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**FAMILY PLANNING MANAGEMENT TRAINING
CASE STUDY EVALUATION IN SENEGAL**

**Performed by
Management Sciences for Health**

May 27, - June 6, 1987

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Members of Team:

**Mr. Gary Engelberg
Dr. James Wolff**

Acknowledgements

The Family Planning Management Training Project would like to express our sincere thanks and appreciation to the many individuals who made our visit to Senegal to carry out the Pilot Case Study Evaluation both enjoyable and productive.

Special thanks to Dennis Baker, USAID, Al Baron, ISTI, Ousmane Samb, PSF and those of their staff that always found the time to satisfy our demands.

It was the cooperation and willingness of those who shared their thoughts openly and candidly with the evaluation team that made the pilot study proceed smoothly.

SENEGAL CASE STUDY EVALUATION

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Executive Summary

Between May 27th and June 6th 1987 Gary Engelberg and James Wolff performed the pilot test for the Family Planning Management Training Project Case Study Evaluation in Senegal. The purpose of this study was two-fold, first to test the case study methodology and recommend modifications and improvement in its design and second to assess the impact and effectiveness of FPMT activities in Senegal. Details of the Case Study Evaluation Method, the Senegal Country Study and the case research database are found in the attachments to this report.

The Senegal Country Study evaluation is divided into four major sections- the first provides an overview of the Projet de Sante Familiale (PSF), the second, the interventions undertaken under FPMT auspices, third, the observations, analysis, and impact of FPMT interventions, and finally, conclusions and recommendations.

The first FPMT intervention in Senegal occurred in May 1986 when the FPMT project conducted a needs assessment in Senegal. The Senegalese Family Health and Population Project (PSF) was selected as the focus of FPMT activities in Senegal and with the participation of the PSF, ISTI, and USAID-Senegal a management development plan was drawn up that specified a number of training and technical assistance activities that the FPMT project would conduct to strengthen PSF management. Over the next year a series of activities were carried out that are listed in the section Interventions Proposed in the MDP- May 1986.

During the present evaluation the investigators had the opportunity to

- 1) develop and field test the Case Study Evaluation Protocol
- 2) review project documentation, meet, talk with, and observe in the field many people who had participated in FPMT activities.

Details of the protocol development and supporting documentation as well as the results of the Senegal Country Study are found in the body of the report and the annexes. Among the most important findings cited in the areas of Supervision, Management Systems Support, and participation in the Francophone Regional Advisory Committee Meeting are:

- o Supervision- development of functioning supervisory protocols for clinical and IEC personnel
- o Management Systems Support: the development and implementation of a central warehouse inventory management system, and the development of systems for estimating contraceptive needs, for tracking client service information, and for accounting and budgeting.
- o Participation in the Francophone Regional Advisory Committee- strengthening of regional relationships with other family planning directors and a reinforcement of the PSF director's resolve to play a part in the development of a national policy for family planning.

On the basis of the data the authors have made some general recommendations for future FPMT activities:

- o Effective communication to clients and to USAID missions about the advantages of FPMT's comprehensive, on-going approach to resolving organizational and management problems is critical to an effective program.
- o Adequate time for training needs assessment and workshop preparation is essential for developing effective management training.

Finally, the following specific recommendations for the FPMT Senegal program were discussed with Dennis Baker, HPW USAID, Al Baroni, ISTT, and Ousmane Samb, Project Director PSF:

- o Negotiate a memorandum of understanding with the PSF for future project activities.
- o Assist in the evaluation and in-service training of project supervisors
- o Continue microcomputer training and technical assistance in information systems development
- o Organize Study Observation Tours for IEC coordinators
- o Identify appropriate leaders or future leaders who would benefit from long-term training.

PERSONS CONTACTED

USAI

Mr. Dennis Baker, director, HPN
Ms. Fatimata Hann, Deputy Project Manager

PROJET SANTE FAMILIALE

Mr. Ousman Samb, Director
Mr. Maseck Seck, Financial Administrator
Mr. Fallou Gueye, Logistics Officer
Mme. Marie Caroline Diop, National Coordinator IEC
Mme. Ndiaye Aissatou Sambe, National Coordinator IEC
Mme. Marie Victoire Albis, National Clinical Coordinator

ISTI

Mr. Al Baron, COP
Ms. Laura Evison, Clinical Advisor
Ms. Pricilla Randall, Logistics Liason Officer
Mr. Alpha Dieng, Director Private and Para-statal Sector
Ms. Aminata Niang Diallo, Clinical Supervisor
Mr. Michelle Sagna, Financial Officer

MINISTRY OF SOCIAL DEVELOPMENT

Mr. Ndiaye, Regional Inspector, Thies
Mme. Mbayang Ndao Ndiaye, Regional Coordinator IEC PSF
Mme N'Deye Arame Diouf Sao, Service Regional MSD, Kaolack

MINISTRY OF HEALTH

Mme. Dado Ndiaye, Regional Clinical Coordinator, Thies
Ms. Diakhate Khady NDiour, Nurse, Clinic, Thies
Mme. Yacine Seck, Coordinatrice regionale des services SMI, Thies
Mme Adama Thiam, sage-femme d'Etat, Kaolack
Mr. Ousmane Fall, Trainer, DRPF
Mme. Anne Marie Mane, Trainer, MSP/QMS

PRITECH

Dr. Suzanne Prysor-Jones, Regional Representative for the Sahel

OTHERS

Dr. Pierre Davloose, WHO, Thies.

Dr. Babakar Drame, Chief Medical Officer, Kaolack Region

Ms. Michelle Brochet, Regional Supervisor, Kaolack Region

Case Study Protocol

SCHEDULE OF VISITS

Tuesday 26 May
Wolff departs Boston

Wednesday 27 May
0800 Meeting with Gary Englebert to plan visit
1600 Meeting with USAID HPN Officer Mr. Dennis Baker

Thursday 28 May
0930 Visit with Ms. Cilla Randall, ISTI
1300 Team Work Session

Friday 29 May
1000 Team Work Session
1700 Meeting with P. Davloose

Saturday 30 May
0900 Team Work Session

Sunday 31 May
All Day Work Session

Monday 1 June
0900 Meeting with Fallou Gueye
1030 Meeting with Ousmane Samb
1500 Meeting with Al Baron, Laura Evison, and Amy Niang
1730 Meeting with Alpha Dieng
2000 Team Meeting

Tuesday 2 June
0900 Meeting with Mme Albis
1100 CNSS: Mme. Aissata Dieng 22-32-58
1300 Lunch with Laura Evison Chez Gary
1430 Meeting with Amy Niang and Laura Evison
1530 Meeting with Michelle Sagna

Wednesday June 3
0700 Leave for Kaolack
0930 Meeting with Ousmane Fall
1030 Meeting with Adama Thiam

1130 Visit Michelle Brochet and Dr. Babakar Drame
1200 Lunch Kaolack
1430 Leave for Fatick
1500 Meeting Marie Sylla Dia
1600 Leave for Dakar

Thursday June 4

0800 Meetings and Write-up
1500 Leave for Theis
1600 Meeting with Caroline Mane Diop, Assatiou Ndiaye Samb,
IEC Coordinators PSF, Mme. Yassine Seck. SMT Thies,
Ndao Ndiaye
1800 Return to Dakar

Friday June 5

0800 Meeting with Mme. Fatimata Hann, USAID
0900 Debriefing for USAID Director
1200 Report Writing
1600 Debriefing for Ousmane Samb and Al Baron

Saturday 6 June

0200 Wolff departs for Boston

1.0 The Current PSF Project

The PSF Project is a \$27.4 million, seven year USAID project aimed at improving the health of Senegalese women and their children and to help achieve population growth rates compatible with Senegal's capacity to provide basic health and social services for its people. The project is administered by the Senegalese Ministry of Social Welfare, with clinical aspects under the direction of the Ministry of Health. Stated objectives are to:

- o Improve the capacity of the governmental and non-governmental sector to provide safe and effective contraception to 15 percent of married women of reproductive age, approximately 200,000 couples;
- o To provide comprehensive support to Maternal and Child Health (MCH) services, including the detection and treatment of sexually transmitted diseases and infertility as well as the provision of integrated family planning and health services at the community level;
- o Improve the demographic data base so that more effective development planning can take place;
- o Increase the awareness of policy makers, planners and the general community of the impact of rapid population growth on development.

Approximately two thirds of the USAID contribution goes to the support of the government's family planning effort. This support includes over \$2 million earmarked for clinical, management, and IEC training both in-country and overseas, \$1.4 million for contraceptive commodities and \$1.7 million for IEC materials, clinical equipment and medications. A small amount of funds are set aside to support local women and development projects to support family planning. Approximately \$1.5 million is earmarked for encouraging family planning services in the private sector. The government of Senegal is covering all domestic costs of the project, an estimated \$7.4 million or 26% of total project costs. This includes all salaries of national staff and facilities costs. Approximately 20% of all rural health posts are to be renovated and equipped by the end of the project.

The current project was preceded by a three year Phase I project. Family planning services were made available at 22 health centers in six of Senegal's ten regions. The IEC component of the project in Phase I was mostly directed at publicizing the project and generating support for it at the national and regional levels. Additionally IEC services were made available in several Ministry of Social Development (MSD) facilities, which were renovated and equipped with project funds. Staff were trained at the national and the six regional levels for the provision of clinical and IEC family planning services.

