[VFCP PAC Final Report, Erin Nilon]

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Virtual Fostering Change Program

Final Report: Virtual Fostering Change Program for Post-abortion Care Teams in Francophone Africa

January 26, 2009 – March 19, 2010

Erin Nilon, Program Officer

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Table of Contents

I. Using the Virtual Fostering Change Program as a vehicle for introducing best practices in post-abortion care in Francophone Africa 1
II. Overview of the USAID-funded VFCP for PAC Teams in Francophone Africa 3
III. Team Action Plans and Results to Date 4
IV. Togo Workshop 6
V. Participant Feedback 7
VI. Conclusions, Recommendations and Next Steps 7
Appendix A: Participating Teams 9
Appendix B: VFCP Team Action Plans 11
Appendix C: VFCP Evaluation Results 37
Appendix D: Togo Workshop Participant List 39
Appendix E: Togo Workshop Team Action Plans 41
Appendix F: Togo Evaluations 52

Acronyms

CEFOREP	Centre Régional de Formation et de Recherche en Santé de la Reproduction
FBO	Faith-based organization
IBP	Implementing Best Practices Consortium
LMS	Leadership, Management and Sustainability Program
MSH	Management Sciences for Health
NGO	Non-governmental organization
PAC	Post-abortion care
USAID	United States Agency for International Development
VFCP	Virtual Fostering Change Program
WHO	World Health Organization

I. Using the Virtual Fostering Change Program as a vehicle for introducing best practices in post-abortion care in Francophone Africa

Introduction

Health professionals around the world have the medical and clinical knowledge, technology, and experience to make substantial improvements in maternal and child health, reproductive health (RH) and family planning (FP), and HIV & AIDS and other infectious diseases. Everyone working to improve health is fundamentally in the business of fostering, leading, or implementing change, but not everyone involved in this work has a clear pathway that links proven change practices with the process of implementing evidence-based clinical and programmatic practices. Additionally, many RH and FP professionals are leading and managing public and private health organizations and teams with little or no formal management and leadership education or training. Management, leadership, and governance skills are not often addressed in schools of medicine, nursing, or public health.

Additionally, many effective practices in post-abortion care (PAC) are known but are not being implemented. In many cases, the connection between technical knowledge and known approaches for successful change is missing. Change is often unplanned, leading to failures in implementation and scale-up. To meet these needs, the Virtual Fostering Change Program (VFCP) marries technical knowledge about best practices in health with proven approaches to introduce and scale up change. The methodology from the program is based on the Implementing Best Practices (IBP) Initiative's *A Guide for Fostering Change to Scale Up Effective Health Services* and the ExpandNet *9 Step Guide to Scaling Up*, which have been applied around the world to help teams achieve results in health.

The VFCP is designed for teams in charge of introducing new policies and practices. Examples of teams who participate include Ministry of Health National, Regional/Provincial, or District Technical Program Teams and Technical Program Teams from non-governmental organizations (NGOs) and faith-based organizations (FBOs) working at the district, regional/provincial, or national level. Through the VFCP, teams identify and adapt best practices that will improve health outcomes in their settings, implement an introduction of the chosen best practice, and develop a plan for and scale up the best practice. Through the program, teams and participants are also connected to a network of leaders in other health institutions who are participating in the program as well. Individuals on every team develop both professionally and personally during the program.

Background

The VFCP program recognizes that change is inevitable for any improvement in the health system and that directed, planned change is essential for improvement. *A systematic change process underlies all successes, including improved RH, FP, and any other health services.* Through the program, participants become familiar with the fostering change methodology and learn tools that help them to put the steps under each phase into practice.

The VFCP is an Internet-based program hosted on Management Sciences for Health's (MSH) VFCP website. A highly interactive learning program for teams, the VFCP consists of seven learning modules, a

supplementary participant workbook, and expert virtual facilitation from experienced change management specialists.

The seven modules of the VFCP include:

- *Module 1: Introduction to Leading and Managing Change*
  In this introductory module, participants become familiar with the program's purpose and objectives, as well as how to interact through a virtual platform. It helps teams get organized and gives them the opportunity to meet the other participants and the facilitation team. It also introduces the principles of fostering change and has teams create a calendar to plan their team meetings and activities for the rest of the program.

- *Module 2: Defining the Need for Change I: Identifying the Desired State*
  Through individual and group exercises, teams start developing the components of their best practice introduction action plan. Teams agree upon their desired state, describe their current situation, and conduct a root cause analysis.

- *Module 3: Defining the Need for Change II: Identifying the Challenge and Measurable Result*
  This module continues to move teams through the phases and stages of the change process. In team meetings, they define their team challenge and establish a SMART result. These pieces are added as parts of their action plan.

- *Module 4: Planning for Best Practice Introduction and Scale-up I: Selecting the Change Agent and Choosing a Best Practice*
  Teams identify criteria to select their change agent and select candidates for this role. They also select the best practice or set of practices that will help them overcome their challenge and improve health outcomes in their target population.

- *Module 5: Planning for Best Practice Introduction and Scale-up II: Planning to Implement and Monitor the Introduction*
  Teams finalize their action plans to introduce a best practice, including analyzing potential adopters and supporters. They also make preliminary strategic choices for scaling up. This is a unique feature of the fostering change methodology, which encourages teams to plan for scale up from the beginning in order to ensure the interventions are designed with scale up in mind.

- *Introductory Period*
  During the Introduction Period, teams implement the action plans they developed during the first five modules of the VFCP. Facilitators check with in teams periodically to monitor and support their progress. The teams are also asked to send in monthly reports for the duration of the introduction.

- *Module 6: Going to Scale with Successful Change Efforts I: Evaluating the Introduction and Selecting a Scale-up Strategy*
  Teams work through the first four steps of the *ExpandNet Nine Steps* model and reflect on their best practice introduction using the CORRECT criteria[1] to determine if their best practice or set

[1] The CORRECT criteria are: Credible, Observable, Relevant, Relative advantage, Easy, Compatible, and Testable.

of practices has been successful enough to be taken to scale. They continue on to analyze the user organization, the resource team, and the environment.

- *Module 7: Going to Scale with Successful Change Efforts II: Selecting a Scale-up Strategy and Developing an Action Plan*
  The teams complete their scaling up action plan by finishing the final four steps of their scale up action plan. They go through the four types of scaling up: horizontal, vertical, spontaneous scaling up, and diversification. Using the analysis from the steps of the scaling up modules, the teams finalize their action plans.

II. Overview of the USAID-funded VFCP for PAC Teams in Francophone Africa

Through the Leadership, Management and Sustainability (LMS) Program, MSH offered the first French VFCP for teams working in PAC from January 26, 2009 to March 19, 2010. The participating teams represented countries in attendance at the "Conference for the Dissemination of Results of the PAC Evaluation in Six West African Countries and Introduction of Best Practices to Scale Up PAC for Lasting Impact". This conference was organized by the United States Agency for International Development (USAID), the World Health Organization, the IBP Consortium, the Initiative Francophone Régionale, and the Centre Régional de Formation et de Recherche en Santé de la Reproduction (CEFOREP) and held in October 2008 in Senegal.

Funded by USAID's Office of Population and Reproductive Health, the main goal of the VFCP for PAC was to provide teams with a means to connect PAC and reproductive health/family planning best practices selected at the conference with a proven process for change to ensure that interventions were applied appropriately in order to be scaled up for lasting impact. Participating teams included: Ministry of Health, Office of Family Health (Burkina Faso), Jhpiego, (Guinea), Capacity Project, (Rwanda), a combined Ministry of Health and CEFOREP team (Senegal), and Ministry of Health, Office of Family Health (Togo). A team from Cameroon and Niger also started the program, but withdrew during Module 1 due to difficulties with internet connectivity and team schedules. The program was facilitated by two experts in RH, Laurence Laumonier-Ickx of MSH and Tsigue Pleah of Jhpiego. Carolyn Curtis, as the USAID PAC Team Leader, was a champion for the program.

Part I of the program consisted of the first five modules offered over 12 weeks on the program website. These modules focus on creating an action plan to introduce or strengthen a best practice in selected sites. The program then continued with the Introduction Period, which began on April 20, 2009. By the end of Phase I of the program, the teams from Guinea and Rwanda had produced action plans to introduce their selected best practice. In May, however, during the initial stages of the implementation period, most of the teams communicated to the facilitators that they were facing human resource and funding challenges that prevented the implementation of their plans. To assist with these challenges, USAID provided funding for four of the five teams to assist them in implementation. As Senegal had already received sufficient USAID funding for their PAC activities, they did not receive additional funds. The implementation period was postponed to allow for the time required to obligate the funding. Implementation restarted on November 23, 2009. Funding was provided through USAID partners working in each country. Technical assistance was also provided by these organizations to each team: EngenderHealth working with the Burkina Faso and Togo teams, and Jhpiego working with the Guinea

team. The Rwanda team, composed of staff from the Capacity Project, left the program in September 2009 when the project closed in Rwanda. The introduction period continued until March, 19 2010.

