

PD-AY-208

CAMEROON FAMILY HEALTH INITIATIVES PROJECT:

MANAGEMENT TRAINING AND

TECHNICAL ASSISTANCE

1988-1990

Prepared by:

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TABLE OF CONTENTS

	PAGE
ACKNOWLEDGEMENTS	
I. INTRODUCTION.....	1
II. FINDINGS	
A. OVERVIEW.....	2
B. CHILD SPACING SERVICES.....	3
C. MANAGEMENT SYSTEMS FOR CHILD SPACING PROGRAM	
1. LOGISTICS.....	5
2. SUPERVISION.....	6
3. MIS AND SERVICE STATISTICS.....	6
4. INFORMATION, EDUCATION, AND COMMUNICATION.....	6
5. PLANNING.....	7
III. RECOMMENDATIONS FOR TRAINING AND TA UNDER FHI BUY-IN....	8
IV. OTHER ACTIVITIES.....	11
ANNEXES	
I. LIST OF PERSONS CONTACTED	
II. LIST OF DOCUMENTS REVIEWED	
III. MSH/FPMT SCOPE OF WORK	
IV. BUDGET FOR BUY-IN	
V. BUDGET FOR OTHER ACTIVITIES	
VI. SCHEDULE OF PROPOSED ACTIVITIES	
VII. MOH ORGANIZATIONAL CHART: NATIONAL LEVEL	
VIII. MOH ORGANIZATIONAL CHART: PERIPHERAL LEVEL	

I. INTRODUCTION

At the request of USAID Cameroon, Mr. Ken Heise, Deputy Director of the Family Planning Management Training Project (FPMT), visited the Cameroon from May 20 to June 4, 1988 to collaborate with representatives of other Cooperating Agencies in the design of activities to be funded through the Family Health Initiatives Project. The team consisted of Mr. Philippe Langlois of Population Communication Services; Ms. Janet Heroux of the Johns Hopkins Program for International Education in Gynecology and Obstetrics; Dr. Pietronella van den Oever of the Population Reference Bureau (OPTIONS Project), and; Ms. Ming Hung of REDSO/WCA. Mr. Heise's role was to develop training and technical assistance proposals for management training in family planning, while the other team members focused on, respectively, IEC interventions, clinical training, support for population policy, and overall project coordination.

Team members were given well-defined terms of reference for their work (see Annex III), and were encouraged to coordinate their design efforts with each other. Because of scheduling conflicts, team members were not all present for the same period of time. However, the team met at frequent intervals to share thoughts and ideas and to prepare for final presentations to the Ministry of Plan (MINPAT) and USAID. The Cooperating Agencies will endeavor to coordinate their activities as project implementation begins.

The USAID Chief of Health, Population, and Nutrition briefed the team about the history of population and family planning activities in Cameroon, and explained his strategy for supporting GOC interest in expanding efforts in this sector. USAID and other donors have taken a cautious approach in developing and supporting family planning activities in Cameroon, an approach warranted by the political and religious climate with respect to family planning. Activities developed under the FHI II project should complement and reinforce existing centrally funded activities while laying the groundwork for a bilateral project in two or three years time.

The team met early on with the Ministry of Plan, Human Resources Division, to outline its objectives and plan its visit. MINPAT requested that all official appointments for the team be made by MINPAT directly, not by the individual team members. While this resulted in some lengthy delays, it did allow MINPAT staff to accompany the team members during their meetings and follow the development of proposed activities. At the final debriefing with MINPAT agreement was reached on the major activities proposed by the team members. A meeting with the USAID Director and senior staff, at which the proposed activities were presented and discussed, marked the conclusion of the team's visit.

II. FINDINGS

A. Overview:

Compared to neighboring countries, both Anglophone and Francophone, the Government of Cameroon has been slow to embrace family planning or population activities in an official capacity. The many reasons for this include pro-natalist sentiments on the part of the government, desire for large families, hesitancy on the part of the medical profession to be perceived as being ahead of official government policy, and the familiar equation of "population is politics." In recent years, however, there has been increasing awareness on the part of policy makers and the medical profession, and increased interest from the populace, on the need for family planning, or child spacing as it is referred to in Cameroon. While there still exists no official or organized government support for child spacing, it seems likely that support will be forthcoming in the near future.

The environment for family planning in Cameroon is one of contrasts, presenting both obstacles and opportunities for expansion. Good data do not exist, but it is universally acknowledged that contraceptive prevalence is very low, even by francophone African standards. At the same time, the country faces very real challenges in the areas of adolescent pregnancy, illegal abortion, high maternal morbidity and mortality, and a population growth rate estimated at 3 % per year.

USAID, through its many Cooperating Agencies and Centrally Funded Projects, has played an important role in promoting training and technical assistance in child spacing and population policy. The other principal donor to date has been UNFPA. Given the sensitivities surrounding child spacing in Cameroon, both donors have chosen to follow a fairly low-key, cautious approach to providing support. Nonetheless, a substantial amount of training and technical assistance has been provided over the past few years.

