



**Partners in Population and Development (PPD)**  
A South-South Initiative  
Permanent Observer at the United Nations

## **COUNTRY REPORT**

### **TUNISIA**

## **South-South Collaboration in Capacity Development**

**Lesson Learnt from  
Successful Interventions**

## **COUNTRY REPORT – TUNISIA**

### **Executive Summery**

In Tunisia, the National Office of Family and Population and the International Centre of Training and Research in Reproductive Health were the two leading institutions that carried out most of the South-South activities pertaining to training, technical assistance and study tours in family planning and reproductive health. Eight cases were identified and analyzed using available printed materials, mission reports, press articles, project documents, publications and with some direct contacts with the beneficiaries in the form of interviews.

The findings revealed unanimous positive feedback at both individual and institutional level. The individual impact seems to be, first and foremost, focused on the enrichment of their experiences through interaction and exchanges of ideas with other individuals and programmes as well as coping with different contexts and adapting to specific environments. In addition, since most of the South-South activities in Tunisia were related to training, it improved individual capacities in organizing, coordinating and managing international programmes, collaboration with fund-raisers and mastering the process of preparing South-South project proposals. The trainings also created a pool of national and regional level trainers, managers and professionals in various fields of reproductive health, which instigated an increased willingness to formulate South-South programmes with other agencies.

### **1- Selection procedures of cases studied.**

Our approach has first included an identification process of the various types of activities of the south-south collaboration conducted by the National Office of Family and the Family that stands for the base institution entrusted with the national scheme of family planning and reproductive health in Tunisia.

The south-south collaboration activities took effect in 1995, that is, 10 years ago. They pertain mainly to training, technical assistance, arranging study and observation travels and the holding of conferences.

Eight cases of south-south cooperation have been singled out for study by the present assessment and documentation task for the capacity-building of the developing countries in the field of reproductive health. This selection has been established according to preset criteria, that is, the availability of exhaustive material and reference background for contacts with beneficiaries.

The background elements of our appraisal have been drawn from this material which enabled us to identify the individuals that are supposed to be our key informers on both service providers and beneficiaries.

Finally, the selection made took into account the representative-ness as to the type of collaboration as being inter-institutional or between institutions and individuals as approved by the methodological document designed by the south-south Partners for this purpose.

Our selection approach has therefore led us to pick up the following projects:

- **Case Nr. 1:** International training of service providers of RH/FP (File: Service providers).
- **Case Nr. 2:** The audio-visual communication for the benefit of reproductive health (File: AVC).
- **Case Nr. 3:** Training on the management of IEC programs. (File: IEC management).
- **Case Nr. 4:** FNUAP's backup project for the National Plan of Reproductive Health in Mauritania. (File: Mauritania).
- **Case Nr. 5:** Back-up project for the South-South Cooperation in the field of RH in Niger (File: Kollo).
- **Case Nr. 6:** The Comprehensive Scheme for the Development of Leadership based on the integrated management of reproductive health plans in developing countries. (File: CSDL-gates).
- **Case Nr. 7:** Study and observation travels for the benefit of the Yemenite delegations in Tunisia. (File: Yemen).
- **Case Nr. 8:** the project involving the Government of the Chad Republic and FNUAP for teenage reproductive health. (File: Chad).

## **2- Methods, tools and sources of the information used.**

### **4.1 The available documents used.**

They include reading and making use of all available documents pertaining to the studied case. (Information files per training session, mission reports, observation visits accounts, syllabus, and end-of-course notice duly signed and read by a participant, project documents, annual activities reports, press articles ...).

### **4.2 Focused individual interviews with officials.**

These interviews regarded 16 national executive officials at the International Centre of Training and Research in reproductive Health.

### **4.3 Electronic and/or fax contacts with the beneficiaries from training and study visits.**

The questions have been sent to each beneficiary along with an explanatory letter inciting the addressee to provide answers within set deadlines. 172 contacts have been established — by way of electronic mail and/or by fax — with the beneficiaries either directly or through the FNUAP office.

Given the low rate of responses (14/172), the analysis of the impact felt by the beneficiaries was confined to the elements pertaining to the impact assessment felt at the end of the session (immediate effect) for the projects with training activities, and to those of the rare answers gathered.

### **3- Collaboration effects and implications**

#### **5.1 According to service providers**

The information gathered during individual interviews conducted with officials and other persons involved in the different activities evaluated revealed an unquestionable and unanimous positive feeling at different levels: individual, institutional, programmatic and political. This feel is accounted for by the various achievements and by capacity building.

##### **a- At the individual level**

The respondents rejoiced over their achievements in terms of their capacity of organising, coordinating and managing international training sessions reaching performance development.

We equally noticed the capacities acquired in terms of collaboration with fund-raisers such as JICA (Japanese International Cooperation Agency), especially at mastering elaboration process and the drafting of projects submitted to funding.

Still with the individual impact, the interviews have revealed a build-up in technical capacities for the officials in charge of courses who have made of each session an opportunity to enrich and enlarge their knowledge through the feedback they obtained from the beneficiaries and from other trainers.

For the majority of these trainers, these capacities have been built on the basis of long empirical experiments and on the achievements of a local or international structured and focused training.

So many achievements that have helped promote the Tunisian approaches and experiences to cope with different contexts and to adapt to personal specificities.

These performed activities have eventually made it possible to get an opening on the other Southern countries, to have a clearer picture of their needs and expectations, and thus, an ever-adjusted collaboration as regards relevant activities.

In short, the respondents have confirmed their acquisition of a neat experience pertaining to expertise on southern countries...

**b- At the institutional and/or program level**

This level is characterized by the building of institutional capacities for the Office National de la Famille et de la Population (ONFP) (The National Office of Family and Population) including those of the Centre International de Formation et de Recherche en Santé de Reproduction (CIF), (The International Centre of Training and Research in Reproductive Health).

Indeed, ONFP is singled out for this multi-level build-up which will enable it to improve and keep on delivering the service quality so far offered within the framework of this South-South cooperation.

Henceforth, this domain will be a priority in the institution's strategy. It is worthwhile to note that advocacy and fund mobilisation efforts have been invested by the General Manager who is also a founding member of the South-South Partnership. Moreover, a more consistent status has been attributed to CIF which stands as an interface body and as the main actor in South-South activities.

This status, therefore, endows it with an autonomous management that is more flexible and better adapted to the requirements of South-South Cooperation. CIF, has, on its part, ensured the modernization of its equipment and a back-up for pedagogical aids at both central and regional levels.

Another tool has equally been created for the periodic external evaluation of practical field training and of the trainers' upgrading including practical tutors. CIF has also endeavored for the design of training modules, the creation of a multidisciplinary trainers' pool, the enhancement of partnerships with the university sector, NGOs and with the other departments of the Ministry of Public Health, which have greatly contributed to the achievement of CIF activities through either expertise or training, or through the supply of training fields or exchange rooms.

CIF has, among other achievements, engaged in a promotional strategy of the services provided including a paper designed to enhance the value of the success stories of RH/FP national plan (currently underway).

CIF, eventually, plans to design a book of Tunisian experts in the fields of population and development. In addition, it envisages codifying the administrative procedures pertaining to the technical assistance offered by Tunisia to the other South countries.

**c- At the political level:**

The political impact does not seem to have captured any respondent. When we insisted on the issue, some remained quite evasive stating that it was “difficult to come up with an answer.”

## **5.2 According to beneficiaries**

Despite being brief, the analysis of the beneficiaries' statements has confirmed a very positive mood at individual, institutional, programmatic and political levels.

### **Individual impact**

Being indeed personal, the individual impact felt is also and especially human. The individual impact seems to be, first and foremost, focused on the enrichment of their experiences through exchanges with other individuals coming from other South countries, and by the discovery of the Tunisian experience. In short, the respondents have rejoiced at their venture into new horizons, at meeting new people and making new acquaintances.

The respondents have also expressed their insights as to the improvement of their background and skills in the field of the training they have undergone. Among the skills mentioned, we shall refer to the technical, socio-relational ones, and also the critical spirit with which they watch a commercial spot, that is, not as mere spectators, but as a technician that is concerned about the quality of the messages to be conveyed to their addressees.

For some, the acquisition of new skills has been accompanied by their enhancement by the local authorities upon re-entry in the country, which means, they are now officially involved and responsible in the activities of design, training, supervision, management and national and even international consultancy.

Even at the regional level, and in the absence of an institutional development, other respondents, relying on the acquired skills, have taken conclusive initiatives in line with the local or regional range of their duty of which they are proud as they have been acknowledged and adopted by the regulatory authority as a nationwide pilot project.

Another interesting type of individual impact is worth noting as it reveals that the beneficiaries — at least those who answered— have had the opportunity to proceed to introspection, working on themselves. Hence, the reconsideration of their behavior on the field and the adoption of more emphatic conducts such as the careful listening, the patience displayed towards consultants and the use of this privileged contract in order to promote other issues pertaining to reproductive health.

## **Institutional impact**

Less numerous are the statements gathered which revealed a willingness to coordinate with the other departments and with the other NGOs in order to guarantee the best possible quality to the service offered to the citizens.

The institutional impact equally surfaces in the development of projects and/or programs in line with the topics dealt with in the various South-South Cooperation activities, the improvement of their management, their follow-up and their assessment.

This impact is consolidated thanks to the creation of a pool of trainers, managers and supervisors at the central and/or regional level in various fields of reproductive health (clinical and educational services, management of EIC programs ...).

This impact appears once again in the build-up of the infrastructure, equipment and logistics.

Finally, the mobilization of community leaders (village chiefs, religious leaders) has also consolidated this impact through the training of genuine promoters and advocates of family planning.

## **Impact on programs**

Four major ideas showcase the undeniable impact felt by the beneficiaries about the programs: the design and the implementation, innovation, adaptation and fund raising for the projects.

The first deals with the design and the implementation of projects in scattered rural areas that are supported by the supervising management and achieved at a rate of 100%.

The second pertains to the innovation of the design approach and of project implementation, namely through the involvement in the identification of RH/FP clinical and educational service provision, that can be conducted locally, thus reflecting a feasibility concern for corporate initiatives.

Within this same approach, the situation diagnosis in pre and post intervention and the establishment of a follow-up and appraisal system are crucially important.

This innovation has been inspired from the Tunisian experience especially as regards the mobile strategy of RH/FP service provision.

Traces of the Tunisian legacy can be noticed in the introduction of new measures such as free RH services, the promotion of DIU, the enhancement of the role played by the mid-wife in the RH/FP program to ensure a better nationwide coverage, the non-restriction of the permanent methods of family planning and the non-requirement of the husband's authorization for a woman who wishes to benefit from reproductive health services.

The third relates to the adaptation of interventions in the field of communication to all population classes.

Last but not least, the beneficiaries seem to have developed skills in designing projects bankable by United Nations bodies such as UNDP and UNICEF.

### **Political impact**

Already materialized or certain for a few and achievable for some, it remains illusory for others.

The case of the project achieved in Niger is a perfect example with the adoption by the country of a population policy that was in line with the national plan of reproductive health designed. For the exultant representatives of NGOs happy to be considered, their participation is perceived as "a message for governments that NGOs are indispensable for the development of a given country."

For others, the intention may be materialized with the contribution of a beneficiary like the one reported in the advocacy action conducted at the level of national authorities with a view to adopting political measures such as the creation of an assistance fund for the benefit of families in conflicts.

Within a more reserved and realistic perspective, the statements gathered point out that the political impact cannot derive from study visits or from training sessions.

#### **4- The morals to be drawn**

##### **6.1 By service providers**

Four morals may be drawn by service providers from their experience with South-South collaboration.

The first deals with the importance of exchange programs with South countries which live in the same socio-economic situation and to draw the lessons accordingly. Likewise, one should take full advantage of the success



stories of the countries that have been subjected to the same situation and which managed to outline efficient population policies and plans.

Cultural proximity (similitude) greatly facilitates the transfer of know-how and approaches.

Another lesson to draw is the importance of human capacity building based on a genuine know-how transfer in the institutional capacity building.

Institutionalizing projects rather than personalizing them shall be added to the necessity to outshine the other African providers of similar services.

Finally, the necessity of support by Northern countries and donor bodies is essential in the enhancement of South-South cooperation.

## **6.2 By the beneficiaries**

Being involved in one or several South-South cooperation activities, the beneficiaries have come to the conclusion that exchange of experiences between Southern countries stands as an unparalleled efficient tool of apprenticeship. They have also realized that having a high-quality management of a health plan is crucially important and essential for its success.

## **5- Improvement proposals**

### **7.1 By service providers**

Concerned about the durability of cooperation between Tunisia and the other Southern countries in the field of reproductive health, the service providers recommend that the countries needs be innovated and followed in order to address them adequately. "It is imperative to get to the country and not to settle with mere selective requests."

It is equally necessary to develop a consistent and permanent advocacy at the level of Northern countries and donor bodies in order to support these activities.