Throughout the VFCP PAC, facilitators experienced challenges to implementation. Communication with teams, including emails and calls to encouraging active participation, were often not responded to, particularly with the teams from Burkina Faso and Senegal. The team in Guinea experienced human resource challenges with team members being relocated within the country and to new assignments outside the country. The team from Rwanda dissolved when their project ended.

Due to these challenges faced with and by the teams throughout the VFCP PAC, the decision was made with USAID to end the program after the Introduction Period. The four remaining teams were not ready to plan for scale up of their selected best practices. Through the additional funds provided by USAID, the teams from Burkina Faso, Guinea, and Togo will continue to receive technical assistance from the partner organizations working in each country through which the funds were obligated. The team in Senegal previously received funding for PAC-related activities. The funds remaining from the VFCP PAC were utilized to conduct a face-to-face training in Togo on change management and leadership development with the program team and staff from their four introduction sites (described below).

III. Team Action Plans and Results to Date

Action plans received from the Burkina Faso, Guinea, Rwanda, and Togo teams can be found in Appendix B. Teams focused on integrating PAC and FP services at one to four health sites in their country. Reports on results achieved to date were received from the teams in Guinea and Rwanda. For results from the team in Togo, please refer to the next section on the face-to-face workshop held in country.

Guinea

Since July 2009 the Guinea team involved their selected change agents to carry out activities in three regions that VFCP PAC participants represented: Ratoma, Minière and Matam. The VFCP team carried out the following activities within these three regions:

- Meetings with change agents in all three regions
- Monthly supervision and support of change agents
- Advocacy to assure supply of contraceptive commodities for the PAC unit
- Counseling in the delivery room for family planning and healthy timing and spacing of pregnancies
- Strengthening counseling in PAC treatment rooms, focusing on contraceptive methods and healthy timing and spacing of pregnancies
- Meetings with key change agents to assure regular presence of contraceptives in health facilities
- Reinforcement and monitoring of performance standards for management of PAC providers
- Promotion of IEC materials

These activities have had several results :

- The regular supply of contraceptives in all three regions
- The availability of contraceptives in the PAC units in Ratoma and Matam

- The use of standards for improving the quality of service
- The introduction of the concept of healthy timing and spacing for pregnancies
- The team is working to use the funding received to provide support for PAC services through procurement of equipment as well as sterilization tools and work lamps.

Challenges to overcome/next steps:

- Keeping pace with mentoring and monitoring, taking into account the other activities of change agents.
- Continue the use of standards to improve performance and quality of PAC services.
- Maintaining a functional supply chain for contraceptive for PAC units
- Improving the quality of counseling and increase the use of FP methods after abortions.
- Implement other activities of the Action Plan on time.

Rwanda

In Rwanda, day-long monitoring visits were performed at two hospitals, Hôpital Ruli and Hôpital Gitwe, to evaluate the integration family planning and PAC services. During the visits, observations and data collection were conducted in the maternity ward at each hospital to determine: 1) the availability of PAC personnel, 2) the availability of materials to manage emergency care, 3) the availability of data collection tools, 4) the data collected on family planning methods in one selected month (July 2009), and 5) the methods selected in that month. They also had the opportunity to gather data on the number of pregnancy terminations at each hospital from January to July 2009, as well as the methods used and if PAC counseling was provided in each case.

Additionally, as family services are provided at the local health center level for the Hôpital Ruli, they also visited the health center closest to the hospital to gather data on family planning. The data included the number of cases per month, the prevalence of modern contraceptive use, the number of women currently using a family planning method, and the various methods available. They were able to gather the same information at the Hôpital Gitwe.

The conclusion drawn from these monitoring visits was that the Hôpital Gitwe had successfully implemented integrated family planning and PAC services. The only recommended improvement to be made was in the collection of some missing data (gestational age and method of evacuation). Observing the success at Hôpital Gitwe they also concluded that PAC can be offered in Rwanda, and that it was fairly easily implemented at this site because the Hospital Director had attended the PAC conference in Senegal and understood the context and importance of PAC.

Recommendations after these visits included: 1) close monitoring is necessary in the introductory phase (which wasn't possible at the Hôpital Ruli due to lack of funding), and 2) introduction of integrated family planning and PAC services in the Catholic hospitals will require strong advocacy because sometimes the Directors do not approve of providing modern family planning methods.

A day-long training was then conducted at the Hôpital Ruli for all service providers in the maternity ward as well as any available doctors, 13 participants in total, on providing PAC and the integration of family planning and PAC services. This training provided an introduction to and the context of PAC in Rwanda, a presentation of the action plan of the VFCP PAC Rwanda team to improve PAC in Rwanda, training on

data collection tools, training on a method of pregnancy evacuation, and next steps to implement and improve the integration of family planning and PAC services.

IV. Togo Workshop

Once it became clear that teams were not going to be ready to move on to the scaling up portion of the VFCP during the life of the LMS Program, the VFCP team proposed a change in approach for the last part of the program from a multi-country virtual approach to a targeted face-to-face approach in one country, Togo. A face to face workshop was offered in Lome, Togo from April 28-30.

This activity followed a three week workshop on FP and PAC conducted in February 2010 by Dr Simon Nchifor from EngenderHealth funded CA by USAID. Almost all the participants who participated in the EngenderHealth workshop were selected to participate in the fostering change workshop. All participants at the Togo workshop, excluding the 5 participants from the DSF, are working towards promotion of change in the area of PAC. These participants work in the 4 sites selected by the Coordination team for change in PAC. Laurence Laumonier-Ickx, VFCP facilitator, led the facilitation with support from Pr Akpadza Koffi, professor of Obstetrics and Gynecology and Head of Obs/Gyn Department of the University of Lome, and by Dr N'Tapi, head of the Division de la Santé Familiale in Lome.

The objective of the workshop was to introduce the concepts and practices of Leadership and Management, and the promotion of change in PAC service delivery. More specifically:

- To be leaders and managers who can enable others to overcome challenges and reach results
- To use the tools and practices of leadership to work efficiently in teams
- To understand and practice the principles to encourage and lead the change in PAC to achieve measurable results which support the organization's mission and the common vision of the work group
- To install within the work group a work climate which improves the engagement to always accomplish a better performance.

Summary of the main results of the workshop

The participants were very active and interested in the workshop. Some were even surprised by the concepts and practices of leadership and management that they learned. All four participating teams (Family Health Division of the Ministry of Health, and three facility teams from Adidogome, Tsevie, and Keve) completed action plans in the workshop. The teams selected a common measurable result:

"By October 15, 2010, 70% of the clients in post-abortum coming to the site will receive quality FP counseling and will accept and receive a contraceptive method before leaving the site."

Next Steps

The teams have now returned to their sites to implement their action plans. In addition to these actions, the teams committed to the following next steps:

- The Family Health Division or Division de la Santé Familiale (DSF) decided to finalize an official SAA register. For the time being, each pilot site has a register.

- The Adidogome team, which still has not received the needed material to start the delivery of PAC services, decided to be more pro-active and follow more closely their request with the "comité de gestion" of the site and with the director of the site and with DSF. In the meantime, as they are located not very far from the general hospital of Lome, where PAC services are delivered, they decided to start the awareness campaign within the communities and the clients on PAC service.
- DSF and the 4 teams agreed to meet at least in mid-October 2010 to review together and evaluate their results.

V. Participant Feedback

All of the participants who provided feedback for the program found the feedback and interaction with the facilitators either excellent or good. Respondents also found all the modules of the program to be useful to their team objectives. The VFCP PAC participants found the Café feature of the program and the introductory period to be especially useful components of the program. The participants responded that they would recommend the program to others, as it fosters collaboration between and develops teamwork for people who want to be involved in the change process. In discussing obstacles to participation, respondents mentioned poor internet access and busy work schedules that includes travel away from their primary work sites as the main barriers to participation.

