

Technical Report # 35
Follow-up of Performance by Pharmacy
Agents Trained in Contraceptive
Technology between 1998 and 2001 in Benin

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PRIME II
Benin



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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AKL	Acceptable Knowledge Level
APL	Acceptable Performance Level
COC	Combined Oral Contraceptive
DPED	Head Office for Pharmacies and Diagnostic Operation
DSF	Office for Family Health
FP	Family Planning
IEC	Information, Education, Communication
PSI	Population Services International
ROBS	Benin Health NGO Network
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development

Executive Summary

With a view to ensuring quality family planning (FP) service delivery in private pharmacies in Benin, Population Services International (PSI) in collaboration with Intrah/PRIME took the occasion of the launch of the low dose pill Harmonie® to provide a training/refresher program in contraceptive technology for pharmacy agents. This collaboration, which spanned from April 1998 to December 1999, enabled training/refresher training of 140 agents from all parts of the country. Two follow-ups of the trained agents were done in 1998, which showed that the trained agents' performance was superior to that of the untrained, though revealing certain weaknesses. This prompted PSI to organize refresher sessions for the trained pharmacy agents. Therefore, in June 2000 and May 2001, two one-day sessions were organized in Cotonou.

Though the last follow-up indicated that the training approach used was perceived very positively by the participating agents and pharmacists, it was noticed that the May 2001 session was not attended by as many participants. Indeed, only 58 of the 140 invited agents (41%) actually came. This made PSI question the relevance of continued training for pharmacy agents.

This is the background of PSI's request for PRIME's assistance to carry out an evaluation of the training program with a view to providing answers to the three following concerns:

1. Is FP service quality maintained in pharmacies where agents were trained?
2. Is there any service quality difference in pharmacies with trained agents and those with untrained agents?
3. Why did 59% of the agents not attend the May refresher course? What do the pharmacists think of agent training? Would they rather have the refresher courses done differently? What is their view on collaboration with PSI?

In November/December 2001, a team of consultants and resource persons from Intrah/PRIME II, Benin Health NGO Network (ROBS) and the Ministry of Health (MOH) did a summative evaluation in private pharmacies that had participated and some others that had not participated in the PSI training/refresher course on contraceptive technology: The purpose of this evaluation was to assess the efficiency and relevance of the contraceptive technology training approach.

By observing the trained and untrained agents through mock clients, testing their knowledge and interviewing the pharmacists, the follow-up team made the following assessments and recommendations:

In relation to performance in counseling and pill prescription

The follow-up results show that globally, the trained agents' performance is better than the untrained for all tasks related to counseling and pill prescription. There is, however, a considerable gap for the desired performance, since 63.3% of the trained

agents do not offer services according to standards. Even if reception overall is satisfactory, the trained agents do not provide information on all available contraception methods. In fact, except for the pill, other contraceptive methods are not often cited.

There is no systematic investigation to determine client eligibility since less than half of the trained agents check whether the client is pregnant and only one-fourth will ask if she is breastfeeding a child under six months. Finally, the majority of trained agents provide sufficient information on the pill but two-thirds omit to tell their clients what to do in the case of warning signals.

In relation to clients' rights

Performance levels were, likewise, higher with trained agents in the area of client rights, particularly the right to dignity, privacy and confidentiality. However, here too, the desired performance is not achieved, since 55% of trained agents do not observe all client rights. This is true, in particular, for the right to security and continuity and the right to information. As pointed out earlier, the trained agents do not adequately ensure client eligibility, nor provide adequate information on all of the methods.

In relation to factors affecting the trained agents' performance

Analysis of the factors that could positively or adversely affect agents performance has shown that 52.6% of the agents do not benefit from all the necessary conditions to work adequately. More than two-thirds get regular feedback on their performance, are encouraged for their work and are coached by the pharmacists. However, only 25% of trained agents are able to describe the tasks they were trained for, and only 9% have all the necessary work materials.

In relation to the pharmacists' views on the training approach

As regards to the pharmacists' views on the training approach to counseling and technological contraception, results obtained from follow-up activities clearly indicate that, on the whole, this approach is adequate according to the pharmacists who are aware of the benefits for the agents as well as for the pharmacy. However, some of them are confronted with constraints due to mobility and lack of personnel. The need to provide night watch is among the factors that most affect agents' availability.

Recommendations

As results of the findings and conclusions summarized above, the follow-up team made the following recommendations:

1. Considering the interest expressed by the pharmacists and the performance gaps that still need to be filled in, PSI should continue its in-service training program for the agents who received previous training. Specifically, PSI should plan to:
 - a) Keep organizing update mini-sessions, focusing on agents' tasks and desired performance particularly in matters of client rights. Role games would

highlight counseling and pill prescribing tasks which present more difficulty (information on methods, client eligibility)

- b) Organize at least two mini-sessions each time, in order to give nightwatch agents a choice, and consider changing the period
 - c) Develop and supply agents with a technical work aid on the main counseling and pill prescription steps.
2. In order to solve the problem of staff mobility, PSI should consider extending training to more agents in each pharmacy.
 3. To improve agents' participation in training sessions, PSI should:
 - a) Explore other training approaches to bring training closer to the agents (Amour et Vie - Love and Life – audio and video cassettes)
 - b) Take into consideration what the pharmacists view as “Large profit periods” when organizing training sessions for pharmacy agents
 - c) Take into account other potential training areas including services management and children's illness (malaria, measles)
 - d) Broadly disseminate this follow-up's results among pharmacists in order to sensitize them and foster a greater commitment from them. This could be done either directly or through the Pharmacists Order.
 4. To ensure improved conditions to good agents' performance, PSI should:
 - a) Include permanent support to the trained agents among the duties of PSI medical representatives (job description, needs assessment and Information, Education, Communication (IEC) materials supply)
 - b) Elaborate and supply the pharmacists with a technical summary form concerning performance factors that are compatible with their pharmacy environment, to help them understand their needs and reinforce their support to agents.

Introduction

Background and Rationale

PSI undertook, in collaboration with Intrah/PRIME, a training/refreshers program in contraceptive technology for pharmacy personnel on the occasion of the launching of the low dose pill Harmonie®, with a view to ensuring quality FP in private pharmacies in Benin. The program aimed at preparing the agents to carry out the following duties:

- Provide counseling on barrier methods, combined oral contraceptives (COCs) and injectable contraceptives (also emergency contraception, only indicatively, since a referral to health agents is required)
- Provide contraceptives according to client needs and quality standards
- Provide a follow-up of contraceptive users among pharmacy clients for guaranteed continuity.

This collaboration, which spanned from April 1998 to December 1999, enabled them to train and update 140 agents from all over the country. The initial follow-up of trained agents done in November/December 1998 has shown that trained agents performed better than the untrained ones working in the same pharmacies and that the latter performed better than agents from pharmacies that had not participated in the training program. However, the overall performance levels achieved by the trained agents were found inadequate.

A second follow-up done in November/December indicated a better performance by the trained agents compared with the untrained, even though the quality of services offered by the trained agents presented weaknesses, particularly in the area of supplying exhaustive information on the available contraceptive methods and client eligibility. Lack of adequate IEC materials and supervision were pointed out as main causes for these results.

The results, positive however, prompted PSI to organize updating sessions for the trained agents. Consequently, two one-day sessions were organized in Cotonou in June 2000 and May 2001.

Although the last follow-up showed that the training approach utilized was positively viewed by the participating agents and pharmacists, attendance at the May 2001 sessions was considerably low. In fact, only 41% of the 140 agents invited showed up, although recruiting had been conducted in two phases. First, PSI had sent invitations to the pharmacists six weeks before the training session date. Three weeks later, all the invited pharmacists were reached by telephone, only to confirm participation by 50% of the trained agents. Finally only 41% of the agents actually did show for training. This led PSI to start questioning the relevance of continued training for pharmacy agents. This was the prevailing situation when PSI requested

assistance from Intrah/PRIME to conduct an evaluation of the training program with a view to providing answers to the following three concerns:

1. Is FP service quality maintained in pharmacies where agents were trained?
2. Is there any service quality difference in pharmacies with trained agents and those with untrained agents?
3. Why did 59% of the agents not attend the May refresher course? What do the pharmacists think of agent training? Would they rather have the courses conducted differently? What is their view on collaboration with PSI?

These questions served as basis for the follow-up's goal and objectives, and to elaborate on the methodology to be utilized.

Methodology

Goal and Objectives

In November/December, 2001, a team of consultants and resource persons from Intrah/PRIME II, ROBS and Benin's MOH conducted a summative evaluation in private pharmacies that had participated and those that had not participated in the PSI training/refresher course on contraceptive technology. The purpose of this evaluation was to assess the efficiency and relevance of the training approach used for training in contraception technology. The objectives assigned to the evaluation were to:

1. Determine the actual performance level of agents trained since 1998 compared to those who had received no training
2. Identify the factors that influenced trained agents' performance
3. Determine pharmacists' opinion on the training approach utilized
4. Make recommendations on the training approach and eventual performance needs to be satisfied.

Study's Conception

This follow-up combines several evaluation methods, namely observation, knowledge tests and interviews. These various methods are described below:

Observation

Observation of providers in real situations through the use of simulation is the most frequently utilized technique to evaluate service providers' performance. However, a pharmacy is not the adequate place for such an activity. Indeed, a pharmacy is a public place, not conducive to privacy and confidentiality. Moreover, this environment does not lend itself to the presence of an observer during service delivery because the client may be embarrassed by the presence of a third party. During the 1998 and 1999 follow-ups, the utilization of "mock clients" proved to be an efficient technique to measure pharmacy agents' performances. This technique is commonly used in research on service quality. Mock clients are observers trained to play the role of an ordinary client looking for a service, and reporting on the unaware provider's performance during service delivery. Though difficult to implement, this technique has the advantage to avoid bias linked with observation, since the provider is not aware that he is being observed, and therefore is not likely to change his behavior due to the presence of an observer.

Consequently, the follow-up team decided, in agreement with PSI, to use this technique to evaluate pharmacy agent's performance while they were counseling a new client on contraception. A group of 10 mock clients was devised, among whom six had participated in the 1999 follow-up. They had been trained by the follow-up team to play their roles through two scenarios, but in such a way that each agent

would be confronted with a standardized situation, namely that of a young woman who wishes to avoid pregnancy and who...

- Does not know any contraceptive method
- Has never used a method
- Is not pregnant nor having a delayed period
- Never had yellow eyes or skin
- Does not have hard or persistent breast nodes
- Does not smoke, is not over 35
- Does not breastfeed a child under six months
- Has no vaginal bleeding outside of periods or after intercourse
- Takes no medication against tuberculosis, fungal infections or epilepsy.

For credibility sake, mock clients had to buy the proposed contraceptive, or say they would come again to buy it, if circumstances allowed. At the end of the visit, the mock clients asked for the name of the person that had served them, thus enabling the follow-up team to identify him or her. This important phase had caused some problems in the 1999 follow-up, which is why special attention was paid to this during the training of the mock clients, in order to give preference to situations likely to easily get the attendant's name. After the exchange with the agent, the mock clients would find a suitable place secluded from the pharmacy to immediately fill out the observation guide. The 1999 guide was utilized for this follow-up with some minor changes.

Knowledge test

A written test was given to the pharmacy agents, whether trained or not, to assess their actual knowledge level. The 1999 follow-up tool was utilized, considering that no changes had been made in training contents. This tool reflects therefore the information contained in the course materials actually utilized by PSI for agents basic and refresher training. The knowledge test was given only after the agent had been observed by a mock client. The agents were not forewarned about the test, and could therefore not prepare for it. Moreover, the test was given in the presence of one follow-up team member.

Interview

One of the follow-up's objectives was to identify factors influencing agents' performance. To evaluate agents' work conditions and determine which factors were most influential in performance, the follow-up team decided to have in depth interviews with trained agents and their pharmacists, after the mock clients had already made their visits.

The follow-up also aimed at determining the pharmacists' views on the training approach. In depth interviews were conducted with pharmacists, irrespective of whether they had sent any agents to the May 2001 refresher training or not.

Tools

The following four tools were used to collect data (see Annexe 5).

- Observation guide

The guide's goal was to measure agents' performance as they were counseling the mock clients and prescribing a contraceptive method (the pill). This guide comprises five sections corresponding to the main steps of the counseling process during the interview between the agent and client. It includes indicators related to clients' rights throughout the process:

- Client reception (right to access, right to privacy, right to confidentiality, right to dignity)
- Information on available methods (right to information, right to choice)
- Identification of client eligibility (right to security)
- Conclusion drawn
- Pill utilization explained (right to security, right to continuity).

- Knowledge test

This tool aims at assessing quantitatively and objectively, agents' knowledge as related to counseling and pill prescribing. It contains 18 questions of which 16 are true/false statements. The remaining two are open questions requiring an answer from the agent.

- Agent interview guide

The guide aims at collecting data on the various factors that may positively or adversely affect agents' performance in FP services delivery. This tool comprises five sections corresponding to the following performance factors: job expectations, performance feedback, materials and tools, motivation and supervision/support.

- Pharmacists interview guide

This guide has two distinct sections. The first section aims at collecting data on pharmacists' non participation in the May 2001 refresher training, their views on various training approach aspects, such as venue, duration, date; and their desire to continue the program with PSI. The second section aims at collecting data on factors affecting agents' performance from the pharmacists' viewpoint.

Sampling

For this follow-up, it was decided that trained as well as untrained agents would be used for comparison and to interpret data more easily. Agents sampling was done

from lists of participants in training sessions organized by PSI since 1998. The untrained agents come from pharmacies that never participated in the training program. Moreover, since 75% of the pharmacies are located in the southern part of Benin, and considering budget and time constraints, the follow-up team decided, in agreement with PSI, to restrict the follow-up to the following geographic areas: Cotonou, Porto Novo, Abomey, Bohicon, Come, Ogolo, Lokossa, Ouidah and Sakete.

Sampling was based on the following principles:

1. In pharmacies concerned by the training sessions, only the trained agents were included in the sampling, thus ruling out any likelihood of confusion due to the existence or absence of any influence from the trained agents over their untrained colleagues working in the same pharmacies
2. Sampling concerned trained agents actually on post, to reduce any risk to not find an agent after several visits
3. Sampling was divided in three groups: agents trained in 1998/99 only; agents who had taken a refresher course in 2000/2001; and agents with no training whatsoever. The agents of this last group come from pharmacies that did not participate in the training activities
4. With an estimated cumulative rate of 50% for refusal and non-identification, it was decided to do the sampling with 60% of the total number of trained agents still on post.

The trained agents list was updated on this basis. All pharmacies with trained agents were contacted by PRIME II's administration, and informed about the survey to ensure agents' presence on post. All those who were no longer on post were removed from the survey baseline. Updating of trained agent and pharmacy lists enabled PRIME to do the sampling whose results are shown in the table below.

Table 1: Survey results

Target category	Total	Sampled	Accomplished		
			Observation	Test	Interview
Agents trained in 1998/1999	83	50	29	26	25
Agents trained in 2000/2001	57	35	29	29	29
Untrained agents	-	23	21	19	-
Total Agents	130	108	79	74	54
Pharmacists					35

A maximum of three visits per pharmacy were planned to find the identified agent, and four visits on average per day and per client during six days. In practice, only 79 agents out of the planned 108 were observed.