A relatively large number of persons have received clinical training for family planning service delivery, principally through JHPIEGO programs. These doctors and nurses represent a valuable resource for service delivery and future in-country training. The Futures Group has been working very actively with the Ministry of Plan to develop an awareness of the effect of rapid population growth on the country's development efforts. Through intensive technical assistance, sponsorship of key ministry officials to conferences and workshops, and through demographic and policy studies, much progress has been made towards developing a population policy. In 1985, a National Population Council linking together key ministries was created and has as one of its roles the development of the population policy. Members of the council have been heartened by recent statements by the President of Cameroon in favor of increased government involvement in population activities.

Other activities carried out by USAID and its CAs are described in reports written by USAID and REDSO/WCA (see Annex II). UNFPA has also been active in many of the same areas as USAID, including population planning and policy support, training, and the development of IEC materials. USAID and UNFPA meet regularly and will need to coordinate even more closely as the volume of activities increases to avoid duplication and ensure the maximum benefit from limited resources.

USAID is encouraged by recent government interest in and support for family planning and population. A bilateral health project with a child spacing component has recently started up, and although family planning will have a low priority, the fact that it is included at all is an important milestone in obtaining official government support. The activities to be carried out through the FHI II project will form a bridge between previous initiatives and a proposed population bilateral in two or three years time. The FHI II project will also serve to continue a recent trend in USAID programming towards reducing the number of separate CA and project activities in favor of a more channelled and focused effort in family planning and population.

B. Child Spacing Services:

In response to health and social pressures, and to promote effective child spacing services for motivated couples, a number of ministries, PVOs, private practitioners, and church-supported health facilities are involved in family planning service support or delivery activities. It must be emphasized, however, that these diverse activities are scattered geographically, lack coordination, and operate in the absence of any overall ministry program or directive. There is no umbrella organization or ministry overseeing the development of child spacing services or projects; rather, projects and activities are developed by interested individuals or groups and carried out through various ministries or funding agencies.

The two most important groups of service providers are the Protestant missions, through Family Planning International Assistance, and the doctors and nurses who have been trained with assistance from JHPIEGO. FPIA support has been funneled primarily through the Protestant church network of clinics and hospitals and includes clinical training, provision of equipment, regular supplying of contraceptives, and supervision and monitoring visits by regional staff, and salary support to key personnel in clinics. We visited the Djoungolo Clinique d'Espacement de Naissances in Yaounde and were impressed with the interest and dedication of the clinic's director. The director estimated that approximately 40 women visited the clinic daily, one fifth of whom were visiting for the first time. IUD's and oral contraceptives accounted for about 90% of the methods dispensed. According to the director, the other clinics and hospitals offering child spacing services were not as well organized as his and had fewer client visits. The Djoungolo Clinic will serve as a practical training site for other FPIA-supported projects.

JHPIEGO has provided support to the Centre Universitaire des Sciences de Sante (CUSS) and its satellite centers for a number of years. Administratively, CUSS is part of the Ministry of Higher Education. The doctors and nurses trained form an important network of providers and possible clinical trainers for future program development. CUSS has pioneered an innovative approach to reducing maternal mortality and morbidity associated with pregnancy. Based on hospital records studies, they determined that approximately one quarter of the women delivering in the hospital accounted for 70% of the morbidity and mortality. Accordingly, they have established screening criteria which enable the staff to focus their preventive health efforts on the at risk population. These same women are also prime candidates for family planning counseling. The number of new clients for child spacing services has risen considerably at CUSS over the years, appearing to peak in 1985 with over 950 new acceptors. We were not able to determine the number of new and continuing acceptors from the satellite centers.

Several ministries are involved in activities or projects that support child spacing services. Within the Ministry of Agriculture, the Department of Community Development has conducted training for its rural agents to sensitize them to the health and economic benefits of child spacing. These agents represent an important resource in the community for information about and motivation for family planning services. The recently combined Ministry of Social Affairs and Ministry of Women's Affairs also works through rural agents or "animateurs" to communicate information on a variety of health topics, including family planning. These efforts are complemented by the information and services provided through the "Maisons de la Femme", located in approximately 23 of the 50 Chef Lieu de Departement (administrative sub-divisions). With Ministry and IPPF support, the Maisons de la Femme provide health education, information on women's social concerns, and in a limited number of instances, direct MCH services. We were not able to determine the extent to which family planning services were promoted through these structures, although it is envisioned that they will be.

Ironically, the Ministry of Health's involvement in child spacing activities is perhaps less extensive than its sister ministries. While a number of hospitals, maternities, and clinics do offer child spacing services, they do so without official policy or program support from the Ministry of Health. One MOH activity undertaken by the MCH division does have a child spacing component. The project calls for the extension of MCH services to villages on the periphery of Yaounde. A mobile team visits the villages monthly to provide pre- and post-natal consultation, vaccinations, growth monitoring, child spacing and sterility services, limited curative care, and referrals. Although some 30,000 pregnant women are seen through the program, to date they claim only one continuing user of child spacing services.

Although it is extremely difficult to gauge their impact, some child spacing services are being offered through private

physicians and through contraceptive sales in pharmacies. Interested individuals have met to form the beginnings of an association which will seek affiliation with IPPF in the near future. The Catholic Health Services, with support from the International Federation for Family Life Promotion (IFFLP), has supported numerous activities in support of natural family planning: training of trainers, IEC training, awareness campaigns, and advanced training overseas for a limited number of participants.