The creation of an observatory for cooperation in population and development matters by donors and South-South initiative partner countries would be an additional support for the continuity of this initiative.

The statements gathered have reiterated the necessity to set up an evaluation tool for the impact of South-South cooperation and to proceed to an institutional and technical consolidation of the Southern countries' excellence centers with an effort to promote exchanges among these centers.

This also means promoting cooperation experiences by developing a marketing strategy including versions of several languages and a broadened broadcast to reach fund-raisers and thus multiplying funding sources.

The service providers recommend that the Southern countries include these South-South cooperation activities within their national strategies and policies in order to ensure coherent and continuous interventions and to avoid the selective character of South-South activities.

They also stress the necessity to maintain contact between trainers and CIF through the creation of several field-or-distance post-training follow-up mechanisms and the consolidation of technical assistance for Southern countries throughout the various stages of the management of RH/FP programs.

Finally, to counter deadlocks caused by the slowness of financial or administrative procedures, service providers stress the necessity to centralize the funds raised at the care of the fund-raiser whose financial management is renowned for its flexibility and swiftness.

## **7.2 By the beneficiaries**

Despite the poor rate of responses to our electronic or/and fax contacts, the tone of the statements received yields a verbalised sort of enthusiasm expressed by the beneficiaries following renewed contact within the framework of the present evaluation. A few recommendations have been clearly stated, they mainly converge on two major principles:

First: stressing the necessity to increase the participation of NGO representatives, especially in the programs for leadership development.

Second: The beneficiaries wish to be solicited in order to pursue and enlarge the knowledge and skills acquired.

<b>Case Study Nr. 1: International Training of Service Providers in Reproductive Health and Family Planning</b>
---

1- **Country:** Tunisia.

- 2- **Consultant:** Dr. Rym Esseghairi.
- 3- **Case:** International Training Sessions of Service providers in RH/FP (1995-1999).

## **Description**

Within the framework of a cooperation project between Tunisia and FNUAP Tunisia (Int 96 PO1) established from 1995-1999, training activities for the benefit of Southern countries have been initiated.

The long-term objective of this project is to contribute, within the South-South cooperation framework, to the implementation of the Cairo plan regarding the institution of a viable balance between population, resources and the environment with a back-up and through training at the elaboration and execution in developing countries of RH/FP programs and woman empowerment.

One of the specific objectives of the project is that by the end of the scheme 80 service providers (mid-wives, nurses, doctors) of Southern countries will have acquired knowledge and skills necessary for the provision of family planning services (18 will be funded by the project).

These training sessions have been carried out in the International Centre of Training and Research in Population and Reproductive Health belonging to the National Office of Family and Population ( a governmental organisation in charge of the national RH program entrusted to the authority of the Ministry of Public Health).

Before the start of each year, a course advert is made for the attention of fund raisers, governmental and non-governmental organisations and individuals. This advert is republished two months before the start of each training session.

At the end of each project, 13 training sessions are achieved, that is, 3 sessions per year with 147 participants coming mainly from French-speaking countries. The expected number has been widely exceeded. Several international bodies (World Bank, European Community, World Health Organisation and other FNUAP offices) have granted scholarships for the trainees wishing to benefit from these training sessions.

The training program contains two parts, a two-week theoretical section, that is, 66 hours, and a four-week practical section, that is, 110 hours.

The topics dealt with during the theoretical training are the following:

- Concept of reproductive health.
- Client counselling and check-up.
- Sexual health and family life education for youngsters.

- Hormonal contraceptives.
- Barrier methods / Self-observation methods / MAMA methods.
- Intra-uterine contraceptive device.
- Voluntary surgical sterilisation.
- Cervical cancer screening.
- Breast cancer screening.
- Conventional sexual conducts / Conventional contraception, MGF, secret abortion, IST / HIV / AIDS.
- Infertility.
- Menopause.
- Mother and child health.
- Service quality assurance.
- Prevention of hospital-acquired infections.
- Organisation of RH service provision.

Trainers are in most cases gynecologists. A training module on clinical undertaking for reproductive health stands as a reference document for such trainings.

Practical training sessions take place in RH clinics of the National Office of Family and Population. The trainees are usually registered in binomial fashion to guarantee better apprenticeship. Practical training monitors are entrusted with the coaching and assessment of trainees with the help of a practical training book.

The training supervision is done by the trainers and the coordinators of the course at the central level.

The participants' assessment is based on the acquisition of the skills required for the different RH aspects. A minimum number of gestures done in conformity with the standards is required to validate the training program.

#### **4- Methods, Tools and Sources of Information**

##### **4.1 The available documents consulted**

- Cooperation project between the Tunisian government and FNUAP Tunisia (Int 96 PO1).
- Training session programs.
- Some training sessions reports including assessment by participants.
- Some end-of-training reports handed over by participants upon their return.
- Feedback and thank-you letters sent by trainees.
- Midway assessment report.

- Assessment report of training session fields.
- Pedagogical aids for the training program.
- Mission report in Burkina Faso (needs evaluation and post-training follow-up).

#### **4.2 Focused interviews with course officials:**

Interviews between the course coordinator and the director of the International Centre of Training and Research.

#### **4.3 Electronic and fax contacts with course beneficiaries.**

A fax correspondence is established with the beneficiaries from the training sessions. The form is forwarded along with an explanatory letter to the participants inciting them to reply within set deadlines. (Given the difficulty we encountered trying to get hold of the participants' details in the files, 18 faxes have been sent to the beneficiaries from the different sessions).

### **5- Type of South-South Cooperation**

#### **5.1 Service providers**

This South-South cooperation is established between a service supplier which is a governmental training entity (International Centre of Training and Research in population and Reproductive Health).

#### **5.2 Beneficiaries**

The beneficiaries are usually RH service providers sent by their governmental institutions (Ministry of Public Health) or by non-governmental ones (Family Planning Association).

### **6- Funding Sources**

Most participants have been sponsored by UNFPA, UE, WHO following examination of the candidacies by a CIF selection committee.

## **7- Effects of collaboration**

### **7.1 On beneficiaries**

#### **° Immediate effect**

With reference to the immediate assessment of the different training sessions and training reports, it seems that the beneficiaries have been satisfied with the training as they particularly appreciated:

- The content of theoretical courses.
- The interactive pedagogical approaches.
- The trainers' level of competence.
- The organisation of theoretical apprenticeship in RH clinics and the turnout of clients which allowed an appropriate apprenticeship.
- The organisation of the session.
- Aids and documents quality.
- The correspondence of the courses to their expectations.

The trainees feel comfortable enough to provide RH services, namely for the prescription of hormonal contraceptives, the insertion or withdrawal of IUD (intra-uterine device), IST undertaking and RH service management.

The assessment made by practical training monitors certifies that the participants have command over the various technical practices.

At the conclusion of the courses, the participants pledged to put the acquired knowledge and skills in practice in order to improve the quality of services and to transmit the knowledge they acquired to their colleagues.

Apart from the technical know-how, some trainees have expressed their wish to propose to their decision-makers the strategies and mechanisms that they regarded relevant and appropriate to their respective countries such as service provision by clinics or by mobile teams, free services and comprehensive services offered.

They recommend the following improvements:

- To extend the training period from 6 to 8 weeks.
- To be informed about the content of the programs beforehand.
- To consolidate the dimension of information and national experience exchanges.
- To ensure trainers' post-training follow-up.

- To guarantee sustainable training and retraining.
- To engage in advocacy in their countries in order to get new equipment, to implement a RH plan to put the acquired knowledge into practice and to change some practices.
- To benefit from other types of training: Norplant insertion and withdrawal, the management of RH schemes.
- Endow trainees with demonstration equipment so that they can transmit the acquired knowledge to their colleagues.

#### ° **Post-training Follow-up**

The beneficiaries post-training follow-up is not carried out in systematic fashion and stands as the weak link of these sessions. This follow-up has not been planned from the outset, which made its achievement uncertain.

A mission carried out in Burkina Faso whose objective was to assess training needs and to proceed to a post-training follow-up of their national trainees has led to the conclusion that the persons trained are relatively mobile and are reappointed in posts that do not enable them to put the acquired knowledge into practice.

The analysis of the perceptions of the beneficiaries contacted within the framework of this task (only one respondent to the questionnaire sent) has displayed the following training impact:

Regarding the individual impact, the participant affirms that she “ has considerably improved her skills and performance as a service provider and that she has consequently become a RH national trainer and a RH service supervisor”.

At the institutional level, she adds that “several national institutions have benefited from her training and experience as a RH service provider and as a trainer. As such, SFPS- Projets Santé Familiale et Prévention du SIDA (Family Health Projects and AIDS Prevention) and JHPIEGO have made recourse to her as a consultant for their Reproductive Health Project. She has also been quite involved in post-abortion care programs (MVA program) for which she made her first exhibition in Tunisia”.

She says that “her country is slowly introducing these services despite the high rate of secret abortions and the complications that ensue.”

As to the programmatic impact, the respondent has referred to her experience with the institution of a pilot project on sexuality, reproductive health with a focus on family planning methods through awareness-raising programs for the community.

She has also been in charge of designing brochures on contraceptive methods and the edition of a quarterly FP bulletin.

As far as the political impact is concerned, she reported that the Ministry of Public Health of her country designed Tunisia's RH training manual in order to develop a standard scheme for reproductive health.

Improvements at the legislative level have been introduced such as non-restrictive access to FP permanent methods and the non-requirement of the husband's authorization for a woman wishing to benefit from FP services.

## **7.2 On service providers**

The international training of reproductive health service providers has allowed the International Centre of Training and Research to gain several accomplishments such as:

° **An assessment of the practical training fields:** In order to meet the requirements of a high-quality practical training, a national consultant has been hired to assess the fields designed to host international practical training sessions.

This assessment has made it possible to get an account of the centre's human and material resources, to list down the types of services and statistical balance and to assess the comprehensive process for the local management of practical training from its scheduling to its assessment. Improvement measures for these training fields have been taken:

- Build-up in pedagogical and demonstration tools.
  - Appointing officials in charge of coaching and defining their tasks and attributions in relation with the remainder of RH centre's staff.
  - Adoption of the practical training book for the assessment of apprenticeship and performances.
  - Selecting training fields according to the volume and the quality of the activities undertaken.
  - Training monitors for practical training sessions.
- 
- **The training of practical training monitors** stood as a great accomplishment for the International Centre of Training and Research. Two training sessions and one retraining session have made it possible to promote the technical skills of 30 practical training monitors in order to ensure an appropriate and standardized coaching of the trainees, all profiles included.
  - **Training of RH/FP trainers and creation of a trainers' pool:** Standardization workshops and theoretical course sessions for the training of trainers have been organised.



- The development of RH reference manual and its regular updating according to the trainees' recommendations, to the evolution of the Tunisian RH program and the scientific progress.
- **The institutional build-up in material and pedagogical equipment** of the International Centre of Training and of the inter-regional centres of training in order to meet the requirements of these training as well as those of the future ones. To do so, the centre has acquired numerous material and equipment: Retro projectors, magnetic boards, laminated boards, video recorders, television sets, cameras, video projectors, training room sound surround, Xerox machines, etc... .
- **The achievement of marketing activities** through the design of a folder displaying the activities performed by the International Centre of Training and Research in 3 languages: French, English and Arabic broadcast at the level of all offices belonging to FNUAP, WHO, UNICEF, World Bank, NGOS and concerned ministries during the advertisement of the course, which contributed to the increase of the centre's visibility and attracted more candidates.
- **The international training in the course of this project has led the centre to acquire an autonomous management.** The centre being a department of the National Office of population, its management was entrusted to the institution it belongs to, which added to the administrative slowness and a management that is inappropriate for the institution of a course of international training.
- **Human capacity building for the International Training Centre.** Indeed the frequency and the diversity of these training schemes have enabled the centre's team to acquire organisational, coordination, and management skills.
- **The partnership building with governmental bodies** especially with teaching hospitals and medicine faculties by the resource persons who have contributed to the elaboration of the reference manual and to the training of the participants.
- **Improvement of national training:** The high quality of international training sessions required by all stake holders (beneficiaries, fund raisers, the centre as the country's trademark) has contributed to the improvement in the quality of national training sessions provided by Tunisian executive staff.

## 8- Morals drawn

### For the beneficiaries

The only respondent to the questionnaire has said that the training “has marked a turning point in her professional life as a reproductive health provider.” She adds “FP and RH have existed for many years in my country but have never been explored in a thorough and methodical manner. A lot remains to be done in terms of updating of technical information and upgrading the training of service providers and service follow-up and assessment.”

This training has enabled her to note that “family planning is not just a mere distribution of contraceptives but an opportunity to come across several problems related to gender thanks to counselling and consultation.” Her passage to ONEP’s clinics in Tunisia led her to conclude that “it is very important to integrate other RH services such as cervical smear and breast check-up in FP centres in order to improve use and meet the population needs. Moreover, awareness-raising and educational programs for the population have played a major role as they paved the way for a better acceptance of family planning and for shaping new behaviours.”

