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APPENDIX 1

**AN ASSESSMENT OF
INTRAH TRAINING IMPACT:
THE CASE OF CHAD**

(Supplement to INTRAH Semi-Annual #10 and Final Report)

Program for International Training in Health

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AN ASSESSMENT OF INTRAH TRAINING IMPACT: THE CASE OF CHAD

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SUMMARY

In December 1988, the INTRAH Program conducted a formal assessment of the impact of training and technical assistance on the family planning (FP) activities of the Chad Ministry of Public Health (MOPH). It was found that INTRAH training interventions played a part in changing the FP policy environment and in developing specific capabilities of MOPH and Ministry of Social Affairs and the Promotion of Women (MOSA/PW) personnel (five clinicians, 30 IEC/FP social workers and two evaluators). Moreover, it was found that the particular combination of training, technical assistance and material inputs that were made appeared to have had a positive impact on the number of persons using FP services.

BACKGROUND

In 1983, the MOPH was reorganized under a new regime, but materials, adequate infrastructure and trained manpower to address the numerous health needs of the population were minimal as a result of more than 10 years of civil war and occupation by Libyan military forces.

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The authors gratefully acknowledge the suggestions made by INTRAH Deputy Director Ms. Lynn Knauff, INTRAH/WCA Director Mr. Pape Gaye and INTRAH Director Dr. James Lea.

An INTRAH team made a preliminary needs assessment visit to Chad in 1985 at the request of USAID/Chad and MOPH, who hoped that INTRAH training and technical assistance might help the Government of Chad (GOC) arrive at a point where the MOPH could begin to offer integrated FP and maternal/child health (MCH) services.

A contract between INTRAH/University of North Carolina-Chapel Hill and the MOPH was signed in 1986 under the auspices of USAID/Chad. The project goal -- to assist the GOC to offer integrated FP/MCH services -- remained constant throughout the project. The original training strategy, aimed at developing national and regional training teams for the purpose of training large numbers of service providers in-country, had to be modified due to the absence of resources, infrastructure, necessary policies and manpower and an almost non-existent demand for family planning services by the population.

Accordingly, in 1987, the project objectives were revised to address Chad's more fundamental policy and program development needs. The revised objectives called for policy level activities to sensitize GOC decision makers to integrated FP/MCH and the importance of FP skills training as a means of reinforcing national capabilities to provide services.

INTRAH's evaluation strategy was also modified to focus on training two Chadians in training evaluation, at the levels of the trainee, the training activity and the country program. The new strategy was seen as the first step in a long process of developing evaluation capability within the MOPH. It was hoped that the two trained evaluators would take the lead in assessing the impact of INTRAH training and technical assistance on the national family planning program.

The importance of developing a program based on current practices and real demand for family planning services was recognized in 1988 when a K.A.P. survey was conducted in N'Djaména (see Appendix C, title pages of "Preliminary Report"), by Columbia University.

I. INTRODUCTION

INTRAH defined "training impact" as the qualitative or quantitative difference in the state of one or a series of related indicators from Time A (before INTRAH) to Time B (after INTRAH). In this report an attempt is made to describe the impact of INTRAH training or technical assistance on FP policy and program development, and where possible, to isolate the impact of INTRAH's training and technical assistance from that of other Cooperating Agencies (CAs) and donor agencies working in Chad during the same general period of time.

Table I (Appendix A), Organizational Plan for the Impact Study, is an outline of the most important elements of the impact assessment and may be used as a quick reference for the discursive treatment given to the objectives and indicators in the text.

Definition of Training Indicators

An indicator has been defined by the World Health Organization as a variable that helps to measure changes (1). During PAC II training for in-country evaluators, INTRAH gave the term more specificity by calling it a precise "unit of information which can be used to make a judgment about a more general situation" (2). Starting with this definition, three types of training indicators were differentiated:

1. Program indicators are units of information which allow a judgment to be made about whether a project has been carried out as it was planned. They are the most simple to define because they are found in the objectives of the project, and sometimes are identical to them. An example of a program indicator in an INTRAH project is the number or types of training activities actually conducted.
2. Impact indicators are units of information which permit a judgment to be made about the extent to which general program objectives have been realized as a result of training, technical or material assistance. This kind of indicator measures a phenomenon that is less tangible than the actual execution of project activities. An impact indicator for the INTRAH project measures the effect of the project's training and technical assistance activities on the actual status of the FP program. Training impact indicators are measures that are either easily linked to training (e.g., increased ability to provide services), or much less easily or directly linked to training's commonly recognized effects (e.g., increased service utilization).
3. Performance indicators are units of information which permit a judgment to be made about the direct effects of training on trainee performance, or the way training graduates carry out job-related tasks whether they are training, clinical, managerial or evaluation tasks. Examples of performance indicators in an INTRAH project are proper prescription of FP methods based on complete history-taking or application of sound counseling principles. Sometimes performance indicators may serve as impact indicators : the impact of training at the level of trainee performance may be seen in the improved quality of his/her performance; at the level of the program, training impact on performance may be translated into increased quantity of services provided.

There seems to be no clear consensus yet in the literature of training evaluation about what reasonably constitutes training impact or about various categories of training indicators. In the INTRAH PAC II evaluation strategy distinctions among types of indicators were not meant to be definitive. Rather, their utility lies in the level of generality they attempt to describe and in their

ability to pinpoint the primary locus of change brought about by training.

In Chad an assumption was made that if there were a change in (one or more) program, impact or performance indicators from Time A to Time B (after INTRAH training or technical assistance), there would be some impact at the level of the larger FP program.

Assessment Methodology

An assessment of training was built into the Chad training project from the beginning, and the elements of design remained essentially the same despite a revision of the original project objectives and changes in the impact study data collection methodology. The elements of the evaluation design were the following:

1. Evaluation of the Country Program: This level of evaluation assessed the impact of the INTRAH training project on the Chad FP program. The design originally called for a prospective before/after study of training impact using a questionnaire to gather data on selected program, impact and performance indicators at the beginning and at the end of the project. The design evolved into a comparison between these indicators as they were described in the baseline document, and then as they were described by data from mid- and end-of-project reviews and a final trainee follow-up (see #2, below).

The changes in the impact indicator "service use numbers", illustrated in Figure 1 (see Part III of this report), are based entirely on retrospective data gathered as a part of INTRAH's final project review in December 1988. This indicator was not a part of the original series of training impact indicators selected for the baseline study.

The results of this level of evaluation in Chad are described in this report.

2. Evaluation of Trainees: Originally, trainees' knowledge was to be assessed at the time of training through a pre/post test of knowledge or competence, and yearly after training, when a sample of trainees were to be followed up with a performance evaluation, an assessment of performance indicators. Because of

manpower, time and financial constraints, this part of the evaluation plan evolved to consist of pre/post testing at the time of training and a follow-up performance evaluation of a sample of trainees conducted once at the end of the project.

3. **Evaluation of Training Activities:** This part of the evaluation design consisted of an assessment of the appropriateness and relevance of training activities at the time of training, and was to be carried out by trainers using a standardized instrument.

The INTRAH evaluation design also called for providing training and technical assistance to evaluation resource persons. Two Chadians received theoretical training in evaluation in Mauritius in 1986 and in Côte d'Ivoire in 1987. They were expected to participate in the trainee and country program-level evaluation activities mentioned above. With regard to country program-level evaluation, the Chadian evaluators selected and refined some of the program, impact and performance indicators for Chad's impact assessment during the course of both workshops.

In 1986, the Chadian evaluators collected baseline data for these training indicators and produced a document which was used to describe the state of the indicators at the start of INTRAH activities. However, because of issues related to per diem, the Chadian evaluators did not provide the end-of-project data necessary to update the baseline document (the "after" measurement of the same training indicators) and to complete the impact study. This made it necessary for INTRAH to complete the impact study relying on data from the trainee follow-up and final project review, as well as retrospective data from INTRAH trip reports, reports written for or by other agencies (see references) and client records from the MCH Center Assiam Vamtou in N'Djaména, which is UNFPA-supported.

