY 5: Friday 28 February, 1986

8.00- 9.30	Banking Business	Margaret Kyangwi
9.45-10.15	Presentation and Adoption of Day 4 minutes	
10.15-10.30	B R E A K	
10.30-12.45	Drafting of final Recommendations	Terry Mirabito
12.45- 2.00	L U N C H	
2.00- 5.00	Presentations of Recommendations	Pauline Muhuhu
7.30	COCKTAIL PARTY AND CLOSURE	

APPENDIX C

INTRAH TECHNICAL ADVISORY COMMITTEE

WELCOME ADDRESS

24th Feb. 1986:

By

Pauline W Muhuhu

INTRAH Regional Office Director for
Eastern and Southern Africa:

Ladies and gentlemen it is my great pleasure to welcome you to Nairobi on behalf of the INTRAH Organization. I bring to you INTRAH Director's greetings and best wishes in your deliberations during the week.

This is the first Technical Advisory Committee during the INTRAH PAC II Contract. During the PAC I Contract INTRAH was guided through her support activities by a Regional Advisory Group, which was made up of Health personnel at policy making level. The group's roles and responsibilities terminated with the expiry of INTRAH PAC I contract.

The purposes of PAC II project are to strengthen or develop the capacity of institutions and agencies in the Africa and Asia regions to design, implement and evaluate a program of training activities so that various PAC workers will be able to provide family planning services. The second

purpose is to coordinate the provision of international assistance for family planning personnel training and program enhancement through international and inter-regional exchange of capabilities and experiences and through applications of impact-oriented and cost-benefit-oriented, comparative evaluation of training programs carried out in the region.

INTRAH Program objectives therefore include:

Provision of appropriate technical and financial assistance to training institutions, organizations and agencies in selected countries in the Africa and Asia regions in support of projects and activities which create or strengthen relevant training and service capabilities at the country level.

Provision of appropriate technical, managerial and financial assistance to training institutions organizations and agencies -- equitably distributed within the region in terms of geography, language and special capability -- in support of the establishment of creditable and self-sustaining region resources for family planning clinical, non-clinical and management training and technical assistance.

- o Provision of encouragement and appropriate assistance to participating host country family planning programs' efforts to adopt innovations in the training, deployment and support of a wide variety of professional, paraprofessional and traditional categories of personnel to enhance the planning, management, delivery and evaluation of services.

- o In both the Africa and Asia regions, fostering region-wide exchange of information, experiences and ideas among national leaders, program managers and trainers as a means of extending the impact assistance provided directly in this program.

To ensure that INTRAH addresses the needs experienced by the countries of the region and in her effort to meet these objectives, INTRAH plans to establish a Technical Advisory Committee. The Committee is to be made up of a group of select senior family planning programs implementors from national, ministries and both regional and national non-governmental organizations.

The Committee will serve for 2 year terms but overall group membership will change as INTRAH programs locations and emphases change.

The purpose of the Technical Advisory Committee is to review INTRAH's progress and plans, to recommend new directions and priorities and to advise on policy matters.

In keeping with this purpose, this group from Anglophone Africa has been invited here this week to assist INTRAH in determining the directions on her efforts. It is expected that the group will:

- o Share country family planning/population policies, service and training programs and their approaches, successes problems and lessons learned.
- o Through the sharing, identify un-met in-country and regional training needs, and regional resources that could with support of INTRAH be utilized by governmental and non-governmental agencies in the region.
- o Based on the findings, make suggestions and recommendations as to the direction INTRAH should take.

In your deliberations please keep the following questions in mind:

- Are INTRAH in-country and Regional support projects addressing the major family planning training needs?
- Are there African resources in the region that have potential for supporting countries of the region but the potential has not been exploited?
 - o what is the potential?
 - o what assistance may be required to strengthen the resources - institutions/health manpower?

- What does INTRAH need to do to strengthen and or expand support to the countries' and regional institutions.

Your task is a major one. The outcomes would make improvements on the family planning service delivery in Africa.

APPENDIX D

INTRAH TECHNICAL ADVISORY COMMITTEE

February 24 - 29, 1986

INTRAH REGIONAL ACTIVITY REPORT

INTRODUCTION:

This report covers first twelve months of INTRAH PAC II contract, i.e. October 1984 - September 1986. During this period, INTRAH has made great strides in inter-regional cooperative exchange. INTRAH's commitment to regional and inter-regional exchange collaboration was demonstrated through organization and implementation of regional and inter-regional training activities and interchange of African and Asian human resource and experiences.

Search continues for more training institutions and human resources in the Africa Region. INTRAH aims to strengthen these institutions for technical self-reliance to enable them provide appropriate training to high level and mid-level managers, supervisors, trainers and policy makers at regional level and to all types of service delivery personnel at the country.

OBJECTIVE:

In regard to regional resource development, INTRAH objective is to provide appropriate technical, managerial and financial assistance to training institutions, organizations and agencies, equitably distributed within the region in terms of geography, language and special capability in support of the establishment of creditable and self sustaining regional resources for family planning and clinical and non-clinical and management training and technical assistance.

To achieve this objective INTRAH will:

identify institutions which may already be providing population/family planning training or which have a potential to do so.

provide support for continued development through strengthening the institutions' staff and programs enough so that they are able to respond to country and regional training needs by providing technical assistance and training regionally, sub-regionally, in-country and on occasion inter-regionally.

REGIONAL AND INTER-REGIONAL TRAINING ACTIVITIES 1984/86

TARGETS AND ACCOMPLISHMENTS FOR 1984/85;

SITES	TARGETS	NO. TRAINED FY 1984/86	TYPES OF TRAINING	PARTICIPATING COUNTRIES
Regional: Kenya (INTRAH) Zimbabwe (ZNFPC) Mauritius (MFPA)	360	36	1. TOT and Team Building for CTT. 2. Clinical Family Planning Skills. 3. Visual Communication Materials Development.	Sierra Leone and Uganda Nigeria (Benue) Botswana, Cameroon, Ghana, Liberia, Malawi, Mauritius, Sierra Leone, Somalia and Zimbabwe
Inter-Regional Thailand (PDA) Philippines (IMCH)		35	1. Development and Management of Integrated Community-based Family Planning and Development Observation study Tour 2. Community Based Distribution Course for Senior level officials 3. Clinical Skills for Nurse-Doctor Teams	Uganda and Kenya Uganda Nigeria and Uganda
US-based Training (INTRAH, IHP, MSH)	200	13	1. Evaluation 2. Skills for Managing Effective Training Organizati- ons 3. Family Planning Program Management Skills	Kenya, Nigeria, Sierra Leone, Uganda. Kenya and Zimbabwe Kenya

REGIONAL AND INTER-REGIONAL ACTIVITY PROJECTIONS FY 1985/86

(October 1985 - September 1986)

SITES	TRAINING	PROPOSED DATES	PROPOSED PARTICIPATING COUNTRIES
REGIONAL Zimbabwe (ZNFPC)	Clinical Family Planning Skills	To be determined	Sudan, Swaziland and Uganda
Kenya (INTRAH)	Evaluation Follow-on	March 10 - 19, 1986	Uganda, Sierra Leone, Kenya, Nepal.
Mauritius (MFPA)	Evaluation Resource Development for Franco-phone Africa.	Tentatively September 1986	
INTER-REGIONAL Philippines (IMCH)	<ol style="list-style-type: none"> 1. Natural Family Planning TOT 2. Mid-level Management and Supervision Workshop 3. In-country follow-up of Nigerian and Ugandan Nurse-Doctor Teams, 	<p>Nov. 11 - 29, 1985 (completed)</p> <p>To be determined</p> <p>To be determined</p>	<p>Kenya, Sierra Leone, Uganda and Zimbabwe.</p> <p>5 teams to be determined</p> <p>Nigeria and Uganda</p>
Thailand (Asian Centre)	<ol style="list-style-type: none"> 1. Orientation and Needs/Resource Assessment in Africa to prepare for CBD Team Development course and Follow-up of Ugandan participants. 	<p>February 2 - 22, 1986 (Post-poned)</p>	<p>Uganda, Kenya and Nigeria (countries may change)</p>

CONSTRAINTS:

The major constraint INTRAH has encountered in her efforts to strengthen specific centres for regional activities has been heavy workload and commitments to local (country) training needs. Where institutions have attempted to accommodate regional/sub-regional activities, as well as normal local activities, the strain on personnel has been obvious.

Delays in contractual agreements have also like in-country projects been a hinderance to early implementation of projects.

Selection and post training deployment of trainees have in the past been unsatisfactory in terms of utilization of learned skills.

Like institutions it has been very difficult for INTTAH to recruit African resource persons mainly because of their unavailability for continuity in training activities. All resource persons who qualify to provide technical assistance in various fields of INTRAH activities are employed on full time basis and release procedures are also understandably difficult.

INTRAH is still in search of more institutions that would serve as regional training sites in family planning clinical skills, training of trainers and management and supervision.

The training areas could be specialize in one training activity once or twice per year with allowance for follow-up of trainees. There is also a greater demand for individual resource persons:

INTRAH therefore seeks guidance in identification of additional institutions and health personnel with the following or combination of a number of these skills. Training needs assessment, project development, training process skills Training skills in needs assessment, Curriculum development, clinical skills, material development, management and supervision, evaluation and procedures manual development.

