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TRIP REPORT B - #270-1 and 2

Travelers: Mr. Pape Gaye, INTRAH Regional Director for Francophone Africa
Dr. Manuel Pina, INTRAH Francophone Regional Clinical Officer
Mrs. Beatrice Ekue, INTRAH Francophone Regional Administrative Officer
Ms. Constance Newman, INTRAH Evaluation Officer
Ms. Lynn Adrian, FHI Program Officer
Mr. Andrew Thompson, FHI Senior Research Analyst

Country Visited: Cameroon

Date of Trip: March 29 - April 17, 1993

Purpose: To conduct a review of the INTRAH/DSFM project, prepare amendment #1 to the UNC-CH/MOPH sub-contract, and plan for follow-on activities including those directed toward the reduction of medical barriers.

Program for International Training in Health

PAC IIb

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

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EXECUTIVE SUMMARY

From March 29 to April 17, 1993, INTRAH Regional Director for Francophone Africa Mr. Pape Gaye, INTRAH Regional Administrative Officer Mrs. Beatrice Ekué, INTRAH Regional Clinical Officer Dr. Manuel Pina (who had been in-country since February 1993), INTRAH Evaluation Officer Ms. Constance Newman, Family Health International (FHI) Program Officer Ms. Lynn Adrian and FHI Senior Research Analyst Mr. Andrew Thompson visited Yaounde, Cameroon to conduct a review of the INTRAH/Directorate of Family and Mental Health (DSFM) project, prepare amendment #1 to the UNC-CH/Ministry of Public Health (MOPH) subcontract, and plan for follow-on activities including those directed toward the reduction of medical barriers (RMB).

During the first part of the visit, the INTRAH/FHI team reviewed results of the trainee follow-up which had been completed the week prior to the team's arrival and which had identified service-level medical barriers. The team clarified USAID/Cameroon and Directorate of Family and Mental Health's (DSFM's) expectations for the proposed RMB study and prepared a detailed schedule for the visit. In preparation for the third phase of the INTRAH/DSFM project, the team visited other agencies working in primary health care (PHC) and conducted a review of phase 2 accomplishments. The INTRAH team worked with INTRAH/DSFM Project Coordinator Mr. Lucas Mbofung and had several meetings with DSFM Director Dr. David Awasum, and with the DSFM Deputy Director and newly-appointed coordinator of the National Family Health Project, Dr. Andela.

With this visit, INTRAH and FHI launched their first joint RMB activity in Cameroon. FHI will conduct a study on the impact and contributions of FP/MCH service guides' dissemination and distribution to the reduction of medical barriers to FP service access. The purpose of the study is

to demonstrate that formal dissemination of nationally-approved FP/MCH service guides will have an effect on provider adherence and that adherence will, in turn, contribute to the reduction of medical barriers and an increase in the numbers of FP acceptors. This study will occur in concert with INTRAH's planned phase 3 training activities.

USAID/Cameroon and the DSFM of the Ministry of Public Health (MOPH) approved the proposed research study and dissemination seminars to be conducted by INTRAH and FHI (with assistance from the Pan-African Association of Anthropologists (PAA) for field research). Professor Paul Nkwi of the University of Yaoundé's sociology department was identified as the principal investigator for the study.

INTRAH and FHI will jointly support RMB activities with A.I.D. Office of Population funds earmarked for RMB.

The impact study is scheduled to begin in July 1993, after subcontract negotiations between FHI and the PAA are concluded. Because of the PACD of the PAC IIb contract, INTRAH must complete field activities in July/August 1994. Consequently, data analysis and report writing for the study will be undertaken at FHI.