Because the Chadian evaluators did not make the expected comparable end-of-project data available to INTRAH at the time of the impact assessment, and because of gaps in other documentation**, our conclusions about the impact of INTRAH training and technical assistance on Chad's FP program may be considered tentative.

II. DESCRIPTION OF THE PROGRAM

Background of the INTRAH/MOPH Program

In 1985 an INTRAH team conducted a preliminary training needs assessment at the request of USAID/Chad and the MOPH. The team found no FP service system in place in Chad. Primary health care and MCH programs were in developmental stages and existed only as demonstration activities in N'Djaména and nearby areas (3).

The INTRAH team determined that although no population policy existed in Chad, there was a willingness among ministries to discuss the feasibility of a FP program (4). Nevertheless, Law #28, a 1965 anti-contraception policy reinforcing the 1920 French law which forbade dissemination of information about contraceptives, was in effect and represented the GOC's formal stance with regard to FP.

In 1986, several months after the needs assessment and again at the request of the MOPH and the Ministry of Planning (MOP), an INTRAH project development visit took place. A project was developed by the MOPH, USAID/Chad and INTRAH.

**Although other international assistance agencies also intervened in the policy and program arenas during the same time period, attempts to secure documentation of this assistance were not entirely successful.

The project's goal was to assist the GOC in offering integrated FP/MCH services as a part of its Family Well-Being*** (FWB) initiatives. The objectives were to: 1) develop a national training team of 14 trainers...who would ultimately train FP/MCH service providers in urban and rural areas of Chad, and 2) organize a national seminar on FP/MCH for government officials...in order to assist in formulating an integrated FP/MCH service delivery strategy.

The 1986 contract workplan included training of government trainers in training methods and curriculum development, clinical and non-clinical FP, community health education, management, supervision and evaluation. Thereafter, the training team was expected to train health and social development personnel from peripheral service sites (5, 6).

In January 1987, funds were made available by REDSO/WCA so that USAID/Chad could hire a Population Advisor to the MOPH. The Population Advisor played an active role in the development of the FP program in Chad : spending mornings at an office at the MOPH, she was able to localize technical oversight in the health infrastructure itself; having an office at USAID/Chad, she coordinated all MOPH and Cooperating Agencies' MCH/FP activity and situated these interventions within the larger context of FP program development.

The Population Advisor also helped to redirect INTRAH-assisted activities in Chad. During a project review visit in March, the director of INTRAH's regional office in Abidjan worked with the Population Advisor and USAID's General Development Officer to revise the project and strategy. The initial strategy had been based on a level of

***Family Well-Being is the term adopted by the GOC for family planning.

service delivery and a supportive FP policy that did not exist, but which were necessary prerequisites for the development of Chad's training capabilities. It had become clear that there would be problems arising from a legal/political climate formally opposed to FP; and, because of an inadequate health services delivery infrastructure, it would be impossible to organize in-country clinical and non-clinical training. Development of a training team would be a viable strategy once a stronger program and policy environment existed.

After further discussions between the GOC, USAID/Chad and INTRAH, the training project was revised to include two principal objectives, each focusing on effecting change at separate but related levels of intervention -- the policy level and the FP service level.

Implementation of the Revised Training Project

Since other international assistance agencies also worked in the policy and program arenas before and during the period when INTRAH worked in Chad, a brief discussion of these interventions and consideration of how and to what extent they may have contributed to changes in policy and the FP program in Chad, follow.

Objective 1: Policy Change

It will be recalled that in 1986 the policy environment in Chad was not openly favorable to FP. Formal legal barriers and the absence of organized and widely acknowledged political support for FP presented serious obstacles to the provision of FP services, even by the few health personnel trained in FP.

These obstacles persisted despite GOC participation in 1984 in two conferences on population policy and FP (6) and two policy-level interventions by the Futures Group -- a

RAPID II presentation in 1985 and a study of the anti-contraception Law #28 in 1987. Those activities, aimed at sensitizing GOC decision makers to the importance of FP, took place prior to the start of the revised INTRAH project in 1987, but did not appear to have resulted in any documented or organized support of FP/MCH. They appear, however, to have set the stage for INTRAH's PAC II efforts at sensitizing and organizing the GOC's FP decision making community for the Futures-sponsored and INTRAH-assisted "National Conference on FWB in Chad" in October 1988 and a Futures follow-on meeting at the end of 1988, whose purpose was to draft new population policy for Chad (8).

INTRAH's FP policy change objective differed from previous interventions at the policy level in that the activities designed to sensitize decision makers at the MOPH and other ministries/institutions were linked directly to FP/MCH program development and not to population policy, per se. The interventions focused on FP service models and infrastructures, roles and responsibilities of institutions in an FP program, and FP policy issues (e.g., religious, legal). These interventions also stressed the importance of Chadian leadership in developing a family planning concept and program formulation consistent with their national priorities.

INTRAH activities to achieve the policy-change objective were conducted in two phases. The initial phase consisted of study tours to Senegal, The Gambia and Morocco by representatives of the GOC and private sector groups. The second phase consisted of FP/MCH Integration Workshops, held in May 1988 for study tour participants and other representatives of GOC ministries.

It was expected that if appropriate GOC decision makers were sensitized and informed as a result of those interventions, changes would be seen in program and impact indicators, such as actual participation in sensitization activities by appropriate decision makers and recommendations openly in favor of FP/MCH. To a lesser extent, a change in formal policy governing FP practice in Chad was expected (see Appendix A, Table I, objective 1, column 2 for detailed list of indicators).

Study Tours

The purpose of the study tours was to provide structured learning about different models of successful FP programs in Moslem countries. With the aid of a summary form (see Appendix D), participants 1) identified and analyzed the various components of the Moroccan FP program, 2) compared the Moroccan with the Senegalese, Gambian and Chadian FP programs, and 3) identified similarities and differences between these national FP programs (9).

The expected outcomes of the study tours were that participants' knowledge about FP program models would increase, and that they would gain credibility and confidence as FP decision makers in the longer term. This knowledge would be useful in convincing colleagues and reducing legal or religious opposition. Exposure to outside program models would confirm possibilities of providing FP services in public sector facilities and/or by non-medically trained personnel.

Although INTRAH did not attempt to formally test learning in this high-level group of decision makers, there was evidence that at least the study tours' shorter-term expected outcomes were realized. The USAID/Chad Population Advisor asked that each participant write a final report which synthesized important points of learning and proposed strategies for integrating family planning into the MOPH

(see Appendix E, "Guide for Final Report"). At a meeting held with USAID/Chad's Population Division staff following the second (Moroccan) study tour, each participant discussed what learnings had been most useful, and the group expressed its expectation to be able to influence future FP program policy (9).

FP/MCH Integration Workshops

During the two FP/MCH Integration Workshops that followed, participants identified components of a national FP/MCH program and discussed ways to integrate FP into MCH activities carried out by health personnel. Participants analyzed key issues and influences in the organization of FP programs, and groups were formed to discuss religious, cultural, political, legal and resource issues. Finally, participants identified obstacles to establishing a FP program and proposed solutions. Definitive outcomes of these workshops were recommendations of the following kind (11):

- * GOC declaration in support of FP, including a Chad-specific name -- Family Well-Being -- and its definition
- * creation of a national FWB committee
- * abrogation of the 1920 anti-contraception law and revision of certain clauses in Law #28 of 1965, to be replaced with a law favorable to FP
- * establishment of a national FWB program integrated with MCH
- * creation of MCH/FWB division at MOPH
- * integration of FWB into professional schools' curriculum
- * updating of skills of personnel and training of trainers in FWB and IEC
- * highlighting community participation in addressing FWB issues
- * creation of a private FWB association
- * establishment of an IEC program
- * resources needed to accomplish FWB objectives

A final policy-level intervention was the October 1988 Conference on Family Well-Being in Chad, sponsored by the Futures Group and assisted by INTRAH, which brought discussion of the FP/MCH Integration Workshop issues and recommendations to the wider GOC community. The Conference convened 120 Chadians from the public and private sectors, religious and political groups, eleven international delegations, and the representatives of 12 non-governmental organizations to reach consensus on recommendations made during the FP/MCH Integration Workshops. This was the final sensitization activity in which INTRAH participated.