In short, there are many child spacing activities being carried out in Cameroon by a variety of groups, both governmental and non-governmental. The activities are carried out in relative isolation, and suffer from a lack of overall program policy for family planning, deficiencies in coordination among the projects, and the absence of an institutional or ministerial focus for family planning. As will be discussed later in this report, it is hoped that the activities to be carried out through the FFMT project will help build the foundation for a planned and focused child spacing program in Cameroon.

C. Management Systems in Support of Child Spacing Programs:

As discussed earlier, one cannot speak of a unified or coherent child spacing program in Cameroon at this time. Management systems are at a nascent stage of evolution; separate projects and activities each have different systems for management information, commodity logistics, supervision, monitoring and evaluation, and planning. These are reviewed briefly below.

1. Logistics:

USAID, often the largest supplier of contraceptives in developing countries, is not currently bringing in contraceptives for child spacing activities in Cameroon. USAID does supply condoms as part of an AIDS control effort. The clinics in the Protestant network providing child spacing services receive their contraceptives from FPIA. FPIA also supplies many of the clinics where JHPIEGO-trained staff are providing child spacing services. Information on the volume of contraceptives provided by FPIA was not available locally; reports are filed with the regional FPIA office in Nairobi.

We did not hear of any problems related to contraceptive supplies; either in terms of quantity, timeliness of distribution, or expiration dates. The private physicians and pharmacies providing contraceptives receive their supplies from non-USAID sources, contraceptives of predominantly French manufacture. Current patterns of contraceptive procurement and distribution are probably adequate given the limited number of service delivery points and the apparent low demand for child spacing services. Any significant expansion of the child spacing program will require a more systematized approach to commodity procurement and distribution. This is discussed further below under Management Information Systems.

2. Supervision:

The fragmented delivery of child spacing services makes regular and effective supervision very difficult to achieve. Discussions held with senior staff at Djoungolo Clinic and CUSS indicate that they provide technical oversight to their dependent clinics within the constraints of limited time and vehicle shortages. There do not appear to be any supervisory checklists or instruments available to assist the supervisor. Several people interviewed felt the need to improve existing patterns of supervision especially in light of the long elapsed time since many of the clinic providers had received training. A standardized and systematic approach to supervision will become increasingly important as the child spacing program expands.

3. MIS and Service Statistics:

At present there is no attempt being made to collect in a central location the service statistics being generated in the different family planning service networks. Clinics and hospitals which offer family planning services do maintain records and compile reports on a regular basis. These reports (users by method, stocks, and financial) are then sent to donor agencies. Although this needs to be verified, it appears unlikely that most service sites use the information collected to monitor or assess the effectiveness of their efforts. In some countries copies of these reports would also be sent to a coordinating organization or a division within the ministry of health where they would be compiled and analyzed. This is not the case yet in Cameroon. As a result, it is extremely difficult to obtain an overall sense of the size or coverage of the child spacing activities.

CUSS, as mentioned above, clearly showed the importance of collecting health data and using them as the basis for planning, monitoring, and evaluating when setting up their high risk clinics. A functioning MIS could provide similar benefits at all levels of the service delivery system. Clinic providers could monitor continuation rates, evaluate the impact of IEC campaigns on user acceptance rates, determine the profile of contraceptive users, and generally improve the quality of and access to family planning services. At the aggregate level, planners and decision makers could use information to make well-reasoned decisions regarding approaches to service delivery, volume of contraceptives on hand and to be ordered, as well as to fashion IEC campaigns and messages and to target important sub-groups of the population. The development of an effective and useful MIS for child spacing services will take on ever greater importance as services expand in the coming years.

4. Information, Education, and Communication:

While some training in IEC has taken place, notably with assistance from FPIA, PCS, and INTRAH, it will only be with the onset of activities under FHI II that a large-scale, coordinated IEC program will unfold. The reader is referred to the PCS report of this mission for details of proposed IEC activities.

5. Planning:

The Ministry of Health does not have a comprehensive plan for child spacing activities in Cameroon. The Ministry of Plan will presumably include mention of child spacing as its population policy is articulated and action plans are developed. Donor agencies, and the networks they support, do go through a planning process, though we were not able to see evidence of plans in use. Talks with officials from many different organizations indicated that training in basic planning and management would be of benefit to the leaders and managers of the numerous child spacing activities.

SUMMARY:

Child spacing services have been available in Cameroon for a number of years, both in the public and private sector. Demand for services remains low, although many feel that it is rising. There is no organizational or ministerial "home" or focus for child spacing in Cameroon. Those child spacing activities that do exist are carried out through different, frequently unrelated channels, often with donor support. Management systems, to the extent that they have been developed, vary across networks with little cross-over or exchange at present. It is at the level of project management and systems development that FPMT training and technical assistance must focus, at least for the short term. The decision to design and implement the FHI II project in Cameroon is a timely one, as it will allow for the reinforcement and consolidation of present activities while building interest, motivation, and skills for future programs.

III. RECOMMENDATIONS FOR TRAINING AND TECHNICAL ASSISTANCE

Strategy: The FPMT strategy for Cameroon calls for training and technical assistance to strengthen the management of those child spacing activities already in place and to help develop management systems and competencies that will facilitate the eventual expansion of child spacing services. Initial work will be funded primarily through the FHI II buy-in to FPMT, supplemented as necessary with central funds. If central funds are available, a broader range of training and technical assistance in management will be possible.