Phase II of the project will expand to another 106 centers by the end of seven years. For the first four years of the project, the MSD/MOH project will concentrate on the current six regions of activity. During the remaining three years of the project, service delivery will be expanded by the joint program to cover the whole nation. The plan is to expand service

delivery in ten health centers/health posts annually for the first four years of the project and in 22 centers/posts annually for the last three years of the project. At the same time private health care providers and private enterprises, which employ over 100 persons and are legally required to provide health services to their employees will receive assistance and support to add family planning services to their clients. Extensive IEC efforts will be developed to support both public and private sector service delivery.

The Ministry of Social Development has set up a project office under its jurisdiction to execute and administer the project. The project staff consists of a director, M. Ousmane Samb, a financial administrator, M. Maseck Seck, a logistics officer, M. Fallou Gueye, two national IEC coordinators, Mme. Marie Caroline Diop and Mme. Ndiaye Aissatou Sambe, and a national clinical coordinator, Mme. Marie Victoire Albis.

The project office is advised by a resident technical assistance team from ISTI (International Science and Technology Institute) which consists of a chief technical advisor, a clinical advisor from the American College of Nurse Midwives, a national clinical supervisor, a logistics liaison officer, and a director for private and para-statal activities and his assistant. All technical posts for the team were filled at the start of Phase II. However, at the time of the FPMT needs assessment in May 1986, problems in defining the technical role of the team had prevented the initiation of effective collaboration, and the USAID mission believed that FPMT could help lay the groundwork for technical advising which would be taken over by the ISTI long term technical advisory team as soon as it became feasible.

Regional teams are responsible for project activities at the regional level and below. The regional director of the Ministry of Social Welfare and the regional Medical Director are responsible in principle for PSF activities. The regional MCH coordinators personally supervise clinical aspects. Major responsibility for clinical matters at the regional level belongs to the regional clinical coordinator for the project, herself a nurse-midwife. She directly supervises the regional clinics and personnel delivering family planning services under the project within her region. IEC matters are the responsibility of the IEC Coordinator who works under the Ministry of Social Welfare's regional director. She supervises community level activists in her region, who work through the MSD's mass mobilization network in the communities.

As the project continues, it is envisioned that clinical services will be extended down below the regional level to district and arrondissement levels.

1.1 The Organizational Structure and Decision Making in the PSF

The Ministry of Social Development (MSD) is the government organization in charge of the Family Health Project and it is under this Ministry that the project office operates. Clinical aspects of the project are under the direct jurisdiction of the Ministry of Health (MOH), with technical responsibility for the IEC portion of the project falling to the MSD which

has a mass mobilization infrastructure throughout the country. Coordination of these two essentially vertical government ministerial hierarchies has proved a major challenge in the implementation of the project, despite coordination meetings every three months. Until several years ago the ministries were combined. When they were separated, responsibility for family planning went to the MSD where all other women's sector activities were housed.

Technical assistance to the project was provided by RTI during the first phase. The phase two technical assistance contract was awarded to ISTI, which has a team in Dakar to advise the PSF office. Although at the time of the FPMT needs assessment the ISTI team role was unclear and technical advising was limited to clinical training matters, the arrival of a new chief of party, Al Baron has completely reversed this situation. ISTI is now collaborating more closely with PSF and providing substantial technical assistance to the project.

Decision making is centralized in the project director's office in Dakar. The PSF office sets an overall annual workplan for project activities which are communicated by the staff directly and often personally to the regional personnel involved in the project, for clinical matters by the clinical coordinators, for IEC matters by the IEC coordinators, and for supply matters by the logistician. While at the time of the needs assessment there were only occasional meetings of the regional coordinators on an ad hoc basis, no real regional workplans, and only a general idea of work responsibilities for the coming period, there have been important developments over the past year. ISTI and the PSF have held regional meetings in five of the six regions currently being served to diffuse information and establish regional working groups to coordinate and follow up on planned trimestrial regional meetings. The same process for the sixth region, Dakar, is planned for the near future. As the project expands during the next seven years the regional working groups will play an increasingly important role in improving project performance.

Previously regional coordination occurred on an ad hoc basis and was not adequate to manage personnel supervision and work coordination between the IEC and the clinical areas. Since the needs assessment the MOH has assigned responsibility for clinical coordination for family planning to SMI/PF regional supervisors, IEC responsibilities remain with the regional IEC coordinators from the Ministry of Social Development. The integration of these two groups in the FPMT supervisory workshop in November 1986 resulted in the development of greater coordination in regional supervisory activities. Mechanisms for financial control below the national level have not been instituted. This is presumably because staff time is provided by the various ministries involved in the project as part of their regular regional operations, commodities are provided free from the project, and other recurrent costs are absorbed by the MOH and MSD regional budgets.

Virtually no revenue generation activities occur under the project. All services and supplies are provided free covered by the USAID, government, and individual ministry budgets.

1.2 IEC Program Management

The main strategy of the PSF project has been to organize women's groups at the community level through the existing mass mobilization apparatus of the MSD to provide basic level family planning IEC. This work is the direct responsibility of the regional IEC coordinator, and several instructors under her in the regions. Each instructor covers five villages. Two-week IEC Training courses are being held in each of the regions by the national IEC coordinators to train the instructors in IEC techniques, as well as to educate and involve local leaders. The instructors and local organizers under them receive basic training in clinical and IEC aspects of family planning and then organize groups of about 200 women to discuss child spacing and other health and nutrition matters, and presumably direct women to the nearest Protection Maternal et Infantile (PMI) offering family planning services. The instructors for an entire region meet irregularly with the family planning coordinators to discuss regional needs.

1.3 Service Delivery

The PSF Project provides free public family planning services for child spacing purposes through the PMI's (Protection Maternal et Infantile) in Dakar and in regional health centers in six of ten regions in Senegal. Private physicians and clinics also provide services on a fee for service basis. Clinical services offered include IUD's, Oral Contraceptives, Injectables, barrier methods, diagnosis and treatment of STD's, infertility services, and infrequently female sterilization by referral to a local hospital. Family planning is integrated into maternal and child health services in terms of rationale as a child spacing strategy but actual service delivery is often separated with family planning services at separate hours, and often in separate facilities. While the target group for services is essentially all women in the childbearing ages in the region served by the PMI, little or no recruiting of women coming to the clinic to receive MCH services takes place.

For the moment no community based nonclinical service or supply delivery programs exist, other than a small experimental CBD program done by ASBEF in a crowded Dakar district. Supplies are provided free at the PMI clinics, and are also available by prescription for a fee at many pharmacies.

Phase II of the project includes plans for an extension of family planning services into the private sector. A rapidly expanding program targeting factories and enterprises has now introduced family planning services into the enterprise based health clinics, which are legally required of all enterprises with over 100 employees. Family planning services have already been introduced in five enterprises since May 1986 with plans for 5 more this year. By the end of project, 20 enterprises will be supported. Provision of contraceptives to employees will be taken over by the enterprises after project support ends. There are still plans to enlist a private commodity distribution company in Senegal (SONADIS) that might be interested in contraceptive distribution to pharmacies and other outlets, pending deregulation by the Office of the Pharmacy of the MOH.

Coordination between the private and public components of the project is now taking place through the national project office. Standard report forms which had already been introduced into the public clinics at the time of the needs assessment have now been provided and are in use in private clinics. For the moment there appears to be little or no coordination between the public sector program run by the PSF and the various private physicians and pharmacies providing services and supplies in Senegal.

Clinical services are delivered primarily by trained nurse-midwives at the health center. The nurse-midwives are specially trained to be family planning service providers but also engage in general MCH care provision. These nurse midwives are described by many as the dynamic force in the family planning program, and seeing them in action confirmed this. They are highly committed and essentially perform all family planning procedures, method consulting and advising, follow up, and distribution with minimal medical supervision. These nurse-midwives are salaried personnel of the Ministry of Health who have received special in service training in family planning under the auspices of the PSF. Recent activities designed to train physicians in family planning have begun and it is expected that within two years the project will train all regional and departmental medical officers in family planning.

2.0 Review of the Interventions Proposed in the MDP- May 1986 and Activities Implemented between May 86-87

2.1 The FPMT needs assessment team identified several problems in the area of operational planning, implementation, and control that included lack of workplans at regional level, lack of planning skills, inability to monitor objectives at regional level, absence of a formal mechanism for coordinating activities between units, ministries, and central and regional staff, and inability to evaluate and implement consultant recommendations. To address these issues the first FPMT activity proposed was a regional planning workshop to help regional teams develop coordinated plans for implementation of family planning services. The workshop for regional medical directors, the SMI director, the regional inspector from Ministry of Social Development, and all regional IEC and clinical coordinators would help guide regional family planning coordinators and their supervisors in developing detailed, coordinated workplans for the implementation of PSF programs at the regional level.

Although a number of activities to strengthen regional planning have been undertaken by the PSF and ISTI since May 1986, the project has not been involved in supporting these activities.