Summary of Interventions in Policy Arena and their Impact

When the policy change objective (refer to Table I, Objective 1, columns 3 and 5) is compared at Time A and Time B, there have been changes in a positive direction in the selected program and impact indicators. Appropriate decision makers were exposed to national FP program models, and discussions among decision makers led to recommendations openly in favor of FP/MCH.

While there had been no abrogation of the anti-contraception law at the time of this assessment, the community of GOC decision makers had recommended abrogation and were planning to participate in further conferences aimed at reversing the law.

It is impossible to dissociate the impact of INTRAH's work in Chad from that of the Futures Group. Both played significant roles in sensitizing and organizing the community of GOC decision makers with regard to FP policy issues. The impact of each organization's activities is so difficult to isolate that we believe there was a cumulative impact. However, while Futures' primary focus was to sensitize decision makers to population issues and changing a particular FP policy (Law #28), INTRAH assisted Chadian officials to link FP policy issues to programmatic

discussions, which delineated the actual steps and elements necessary to operationalize a national FP program. This vital link is the one impact most attributable to INTRAH's approach to training and technical assistance, and to the choice of activities made to implement the approach.

Although formal legal barriers persist, development of a FP program policy has been initiated. Policy-making activities have been coupled in a practical way with programmatic/service level issues. Support for FP in Chad has been organized and there has been an informal liberalization of the policies governing its practice.

Objective 2: FP Program Development/Service Delivery

INTRAH's FP program development/service delivery objective aimed at reinforcing the skills and abilities of MOPH and MOSA/PW to offer FP services. To this end, the INTRAH/MOPH project conducted competency-based training activities for clinicians, health educators and evaluators.

There were three major assumptions underlying the training strategy: 1) training in clinical competencies would increase the FP worker's capability to improve the quality and expand the quantity of services provided; 2) training in IEC would improve health educators' knowledge of FP and their communication skills, and would result in an increase in referrals of interested clients for clinical services; and 3) training evaluators would increase the ability of the FP program decision makers and other personnel to evaluate both the training provided to service providers and the direction of the overall FP program, and thus increase the ministries' ability to improve its own service delivery by using evaluation results.

It would be expected that the success of competency-based training for clinical FP service providers, health educators and evaluators would be seen first in a change in performance indicators related to particular tasks in their respective jobs; that is, those tasks for which they had been trained. (See Appendix A, Table I, objective 2, indicators 1, 2 and 3 for detailed list of performance indicators.) For example, positive changes in knowledge were expected for those who had undergone clinical and IEC training, and a change in the documentation (evaluation plans, reports) attesting to the existence of an evaluation strategy was expected in assessing the impact of evaluation training.

The actual INTRAH training activities and some of the outcomes which allow an assessment of training impact follow.

Training Activities to Increase Capabilities to Offer Services: Clinicians

In September 1987 five (5) Chadian clinicians completed a comprehensive clinical FP skills workshop conducted in Senegal of whom four (4) were certified to provide services without direct supervision. Objectives of the workshop were to enable participants to acquire the knowledge and skills required to inform, counsel and educate clients about FP, prescribe appropriate contraceptive methods, provide instructions on methods use, follow-up clients, and manage contraceptive side-effects. A change in all the indicators for measuring training impact on clinicians is evident (see Table I, objective 2, indicator 1, columns 3 and 5).

An important finding is the change seen in the indicator, "expansion of the range of services provided by the clinician," where data collected in November-December 1988 during a follow-up study of INTRAH trained clinicians show that prior to INTRAH training, two of the three

clinicians followed-up claimed they were not providing FP services at all (13) (the fourth certified clinician was studying out of the country and therefore could not be followed-up). After training, by self report, those 2 clinicians were carrying out a wide range of FP services/activities, including counseling, provision of both hormonal and non-hormonal contraceptive methods, client follow-up and management of side-effects. If this self report is accurate, there was a dramatic increase in the practice of at least two INTRAH-trained clinicians (40%), from carrying out no FP activities before INTRAH training to conducting an average of 27 activities (see Appendix B, "List of Clinical FP Services/Activities," from the follow-up evaluation instrument) after INTRAH training.

It would be difficult to attribute the changes in the performance indicators for clinical FP service providers (and any related impact on the GOC capability to offer integrated FP/MCH services) solely to INTRAH training. For example, one of the two INTRAH-trained clinicians contacted during the follow-up in December 1988 had received prior training from JHPIEGO in IUD insertion (14). Other organizations also trained Chadian FP service providers in third countries during the INTRAH/MOPH project time period (14):

- * **JHPIEGO:** Conducted third country training for 27 FP personnel between 1985 and the end of 1988 (4 in IUD insertion and STDs; 10 in FP; 4 in Laparoscope; 2 in Reproductive Health for Administrators; 2 in Clinical FP; 2 in Academic Skills in Reproductive Health; 2 participated in an Observation Seminar in FP and 1 in Reproductive Health and Primary Health Care).
- * **CAPS:** Trained 3 clinicians in 1988 in Lomé, Togo, 2 in Program Management and 1 in Communication and FP (14).
- * **UNFPA:** Trained 2 clinicians in 1988 in Belgium in FP Management.

- * **IPPF:** Trained 2 clinicians in 1988 in the Central African Republic in Health Benefits of FP.

INTRAH has no information about the quality or scope of those training courses.

However, even in the absence of such data, we may infer the impact of INTRAH's clinical training if we accept as accurate the two clinicians' self report, wherein they state that they increased their FP services and activities after INTRAH clinical FP training (15).

Training Activities to Increase Capability to Conduct Outreach Services: Health Educators

Two IEC/FP workshops were conducted by INTRAH for health educators between July and August 1988. The objectives of both workshops were similar: 1) to provide theoretical and practical training in contraceptive methods and communication and motivational techniques; and 2) to prepare action plans to integrate FP into daily activities, including referral of interested clients to FP centers for clinical services.

Prior to INTRAH training there is no evidence of IEC/FP activities in social centers around N'Djaména (13, 18). Although the UNFPA project (Chd/85/P01) to develop national family planning services in Chad had both IEC training and evaluation strategy-development objectives, neither objective was acted on (18).

Investigating a change in performance indicators associated with the tasks performed by the health educators, we find the expected changes in knowledge after INTRAH training (see Table I, objective 2, indicator 2, columns 3 and 5). There was a mean gain in post-test scores for both workshops, 22 and 43.5 points respectively. During the practicum of both IEC workshops in response to a strong demand at social centers, INTRAH trainees provided FP

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information to 111 women and mothers during the first workshop practicum, and to 123 women and men during the second. Interested clients were referred to FP centers for clinical services (16).

After training, the number of INTRAH trained IEC workers referring clients to FP centers for services increased by 100%, from 5 to 11 (of 21 trained), while the number of health educators organizing educational sessions in communities increased seven-fold, from 1 to 7 (13).

It should be noted that service providers remain hesitant in freely offering services until the political climate becomes more overtly supportive of FP (13).