In addition to general feedback from participants, the co-facilitators of the Togo workshop, Dr. N'tapi and Prof. Akpadza provided feedback on the VFCP PAC program as a whole. In their experience on the Togo team, they found that using the SMART methodology was useful to define measurable results. Additionally, the time spent on choosing sites to implement their action plans and choosing champions for change was a useful activity. Dr. N'tapi and Prof. Akpadza echoed the other respondents' feedback about the difficulties of working in a virtual environment given the poor internet connection that they had access to. Despite the barriers, they reported that there have been results related to implementation of PAC services in their pilot sites.

For the Togo workshop, overall, participants had positive feedback about the Togo workshop and found it to be very applicable to their daily work. All participants rated the quality of the workshop as "excellent" or "good". Participants also rated the quality of handouts, resources, group activity and facilitation as high. Through the workshop, participants learned how to become better leaders and champions for change, how to organize roles within teams to effect change, and principles of leadership and management needed to effect change and achieve goals. Many participants wished that the workshop could have been extended longer than the three days (see Appendix F for more detail).

VI. Conclusions, Recommendations and Next Steps

The VFCP PAC program achieved its goal of moving PAC services forward in each of the countries that participated in the program. Through this process the challenges faced in following up with the teams has confirmed several of the lessons we have learned about delivering virtual programs. The first is that teams who regularly work together to address common challenges are more successful in the program. Several of the teams were composed based on who attended the Senegal PAC meeting and participants in some cases lived far from each other. This made it difficult to meet and complete assignments as a team. The

program also confirmed that it is important for teams to be recruited based on desire for participation, as teams who apply on their own tend to be more motivated to take on the additional work of participating in a virtual program. Finally, it is important to ensure that teams have regular access to the internet. Teams were asked to verify that they met the requirements of the program in terms of internet infrastructure. However, during the program it was found that several of the teams did not have regular access to the internet. This made it difficult for them to regularly participate in the program.
The lessons learned from this program as well as from the concurrent VFCP program for teams from the Asia and Near East region have been gathered in order to improve the program. The modules are being rewritten to address the needs of the program and to streamline the process for teams.

The teams that participated in the VFCP will be part of an evaluation being conducted by WHO in order to assess what it takes to 'make change stick' using the example of post-abortion care in West Africa. The evaluation will include all of the inputs related to PAC in the region, such as the October 2008 PAC meeting and the technical assistance provided by EngenderHealth.

Appendix A: Participating Teams

Team Name	Number of Participants	Team Descriptions	Status
Burkina Faso			
Direction de la santé de la famille	5 (3M, 2F)	Team made up of members from the DSF involved in MCH and a representative from WHO/Burkina Faso	Action plan received
Guinea			
Jhpiego	7 (0M, 7F)	Team supported by Jhpeigo and including team members from the MOH, USAID/Guinea and WHO/Guinea	Action plan received
Rwanda			
IntraHealth- Capacity Project	10 (3M, 7F)	Team supported by Intrahealth and including team members from the Capacity project and people involved in coordination of MCH activities in Rwanda	Action plan received
Togo			
Division de la Santé Familiale (Ministère de la Santé)	4 (3M, 1F)	Team made up of members representing the DSF in Togo and WHO/Togo	Action plan received
Senegal			
Centre Régional de Formation et de Recherche en Santé de la Reproduction	9 (8M, 1F)	Team made up of members from the organization CEFOREP, including RH specialists, MCH/FP specialists, and representatives from the MOH	Action plan not received

(CEFOREP)			
Countries: 5 5 Organizations: 1 NGO, 2 ministerial institutions, 2 CAs 5 senior leaders	35 total participants M:17 F: 18		4 out of 5 teams completed their action plan

Appendix B: VFCP Team Action Plans

Guinea

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
I Impliquer toutes les personnes formées du site pour offrir le counseling SAA de qualité		Nbre ou % de prestataires formés qui offrent le counseling selon les standards (de qualité)																					
1. Orientation du personnel formé sur le processus	Agents de changement		- Fiches Apprentissage - Standards de performance	X																			
2. Encadrement du personnel sur l'utilisation des standards de performance pour le counseling	Agents de changement		Standards de performance Registre/rapport d'encadrement		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
3. Supervision	Agents de changement Equipe de coordination		Standards de performance			X		X		X		X		X		X		X		X		X	
II Utiliser les standards de performance de SAA, en particulier pour le counseling, pour faire l'encadrement ….		Nbre ou % des encadreurs formés qui utilisent les standards de performance pour encadrer																					
1. Orientation des encadreurs sur l'utilisation des standards de performance	Equipe de coordination		Standards de performance.		X																		

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
2. Mettre à la disposition des encadreurs /Superviseurs les standards de performances	Equipe de coordination		Copies des Standards de performance		X																		
3. Encadrer les prestataires en utilisant les standards de performances	Agents de changement		Standards de performance Registre/rapport d'encadrement			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
III Faire la supervision interne avec les mêmes outils (standards de performance de SAA) une fois toutes les deux semaines….		Nbre ou % de superviseurs qui utilisent les standards de performance la supervision interne toutes les 2 semaines																					

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
- Planification de la supervision interne	Agents de changement		Copie du plan d'action		X																		
- Exécution de la supervision interne	Agents de changement		Standards de performance Registre/rapport de supervision				X		X		X		X		X		X		X		X		X
IV L'équipe de coordination fera la supervision externe pour s'assurer du progrès dans le changement une fois par mois et…		Nbre ou % de problèmes complexes résolus par l'équipe de coordination																					
- Planification de la supervision externe	Equipe de coordination Peut-on identifier qui exactement de l'équipe ? Cela se fera selon la disponibilité		- Copie du plan d'action et des interventions retenues - Standards de performance - Liste des problèmes			X																	

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	des membres de l'équipe		complexes et des solutions adoptées (L'équipe tiendra compte de ces suggestions pour l'évaluation)																				
- Exécution de la supervision externe	Equipe de coordination		Standards de performance Et les ressources humaines (qui ?) et matérielles (transport..) ? (L'équipe a considéré que les supervisions externes pour cette période se feront avec nos ressources propres)				X				X				X				X				X

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
V Rendre disponible continuellement les contraceptifs au niveau de l'unité SAA…..		nombre ou % de femmes ayant subi un avortement qui quittent la formation sanitaire avec une méthode de PF																					
VI l'agent de changement s'impliquera personnellement dans le réapprovisionnement en contraceptifs…..																							

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
- Plaidoyer auprès de la direction de la pharmacie du site	Agent de changement Equipe de coordination		Lettre accompagnée copie plan d'action des interventions retenues et Standards de performance		X	X																	
- Créer un système de réapprovisionnement de l'unité SAA en contraceptifs pour assurer une disponibilité 24h/24, 7js/7	Agent de changement		- Outil de gestion des contraceptifs et - Personnels formés à l'utilisation des outils de gestion dans l'unité SAA				X	X	X														
- Supervision régulière pour s'assurer de la disponibilité des contraceptifs dans l'unité SAA	Equipe de coordination Agent de changement		- Outils de gestion remplis Rapport de supervision sur disponibilité des méthodes						X		X		X		X		X		X		X		X

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
- Orientation/ formation à l'utilisation des outils de gestion	Agent de changement		- Modules de formation en gestion des contraceptifs - Outils de gestion				X	X	X														
- Superviser l'utilisation adéquate des outils de gestion dans l'unité SAA	Agent de changement Equipe de coordination		- Outils de gestion remplis - Standards de performance						X		X		X		X		X		X		X		X
VII Utiliser toutes les opportunités pour assurer l'IEC / CCC sur la PF…..		Nbre ou % personnes informées sur la PF dans le cadre des SAA dans le site (clients ou patients ?) Il ne s'agit pas seulement des clients																					

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
		ou patientes SAA, mais de toutes personnes fréquentant la structure sanitaire (voir activité décrite)																					
- Orienter les prestataires de tous les services impliqués dans la prise ne charge des avortements	Agents de changement		- Standards de performance - Copie plan d'action		X																		
- Organiser les séances d'IEC/CCC sur la PF post – abortum dans tous les services recevant les femmes en age de procréer y compris pour les accompagnants (maris, mères, belles mères etc.)	Agents de changement		- Standards de performance - Matériel IEC			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
- Supervision régulière pour s'assurer que les séances d'IEC/CCC sont offertes dans le service de SAA et les autres services en relation avec les femmes en âge de procréer	Agent de changement + équipe de coordination		Standards de performance Registre des séances IEC pratiquées et nombre de personnes informées				X		X		X		X		X		X		X		X		X
VIII Les agents de changement s'assureront que les registres de SAA contenant les informations nécessaires pour la gestion des donnés sont bien remplis……		Nbre de % de décisions prises en fonction des données existantes dans ces outils de gestion																					
- Orienter les encadreurs et les prestataires sur le remplissage correct des outils de gestion des données et leur	Equipe de coordination		- Standards de performance - Outils de gestion		X																		

