

PDAAW-766

WA-53130



intraH

Trip Report

0-104

Travelers: Mr. Pape Gaye, INTRAH/WCA Director

Country Visited: SENEGAL

Date of Trip: July 11 - 16, 1987

Purpose: To develop a proposal for regional family planning clinical training of five Chadian family planning service providers.

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LIST OF ABBREVIATIONS

ACI	Africa Consultants Inc.
ASEEF	Association Sénégalaise pour le Bien-Etre Familial (PPF affiliate)
CFHP	Center for Family Health and Population
IEC	Information, Education, and Communication
IPPF	International Planned Parenthood Federation
ISTI	International Science and Technology Institute
MCH/FP	Maternal Child Health and Family Planning
MOH	Ministry of Health
SENECI	Sénégalaise d'Etude de Conseil et d'Intervention
SFHP	Senegal Family Health Project
TAC	Technical Advisory Committee

EXECUTIVE SUMMARY

INTRAH/WCA Director Pape Gaye visited Dakar, Senegal July 11 - 16, 1987 to obtain official concurrence from USAID/Dakar and ASBEF to conduct a family planning clinical skills workshop in Senegal for five Chadians.

The specific objectives of the visit were to:

- draw up a preliminary proposal;
- confirm the dates for the training;
- seek areas of collaboration with the USAID-sponsored Family Health Project; and
- secure the services of a local firm that could provide administrative and logistical support during training.

During the visit Mr. Gaye was able to accomplish most of the objectives. Specifically, a preliminary proposal was left with ASBEF's Secretary General to be discussed with the association's medical committee.

Discussions were held with the USAID/Dakar Health, Population and Nutrition Officer and the Director of the Senegal Family Health Project, both of whom gave concurrence for the project. Dates for the regional training of the Chadians were confirmed for August 24 - September 19, 1987.

The upcoming Francophone Africa Technical Advisory Committee meeting was also discussed and its objectives and intended impact clarified for USAID/Dakar.

SCHEDULE OF ACTIVITIES

- July 11** Arrived in Dakar.
- July 13** Visited passport office.
Visited ACI.
Briefed with Health Population and Nutrition Officer Dennis Baker, USAID/Dakar.
- July 14** Work session at ASBEF.
Met with Mr. Ousmane Samb, Director, Senegal Family Health Project.
- July 15** Drafted proposal for ASBEF.
Visited passport office.
Debriefed at ASBEF.
- July 16** Departed for Abidjan.

I. PURPOSE OF TRIP

The purpose of the trip was to seek official concurrence from USAID/Dakar and ASBEF for organizing regional FP clinical skills training for five Chadian FP service providers. Specific objectives were to discuss details of training with USAID/Dakar:

- to develop a preliminary proposal;
- to explore areas of collaboration between INTRAH and the Senegal Family Health Project; and
- to make arrangements for administrative and logistical support during the training.

Mr. Gaye also discussed the participation of an SFHP representative during the Francophone Africa TAC meeting to be conducted September 28 - October 9, 1987.

II. ACCOMPLISHMENTS

- A. The proposed regional clinical FP training was discussed with USAID/Dakar and concurrence obtained.
- B. Concurrence was obtained from the Director of the SFHP and from ASBEF to conduct training of the Chadians at ASBEF.
- C. A draft proposal was prepared and left with ASBEF's Secretary General. The proposal was to be discussed by the medical committee.
- D. The objectives and projected outcome of the INTRAH TAC meeting were clarified and discussed with USAID/Dakar and the SFHP.

III. BACKGROUND

Following a series of visits by INTRAH staff in 1985 and 1986 to explore the possibilities for developing Senegal as a site for clinical FP training, INTRAH/WCA Director Gaye and Technical Consultant Dr. Penda Seck conducted a clinical training needs assessment in Dakar March 14 - 27, 1987. At the end of that visit the INTRAH team recommended that ASBEF be chosen as the institution with which INTRAH would work in organizing clinical FP training for five Chadian FP service providers.

The INTRAH team also recommended that INTRAH provide technical assistance to ASBEF in key areas such as curriculum development and overall guidance in training. INTRAH would then use ASBEF on a trial basis and if the experience proved to be successful, training could be organized for larger groups.

IV. DESCRIPTION OF ACTIVITIES

USAID

A briefing was conducted with USAID/Dakar Health/Population/Nutrition Officer Dennis Baker.

USAID welcomes the idea of holding regional FP clinical skills training in Dakar and sees the opportunities for the Senegal Family Health Project to observe the "INTRAH way" of conducting clinical FP skills training.