#### **For service providers**

The Tunisian FP scheme set up since the 1970s has proved to be successful in reaching socio-demographic objectives, hence the availability of centres offering a wide range of high-quality RH services provided by a qualified staff to a large number of users; various approaches and a good organisation of services. The above-mentioned qualities are factors which make the international training of service providers in reproductive health for the benefit of Southern countries quite relevant. Indeed, the participants in such training sessions find favourable training fields for their apprenticeship, a scheme that may be adapted to their reality considering the cultural and economic similarities.

#### **Aspects requiring improvements and challenges**

##### **According to beneficiaries**

It is necessary to stress the training of service providers rather than the administrators. Reproductive health and family planning courses should be included in the basic training curricula for medical and paramedical students.

The international training of service providers should also target specific topics such as: subcutaneous implant, sexual and reproductive health for youngsters, ISTs etc...

##### **According to service providers (course coordinator):**

This course fits in a project whereby a certain number of scholarships were available and offered to make it possible to hold training sessions with minimum participants. At the end of the project, registration applications were not numerous enough to design courses, hence the necessity of a sustainable mobilisation of funds through advocacy and marketing efforts.

It is equally necessary that an international training centre be endowed with the tools required for the assessment of the real training needs of Southern countries and to satisfy them.

The official in charge of the course believes that “it is very possible that some emerging topics are getting more and more appealing to Southern countries such as HIV/AIDS, risk-free maternity, youth health, and in this regard, the training centre must study its needs, adapt and be up-to-date in relation to these new challenges by focusing on the country’s real and relevant expertise.”

On the other hand she poses another challenge to overcome by the beneficiaries. She believes that a training plan for service providers must be an integrated part of a strategy aimed at building and improving reproductive health services.

Indeed, she says “many trained service providers are appointed upon their return in administrative posts where they are unable to put the knowledge they had acquired in practice. In addition, the minimum tools and infrastructure needed to carry out clinical practices in accordance with security and quality standards are not available.”

## **Case Study Nr. 2: Audio-visual communication at the service of reproductive health.**

**6- Country:** Tunisia.

**7- Consultant:** Dr. Rym Esseghairi.

**8- Case:** Audio-visual communication at the service of reproductive health. It is a Training Program in Third Country JICA/ONEP (1999-2003) for African, Middle East and Caribbean participants seeking to improve their knowledge and skills in the conception, elaboration, use and the evaluation of audio-visual aids for communication in reproductive health.

Three seven-week training sessions have been successively organised by the International Training and RH/FP Research Centre in 2001 (October 15 to December 1), in 2002 (September 9 to October 26) and in 2003 (September 8 to October 25).

### **8.1 A description of the training sessions**

The course is advertised through the broadcast of folder displaying a general outline of the syllabus along with registration forms designed for the countries that are interested in the scheme.

From the first to the third session, the course’s total number of hours rose from 228 to 252. The program contains five components:

- Interactive theory: 86 hours, that is, 37,7% (2001) => 85 hours, that is, 37% (2003).
- Practice: 42 hours, that is, 18,4% (2001) => 45 hours, that is, 20% (2003).
- Final productions: 54 hours, that is, 23,7% (unchanged).
- Observation visits: 36 hours, that is, 15,8% (unchanged).
- Introductory and assessment classes: 10 hours, that is, 4,4% (unchanged).

An evaluation process has been put in place, at the start of the training (expectations, pre-tests), during the training (daily regulation, thematic assessment, self-assessment) and at the end of the session (brainstorming, training assessment questionnaires, post-test).

## **8.2 participants**

The sessions have allowed the training of a total of 40 participants, most of whom are executive staff in the Health Ministry (17), NGO representatives (15), and executive staff belonging to other ministries (8).

The participants come from Mauritania (6), Algeria (4), Benin (4), Niger (4), Morocco (3), Chad (3), Burkina Faso (2), Cameroon (2), Congo (2), Burundi (2), Djibouti (1), Guinea (1), and Togo (1).

## **9. Methods, tools and sources of information used**

### **9.1. Available documents consulted**

They included reading material and exploring information files, observation visits reports in ONEP's regional delegations, end-of-session final reports.

### **9.2. Focused individual interviews with officials**

They have been conducted in relation with three executive staff members: officials in CIF sessions and CIF Manager.

### **9.3. Electronic or/and fax contacts with the beneficiaries from training sessions and study visits.**

The quiz has been sent to each beneficiary along with an explanatory letter inciting the addressee to provide responses within the set deadlines (June 10, 2005, 10 days from mailing date).

Out of the 40 participants, 31 have provided an e-mail address and/or a fax number. Given the poor response rate — only 4/31— the analysis of the impact felt by beneficiaries has been restricted to the end-of-session assessment tool (immediate effect) and to the four replies made out of the 31 contacts established.

## **Type of South-South Cooperation**

### **9.4. Service providers**

The training has been organised by the International Centre of Training and RH/FP. Research which comes under the National Family and Population Office.

### **9.5. Beneficiaries**

The course has targeted officials and executive staff in audio-visual communication programs having a minimum experience of three years in the field of reproductive health. In fact, the 40 participants to the training session have an average three-year experience with variations ranging between 2 and 13 years.

## **10- Counterpart**

JICA's office (Japanese International Cooperation Agency) in Tunis is CIF's counterpart body for the whole training program.

## **11- Fields of cooperation**

As its title suggests, the plan focuses on training in audio-visual communication as regards the field of reproductive health.

## **12- Funding sources**

Almost all of the participants have been sponsored by JICA following a joint study of their candidacy files along with CIF executive staff. A participant was sponsored by FNUAP while three other Tunisian executive staff members attended the training without being sponsored.

### 13- Cooperation effects and implications

#### 13.1. According to service providers

Two officials have answered our questions which played out as follows:

##### **The felt impact**

As far as individual impact of the training is concerned, the question has been raised in relation to two major ideas. On the one hand, this training is regarded as “profitable for the participants who exulted in satisfaction.”

On the other hand, the choice of candidates was not relevant especially for the Mauritanian who “have come before and have skipped several activities.” The official mentioned two cases, one already trained by CIF and another who has already come for a training of paramedical instructor for the Ministry of Public Health.

**The individual impact** also seems to have been felt personally for this official who is both a trainer and a monitor. Four key ideas illustrate this certain personal impact. First and foremost it is “the first IEC training experience at the international level.” The respondent states that he has exhausted “80% of the course designed content over a long field career and over the accomplishments of a training program in Japan.”

For him, the course has been an opportunity “to offer the fruit of his personal experience to other persons. Hence, the great interest in this process.”

Within the framework of this training program, this experience has led to “improved performance in coordination, the elaboration and organisation of a long course.” To this positive impact felt, the same official adds the add-on for the development of skills in audio-visual technical aspects which he has lived as “a real juggling act having to answer on the case-per-case basis.”

Only one respondent testified to **the institutional impact** of the training, because it is an “add-on. It is a new opportunity to familiarize people with ONFP’s experience in the domain of field reproductive health and to make it accessible. That is very important.”

Two key ideas illustrate the impact on the programs felt by just one respondent who underlined the production of reference modules and manuals. He insists on the fact that “Cooperation between ONFP and JICA is the starting point and the leverage for South-South cooperation and for the exportation of Tunisian experts. In brief, for JICA, it is the front door to partnership.”

Finally, we have the political impact to which only one respondent reacted expressing “how difficult it was to tread on such terrains.”

### **Morals drawn**

The only respondent commented on the issue by saying that “the topic of the training is relevant in the sense that it met a great need for the beneficiary countries.” He is aware of the importance of the course in the process of elaborating an audio-visual aid in these countries.”

One drawback has been mentioned regarding the absence of available “adequate equipment for the beneficiaries, especially during the practical stage.”

### **Aspects in need of improvements and challenges**

They regard especially “further pursuing this course and developing post-training activities.

All participants had an opportunity to design an aid but only one bothered to forward a folder project for notice by a fellow-citizen. I was hoping to get more similar feedback. We have to maintain contact.”

As to the aspects requiring further improvements, a reference was made for “conducting an advertising campaign for this training program. Not enough marketing is made for this experience. These are nice productions that have not been publicized.”

## **13.2. According to beneficiaries**

The analysis of the beneficiaries’ perceptions being too general for this South-South collaboration activity, we deemed it necessary to report the answers available and that refer to the immediate feel expressed by all the participants at the end of the training session and to the medium and long-term feel expressed by four beneficiaries (one in 2001, another in 2002 and the remainder two in 2003).

### **Impact of the training cycles**

At the immediate conclusion of the training sessions, **the individual impact** is illustrated through the responses provided by the trainers themselves. These answers reveal that for the whole sessions, these trainers consider that the training objectives are in line with their expectations (92% - 92.9%), with their professional activities (92% - 100%), that the content met their professional needs (92% - 100%) and to their concerns (92% - 100%).

This training session seems to have improved their theoretical knowledge (92% - 93.9%) and incited them to put the acquired knowledge in practice upon return to their respective countries (92% - 100%).

Finally, the trainers have expressed their intention to transmit the newly-acquired approaches to their colleagues (87% - 100%).

As to **the individual impact** felt a year to four years following the training session, the respondents rejoiced to have had this opportunity of “sharing the RH experiences of the other African participant countries and comparing them with their national ones, improving their RH knowledge, acquiring presentation techniques, population information and education on RH, being able not only to interpret a RH commercial spot but to provide critical views to it, and finally building capacity in the field of communication for the service of RH.”

Furthermore, this training seems to have allowed the participants to “acquire ease in designing and planning educational aids (folders, image box, posters), to plan awareness-raising sessions for youngsters, developing skills in writing, training, radio presenting, and designing/achieving projects.”

**The institutional impact** is addressed only several years following the training. For one respondent, return home was followed by a “summary of the training received presented in the presence of the Minister of Feminine Condition and all the ministry’s staff.”

This paper has enabled her to “first take part in the design and elaboration of image box initiated by the Minister in favour of the advancement of the little girl, and second to get promoted to a post of department rank and responsibility, in charge of a population comprising 5000 women to be coached in many fields.”

Another respondent has reported on “making use of the fruit of collective work (CD Rom advertising condoms) for educational purposes by a local cultural NGO, especially by making the CD Rom available to the youngsters during HIV/AIDS awareness-raising sessions.”

Finally, a third respondent drew a thorough account of her activities following the training session she had received. Her report relates to “the design and achievement of educational aids (training modules, image box, RH training for youngsters and teenagers), interim responsibility of the post of IEC Chargé, vacant since 2003.”

Among the numerous activities mentioned by the respondent, we refer to her intervention within an NGO framework (with funding from UNICEF, EU, FNUAP), in the Ministry of Health (WHO funding), other governmental organisations (National Institute of Agricultural Popularization of FNUAP funds, and in the national radio, without forgetting an international consultation for the training workshops within and outside the country, (Cotonou).

### **Impact on the programs**



It was also exclusively tackled by the respondents with statements that stress the “development of a capacity to adapt each communication action to each class of the targeted population, overcoming the heterogeneous cultural backgrounds as well as the socio-cultural and economic disparities of the targeted population. Others made reference to the scheduling of awareness-raising outings in the villages neighbouring the town of posting during which a certain number of RH spots have been broadcast (HIV/AIDS, pre-natal consultations ...).”

Moreover, a respondent made reference to the submission of the projects in view of getting funds from UNDP and UNICEF within the framework of the communication on behavioural change (training, tee-shirt production, guide folders for peer educators, training and follow-up modules for the peer educators trained, radio and TV micro-programs.”

As to the political impact, it remains insignificant. It has been mentioned by one respondent who “had the responsibility of implementing a local national program for the screening of cervical cancer.”

### **Morals to be drawn**

The few comments made on the morals drawn insisted that “communication is essential for all health programs” and that “international exchanges improve personal knowledge and experience.” (2).

### **Aspects requiring improvements and challenges**

In an effort to address the present assessment and the mail sent to her, a respondent stated that “the current follow-up is much appreciated as it allows us to believe in what we do, it supports us in our daily endeavour in favour of women and family.”

The training she received eventually committed her to a responsible role in an environment characterized by a more favourable political context in her country which has been marked by the extension of the Ministry to other duties, hence the extension of the targeted population and the scope of the population to be coached.

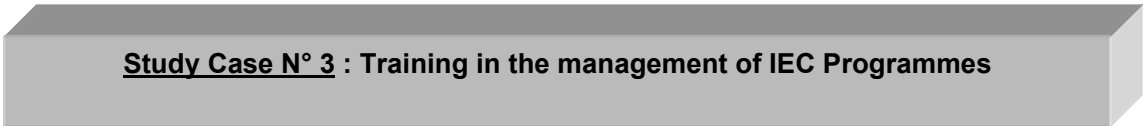
### **Regrets**

The statements do not make reference to serious regrets apart from some disappointment related to the transport system, which “sometimes may cause delays in reaching training fields”, and which need to be improved.

