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EVALUATION OF THE PROGRAM FOR  
INTERNATIONAL TRAINING IN HEALTH  
(INTRAH)

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## EXECUTIVE SUMMARY

The team of Willard H. Boynton, M.D., M.P.H., retired AID public health physician; Nils M.P. Daulaire, M.D., M.P.H., public health physician; Ethna Johnson, S.R.N., S.C.M., M.Sc. (Econ.), nurse-midwife; and Joanne E. Revson, Dr.P.H., training and family planning specialist, spent four weeks evaluating AID's INTRAH project. One week's orientation was done with APHA, AID/W and INTRAH/UNC. Two weeks were used for field observations and interviews, and one week for report writing and debriefing.

Field visits included Somalia, Kenya, Tanzania, Tunisia and Mali. Short stopovers for discussions also took place in Paris, Senegal, and Ivory Coast. Relevant host country officials were interviewed as well as AID and INTRAH staff. Training institutions, trainers, and trainees were visited, including some samples at the second-generation level. The team experienced good cooperation in all phases--orientation, documentation, and field visits. The team believes adequate information was developed to enable it to make reasonable judgments.

The team found the concept of INTRAH (training Africans in family planning) to be sound. There is a great need for many thousands of Africans to be trained in family planning and maternal and child health (FP/MCH). The African tutors generally recognize their need for improved teaching methodology and substantive knowledge of FP/MCH. Thus the INTRAH training was universally well received. The potential for INTRAH activities in Africa is great and the inclusion of family planning as an important component of MCH is rapidly gaining acceptance in Africa.

Although the project concept is sound, implementation needs improvement. The team noted that the INTRAH country assessments seem to be made on an ad hoc basis and fail to provide a comprehensive country background for FP/MCH activities. This has resulted in a narrower selection of institutions and trainees than would be desirable. The INTRAH training provided has generally been well done and appreciated. However, the team and many Africans feel that teaching methodology has been emphasized to the neglect of substantive, technical clinical FP/MCH. Although some African countries are still sensitive to population/family planning, countries visited are definitely ready for child spacing as an MCH component. Some trainers and trainees requested clinical FP experience. INTRAH should exploit the opportunity to teach family planning skills much more than it has.

There has not been enough continuity and coherence in the overseas training. Different courses have been given by different instructors even when the subject matter was the same. Different types of courses have not been sufficiently coordinated. It has been confusing for host country officials to try to orient and relate to new INTRAH people each time a training course is held.

The choice of participants for the Training of Trainers courses has not always been fully satisfactory. They should be trainers who are going to teach the FP/MCH workers who will deliver family planning services. There have been many exceptions.

The team believes the basic cause of the above-noted deficiencies derive from inadequate staffing at INTRAH. The current staff members are strong in their disciplines and evidently know pedagogy, as attested by everyone interviewed by the team. Since that is their background, they have emphasized training methodology to the neglect of FP clinical skills. The INTRAH staff does not have any family planners, i.e., health professionals thoroughly trained and experienced in FP/MCH. Moreover, they have not been successful in developing a cadre of health professionals with overseas experience in the other University of North Carolina (UNC) units (Schools of Medicine, Nursing, Public Health and Population Center) who are available for INTRAH African training activities. Less than one-third of all trainers have been INTRAH or UNC staff. This has led to subcontracting on an ad hoc basis with loss of continuity and coherence.

The team believes INTRAH must change its staffing pattern to include several FP/MCH health professionals well versed in and dedicated to family planning. Otherwise, INTRAH will continue to teach but will not reach the real goal of having African health workers well trained to provide family planning services.

The routine administration of INTRAH is well developed and well staffed. There is a systematic approach to accounting, budgeting, reporting, housekeeping, etc. The development of regional offices and training centers is underway. The Nairobi INTRAH Regional Office has been in operation some nine months. It is useful for assessments and orientation, but needs to define and find its role. Its role will be limited without more delegation of authority. The Paris INTRAH office has just opened. It should be carefully monitored by AID to determine its utility. A regional training office at UMATI-Dar es Salaam is under consideration. It would be useful and the facility would be satisfactory in the African context. However, Zimbabwe should also be considered.

Coordination with USAID is generally good but instances were noted where INTRAH staff or subcontractors ignored USAID staff or regulations.

The greatest problem between AID-INTRAH is approval of consultants. AID must realize that consultants, particularly university faculty with classroom responsibilities, are not available at AID's whim. Too often their availability has vanished before AID clearance comes through. The clearance time needs to be shortened and only delegation of approval from the contract office to the technical office seems likely to accomplish this. Postevaluation information indicates this problem is being resolved.

Currently, INTRAH is in a budget crisis. AID funding is much lower than planned (\$3.4 million versus \$4.1 million, see Appendix C).

AID may restore original funding in the new fiscal year (October 1982). It is extremely important that AID notify INTRAH regarding future funding prospects as soon as possible. INTRAH needs to know early in calendar 1983 whether to phase down to finish by the end of calendar 1984, or whether to improve staff as suggested and to keep initiating new projects. If AID cannot give INTRAH budget information soon, planning will be disrupted with resulting inefficiencies.

The team believes the ultimate purpose of the INTRAH program is to get more Africans trained to give family planning services. The contract is written loosely enough so that INTRAH is satisfying contract terms with a minimal effort on family planning or even maternal and child health. Their work is good in terms of training methodology for general purposes. Their broad general approach tends to minimize family planning content. Since the INTRAH staff has only peripheral training and experience in family planning, it emphasizes what it knows. Professional health staff with family planning education, experience, and dedication are needed to redress the balance.

## ABBREVIATIONS

ACNM	American University of Nurse Midwives
AID	Agency for International Development
APHA	American Public Health Association
FP	Family planning
INTRAH	International Training in Health
LDC	Lesser developed countries
MCH	Maternal and child health
NENA	Near East and North Africa
PAC	Paramedical, auxiliary, and community (workers)
RAG	Regional Advisory Group
REDSO/WA	Regional Economic Development Services Office/ West Africa
UNC	University of North Carolina

## I. INTRODUCTION

## I. INTRODUCTION

The purpose of this project was to evaluate the International Training in Health (INTRAH) program; contract AID/DSPE-C-0058. This contract was awarded on September 29, 1979, to the University of North Carolina at Chapel Hill to provide paramedical, auxiliary, and community worker training in family planning and maternal/child health (FP/MCH) for countries of Africa and Near East and North Africa (NENA) regions.

The Evaluation Team had four members:

-- Willard H. Boynton, M.D., M.P.H., team leader, retired from AID in 1979 after 23 years of service as a health or population officer. Fourteen years were spent overseas in Vietnam, Pakistan, and Haiti, and eight were spent in the AID/W Office of Population as deputy director.

-- Nils M.P. Daulaire, M.D., M.P.H., is a visiting professor of community and family medicine at Dartmouth Medical School and serves as medical director of Rural Health Associates, a Vermont-based public health consulting firm. He has worked in primary health and population activities in both long- and short-term positions in Africa, Asia, the Pacific, and the Caribbean.

Ethna M. Johnson, S.R.N., S.C.M., M.Sc. (Econ.), is a public health consultant. She has worked in primary health care, nutrition, and population activities. This has included a five-year field assignment in Asia and short-term consultancy work in Africa. More recently, Johnson worked as a consultant to the World Bank.

Joanne E. Revson, Dr.P.H., is an international public health consultant. She is a former assistant professor of public health at Columbia University Medical Center. During the past eight years, Dr. Revson directed international health and family planning projects in Africa, Asia, and the Caribbean. She is also fluent in French.

The team was asked to focus on three aspects of INTRAH's activities which are of particular interest to AID.

1. How well is INTRAH administering its overall paramedical, auxiliary, and community (PAC) workers training program in support of the delivery of FP/MCH services

and what changes, if any, are recommended to improve this administration?

2. What impact is INTRAH training having in the delivery of FP/MCH services in the specific countries of the Africa/NENA region visited and what steps might be taken to increase this impact during the remaining two contract years?
3. How likely is it that INTRAH will meet its contractual objective of providing first generation training in family planning service delivery for a minimum of 18,500 individuals (780 trainers, 2,500 supervisors and paramedical professionals, and 15,000 workers) during the five years of this AID contract and what changes, if any, in INTRAH's training plan and strategy would facilitate achievement of this objective?

The evaluation took place between August 23 and September 17, 1982.

The team had two days of orientation in Washington with APHA and AID/W staff, including access to project documents. This was followed by three days' orientation at INTRAH's UNC/Chapel Hill headquarters. INTRAH and relevant UNC staff were interviewed and a wealth of project documentation was distributed to team members.

The team then conducted field country visits. Ms. Johnson went to Somalia for one week and Kenya for the second week. Dr. Boynton went to Tanzania for one week and joined Ms. Johnson at Kenya for the second week. Drs. Revson and Daulaire visited INTRAH's Paris office and Tunisia the first week and Mali the second. Dr. Revson visited INTRAH's Paris office during her return, and Dr. Daulaire visited AID's regional office at Abidjan and country office at Dakar.

Team members were able to interview AID regional and country population officers and institutions and officials where INTRAH training took place. Trainees were interviewed in several different localities. In some cases, it was possible to visit trainees at their home institutions. Sample classes given by INTRAH-trained tutors were observed. Boynton visited the proposed INTRAH regional training center at UMATI-Dar es Salaam and Boynton and Johnson visited INTRAH's regional office at Nairobi. Visits were made to Offices of other organizations such as the World Health Organization (WHO), International Planned Parenthood Federation (IPPF), and Family Planning International Assistance (FPIA) to cross-check information and to provide background.

## II. OBSERVATIONS AND FINDINGS

## OBSERVATIONS AND FINDINGS

### Overview

In the process of evaluating the INTRAH project, the evaluation team focused on three principal areas: administrative, staffing, and training. While there is a substantial amount of overlap between these areas, this report looks at each separately.

Rather than describe these components individually for each country visited as well as at INTRAH/UNC, information collected for all locations has been brought together and summarized according to topic. It was felt that this was especially pertinent since the five countries visited in any depth, while most probably representative of the whole, are only a small proportion of all countries in which INTRAH has operated. Therefore, the thrust of the analysis deals with the directions and approaches of INTRAH as a whole.

### III. ADMINISTRATION

## ADMINISTRATION

This section focuses on several aspects of INTRAH's administration. These include working relationships, administrative procedures, and internal organizational structure. Working relationships and administrative procedures will be handled separately, with comments on INTRAH organizational structure included within each. A final section will deal with the working relationships, administrative procedures, and internal organization of the Nairobi Office.

### Working Relationships

INTRAH's working relationships will be addressed from two perspectives: individual and institutional. At the individual level, relationships within INTRAH/UNC units as well as between units were analyzed. It appears that adequate working relationships exist within most of the units. However, some improvements could be made in the relationships between the units. There needs to be more interaction between the various units. The training unit, for example, has not involved the only clinical professional on the INTRAH/UNC staff, a public health nurse, in the development of the training curriculum.

INTRAH needs to improve communication between the units and, most important, to foster a team approach. Unit organization should not form a barrier to individuals working together on specific projects. The Materials Unit should serve as a model for the other units. This unit works closely and effectively across all unit lines.

At the institutional level, some of INTRAH's working relationships need strengthening. To fulfill its contract, INTRAH needs to further develop its relationships with other University of North Carolina faculties. There has been only limited involvement of other UNC faculties in INTRAH's program. Members of the nursing and medical school faculties told the team that they regretted not being called upon more often by INTRAH.

