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Assessing the Performance of Pharmacy Agents in Counseling Family Planning Users and Providing the Pill in Benin:

An Evaluation of Intrah/PRIME and PSI Training Assistance to the Benin Social Marketing Program

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PRIME II

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Acronyms

ABPF	Beninese Association for Family Promotion *(Association Béninoise pour la Promotion de la Famille*)
COC	Combined Oral Contraceptive
HIV	Human Immunodeficiency Virus
FP	Family Planning
IEC	Information, Education, Communication
MOH	Ministry of Health
PSI	Population Services International
RH	Reproductive Health
STD	Sexually Transmitted Diseases

Executive Summary

In 1998, Population Services International (PSI) started a social marketing program and launched a low-dose pill (brand name, Harmonie®). In this context, PSI/ABMS developed a collaborative intervention with PRIME/Intrah in order to improve the quality of family planning (FP) services within private sector (pharmacies) by training pharmacy agents in contraceptive technology and FP counseling. In November and December 1999, an evaluation was conducted on the workplace performance of these agents when counseling a new user of FP and providing the pill. This report describes and presents the findings of that evaluation.

Twelve mystery clients reported on counseling sessions conducted with 127 pharmacy agents of 71 pharmacies. These agents were categorized into one of four groups:

1) trained in '98 and updated in '99;
2) trained once in '99;
3) not trained, but working in a pharmacy where at least one agent had been trained; and
4) not trained, and working in a pharmacy where no one else had been trained.

The results of the observation were scored and the scores of the first three groups of agents were compared to those of the last group. Significance levels of the difference in the means or the proportions were measured at cut-off values of $p < .01$ or $p < .05$.

Both groups of trained agents were found to perform significantly better than the base group of untrained agents when the counseling session was assessed as a whole. The trained agents were more likely than the untrained ones to prescribe a low dose pill.

Weaknesses remain, however, in the quality of the pharmacy assistants' counseling as they are not yet providing comprehensive information about other methods available in the pharmacy, such as condoms and spermicides.

After the mystery client visits, members of the evaluation team interviewed 115 of the agents, including 46 of the trained agents (who took a knowledge test) and 50 of the pharmacists. Two problems with the working environment of the agents were identified that may be related to the problems with counseling performance: lack of Information, Education and Communication (IEC) materials to help agents remember key messages in FP counseling and lack of supervision to reinforce proper performance.

The training approach (in which agents read documentation on their own in advance of half-day formal sessions) was appreciated by agents and by pharmacists because it allowed advance preparation. Pharmacists would like to send agents to similar training and would like to see training conducted on other subjects, especially sexually transmitted diseases (STDs)/human immunodeficiency virus (HIV).

Introduction

Backgrounds and Problem

The pharmacy sector in Benin has expanded dramatically over the past ten years. There are now approximately 125 private sector pharmacies operating throughout the country, the majority in the two biggest cities in the south, Cotonou and Porto Novo. Operating as small businesses in the private sector, these pharmacies were established by trained pharmacists who have invested in the building and the stock. They employ sales agents who are not necessarily trained in pharmacology but have a range of different backgrounds and educational levels.

These pharmacies sell FP commodities, including condoms, spermicides and a range of different types of combined oral contraceptive (COC) pills. Research conducted in 1997 and 1998 indicated a tendency among providers in Benin to recommend even to new users combined pills containing a relatively higher dose of estrogen. In this context, PSI/Benin launched the low-dose pill Harmonie® in April 1998. As part of its marketing strategy and in order to improve the quality of service provision, PSI undertook, in collaboration with Intrah/PRIME, to train private sector pharmacy personnel in contraceptive technology. Six main activities have taken place since the start of this training collaboration.

1) April 1998: Discussions among representatives of PSI/Benin, Intrah/PRIME, the Ministry of Health (MOH) and the National Association of Pharmacists led to the decision to undertake the training of pharmacy personnel. Plans were made for the first round of training and the training materials were developed. Intrah/PRIME developed a specialized, non-traditional training approach (involving self-study at home followed by half-day workshops) because it was not possible for pharmacy personnel to be absent from their jobs for long periods.

