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**EVALUATION REPORT  
JHPIEGO REGIONAL FAMILY PLANNING  
TRAINING SUPPORT PROJECT  
FOR FRANCOPHONE AFRICA**

by

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## Glossary

A.I.D.	Agency for International Development
AVSC	Association for Voluntary Surgical Contraception
FHI	Family Health Initiatives
INTRAH	Program for International Training in Health, University of North Carolina
IUD	Intrauterine device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MOPH	Ministry of Public Health
NTCRH	National Training Center for Reproductive Health
ORT	Oral rehydration therapy
REDSO/WCA	Regional Economic Development Services Office for West and Central Africa (A.I.D.)
VDMS	Visites à Domicile de Motivation Systématique
VSC	Voluntary surgical contraception

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## Executive Summary

This evaluation reviews the JHPIEGO sub-Saharan Francophone Africa training program in reproductive health for 1988-1989. The major achievements expected under this project were that JHPIEGO, in conjunction with the National Training Center for Reproductive Health (NCRH) in Morocco, would provide seven courses to strengthen the skills of key health professionals in the areas of program management, clinical practice training, and advocacy work in reproductive health care.

This evaluation addresses the goals of the project as they relate to the physician and nurse clinicians' courses, particularly the quality of the clinical training programs and the capability of the NCRH to develop and deliver them. The evaluation assesses progress toward goals as envisioned in the work plan, the quality of trainers, the efficiency of JHPIEGO's assistance, and the effectiveness and implementation of the training process, particularly with respect to the course for nurse clinicians.

To conduct this evaluation, the consultant spent one month in Morocco and Côte d'Ivoire. The consultant interviewed clinical supervisors, medical and nursing faculty responsible for training, current and former trainees, USAID mission personnel in Morocco, the regional director of the Program for International Training in Health (INTRAH), the JHPIEGO associate director for Africa, and the staff of the Regional Economic Development Services Office for West and Central Africa (REDSO/WCA). In addition, the consultant observed the three-week nurse clinician training course, reviewed all available documents, and analyzed a questionnaire completed by three former trainees.

The indicators selected to measure quality of training were the process of course development, progress toward training objectives, effectiveness of the training process, competence of trainers, appropriateness and applicability of content, and the organization and atmosphere of the courses.

Indicators selected to measure the institutionalization of the NCRH's training capability were the NCRH's organizational structure, institutionalized training functions, staff expertise, documentation, and course management.

The results of the assessment of project performance are positive. The physician and nurse clinicians' courses rated highly in process, trainers, and overall content. The high rating is due to the relevancy of the clinical content to the trainees' work and the excellent opportunities trainees are given to practice acquired skills in clinical settings. A special note of commendation relates to the positive learning environment created by the trainers. Trainees' criticisms of the nurse clinicians' course related primarily to the management portion. This section of the course presented a great deal of new material in a short period of time, and trainees had difficulty grasping some of the concepts. Trainees also suggested that more reference materials be made available, that the length of lectures be kept to the scheduled 90 minutes, and that additional time be provided for certain subject areas.

Each of the courses offered in the regional Francophone training program is developed based on experience and general information. No systematic needs assessment has been done in the Francophone countries to ensure that the courses are meeting specific needs. There is, however, uniformity in design over all the courses.

The NCRH's organizational structure, policies, procedures, in-house expertise, and course materials support the delivery of high-quality family planning courses. Functions relating to

needs assessment and evaluation are not yet fully institutionalized, however. Because of this, the information bases for certain components of each course are also not fully institutionalized.

The NTCRH has successfully developed the capacity to ensure that training programs operate smoothly, which enables trainees to focus on the courses. Transportation, visas, lodging, meals, field practice, and support services have been handled very effectively. For its part, JHPIEGO has experienced relatively minor problems with participant selection, communication with REDSO, and logistics.

Recommendations for improving the quality of the physician and nurse clinicians' courses center on increased availability of reference materials, individual needs assessment, and early detection of weak clinical skills. In addition, if clinical management is to continue to be taught, more needs analysis, in-country evaluation, and course development are required.

With regard to the NTCRH's institutional capability, highest priority should be given to conducting systematic in-country follow-up to ensure that the JHPIEGO/NTCRH program remains a relevant resource to family planning programs. Results of these visits should be analyzed to project training and technical assistance needs for former trainees and potential candidates.

# 1. Introduction and Background

## 1.1 Background

The countries of sub-Saharan Africa are highly diverse in both the type and quality of reproductive health care offered to the population. Many countries lack the institutional network as well as the supplies, materials, and trained personnel necessary for these programs. Some countries are still developing policies to support family planning programs. In others, existing medical and nursing education programs are outdated, and curricula have not been revised to train future service providers in the broader reproductive health technologies, including family planning. Many sub-Saharan African countries have demonstrated interest in instituting broad reproductive health care services, but there is still a largely unmet need to introduce new advances and appropriate technologies in individual countries to combat the problems of high infant and maternal mortality and morbidity related to reproductive health.

The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), in conjunction with the National Training Center in Human Reproduction (NTCRH) in Rabat, Morocco, has been involved in regional and local training of health professionals since 1981. Within the Francophone region of sub-Saharan Africa, JHPIEGO has identified training needs in the areas of program management, clinical practice, and advocacy work in reproductive health care for key health professionals. Again in collaboration with the NTCRH, JHPIEGO has organized training courses and observational tours to meet specific training needs for selected individuals in the region. Such programs are now almost nonexistent in Francophone Africa.

The JHPIEGO program with the NTCRH is closely linked to a program funded by the Association for Voluntary Surgical Contraception (AVSC) of New York. The AVSC program provides support at the NTCRH to expand the capability of the Ministry of Public Health (MOPH) to provide voluntary surgical contraception (VSC) services in Morocco as part of the Government of Morocco's overall family planning strategy.

JHPIEGO's strategy in Africa, as it is throughout the developing world, is to support in-country programs that are administered by in-country health care professionals. When JHPIEGO was established, most countries in Africa did not have the expertise or technology to support in-country training in reproductive health. To help create a core of trained health care professionals, JHPIEGO supported didactic training of African professionals in the United States and clinical training for Anglophone professionals in Egypt and Jamaica and for Francophone professionals at a regional center in Tunisia. A second regional center for the training of Francophone professionals, the NTCRH, was established in Morocco in 1980.

Since the beginning of the training program in July 1981, 294 Moroccan and 183 regional physicians, nurses, and anesthetic technicians have participated in courses. The overall goal of this program is to upgrade the skills of health professionals of Morocco and sub-Saharan Francophone African countries in reproductive health, including endoscopy and family planning techniques.

During the fifth year of specialized training (October 1, 1988, to September 30, 1989), REDSO/WCA contracted with JHPIEGO to provide \$300,000 for training in reproductive health for 70 sub-Saharan Francophone participants and \$50,000 for the Anglophone program in Nigeria.

## 1.2 Contextual Information

The NTCRH was created by the Government of Morocco in 1979. Its mandate is to provide gynecologic, obstetric, and family planning services; train physicians and paramedical personnel; and conduct research. The NTCRH is considered both a hospital and a university center, and it receives support from the Moroccan health and education ministries.