INTRAH should turn its attention to utilizing and drawing upon the professionals from the Schools of Nursing, Medicine, and Public Health, as well as the Population Center. In order to gain the cooperation of these faculties, INTRAH should prepare a plan detailing the categories of faculty needed and their possible assignments during the next two years, as well as their roles in helping INTRAH to meet its program objectives.

A second area of institutional relationships is that between INTRAH and AID. INTRAH has made an effort to work with USAID's health and population officers. Several officers reported, however, that they were aware of INTRAH's activities only in a general way. INTRAH should continue to make every effort to keep USAID missions up to date on INTRAH's activities. In addition, during country visits, INTRAH staff and consultants should be sure to allocate sufficient time for meetings with health and population officers. These officers can be a source of great assistance in each country where INTRAH is working; therefore, INTRAH should seek to develop and maintain strong working relationships.

INTRAH's relationship with AID/W has been good. This relationship could be even better if AID/W would more clearly define what it wants from INTRAH. The present INTRAH contract is quite loose and allows for leniency. INTRAH can fulfill its mandate without directly focusing on family planning training. If AID/W could be more precise in its definition of what it requires from INTRAH, then the relationship could be improved.

INTRAH's third institutional relationship is between INTRAH and its U.S.-based subcontractors. During the first three years of the contract, INTRAH let subcontracts with three institutions: The Institute for Health Policy Studies in Santa Cruz, California; the International Center for Population and Family Health (INCENPFH) in Chicago, Illinois; and the American College of Nurse-Midwives (ACNM) in Washington, D.C. The team can only comment on the first subcontractor, Santa Cruz, as there was no direct contact with the other two subcontractors. It also may be too early to determine the institutional relationships between INTRAH and ACNM, since the subcontract was only recently approved.

Working relationships between INTRAH and Santa Cruz appear to be good. Santa Cruz seems to be well informed and up to date on INTRAH's activities. Santa Cruz also is familiar with its contractual obligations and appears to be timely in their implementation. In one country visited, the Republic of Mali, government officials were pleased with the way Santa Cruz carried out the agreed-upon work plan.

### Administrative Procedures

INTRAH/UNC's administrative procedures are well organized and implemented. Budgeting, accounting, personnel, travel, and other functions are satisfactory. The Administrative Unit maintains good contact with the Nairobi field office, INTRAH's subcontractors, and other cooperating organizations.

Two administrative problems were identified. A major problem for the internal organization of INTRAH is the status of its AID/W budget negotiations. INTRAH does not know what its operating budget will be for the next two years. This has led to a number of difficulties, including staff recruitment. INTRAH, for example, has tried to hire a public health physician, but the two top candidates reportedly turned down the position because the future of the contract was unclear. USAID/W should make every effort to resolve this matter as quickly as possible.

Another problem is the considerable delay that INTRAH encounters from AID/W in the approval of INTRAH consultants. These delays have led to some administrative problems. The delay in consultant approvals has led to INTRAH almost losing or, in one case, actually losing a consultant since he was no longer available.

#### Nairobi Regional Office: Working Relationships, Administrative Procedures and Internal Organization

The INTRAH regional office in Nairobi was opened in January 1982. The staff has been principally involved in setting up administrative and operational procedures. These appear to be working well.

The Nairobi staff, however, does not fully understand the role of the regional office. INTRAH should provide leadership and direction to the Nairobi office to help the office determine its role and especially its program responsibilities.

INTRAH should also make a concerted effort to keep the regional office better informed of the status of its program. Regional staff said that most information exchange was one-directional, Nairobi to Chapel Hill. INTRAH also has bypassed the regional office in its discussions with local governments.

INTRAH will have to work out a comprehensive plan which would include the role of the regional office, its responsibilities, its relationships to INTRAH, and its authority.

#### IV. STAFFING

## STAFFING

### INTRAH Office and Staff at UNC/Chapel Hill

#### Overall Observations on Types of Personnel

The professional staff of the INTRAH home office consists almost exclusively of individuals with backgrounds in education and training. At present, none of the regular professional staff has a substantive background in family planning or health. In addition, INTRAH has not been able to sufficiently involve health professionals from the UNC Schools of Medicine, Public Health, and Nursing in fundamental program design and direction.

With the exception of the former head of the training unit, who is no longer working in the INTRAH home office, program leadership from director to unit heads to second-level professional staff lacks significant training or experience in the area which this project is meant to address, namely family planning. Therefore, there has been no internal consistency for the underlying goals of the project. As a result, there has been a strong tendency, evidenced throughout INTRAH activities both in the home office and in the field, to stress the methodology of training and adult education, with little emphasis being laid on the content areas of family planning and family health.

INTRAH has justified this by saying that the development of effective educational techniques to counteract rigid and unresponsive educational formats has been a necessary prelude to any type of training which hopes to have a lasting impact. While there is certainly some truth to this, it is also clear that methodology without sufficient content cannot hope to have a substantial impact on the delivery of services. The INTRAH project envisages significant service effects within the five years of the project life and not simply a change in training methodology.

It is understandable that a professional staff whose expertise and careers are based in the field of training and education would stress this element of the program. This would more likely be balanced if health professionals with strong backgrounds in family planning played an important role in program development, and this should be stressed over the remaining period of the project.

INTRAH would be greatly strengthened by the inclusion to its core staff of well qualified health professionals with field experience in the delivery of family planning and health services. These individuals could be expected to bring a counterbalancing constituency to the program development and to move the program in the direction of actual improvement of service delivery.

INTRAH has made efforts over the past several years to recruit more health professionals and presented justifications for this evaluation of their inability to do this. While the reasons for failure (short project duration, uncertainty of job security, lack of ongoing institutional support) do make recruitment more difficult, they do not make it impossible. This is evidenced by the ability of other projects which have the same constraints to attract qualified personnel.

The expeditious recruitment of such individuals for positions of responsibility within INTRAH is a principal recommendation of this evaluation, and AID/W should lend full support to efforts for quick approval of qualified personnel.

Furthermore, steps should be taken to enhance the role and utilization within INTRAH of health professionals with appropriate backgrounds from the School of Public Health, School of Nursing, School of Medicine, and the Population Center. Since this was a clearly stated element of the project proposal, it is a bit surprising how small the role of these sister institutions has been. While there is a part-time consultant from the Medical School, he does not see his role as being substantive in the area of program design and review, but rather as a liaison with the Medical School. The functions he is carrying out are not the type fundamentally needed by INTRAH, and it is doubtful whether his current role and level of activities warrants his continued percentage of salary support from the project.

It should be clear from this that, although an enhanced role for UNC health professionals is a recommendation of this evaluation, that role cannot be pro forma; the individuals involved must commit themselves in a serious way to the goals of the project.

AID/W must also play a more positive role in this regard by expediting approval and assignments for UNC personnel selected to contribute to this project, since approval delays in the past have led to the loss of several potential UNC consultants and have started to cause a credibility and reliability problem for INTRAH which is not of its own making.

## Staff Size and Functions

INTRAH core staff has grown substantially from that envisaged in the original project proposal, and now comprises 16 professional and support personnel. This has been possible with a relatively small increase in office budget due to the selection of mid-level professionals at lower salary scales.

Given the current orientation and priorities of INTRAH, an acceptable justification for this overall staff size was given by the project leadership; issues related to specific units will be discussed subsequently. However, in view of the previous recommendation regarding the inclusion of health professionals in INTRAH's core team and related reorientation of priorities, it is likely that a reduction in overall staff size will need to be made to stay within budgetary limits. In this context, such a reduction in staffing is not likely to have an adverse impact on INTRAH's capacity to carry out its contractual responsibilities, and should in fact result in a streamlining of operations.

Each of the functional units of INTRAH was examined in the course of this evaluation. They are the Training Unit, the Educational Materials Unit (including publication services), the Evaluation Unit, and the Administrative Unit.

Training Unit personnel were found to be of generally high caliber in the domain of adult education. Notable, however, was the fact that among the four professionals who make up this unit, none had substantial family planning or health backgrounds except in peripheral ways. While already discussed, the point should be reemphasized that without individuals experienced in, committed to, and stressing the content area on which this project is based, the focus of training will almost inevitably remain diffuse. Experienced family planning trainers with strong grounding in both content and methodology do exist, and INTRAH should make a strong effort to recruit at least one for this unit.

It is also of note that despite its large size, Training Unit personnel spend a relatively small percentage of their time in the field (a careful audit was not done, but by their own admission less than one-third of their time is spent in the field). While the refinement of methodologies, preparation of materials and reports, and briefing of consultants can be expected to consume time on the part of these personnel, a clearer focus on project objectives would seem to call for fewer man-hours devoted to home office activities. This could be accomplished either by a reduction in unit size or in increased time spent by unit personnel actually carrying out field training activities.

Educational Materials Unit personnel, notably its head, were found to be of high quality and appropriate to the tasks which it is called to perform. A great deal of staff time has been devoted over the first three years of this contract to the development of two training manuals. Since they have now been completed, the evaluation did not consider whether this had indeed been an appropriate use of personnel time, but plans of the unit to devote more time to specific materials needs of countries where INTRAH training programs are taking place are timely and appropriate.

Evaluation Unit staffing was found to be an area of weakness. Once again, the lack of family planning and health background was noted. A more serious problem for this unit, however, is a fundamental lack of rigorous evaluation methodology, as will be discussed in more detail later in this report.

Although individuals with evaluation expertise are used on a part-time basis to assist in this unit's activities, full-time staff do not have significant training or experience in evaluation. This has resulted in a lack of focus for evaluation activities, which has in turn contributed to the lack of concentration on project goals, as noted.

If INTRAH is to maintain the Evaluation Unit as a discrete entity that can fulfill its potentially important role in the project, an individual must be found for full-time responsibility who has the technical background needed for this function.

Administrative Unit personnel were found to be capable and appropriate for their tasks. No significant changes are recommended.

### Staffing Operational Needs

In examining the INTRAH program, both in North Carolina and overseas, several areas important to the operation of a program were considered and whether INTRAH has the staff to carry out these functions.

The first area of concern is needs assessment. The INTRAH project covers such a vast geographic area and so many countries that, without a systematic appraisal of country and regional needs, INTRAH's limited resources will not be utilized efficiently. Needs assessments should be carried out in a uniform and comparable manner and by staff who have decision-making responsibilities.

Included in these assessments should be analyses of government policies, priorities, infrastructures, and support systems to determine whether training inputs could be appropriately utilized to improve service delivery; AID activities and priorities in the specific recipient country; all ancillary resources and organizations which may have activities in family planning; and strategic consideration of the recipient culture and its amenability to family planning.

These issues, although perhaps self-evident, are mentioned because an analysis of needs assessment as actually carried out by INTRAH indicates a lack of clear guidelines or consistency. This is understandable, given the fact that needs assessments have been carried out by an array of subcontractors, consultants, and core staff, each starting out with a particular set of assumptions and orientations. As a result, many of these assessments cannot be viewed within a larger context, and comparability is lost.

Since the needs assessment serves as the foundation for all future programming and planning and should provide the basis for ordering the priority of countries in receiving INTRAH resources, INTRAH should develop the capacity within its own core staff to carry out these activities. No future needs assessments should be carried out by outside consultants or subcontractors. This again calls for the recruitment of individuals with strong family planning backgrounds and field experience. It also calls for stronger French language capabilities among INTRAH staff than currently exists.

