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Program for International Training in Health

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Washington, DC 20523-1819

Re: DPE-3031-Z-00-9024

Dear Lucy:

Attached is one copy of INTRAH trip report B-#174-1 and 2.

Country: Togo

Activity Title: Review/Evaluation

Date of Activity: November 30 - December 11, 1992

Traveller(s): Mr. Pape Gaye, INTRAH Regional Director for
Francophone Africa

Dr. Aliou Boly, INTRAH Regional Training and
Training Materials Officer

Mr. Onanga Bongwélé, INTRAH Regional Evaluation
and Supervision Specialist

Mrs. Noëlie Hounzah, INTRAH/DSF Project
Coordinator

Mrs. Emilie Mensah, INTRAH Consultant

Purpose of Activity: To conduct a review of phase 1 of the INTRAH/DSF
training project.

Please let us know if you need additional copies of this report or
portions thereof.

Sincerely,

Vickie Hayes-McGee

Vickie Hayes-McGee
Program Assistant

Attachment

cc: Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director
Mr. Pape Gaye, INTRAH/Lomé Miss Pauline Muhuhu, INTRAH/Nairobi
Ms. Nancy Nolan, REDSO/WCA Ms. Karen Wilkins, USAID/Togo
AID Acquisitions Mrs. Hope Sukin, AFR/ARTS/HHR
Ms. Pamela Bolton, AVSC

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



intraH

**TRIP REPORT B - # 174-1
and 2**

Travelers: Mr. Pape Gaye, INTRAH
Regional Director for
Francophone Africa
Dr. Aliou Boly, INTRAH
Regional Training and
Training Materials Officer
Mr. Onanga Bongwele, INTRAH
Regional Evaluation and
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Mrs. Noelle Hounzah, INTRAH/
DSF Project Coordinator
Mrs. Emilie Mensah, INTRAH
Consultant

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Purpose: To conduct a review of phase 1
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Program for International Training in Health

PAC IIb

**University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA**

TABLE OF CONTENTS

	<u>PAGE</u>
EXECUTIVE SUMMARY	i
SCHEDULE OF ACTIVITIES	iii
LIST OF ABBREVIATIONS	iv
I. PURPOSE OF ACTIVITY	1
II. ACCOMPLISHMENTS	1
III. BACKGROUND	1
IV. DESCRIPTION OF ACTIVITIES	2
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	3

APPENDIX

*A. Phase II Project Proposal (Draft)

EXECUTIVE SUMMARY

A review of the INTRAH/Directorate of Family Health (DSF)/Ministry of Health and Population (MOHP) PAC IIB training project was conducted from November 30 - December 11, 1992, in Lomé, Togo, by a 5-member INTRAH/DSF team (INTRAH Regional Director for Francophone Africa Mr. Pape Gaye, INTRAH Regional Training and Training Materials Officer Dr. Aliou Boly, INTRAH Regional Evaluation and Supervision Specialist Mr. Onanga Bongwélé, INTRAH/DSF Project Coordinator Mrs. Noëlie Hounzah and INTRAH Consultant Mrs. Emilie Mensah). The activity is #15 in the INTRAH/DSF subcontract workplan and was supported by INTRAH central funds.

The objectives of the project review were to assess accomplishments, project impacts and lessons learned and determine new directions for future INTRAH-assisted activities.

Major accomplishments were:

- Project implementation was reviewed, including financial administration, roles and responsibilities of the resident coordinator, and input from the other CAs and donor agencies working in FP with the MOHP, as identified during the June 1991 INTRAH-sponsored start-up workshop (see Trip Report B-#135).
- A proposal was drafted for INTRAH assistance to the DSF in the context of the proposed new USAID-assisted bilateral project. The draft proposal included purpose, objectives, description of activities, workplan, budget estimates, and an evaluation plan.