2) May 20, 1998: An "information day" was organized for 76 private sector pharmacists from all regions of Benin. Themes discussed during this day included reproductive health (RH) in Benin, perspectives on social marketing, WHO medical eligibility criteria, and recent research on unwanted pregnancies and induced abortion in Benin. Pharmacists were informed about the training plans and encouraged to send their staffers.

3) May - June 1998: Eighty pharmacy agents were trained in contraceptive technology in four training events, two held in Cotonou and two in Porto Novo. Each training event was held over three days, with a half-day workshop each day and the remaining time for home study. The subjects covered during the training included RH in Benin, quality of care and access to services as applied to the pharmacy setting, how to offer FP services in a pharmacy, and technical knowledge about COCs, progestin-only pills and emergency contraception.

4) November - December 1998: A follow-up study was conducted to determine the effects of the training on the quality of service performance among agents who had been trained. Seventy-one of the original 80 agents were still

working. The decision was taken to study a sample of 30%, or 21, of these and compare them to two other samples of 21 agents, those who had never been trained but worked in a pharmacy where there was a trained agent and those who had never been trained and worked in pharmacies with no other trained agents. Mystery clients were sent to sample pharmacies to request FP. They repeated their visits until the agreed number of agents in each group had been reached. The results indicated that trained agents performed better than those who worked in the same pharmacies but were untrained, and that these in turn performed better than untrained agents working in pharmacies where no one was trained. Despite this ranked difference, however, levels of performance among the trained agents were still deemed not high enough.

5) February 1999: Three training sessions of one day each were held to update 44 of those agents trained first in May and June of 1998. This training reviewed the subjects covered in the earlier training (counseling, providing FP in a pharmacy and technical issues related to oral contraceptive pills and emergency contraception) and in addition presented new material on barrier methods (condoms and spermicides) and on STD/AIDS prevention.

6) April 1999: Sixty additional pharmacists' agents were trained in contraceptive technology. As during the first round, the training methodology allowed participants to receive the training documents in advance and read them before the sessions, reducing the amount of time that needed to be spent away from their work site.

Given this background of one full year of collaborative efforts to improve the performance of private sector pharmacist's agents, PSI/Benin and Intrah-PRIME decided to undertake an evaluation. The purpose of this evaluation was to determine what effect the training interventions had had on workplace performance and what, if any, difficulties were hindering the appropriate application of the information learned during training. At a broader level, the key question was whether or not the training interventions had improved the quality of FP services provided by the pharmacy agents.

Study Purpose and Objectives

In November/December 1999, a team comprising consultants and resource persons from PRIME/Intrah, PSI, Beninese Association for Family Planning (ABPF) and the MOH of Benin has undertaken this evaluation study. The overall goal of the evaluation was to determine the effectiveness of the training in contraceptive technology in terms of performance of expected tasks by trained personnel in the private sector pharmacies.

The specific objectives were:

1) To determine the current level of knowledge and performance of the trained personnel;

2) To identify those factors influencing the pharmacy agents' performance either

positively or negatively;

3) To determine the views of the trained agents and the pharmacists regarding the training approach that had been used; and

4) To make recommendations about further assistance to the trained personnel and the extension of the training program to other personnel and other private pharmacies.

Conceptually, this study can be thought of in three parts:

- first, an assessment of trained pharmacy agents' knowledge and performance, and of the context in which they work;
- second, a review of the views of the trained agents and their pharmacists regarding the training approach used;
- third, an examination of still existing needs for training and other informational support to the pharmacies.

Methodology

Study Design

Fundamental to achieving the study objective was a methodology that would allow unbiased observation of workplace performance by the pharmacy agents, as well as a way to quantify levels of performance and capture real differences. One of the main techniques used by researchers studying quality of care is observation by mystery clients. Mystery clients are trained observers in the role of ordinary clients who seek care from health practitioners and then report back on what was and was not said or done by the provider. The use of mystery clients can have fewer biases than the other common technique for quality of care assessment, the use of a trained observer who sits in on a real session between a client and a provider and notes what does or does not happen. This is because providers may be influenced to change their behavior by the knowledge that they are being observed (known as observation bias). However, mystery clients must be very carefully trained, and must be given a simple, quick and consistent way to report their observations immediately after the session with a provider. Clearly, the use of mystery clients is not suited to all types of health care, but counseling, as a service that does not require invasive procedures, is ideal for this technique.