The group should also explore the in-country trainee selection procedures to ensure that trainees' learned skills benefit the country.

APPENDIX E

TECHNICAL ADVISORY COMMITTEE MINUTES

Day 1

Day 2

Day 3 Field Visit; Minutes not Included

Day 4

Day 5

INTRAH TECHNICAL ADVISORY COMMITTEE MEETING HELD AT SILVER SPRINGS
HOTEL NAIROBI, KENYA FROM FEBRUARY 24 - 28, 1986:

MINUTES OF MONDAY FEBRUARY 24, 1986:

PRESENT: Lucy Botsh	Zimbabwe	TAC Chairman
Saratu O. Dung	Nigeria, Plateau State	Secretary of the day.
Abdulla Ahmed Mohamed	Somalia	Committee member for day 1.
Pearl Asila	Kenya	"
Margaret Kaisa	Uganda	"
Geeta Oodit	Mauritius	
Halima A. Sheikh	Somalia	
Lydia W. Cege	Kenya	
Laheri Rushota	Uganda	
Tunde Kuteyi	Nigeria Federal MOH	
Grace Ogbona	Nigeria - Imo State	
Eileen Beresford-Cole	Sierra Leone	
Val Gilpin	Sierra Leone	
Pauline Muhuhu	Regional Director, INTRAH ESA	
Terry Mirabito	Program Officer, Anglophone Africa	
Grace Mtawali	Regional Training Officer, INTRAH ESA	

1. REGISTRATION AND HOUSEKEEPING MATTERS:

1.1. The meeting started at 9.00 a.m. when all 13 TAC members were registered. A self-introduction session was led by Pauline Muhuhu, INTRAH Regional Director, for East and Southern Africa. Thereafter, Pauline Muhuhu shared with participants Housekeeping matters of immediate concern which were:

1.1.1. Accommodation: Due to failure of the Hotel's previous guests to vacate some TAC members had to be booked, by the Hotel Management, in a different hotel. It was hoped that this matter would be rectified as soon as possible.

- 1.1.2. Return journey: INTRAH asked for airtickets to be handed to Margaret Namanda-Kyangwa for confirmation before Wednesday 26th February 1986.
- 1.1.3. Claim forms: the US \$225 was balance of per diem due to members after deducting half board expenses. Claim forms were to include in-country expenditures and be handed to the RO office staff as soon as possible.
- 1.1.4. Water shortage. Pauline explained that should there be a water shortage or low pressure in the hotel, it was a current Nairobi city problem.
- 1.1.5. The inability of the Director of National Population Council to formally open the TAC due to unavoidable circumstances, was explained to the members.

2. WELCOME ADDRESS:

- 2.1. Pauline Muhuhu, formally welcomed the TAC members on behalf of INTRAH, bringing to them INTRAH Director's greetings and good wishes in the week's deliberations. Miss Muhuhu continued by highlighting:
 - 2.1.1. PAC I Contract and that it was guided by a Regional Advisory Group made up of personnel of policy making level, whose roles and responsibilities expired at the end of that Contract.
 - 2.1.2. Purposes of PAC II projects which are: to strengthen or develop the capacity of institutions and agencies in Africa and Asia regions to design, implement, and evaluate family planning training activities.

The second purpose being coordinating the provision of international assistance for family planning personnel, training and program enhancement in the Africa and Asia region.

2.1.3. Objectives of INTRAH program, which include provision of appropriate technical, financial and management assistance to institutions, organisations and agencies, in Africa and Asia regions.

2.1.4. The membership, purpose, term of office of the Anglophone TAC. The first TAC in PAC II comprised of thirteen members from Nigeria, Somalia, Sierra Leone, Mauritius, Uganda, Zimbabwe and Kenya.

Objectives of the first TAC were read and distributed to members.

2.1.5. A guide for members to follow in their deliberations was oriented at bringing out ideas which would give direction to INTRAH in its present and future projects.

3. ADOPTION OF THE AGENDA:

After tea break Miss Pauline Muhuhu read through the agenda. The agenda was proposed for adoption by Mrs. Val Gilpin of Sierra Leone, and seconded by Mrs. T. Kuteyi of Nigeria.

4. INTRAH PROGRAM REPORT.

4.1. The INTRAH Program Report covering PAC II, October 1984 September 1985, was presented by Terry Mirabito, INTRAH Program Officer, Anglophone Africa. The report was introduced with the saying "Give a man a fish, he will eat it for one day; teach him how to fish and he will eat for ever". INTRAH's philosophy is similar to the meaning of this saying.

Continuing elaboration on INTRAH Program, Ms. Terry Mirabito stated the main objective of INTRAH which is to build regional, national and institutional capabilities towards technical and managerial self-reliance by training. The scope of work of INTRAH includes:

- Needs Assessment; Project design/contract development
- Implementation of training activities
- Clinic based and non-clinical family planning
- Training of trainers; curriculum development
- Management and supervision of family planning activities
- Evaluation of skills and of service delivery
- Development of educational and training materials.

The organogram of INTRAH was also presented.

5. DISCUSSION OF INTRAH PROGRAM REPORT:

5.1. Under the leadership of the INTRAH Team comprising of Pauline Muhuhu, Terry Mirabito and Grace Mtawali, a discussion was held on the INTRAH Program report. The purpose of the discussion was to facilitate the work of TAC through clarifying important information.

5.2. As a result of the discussion:

5.2.1. It was understood that although INTRAH has a follow-up system it will be better if the barometer for needs assessment is made available to project coordinators.

5.2.2. It was agreed that countries seeking INTRAH's technical assistance should be sure of what they want, to prevent duplication by agencies or donors.

5.2.3. There was also need for a Clearing House for agencies. It was agreed that the system of collecting data or clinic returns leave much to be desired. This subject would be discussed further and solutions suggested.

6. SELECTING A TAC CHAIRPERSON, WORKING COMMITTEES AND SECRETARIES:

6.1. In a Session conducted by Grace Mtawali, TAC members elected:

6.1.1. Lucy Botsh of Zimbabwe as the Chairperson.

6.1.2. Three committees to be responsible for minutes.

Day 1 (Feb 24, 1986) Day 2 (Feb 25, 1986) and

Day 4 (Feb 26, 1986). Each committee was to choose

a secretary, but the rest of the committee members would contribute in the final day's report.

6.1.3. Committee members names are as follows:

Monday 24, Feb. 1986:

Saratu O. Dung -- Secretary

Abdulla Ahamed Mohamed Hirad

Pearl Asila

Margaret Kaisa.

Tuesday 25 February 1986:

Lydia W. Cege -- Secretary

Tunde Kuteyi

Eileen Beresford-Cole

Halima Abdi Sheikh

Thursday 27th 1986:

Val Gilpin -- Secretary

Grace Ogbona

Laheri Rushota

Geeta Oodit.

There were no committees for Wednesday, 26th February, and the last day. The Chairperson and committees were given guidelines about their roles and responsibilities.

7. PRESENTATION OF FAMILY PLANNING COUNTRY PROFILES.

7.1. The Chairperson, Lucy Botsh took the chair, to lead all sessions and discussions. The INTRAH Team provided support and facilitated the deliberations.

7.2. MAURITIUS: This country's profile was presented by Geeta Oodit. The highlights of the presentation were as follows:

7.2.1. Demographic/Population Policy Information: Mauritius is the third country in the world in terms of highest population density. Its population as at December 1984 was 988,499, giving a density of 518 people per square kilometer. The government has raised marriage age from 13 years to 18 years but a 16 year old girl can marry with parents' consent.

7.2.2. Family Planning: Organizations which are mainly involved in family planning activities are FP/MCH Division which is the main arm of the country's Ministry of Health; the Mauritius Family Planning Association, and Action Familiale which deals with natural family planning methods only.

Coverage: In 1984 there was a total of 86,040 family planning acceptors, i.e. 32.4% of eligible female population.

7.2.3. Problems:

- Even though abortion is illegal, there are still about 24,000 abortions every year.
- Policy makers and politicians need to be more involved than presently.
- Two different supervisors exist for the same MCH/FP staff, one of these being the FP/MCH Division of Ministry of Health.
- The information, Educational and Communication Programme is not given much support by newspapers.

On the whole however, Mauritius family planning programme is successful in terms of reducing population and improving the health of the Mauritians.

7.3. SIERRA LEONE:

The country's profile was presented by Val Gilpin as follows:

7.3.1. Demographic Information: Sierra Leone had 3.7 million people in 1985. Life expectancy is 35 years. Maternal mortality rate is 4.5/1000. Mean marriage age is 16 years.

7.3.2. Problems:

- Adolescents have no family planning education.
- Literacy rate is low.
- There is no population policy but government is vigorously looking into this matter.
- No proper strategy for family planning implementation.

7.3.3. Limitations to service delivery and training: In addition to above identified problems, there were also some factors which influenced family planning service delivery or training:

- Duplication of efforts.
- Traditional beliefs.
- Logistic problems.
- Lack of standardized reporting system.
- Lack of basic clinic equipment.
- Lack of coordination of family planning agencies. Currently the government has set up a committee to enhance coordination.
- Lack of guidance with regard to training.