2.2 At the time of the initial assessment the supervision, monitoring, and evaluation problems such as the lack of supervisory protocols for IEC and clinical staff, and the need to coordinate national and regional supervisory strategies had high priority for Project staff and a workshop to develop supervisory protocols was scheduled as FPMT's second training intervention. The goal of the workshop was to examine relationships between national and regional strategies for supervision and develop supervisory protocols for regional IEC and clinical coordinators. The development and implementation of this activity was planned to be closely coordinated with the Direction of Research, Planning, and Training of the MOH and to draw on a previous supervisory workshop that had been already conducted under the SHDS project.

The workshop to develop supervisory protocols was held in Saly Portudal between November 17 and November 27, 1986. The FPMT project provided the services of training consultant, Tom Leonhardt for the planning and implementation of this workshop.

2.3 Current policies for contraceptive use were identified as extremely restrictive because key physicians are reticent to relax rules for contraceptive distribution and use and because barrier methods are currently considered as pharmaceutical products and therefore have limited distribution. The management development plan addressed this important issue by proposing a study observation tour (SOT) for key physicians and the director of the MOH pharmacy. The objective of the SOT was to expose present and future decision makers to programs which use less restrictive medical criteria for contraceptive use in the hope that this would lead to development of less restrictive policies for contraceptive use. PSF and USAID staff felt that this activity would have optimal impact once PSF activities had been further extended and requested that this activity be reviewed at a later date and after the FPMT overall regional plans for study tours had been finalized.

2.4 Several specific training needs, such as financial planning and cost-benefit analysis (for public and private sector), management of training including how to evaluate the impact and effectiveness of training programs (stressed by the PSF director), and microcomputer training were identified.

The FPMT project consequently arranged for and sponsored a four week micro-computer training course in Boston at MSH for M. Seck and F. Gueye in August of 1986 and a four week logistics training course for F. Gueye in Boston in April 1987.

2.5. Technical assistance missions were also built into the management development plan (MDP). Initially a one-person two week TDY would review the development of the workplans, develop the materials and finalize the agenda for the supervisory workshop. Following this mission a biannual TDY by a two person team for approximately two weeks each would be scheduled to conduct trainee follow-up and technical assistance.

During year one of FPMT-PSF collaboration one technical assistance mission to implement and operationalize several MIS sub-systems that had been developed in the Boston workshop was carried out between February 9 and March 4 by Paul Auxila, MSH MIS consultant.

2.6 Because the PSF faced problems similar to other francophone family planning programs in other countries the needs assessment team felt that a regional seminar bringing together the leaders of family planning projects or organizations from five or six francophone countries would be useful to both Mr. Ousmane Samb and Dr. Correa. The workshop would permit Family Planning Program Leaders to further develop the management problem areas identified during the basic needs assessment visits, ensure that future course material will respond to the real needs of African family planning programs and help prepare these leaders to participate in the future FPMT training activities in their own countries.

In April 1987 PSF Director, Ousmane Samb, attended the Francophone Regional Advisory Committee Meeting (FRAC) meeting held in Boston. The committee meeting was followed by a two-week study tour of Jamaica and Mexico.

3.0 Observations, Analysis, and Impact of FPMT Interventions

3.1 Supervision

At the time of the initial assessment supervision, monitoring, and evaluation problems had high priority for Project staff. There was a lack of transportation for the clinical supervisory visits that often interfered with the schedule of visits. Another, more serious problem uncovered was the confusion by both supervisors and their supervisees as to the purpose of supervision, which is often interpreted as evaluation of performance rather than as a constructive trouble shooting opportunity. No supervisory protocols existed. There also was a clear need to coordinate national and regional supervisory strategies.

Some of the problems cited above have been addressed during the past year.

The transportation problem has recently been resolved by providing one vehicle per region specifically designated for supervisory visits. Responsibility for the supervision of the nurse-midwives, which had been assigned to the regional clinical coordinator of PSF has recently been transferred to the SMI/PF regional supervisor from the MOH.

In response to the needs identified in the MDP, the FPMT project assisted the PSF in conducting a supervisory workshop. The goal of the workshop was to examine relationships between national and regional strategies for supervision and develop supervisory protocols for regional IEC and clinical coordinators. The development and implementation of this activity was planned to be closely coordinated with the Direction of Research, Planning, and Training (DRPF) of the MOH and to draw on a previous supervisory workshop.

The workshop to develop supervisory protocols was held in Saly Portudal a resort area less than one hour from Dakar between November 17 and November 27, 1986. The FPMT project provided the services of a training consultant, Tom Leonhardt for the planning and implementation of this workshop. The PSF director contacted DRPF trainer Ousmane Fall in September of 1986 and asked him to facilitate the workshop with Tom Leonhardt. He agreed and responded to Ousmane Samb's request for a third trainer by nominating Anne Marie Mane of Organisation Mondiale de la Sante (OMS) with whom he had often worked in the past. The workshop originally planned for January 1987 was rescheduled for November 1986 to accommodate the FPMT consultant who was not available during January.

The 23 workshop participants included national, regional, and departmental supervisors from the clinical and IEC components of the project as well as representatives of the private sector. Participants had widely varying previous experience in training and supervision.

Tom Leonhardt, the FPMT consultant, arrived on Thursday November 6th, ten days before the workshop for preparation. Because of the schedule change the senegalese trainers had only two weeks advance notice of the workshop. As a result trainer Ousmane Fall was not available for the first three days of Tom's arrival.

The three trainers met with USAID and Project staff only on Monday, one week before the start of training. At that time they discussed AID and project expectations for the workshop and a one page document describing general workshop objectives. The trainers requested a meeting with Project clinical and IEC coordinators to get a more detailed idea of what was expected and spent the next two days working together to refine and detail the general objectives and plan the program. Mr. Fall was called away for family reasons on the third day and Ann Marie Mane continued to work with Tom for two more days. The entire team met again the Sunday before the start of training to finalize the program.

Senegalese trainers, Fall and Mane, opted for a strict androgogical approach involving total participant responsibility and a minimum of structural or technical input from the trainers. Of the participants interviewed those with little previous experience with this approach to training reacted angrily to the chosen methodology. Participants with

previous experience in this area, though generally less critical, also felt that the workshop would have benefited from more technical input from the trainers and more effective punctual interventions and more processing and synthesis of often heated discussions. The apparent inability or unwillingness to channel discussions resulted in the elimination of several important planned activities from the program including the case study on supervision, and the field testing of the protocols. The decision to eliminate field testing was also a result of the lack of available transport.

The truncated period of preparation resulted in no contact with project agents in the field prior to the program and confusion about trainer roles and responsibilities. Many participants had expected that the foreign consultant would play the role of the lead trainer and provide technical information about supervision, but for a number of reasons that are not totally clear, the consultant chose to play only a supporting role. Several participants interviewed also cited repeated disagreements between trainers about technical content. This was interpreted as a lack of preparation and by two or three participants as a lack of technical competence.

Nevertheless participants interviewed were unanimous in their feeling that the workshop had been relevant and useful. They repeatedly pointed to the fact that workshop content was the result of "their labors" and were proud of the supervisory protocols they had produced. They praised the rich exchanges of experience, the clarification of the respective roles of supervisors from the three levels and the creation of a strong team consciousness. Many participants stated that the workshop had heightened their awareness of the nature of supervision and its possibilities for improving the performance of project staff and for achieving project goals.

No workshop on supervision could be considered effective unless skills learned translated into improvement of field performance. Interviews with participants seemed to consistently confirm improvements in their supervisory activities. Several concrete improvements resulting from the workshop were observed by the CSE investigators or cited by the participants are listed below:

- o The development of supervisory protocols for clinical and IEC personnel. The IEC national coordinators modified the protocols developed during the workshop, distributed them to regional supervisors accompanied by a letter from the director instructing agents to begin using and testing the protocols in the field. Current plans call for testing, modifying, and retesting the protocols over the next six months as well as providing on-going training in their use. Clinical supervisors most of whom already had experience in this area used techniques discussed at the workshop and tried to incorporate ideas from the workshop into protocols that are currently being developed for integrated primary health care/SMI/PF supervision.
- o Plans for the clinical supervisor and the IEC coordinator to make joint supervisory visits or to engage in joint planning of visits on the regional level.

- o The application by several participants of action plans for follow-up activities in the field developed during the workshop.
- o The use of supervisory techniques when making visits for other purposes.
- o Greater awareness of the true nature of supervision and how it can be implemented effectively in the field.
- o The use of visits to observe project agents performing their activities rather than simply talking to them about what they are doing in their office or home.
- o Development of an awareness of being a member of a supervisory team and clarification of roles of both clinical and IEC supervisors from national, regional, and departmental levels.
- o Implementation of a regularly scheduled program of supervisory visits communicated to the supervisees- rather than ad hoc unscheduled inspections.
- o At the national level- the IEC supervisory team organized regularly scheduled meetings, drew up an organigram, a personnel register, began the development of a manual for technical procedures, and began using protocols on each supervisory tournee.

Several conclusions can be drawn from the events described above:

- o There is a need for better communication between the FPMT project and its clients. This should result in better definition of consultant roles and responsibilities and increased preparation time.
- o Improving the supervision system should be viewed as a continuous process requiring multiple inputs rather than an isolated action. During the elaboration of the management development plan it would have been helpful to have detailed the steps required to implement a supervisory system: preparation, workshop, field-test, evaluation, modification, and continued training in human resource management.
- o While the androgogical approach which places full responsibility on the participant is an essential element of effective training, there is a need to provide an overall course framework, key technical content, and facilitation and synthesis of discussions. Case studies should be a part of all FPMT training activities.