Major recommendations were:

1. INTRAH should continue to provide assistance to the MOHP for developing FP training capacity and capability directed towards improving service quality and service use, consistent with MOHP and USAID/Togo expectations. The draft proposal for

phase 2 should be reviewed by and discussed with the DSF before it is finalized by INTRAH/Lomé.

2. The development of a core team of FP trainers should continue in the next phase of the INTRAH/DSF project. The size and competencies of the present team should be reinforced, expanded and improved in preparation for increased training-related responsibilities in the next phase of the USAID-assisted bilateral project. Training of additional clinical FP trainers, initiated during phase 1, should be completed.
3. The strategy to train physician-supervisors and nurse and midwife service providers in clinical FP should be pursued. A complementary strategy to train health auxiliary and social workers to recruit and educate FP clients and provide non-clinical FP methods should be developed by the MOHP with assistance from INTRAH and other agencies specialized in IEC. The post-training tasks for these cadres of workers should be consistent with MOHP expectations expressed in the National FP Service Policy and Standards.
4. INTRAH should continue with project management systems established during phase 1 (financial management by Pannell Kerr and the DSF accountant and training program coordination by the INTRAH/DSF project coordinator).
5. INTRAH should continue collaborating with other agencies (SEATS, CARE, JHPIEGO, UNFPA, ATBEF) in order to coordinate inputs into the national FP program.

A briefing was held at the DSF.

LIST OF ABBREVIATIONS

ATBEF	Association Togolaise pour le Bien-Etre Familial (Togolese Family Planning Association)
CCT	Centre Communautaire de Tokoin (Tokcin Community Center)
CHU	University Hospital Center (Centre Hospitalier Universitaire)
DSF	Directorate of Family Health (Direction de la Santé de la Famille)
ENAM	National School of Medical Auxiliaries (Ecole Nationale des Auxiliaires Medicaux)
ENSF	National School of Midwifery (Ecole Nationale des Sage-Femmes)
IEC	Information, Education, and Communication
MOHP	Ministry of Health and Population
SNES	Service National pour l'Education pour la Santé (National Service for Health Education)

I. PURPOSE OF ACTIVITY

The purpose of the activity was to conduct a review of phase 1 of the INTRAH/DSF PAC IIB training project.

II. ACCOMPLISHMENTS

- A. The extent of achievement of phase 1 objectives was assessed and factors which contributed to or hindered project implementation were identified.
- B. Project implementation was reviewed, including financial administration, the roles and responsibilities of the resident coordinator, and inputs from other CAs and donor agencies working in FP as identified in the June 1991 INTRAH-sponsored start-up workshop (see Trip Report B-#135).
- C. Possible areas for future INTRAH assistance to the DSF/MOHP were identified, based on participant follow-up results, DSF expectations, and the goal and objectives of USAID's new bilateral project.
- D. A draft project proposal for phase 2 was developed, including the purpose, objectives, description of activities, workplan, budget estimates, and evaluation plan (Appendix A).
- E. A briefing was held with the DSF Director.

III. BACKGROUND

The project review described in this report is activity #15 of the INTRAH/DSF subcontract workplan.

The review was immediately preceded by a follow-up of trainees (see Trip Report B-#222). Results of the follow-up were used by the project review team to assess project accomplishments and lessons learned and to recommend future directions.

During phase 1 of the INTRAH-assisted project, activities were conducted to:

- revise and update the national FP service policy and standards document (see Trip Reports B-#302, B-#303 and B-#95);
- reinforce the DSF's capacity and capability to organize FP training (see Trip Reports B-#135, B-#140, B-#141, and B-#155); and
- develop and expand quality FP services (see Trip Reports B-#165, B-#171, and B-#178).

The Director of the DSF and his staff, including members of the core team of national FP trainers, were not able to participate in the project review because of a nationwide civil strike which began on November 16, 1992. As a result, the draft proposal for phase 2 prepared during this activity should be reviewed by and discussed with the DSF before it is finalized by INTRAH/Lomé.