Moreover, some of the observed agents could not be found at the second visit by the follow-up team for the knowledge test and interview. In general, agents' observation

was hampered due to the very nature of the survey, which required that the surveyors “go fishing” with no prior knowledge about the person to be surveyed.

In 36% of cases for the agents trained in 1998/99 and 14% of cases for the agents who took a refresher course in 2000/2001, the sampled agents were replaced due to their non-availability at the time of the surveyors visit (no longer on post, sick, on vacation or off duty). Despite all these facts, the number of agents that could be observed remains relatively high.

Fieldwork

Follow-up team

The follow-up team was composed of seven persons, including consultants from Intrah/PRIME II and resource persons from ROBS and MOH. The team stated the follow-up goals and objectives together with the desired performance for pharmacy agents in relation to clients’ rights. These were confirmed with PSI. The observation guide and knowledge test used in 1999 were reviewed and adapted, and interview guides for agents and pharmacists were developed and pre-tested. A sampling approach was discussed and the follow-up subjects were drawn out. Plans for data collection and analysis were developed.

Training of mock clients

A group of 10 mock clients, composed essentially by third year students of sociology or other university subjects, was trained in two days. Training emphasized FP data related to tasks to be observed, comprehension of the observation guide and practical classroom exercises. Pre-testing of the observation guide enabled to improve their familiarity with the observation approach and revise the tool.

Data collection

Data collection was done in two phases: visits by mock clients to observe the agents and visits by the follow-up team to give the knowledge test and to carry out interviews with the agents and pharmacies.

The approach developed in 1999 for visits in pharmacies was modified for this follow-up. Considering the time constraints, arrangements had to be made with the approach to maximize results obtained from visits without jeopardizing the follow-up results. Pharmacy agents were not informed ahead of time about visits of mock clients. However, a survey was done in advance among the pharmacies, which had participated in the training program by the follow-up team, to check agents’ presence. Precautions were taken so that agents would not suspect the mock clients’ visiting days. The gender of the agent to be observed as well as the description of agents who had already been observed in the same pharmacy were indicated to the mock clients whenever necessary, which made the search easier.

Data processing and analysis

The team bio-statistician prepared screen formats for each instrument and supervised data processing using Epi Info 2000 software. Coding mistakes were identified and corrected through data control and then data was analyzed with SPSS software.

Data validation

The follow-up preliminary results and recommendations were presented and discussed on December 13th in a dissemination meeting organized by PRIME II and convening representatives from PSI/ABMS, USAID, DSF (Office for Family Health), DPED (Head Office for Pharmacies and Diagnostic Operation), ROBS, the Pharmacists Order, and Oganla pharmacy. The participants were appreciative of results and reaffirmed their adherence to the PSI training program. They recommended that the results be more widely disseminated among pharmacists in Benin. They also discussed various approaches to make the program more attractive and encourage pharmacists to join in.

Results

Agents' characteristics

As shown in Table 2 below, trained and untrained agents do not present the same characteristics. The average age is 36 years for the trained and 32 for their untrained colleagues. The great majority of trained (70.4%) as well as untrained (66.7%) agents have an education level between fifth and seventh (last) high school year. Very few trained agents (7.4%) and none among the untrained went beyond the last high school year. Also, more than two-thirds of the trained agents (63.0%) have been on post more than five years, while the great majority of untrained agents (66.7%) have less than four years of post tenure, with an average post occupation of eight years for the trained and five for the untrained agents. Differences observed between the trained and untrained agents are certainly due to the criteria used by pharmacists when selecting agents for training, for instance the number of years of service.

Table 2: Characteristics of the surveyed agents

	Trained	Untrained
Average age	35.81	32.28
Average years of service	7.93	4.94
Tenure		
1 to 4 years	37%	66.7%
5 to 8 years	24.1%	56%
9 years and more	38.9%	27.8%
Education level		
1 st to 4 th high school year	22.2%	33.3%
5 th to 7 th (last) year	70.4%	66.7%
Beyond 7 th year	7.4%	0%

Desired Performance

Through its training program in counseling and contraceptive technology, PSI had assigned itself a goal to attain quality FP service delivery in the pharmacies. Consequently the main post-training tasks related to this goal and corresponding performance factors were set as follows:

- Agent receives the client
 - ✓ Receives client in secluded place
- Agent informs client on available methods
 - ✓ Gives at least two benefits offered by the method

- ✓ Gives at least two inconveniences inherent to the method
- ✓ Invites client to make a choice
- Agent poses questions to determine client eligibility
 - ✓ Asks at least two eligibility questions
- Agent explains method utilization
 - ✓ Explains the time and frequency

Through these tasks, it was also expected that client rights would be observed. The desired performance in relation to this result pertains to the following rights:

- **Right to information**

All agents give all information on contraceptive methods to new FP clients.

Indicator: Number or percentage of agents who indicate at least two benefits and two inconveniences for at least one available method to new FP clients.

- **Right to choice**

All agents give FP clients the opportunity to choose their preferred contraceptive method.

Indicator: Number or percentage of agents presenting all available contraceptives in the pharmacy.

- **Right to security**

All (100%) agents first determine client eligibility before providing them with a method.

Indicator: Number or percentage of agents asking at least two eligibility questions.

- **Right to privacy**

All agents ensure client privacy during interviews.

- **Right to dignity**

All agents preserve client dignity.

Indicator: Number or percentage of agents receiving clients with courtesy and attention.

- **Right to continuity**

All agents ensure service continuity in the pharmacy.

Indicator: Number or percentage of agents reassuring client of availability when needed (their own or their colleagues).

Actual agents' performance in counseling and method prescription (pill)

The follow-up has shown that training positively affected overall performance. However, as described below, two-thirds of agents do not perform all tasks to the desired level.

Mean performance score

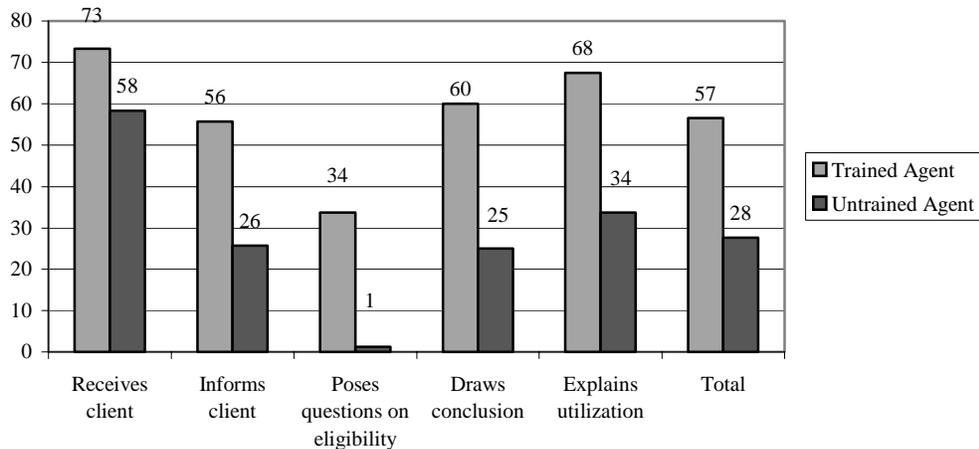
Agents' performance was measured throughout the main counseling and pill prescription steps using 37 sub-tasks or indicators. For each step, one or more key sub-tasks or indicators were selected and their value was offset¹ to get a more realistic description of performance levels.

The follow-up results show that the global performance score obtained in counseling and pill prescription tasks by trained agents is distinctly higher (21.5/38) than the score achieved by untrained agents (10.5/38), and the difference is significant ($p=.005$). It must be noted that there is little difference in scores achieved by agents trained in 98/99 and those trained in 2000/2001, and that agents characteristics had no effect on their performance level.

The tasks best carried out by trained are reception and method explication. On the other hand, the task related to eligibility issues is the least well performed.

In relation to each task, it should be noted that there is no significant difference between trained and untrained agents for tasks pertaining to reception and eligibility. However, for other tasks, this difference is significant. (See Graph 1, below.)

Graph 1: Mean performance score by trained agents (n=58) and untrained agents (n=21) for counseling and pill prescription



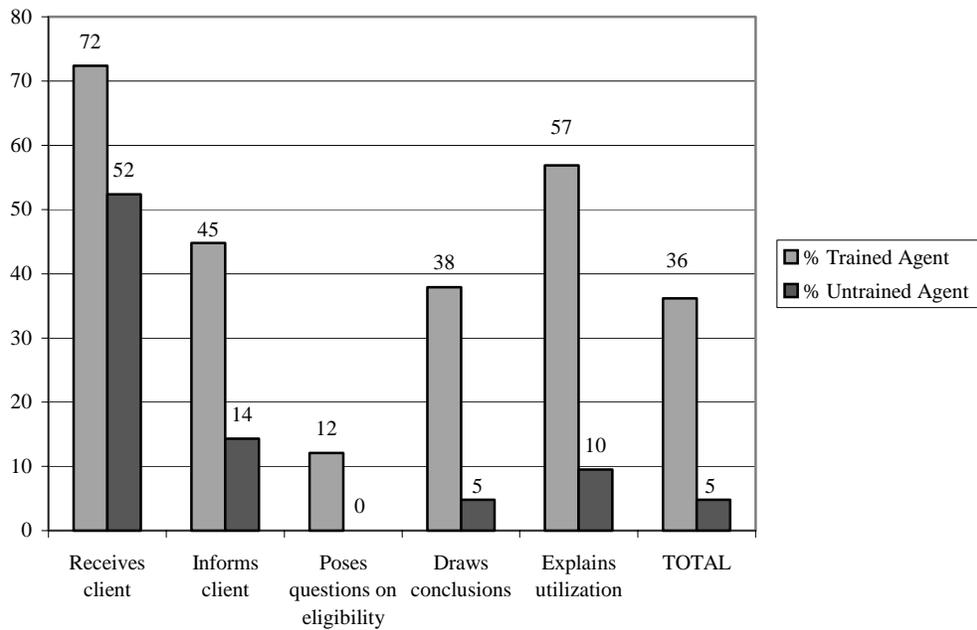
¹ Counterbalancing was done by selecting one or more key sub-tasks or indicators and giving them a higher value than other tasks or indicators. For instance, a grade of 3 for a maximum of 6 points was attributed to the task "Receive client in a discreet and quiet place." (See balance grid in Annexes).

Percentage of trained and untrained agents achieving or surpassing APL (acceptable performance level)

Slightly more than one-third of trained agents (36.2%) achieved or surpassed the APL of 70%, compared to only 4.8% of untrained agents. The difference between the two groups is statistically significant.

A good many of trained (72.4%) and untrained agents (52.4%) receive clients according to standards. On the contrary, slightly less than half of trained agents (44.8%) inform clients, versus 14.3% of untrained agents. Very few trained agents (12.1%) asked at least two questions on client eligibility and none of the untrained agents could do it. (See Graph 2, below.)

Graph 2: Percentage of trained agents (n=58) and untrained agents (n=21) achieving or surpassing APL for counseling and pill prescription



Strong and weak points with counseling and pill prescription tasks

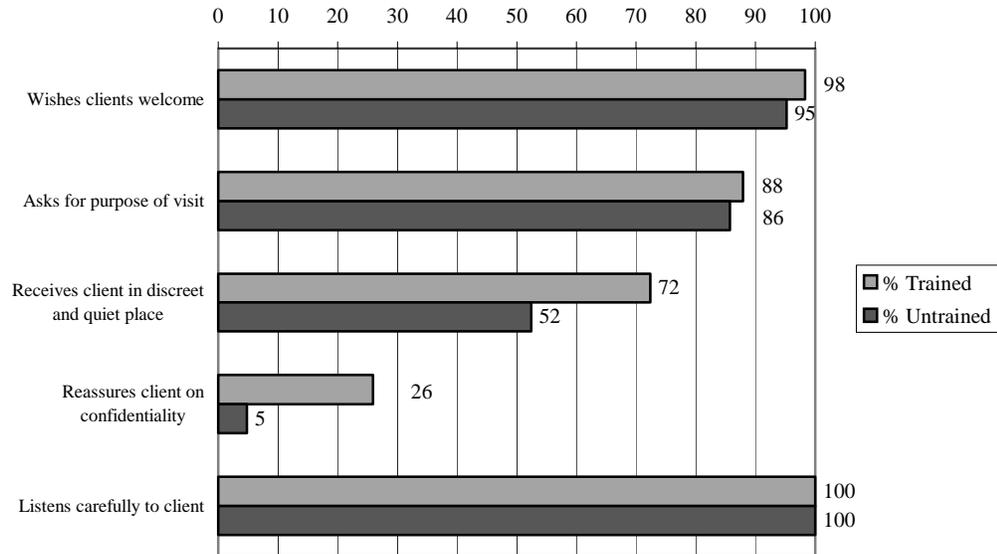
The strong and weak points in relation to counseling and pill prescription tasks were particularly examined.

Client reception

The performance for this task is attained if the agent receives the client in a secluded area. Survey results indicate that 72.4% of trained agents receive clients in a discreet and quiet place within the pharmacy, against 52.4% for untrained agents. The other aspects of reception are performed by the great majority of trained as well as untrained agents. It should be noted, however,

that only one-fourth of trained agents (25.9%), and very few untrained agents (4.8%) reassure clients on interview confidentiality. (See Graph 3, below.)

Graph 3: Tasks related to reception



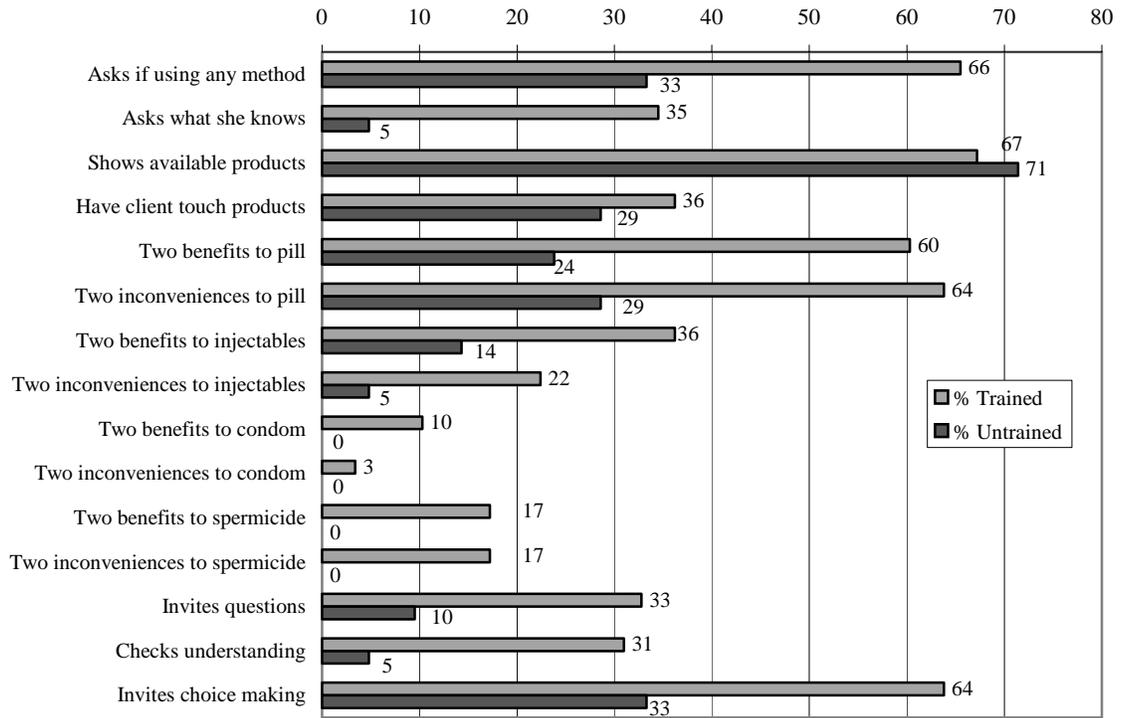
Agents should cite at least two benefits and two inconveniences to the method, and invite clients to make their choice. 60.3% of trained agents cited at least two benefits and 63.8% indicated two inconveniences to the pill. On the other hand, only 23.8% of untrained agents cited at least two benefits and only 28.6% of untrained agents indicated two inconveniences to the pill.