3.2 Francophone Regional Advisory Committee Meeting and Study Observation Tour

Because PSF faced problems similar to other francophone family planning programs in other countries, the needs assessment team felt that a regional seminar bringing together the leaders of family planning projects or organizations from five or six francophone countries would be useful to Mr. Ousmane Samb, the PSF project director. Therefore the FPMT project organized a workshop to permit Family Planning Program Leaders to

further develop the management problem areas identified during the basic needs assessment visits, ensure that future course material will respond to the real needs of African family planning programs and help prepare these leaders to participate in the future FPMF training activities in their own countries.

In April 1987 Mr. Ousmane Samb, attended the Francophone Regional Advisory Committee Meeting (FRAC) meeting held in Boston. Family planning program directors from Morocco, Tunisia, Mali, Zaire, Rwanda, and Haiti and two regional representative from the Pan African Institute of Development in the Cameroons attended the one week meeting which was followed by a two-week study tour of Jamaica and Mexico.

Mr. Samb felt that the FRAC experience had been very rich, that there was a good discussion of problems, and a good exchange of ideas. He said that it had been a pleasure to work with MSH which had extended a warm reception to the entire committee. He thought that it was a particularly good idea to have the first consultative group meeting in Boston because it solidified the group and provided a better understanding of MSH and its consortium partners than would have occurred if the meeting had been had elsewhere. His experience with the case study method was extremely positive.

He felt that a number of important decisions had been taken at FRAC and cited:

- o follow-up yearly advisory meeting that would rotate from country to country;
- o the technical updates that will be published by the committee and will serve to improve and maintain relationships and share ideas among committee members.

Mr. Samb was impressed with the Study Observation Tour and gave special significance to Jamaica where he noted its clear population policy, government support and official policy objectives. He was also interested in a telephone information system, a program for answering anonymous letters on family planning, mobile clinics that dispense services, and cinema trucks. In Mexico, he benefited from seeing a "the highly developed IEC sector, the use of radio and television, and "propaganda for the two child family".

He was clearly impressed in both countries by the high contraceptive prevalence that had been achieved. He was somewhat disappointed that more attention had not been given to visits to public sector activities.

Others interviewed had observed that:

- o the FRAC conference seemed to fit in well with other ISTI activities and was well timed;
- o the subject of integration of FP/PHC in francophone countries was on target.

Because Mr. Samb had just returned from the FRAC/SOT only short term

impact of this activity can be measured at the present time. Mr. Samb's excitement about the trip was more than evident in our discussions with him and was confirmed by several of his close associates. They pointed out several activities which they attributed to the impact that this experience had on him.

- o Contact with Dr. Zarouf at FRAC is aiding the development of a SOT that PSF will shortly conduct in Morocco.
- o The president of Senegal has made several statements in support of a population policy. Until recently the climate seemed to avoid formulating a formal policy. Family planning remained controversial and sensitive although there is recent evidence to suggest that this situation is changing rapidly. This may be partly due to some of the activities carried out to change attitudes of leaders and planners to the issue of family planning. On May 13th 1987 in a speech given to the council of ministers the Senegalese head of state, Mr. Abou Diouf, emphasized the importance that should be given to modern family planning and gave the necessary directives to the government ministers concerned to begin conceiving and implementing an effective family planning policy in the context of the general development policy of the country. Unofficially word has come down from the ministry of social development of an imminent campaign in this area. The executive director of the PSF, fresh from his study tour of "countries knowing what they wanted and where they were going in the area of family planning", was clearly excited by these new developments. He envisions playing an active role in the creation of new family planning policies for Senegal.
- o Upon his return Mr. Samb called a general meeting of his staff and shared his experience and then "assigned us tasks to do in a specific time period, something which he had never done before. I was very impressed with this change in behavior which I attributed to his excitement about the innovations he had seen".

Short-term indications are that the multiplier effect of the FRAC experience is considerable. The enthusiasm and excitement generated by the visit has been communicated to the national level staff stimulating innovative thinking. It has helped strengthen regional relationships with other family planning directors and appears to have reinforced the director's resolve to play a part in development of a national policy for family planning. In addition, it has strengthened the FPMT project's relationship with the PSF.

3.3 Management Support Systems

Management Information

At the time of the elaboration of the management development plan the logistics and financial systems were reviewed and the potential for automating these systems explored. In May 1986 a rudimentary Management Information System had been instituted for the project. Information on commodities used and in stock at each clinic were sent to the national

project office every three months. The monthly activities report summarized the number of active users in each clinic by method of contraception, and recorded all visits for STD's and infertility. The regional reports were summarized by the project office into a monthly country-wide statistical report. It was not clear how these reports were used at the national office, and it was stated that they were not used at all at the regional levels. Obvious uses would be a comparison of clinic performance with feedback to the regions, forecasting of commodity needs based on trends in acceptors in each clinic or identification of personnel training needs by looking at current service demand. Both computer training and training in the management use of service statistics collected were identified as major needs.

Logistics

All contraceptive supplies for the PSF are provided by USAID. They are stored centrally in a warehouse in Dakar and delivered personally by the project logistician to the PSF clinics during his regular supervisory visits. As the project only covered twenty two centers during the first phase, this distribution approach worked adequately with no center visited reporting stock outs of contraceptives although other supplies were often insufficient. This supply system depends on a monthly report of consumption and stock on hand. In the first phase of the project a Center for Disease Control (CDC) logistics consultant, Jay Friedman, made recommendations to accommodate the needs of the expanded numbers of centers in phase II of the project. These recommendations include establishing a system of regional warehouses with a six week buffer of supplies under the supervision of the Regional Clinical Coordinators. Centers in the regions would be supplied using regional vehicles as part of the coordinator's supervisory visits. The coordinators would be responsible for requisitioning their supplies from the central warehouse. The monthly report would be replaced by a quarterly report so as to ease the reporting requirements on the clinical staff. At present time agreement has been reached on the plan for regional warehouses but remains to be implemented. The project will very soon change over to quarterly reporting.

Some data was computerized at the national project office, and the project logistics and information officer, who attended the MSH Management Course in Morocco was felt to be effective in data entry and competent to handle basic logistics. As the project expands, however, it was felt that he would need assistance - especially in the area of automating some of the routine information system functions so that timely and useful reports could be produced by the system.

Finance

USAID financial reporting procedures are followed, with the PSF submitting quarterly budgets to the USAID office. These are prepared by the project's financial officer. ISTI likewise accounts for its funds to USAID according to USAID procedures. Annual budgets are estimated directly from the annual work plan for the project by the project financial officer, according to several major line items. Vouchers for

expenses are submitted to ISTI which makes payment. A mechanism exists for the project to get funds not budgeted for in the workplan by submitting a justification to USAID directly. The financial system has not been changed since the initial needs assessment.

Because of the needs above FPMT sponsored the following specific training and technical assistance activities in financial planning, logistics, and microcomputer training:

- o a four week micro-computer training course in Boston at MSH for M. Seck and F. Gueye in August of 1986;
- o one technical assistance mission to implement and operationalize several MIS sub-systems that had been developed in the Boston workshop between February 9 and March 4 by Paul Auxilla, MSH MIS consultant;
- o a four week logistics training course for F. Gueye in Boston in April 1987.

Most of the FPMT project inputs during the past year have focused on the development of skills to implement microcomputer applications for logistics and finance tailored to the needs of the PSF. The objective of the FPMT MIS intervention for Fallou Gueye was designed to upgrade his computer skills so that he would be able to make use of the computer to manage the logistics system. The process started before the FPMT project when Mr. Gueye attended the MIS add-on course that followed immediately after the Moroccan general management course in January 1985. During Phase I of the project Mr. Gueye also worked with CDC consultant Jay Friedman. The FPMT intervention was the 5 week micro-computer course given in Boston by MSH consultant Paul Auxila. This course provided both participants with a general knowledge of dBase III, Lotus, and basic wordprocessing. In addition, under guidance from Paul Auxila they began to develop specific computer applications for managing the logistics and financial systems in the project. Between February and March 1987 Paul Auxila came to Dakar to provide on-site technical assistance to operationalize the systems that had been introduced in Boston. In April 1987 Mr. Gueye returned to Boston for an MSH course of logistics management. This course was not originally planned by FPMT, but was apparently initiated by the PSF after Mr. Gueye received an routine invitation to the course. He discussed his need for this training with Mr. Samb who arranged with ISTI for Mr. Gueye to participate.

Both Mr. Gueye and Mr. Seck perceived their experience in Boston to be extremely valuable. Both now feel more confident in their abilities to use the microcomputer and are excited by the potential applications of the programs developed. They emphasized the importance of having attended the course together because they felt that it had facilitated learning and reinforced computer applications development in the field. They also pointed out the value of the technical assistance visit of Paul Auxila. This visit was originally planned to assist Mr. Seck and Mr. Gueye in operationalizing the financial and logistics systems they had been begun in Boston. However, at the time of Paul's arrival there was some

mis-understanding about the objectives of his visit and ISTI requested that he provide some computer training to Mr. Sagna, the ISTI accountant. Much of Mr. Auxila's time was spent providing basic computer training to Mr. Sagna but he was able to work with Mr. Seck, Mr. Gueye, and Mr. Sagna to develop several project specific microcomputer applications. Unfortunately this situation resulted in some dissatisfaction by all parties - as Mr. Sagna, a computer novice, felt that he had not been given enough training and Mr. Gueye and Mr. Seck felt that they had not been able to take full advantage of Mr. Auxilla's visit. All three participants as well as the ISTI, AID, and PSF directors felt that Mr. Auxila had displayed exceptional human and professional qualities and that additional periodic visits by him were essential to the continued development of the MIS system.