The NTCRH is housed in the former maternity hospital of Rabat. Its facilities include a 30-bed maternity and obstetrics-gynecology service, operating and recovery rooms, a 24-hour emergency service, family planning services, classrooms, a library, offices, a laparoscopic repair and maintenance center, and a unit that manages the AVSC and JHPIEGO programs. Its staff consists of 12 nonresident physicians, who are specialists in obstetrics, gynecology, and reproductive surgery; 22 resident physicians, who are specializing in obstetrics and gynecology and who share in the provision of medical services to the center's patients; 80 nurses; 55 service personnel; and 7 administrative personnel. The unit responsible for the administration of the AVSC and JHPIEGO programs has a staff of three full-time/part-time personnel, all funded by the AVSC and JHPIEGO grants.

Since 1984, the NTCRH has trained 78 obstetrician-gynecologists and surgeons in laparoscopic tubal ligation procedures (current policy limits training, insofar as possible, to these specialists). Training in operating room techniques and family planning information and educational services has been provided to 159 paramedical personnel. The center's training activities have also included 68 physicians and 115 paraprofessionals from other countries in northern and sub-Saharan Africa under the JHPIEGO agreement. Since the inception of its activities, the NTCRH has performed 5,921 tubal ligations and has been responsible for an additional 15,974 such procedures in 32 provincial centers as a result of the AVSC and JHPIEGO programs, which exceeds the target of establishing service in 30 provincial centers.

## 1.3 Family Planning in Morocco

The goal of the Moroccan family planning program is to improve maternal-child health. Significant gains have been made in the contraceptive prevalence rate over the past five years as a result of a national effort orchestrated by the MOPH. Contraceptive prevalence has increased from 20 percent of married women of reproductive age (1979-80 National Family Planning and Fertility Survey) to 35 percent (1987 Demographic Health Survey)--a remarkable achievement by all standards. This increase has occurred against a backdrop of declining fertility rates and increased age at marriage (from an average of 17.3 years in 1960 to an average of 22.2 in 1982).

Between 1981 and 1985 the Moroccan government embarked on an intensive effort to increase family planning practice throughout the country. A major contributor to the increase in prevalence has been the establishment of an ambitious outreach program and the expansion of services at fixed centers throughout the country. A system of itinerant health workers, Visites à Domicile de Motivation Systématique (VDMS), has contributed to increasing access to services in rural areas that otherwise would not have been reached by family planning programs.

The outreach program, which combines family planning with preventive maternal-child health services, is now operational in 32 of Morocco's 48 provinces; it is intended to provide systematic coverage in zones surrounding rural dispensaries and health centers. Access to family planning information and services has been achieved for at least 70 percent of the population, in large part through the VDMS, which is fully integrated into the provincial MOPH system. Each

provincial hospital is associated with a family planning reference center that is capable of providing family planning information, distributing contraceptives, and inserting IUDs.

#### 1.4 Scope of Evaluation

The midterm evaluation and review of the Francophone training program was undertaken to assist REDSO/WCA to prepare for possible follow-on activities in Morocco. This report of the evaluation focuses on the quality of the nurse/physician courses and the capability of the NTCRH to develop and deliver the courses over a 12-month period. Specifically, the evaluation focuses on progress toward goals established in the work plan, quality of trainers, the efficiency of JHPIEGO's assistance, and the effectiveness of the training process, particularly with respect to the nurse clinicians' course. The phases of the training process were defined in the evaluation Scope of Work (see Appendix A) as (1) determination of training needs, (2) curriculum development, (3) trainee selection, (4) implementation, (5) supervision, and (6) evaluation of training activities.

#### 1.5 Evaluation Methodology and Framework

The evaluation was conducted in Morocco and Côte d'Ivoire. Interviews were conducted with clinical supervisors, medical and nursing faculty responsible for training, current and former trainees, the regional director of the Program for International Training in Health (INTRAH), the JHPIEGO representative for Africa, and staff of REDSO/WCA and USAID/Morocco (see list of persons contacted in Appendix B). A three-week nurse clinician training course was also observed and all available documents were reviewed (see list in Appendix C).

The nurse clinicians' course that was observed entailed course lectures and seven days of clinical training at the Family Planning Unit of the NTCRH and at the centers of Youssoufia, Tabriquet, Ben Khenis, and Yacoub el Mansour. At each of the centers, the physician in charge and members of the nursing staff were interviewed.

The indicators selected to measure the quality of the training being provided are as follows:

- process of course development
- progress toward training objectives
- effectiveness of the training process
- competence of trainers
- appropriateness of content
- organization and atmosphere of the course.

The indicators selected to measure the project's performance in developing the NTCRH's institutional capability to deliver training are as follows:

- organizational structure
- institutionalized training functions
- staff expertise
- documentation
- course management.

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## **2. JHPIEGO/A.I.D. Project**

## **2. JHPIEGO/A.I.D. Project**

### **2.1 Project Summary**

Under the original project it was planned that there would be nine courses for 70 participants: five observational tours, two family planning and management training courses for physicians, one clinical training course for nurse/midwifery tutors, and one course on sexually transmitted diseases. Under the project agreement signed in May 1988, the configuration of the courses changed but the numbers of participants remained the same. The project now provides for two observational tours for policymakers, two family planning sessions for physicians, one family planning update course for physicians, and one family planning session each for nurse tutors and nurse/midwife clinicians. The courses were designed to have 7 to 10 participants each, except the physicians update course, which was to have 15 participants.

The project is funded under REDSO/WCA's Family Health Initiatives (FHI) II project. The rationale for the project was that the need for training in Francophone Africa was great and that few training opportunities in reproductive health care were available for key individuals. The project was in the amount of \$350,000 (\$300,000 for Francophone Africa; and \$50,000 for English-speaking countries).

### **2.2 Project Components**

Each course consists of clinical and didactic training. Detailed course descriptions are included in the contractual agreement, which is on file at REDSO/WCA.

#### **2.2.1 Family Planning Observational Tours for Key Policymakers**

The major content areas to be covered are as follows:

- family planning in Morocco: attitudes and practices
- family and social structures
- demographic perspectives, health
- child spacing
- family planning techniques
- client counseling, informed choice, informed consent
- maternal health, breastfeeding, immunization, and oral rehydration therapy (ORT).

This content is covered by two and a half days of theory, followed by two and a half days of observation of family planning clinics. The contractual agreement specifies that the selection of participants will be based on the strategic role they play in decision making and/or their potential to influence advancement of reproductive health care services in their country. The goal is to generate support for changes in policy that would lead to the development and expansion of reproductive health services.

#### **2.2.2 Family Planning and Management Training for Physicians/Nurses**

The content areas for the physician and the nurse clinicians' course are the same and are as follows:

- family planning techniques
- sexually transmitted diseases
- pelvic inflammatory diseases

- high-risk pregnancies
- breastfeeding, child immunization, ORT

Two and a half days of training in theory are followed by seven and a half days of clinical training. An additional four days of training is devoted to management practices and supervision of reproductive health care services. The goal of the course for physicians is to prepare physicians for their role as clinical instructors and program managers for family planning training and service projects. Selection of physicians for the update course is based on a participant's occupying a key management position from which he or she can influence the expansion of reproductive health care services. Emphasis in this course is on updating knowledge and skills. The program for nurse clinicians aims to strengthen the clinical supervisory skills of practicing nurses/midwives.