7.3.4. Suggested Solutions: To reduce identified problems, the Sierra Leone has embarked on:

- Intensifying the I.E. & C. program.
- Standardizing training curriculum.
- Involvement of men in family planning.
- Introduction of innovative activities such as "Hot-line" where clients can contact providers through the phone and providing adolescents with contraceptives form, condoms and pills.

7.3.5. Plan of Action: To further reduce problems in family planning service delivery:

- Integration of FP into MCH will be intensified.
- Government plans to support NGOs.

7.4. ZIMBABWE:

The profile of Zimbabwe was presented by Luch Botsh.

7.4.1. Demographic Information: Zimbabwe's population based on the 1982 census was 7.5 million GNP in 1984 was US\$740. Land area is 390,759 square kilometres.

7.4.2. Major Providers of FP services: Family planning services are provided in the following:

- Zimbabwe National Family Planning Council Clinics.
- Zimbabwe National Family Planning Council CBD program.
- Government Hospitals and clinics.
- Private Hospitals and clinics.
- Municipal, Rural/District Councils and clinics.

7.4.3. Zimbabwe National FP Council is a parastatal organization under the Ministry of Health charged with resolving health and social problems related to population growth. It has 8 administrative provinces and 7 National service units at the Headquarters viz:

- Administrative Unit.
- Community Based Distribution Unit.
- Youth Advisory Unit.
- Medical & Clinic Unit
- I.E.&C Unit
- Evaluation Unit
- Training Unit

7.4.4. Constraints related to Zimbabwe FP service delivery:

Four main constraints were presented:

1. Lack of FP/MCH supervisory and management skills.
2. CBD staff lack adequate back up from FP staff.
3. Limited number of trained nurses and midwives for FP services.
4. Lack of training equipment.

7.4.5. Plan of Action: In attempting to reduce the constraints several strategies have been identified:

1. The Ministry of Health is currently setting up 8 MCH/FP schools.
2. Efforts are being made to draw up a schedule of duties for MCH staff which will include family planning.
3. Distribution points are being planned, and village health workers will be trained to distribute CBD commodities. Hence CBD coverage will be over a wider area than currently.
4. The I&EC Unit of the Zimbabwe National FP Council has a two year plan of campaign, geared at more motivation.

7.5. UGANDA:

Dr Margaret Kaisa presented the Uganda profile.

- 7.5.1. Demographic Information: Uganda's population based on the 1980 Census was 12.6 million; Growth rate was 2.8%, per capita income was US\$280 and US\$340 in 1980 and 1984 respectively.

There is a tentative population policy with the following objectives:

1. To decrease the population growth to 2.6%
2. To improve the quality of people.

Family planning is accepted as a means of reducing infant and maternal mortality rate.

7.5.2. Constraints in FP service delivery: Constraints which were presented were as shown below:

- Lack of financial support from the Ministry of Health.
- No evaluation of projects for service.
- Poor communication.
- Problems in choice of trainers.
- Lack of training materials.
- Lack of premises for training.
- Problems in selecting trainees.

In response to the financial problems of Uganda's family planning services suggestions were made for Uganda to sell appropriate family planning supplies.

7.6. : CLOSURE:

There being no other business, the meeting adjourned at 4.30 p.m.

Chairman

Secretary

Date

INTRAH TECHNICAL ADVISORY COMMITTEE MEETING HELD AT SILVER SPRINGS
HOTEL, NAIROBI, KENYA ON FEBRUARY 24 - 28, 1986:

MINUTES OF TUESDAY FEBRUARY 25, 1986:

PRESENT: Lucy Botsh Zimbabwe - TAC Chairman
Lydia Cege Kenya - Secretary of the day
Tunde Kuteyi Nigeria Federal Ministry - Committee member
of the day
Eileen Beresford-Cole Sierra Leone -do-
Halima Abdi Sheikh Somalia -do-
Saratu O Dung Nigeria - Plateau State
Abdulla Ahmed M. Hirad Somalia
Pearl Asila Kenya
Margaret Kaisa Uganda
Geeta Odit Mauritius
Laheri Rushota Uganda
Grace Ogbona Nigeria
Val Gilpin Sierra Leone
Pauline W. Muhuhu Regional Director, INTRAH ESA
Terry Mirabito Program Officer, Anglophone Africa
Grace Mtawali Regional Training Officer, INTRAH ESA.

1. CONFIRMATION OF MINUTES OF FEB. 24, 1986:

The minutes of the first TAC day were read, and confirmed.

2. PRESENTATION OF COUNTRY PROFILES:

2.1. Nigeria- Plateau State:

Mrs. Saratu Dung presented the profile of Plateau State,
Nigeria: as follows:

2.1.1. Demographic/Family Planning Information:

Population of Plateau State is 3.5. million, There
are 50 ethnic groups.

- : Planned Parenthood Federation of Nigeria (PPFN) started in 1972.
- : Five public health nurses were trained in family planning in 1971 (6 weeks course). They started PPFN clinics in five MCH clinics on sessional basis - 2 hours a week.
- : 1975 FP was integrated with MCH services.
- : 1979 There were 10,000 acceptors.
- : 1982 Acceptance rate low due to lack of commodities.
- : 1983 7,000 were registered in 39 clinics which were operational.
- : 1985 Acceptors increased to 45,000. The rise in acceptors, was due to INTRAH training and increased supply of commodities.

2.1.2. Strategy/Plan of Action:

Plateau State has planned to:

- a) have 90 more health institutions to provide FP services.
- b) involve Voluntary agencies in family planning service delivery.

2.1.3. Training for Service Providers:

Several agencies provide training for family planning:

JHPIEGO - trains doctors

INTRAH - trains nurse, midwives in clinical skills (without IUCD insertion)

PPFN and MOH staff work together in enhancing better family planning services.

2.1.4. Training Needs for Plateau State:

Seven areas have been identified as training needs:

- a) Training of nurses/midwives who had five days workshop on FP skills in insertion of IUCDs.
- b) Training of nurses/midwives for six weeks on FP skills.
- c) Training of Public Health Nurses for management and supervisory skills.
- d) Training of commodity aids as motivators.
- e) Refresher courses for service providers every two to three years.
- f) Doctors to have family planning in-service training.

g) Management training for top managers and coordinators of FP services.

2.1.5. Limitation in service delivery:

Five areas were identified as limitations in family planning service delivery in Plateau State:

- a) Inadequate trained staff in all family planning methods.
- b) Lack of vehicle for supervisory visits.
- c) Lack of properly trained supervisory staff.
- d) Lack of funds to purchase stationery.
- e) Inadequate refresher courses for service providers.

2.1.6. Limitations/Constraints in training for service delivery:

Constraints in training were due to:

- a) Lack of funds to conduct training programs.
- b) Lack of management skills.

2.2. NIGERIA: IMO STATE:

The profile of Imo state, Nigeria was presented by Grace Ogbona.

2.2.1. Demographic Information:

Imo State has a population of 8 million.

Growth rate - 3%

Infant mortality Rate - 100/1000

Fertility Rate - 6.34 and

Crude Death Rate - 17/1000

2.2.2. Types of Training for Service Providers in Imo State:

Four types of training are conducted for family planning services:

- a) Clinical training skills for 6 weeks (all FP methods)
- b) Five days up-date workshops excluding IUD insertions.
- c) TOT in Natural Family Planning Methods.
- d) Training of trainers with emphasis on curriculum development for clinical family planning training.

2.2.3. Limitations/Constraints in Service Delivery:

- a) Inadequate personnel.
- b) Inadequate funds for training.
- c) Lack of clinic supplies.
- d) Lack of identification of staff for supervision.

2.2.4. Limitations/Constraints for Training for Service Delivery:

- a) Inadequate A.V. Aids.
- b) Inadequate per diem for co-trainers.
- c) Use of some consultants who are unwilling to adapt to what is feasible in that locality.

2.2.5. Needs not Addressed:

- a) Develop workplan for state training team.
- b) Strengthen skills of private health service providers.
- c) Identify and develop managers for supervision of the programs.
- d) Establishment of training centers in the country.

2.3. NIGERIA: FEDERAL GOVERNMENT:

Mrs. Tunde Kuteyi presented the profile of the whole Federal Government of Nigeria, herein referred to as Nigeria.

2.3.1. Demographic information:

Nigeria consists of 19 states plus one federal capital territory. Its land area is 928,768 square kilometres. Projected population - 99 million by 1986.

Population distribution of Nigeria is as shown below:

0 - 14 years		47%
15 - 44 years	-	20%
45 - 64 years	-	30%
65 +	-	3%

Women in reproductive age 15 to 44 - 20%

Life expectancy for men is 53 years and 55 years for women.

A draft National Policy on Population has been formulated but it is awaiting approval from the federal government. The government is very much in favour of family planning which is being implemented as one of the components of primary health care.

Goals of the draft population policy are to:

- a) improve the quality of life.
- b) promote the health and welfare of people in Nigeria.
- c) achieve lower population growth rate by voluntary fertility regulation.

Targets made in relation to the draft population policy:

- To reduce marriage under the age of 18
- To achieve birth spacing of at least two years among women
- To reduce pregnancy below 18 years and above 35 years
- To extend FP services of family life education to women and men
- To reduce number of children per woman from now over 6 - 4
- To reduce population growth rate from 3.3% to 2.5% by 1985 and 2.8

2.3.2. Types of training for service providers in Nigeria: (Federal Government)

At least four types of training are conducted for family planning services.