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
utilisation pour la prise de décision - Mettre a disposition des prestataires les outils de gestion	Agents de changement		Outils de gestion (registres, canevas de rapport mensuel...)		X	X																	
- Superviser l'utilisation adéquate des outils de gestion dans l'unité SAA	Agent de changement Equipe de coordination		- Outils de gestion remplis - Standards de performance				X		X		X		X		X		X		X		X		X
- Organiser des réunions régulières pour analyser les données en vue de prise de décision	Agent de changement		- Outils de gestion remplis				X				X				X				X				X
IX Evaluation et Préparation de la mise à l'échelle																							
- Evaluer les résultats obtenus à partir de l'analyse des données recueillies	Agent de changement Equipe de coordination	nombre ou % de femmes ayant subi un avortement qui quittent	- Outils de gestion remplis - Rapports des réunions d'analyses - Rapports de																				

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
		la formation sanitaire avec une méthode de PF ET Nbre ou % des femmes en âge de procréer informées sur la PF dans les sites SAA choisis dans la phase d'introduction	supervision - Rapports des activités d'IEC/CCC menées																				
Mise en place d'une stratégie d'extension à d'autres sites	Agent de changement Equipe de coordination		Cartographie : identification des autres sites -Identification																				

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			des protagonistes potentiels c.a.d identification des agents de changement et de leur équipe, et les intervenants potentiels présents dans ces structures																				
- Préparer le plaidoyer (estimation du budget prévisionnel et documentation des résultats) pour la mise a échelle	Equipe de coordination		- Liste des nouvelles structures ; - Besoins par structures (pers onnels à former, matériels et fournitures nécessaires etc...) et organisation des visites « in situ »																				

Interventions /Actions	Personne responsable	Indicateur	Ressources nécessaires	Calendrier																			
				Mai				Juin				Juillet				Août				Septembre			
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			pour les nouveaux agents de changement - Résultats documentés																				

Burkina Faso

Problèmes prioritaires	Objectifs spécifiques	Stratégies	Résultats attendus
Faible proportion de patientes prenant une méthode contraceptive dans le post abortum (50%)	1. Renforcer les compétences du personnel des services de SMI/PF des deux sites d'ici mi-septembre 2009	-Développer un système de culture d'excellence -Formation des prestataires en PF -Supervision des activités	Les compétences des prestataires sont renforcées
	2. Améliorer l'organisation des services de PF dans les deux sites **24H/24 et 7js/7**	-Répartition des tâches -Supervision	-Les compétences organisationnelles des responsables de services sont renforcées -Tous les services de PF des deux sites possèdent des répartitions de tâches -Tous les deux sites ont bénéficié de supervisions régulières

	3. Améliorer la disponibilité des produits contraceptifs dans les deux sites d'ici mi-septembre 2009	-Approvisionnement - Supervision/contrôle	-Aucune rupture de contraceptifs n'est observée dans les deux sites -Tous les deux sites ont bénéficié de supervisons de contrôles réguliers
	4. Renforcer les activités de soutien et de promotion de la santé dans les deux sites d'ici mi-septembre 2009	Implication des ASC dans les activités d'IEC	Les activités de soutien et de promotion de la santé sont renforcées dans le District sanitaire du secteur 30 et la commune de Ouagadougou

Planning Opérationnel de la phase d'introduction

Planification des activités par objectif

N°	**Activités**	**Période d'exécution**				**Resp**	**Autres concernés**	**Coût**	**Ressources nécessaires**	**Indicateurs**	**ication**
		T1	**T2**	**T3**	**T4**						
1	- Formation des 15		X			-Dr OUEDRA	- Direction	-Rapports de	Financement ?	Nombre de	

	prestataires en PF (9 au CMA et 6 au CHUYO) -Supervision des activités					GO Léopold -Dr KIEMTORE Sibraogo	CHUNYO -MCD	formation -Rapports de supervision	- Matériel de formation -Rapports de formation -Rapports de supervision	prestataires formés et supervisés en PF dans les deux sites	
2	Améliorer l'organisation des services de PF dans les deux sites **24h/24 et 7js/7** *Il faut donner des activités plus spécifiques*		X	X			-Direction CHUNYO -MCD		Registre SAA tenus correctement Rapport de supervision	100% des femmes venues pour SAA sont repertoriées dans le registre SAA -Répartition de tâche bien affichée et respectée	
3	Améliorer la disponibilité des produits contraceptifs		X	X		Resp Approv	-Direction CHUNYO		Registre SAA	**X %des femmes en post-abortum**	

	dans les deux sites d'ici mi-septembre 2009						-MCD -Resp approv		Rapport de supervision des stocks	**accepten t une méthode contrace ptive avant de sortir du site SAA** -100% des produits PF sont disponibl es régulière ment	
4	Renforcer les activités de soutien et de promotion de la santé dans les deux sites d'ici mi-Septembre 2009		X	X		Equipe du changemen t	-Direction CHUNY O -MCD -Psdt COGES		Rapport d'activites des ASC Registre SAA/PF Matériel IEC/PF	-Nombre d' ASC impliqué s dans les activités d'IEC/PF **100% Des femmes venues pour avortem ent reçoiven t un counseli**	

										ng PF de qualité sur le site SAA	

CHUYO : Centre hospitalier Universitaire yalgado Ouedraogo
MCD : Médecin Chef de District
COGES : Comité de Gestion
ASC : Agents de Santé communautaires
IEC : Information Education et Communication (pour un changement de comportement=IECCC)

Rwanda

ACTIVITE	RESPONSABLE	Ressources Necessaires	CALENDRIER		IOV
			DEBUT	FIN	
1. Concevoir un modèle de registre de collecte de données SAA	Equipe de coordination	0	4 mai 2009	10 mai 2009	modèle de registre disponible
2. Présenter le registre au Goupe technique MMR pour la validation	Dr Beata	0		Mi mai 2009	modèle de registre amendé
3.Mener un plaidoyer au sein du Ministere de la santé pour démarrer l'utilisation du Kit AMIU dans les hopitaux Ruli et Gitwe	Agent de changement:Coordinateur de la task force MCH	0	Mi Mai 2009	Debut juin 2009	Accord du Ministere de la santé disponible
4. Présenter et expliquer aux équipes de changement (Directeurs des Hopitaux de Ruli et Gitwe ,les Médecins et infirmiers responsables de la maternité) l'utilisation du registre des avortements et des soins apres avortements	Collette et Petronille	100,000 Frw		fin mai 2009	Registre est utilisé et le nombre de femmes venues pour avortement est connu
5.Transporter les kits AMIU dans les Hopitaux de Gitwe et Ruli	IntraHealth Twubakane (Collette) et Intrahealth Capacity (Petronille)	150,000Frw	juin 2009	Juin 2009	Kit AMIU disponible dans les hopitaux Ruli et Gitwe

6. Orienter les prestataires de la maternité en counseling en PF et sur l'utilisation du Kit AMIU	Formateurs en PF de l'hopital, Dr Valens et Dr Claver	500,000Frw Modules de formation en PF et SAA	juin 2009	Juin 2009	liste des prestataires orientés
7.Réorganiser le service des maternités pour y incorporer les SAA	Equipe SAA des Hopitaux: Gitwe et Ruli	0	juin 2009	Juin 2009	Les produits contraceptifs sont disponibles dans les maternités.
8. Pratiquer le counseling systématique après l'avortement 24h/24 et 7 js/7	Personnel soignant de la maternité	Les produits contraceptifs et le check-liste de counselling PF sont disponibles dans les maternités de Gitwe et Ruli	juin 2009	mi septembre 2009	100% des femmes en post-abortum ont reçu un couseling PF de qualité
9. Offre des méthodes de PF aux femmes en post-abortum	Medecins , sage femmes, infirmiers de la maternité	Les produits contraceptifs sont disponibles dans le site SAA 24h/24	juin 2009	mi septembre 2009	**25% de femmes en post-abortum recoivent une méthode contraceptive avant de sortir du site SAA**
10. superviser les services de SAA dans les hopitaux Ruli et Gitwe	Equipe de coordination ,Agent de changement.	Outils de supervision ,340000FRw	Aout 2009	mi septembre 2009	Rapport de supervision