### **2.2.3 Clinical Training for Nursing/Midwifery Tutors**

This course focuses on integrating modern reproductive health training into preservice curricula at schools of nursing and midwifery. Its goal is to promote curriculum modification and introduce reproductive health technology into the program for students.

In addition to the content listed for the physician/nurses' courses, the course for the nurse/midwife tutors covers the following topics:

- teaching clinical procedures
- managing of reproductive health and family planning projects
- integrating family planning subjects into the curricula of nurses and midwives.

Clinical training also involves visits to schools of nursing and midwifery.

## **2.3 Project Design/Strategy**

### **2.3.1 Regional Approach**

For professionals from countries that do not have the personnel or the caseload to support a particular type of training, JHPIEGO supports regional training as a way to achieve its purpose. The rationale is that course participants typically return to their institutions -- medical and nursing schools, hospitals, health ministries, or maternal and child health centers -- and conduct in-country training. It is also expected that the participants will serve as advocates of change in policies related to reproductive health care. Further, the interregional exchange of ideas creates linkages, which in turn leads to development of a network that strengthens individual national programs.

Evaluation of trainees is based on the following:

- pre- and post-testing for didactic education,
- clinical evaluation forms and certification for clinical training, and
- follow-up on-site training visits to participants in their respective countries.

### **2.3.2 Course Development/Institutional Development**

The process of course development is described in detail in the Project Paper. In brief, the process is initiated by a request from a Francophone sub-Saharan African country for training of health personnel in family planning techniques. Training goals and objectives are then

set based on the request; course content and materials are developed; and the training course is then conducted and evaluated. It is expected that institutional development will occur as part of this process.

### **2.3.3 JHPIEGO Management of Courses**

Under the project, JHPIEGO has responsibility for overseeing and providing funds. The NTCRH has responsibility for planning, coordinating, implementing, and evaluating all training activities. The NTCRH, in collaboration with the Ministry of Public Health, selects Moroccan participants. The JHPIEGO/NTCRH agreement details a specific process for selecting regional candidates, which includes notification of USAID missions. Specifications and requirements regarding staff qualifications, technical assistance to be provided, and materials and facilities to be made available are listed in the agreement.

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### **3. Findings**

## 3. Findings

### 3.1 Project Performance

From 1981 through 1988, approximately 180 regional physicians, nurses, and anesthetists were trained under the JHPIEGO project. In 1989, 48 out of a projected 70 regional health professionals have been trained in five courses: two observational tours for policymakers and one course each for family planning nurse tutors, nurse clinicians, and physicians. Two courses remain to be held in 1989: a family planning session for physicians and a family planning update course for physicians.

#### 3.1.1 Course Development and Organization

The initial process of course development is somewhat limited. No systematic needs assessment has been conducted in the Francophone countries to ensure that the courses are designed to meet specific needs. Currently, needs are identified using a variety of mechanisms: feedback to JHPIEGO representatives from national health ministries, contacts with previous trainees in-country, information gleaned from in-country JHPIEGO programs and USAID missions, and participant surveys.

The curriculum contains basically the same material from course to course, but adjustments are made for each group, and an effort is made to meet specific learning needs. The third week of the nurse clinicians' course, for example, was developed to deal specifically with the role of the family planning nurse clinician in clinical management. During the course observed as part of this evaluation, the participants had difficulty grasping some of the planning concepts introduced as part of clinical management. The trainers adapted the course content to accommodate this difficulty even though it meant simplifying the content. The trainers reported that they might have been able to anticipate this difficulty if they had specific background information on the participants prior to the course.

Each course is broken down into individual content units, for example, hormonal contraception, each of which has specific learning objectives. Unit/course objectives, training techniques, and content are internally consistent.

Feedback and evaluation mechanisms for the didactic portion of the course include daily written evaluations of training, discussion after each session, and pre- and post-tests to measure knowledge of family planning. Evaluation of clinical training includes ongoing oral feedback, written documentation of skills progress on a clinical evaluation form, and a final certification of IUD insertion by the director of the NTCRH or his designee.

One reference book on gynecology was handed out at the beginning of the course observed. Participants were also given an excellent resource package, including an IUD insertion kit, at the end of the course. Several participants expressed interest in having access to additional resource materials on contraceptive methodology during the family planning theory and practice sessions. During the third week of the course, some material was given out the night before a particular topic was to be discussed; the participants found this very helpful and said that similar handouts would have helped them prepare for topics that they had found difficult (e.g., hormonal contraception). Throughout the course, virtually no homework or extra reading was assigned. Several participants mentioned that this would have been helpful too.

### **3.1.2 Training Goals and Objectives**

The goals and objectives of the Francophone training program have been met. Numbers of courses and participants are on target. Trainee expectations articulated at the beginning of each course were generally met, the pre- and post-tests showed significant progress toward objectives, and interviews with trainees and supervisors revealed a high degree of satisfaction with the clinical application of skills learned in the program.

### **3.1.3 Training Process**

The Project Paper defines the training process as didactic and clinical. On the whole, the training process used in the nurse clinicians' course was well received by the participants. Although not specified in the Project Paper, the training process encourages maximum participation from the trainees, engages them in group and individual discussion, and permits them to practice skills they have learned.

The didactic portion of the nurse clinicians' course uses lecture/discussion as the main teaching tool. This is supplemented by good uses of audiovisual aids, such as films, slides, and overhead projections. The trainers guide the discussions well to keep the group focused and to encourage questioning. Opportunities were also provided for practical exercises involving working in small groups. This was a new and pleasing exercise for the participants. The participants' practical demonstration of clinical teaching methods was videotaped and played back for review and discussion. This was a novel experience for the participants and an excellent teaching tool. Negative comments about the course tended to focus on the lecture style of certain trainers and the length of some of the sessions. Even though breaks were scheduled every 90 minutes, some sessions went beyond two hours.

The clinical practice part of the nurse clinicians' course involves seven and a half days experience in family planning clinics. One supervisor, a qualified physician, is assigned no more than four trainees. Trainees rotate centers every two and a half days. At the beginning of each rotation, they are given an orientation to the clinic's staff and protocol. Clinical procedures and documentation are standardized throughout the clinics, which ensures an easy adjustment for the trainees from one center to another.

Each trainee is shown how to interview clients. Given the high costs of laboratory examinations, trainees are taught the importance of eliciting information through client questioning. Each trainee is also shown how to examine clients for cardiac and circulatory abnormalities. Physical examinations consist of breast exams, abdominal palpation, and a bimanual pelvic exam. The gynecologic exam is completed with speculum insertion. The protocol for IUD insertion is taught with a strict adherence to aseptic technique. The importance of client rapport and comfort is emphasized throughout the sessions.

Each physician demonstrates how an exam or procedure is performed, and the rationale behind each action is thoroughly explained, for example, why the sounding of the uterus must be a gentle motion. Students are then allowed to practice. Their findings are immediately verified by the physician. Students' clinical skills are indicated on a clinical evaluation sheet with a letter grade (i.e., D, C, B, A). Each trainee is expected to perform a minimum of 10 IUD insertions. Trainees who do not meet the certification criteria are given more clinical practice. In the course observed, marked progress was seen in the trainees' competence in all areas.