SCHEDULE OF ACTIVITIES

March 29	Mr. Gaye and Mrs. Ekué arrived in Yaoundé at 6:00 p.m. and met informally with INTRAH Regional Training and Training Materials Officer Dr. Aliou Boly and INTRAH Regional Clinical Officer Dr. Manuel Pina who had completed an INTRAH trainee follow-up the previous week.
March 30	Mr. Gaye and Mrs. Ekué met with Dr. Boly, INTRAH Consultant Mr. Bula Bula Lie-Lie and Dr. Pina to discuss results of the trainee follow-up and implications on the project review.
	Mr. Gaye, Dr. Pina and Mrs. Ekué briefed with Mrs. Regina Denis, USAID/Cameroon Population Coordinator.
	Mr. Gaye, Dr. Pina and Mrs. Ekué briefed with Mr. Richard Greene, USAID/Cameroon Chief Health, Population and Nutrition Officer (HPNO).
	Ms. Newman, Ms. Adrian and Mr. Thompson arrived in Yaoundé 11:30 p.m.
March 31	The INTRAH/FHI team met to clarify the approach to RMB and to plan for meetings with USAID/Cameroon and the DSFM.
	The INTRAH/FHI team met to prepare a tentative schedule of activities for the visit to be discussed with USAID/Cameroon and the DSFM.
April 1	The INTRAH/FHI meeting continued. Dr. Pina presented RMB follow-up results and gave an overview of FP service delivery in Cameroon.
	The INTRAH/FHI team met with Mr. Greene and Mrs. Denis to discuss the proposed RMB study. Much time was spent clarifying USAID's expectation for the study and discussing ways to integrate the RMB work into the current INTRAH/DSFM project.

April 2

Mrs. Ekué and Mr. Gaye met at the DSFM with INTRAH/DSFM Project Coordinator Mr. Lucas Mbofung to prepare the work schedule for the visit.

Dr. Pina and Mr. Thompson prepared for visits to Yaoundé FP clinics.

Ms. Newman and Ms. Adrian met with PCS Project Coordinator Mr. Daniel Ebah.

Mr. Gaye and Mrs. Ekué met with Dr. Claude Bodard, Chief of Party, and Ms. Joan Schubert, Information, Education and Communication (IEC) Specialist, of the South East and Southern Adamaoua (SESA) Project.

Courtesy visit to Dr. Andela, DSFM Deputy Director and the newly-appointed National Family Health Project Coordinator.

Mr. Gaye and Mrs. Ekué met with Mr. Mbofung to begin review of project accomplishments and lessons learned.

Mrs. Ekué contacted Ms. Francoise Ngo Nyemb, DSFM Secretary, and Cabinet Eura-Audit to set up appointments.

Ms. Newman, Ms. Adrian, Dr. Pina and Mr. Thompson met at the Institute of Training and Demographic Research (IFORD) with Dr. M. Sala-Diakanda, Director.

April 3

The INTRAH/FHI team met to prepare for the meeting with Dr. Awasum.

April 5

Mr. Gaye, Ms. Adrian, Dr. Pina and Mrs. Ekué met at UNFPA with Mr. Sidiki Coulibaly, Director, and Mrs. Menz, Program Officer.

Mr. Gaye, Mrs. Ekué and Dr. Pina met at the German Development Organization (GTZ) with Dr. Henrich Berg, PHC Coordinator.

Ms. Newman and Mr. Thompson visited several campuses of the University of Yaoundé in an attempt to locate the most recent office of Professor Nkwi.

The INTRAH/FHI team met with Dr. Awasum to review the assignment description for the visit and to discuss the proposed RMB study.

Mr. Gaye, Mrs. Ekué and Dr. Pina met with Mr. Mbofung to continue review of project accomplishments and implementation issues.

Ms. Newman, Ms. Adrian and Mr. Thompson met with Dr. Rosa Befidi, Director of the National Epidemiology Board, to discuss the proposed study.

April 6 Mr. Gaye and Mrs. Ekué began working on the draft proposal for phase 3 and amendment #1 to the UNC-CH/MOPH subcontract.

Dr. Pina and Mr. Thompson visited Yaoundé FP clinics.

Continued work on proposal and budget.

Mr. Gaye, Mrs. Ekué and Mr. Mbofung reviewed phase 3 goals and objectives and confirmed costs factors to be used for budget estimates.

April 7 Mr. Gaye, Mrs. Ekué and Mr. Mbofung continued work sessions on the phase 3 project proposal and subcontract amendment.