- a) Training of Tutors in FP.
- b) Training of professionals in FP.
- c) Training for motivators and other paramedicals.
- d) Training for managers in industries.

2.3.3. Training Needs:

There are two main training needs identified:

- a) Establishment of in-country training in the 4 zones of Nigeria.
- b) Establishment of training center in the West African region.

2.3.4. Limitations/Constraints in Training of Service Delivery Personnel:

The major constraint related to family planning training is inadequacy of funds to do the following:

- a) Employ personnel for service delivery
- b) To give refresher courses to serving officers
- c) To establish and equip more centres and improve the existing ones
- d) To provide commodities
- e) To provide teaching materials
- f) To provide transport facilities

2.4. SOMALIA:

Mr. Abdulla A.M. Hirad, presented the profile of Somalia.

2.4.1. Demographic and MCH/FP information:

Land area 638,000 sq km.

Population 5.3 million

Natural increase - 3.1

Total fertility rate - 7

C B R 44/1000

C D R 15/1000

Infant Mortality Rate - 177/1000

Life expectancy for women - 43

There is no population policy but child spacing is advocated as a means of improving the health of mother and children.

MCH services started in 1959. MCH and Family Health was initiated with assistance from UNFPA and WHO.

1979 USAID funded Family Health project. INTRAH supported the training for health personnel. JHPIEGO supported the training of doctors.

2.4.2. Types of Training for Service Providers in Somalia:

There are presently 100 MCH clinics. Of these, 32 provide family health services. In order to increase the number of personnel

and improve their family planning skills four types of training are conducted:

- a) Skills in Family Health:
 - Clinical
 - Non-clinical
- b) Management and supervision
- c) Visual aids and communication skills
- d) Trainers of trainers courses

2.4.3. Providers of MCH/FP Services:

They include:

- a) Health personnel
- b) Teachers
- c) Women group
- d) Somali Family Health Care Association.

2.4.4. Constraints/Limitations in Service Delivery:

The following were limitations in the Somali MCH/FP service delivery:

- a) Lack of widespread acceptance of family planning.
- b) Poor management skills.
- c) Inadequate logistics support.
- d) Inadequate public educational support.
- e) Shortage of trained personnel.

2.4.5. Constraints in Training for Service Delivery:

Three main constraints were identified in training for service delivery:

- a) Shortage of trained trainers.
- b) Shortage of training materials.
- c) Lack of proper training for health personnel.

2.5. KENYA:

2.5.1. Demographic information:

Kenya lies between five degrees North and five degrees South of the equator. It stretches from the Western shores of Indian Ocean to the West of the Lake Victoria.

Total land area 580,249 sq. km

Arable land is 20%

Area under water 13,000 sq. km.

Estimated population 1985 - 20 million

Estimated growth rate 1985 - 4.1%

Infant mortality - 87/1000

Life expectancy - 1985 - Women 56 years

 - Men 54 years

Contraceptive prevalence - 15%

Total fertility rate - 6

Adult literacy - Male 65%

 - Female 35%

GNP US\$350

2.5.2. Government Policy:

The Kenya Government has a clearly stated population policy. Emphasis is on maternal child health and family planning services in order to reduce mortality and fertility. The growth rate is to be reduced from 3.9% to 3.7% and infant mortality from 87/1000 to 77/1000 by 1988.

2.5.3. MCH/Service Providers in Kenya:

MCH/FP services are provided by government and non-government organizations e.g. Ministry of Health and other ministries, non-government organizations - AMREF, Family Planning Association of Kenya, Maendeleo ya Wanawake, Church organizations such as Catholic Secretariat (deals with NFP and family life education). Maendeleo ya Wanawake (Women Group) is operating a CBD programme. Doctors, nurses and community health workers provide MCH/FP services.

2.5.4. Current MCH/FP Program:

a) Phases of the program: The first MCH/FP program was launched in 1967. The second MCH/FP program phase is from 1974 - 1981. Current program approach was launched in 1982 and will be evaluated in 1986. The program is a component of integrated Rural Health Development Program.

b) Objectives of the MCH/FP Program:

- i) To reduce mortality and fertility
- ii) To improve accessibility and quality of rural health services so as to reduce mortality and morbidity.

c) Strategy of the MCH/FP Program: In order to achieve the program objectives four strategies objectives four strategies are taken:

1. Establishment of more service delivery points i.e. 300 during the first three years and 300 during the second 300 years. 719 SDPs are operational at present
2. Train more RN/MS, Clinical Officers and Enrolled Community Nurses i.e. 900 nurses and 270 clinical officers.
3. More involvement of NGOs in training and delivery of MCH/FP services. Such organisations are Catholic Secretariat, Maendeleo ya Wanawake, FPAK, AMREF etc.
4. Involvement of other government ministries in FP motivational activities.

2.5.5. Training for Service Providers: Training of various duration and family planning content exists:

- a) Medical doctors are prepared for MCH/FP service during their basic course in the medical school. Obstetrician/gynaecologists are given further FP training during their post graduate course.

- b) KRN/M and Clinical Officers take 9 weeks course of which 4 weeks are spent on theory and 5 weeks on practical experiences.
- c) The enrolled community nurses (known as auxilliary nurses in some countries) also take 9 weeks course but their course has less emphasis on administration. Enrolled nurses mainly dispense MCH/FP services.
- d) Community Health Workers/Community Based Distributors of contraceptives are prepared for their role. The CBD workers distribute pills (resupply) condoms and foaming tablets.

2.5.6. Constraints in Service Delivery: Four main constraints to effective family planning services were identified:

- a. Shortage of supplies e.g. pills, IUCDs etc.
- b. Inadequate service areas; hence congestion.
- c. Shortage of means of transport.
- d. Under-utilization of services due to long distances - from home to SDPs; poor health workers/clients relationship; and having young service providers.

2.5.7. Constraints in Training for Service Delivery: Whereas the MCH/FP training program has existed for more than a decade, there are still some constraints as follows:

- a. Inadequate numbers are trained in relation to the demand for other services.
- b. Inadequate training materials e.g. visual aids/reading materials.
- c. Inadequate means of transport.
- d. Trained personnel are not always deployed in MCH/FP areas.

2.5.8. Discussion of Kenya Report: Other points which came out of the discussion after the presentation were:

- a. AMREF has a program for training Enrolled Nurses, KRN/M and clinical officers in MCH/FP, under the Family Planning Private Sector Project (FPPS).

FPPS also sponsors service delivery projects within private companies.

- b. Curriculum for C.H. Workers and CBD workers has not been made uniform.
- c. INTRAH has a project to train RN nurses who will later train MCH/FP Enrolled Nurses in management/supervision. The project will take 2 years (1986 and 1987). INTRAH has also signed a 2 year contract with the Division of Family Health to hold TOTs for MCH/FP trainers.
- d. Donors in Kenya were named as follows:
 - i) UNFPA - update courses for MCH/FP workers.
 - ii) USAID - continuing education for nurses and clinical officers.
 - iii) SIDA - contraceptives.
 - iv) GTZ - (Germany Technical Assistance) for information and education, training of local leaders and cytology technicians.

3. PANEL DISCUSSION WITH AGENCIES 25 FEBRUARY 1986 - 2 - 4.30 P.M.

Agencies: FPIA and Pathfinder Fund

Mrs. Cecilia Ndeti - Assistant Regional Director FPIA, Nairobi.

Dr. Ajayi - Acting Regional Representative, Pathfinder Fund, Nairobi.

3.1. Family Planning International Assistance (FPIA):

- 3.1.1. The INTRAH Regional Director introduced Mrs. Ndeti and asked her to brief the group on the scope of FPIA gives support to government and non-government organizations. Mrs. Ndeti said:-

FPIA gives two types of assistance as follows:

- i) Non-Project Assistance: This includes clinic equipment, office equipment, teaching materials, A.V. Aids etc.
- ii) Project Assistance: Focuses mainly on service delivery but could provide funds improving skills for service delivery. FPIA supports projects in Uganda, Nigeria, Sierra Leone, Kenya, Mauritius and others.

- 3.1.2. Funding Procedure: Project proposals are submitted to FPIA regional office for scrutiny. FPIA gives assistance with the formulation of project proposals where necessary. The proposal is then sent to New York for approval. After approval, the project is implemented. The agency closely monitors the project until its completion.
- 3.1.3. Grants: FPIA grants \$50,000 to 500,000 for big projects. US\$7,500 or less is granted for small projects. The funding for small projects is processed in the regional office and takes much shorter period to go through.
- 3.1.4. Training: FPIA is able to hire consultants to train nurses for identified projects.
- 3.1.5. Source of Funds: 90% comes from USAID 10% from non USAID fund.

3.2. PATHFINDER FUND:

- 3.2.1. Scope of work: The agency has two divisions i.e.

- Family Planning Division
- Enhancement of Status of Women Division

Like FPIA, Pathfinder supports government and non-government organizations. The agency has a regional office in Nairobi, Kenya and a country office in Lagos, Nigeria.

The agency has 27 projects in Africa some of the projects are in Lesotho, Togo, Swaziland, Kenya. Most of the projects supported are on FP service delivery - in clinic setting and CBD setting.