IV. DESCRIPTION OF ACTIVITIES

A. Preparation

During preparation, the team prepared a schedule and conducted a work session with the DSF Director to clarify DSF expectations.

The team reviewed preliminary findings/conclusions and recommendations from the November 1992 INTRAH-sponsored follow-up of trainees (see Trip Report B-#222).

B. The Review

During the review, several points were highlighted:

- actual commitment to agreements reached during the project start-up workshop between the DSF, INTRAH and other CAs and agencies working in FP;
- level of national FP training capability and capacity and training decentralization;

- FP service policy and standards document use by service providers and supervisors and the impact on the quality and use of services;
- project management; and
- FP service quality, quantity and accessibility as a result of service providers' training.

The team identified possible areas for future INTRAH assistance and identified priorities based on expressed project needs.

A draft proposal was developed including project purpose, objectives, description of activities, workplan, preliminary budget, and evaluation plan (Appendix A).

- V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (see also Trip Report B-#222, documenting findings, conclusions and recommendations from the November 1992 follow-up (INTRAH trainees)
- A. FINDINGS (based on selected indicators of training institutionalization)
1. Institutionalization of FP Training Capability and Capacity
- a. Indicator: Existence of a Team of Clinical FP Trainers Trained in Training Methodologies
- The first of two planned training activities for potential trainers, a refresher clinical FP skills workshop, was conducted, but the second activity for this group, training in training methodologies and counseling, was postponed due to civil and political unrest in the country.
- INTRAH-assisted clinical FP skills workshops during PAC IIb have been co-facilitated by the DSF/INTRAH Project Coordinator, 2 of 5 national clinical FP trainers trained by INTRAH during PAC IIa (the 5 rotated in teams of 2) and INTRAH/Lomé staff or consultants.
- Two of the 5 national clinical trainers received INTRAH-assisted refresher clinical

FP training during a regional workshop and were trained in training evaluation, also during a regional workshop.

Clinical FP training workshops organized and supported by UNFPA and the DSF are conducted by a group of 15 FP service providers who received a refresher in clinical skills, without practical training. This group of persons has not been trained in training methodologies.

b. **Number of Potential Clinical FP Trainers**

At the beginning of PAC IIb there were 5 national clinical FP trainers. They have planned, conducted and evaluated the 3 PAC IIb INTRAH-assisted clinical FP skills workshops.

Sixteen potential clinical FP trainers have received refresher clinical skills training during PAC IIb. They have not been trained in training skills, as planned.

c. **Number of Trained Clinical Preceptors**

See also d., below.

At the beginning of PAC IIb, there were 9 INTRAH-trained clinical preceptors. There are now 21 trained preceptors working in 9 clinical training sites in and around Lomé. An additional 2 sites have trained clinical preceptors but have not been used for practical clinical training in the DSF/INTRAH project. None of the sites meet the criteria for a practical clinical training site proposed by the DSF/INTRAH follow-up team.

d. **Number of Clinical Training Sites**

See also c., above.

At the beginning of PAC IIb there were 8 clinical training sites in and around Lomé.

In November 1992 there were 12 clinical training sites: eight sites in and around Lomé (Be, ATBEF, CCT, Casablanca, Agoenyive, CHU, Accueil, Nukafu) and 4 in the regions (Kpalime, Atakpame, Sokode, Kara).

The training sites in Lomé are functional but should be improved. Those sites outside of Lomé should be developed to meet criteria proposed during the follow-up.

e. **Number of Training Curricula which Reflect FP Service Policy and Standards**

Prior to PAC IIb there were no curricula which reflected the FP service policy and standards because the document had not yet been sanctioned by the Government of Togo.

Two training curricula, the clinical FP skills curriculum and the IEC/FP curriculum, were revised and updated in July 1992 and now reflect expectations in the FP Service Policy and Standards document (May 1992).