We do not envision that the initial activities under the buy-in will be done in collaboration with local training or management institutions. FPMT experience has shown that collaboration of this sort requires a major investment of time to be successful, and that this would not be possible under the limited scope of activities to be funded by the buy-in. If, however, funding is available for more in-depth assistance, FPMT will make every effort to collaborate with one or more of the several fine institutions in Yaounde and Douala. Potential collaborating institutions include the Pan African Institute for Development (PAID), the Institut Supérieur de Management Public (ISMP), and the Institut de Formation en Recherches Démographiques (IFORD).

In determining FPMT's activities under the FHI II buy-in, certain underlying principles were identified:

- o Training and technical assistance should be targeted to those groups already actively involved in child spacing; that is, FPMT should build upon and reinforce the efforts already underway.

- o FPMT should focus on those management areas that are critical for improving both current and future program performance.

- o Whenever possible, more than one person from each institution or group should participate in training and technical assistance activities. A critical mass of similarly trained persons is necessary for long term changes in management practices or behaviors to occur.

- o Training will be most effective when carried out in a participatory manner and when follow up is provided by members of the training team. To this end, FPMT will make every effort to ensure continuity in its choice of trainers and technicians.

- o Each FPMT intervention should build upon previous ones as a means of reinforcing concepts and skills. The design and sequence of FPMT training and technical assistance activities should reflect this concern.

In light of the above considerations, the following activities are proposed for funding under the FHI II buy-in to FPMT.

1. Management Skills Workshop for Managers of Child-Spacing Activities.

As described above, there are many separate child-spacing initiatives in Cameroon at present. The managers of these activities have expressed the need for management training. The proposed two week workshop would bring together approximately 20 managers from the Ministries of Health, Social and Women's Affairs, Agriculture (Community Development), Plan, plus participants from CUSS, the missionary health services, and others. The workshop will be designed to develop skills in program management, particularly in the critical areas of problem identification and problem solving, planning, monitoring and evaluation, and budgeting. A special emphasis will be placed on the design and use of information systems as a management tool.

The workshop will use highly participatory, experiential learning techniques to encourage active involvement by the participants. Training methods will include role plays, case studies, simulation games, small group work and presentations, as well as more formal presentations. The University of Pittsburgh, which is also involved in management training in the public sector, will be contacted by FPMT well ahead of the workshop to ensure that FPMT's course content builds on their experience.

In addition to the transfer of management skills, the workshop will also provide an opportunity to bring together the diverse groups presently involved in child-spacing activities. The formal and informal exchanges of information and experience will serve the useful function of building a common knowledge base and forming a network of individuals involved in child spacing programs.

2. Approximately two months after the workshop, one of the workshop trainers will return to Cameroon to meet with workshop participants and their host organizations to assess the effectiveness of the training and to assist participants in the application of skills learned to the specific management problems identified during the workshop.

3. Development of a Management Information System for Service Statistics.

Approximately 30 days of technical assistance will be provided to the major service provider networks to help them develop or improve basic forms and procedures for collecting, and using, family planning service and commodity statistics. Given that the child spacing networks do already collect some user data, much of the TA will focus on helping managers to use the data they already collect to help improve services. The TA therefore will build on the MIS work undertaken in the first management workshop described above. To the extent possible, the TA will also explore ways of standardizing some portion of the information

being collected by different groups in order to permit, at a later date, the collection of child spacing information at a central point. The need for reasonably accurate baseline information will become increasingly acute as the child spacing program expands. FPMT consultants will try to identify key counterparts in the MOH and MINPAT and work with them in this effort. Specialized training in MIS would be appropriate for these persons, and might be funded using central FPMT funds.

We propose that the technical assistance in MIS be provided in two installments at roughly two month intervals. The first visit will serve largely to assess the current level of development of the MIS in the different networks, while the second will concentrate on standardization issues and transfer of skills. Subject to availability of central funds or additional buy-in monies, the MIS area is one where additional technical assistance and training could have a major impact as the child spacing program expands.

An estimated budget for these training and technical assistance activities is attached as Annex IV. In preparing the budget to meet the buy-in level of \$75,000, it was necessary to understate certain costs and levels of effort. This was done with the understanding that the FPMT central account will pick up those costs.

IV. OTHER ACTIVITIES SUBJECT TO AVAILABILITY OF FUNDS

There are several additional areas where FPMT assistance could benefit the child spacing program in Cameroon. These are described briefly below with an estimated budget in Annex V. Unfortunately, it is not possible at this point to confirm availability of central funds to cover the costs of these activities. FPMT is able to accept additional buy-ins under its contract and would welcome the opportunity to discuss this option with USAID Cameroon. Brief descriptions of the other activities appear below.

1. MIS and Microcomputer Training:

FPMT central funds can support a limited number of participants to short term training in the US. Management Sciences for Health will offer a four week course in French entitled Microcomputer Based Management Information Systems for Health and Family Planning from September 26 to October 21, 1988. If two people could attend this course, perhaps from the Ministry of Health and the Ministry of Plan, they would then be in a position to participate more fully in the MIS work to be carried out under the buy-in.