- 3.2.2. Training Courses: Pathfinder could give support with training if it is for improvement of skills, for identified projects. The group was informed that Pathfinder gives priority to projects related to adolescence fertility.

Discussion: The discussion showed clearly that there is continuous collaboration between the three agents i.e. (FPIA, Pathfinder and INTRAH) which helps to avoid duplication of efforts.

It was suggested that a mailing list be initiated by the above agencies. This will make the supervisors of the service delivery system aware of the persons in her/his area who have undergone various types of courses funded by various agencies. A list of available commodities and supplies should also be distributed to supervisors.

The agencies informed the group that they had observed that some countries were nominating the same people for various courses.

The Director, INTRAH Regional Office thanked the representatives from the two agencies.

There being no further business, the meeting closed at 4.30 p.m.

CHAIRMAN

SECRETARY

DATE:

DAY 3: WEDNESDAY, FEBRUARY 26, 1986

SESSION Field Visit

PURPOSE: To expose the TAC members to a variety of modalities for family planning service delivery in Kenyan situation.

TAC members were expected to visit a family planning service delivery facility in an industry under the Kenya Family Planning Private Sector (FPPS) and a Community Based Distribution project. Unfortunately, it was not possible to visit the FPPS facility. The visit to the Maendeleo Ya Wanawake (Women's Organization) CBD Project in Kandara Location in Central Province was very educative for the TAC members.

The members were received on site by the area administration personnel, Maendeleo ya Wanawake representatives and community representatives.

CBD implementation strategies, outcomes and involvement of administration, Maendeleo ya Wanawake, sponsors, Community Women and men were described. CBD workers in the area performed a role play on their work. At the closure of the visit, the community entertained the TAC members.

Reactions of the TAC members on the visit are contained in Day 4 minutes that follow.

INTRAH TECHNICAL ADVISORY MEETING NAIROBI, 24 - 28 FEBRUARY, 1986

MINUTES OF MEETING HELD ON THURSDAY 27TH FEBRUARY, 1986:

PRESENT: Lucy Botsh	Zimbabwe (TAC Chairman)
Geeta Oodit	Mauritius (Committee member of the day)
Abdulla Hirad	Somalia
Halima A. Sheikh	Somalia
Lydia Cege	Kenya
Pearl Asila	Kenya
Laheri Rushota	Uganda (Committee member of the day)
Margaret Kaisa	Uganda
Tunde Kuteyi	Nigeria - Federal MOH
Grace Ogbona	Nigeria - Imo State (Committee member of the day)
Saratu Dung	Nigeria - Plateau State
Eileen Beresford-Cole	Sierra Leone (Committee member of the day)
Val Gilpin	Sierra Leone (Secretary of the day)
Pauline Muhuhu	INTRAH Regional Director
Grace Mtawali	Training Officer, INTRAH
Terry Mirabito	Program Officer, N.C.

1. OPENING MEETING:

The meeting was declared open by the Chairman at 8.45 a.m.

2. CONFIRMATION OF MINUTES OF FEBRUARY 25, 1986 MEETING:

This was followed by the reading of the minutes of the proceedings of Day 2 (25th February, 1986) by Lydia cege who gave a summary of the country MCH/FP profiles presented by Plateau State, Nigeria, Imo State Nigeria, Nigeria Federal Ministry of Health, Somalia, Kenya as well as the discussions which followed the country presentations.

3. AMENDMENT AND ADOPTION OF MINUTES OF 25TH FEBRUARY, 1986:

The process used was to read and examine minutes under the various sections, make amendments where necessary and then adopt the minutes as amended under each section.

The minutes of February 25, 1986 were however, moved for adoption by Grace Ogbona, who was seconded by Laheri Rushota without amendments.

5. PANEL DISCUSSION OF SUPPORT AGENCIES:

The following amendments and or corrections were necessary:

- a) That a step was omitted which should read that in the processing of project proposals by FPIA, a representative is sent by the donor agency to the requesting agency to assist in planning prior to granting of funds.
- b) Omission: when small grants of about 7½ thousand US dollars are requested the processing of proposals takes place in the Regional Office so as to shorten the processing period.

The range of FPIA funding of \$5,000 to \$300,000 should read from 5,000 to \$500,000.

After the above amendments Val Gilpin moved for adoption of the minutes, seconded by Geeta Oodit.

6. REVIEW OF FIELD VISIT:

- 6.1. Review of the field visit was introduced by Grace Mtawali who requested a critical analysis of the CBD programs visited in order to assist in the improvement of the programs. She explained that the purposes of the field visit was to expose the TAC to one of the approaches to family planning as that CBD programs are examples of Non-clinical family planning approaches.

She apologised for omission of the visit to Private FP centers and explained that it resulted from non-confirmation of the proposed visit by the agency concerned.

- 6.2. This was followed by a lively discussion by the group. Eileen Beresford-Cole expressed that she was impressed by the involvement of the community, particularly the male involvement in the persons of the chiefs, assistant chiefs and elders and the income generating efforts of the women organizations.

4. TRAINING NEEDS:

- 4.1. Plateau State, Nigeria: Nurse/midwives for 6 weeks in FP clinical skills, management and supervision skills for public health nurses and FP in-service training for medical officers.

The minutes were moved for adoption by Grace Ogbona and seconded by Laheri Rushota without any amendment.

- 4.2. Imo State, Nigeria: This section of the report was adopted on a motion by Eileen Cole, seconded by Geeta Oodit after the need for identification and clarification of the post-training functions of personnel trained in TOT and the need for the development of a work plan for state trained teams had been highlighted.
- 4.3. Federal Ministry of Health, Nigeria: The focus here is the need for establishment of training institutions in the four zones within the country and a training centre in the West African Region. This section was moved for adoption on a motion by V. Gilpin, seconded by Abdulla Hira.
- 4.4. Somalia: There was a request for clarification on the types of training for service providers, as there appeared to be some overlap in relation to types of training in existence and future training needs. After the training needs were clearly spelt out, the section of the report after amendment was moved for adoption by Grace Ogbona, seconded by Laheri Rushota.
- 4.5. Kenya: The request made earlier by the original presenters that the persistent high growth rate of Kenya be discussed was repeated in the report. The motion on adoption was moved by Margaret Kaisa and seconded by Saratu Dung without any further amendment.

- 6.3. Tunde Kuteyi also expressed appreciation of dynamism showed by the women.
- 6.4. This dynamism of the women was echoed by Margaret Kaisa who attributed this to the fact that the women were doing this for themselves, and were therefore, motivated. She further suggested that INTRAH should consider involving women from such CBD programs for study tours to enhance their skills.
- 6.5. Laheri Rushota and Abdulla Hirad commented on the fact that the motivation of the women stemmed from the fact that they were doing the program for themselves. Abdulla further remarked that the motivation and enthusiasm could be linked to the income generating activities of the group.
- 6.6. Val Gilpin cautioned that whereas the dynamism of the women was commendable, one must not overlook the contribution made by male involvement in the program and suggested that this strategy of using the male should be further investigated by continuous wishing to initiate CBD projects.
- 6.7. In response to a question by Grace Ogbona, as to how the chiefs became so committed in the program, Grace Mtawali explained that the chiefs were consulted prior to founding of the project and the existing population problems motivated the chiefs who perceived the CBD program as a felt need and this resulted in a ready acceptance of the program.
- 6.8. It was explained by Pauline Muhuhu in answer to a question by Saratu that the project is funded by Pathfinder through the women's group, which provides supply of commodities and pays initial salary of the coordination. However, a guarantee for continuity of the coordination on a permanent basis was necessary. This was important as she serves as the first referral point.
- 6.9. Halima needed clarification on the criteria for selection of CBDs relative to their ability to read and write. The topic was concluded with the explanation that CBDs in Kenya should be able to read and speak swahili and the group finally commending the organizers for a project well managed.

7. REGIONAL AND TRANSREGIONAL ACTIVITIES REPORT:

7.1. Overview of the Activities:

7.1.1. In introducing this report the regional Director, ESA Region, Pauline Muhuhu, explained that the Report will focus on two main areas:

1. The Projected Regional Five-Year Plan of INTRAH.
2. The constraints experienced by INTRAH and requested suggestions from TAC as to how INTRAH could be helped to reach its objectives.

7.1.2. She explained that the report covers only November 1984 to September 1985 and that a combination of factors had culminated in the activities targeted for next five years already falling behind schedule.

7.1.3. Included in the training projections for October 1985 - September 1986 (see handout on INTRAH Regional Activity Report) is proposal for a CBD workshop to be held at Thailand Population (PDA) Asian Centre. This should involve a team approach which includes INTRAH/USAID Team and 3 country teams. The INTRAH team should be made up of INTRAH Chapel Hill and Nairobi representatives, the AID team would include the REDSO and each country team would be made up of the Director of the program, planner, the trainer and implementation of the CBD program.

7.1.4. A needs assessment must proceed the conducting of the workshop. After the initial workshop in Thailand, another workshop may later be conducted in an African country perhaps in a country that shows the best results.