The benefits and inconveniences in the other methods were cited by few agents, whether trained or not. Only 36.2% of trained agents mentioned the benefits of injectable methods, 10.3% cited benefits provided by condoms, and 17.2% told about benefits offered by spermicides. Only 22.4% of trained agents reported on inconveniences related to injectable methods, 3.4% and 17.2% on those related respectively to condoms and spermicides.

With specific regards to condoms and spermicides, this could be due to the fact that the situation presented by the mock client seemed to indicate her preference for a long-term method. However, there is no justification for the little mention of injectable methods.

About two-thirds (63.8%) of trained agents invited their clients to make a choice of their preferred method, compared with one-third (33.3%) for the untrained. (See Graph 4.)

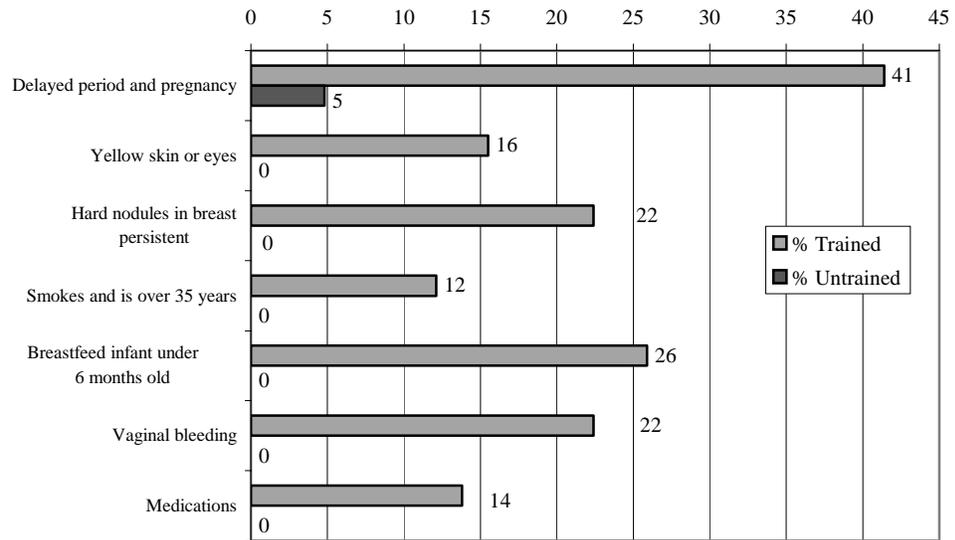
Graph 4: Tasks related to client information



Determining client eligibility through questions

Agents should determine eligibility using seven questions, and at least the following two questions should be asked: pregnancy probability and breastfeeding. Only 41% of trained agents asked whether their client had a delayed period and whether they thought they were pregnant, and 25.9% asked whether their client was breastfeeding an infant under six months old. Less than one-fourth of trained agents asked other eligibility questions related to previous records of jaundice, presence of breast nodules, frequency of smoking and age, metrorrhagia or intake of antituberculous, antifungal or anti-epileptic medication. Only 4.8% of untrained agents asked questions on period delay and none asked about eligibility. (See Graph 5.)

Graph 5: Tasks related to eligibility



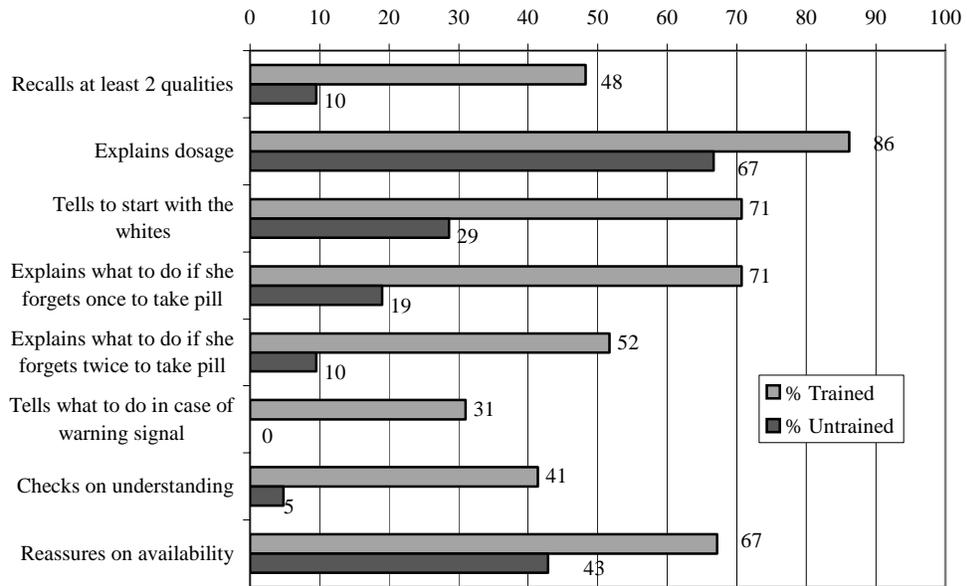
Draws a conclusion

Considering the findings presented by the client, the agent should recommend a low dosage pill. Follow-up results show that 84.5% of trained agents were able to recommend a low dose pill, primarily Harmonie®, versus 42.9% of untrained agents. The recommendation to systematically use Harmonie® may be due to other factors than training, in particular that Harmonie® is actually very accessible in Benin. One should also take into account this product’s cost which is about five times less than other pills. Other methods (spermicides, condom, injectables, other pills) were recommended by very few agents, most of whom were untrained.

Explains pill utilization

Agents should explain pill dosage. The great majority of trained agents (86.2%) explained this, versus 66.7% of untrained. This difference is statistically significant. Only one-third (31%) of trained agents told clients to go to a health facility in case of alert signals and none of the untrained agents did this. (See Graph 6.)

Graph 6: Tasks related to explanations of pill utilization



Actual performance as relating to client rights

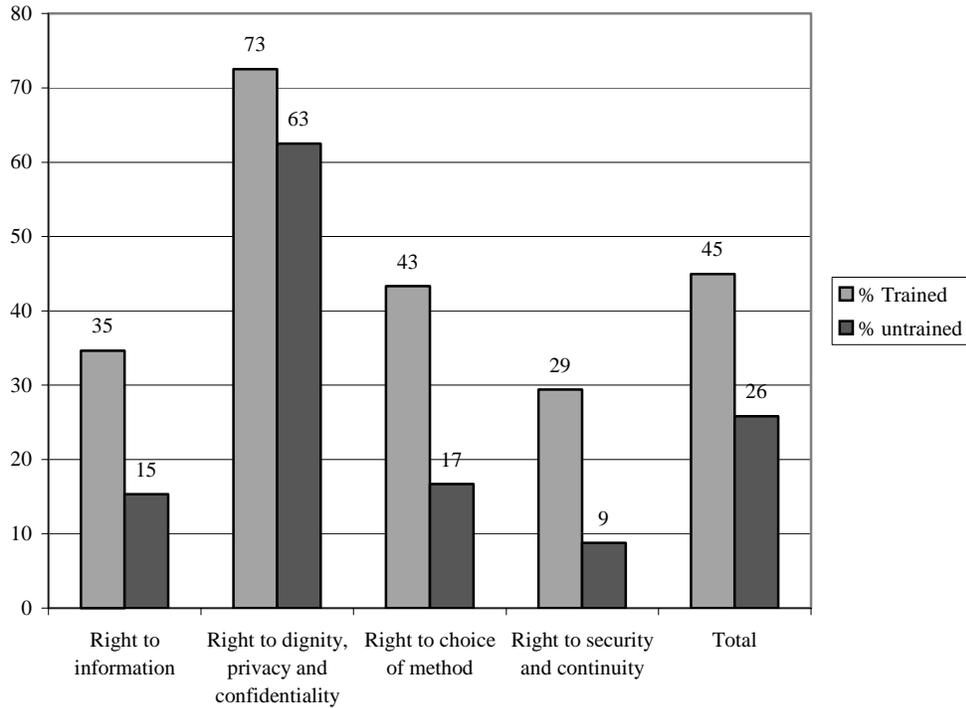
The follow-up has shown that training had an impact on agents’ observance of client rights in pharmacies. However, actual performance remains globally low for all rights, particularly the right to information and the right to continuity and security.

Average performance score

Agents performance for respect of client rights during FP service delivery was measured through certain specific counseling and pill prescription sub-tasks. The follow-up results show that the overall score achieved by trained agents is distinctly higher than the one achieved by the untrained, and that the difference is statistically significant. This is also true for scores noted for each specific right.

Of all rights examined, the most respected, by trained and untrained agents as well is the right to dignity, privacy and confidentiality. On the other hand, mean scores are low for other rights, particularly the right to information and right to security and continuity. These results indicate that FP services are not delivered at the desired quality level in pharmacies. (See Graph 7.)

Graph 7: Mean performance score for clients' right

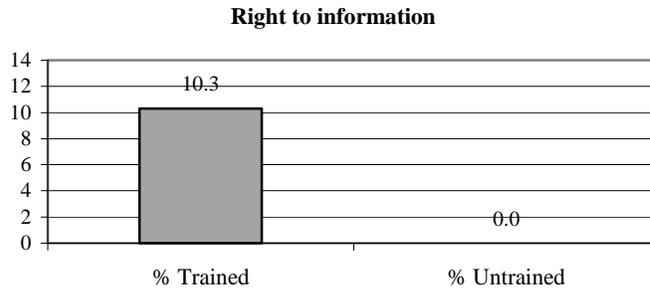


Right to information

The mean performance score for client right to information was measured using 15 variables, eight of which were pertaining to benefits and inconveniences found with four contraceptives (pill, injectable, spermicide and condom). The desired performance was that all agents give all information on methods to new FP clients.

Though relatively low, results show that trained agents achieved a higher overall score (52/15) for this right than untrained agents (2.3/15). However, only six trained agents (10.3%) attained or surpassed the APL which none of the untrained was able to achieve. (See Graph 8.)

Graph 8: Percentage of agents who score above APL for clients' right to information



More than half of trained agents (56.9%) could cite at least two benefits and two inconveniences to a given method, whereas only four untrained agents (19%) were able to do so. As regards to the pill in particular, 51.7% of trained agents could cite at least two advantages and two inconveniences compared to 19% for the untrained agents.

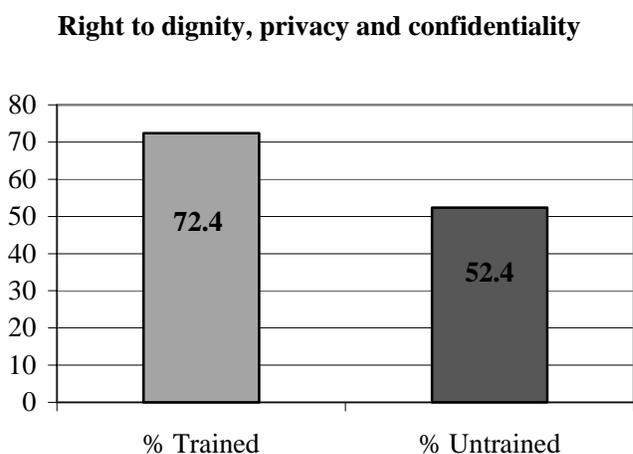
Right to dignity, privacy and confidentiality

The average performance score for client right to dignity, privacy and confidentiality was measured using four variables. It was expected that all agents ensure clients' privacy during interviews and that clients' dignity be preserved.

Trained agents achieved slightly higher scores (2.9/4) than untrained agents (2.5/4). However, this difference is not statistically significant. 72.4% of trained agents had a score equal to or higher than APL, compared to 52.4% for untrained agents.

More specifically, 72.4% of trained agents received clients in discreet and quiet places, versus 52.4% for untrained agents. Most agents, trained (98.3%) and untrained (95.2%) alike, received clients with courtesy and attention. (See Graph 9.)

Graph 9: Percentage of agents above APL for clients' right to dignity, privacy and confidentiality



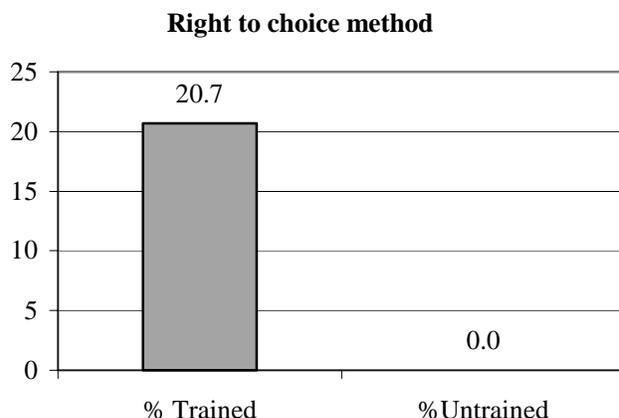
Observance of this right is probably not a result of training, since it is respected by the great majority of agents, whether trained or not. It seems likely that the work environment (commercial considerations) is conducive to good reception and courteous attention.

Right to method choice

The average performance score for clients' right to method choice was measured using three variables. The desired performance was that all agents give FP clients the opportunity to choose their preferred method.

The average performance score achieved by trained agents is low (1.3/3); it is however clearly higher than untrained agents score (.5/3). Moreover, only 20.7% of trained agents achieved a score equal to or higher than APL, and none of the untrained were able to achieve it. (See Graph 10.)

Graph 10: Percentage of agents above APL for clients' right to a choice of method



One-third of trained agents invite questions from clients and check on their understanding by repeating or posing questions, versus 9.5% and 4.8% respectively for untrained agents. Two-thirds of trained agents invite clients to make their choice of their preferred method, whereas only one-third of untrained agents would do so.

Right to security and continuity

The average performance score for clients' right to security and continuity was measured using 15 variables. It was expected that all agents determine clients' eligibility prior to providing them with a method, and that they also ensure service continuity in pharmacies.