The types of clients at the clinics and their family planning needs are sufficiently varied that each student can easily perform a minimum of 10 IUD insertions and satisfy the other evaluation criteria--performing several controls and IUD removals, holding counseling sessions on

hormonal contraception, and detecting/being alert to abnormalities. Contraindications for a certain contraceptive method, such as an IUD, are continually reviewed by the supervisor.

The trainees expressed a high degree of satisfaction with the clinical practice. The nurse clinicians observed were weak in the application of aseptic technique, and to compensate for this, the supervisors continually reviewed the principles of asepsis. Participants would often get so caught up in the procedure that they would accidentally contaminate their sterile field and have to start again. All participants were able to maintain asepsis by the end of the clinical sessions, but several expressed a desire for more practice in this regard.

### **3.1.4 Competence of Trainers**

The course observed was taught by physicians and nurses. Participants gave all the trainers high grades for clinical competence and teaching skills. A particularly positive comment on the written evaluation forms related to their willingness to expend every effort to assist and support trainees. Many participants commented that this was the first time in their professional lives that they had received such individual support from teachers and that it facilitated their learning. Each one of the lecturers in the didactic portion of the course was knowledgeable in his or her subject area. Each clinical supervisor is a physician specialized in obstetrics or gynecology and a member of the Faculty of Medicine at Mohammed V University. The nurse lecturers have special training in education.

### **3.1.5 Course Organization and Atmosphere**

#### **Operations and Logistics**

Trainees seemed generally satisfied with the organization of the course. All the operations, both the logistics of moving into the field and carrying out clinical practice and providing support during training sessions in the city, are handled smoothly. No complaints were made about transportation or communications in Morocco. Some trainees did complain that the hotel was too expensive and the per diem too little. Each participant receives 375 dirham per day, of which the hotel room takes a third. This leaves 200 dirham for meals, which is definitely sufficient. The hotel itself is clean and comfortable. Problems seemed to arise when participants tried to save on their per diem in order to have extra funds for shopping.

All logistic and administrative support is provided by the NTCRH's administration. This works very well and the NTCRH staff perform with considerable competence.

#### **Course Schedule and Time Management**

The course observed was well organized and provided ample time for preparation of group work and clinical application. Presentation of theory was followed by sufficient time for discussion and clarification. Participants did not feel rushed, and most felt three weeks was long enough to assimilate knowledge and clinical skills, with the exception of the clinical management section.

#### **Course Atmosphere**

The didactic part of the course is conducted at NTCRH in Rabat, Morocco. The center has sufficient classroom facilities and equipment. It is centrally located, a short walk from the trainees' hotel and the downtown area. The clinical sites, family planning clinics on the periphery of the city, have ample space, equipment, and clients to accommodate groups of three or four trainees. The facilities are clean and relatively well maintained.

Throughout the course, participants are encouraged to ask questions and to discuss issues that are not clear. Trainers treat each trainee with respect and take into account national differences. Participants were impressed with the warm welcome they received and the supportive learning environment. The NTCRH administrative staff and trainers are to be commended for their endeavors in setting the stage for a congenial learning environment.

Bringing together participants from diverse, and at times somewhat isolated, countries creates a unique environment for sharing ideas and experiences. Trainees can learn from one another and not just from the trainers. For many participants, this training program is the only opportunity they have to meet other health professionals from their region. Most commended these supportive linkages.

### **3.1.6 Appropriateness of Content**

The content of the nurse clinicians' course was consistent with the goals and objectives. Both the didactic and clinical components were presented to facilitate learning. Generally, participants stated the course was relevant to their work. In terms of family planning techniques, all the participants stated that they would be able to put what they had learned into practice. Some were already working in family planning, but had no formal training; others were about to start; and one was to be a resource person for nurse-midwives.

During the course, if examples of a particular situation were used that were applicable to Morocco, trainers consistently advised participants to think of their national context. Difficulties in implementing family planning programs can arise from the cultural and political contexts within a country. Participants were urged to always be mindful of those contexts.

The third week of the course for the nurse clinicians, as noted, covers clinical supervision and management. All participants had difficulty grasping the concepts of planning. They also had difficulty making the switch from being a nurse clinician practicing family planning techniques to being a nurse supervisor managing a service.

The value for trainees of being exposed to a well-organized, national family planning system in a Francophone Muslim country cannot be overestimated. Many of the participants are from countries in which family planning programs are in their infancy, facing many obstacles. The opportunity to observe a successful program first hand and the knowledge that they can use the NTCRH as a resource provide immense support and encouragement to the trainees.

## **3.2 NTCRH Institutional Development**

The NTCRH has gained a reputation among public sector family planning personnel and USAID missions in the Francophone region for delivering high-quality training programs. This reputation reflects progress toward the goal of establishing a capability for training. The center increasingly receives requests for training from a variety of sources in the region.

The primary vehicle for institution-building has been the development and delivery of each course by staff with expertise in that area. In addition, a network of family planning centers throughout the country, which deliver the same caliber of service as does the NTCRH, facilitates the delivery of the clinical component of the courses. The on-site process of course development and documentation ensures that staff have expertise in the various training phases, that courses can be replicated and routinely updated to ensure uniform quality and relevancy, and that training development and delivery functions can be institutionalized.

To determine the extent to which an institutional training capability has been developed, the following areas were evaluated: organizational structure, institutionalization of training functions, staff expertise, documentation of training development and delivery, and course management. Each of these areas is discussed below. The evaluation shows that NTCRH has developed a specific capability for the continued operation of the physician/nurse family planning courses and a general capability for providing program support for other related courses.

### **3.2.1 Organizational Structure**

The overall allocation of NTCRH training and support staff to development and implementation activities appears to be consistent with what was envisioned in the Project Paper; all targets have been met. Staffing for the training function also meets the expectations of the Project Paper. With the NTCRH's commitment to the JHPIEGO and AVSC programs, as well as its own programs, the center is operating at maximum capacity.

The primary vehicle for planning, programming, and conducting training activities is the work plan. The work plan guides staff at JHPIEGO in distributing course announcements in the region and in recruiting and selecting candidates. It also guides the NTCRH in preparing for training and in organizing courses. Financial management centers on the annual work plan budget, which outlines the fiscal arrangements for each course. The administrator prepares cash flow analyses and sends a financial and narrative summary to JHPIEGO after each course. In addition, a complete narrative report is prepared every six months and a narrative and financial report is prepared annually. JHPIEGO audits the program annually.

### **3.2.2 Institutionalization of Training Functions**

The training documents, evaluation forms, and the annual work plan and budget for each course help to ensure that uniform policies and procedures are followed in organizing and implementing each training program. Documentation of most phases of course development ensures that critical human resource development functions become institutionalized.

Of particular importance to training institutions are needs assessments and evaluations. JHPIEGO uses participant feedback and in-country contacts to determine needs. The lack of a thorough, systematic needs assessment for the courses means the information base for updating courses is limited, however. Without such needs assessments, it is difficult to ensure relevant training. In addition, the information bases for each course are less institutionalized than is desirable.