Training Activities to Increase MOPH Ability to Improve its Own Service Delivery Through Evaluation: Evaluators

There is no evidence that any Chadian or international assistance organization apart from the INTRAH Program provided training or technical assistance in training evaluation during the project period (14). CAFS and UNFPA trained Chadians in FP program management, and these courses may have included training or program evaluation. However, there is no evidence to support this contention. Thus, any changes in indicators in the area of evaluation may be said to be due to INTRAH training and technical assistance in evaluation.

Two regional evaluation workshops were conducted by INTRAH to develop national capabilities to improve FP programs and services through training evaluation. The objective of the first workshop, held in Mauritius in 1986, was to train evaluation teams from countries receiving INTRAH assistance in basic principles and skills of training and program evaluation. The purpose was to develop skills which would enable those evaluation teams to act as resources to INTRAH training and other FP or training

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efforts in their countries. Evaluators developed evaluation plans for INTRAH in-country projects including evaluation of trainees, training activities and program impact. The plan for the latter included the selection of country specific indicators of training impact, for which baseline and end-of-project data were to be collected.

The objectives of the second workshop held in Abidjan in 1987 were to improve baseline documents after reviewing the adequacy of the data, prepare for field follow-up of trainees through in-depth examination of performance evaluation tools and strategies, and revise national evaluation plans based on review of new programmatic elements and in-country constraints of time, funding and manpower.

A major indicator of increased capability to evaluate, beyond actual participation in INTRAH project evaluation activities, was the existence of an evaluation strategy, operationally defined as documents such as written plans and reports (See Table I, objective 2, indicators 3 and 4.)

The products of those two workshops and subsequent participation in in-country project evaluation activities produced such documents. An evaluation plan for Chad, including a plan for follow-up of trainees and a plan for the assessment of training impact, was developed and revised during the workshops. Baseline data were collected on selected training indicators and documented in a report (6). Post-project impact data are assumed by INTRAH to have been collected by the national evaluation team (because of the mission's earlier request to reschedule the follow-up to permit this activity), but these data or a written report were unavailable to INTRAH because of the per diem issues mentioned previously.

Comparison of training indicators at Time A and at Time B shows a change in indicators supporting the existence of an evaluation strategy and hence, evaluation capability. INTRAH training may therefore be said to have had immediate impact in this area. However, the conflict over per diem rates at the end of the project has made it difficult to assess the long range impact of the evaluation training. Strengthening the GOC's rudimentary infrastructure for evaluation (e.g., monitoring and record keeping systems) might increase the impact of this kind of training over the long term.

Summary of Interventions in Program Development/Service Delivery Arena and their Impact

Although some of INTRAH's trainees may have also benefitted from training by other organizations, there is strong evidence that INTRAH's clinical, IEC and evaluation training did have an impact on the capability of the GOC to offer clinical, IEC and (to a lesser extent) evaluation services at the time of assessment, as witnessed by such outcomes as an increase in clinicians' and health educators' knowledge, the expansion of the range of clinical activities by 2 of the 5 INTRAH-trained clinicians available at the time of the follow-up in December 1988, and attributed to INTRAH training, the increase in the number of health educators organizing educational sessions in communities and making referrals after INTRAH training and the existence of an evaluation strategy for much of the project time period.

It will be noted, in light of the hesitation expressed by Chadian FP service providers about the legitimacy of their functions in the absence of legal sanction (13), that it would be unjustified to expect the full exercise of these (clinical and IEC) skills until there is an overtly supportive FP policy environment.

Conclusions

Only an estimate of the impact of INTRAH-assisted interventions on Chad's FP program can be made. During the impact assessment, it sometimes proved impossible to isolate the effects (in the areas of policy change and increased clinical FP capability, in particular) of INTRAH training and technical assistance from those of other Chadian or international organizations. This was due to two reasons: first, assistance from other organizations was sometimes provided prior to or contemporaneous with the INTRAH-assisted project; second, INTRAH may have worked with the same MOPH personnel as the other organizations.

Moreover, the assessment of INTRAH's training impact demonstrated that the impact of seemingly unrelated assistance, such as policy-level sensitization/organization and program-level skills training may in fact be indissociable, as was shown by the compromised exercise of FP clinical and IEC skills in an overtly non-supportive policy environment. It can be argued that the policy changes that came about as a result of INTRAH and Futures Group interventions were the necessary pre-conditions for even the minimal level of FP activities observed and documented in this study, and that any further exercise of the new skills learned in training will depend on more dramatic changes at the policy level.

III. DISCUSSION

In this section findings from previous sections will be used to explore the interrelationship between training, technical and material assistance and program outputs. It will be contended first that, in order for training inputs to have maximum impact, certain conditions must pre- or co-exist, and that in the absence of these conditions, training and technical assistance can have little impact on indicators such as service use or contraceptive prevalence;

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and second, that the sequencing, timing and kind of training can play a role in effecting an indicator such as service use, even after certain necessary conditions exist.

These conditions must include such materials as supplies, equipment and structures to house services. This type of material assistance from UNFPA and Pharmat (a parastatal institution under the aegis of the MOPH in Chad providing most contraceptive supplies in the country) will be discussed because it cannot be claimed that the GOC could offer FP services without having necessary materials in place. The inputs of the two organizations into the GOC's FP/MCH program occurred during the same period of time as the INTRAH training project.

In 1987 the UNFPA completed renovation of the MCH Center Assiam Vamtou, the principal FP/MCH referral center in N'Djaména. UNFPA was also responsible for the provision of some of the contraceptive supplies to this and several other centers, but it is unclear from available data which centers were recipients and on what dates the stock actually became available to FP service sites. A UNFPA project review found that the UNFPA contribution to the contraceptive supply system was negligible in terms of estimated numbers of women reached, in comparison with other sources, including Pharmat (18).

It appears that the renovation of the Assiam Vamtou referral center was UNFPA's single most important contribution to the GOC's ability to offer integrated FP/MCH services. It provided a referral source, or base of services, which prior to 1987 existed in a much reduced state. There is no evidence that other organizations were providing material assistance to the center during this time.