If INTRAH cannot develop this capacity, it cannot be expected to positively direct this program.

A related area of concern is short- and long-range planning. Review of INTRAH activities and documentation gives little evidence of overall planning strategy. Rather, activities seem to have been undertaken on an ad hoc basis in response to individual conditions or requests.

Clearly, one of the central elements of INTRAH's mandate is to develop an Africawide strategy for training in family planning. The lack of such a strategy is a major factor underlying the spotty nature of INTRAH's activities to date. This is a central function of program leadership and will have to receive far closer attention in the future.

The recent hiring of an Assistant Director for INTRAH may help in the development of coherent long-range program planning capacity. Once again, a strong background in family planning and health service delivery programs are a vital attribute to providing a thrust and focus to the program which have hitherto been lacking.

Although already mentioned in the discussion of the staffing of INTRAH's operational units, the function of evaluation bears consideration in the context of this section. Evaluation as performed to date has focused on two areas: a subjective response by participants to their training experience and an enumeration of trainees. While the first of these is undoubtedly useful in the evolution of an effective and acceptable training process and the second meets statistical needs in terms of AID's reporting requirements, a good deal more should be done in the area of evaluation.

Again, the lack of a clear focus in the program has resulted in primary attention being paid to process and intermediate outcome evaluation. With the development of a more coherent set of program objectives, the establishment of consistent needs assessments, and the development of short- and long-range planning based on these inputs, a more useful evaluation process should be developed. This would then serve as a useful program monitor to revise the previous steps.

Attention should be paid to developing instruments which could be used by host country nationals to determine the progress made through INTRAH's training programs to meet family planning and health service needs. This is in turn likely to help refine the procedures for selecting trainees, which has in many cases been weak, and help to guide the trainers in the development of training content in addition to methodology.

Without a more effective evaluation process, INTRAH is at risk of meeting its numerical objectives while in fact not having much impact on the actual delivery of services in Africa.

### Subcontractors and Consultants

In general, subcontract and consultant personnel sent to Africa by INTRAH have been experienced and capable trainers with previous overseas experience. However, with the notable exception of the Santa Cruz trainers and a few others, most of the INTRAH trainers and consultants have the same weakness as the INTRAH core staff; namely, little or no background in family planning or health.

A review of consultant qualifications in the countries visited during this evaluation supports this view. Most have backgrounds in informal and adult education, and many have worked in Training of Trainers programs in overseas settings. They are appropriate and qualified with respect to training methodology. As pointed out in the section of this report

dealing with training, the inclusion of individuals with expertise in family planning and health would do much to strengthen the content area of these training courses in a manner which would be consistent with the generally high level of training methodology.

With very few exceptions, INTRAH consultants who have been sent to Africa have been well accepted by their African students and colleagues. They have shown flexibility and adaptability to local conditions which has enabled them to develop good rapport and maintain credibility. Host government officials have generally been very pleased with these consultants; from their view point, there are few complaints about the lack of family planning or health expertise of the consultants, and their major recommendations have been to encourage continuity of consultants over an extended period as well as to assure that consultants be well informed about the host country and its programs before starting their work.

French language capability of consultants sent to Franco-phone countries has been good and generally appreciated.

## V. TRAINING

## TRAINING

### Fulfilling Contractual Objectives

INTRAH's training objective is to reach 18,500 individuals by providing training for paramedical, auxiliary, and community (PAC) workers. It is projected that INTRAH will have trained approximately 1,500 by September 1982. Training has been conducted primarily for nurses, midwives, and supervisory and tutorial staff.

INTRAH has not been able to reach its training targets to date. More recently, there has been a significant increase (albeit from a low base) in the number of people trained due to substantial program development. It is expected that, provided the present momentum in training continues, INTRAH will be able to meet its contractual objective. It is the team's understanding that this includes direct training and second-level training when supported by INTRAH.

While INTRAH is expected to meet its numerical targets over the remaining two years of the project, it has paid inadequate attention to the type of trainees selected by various institutions. Often those selected have, upon return to government or other agency service, continued to play, at best, a peripheral role in national FP/MCH programs both at the training and service levels. Project objectives have therefore been dissipated and frustrated by the ineffective screening of trainees. For example, in one country visited, several nurse trainees had no previous exposure to family planning and consequently, had great difficulty in participating fully in the training program. INTRAH training staff's lack of technical/clinical background has resulted in an oversight on their part, in identifying this issue as a major problem to be resolved.

Last minute changes and participant substitution also occur, but INTRAH may not be able to control or resolve this problem.

The selection of suitable trainees should be undertaken by the institutions in collaboration with INTRAH. INTRAH could limit its role to the screening of participants. This could result in a greater and more rapidly yielding return in family planning service delivery.

INTRAH should develop criteria and printed guidelines for the selection of trainees.

## Country Training Programs

### Training Needs

Individual requirements for FP/MCH training vary considerably from one country to another. Countries such as Tunisia and Kenya have long-standing family planning programs and the necessary infrastructure to support these activities. In contrast, Somalia has had no official family planning policy statement and the development of government family planning units has just recently begun.

INTRAH has not always tailored its training programs to the specific needs of individual countries, and this problem should be dealt with as a matter of urgency. INTRAH should review its approach to needs assessment, and experienced staff with both planning and clinical capabilities should be involved in the analysis of training requirements and program content.

### Curriculum Content

INTRAH training has concentrated predominantly on improving teaching skills and developing training methodologies and educational materials in workshops. The workshops are designed specifically to enhance communication, managerial, and supervisory skills for FP/MCH service delivery.

There is a great lack of family planning content, however, and exposure to the technical aspects of family planning in training programs. While workshops use family planning examples and have family planning discussions, this is inadequate to prepare participants for tutorial and supervisory roles in FP/MCH services.

Clinical training, as part of the workshop schedules, has been largely neglected, also, although there is a large unmet need for clinical training in some of the countries visited. One followup evaluation study (Moser #99) of workshop participants in Somalia stressed the need for a clinical training component and family planning content. These unmet needs have developed because INTRAH staff strengths are not in the area of clinical/technical training.

INTRAH should focus more closely on countries where FP training is needed and acceptable in order to promote project objectives. INTRAH should tailor curricula and extend workshops where necessary to incorporate both clinical and nonclinical family planning training.

## Training Capabilities

Related to the problem of curriculum content is the issue of INTRAH staff capabilities and expertise in FP/MCH work. Country training programs have been well conducted but have been strongly influenced by the in-house capabilities at INTRAH. This expertise is primarily in the areas of education and training, and therefore a technical-clinical approach to training in FP/MCH has been neglected.

INTRAH needs to address this problem by involving professional health/family planning clinicians in program development and training. INTRAH should recruit professional health staff experienced in and knowledgeable about family planning.

## Overseas Training

INTRAH has arranged special study programs abroad for selected midlevel key staff in Tanzania, Somalia, and Kenya. These courses have included management studies, clinical family planning training, and even the study of natural family planning methods. Participants found these short courses both useful and appropriate, and recommended that this program be continued.

INTRAH should closely monitor the work undertaken by recipients of overseas training to determine their level of performance and its usefulness in the context of the individual's role in family planning activities. INTRAH should also identify suitable institutions for training within the African and NEA regions. Longer training programs (i.e., one year) to prepare staff for senior positions in FP/MCH institutions should also be examined.

## Role of the Regional Office, Nairobi

### Present Status

INTRAH's Regional Office in Nairobi was established in January 1982 and has two professional and two support staff members. The staff has been engaged in setting up administrative and operational procedures, establishing contacts with in-country family planning agencies, and assessing training capabilities in Tanzania and Zimbabwe. One of the professional staff members, a nurse/midwife, has also participated in a number of training workshops.

The staff are unclear at present about the role the Regional Office is expected to play. Lack of information exchange between INTRAH/UNC and the Nairobi office on the status of training programs is a problem.

## Training Capabilities

With regard to training responsibilities specifically, one staff member has already conducted a training program in Somalia and Kenya and has provided technical support and backup for other training workshops. Her wideranging experience in the health field is particularly useful in the Regional Office.

While it would be advantageous to use her nursing/midwifery skills in ongoing training work, her involvement in needs assessment, project identification, and development of proposals for the region should be a substantial component of her portfolio. With regard to this, INTRAH should clearly outline the role and responsibilities of each staff member and utilize the manpower resources of the office and the benefits of its location close to field activities.

## The Role of Other Regional Offices

### Francophone Africa

The Francophone countries visited have not expressed a need for a regional office with functions similar to the Nairobi office. In Mali, staff did identify the need for a regional officer who could represent the Francophone countries. The role or functions of this representative were not clearly defined.

At this point it is unclear whether a regional representative would serve a useful role in training or in INTRAH's program development efforts generally in the Francophone countries.

### The Paris Office

The Paris office was established just five weeks ago and is manned by one INTRAH staff member whose main responsibility initially is the identification of regional training sites in Africa/NENA. INTRAH has not adequately identified its role and what the intra-agency relationships will be. There does not seem to be, prima facie, a rationale for such an office and there is a great danger that it could lead to fragmentation in decisionmaking and create bureaucratic inefficiencies.

USAID/W should request INTRAH/UNC to prepare a more detailed analysis of the functions of the Paris office and details of its mandate to establish regional training sites. Furthermore, USAID/W should monitor the performance of the office with regard to this task over the next two to three months with a view to making a decision whether to retain it. In particular, an issue which should be addressed by USAID/W is the extent to which the office, irrespective of individual INTRAH staff preferences, forms a logical component of INTRAH's organizational framework.

## Regional Training Centers

### East Africa

The UMATI center in Dar es Salaam has been proposed as a regional training center for English-speaking East Africans. The center has responsibility for all training activities in family planning for the Government of Tanzania. UMATI representatives indicated they would be happy to expand training activities if the need arises. UMATI conducts courses in FP/MCH, with emphasis on child spacing and clinic skills, and has substantial experience in the training of workers (see Appendix D). There is an adequate amount of FP clinical material in Dar es Salaam.

Before a decision is reached about the UMATI site, an analysis of an alternative site in Zimbabwe should be satisfactorily completed. Staff members at the USAID regional office in Nairobi have indicated that the Zimbabwe facilities are particularly good.

INTRAH should explore these centers as possible sites for regional training and, as a first step, should develop only one regional training center.

### West Africa

A need for regional training centers for the Francophone countries was also expressed. The difficulty is that there are few places in West Africa where there is a sufficient number of family planning acceptors to provide the necessary clinical training experience for regional trainees.

Potential sites which might be investigated were suggested by REDSO/WA. They included Zaire, Nigeria, and Sierra Leone. Of these, the only country with a well-established program in family planning is Nigeria, which has the disadvantage of being Anglophone; it could at least be considered as a site for Anglophone West African training.

Given the problems of placing a regional training center in Francophone West Africa, consideration should be given to Tunisia or Morocco. However, for cultural and ethnic reasons, this is unlikely to be a satisfactory long-term solution and is more likely to serve as an intermediate step as the search for a more suitable West African site continues.

## The Regional Advisory Group (RAG)

Because team members had limited contact with individual members of the Regional Advisory Group, it is not possible to assess its usefulness.

From a training perspective, the meetings attended by RAG members may be useful, both as a forum for exchanging individual country experiences in the field of training and for providing direction for countries embarking on new programs.

## VI. SUMMARY FINDINGS AND RECOMMENDATIONS

## SUMMARY FINDINGS AND RECOMMENDATIONS

1. There is a large unmet need for FP/MCH training in Africa which the INTRAH project has the potential to meet.

AID should continue to support the INTRAH project provided that the implementation problems described below are resolved.