The evaluation function is critical to ensuring relevant training, appropriate candidate selection, effective use of skills, and timely assistance or advanced training for former trainees. In-country follow-up is the most effective means of conducting such evaluations. JHPIEGO mails a questionnaire to each participant one year after the training is completed. In addition, JHPIEGO staff or consultants conduct follow-up field visits in their respective countries.

These methods of evaluation do not appear to be generating a consistent body of knowledge, however. No information was available regarding the validity and reliability of the data collected, for example. Some evaluative information is gathered, but a long time after the training program is held.

Communication regarding courses is the responsibility of JHPIEGO. Course descriptions are brief and not always clear. As an example, there was confusion over which program was for the nurse tutors and which for the nurse clinicians because nurse clinicians were described as nurse tutor clinicians. In addition, the information sent out to the USAID missions, health

ministries, and universities concerning candidate selection is not always sufficiently detailed, which makes selection of the most appropriate candidates difficult.

### **3.2.3 Staff Expertise**

Training staff (nurses and physicians) are either teaching faculty at Mohammed V University or staff of the teaching school in the Ministry of Public Health. The clinical trainers are also specialists in their field (e.g., obstetrics/gynecology). Staff capabilities are developed through peer evaluations and training programs, and several innovative teaching strategies were observed.

### **3.2.4 Documentation**

Although documentation on course content is very thorough, documentation of underlying theory and justification for course design are incomplete. Theory and justification of design are building blocks for ensuring the integrity and cohesiveness of a course. They also should help in ordering topics and selecting training techniques.

### **3.2.5 Course Management**

The NTCRH has performed well in managing peripheral activities that are essential to providing high-quality training programs, including logistic support and timely completion of work plans within budget.

#### **Participant Selection**

The appropriateness of participant selection is difficult to assess without interviewing a significant number of trainees and their supervisors and without more information about the situations from which they come.

The procedure for selecting participants, which is described in the contractual agreement, has been problematic. One problem concerns the failure of JHPIEGO to specify and/or USAID missions to follow selection criteria. Others include failure to notify USAID missions of final candidate selection in time for the mission to make appropriate contacts and other preparations, inconsistency in in-country application procedures, participants' not receiving JHPIEGO confirmation letters prior to their expected departure, selection criteria that are too broad, and course descriptions that are too brief.

#### **Logistic Support**

The NTCRH has provided logistic support for five training courses thus far in 1989. The administrator has done an excellent job, which is reflected in the ease with which participants from several countries generally arrive and depart. Participants receive sufficient per diem in Morocco to cover hotel and living expenses. Field work and trainee interactions with clinic staff and patients are successful as a result of the extensive groundwork that precedes each course. Participants receive excess baggage tickets to cover the air freight for the resource package they receive at the end of their training. This arrangement seems to work well.

Some problems have arisen when participants have decided to change their return tickets for personal reasons. Often these changes are for a stay in France, which requires a visa. Because this travel has nothing to do with the training course, the NTCRH has requested that participants obtain their visas on their own time. Some logistic problems have also arisen in arranging transportation for participants from their country of origin to the NTCRH. Such problems have included participants' having to pay up-front expenses on short notice, prepaid

tickets not covering the total cost of air transportation, air transportation arranged so that a participant arrives late and misses the first critical day of theory, and overnight hotel expenses in Paris that are not covered by the airline. In addition, some participants never received a confirmation letter from JHPIEGO and were unaware that they would be reimbursed for up-front expenses or that they should send an expense report to JHPIEGO.

Following the course, JHPIEGO reimburses participants for expenses with a check payable in U.S. dollars. Many participants have difficulty cashing a U.S. dollar check in their country. In addition, the checks are only valid for 60 days after the date of issue and may expire before they can be cashed.

### Work Plan and Budget

Targets contained in the work plan have been met in the time allowed and without any cost extensions.

### 3.3 Relationship between JHPIEGO and NTCRH

The relationship between JHPIEGO and the NTCRH is good. Information is communicated efficiently; this is facilitated by a telex at the NTCRH. The project director and administrator at the NTCRH were satisfied with the financial and technical support provided by JHPIEGO.

### 3.4 Relationship between JHPIEGO and Other Interested Parties

The Project Paper did not clearly articulate expectations with respect to relationships among JHPIEGO, REDSO/WCA, the USAID missions in the region, and family planning programs. The USAID missions assist in identifying possible participants and in providing logistic follow-up. Communication is usually good, but there have been some problems in communication among JHPIEGO, REDSO, and the missions during the preparatory phase of each course. These have stemmed principally from insufficient time for visa preparation and the like once candidates are approved.

The USAID missions can and do play a valuable role in JHPIEGO training. They can provide a crucial link in identifying needs and assessing impact. Improved communications would assist the missions in encouraging countries to make the best possible use of the training programs. It would also add to the coherence of A.I.D.'s family planning efforts in Francophone Africa.

- /6'

#### 4. Conclusions

## **4. Conclusions**

### **4.1 Quality of Francophone Training Program**

On the basis of observations, interviews with trainees and supervisors, and evidence of the application of acquired skills in the field, the conclusion is that Francophone training program in family planning meets the expectations set out in the Project Paper. Trainees rated the content and process very highly, supervisors were pleased with the results, and the skills are being applied in the field. The training program has benefited from the continuity and expertise provided by the NTCRH over the years. Areas for improvement relate to the process of course development, appropriateness of content, and evaluation.

#### **4.1.1 Process of Course Development**

The JHPIEGO program offers a variety of courses to a range of health professionals from several countries. Given the diversity of the region and the diversity of its needs, the program seems generally relevant. It is, however, difficult to determine the extent to which the training programs are meeting specific country needs without further assessment. In addition, the trainees have different backgrounds and different levels of expertise. Trainers stated that having more specific information on the trainees and their needs would be helpful in planning courses.

#### **4.1.2 Appropriateness of Content**

The didactic and clinical portions of the courses that cover family planning techniques are useful and needed. It is unlikely, however, that clinical management and supervision of clinical staff can be taught in five days. Several participants felt less confident about this portion of the course. Planning, managing, and supervising the activities of family planning clinics are important topics and, judged by the group of trainees observed, topics on which nurse clinicians lack even the most basic training. The question remains whether this brief introduction to management in the NTCRH course is enough. If the NTCRH should be teaching management, a different configuration of the course may be more appropriate or different criteria may be needed for selecting participants.

#### **4.1.3 Evaluation**

Evaluation tools used throughout the courses are helpful in making ongoing adjustments to content and methodology. The lack of comprehensive follow-up of trainees limits the effectiveness of the program, however. Several trainers stated that it would be useful to receive feedback from the participants about the applicability of the training when they return to their work.

### **4.2 NTCRH Institutional Capability**

#### **4.2.1 Delivery of Family Planning Courses**

Course development is based on feedback received through several channels. Despite this somewhat loose process, the NTCRH now has an organizational structure, policies and procedures, in-house expertise, and course documentation that enable it to assume responsibility for offering high-quality clinical family planning programs. Extensive course materials are available, but participants would benefit from having greater access to reference materials throughout the courses.