UNFPA's clinical FP skills curriculum and UPC's IEC/FP curriculum do not reflect expectations in the FP Service Policy and Standards document.

f. **Formatheques (Trainers' Reference Libraries)**

Five formatheques were received by the DSF in October 1992 and distributed to ATBEF, SNES, CHU, DSF and National School of Medical Auxiliaries (ENAM)/Lomé during late October/early November 1992. Their receipt and availability was not verified during the follow-up, as planned, because of civil and political unrest in the country.

g. **Second Generation Trainees**

Seven of the 12 PAC IIb-trained clinical preceptors followed-up have trained 100 participants, or 12 participants per preceptor. Second generation participants included students from ENAM and the National School of Midwifery (ENMF), and in-service training supported by CARE, UNFPA and ATBEF.

2. **Impact of INTRAH Assistance**

a. **FP Service Policy and Standards**

FP service providers at the Sokode Regional Hospital and the Mango Hospital prescribe oral contraceptives to non-married clients, 20 years and younger, who have never been pregnant. This practice is consistent with

the May 1992 FP Service Policy and Standards document. The FP service providers working in these sites learned about this new practice from their supervisor.

FP service providers followed-up gave the following reasons for not providing 3 packets of oral contraceptives to a new OC acceptor, as stated in the FP Service Policy and Standards (May 1992):

- lack of knowledge about the new service policy, standard and practice;
- fear that there will be a rupture of stock of OCs if they give 3 packets to each new OC acceptor;
- belief that clients might sell or give a packet to a friend;
- fear that the client might not return to the clinic if she experiences a side-effect and she still has packets remaining; or
- the provider will be unable to verify soon after the client initiates the method if the client is correctly taking the pill and knows what to do if she forgets to take the pill one, two or more days.

Not all service providers are convinced that breastfeeding is an effective method of contraception. They have the knowledge necessary to provide information about breastfeeding, but are not certain that it is an effective method.

Service providers followed-up are concerned about providing Noristerat to nulliparous women because they are afraid that future infertility will be blamed on the method.

b. **Impact on FP Services**

Data on the following indicators were collected to measure the impact of INTRAH assistance on FP service use: number of new acceptors, increase in the types of FP services offered, and number of new FP service sites.

The number of new and continuing acceptors of OCs, Noristerat and IUD increased after training in 8 sites where FP service data were collected.

FP services were introduced in 3 of the 17 centers after INTRAH-assisted training.

There was an increase in the range of FP services offered after training. These new FP services included:

- counseling about voluntary surgical contraception, natural family planning and breastfeeding;
- management of side-effects;
- provision of FP services post-partum and post-abortion; and
- decontamination of clinic equipment.

The clinical FP performance of 19 of the 20 service providers followed-up reached or exceeded the acceptable level of performance established by the follow-up team.

3. IEC for FP

There is no national IEC for FP strategy to guide client education and recruitment and service provider training, supervision, follow-up and evaluation.

4. INTRAH/DSF Project Management

The INTRAH/DSF project coordinator allowed:

- smooth implementation of workplan activities;
- coordination with other cooperating agencies working in MCH/FP in Togo; and
- oversight on DSF adherence to training participants' selection criteria.

The lack of a MOHP per diem policy for participants, trainers and preceptors caused problems in budget preparation.

In general, the activity budgets were underestimated and this created overall budget shortfalls. For example, participants from

outside Lomé received a higher per diem than planned, at DSF's recommendation and with support from USAID/Togo.

Delays by the DSF in financial report submission to INTRAH/Lomé caused delays in replenishing funds based on financial reports and insufficient funds to support planned activities.

The DSF accountant facilitated coordination between INTRAH, Pannell Kerr and the DSF.

5. **Coordination and Collaboration with Other CAs and Donor Agencies**

INTRAH is acknowledged as the expert training agency.