Togo

OBJECTIFS	STRATE-GIES	ACTIVITES	RESPON-SABLE	PERIO-DE	COUT (F CFA)
1. Disponibiliser en permanence les contraceptifs au niveau des unités SAA pour s'assurer que les clientes reçoivent les méthodes avant de quitter la formation sanitaire	Gestion des produits contracep tifs	Organiser une réunion d'orientation à l'endroit des responsables de l'approvisionnement et des responsables de la maternité des 4 formations sanitaires retenues en gestion des produits SR et des contraceptifs	Equipe nationale de PF/SAA	Mai 2009	00
		Approvisionner régulièrement la Formation sanitaire en PC	Responsable de l'approvisionne ment de la formation sanitaire	Mai à septem-bre 2009	00
		Approvisionner régulièrement les équipes de garde de la maternité	Responsable de l'approvisionne ment de la formation sanitaire	Mai à septem-bre 2009	00
		Superviser la gestion	Responsable de	1 fois	00

OBJECTIFS	STRATE-GIES	ACTIVITES	RESPON-SABLE	PERIO-DE	COUT (F CFA)
		des produits contraceptifs	la formation sanitaire	par semaine	
			Responsable du district	1 fois par mois	00
			Membre de l'équipe nationale du changement	En juin et en août 2009	00
2. Former tous les prestataires de SAA en planification familiale et en counseling.	Renforcement de compétences des prestataires de la maternité	Former/Mettre à niveau les prestataires de la maternité des 4 formations sanitaires retenues en planification familiale et en counseling	Equipe nationale de PF/SAA	mai 2009	00
		Superviser les prestataires des SAA et de PF des 4 formations sanitaires retenues	Responsable de la formation sanitaire	1 fois par semaine	Activités à intégrer avec la supervision de la gestion des produits
			Responsable du district	1 fois par mois	
			Membre de l'équipe nationale du changement	En juin et en août 2009	
		Former d'autres prestataires qui font la garde pour compléter le peu déjà formés en	Equipe nationale de formation en SAA	Mai 2009	6 000 000 (13 334 $)

OBJECTIFS	STRATE-GIES	ACTIVITES	RESPON-SABLE	PERIO-DE	COUT (F CFA)
		vue d'assurer la continuité du service SAA 24/24			
	Sensibilis ation	Sensibiliser la communauté des 4 formations sanitaires retenues en PF	Equipe locale de réduction de la mortalité maternelle et infantile.	Tous les jours au centre et 1 fois par semaine dans la commu-nauté	00
3. Assurer la coordination des activités menées dans les 4 formations sanitaires	Coordi-nation	Organiser des réunions mensuelles de coordination entre les responsables des SAA des 4 formations sanitaires et l'équipe nationale de SAA	Equipe nationale de SAA	1 fois par mois de mai à septemb re	1 000 000 (2 223 $)
TOTAL INTRODUCTION					**7 000000FCFA $14170**

2.2 : Phase de passage à l'échelle des SAA au TOGO

OBJECTIFS	STRATE-GIES	ACTIVITES	RESPONSABLE	PERIODE	COUT (F CFA)
4. Augmenter la couverture des services offrant les SAA au Togo	Information	Organiser un atelier de diffusion des résultats de la phase introductive du changement	DSF Equipe nationale de changement de comportement	Novembre 2009	1 000 000 ($2024)
	Renforcement de compétences PF des prestataires de la maternité Renforcement en gestion des produits SR et des contraceptifs ???	Former en une session 20 prestataires des maternités des hôpitaux de 10districts des 3 régions sanitaires restantes	Equipe nationale de PF/SAA	Novembre-Décembre 2009	7 000 000 (53 334 $)
		Superviser 2 fois par an tous les prestataires formés au SAA et la supervision interne régulière ?	Equipe nationale de PF/SAA	Mars et Septembre 2010	3 000000 ($5 000)

OBJECTIFS	STRATE-GIES	ACTIVITES	RESPONSABLE	PERIODE	COUT (F CFA)
TOTAL PASSAGE A L'ECHELLE					**11 000 000FCFA** **22 267 $**
TOTAL GLOBAL					**18 000000Fcfa ($36437)**

NB : 1 $ = 494 F CFA

3. CONCLUSION

Un budget nécessaire de Dix huit millions mille francs CFA (**18 000 000 F cfa**) soit 36 437 **$ US** est nécessaire pour pouvoir apporter un changement dans le comportement des prestataires et des bénéficiaires dans le domaine des SAA étant donné que les activités de SAA seront intégrées dans les paquets d'interventions de PF

Appendix C: VFCP Evaluation Results

Three participants in the program completed the final evaluation which was conducted via SurveyMonkey in June 2010.

In response to the question, "To what extent has the content of each module been useful in achieving your team's objective for this program," the respondents replied as follows:

Answer Options	Very Useful	Useful	A Little Useful	Not Useful
Module 1	1	2	0	0
Module 2	1	2	0	0
Module 3	2	1	0	0
Module 4	1	2	0	0
Module 5	2	1	0	0

In response to the question, "To what extent have each of the following components of the VFCP been useful," the respondents replied as follows:

Answer Options	Very Useful	Useful	A Little Useful	Not Useful
Cafe	0	3	0	0
Daily Announcement	1	2	0	0
Forum	2	1	0	0
E-mails with facilitators	2	1	0	0
Tools and references	1	2	0	0
Team Work	1	2	0	0
Introductory Period	0	3	0	0

All three respondents reported that they would recommend the program to others. Two said they would with improvements to the program, such as more flexibility based on their work schedules. The third respondent said,

> *"Yes since it fosters collaboration between different players and develops teamwork. It also facilitates identification of people who really want to be involved in the change process. It encourages supervision of services."*

A summary of the results of the evaluation is as follows:

- All of the participants found the feedback and interaction with the facilitators either excellent or good.

- Two of three respondents reported that they used their workbooks as the primary way they engaged with the program. The third respondent reported they used email the most. Two of three respondents reported that they used the VFCP website as their secondary means of participation in the program. The third respondent used email.
- In discussing obstacles to participation, respondents mentioned poor internet access and busy work schedules that includes travel away from their primary work sites as the main barriers to participation.
- To improve the program, one respondent suggested that clear roles and responsibilities be established by each team before the program starts. Another would have liked to have funding for the introduction of the best practice guaranteed before the program started.
- When asked what they gained from the program, respondents reported that they developed perseverance and patience to meet with team members despite constraints and the capacity to overcome the challenge of team members leaving the team.

Appendix D: Togo Workshop Participant List

F.S.	Nom et prénom / fonction
CMS Kévé	1. Mme ODOU – DJERIWO Ayedé (Assistante Médicale, Responsable du CMS, point focal des SAA au CMS Kévé) 2. Mme ADJIVON Amah (Sage femme) 3. Mme NOMBO Abla (Sage femme, responsable de la maternité) 4. ESAFA Mawulawoé (Infirmier d'Etat)
ATBEF SIEGE	5. Dr TOUSSAH AHOSSU Solange (Médecin gynécologue, Chef programme santé à l'ATBEF, Point focal SAA à l'ATBEF) 6. Dr NOMESSI Kodjo Paul (Médecin gynécologue à l'ATBEF) 7. Mme KOUVAHEY – EKLU Anita A (Assistante Médicale à l'ATBEF) 8. Mme ALONOU – KALEPE Irène (Infirmière prestataire en PF)
CMS ADIDOGOME	9. Mme IKO Akouvi Inalessè (Assistante Médicale, point focal des SAA au CMS Kévé) 10. Mme AFIKOU Massan (Sage Femme) 11. Mme SERE Akouwa (Accoucheuse Auxiliaire d'Etat) 12. Mme BARARMNA Bella (Accoucheuse Auxiliaire d'Etat)
CHR TSEVIE	13. Dr AKPADJA Kodjo (Gynécologue, Chef du service de Gynéco-obstétrique, point focal des SAA au CHR) 14. KPOGNON Yawa (Sage Femme, gestionnaire des produits contraceptifs) 15. Mme DOSSOU Reine (Sage Femme) 16. Mme HOUNDADJI Rose (Sage Femme)
DSF	17. Dr BOTCHI Djababou (Chef service SMI/PF, membre du comité national pour le changement) 18. Mme DEGBEVI Akoua (Sage femme chargée de la santé Communautaire, membre du comité national pour le changement) 19. M. N'GANI Simtokina (Assistant Médical de santé publique, membre du comité national pour le changement)
Région Maritime	20. BENTO Morèniké Adjo
Région Lomé Commune	21. Mme KOUEVI Didzi Akouélé

- CMS = Centre Médico-Social (Unité de Soins dans le district)
- CHR = Centre Hospitalier Régional (Hôpital de recours du 2e niveau du système de santé)
- SMI/PF = Santé Maternelle et Infantile / Planification Familiale
- SAA= Soins Après Avortement
- ATBEF = Association Togolaise pour le Bien Etre Familial (IPPF du Togo)