7.2. MAJOR CONSTRAINTS ENCOUNTERED BY INTRAH:

- 7.2.1. In its endeavour to have Regional Inter-regional collaboration, INTRAH experiences certain constraints, the major ones are:
- a) Agencies identified for training do not always find it possible to accommodate out-of-country participants because of the workload of the institutions concerned. Whereas INTRAH's commitment is both to the training institutions as well as to the need of strengthening staff, the agencies' commitment are to their own staff.
 - b) There is usually a delay in contractual agreement, particularly so between the period of needs assessment and the implementation of the first activity.
- 7.2.2. Selection of participants and post training deployment are areas of concern.
- 7.2.3. INTRAH determines criteria for selection, but because of inappropriate deployment, there is difficulty in determining impact.
- 7.2.4. Although INTRAH conducts training, it gradually relinquishes its training activities and expects those trained within the country to continue with training programmes.
- 7.2.5. In order to achieve this weaning over of training functions, the following questions should be considered:
- What are some of the criteria for recruitment of personnel
 - What other types of resources are available in the region that can be utilized?
 - How appropriate are materials used in training?

7.2.6. It was explained that in providing guidance for identification of institutions and personnel, the following should be considered:

- Training needs assessment skills.
- Training process skills.
- Project development skills.
- Curriculum development skills.
- Clinical skills.
- Management and supervision skills.
- Materials development skills.
- Procedures manual development skills, evaluation skills.

7.3. DISCUSSION FOLLOWING REGIONAL AND TRANSGREGIONAL REPORT:

7.3.1. The discussions were a response to objective of TAC, related to regional and country potential human and material resources which INTRAH can use. After the presentation of the report Eileen Beresford-Cole asked for clarification of relation between FPAS and IPPF since IPPF funds National FPAS. It was explained that this relationship interfered with training at UMATI, Tanzania but that this does not relate to all family planning associations.

7.3.2. The next contribution came from Geeta Oodit who expressed the view that FPAs play important roles in starting new projects, delivering new approaches and techniques and have the experience and capability to demonstrate new projects.

7.3.3. The Mauritius Family Planning Association has developed training capabilities in handling and conducting regional management and supervision training courses, CBD delivery services, Family Planning Clinical Skills and communication and materials development courses, but in spite of these she felt that there was need to update skills.

7.3.4. There exists in Mauritius a WHO/UNFPA training center for Primary Health Care. The facilities and resources could be used by INTRAH but if there are areas that WHO/UNFPA cannot address itself to, then INTRAH could look into this for Africa.

- 7.3.5. The Mauritius College of the Air could also collaborate with MFPA for Visual Aid and Materials Development Workshops. It is believed that program managers need support and assistance and training in needs assessment and project development, which are essential to program skills design and implementation.
- 7.3.6. MFPA uses a large number of individual consultants and resource persons from the University, and these could be used as consultants for INTRAH.

It was pointed out that although University Consultants could be used, there are certain set criteria that these persons must meet.

- 7.3.7. Abdulla Hirad stressed that the relationship of donor agencies (such as INTRAH) with the type of department within the country that the agency relates to, could interfere with the effectiveness of the program. He lamented over the issue that INTRAH when once it had developed a project, the selection of participants is left for the country to determine and there is rigidity in the implementation of the planned program. He suggested that:

- a) INTRAH contact institutions that train e.g. School of Nursing and build family planning courses into these institutions programs so that different organizations can avail themselves of these facilities.
- b) That a parent training centre is established at regional level, with a network of satellite training centres at country levels to facilitate exchange of ideas and through these better coordination.

In response to these ideas put forward by Abdulla, it was pointed out that there are program reviews after every phase of training and consequently program planning for the next phase. Modifications that are deemed necessary can be made and this is indicative of the program.

- 7.3.8. Halima pointed out that selection involves a combination of staff to provide services, but what is needed is strengthening and coordination.
- 7.3.9. Saratu Dung raised the issue that there exists a weakness during the preliminary phase of needs assessment. She believes that some key persons are not involved during this phase because of lack of understanding of the importance of this exercise, and consequently they are absent during the conduction of the needs assessment. She proposed that a circular or letter should be sent to these persons with information and clarification of the meaning of needs assessment, to ensure maximum cooperation. Also:-
- 7.3.10. Other suggestions on the issue of proper needs assessment include, the provision of guidance to policy makers as to the meaning of family planning.
- a) That INTRAH contact institutions that know and give them the mandate to assist in needs assessment.
 - b) That INTRAH in its needs assessment could explore what other organizations can do and see how they could collaborate e.g. FPAS can conduct clinical skills course and Medical and Nursing Associations could be involved in curriculum development.
- 7.3.11. In response to stated suggestions on the topic of needs assessment, it was pointed out that although the suggestions were good, what is possible in one country may not be applicable to another and at a given level.

It was at this point that Pauline Muhuhu promised to make available to TAC the needs assessment forms used by INTRAH.

She remarked that INTRAH's contact within country is USAID and because of limited time, it is not always possible to meet with all the key persons. In addition some training

institutions do not always have relevant information, and sometimes lack policy that could guide INTRAH in the right direction.

7.3.12. Journal Publication:

The question of publication and audio visuals by INTRAH was then raised. It is believed that INTRAH originally published journals, however after two publications, this was discontinued because of funding. INTRAH now has published the (Concepts and Issues in Family Planning, Teaching and Learning with Visuals and the first issue of Tips in Family Planning has just been released.

7.3.13. Follow-ups of Trainers:

In response to questions as to whether INTRAH has plans to conduct follow-ups of trainers the reply was that INTRAH does try to do follow -ups.

7.3.14. Consultants:

The following points about the use of consultants by INTRAH were stressed:

- a) INTRAH uses INTRAH and IHP staff.
- b) INTRAH could use other consultants and would like a pool from which to draw.
- c) INTRAH could use persons identified for in-country sessions and these could be paid honorarium as is customary in the country
- d) Consultants should meet criteria set by INTRAH and must also meet standards and USAID approval

7.3.15. Identified Schools for Training:

The following schools or training institutions were suggested as having potentials for training:

- a) Amadu Bello University, Zaria, Nigeria.
- b) University of Benin, Benin, Nigeria.
- c) Imo State University, Imo State, Nigeria.
- d) University of Ile-Ife, Nigeria

- e) Institute of Education, University of Sierra Leone (National Development)
- f) Department of Community Health, University of Sierra Leone.
- g) Fourah Bay College, Sierra Leone (Curriculum Development)
- h) Nsukka University, Anambra State, Nigeria.

7.3.16. It was also suggested to liaise with Dr. Faison of West African Health Secretariat to find out what facilities are available.

7.3.17. Zimbabwe NFP Council in addition to CBD programs can offer courses in:

- a) Clinical Skills Curriculum Development.
- b) Procedures Manual Development.

7.3.18. At this point, the Director ESA, Regional Office appealed to TAC members to provide any further information available on agencies with capabilities to conduct training on ongoing basis.

The session was concluded with a suggestion that TAC members in small groups go through the minutes and handout and extract needs and recommendation to be written on news prints, ready for discussion by 2.00 p.m. on 28th February, 1986.

8. ADJOURNMENT:

There being no other business, the meeting was adjourned at 4.30 p.m.

Chairman

Secretary

Date:

DAY 5: FRIDAY, FEBRUARY 28, 1986

On this Day the members worked in small groups to compile findings and recommendations made during the week. These were shared in plenary, discussed and final group consensus recorded. The groups worked on the following issues and problems identified during the previous days deliberations:

1. Why are FP personnel being deployed wrongly
(this situation had been identified during the presentations in the week).
2. Training needs to be addressed in the next phase of country projects.
3. Training resources needed and available in the Region.

Outcomes of this exercise were:

WHY ARE FAMILY PLANNING PERSONNEL BEING DEPLOYED WRONGLY?

Problem 1

Personnel are posted by Ministry of Health according to other priorities, e.g. personnel trained by INTRAH can be called to serve in other projects, CDT, EPI.

Solution:

1. Strengthen the integration and coordination of various projects so this person can be used for Family Planning services delivery in the new area.
2. Train all MCH personnel in FP services.
3. Strengthen FP curriculum component during the basic training in nursing and midwives schools.

Problem 2:

Transfer of FP trained personnel to stations that do not offer Family planning services.

Solution:

1. The FH coordinator and core training team should follow the trainee to new station to set up a clinic in the next station.
2. The person in charge of transfers, e.g. Chief Nursing officer and head of personnel section be involved in family planning programs.

TRAINING RESOURCES:

A. Guidelines for Resource Materials

1. Materials on Child spacing and Family Planning (For Clients)
 1. Materials for non-readers (visual literacy materials).
 2. Materials for clinical personnel (manuals).
 3. Materials for literate clients.
 4. Materials for youth.
 5. Materials for non-health personnel (i.e. personnel involved in I & EC).
2. Materials on Mother and Child Health

Materials for the groups above on the following areas:

 1. Breast feeding
 2. Ante-natal care
 3. Immunization
 4. Nutrition
3. Materials on Management and Supervision
 1. Materials on needs assessment and analysis
 2. Materials on planning and management of training performances
 3. Materials on family planning management and supervision
 4. Materials on performance evaluation
 5. Material for Trainers
 - a) Curriculum development and course preparation materials
 - b) Educational methodology
 - c) Educational evaluation - techniques and procedures.
4. Training Materials for Communication Development
 1. Materials on I & EC
 - a) face-to-face
 - b) audio-visual
 - c) Mass media materials
 - d) I & EC process

Discussion:

The two solutions will also call for more negotiations and communications by all concerned. The posting officers should be informed of any training the officers in her/his care have received and subsequently she/he should communicate same with receiving officers. Family Planning Coordinator should also have access to list of transfers to enable her/him follow up family planning trained personnel and to negotiate with the receiving station supervisors in the deployment of Family Planning trained personnel. The involvement of senior personnel should be enhanced through orientation to family planning programs/projects in their countries.