Thus, in this study mystery clients were used to assess agents' performance when counseling a new user of contraception and prescribing the pill. These mystery clients were trained by the evaluation team to all act out exactly the same role so that each agent was being confronted with a standardized situation. The role played by the mystery clients was that of a young woman in her twenties who wished to avoid a pregnancy. The client was to explain this to the pharmacy agent who received her. If asked whether she had ever used any contraceptives before, she was to say "no." If asked whether she had ever heard of any contraceptives before, she was to say, vaguely, "no, I do not think so, I am not sure." If asked, after being given information about methods, what she wished to choose as a method, she was to select the pill. If asked any of a series of questions that might make a client ineligible for the pill, she was to say "no" to these. In order to make the situation believable, the mystery clients were told to purchase the pills, or if the circumstances warranted it, say they would come back with money to buy them. At the end of the visit, the mystery clients were to ask the name of the person who had served them, saying they might want to come back with more questions. After completing the visit to the pharmacy, the women playing the mystery clients were asked immediately to find a place to sit and fill in an observation checklist to indicate whether or not the agent who had served them had done or said certain things.

The performance of agents who had received training was to be compared to that of other agents who had not participated in the training. A similar evaluation conducted one year earlier had found that the performance of trained personnel was better than that of untrained personnel. It had also found that untrained pharmacy agents working in a pharmacy in which at least one assistant had been trained performed better than untrained agents working in a pharmacy in which no one had been

trained. As a result of that finding, this study was also designed to test for that ranked relationship, which suggested that the training was having a beneficial effect not only on the participants, but also on their work place colleagues. Thus, the pharmacies that the mystery clients were told to visit included some that had sent agents to the training and some that had not done so. The mystery clients were "blind" to the status of the pharmacies they visited and the personnel they saw; that is, they did not know whether the pharmacies they were entering had or had not sent any agents to the PSI-PRIME/Intrah training and they did not know the names of the trained agents.

In addition to assessing the performance of pharmacy agents when counseling and prescribing pills to a new user, this study was also designed to

1) measure the ability of agents to recall the knowledge covered during the training and contained in the course materials they had been given;
2) determine what aspects of the agents' working environment might be affecting their performance; and
3) ascertain the views of the agents and their pharmacist bosses regarding the training approach used and further training needs.

Information about these aspects was collected after the mystery clients had visited a pharmacy. A follow-up team of evaluators went back to each pharmacy to administer the other instruments.

To measure the current knowledge of the trained agents, it was decided to administer a written test. The content of this test was drawn from the training material. In addition to having covered the information during the training period itself, the agents would have had in their possession the course materials and, in theory, could have used these materials to update their knowledge in the period since the training. The agents were not informed in advance about the test and therefore had no time to revise. The results on the test could then be compared to the results obtained on the pre-training and post-training tests.

To assess the working conditions of the agents, in order to see what elements of their working environment might be affecting their performance, it was decided to interview both trained and untrained agents. The interview asked about contraceptives currently in stock in the pharmacy, IEC materials available for use in the pharmacy, and supervision of their work by the pharmacist. In addition, the interview covered some basic characteristics of the agents, including age, level of education, years worked in as a pharmacy assistant, and other relevant training received.

Finally, to ascertain the views of the trained agents and the pharmacists regarding the training approach, interviews were conducted with each of them. The interviews sought to determine what the participants and their bosses thought of the training technique used, which involved self-study at the work site followed by half-day formal training sessions. The interview with the agents also asked whether they still had and used the course materials and whether they had been able to apply the

knowledge since the training. In addition, with the pharmacists, the interview asked what they thought the effect of the training had been on their agents' performance and what further training they would be interested in having their agents receive.