Institutional development is not yet complete with respect to the clinical family planning courses. Staff and consultants rely on their expertise and their extensive experience to design these courses because an appropriate needs assessment has not been conducted. As a result, the process of needs assessment has not been systematically developed and established within the institution. In-country follow-up visits, when they are made by JHPIEGO, should provide valuable information regarding needs and the impact of prior training. This information should be relayed promptly and systematically to the NTCRH.

#### **4.2.2 Level of Programming**

Given its current resources, the NTCRH conducts regional training efficiently. It is doing an excellent job of providing a variety of training programs in reproductive health for in-country and regional trainees. If regional programming increases without a concomitant increase in resources, the quality of the center's program will be at risk. Major increases in the number of regional training programs would also place a severe strain on the center's resources.

#### **4.2.3 NTCRH/JHPIEGO Internal Operations and External Relationships**

On the whole, project targets have been met. The NTCRH has demonstrated its ability to provide excellent logistic support to the training courses. Remaining problems, such as the selection of participants and logistic support in sending participants to the NTCRH, need to be resolved.

### **4.3 Future Training Strategy**

Beyond the issue of the quality of the clinical family planning courses, various long-term issues must also be addressed by JHPIEGO and the NTCRH. Without a reliable inventory of health personnel trained in family planning techniques in Francophone Africa, it is difficult to determine the extent to which training needs have been met for each country. How many more staff in each country remain to be trained? What training is needed in the future? Are those who have been trained competently using learned skills?

Without such in-country feedback, JHPIEGO and the NTCRH will find it difficult to focus their training in the region. The value of in-country visits cannot be overstated. Former trainees can provide valuable information regarding the applicability of their skills so that courses can be modified and refresher courses can be organized.

Both JHPIEGO and the NTCRH need to explore cost-effective mechanisms for obtaining follow-up data. These mechanisms could involve sending a follow-up questionnaire to the USAID missions for distribution to former participants, plus a planned program of in-country visits. These kinds of activities are conducted now, but they should be undertaken more systematically.

In short, if the training program is to be a relevant clinical training resource for sub-Saharan Francophone Africa, JHPIEGO must now have an opportunity to assess the impact of the NTCRH training and update its understanding of current needs. This will provide direction for future programming.

## 5. Recommendations

The regional family planning training program for Francophone Africa is a worthwhile endeavor and should be continued.

### 5.1 Quality of the Regional Family Planning Courses

The quality of the regional family planning courses is excellent. The recommendations below assume the continuation of these clinical training courses. (The numbers in parenthesis refer to the section in which the topic is discussed.)

1. JHPIEGO, in conjunction with the NTCRH, should develop a mechanism whereby information on the candidates' background can be obtained before the training course begins. If this is not feasible due to time constraints, the NTCRH should develop its own individual needs assessment form to enable it to identify early specific learning needs or weaknesses. This information can then be used to modify course content (3.1.1).
2. The NTCRH and JHPIEGO should review the clinical management and supervision portion of the course for nurse clinicians to ascertain
  - (a) whether it should be retained;
  - (b) if retained, what format and configuration it should have;
  - (c) what selection criteria should be used (3.1.6).
3. JHPIEGO and the NTCRH should continue to provide the family planning resource package to participants. It is a valuable resource. One of the reference books in the package, Family Planning Methods and Practice in Africa, should be given out at the beginning of the course (3.1.1).
4. The NTCRH should provide reading material on what are known to be difficult topics (e.g., hormonal contraception) the night before they are scheduled to be discussed in class. In addition, homework assignments should be considered (3.1.1).
5. The NTCRH should establish, or otherwise allow participants access to, a small resource library containing family planning reference materials so they can obtain further background on training topics in their free time (3.1.1).
6. When a particular group weakness is observed by the trainers (e.g., aseptic techniques), the NTCRH should arrange extra practice during free time until trainees are independently competent at a particular skill (3.1.3).
7. The NTCRH trainers should ensure that lectures not last more than 90 minutes (3.1.3).
8. The NTCRH should continue to explore creative teaching methodologies (3.1.3).

### 5.2 NTCRH Institutional Capability

1. Provided additional funds can be made available, JHPIEGO and the NTCRH should design and conduct an in-depth needs assessment follow-up to determine the relevance of current regional training courses and the focus of future programs. It would be advisable that this be done within the next year (3.2.2).

2. The NTCRH, in conjunction with JHPIEGO, should develop a five-year regional training strategy taking into consideration that, without the provision of additional resources to the NTRCH, the current level of regional programming is optimal. As demands for regional training increase, the NTCRH should be cautioned not to become donor driven (4.2.2).
3. JHPIEGO should review its participant selection process to ensure the following:
  - (a) the mailing out of course announcements to USAID missions at least two months in advance;
  - (b) the development of course descriptions in more detail;
  - (c) the clear identification of eligible participants, especially their professional titles; and
  - (d) that USAID missions receive applications only for the year the course is to be held (3.2.5).
4. JHPIEGO should review its logistic support, in conjunction with USAID missions, to ensure the following: that
  - (a) prepaid airline tickets cover the full cost of air travel;
  - (b) participants are scheduled to arrive before the course begins;
  - (c) participants receive their letters of confirmation from JHPIEGO before departure; these could be given out by the USAID mission;
  - (d) reimbursement to participants be made in a more viable manner, for example, traveler's checks in local currency or French francs;
  - (e) confirmation letters include clear instructions specifying that participants who change their return travel arrangements must do so at their expense;
  - (f) confirmation letters specify that per diem is to cover hotel and food costs and that additional funds will not be provided; and
  - (g) confirmation letters include the Rabat hotel address and telephone number (3.2.5).
5. JHPIEGO should develop a systematic, cost-effective evaluation protocol that would provide feedback to the NTCRH within 12 months of a training course (3.2.2).
6. JHPIEGO and NTCRH should use the feedback from participants in the update course to plan future programs (3.2.2).

## Appendices

**Appendix A**  
**Scope of Work**

# Appendix A

## Scope of Work

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ACTION OFFICE POP-04  
INFO AFMG-03 AFCV-03 AFOP-06 AFPO-04 AFCO-02 AFTR-05 ANDP-03  
AAAF-03 ANMS-01 CAST-01 POPR-01 PPPB-02 IT-06 ANME-03  
ANPO-05 ANTR-06 CTHE-03 AAPF-01 JLOP-01 FPA-02 SERP-01  
SECS-02 HNS-09 RELO-01 ANAD-01 OMB-02 NNM-01 /082 AB  
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REDSO/WCA WISHES TO CONDUCT AN ON-SITE EVALUATION AND REVIEW OF THE FRANCOPHONE PROGRAM. THE EVALUATION SHOULD BE CONDUCTED IN MOROCCO, MARCH 5-26, SO THAT THE EVALUATOR CAN OBSERVE FIRST-HAND THE NURSE CLINICIANS COURSE.

INFO LOG-00 SES-09 /009 V  
-----172516 241357Z /44/38

4. SCOPE OF WORK. THE EVALUATOR WILL CONDUCT THE FOLLOWING TASKS:

P 241328Z FEB 89  
FM AMEMBASSY ABIDJAN  
TO SECSTATE WASHDC PRIORITY 1509  
AMEMBASSY RABAT PRIORITY

A) REVIEW PROJECT PROGRESS ACCORDING TO ESTABLISHED WORK PLANS AND SCHEDULES, WITH PARTICULAR EMPHASIS ON THE PHYSICIAN AND NURSE/MIDWIFE CLINICAL COURSES.