The survey shows that globally, trained agents ask far more questions on clients' eligibility before they would give them a method, and that they also give more explanations on pill utilization. Moreover, they are more available for service continuity than their untrained colleagues. Though low, average performance scores by trained agents are three times higher (4.7/16) than the scores achieved by untrained agents (1.4/16). (See Graph 11.)

Graph 11: Percentage of agents above APL for clients' right to security and continuity



Eligibility

The average score for eligibility is 1.4/8 among trained agents versus .05/8 for untrained agents.

The percentage of agents achieving a score equal to or higher than APL for eligibility is 52% with trained agents and 0% for untrained agents. On average, trained agents ask between one and two eligibility questions and untrained agents less than one. Only 31% of trained agents asked at least two eligibility questions specifically on the probability of pregnancy and breastfeeding, versus none for untrained agents.

Explain pill utilization

The average score for explaining pill utilization is 3.3/8 with trained agents versus 1.3/8 for untrained agents. However, no agent, irrespective of training status, achieved a score equal to or higher than APL. Nearly three-fourths of trained agents (70.7%) explain what should be done in case of a single pill omission and 51.7% in case of a twice repeated pill omission, versus 19% and 9.5% respectively among untrained agents. As regards to warning signals, 31% of trained agents give explanations to clients, versus 0% of untrained agents.

Agents' availability

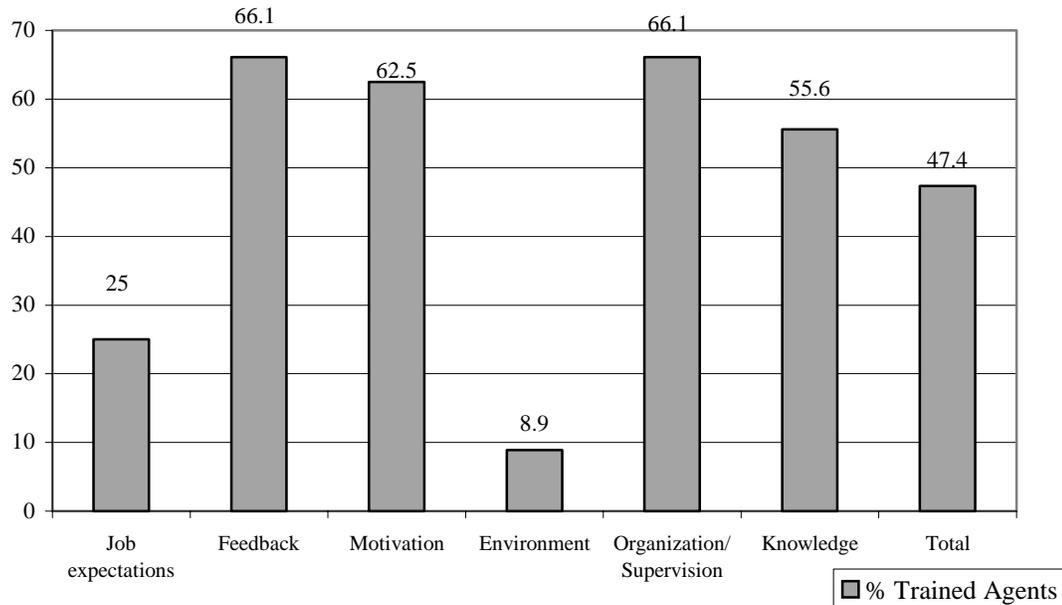
To guarantee FP service continuity, 67.2% of trained agents reassure clients on their availability or colleagues' availability when needed, versus 42.9% of untrained agents.

Performance factors

Good performance is generally subordinate to a certain number of factors that can be sorted in five categories: job expectations, performance feedback, motivation, environment, organizational support and knowledge/skills. These factors are generally linked or complementary with respect to their effect on someone's

performance. Analysis of actual performance factors shows that nearly half of the agents (47.4%) enjoy favorable work conditions. It should be noted, however, that job expectations and the material environment (contraceptive products and IEC materials) are the most common missing factors. (See Graph 12, below.)

Graph 12: Percentage of trained agents benefiting from favorable work conditions by performance factor



Job expectations

To achieve a good performance, one needs to understand clearly one’s own tasks and what results are expected from these tasks. Typically, these results can be obtained from various sources (national norms, organization’s code of conduct, well-drafted job descriptions, a supervisor or team leader, colleagues, clients and community).

PSI’s counseling and contraceptive technology training program planned that upon its completion, agents should be able to carry out the following four tasks: counsel the clients, dispense the contraceptive products, re-supply old clients, and refer cases beyond their competence.

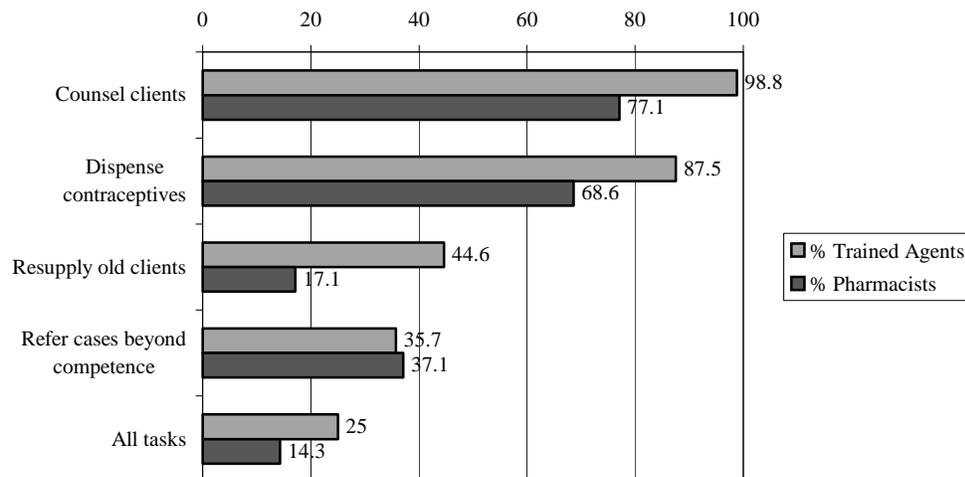
During the interviews, agents and pharmacists were asked to cite the main tasks to be performed by pharmacy agents when delivering FP services. Results show that only 25% of trained agents and 14.3% of pharmacists were able to cite all the tasks. The two most cited tasks were counseling on contraceptive utilization (98.2% of agents and 77.1% of pharmacists) and contraceptive dispensation (87.5% of trained agents and 68.6% of pharmacists).

On the other hand, “re-supply clients” is cited by only 44.6% of trained agents, and only 17.1% of pharmacists.

Roughly one-third of pharmacists (37.1%) and trained agents (35.7%) cited “refer cases beyond competence”. This should be interpreted carefully since these two least cited tasks could have been understood as sub-tasks of the other two, and therefore taken to be obvious as such.

It should be noted that less than half (41.1%) of agents discuss their tasks with the pharmacists due to the unavailability of the latter (53.1%). Tasks are discussed generally when the case presented by the client exceeds the agent’s competence, who then refers to the pharmacist. (See Graph 13, below.)

Graph 13: Main tasks cited by trained agents and pharmacists



Performance feedback

Performance feedback is the information describing the quality of the work done. Once the providers have a clear vision of their expected results, performance feedback based on these results can be used to identify and give credit for good performance and also to correct performance problems.

66.1% of trained agents (i.e., 2 out of 3) say they received feedback, mainly from clients returning to the pharmacy (83.8%). Less than half of the agents report feedback from pharmacists (45.9%).

Motivation

Motivation refers to anything done to encourage performance. Good performance should be rewarded and inadequate performance should receive neutral or negative endorsement. The core issue is to say whether the agents have a reason to perform as expected and whether there is someone to take a note of this.

During the interviews, 62.5% of trained agents said they were encouraged when a task was done right. The main sources of motivation are pharmacists (47.5%) and representatives (22.9%).

According to agents, compliments (85.7%) and presents (34.3%) are the most common motivations. This is confirmed by pharmacists. The majority of agents (62.9%) report being pleased with the types of motivation used.

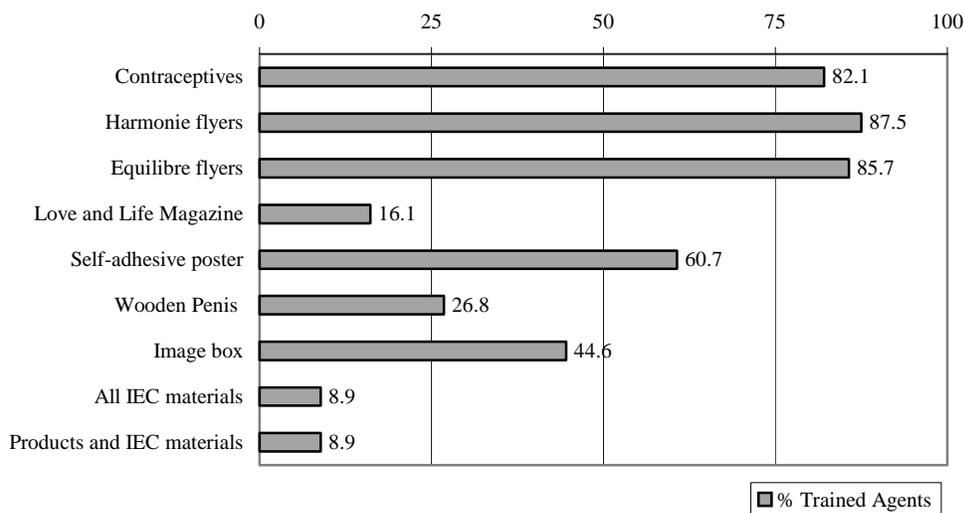
As for sanctions, 37.5% of trained agents report having been sanctioned for poor performance primarily by pharmacists.

Environment (materials and tools)

This factor pertains to the needed tools and supplies as well as the physical environment conducive to good performance. The agent needs contraceptive products and IEC materials to correctly perform his tasks. Only 89% of trained agents have all the products and exhaustive IEC materials. 82.1% of trained agents have the full range of contraceptive products. In 18% of cases, spermicides are missing. The whole set of IEC materials is available only in 8.9% of cases. Agents, on average, have four items, generally Harmonie flyers (87.5%), Equilibre flyers (85.7%), small posters (60.7%), and the image box (44.6%).

IEC materials found missing in the majority of cases are the magazine “Amour et Vie” (“Love and Life”) (83.9%), the wooden penis (73.2%). The shortage of copies of Love and Life is due to the fact that it was distributed without due precaution to keep one reference copy as recommended by PSI. As for the wooden penis, it had been distributed only during the 2000/2001 refresher training session, and consequently agents not participating could not have it. (See Graph 14, below.)

Graph 14: Available products and IEC materials



In addition to products and IEC materials listed above, agents also need sample contraceptives to enable clients to see and touch them. Follow-up results seem to indicate that agents do not have any such samples. The majority of them utilize products on shelves (76.4%) or products bought by clients (16.4%).

More than half of the pharmacists (65.7%) think that their agents dispose of all required materials. They are nevertheless aware that there may be shortages of IEC materials (16.7%) or samples (75%).

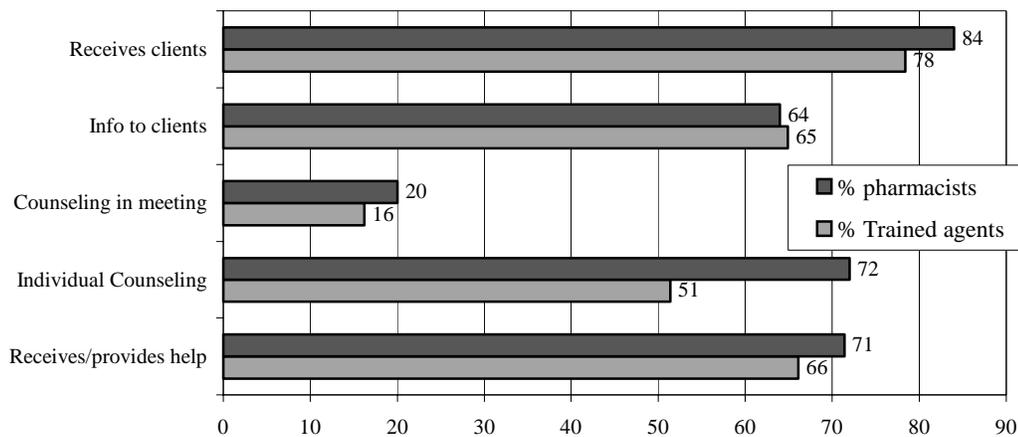
Organizational support (supervision/support)

Performance is dependent upon efforts made by the performer’s organization to help attain the desired performance. This support is generally conveyed through organizational processes such as supervision, work distribution, etc. Organizational support is in this case defined by the supervision and management assistance given to agents in their work.

66.1% of trained agents report having received help from pharmacists with contraceptive supplies, and this was confirmed by 71.4% of pharmacists. Pharmacists are called on for cases beyond agents competence (78.4%), or to give additional information to the client in the presence of trained agents (64.9%). Pharmacists will also extend support through counseling and information to agents, either individually (51%) or during staff meetings (16.2%).

Reasons given to explain lack of support from pharmacists include absence (33.3%) or insufficient time (27.8%) of pharmacists. (See Graph 15, below.)

Graph 15: Type of support given to agents by pharmacists



Trained agents also receive support from PSI representatives, although to a lesser extent. These representatives provide them with IEC materials (87.1%), and counseling (74.2%). Only 9.7% of trained agents report receiving help from PSI representatives for solutions to their problems. Some agents (35.5%) are only somewhat satisfied with the support from PSI representatives, primarily because they feel visits are not frequent enough (32%), or that they would appreciate incentive presents from the representatives (24%).

Knowledge

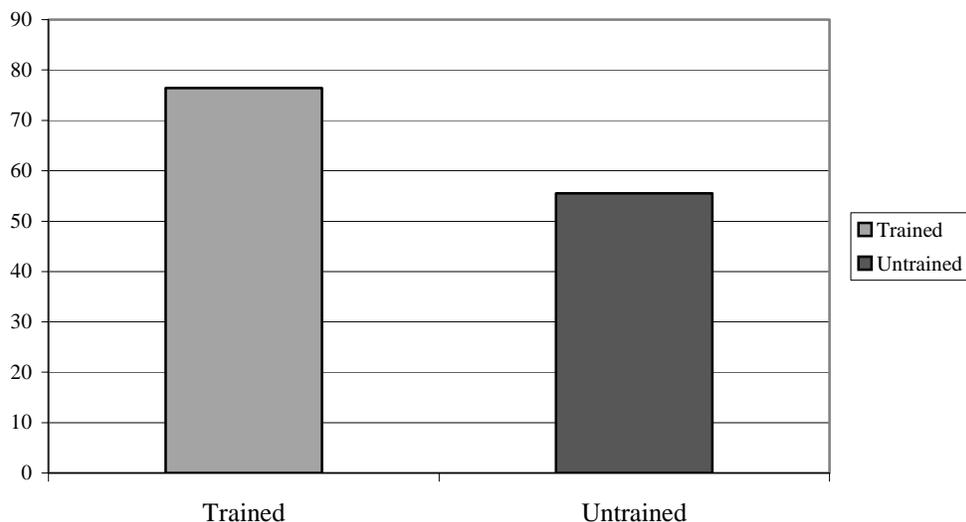
Analysis of this factor purports to determine the extent of providers' knowledge and skills needed for their work. In other words, the idea is to know whether the agent knows how to do his or her work.