2. Workshop on the Development of a Child Spacing Program:

As child spacing programs with Ministry backing and involvement get underway there is often a need to bring together those individuals and organizations with program responsibilities to assure clear understanding of roles and responsibilities. The workshop would enable participants to map out the child spacing system, both current and proposed, and gain agreement on the allocation of functional responsibilities across ministries and provider groups. A workshop of this sort serves the useful purpose of building a common knowledge base among participants and identifying areas of overlapping interests, or conversely, gaps, that will need to be addressed to ensure efficient program management.

This workshop would last two weeks and bring together approximately 20 participants from the ministries of Health, Plan, Social and Women's Affairs, Agriculture, as well as representatives from NGOs involved in population and child spacing programs. Optimal timing for this workshop would be just prior to the start up of the proposed bilateral project, or perhaps at the take off point of major activities envisioned under the FHI II project. Approximately two months after the workshop technical assistance followup should be provided to the indicated ministries and organizations in order to assist in planning for implementation and to monitor progress towards program objectives.

3. Supervision Workshop:

The purpose of a supervision workshop for health and child spacing supervisors would be to develop skills and tools for effective supervision of child spacing activities. Many service providers have already been trained over the past ten years; many more will be trained under FHI II. A common approach to supervision will help ensure the delivery of quality services and pinpoint areas for refresher training and/or modification to the basic training curriculum. The workshop will cover principles and techniques of effective supervision and build skills in interpersonal communication. Workshop participants will develop supervisory protocols and practice using them. Approximately 20 participants will attend, primarily from the Ministry of Health, CUSS, and Protestant clinic network.

The workshop will need to be developed with considerable input and assistance from JHPIEGO and PCS, as the outputs (skills, supervisory tools) will be used with the people and programs that they are helping to develop. Approximately six months later a follow up workshop should be conducted with the same participants. The purpose of the workshop will be to assess the effectiveness of the supervisory protocols that were developed, revise them as necessary, reinforce skills and concepts covered in the initial workshop, and to explore solutions to problems faced by the supervisors.

4. U.S. and Regional Short-term Training:

As the child spacing program evolves, Cameroonians in leadership and top management positions will likely need specialized training. In coordination with USAID and the GOC, FPMT will assist in identifying U.S. and regional programs that respond to these needs. Priority training areas will include MIS, commodity logistics, monitoring and evaluation, human resource management, and the management of child survival programs. FPMT may be able to support a limited number of Cameroonians from central project funds to attend out of country training.

5. Francophone Regional Advisory Committee:

FPMT will extend an invitation to Cameroon to join the project's Francophone Regional Advisory Committee (FRAC), a working group of African leaders in family planning that meets yearly to help FPMT respond more effectively to the needs of the region. In two previous meetings of the FRAC, the Pan African Institute for Development in Douala sent representatives. A high ranking person from the MOH would be most welcome at next year's FRAC, scheduled for late February, 1989 in Dakar.

ANNEX I: LIST OF PERSONS CONTACTED

USAID YAOUNDE

Mr. Jay Johnson, Mission Director
Mr. Robert Schmeding, Education and Human Resource Development
Mr. Gary Leinen, Health Population and Nutrition Officer
Ms. Ming Hung, REDSO/WCA HPN Officer
Mr. Geroge Vishio, Population Program Specialist

MINPAT

Mr. A. Tabi, Human Resources Division
Mr. J. Fokam, Chef de Service, Population and Health
Mr. M. Tsafack, Chef de Bureau, Water and Health
Mr. A. Kamdam, Chef de Service, Planning and Population

MINASCOF

Mr. P. Hoje, General Secretary
Mr. A. Naoung, Cabinet de Ministre
Mme. Y. Njock, Head of Studies
Mme. F. Ngonon Tabi, Chef de Service
Mr. C. Mbeni, Conseiller Technique

MINSANTE

Dr. Ghogomu Nongho Amida, Director of Preventive Medicine
Dr. C. Bekoe-Ngouba, Director, Hospital and Rural Medicine
Mme. A. Domatob, Health Education
Mr. J. Njia Toda, Health Policy
Mr. S. Mbozo'o Omende, Assistant Director, Studies, Planning, and
Statistics
Mme. S. Mpouli, Chef de Service Adjoint, Maternal and Child
Health

CENTRE UNIVERSITAIRE DES SCIENCES DE LA SANTE (CUSS)

Dr. B.T. Nasah, Director of Obstetrics and Gynecology

DJOUNGOLO HOSPITAL CHILD SPACING CLINIC

Mr. E. Elle, Clinic Director

INSTITUT DE FORMATION EN RECHERCHES DEMOGRAPHIQUES (IFORD)

Mr. R. Damack Ngatchou, Faculty

INSTITUT SUPERIEUR DE MANAGEMENT PUBLIC (ISMP)

Mr. Eboko Ekoka Fritz, Assistant Director

PAN AFRICAN INSTITUTE FOR DEVELOPMENT

Mr. Kabeya Tshikuku, Director
Mr. Mulumba Tshepela, Director of Management Training

UNFPA

Mr. Alain Mouchiroud, Country Representative
Mr. Onguene, Program Officer

PRITECH

Ms. Robin Steinwand, Program Manager

SAVE THE CHILDREN

Mr. Timothy Manchester, Assistant Director
Dr. Nkodo-Nkodo, Primary Health Care Coordinator