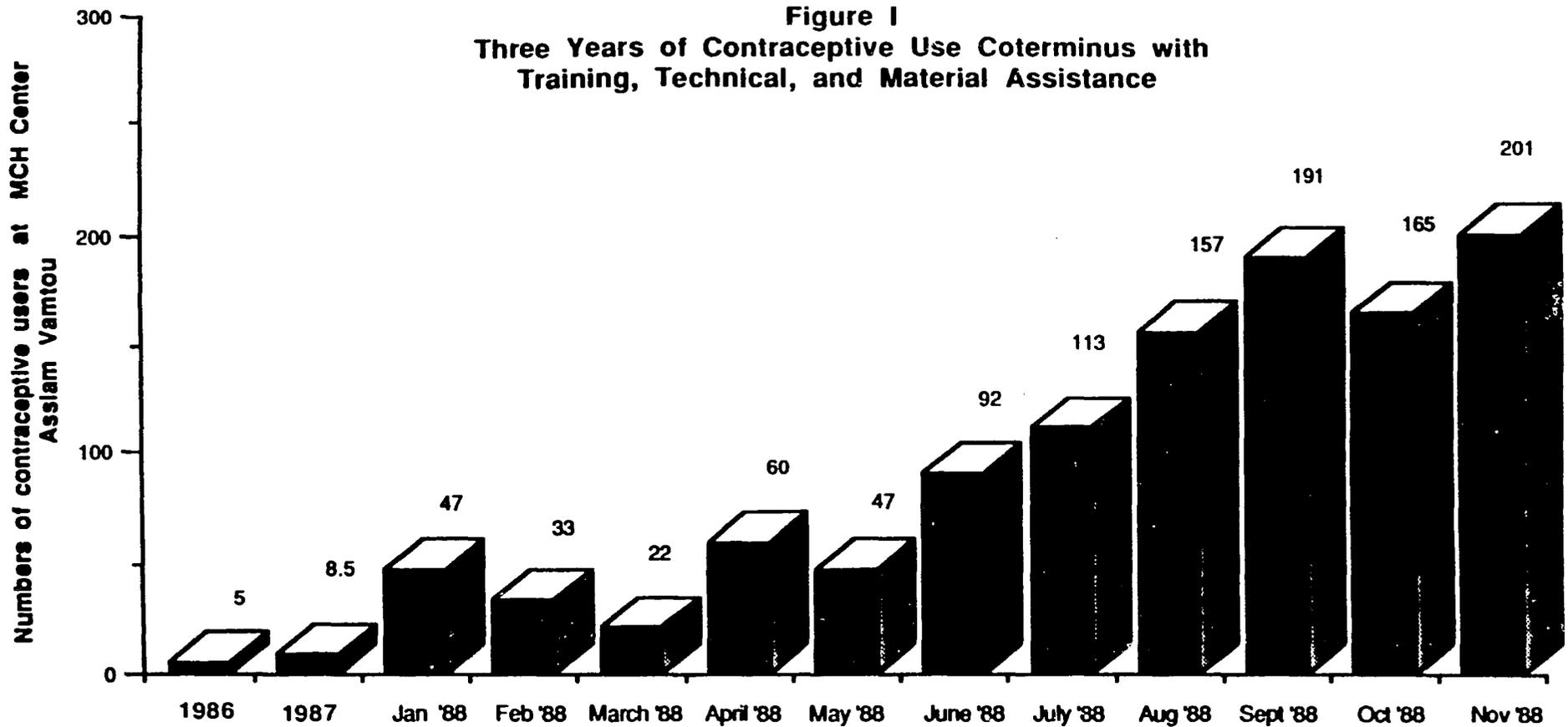


It is likely that to the extent that the GOC capabilities to offer FP services depended on an assured supply of contraceptives, Pharmat has had the greatest influence. Indeed, the UNFPA project's supply of contraceptives was found by a UNFPA consultant to be minor, untimely and inadequate, compared to that of Pharmat (18).

However, a question should be asked at this point: What is the impact of material inputs on Chad's FP program? Figure 1 shows three years (1986-1988) of service use numbers at the Assiam Vamtou referral center (22). The numbers on the vertical axis are coterminous with training, technical (policy) and material assistance provided by national and international FP program donors between 1986 and 1988 (types of assistance by donor is shown on the horizontal axis). This graph provides a partial answer to the question about the impact of material inputs, and a clearer idea about the conditions that should exist before training may have maximum impact.

With respect to the impact of technical and training inputs made before or in the year 1986, the low service use numbers for that year (an average of 5 users per month) lead to the conclusion that there is little change in service use numbers after only technical and training inputs are made.

It is apparent that, during 1987, there is a slight increase in the average number of service users, but that they remain relatively low (an average 8.5 users per month) despite increased training inputs during the previous year (1986), e.g., JHPIEGO's clinical FP training and INTRAH's evaluation training. The slight increase in service use numbers in 1987 may be linked to increased service provider capability resulting from the number and variety of training/technical assistance activities occurring throughout that year (including the appointment of a population advisor in early 1987), but perhaps also linked



TYPE OF ASSISTANCE BY YEAR/MONTH AND DONOR
Training (Tr), Technical (T) and Material (M)

1986

INTRAH/regional evaluation workshop (Tr)
JHPIEGO/ FP training(Tr)

1987

INTRAH/2 study tours (Tr/T)
FUTURES/study of Law 28 (T)
UNFPA/Assiam Vamtou opened
INTRAH/Eval. follow-on (Tr)
INTRAH/clinical FP (Tr)
JHPIEGO/FP clinical (Tr)
Pharmat Importation of Contraceptives (M)

1988

Jan: JHPIEGO/academic skills reproductive health (Tr)
April: UNFPA/arrival of contraceptives (M)
April: CAFS/management of FP programs (Tr)
May: INTRAH/ FP/MCH integration workshop (Tr/T)
June/July: INTRAH IEC workshop (Tr)
Aug: INTRAH/intro to FP and communication (Tr)
Aug: CAFS/management of FP programs (Tr)

Oct: JHPIEGO/academic skills in reproductive health (Tr)
Oct: FUTURES/INTRAH: national FWB seminar (T)
Oct- Dec: UNFPA/FP management (Tr)
Dec: JHPIEGO/observation seminar in FP (Tr)
Dec: FUTURES/FWB policy seminar (T)
Dec: IPPF/health benefits of FP (Tr)

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to the two different material inputs discussed above -- the importation of large quantities of contraceptives by Pharmat and the renovation of the MCH Center Assiam Vamtou by UNFPA.

However, it should be noted that significant material input along with training (such as provided by INTRAH and JHPIEGO), and technical assistance (Futures' study of Law #28) did little to seriously affect the impact indicator "use of services" in 1987. Although there is a more significant increase which culminates in January 1988, when service use numbers are about 9 times higher than those in 1986 and about 5 times higher than those in 1987, the service use numbers drop in March 1988, for an unknown reason.

A dramatic and consistent change is apparent beginning in April 1988, a month by which considerable programmatic input had been made -- contraceptive supplies were in place, a referral center existed, there were trained clinical FP service providers and some steps had been taken to study FP policy issues. However, since these conditions had already existed in February 1988 but without such dramatic results, this leads us to ask whether the nature (sequence, timing and kind) of the training and technical inputs might account for the consistent upward trend shown in Figure 1 after April 1988.

In 1988, INTRAH made a new and different set of interventions. First, INTRAH conducted the two FP/MCH Integration Workshops (see Section II, Description of the Program). Immediately after these workshops held in May 1988, the number of FP service user numbers increased to a new high and in August, after two INTRAH IEC workshops, the user numbers again rose significantly. We posit that these sharp increases are due to the combined impact of the FP/MCH Integration Workshops, (whose outcomes were recommendations strongly in favor of FP/MCH policy and services and an

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informal liberalization of a theretofore strict public anti-contraception stance), and the IEC workshops (whose outcomes were an increase in referrals made by IEC workers to Assiam Vamtou and other FP service sites). Finally, the sequence and timing of these two interventions may have also played a catalytic role in this sharp rise in service use numbers.

We posit that these increases would not have occurred had there been only service providers trained in clinical FP, service materials (contraceptives) and an equipped service site (Assiam Vamtou), as was the case in and prior to early 1988.

The slight decrease in service provision in October 1988 may be accounted for by the participation of many service providers in the Chadian National Conference on Family Well-Being, held in N'Djaména from October 16-21, 1988. The number of service users increased again in November to an all-time high of 201 after the Conference, which suggests the potent effect of the Conference's overtly supportive FP policy statements on the provision of services.

IV. CONCLUSION

Given what has been suggested about the conditions under which service use numbers increase, what can be said about optimal conditions for training, technical and material assistance to provide desired program outputs? What are the principles to be abstracted from INTRAH's experience in Chad? Drawing on the lessons illustrated in Figure I, INTRAH found that:

First, policy change, trained clinical service providers and equipped services sites will have little impact on service use if not accompanied by appropriate IEC activities to inform and refer the population to services.

Second, population policy interventions will have only limited impact on service use numbers if they are not accompanied by practical links to a family planning program.

Third, the supplies and equipment for service delivery are necessary, but not sufficient conditions for increased service use.

From interviews with service providers during the field follow-up, INTRAH also learned that there is a ceiling on the exercise of skills resulting from training if FP activities are carried out in a policy environment either hostile to, or not overtly supportive of FP. In a hostile environment, these skills had little impact on an indicator such as service use numbers. Policy must legitimize services or skills will not be utilized and services will not be advertised or freely provided.