There are a number of tangible results from the activities described above.

- o The PSF logisticain now regularly uses the computer for logistics operations and word-processing.
- o The PSF accountant has demonstrated familiarity with Lotus and dBase III software and has written a manuel for budgeting and accounting using the computer.
- o The development of computerized budgeting and accounting systems. Although these systems have been installed and training in their operation has been completed, they have not yet been implemented. A clearer definition of the roles and responsibilities of ISTI and the PSF in financial matters is needed before implementation is possible. A Price-Waterhouse audit currently being conducted should make recommendations to clarify the roles and responsibilities of the two organizations in financial matters. Once this is done, implementation of the computerized system can proceed.
- o The development and implementation of a system for estimating contraceptive needs. The program has not yet been used because there has been a stock out of drugs for the past 10 months. A shipment of drugs was received in late May 1987 and within three months the program should be operational.
- o The development and implementation of a system for central warehouse inventory management.
- o The development of a client service information system - which has not been implemented yet due to insufficient time for installation at the time of Mr. Auxila's consultation.
- o There is growing interest at all levels of the project in exploring management use of the computer.

4.0 Conclusions and Recommendations

Our initial hypothesis was that FPMT training and technical assistance interventions had contributed directly to improving the organizational performance of the PSF. The results of our investigation describes the impact of these activities on the organization and clearly suggests that there has been improvement in logistics management, in project supervision, and in management information systems.

During the study, however, a number of issues came to our attention which we feel are important to mention here.

- o The process from overall needs assessment to management development plan should be applied to each need identified. The tendency on the part of FPMT clients and USAID to view FPMT interventions as single, isolated activities ignores the complexity of improving organisation performance in a given area. The strength of the FPMT program is its ability to provide a plan for resolving a specific management problem. It has the resources to deliver a comprehensive and on-going program of training and technical assistance necessary to improve organisational performance.
- o Open and frequent communication between the Project and all actors involved in FPMT activities is crucial to the effectiveness of those activities. It was evident that communications problems had caused delays, inefficiencies, and misunderstandings. One aspect of this problem is that after the development of the management plan the organization, personnel, and environment change. The burden of responsibility for keeping abreast of these changes and communicating with new personnel falls on the FPMT project. Another aspect of the problem is that the FPMT project needs to communicate with all actors- it cannot assume that because it communicates with the AID mission that it has communicated with its clients.

There are management problems which cannot be solved through training and technical assistance, for instance, the attempt to implement a budget and accounting system has been blocked by failure to resolve issues of organizational structure. When a trainer or technical consultant confronts this type of problem his potential contribution to improvements in organizational performance is minimal.

The following general recommendations are suggested for future FPMT activities:

- o The Project must communicate effectively to clients and to USAID missions the advantages of the FPMT's comprehensive, on-going approach to resolving organizational problems.
- o The Project needs to create structures for keeping abreast of changes in the client organization and to establish links with local sources of information.
- o All actors should be copied on communications about project activities.

- o The importance of preparation time should not be underestimated. This should include adequate time for training needs assessment on all levels, preparation of adequate scopes of work and training objectives.

Specific recommendations for the FPMT Senegal program that were discussed with Denis Baker, HPN USAID, Al Baron ISTI, and Ousmane Samb, Project director PSF, are as follows:

- o Negotiate a memorandum of understanding with the PSF for future project activities. Dr. Wolff will write a letter to Mr. Samb detailing the recommendations in this report. Mr. Samb will respond with a description of future collaboration.
- o Depending on the results of the initial evaluation of the supervisory protocols by local resources, FPMT will send a consultant (Tom Leonhardt if he is available) to assist in the evaluation and in-service training of project supervisors. The emphasis of future workshops should be on human resource management.
- o FPMT will continue to provide microcomputer training at MSH for Project personnel and periodic visits for systems improvement by Paul Auxila. Future emphasis for training activities should be on information systems development and identification of information needs by project personnel.
- o SOT for IEC management for IEC national and regional IEC coordinators (Indonesia, Jamaica,)
- o The PSF project will actively search for appropriate leaders or future leaders in family planning who would benefit from long-term training.

SENEGAL CASE STUDY PROTOCOL

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1. Overview of Case Study Project

The FPMT Project provides management training and technical assistance to family planning organizations in many developing countries throughout the world. Its overall approach involves an initial needs assessment and elaboration of a management development plan (MDP). The MDP lays out a number of training and technical assistance activities to be conducted by the project for one or several family planning organizations in the country. What makes the FPMT project potentially effective in resolving specific management issues is its capacity to tailor training programs to the specific problems identified during the needs assessment and provide follow-up technical assistance that reinforces and adapts the skills learned in training to field realities. In addition it provides an opportunity to identify and design training to meet evolving needs of the project. The CSE method is one component of this management improvement cycle; it is used to identify new needs and to focus the interventions on these new needs (See Attachment A.1). The ultimate Project objective is to improve organizational performance.

The CSE method has been chosen because:

- o it is particularly adapted to exploring the relation between FPMT activities and interventions and organizational performance that are too complex for survey or experimental strategies;
- o it describes the real life context in which the activities have occurred;
- o it allows exploration of a situation in which the activities being evaluated have no clear single set of outcomes;
- o it permits analysis of FPMT activities and interventions in an environment where other significant training inputs are present.

Given the qualitative nature of the CSE method it is essential that a set of pre-specified procedures be established to insure validity and reliability of the study. The CSE method attempts to:

- o establish correct operational measures for the concepts being studied
 - by using multiple sources,
 - establishing a chain of evidence
 - having key informants review the draft case study report;
- o establish the domain to which a studies findings can be generalized
 - by replicating the study in several countries and comparing the results;
- o demonstrate that the operations of the study such as the data collection procedures can be repeated with the same results
 - through the use of protocols,
 - the development of a case study database.

The Case Study Evaluation Project attempts to assess the impact and effectiveness of FPMT's activities on several levels.

- o The individual level: What has been the impact of FPMT's activities on the individuals involved in the project
- o The country level: What has been the impact of FPMT's activities on organizational performance in a specific country?
- o The comparative level: What lessons can be drawn about FPMT's effectiveness and impact by comparing a number of country studies?
- o The overall project level: What lessons can be learned from pooling other evaluation data collected by the Project with the CSE?
- o Policy level: What are the policy implications for management training for family planning organizations that go beyond the narrow scope of the CSE?

There are three major steps in conducting the CSE (see Attachment 2).

1. Design Phase: Development of CSE theory, selection of countries to be studied, and design of the data collection protocols.
2. Data collection phase: Conducting a series of country case studies.
3. Cross-case analysis phase: Drawing cross-case conclusions, modifying theory, and developing policy implications.

II. Description of The Senegal Country Study

A. Introduction

The Senegal Country Study is the first country study to be conducted by the project. Lessons learned during this pilot effort will be applied to future studies and will contribute to the refinement of the initial CSE protocol and will serve as the basis for a workshop to prepare other case study investigators.

B. Objectives

The objectives of the Senegal country study are:

- o To evaluate the impact and effectiveness of FPMT interventions in the Projet de Sante Familiale (PSF) in Senegal in following areas:
 - Needs assessment and management development plan
 - Management Information Systems (MIS) development
 - Strategic Planning (Finance)
 - Supervision
- o To identify areas not foreseen in the MDP that are being or need to be addressed and make recommendations for future project interventions
- o To identify procedural issues which might increase the impact and effectiveness of Project activities.

C. Methodology

The methodology for the country study has six discrete steps:

1. Development of Senegal Case Study Protocol
 2. Inventory of FPMT interventions
 3. Collection of relevant data at the individual and organizational level (see Attachment A.3).
 4. Analysis of the data
 5. Formulation of conclusions and recommendations
 6. Writing the CSE report
1. Development of the Senegal Case Study Protocol
The Protocol contains the instruments for carrying out the case study as well as the procedures and general rules that should be followed in using the instruments. Such a protocol is essential to the multiple-case design of this FPMT evaluation.

The protocol helps to increase the reliability of case study research and guide the investigator in carrying out the case study. It reminds the investigator what the case study is about and forces him or her to anticipate problems.

Field Procedures:

The Senegal Case Study Team is made up of James Wolff from the FPMT project and Gary Engelberg from Africa Consultants Inc. AID concurrence for the case study visit was obtained

several months prior to arrival of the MSH consultant in country. Shortly before Dr. Wolff's arrival the ACI consultant in Senegal contacted Dennis Baker of USAID, Ousmane Samb PSF director, and Al Baron director of ISTI to confirm the arrival of Dr. Wolff and set up initial appointments. Decisions on the procedures to be followed during the case study will emerge during the initial meetings with these key actors. Arrangements for appropriate debriefing sessions will be made at this time. A preliminary list of persons to be contacted was prepared and is attached to the Protocol. Relevant documents both for conducting a case study evaluation and for assessing FPMT activities in Senegal were compiled and are listed in the annotated bibliography.