Non-local Participants

Liste des participants à loger lors de l'atelier de formation sur le rôle des équipe pour le changement de comportement dans le cadre des SAA

F.S.	Nom et prénom / fonction
CMS Kévé	1. Mme ODOU – DJERIWO Ayedé (Assistante Médicale, Responsable du CMS, point focal des SAA au CMS Kévé) 2. Mme ADJIVON Amah (Sage femme) 3. Mme NOMBO Abla (Sage femme, responsable de la maternité) 4. ESAFA Mawulawoé (Infirmier d'Etat)
CHR TSEVIE	13. Dr AKPADJA Kodjo (Gynécologue, Chef du service de Gynéco-obstétrique, point focal des SAA au CHR) 14. KPOGNON Yawa (Sage Femme, gestionnaire des produits contraceptifs) 15. Mme DOSSOU Reine (Sage Femme) 16. Mme HOUNDADJI Rose (Sage Femme)
Région Maritime	20. BENTO Morèniké Adjo

Appendix E: Togo Workshop Team Action Plans

PLAN D'ACTION
CHR TSEVIE

Objectif Général : D'ici le 15 octobre 2010 le pourcentage des femmes en post abortum qui acceptent et reçoivent une méthode PF passent de 47% à 70%

PROBLEMES IDENTIFIES	ACTIONS À MENER	RESPONSABLES	EQUIPE DE SOUTIEN	CHRONOGRAMME	COUT	RESSOURSES
Local inadapté au service de SAA	* Réaménagement de la salle d'AMIU * Equipement de cette salle - 1 table - 2 tabourets - 4 chaises - 1 baladeuse - 1 plafonnier - 1 table gynécologique - 2 lits	DR AKPADJA	DIRECTION CONSEIL D'ADMINISTRATION DSF	31 Mai 2010		budget de l'Hôpital Partenaires (DSF, DRS)
Insuffisance de matériel pour la Prévention des Infections	Commande et achat de : - 4 bassines en plastique avec couvercles - 1 seau en plastique - 1 paire de gants de ménage - 2 casseroles avec couvercles - 1 réchaud électrique - bottes - bavettes - bonnet	Mme HOUNDADJI	DIRECTION CONSEIL D'ADMINISTRATION DSF	30 avril 2010		budget de l'Hôpital Partenaires (DSF, DRS)

	- lunettes - tablier - 2 paires de gants de ménage - Sceau à pédale					
Insuffisance d'information de la population et du personnel de santé sur les différents types d'avortement et leur prise en charge	IEC à la radio de proximité dans la communauté et au centre de santé	DOSSOU	ASC DPS	31 mai 2010		budget de l'Hôpital Partenaires (DSF, DRS)
Méconnaissance de la population cible en SAA	Rechercher le nombre de femmes en âge de procréer	AKPDJA	DRS/DPS	30 Mai		DRS/DPS
Manque de suivi	Organiser une fois par mois des réunions	AKPDJA	Direction CHR	30 Mai		AKPADJA

PLAN D'ACTION SAA 2010 DE LA DSF

OBJECTIF GENERAL: D'ici le 15 octobre 2010 le pourcentage des femmes en post-abortum qui acceptent et reçoivent une méthode PF passent de 47% à 70% au niveau national

PROBLEME IDENTIFIE	ACTION A MENER	RESPONSABLE	EQUIPE DE SOUTIEN	CHRONOGRAMME				COUT	*SOURCE DE FINANCEMENT*
				T1	T2	T3	T4		
Insuffisance de prestataires formés en SAA	1. Faire le plaidoyer pour la mobilisation des ressources	Dr BOTCHI	Comité national SAA		30/6/2010	31/9/2010			
	2. Faire le point des sites et des prestataires formés en SAA dans les régions des plateaux, Lomé Commune et Maritime	Dr BOTCHI	Comité national SAA		Juin 2010				
	3. Harmoniser les supports de collecte des données en SAA	Dr BOTCHI	Comité national SAA		Juin 2010				
	4. Imprimer et diffuser les supports de gestion en SAA	Dr BOTCHI	Comité national SAA			Juillet 2010			
	5. Renforcer les compétences de 25 prestataires en SAA en Insertion et retrait de Norplant des 4 sites	Dr BOTCHI	Comité national SAA			Aout 2010			
	6. Renforcer les compétences de 25 prestataires formés sur	*Dr BOTCHI*	*Comité national SAA*			*Aout 2010*			

	les techniques de counseling spécifique en SAA des 4 sites									
	7. Renforcer les compétences de 50 ASC, leaders communautaires, comités d'hommes et de femmes sur le concept de SAA des 4 sites	Dr BOTCHI		Comité national SAA			Septembre 2010			
	8 Organiser 2 suivi/supervision des prestataires formés en SAA au niveau des 4 sites	Dr BOTCHI		Comité national SAA		30/6/2010	31/9/2010	31/11/2010		
	9. Organiser un monitorage des activités SAA au niveau des 4 sites	Dr BOTCHI		Comité national SAA			0ctobre 2010			
TOTAL										

PLAN D'ACTION CMS Adidogome présenté le jour 3 de l'atelier
Leadership et Management dans le changement de l'offre améliorée des SAA

Résultat souhaité : D'ici le 15 Octobre 2010, 70% des femmes qui se présentent en post-abortum dans le centre acceptent et reçoivent une méthode contraceptive

PROBLEMES IDENTIFIES	ACTIONS À MENER	RESPONSABLES	EQUIPE DE SOUTIEN	CHRONOGRAMME	COUT	SOURCE DE FINANCEMENT
Manque de local pour une prise en charge des SAA	-Aménager un local approprié pour les SAA - Organiser une réunion avec le chef-centre, la DSF et les membres COGES pour discuter ce qui est faisable pour le centre	Mme IKO	- Le chef du centre - Mme Abdou - COGES - DSF	31 Mai 2010		
Insuffisance de recrutement des femmes pour les SAA dans notre centre	1. Informer et sensibiliser les femmes en âge de procréer et toute la communauté en menant des IEC, Causeries et counseling une fois par semaine sur les différents types d'avortement et leur prise en charge 2. Impliquer les leaders d'opinion, les	Mme IKO	Mmes -AFIKOU - BARARMNA - SERE	Du 3 maim2010 au 31 Juillet 2010		COGES

	ASC dans la sensibilisation sur les SAA 3. Rechercher une estimation du nombre de femmes qui avortent dans notre aire sanitaire					
Absence e de matériel pour la prise en charge des SAA	1. Faire le plaidoyer pour doter notre centre de matériels appropriés pour la prise en charge correcte des SAA - kits d'AMIU et accessoires - Réchaud à courant + casserole - 2 bassines avec couvercle, - 4 seaux en plastique, - boîte à pinces, - 3 spéculums	Mme IKO	Mme ABDOU Alima -COGES - DSF	31 Mai 2010		
	- Chaise ou tabouret, - Pendule 2. Suivre avec le chef-centre le bon de commande chaque semaine					
Manque de barrières de protection	Faire le plaidoyer pour doter le service de tabliers, coiffes,	Mme AFIKOU	Mme ABDOU COGES DSF	31 Mai 2010		

	bavettes, gant de ménage, poubelle a pédale pour le respect de la prévention des infections					
Insuffisance de prestataires formés en SAA et en promotion du changement pour assurer la continuité du service 24h/24 et 7js/7	- Former les autres prestataires du centre en SAA/PF et le changement - Impliquer les chefs de village dans la sensibilisation sur les SAA et changement - compléter la formation des prestataires en SAA, en Norplant et POMEFA	Mmes IKO	Mmes AFIKOU BARARMNA, SERE	Juin a Juillet 2010		

PLAN D'ACTION

CMS KEVE/ASSAHOUN

Objectif Général : D'ici le 15 octobre 2010 le pourcentage des femmes en post-abortum qui acceptent et reçoivent une méthode PF passent de 47% à 70%