Ms. Newman, Ms. Adrian and Mr. Thompson worked on impact study objectives and other documentation related to the proposed RMB research.

The INTRAH/FHI team reviewed RMB issues and prepared for the meeting with Dr. Awasum.

The INTRAH/FHI team met with Dr. Awasum and Dr. Andela to confirm study options for RMB.

April 8 Held work sessions with Mr. Mbofung to prepare the phase 3 workplan.

The team met to identify RMB activities to be included in the INTRAH/DSFM workplan.

April 9 National Holiday in Cameroon.

Held a planning meeting to prepare for work session on the phase 3 proposal and amendment #1 with A.I.D.

Held a work session on the budget.

April 10 The team prepared for the debriefing meetings with USAID and the DSFM.

April 12 Mr. Gaye and Dr. Pina met with USAID/Cameroon Director Mr. Peter Benedict, Mr. Greene and Mrs. Denis.

Work session at the DSFM to prepare the final draft of the phase 3 proposal.

Met with Mr. Mbofung, Ms. Ngo Nyemb and Mr. Colin Dikos, Eura-Audit Accountant, to review financial issues.

Met with Dr. Awasum to discuss team progress and confirm proposed activities.

April 13 Finalized description of activities and workplan for the phase 3 proposal.

The INTRAH/FHI team attended a DHS presentation at USAID/Cameroon organized by Mrs. Denis.

Held INTRAH/FHI final review meeting.

Ms. Newman, Ms. Adrian and Mr. Thompson departed Yaoundé at 9:00 p.m.

April 14 Mr. Gaye, Mrs. Ekué and Mr. Mbofung worked on the budgets for the phase 3 proposal.

Dr. Pina departed for Douala and Lomé.

Mr. Gaye attended a coordination meeting at the DSFM with Dr. Awasum, Dr. Andela, Mr. Greene, Mrs. Denis, SEATS/WARO Director Mr. Sahlu Haile, Mr. Mbofung, SEATS Resident Advisor Mr. Georges Vishio, and SEATS Project Coordinator/DSFM MCH Deputy Director Mrs. Sarah Mpouli.

Mrs. Ekué conducted a work session with Ms. Ngo Nyemb and Mr. Dikos.

April 15 Mr. Gaye and Mrs. Ekué worked on draft of subcontract amendment #1.

Finalized budget.

Prepared copies at the DSFM for amendment #1 negotiations.

April 16	Held negotiations of subcontract amendment #1 at USAID. Attendees were: Mrs. Denis, Mr. Mbofung, Mrs. Mpouli, Ms. Ngo Nyemb, Mr. Gaye and Mrs. Ekué. Mrs. Ekué met with Mrs. Denis to review the financial Kooh and Mure manual. Prepared exit memorandum and began trip report writing.
April 17	Mr. Gaye and Mrs. Ekué departed for Lomé via Douala at 8:00 a.m.

LIST OF ABBREVIATIONS

CAPP	Provincial Center for Drug Distribution
DSFM	Directorate of Family and Mental Health
FHI	Family Health International
GTZ	German Development Organization
HPNO	Health, Population and Nutrition Officer
IEC	Information, Education, Communication
IFORD	Institut de Formation et de Recherche Démographiques (Institute of Training and Demographic Research)
MH	Maternal Health
MOPH	Ministry of Public Health
PAA	Pan-African Association of Anthropologists
PHC	Primary Health Care
RMB	Reduction of Medical Barriers
SESA	South East and Southern Adamaoua (provinces)
TNA	Training Needs Assessment

I. PURPOSES OF TRIP

The purposes of the trip were to conduct a review of the INTRAH/DSFM project, prepare amendment #1 to the UNC-CH/MOPH subcontract and plan for follow-on activities including those directed toward the reduction of medical barriers.