Agents' previous training records were analyzed. According to interviews, 57% of trained agents had already being trained primarily in FP (84.2%), STD/AIDS prevention (68.4%), and drug sales (40.4%). Only 5.3% were trained in diarrheic disease prevention. PSI seems to be the main training organization with 62.5% of agents reporting attendance to refresher sessions organized by this institution in 2000/2001.

Agents' actual knowledge level in counseling and method prescription was also measured using a knowledge test and compared to that of untrained agents. The knowledge test contained one self administered tool in the presence of the surveyor, listing 18 questions in the following areas: clients' rights, service quality, eligibility and pill prescription, contraceptive utilization and counseling techniques.

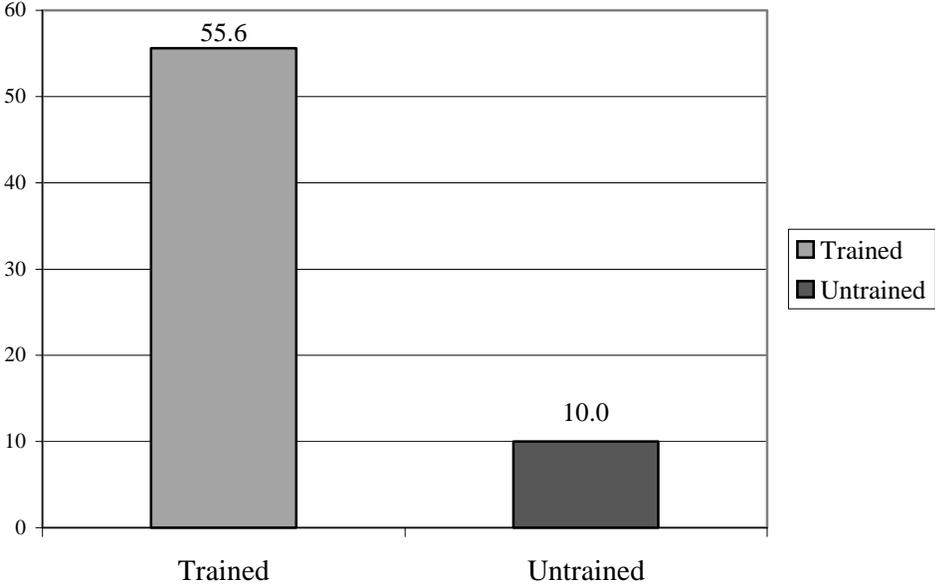
Test results indicate trained agents' average knowledge score to be 13.7/18 points. There is a statistically significant difference between agents trained more than two years before, and those trained less than two years before; the latter showing a higher knowledge level with a score of 14.5/18 versus 12.8/18 for the former. Lastly, trained agents' knowledge level is clearly higher than untrained agents whose average score is 10/18 points. (See Graph 16, below.)

Graph 16: Mean knowledge test score for trained agents (n=54) and untrained agents (n=20)



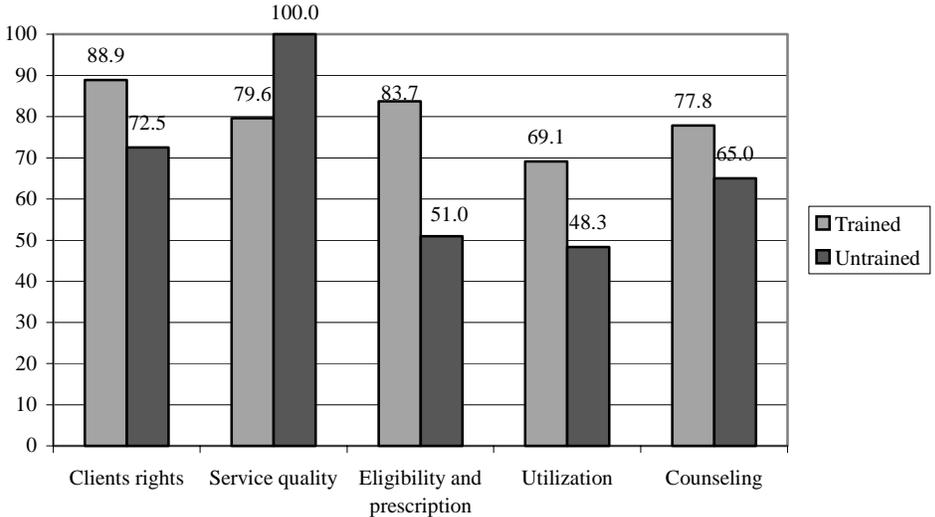
As shown in the following graph, more than half (56%) of trained agents achieved or surpassed the 75% acceptable knowledge level (AKL) versus 10% of untrained agents (See Graph 17, below.)

Graph 17: Percentage of trained agents (n=54) and untrained agents (n=20) achieving or surpassing AKL



There are variations in the areas covered by the test, and the least known area is contraception utilization. (See Graph 18.)

Graph 18: Mean knowledge test score by subject for trained (n=54) and untrained agents (n=20)



Client rights (Q2, Q3)

More than three-fourths of trained agents (79.6%) know that pharmacy agents should not make decisions on the type of pill for clients without a doctor's prescription, versus slightly more than half of untrained agents (55%). The majority of agents, trained (18.4%) as well as untrained (90%), know that they should tell all the facts about contraceptives, thus respecting a client's right to information.

Service Quality (Q1)

The majority of trained agents and all untrained agents know that clients' satisfaction is the only result aimed by service quality. This could however, not be reflecting the reality since only one question was used to measure knowledge in relation to desired impact of service quality.

Eligibility and prescription (Q4, Q5, Q6, Q12, Q17)

The great majority of trained agents know that Harmonie® is a low dosage pill (83.3%) that suits adolescents (81.6%), versus only half of untrained agents.

A good many trained agents know that Rifampicine decreases the efficiency of the progestative pill (79.6%), and that emergency contraception cannot be prescribed as routine contraception (88.9%). Only 30% and 55% of untrained agents respectively know this.

However, most agents, trained (85.2%) as well as untrained (80%), know that women over 35 years who smoke a lot cannot take COCs.

Contraceptive utilization (Q7, Q8, Q9, Q10, Q11, Q13, Q16, Q18)

Trained agents know that COCs cannot be started outside of menstrual periods (5.9%); what a COC user should do if she forgets to take one active pill (51.9%) or two active pills (27.8%); what one such user should do if she feels minor side effects like nausea or vomiting (59.3%), and what a spermicid user should do (92.6%).

However, knowledge levels seem adequate among trained as well as untrained agents concerning actions that COC users should do with severe headaches and sight disorders, correct condom utilization, time limit for the first emergency pill and what to do if there is no menstruation three weeks after the pill is taken.

Counseling techniques (Q15)

The majority of trained (77.8%) as well as untrained (65%) agents are able to tell the difference between an open question and a closed one.

Pharmacists view on training approach

This was assessed through the following items:

- Benefits derived from training, as felt by agents and pharmacists
- Appreciation of training strategy.

According to the follow-up results on the whole, training was positively viewed by most pharmacists, although some would have preferred that changes be made in the approach. For instance, in organizing sessions at another time, for longer durations and to include subjects other than FP in training programs.

Benefits derived from training

Nearly all pharmacists (97.1%) noted that training was beneficial for agents and pharmacies as well. 85.7% of pharmacists noticed capacity changes among trained agents in FP service delivery after the sessions. For instance, one pharmacist in two noticed that trained agents gave good counseling to their clients. About one pharmacist in four noticed that trained agents were more enthusiastic and regardful with FP clients. One pharmacist in three reported that trained agents were more knowledgeable about FP, had higher instruction levels, and were more apt to provide contraceptives.

The main benefit felt within pharmacies was evidenced by better contraceptive sales.

Fifty-seven percent of the pharmacists had sent agents for refresher sessions in May 2001. Seventy percent of them were motivated in sending their agents to training sessions to improve their FP knowledge levels.

Appreciation of training strategy

This was assessed using 4 elements:

- Duration
- Period
- Location
- Frequency

Table 3: Pharmacists' views on training approach

	Sufficient	Insufficient
Duration	58.1%	41.9%
Period	80%	17.1%
Location	85.7%	14.3%
Frequency	45.7%	48.6%

The period and location chosen for refresher sessions were deemed appropriate by a great majority of pharmacists, respectively 80% and 85.7%. Some pharmacists suggested that sessions be organized outside of rush and holiday periods. Those wishing a different approach for the location suggested that the sessions be decentralized in the regions.

Slightly more than half (58.1%) of pharmacists felt that the session duration was sufficient.

Less than half (45.7%) of the pharmacists felt it was better to hold a refresher course on contraceptive technology once a year. Moreover, 42.9% of them thought it would be better to hold such sessions twice a year to allow the handling of several agents, depending on their availability. One-third (33.3%) of the pharmacists not participating in the 2001 refresher expressed the wish to be given early enough notice by PSI, to improve agents' availability.

Among the 19 pharmacists who found it difficult to send one agent, the main reason for this was insufficient staff and night service. Two pharmacists had to replace their agents themselves at the counter.

When asked what should be done differently at future agent training sessions, pharmacists made the following suggestions:

- Observe the weekly service duty (31.4%)
- Give more agents the opportunity to attend training (17.1%)
- Give earlier notice and reminders to pharmacists (8.6%).

During dissemination, it was suggested to:

- Extend training subjects
- Organize sessions outside of profit periods
- Bring training closer to agents (for instance in pharmacies through various approaches).

Main participation constraints

For 43% of pharmacists who could not send an agent to the May 2001 refresher, the main reasons given were night service (46.7%) for which it is difficult to be flexible, and insufficient staff (13.3%). It should be noted that all pharmacists, irrespective of whether they had or had not participated in the May 2001 course, reported their readiness to send agents to future training courses.

These results were confirmed by representatives of the Order of Pharmacists during results dissemination. They confirmed pharmacists' interest in the training program but also revealed that staff insufficiency and mobility were the worst problems met by pharmacists. This could explain the difficulties met by some pharmacists to participate in training programs. The Order further recognized the difficulty generally encountered in mobilizing pharmacists, not only for PSI training sessions, but for other seminars and meetings.

Conclusions and Recommendations

The training/refresher program on counseling and pill prescription was conceived to provide quality service in pharmacies. The follow-up goal was on the one hand to assess its efficiency, and on the other to determine the relevance of PSI's approach with a view to making recommendations on eventually maintaining this program.

Results indicate globally that trained agents have a far better performance than untrained agents, and this is true for all tasks.

However, there is a considerable gap with the desired performance, since 63.8% of trained agents are not yet offering to provide services according to standards. Although reception seems adequate overall, trained agents do not give information on all available methods. In fact, excepting the pill, other methods are not often cited. Investigations to determine clients' eligibility are not systematically done, since less than half of the trained agents ensure that clients are not pregnant, and only one-fourth check whether clients are breastfeeding an infant under six months of age. Lastly, the majority of trained agents give adequate information on pill utilization but omits (2/3 of them) telling clients what to do in case of a warning signal.

Trained agents' performance level is also higher than their untrained colleagues for observance of clients' rights, particularly their right to dignity, privacy and confidentiality. However, here too, the desired performance is not achieved, since 55% of trained agents do not observe all clients' rights. This is particularly true for the right to security and continuity and the right to information. As underlined above, trained agents do not properly ensure clients' eligibility, nor give them information on all the methods.

Analysis of the factors that could positively or adversely influence trained agents performance shows that 52.6% of them do not enjoy all conditions needed for their work to be done correctly. More than two-thirds regularly receive feedback on their performance, are encouraged for their work and receive coaching from pharmacists. Nevertheless, only 25% of trained agents are able to describe tasks for which they were trained and only 9% of them have all needed materials.

As regards to pharmacists' views on training program approach, results clearly indicate that on the whole, pharmacists are pleased with it. They see the benefits derived from it by agent and pharmacy alike. Some of them are however grappling with problems due to staff mobility and insufficiency. In fact, agents' availability is most affected by the necessity to observe night duty.

Considering the results and conclusions presented in this report, the follow-up team made the following recommendations:

1. Given the interest shown by pharmacists and the performance gaps that still exist, PSI should continue its refresher training program. Specifically PSI should consider to:
 - a) Continue organizing mini-sessions to update agents on tasks and desired performance, including clients' rights. Role games would emphasize counseling and pill prescription tasks which seem more problematic (information on methods, client eligibility)
 - b) Organize at least two mini-sessions each time, so as to give alternative choice to duty agents and consider a period change
 - c) Develop and supply agents with a technical work aid on the main steps in counseling and pill prescription.
2. In order to curtail problems with staff mobility, PSI should consider extending training to more agents in each pharmacy.
3. To improve participation and increase agents' access to sessions, PSI should:
 - a) Explore other training approaches to bring training closer to agents ("Love and Life", audio and video cassettes, etc.)
 - b) Know the large profit periods of the pharmacies when planning agents training sessions
 - c) Take into account other potential training areas, including service management, children's diseases (malaria, measles)
 - d) Broadly disseminate the follow-up results among pharmacists, to sensitize them and obtain a stronger commitment from them. This could be done directly or through the Order of Pharmacists.
4. In order to improve conditions needed for good performance, PSI should:
 - a) Include continued support to trained agents among PSI representatives' tasks (clarification of tasks, needs assessment and supplies in IEC materials)
 - b) Develop and provide pharmacists with a technical work aid on performance factors that fit the pharmacy environment, thus enabling them to strengthen support to their own agents.