2. The internal organizational structure of INTRAH/UNC appears satisfactory; however, coordination among the various units is operationally weak.

INTRAH would foster a stronger team approach if it had clear programmatic objectives and a technical leadership which stressed the shared role of the units in attaining these objectives.

3. Working relationships of the INTRAH project need strengthening.

INTRAH should foster more interaction and information exchange among INTRAH/UNC units, as well as between INTRAH/UNC and the Nairobi regional office. INTRAH should also continue to work closely with AID population officers in the field, and recognize that they serve as a source of assistance in individual country settings.

4. INTRAH/UNC's administrative procedures are well organized, recordkeeping systems are adequate, and their regular contact with the field office in Nairobi and those agencies with which INTRAH is cooperating are good. Delays in AID's approval of consultants, however, has led to internal administrative problems.

A quicker approval of consultants by AID/W would facilitate INTRAH's appointment of consultants and their deployment in the field.

INTRAH/UNC also needs to be informed as quickly as possible by AID/W about their budget allocation for the coming fiscal year, to permit them to proceed with program plans.

5. The INTRAH staff is not fully adequate for its task because it lacks sufficient qualified FP/MCH health professionals knowledgeable about, experienced in, and dedicated to family planning.

To fulfill its mandate, INTRAH needs several well qualified health professionals, trained and experienced in FP/MCH, as part of the INTRAH team. In addition, INTRAH should develop and utilize a cadre of health professionals drawn from such

UNC units as School of Public Health, School of Nursing, School of Medicine, and the Population Center, as envisaged in the project proposal. With such a staff, INTRAH could focus better on specific substantive training in FP/MCH.

6. INTRAH staffing is also technically weak in the areas of needs assessment and evaluation, which has resulted in inconsistencies in the criteria for country and program selection as well as in unclear indicators for program success.

INTRAH should recruit individuals for its core staff who have technical competency in FP/MCH needs assessment and/or program evaluation. In order for country needs assessments to be reasonably uniform and consistent with overall program objectives, a core INTRAH team should perform this function, rather than various consultants and subcontractors. Program evaluation should go well beyond subjective process measures and the enumeration of trainees to help determine INTRAH's progress in achieving program goals.

7. The quality of overseas consultants has generally been good in the area of pedagogy, and this has been appreciated by recipient countries: however, many of the trainers have had little background in FP/MCH, and this has at times resulted in content weaknesses in the training programs.

In most cases, training teams sent out should include an individual with substantial FP/MCH clinical or program experience. The issue of continuity of well accepted consultants returning to the same country over an extended period of time should continue to be stressed.

8. INTRAH's relationship to AID/W has been good. However, AID and INTRAH have different interpretations of the contract. The present contract is loose enough to permit INTRAH to fulfill the contract without really focusing on family planning.

The relationship could be improved if AID/W was more precise in its definition of what it requires from INTRAH.

9. Relationships and cooperation between the Institute of Health Policy Studies at Santa Cruz and INTRAH appear to be good, based on the team's limited contact with Santa Cruz. There was no direct contact with the other subcontractors. Since the subcontract with the ACNM was only recently approved, it may be too early to determine interagency relationships.

USAID/W should monitor these relationships closely in order to facilitate interagency cooperation.

10. INTRAH will most likely be able to meet its contractual objective of training a minimum of 18,500 individuals.

INTRAH should turn its attention to the impact these trainees will have. INTRAH should focus on who is being trained, and whether these trainees can contribute to making FP/MCH services more readily available in their respective countries.

11. Training in FP/MCH skills in INTRAH's overseas training programs has been largely neglected.

INTRAH needs to provide overseas trainers competent in MCH/FP skills, as well as trainers competent in training methodology. In general, LDC trainees want and would benefit from instruction in clinical family planning skills. African FP/MCH programs in many countries have progressed to the point where clinical FP training is both acceptable and necessary to promote project objectives.

12. INTRAH's short- and long-range planning has been weak, and analyses and activities have been spotty and of an ad hoc nature, rather than tied together by a clear overall program strategy.

The foundation for effective long-range planning would be rigorous and consistent region- and country-specific needs assessments, which would focus on determining where INTRAH's limited resources could best be brought to bear on improving FP/MCH services. Systematic analyses of government policies, priorities, infrastructure, and support systems as well as recipient cultures should be used to select the countries where training investments would have the highest return and to determine the timing and the type of training that would be most productive. INTRAH must begin to focus on the ultimate results of its training activities, rather than simply the number of individuals trained in the first and second generation.

13. INTRAH's present French language capability is adequate.

It would be preferable, however, for INTRAH to have stronger French language capability. This would permit INTRAH to participate directly in needs assessment and followup, rather than have these functions undertaken by subcontractors.

14. The INTRAH Regional Office in Nairobi has been operating since January 1982 and staff have been engaged principally

in setting up administrative and operational procedures. The staff do not understand clearly the role the Regional Officer is expected to play, and program responsibilities have not been clearly outlined by INTRAH/UNC.

INTRAH/UNC should identify clearly the role the Regional Office is expected to play in program development, and should find mutually acceptable solutions to any outstanding administrative and financial procedural problems. INTRAH should delegate more responsibilities to the Regional Office staff in the areas of needs assessment, in-country training, project identification and development of proposals, and responsibility for consultant and INTRAH staff in-country briefing.

15. With respect to a regional office, Francophone countries do not see the need for a Nairobi-type regional office. Although there was some interest expressed in having a Francophone representative based in West Africa, the need for such a representative is, at this time, unclear.

A related issue is INTRAH's recently established Paris office. INTRAH needs to carefully determine the goals and functions of this office, which has not been adequately done. A decision as to whether it is worthwhile for INTRAH to maintain a Paris office should be based on a careful analysis of its performance. AID/W should also closely monitor the situation.

16. Team members had only limited contact with individual members of the INTRAH Regional Advisory Group.

The Group seems useful primarily to legitimize an African program by an African expression of program needs and cultural background.

17. A regional training center for English-speaking East Africans is practical.

The proposed UMATI Center in Dar es Salaam would be satisfactory, but reports of the superior facilities and programs in Zimbabwe merit further investigation before deciding the location of the center.

18. A need for regional training centers also exists in the Francophone countries in order to develop specific family planning skills; however, no suitable sites in West Africa seem to currently exist.

Potential West African sites which were mentioned included Zaire, Nigeria, and Sierra Leone, but these are either Anglophone or otherwise problematic. A regional training center in Tunisia or Morocco would be a practical temporary solution to this need, but the search for a suitable West African site should continue.

## APPENDICES

## APPENDIX A

Appendix A

INSTITUTIONS VISITED AND INDIVIDUALS CONTACTED

*United States*

AID/W

Dr. Joseph Speidel, Director, Population Office

Ms. Anne Arnes, Chief, Training Division

Dr. Andrew Wiley, INTRAH Project Monitor

Ms. Carol Dabbs, Africa Population

Mr. John James, Africa Population

Ms. Elizabeth Maguire, Research Division

Mr. Tom Park, Health and Population, USAID/Mali

American Public Health Association

Ms. Myrna Seidman

Ms. Danielle Grant

INTRAH/UNC

James W. Lea, Director, INTRAH

Dr. Alan Cross, Acting Medical Advisor

C. Murphy, Head, Educational Unit

B. Henke, Acting Head, Training Unit

B. Bennard, Head, Evaluation Unit

R. Baker, Associate Director, Head, Administrative Unit

S. Mills, Head, Publications

Dr. Stuart Bondurant, Dean, UNC Medical School

Dr. Eugene Mayer, Associate Dean, UNC Medical School

Dr. Betty Cogswell, Population Center, UNC

Mr. Thomas Leonhardt, INTRAH Consultant

Ms. Mary L. Field, UNC Nursing School

Dr. Katherine Nicholls, UNC Nursing School

Dr. Marian Smallegan, UNC Nursing School

The Population Council

Dr. Margaret McEvory, Associate, International Programs

Ms. Jeanne Stillman, Assistant, International Programs

University of California, Santa Cruz

Dr. George Walters\*

Robert Mennich\*

*France*

INTRAH

Ms. Rosalia Rodriguex, INTRAH Representative

*Ivory Coast*

REDSO/WA

Mr. William Bair, Regional Population Officer

Dr. Darlene Bisson, Assistant Regional Population Officer

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\* By telephone conference.

*Kenya*

African Medical Resources and Educational Foundation

Dr. Christopher Wood, Executive Director

Family Planning International Assistance

Mrs. Nancy Harris, Director

International Planned Parenthood Federation

Dr. M. Mandara, Acting Director of Nairobi Office and  
Medical Advisor to IPPF

Dr. De Graft-Johnson, Director, African Family Studies

INTRAH Regional Office, Nairobi

Dr. Frank Nabwiso, Regional Representative

Ms. Pauline Mahuhu

Muranga District Hospital

Ms. Martha Wanjire Mucunu, Senior Tutor

Ms. Grace W. Kimani, Nurse\*

Ms. Susan N. Wachira, Midwife\*

Ms. Serah N. Wanjahi, Midwife\*

Ministry of Health

Mrs. Kiereine, Chief Nursing Officer

---

\* Trainees in the INTRAH project teaching at Muranga.

E.N. Ngug, Deputy Chief Nursing Officer  
Mrs. Joyce Musandu, Coordinator, INTRAH Training Programs  
Mrs. Sellah A. Nakhisa, Public Health Nurse  
Mrs. Rosalind Waithaka, Public Health Nurse

National Council of Women in Kenya

Professor Mathai, Chairperson  
Professor Mbaya, Treasurer  
Mrs. M. Kaman, Nurse/Midwife and Lecturer for INTRAH Program

National Family Welfare Center

Dr. John Kigaudu, Director  
Ms. M.A. Odipo, Nurse/Trainer\*  
Ms. Z.W. Gitai, Public Health Nurse/Trainer\*  
Ms. E.K. Kithinji, Public Health Nurse/Trainer\*  
Ms. E.N. Kwinga, Public Health Nurse/Trainer\*

USAID Office/Nairobi

Mr. Spencer Silberstein, Population Officer  
Ms. Barbara Kennedy, Regional Population Officer

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\* Trainees in the INTRAH project.

*Mali*

Government of Mali, Ministry of Public Health  
and Social Affairs

Dr. Sanoussi Konaté, Deputy Director of Planning

Dr. Bocar Touré, Chief, Division of Training

Dr. Lilian Barry, Chief, Division of Family Health

Mme. Amanita Sininta Samaké, Nurse/Midwife, PMI Centrale

Mme. Bocoum, Nurse/Midwife, PMI Centrale

M. Souleymane Touré, Male Nurse, Ministry of Planning

M. Abdoulaye Bocoum, Assistant Social, Education pour la Santé

Ecole Secondaire de la Santé

Dr. Chek René Sidibé, Director

Founeke Cissé

Mme. Coulibaly Fatou

Kaouon Cissoko

Mme. Aissata Dia Diarra

Mme. Sangare

Malian Association for the Promotion and Protection  
of the Family (AMPPF)

M. Maiga, Director

M. Abdoul Tounkara, Research and Evaluation Officer

USAID/Mali

John Ford, General Development Officer

Francisco Zamora (IDI)

Tata Sangare, Health Program Assistant

*Senegal*

Executive Director of the Association of Senegalese for the  
Bien-Etre-Familial (ASBEF)

M. Oumar Marone

USAID/Dakar

Pat Daley, Office of Health and Population

*Somalia*

Benader Hospital Mogadishu

Dr. A. Skulan, Director

Ebado Muse, Matron

Mataharen Munye Alawi, Head Nurse, Maternity Unit\*

DEHE. Hamarwein MCH Clinic, Mogadishu

Dr. Nasantha, Gynecologist

Noortho Abdul Karden, Chief Nurse

Hodan MCH Clinic, Mogadishu

Chief Nurse

INTRAH Staff Members

Jo Ella Walters, INTRAH Staff Member

Martha Brooks, Consultant to INTRAH

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\* Trainee in the INTRAH project.