### **Aspects requiring improvement**

Among the proposals made, one made by an official pointed out that a training program in the management of human resources and an organisational capacity-building could be of a considerable contribution and an important add-on.

For another official, efforts must be invested in order to develop other technical skills such as the use of the video camera, internet and photographic view.



### **Study Case N° 3 : Training in the management of IEC Programmes**

#### **Study Case N° 3: Training in the Management of IEC Programmes**

##### **1. Country: Tunisia**

## **2. Consultant: Dr. Rym Esseghairi**

## **3. Case: Management of IEC programmes in Reproductive Health**

This is a training programme which belongs under the capacity building project in IEC in the field of RH established between the National Family and Population Board of Tunisia and JICA (Japanese International Cooperation Agency) for the conducting of a course in third countries in the period 1999-2003 for participants from African countries, the Middle East and the Caribbean in order to improve their skills in matter of design, implementation and evaluation of IEC programmes in Reproductive Health.

Five (5) training courses were organized during the 5 years of the project. This 4-week course is intended for IEC programme managers serving for the governmental and non-governmental sector. On the whole, 62 participants took part in this course: they come from Algeria, Benin, Burkina Faso, Burundi, DRC (Democratic Republic of the Congo), Djibouti, Guinea, Mali, Mauritania, Niger, Chad, Togo, Cameroon, Senegal, Morocco, Gabon and Tunisia.

The contents of the course involved the following topics:

- Theoretical bases of RH communication (12 h)
- Communication and behaviour change (24 h)
- Planning in the management of IEC in HR (25 h)
- Observation visits (24 h)
- Development of action plans (24 h).

The course is announced by means of a folder offering a general presentation of the course and a registration form in the countries concerned.

The evaluation is made during the session by the daily rules and a thematic evaluation of the contents of the course as well as self-evaluation of the acquired knowledge and a final evaluation of the course by the participants.

## **4. Methods, Tools, and Sources of Information Used**

### **4.1. Available Documentation Consulted:**

The training sessions reports, the course announcement folders, the individual forms, documents on country experiences, and "information session" news bulletins are the main documents consulted for this course.

### **4.2. Targeted interviews with the persons in charge of the course:**

Conducted with the course coordinator.

### **4.3. Electronic contacts and by fax with the beneficiaries of the course**

Questionnaires were sent to 33 participants in this course with an explanatory letter as to the objective of this survey. Only 5 participants responded to the questionnaires.

The analysis of the impact of this training on the beneficiaries will be limited to the end-of-session evaluation items and to the feed back of the 4 respondents.

Types of South-South cooperation

## **5. Service providers**

The training was organized by the International Training and Research Centre in RH/FP which belongs under the authority of the National Family and Population Board.

### **5.1. Beneficiaries**

The courses have targeted IEC officials and staff with at least three years experience in the field of reproductive health belonging to the governmental and nongovernmental sectors.

## **6. Field of cooperation**

This is a case of south-south cooperation through training in the management of IEC programmes in the field of RH.

## **7. Source of Financing**

Almost all participants have been taken in charge by JICA after screening of the application files jointly with the staff of CIF (INTERNATIONAL TRAINING CENTRE). Some participants have been taken in charge by UNFPA.

## **8. Effects and implications of cooperation**

### **8.1. On the service providers**

According to the coordinator of the course, **the individual impact** that the coordinator noticed with regard to this course consists in gaining control over the various components of the management of IEC programmes, after 5 courses in management of the programmes. The coordinator integrated all the practical and operational components of IEC programmes in a theoretical and properly structured framework. Besides, this course enabled the course coordinator to acquire a high level of expertise which he/she managed to transfer during technical assistance missions in Niger and other African countries.

Also the coordinator of the course acquired a great capacity to manage and coordinate training schemes, and developed abilities at the same time to cooperate with JICA, which especially reinforced the coordinator's expertise as regards the development of intervention projects financed by JICA and their acceptance by the agency.

Thanks to this project, the person in charge of the course also benefited from a training session in Japan in the field of multi-media production, a session which was very useful to the coordinator as being the official in charge of training.

On **the institutional and programming level**, this course made it possible to disseminate and capitalise the Tunisian experience on the matter of IEC programmes in population and reproductive health. It is also the 1<sup>st</sup> experience of co-operation with JICA in the field of training and south-south cooperation. The success of this cooperation with JICA has justified the project of sending experts to Niger for technical assistance towards the development of a IEC strategy and of financing by JICA of 2 training projects on education of young people in SRH, one national project (for Tunisian staff) and another international (for African staff) one.

In addition, this training project was accompanied by a logistics and infrastructure institutional building, which has provided the material means necessary for the other south-south co-operation activities, of which in particular international training and study trips. These means consist mainly in audio-visual and pedagogical equipment (screens, video projectors, reader-encoders, cameras, overhead projectors, slide projectors, etc...) and computer equipment (computers, printers, data-processing networks, scanners, CD writers, etc...).

It should be noted that thanks to this course, the list of trainers and resources persons in the field of the management of IEC programmes was extended, and that an exchange between Tunisian and Japanese trainers has contributed in enriching the experiences and the debates.

## **8.2. On the Beneficiaries**

The analysis of the beneficiaries' opinions is made compared to the answers available and which relate to the immediate impression of all the participants at the end of the training courses, and to the medium term impression for the 4 beneficiaries who answered the questionnaires (2002 and 2003).

On average, in about 80% of the cases, the participants consider that the objectives of the session are relevant compared to their professional activities, meet their expectations, and have been achieved. This training course has enabled them to improve their level of theoretical knowledge (90% on average), has motivated them to practice the knowledge acquired upon return in their country (100%) and to share that with their peers (100%).

For **the individual impact** felt 2 to 3 years after the training, the respondents all agree that this training has allowed them *"to improve their knowledge in the management of IEC programmes, and to strengthen their capacities to manage, supervise and design RH projects and action plans. The exchange with the other countries present, including Tunisia, has helped them enrich their own experience."* This training has helped

some *"obtain more responsibility within the framework of their functions upon return from the training course, to join NGOs and to even found associations, or still to belong in project approval and steering committees"*. One beneficiary says *"that he is looked upon as leader in the field of management of IEC programmes"*.

As regards **the institutional impact**, one of the respondent states that, upon return from Tunisia, he has shared the acquired knowledge with the staff in his Service, and has reported on that knowledge to a network of NGOs and the members of certain institutions such as UNDP, UNFPA, GTZ, UNICEF, WHO. Two (2) respondents say they have contributed in the development of projects within their institutions. (Projects for young people, HIV/AIDS project), which helped mobilise funds for the institution.

As for **the programming impact**, it is worth mentioning particularly a strengthening of projects and programmes as regards their IEC components notably.

## **9. Lessons learnt**

**For the beneficiaries**, that the main lessons learnt (they emphasize) are the enriching experiences of Tunisia and the various countries represented in the training courses. As an example, one of the respondents stresses that *"the mobile clinic in rural areas is an approach that all African countries must adopt to ensure better access by the population to primary health care"*. Another aspect to be emphasized is *"the importance of human resources capacity building in the field of communication which remains a key component in population and reproductive health programmes"*.

*"The fact of gaining familiarity with existing supports in countries which are already advanced in the field of RH, such as monitoring and evaluation files and educational aids makes it possible to save time to other countries,"* says one respondent.

*"This course has made it possible to know about the Tunisian family planning programme which was an essential component in fertility control and thus in socio-economic development; African developing countries should derive inspiration from it,"* says another respondent.

## **10. Challenges and aspects to be improved**

**According to the service providers (the coordinator of the course)**, the main challenges to this training activity would be:

- lack of promotion and valorisation of this course due in particular to the insufficiency of financial means and know-how. Marketing and advocacy work is necessary;
- the non sustainable nature of the course, it remaining dependent on JICA financing. This is, for the major part, due to lack of valorisation of this kind of training;

- monitoring the beneficiaries after their training is an aspect that needs to be improved.
- 

**According to beneficiaries:** among the challenges to be taken up and the suggestions for improvement, the following are worth mentioning:

- need for follow-up of the trained staff in the implementation of the programmes in their country;
- periodic upgrading of the trained staff;
- pursuing exchange between the beneficiaries of training sessions, and this by the set up of networks or any other exchange mechanism;
- having all courses on CD ROM to facilitate their use;
- improving reproductive health in African countries remains a true challenge; the exploration of experiences in other countries where RH programmes are more advanced could help find the appropriate solutions.

#### **Study Case N° 4: UNFPA Programme of Assistance to the National Reproductive Health Programme in Mauritania**

**(Project N°: MAU-04-01-01)**

1. **Country:** Tunisia
2. **Consulting:** Dr. Rym ESSEGHAIRI
3. **Case:** UNFPA Assistance Programme to the National Reproductive Health Programme in Mauritania

The objectives of this project are to improve quality of and accessibility to services, to reinforce the management of programmes and to increase services demand.

##### **Section 1.01 Brief description of the Mauritanian RH programme**

It is in 1995 that Mauritania adopted a declaration of population policy and that a national RH programme was designed, targeting high mother mortality and morbidity rates (930/100000 NV), infant mortality (118‰), a rise in the prevalence of STD/AIDS, a low recourse to contraception methods (2,6%).

In 1998, the national health care master plan (1998-2002) envisaged the implementation of the national RH programme with UNFPA support, which focused on the reduction of mother and child morbidity and mortality.

Identified as a key means of achieving these goals, the training of trainers in RH then formed the subject of a technical assistance request from CIF-ONFP (International Training Centre) by the Mauritanian Ministry of Health and Social Affairs.

Several successive intervention phases by ONFP-Tunisia and in particular by CIF were identified:

### **2.1. Needs assessment for training of trainers (1999)**

An evaluation mission was carried out in Nouakchott from 15 to 21 July 1999 by the Director of the CIF (INTERNATIONAL TRAINING CENTRE) and the Education Adviser of the same institution.

The objectives of the mission were, among others, the design of a programme for the training of trainers in matters of reproductive health, as well as a partnership agreement with CIF-ONFP/MSAS (Ministry of Health and Social Affairs) for the implementation, monitoring and evaluation of the training.

The mission comprised the following work done:

- Needs assessment based on insufficiencies in the provisions of services, in training, in community, in management of the programme.
- Identification of a pool of national trainers called upon to strengthen the capacity of the service providers (profiles, assignment in the 5 areas of the pilot project, experience acquired in RH, pre-requisites, other conditions).
- Identification of the contents of the programme: 5 units (pedagogy, clinical handling of all RH components, IEC and counselling, management of RH programmes, practical training course including the development of a training action plan).
- Drawing up an activities schedule for 1999 and 2000 including all the stages of preparation, implementation and monitoring of the training (2 sessions, that is one per year).

### **3. Conducting the two courses for the training of trainers in clinical treatment in RH (Tunis, 18 November to 13 December 1999, 10 February to 6 March 2000)**

Organized at CIF (INTERNATIONAL TRAINING CENTRE), these sessions had the following general objective: to build the knowledge, attitudes and capacity of the participants in order to enable them to design and implement training courses in reproductive health. More specifically, these sessions aimed at enabling them to gain control over aspects related to contraceptive technology and RH, to gain control of training techniques adapted to the specificities of adult learning, to work out a plan of implementation of the acquired knowledge and, finally, to simulate a training session.

Of a 4 week duration, each session comprised two theoretical components - one relating to RH/FP (9 days), the other to pedagogy (5 days) – and a practical component (5 days) devoted to the development of action plans and simulation.

An evaluation process was set up for each session: at the beginning of training (evaluation of expectations, pre-test), in mid-training process (daily reports by the participants themselves in turns), and at the end of the training (post test, oral evaluation, written evaluation).

In fine, these sessions allowed the training of 30 trainers, on the whole, including in particular 8 mid-wives, 8 medical doctors and 6 teachers.



3.1. **Mission of evaluation of the training of Mauritanian trainers at CIF (INTERNATIONAL TRAINING CENTRE), carried out by the Director of the CIF (September 4-12, 2001)**

The mission, decided by the National Programme for Reproductive Health (PNSR) and by UNFPA-Mauritania aimed in particular to evaluate the relevance and the impact of the training of trainers, to analyse some functional organisational aspects of the PNSR, and to set cooperation prospects on the short and medium term between the PNSR and the CIF (INTERNATIONAL TRAINING CENTRE).

The mission was based on field visits in company of the official in charge of the training unit at the PNSR (regions of Rosso, Rkiz, Boutlimit), as well as on discussions (with the UNFPA representative; directors of health protection, human resources, planning, and co-operation; the PNSR coordinator; 6 beneficiaries of the training [ 2 teachers, 1 mid-wife, 3 medical doctors ]).

Among the main results of this mission, it is worth mentioning the major elements that were thus elicited and which we have classified into strong points and weak points:

❑ *Strong points*

- **stability of the trainers**: only one change reported (from regional level to central level),
- **contribution in the quantitative and qualitative reinforcement of the RH services, though rather small**: satisfaction felt and expressed by the officials considering the increase in the capacities of the pool of trainers.