The strong policy recommendations and public support by GOC officials for the establishment of an integrated MCH/FP program -- documented results of the INTRAH-sponsored FP/MCH Integration Workshops -- contrast dramatically with the former anti-family planning GOC stance. In summary, separate infusions of technical, material or training inputs do not seem to produce the kinds of program outputs represented by an indicator such as service use numbers. In arbitrary, non-strategic combinations, there may be some effects, but they do not appear to be significant. With regard to this, one should perhaps underscore the importance of collaborating with an in-country population advisor, whose strategic technical oversight helps to assure that technical, material, training, and policy needs are continually addressed. When such comprehensive vision, an in-depth needs assessment and timely training interventions form the basis of a national strategy, there is greater likelihood that all inputs will yield desired program outputs. In that respect, it can be justifiably said that

the INTRAH project in Chad has been instrumental in helping to pave the way for a stable future FP/MCH program, one that has been established and fostered in a favorable policy climate, and formulated according to the norms and philosophy accepted by both the health professionals and the people of Chad.

Since this study was carried out in December 1988, INTRAH conducted the first in-country clinical FP workshop with Chadian co-trainers and further work has been done by the Futures Group in the area of population policy change. The impact of these recent interventions on FP service availability, demand and use merit further study.

July 1989

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REFERENCES

REFERENCES

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- 3) INTRAH Trip Report # 0-19, Needs Assessment, Hedgecock, D. and de Malvinsky, J; February 1985
- 4) INTRAH Trip Report # 0-58, Project Development, Herrington, J. et al., November 1986
- 5) Contract Between the University of North Carolina and the Government of the Republic of Chad, September 1986
- 6) Collection of Baseline Data on Family Planning; Sou, Abakar and Banguita, Idris; N'Djamena, November, 1986
- 7) Family Planning: The Present Situation in N'Djaména, Chad; June, 1987
- 8) Telephone Conversation with Maurice Middleberg, Futures Group; January 1989;
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- 10) INTRAH Trip Report # 0-289, Family Planning Integration Seminars, Gaye, P. and Mutombo, Y.; April-May, 1988
- 11) INTRAH Trip Report # 0-314, Technical Assistance to the Futures/Options -Sponsored National Seminar on Family Wellbeing, Mutombo, Y.; October 1988
- 12) INTRAH Trip Report # 0-170, Family Planning Clinical Skills Workshop, Seck, P., August-September 1987
- 13) INTRAH Trip Report # 0-328, Technical Assistance to a Follow-Up of Clinical FP and IEC Service Providers, Bongwele, O. and Thiam, D., November-December 1988
- 14) USAID/Chad List of Family Planning Trainees, 1988
- 15) INTRAH Trip Report # 0-325, IEC/FP Workshop, Lewis, E. and Mutombo, Y., June July 1988
- 16) Telephone Conversation with Emily Lewis, trainer, January 1989

- 17) INTRAH Trip Report # 0-316, IEC/FP Workshop, Lewis, E. and Mutombo, Y., August 1988
- 18) Technical Review of Project CHD/85/P01, "Development of a National Family Health Service in Chad, UNFPA, Pierotti, D., April 1988
- 19) INTRAH Trip Report # 0-274, Francophone Evaluation Workshop, Newman, C. et al; September-October 1986
- 20) INTRAH Trip Report # 0-282, Francophone Follow-On Evaluation Workshop, Newman, C. and Helfenbein, S.; June-July 1987
- 21) Inventory of Population Projects in Developing Countries Around the World, 1986/1987; UNFPA, 1987
- 22) Client Records, Assiam Vamtou MCH/FP Referral Center, N'Djamena, Chad, December, 1988

APPENDIX A
ORGANIZATIONAL PLAN FOR IMPACT STUDY

T A B L E I

ORGANIZATION PLAN FOR IMPACT STUDY:

OBJECTIVES	INDICATORS	STATE OF INDICATOR AT TIME A (1986)//SOURCE	INTRAH ACTIVITIES	STATE OF INDICATOR AT TIME B (12/1988)//SOURCE	STATEMENT OF IMPACT/other influencing variables
<p>1. Sensitize decision-makers at MOPH and other ministries and institutions to:</p>	<p>1. Number of sensitization activities implemented.</p>	<p>Indicator 1 and 1A: Prior to 1986, groundwork laid in sensitization:</p>	<p>1. Study Tours -Senegambia (3/87) -Morocco (9/87)</p>	<p>Indicator 1: 5 sensitization activities conducted/Training Plan</p>	<p>4 Future's Activities 1. Rapid II (85)</p>
<p>a. family planning program service models and infrastructure.</p>	<p>1A. Participation of appropriate (by nature of institution affiliation and hierarchical position) decision-makers in activities.</p>	<p>1 1984: National Seminar on Population and Development (Economic Commission for Africa) 2 1984: Mexico Conference on Population 3 1985: RAPID II/ Chad Baseline Document</p>	<p>2 Two Family Well Being/MCH Integration Workshops (5/88)</p>	<p>Indicator 1A: participation of appropriate decision-makers in 5 activities/participant lists in Trip Reports #289, #312, #313</p>	<p>2 Study of Law 28 (May '87) 3 National Seminar on Family Well Being (Oct. 1988)</p>
<p>b. roles and responsibilities of institutions in family planning program, and</p>	<p>2 Ministerial level Chadian declarations in support of Family Well Being.</p>	<p>4. Training Needs Assessment // 2/85 Trip Report #0-19</p>	<p>3 Technical Assistance to Chadian delegations and organizing committee involved in National FWB Seminar.</p>	<p>Futures Group had also conducted 2 sensitization activities: 1 May '87 Study of legal situation regarding contraception in Chad/Baseline Document</p>	<p>4 Regional meeting to draft Family Planning policy and adopt population plan of action (12/5-8/88)</p>
<p>c. family planning policy issues (i.e. religious, legal, professional).</p>	<p>3. Specific Chadian recommendations for establishing, coordinating and implementing a national Family Well Being program.</p>	<p>5. INTRAH Roundtable discussions with MOPH, other ministries and NGOs to identify FP priorities and training needs//INTRAH Trip Report #58</p>	<p>2 National Seminar on Family Well Being 10/88/Training plan</p>	<p>Groundwork done by FUTURE'S essential; INTRAH provided assistance to:</p>	
	<p>4. A change in Chadian laws governing FP.</p>	<p>Indicator 2: none</p>	<p>Indicator 2: Official definition of Family Well Being/Trip Report #289</p>	<p>1. situate Family Well Being in MCH context;</p>	
		<p>Indicator 3: 1. Recommendations for FP/MCH training// Telegram NDjamea 06411 of 11/85 from Blane Subject: POP: Summary of INTRAH visit and anticipated next steps.</p>	<p>Indicator 3: 14 specific recommendations from 2 integration workshops/Trip Report #289 Appendix C 6 (concerning the legal, structural and material elements necessary for establishing, coordinating and implementing a viable national Family Well Being program integrated with MCH services)</p>	<p>2. operationalize Family Well Being in terms of programmatic/service elements ; and</p>	
		<p>Indicator 4: none</p>	<p>Indicator 4: no official changes</p>	<p>3 define Family Well Being in socio-cultural and religious context of Chad.</p>	

*// = indicates that source of data follows

2/89

OBJECTIVES

2. Reinforce the skills and abilities of MOPHMOSAPW to offer FWB services.

INDICATOR

1 Clinicians

1.A. Expansion of range of FWB activities provided.