UNCLAS ABIDJAN 03961

B) ASSESS THE NATIONAL TRAINING CENTER'S CAPABILITIES TO PLAN, ORGANIZE, IMPLEMENT, AND EVALUATE THE CONTRACTED TRAINING ACTIVITIES.

AIDAC

C) DETERMINE THE OVERALL TECHNICAL AND TEACHING SKILLS OF THE TRAINING STAFF.

SECSTATE FOR ST/POP/FPSO; AFR/TR/HPM

D) ASSESS THE OVERALL ADEQUACY AND QUALITY OF THE TRAINING PROCESS INCLUDING THE:

E.O. 12356 X/A  
SUBJECT: POPULATION: SCOPE OF WORK - EVALUATION OF THE FHI-11 JNPIEGO FRANCOPHONE TRAINING PROGRAM AT THE NATIONAL TRAINING CENTER IN RABAT, MOROCCO

- DETERMINATION OF TRAINING NEEDS;
- DEVELOPMENT OF CURRICULA;
- SELECTION OF TRAINEES;
- IMPLEMENTATION OF TRAINING ACTIVITIES (GENERAL METHODOLOGY);
- SUPERVISION OF TRAINING ACTIVITIES; AND
- EVALUATION OF TRAINING ACTIVITIES.

1. FOR ST/POP: REDSO/WCA REQUESTS ST/POP ASSISTANCE IN SECURING THE SERVICES OF A POPTECH CONSULTANT TO CARRY OUT SUBJECT EVALUATION. THE CONSULTANCY WILL BE FUNDED THROUGH A REDSO/WCA BUY-IN TO THE POPTECH CONTRACT UNDER PILOT NO. 624-0462-3-10009. A COPY OF THIS CABLE WAS TRANSMITTED BY TELEX TO POPTECH THE WEEK OF FEBRUARY 13.

E) FOR THE REVIEW OF THE NURSE CLINICIANS' COURSE THE CONSULTANT IS REQUIRED TO:

2. FOR USAID/RABAT: REDSO/WCA REQUESTS USAID/RABAT CONCURRENCE FOR SUBJECT EVALUATION.

- I. - ASSESS THE APPROPRIATENESS, EFFECTIVENESS AND USEFULNESS OF THE DIDACTIC AND PRACTICAL TRAINING INCLUDING COURSE CONTENT, METHODOLOGY, AND DURATION;
- II. INTERVIEW AND OBSERVE TRAINEES AND ASSESS IF THEIR SELECTION IS APPROPRIATE AND IF THEY WILL BE ABLE TO UTILIZE THEIR ACQUIRED TRAINING SKILLS ON RETURN TO THEIR WORK; AND
- III. DETERMINE IF TRAINING MATERIALS ARE APPROPRIATE, EFFECTIVE AND SUPPORTIVE OF THE SKILLS DEVELOPMENT PROCESS.

3. BACKGROUND. IN 1988 REDSO PROVIDED FUNDING DOLS 150,000 UNDER THE FAMILY HEALTH INITIATIVES (FHI) II PROJECT TO JNPIEGO TO PROVIDE TRAINING TO FRANCOPHONE AND ANGLOPHONE AFRICAN POLICY MAKERS, PHYSICIANS, ADMINISTRATORS, AND NURSE/MIDWIFE CLINICIANS AND TUTORS. FOR ANGLOPHONES, ONE COURSE FOR NURSE TUTORS WAS HELD AT THE UNIVERSITY OF IBADAN IN JANUARY 1989. FOR THE FRANCOPHONE COURSES, AN AGREEMENT WAS REACHED WITH THE MOROCCAN NATIONAL TRAINING CENTER (CENM) TO PROVIDE SEVERAL COURSES AS FOLLOWS:

F) ASSESS QUALITY AND QUANTITY OF JNPIEGO TECHNICAL AND MONETARY ASSISTANCE TO THE MOROCCO NATIONAL TRAINING CENTER.

A) DECEMBER 12-16, 1988: POLICY MAKERS, 10 PARTICIPANTS;

G) IDENTIFY PROBLEMS ENCOUNTERED, LESSONS LEARNED, WEAKNESSES OF THE TRAINING PROGRAM, AND UNMET TRAINING NEEDS.

B) DECEMBER 19-23, 1988: POLICY MAKERS, 10 PARTICIPANTS

C) JANUARY 18-29, 1989: FAMILY PLANNING NURSE TUTORS, 10 PARTICIPANTS;

H) MAKE RECOMMENDATIONS FOR FUTURE COURSE OBJECTIVES, STRATEGY, DESIGN, AND MANAGEMENT.

D) FEBRUARY 7-19, 1989: FAMILY PLANNING PHYSICIANS, 7 PARTICIPANTS;

6. REPORTING. A DRAFT REPORT INCLUDING OBSERVATIONS, CONCLUSIONS AND RECOMMENDATIONS WILL BE DUE 15 DAYS AFTER THE EVALUATION. THE REPORT (5 COPIES IN ENGLISH) SHOULD BE SUBMITTED TO REDSO/WCA, WITH ONE COPY EACH TO ST/POP, AFR/TR/HPM, JNPIEGO, AND THE MOROCCO NATIONAL TRAINING CENTER.

E) MARCH 5-26, 1989: NURSE CLINICIANS, 10 PARTICIPANTS;

F) MAY 8-28, 1989: FAMILY PLANNING PHYSICIANS, 8 PARTICIPANTS; AND

G) JUNE 10-17, 1989: FAMILY PLANNING UPDATE FOR PHYSICIANS, 15 PARTICIPANTS.

7. LEVEL OF EFFORT. ONE PERSON FOR ONE MONTH (10 WORKING DAYS). THE EVALUATOR WILL BE REQUIRED TO VISIT REDSO/WCA IN ABIDJAN, TO MAKE A SITE VISIT TO MOROCCO AND TO VISIT AT LEAST THREE TRAINEE SITES IN THE COTE D'IVOIRE. APPROXIMATE TIME SPENT AT EACH LOCATION SHOULD BE AS FOLLOWS:

IN ORDER TO ADEQUATELY PREPARE FOR POSSIBLE FOLLOW-ON ACTIVITIES IN MOROCCO, PARTICULARLY CLINICAL TRAINING

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- ABIOJAN - 1 WORK DAY EACH ON DEPARTURE AND RETURN FOR INTERVIEW/DISCUSSIONS WITH REDSO/WCA POPULATION OFFICERS.
- RABAT, MOROCCO - 18 WORK DAYS FOR INTERVIEWS WITH TRAINING CENTER DIRECTOR AND TEACHING STAFF, AND JHPIEGO REPRESENTATIVES; OBSERVATION OF COURSES; INTERVIEWS WITH TRAINEES; DEVELOPMENT AND VERIFICATION OF OBSERVATIONS, CONCLUSIONS AND RECOMMENDATIONS; AND REPORT WRITING.
- COTE D'IVOIRE - 3 WORK DAYS FOR SITE VISITS TO FOLLOW-UP COTE D'IVOIRE TRAINEES.
- HOME POST - 3 DAYS FOR REPORT WRITING
- PLUS - 4 DAYS TRAVEL STATUS.