❑ *Weak points*

- **imbalance** in the assignment of trainers: 10 assigned to central level and 20 to regional level (8 doctors, 12 paramedics),
- regret expressed by the officials as to **the poor accessibility of Arabic-speaking trainers**, although more and more numerous,
- **difficulties in decentralizing** the training,
- frustration felt and expressed by the trainers as to **the lack of opportunity** to be operational and to implement the training action plans developed during the training.
- **sending the action plans** to the DRASS (Regional Directorates for Health and Social Affairs) of the areas concerned by the project but eliciting no **response** (not mainstreamed in regional planning, and not forming the subject of financing requests).
- **absence of training activity**: top-down training in RH standards and procedures being very recent on the one hand, and overburdened training doctors and thus non available on the other hand.
- **limited usefulness and operability** of the training of the trainers and the staff of the PNSR.

Lastly, the mission put forward the following operational recommendations, in particular:

- ❑ To envisage the involvement and responsibility of the trainers in the training activities of the regional plans to be developed.
- ❑ To involve the trainers in the training activities for 2001 which have not been implemented yet.
- ❑ To consider the integration of the action plans developed by the trainers in regional planning with sponsor for implementation in 2002. The mission insists on the relevance of decentralization of financial management.
- ❑ To create a small group and build the training capacities in the mougataâs (provinces/ districts).
- ❑ To establish sponsorship formula for the trainers called upon to organize themselves in some form of association and to jointly draw up a MoU which may form the subject of sponsoring requests (UNFPA, South-South).

#### 4. **Third course of training of trainers in reproductive health** (Tunis, 20 December 2001 to 15 January 2002)

Organized at CIF (INTERNATIONAL TRAINING CENTRE), this session comprised a refocus of its objectives which consisted in building the capacity of the participants in order to equip them for the training of RH service providers. The objectives were also revised with a view to providing the future trainers with skills to explain the basic concepts related to adult learning, to explain basic medical knowledge as regards RH, to gain control over the process of development of a training plan in matter of RH, to advisedly use a teaching approach for training adults in RH, to apply — within the framework of the development of a training and session moderation plan — the knowledge and the skills acquired for the training of service providers.

For a duration of 4 weeks, the contents, too were subjected to a refocus: two theoretical components — one medical and IEC relating to RH/FP (5 and a half days), the other pedagogical (8 days) — and a practical component (5 days) devoted to the development of an action plan and to simulation.

The same evaluation process was set up for the session: at the beginning of training (evaluation of expectations, pre-test), in mid-training process (daily reports by the participants themselves in turns), and at the end of the training (post test, oral evaluation, written evaluation).

In fine, this session allowed the training of 15 trainers, consisting of 5 mid-wives, 6 medical doctors, 1 teacher, 2 pharmacists and 1 male nurse.

##### 4.1. **Organization of study visits**

Four study visits were organized on the whole between 2001 and 2003 for the following target groups:

- **Religious leaders** (from 20 to 26 December 2001, and from 25 December 2001 to 1 January 2002)
- **Staff of the State Secretariat for Woman Condition** (from 25 December 2002 to 2 January 2003, and from 8 to 15 January 2003)

**5. Short term evaluation mission of the 3<sup>rd</sup> course of training of Mauritanian trainers in Reproductive Health** (Nouakchott, April 2002)

This mission, which was carried out three months after the 3<sup>rd</sup> course for the training of trainers, was conducted by the Director of CIF (INTERNATIONAL TRAINING CENTRE) and an external evaluator.

Based on the same approach adopted during the first needs assessment in matter of training, the mission noted that the training action plans developed in Tunis were not carried out within the time-periods initially envisaged, and that the candidates did not have, for the majority, a direct connection with the National RH Programme.

In fact, this mission only confirmed that the training of the trainers is but one element of an overall process made up in particular by the existence of a RH programme with clearly outlined concepts, priorities and objectives.

Although provided in the national RH programme for 1998-2002, the administrative and, in particular, financial process, was identified as a factor hampering the conducting of the activities envisaged; hence, the confirmation that the training is, in the final analysis, but one support component of RH activities and does not constitute in any way an end in itself.

**6. Signature of a framework agreement between MSAS (Ministry of Health and Social Affairs) – UNFPA and ONFP for building the technical and management capacity of the PNSR, for the period 2003-2008** (April 2002)

The action belongs in a strategic framework of combating poverty, hence its involvement in refocusing the sectoral programmes of health. Three (3) priority axes are identified by the MSAS for the 15 years to come, namely, reduction of maternal and infant mortality, combating malnutrition and combating AIDS.

The PNSR belongs in the disease eradication campaigns. It comprises, for 2003-2007, three (3) priority components: reduction of maternal mortality, family planning, reproductive health in relation to young people and adolescents. These are among the high performance components of the RH programme, and the Tunisian experience is felt not only as a good ground for training of Mauritanian staff, but also as an opportunity offered for a possible technical assistance.

The assessment of co-operation in the matter of training counts 80 trained staff, of whom 45 are in the 3 training of trainers courses since 1998 and 4 study visits for senior officials and religious leaders.

Considered to be very satisfactory, this assessment justifies the listing and budgeting of training in the action plan of the 5<sup>th</sup> programme for 2003-2008.

Three (3) major assets have been identified for the maintenance and strengthening of the bonds between the two countries: the quality of the relations between the two countries, the capacity of the CIF (INTERNATIONAL TRAINING CENTRE) to adapt the training and its technical assistance to the priorities and specificities of the OPNSR in Mauritania, and willingness of UNFPA-Mauritania to support this co-operation.

It is on the basis of these assets that the training needs for 2003-2004 were identified, which the agreement justifies by the priorities of the PNSR, and by the various evaluations of which the results of the EDS, hence the choice of a strategy in line with the priorities of the country.

#### **6.1. Programming for 2003-2008**

This is a two-pronged training programme: one local, and the other in Tunisia.

**The local training** aims at the training of trainers as well as training in management of IEC activities for the regional officials in charge of IEC programmes. The training of trainers comprises the upgrading of the specialists previously trained by the staff of the CIF (INTERNATIONAL TRAINING CENTRE) and the organization of a training course conducted by the Mauritanian trainers with assistance by the staff of the CIF.

**The sessions planned to take place in Tunisia** comprise the training of the service providers in RH techniques, the training of the regional officials in the management of RH programmes, and finally observation visits by regional leaders, decision makers and officials.

### **7. Methods, Tools and Information Sources Used**

#### **8. Available documentation consulted**

It comprised the reading and use of the information files as per training course, the two training needs assessment mission reports, then the evaluation of the training impact (1999, 2002), together with the reports on the three sessions of training of trainers, the framework agreement between the MSAS – UNFPA - ONFP for 2003-2008, and a report on the RH training programme for the two-year period 2003-2004.

#### **9. Targeted individual interviews with the officials**

They were conducted with six senior staff: officials of training sessions at CIF (INTERNATIONAL TRAINING CENTRE), external consultants having conducted the evaluation missions, Coordinator of the South-South Programme, formerly Director of CIF.

## **10. Electronic and/or faxed contacts with the beneficiaries of the training and the study visits**

The questions were sent to each beneficiary, together with a explicatory note urging the beneficiary to respond within the deadline set (17 June 2005, i.e. within 10 days starting from the dispatch date). Four (4) e-mail and one fax transmissions were sent together with supporting mail (comprising in attached files letter forms and mailing addresses) to the UNFPA-Mauritania Representative to contact the 54 other beneficiaries who could not be contacted for absence of contact details. Three responses were reported coming from beneficiaries of the study trips: two staff from the State Secretariat for Woman Condition and a regional official from the Family Disputes Unit.

## **11. Type of cooperation**

## **12. Service providers**

The training of trainers, the organization of the study visits as well as the training needs assessment and the training per se were provided by the International training and Research Centre in RH/FP which belongs under the authority of the National Family and Population Board (ONFP).

### **12.1. Beneficiaries**

On the institutional level, it is the Mauritanian RH Programme – i.e., the Ministry of Public Health – that is the beneficiary of this project, involving the training of 45 RH trainers (national and regional).

## **13. Partner**

UNFPA-Mauritania represents the project support body, while the Mauritanian Ministry of Health and Social Affairs represents the implementation agency.

## **14. Fields of cooperation**

The cooperation has mainly related to the training of RH/FP trainers.

## **15. Source of financing**

UNFPA-Mauritania ensures full financing of the support project and, in particular, the technical assistance by CIF (INTERNATIONAL TRAINING CENTRE).

## **16. Impacts and implications of the cooperation**

## **17. According to the service providers**

### **□ Impact felt**

#### **(a) On individual level**

For four Tunisian staff, the impact of this project is **definite** on each trained person. One such staff terms it as "*intrinsic interest*"; another emphasizes the importance of local training because, for the participants, it is closer to the reality on the ground, "*but only for the theoretical aspect, the practical component remaining the main*

*weakness of this option". For another staff, this training is "a first experience and represents an asset for the CIF (INTERNATIONAL TRAINING CENTRE) which henceforth has an expertise and means to organize other courses for the training of RH trainers".*

One staff notes that during the training, *"the participants of the male sex seem interested but were made rather indifferent by contents which they claim to master while, in actual fact, their knowledge is very theoretical and not very practical".* He states that *"the women are more receptive and pragmatic, are more amenable to a change of behaviour and more accommodating of the **gender-based** approach".* Still, according to this same staff, this course will create *"a cleavage between men and women because, throughout the training, the men confine themselves in the tradition and refuse modernity which they describe as a foreign concept".*

Lastly, another staff underlines how much this series of courses has enabled him *"to discover in himself a long unsuspected teaching potential".*

*(b) On the institutional level*

Four staff have reacted to **the institutional impact** of the training, of whom three negatively. For them, this impact *"is not so obvious".* Three different but complementary reasons are given: the mass awareness raising work, the incompatibility of the candidates profiles and the absence of development of the practical aspect.

For one staff, the cooperation between the two countries was made possible by intermediaries such as UNFPA: *"We had to do much work with the Mauritians so that the UNFPA should be sufficiently sensitised to integrate the activity in its budget. Otherwise, it would have been impossible to mainstream this kind of activity in the country ".*

For another staff, *"one does not choose the adequate profiles which would bring a contribution to the programmes. It is a problem to which the ONFP does not have a solution in spite of its requirements ".*

As for the staff who seem to be convinced of the institutional impact of this training course, their remarks emphasise that *"the CIF (INTERNATIONAL TRAINING CENTRE) has strengthened its partnership with Mauritania for which it has become a reference centre in matter of reproductive health".* Indeed, this course has allowed a *"strengthening of the co-operation of Tunisia with Mauritania and represented an occasion for promoting the Tunisian experience in the field of reproductive health".*

This is an asset which one of them moderates, however, by qualifying it in an afterthought as being *" for a given period".*

(c) On the level of the programmes

Four staff have responded as regards this aspect of the question. Two say they are in **favour** of an impact of training on the programmes, one in view of an *"institutionalisation of cooperation"*, the other limiting this impact as being *"possible for the instructors who intervene in the basic training"* adding that *"the other participants are, for the majority, more programme officials than trainers"*. The third staff holds that any positive impact of the training on the programmes requires that the trainers be assigned to the programmes, considering that *"this is **not so obvious**"*.

For another respondent, this training *"did not have an impact on the Tunisian programme but on the course itself which has formed the subject of revisions and adjustments from one session to another"*.

(d) On the political level

To this item of the question, four answers were collected: one **positive**, two **negative** and, finally, one of "no opinion".

Thus, for one, this activity is **"good for the country"**. *This remains in any case a field of co-operation. After Niger, Mauritania is one of the first countries to have benefited the most from Tunisian technical assistance. Indeed, apart from the training, the senior Mauritanian staff have all been trained in Tunisia. There is a tradition of relations between the two countries, in the matter of training, as Mauritania does not have a training platform in this field"*.

Another staff claims that there is no political impact induced by this training course, *"not on the level of such a project of actions that are of a technical nature. It has only required the sensitising of the technical officials and donors. It is not to be compared with the Kollo project which involves several sectors and which has a direct political impact"*.

□ **Lessons learnt**

This experience has allowed the Tunisian staff to learn lessons relating in particular to the issue of **sustainability** of the co-operation between the two countries, as well as of **the institutionalisation** of the projects: *"Things are dealt with on a case by case basis. Almost on a personal basis. One knows the UNFPA representative; one knows the Mauritanian decision makers. It is all a matter of persons"*.

For two other staff, the main problem lies in **the screening of candidates** for the training which seems to be *"indulgent"*, hence the *"very varied"* profiles. He adds that the ONFP itself could not be demanding in spite of the conditions which it had itself set for reasons related to the necessary number of candidates to be trained.

Another staff looks upon it from the position of a trainer and wonders even about the *"relevance of the real training needs for all these people"*.