Ministry of Health

Dr. Mohamed Ali Hasan, Director General

Dr. Oaman Mohamed, Director of MCH Program

Dr. Rukiya Seaf, Director of Family Health/Family Planning Program, and Deputy Director of MCH Program

Dr. John Cipolla, Chief of Party, MSCI, Primary Health Care Program

Halima Aldi Shekh, Head of Health Education Unit, Family Health/Family Planning Program\*

Faduma Haji Mohamed Abukar, Public Health Nurse Tutor, Family Health Program\*

Marion Yusuf Fahiye, Chief Nurse, Yaqshid MCH Center\*

Khadija Barre Mohamed, Chief Nurse, Wardhigle MCH Center\*

Fatima Mohamed Dsable, Training Instructor, Family Health/Family Planning Program\*

School of Nursing, Mogadishu

Director

Khin Mu Aye, WHO Nurse Educator

Zieinal Ahmed Shiekh Mahomed, Tutor, Basic Nursing Program\*

Halima Abraham Hasan, Tutor, Post-Basic Nursing Program\*

USAID Office/Mogadishu

Roger Carlson, Assistant Director (Acting Director for Jim Kelly)

Charles Habis, Health and Family Planning Development Officer

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\* Trainees in the INTRAH project.

*Tanzania*

UMATI

Mrs. Christine Nsekela, Executive Secretary  
Mrs. Grace Mtawali, Chief Training Officer  
Mrs. Rita Kulliva, Trainer (INTRAH-TOT), 3 mo. Santa Cruz  
Muhumbili Medical Center - MCH/FP Clinic  
Amtullabhai Karimjee MCH/FP Clinic  
Mrs. Leema, N/MDW in charge

USAID/Dar es Salaam

Mr. John Drudick, Population Officer

WHO

Dr. O. Kerele, WHO Representative

*Tunisia*

National Family Planning Office

Madame Souadchater, Director  
Mr. Mongi B'Chir, Director of Training  
Mr. Mourad Ghachem, Director of the Bureau of International  
Cooperation  
Mr. Néjib Bel Hadj Ali, Associate, Bureau of International  
Cooperation  
Madame Mehene, Administrator of the Trarag Center

National Family Planning Office, SFAX Regional Office

Madame Fatma Gargouri, Regional Delegate, SFAX

Madame Cheour Rahima, Nurse Midwife Supervisor

Madame Siala Essia, Nurse Midwife Supervisor

Mr. Mougi Chaoui, Administrator

USAID/Tunisia

Ms Dale Gibb, Director of Health, Nutrition and Population

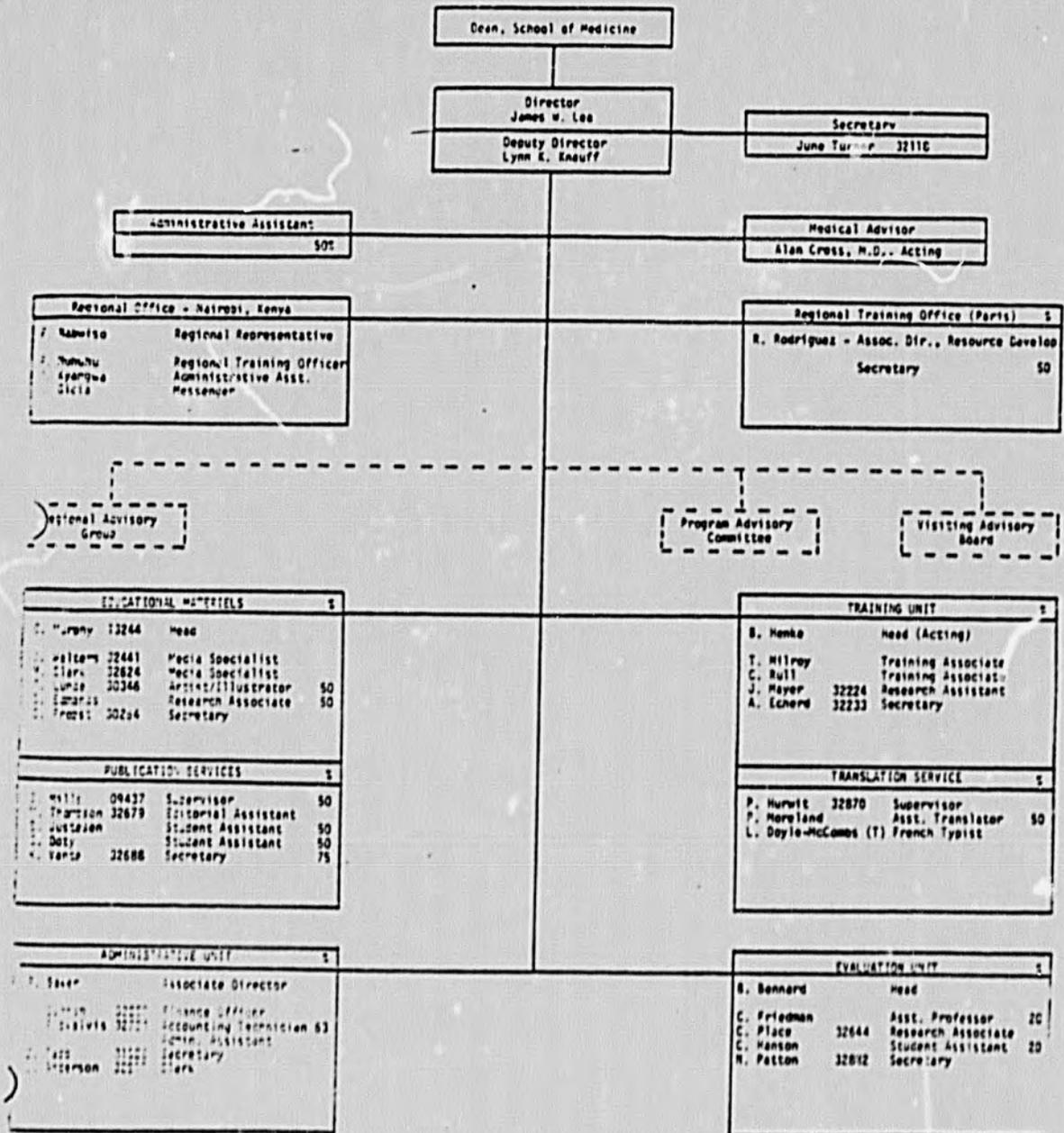
APPENDIX B

# Appendix B

## INTRAH TABLE OF ORGANIZATION

PROGRAM FOR INTERNATIONAL TRAINING IN HEALTH (INTRAH)

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



Proposed January 1, 1983

## APPENDIX C

## Appendix C

### INTRAH BUDGET REQUIREMENTS

#### PROGRAM FOR INTERNATIONAL TRAINING IN HEALTH

The University of North Carolina at Chapel Hill  
School of Medicine

208 North Columbia Street (344A)  
Chapel Hill, North Carolina 27514

August 25, 1982

Cable: INTRAH, Chapel Hill, N.C.  
Telephone: (919) 966-1616  
TWX 510 929 0744  
ANSWERBACK: UNCCH SPH CPFL

Ms. Johni Pittenger, Chief  
P.E. Branch, Central Operations Division  
Office of Contract Management  
Agency for International Development  
Washington, D.C. 20523

Re: AID/DSPE-C-005B

Dear Ms. Pittenger:

Enclosed, per your August 5, 1982 letter, are copies of the "Offeror's Analysis of Cost Proposal" and other required supporting documentation.

The results of this review are summarized:

a. Expended October 1, 1979 - June 30, 1982	\$4,760,220
b. Required per the analysis submitted herewith	<u>7,531,935</u>
TOTAL:	\$12,292,155

Please see attachment #1. This compares the contract budget to expended plus the offeror's Cost Analysis and reflects a prospective budget reduction of \$544,915. This is attributable to the slow start in year 1. The \$4,760,220 expended is confirmed by UNC/CH voucher #23 to AID/W.

INTRAH has hit its programmatic stride. Acceleration of expenditures has been marked.

<u>Year</u>	
Year 1	634,690
Year 2	1,505,398
Year 3	2,620,132
(9 months - Oct. 1981 through June 1982)	<u>54,760,220</u>

From this, we observe the financial situation is painfully clear.



Page Two  
Ms. Johni Pittenger

Funded through 6/30/82	\$6,930,053
Spent through 6/30/82	<u>4,760,220</u>
Available 7/1/82	2,219,833
Pending via Mod #3	<u>1,193,000</u>
Total Available for 7/1/82 - 6/30/83	3,412,833
Required 7/1/82 - 6/30/83	<u>4,191,783</u>
Year 4 deficit	\$ 778,950

Without this \$778,950 and firm assurance of \$3,340,152 for year 5, INTRAH cannot place four subcontracts on hand with Sudan and Tunisia. We cannot carry out initiatives already undertaken in Uganda, Cameroon, Tanzania, Zaire, and Guinea. We cannot totally implement action on a priority mission request in Mauritania. (See attachment #2). Furthermore, the full trainee output per our Regional Training Site program (as defined in the INTRAH Strategy Statement, attachment #3) is jeopardized for a want of funds. We cannot expect to energetically develop training sites in Morocco, Tunisia and Tanzania (a contract requirement) if resources to implement those efforts are unavailable.

INTRAH has in good faith, aggressively promoted the program in furtherance of AID and UNC/CH objectives for paramedical training. We do not view this situation with indifference. We warmly endorse a thoughtful review of the OCA and would appreciate a prompt response to: (1) make the \$1,193 million available immediately, with (2) prompt follow-on action to provide an additional \$778,950 by September 30, 1982.