Mr. Baker also pointed out during the meeting that there is a need for the SFHP trainers to be evaluated. These trainers have attended workshops conducted by IHP/Santa Cruz and have been conducting training without technical assistance.

INTRAH's potential involvement in the Senegal Family Health Project was also discussed. Recent study tours to Tunisia and Morocco by Senegalese FP officials have given them the opportunity to see the larger role paramedical and auxiliary workers could play in FP service delivery. As a result of those tours, Mr. Baker anticipates a "loosening up" of the policies about who should provide what services. If the decision is made to include more paramedical and auxiliary workers, USAID/Dakar could ask for technical assistance from INTRAH.

USAID/Dakar expressed concern regarding issues of accountability and responsibility such as: what would the consequences be if something went wrong during clinical training (i.e. malpractice, etc.). INTRAH would seek the ASBEF medical committee's approval and concurrence and the INTRAH trainer would discuss these issues with the appropriate officials.

USAID/Dakar understood the objectives and rationale for the Francophone/TAC meeting but questioned the benefits to the Senegal Family Health Project. It was explained that if INTRAH is to hold regional training in Senegal it would be essential for the SFHP to be familiar with the FP programs in other countries.

ASBEF

Two work sessions were held with the Secretary General, Mr. Amadou Gueye, and the IEC Coordinator, Mr. Drame, who had just returned from Santa Cruz. In the first meeting Mr. Amadou Gueye asked that a proposal be prepared so that he could submit it to the medical committee. Due to a conflict in schedules, it was suggested that the training of the Chadians scheduled to begin on August 17 be postponed for one week.

It was explained to ASBEF that INTRAH would be responsible for the technical aspect of the program including content and training methodologies. Since INTRAH did not fully assess ASBEF's managerial capabilities and subsequent to discussions held with IPPF's regional office in Lomé, it was explained to ASBEF that for this first training the services of a local firm would be sought to handle per diems, transportation and any logistical arrangements to allow the INTRAH trainer and ASBEF co-trainer to concentrate on the technical aspects of the training.

It was also decided that INTRAH Consultant Dr. Penda Seck would visit Dakar to make final arrangements with ASBEF prior to the commencement of training.

SENECI

SENECI is a local management consulting/services firm which maintains offices in Abidjan, Côte d'Ivoire and Dakar. Discussions with the firm were begun in Abidjan with the understanding that INTRAH would be hiring their services in Dakar.

A proposal was submitted to INTRAH for the provision of logistical and administrative support including overall management of the training and serving as liaison with ASBEF, the SFHP and the MOH. SENECI would also assess ASBEF's capabilities in the area of financial management and make recommendations for future trainings.

Senegal Family Health Project

Discussions were held with SFHP Director Mr. Ousmane Samb. The meetings afforded Mr. Gaye the opportunity to explain INTRAH's decision not to train the five Chadians with Senegalese FP service providers.

Mr. Samb gave his approval for using the SFHP reference clinic during practicum. Further discussion on this subject was to be held with Dr. Nakoulima, Technical Director of SFHP, who is also in charge of the Medina Reference Clinic. Since the ISTI Project Director and other key officials of that organization were out of the country at the time of Mr. Gaye's visit, discussions were not held with that institution.

V. **FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

Findings/Conclusions

1. ASBEF is enthusiastic about the association with INTRAH and has expressed its willingness to host the first regional training. The Secretary General recognizes ASBEF's limitations in terms of equipment and training expertise and is willing to consider any suggestions by INTRAH for improving these areas.
2. One of the 3 midwives at ASBEF would be available to work on a full-time basis as a co-trainer with Dr. Penda Seck. This would give ASBEF the opportunity to allow one of its staff members to familiarize herself with INTRAH's approach to clinical FP training.
3. ASBEF enjoys a good relationship with the Senegal Family Health Project and USAID/Dakar. This situation is very favorable to INTRAH in establishing long-term relationships with all parties in developing capabilities for regional FP clinical training.
4. While enthusiasm and the desire to work with INTRAH are very high on ASBEF's part, INTRAH does not have full knowledge of ASBEF's capabilities to financially manage the proposed FP clinical training. INTRAH was also informed of past difficulties between USAID and ASBEF during a visit to Lomé by INTRAH Deputy Director Lynn Knauff, INTRAH/WCA Director Gaye and Program Officer Terry Mirabito in June 1987 (see Trip Report #0-172). The IPPF regional office in Togo expressed concern regarding the management capabilities of ASBEF.