Beyond all that, another staff states that *"on the one hand, the training by itself does not resolve all problems; on the other hand, there are many management issues related to the cumbersome procedures of certain donors"*.

On the positive side, other lessons are learnt from this training experience which, according to one of the respondents, would be of two types. This programme made it possible *"to develop CIF (INTERNATIONAL TRAINING CENTRE) capacity to organize such training courses in andragogy, all the more so that the participants had varied and, above all, heterogeneous profiles. It was possible to achieve a harmonization of the group and especially its pooling, which allowed the production of action plans "*. The second lesson learnt is the feedback that *"according to beneficiaries who make a comparison with other training courses received in Africa for example, the CIF simplifies the contents of the course"*; a virtue which, the same respondent says, is exceptional but *"not capitalised enough. It is necessary to be distinguished from the others"*. To this insufficiency, he adds the absence of modules or teaching handbooks.

#### ❑ **Challenges and proposals**

**The promotion** and **the continuation** of this co-operation seem to represent the main challenges underlined by the comments collected. For one staff, the whole issue rests in *"continuity and the application of acquired skills"*. For another, it is necessary to maintain this pedagogy course *"in a constant way every year with systematic follow-up"*. For another still, *"the ideal would be to keep contact with the trainers", "it is especially important to innovate to keep up with the country's needs and to meet those needs. It is necessary not to keep to the beaten track of training and IEC. Today, one responds to a request "* without it being located in its general context.

Proposals for improvement were thus stated which may be outlined as follows.

(i) Promoting the cooperation experience:

- to further make visible this experience, first and foremost among donors in order to multiply sources of financing,
- to document these experiences and to issue them in several languages as was the case for the Kollo project.

(ii) Maintaining contact between the trainers and CIF (INTERNATIONAL TRAINING CENTRE):

- to launch a network for all Mauritanian trained staff, which would make it possible to keep contact and to provide such staff with distance training and tutoring,
- to envisage and multiply *"mechanisms of follow-up of the trained groups, to identify their difficulties and, if need be, to provide the training in their country "*. This follow-up would be possible by the training of liaison staff (relays) among the best candidates, directly on the ground or by the trainers themselves.



- to budget at least the coaching of the training operation and compensate the lack of accompaniment and support of the trainers by CIF staff for lack of financial means.
- 
- (e) **Improvement of the impact of the training:**
  - evaluate the training sessions,
  - involve ONFP in the screening of candidates by setting out relevant selection criteria, and require gender balance,
  - maintain and actually implement local training, which "*involves less bias*".
- 
- (f) **Support for the countries:**
  - to centralize UNFPA funds and facilitate the financial management procedure.
- 
- (g) **Innovation and more input in the national programmes:**
  - not to be confined to the service requested but to examine all new requests, on the basis of the lessons learnt from former experiences, correcting errors, strengthening assets.

### **According to the beneficiaries**

The analysis of beneficiaries' feedback being rather synoptic for this activity of South-South cooperation, it was deemed useful to report the answers available on a two entry table: the immediate opinion expressed by all the participants at the end of the training course, and the medium and long term opinion of the beneficiaries, the trainers and the officials themselves a few years after the training. Out of the 58 direct or indirect contacts established with the beneficiaries of this project, only three staff – all women - having taken part in the study trips responded. Two of them serve at the State Secretariat for Woman Condition and the third is in charge of the family disputes unit on regional level. It is important to recall that the respondents had taken part in study trips between 2002 and 2003.

### **□ Impact of the training sessions and study visits**

The data collected relate either to the training received (immediate impact) or the study visits (long-term impact).

### ***Individual impact***

Thus, as regards **immediate** reaction to the training, **the individual impact** is illustrated by the answers of the trainers to the evaluation questionnaires. The reading of these answers reveals the following: they consider that the objectives of the training are in keeping with their expectations (78,75%), that they are motivated to apply the knowledge acquired upon return to their country (83,75%), and that, finally, they express their intention to share the new approaches acquired with their peers (86,25%).

In **the longer term**, that is to say at least two years after a study trip, the beneficiaries are glad *"to have discovered new horizons, to have met other people, to have established new relations and acquired new knowledge on the socio-cultural realities of the Tunisian population, hence the usefulness of this mission in view of the common points between the cultural and religious values of the two countries"*.

For another respondent, this study mission has enabled her *"to understand certain behaviours in her own family and to be able to act accordingly"*. She recognises that *"in the professional framework, being in permanent contact with the populations (assistance, reception, counselling of complainants in the family disputes service), it is important to be more sensitive to and more understanding of certain cases related to ignorance of the families of their rights, as well as of the lack of information on issues related to family planning and reproductive health"*. This same respondent adds that *"now, she is aware of the fact that certain disputes are related to problems which could have been avoided if the family had taken the precautions necessary to rationally plan the births of their children"*. Within this personal and even more practical context, she says that she draws *"benefit from it to sensitise the users who get exposed to the adverse impacts of early marriage on the health of adolescents"*.

As for the third respondent, **the individual impact** seems to be limited to *"attending lectures on the management of family disputes in Tunisia and to the benefit derived from the Tunisian experience related to the "Alimony Fund", a mechanism she wishes could be replicated in her country which is in bad need for it"*. For this same respondent, it seems that it was the days dedicated to reproductive health that had had *"a positive impact on her knowledge generally, such as the importance of family planning, of the risks attendant upon AIDS, a disease that constitutes a threat to our African continent, as well as the hazards pertaining in all STDs, and the importance of pre-natal follow-up for the specialist doctor..."*.

#### **Institutional impact**

This aspect of the question elicited two answers. For one respondent, serving on central level, *"the training was beneficial as it enabled her to inquire about work in other administrations and to appreciate the availability to be at the service of the citizen in need, by coaching and assisting the citizen"*.

For the other respondent, serving on regional level, the study visit has enabled her *"to gather information on the approach to the management and resolution of family disputes in Tunisia whose texts of law are close to those of Mauritania, in view of the religious realities in the two countries, with the difference that Tunisia has a long experience in the field. The inspiration of this experience constitutes for me an invaluable tool to develop strategies and methodologies for handling and/or referral of dispute cases within the structure where I serve"*.

#### **Programming impact**

Two respondents seem to be interested in the impact on the programmes and/or on field work. The respondent serving on regional level declares that even if *"the impact on the programmes is real on the central*

*level, it is on the regional level that we have innovated our programming approach by participating in the identification of those activities which can be conducted on local level, in particular the initiative to set up, in cooperation with the local NGOs, counselling centres in the various districts of the city of Kiffa".*

As regards the second respondent, her remarks reveal a new practical approach to her activity: *"it has become easier for me to be patient with the users who come to the service, to try to give them counsel and guidance. Moreover, I have broadened the scope of my intervention, for although the project component has been transferred, I continue to support my department of origin on a daily basis".*

### **Political impact**

All three have responded. Among those serving on central level, one states *"to have had to take part in setting up a petty cash fund for dedicated assistance to litigant families. In this regard, I have assisted the Management of the Family and the Child in drafting a technical note for Madam State Secretary of State for Woman Condition, on the need, following the example of Tunisia, to set up a Funds for dedicated assistance, which is currently under study."* Being rather more reserved, another respondent contented herself with *"the hope "to see her country set up, as in Tunisia, an "Alimony Fund", because we need it so much".*

For the third respondent, serving on regional level, *"policy orientation as regards the management of disputes is the exclusive purview of the State Secretariat for Woman Condition which has, for this purpose, drafted and obtained approval in 2001 of the Code of Personal Status which is the law defining and governing all aspects of this issue. Therefore, the study trip in question can only have impact with regard to this law, at least as pertaining in the level where I serve".*

### **❑ Lessons learnt**

Only one respondent emphasises that *"the major lessons one can learn from this study trip is that experience sharing between the institutions of countries from the south constitutes a highly efficient learning mechanism. Indeed, the body of knowledge that I have managed to gather during this stay cannot be learned in so little time by other traditional learning means. This is not to speak of the network of relations which we had developed during the working sessions and the meetings conducted throughout this study trip".*

### **❑ Challenges and aspects to be improved**

While, for the respondent serving on the regional level, the mission *"proceeded in very good conditions and has, therefore, no improvements to propose"*, the second respondent serving on central level said that *"it is crucial [for her] to make a second study trip to know more about the methods of setting up a Fund for assistance to families in dispute (operation, management, resources)"* which, she says, she had advocated with the State Secretariat for Woman Condition and which would currently be *"under study"*.



#### Case study No. 5: Project –Support for South-South cooperation on Reproductive Health in Niger”

1. Country: Tunisia
2. Consultant: Dr Rym Esseghairi
3. Case: –Support for South-South cooperation on Reproductive Health in Niger” by providing technical assistance from Tunisia (Office National de la Famille et de la Population ONFP - National Office of the Family and Population] in the health district of Kollo in Niger.

#### Description of project and Technical Assistance

\* Cooperation between Niger and Tunisia on reproductive health and family planning [RH|FP] is a long standing one. Approx. 100 staff from Niger have been trained since 1985 in RH|FP at the Tunis International Training Centre (a Centre which belongs to the ONFP of Tunisia). The Niger staff are spread out over the different health branches in the country.

\* RH|FP in Niger is strongly supported by UNFPA in 19 out of the 42 health districts in the country. Other sources of finance are available from UNICEF, WHO and GTZ, just to mention some of the most important sources. The support focuses on staff training, information activities, education and communication for the populations, introducing RH|FP into the Minimum Activities Package of the Integrated Health Centres and on providing means of contraception. UNFPA has developed a Community Based Distribution system which was implemented in two of the country' regions. These are villagers trained by the project and responsible for distributing contraceptives in the villages.

\* But despite these efforts the health coverage, defined as the proportion of the population living within a range of 5 km from a health centre which provides the –Minimum RH|FP Activities Package, is still low (42%). The results of the National RH|FP Programme until 2000 show that the synthetic fecundity index is still high (7,4 children per woman) and that the Community Based Distribution strategy made it possible to obtain only a 1% increase in the contraception prevalence by distributing the pill.

\* The Kollo district, encompassing the Niamey urban community, is huge ( over 9400 km<sup>2</sup> are covered by a multitude of scattered and often lone villages). Health structures are scarce, under-equipped and under-staffed. The health coverage rate was 27% in 1998. Women had to walk for several hours in order to reach a centre and they did so only in case of emergency when it was already too late.

\* It thus became clear that a new strategy had to be devised to improve the efficacy of the national RH|FP programme especially in rural areas. This strategy could be brought in by Tunisia which, together with other countries from the South, set up the “South-South Partnership for Development and the Population” at the Cairo conference on population in 1994 (organisation

supported by the Rockefeller Foundation, UNFPA and the World Bank and chaired by Tunisia during the first four years of its existence).

\* Within the framework of this partnership Tunisia and Niger decided to deepen their cooperation by signing an agreement protocol in April 98 which was then submitted to a delegation of French parliamentarians visiting Tunisia in September 98 for financial support. Thanks to the advocacy of the French NGO –EQUILIBRE & POPULATION” the request for financial support was accepted and the support project for South-South cooperation on reproductive health in the Kollo health district thus came into being through French government funding.

Project objectives are as follows:

General objectives:

- to contribute towards reducing the maternal and neonatal mortality and morbidity rates in the Kollo health district;
- to initiate, support and evaluate a South-South cooperation project and to learn from the lessons

Specific objectives:

At the end of the project:

\* 60% of the villages (representing 80% of the district population) are to be covered by quality RH|FP services.

\* complete prenatal coverage rate to be increased from 9.94% to 40%

\* contraception coverage rate to be increased from 1.5% to 10%

\* postnatal consultation (mother & child) to be provided for 25% of women who give birth in an assisted environment (district hospital, integrated health centre)

\* 60% of the target population is to have the right kind of knowledge of contraception methods and their positive effects on the health of the mother and child.

\* 10% of the deliveries are to be attended by qualified health personnel as against 5.31% at present

\* 100% of the integrated health centres are to provide essential emergency obstetrical care and basic care for newborns.

### **Target Population**

The project target populations are women of reproductive age, men and youth are the main public; intermediate targets are opinion leaders ( traditional midwives, community health agents, marabouts, school directors, teachers etc.) and decision makers on a central level and decentralized level.

### **Project implementation**

\* Project implementation started in September 2001. A Tunisian expert in reproductive health, manager of a RH programme in a predominantly rural region of Tunisia and a staff member of the ONFP (governmental institution under the authority of the Ministry of Public Health responsible for the RH programme) was entrusted with the project implementation on a full time basis. With the district team, the expert was responsible for planning, implementing training activities and supervising the project team running the clinical and educational activities as well as social mobilisation.