1.B. Increased knowledge of FWB

STATE OF INDICATORS AT TIME A (1986)/SOURCE

Indicator 1A: 3 out of 4 clinicians did not provide clinical FWB services//Trip Report #328

Indicator 1B: Mean Pretest score before INTRAH Clinical training was 45%/Trip Report #170, Appendix E

ACTIVITY

1. 4 Clinicians trained and certified by INTRAH in Clinical FP/FWB Skills (Aug.-Sept. '87)

STATE OF INDICATORS TIME B (12/88)/SOURCE

Indicator 1A: 2 of the 3 INTRAH-trained certified clinicians followed up at time B (1 in Belgium) provide a range of FWB services, including:
-general FWB counseling
-basic physical and gynecological exams
-STD screening
-for oral contraceptives and injectables, they provide counseling, prescription, administration and follow-up, including side effect management.

-There is an increase from 0 activities to an average of 26.5 of 36 clinical activities//Trip Report #378; Appendix L, Text 5.4.

Indicator 1B: Mean Post-Test score after INTRAH clinical training increased (from 45%) to 70.4%/Trip Report #170, Appendix E

STATEMENT OF IMPACT/other influencing variables

Clinical
Prior to INTRAH clinical FP skills training, 2 out of 4 certified trainees had received no in-service clinical FP/FWB training what so ever; 2 had been trained by JHPIEGO, 1 in FP, the other in IUD insertion and STDs. (1985 and early 1987 respectively). The trainee receiving JHPIEGO training in 1987, (prior to receiving INTRAH's) claimed to have provided no clinical services.

After INTRAH clinical training, 2 clinicians followed-up at Time B are providing services. This, in connection to increased clinical post-test scores leads us to conclude that INTRAH clinical skills training was responsible for the expansion of clinical FWB activities. This expansion is a positive indication of the MOPHMOSA ability to offer FWB services.

The contribution of UNFPA toward the development of a service in infrastructure (creation of the main FP/MCH referral center, Assian-Vantou) has been major, and has influenced the degree to which services have been offered.

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OBJECTIVES**INDICATOR**

- 2 Health Educators**
2 A. Existence of IEC sessions at Social centers.
- 2 B. Referral of FWB clients to Reference Center of Assiam-Vantou**
- 2 C. Knowledge of IEC/FWB**

STATE OF INDICATORS AT TIME A (1988)/SOURCE

Indicator 2A. IEC activities did not exist in 5 Satellite Social centers in Ndjamena/UNFPA Evaluation Report, Pierotti, April 1988)
 -No IEC training conducted prior to INTRAH's 6-7/88 8/88 FWBAEC workshops//bid; Pierotti
 - 1 health educator organized IEC/FWB in community//Trip Report #328

Indicator 2B: -By April 1988, approximately 30 FP clients referred to Assiam-Vantou from 5 satellite social centers//bid; Pierotti
 - 5 health educators were referring clients to FP centers//Trip Report #328

Indicator 2C: Mean pre test scores before INTRAH training were 54% and 43%/Trip Reports #335 and 316, respectively.

ACTIVITY

- 2 2 IEC/FWB workshops**
 -June/July '88 (14 Trainees) (Trip Report #325)
 -Aug '88 (15 trainees) (Trip Report #316)

STATE OF INDICATORS TIME B (12/1988)/SOURCE

Indicator 2A: In June-July 1988 during field practicum of the INTRAH IEC training in 3 social centers, trainees provided IEC /FWB (in particular, birth spacing) to 111 women/ mothers//Trip Report #325.

In Aug 1988 during field practicum of INTRAH IEC training in 4 social centers, trainees provided IEC/FWB to 123 men and women//Trip Report #316

2 A -By Dec '88, 7 health educators were organizing IEC/FWB sessions in the community//Trip Report #328.

Indicator 2B: -Of approximately 230 persons contacted by INTRAH-trained IEC/health educators, during field practice, those demonstrating interest in FWB were referred to Assiam-Vantou for clinical services//Telecon with IEC workshop Trainer Emily Lewis 1/28/88.

-11 or more than double the number of health educators were referring clients to FP centers//Trip Report #328.

Indicator 2C: Post-test knowledge scores increased by 22 points (for June/July training) and 43.5 points (for Aug)//Trip Reports #325 and #316 respectively

STATEMENT OF IMPACT/other Influencing variables

Prior to INTRAH June/July and Aug. 1988 IEC training activities, there is no evidence of IEC activities in any of 5 social centers.

During INTRAH IEC training, IEC skills were practiced, knowledge scores increased in FWB, and interested persons were referred to Assiam-Vantou for FWB services

After INTRAH training, at time of Follow-up, the number of INTRAH trained IEC workers referring clients to FWB centers for services increased from 5 to 11 and the number organizing IEC/FWB sessions in the community increased from 1 to 7.

There is evidence the INTRAH training had a positive impact on clinicians' and educators' knowledge, skill levels and referral practice. However, the full exercise of those skills/practices are inhibited by the lack of legal sanction authorizing the provision of FWB services.

OBJECTIVES**INDICATORS**

3. Core of INTRAH trained Chadian professionals involved in INTRAHMOPH training program.

4. Existence of a training evaluation strategy for INTRAHMOPH program. (such as project level or trainee Follow-up plans; baseline or post-project data for impact assessment).

STATE OF INDICATOR AT TIME A (1986)/SOURCE

Indicator 3:
no Chadian professionals trained by INTRAH in evaluation/Training Needs Assessment, Pape Gaye

Indicator 4:
-no evaluation plan
-no baseline data
-no post project impact data
-no training Follow-up plan/national evaluators

-no plan for final review/Oumar and 1988 TAC Document

INTRAH ACTIVITIES

3. Francophone Regional Evaluation Workshop 9/86

4. Francophone Follow-on Evaluation workshop 5/87

5. Francophone Technical Advisory Committee 1987 (Sept)

6. Francophone Technical Advisory Committee 1988 (Sept)
- Workshop on Family Planning Program Evaluation

7. INTRAH trained clinician acted as co-trainer in 2 IEC/Family Well Being workshops (June-July-Aug. '88)

STATE OF INDICATOR AT TIME B (12/1988)/SOURCE

Indicator 3:
-2 Chadians trained by INTRAH in training evaluation/Training Plan; participated in analysis and interpretation of one IEC/FWB workshop pre-and post-test results
-1 Chadian participant in 1987 and 1988 Francophone TAC meetings
- 2 Chadians participated in follow-up of INTRAH trainees.

Indicator 4:
Existence of:
1. Evaluation plan/Document (a. Follow-up b. Impact Study)
2. Baseline data/document
3. Post project data// but not available to INTRAH
4. Plan for Final Review/TAC document

(1 and 4 developed with technical assistance from INTRAH, 2 and 3 collected by trained evaluators) evaluation purposes.

STATEMENT OF IMPACT/other influencing variables

There has been no other evaluation training in Chad by other organizations. As a result of INTRAH training there is evidence of the existence of evaluation capability in the MOHFP, but the degree of institutionalization (long term impact) is under question.

APPENDIX B
CLINICAL FP TRAINEE FOLLOW-UP INSTRUMENT: QUESTION 17

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***SVP VEUILLEZ NOTER LE NOMBRE DE PERSONNES QUE VOUS AVEZ SUIVIES VOUS-MEME, ET NON PAS LE NOMBRE TOTAL DE PERSONNES SUIVIES PAR VOTRE ETABLISSEMENT)**

14. *Avant la formation par INTRAH/IHP, combien de nouvelles acceptatrices/teurs de P.F. receviez-vous en consultation par semaine (en moyenne)?

Aucune () 5-10 () 20-40 ()
 1-5 () 10-20 () plus de 40 ()

***Avant la formation par INTRAH/IHP, combien de personnes continuant la P.F. receviez-vous en consultation par semaine (en moyenne)?**

Aucune () 5-10 () 20-40 ()
 1-5 () 10-20 () plus de 40 ()

15. *Depuis la formation par INTRAH/IHP, combien de nouvelles acceptatrices/teurs de P.F. recevez-vous en consultation par semaine (en moyenne)?