In summary, the research involved the use of several methodologies: formal knowledge testing, mystery clients' observation of performance, and interviews with the pharmacists and their trained agents. The research objectives and methodologies were developed by the evaluation team composed of representatives of PRIME/Intrah, PSI, ABPF and the MOH, and were approved in advance by the MOH and the National Association of Pharmacists.

Instruments

Five data collection instruments were used. Copies appear in the appendices of this report.

- The first instrument is the observation guide, filled in by the mystery clients immediately after having completed a session with a pharmacy agent. The observation guide has five sections:
  - The first concerns the manner in which the client is greeted and listened to, and whether or not the agent ensures confidentiality by conducting the counseling session in a private place.
  - The second section covers the provision of information about contraception, whether samples of methods are shown to the client, whether both advantages and disadvantages of methods are cited and whether the client is encouraged to ask questions and to make her own choice.
  - The third section concerns whether the agents ask questions having to do with eligibility criteria for the pill.
  - The fourth section covers whether or not the agent recommends a low dose pill or a high dose pill or states that a prescription is needed.
  - The fifth and final section covers the directions and explanations the agent should give about how to use the pill and what to do if pills are forgotten.
- The second instrument is the test of the trained pharmacy agents' knowledge. There are 18 questions on the test, 16 of which consist of statements which the agent must indicate are either true or false. The two remaining questions are open-ended and require the agent to write out a response.
- The third instrument used is an interview guide about the working environment of the agents, both trained and untrained. This asks what brands of pill are in stock and whether there are condoms or spermicides in stock. It also covers what IEC materials are available in the pharmacy, including informational flyers, posters, image flip charts for counseling clients, and model penises for teaching condom use. The interview guide also asks whether or not the agent has sold any Harmonie® brand pills and whether he or she receives any supervision from the pharmacist or any guidance from the PSI salesmen.

- The fourth instrument is a guide for an interview with the trained agents about what they thought of the training, whether they have used the course materials since then, whether they have shared the information with their fellow agents who were not trained, and whether they have had a chance to apply what they learned in the period since the training.
- The fifth instrument is a guide for the interview with the pharmacists whose agents attended the training. They are asked whether the agents whom they sent for training now receive clients better, provide clients with information on contraception, re-supplying clients for the pill and make referrals to clinics where appropriate. They are also asked whether they require a prescription for the pill, and why or why not. In addition, they are asked what they thought of the training approach and what further training or related assistance they would like to have provided.

Sampling Procedure

The sample was drawn from the PSI records of pharmacies in the south of the country. (Few pharmacies from the north had participated in the training, and as a result of the high cost of the long travel distances, PSI preferred to limit the study to the southern sector of the country.) The localities included in the final sample were the large cities of Cotonou and Porto-Novo, as well as Abomey, Bohicon, Come, Igolo, Lokossa, Ouidah and Sakete.

The sample drawn included all the pharmacies in the evaluation zone that had sent at least one agent to the training and were still operational (of which there were 60) plus a randomly selected group of 12 pharmacies from the same zone which had not sent agents to the training, giving a total sample drawn of 72 (see table 1).

Table 1: Sample drawn

Pharmacy Type	Location			Total
	Cotonou	Porto-Novo	Others	
Trained agent	40	15	5	60
No trained agent	7	2	3	12
TOTAL	47	17	8	72

The sampling plan had to take into account the fact that, when she entered a pharmacy, the mystery client would not necessarily be served by an agent who had received the training or by an equivalent, untrained agent. She might be served by the pharmacist, by a trained agent or an untrained agent. In order to increase the likelihood that the mystery clients would come across a sufficiently large number of trained agents, three different mystery clients were sent to visit each pharmacy sampled. There were 12 mystery clients in all and the plan was that each one would make 18 separate visits to pharmacies. This would result in 216 attempted visits.