\* The expert set up a new strategy and a new approach in service provision, IEC and management of activities. Apart from strengthening the usual approach in service provision based on the integrated health centres by upgrading the equipment and the competence of the personnel, support was also provided for itinerant consultations which included vaccinations and family planning. To bring the services closer to the populations, a network of four mobile teams was set up to cater for the areas beyond the 15 km radius. Each team comprised a midwife and a communicator and appropriate equipment to provide RH|FP services in rural areas catering for the health of the mother and her healthy baby. IEC strove to strengthen advocacy aimed at the decision makers and at the community so as to obtain good support for the project. Personalized education was brought closer to the different targets and was intensified and re-oriented with the idea of modifying the approach of the service providers who hitherto had been accustomed to “receive” a captive population at the integrated health centres and who now were to address a population with reproductive health needs but lacking the necessary knowledge. Management was improved by introducing guidelines and continuous supervision of the activities.

The Tunisian model basically aims to:

- adapt the Tunisian model of mobile teams
- maintain religious proximity to combat impediments of a religious nature

### **4.Methods, Tools and sources of information used**

#### **4.1. Available documentation consulted:**

- project document

- brochure and CD developed by the ONFP describing the project main activities and achievements – mission report of the Franco-Tunisian delegation, 2 - 9 May 2003 (delegation comprising a French woman senator, representatives of – Equilibre & Population, France and the ONFP, Tunisia)
- technical evaluation report midway through the project, July 2003
- article published in Jeune Afrique l'intelligent No. 2310 of 17 - 23 April 2005 entitled –Au secours des femmes” (Helping women)

#### 4.2. Focused interview

with the project technical assistant

#### 4.3. Electronic contact and by fax

Faxes were sent to the supervising midwife of the Kollo district and to an official at the Ministry of Public Health of Niger but no replies were received.

### 7. Types of South-South collaboration

#### 7.1. Service providers

This south-south cooperation project involves 2 types of service providers. In this case the service provider is an individual, the project technical assistant who represents a governmental institution (the ONFP) which contributed towards the training of Niger project staff.

#### 7.2. Beneficiaries

Technical assistance included individuals (project team, RH service providers, IEC personnel) and governmental institutions (Kilo health district)

### 8. Collaboration domain

The domains of collaboration vary in this activity and cover mainly a multi-faceted technical assistance such as leadership development, programme management, logistics management, IEC and service provision training, research, monitoring, evaluation and advocacy.

### 9. Source of funding

This project is financed by the French government

### 8. Effects of collaboration



## 8.1. on beneficiaries

### - on an individual level

- within the framework of this project 11 trainers were trained in providing RH services and in managing information, education and communication programmes in Tunisia (at the International Centre for Training and Population and Reproductive Health Research, a structure which is part of the ONFP). Once back in their own country, and with the support of the Tunisian technical assistant, these trainers then trained locally, in the Kollo district, (18 RH/FP agents and 50 traditional midwives).

- a Tunisian communication expert trained 30 persons responsible for education in communication techniques.

- These different types of training made it possible to strengthen the competence of the different project stakeholders, whether they be managers or providers of clinical or educational services so as to ensure effective implementation of project activities and to provide good quality RH services.

- The personnel involved throughout the project were motivated, enthusiastic and “owned” the project and this contributed greatly to its success.

### On an institutional level

- Setting up a pool of trainers, managers and supervisors is an achievement for the Kollo district

- 4 mobile teams were set up involving the control of modalities of functioning, maintenance and supervision thanks to the adaptation of the Tunisian model and the supervision by the Tunisian expert. The Kollo health district now has effective means to reach remote populations and to provide them with quality services.

- Rehabilitating the Kollo maternity centre and upgrading 3 health centres and purchasing medical supplies and equipment for all the health services basic structures is also a fundamental aspect of strengthening institutional capacity.

- The Kollo health district, thanks to Tunisian technical assistance, now has a diagnosis of the pre- and post project situation through surveys, operational research and health mapping etc.

- The project mobilized other sponsors and UNICEF in particular which supported the project through male nurses to carry out vaccinations.

### On a programme level

The results achieved are most encouraging as can be seen from the following tables:

#### Level of achievement of objectives

Title of objective		Initial situation	Rate fixed	Rate achieved	Coverage by RF/FP services
27%	80%	80%			
<hr/>					
Rate of complete prenatal consultations		10%	40%	57.7%	
<hr/>					
Rate of use of modern contraception		1.5 %	10%	22.5 %	
<hr/>					
Rate of postnatal consultations (in relationship to the whole population)		5 %	9 %	13.4 %	
<hr/>					
Rate of population with right knowledge of RH/FP (see table No. 4)		-	60 %	objective achieved	
<hr/>					
Rate of births in assisted environment		5 %	10 %	8,41 %	
<hr/>					
No. of traditional midwives trained and equipped		40 %	100%	100 %	
<hr/>					
No of health structures providing emergency obstretical care		-	100%	50 %	
<hr/>					

Mobilisation of community leaders: cultural, namely religious factors are an obstacle in the community's access to family planning services. The technical assistant, himself a Muslim, managed to communicate with the traditional and religious leaders. He never forgets his Koran when organising meetings with these leaders. He even obtained the support of a Niger imam with whom he planned and organized over 75 awareness creation sessions in the district.

The different service strategies used, consultations in fixed and mobile centres providing a quality integrated RH services package deal comprising RH/FP counselling, pre- and post-natal consultations, treating STDS, family planning and assisted births made it possible to improve access to services for the population.

Niger now has an organisation model to solve the problem of access of the most under-served populations to reproductive health services so as to better control demographic growth and consequently better combat poverty. This model has already proved its worth as indicated by the results achieved and shown in the above table.

On a political level

- Advocacy aimed at decision makers, thanks to the results achieved by the project, made it possible to motivate the high level decision makers and to obtain their commitment to see this experience being extended to other health districts.
- Using this project, the World Bank has created awareness amongst the journalists, secretaries general of all the Ministries on a central and regional level, the parliament and the Prime Minister about population issues.
- The Prime Minister pledged to give high priority to population issues starting from 2005 and set up a special commission to deal with these issues.
- This political will took shape through the restructuring of the umbrella ministry (Ministry of Public Health) and of all the depts. dealing with RH/FP programmes.
- The Niger government with the support of the French Development Agency (AFD) had recourse to 2 Tunisian experts to develop the national RH programme. This mission took place from March to May 2005 and ended with the submission of the report describing the main outlines and recommendations for setting up such a programme.
- High priority was also given to communication strategies on population and RH issues. JICA and UNFPA Niger requested the ONFP of Tunisia, during 2005, to provide the necessary expertise to develop RH/FP communication strategies on a national and regional level.
- The same applies to the mobile strategy which was retained in the 2005 - 2009 Health Development Plan.
- Thanks to collaboration with the World Bank, French Cooperation, Tunisia and Niger, a document entitled "Nourrir, soigner et éduquer la population Nigérienne; la démographie en perspective" - (Feeding, taking care of and educating the Niger population: demographic perspectives) was produced and stressed population issues so as to combat poverty in Niger.

## 8.2. Service providers (ONFP)

- This technical assistance can be considered as the first of its kind for the ONFP
- On an individual level, the Tunisian expert acquired a great deal of experience in expertise service provision, working in an outside environment and adapting the Tunisian approach to the Niger context as the project moved along.
- On an institutional level, thanks to this project and its results, Tunisia was requested by the same country, Niger, to undertake other expertise missions. Two Tunisian experts are already there for one year (2005) so as to help develop a communication strategy. Two other experts spent 3 months to develop the national RH programme.
- Other countries such as Chad and Yemen also wish to benefit from the same cooperation model in order to set up population and development projects and programmes.
- In order to respond to this ever growing demand, the ONFP :
  - prepared a list of Tunisian experts on population/development/reproductive health
  - and clarified the cooperation administrative procedures which at present go through the Tunisian Agency of Technical Cooperation.
- To make the most of this experience and so that other countries may benefit from this model, numerous advocacy activities were undertaken by ONFP which addressed the countries of the South and donors as well. Advocacy supports were developed (such as brochures,CD), articles were published in the international press such as *Jeune Afrique* and *le Monde* and the project was also presented at international and regional conferences and events.
- ONFP is preparing a document which will highlight the successful experiences of the programme (mobile strategy of service provision, regional management of the RH programme, sexual and reproductive health of the young, improving the services in under-served regions, involving men in reproductive health, partnership with the NGOs etc.). This document will stress the value added of the experience gained and its impact on the national population and development policy in Tunisia, its innovative aspect with regard to practices and approaches, the difficulties and constraints having to be faced and the strategies used to face them .

## 9. Lessons learned

The South-South cooperation model is a relevant choice which proved its worth and the Kollo project is an example of this.

- Cultural proximity has facilitated the communication with the population and the project's success.

- Tunisia's model is adaptable to Niger's context. Tunisia experienced conditions in the 1960 - 70s similar to those of Niger and had the same socio-demographic indicators so that the technical assistance was based on experience and the country's reality. Expertise from a country of the North would have been less appropriate because of the socio-cultural differences. These countries had a socio-health situation similar to that of the countries of the South going back a few decades which would have made an adaptation and transfer of know-how very difficult.

- There is consensus on the necessity of controlling demographic growth. According to a study of the World Bank, the "only promising way at present is the Kollo south-south project".

-A tightly-knit , well and constantly supervised personnel improves the quality of the services and performs better. The constant presence of the Tunisian expert made it possible to transfer the know-how and to ensure ownership and support of all the stakeholders for the project,

- Kollo can now serve as a launching pad for a demographic growth control programme to be generalized throughout the country.

#### 10. Challenges and aspects to be improved

Sustainability and maintaining the achievements of this kind of south-south cooperation are the major challenge and it is thus recommended to:

- permanently develop advocacy to ensure the sustainability of this south-south-north cooperation

- set up an observatory of population and development cooperation comprising the donors and partner countries of the south-south initiative

- set up a mechanism to assess the impact of south-south cooperation

- intensify recourse to technical assistance from the countries of the South

- strengthen institutionally and technically the centres of excellence of the countries of the South

- institutionalize this cooperation by strengthening the organisation of the south-south partnership

Case study No.6: Global Programme of Leadership Development

with focus on  
the integrated management of reproductive health programmes in the developing countries

23. Country: Tunisia

24. Consultant: Dr Rym Esseghairi

25. Case: Global Programme of Leadership Development with focus on the integrated management of reproductive health programmes in the developing countries.

This is a course agreed on by the population and development partners and ONFP which was mandated to organize the 3rd course through the second amendment to the joint memorandum signed on 13 March 2001.

The course was organized from 3 to 15 June 2002 in Tunisia and targeted 26 decision makers, experts and staff responsible for the management of reproductive health programmes in francophone African countries. 21 of them represented governmental organisations and 5 NGOs. 16 were from sub-Saharan Africa, 9 from North Africa including 5 Tunisians and one Lebanese.

This course dealt with all the components of a reproductive health programme and presented papers followed by discussions (16), some round tables (3) and some field visits (structures providing reproductive health services of 1st and 2nd level (1).

Each session had specific objectives with the corresponding pedagogical method.

26. Methods, Tools and Sources of Information used

26.1. Available documentation consulted

This included reading and making use of the second amendment to the memorandum of understanding between the partners in population and development and ONFP, signed on 13 March 2001, the course programme, the end-of-course note which was signed and read by a participant on behalf of the representatives of the NGOs present and the list of participants.

26.2. Individual targeted interviews with the officials

These took place with two officials, the person responsible for the session at the International Training Centre (CIF) and the CIF director.

26.3. Electronic contacts and/or faxes with the beneficiaries of the training and of the study visits.

Questions were sent to each beneficiary with an explanatory letter encouraging the addressee to respond within the deadline fixed (10 June 2005, i.e. 10 days starting from the date of despatch). Out of the 21 foreign participants, 16 had given their electronic address and/or fax number. In view of the very low rate of response (1/16), an impact analysis of the beneficiaries was limited to the impact evaluation elements felt at the end of the session (immediate effect) and to those elements from the only response received out of the 16 contacts.

## 27. Type of South-South collaboration

### 27.1. Service providers

The session was organized by the ONFP as the implementation organ which was mandated by the Partners in Population and Development, Dacca, Bangladesh who were responsible for the organisation structure.

### 27.2. Beneficiaries

The course targeted decision makers, experts and staff responsible for the management of reproductive health programmes in francophone African countries, whether they be governmental institutions or NGOs.

The participation of governmental organisations was overwhelming (21/16 = > 80.8 %).

## 28. Counterparts

These are the partners in population and development, Dhaka, Bangladesh, who, as the organisation structure of the training course, represented the counterpart of the ONFP.

## 29. Domains of collaboration

The focus was on the integrated management of reproductive health programmes and the course dealt with all the relevant components, namely:

- programme management
- leadership development
- political dialogue and advocacy
- research, monitoring and evaluation
- information, education and communication
- logistical, equipment and supportive aspects
- service providing in the field

## 30. Source of Funding

The session was financed by an international cooperation agency, the Bill and Melinda Gates Foundation.