PROJET SANTE DE L'ENFANT DU SUD ET DE L'ADAMAOUA

Dr. James Sonnemann, Chief of Party
Mr. Robert De Wolfe, Training and IEC Director

POPULATION COMMUNICATION SERVICES

Mr. Philippe Langlois, Assistant Director

POPULATION REFERENCE BUREAU/FUTURES GROUP

Dr. Pietronella van den Oever, Senior Researcher

JOHNS HOPKINS UNIVERSITY, JHPIEGO

Ms. Janet Heroux, Consultant

ANNEX II: LIST OF DOCUMENTS REVIEWED

- o FPMT Report of Visit to the Pan African Institute of Development, October 1986
- o Brief History of the USAID Health, Nutrition and Population Office August, 1987
- o Assessment of USAID Assistance in Population: Cameroon October 1-17, 1986
- o Trip Report: Cameroon, February 29-March 4, 1988 REDSO Population
- o Action Memorandum for the Director, USAID Cameroon, re FHI II Project
- o Interim Population Action Plan: USAID Cameroon
- o Action Plan for the Implementation of Population Strategy USAID Cameroon, October 1986
- o USAID MCH Project Paper: Child Spacing Component
- o UNFPA Proposed Programme and Projects: Recommendations by the Executive Director; Assistance to the Government of Cameroon, Support for a Comprehensive Population Programme, May-June, 1987
- o UNFPA: Cameroon: Report of Mission on Needs Assessment for Population Assistance September, 1980
- o Ministere du Plan et de l'Amenagement du Territoire: Plan d'Action Demographique January 1988

ANNEX III: MSH/FPMT SCOPE OF WORK

1. Identify and analyze the management training needs of the ministerial, non-governmental and private voluntary organizations involved in family planning programs.
2. Review past and current training programs in the area of family planning that include a management element.
3. Develop a two year management training plan for both short term and long term, in-country and third-country, in-service and pre-service training of current and future family planning program leaders, and senior and high level program managers to meet current and projected needs. The training should include logistics management and management information systems. The plan should include an estimated time frame for each training activity, and should be developed in coordination with JHPIEGO and PCS.
4. Identify potential local collaborating institutions and individuals, and assess their capabilities to develop and conduct the training.
5. Identify assistance to be provided through the FPMT project for the training and follow-up activities, including a detailed technical assistance plan.
6. Prepare the budget for the management training program for AID contribution, including technical assistance, training materials, and local program costs.
7. Coordinate the management training program with the clinical and IEC training programs.

ANNEX IV: ILLUSTRATIVE BUY-IN BUDGET FOR MSH/FPMT

	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>TOTAL</u>
I. <u>CORE STAFF</u>			
Workshop: 22 days	4,840	0	4,840
Technical Assistance, MIS: 31 days	0	6,820	6,820
Support Staff: 2 days	0	180	180
II. <u>CONSULTANT</u>			
35 days	10,140	0	10,140
III. <u>TRAVEL</u>			
Boston/Yaounde at \$3,400 each	10,200	3,400	13,600
One half Boston/Yaounde at \$1,700	0	1,700	1,700
In-Country Travel	100	400	500
IV. <u>PER DIEM</u>			
Yaounde at \$153/day			
Year 1 at 56 days	8,568	0	8,568
Year 2 at 28 days		4,284	4,284
V. <u>PARTICIPANT COSTS</u>			
Travel	550	400	950
Lunch/Incidentals	2,400	0	2,400
Coffee Breaks	450	0	450
I. <u>OTHER DIRECT COSTS</u>			
Communication	225	307	532
Translation/Reproduction	203	307	510
Shipping/Excess Baggage	203	307	510
Workshop Supplies/Materials	303	207	510
VII. <u>OVERHEAD</u> (on staff and consultant fees only)	8,942	5,600	14,542
VIII. <u>FEE</u> (all costs)	2,976	1,488	4,464
<u>TOTAL</u>	50,000	25,000	75,000

ANNEX V: BUDGET FOR OTHER ACTIVITIES

A. MIS and Microcomputer Training

1.	Airfare:	2 Yaounde Boston RT @ \$3,400	\$ 6,800
2.	Per Diem:	Boston 18 X 90	1,620
		Boston 40 X 75	3,000
3.	Other Travel		200
4.	Tuition		7,800
		TOTAL	<u>\$ 19,420</u>

B. Workshop on Development of Child Spacing Program

1.	Core Staff:	26 days @ 240/day	\$ 6,240
2.	Consultant:	26 days @ 240/day	6,240
3.	Airfare:	2 RT @ 3400	6,800
		Local travel	300
4.	Per Diem:	Yaounde 42 @ 153/day	6,426
5.	Participant:	Travel	1,000
		Lunch/Incidentals	2,400
		Breaks	500
6.	Other Direct:	Communications	500
		Translation/Reproduction	500
		Supplies/Materials	500
7.	Indirect Costs:		8,112
8.	Fee:		2,523
		TOTAL	<u>\$ 42,041</u>