The second part of the sample depended on the first. When the mystery clients returned with their completed observation sheets at the end of the day, the evaluation

team would then code them into one of five potential groups:

- Agent participated in 1998 training and in 1999 update sessions,
- Agent participated in 1998 training only,
- Agent participated in 1999 training only,
- Agent did not participate in any training, but at least one other agent in that pharmacy did participate in at least one training (a contact pharmacy),
- Agent did not participate in any training, and no other agent from that pharmacy did so either (a non-contact pharmacy).

To make it simpler to compare the two types of pharmacies, we distinguish between "contact pharmacies" and "non-contact pharmacies." The contact pharmacies are those that have sent at least one agent at least one time to one of the PSI-PRIME/Intrah trainings. These are the pharmacies that have been "in contact" with the training intervention. The non-contact pharmacies are those that have not sent their agents to training. That is, they have not experienced contact with the training intervention.

The research team therefore expected to have observations of three types of trained agents (trained in '98 and updated in '99, trained once in '98, and trained once in '99), all from the contact pharmacies, of course, plus two types of untrained agents (from the contact pharmacies and from the non-contact pharmacies). However, the size of the resulting sample was not predicted. The experience of the evaluation conducted one year earlier suggested that a large number of visits would be necessary to end up with about 20 cases per group. Based on that experience, the sample plan of three mystery visits per 60 contact pharmacies and three mystery visits per 12 non-contact pharmacies was determined, in the expectation of having approximately 30 cases per group. These groups would then be the sample for the second phase research activities: testing trained agents' knowledge of the training subjects, interviewing agents in both contact and non-contact pharmacies about their work environment, and interviewing agents and their pharmacist bosses in contact pharmacies about the training approach used.

Field Work

The evaluation team was composed of six people, representatives of PRIME/Intrah, PSI, ABPF and the Benin MOH. The team began by formulating the objectives for the study, drafting and finalizing the instruments, and deciding on the sampling approach. A plan was developed for training the young women who would act as mystery clients. These women were all educated, most at a university level. The training provided them with sufficient understanding of contraceptive technology and oral contraceptives so that they would be able to understand and interpret what the pharmacy agents said during the counseling session. They were trained over two days and then sent out to conduct two pre-tests of the observation approach, after which the observation tool was revised.

The data collection involved two phases. The mystery clients first visited the pharmacies. They were organized in four teams of three members. Each member of

each team was to make 18 visits into a pharmacy. The mystery clients returned with their forms, which were reviewed by the evaluation team and coded according to the type of agent and pharmacy, as described above. Evaluation team members then went out to visit the pharmacies again to conduct the interviews and tests.

In the first stage of the fieldwork, the mystery client visits, the main problems encountered were that the pharmacist (rather than one of his or her agents) served the client or the agents absolutely refused to give their name. With the latter problem, the mystery clients would write down a description of the agent. The evaluation team would then return to the pharmacy and try to identify the agent described in order to interview him or her.

The follow-up teams encountered more difficulties than the mystery clients. The main difficulty was in finding the pharmacists to interview, as some of them were only at the pharmacy at closing time to lock up. In addition, the agents were not always on duty when the follow-up team went back to find them to interview. This meant that the follow-up teams often had to make several return trips to the pharmacies.

Final Samples and Data Entry

One of the 60 pharmacies in the original sample of contact pharmacies did not exist (in fact, one pharmacy appeared twice under two different names in the sampling list), so there were actually 59 contact pharmacies available, not 60. This resulted in a total number of pharmacies sampled of 71, not 72. These 71 sampled pharmacies produced 171 usable exchanges between a mystery client and a pharmacy agent. The unusable exchanges (the difference between the 213 expected and the 171 obtained) were: visits in which the pharmacist served the mystery client, visits for which the agent refused to give his or her name to the client and could not later be identified, or other circumstances which rendered the visit invalid for the analysis.