With best regards,

Sincerely,

James H. Lea  
Director

RHB/dt

4 Enclosures

1. Budget Comparison
2. Maruibia Mission Cable
3. Strategy Statement
4. Offeror's Cost Analysis

Concur:

Contract Administration  
University of North Carolina  
at Chapel Hill

cc: Dr. Andrew Wiley, ST/POP/II

## APPENDIX D

HEALTH PERSONNEL TRAINED (1 - 4 Weeks Courses) in MCH/PT

(Emphasis on Child Spacing Information and Clinic Skills)

TRAINING CONDUCTED AT UMATI HQ, Dar es Salaam, Moshi and Mwanza MCH Zonal Centres

OCT. 1970 - JUNE 1981

CENTRES AND YEAR	Stud. Nurse	MCH. A.	H.M.A.	PRE - SERVICE			N.M.	P.H.N.	M.O.H. A.	IN - SERVICE			M/Eds and Others
				Med. (M.D.) Students	Trainees in Social Welf. fare. (National Inst. for Social Welf.)					Village Midwife	Trainers & Superv.	AMO's and Med. Ass.	
<u>UMATI DAR ES SALAAM</u>													
Oct. - Dec. 1970	-	-	-	-	-	11	-	-	-	-	2	-	-
1971	60	-	-	-	-	97	-	-	-	40	-	38	20
1972	88	-	-	30	60	144	-	-	-	45	40	25	270
1973	160	-	80	35	40	61	-	-	-	23	-	30	12
1974	118	-	-	35	30	79	-	-	-	18	27	20	15
<u>UMATI, MOSHI, MWANZA</u>													
1975	70	-	30	51	-	143	-	-	-	-	-	-	173
1976	155	-	-	71	30	117	-	-	-	-	-	100	109
1977	158	400	-	74	3	172	-	-	-	65	-	-	31
1978	104	332	-	34	6	353	1	-	-	20	-	-	97
1979	200	320	-	75	4	142	36	38	16	45	-	-	52
1980	54	306	71	75	36	51	1	13	29	60	-	-	32
1981	75	-	30	49	43	6	2	8	7	27	71	43	35
<b>GRAND TOTAL (by Cadre)</b>	<b>1,242</b>	<b>1,358</b>	<b>211</b>	<b>529</b>	<b>255</b>	<b>1,376</b>	<b>40</b>	<b>75</b>	<b>105</b>	<b>360</b>	<b>153</b>	<b>213</b>	<b>646</b>

TOTAL:- ALL PERSONNEL 6,543

## APPENDIX E

WORKSHEET #3: Training Activity Daily Schedule

Working Days and Hours: Sunday - Thursday; 8:30 - 2:00

TRAINING SCHEDULE, SOMALIA

Appendix E

E-1

<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>	<u>Day 6</u>
Coining Ceremony	Learning Issues Overview of Visual Formats Elements of a Visual Aid	Learning Issues Design Principles Use of Color	Learning Issues The "Magic" Grid - organizer - enlargement - hand lettering (demonstration)	Learning Issues Feedback Game Interviewing Skills and feedback for designing visuals	Learning Issues Storyboarding as a tool Storyboarding for visual design and educational effectiveness
BREAK Icebreaker activity Why Use Visual Aids? Negotiation of Workshop Objectives Reflection Preview of next day	Visualizing the message Name tag production -lettering stencil -use of line -letter spacing Reflection and Preview	Organization of visual elements (composition) Use of a grid for organization Tracing as a tool Reflection and Preview	Use of grid to: organize enlarge letter (practice)  Reflection and Preview	Discussion of Interviews Summary of skills to date Introduction to individual projects (topics) Reflection and Preview	Group story- boarding problem  Reflection and Preview
<u>Day 7</u> Learning Issues Continue Group Storyboarding problem	<u>Day 8</u> Learning Issues Individual Projects -rough sketches -feedback	<u>Day 9</u> Learning Issues Produce visual aid -lay-out individual visuals -transfer to final product material	<u>Day 10</u> Learning issues teaching guide	<u>Day 11</u> Learning Issues Continue Production	<u>Day 12</u> Learning Issues Presentations and feedback
BREAK Sharing and feedback individual projects (sample and finished product) Reflection and Preview	- revisions based on feedback  Reflection and Preview	Produce  Reflection and Preview	Reflection and Preview	Presentations and feedback  Reflections and Preview	Closing ceremony

## APPENDIX F

LUNDI 15 MARS 1982

8H 30 - 10H 30 : Mr. M. B'CHIR  
Gestion et programme de Planning Familial

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mlle. D. LEROUX  
La notion de gestion.

14H 30 - 16H 00 : Mr. CH. MAAMOURI  
Le statut juridique de L'O.N.P.F.P.

16H 30 - 17H 30 : Mr. CH. MAAMOURI  
Le statut juridique ( Suite )

MARDI 16 MARS 1982

8H 30 - 10H 30 : Mr. S. MESSAOUDI  
Budget - Définition

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mr. S. MESSAOUDI  
Budget ( Suite )

15H 00 - 16H 00 : Mr. S. MESSAOUDI  
Budget exécution et contrôle

16H 00 - 16H 30 : Pause - Café

16H 30 - 17H 30 : Mr. EL JERI  
Le budget de l'Etat.

MERCREDI 17 MARS 1982

8H 30 - 10H 30 : Mr. S. MESSAOUDI  
Les opérations bancaires

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mr. AFAYA  
Le Bilan (Définition - Comment établir un Bilan - utilités).

15H 00 - 16H 00 : Mme. K'NAIES  
Le chèque (émission - transmission procédure pénale).

16H 00 - 16H 30 : Mr. AFAYA  
Les différents modes de paiement.

JEUDI 18 MARS 1982

8H 30 - 10H 30 : Mlle. D. LEROUX  
Le gestionnaire leader

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mlle. D. LEROUX  
Motivation et gestion des réunions.

15H 00 - 16H 00 : Mr. B OUJELAA  
Mlle. ZGHAL  
Gestion de la Pharmacie

16H 00 - 16H 30 : Pause - Café

16H 30 - 17H 30 : Mr. CH. MAAMOURI  
Mr. K. GRIBAA  
L'inventaire et gestion du stock

VENDREDI 19 MARS 1982

8H 30 - 10H 30 : Mr. RHAYEM  
La gestion du matériel roulant

10H 30 - 11H 00 : Pause - Café

11H 00 - 13H 00 : Mlle. BELARBI  
Les Assurances véhicules.

LUNDI 21 MARS 1982

8H 30 - 10H 30 : Mlle. GHEDIRA  
La gestion du personnel

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mr. CH. MAAMOURI  
Droits et obligations de l'agent public

15H 00 - 16H 00 : Mr. W. HRIZ  
La décentralisation administrative

16H 00 - 16H 30 : Pause - Café

16H 30 - 17H 30 : Mr. W. HRIZ  
La décentralisation administrative (suite).

MARDI 23 MARS 1982

8H 30 - 10H 30 : Mlle. D. LEROUX

La gestion par objectif

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mr. T. KILANI

15H 00 - 16H 00 : Mlle. D. LEROUX

Le rôle du gestionnaire dans le changement.

16H 00 - 16H 30 : Mlle. D. LEROUX

Le rôle du gestionnaire dans le changement ( Suite ).

MERCREDI 24 MARS 1982

8H 30 - 10H 30 : Mr. AFAY A

Comptabilité publique  
Comptabilité commerciale.

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30 : Mr. K. FREDJ

Technique du livre comptable

15H 00 - 16H 00 : Mr. K. FREDJ  
Mr. F. BECCAR

L'Etat de rapprochement.

16H 00 - 16H 30 : Pause - Café

16H 30 - 17H 30 : Mr. K. FREDJ

Le fonds de roulement.

JEUDI 25 MARS 1982

8H 30 - 10H 30 : Mr. M. B'CHIR  
Mlle. D. LEROUX  
Mr. CH. MAAMOURI

Première évaluation

10H 30 - 11H 00 : Pause - Café

11H 00 - 12H 30

Première évaluation ( Suite )

15H 00 - 17H 30

Contacts avec le siège.

VENDREDI 26 MARS 1982

8H 30 - 13H 00 : Mme. S. CHATER

Évaluation et clôture du Séminaire.

OFFICE NATIONAL DU PLANNING FAMILIAL  
ET DE LA POPULATION.

CENTRE DE FORMATION ET DE RECYCLAGE.

SEMINAIRE N° 4/1982

GESTION ADMINISTRATIVE ET DU  
PERSONNEL

Période et lieu : 15 au 27 Mars 1982  
Centre de Formation - TUNIS -

Série : Recyclage des cadres  
régionaux.

Thème : Gestion

Objectifs : Améliorer le niveau de  
gestion des Délégués et des Secrétaires  
Régionaux, gestionnaires adminis-  
tratifs au niveau de leurs régions,  
contribuer à préparer les séminaires  
gestion du programme et programmation  
et évaluation et contribuer à l'éva-  
luation du programme national.

Organisateurs : D.A.F. - I.N.T.R.A.H.

Services concer-  
nés : Régions - D.A.F.

Nature : Théorique et pratique

Participants : 24 Délégués et Secrétaires  
des gouvernorats  
suivants :

- . NABEUL SOUSSE
- . MAHDIA SFAX
- . GABES LE KEP
- . JENDOUBA ZAGHOUAN
- . MONASTIR BIZERTE
- . KAIROUAN.

## APPENDIX G

WORKSHEET #3: Training Activity Daily Schedule

<p>Monday (1) 30</p> <p>CLOSING CEREMONY</p> <p>Participants' needs</p> <p>Review of previous sessions/Agendas</p> <p>Feedback on Sessions</p>	<p>Tuesday (2) 1</p> <p>Roles of Trainers</p> <p>PHASE ONE: LEADERSHIP SKILLS FOR TRAINERS</p> <p>Value Clarification Skills</p> <p>Feedback on Sessions</p>	<p>Wednesday (3) 2</p> <p>Leadership Skills</p> <p>Group Dynamics Skills</p> <p>Motivation Skills</p> <p>Feedback on Sessions</p>	<p>Thursday (4) 3</p> <p>Communication Skills</p> <p>Decision Making Skills</p> <p>Evaluation Skills</p> <p>Feedback on Sessions</p>	<p>Friday (5) 4</p> <p>Learning: How's, What's and Why's</p> <p>Review of Phase One</p> <p>Preparation for Phase Two: Provision of MCH/FP Training</p> <p>Feedback on Sessions</p>	
<p>Monday (6) 7</p> <p>Needs Assessment</p> <p>Data Gathering</p> <p>Resources for Training</p> <p>Materials, time, info</p> <p>Needs Assessment</p> <p>Problems and Solutions</p> <p>Setting Training Goals and Objectives</p>	<p>Tuesday (7) 8</p> <p>Basic Needs Assessment</p> <p>Data Gathering</p> <p>Resources for Training</p> <p>Materials, time, info</p> <p>Needs Assessment</p> <p>Problems and Solutions</p> <p>Setting Training Goals and Objectives</p>	<p>Tuesday (cont.) (7) 8</p> <p>Review of MCH/FP curriculum</p> <p>Feedback on Sessions</p>	<p>Wednesday (8) 9</p> <p>Conducting training for MCH/FP</p> <p>Preparation of course outline</p> <p>Lesson Planning</p> <p>Training Methodologies</p> <p>Feedback on Sessions</p>	<p>Thursday (9) 10</p> <p>Sequences and Task Analysis</p> <p>Educational Materials Review and Assignment</p> <p>Feedback on Sessions</p>	<p>Friday (10) 11</p> <p>Participants practice conducting MCH/FP training</p> <p>Feedback on Sessions</p>
<p>Monday (11) 14</p> <p>Participants practice coordinating MCH/FP training</p> <p>Feedback on Sessions</p>	<p>Tuesday (12) 15</p> <p>Participants practice conducting MCH/FP training</p> <p>Feedback on Sessions</p>	<p>Wednesday (13) 16</p> <p>Evaluation of Training Programs and Sessions</p> <p>Diagnostic tools</p> <p>Critical incident</p> <p>Feedback on Sessions</p>	<p>Thursday (14) 17</p> <p>Using Evaluations</p> <p>Evaluation of INTRASessions</p>	<p>Friday (15) 18</p> <p>Program Overview</p> <p>CLOSING CEREMONY</p>	
		<p>Daily: -Program opens with agenda review</p> <p>-Program closes with review of day's work</p> <p>-modification if wanted of next day's work</p>		<p>Daily: Logistics:</p> <p>Tea in A.M.</p> <p>Lunch</p> <p>Tea in P.M.</p>	