II. ACCOMPLISHMENTS

A. A review of phase 2 accomplishments and implementation issues was conducted with the DSFM. The focal point of the review was results of the trainee follow-up conducted on a sample of personnel trained with INTRAH assistance. The follow-up showed a positive impact of INTRAH training on the level of FP services and on national FP/MH training capacity and capability. Major problems raised by the follow-up included: lack of FP supervision, non-availability of the MCH/FP service policy and standards in service sites, lack of basic FP supplies and equipment and lack of IEC materials in the majority of service delivery sites visited.

B. Work sessions were conducted with Mr. Colin Dikos, Eura-Audit accountant, to review financial management issues and to clarify activities to be conducted. Financial and activity report #12, regarding trip report B-#325 (the trainee follow-up), was delivered to INTRAH before the team departed. As decided during the project review visit in December 1992, a special report was prepared for INTRAH-related expenses incurred by the MOPH (e.g. renovation of the MOPH training room) before the first financial report was prepared and audited by Eura-Audit.

C. At the request of USAID/Cameroon, meetings were held with Dr. Claude Bodard, Chief of Party, and Ms. Joan Schubert, IEC Specialist, both of the SESA project, with the coordinator of the GTZ Primary Health Care

Project and with Mr. Sidiki Coulibaly, UNFPA Director for Cameroon and Equatorial Guinea to discuss these organizations' perspectives on integrating family planning into primary health care. INTRAH was informed of a proposed seminar on the integration of FP into PHC to be funded by SEATS, SESA, UNFPA and scheduled for mid-July 1993 in Limbe.

D. A draft proposal for phase 3 of the INTRAH/DSFM project was prepared and distributed to USAID and DSFM staff for review and comments. The proposal included goal, project and operational objectives, a workplan and budget. The workplan included all proposed RMB activities to be conducted with INTRAH and FHI assistance and took into account follow-up recommendations.

E. An agreement was reached among INTRAH, FHI, the DSFM and USAID/Cameroon to conduct a study of the contribution of the national MCH/FP service policy and standards on the reduction of medical barriers to FP service access. The study will include baseline data collection on selected medical barriers, national and provincial level dissemination seminars and data collection following the dissemination activities.

F. A local research organization was identified to carry out field work for the study: the Pan-African Association of Anthropologists (PAA), whose president is Professor Paul Nkwi of the University of Yaoundé. Work sessions were conducted to discuss the proposed study objectives, collect cost factors and prepare a draft budget for in-country study activities. FHI prepared a draft sub-agreement with the PAA.

G. A meeting was conducted with the DSFM (Director Dr. David Awasum, DSFM/INTRAH Project Coordinator Mr. Lucas

Mbofung, Coordinator of the National Family Health Project Dr. Andela and MCH Deputy Director Mrs. Sarah Mpouli), SEATS (Director Mr. Sahlu Haile and Resident Advisor Mr. Georges Vishio) and USAID (Chief HPNO Mr. Richard Greene and Population Coordinator Mrs. Regina Denis). During this meeting SEATS and INTRAH workplans were harmonized and agreements were reached on a strategy for distributing the MCH/FP service policy and standards, the FP protocols, IUD kits and IEC materials. It was decided that:

- The SEATS Resident Advisor will obtain quotes from local companies for the printing of English and French versions of the MCH/FP service policy and standards. Once the quotes are received, a decision will be made about the number of copies to request from FHI.

- By early May 1993 INTRAH will provide the DSFM with 100 copies of the French FP Service Policy and Standards to be distributed during the INTRAH-assisted training needs assessment (TNA).

- During the week of preparation for the TNA (proposed for May 3-29, 1993) one day will be devoted to preparing for the distribution of the materials. Two or 3 national trainers and representatives from SEATS and PCS will be responsible for distributing the materials in sites visited during the follow-up. Materials will also be distributed to PHC sites to be visited during the follow-up. SEATS will be responsible for a second round of distribution to be scheduled at a later date.

- To allow SEATS Training Officer Mr. Mutombo Yatshita to participate in the work sessions to develop a strategy for provincial-level FP training, the dates were changed to June 21-25, 1993.

H. Local and technical assistance costs estimates were prepared for proposed activities to be funded by INTRAH and FHI funds earmarked for PMB. Estimates were also prepared for local costs to be supported by buy-in #3.