### 31. Effects and implications of collaboration

#### 31.1.. According to the service providers

Only one official, responsible for the course and at the same time the CIF director, responded to our questions. According to him, the individual impact is “difficult to assess because the participants come from several countries. What is certain is that the profiles are in conformity with the expectations of the training being provided. The selection is still good and there is general satisfaction”.

As for the institutional impact, the respondent stressed that he had “requested an evaluation of this training from the Partners but this evaluation had not been done due to lack of means. So we do not have an assessment but we have met some officials who had been trained during our stay in the African countries and these officials believe that there is an impact on the level of the institutions and the programmes”.

As for the political impact, the respondent believes that “it is a good initiative taken for the first time and furthermore it caters for the problems of the francophone African countries with regard to management capacity in view of the absence of leadership in this domain. It is a most appropriate course”. This appraisal means that there are lessons to be learned here.

In conclusion, the respondent said it is a pity that the course is so short and not long enough as the programme is a heavy one and thus should be modified to make this kind of training more effective. He also recommended that “the evaluation be transposed to the field. It is not enough to have pre- and post training tests. It is necessary to see what happens afterwards out in the field and this is a component to be integrated into the training that is provided”.

#### 31.2. According to the beneficiaries

A very rough analysis was made of the beneficiaries' perception of the south-south collaboration activity. It therefore seemed useful to divide the answers into two parts; the immediate feeling (at the end of the training session) and the medium and long term feeling. The answers available came from:

- the representatives of NGOs at the course who designated one of them to express their perception at the end of the training course
- an official responsible for the RHJFP programme on a regional level.

\* Impact of the course



Immediately after the training course, the individual impact can be illustrated by the words of the spokesperson of the representatives of the NGOs who expressed his satisfaction at the “effective participation of the NGO representatives in such a course and their motivation to improve their practices with regard to the integrated management of RH services”.

The second respondent said she learned several things from the course and that there was an impact on a personal level, mainly an “improvement and strengthening of technical capacity in the management and evaluation of the RH/FP programme, exchange of experience and establishing ties with the representatives of other countries with regard to RH/FP programmes and finally knowing about the Tunisian experience in running the RH/FP service structures on a primary and secondary level”.

Nothing was said about the institutional impact and only one respondent referred to the impact on the programmes. She spoke of her experience in “preparing the setting up of proximity health mobile teams with focus on promoting RH in dispersed rural areas. The project was approved by the relevant authority and implemented 100%. This regional project was adopted as the pilot project on a national level with a documentary prepared by the Ministry of Public Health to promote health education activities.” The same respondent said she “set up an emergency obstetrical system within the framework of a networking system to provide better care for pregnant women in the wilaya”. She concluded by saying that she “felt capable of elaborating projects to improve the quality of RH/FP services”.

Lastly as for the political impact, the spokesperson of the NGO representatives said that “their participation is a message to the governments that the NGOs have a role to play in a country’s development”.

#### \* Lessons learned

One comment was made by the representative of a governmental organisation that “the success of the RH programme is due to the good management by the programme officials, thus their technical capacity is to be further enhanced through this type of training”. She concluded that “management means doing extraordinary things with ordinary means”.

#### \* Challenges and aspects to be improved

Two comments were made about the course which was deemed to be too short in view of the heavy programme so that “some interesting modules may go unnoticed in view of the time allotted to them”.

The spokesperson of the NGO representatives said it was regrettable that they were so poorly represented.

#### Aspects to be improved

Several requests were made pertaining to the necessity of:

- increasing the participation of NGO representatives in this course so that they may become more involved in the national development process
- developing exchanges between the south-south NGOs, namely to improve women's status
- editing the modules/papers presented by the speakers and distributing them to the participants.

#### Case study No. 7. Study and observation trips for the benefit of Yemeni delegations in Tunisia

To provide training in turn in the member countries of the South-South Partnership

1. Country: Tunisia

2. Consultant: Dr Rym Esseghairi

3. Study and observation trips of Yemeni delegations in Tunisia

In 2004 several study trips were organized in Tunisia for the benefit of delegations from the Ministry of Health and Population of Yemen.

3.1. Study trip 14 November - 13 December 2003 (1 month)

- Objective: to learn about the management of the national reproductive health programme
- Participant: director of Reproductive Health
- Visit component
- Support organisation: UNFPA Yemen

3.2. Study trip 6 - 15 September 2004 (10 days)

- objective: to learn about the Tunisian experience in providing reproductive health services through mobile teams and clinics
- Participants: delegation of 9 executive staff: Secretary of State from the Ministry of Health and Population, director of the Catalyst|USAID (Yemen) project, technical official of the project (Catalyst), 3 regional directors of health and population from 3 governorate in Yemen, 3 service providers.
- Visit components: strategies of providing clinical and educational services through the mobile teams and clinics.
- Support organisation: Catalyst (USAID)

3.3. Study trip 13 - 19 October 2004 (7 days)

- Objective: to learn about the Tunisian experience in early screening for cancer of the cervix and of the breast and treatment of the menopause.
- Participants: 9 doctors and midwives, practitioners and managers in different governorates of Yemen.

- Visit components: Tunisian RH programme, observation of RH components, in particular cancer of the cervix, of the breast and the menopause.
- Support organisation: UNFPA Yemen under the heading of the south-south cooperation

#### 3.4. Study trip from 20 - 27 November 2004 (7 days)

- Objective: to learn from the Tunisian experience of the quality assurance system
- Participants: 9 doctors and midwives, practitioners and managers of the different governorates in Yemen
- Visit components: Tunisian RH programme, observation of RH components in particular cancer of the cervix, of the breast, the menopause.
- Support organisation: UNFPA Yemen under the heading of the south-south cooperation

### Section 1.03

#### 4. Methods, Tools and Sources of Information:

- Available documentation consulted: documents pertaining to study trips (programmes, feed-back letters)
- Contacts with accompanying personnel during study trips
- Electronic contacts with the beneficiaries of the study trips, Yemeni officials and the director of the Catalyst project (USAID)

#### 5. Types of collaboration

Collaboration is inter-institutional, between the ONFP and the Ministry of Health and Population of Yemen and the Reproductive Health Dept. in particular.

#### 6. Domains of collaboration

4 study trips were organized for high level decision makers, central and regional level managers and service providers. The activity domains include sharing of information, programme management, management of logistics and human resources, advocacy and organisation of RH services.

#### 7. Sources of funding

3 study trips were funded by UNFPA Yemen and 1 trip was funded by USAID Yemen ( Catalyst project)

#### 8. Effects and implications of collaboration

##### 8.1. On service providers

These study trips made it possible to enhance the opening up towards the Arab countries. The francophone African countries are mostly the beneficiaries of study and observation trips in Tunisia.

These trips also made it possible to acquire better knowledge of the socio-health situation in Yemen and its needs and thus Yemen requested more training, more study trips and technical assistance from Tunisia.

Thus a Tunisian expert was entrusted, together with a Yemeni team, with setting up a project to reduce maternal mortality.

## 8.2. On the beneficiaries

Despite the mail sent to the different officials of the study trips, so far no reply has reached us when this report was being prepared.

When a delegation of the Yemeni Family Protection Association visited the country it transpired from the talks that:

- once they got back from Tunisia and within the framework of the Catalyst project, mobile clinics were introduced into 3 governorates in Yemen covered by the project.
- The first (woman) official responsible for the population sector (with the rank of Secretary of State) who visited Tunisia is now doing advocacy work to introduce measures inspired by the Tunisian experience, namely free RH services, promoting the IUD as an effective and long term method of contraception and valorizing the role of the midwife in the family planning programme to ensure better coverage in the country.

Case study No 8: Project between the government of the republic of Chad and UNFPA  
for the reproductive health of adolescents

32. Country: Tunisia

33. Consultant: Dr. Rym Esseghairi

34. Case: project between the government of the republic of Chad and UNFPA for the reproductive health of adolescents.

This is one of the 4 projects composing the sub-programme of reproductive health in Chad.

This 3-year project started on 1st January 2001 with the general objective of contributing towards the adoption of pro-active behaviour in terms of health care demands and the use of proprietary reproductive health services for both men and women and especially married and single female adolescents in the areas covered by the project.

The operational objective pertains to information, counselling and reproductive health services available to adolescents in 12 youth centres and in 8 school health centres.

The strategy focuses mainly on training, setting up reproductive health services, equipment (computer, office equipment, technique, consumables including condoms) and evaluation.

## Section 1.04. Brief description of the Chad RH programme

In 1994 the Chad republic made its first population policy declaration. A year later, in 1995, a programme was set up within the framework of the 2nd generation medium term plan (known as PMTII) to combat AIDS.

In 2002 the programme focused on the necessity of changing the behaviour of the Chad population so as to avoid too closely spaced and/or unwanted pregnancies and this was an opportunity to consolidate the policy through sustained activity to space out the births.

#### (a) CIF-ONFP-Tunisia intervention framework

When the PPLS2 was being elaborated in 2002, it was noted that the project's population aspect did not gather the same momentum as the HIV/AIDS aspect. Thus the reproductive health mobile clinics represent an innovative strategy to be further explored and implemented.

Hence the programming of study visits to Tunisia and training of the national coordinator in the management of reproductive health programmes (2002 work plan project).

Two study visits were thus organized in Tunisia, one in 2002 and the other in 2004 included a trip to Niger.

The first study visit took place from 16 September to 5 October 2002 and was from a delegation of staff responsible for the reproductive health project for adolescents and covered the following components: reproductive health services, information and education and research on the reproductive health of youth in Tunisia.

The second study visit lasted 8 days in Tunisia and 4 days in Niger and took place from 17 to 31 December 2004 with the aim of familiarizing the Chad staff with the Tunisian strategy of mobile clinics and this was done through different meetings with the ONFP officials and those of the reproductive health project in Kollo, Niger. The other aim was to elaborate a schematized and budgetized UNFP-Chad partnership draft project. Four Chad officials participated in this: the doctor responsible for the national reproductive health programme, the PPLS2 communicator, the PPLS2 coordinator and the population activities director.

### 35. Methods, Tools and sources of information used

#### 35.1. Available documentation consulted

This meant reading and making use of documents pertaining to the study visits, the project document between the Chad Government and UNFPA CHD/00/PO3 "IEC for the reproductive health of adolescents" bearing the signature of the official partners dated 15 December 2000, the annual activities report of the Chad IEC project for reproductive health of adolescents, from March to December 2001 (dated 1st December 2002).

35.2. Individual focused interview with the accompanying person of the study visits: not done

35.3. Electronic contacts and/or faxes with the beneficiaries of the study visits

Questions were sent to each beneficiary with an explanatory letter encouraging the addressee to respond within the deadline (10 June 2005, i.e. 10 days from the date of despatch). Despite the fact that a UNFPA Representative visited Chad no feedback whatsoever was received by us.

- Dr Mahamet Salah Idriss. PPLS2 - PNSR coordinator

lms@intnet.td

- Ms Achta Saleh, DCAP/PPLS2 communicator

- Dr Dandje Atarkam, doctor of the national RH programme

- Mr Djourbe Taiki Zeune. Coordination director of population activities

36. Type of South-South collaboration

36.1. Service providers

CIF-ONFP-Tunisia contribution concerned the organisation of the two study visits.

36.2. Beneficiaries

On an institutional level it is the Ministry of Culture, Youth and the promotion of Sports of the Chad Republic which benefited from these study visits.

37. Counterparts

The Ministry of Culture, Youth and the promotion of Sports of the Chad Republic, as the project leader, was the counterpart for CIF-ONFP-Tunisia.

38. Domains of collaboration

Collaboration pertained to awareness creation about Tunisia's experience in RH.

39. Source of funding

The project is funded by UNFPA-Chad and the government of the republic of Chad.

40. Effects and implications of collaboration

40.1. According to service providers: no data

40.2. According to the beneficiaries: no data

For the attention of .....

We have the pleasure of informing you that, within the framework of a project on the Documentation of Initiatives on Capacity Development through South-South collaboration supported by the Secretariat of the South-South Partnership, Tunisia is envisaging exploring and documenting the experience acquired and lessons learned in this domain through its South-South collaboration activities in the last 10 years.

This project is based on identifying and analysing the contribution of the various activities — including those pertaining to the transfer of technologies and know-how — in South-South cooperation, for better national capacity building in family planning and in reproductive health in the developing countries.

With reference to the support of the World Bank for .....dated.....  
.....

We would like to ask you to let us know your perception of the impact of this activity on the beneficiary staff individually, institutionally, on the programmes and possibly even on a political level.

Would you please therefore answer the questions below and let us have your answers by 24 June 2005 at the latest.

1. Title of activity
2. Year of participation: from
3. Effect and implications of this activity
  - a) on an individual level
  - b) on an institutional level
  - c) on the programmes
  - d) on a political level
4. Lessons learned
5. Challenges and aspects to be improved

We thank you for your valuable cooperation.

Dr Rym Esseghairi  
Centre International de Formation et de Recherche  
Tel: + 216 71 701555 + 216 98 46215  
Fax: + 216 71 704 599