INTRAH technical assistance is requested by other agencies (SEATS, CARE, UPC, CEFA, ATBEF, UNFPA) and INTRAH training and trainee reference documents are used by them.

B. **CONCLUSIONS**

1. **Extension of FP Services**

INTRAH/DSF training contributed to the extension of FP services provided, based on the following two selected indicators:

a. **Range of FP Services**

The follow-up team noted that INTRAH-trained service providers are providing more and different types of FP services than they did before training. For example:

- the range of FP services provided (counseling in VSC with referral for services, and breastfeeding as a FP method);
- decontamination of equipment;
- management of side effects; and
- provision of post-partum and post-abortion FP services.

Despite this observed increase in the range of services provided, follow-up results showed that the information provided to

clients about breastfeeding as a method of contraception did not conform with national FP service standards.

b. **Number of New FP Service Sites**

Among the 17 service sites visited during the follow-up, FP services were not offered in 3 of the sites before INTRAH/DSF training. Thus, the follow-up team concluded that clinical training permitted an extension of FP services in 3 new MOH service sites.

2. **FP Service Policy and Standards Document and FP Service Protocols**

Three of the four groups of trainees followed-up were trained prior to May 1992, before the national FP Service Policy and Standards document was revised/ updated. Only the group of service providers trained in clinical FP skills (with IUD insertion) were trained after the document was revised/updated.

Although the five clinical preceptors working in Lomé clinics were trained prior to May 1992, their practices are more consistent with the May 1992 revised/updated FP Service Policy and Standards document than the other groups of trainees because they have continuing contact with the DSF and INTRAH/Lomé.

The follow-up team observed that service delivery practices of providers trained before May 1992 are consistent with the original FP service policy and standards of March 1990. During the feedback session between the follow-up team and the trainee, revised service policy and standards were discussed with service providers, who expressed concerns about some of the new service policies. For example, service providers were concerned about providing Noristerat to nulliparous women because they are afraid that future infertility will be blamed on the method and about increasing the number of OC packets provided to a woman at the initial visit from 1 to 6 because they are afraid that the woman might not return to the clinic if she experiences side-effects and she still has several packets of OCs.

C. RECOMMENDATIONS

1. Institutionalization of FP Training Capability and Capacity

INTRAH should use the data collected during the follow-up to assess the degree of institutionalization of clinical FP training at the time of the project review.

Priority should be given to training additional national FP trainers in training methodologies during the next phase of the DSF/INTRAH project.

Recipients of the formatheques should be followed-up during the next follow-up to determine availability and use of the reference materials.

2. Impact of FP Service Policy and Standards on Removing Barriers to FP Services

The DSF and INTRAH should highlight changes in the FP Service Policy and Standards document that affect FP service practice during dissemination of the document and future clinical FP skills workshops. These changes are directed towards improving access to FP services.

The 3 groups of service providers and preceptors trained before May 1992 should be provided copies of the revised document (May 1992). Copies of the March 1990 version of the document should be withdrawn from the centers which received copies to avoid confusion.

3. IEC for FP

The MOHP, in collaboration with agencies specializing in IEC for FP, should develop a national IEC/FP strategy.

A strategy to train health auxiliary workers (auxiliary nurses and auxiliary birth attendants) to recruit and educate FP clients and provide non-clinical FP methods should also be developed by the MOHP with assistance from INTRAH and other IEC agencies. The post-training tasks for these cadres of workers should be consistent with MOHP expectations in the National FP Service Policy and Standards.

4. **INTRAH/DSF Project Management**

For future INTRAH assistance to the DSF, INTRAH should maintain the procedures for project implementation (financial management by Pannell Kerr and the DSF accountant, and training management by the INTRAH/DSF project coordinator).

In the next phase of the project, INTRAH should take into account difficulties experienced during activity budget preparation.

5. **Coordination and Collaboration with Other CAs and Donor Agencies**

INTRAH should continue to be responsive to other agencies to promote coordination.