Inventory of FPMT Interventions

Pre-travel briefings as well as country-specific project documents and a prepared list of contacts provide the initial documentation for compiling a list of FPMT interventions (see CSE bibliography and list of contacts).

3. Collection of relevant data at the individual and organizational level.

The investigators will use well-known techniques for information gathering; interviews, documentation reviews, and direct observation. To guide the investigators during the data collection process several case study techniques detailed in the protocol will be used. These include:

- Protocol case study questions developed in each major Project area;
- Question matrix to provide a framework for data collection;
- A computerized database for systemic recording and retrieval of information gathered distinct from the final case study report.

4. Analysis of the data

5. Formulation of conclusions and recommendations

Based on converging evidence from multiple sources the investigators will attempt to establish explicit links between the questions asked and the data collected in order to formulate conclusions and recommendations.

6. Writing the CSE report

The outline of the CS report follows:

- Introduction and Background
- FPMT Interventions
- Observations on the Impact of the Interventions
- Conclusions on the Impact of the Interventions
- Issues/Findings to be Followed-up
- Persons Met/Sites visited
- Attachments

III. Country Study Protocol Questions

AREA: MIS (Micro-computers/Finance/Logistics)

INPUTS:

MDP- May 86

Micro-computer training in Boston for Mr. Seck and Gueye- August 1986

Technical Assistance Paul Auxila- Feb 9-March 4 1987

Logistics training in Boston- April 1987

SOURCES:

Interviews with Seck, Gueye, Samb, Randall, Sagna, Baron,
Documents- Auxila Memo 4 March, MDP

QUESTIONS:

Organizational:

What are the perceptions of MIS needs and short-comings?

How and why did the needs assessment team include this as a management problem?

Who participated, how were they selected, and by whom?

What is the reaction of supervisors, program directors to the specific inputs listed above:

expectations from program?

what actually happened?

was it relevant to the needs of the program?

has there been subsequent use of use of skills acquired? if yes, how are they being used? Obtain tangible evidence of use. Have problems been encountered in their use? If so, what problems?

what has been the impact on organisational performance?

if skills haven't been used, why not? What have been the constraints, problems, and attitudes encountered?

Individual:

Where, when, in what, and how were you trained?
did you use case method teaching? What were your impressions of its usefulness?

What were your expectations compared to what actually happened?

What were the strengths and weaknesses of the program? Was the program relevant to your needs? Did the demands of the training

affect your performance at work?

Have you made subsequent use of the skills you acquired?

program budgeting
estimating contraceptive use
inventory management program
client statistics program

If yes, how are they being used? Have you encountered any problems in using them? What have these problems been? Provide tangible evidence of their use. What has been the impact of their use on your individual performance (time, speed, coverage, workload, etc.)

If you have not made use of the skills, why not? What constraints, problems, attitudes have you encountered that have prevented you from using these skills?

AREA: SUPERVISION

INPUTS:

MDP- May 86

Supervisory Workshop, Saly Portudal, Nov 17-27 1986

SOURCES:

Interviews with Ousmane Samb, Marie-Victoire Albiss, Aissatou Samb Ndiaye, Caroline Mane Diop, Laura Evison, Cilla Randall, Ousmane Fall, and sampling of workshop participants.

Documents- Supervisory Workshop Report, MDP, supervisory protocols

Direct observation: clinics

QUESTIONS:

Organizational:

What are the perceptions of supervisory system needs and short-comings?

How and why did the needs assessment team conclude this was a management problem?

Who participated, how were they selected, and by whom?

What is the reaction of supervisors, program directors to the specific inputs listed above.

Describe the role you played, if any, in this activity

What were the expectations from program?

What actually happened?

Was it relevant to the needs of the program?

Has there been subsequent use of skills acquired? If yes, how are they being used? Obtain tangible evidence of use. Have problems been encountered in their use? If so, what problems?

What has been the impact on organizational performance?

If skills haven't been used, why not? What have been the constraints, problems, and attitudes encountered?

Individual:

Where, when, in what, and how were you trained?
Did you use case method teaching? What were your impressions of its usefulness?

What were your expectations compared to what actually happened?

What were the strengths and weaknesses of the program? Was the program relevant to your needs? Did the demands of the training affect your performance at work?

Have you made subsequent use of the skills you acquired?

If yes, how are they being used? Have you encountered any problems in using them? What have these problems been? Provide tangible evidence of their use. What has been the impact of their use on your individual performance (time, speed, coverage, workload, etc.)

If you have not made use of the skills, why not? What constraints, problems, attitudes have you encountered that have prevented you from using these skills?

AREA: FRAC

INPUTS:

MDP- May 86
FRAC meeting and SOT- April 1987

SOURCES:

Interviews with Ousmane Samb, Al Baron, Dennis Baker

Documents- Ousmane Samb's Report, MDP.

QUESTIONS:

Organizational:

How and why did the needs assessment team conclude that the FRAC experience would be helpful to the PSF?

Who participated, how was he selected, and by whom?

What is the reaction of AID and ISTI directors to the FRAC?

Describe the role you played, if any, in this activity

what were the expectations from program?

What actually happened?

Was it relevant to the needs of the program?

Has there been subsequent use of skills acquired? If yes, how are they being used? Obtain tangible evidence of use. Have problems been encountered in their use? If so, what problems?

What has been the impact on organizational performance?

If skills haven't been used, why not? What have been the constraints, problems, and attitudes encountered?

Individual:

Where, when, in what, and how were you involved?
did you use case method teaching? What were your impressions of its usefulness?

What were your expectations compared to what actually happened?

What were the strengths and weaknesses of the program? Was the program relevant to your needs? Did the time spent away from your job have an impact on individual or organizational performance?

AREA: Regional Planning Workshop(s)

INPUTS:

None

SOURCES:

Interviews: Al Baron, Ousmane Samb, Laura Evison, and sample of participants in workshop if relevant

QUESTIONS:

Organizational:

What are the perceptions of project regional planning needs and shortcomings?

How and why did the needs assessment team conclude that this was a management problem?

Why were there no MSH inputs subsequent to the recommendation in the MDP?

Were other measures taken to resolve this problem?
If yes, what measures, when were they taken, by whom were they

taken, how were they conducted, and who participated

What were the expectations from the program?

What actually happened?

Was it relevant to the needs of the program?

Has there been subsequent use of use of skills acquired? If yes, how are they being used? Obtain tangible evidence of use. Have problems been encountered in their use? If so, what problems?

What has been the impact on organizational performance?

If skills haven't been used, why not? What have been the constraints, problems, and attitudes encountered?

Individual:

Where, when, in what, and how were you trained?
did you use case method teaching? What were your impressions of its usefulness?

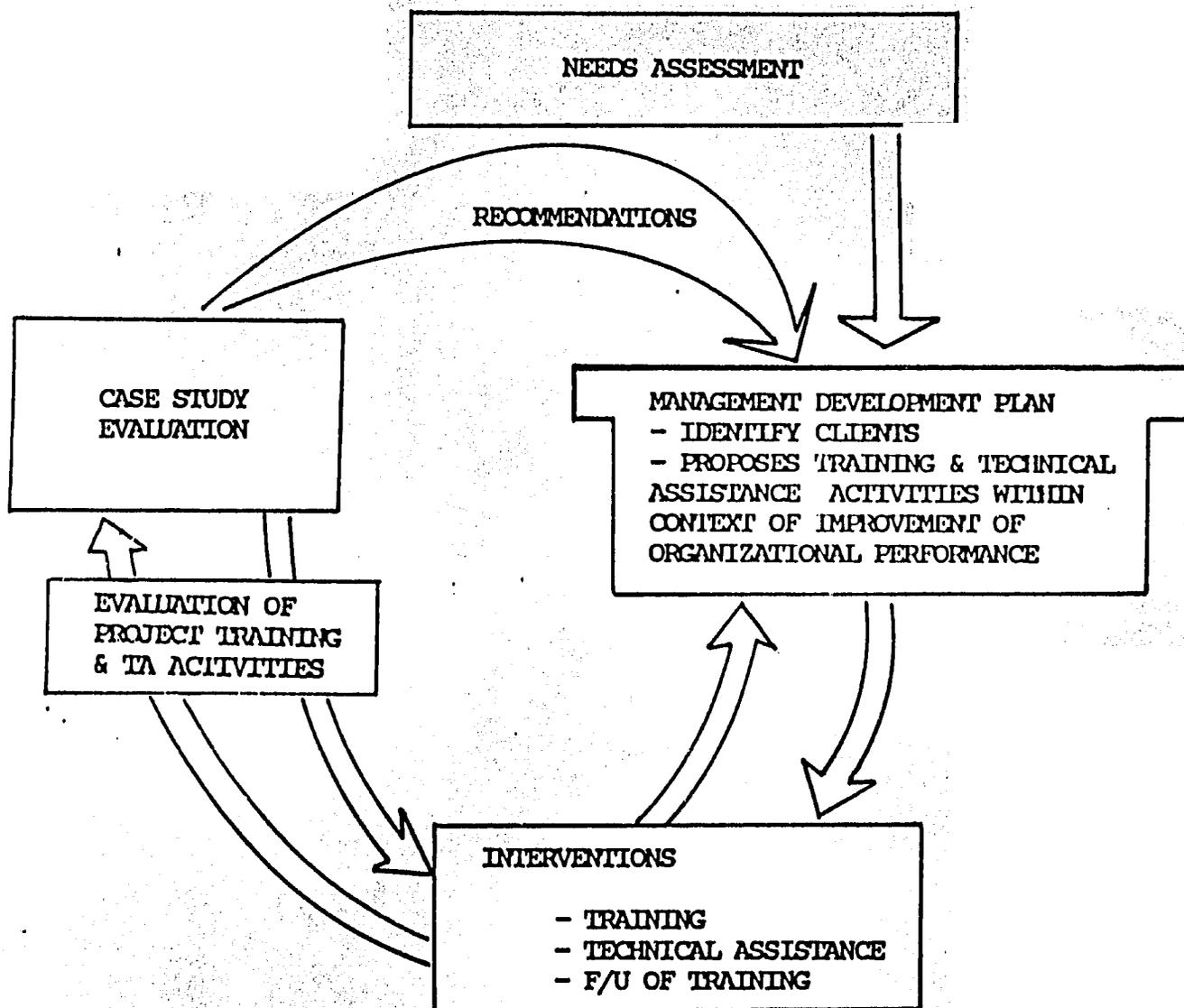
What were your expectations compared to what actually happened?