PROBLEMES IDENTIFIES	ACTIONS À MENER	RESPONSABLES	EQUIPE DE SOUTIEN(parties prenantes)	CHRONOGRAMME (quand la demande sera-t-elle effectuée)	COUT	Ressources : -Humaines -Matérielles -Financières -Morales
Local inadapté au service de SAA	* Réaménagement de la salle d'AMIU * Equipement de cette salle - 1 table - 2 tabourets - 4 chaises - 1 baladeuse - 1 table gynécologique - 2 lits	ODOU	DPS COGES Autres donateurs	31 octobre 2010		-Recouvrement du centre -Plaidoyer auprès de la DSF
Insuffisance de kits d'AMIU et matériel chirurgical	Commande et achat de : • 1 kit d'AMIU • 2 boîtes d'entreposages du kit AMIU • 1 boîte de matériel	ESAFA	DSF COGES	31 mai 2010		-Recouvrement du centre

	chirurgical : • 6 spéculums • 6 pinces à col • 6 pinces à servir 6 cupules 2 tambours					
Insuffisance de prestataires formés en SAA pour assurer la continuité du service	-Formation sur le site des autres prestataires du centre en SAA -Faire la description des tâches -Complimenter les prestataires actifs	ADJIVON	Odou et Esafa	30 novembre 2010		-Prestataires formés en SAA -Matériel SAA disponible -Fiches de poste affichées -Ristournes à la fin de l'année
Insuffisance et le mauvais état des accessoires du traitement de matériel	Commande et achat de : - 1 réchaud électrique	NOMBOH	AM ODOU COGES	Octobre 2010		-Fond local
Insuffisance d'information de la population et du personnel de santé sur les différents types d'avortement et leur prise en charge	-Faire 2 émissions radio/mois -Faire une causerie/mois au centre de santé sur SAA -Informer les autres agents de santé à la réunion mensuelle des services SAA	ODOU	ESAFA Responsables des MEDIA ASC	Octobre 2010		-Disponibilité du personnel -Cahier de causerie et de VAD -Disponibilité des ASC

	-Organiser des VAD, causeries dans la communauté et des entretiens individuels			Octobre 2010		-Cahier de causerie des ASC -Cahier de rapport ASC -Supports visuels
	-Informer/expliquer le concept des SAA aux leaders religieux et d'opinion par trimestre	AM ODOU	-Préfet -Chef de canton -Leaders religieux			-Disponibilité du personnel formé en SAA
	-Discuter de la statistique et de la rentabilité que génèrent les SAA lors de la réunion mensuelle avec le COGES	AM ODOU	-COGES			-Disponibilité du personnel et des membres du COGES

Manque de suivi général des activités	Organiser 2 réunions par mois pour revoir le plan d'action la statistique le registre	AM ODOU	Prestataires formés	Octobre 2010		-Fond local
	Faire l'entretien des clientes à la sortie	ODOU	ASC	Octobre 2010		Fond local
	Suivre les activités des ASC	ODOU	Prestataires formés	Octobre 2010		Fond local

Appendix F: Togo Evaluations

Rating of the quality of the workshop (out of 20 evaluations)

	Excellent	Good	Fair	Poor
a. Overall quality of the workshop	11	9		
b. Quality of handouts and resources	12	7	1	
c. Quality of break-out group activity	2	7	1	
d. Quality of facilitation	13	7		

1. Which sessions were particularly useful for you?

   - Types of leader and behavior of a leader sessions
   - All the sessions
   - Leadership for PAC
   - Principles of leadership & management
   - How to reorganize teams
   - Conflict resolution

2. What did you learn in this workshop?
   - How to become a good leader and enact change step-by-step
   - Organizing roles within a team for leaders
   - To organize FP and PAC services
   - Being a leader allows others to overcome challenges and obtain results
   - How to use leadership tools
   - Principle of scanning
   - How to be a better listener
   - How to give constructive feedback
   - To support data collection
   - How to achieve goals
   - What type of leader I am
   - Practices of Scanning, Planning, Focusing, Organizing, Aligning/Mobilizing, Implementing, Inspiring, Monitoring & Evaluation to effect change
   - How to be a democratic leader
   - Leadership and management model

3. Can you apply what you learned? If so, how?
   - Yes, by being a leader for PAC and change

- To improve and align PAC services
- To teach others at work about the principles learned
- To have monthly meetings
- Reorganizing roles within a team for leaders
- Yes, through leadership principles
- Yes, to reorganize the national committee on change
-

4. Do you have any suggestions to improve the workshop?
   - More days for the workshop (at least 5 days)
   - Insufficient per diem

5. Do you have any other feedback?
   - Set up a monitoring program for sites
   - Replicate the workshop for other service providers in Togo
   - The workshop was very applicable to our day to day work

Evaluation Interview of VFCP

The interview with Dr N'Tapi and Pr Akpadza was conducted at the end of the workshop and lasted 45 minutes. Following are the main points described by Dr N'Tapi:

- For the team the most striking and interesting activity has been to do the analysis of the present situation and to come up to the desired result with the SMART methodology
- To have to do the baseline in the sites has been facilitated by a supervision visit conducted few months before
- The choice of the sites and the choice of the change champions have been a useful activity too. They diversified the type of sites in rural (CMS Keve), semi-rural (CMS Tsevie) and urban (CMS Adidogome)
- Working in a virtual environment was new for the team. And the team members played an important role to help each other dealing with this challenge. One of the members was based in a province but he could be reached by phone for the staff meeting or he could contribute his own remarks by mail.
- The connection internet was not good. It was useful to be able to go to the WHO office (where the connection is much better) to follow the program. At the beginning it has been a real challenge for the members to navigate within the VFCP website.
- There have been some results so far in the implementation of PAC services in their pilot sites *(see workshop results)*. One of the results is to get the face to face workshop on Leadership and Management practices; and also to get the FP/PAC workshop conducted earlier in February by Simon Nchifor (EngerderHealth).
- Dr N'Tapi does not know the budget allocated to EngenderHealth for providing TA to their team in Togo. To his knowledge there are no more activities planned with them.
- He would appreciate if I could come back in mid-October 2010 to evaluate the results!

Dr Akpadza emphasized their interest in promoting PAC services in Togo since 2002 after their engagement in Dakar. Due to lack of funding for equipping the sites they did not do much. The situation got ameliorated in 2006 with the support of AWARE technically and financially. In 2007 Togo could send three trainers in Dakar to become PAC national trainers

PVPC SAA Participant & Team List

Team Total: **7 (at start) then 5** **Male:** **17**

Participant Total: **35** Name highlighted in red means removed from team **Female:** **18**

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4	LILIOU	Sabine	sabiliou@yahoo.fr	gynécologue prestataire de service au CMA du secteur 30	F	
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RAPPORT du workshop in Lome (Togo)

Saturday 24 Avril: Travel from 6.00 AM to arrival at Ibis Hotel at 8.00 PM

Sunday 25 Avril: Meeting with Dr N'Tapi and Pr Akpadza from 9:00 Am to 12.30 AM at Akpadza's office. General overview of the workshop, policy of perdiems for participants and facilitators, repartition of the roles among the three of us. Technical discussion on health services delivery in Togo. Planning an interview for evaluating the VFPC on Friday 30 April after the workshop. Pr Akpadza and Dr N'Tapi had not yet seen the Erin's email informing them about the USAID rules for not being able to pay for their facilitation but just to pay for the cost of their travel to the workshop's place (like other participants). They did not like those rules but they promised to be present and co-facilitate.

Afternoon: review of half of the sessions of the workshop

Monday April 26Th: from 8:00 to 13:00 worked on Logistics with Mr David; changed money at the bank (exchange rate at the hotel very bad: 1$ = 422 instead of 1$ = 473 at the bank); Bought the material for the workshop; in the office of Mr David (at DSF) reviewed material sent by Danielle (Hands-out) and printed several modified documents; checked the workshop's room at the Dream's hotel, explained what we need (tables, chairs), timeline for the coffee breaks and lunches.

In the afternoon: re-organizing the hands-outs of the participants (as many documents have to be distributed at a special time during the sessions) and preparing all individual envelops for the perdiem and/or travel costs of the participants for the 3 days (one envelop per day and per participants)

Tuesday April 27Th: No meeting as it is the National Day of Togo. Prepared all flipcharts for each session in the morning; In the afternoon prepared the rules of the workshop and reviewed the second half of all sessions.

Wednesday 28th: First day of the workshop; all participants present but the Dr Gynecologist of CMS Tsevie left suddenly in the middle of the afternoon due to a sudden death in his family.

The sessions are well designed, and once well appropriated are fun to lead. The participants are very active, and interested in discovering the topics and the way the sessions are managed. Very touched by the values expressed in the facilitation; very interested to deepen (and sometimes to discover) some practices of Leadership. The session of evaluating the strengths and weaknesses of the group of participants towards each practice was quite interesting and largely debated: Strengths=0 for scanning and very small for monitoring/evaluating i.e. the 2 ends of the process; one could wonder if you don't scan first, how busy you may be during the planning, implementation etc..You may always keep a doubt of what you are implementing and then have a real problem in seeing the usefulness (or the fear…) or being motivated to monitor and evaluate.