I. A draft amendment #1 to the UNC-CH subcontract with the MOPH was prepared and negotiated with the DSFM and USAID during a two-hour round table.

J. The placement of a training resident advisor was discussed at USAID/Cameroon with Mr. Greene. Given the U.S. Embassy's reluctance to provide concurrence for a long-term resident advisor, it was proposed that INTRAH assign staff and consultants for up to two to three months at a time. Given the depth and breadth of INTRAH technical assistance for phase 3, the DSFM, USAID and INTRAH agreed that a continuous, non-residential presence of INTRAH personnel beginning in early May 1993 would be desirable.

III. BACKGROUND

Phase 1 of the INTRAH PAC IIb project (January 1991 to February 1992) established a foundation for capacity and capability for clinical family planning training through the preparation of FP/MH service policy and standards, the development of a comprehensive FP training curriculum and the training of a group of clinical preceptors. Phase 2 aimed at strengthening national clinical FP training capability and capacity to accelerate the expansion and improvement of FP services.

Following a discussion with and a request from the DSFM Director, INTRAH proposed a study to examine the impact of nationally-sanctioned FP service policies and standards on family planning service delivery practices. Central funds earmarked for RMB gave INTRAH and FHI the opportunity to collaborate in Cameroon in response to the DSFM request.

The trip described in this report served the purposes of conducting a review of program and financial aspects of the project and of preparing for the joint INTRAH/FHI RMB collaboration with the DSFM.

IV. DESCRIPTION OF ACTIVITIES

A. USAID/Cameroon

The INTRAH/FHI team briefed with Chief HPNO Mr. Greene and Population Coordinator Mrs. Denis. The scope of work for the visit was reviewed and expectations for the visit were discussed. The INTRAH team paid a courtesy visit to Mr. Peter Benedict, Mission Director.

Much time was spent in the early part of the visit discussing the proposed INTRAH/FHI RMB initiative. Concerns raised by the mission included:

- the time it will take to complete a study;
- the proposed increase in the level of funding to the DSFM (with INTRAH and FHI funds earmarked for RMB) while the mission has suspended or reduced other funding due to the unstable political situation; and
- the multiplication of the number of the sub-agreements, and contracts which will put more burden on the mission and the MOPH.

Each of these issues was discussed and recommendations were made for responding to the concerns. The mission's final position on the proposed INTRAH/FHI initiative was that it depended on Dr. Awasum and the DSFM.

Mr. Greene and Mrs. Denis informed the INTRAH team that the mission was committed to implement recommendations made by the follow-up team before the external evaluation of the bilateral project scheduled for January 1994. Among the recommendations to be addressed immediately were the distribution of the MCH/FP service policy and standards, FP protocols, IEC materials and basic FP supplies. The mission asked that INTRAH be involved in making sure that these materials were distributed and had suggested that the

distribution begin during the TNA scheduled for March 1-29, 1993.

According to the mission, phase 3 of the DSFM/INTRAH project should focus on training personnel from primary health care sites. The mission instructed the INTRAH team to discuss with officials of the SESA and GTZ projects and with UNFPA and UNICEF to learn more about how they integrate their assistance into PHC.

The mission asked INTRAH to take a larger role in the coordination of FP activities with the DSFM. Mr. Gaye and Mr. Greene again discussed the idea of a resident advisor. However, the mission informed INTRAH that, because of the U.S. Embassy's reluctance, a resident advisor could not be placed in Cameroon.

B. **Directorate of Family and Mental Health (DSFM)**

Dr. Awasum was out of the country during the first few days of the visit. Briefings were conducted with Deputy Director Dr. Andela, who was recently appointed the national coordinator of the USAID-assisted Family Health Project. In his new position as National Coordinator, Dr. Andela is supposed to take over most of the day-to-day management of the bilateral project activities allowing Dr. Awasum to focus on overall supervision and providing guidance and direction to the project. However, it was not clear to the INTRAH team what the differences were in the roles and responsibilities between Dr. Andela and the individual project coordinators.