Aucune () 5-10 () 20-40 ()
 1-5 () 10-20 () plus de 40 ()

***Depuis la formation par INTRAH/IHP, combien de personnes continuant la P.F. recevez-vous en consultation par semaine (en moyenne)?**

Aucune () 5-10 () 20-40 ()
 1-5 () 10-20 () plus de 40 ()

16. Quelles sont les causes de cette augmentation/diminution du nombre de consultations depuis la formation par INTRAH/IHP? Expliquez:



17. Voici ci-dessous une liste de services et d'activités de planification familiale. Veuillez cocher s.v.p. si vous exécutiez les services/activités suivants avant votre formation par INTRAH/IHP (la plus récente), si vous exécutez actuellement, ou vous ne les avez jamais exécutés.

SERVICE/ACTIVITE	EXECUTAIT AVANT LA FORMATION	EXECUTE ACTUELLEMENT	N'A JAMAIS EXECUTE
17.1 Conseils généraux sur les contraceptifs et renvoi en consultation spécialisée	()	()	
17.2 Recrutement des clientes par visites à domicile ou causeries communautaires	()	()	

SERVICE/ACTIVITE	EXECUTAIT AVANT LA FORMATION	EXECUTE ACTUELLEMENT	N'A JAMAIS EXECUTE
17.3 Utilisation d'aides visuelles pour l'éducation des clientes	()	()	()
17.4 Conseils généraux sur la stérilisation chirurgicale et renvois en consultation	()	()	()
17.5 Conseils généraux sur les mousses et les condoms et distribution	()	()	()
17.6 Délivrance de contraceptifs oraux (C.O.)	()	()	()
17.7 Prises de décisions sur qui peut utiliser les C.O. hormonaux.	()	()	()
17.8 Prises de décisions sur le type et le dosage de C.O. qu'une cliente peut recevoir	()	()	()
17.9 Prise en charge des effets secondaires des C.O.	()	()	()
17.10 Suivi des clientes prenant des C.O.	()	()	()
17.11 Prises de décisions sur qui peut recevoir des contraceptifs hormonaux injectables	()	()	()
17.12 Administration des injections contraceptives hormonales	()	()	()
17.13 Prise en charge des effets secondaires des contraceptifs hormonaux injectables	()	()	()
17.14 Suivi des clientes recevant des contraceptifs hormonaux injectables	()	()	()
17.15 Examen clinique de base - (poids, seins, abdomen, extrémités)	()	()	()
17.16 Examen gynécologique: spéculum	()	()	()
17.17 Examen gynécologique: toucher bimanuel	()	()	()
17.18 Conseils généraux sur les DIU et renvoi en consultation (sans pose de DIU)	()	()	()
17.19 Conseils généraux sur les DIU ainsi que pose et retrait des DIU	()	()	()

SERVICE/ACTIVITE	EXECUTAIT AVANT LA FORMATION	EXECUTE ACTUELLEMENT	N'A JAMAIS EXECUTE
17.20 Mention de la planification familiale naturelle; renvoi en consultation pour instructions	()	()	()
17.21 Conseils généraux et instructions sur la planification familiale naturelle	()	()	()
17.22 Conseils généraux sur les diaphragmes et détermination de la taille	()	()	()
17.23 Dépistage des MST et renvoi en consultation	()	()	()
17.24 Diagnostic et traitement des MST: diagnostic clinique et traitement empirique, peu ou pas de confirmation par examen de laboratoire	()	()	()
17.25 Diagnostic et traitement des MST: Confirmation par examen de laboratoire pour la plupart des diagnostics	()	()	()
17.26 Conseils relatifs à l'infécondité et renvoi en consultation spécialisée	()	()	()
17.27 RVO (y compris l'éducation des mères)	()	()	()
17.28 Vaccination contre le tétanos de la mère et de l'enfant	()	()	()
17.29 Programmation régulière des examens de routine pour bébés bien portants	()	()	()
17.30 Soins prénatals	()	()	()
17.31 Soins d'accouchement	()	()	()
17.32 Soins postnatals	()	()	()
17.33 Conseils généraux de SMI (allaitement maternel, renvoi en consultation pour les vaccinations)	()	()	()

APPENDIX C
PRELIMINARY REPORT: TITLE PAGES

REPUBLIQUE DU TCHAD

UNITE - TRAVAIL - PROGRES

MINISTERE DE LA SANTE PUBLIQUE

MINISTERE DES AFFAIRES SOCIALES
ET DE LA PROMOTION FEMININE

CENTRE POUR LA POPULATION
ET LA SANTE FAMILIALE
UNIVERSITE DE COLUMBIA
BUREAU REGIONAL, ABRIDJAN

RAPPORT PRELIMINAIRE :

Enquete sur le Bien Etre Familial
à N'Djaména.
(Août 1968)

Dr. Jean Tafforeau
Dr. Alain Demiba
Mlle. Joan Haffey

Projet financé par :

L'Agence Internationale pour le
Développement des Etats-Unis d'Amérique
USAID-N'Djaména (TCHAD)

N° de Référence: PIOT 6250969360041

CONFERENCE SUR LE
BIEN-ETRE FAMILIAL AU CHAD

16-21 Octobre 1968

"Résultats de l'étude qualitative du projet de
Recherche Opérationnelle sur
le Bien-Etre Familial à N'Djamena"

Mr. Adoum Djibrine
Technicien Supérieur du Génie Sanitaire
Assistant à la Section Etudes et
Projets du Bureau des Statistiques,
Planification et Etudes
Ministère de la Santé Publique
N'Djamena, Tchad

APPENDIX D
STUDY TOUR SUMMARY FORM: COVER PAGE

**Programme International pour la Formation en Matière de Santé
Program for International Training in Health**

The University of North Carolina at Chapel Hill
School of Medicine

Via SIIHO 41
à côté de la Poste
Quartier Deux Plateaux Abidjan

Bureau pour
l'Afrique de l'Ouest et l'Afrique Centrale
06 BP 1036 Abidjan 06. C.I.
Téléphone : 41-37-90

LES COMPOSANTES D'UN PROGRAMME NATIONAL DE PLANIFICATION FAMILIALE

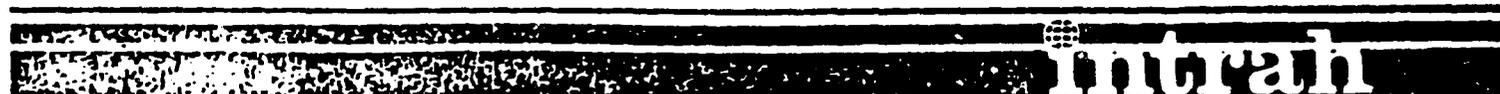
FICHE RECAPITULATIVE

Ce document a été préparé pour vous aider à récapituler les enseignements que vous tirerez du voyage d'étude. Il peut aussi servir de références personnelles quant aux différentes composantes d'un programme national de Santé Familiale à considérer.

A la fin de la visite chaque participant devra être en mesure de le remplir.

Pour toutes questions concernant ce document veuillez vous adresser à :

Dr. Gilberte Vansintejan.



APPENDIX E
GUIDE FOR FINAL REPORT

9/2/87

Nous voudrions demander à tous les participants, de nous fournir à leur retour du Maroc un rapport individuel qui traite les trois questions suivantes:

I. Pouvez-vous donner vos impressions générales sur le Programme National de Planification Familiale au Maroc.

II. Pouvez-vous comparer le Programme de Planification Familiale de la Sénégambie avec celui du Maroc ?

III. Basé sur votre expérience professionnelle, pouvez-vous faire des propositions de stratégies pour intégrer le programme de planification familiale au Tchad au niveau du Ministère de la Santé Publique.

Merci,

Leslie Leila Brandon
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Conseillère en Santé Familiale