C. Follow Up

1.	Consultant:	16 days @ 240	\$ 3,840
2.	Airfare:	1 RT @ 3,400,	3,400
		Local travel	300
3.	Per Diem:	14 @ 153	2,142
4.	Other Direct:		500
5.	Indirect Cost:		1,920
6.	Fee:		773
		TOTAL	<u>\$ 12,875</u>

D. Supervision Workshop (2 weeks)

Core Staff:	26 @ 240/day	\$ 6,240
Local consultant:	22 @ 150/day	3,300
Airfare	1 RT @ 3,400	3,400
	Local travel	300
Per Diem:	21 @ 153	3,213
	18 @ 20	360
Participant:	Travel	2,000
	Lunch/Incidentals	2,400
	Breaks	500
Other Direct:	Communications	500
	Supplies	500
	Reproduction	300
Indirect Cost:		6,642
Fee:		1,893
	TOTAL	<u>\$ 31,548</u>

E. Supervision follow-up Workshop (1 week)

Local Consultant:	12 days @ 150	\$ 1,800
Per Diem:	6 days @ 20	120
In-Country travel:		300
Participant Training:	Travel	2,000
	Lunch/Incidentals	1,200
	Breaks	250
Other Direct:	Communications	300
	Supplies	200
	Reproduction	200
Indirect Costs:		900
Fee:		464
	TOTAL	<u>\$ 7,734</u>

S U M M A R Y

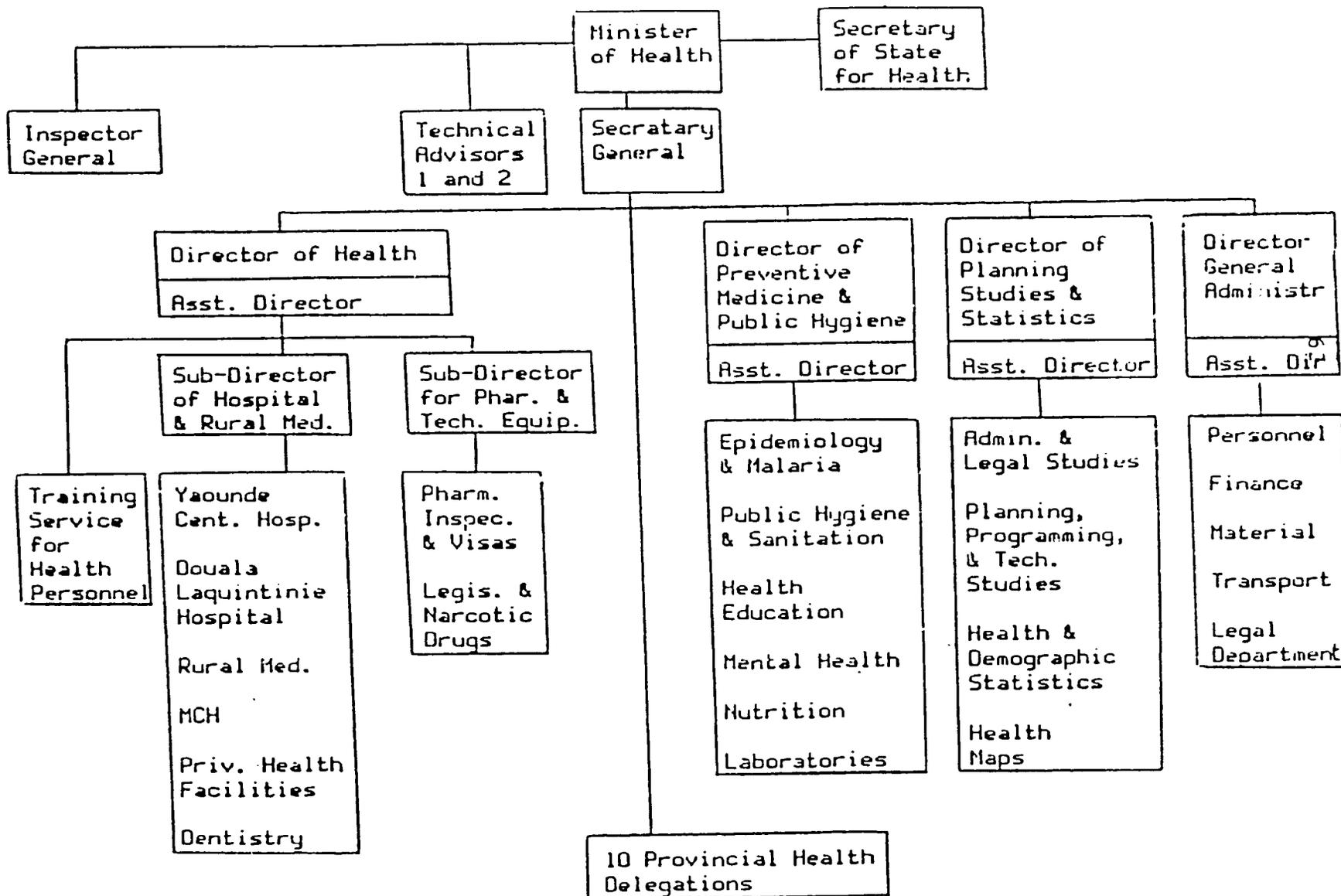
A. MIS Course	\$ 19,420
B. Workshop: Development of Child Spacing Program	42,041
C. Follow-up T.A.	12,875
D. Workshop: Supervision	31,548
E. Workshop: Supervision	7,734
TOTAL	<u>\$113,618</u>