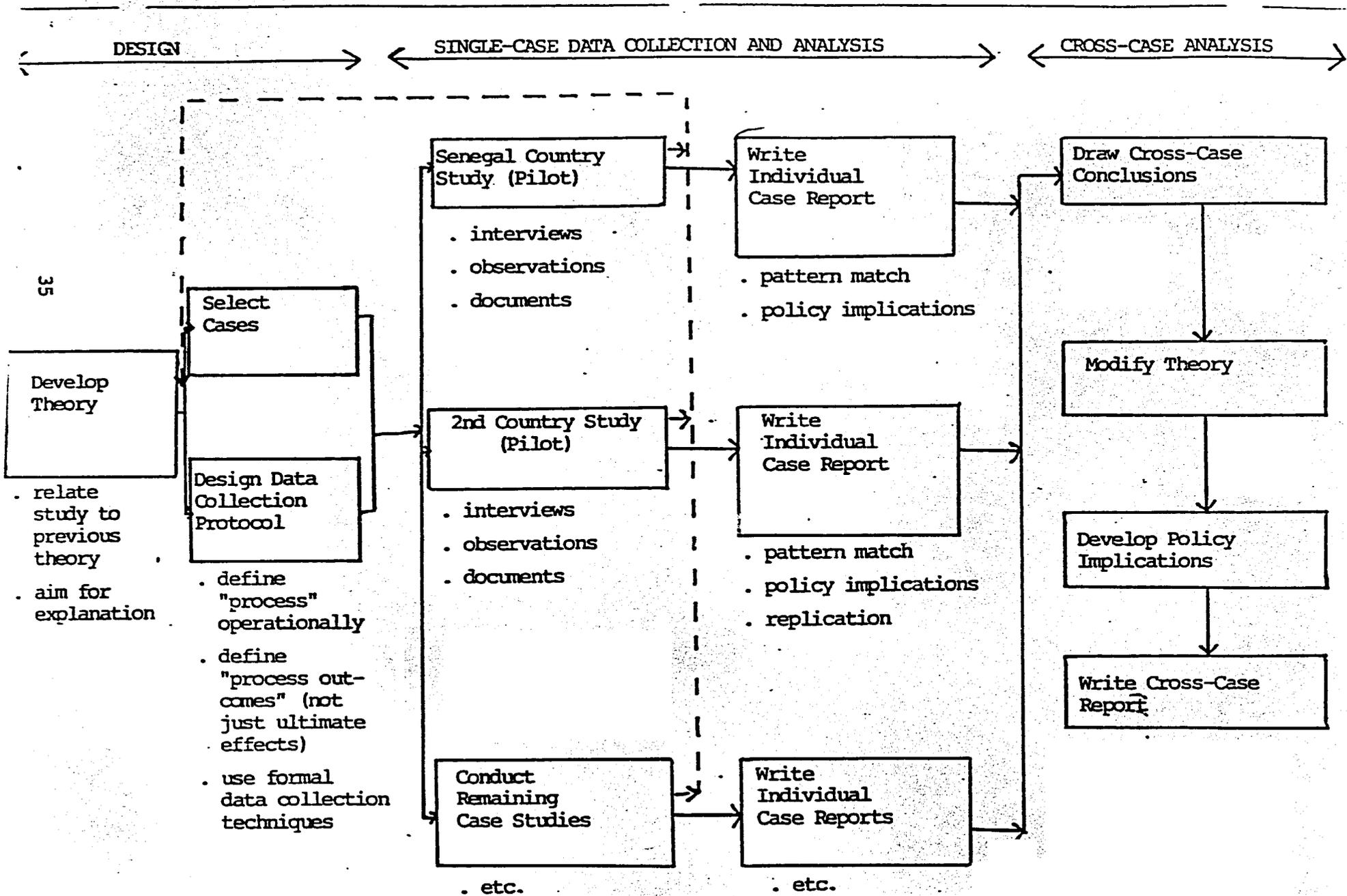
What were the strengths and weaknesses of the program? Was the program relevant to your needs? Did the demands of the training affect your performance at work?

Have you made subsequent use of the skills you acquired?

If yes, how are they being used? Have you encountered any problems in using them? What have these problems been? Provide tangible evidence of their use. What has been the impact of their use on your individual performance (time, speed, coverage, workload, etc.)

If you have not made use of the skills, why not? What constraints, problems, attitudes have you encountered that have prevented you from using these skills?





LIST OF PERSONS TO BE CONTACTED

USAID

Mr. Dennis Baker, director, HPN
Ms. Fatimata Hann, Deputy Project Manager

PROJET SANTE FAMILIALE

Mr. Ousman Samb, Director
Mr. Maseck Seck, Financial Administrator
Mr. Fallou Gueye, Logistics Officer
Mme. Marie Caroline Diop, National Coordinator IEC
Mme. Ndiaye Aissatou Sambe, National Coordinator IEC
Mme. Marie Victoire Albis, National Clinical Coordinator

ISTI

Mr. Al Baron, COP
Ms. Laura Evison, Clinical Advisor
Ms. Pricilla Randall, Logistics Liason Officer
Mr. Alpha Dieng, Director Private and Para-statal Sector
Mr. Mamadou Aidara, Asst. Director Private and Para-statal Sector
Ms. Aminata Niang Diallo, Clinical Supervisor

MINISTRY OF SOCIAL DEVELOPMENT

Mr. Ndiaye, Regional Inspector, Thies
Mme. Mbayang Ndao Ndiaye, Regional Coordinator IEC PSF
Mme Mareme Diagne, Coordinatrice regionale, Dakar
Mme N'Deye Arame Diouf Sao, Service Regional MSD, Kaolack

MINISTRY OF HEALTH

Mme. Dado Ndiaye, Regional Clinical Coordinator, Thies
Ms. Diakhate Khady NDiour, Nurse, Clinic, Thies
Mme. Marie Sylla, Sage-femme d'Etat, Fatick
Mme. Yacine Seck, Coordinatrice regionale des services SMI, Thies
Mme Adama Thiam, sage-femme d'Etat, Kaolack
Mme. Woury Kane Ba, PMI Medina, Dakar
Mr. Ousmane Fall, Trainer, DRPF
Mme. Anne Marie Mane, Trainer, MSP/OMS

SOTRAC

Mme. Antoinette Carlos, Chef de Service PMI

ASBEF

Mr. Belgasime Drame, Coordonateur national des Programmes

PRITECH

Dr. Suzanne Prysor-Jones, Regional Representative for the Sahel

OTHERS

Dr. Pierre Davloose, WHO, Thies.

PROJET D'ACCORD

ENTRE

LE PROJET DE SANTE FAMILIALE (PSF)

ET

LE PROJET FPMT DE
MANAGEMENT SCIENCES FOR HEALTH (MSH)

I. Introduction

Le Projet FPMT/MSH travaille en collaboration avec le Projet de Santé Familiale depuis le mois de juin 1986. A l'occasion de l'étude récemment effectuée par le Dr James Wolff et M. Gary Engelberg, M. Ousmane Samb a proposé la mise au point par le Projet FPMT et le PSF d'un projet d'accord définissant les activités de formation et les concours techniques à court terme nécessaires, et recommandant les travaux à entreprendre pour l'année qui vient. Le présent projet d'accord reprend les points ayant fait l'objet de discussions préalables. L'Annexe I indique les dates et la durée des travaux de formation et des concours techniques envisagés. Certaines des activités mentionnées ci-après ne peuvent être décrites en détail à l'heure actuelle, car leur organisation dépendra du résultat de travaux actuellement en cours dans le même domaine.

II. Activités proposées

1. Systèmes d'information de gestion

Objectif:

perfectionnement du système d'informatique existant pour l'organisation matérielle, élaboration et mise en place du système d'information sur les prestations de services, et soutien du Projet pour le développement de l'exploitation de son système d'information de gestion.

Interventions:

- deux visites de Paul Auxila, pour le perfectionnement de l'informatique de gestion et pour le recensement des besoins d'information du personnel du Projet.
- au siège du MSH, formation à la micro-informatique, selon les besoins, pour le personnel du Projet.