Recommendations

1. INTRAH should designate a full-time clinical specialist to be in charge of the design and implementation of the regional FP clinical training workshop.
2. Technical approval by ASBEF's medical committee should be sought for the content of the FP clinical training.
3. The midwife from ASBEF who is to work full-time with Dr. Seck should be aware that she would be working in an apprenticeship position.
4. Until a more thorough assessment of ASBEF's managerial capabilities is completed, arrangements should be made with an accounting or consulting firm to handle the financial aspects of FP clinical training.

APPENDIX A
PERSONS CONTACTED/MET

Appendix A

Persons Contacted/Met

USAID/Dakar

Mr. Dennis BAKER, Health, Population and Nutrition Officer

Mme. Fatimata HANNE, Assistant Health, Population and
Nutrition Officer

Senegal Family Health Project

Mr. Ousmane SAMB, Director

ASBEF

Mr. Amadou GUEYE, Executive Secretary

Mr. DRAME, IEC Coordinator

Others

Dr. Anne-Marie KIMBAL, Center for Population and Family
Health Project, Columbia University

Mrs. Cindy ROBINSON, Associate Peace Corp Director

Mrs. Lillian BAER, African Consultants, Inc.

APPENDIX B

DRAFT PROPOSAL FOR CLINICAL TRAINING
WITH ASBEF

Programme International pour la Formation en Matière de Santé
Program for International Training in Health

The University of North Carolina at Chapel Hill
School of Medicine

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APPENDIX B

PROPOSITION DE FORMATION REGIONALE EN COMPETENCES CLINIQUES
POUR PRESTATEURS DE SERVICE DE PLANIFICATION FAMILIALE

INTRODUCTION

En Mars 1987 une équipe de l'INTRAH composée de Mr. Pape Amadou Gaye, Directeur du Bureau Régional pour l'Afrique de l'Ouest et l'Afrique Centrale et Dr Penda Ndiaye Seck, Consultante Technique avait visité Dakar. Cette visite avait eu lieu dans le cadre d'un recensement de besoins pour l'organisation de stages en compétences cliniques pour le personnel de santé travaillant dans la SMI/PF dans les pays où l'INTRAH a des projets.

Un des objectifs de l'INTRAH est le développement d'institutions africaines travaillant dans le Planning Familial pour qu'elles puissent d'elles-mêmes élaborer, exécuter et gérer des activités de formation au niveau régional. Ce besoin est particulièrement pressant pour la formation des paramédicaux et auxiliaires de santé en Afrique Francophone.

L'INTRAH a choisi Dakar comme site potentiel pour des raisons d'accessibilité et l'existence d'une bonne infrastructure en matière de points de service de Planning Familial pouvant permettre des stages pratiques. En outre l'existence du projet bilatéral de Santé Familiale offre l'avantage de pouvoir servir de modèle aux éventuels stagiaires.

Du 13 au 16 Mars 1987, Mr. Pape Gaye a de nouveau visité Dakar pour discuter avec l'USAID, le Projet de Santé Familiale et l'ASBEF de la décision d'INTRAH de travailler avec l'ASBEF à titre expérimental pour la formation de 5 sages-femmes Tchadiennes. La présente proposition est soumise à cet effet.

BUT : Formation en compétence clinique de Planification Familiale y compris la pose de D.I.U.

DATES 17 Aout au 12 Septembre 1987.

COORDINATION

Dr Penda Seck, Consultante Technique d'INTRAH, assurera la coordination de tous les aspects techniques de la formation y compris le développement du programme et du contenu, les objectifs, les critères d'évaluation et de performance selon les standards de l'INTRAH.

L'équipe de formation de l'ASBEF apportera son concours selon les besoins déterminés en collaboration avec l'INTRAH.

La gestion et le support logistique des 5 stagiaires pendant leur séjour seront assurés par une firme locale choisie par INTRAH.

CONTRIBUTION DES PARTIES

L'ASBEF fournira :

- Le local y compris une salle de cours, au moins deux salles de consultation et la bibliothèque.
- Les services du comité médical y compris son aval pour le contenu, les standards et autres domaines à déterminer.
- Tous sites fonctionnels pouvant accueillir des stagiaires pour un stage pratique.
- Des co-facilitateurs selon les besoins déterminés conjointement avec INTRAH.

L'INTRAH fournira :

- Le curriculum et tout le matériel didactique nécessaire pour la formation tels que des livres, brochures et matériel de support.
- Tous les fonds nécessaires pour couvrir les frais que la formation entrainera y compris les frais administratifs.
- Une experte en Planning Familial Clinique qui servira de formatrice principale.
- Toutes les fiches d'évaluation en quantités suffisantes
- De façon générale toute assistance technique que le projet nécessitera.

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Si cette première expérience est concluante INTRAH négociera avec l'ASBEF les clauses d'un contrat et établira avec elle, un programme annuel de formation.