Problem 3:

Unwillingness by some family planning trained personnel to offer some methods or components of family planning services.

Solution:

Before commencement of training each candidate should sign a contract that would bind her/him to work for a specified period in family planning. If they do not sign the contract then they are not accepted for training.

Discussion:

After a lengthy discussion, this solution was rejected. Instead the committee recommended that each country design a mechanism to assess/ensure that a trainee will utilize learned skills. (Also addressed in selection criteria section).

Problem 4

Lack of cooperation among personnel in a particular area e.g. between medical superintendent and the trainee will lead to failure of services delivery.

Solution:

1. Orientation for the administrators in FP programs.
2. During training communication skills should be included to enable the trainees cooperate with and influence the administrators towards FP service delivery.

Discussion:

In addition to orientation of supervisors/administrators, the committee agreed on a need to prepare service providers on how to influence change. Recommendations were made to INTRAH to include a special component in clinical skills course on "how to influence change." This issue should also be addressed during project development phase.

Handouts

1. Welcome letter to each TAC member
2. Welcome address by Miss Pauline Muhuhu (Appendix C)
3. INTRAH brochures
4. Semi-Annual Report 1: October 1, 1984 to March 31, 1985
5. Semi-Annual Report 2: April 1, 1985 to September 30, 1985
6. Organizational chart of INTRAH
7. INTRAH Regional Activity Report (Appendix D)
8. INTRAH TIPS
9. List of INTRAH publications to date
10. Guidelines for selection of working committees
11. TAC Daily Agenda (Appendix B)
12. List of Technical Advisory Committee members
Country Papers (Appendix G)
 - Mauritius Family Planning
 - Delivery Services in Mauritius
 - Summary of Family Planning Delivery Services in Mauritius
 - Kenya: MCH/FP Services in Kenya
 - Summary of MCH/FP Services in Kenya
 - Sierra Leone: A Profile of MCH/FP Services in Sierra Leone
 - Summary of A Profile of MCH/FP Services in Sierra Leone
 - Nigeria: MCH/FP Profile of Nigeria
 - Summary of MCH/FP Profile of Nigeria
 - Imo State: Service Profile MCH/FP
 - Summary of Service Profile MCH/FP
 - Plateau State: Service Profile MCH/FP
 - Summary of Service Profile MCH/FP
 - Zimbabwe: Profile in Zimbabwe
 - Summary of MCH/FP Service
13. Committee Meeting Minutes - Day 1,2,4,5 (3NA - Field visit) (Appendix E)

Program for International Training in Health

The University of North Carolina at Chapel Hill
School of Medicine

Norfolk Towers Phase II
Office Building
Kijabe Street

ESA Regional Office
P.O. Box 55699, NAIROBI
Telex: 22683 DODWELL
Telephone: 29670/26824

Dear

Welcome to Nairobi and to INTRAH. We are pleased to have you with us and hope that your stay in Nairobi will be a pleasant one.

You will be housed at Silver Springs Hotel on the outskirts of the City centre. There is a shopping centre (Hurlingham) about 5 minutes walk from the hotel. If one needs to go down to town, there are taxis available at the hotel. The rate is not more than Kshs.40/- to town.

You are scheduled to present your country profile on Feb. Please ensure that INTRAH staff has a summary of your paper presentation as soon as you arrive so that we can duplicate and distribute it prior to your presentation. After your presentation, we will distribute your main paper to all.

The INTRAH staff who will be working closely with you are:

Pauline Muhuhu	- Regional Office - Facilitator
Grace Mtawali	- Regional Office - Facilitator
Terry Mirabito	- Chapel Hill - Facilitator
Margaret Kyangwa	- Regional Office - Logistics Manager
Gabriel Gicia	- Regional Office - Photocopying etc.
Harriet Sekyanzi	- Regional Office - Secretary and liaison person between meeting site and regional office.
Mr. Mwangi	- Regional Office - Driver

INTRAH will pay directly to the hotel, bed and breakfast, lunch and mid-morning and afternoon teas. In addition to the boarding costs paid direct to the hotel, you will on arrival receive Kshs. 150 x 6 days - 900/- for your dinner and other minor expenses. A balance of US dollars 225.00 (in total) will be due to you. Please complete the attached sheet to indicate whether you want this balance in dollars or in Kenya shillings. If you prefer dollar payment, it will be paid to you on Friday 28, 1986 as indicated on the time schedule. If in Kenya shillings, Margaret will pay you in the course of the week.

The logo for INTRAH, featuring a globe icon to the left of the word "intraH" in a stylized, lowercase font.

On Monday 24 February 1986, at 8.30 - 9.00 a.m. please hand in:

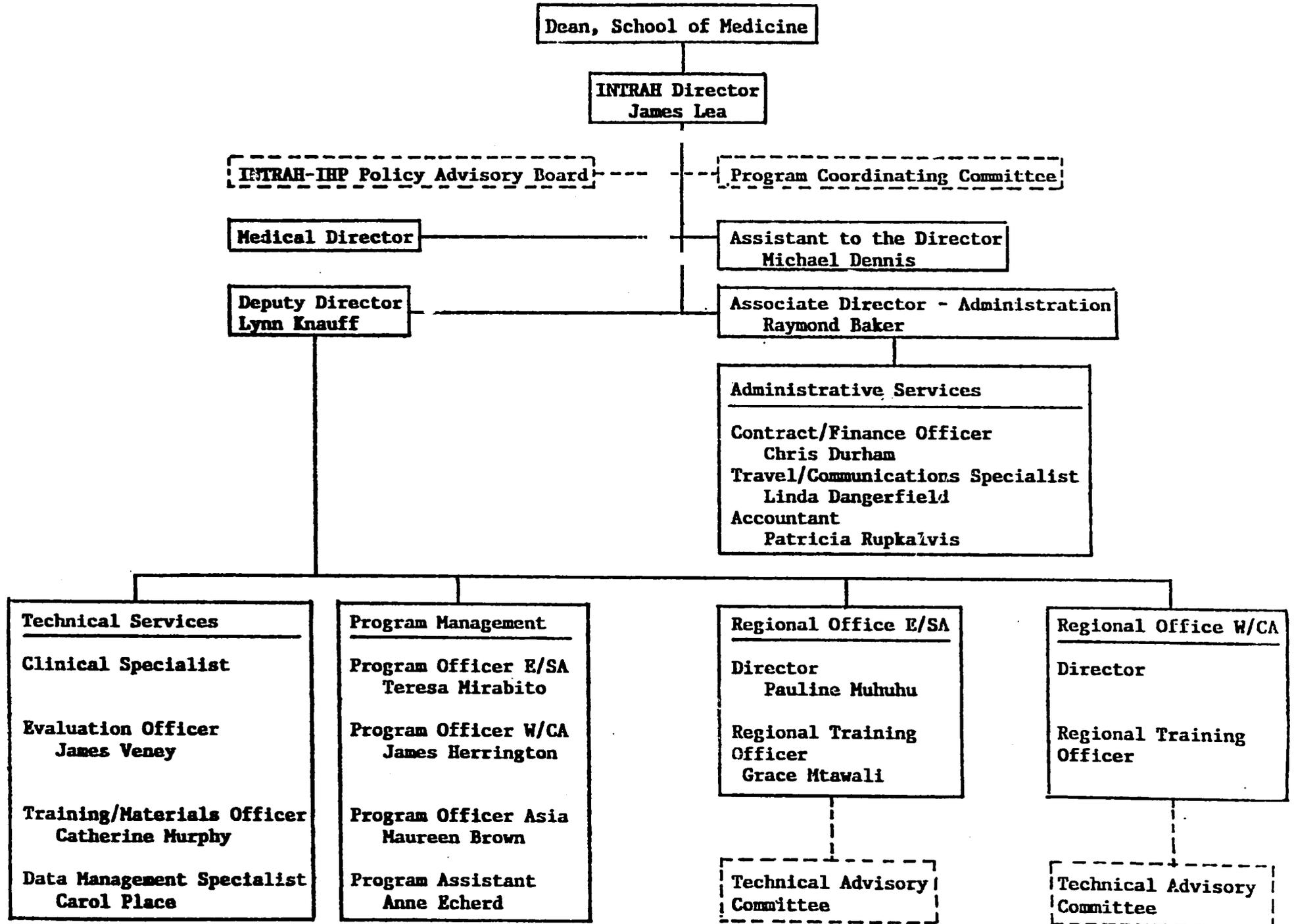
- a) Your completed chit on balance payment.
- b) Your ticket for reconfirmation of return flight.
- c) The summary of your presentation paper.

We promise you a busy week but hopefully an enjoyable one.