Annexe 1

Scores de performance et de connaissances (Performance and knowledge scores)

Table 1: Score de performance pour le counseling et la prescription de la pilule

Tâches	Agents formés (n=58)	Agents non formés (n=21)	Sign.
1. Accueille la cliente	4.36/6	3.52/6	non
2. Informe la cliente	7.83/14	3.61/14	.017
3. Pose des questions d'éligibilité	2.68/8	.14/8	non
4. Tire une conclusion	1.22/2	.47/2	.004
5. Explique l'utilisation de la pilule	5.44/8	2.73/8	.000
Total	21.56/38	10.5/38	.005

Table 2: Pourcentage des agents ayant atteint ou dépassé le NAP pour le counseling et la prescription de la pilule

Tâches	Agents formés (n=58)	Agents non formés (n=21)
1. Accueille la cliente	72.4	52.4
2. Informe la cliente	44.8	14.3
3. Pose des questions d'éligibilité	12.1	0
4. Tire une conclusion	37.9	4.8
5. Explique l'utilisation de la pilule	56.9	9.5
Total	36.2%	4.8%

Table 3: Score moyen de performance pour le droit des clientes

Tâches	Agents formés (n=58)	Agents non formés (n=21)	Sign.
1. Droit à l'information	5.24/15	2.28/15	.000
2. Droit à la dignité, l'intimité et la confidentialité	2.96/4	2.52/4	.023
3. Droit au choix d'une méthode	1.27/3	.47/3	.002
4. Droit à la sécurité et à la continuité	4.67/16	1.38/16	.000

Table 4: Pourcentage des agents ayant atteint ou dépassé le NAP pour le droit des clientes

	Agents formés (n=58)	Agents non formés (n=21)
1. Droit à l'information	10.30	.0
2. Droit à la dignité, l'intimité et la confidentialité	72.40	52.4
3. Droit au choix d'une méthode	20.70	.0
4. Droit à la sécurité et à la continuité	1.70	.0

Table 5: Score moyen de connaissance

Tâches	Agents formés (n=54)	Agents non formés (n=20)	Sign.
Total	13.75/18	10/18	.000

Table 6: Pourcentage des agents ayant atteint ou dépassé le NAC (75%)

	Agents formés (n=54)	Agents non formés (n=20)
Total	55.6%	10.0%

Table 7: Pourcentage des agents ayant répondu correctement aux questions du test de connaissances

Domaine		Agents formés (n=54)	Agents non formés (n=20)
Droits des clients	Q2	79.6	55
	Q3	98.1	90
	Sous Total	88.85%	72.5%
Qualite des services	Sous Total	79.60%	100.0%
Eligibilite et prescription	Q1	79.6	100
	Q4	83.3	45
	Q5	85.2	80
	Q6	81.6	45
	Q12	79.6	30
	Q17	88.9	55
	Sous Total	83.72%	51.0%
Utilisation	Q7	51.9	25
	Q8	83.3	35
	Q9	27.8	0
	Q10	77.8	95
	Q11	59.3	5
	Q13	64.8	60

Domaine		Agents formés (n=54)	Agents non formés (n=20)
	Q14	92.6	55
	Q16	87	75
	Q18	77.8	85
	Sous Total	69.14%	48.3%
Conseils	Sous Total	77.80%	65.0%
Grand Total		76.44%	55.56%

Annexe 2

Restitution des résultats de l'enquête (*Results dissemination*)

Liste des Participants (*Participants list*)

Suivi des agents des pharmacies formés par PSI/ABMS

Cotonou, le 13 Décembre 2001

#	Nom et Prénoms	Qualification /Institution	Adresses
1	Léontine IDOHO	Dr. en phcie/Ordre des pharmaciens du Bénin	03 BP 0514 Tel: 30.19.73.
2	Blandine CODJIA-AGOSSOU	Coordonnatrice ROBS	04 BP 1340 Tel: 30.90.67
3	Marguérîte GBADAMASSI	C.N.O.P (Conseil Nat. Ord. des Phciens du Bénin)	BP 378 Tel: 2 1.30.98
4	Prosper AHLONSO	Ordre.National. des Pharmaciens du Bénin	06 BP 2630 Tel: 31.36.46 (Bur) Cell: 90.02.15
5	Virgile CAPO-CHICHI	Biostatisticien/LEADD	02 BP 1054 Cotonou Cell: 94.55.32
6	Marguérîte ZOLIKPO	DSF /MSP	Tel: 33.20.21
7	Désiré Jacob HOUETO	CHD /Z Abomey	Cell: 91.71.02
8	Zacharie HOUNDEHOTO	Etudiant 7e année en médecine	Cell: 40.30.97
9	Sonia CAPO-CHICHI	Etudiante 7e année de médecine	Cell: 05.52.05
10	Bruno DJAGBA	Coordonnateur Recherche PSI/Bénin	Tel: 30.77.00 Cell: 90.87.61.
11	Angélika KOBILKE	PSI/Représ./PF	08 BP 0876 Cotonou Tel: 30.77.00
12	Bob CLARK	Conseiller Technique et Directeur.de Marketing	PSI Tél: 30.77.00
13	Léopoldine da SILVA	Dr. en pharmacie	Phcie. OGANLA BP 607 P/N
14	Benoît HOUNKPEVI	Pharmacien/ DPED	BP 2048 Cotonou

Annexe 3

Nombre de pharmacies touchées par le programme de formation et d'agents formés/recyclés (*Number of pharmacies affected by the training program and/or trained or updated agents*)

Département		Form. Initiale Mai/juin 98		Recyclage février 99		Form. Initiale Avril 99		Recyclage Juin 2000		Recyclage mai 2001	
		# agents	# phcies	# agents	# phcies	# agents	# phcies	# agents	# phcies	# agents	# phcies
Borgou		-	-	-	-	8	5	-	-	5	3
Atacora		-	-	-	-	1	1	-	-	2	2
Mono		-	-	-	-	3	2	-	-	-	-
Zou		-	-	-	-	11	6	-	-	7	5
Ouémé	Porto Novo	23	13	16	9	9	3	-	-	10	8
	Autres	9	5	3	2	2	1	-	-	-	-
Atlantique	Cotonou	43	25	21	16	27	13	30	20	34	20
	Autres	6	4	4	4	5	2	-	-	2	2
Total		81	47	44	31	60	31	30	20	60	30

Source: Archives PSI

Annexe 4

Echantillonnage (Sample characteristics)

Agent #Zone	Pharmacie	Ville	Nom Agent	Formé en	Observ	Connai	Interv Agent	Interv Pharma
101*	Azaly	Abomey	Allognikou Timothée	1998/1999	Oui	Oui	Oui	Voyage
104*	Marché	Abomey	Videgla Kuessi	1998/1999	Supp			
201	Château d'eau Ab.Cal	Abomey-Calavi	ODAH Laurence	2000/2001	Oui	Oui	Oui	Oui
105	Phcie du Lac	Abomey-Calavi	D'ALMEIDA Médard	1998/1999	Oui	Oui	Oui	Voyage
143	Phcie du Lac	Abomey-Calavi	AMOUSSOU Laurent	1998/1999	Oui	Oui	Oui	
107	La Providence	Adjarra	NOUMAGNON Marcelline	1998/1999				
108	Adanhounsa	Allada	GBEDJI Isabelle	1998/1999	Supp			
111*	Victoria	Avrankou	Elisha Sidonie	1998/1999	Oui	Oui	Oui	*
112	Victoria	Avrankou	HOUNHOUEDO M. Philippe	1998/1999	Oui			
302	Saint Marcel	Azovè	Togbe Isidore	pas formé	Oui	Oui		
303	Azonngbo	Bohicon	M. Osseni	pas formé	Oui	Oui		
114*	Midokpo Bohicon	Bohicon	Akpo Benjamin	1998/1999	Oui	Oui	Oui	Oui
202	Midokpo Bohicon**	Bohicon	CAPO CHICHI Maurice	2000/2001	Oui	Oui	Oui	
113	Phcie de l'Etoile/Bohicon	Bohicon	GOAS Zacharie	1998/1999	Supp			
115	Phcie de l'Etoile/Bohicon	Bohicon	AIKPO Marius	1998/1999	Supp			
204	St Henri Bohicon**	Bohicon	ANANI Calixte	2000/2001	Oui	Oui	Oui	Oui
241	Espace santé	Cocotomey	ANANI Justin	2000/2001	Supp			
119*	Le Carrefour	Comé	Houkpe Camille	1998/1999	Supp			
207	Adéchina (voir pavée Sikecodji)**	Cotonou	DOSSOU - YOVO Jacob	2000/2001	Oui	Oui	Oui	Oui
121*	Agla	Cotonou	Adjamonsi Wilhelmine	1998/1999	Supp			
306*	Ancien Pont	Cotonou		pas formé				
209	Avotrou	Cotonou	DOSSOU - YOVO Marcelle	2000/2001	Oui	Oui	Oui	Oui
211	Ayélawadjè (voie pavée Eglise Sacré Cœur)**	Cotonou	QUASHIE Liliane	2000/2001	Oui	Oui	Oui	Oui
125	Ayélewadjè (voie pavée Eglise Sacré Cœur)	Cotonou	ASSOGBA Didace	1998/1999	Supp			

Agent #Zone	Pharmacie	Ville	Nom Agent	Formé en	Observ	Connai	Interv Agent	Interv Pharma
126*	Camp Guézo	Cotonou	Domingo Claudette	1998/1999	Supp			
127	Camp Guézo	Cotonou	EKOUE Axelle	1998/1999	Supp			
307	Dantokpa (Intérieur Dantokpa)	Cotonou	Matilde	pas formé	Oui	Oui		
221	De la Cité (Akpakpa)	Cotonou	KOULO Cyr	2000/2001	Oui	Oui	Oui	Oui
308	De l'Amitié (face terrain Kouhounon)	Cotonou	Attindogbé Geneviève	pas formé	Oui	Oui	Oui	
172	Dona Dei (PK10 Akpakpa)	Cotonou	Ngo Nonga Solange	1998/1999	Oui	Oui	Oui	Oui
249	Dona Dei (PK10 Akpakpa)	Cotonou	SOMADJE Ambroise	2000/2001	Oui	Oui	Oui	
128	Dona Dei (PK10 Akpakpa)**	Cotonou	TOKOUDAGBA Félix	1998/1999	Supp			
213*	Etoile rouge	Cotonou	Kpatinde Victorin	2000/2001	Oui	Oui	Oui	Oui
214	Fidjrossè**	Cotonou	ATCHOU Damien	2000/2001	Oui	Oui	Oui	Voyage
311*	Fifadjji	Cotonou	Ruffin	pas formé	Oui	Oui		
312	Ganhi (à coté Gerbe d'Or)	Cotonou	Lahoui Abraham	pas formé	Oui	Oui		
217	Gbégamey (CCIB)	Cotonou	ASSOGBA Gilbert	2000/2001	Supp			
313	Généric Pharma (Dagbéjji)	Cotonou	Julie Fahouegnon	pas formé	Oui	Oui		
130	Haie-Vive (carrefour église Bon Pasteur Cadjehoun)	Cotonou	AKLE D. Jean	1998/1999	Supp			
315	Jeanne d'Arc (Rd point église St Cécile)	Cotonou	Gnanbodé Florence	pas formé	Oui	Oui		
133	Jéricho (derrière BIB Jéricho)	Cotonou	DOSSOU C. Robert	1998/1999	Oui	Oui	Oui	Oui
220*	La Béninoise (face SOBEBRA)**	Cotonou	Youssouf Toibath	2000/2001	Oui	Oui	Oui	Oui
317	La Colombe	Cotonou	Agbassou André	pas formé	Oui	Oui		
222	La Fraternité (Bar Tito)	Cotonou	GBAGUIDI Marie	2000/2001	Oui	Oui	Oui	Voyage
216	La Fraternité (Bar Tito)**	Cotonou	KOUNOU Maximin E.	2000/2001	Oui	Oui	Oui	
318	La Madone	Cotonou	Mme Kéké	pas formé	Oui	Oui		
223*	La Paix	Cotonou	Zinsou Elfride	2000/2001	Supp			
206	L'Abattoire	Cotonou	CHABI Adjéran	2000/2001	Supp			
224	L'Abattoire	Cotonou	SOSSOU Marie-Louise	2000/2001	Supp			
225*	Le Président**	Cotonou	Aholou Désiré	2000/2001	Oui	Oui	Oui	Oui
320	Nouvelle (Gbedjijomédé)	Cotonou	Clegbaza Fransisco	pas formé	Oui	Refus		
322	Pharma Palace (Filadji)	Cotonou	Alida	pas formé	Oui	Refus		
124*	Phcie de l'Avenue (après CTPS)	Cotonou	Nouhrou Akimou	1998/1999	Supp			
140	Phcie de l'Avenue (après CTPS)	Cotonou	ALOTOMANAYOVO					
141*	Phcie des 4 Thérapies (Dantokpa)	Cotonou	Colette	1998/1999	Oui	Oui	Oui	Oui
227	Phcie des 4 Thérapies (Dantokpa)	Cotonou	Beguou Diane	1998/1999	Supp			
		Cotonou	APOVO Serge Firmino	2000/2001	Supp			

Agent #Zone	Pharmacie	Ville	Nom Agent	Formé en	Observ	Connai	Interv Agent	Interv Pharma
142	Phcie des 4 Thérapies (Dantokpa)**	Cotonou	DADOU Noël	1998/1999	Oui			Oui
323	Principale (lycée technique Coulibaly)	Cotonou	Anato Germain	pas formé	Oui	Oui		
144*	Reine des Grâces	Cotonou	Agboton Georgie	1998/1999	Oui	Oui	Oui	Oui
145	Rond Point (Place Bulgarie)	Cotonou	DAVID Armand	1998/1999	Oui	Oui	Oui	*
325	Saint Louis (face FSS)	Cotonou	Quenum Eliane	pas formé	Oui	Oui		
327	Sainte Philoméne (Cadjehou)	Cotonou	Whannou Flavia	pas formé	Oui	Oui		
328	Sainte Rita	Cotonou	Mondé Laurence	pas formé	Oui	Oui		
147	Sénadé (Akpakpa Sénadé)	Cotonou	KOUAKANOU Deen	1998/1999	Oui	Oui	Oui	Oui
232	Sikèkodji	Cotonou	RUFFINO Moufouliatou	2000/2001	Oui	Oui	Oui	Oui
231	Sikèkodji**	Cotonou	METOKIN A. Mélanie	2000/2001	Oui	Oui	Oui	
149*	St Jacques Mènotin	Cotonou	Nouiche Victor	1998/1999	Supp			
150	St Jacques Mènotin	Cotonou	TOKOU Irène	1998/1999	Supp			
234	St Michel	Cotonou	ADANNON Rogatien	2000/2001	Oui	Oui	Oui	Oui
153	Vie et Santé (SCOA Gbéto)	Cotonou	BALEY Aubierge	1998/1999	Supp			
236	Vodjè (face mosquée Cadjehou)**	Cotonou	GBAGUIDI Emma	2000/2001	Oui	Oui	Oui	Oui
148	Zogbo (au bord voie pavée Zogbo)	Cotonou	AMOUSSOU René	1998/1999	Oui	Oui	Oui	Oui
237	Zogbo (au bord voie pavée Zogbo)	Cotonou	LOKOSSOU Louise	2000/2001	Oui	Oui	Oui	
155	Zongo (prolongement voie pavée)	Cotonou	TABA Mariam	1998/1999	Supp			
239	Zongo (prolongement voie pavée)	Cotonou	HONNOU Mamadou	2000/2001	Oui	Oui	Oui	Oui
332	Marché Dogbo	Dogbo	Pkadoe Félix	pas formé	Oui	Oui		
242	Godomey/Ste Adèle	Godomey	GBADA Nicole	2000/2001	Oui	Oui	Oui	Oui
330	Godomey/Ste Adèle**	Godomey	Lahami Solange	2000/2001	Oui	Oui	Oui	Oui
158	La Frontière	Igolo	OHIN Caroline	1998/1999	Oui	Oui	Oui	Oui
333	Bon Samaritain	Lokossa	Gankpa Cyriac	1998/1999	Oui	Oui	Oui	Oui
160	Bon Samaritain	Lokossa	ABALLOVI Mathieu	1998/1999	Supp			
161*	Le Bon Sauveur/Lokossa	Lokossa		1998/1999	Supp			
162	Phcie Zogbedji/Lokossa	Lokossa	AKOUEJJI Blanche	1998/1999	Supp			
244	Ghèna Ouidah**	Ouidah	DAVAKAN Bonaventure	2000/2001	Oui	Oui	Oui	Oui
164*	Kpassaton/Ouidah**	Ouidah	Balogoun Denise	1998/1999	Oui	Oui	Oui	*
335	Mitonwe	Ouidah	Fatondji Eugénie	pas formé	Oui	Oui		
137	La Grâce/Pobe	Pobe	AHOUNDJINOU T. Robert	1998/1999	Supp			
138	La Grâce/Pobe	Pobe	AMADOU Ismael	1998/1999	Oui	Oui	Oui	Congé matern.