The INTRAH team conducted a review of phase 2 accomplishments, problems and issues and lessons learned. The review of the status of DSFM's current FP training capacity and capability took into account

results of the recently- completed follow-up of INTRAH-trained personnel.

The financial review consisted of a series of work sessions between Mrs. Ekué, Mr. Mbofung, Ms. Ngo Nyemb and Mr. Dikos. Financial reports and agreements reached during the last visit were reviewed. The INTRAH team requested that the special report covering the renovation of the DSFM training room and other expenditures be completed as soon as possible. The INTRAH team learned that a request had been sent to the bank asking that Dr. Andela be Dr. Awasum's replacement as a signatory to the INTRAH/DSFM account.

The DSFM, INTRAH and FHI agreed on terms to conduct a research study which will measure the contribution that dissemination of the national family planning service policy and standards document has on reduction of medical barriers in Cameroon. The purpose of the study is to measure family planning service provider adherence to the policy and standards document and to measure the extent to which that document increases access to FP services for Cameroonians who desire modern family planning methods.

The study will take place in four provinces: Center, Littoral, North West and South West. A sample of 10 clinics from the 42 clinics in those provinces will be selected as study sites. In order to measure a change in service provider practices as a result of a formal dissemination of the MCH/FP Service Policy and Standards document, data will be collected from the study sites before and after the dissemination seminars. Data collection will involve review of clinic records and service statistics, and client and provider interviews.

Once the data is collected and recorded, it will be analyzed and tabulated by FHI. A report outlining study methodology and results will be written and formally presented by Dr. Awasum at the end of the study. It is estimated that the study will be completed by December 1994.

Dissemination Seminars

INTRAH and FHI will conduct 4 provincial-level dissemination seminars and one national dissemination seminar. The four provincial seminars will take place in the study provinces: Southwest, Northwest, Center, and Littoral. The local costs for a fifth dissemination seminar requested by Dr. Awasum are unfunded.

(See Appendix B for draft INTRAH/FHI RMB mini proposal.)

C. Other Agencies and Organizations

SESA Project

SESA is a primary health care project in the South East and Southern Adamaoua (SESA) provinces. It was signed for the period 1987-93. The project began as a classical child survival project with emphasis on diarrheal disease control but the focus switched to a more active support of the MOPH's policy of reorientation to primary health care. Major areas of intervention are health promotion, management, and community participation, and reinforcement of the districts. SESA provides support for drug supply and management at the provincial level, management information system and supervision.

The project concentrates on diarrheal diseases and family planning. According to SESA officials, the integration of family planning into PHC has been slow.

According to them, FP supervision and contraceptive supply and logistics should be integrated into the existing PHC systems.

There is a provincial team in which all MOPH directorates in the province are represented. The team is headed by the provincial delegate who coordinates all team activities.

Health centers are staffed with infirmiers diplomés d'etat (state registered nurses) and infirmiers brevetes accoucheurs (nurse/birth attendants) who should be trained in family planning. The district hospital will be the major referral center for FP services.

A new government law recently passed which authorizes heath centers to sell drugs and keep up to 50% to be used and managed by the centers. Fifty percent will be returned to the public treasury. Drug distribution is being organized through a Provincial Center for Drug Distribution (CAPP). Health centers are expected to purchase drugs from the CAPP.

According to SESA, the upcoming integration of FP into PHC seminar should be the opportunity for defining in operational terms how the integration of FP into PHC should be done.

GTZ

The INTRAH team met with Dr. Heinrich Berg, Coordinator of GTZ's Primary Health Care Project. The project covers the North West, Littoral and South West provinces and focuses on the MOPH's policy of reorientation to PHC with the reinforcement of the district (based on the WHO model). It is expected that the current arrondissement hospitals will become health centers.

The Germans are currently working on a model of drug distribution system in the Northwest, which is expected to be used nationwide. There is a central provision store in Bamenda which supplies health centers and hospitals. The system involves user participation.

According to GTZ, the weak point to the FP component of their project is FP training.