A SIX DAY WORK WEEK IS AUTHORIZED.

8. QUALIFICATIONS. QUALIFIED NURSE CLINICIAN WITH GRADUATE DEGREE (MPh OR EQUIVALENT); PREVIOUS TRAINING EXPERIENCE AND FP PROGRAM MANAGEMENT EXPERIENCE; EXPERIENCE IN WORKING IN LDC'S, ESPECIALLY FRANCOPHONE AFRICA; AND FLUENCY IN FRENCH (FSI 4/4).

JOAN MACNEIL HAS BEEN IDENTIFIED BY REDSO/WCA AS AN AVAILABLE CANDIDATE. SHE HAS BEEN CONTACTED AND IS READY AND WILLING TO BE IN MOROCCO MARCH 4-24. HER CONSULTANT RATE IS DOLS 200/DAY. (POPTech SHOULD REVIEW THIS AMOUNT AS TO ITS APPROPRIATENESS.) HER ADDRESS IS AS FOLLOWS:

- JOAN MACNEIL
- B.P. 2551
- BOUAKE, COTE D'IVOIRE
- HOME TELEPHONE: BOUAKE, COTE D'IVOIRE 63-40-18
- TELEX: C/O WADA 69138 ADRAO CI

OTHER CANDIDATES MAY BE PROPOSED BY POPTech.

9. RESPONSIBILITIES. POPTech WILL BE RESPONSIBLE FOR CONTRACTING WITH THE CONSULTANT, ALL INTERNATIONAL AND IN-COUNTRY TRAVEL ARRANGEMENTS, LOGISTICAL SUPPORT, AND PUBLICATION AND DISTRIBUTION OF THE FINAL REPORT TO REDSO/WCA, ST/POP, AFR/TR/HPM, JHPIEGO, AND THE MOROCCO NATIONAL TRAINING CENTER.

REDSO WILL BE RESPONSIBLE FOR BRIEFING CONSULTANT, PROVIDING BACKGROUND DOCUMENTS, AND DETERMINING IN-COUNTRY (COTE D'IVOIRE) SITES TO BE VISITED.

10. IN ORDER TO PROCEED, REDSO/WCA AUTHORIZES UP TO DOLS 20,000 FOR THIS CONSULTANCY. PLEASE ADVISE FINAL COST ESTIMATE. FUNDS ARE AVAILABLE PER PREVIOUS POPTech BUY-IN UNDER REDSO/WCA PIO/T 524-0462-3-80009.

11. IF ADDITIONAL INFORMATION IS REQUIRED, CONTACTS AT REDSO/WCA ARE JOYCE HOLFELD, REGIONAL POPULATION OFFICER, AND NANCY MOLAN, MCH/FP ADVISOR. KUX

**Appendix B**  
**List of Persons Contacted**

## Appendix B

### List of Persons Contacted

#### REDSO/WCA - Abidjan

Joyce Holfeld

Nancy Nolan

#### INTRAH - Abidjan

Pape Gaye

#### USAID - Rabat

Dale Gibb

Carl Abdu Rahman

Annie Ringuédé

Zora Haloui

#### JHPIEGO

Wilbur Wallace

#### NTCRH - Morocco

Dr. Alaoui

Dr. Tihri

Dr. Chraibi

Dr. Sekkour

Dr. El Abdouni

Mimoum Boukhissi

Mohamed Boulana

Fatima Temmar

#### BURKINA FASO

Sougoudi Nassouri

#### CAMEROUN

Mme Abdou

#### COTE D'IVOIRE

Durohon Gugu

Madeleine Gneba

Dr. Douane

Jacqueline Bagou-Leick

Sophie Awaka

Agathe Koffi

Agnima Mieczan

M. Dosso Coulibaly

#### GUINEA

Aissata Toukara

Mme Salimatou

#### TOGO

Nyatepe Wozufia

Afiwa Dimigou

**Appendix C**  
**Documents Consulted**

## Appendix C

### Documents Consulted

- Contractual Agreement Moroccan National Education Program in Reproductive Health and Endoscopy*, National Training Center for Human Reproduction and the JHPIEGO Corporation, October 1, 1988 to September 30, 1989.
- Evaluation Report: CAFS Family Planning Training Support Project for Francophone Africa*, August 1988, by Norine Jewell.
- The Francophone Family Planning and Management Course for Physicians, held 7 February-19 February 1989.
- The Francophone Family Planning Course for Nurse Tutors, held 10 January-29 January 1989.
- The Francophone Family Planning Observation Tours for Key Policymakers, held 12 December-16 December 1988, 19 December-23 December 1988.
- JHPIEGO Annual Report*, Final Report, Fiscal Year 1986.
- JHPIEGO Technical Report, Evaluation of Nigerian Reproductive Health Curriculum and Training Projects in Nurse-Midwife Education*, January 1989, by Dr. Flora Roebuck.
- Midterm Assessment of the Voluntary Surgical Contraception Program*, June 1988, by David Valenzuela, Dr. Carmela de Cordero, and Cynthia Verme.
- Proposal: JHPIEGO Regional Training Plans for West Africa*, Johns Hopkins Program for International Education in Gynecology and Obstetrics, July 1987.
- Proposed Training Activities and Strategy for Morocco for the Years 1990 to 1994, September 1988, by Wilbur Wallace.
- Resource Package prepared by JHPIEGO/NTCRH, provided to each trainee from Francophone countries (includes 11 books and several monographs and articles).

**Appendix D**  
**Course Participant Survey**

Appendix D

Course Participant Survey

Nom : \_\_\_\_\_

Adresse : \_\_\_\_\_

Sexe : \_\_\_\_\_

Age : \_\_\_\_\_

Poste actuel : \_\_\_\_\_

Poste occupé au moment du cours : \_\_\_\_\_

\_\_\_\_\_

Cours suivi : \_\_\_\_\_

Dates du cours suivi : \_\_\_\_\_

A. Selon quelle fréquence utilisez-vous dans votre poste actuel ce que vous avez appris pendant les cours ?

- Souvent
- Assez souvent
- Parfois
- Rarement
- Pas encore

Expliquez : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. A votre avis, les objectifs du cours, étaient-ils clairs et est-ce que le cours répondait à ces objectifs ? Expliquez.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Quelles sont les qualifications que vous avez acquises dans les cours qui vous sont les plus utiles dans votre poste actuel ? Expliquez.

\_\_\_\_\_

\_\_\_\_\_

D. Y a-t-il d'autres sujets qui auraient dû être abordés dans le cours ?

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E. Quelle appréciation pourriez-vous donner aux enseignants du cours ?

- Excellent
- Très bien
- Bien
- Un peu insuffisant
- Insuffisant

F. Avez-vous trouvé que la durée du cours était :

- Trop longue
- Trop courte
- Comme il faut

Expliquez : \_\_\_\_\_

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G. Voudriez-vous suivre d'autres cours organisés par JHPIEGO ?

- Oui
- Non

H. Est-ce que vous recommanderiez le cours que vous avez suivi à d'autres employés de planning familial ?

- Oui
- Non

Expliquez : \_\_\_\_\_

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