Agent #Zone	Pharmacie	Ville	Nom Agent	Formé en	Observ	Connai	Interv Agent	Interv Pharma
165	10 Agbokou	Porto Novo	KPODAN Emmanuel	1998/1999	Oui	Oui	Oui	Oui
246	10 BLD Djassin Porto Novo**	Porto Novo	FERAEZ Sylvestre F.	2000/2001	Oui	Oui	Oui	*
166*	10 Boladji	Porto Novo	Dedjinou Cyprien	1998/1999	Oui	Oui	Oui	Oui
169*	10 Boladji	Porto Novo	Enonzan Victoire	1998/1999	Supp			
247	10 Cachi**	Porto Novo	LADEKPO Colette	2000/2001	Oui	Oui	Oui	Oui
171*	10 Dona	Porto Novo	Menou Audax Brice	1998/1999	Supp			
251	10 Kandévié**	Porto Novo	DELJMA Marius	2000/2001	Oui	Oui	Oui	Oui
174*	10 Kokoyé	Porto Novo	Bello Aurélie	1998/1999	Oui	Oui	Oui	Oui
175	10 Les Palmiers	Porto Novo	AGBOPLETOU Elisabeth	1998/1999	Oui	Oui	Oui	*
176*	10 Les Palmiers	Porto Novo	Migan Mireille	1998/1999	Oui	Oui	Oui	
254	10 Nationale Porto Novo	Porto Novo	ZINSOUVI Sylvie	2000/2001	Oui	Oui	Oui	
253*	10 Nationale Porto Novo**	Porto Novo	Kouinhoun Remy	2000/2001	Oui	Oui	Oui	Oui
337	10 Notre Dame de l'Atlantique	Porto Novo	Akonde Jean Marie	pas formé	Oui	Oui		
256	10 Oganla	Porto Novo	TETE MONTAUBE Véronique	2000/2001	Oui	Oui	Oui	MALADE
338	10 Palais Royal	Porto Novo	Houngninou Yvette	pas formé	Oui	Oui		
179*	10 Ste Marie/Tokpota	Porto Novo	Degla Eléonore	1998/1999	Oui	Oui	Oui	Oui
180	10 Ste Marie/Tokpota	Porto Novo	HOUNKPEVI Robert	1998/1999	Oui	Oui	Oui	
257	10 Suru Léré**	Porto Novo	ODOUNHARO Sabine	2000/2001	Oui	Oui	Oui	Oui
182	10 Adétona/Sakété	Sakété	HOUDACHINA Abdou	1998/1999	Oui	Oui	Oui	Oui
183	10 Adétona/Sakété	Sakété	SAMOU Souradjou	1998/1999	Oui	Oui	Oui	Oui

* Agents remplaçant des agents non localisés

Annexe 5

Outils de collecte des données (Data collection tools)

PSI/ABMS

Suivi des Agents formes pour Offrir des Contraceptifs dans les Pharmacies

Novembre 2001

Guide d'interview des Agents sur les Facteurs de Performance (Agents' Interview Guide on Performance Factors)

Le but de ce guide d'entretien est de collecter les informations sur les facteurs pouvant influencer positivement ou négativement la performance des agents formés et leurs caractéristiques.

Nom de l'agent _____	Code de l'agent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nom de la pharmacie _____	Code de la pharmacie	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Présentation

Bonjour. Je m'appelle _____. Je travaille pour Intrah/PRIME dans le cadre d'un suivi des agents de pharmacie formés par PSI. Les informations qui seront collectées serviront à identifier les approches les plus appropriées pour améliorer la performance des agents qui offrent des contraceptifs dans les pharmacies. Je voudrais vous poser quelques questions qui nous permettront de mieux comprendre la situation actuelle et quels sont les besoins. Toutes les réponses que vous donnerez seront confidentielles et votre nom ne sera pas cité. Pouvons nous continuer l'entretien?

OUI NON

Enquêteur: Si la personne n'est pas d'accord, clôturez poliment l'entretien.

I. Attentes par Rapport au Travail

1. Vous avez suivi une formation en technologie contraceptive organisée par PSI. Pouvez vous me citer les tâches pour lesquelles vous avez été formé.
 - a. Conseiller les clients à l'utilisation des méthodes contraceptives disponibles à la pharmacie (Oui = 1) (Non = 0)
 - b. Céder (vendre) les produits contraceptifs aux nouvelles clientes (Oui = 1) (Non = 0)
 - c. Réapprovisionner les clientes utilisatrices des produits contraceptifs (Oui = 1) (Non = 0)

- d. Référer les cas qui dépassent nos compétences (Oui = 1) (Non = 0)
- e. Autres: (précisez) (Oui = 1) (Non = 0)

2. Discutez-vous de temps en temps de ces tâches avec votre pharmacien?

(Oui = 1) (Non = 0)

Si OUI, demandez à quelle occasion? /_/_/

Si NON, demandez pourquoi? /_/_/

II. Feedback sur la Performance

La rétro-information est une technique qui permet à l'agent d'avoir des informations sur la façon dont il effectue les tâches afin de pouvoir s'améliorer

3. Avez-vous déjà reçu du feedback sur la manière dont vous offrez les services de PF?

(Oui = 1) (Non = 0)

OUI, demandez:

De la part de qui?

- a. Le pharmacien (Oui = 1) (Non = 0)
- b. Les collègues (Oui = 1) (Non = 0)
- c. Les clientes (Oui = 1) (Non = 0)
- d. Autres (précisez) (Oui = 1) (Non = 0)

A quelle occasion? /_/_/

En quoi cela vous a-t-il aidé? /_/_/

Si NON, demandez pourquoi?

/_/_/_/

III. Motivation

4. Avez-vous déjà reçu encouragé pour avoir correctement exécuté vos tâches?

(Oui = 1) (Non = 0)

Si OUI, demandez:

Par qui?

- a. Le pharmacien (Oui = 1) (Non = 0)
- b. Le délégué médical de PSI (Oui = 1) (Non = 0)
- c. Autre (précisez): (Oui = 1) (Non = 0)

En quoi consiste l'encouragement?

- a. Simple félicitation (Oui = 1) (Non = 0)
- b. Distribution de cadeaux (T-shirts, stylo, calendrier, tampon/cachet, cocktail.....) (Oui = 1) (Non = 0)
- c. Autre (précisez): (Oui = 1) (Non = 0)

5. Etes-vous satisfait de cette forme de motivation?

(Oui = 1) (Non = 0)

Si NON, demandez pourquoi?

/_/_/_/

6. Etes-vous sanctionné si vous n'accomplissez pas correctement vos tâches?

(Oui = 1) (Non = 0)

Si OUI, demandez:

Par qui?

- a. Le pharmacien (Oui = 1) (Non = 0)
- b. Le délégué médical de PSI (Oui = 1) (Non = 0)
- c. Autre (précisez): (Oui = 1) (Non = 0)

Quelles sanctions?

/_/_/_/

Si **NON**, demandez pourquoi?

/_/_/_/

IV. Environnement et Outils

7. Dans votre pharmacie, disposez-vous des produits suivants:

- a) Harmonie 1
- b) Autres pilules: 2 Précisez _____
- c) Injectables 3
- d) Condoms 4
- e) Spermicides 5

8. Quels produits manquent le plus souvent?

- a) Harmonie 1
- b) Autres pilules: 2 Précisez: _____
- c) Injectables 3
- d) Condoms 4
- e) Spermicides 5

9. Pouvez-vous me donner les raisons de cette situation?

- a) Rupture de stock (Oui = 1) (Non = 0)
- b) Le pharmacien ne veut pas de ce contraceptif (Oui = 1) (Non = 0)
- c) Autres raisons (précisez): (Oui = 1) (Non = 0)

10. Disposez-vous aujourd'hui du matériel IEC suivant? (montrer à l'agent un exemplaire de chaque matériel)

- a) Dépliant «Harmonie» (Oui = 1) (Non = 0)
- b) Dépliant «Equilibre» (Oui = 1) (Non = 0)
- c) «Amour et Vie» sur les contraceptifs (Oui = 1) (Non = 0)
- d) Affichette sur «Equilibre» et «Harmonie» (Oui = 1) (Non = 0)
- e) Pénis en bois (Oui = 1) (Non = 0)
- f) Boite à images (Oui = 1) (Non = 0)

Si un ou plusieurs matériels ci-dessus manquent, demandez pourquoi? /_/_/_/

11. Disposez-vous des échantillons de contraceptifs que vous pouvez utiliser à tout moment pour donner des conseils à un(e) client(e) qui vient dans votre pharmacie?

(Oui = 1) (Non = 0)

Si NON, demande comment il fait pour les démonstrations /_/_/_/

V. Encadrement/Supervision

12. Vous est-il arrivé d'être aidé par votre pharmacien dans l'offre des produits contraceptifs

(Oui = 1) (Non = 0)

Si OUI, comment vous a-t-il aidé?

- | | | |
|--|-----------|-----------|
| a. Donné des conseils et des informations individuellement | (Oui = 1) | (Non = 0) |
| b. Donné des conseils et des informations pendant les réunions | (Oui = 1) | (Non = 0) |
| c. Donné en ma présence des informations complémentaires aux clients que je reçois | (Oui = 1) | (Non = 0) |
| d. Reçoit des clients qui dépassent mes compétences | (Oui = 1) | (Non = 0) |
| e. Autre (précisez): | (Oui = 1) | (Non = 0) |

Si NON, demander pourquoi? /_/_/_/

13. Etes-vous satisfait de l'appui que vous apporte le pharmacien?

(Oui = 1) (Non = 0)

Si NON demander pourquoi? /_/_/_/

14. Vous arrive-t-il d'être aidé par les délégués médicaux de PSI?

(Oui = 1) (Non = 0)

Si OUI, comment vous ont-ils aidé?

- | | | |
|---|-----------|-----------|
| a. Me donnent de conseils lors de leurs visite | (Oui = 1) | (Non = 0) |
| b. Me donnent des supports d'IEC, (des dépliants ...) | (Oui = 1) | (Non = 0) |
| c. Mènent des entretiens sur les difficultés rencontrées et proposent des solutions | (Oui = 1) | (Non = 0) |
| d. Autres (précisez): | (Oui = 1) | (Non = 0) |

Si NON, savez vous pourquoi _____

15. Etes-vous satisfait de l'appui que vous apporte les délégués médicaux de PSI?

(Oui = 1) (Non = 0)

Si NON pourquoi? /_/_/_/

VI. Encadrement/Supervision

16. Quel âge avez-vous: (années)

17. Quel est le plus haut niveau de formation scolaire que vous avez complété?

- | | |
|-------------------------------|-----|
| a) en dessous de la classe 6è | = 1 |
| b) la 6è | = 2 |
| c) la 5è | = 3 |
| d) la 4è | = 4 |
| e) la 3è | = 5 |
| f) la seconde | = 6 |
| g) la première | = 7 |
| h) la terminale/BAC | = 8 |
| i) au-delà de la terminale | = 9 |

18. Depuis combien de temps travaillez-vous dans cette pharmacie?

Nombre d'années: année

19. Avez-vous suivi une formation depuis que vous travaillez dans cette pharmacie?

(Oui = 1) (Non = 0)

Si OUI, demandez quel type de formation:

- | | | |
|---|-----------|-----------|
| a) Planification familiale | (Oui = 1) | (Non = 0) |
| b) Prévention MST/SIDA | (Oui = 1) | (Non = 0) |
| c) Prévention des maladies diarrhéiques | (Oui = 1) | (Non = 0) |
| d) Vente des médicaments | (Oui = 1) | (Non = 0) |
| e) Autres: préciser | (Oui = 1) | (Non = 0) |

20. La date de la formation la plus récente? (Mois/Année)

21. L'organisation organisatrice:

- | | | |
|-----------------------------------|----------|----------|
| a) PSI | (Oui = 1 | Non = 0) |
| b) Ordre national des pharmaciens | (Oui = 1 | Non = 0) |
| c) PNLIS | (Oui = 1 | Non = 0) |
| d) Ministère de la Santé publique | (Oui = 1 | Non = 0) |
| e) Autre (à préciser) | (Oui = 1 | Non = 0) |

Remerciez l'agent et clôturez l'entretien

Nom de l'enquêteur: _____

Date de l'entretien: /__/_/____/2001

PSI/ABMS

Suivi des Agents formes pour Offrir des Contraceptifs dans les Pharmacies

Novembre 2001

Fiche d'Observation *(Observation checklist)*

Indicateurs de Performance	Notation
1. Accueille la cliente	Total = 6
1.1. Souhaite la bienvenue à la cliente Oui 1 Non 0	.5
1.2. Demande l'objet de la visite Oui 1 Non 0	.5
1.3. Demande à la cliente sa religion ou son statut matrimonial ou son ethnie Oui 1 Non 0	-
1.4. *Reçoit la cliente dans un endroit discret et calme de l'officine (en retrait) Oui 1 Non 0	3
1.5. Rassure la cliente de la confidentialité de l'entretien Oui 1 Non 0	1
1.6. Ecoute attentivement la cliente Oui 1 Non 0	1
2. Informe la cliente sur les méthodes disponibles dans la pharmacie	Total = 14
2.1. Demande à la cliente si elle n'a jamais utilisé une méthode contraceptive Oui 1 Non 0	.5
2.2. Demande à la cliente ce qu'elle sait des méthodes contraceptives Oui 1 Non 0	.5
2.3. Montre les produits contraceptifs disponibles Cochez les produits contraceptifs montrés 2.3.a Pilule <input type="checkbox"/> 2.3.b Spermicide <input type="checkbox"/> 2.3.c Condom <input type="checkbox"/> 2.3.d Injectables <input type="checkbox"/>	.5
2.4. Fait toucher les contraceptifs disponibles Oui 1 Non 0	.5
2.5. *Cite au moins deux avantages de la pilule Oui 1 Non 0	3
2.6. *Cite au moins deux inconvénients de la pilule Oui 1 Non 0	3