UNFPA

A meeting was held with Mr. Sidiki Coulibaly, UNFPA Director for Cameroon and Equatorial Guinea. Mr. Coulibaly is also president of CAFS Board of Directors.

UNFPA's MCH/FP project in Cameroon was scheduled to end in December 1992 but was extended for 6 months to June 1993. The $200,000 project in Yaoundé and Douala consists of providing contraceptives and basic FP equipment. One of the project objectives was the opening of 8 additional FP service delivery sites outside of Douala and Yaoundé but that objective was never achieved.

In preparation for the next phase of UNFPA assistance, an evaluation of the project is being conducted by Professor Robert Leke and Mr. Bula Bula.

UNFPA is interested in participating in the dissemination of the national MCH/FP service policy and standards and FP protocols, provided the proposed expenditures are included in their budget. UNFPA would like to increase its collaboration with INTRAH in the area of training.

The Pan African Association of Anthropologists (PAA)

The PAA, under the direction of Professor Paul Nkwi of the University of Yaoundé's sociology department, was

selected as the local research organization to conduct the RMB research study. The DSFM, under the direction of Dr. Awasum, will monitor the study, and FHI will provide technical support.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

1. Findings/Conclusions

The number of functional clinical FP practicum sites has decreased due to personnel movement, reduced FP client flow or inadequate number of days per week during which FP services are offered. Four of 11 sites are no longer adequate. At the same time, there is greater demand for these practicum sites because SEATS-assisted FP training for FEMEC and AD LUCEM rely on the same sites. Under the present conditions, it is no longer possible to train 15 participants at a time in clinical FP in Yaoundé.

There are still national trainers who have not had the experience of facilitating a clinical FP skills workshop. The DSFM requested INTRAH assistance to national trainers who have not yet co-trained with an INTRAH trainer.

Recommendations

The number of participants to clinical FP skills workshops in Yaoundé should be reduced from 15 to 12 until other practicum sites are developed. The INTRAH/DSFM training plan should be revised so that the preceptor skills workshop scheduled for February 1994 can be conducted earlier.

INTRAH technical assistance should be provided for national trainers who have not yet facilitated a comprehensive clinical FP skills workshop.

2. Finding/Conclusion

The integration of family planning into PHC is a major priority for the MOPH and USAID. FP services have been identified as a weakness in the PHC sites. Also, a need has been identified to train supervisors in FP. A national seminar is scheduled for July 1993 for all MOPH directorates and international NGOs and donor agencies to agree on guidelines for integrating FP into PHC. INTRAH is expected to participate in the seminar.

Recommendation

INTRAH should participate in the national seminar on integration of FP into PHC. During that seminar, information should be collected on FP supervision so that the appropriate type of FP training can be proposed. Results of the recently-completed TNA should be shared during the national seminar.

3. **Finding/Conclusion**

Agreement was reached among INTRAH, FHI, the DSFM and USAID on a study of the contribution of the national MCH/FP service policy and standards and FP protocols on the reduction of medical barriers to FP service access. The study will be conducted under the umbrella of the INTRAH-assisted phase 3 project.

Recommendation

INTRAH and FHI should coordinate their activities to avoid placing more burden on the USAID mission and on the DSFM.

4. **Finding/Conclusion**

Eura-Audit needed information from the DSFM in order to complete the special reports covering renovation of the DSFM training room and other expenditures.

Recommendation

The DSFM should make all receipts available to Eura-Audit so that the special reports can be completed and submitted to INTRAH/Lomé.

5. **Findings/Conclusions**

During the visit INTRAH was informally informed that Dr. Andela, the newly-appointed National Coordinator for the Family Health Project, will be a signatory to the INTRAH/DSFM account. INTRAH was also informed that the SEATS project suffered delays because the checkbook was confiscated.

Mr. Gaye informed Dr. Awasum that INTRAH should have been officially informed of the changes and that if delays similar to the ones experienced by SEATS were to be endured in the INTRAH project that UNC-CH might suggest the use of a fiscal agent.

Recommendations

The DSFM should formally write to INTRAH informing them of the changes in signatories to the bank account.