The total number of mystery client counseling sessions with a pharmacy assistant was 171, however, some of these represented the same individual agents who were seen more than once by different mystery clients. To analyze the results of the observation of agents' performance, the duplicates were eliminated by selecting the first mystery client visit for each of the agents. This resulted in 127 observations of different individuals. Of these 127 pharmacy agents, 20 had attended both the training in 1998 and the revision sessions in 1999, 29 had attended the training in 1999, 53 had not attended the PSI-PRIME/Intrah trainings, but worked at a pharmacy at which at least one other agent had been trained, and 25 had not attended the trainings and worked in a pharmacy in which no one had attended the trainings. None of the agents encountered had only attended the 1998 training and not attended the later follow-up. The final sample, therefore, had only four groups of types of agent, not five. Table 2 presents the samples obtained in stage one of the field work.

Table 2: First stage samples

Number of pharmacies visited	71
Number of usable exchanges by a mystery client with an agent	171
Number of individual agents conducting those exchanges	127
Number of those 127 agents who were:	
Trained in '98 and updated in '99	20
Trained once in '99	29
Not trained, working in a contact pharmacy	53
Not trained, working in a non-contact pharmacy	25

The second stage of the fieldwork, in which the evaluators returned to the pharmacies to apply the knowledge test and conduct the interviews, was based on the samples obtained in the first stage. Of the 127 agents seen by a mystery client, 115 were located for the follow-up interview about their working environment. Of the 49 trained agents visited by a mystery client, 46 were found to take the test and reply to questions about the training approach. Of the 59 potential pharmacists (those in the evaluation zone who had sent at least one agent to at least one training), 50 were located for the interview about the training approach and further training needs. Table 3 presents the samples obtained for the second stage activities.

Table 3: Second stage samples

Number of agents found on return (interviewed about work conditions)	115
Number of trained agents found on return (took test and were interviewed about training approach)	46
Number of pharmacists interviewed	50

A data technician created data entry screens for each of the five instruments and entered all the data. Four rounds of data checks were conducted in which coding errors were identified and corrected. The data was then analyzed using the SPSS program.

Results

Agent's Performance

Scoring and Analysis Approach

The observation tool was scored by allocating one point for each "Yes" noted by the mystery client to indicate that a desired action or statement had been made by the pharmacy assistant serving her. The performance of pharmacy agents when counseling a new user of FP and prescribing the pill was then analyzed by comparing the scores of the different groups of agents. The group of untrained agents from non-contact pharmacies was used as the base, or control, against which the performance of each of the other groups was assessed. When comparing proportions, the significance of the difference was measured using a continuity corrected chi-square test. When comparing means, the significance of the difference was measured using the Mann-Whitney U - Wilcoxon Sum W test. Cut-off values of $p<.01$ and $p<.05$ were used to indicate significant differences. The possible effect on the results of different average ages, educational levels and number of years worked was tested for each type of score, and no effect of these variables was found.

Agent's Characteristics

There are small differences between the four groups of agents in terms of their age, educational level, and number of years worked as a pharmacy assistant, as Table 4 shows. The agents who did not participate in the trainings are slightly less well educated on average than those who did. And the agents were trained in 1998 and also updated in 1999 are slightly older and have longer work experience as pharmacy agents.

Table 4: Characteristics of the four agent groups

	Agent Group			
	Trained in '98 and updated in '99	Trained once in '99	Not trained, working in a contact pharmacy	Not trained, working in a non-contact pharmacy
Age: average	36.8	31.8	31.2	32.4
Age: range	26 – 52	21 - 47	18 - 49	21 - 53
Years worked: average	10.2	4.5	3.8	4.8
Years worked: range	2 – 32	1 - 13	0 - 17	0 - 25
Educational level: average	Primary	Primary	Secondary	Secondary
Educational level: range	4th to beyond high school	4th to beyond high school	6th to beyond high school	below 6th to beyond high school

However, for each of the scores calculated and presented below, the scores were controlled by agent characteristics, and within each group, age, educational level and

number of years worked as a pharmacy agent had no effect on the differences found.