Supervision

Objectif:

amélioration du système de supervision grâce au perfectionnement des protocoles de supervision, et à l'amélioration des compétences de direction des cadres du Projet.

Interventions:

soutien de l'évaluation des protocoles de supervision en vigueur (la nature exacte du travail à effectuer dépendra des résultats de l'évaluation initiale des protocoles de supervision effectuée par des collaborateurs recrutés sur place), et collaboration à la mise au point et à la réalisation d'un atelier destiné aux superviseurs du Projet, cet atelier devant porter principalement sur les questions de gestion des ressources humaines qui intéressent particulièrement la supervision.

Information, Education et Communication

Objectif:

familiariser les coordinateurs IEC nationaux et régionaux avec une série de questions se rapportant au management de programmes IEC utilisant les mass media (marketing social).

Interventions:

le Projet FPMT organisera un voyage d'étude portant sur le management IEC, à l'intention des coordinateurs IEC nationaux et régionaux.

4. Formation de longue durée

Objectif:

permettre au Projet de disposer de façon durable de personnel qualifié pour le management

Interventions:

Le PSF désignera un candidat qualifié pour une formation de longue durée aux Etats-Unis.

5. M. Ousmane Samb poursuivra ses fonctions comme membre du FRAC (Comité consultatif régional francophone).

6. Une deuxième étude sera effectuée au Sénégal en mai 1988, en vue de mesurer l'efficacité et l'impact du programme FPMT, d'effectuer le suivi des stagiaires, et de programmer des activités complémentaires.

III. Attributions du PSF

1. Tous travaux d'organisation matérielle sur place nécessités par les programmes de formation et de collaboration technique (dispositions à prendre pour le logement, l'alimentation et le transport des participants et des formateurs, travaux de secrétariat lors des activités de formation et de collaboration technique, obtention de documents et matériels didactiques au Sénégal).

2. Coordination et communications relatives aux travaux de formation et de collaboration technique, y compris autorisation des programmes de formation, sélection des cadres à former, invitation des participants et des hauts fonctionnaires intéressés qui assisteront aux cérémonies d'ouverture et de clôture.

3. Travaux préparatoires avant l'arrivée des missions de formation et de collaboration technique, y compris rédaction des termes de référence pour les missions de collaboration technique et participation à l'établissement des bilans de besoins de formation et des objectifs assignés aux ateliers.

IV. Attributions du MSH

1. Fournir les consultants et les formateurs nécessaires
2. Elaborer le contenu didactique des programmes de formation
3. Préparer les documents et matériels didactiques nécessaires
4. Fournir les fonds nécessaires aux activités proposées et aux dépenses s'y rapportant qui ne seront pas couvertes par les fonds reçus du projet bilatéral par le Projet FPMT. (Les budgets correspondant à ces activités devront être approuvés par l'AID/Washington et par le MSH avant que les travaux puissent être entrepris).

V. Conclusion

Le présent projet d'accord présente les grandes lignes des activités proposées et des tâches incombant respectivement aux deux parties intéressées, MSH et PSF. La réalisation de tous les travaux de formation et concours techniques sera subordonnée à l'obtention du financement de l'AID/Washington et à l'accord "buy-in" prévu pour la participation de l'USAID/Sénégal.

Les deux parties (PSF et MSH) apposeront ci-dessous leur signature pour indiquer leur accord en ce qui concerne les activités proposées ainsi que le partage des attributions, tels qu'ils figurent sur le présent projet d'accord.

M. Ousmane Samb
Directeur
Projet de Santé Familiale

Ronald O'Connor, M.D.
Président
Management Sciences for Health

6 July,

Mr. Dennis Baker
Health Population and Nutrition Officer
USAID/Dakar
Agency for International Development
Washington, D.C. 20523

Dear Dennis,

It was a pleasure to meet you during my trip to Senegal. Your insights into FPMT's activities and your suggestions for future collaboration with the PSF were tremendously valuable to Gary and me as we developed the Senegal Case Study Evaluation.

During our discussions at the end of my visit I promised to send a letter to Ousman Samb detailing the future training and technical assistance activities that we had discussed. He agreed to review, modify, and comment on them and to develop a draft memorandum of understanding for future activities between FPMT and PSF. I am hopeful that by the end of August we will have a draft of the memorandum of understanding.

If you are still interested in buying in to the FPMT Project, this memorandum of understanding could form the basis on which to develop the buy-in.

I also discussed these activities with Al Baron, and I am enclosing a copy of the letter to Ousman for him.

Thanks again for all your help. I hope to get back to Senegal sometime soon.

Sincerely yours,

James Wolff, M.D. M.P.H.
Deputy Director for Management Training
The Family Planning Management Training Project

AFRICA CONSULTANTS

B P 5270

DAKAR - FANN SENEGAL

TEL 22-36-37

TO Dr. Jim Wolf
MSH

DATE June 11, 1987

FROM Gary Engelberg 
ACI

SUBJ: **Thoughts on the CSE Process**

Looking back over our 10 day CSE, it seems to me that the following factors were significant in the development of a CSE methodology and the completion of the evaluation:

1. **Pre-CSE preparation:** Initial contacts with MSH were cordial, and MSH representatives were considerate and helpful. They facilitated the contractual arrangements and asked whether I felt that I could work with you or Mark. Since we had met during your visit, I was able to confirm that I thought we would be able to work together. If there had been any initial personality conflicts that would have given me the chance to say I did not think the collaboration would be possible. This approach could be important in setting up future evaluation teams.

Communication with MSH and early receipt of an information packet with materials both on methodology and content were helpful in preparing for your arrival and for the CSE exercise in general. Nevertheless, other preoccupations and commitments did not allow much time for studying those documents thoroughly until the week preceding your arrival.

In retrospect, it was an error to assume that USAID approval for the visit also indicated that all concerned had been informed of the evaluation. Luckily, things fell into place quite nicely, but I realize now that we could have given the people concerned more advance notice of your arrival and information on the intended evaluation.

2. **In-country preparation time:** the four day weekend imposed on us by local holidays after one and a half days of initial contacts and interviews forced us to take the time to discuss issues involved in CSE evaluations, re-write the protocol, define a strategy and a methodology, set up a data bank, prepare a tentative schedule and identify logistics needs (appointments, transport, etc.).

The one and a half days of initial interviews gave us some examples to draw on in developing our strategy. The re-writing of the country protocol was particularly useful in clarifying the work that was to follow. I hate to think what would have happened if we had jumped right into the full process of interviews without having defined our methodology. Future evaluators should be advised of the importance of this initial period for the preparation of strategies, methodology and systems.

3. **Initial meetings with the heads of the organizations concerned** (PSF, ISTI, USAID): these meetings were essential in establishing or re-establishing contact, reminding people of the MSH/FPMT role, explaining the evaluation approach, and paving the way for the interviews with project personnel. This was also the moment at which the crucial end-of-evaluation feedback sessions were set up.

4. **Importance of local contacts:** I was struck with how much we were able to accomplish in such a short period of time. I attribute this to:

- the good human relations already established between the MSH and ACI evaluators and local project personnel

- familiarity with the people, structures and locations involved provided by local contact

- logistic support (vehicles, office space, telephones, secretarial support for appointments and messages) provided by established local office (ACI)

While none of the above is essential to the success of a CSE evaluation, it is clear that our work was made easier and more efficient because of them.

I would also venture the opinion that the striking openness and ease of communication we encountered in most of those interviewed was also due to familiarity with one or both of the evaluators.

System of Interviews: Several points concerning the interviews should be noted here.

-initial contact was made with organization heads to legitimize our subsequent interviews with project personnel

-where relations had been established prior to the interviews, arrangements for the meetings were less formal, but where no previous contact existed, interviews were arranged through the administrative superiors of those interviewed

-each interview began with an introduction of the evaluators, an explanation of the role of MSH in the project and the purpose of the current evaluation

-the MSH member of the evaluation team dealt with questions or issues that required MSH representation (plans for the future, MSH philosophy, etc.)

-while the MSH evaluation team member interviewed project personnel, the ACI evaluator took notes and then completed the interview with questions that might have been overlooked

6. **Recording data:** the creation of a data bank on the portable Zenith computer greatly facilitated the gathering and periodic recording of information. At the end of each day, the ACI evaluation team member would read back notes taken each day by person interviewed and by subject. These notes were completed by the recollections of the MSH team member, and together the two team members wrote the text of the data base entries.

7. **On Going Discussions:** Although it seemed spontaneous and natural at the time, the on going discussions of process, findings and impressions between the two evaluation team members greatly facilitated the final write up of conclusions and recommendations

8. **Feedback Interviews:** These talks with the heads of the three organizations concerned (PSF, ISTI, USAID) following the work of the evaluators, were particularly important to future MSH work in Senegal. They allowed the MSH representative to share and test findings, and to lay the groundwork for future MSH activities that would take evaluation findings into account and would, therefore, be more relevant to future project needs.

9. **Compatibility of Evaluation Team Members:** Though this may be difficult to plan for or create, the compatibility of the team members contributed to the successful completion of the Senegal CSE and helped make the experience enjoyable and professionally satisfying.

hope that these thoughts will be helpful in planning the CSE workshop