The session on inspiring in recognizing contributions was also interesting: "there is no culture in complimenting, as we are in francophone context while the Anglophone are using this much more". Each group decided to think how they can institute a mechanism for doing so as they loved to be complimented.

The group had some hard time in defining the leadership practice of the leader they each identified, but did very well with some additional support. They then appropriated themselves the different conceptual models.

The review of the workplans of the teams has been a very active and interesting session, for the superiors/supervisors (N'Tapi and Akpadza) and also for the participants themselves. A lot has been achieved since the FP and SAA workshop in late February by EngenderHealth (Dr Simon Nchifor) at the end of which the workplans were elaborated and then completed at home.

Leading and Managing the Change Process To Improve the Delivery of Post-Abortum Care

Report of the workshop held in Lome (TOGO)

April 28-30, 2010

By Dr Laurence Laumonier-Ickx (Facilitator)

Background

This three days face to face workshop completed the support provided to the TOGO team (Division de la Sante Familiale- DSF) throughout the Virtual Program for the Promotion of the change in PAC, led my MSH/LMS and facilitated by Laurence Laumonier-Ickx (MSH), and Tsigue Pleah (JHPiego). This activity followed also a three weeks workshop on FP and PAC conducted in February 2010 by Dr Simon Nchifor from Engenderhealth through funds allocated to the CA by USAID. Almost all the participants who participated to this 3 weeks workshop were selected to participate to this 3 days workshop. Out of 21 participants, except 5 persons from the DSF, all participants are the teams of the promotion of change in PAC, working in the 4 sites selected by the Coordination team for the change in PAC.

Facilitation

Laurence Laumonier-Ickx who was one the two facilitators in the VFCP, led the facilitation. She was accompanied by Pr Akpadza Koffi , professor of Obstetrics and Gynecology and Head of Obs/Gyn Department of the University of Lome, and by Dr N'Tapi, head of the Division de la Santé Familiale in Lome. The logistics was taken in care by Mr David Eyadonam Badabadi with great talent.

The objectives of the workshop

To introduce the concepts and practices of Leadership and Management, and the promotion of change in PAC service delivery. More specifically:

- To be leaders and managers who can allow others to overcome challenges and reach results
- To use the tools and practices of leadership to work efficiently in teams
- To understand and practice the principles to encourage and lead the change in PAC et to reach measurable results which support the organization's mission and the common vision of the work group
- To install within the work group a work climate which improves the engagement to always accomplish a better performance?

Summary of the main results of the workshop

- In the session of evaluating the strengths and weaknesses of the group for each practice of Leadership and Management, the 23 participants (including the two co-facilitators who spontaneously participated in this session) scored all the "scanning" practice as their weakness. None of the participants scored this practice as strength. The "monitoring/evaluating" practice

was also evaluated by 19 participants out of 23 as their weakness. The score for the other practices was mixed between strength and weakness.

- In general participants were very participative, and interested (sometimes surprised!) by the concepts and practices of leadership and management
- The content of the three days was extremely dense due to the fact that there was 1) the introduction of leadership and Management practices 2) introduction of concepts on change promotion and 3) a focus on their PAC activities. The evaluation of the workshop provided by the participants is promoting for a 4-5 days workshop instead of 3 days.
- The above constraint did not allow for a drastic change on paper in the action plan that they presented at the end of day 3 (they had presented their action plan elaborated at the end of the workshop led by Dr Simon Nchifor the day one). These action plans of day 3 do not reflect all the points discussed and emphasized during the workshop (see in annex the results of the session preceding the presentation of their reviewed action plans), and teams will continue to complete it in the following weeks. However:

    1. A general desired result has been adopted by all teams: **"till October 15, 2010, 70% of the clients in post-abortum coming to the site will receive a FP counseling of quality and will accept and receive a contraceptive method before leaving the site".** We emphasized particularly that post-abortum clients who need contraception are not only those who got an AMIU or curettage but all post-abortum clients. The best practice being that a 6 months period without a pregnancy is highly recommended to the post-abortum clients. Indeed this notion did not seem to have been well understood by the participants previously.
    2. The action plans presented by the teams still did not include specific indicators for each activity while throughout the workshop we emphasized the need to monitor and evaluate results. However some teams included, as an activity, the need to get an estimation of the number of abortions (at least spontaneous abortions) within the area served by their center (district). They will get support from the DSF, and if needed from WHO/Lome, to get the statistics. This figure will help them to evaluate the frequentation of their center compared to the estimated number of abortions within their area.
    3. DSF decided to finalize an official SAA register. For the time being, each pilot site has a register. Among the documents distributed to the participants, one was the baseline form promoted by Carolyn Curtis (USAID) during the VFCP.
    4. The team of Adidogome which still has not received the needed material to start the PAC delivery decided to be more pro-active and follow more closely their request with the "comité de gestion" of the site and with the director of the site and with DSF. In the meantime, as they are located not very far from the general hospital of Lome where PAC services are delivered, they decided to start the awareness campaign within the communities and the clients on PAC service.

- DSF and the 4 teams agreed to meet at least in mid-October 2010 to review together and evaluate their results.

Conclusion

Pr Akpadza has been present at all times, and has been very interested to learn.
Dr N'Tapi unfortunately has been absorbed by the activities of his division (including an audit of his department) and has not been able to be as present as he was willing. Elise Agbobbi from WHO, who was part of the VFCP team showed up for 2 sessions.

At the end of the workshop Pr Akpadza and Dr N'Tapi, through a final face to face meeting explained how much they were interested in the improvement of PAC delivery and to scale up their efforts; however they are very limited with funding sources. For example the DSF would like to train the staff of the 4 selected sites in Norplant. They also explained that they are totally dependent of external donors to get contraceptives – last year their government provided the equivalent of 40,000 US Dollars).

ANNEX

SESSION 18: To be leader is to reach results

In plenary session each group was asked

- *Which results have we obtained up to now?*
- *Which failures have we met?*
- *What is missing in terms of actions, allies and support ?*

1) **Which results have we obtained up to now?**

CMS TSEVIE:

- Adaptation to the fact that there is no formal and separate PAC room (PAC services are done in the FP room)

- Practice of effective AMIU

- Availability of PAC and PF services 24 h/24 et 7 days/7 but results not measured

CMS KEVE

- Increase in the frequentation of the clients PAC (2 in March 2010 and 4 in April 2010)

- Improvement of the competencies in PAC of the medical staff: refreshing training and training workshop

- Satisfaction of the clients (but not measured for the time being but the team will implement exit interviews with the clients, using young volunteers)

- Use of the PAC register and update

- Availability and continuity of the PAC and FP delivery 24h/24 and 7d/7

CMS ADIDOGOME

- Obtained few materials (including a gynecological table)

- Continuity of FP services during days only

ATBEF

- 100% of medical staff trained

- 4 rooms PAC

- Integration FP/PAC during days only and 6 days/7

- Availability of contraceptives

DSF

- Training of 4 new national trainers in PAC

- 94 medical staff trained in PAC/FP

- Provided material to the 4 selected sites and others

- Supervision of the 4 sites

2) Which failures have we met?

TSEVIE

- Lack of conformity of the SAA room

- No target of the population SAA set yet

KEVE

- Lack of promotion/mobilization of SAA among the population: frequentation still low

- Failure of the clients to pay for the PAC services

ADIDOGOME

- No availability of PAC room

- Request for getting adequate material not yet met; therefore no PAC services for the time being at the site

ATBEF

- Low frequentation of PAC clients

- need of PAC/IEC material

DSF

- No training of medical staff of the 4 sites in NORPLANT

3) What is missing in terms of actions, allies and support ?

TSEVIE

- To set the estimation of the number of PAC women /year in the district

- To increase awareness and mobilization in the communities and clients (IEC, Radio, training)

- a new ally: Direction of the district

KEVE

- To meet leaders and religious persons

- To increase the awareness and mobilization through community health workers and medical staff of the site

- To complete the new construction of the site and get a well equipped PAC room

ADIDOGOME

- To follow-up with the request of material (meetings)

- To involve the Community health workers and direction of the site in the change process (meeting of information)

- To request the support of COGES ("Comite de gestion" of the site) through advocacy (meeting)

ATBEF

- To involve medical staff of surrounding centers which are not delivering PAC services

- To involve the Community Health workers in the area of Lome

- To meet community leaders

DSF

- To harmonize the support of data collection PAC

- To train the remaining medical staff of the 4 selected sites in FP/PAC