TRAINING SCHEDULE

Appendix G

## APPENDIX H

# Best Available Document

## LIST OF MEMBER ORGANIZATIONS AFFILIATED TO THE NATIONAL COUNCIL OF WOMEN OF KENYA

NAME OF ORGANIZATION	CHAIRMAN	TELEPHONE	P. O. BOX
1. MUSLIM WOMEN ORGANIZATION	MRS. J. JEMAN	21010	32824 NDI
2. ISMAILI WOMEN ASSOCIATION	MRS. S. NGUMBO	74007	41055 NDI
3. GALATIEN WIFE (WOMEN'S WING)	CAPT. MRS. R. COLLING	27541/20330	40575 NDI
4. KENYA WOMEN INTERESTIST ORGANIZATION	MRS. A. SLAZPAR	24525	45187 NDI
5. AMERICAN WOMEN ASSOCIATION	MRS. N. HARRINGTON	502551	47800 NDI
6. YOUNG WOMEN CHRISTIAN ASSOCIATION	MRS. WANJIKU CHIRI	52073/43333	40710 NDI
7. NATIONAL NURSES OF KENYA	MRS. NJERI NGUGI	72007	30010 NDI
8. NAIROBI BUSINESS & PROFESSIONAL W.C.	MRS. ANNE WAMBARA	55000/51120	42229 NDI
9. KENYA ASSOCIATION OF UNIVERSITY WOMEN	MRS. LENA OSAGA	745259	47010 NDI
10. KONTA WOMEN SOCIETY	MRS. KAJASH KICHAR	01509	10310 NDI
11. KENYA HOME ECONOMIST ORGANIZATION	MRS. ESTHER NJOHJO	20111	30000 NDI
12. KENYA COUNCIL OF CATHOLIC WOMEN	MRS. AUGUSTA KARANJA	01171	14731 NDI
13. P.C.E.A. WOMEN'S GUILD	MRS. MARY NDUGUA	50100	220 MOLO
14. MACHAKOS HOME MAKERS	MRS. USHA SWEDE	0149-71010	145 MACHAKOS
15. KONTA CLUB OF NAIROBI	MRS. NJERI WAMBARA	21110	45110 NDI
16. NYERI WOMEN ASSOCIATION	MRS. A. I. MATHA	334244/2240/50097	30197 NDI
17. WOMEN'S COUNCIL SOCIETY	MRS. D. D. DAVIS	05550	40475 NDI
18. KIMBU HOME INDUSTRY	MRS. WICKACI NAIJEU	042171	102 KIMBU
19. KENYA RED CROSS (WOMEN'S GROUP)	MRS. EMMILYEN KARIKI	502713/23509	23015 NDI
20. NERANGU WOMEN'S ASSOCIATION	MRS. CATHERINE UCHIEL	24070	42335 NDI
21. TRUST BUILDING INFORMATION GROUP	MRS. BEATRICE MUMIA	24031/1	55430 NDI
22. MUYU YOUNG WOMEN ASSOCIATION	MRS. SUBARSHNA SINGAL	745907	30195 NDI

### ASSOCIATE MEMBERS

1. KENYA ASSOCIATION OF SOCIAL WORKERS	MRS. F. NYARIMO	24200	30270 NDI
2. NGUREWA MOTHERS	MRS. WAIKUI KIRUNDA		200 LIKURU
3. MURURU-GITHINJI BRANCH	MRS. W. GITHINJI		200 LIKURU
4. GITHINJI BRANCH	MRS. WAIKUI MWANGI		200 LIKURU
5. MURURU BRANCH	MRS. W. KUCHUI		19 KARAI
6. MURURU SELF-HELP GROUP			300 NAKURU
7. MOTHERS UNION - MURURU BRANCH			50 NAKURU
8. INNER WHEEL CLUB (MURURU)	MRS. F. CROVER	48542	41934 NDI
9. *KENYA CONSUMERS ORGANIZATION*	MRS. CATHERINE NDIRANGU	34122/27213	30255 NDI

LIST OF MEMBER ORGANIZATIONS AFFILIATED TO THE NATIONAL COUNCIL OF WOMEN OF KENYA

Appendix H

## APPENDIX I

# DAILY NEWS

TANZANIA

1/50 Mozambique 7 Meticals

SATURDAY, AUGUST 28, 1982

## Mwalimu calls for child spacing

From Attho Tagale in Zanzibar.

CCM Chairman Mwalimu Nyerere has urged Tanzanians to exercise child spacing, noting that the practice was the best method of ensuring the health of both the mother and her child.

Mwalimu gave the advice when opening a two-day General Council Conference of the Tanzania Women's Organisation (WAZAZI) at the Kiswando CCM Office here yesterday.

He said whereas a human being was capable of reproducing every year, it was advisable for Tanzanians to consider their capacity to rear

children and the ability of the mothers to bear the burden of pregnancy.

Mwalimu observed that reproduction was easy, particularly when the partners were in sound health, but the challenge lay in fulfilling the requisite child care to a point where a person would be well equipped to stand on one's own.

He stressed that modern development dictated that one should not think of reproducing without reflecting on one's capacity to care for the new arrival.

The Party Chairman said the capacity of mothers to cope with what reproduction and child care entailed should not be ignored for, he maintained, annual child birth was bound to impair their health.

Mwalimu observed that in developed countries, where almost everybody worked, to earn a living, people scrupulously practised child spacing.

He said there was no reason why Tanzanians should not emulate those countries, especially if one takes into account the fact that women in Tanzania are the greatest workers.

Mwalimu further pointed out that since women worked from dusk to dawn, producing much of the country's food and cash crops while many men loafed about, "surely one cannot expect these people (women) to give birth every year.

However, the most serious thing, Mwalimu said, was that although all were aware of the problem "we apparently feel ashamed of discussing it".

Mwalimu explained that our forebears had their own accepted child spacing norms which ensured that an adequate period elapsed between the first and the second child, which ensured the health of the mother and her child.

The Party Chairman lamented that the worthwhile practice appeared to have now been completely abandoned.

Mwalimu cautioned that unless Tanzanians were careful "our daughters will be giving birth every year like rabbits", saying this would spell grave consequences to the nation.

He said it was high time the Party, and especially WAZAZI, took the lead in educating the people on the need for child spacing.

Mwalimu said arguments that Tanzania was expansive and therefore child spacing was unnecessary were shallow, for "it is important to note that one is not born with a hoe in his hands".

The Party Chairman stressed that if the hardworking Tanzanian woman depended on the hoe to feed herself and the family — including the child — then it was high time the people addressed themselves seriously on child spacing.

Best Available Document

APPENDIX J

## Appendix J

### ACHIEVEMENTS AND RECOMMENDATIONS FROM NAIROBI INTRAH OFFICE

#### SUMMARY OF MAJOR ACHIEVEMENTS OF AND RECOMMENDATIONS FROM NAIROBI INTRAH OFFICE

by Frank Nabwiso  
Regional Representative

#### A. ACHIEVEMENTS IN JANUARY - JUNE 1982

- 1) Established administrative and operational procedures of the office
- 2) Established good relations with the Kenya MOH
- 3) Assisted in Kenya MOH workshops of Sydney
- 4) Established relations with several international population agencies in Nairobi
- 5) Discharged financial responsibilities in accordance with Chapel Hill instructions and Cooper and Lybrand procedures
- 6) Received adequate help and guidance from Chapel Hill on programmatic matters
- 7) Assessed training capabilities of UMATI
- 8) Assessed training needs in MCH, FP and PHC in Uganda
- 9) Established contacts with Zimbabwe
- 10) Received a number of visitors and briefed them about INTRAH's activities in Africa

#### B. NEW RECOMMENDATIONS

- 1) That mutually acceptable solutions to Chapel Hill and Nairobi be found for all outstanding administrative and financial issues.

Administrative issues include hiring of junior staff for the Nairobi Office, and financial issues include salary payment arrangements and medical insurance for junior and senior staff in Nairobi.

- 2) That Chapel Hill should clearly indicate the role that Regional Office will be expected to play in programmatic matters. This will be in keeping with Dr. Lea's own statement that "Regional Office personnel and regional resource persons will (in the coming 2 years) assume primary importance in maintaining program momentum."

Specifically, in this regard, we recommend that:

- a) Chapel Hill spells out the role that it expects us to play in each of the project that has already been designed.
- b) Our office be encouraged to keep in touch with the RAG members and resource person and help to coordinate their activities.

- c) Our office be empowered to monitor the progress of the projects in all Anglophone countries in East, Central and Southern Africa, namely:

<u>West Africa</u>	<u>Eastern Africa</u>	<u>Central and Southern Africa</u>
Nigeria	Somalia	Swaziland
Sierra Leone	Kenya	Botswana
The Gambia	Tanzania	Zimbabwe
Liberia	Uganda	Malawi

- d) Our office be encouraged to continue to (i) promote collaboration with various organizations that are interested in MCH, FP and PHC programs (ii) identify other persons, institutions and resources whom/which INTRAH can utilize for training purposes as well as consultation work and (iii) identify other training needs in MCH, FP and PHC in the above mentioned countries.
- 3) That in the next 2 years and beyond, INTRAH should, in addition to PHC, FP and MCH focus more attention to Adolescent Fertility Management and educational material development.
- 4) That the Nairobi Office should continuously be informed of all intended activities in any country before they take place.
- 5) That the following additional actions be taken:
- (a) Swaziland
- (i) Involve Regional Office in the proposed extension of the project as per report no. 81
  - (ii) Enable RTO to participate in the proposed "Training of Master Trainers" scheduled to take place in October
- (b) Somalia
- (i) Involve Regional Office in assessment of need for extension of contract
  - (ii) Involve Regional Office in future training programs (if any).
- (c) Tanzania
- (i) Follow up the proposal submitted by UMATI on international training
  - (ii) Consider possibility of INTRAH taking up IPPF's Training program in Dar es Salaam.
- (d) Kenya
- (i) Empower Regional Office to monitor progress of Kenya MOH projects
  - (ii) Empower Regional Office to monitor NCHK project
- (e) Zimbabwe
- (i) Empower Regional Office to discuss with REDSO/EA training needs in MCH, FP and PHC in Zimbabwe
  - (ii) Empower F. Mabwiso to visit Zimbabwe to carry out

further assessment of MCH, FP and PHC there.