INTRAH should monitor the situation with local fund management and if problems develop change the role of Eura-Audit into one of a fiscal agent.

6. **Finding/Conclusion**

A draft proposal for phase 3 for the INTRAH/DSFM project and amendment #1 to the subcontract between UNC-CH and the MOPH were prepared in coordination with the DSFM and USAID.

Recommendation

The draft proposal and amendment #1 should be finalized in consultation with INTRAH/Chapel Hill.

7. **Finding/Conclusion**

The DSFM formathèques are in a storage room, but this room is locked and the materials are not easily available to national trainers in the Yaoundé area. In addition, there has not been any official announcement of the arrival and availability of the formathèques.

Recommendation

The INTRAH/DSFM project coordinator should explore the possibility of sending an announcement about the formathèques to all appropriate persons and directorates.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Cameroon

Mr. Peter BENEDICT, Mission Director

Mr. Richard GREENE, Chief HPNO

Mrs. Regina DENIS, Population Coordinator

Mr. Paul GILE, GSO

Mr. Pat JACOBS, Controller

Ms. Beth MCDAVID, Personal Service Contractor

Department of Family and Mental Health

Dr. David Neba AWASUM, Director

Dr. ANDELA, Deputy Director

Mr. Lucas MBOFUNG, INTRAH/DSFM Project Coordinator

Mrs. Sarah MPOULI, MCH Deputy Director and SEATS Project Coordinator

Ms. Francoise NGO NYEMB, Secretary

Mr. PENN, Logistics Coordinator

Others

Dr. Aliou BOLY, INTRAH/Lomé Training and Training Materials Officer

Mr. Bula Bula LIE-LIE, INTRAH Consultant

Mr. Sahlu HAILE, Director, SEATS/WARO

Mr. Georges VISHIO, SEATS Resident Advisor

Mr. Andrew FULLEM, Regional Administrative and Financial Officer, SEATS/WARO

Mr. Colin DIKOS, Accountant, Eura-Audit

Mrs. Lisa MATT, ISTI

Mr. Durate SANOGO, Population Council/Dakar

Dr. Frank BAER, International Consultant

Mr. Roger SEUKAP, PCS/MOPH

Mr. Daniel Nzeme EBAH, Project Coordinator, PCS/MOPH

Mr. Sidiki COULIBALY, UNFPA Director

Mrs. MENZ, UNFPA Program Officer

Professor M. SALA-DIAKANDA, IFORD Director

Ms. Evina AKAM, IFORD

Dr. Henrich BERG, Primary Health Care Coordinator, GTZ

Professor Paul NKWI, President, Pan-African Association of Anthropologists

Dr. Rosa BEFIDI, Director, National Epidemiology Board

Dr. Claude BODARD, Chief of Party, SESA Project

Ms. Joan SCHUBERT, IEC Specialist, SESA Project

Program for International Training in Health

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September 7, 1993

Ms. Lucy Mize
Project Manager
R&D/POP/CMT
Room 811, SA-18
Agency for International Development
Washington, DC 20523-1819

Re: DPE-3031-Z-00-9024

Dear Lucy:

Enclosed is one complete copy of INTRAH trip report B-#270-1 and 2.

Country:	Cameroon
Activity Title:	Project Review
Dates of Trip:	March 29-April 17, 1993
Traveller(s):	Mr. Pape Gaye, INTRAH Regional Director for Francophone Africa Dr. Manuel Pina, INTRAH Francophone Regional Clinical Officer Mrs. Beatrice Ekué, INTRAH Francophone Regional Administrative Officer Ms. Constance Newman, INTRAH Evaluation Officer Ms. Lynn Adrian, FHI Program Officer Mr. Andrew Thompson, FHI Senior Research Analyst
Purpose of Trip:	To conduct a review of the INTRAH/DSFM project, prepare amendment #1 to the UNC-CH/MOPH sub-contract, and plan for follow-on activities including those directed toward the reduction of medical barriers.

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

Sincerely,

Vickie Hayes-McGee

Vickie Hayes-McGee
Program Assistant

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