Sincerely

Pauline Muhuhu
Regional Director (ESA)

**INTRAH PROGRAM
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**



LIST OF INTRAH PUBLICATIONS

A. Developed under PAC I and distributed under PAC II:

1. Concepts and Issues in Family Planning
2. Teaching and Learning with Visual Aids

B. Currently under development:

1. A French and English Glossary of Terms Used in the Training and Delivery of Family Planning Services (targeted completion July 1986)
2. A Curriculum Development Guide
3. INTRAH Tips (Training Information Packets)

In addition to the above, several materials published by other organizations have been distributed at a variety of workshops. Following is a list of materials distributed during the past three months:

During November 1985 INTRAH distributed the following training materials:

Nepal and Sri Lanka

- 1 copy of Its Your Choice
- 1 copy of Contraceptive Technology
- 2 copies of Fertility Awareness
- 2 copies of The Ovulation Method
- 1 copy of Helping Health Workers Learn
- 2 copies of Contraceptive Social Marketing
- 1 copy of Infertility and STD
- 2 copies of ORT for Childhood Diarrhea

Gambia

- 1 copy of Training for Development

Sierra Leone

- 40 copies of Evaluation Basics
- 40 copies of Primary Health Care

Kenya

- 1 copy of Planning, Conducting, Evaluation Workshops
30 copies of Preparing, Designing, and Leading
Workshops: A Humanistic Approach
7 copies of Casebook for Family Planning Management
8 copies of Helping Health Workers Learn
8 copies of Teaching and Learning with Visual Aids
8 copies of Assessing Health Workers' Performance
A Manual for Training and Supervision
8 copies of Guidelines for Evaluating a Training
Program for Health Personnel

Imo State - Nigeria

- 17 copies of Guide to Nursing Management
15 copies of Casebook for Family Planning Management
95 copies of Family Planning Methods and Practice:
Africa
20 copies of The Ovulation Method
20 copies of Fertility Awareness
20 copies of Helping Health Workers Learn
75 copies of Contraceptive Technology 1984-85
75 copies of Fertility Awareness
75 copies of Periodic Abstinence for Family Planning
75 copies of Female Sterilization
75 copies of Vasectomy
15 copies of Concepts and Issues in Family Planning
15 copies of Helping Health Workers Learn
15 copies of Education for Sexuality
15 copies of Natural Family Planning: Development
of National Programs
15 copies of Planning Conducting and Evaluating
Workshops
15 copies of Handbook in Infertility

Philippines

- 25 (English) Billings Ovulation Method User Kits

During December 1985 INTRAH distributed the following training materials:

Imo State - Nigeria:

- 20 copies of "Oral Rehydration Therapy" (Pop Reports)

Kwara State - Nigeria:

- 20 copies of Family Planning Methods and Practice:
Africa

- 6 copies of Helping Health Workers Learn

- 20 copies of Fertility Awareness

- 20 copies of "Oral Rehydration Therapy" (Pop Reports)

During January 1986 INTRAH distributed the following training materials:

Nairobi, Kenya

- 20 copies of Preparing, Designing, & Leading Workshops
- 25 copies of Concepts and Issues in Family Planning
- 25 copies of Helping Health Workers Learn

Monrovia, Liberia

- 20 copies of the INTRAH compiled "List of Free Materials in FP/MCH"

Maputo, Mozambique

- 1 copy of Importance de l'integration des enfants dans la societe pour la sante publique
- 1 copy of Organisation de la communante et la pratique de sante communautaire

Imo State, Nigeria

- 18 copies of On Being in Charge
- 16 PCS Packets -1, English

Bauchi State, Nigeria

- 17 copies of Family Planning Methods & Practice: Africa
- 17 copies of The Ovulation Method
- 17 copies of Fertility Awareness
- 17 copies of Helping Health Workers Learn

Port Harcourt, Nigeria

- 20 copies of Assessing Health Workers' Performance: A Manual for Training and Supervision
- 20 copies of Evaluation and Decision Making for Health Services Organizations
- 20 copies of Evaluation of Health Promotion and Education Programs
- 12 copies of Guidelines for Evaluating a Training Program for Health Personnel

Dakar, Senegal

- 1 copy of Concepts and Issues in Family Planning
- 1 copy of Concepts et Questions Relatifs à la Planification Familiale
- 1 copy of List of materials included in the French Resource Materials Library which INTRAH used to distribute to African training institutions
- 1 copy of Annotated Bibliography of French materials in Family Planning and Maternal and Child Health, compiled but not distributed by INTRAH

- 1 copy of addresses for the distributors of the books included in the bibliography
- 1 copy of A Topical Outline for the Teaching of Family Health: Nursing and Midwifery
- 1 copy of A Topical Outline for the Teaching of Family Health: Medicine
- 1 copy of Un Plan Topique Pour L'Enseignement De La Sante Familiale: Approche Par Etapes De La Vie
(Soins Infirmiers et de Sages-Femmes)
- 1 copy of Un Plan Topique Pour L'Enseignement De La Sante Familiale: Approche Par Etapes De La Vie (Medecine)
- 1 copy of The Journal of Family Health Training, Volume 1, nos. 1 and 2. English and French issues.

Program for International Training in Health

The University of North Carolina at Chapel Hill
School of Medicine

208 North Columbia Street (341A)
Chapel Hill, North Carolina 27514

Cable: INTRAH, Chapel Hill, N.C.
Telephone: (319) 966-5636
TLX 3772242
ANSWERBACK: UNCCHINTRAH

INTRAH TECHNICAL ADVISORY COMMITTEE MEETING

24-28 February 1986

Nairobi, Kenya

SELECTION OF WORKING COMMITTEES

Committees will be responsible for:

1. Selection of chairperson for entire week.
2. Committees will number 3.
3. Committees will select a secretary who will record minutes and summarize proceedings.
4. Minutes will be presented following a plenary session.
5. Minutes will summarize the needs identified, suggestions and recommendations made during the meeting.
6. Minutes will be typed and distributed after presentation.

APPENDIX H

**FOLLOW-UP LETTER TO TAC MEMBERS REGARDING
UPDATE ON INTRAH PROGRESS IN IMPLEMENTING TAC MEMBERS' RECOMMENDATIONS
Program for International Training in Health**

The University of North Carolina at Chapel Hill
School of Medicine

Norfolk Towers Phase II
Office Building
Kijabe Street

August 7, 1986

ESA Regional Office
P.O. Box 55699, NAIROBI
Telex: 22683 DODWELL
Telephone: 29670/26824

Geeta D. Oodit
Executive Secretary
Mauritius Family Planning Association
30 SSR, Street
Port Louis
Mauritius

Dear Geeta

Greetings from Nairobi. Once again I take this opportunity to update you on the progress INTRAH is making towards implementation of the recommendations made by The Technical Advisory Committee in February 1986.

TAC members expressed a need for project coordinators to be more involved in training needs assessment and also to develop skills in this area. In response to this, INTRAH is planning to conduct a one week Needs Assessment Skills training for TAC members in 1987. This training is to be conducted immediately after the 1987 TAC meeting. We are proposing the two activities to take place from February 16 - 28; 1987 in Nairobi. We would appreciate you noting these dates on your calendar. We shall be writing to supervisors/employers later in the year when AID approves the two activities.

As you are aware Zimbabwe and Mauritius had offered to host the 1987 TAC meeting but due to some financial constraints INTRAH is unable to hold the meeting outside Nairobi.

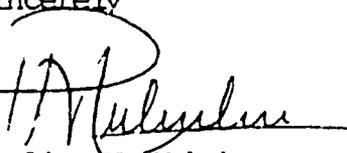
In preparation for the next TAC meeting, we request you to submit to us some issues/problems that you would like to be discussed at this meeting. Please let us have your issues/problems not later than September 15, 1986.

I am attaching a copy of TAC meeting findings and recommendations for your reference and action. Please note that recommendation Numbers B3, C3, 4 and 5 are to be implemented in your own country with your assistance. Sharing of the progress in implementation of these recommendations will be a feature in the next TAC meeting.

The full report has been sent to you under a separate cover.

We look forward to hearing from you.

Sincerely


Pauline W. Muhuhu
Regional Director/ESA

c.c. Lynn Knauff, INTRAH Deputy Director
Terry Mirabito, Program Officer, Anglophone Africa

Encl:

Lynn Kauff:

Same letter sent to:-

- Lucy Botsh - Chief Training Officer
Zimbabwe National Family Planning Council
- Grace Ognonna - Coordinator - Family Health Programme
MOH - Nigeria.
- Saratu O Dung - P.H.C. Co-ordinator
MOH - Nigeria.
- Tunde Kuteyi - Ass. Chief Nursing Officer (Public Health)
Federal Ministry of Health - Nigeria.
- Halima Abdi - IEC Co-ordinator
Sheikh MOH - Somalia.
- Raheli Rushota - MOH/INTRAH C.T.T,
Uganda.
- Val Gilpin - MOH/INTRAH CTT, Nurse Tutor
Sierra Leone.
- Eileen - Programme Officer
Baresford Sierra Leone.
- Margaret Kaisa - Lecturer, Makerere University
Uganda.
- Pearl A Asila - PHN (MCH/FP Co-ordinator)
MOH - Nigeria.
- Lydia W. Cege - MOH/DFH Trainer MCH/FP Training Programme
Nairobi.
- Abdulla Ahmed Director, IEC Unit
- Mohamed Hirad - Somali Democratic.