- (f) Sierra Leone
  - (i) Monitor progress on AFM project in Sierra Leone
  - (ii) Distribute progress report to interested agencies.
- (g) Liberia
  - Assess training needs in MCH, FP and PHC
- (h) Nigeria
  - (i) Monitor progress on INTRAH work in Nigeria
  - (ii) With Professor Ransome-Kuti and Mrs. Savage, assess other training needs in MCH, FP and PHC
- (i) Uganda
  - Discuss Frank Nabwiso's field report and recommendations on Uganda
- (j) Malawi
  - Allow Nabwiso to visit Malawi with Santa Cruz team
- (k) Regional Activities
  - (i) Discuss possibility of mounting Regional Master Trainer Project
  - (ii) Discuss possibility of mounting Regional AFM project with Andre Singleton
  - (iii) Discuss implementation and plans of the proposed regional material workshop

## APPENDIX K

INTRAH SPONSORED PROGRAMS TO MARCH 31, 1982

COUNTRY/PROGRAM	IN-COUNTRY ACTIVITIES	OUTCOMES/COMMENTS
KENYA	<p>1. Training of trainers in MCH/FP (National Family Welfare Center)</p> <p>A. Needs Assessment Visit (INTRAH: March 27-April 14, 1980)</p> <p>B. Project Identification Visit (INTRAH: Sept. 3-19, 1980)</p> <p>C. Memo of Understanding Development Visit (INTRAH: Jan. 24-31, 1981)</p> <p>D. Workshop TOT: 20 participants (INTRAH: March-April 1981)</p> <p>E. Evaluating Follow-up Visit (INTRAH: Nov. 1-4, 1981)</p>	<p>Goal is to increase capabilities of the NFMC staff as trainers in MCH/FP and to assist in the revision of the training program for registered and enrolled community nurses.</p> <p>Only one training event was scheduled under this program but it was high priority to the MOH.</p> <p>20 trainers of Kenya registered nurses and enrolled community nurses attended the training. Those who were contacted six months after training (14) indicated that they had trained over 350 nurse and community-based health workers. Since attending the workshop, all said the workshop had improved their training skills.</p> <p>The KRN and ECN curricula were revised at the workshop but have not been implemented.</p>
	<p>2. Women's Development through Health &amp; Family Life Education (National Council of Women in Kenya)</p> <p>A. Needs Assessment Visit (INTRAH: March 27-April 14, 1980)</p> <p>B. Contract Development Visit (INTRAH: Sept. 3-19, 1980)</p> <p>C. Contract Development Visit (INTRAH: Jan. 24-31, 1981)</p> <p>D. Community-Based Needs Assessment</p> <p>E. Workshop (2) Rural Development and Health Education (Nationals, Feb. 1982)</p>	<p>Goal is to train women community leaders as motivators and disseminators of MCH/FP related information.</p> <p>Community-based training needs assessment resulted in development of workshop curriculum that combined health education and income generation skill development.</p> <p>MCKK involvement in political dispute with another women's group and loss of project coordinator has delayed implementation of project.</p> <p>Training reported to have begun in Feb. 1982 and is being monitored by INTRAH's regional office.</p>

INTRAH SPONSORED PROGRAMS TO MARCH 31, 1982

COUNTRY/PROGRAM	IN-COUNTRY ACTIVITIES	OUTCOMES/COMMENTS
KENYA	<p>3. Nurses' education in MCH/FP (Ministry of Health)</p> <p>A. Needs Assessment Visit (INTRAH: March 27-April 14, 1980)</p> <p>B. Project Development Visit (INTRAH: Sept. 3-14, 1980)</p> <p>C. Contract Development Visit (INTRAH: Jan. 24-31, 1981)</p> <p>D. Workshop Teaching methodologies: 19 participants (INTRAH: Nov. 30-Dec. 17, 1981)</p> <p>E. Workshop Teaching methodologies: 19 participants (INTRAH: Feb. 5-March 7, 1982)</p>	<p>Goal is to develop teaching and management supervision skills of different nursing personnel for improved MCH/FP services. It is anticipated that 200-250 nurse tutors and nursing personnel will attend the 12 workshops that will be conducted during the program.</p> <p>TOT is the dominant component of the program. Six of the 12 workshops provide TOT skills to nurse tutors from Kenya nursing schools.</p> <p>38 nurse tutors from 14 or more nursing schools, teaching hospitals and the Medical Training Center have received training in the two workshops conducted to date. They indicate that they train 2900 health workers and students annually.</p> <p>Participant selection is a problem as relatively few have major responsibility in teaching MCH/FP areas of the nursing syllabus.</p> <p>Five national co-trainers have helped develop and implement the first two workshops. Their role will increase in future workshops until they plan and conduct activities without outside trainers.</p>

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INTRAH SPONSORED PROGRAMS

Appendix K

INTRAH SPONSORED PROGRAMS TO MARCH 31, 1982

COUNTRY/PROGRAM	IN-COUNTRY ACTIVITIES	OUTCOMES/COMMENTS
SWAZILAND 2. Family Life Education for Teachers (Family Life Association of Swaziland-FLAS)	<p>A. Needs Assessment Visit (INTRAH, Aug. 23-30, 1980)</p> <p>B. Contract Development Visit (INTRAH, Jan. 10-22, 1981)</p> <p>C. Workshop Family Life Education: 18 participants (INTRAH, May 3-8, 1981)</p> <p>D. Workshop Family Life Education: 16 participants (INTRAH, May 17-22, 1981)</p> <p>E. Evaluation Visit (INTRAH, Oct. 20-Nov. 14, 1981)</p> <p>F. Workshop Family Life Education: 17 participants (INTRAH, Jan. 4-8, 1982)</p> <p>G. Workshop Family Life Education: 12 participants (INTRAH, Jan. 11-15, 1982)</p> <p>H. Project Review Visit (INTRAH, Feb. 17-26, 1982)</p>	<p>Goal of the project is to introduce Family Life Education into secondary Schools through the training of secondary school teachers.</p> <p>63 participants, mostly secondary school teachers, have been trained to date in two one-week workshops. This is only 63 per cent of the projected total, but participants are attending voluntarily during school vacations and under-attendance is not surprising. Non-school teacher participants include church leaders and adult education workers.</p> <p>FLAS has conducted considerable follow-up because workshops are short in length and many participants do not feel competent enough to introduce Family Life Education in their schools. Approximately one third of the participants have introduced Family Life Education. FLAS is using workshops and follow-up as leverage to gain PTA and school administrators' support for Family Life Education programs.</p> <p>One participant at the first workshop attended U.S. based training course and is now a co-trainer. FLAS would like to invite most promising participants to enrichment course. One participant has developed Family Life Education material to use to teach course at local teaching college. Ministry of Education has supported the program.</p>

K-2

INTRAH SPONSORED PROGRAMS TO MARCH 31, 1982

COUNTRY/PROGRAM	IN-COUNTRY ACTIVITY	OUTCOMES/COMMENTS
TANZANIA Family Planning Association of Tanzania Training Project (UMATI)	<p>A. Needs Assessment Visit (INTRAH, Aug. 3-13, 1980)</p> <p>B. Program Development Visit (IHPS, April 19-May 14, 1981)</p> <p>C. Management Planning Visit (IHPS, Feb. 9-March 13, 1982)</p> <p>D. Workshop Clinical FP management: 9 participants (Nationals, IHPS, Feb. 8-March 27, 1982)</p>	<p>Goal of the project is to expand the management and training capabilities of UMATI, both nationally and regionally. UMATI will train health personnel in family planning, clinical service delivery, information and education, training skills and family planning management.</p> <p>TOT is a significant part of the project. Four senior level UMATI trainers were given extensive FP clinical, management and TOT skills through a 3 month U.S. based training course. They are expected to plan and implement in-country training activities (with IHPS Technical Assistance).</p> <p>To date nine nurses and medical assistants have received in-country clinical FP training through the project.</p>

APPENDIX L

Appendix L

CABLE ON INTRAH PROGRAM

UNCLASSIFIED

AEIDJAN 11513

VZCZCAFI \*  
RR RUEHC RUJABO  
DE RUEFAE #1513 250 \*\*  
ZNF UUUUU ZZB  
R 071237Z SIP 02  
DTM AMEMBASSY AEIDJAN  
TO RUEHC/SICSTAFF WASHDC 2402  
INFO RUTABO/AMEMBASSY BAKAKO 2389  
BT  
UNCLAS AEIDJAN 11513

CLASS: UNCLASSIFIED  
CHRG: AIC  
APPR: RIESO SMITH  
DRPT: PAIS DAIE  
CLEAR: NONI  
DISTR: RIESO ECM CERON

AMIAAC

SICSTAFF FOR DS / FGF / WILLY AND ATR / DR / POP

V . C . 12356: N / A  
SUBJ : INTRAE TRIF REPORT NO . 125 MAIL

1. RIESO / WA APPRECIATES RECEIPT OF SUBJECT REPORT .  
IT IS ENCOURAGING TO SEE THE INCREASE OF INTRAE  
ACTIVITY IN THE REGION . THIS KIND OF TRAINING IS  
A KEY FACTOR IN DEVELOPING CONCERN FOR FAMILY  
PLANNING AND CAPABILITIES TO DELIVER SERVICES .

2. WE NOTE THE MAJOR OBJECTIVE OF THE TRAINING  
PROGRAM WAS TO IMPROVE TRAINING SKILLS . IT APPEARS  
THAT THE EMPHASIS ON NON - FORMAL , PARTICIPATORY  
METHODOLOGY WAS WELL CHOSEN , IMPLEMENTED WELL , AND  
APPRECIATED BY THE PARTICIPANTS . WE AGREE THAT THIS  
IS AN IMPROVEMENT OVER TRADITIONAL TEACHING  
TECHNIQUES .

3. WE WONDER IF ADEQUATE ATTENTION WAS ALSO GIVEN  
TO SUBJECT MATTER , PARTICULARLY OF ASPECTS OF MATERNAL  
AND CHILD HEALTH . THE RATIONALE FOR THE TRAINING  
COURSE STATES AN APPROPRIATE INTEREST IN FAMILY  
PLANNING AS PART OF MATERNAL AND CHILD HEALTH . THIS  
IS A RELATIVELY NEW ASPECT FOR MCH PROGRAMS IN WEST  
AFRICA AND NEEDS TO BE HANDLED SENSITIVELY BUT  
CLEARLY . WE WOULD NOT EXPECT IT TO COME UP OF ITSELF  
AS A NORMAL PART OF DISCUSSIONS UNLESS SOME EFFORT  
WAS MADE TO SEE THAT IT WAS INCLUDED . PARTICIPATORY  
EXERCISES COULD BE FOCUSED ON THESE INTRAE SUBJECT  
MATTERS SUCH AS MATERNAL / CHILD HEALTH AND FAMILY  
PLANNING . MCH INTERVIEWS AND ROLE - PLAYING  
EXERCISES , FOR EXAMPLE , COULD BE DESIGNED AROUND  
SUCH THEMES RATHER THAN MORE GENERAL ONES . THIS  
WOULD FOSTER THE BENEFITS OF THE TRAINING TECHNIQUE  
WHILE GIVING MORE SUBSTANCE TO THE TRAINING .

4. THERE IS NO INDICATION IN THE REPORT AS TO  
WHETHER MCH / FP SUBJECT MATTERS WERE INCLUDED . SINCE  
THIS WAS STATED AS A SPECIFIC PART OF THE RATIONALE ,  
WE WOULD HAVE APPRECIATED COMMENTS ON HOW THIS WAS  
INCLUDED AND HOW THE TRAINING RESPONDED . WE ALSO  
QUESTION THE WISDOM OF PUBLISHING INDIVIDUAL  
SCORES BY NAME . CUNLIFF

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**APPENDIX M**

## Appendix M

### LIST OF MATERIALS REVIEWED

1. The AID-INTRAH contract and amendments
2. The PAC AID Project Paper
3. The INTRAH semi-annual reports to AID/W
4. INTRAH Trip Reports related to the specific countries visited by the evaluators (i.e., Kenya, Tanzania, Somalia, Tunisia, and Mali)
5. AID Evaluation Workslope
6. June 10th. report of Wiley and Aarnes on their visit to Chapel Hill March 29 and 30
7. June 14th. letter from Wiley to Lea on need for more training of family planning service providers
8. Cable from Nairobi (Nairobi 05416) dated March 8th., citing need for more family planning emphasis and for programming changes
9. INTRAH subcontracts with INCEMPFH; with University of California, Santa Cruz and with the American College of Nurse-Midwives
10. Reports of the 1981 and 1982 meetings of the Regional Advisory Groups.