Indicateurs de Performance				Notation
2.7.	Cite au moins deux avantages des injectables	Oui 1	Non 0	Cite les avantages/ inconvenients d'autres méthodes=2
2.8.	Cite au moins deux inconvénients des injectables	Oui 1	Non 0	
2.9.	Cite au moins deux avantages du condom	Oui 1	Non 0	
2.10.	Cite au moins deux inconvénients du condom	Oui 1	Non 0	
2.11.	Cite au moins deux avantages du spermicide	Oui 1	Non 0	
2.12.	Cite au moins deux inconvénients du spermicide	Oui 1	Non 0	
2.13.	Invite la cliente à poser des questions	Oui 1	Non 0	.5
2.14.	Vérifie la compréhension de la cliente en faisant répéter ou en posant des questions	Oui 1	Non 0	.5
2.15.	Invite la cliente à faire son choix sur le type de contraceptif qu'elle préfère	Oui 1	Non 0	3
3. Pose des questions pour identifier l'éligibilité de la cliente				Total = 8
3.1.	*Avez-vous un retard des règles et pensez-vous que vous êtes enceinte?	Oui 1	Non 0	3
3.2.	Avez-vous eu la peau ou les yeux de couleur jaune?	Oui 1	Non 0	
3.3.	Avez-vous des boules dures et persistantes dans le sein?	Oui 1	Non 0	Posent d'autres questions = 2
3.4.	Est-ce que vous fumez et êtes-vous âgée de plus de 35 ans?	Oui 1	Non 0	
3.5.	*Allaitez-vous un bébé de moins de 6 mois?	Oui 1	Non 0	3
3.6.	Avez-vous des saignements vaginaux en dehors des règles ou après un rapport sexuel?	Oui 1	Non 0	
3.7.	Etes-vous en train de prendre des médicaments contre la tuberculose, les infections fongiques ou l'épilepsie?	Oui 1	Non 0	
4. Tire une conclusion				Total = 2
4.1	Communique les résultats de l'identification	Oui 1	Non 0	1
4.2	Dit que le produit ne peut être cédé que sur ordonnance	Oui 1	Non 0	-

Indicateurs de Performance				Notation
4.3	Dit/conseille d'utiliser:			1
	Harmonie	Oui 1	Non 0	
	Autre pilule	Oui 1	Non 0	
	_____ (précisez la marque)			
	Spermicide/condom	Oui 1	Non 0	
	Injectable	Oui 1	Non 0	
4.4.	Dit/conseille d'utiliser la pilule «Stédiril»?	Oui 1	Non 0	-
5. Explique l'utilisation de la méthode pilule:				Total = 8
5.1.	Rappelle au moins deux qualités de la pilule	Oui 1	Non 0	.5
5.2.	*Explique le moment de la prise et sa régularité	Oui 1	Non 0	3
5.3.	Dit qu'il faut commencer par les comprimés blancs en suivant le sens des flèches	Oui 1	Non 0	.5
5.4	Explique ce qu'il faut faire en cas d'oubli d'une pilule active	Oui 1	Non 0	1
5.5.	Explique ce qu'il faut faire en cas d'oubli 2 pilules active ou plus	Oui 1	Non 0	.5
5.6.	Dit d'aller dans une formation sanitaire en cas de signe d'alarme	Oui 1	Non 0	1
5.7.	Vérifie la compréhension de la cliente sur l'utilisation de la pilule	Oui 1	Non 0	1
5.8.	Rassure la cliente sur la disponibilité en cas de besoin	Oui 1	Non 0	.5

* Indique les indicateurs clés

Notation:	
Section 1	6 points
2	14
3	8
4	2
5	8
Total	38 points
NAP 70%	26

A remplir par l'équipe de coordination

Nom de l'agent _____

Sexe de l'agent: M=1 F=2

Nom de la pharmacie: _____

Ville: Cotonou = 1

Porto-Novo = 2

Autre = 3 Préciser: _____

Nom de l'enquêteur: _____

Date: ____/____/____ (J-m-a)

Code agent: /__/_/___/

Type agent Formé en 1998/1999 = 1

Formé en 2000/2001 = 2

Pas formé = 3

Code pharmacie: /__/_/___/

Type pharmacie Touchée = 1

Non touchée = 2

Code enquêteur: /__/_/___/

PSI/ABMS

Suivi des Agents formes pour Offrir des Contraceptifs dans les Pharmacies

Novembre 2001

Guide d'Interview en Profondeur des Pharmaciens *(In-depth Guide for Pharmacists' Interviews)*

Le but de ce guide d'interview en profondeur est de collecter des informations sur la perception des pharmaciens par rapport à l'approche utilisée pour la formation de leurs agents en technologie contraceptive et l'offre de service de PF par les agents formés dans la pharmacie. L'enquêteur collectera les données à travers un interview en profondeur avec le pharmacien. Ceci consistera à aborder les thèmes de discussion proposés dans ce guide et à approfondir si nécessaire les réponses données par le pharmacien.

Nom de la pharmacie: _____	Code /__ / __ / __ /	
A participé au recyclage de mai 2001	Oui <input type="checkbox"/>	Non <input type="checkbox"/>
Nom de la personne interrogée: _____		
Position de la personne interrogée:	Responsable 1	Assistant 2

Présentation

Bonjour. Je m'appelle _____. Je travaille pour Intrah/PRIME dans le cadre d'un suivi des agents de pharmacie formés par PSI. Les informations qui seront collectées serviront à identifier les approches les plus appropriées pour améliorer la performance des agents qui offrent des contraceptifs dans les pharmacies. Je voudrais vous poser quelques questions qui nous permettront de mieux comprendre la situation actuelle et quels sont les besoins. Toutes les réponses que vous donnerez seront confidentielles et votre nom ne sera pas cité. Pouvons nous continuer l'entretien?

OUI NON

Enquêteur: Si la personne n'est pas d'accord, clôturez poliment l'entretien.

Premiere Partie

I. Participation aux formation de 1998/1999

PSI, en collaboration avec Intrah/PRIME a organisé des formations en technologie contraceptive en 1998 et 1999 à l'intention des agents de pharmacie. Au moins un de vos agents a participé à une de ces formations.

1. Avez-vous constaté un ou des changements dans les aptitudes de cet agent à offrir des services de PF après sa formation?

OUI NON

Si OUI, demander lesquelles? /_/_/_/

Si NON, demander pourquoi? /_/_/_/

2. A votre avis, est-ce que la formation de votre agent lui a apporté quelque chose?

OUI NON

Si OUI, demander quoi?: /_/_/_/

Si NON, demander pourquoi? /_/_/_/

3. Est-ce que sa formation a apporté quelque chose à votre pharmacie?

OUI NON

Si OUI, demander quoi?: /_/_/_/

Si NON, demander pourquoi?

/_/_/_/

II. Motivation pour la participation au recyclage de mai 2001

En mai 2001, PSI a organisé un recyclage en technologie contraceptive à l'intention de ces agents. Au moins un de vos agent a participé à ce recyclage.

4. Pour quelle raison avez-vous accepté de l'envoyer à ce recyclage?

/_/_/_/

5. Avez-vous eu des difficultés à envoyer votre agent à ce recyclage?

OUI NON

Si OUI, demander:

a. Lesquelles:

/_/_/_/

b. Comment avez vous résolu ces difficultés?

/_/_/_/

Si NON, aller à la section IV

III. Motivation pour la non participation au recyclage de mai 2001

6. Pour quelle raison aucun de vos agents n'a participé à ce recyclage?

/_/_/_/

7. En quoi PSI aurait pu vous aider à faciliter la participation d'un de vos agents à ce recyclage?

/_/_/_/

IV. Perception sur l'approche de formation

8. Le recyclage a duré une journée. Qu'en pensez-vous? /_/_/_/

9. Le recyclage a été organisé au milieu de l'année. Qu'en pensez-vous? /_/_/_/

10. Le recyclage a eu lieu à Cotonou. Qu'en pensez-vous? /_/_/_/

11. PSI organise un recyclage en technologie contraceptive une fois par an. Qu'en pensez-vous? /_/_/_/

12. A votre avis, qu'est-ce qui devrait être fait différemment? /_/_/_/

13. Etes-vous prêt à envoyer vos agents au cas où PSI déciderait d'organiser une formation similaire dans l'avenir?

OUI NON

Si OUI, demander sous quelles conditions?: /_/_/_/

Si NON, demander pourquoi? /_/_/_/

Deuxieme Partie

Maintenant, je voudrais discuter avec vous du travail que l'agent formé fait actuellement pour offrir des services de PF dans votre pharmacie.

I. Attentes par Rapport au Travail

a. Pouvez-vous me dire en quoi consiste les différentes tâches de votre agent pour offrir des services de PF aux clientes qui se présentent dans votre pharmacie?

- | | | |
|--|------------------------------|------------------------------|
| a. Conseiller les clients à l'utilisation des méthodes contraceptives disponibles à la pharmacie | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| b. Céder (vendre) les produits contraceptifs aux nouvelles clientes | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| c. Réapprovisionner les clientes utilisatrices des produits contraceptifs | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| d. Référer les cas qui dépassent nos compétences | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| f. Autres: (précisez) | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |

2. Avez-vous eu à discuter de ces tâches avec votre agent?

OUI NON

Si OUI, demandez à quelle occasion? /_/_/_/

Si NON, demandez pourquoi? /_/_/_/

V. Feedback sur la Performance

5. Avez-vous déjà donné du feedback à votre agent sur la manière dont il offre les services de PF?

OUI NON

Si OUI, demandez:

a. A quelle occasion /_/_/_/

b. Sous quelle forme? /_/_/

Si NON, demandez pourquoi? /_/_/

VI. Motivation

4. Encouragez-vous votre agent lorsqu'il accomplit correctement ses tâches?

OUI NON

Si OUI, demandez comment?:

a. Simple félicitation OUI NON

b. Distribution de cadeaux (T-shirts, stylo, calendrier, tampon/cachet, cocktail.....) OUI NON

c. Autre (précisez): OUI NON

Si NON, demandez pourquoi? /_/_/

5. Est-ce que vous le sanctionnez lorsqu'il n'accomplit pas correctement ses tâches?

OUI NON

Si OUI, demandez comment? /_/_/

Si NON, demandez pourquoi? /_/_/

IV. Environnement et Outils

6. Est-ce que votre agent a tout le matériel et les outils dont il a besoin pour offrir des services de PF?:

OUI NON

Si NON, demandez ce qui lui manque le plus souvent

- | | | |
|----------------------|------------------------------|------------------------------|
| a. Contraceptifs | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| b. Matériel IEC | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| c. Echantillons | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| d. Autre (précisez): | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |

7. Pouvez vous me donner les raisons de cette situation? /_/_/_/

8. Que pouvez vous faire à votre niveau pour palier à cette situation? /_/_/_/

VII. Encadrement/Supervision

9. Vous est-il arrivé d'aider votre agent dans l'offre des produits contraceptifs?

OUI NON

Si OUI, comment l'avez-vous aidé?

- | | | |
|---|------------------------------|------------------------------|
| a) Donné des conseils et des informations individuellement | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| b) Donné des conseils et des informations au cours des réunions | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| c) Donné en sa présence des informations complémentaires aux clients qu'il reçoit | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| d) Reçoit des clients qui dépassent ses compétences | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |
| e) Autres (précisez): | OUI <input type="checkbox"/> | NON <input type="checkbox"/> |

Si NON, demandez pourquoi? /_/_/_/

10. Etes vous satisfait de l'appui que les délégués médicaux de PSI apportent à vos agents?

OUI NON

Si OUI, demandez ce qu'il apprécie le plus? /_/_/_/

Si NON, demandez pourquoi? /_/_/_/

V. Collaboration avec PSI

11. Que pensez-vous de votre collaboration avec PSI pour le renforcement des compétences des agents de pharmacie? /_/_/_/

12. Etes-vous prêt à continuer cette collaboration

OUI NON

Si OUI, quelles sont vos attentes par rapport à cette collaboration? /_/_/_/

Si NON, demander pourquoi? /_/_/_/

Remercier et clôturer l'entretien

Nom de l'enquêteur: _____

Date: /_/_/_/2001

PSI/ABMS

Suivi des Agents formes pour Offrir des Contraceptifs dans les Pharmacies

Novembre 2001

Test de Connaissances (*Knowledge Test*)

A remplir par l'équipe de coordination

Nom de la pharmacie: _____ Code /__/_/_/_/

Nom et prénoms de l'agent: _____ Code agent /__/_/_/_/

Ancienneté dans la pharmacie: Moins de 2 ans 1
2 ans et plus 2

A remplir par l'équipe de coordination

Bonne Réponse 1
Mauvaise Réponse 0

Le but de ce questionnaire est de collecter les informations pour la mise à jour des connaissances des agents formés. Veuillez lire attentivement ce questionnaire et répondre à toutes les questions en cochant dans la case devant "vrai" ou "faux" ou en complétant en toutes lettres dans l'espace prévu selon le type de question.

Questions

1. La satisfaction des clients est le seul impact (ou résultat) recherché par la qualité des services
Vrai Faux
2. L'agent de la pharmacie doit décider du type de pilule que doit acheter une cliente qui se présente sans ordonnance
Vrai Faux
3. L'agent de la pharmacie doit dire toute la vérité aux clients sur les contraceptifs même si cela a pour conséquence que le produit ne soit vendu.
Vrai Faux
4. «Harmonie» est une pilule normodosée
Vrai Faux
5. Une femme de 36 ans et qui fume beaucoup peut prendre les contraceptifs oraux combinés.
Vrai Faux

Bonne Réponse	Mauvaise Réponse	Questions
1	0	6. Une adolescente peut utiliser la pilule orale combiné minidosée Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		7. La pilule orale combinée n'est débutée que pendant les règles Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		8. Que doit faire une utilisatrice de pilule orale combinée qui oublie de prendre une pilule active? Elle doit _____ _____ _____
		9. Que doit faire si elle oublie 2 pilules combinées actives consécutives? Elle doit _____ _____ _____
		10. Une utilisatrice de pilule combinée doit immédiatement consulter la pharmacie où elle a acheté ses pilules ou un prestataire de services de Planification Familiale en cas de maux de tête violents accompagnés de troubles visuels Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		11. Une utilisatrice de pilule combinée doit immédiatement consulter la pharmacie où elle a acheté ses pilules ou un prestataire de services de Planification Familiale en cas de nausées et vomissements Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		12. La rifampicine peut diminuer l'efficacité de la pilule progestative Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		13. Le condom peut être enfilé sur le pénis en érection n'importe quand avant l'éjaculation Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		14. Une utilisatrice de spermicides doit attendre au moins 6 heures avant de faire sa toilette intime? Vrai <input type="checkbox"/> Faux <input type="checkbox"/>
		15. La question suivante: «Quels sont les avantages du condom?» est une question fermée. Vrai <input type="checkbox"/> Faux <input type="checkbox"/>

Bonne Réponse	Mauvaise Réponse	
1	0	<p>16. Pour un maximum d'efficacité, la première dose de pilule contraceptive d'urgence doit être prise dans les 72 heures qui suivent un rapport sexuel non protégé</p> <p>Vrai <input type="checkbox"/> Faux <input type="checkbox"/></p>
		<p>17. Une femme peut être conseillée à n'utiliser que la contraception d'urgence comme méthode contraceptive de routine</p> <p>Vrai <input type="checkbox"/> Faux <input type="checkbox"/></p>
		<p>18. Une utilisatrice de la pilule contraceptive d'urgence doit retourner voir l'agent de la pharmacie où elle a acheté le produit ou un prestataire de services de Planification Familiale en cas d'absence de règles dans les 3 semaines suivant la prise de la contraception d'urgence.</p> <p>Vrai <input type="checkbox"/> Faux <input type="checkbox"/></p>