ANNEX VI: SCHEDULE OF PROPOSED FPMT ACTIVITIES: YEARS 1 AND 2

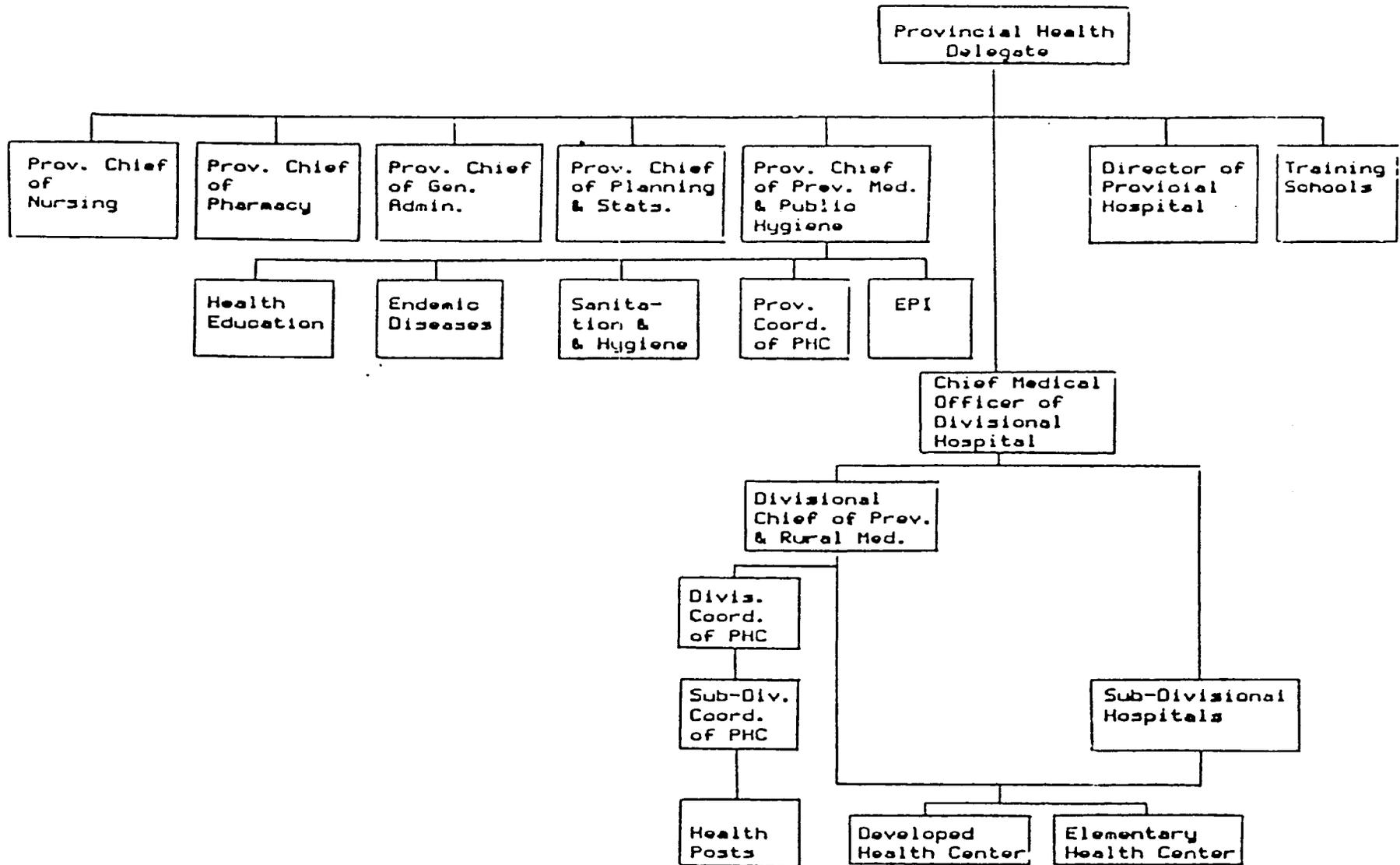
ACTIVITY	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. * 2 participants to MSH course on MIS Sept 26-Oct 21, 1988																																
2. * Visit to plan first workshop			XXX																													
3. Management Workshop for Child Spacing Programs							XXXXX																									
4. Technical Assistance Follow Up to Workshop											XXXX																					
5. Technical Assistance, MIS (first visit)												XXX																				
6. Technical Assistance, MIS (second visit)																XXX																
7. * Supervision Workshop																				XXXX												
8. * Technical Assistance Follow Up to Workshop																																6 mos post workshop
9. * Workshop to Develop Child Spacing Program																																XXXX
10.* Technical Assistance Follow up to Workshop																																2 mos post workshop
11.* U.S. and Regional Short Term Training															XXXX				XXXX				XXXX				XXXX					
12.* Francophone Regional Advisory Committee February/March, 1989																																

* To be funded through FPMT central account

ANNEX VII: MOH ORGANIZATIONAL CHART- NATIONAL LEVEL



ANNEX VIII: MOH ORGANIZATIONAL CHART- PERIPHERAL LEVELS



13