Overall Performance

The results of the observation of pharmacy agents' performance when counseling a new user and prescribing the pill show conclusively that, overall, the trained agents are performing better than the untrained agents, as Table 5 shows. (When scoring the overall performance of the agents, two items from the observation checklist were removed from the data set. These were two pieces of information of interest to the evaluation team, but not considered desirable actions: requiring a prescription and providing a high dose pill. When these two items are removed, the total possible score is 34.) Of this total possible score, the two groups of trained agents earned 14.6 and 14.2 on average. The difference between these mean scores and the mean score (9.1) of the base group of agents (untrained and working in a non-contact pharmacy) is statistically significant.

Table 5: Overall performance scores (Total score possible: 34)

Agent Group	**Average score for each group**	**Average score for the group** Not trained, working in a non-contact pharmacy (N=25)	**Significant difference ?**
Trained once in '99 (n=29)	14.6	9.1	Yes ($p < .01$)
Trained in '98 and updated in '99 (n=20)	14.2	9.1	Yes ($p < .05$)
Not trained, working in a contact pharmacy (n=53)	9.5	9.1	No

However, the untrained agents working in a pharmacy where at least one other agent had participated in the training were not found to perform any better than the untrained agents from a non-contact pharmacy. They earned an average 9.5 out of a possible 34, which is not significantly different from 9.1. Thus, this assessment (unlike the one conducted one year earlier) found that there was not an influence on untrained agents who worked alongside a trained one.

Trained agents did perform better than untrained agents at counseling a new user and prescribing the pill, indicating that the training had a beneficial effect. However, the overall performance is still weak. In the remainder of this section, the performance is examined in more detail and stronger and weaker areas of agents' performance are identified.

Client's Right to Access and Information

Looking in more detail at agents' performance in counseling a new FP user and prescribing the pill, the evaluation team began with the first two parts of the provider-client exchange. In the first part, the mystery clients noted whether they were greeted, asked the reason for their visit, received in a place where they were not

overheard, and listened to carefully by the agent. In the second part, the mystery clients noted the content of the general counseling on FP by indicating whether or not the agent asked if they had ever used contraception and if they had ever heard of any methods, whether or not the agent showed them samples and let them touch the samples, whether the agent cited at least two advantages and disadvantages of the pill, the condom and spermicides, whether or not the agent encouraged the client to ask questions, whether or not the agent double-checked the clients understanding, and whether or not the agent allowed the client to make a choice among the methods offered.

Taken as a whole this section of the provider-client exchange can be said to measure aspects of a client's right to access and to information. Comparing the scores of the different types of agents, the evaluation team found that the group of agents trained once in 1999 earned a statistically significant increase in average score than the base group of agents not trained and working in a non-contact pharmacy. However, the average score of the group of agents trained in 1998 and updated in 1999 was not significantly better than that of the base group, and the average score of the group of untrained agents working in contact pharmacies was the same as that of the base group. Table 6 shows these results.

Table 6: Scores for clients' right to access and to information (Total score possible: 14)

Agent Group	Average score for each group	Average score for the group Not trained, working in a non-contact pharmacy (N=25)	Significant difference ?
Trained once in '99 (n=29)	8.6	6.2	Yes ($p < .05$)
Trained in '98 and updated in '99 (n=20)	7.6	6.2	No
Not trained, working in a contact pharmacy (n=53)	6.2	6.2	No

It would seem therefore, that it is the group of agents most recently trained who perform best on ensuring patients' rights to access and to information overall.

Client's Right to Courtesy and Privacy

Examining the above scores more closely, the evaluation team first looked at whether the clients were treated courteously. A large majority of all groups greeted the mystery client, asked the purpose of her visit and listened to her carefully. There was no difference between the trained and the untrained agents on this matter.

On the question of privacy, the researchers had assumed that providing privacy for counseling would be difficult in a pharmacy. However, a large majority of all groups did talk with the client in a place that felt private. The most recently trained group (those trained once in 1999) were more likely than the group trained in 1998 and

updated in 1999 to provide privacy. Largely, however, the untrained and the trained agents both performed well on courtesy and privacy.

Client's Right to Choose a Method

The evaluation team then examined how the agents perform when informing the client about contraceptive methods. The mystery clients indicated whether or not the agent cited at least two advantages and at least two disadvantages of three methods available in pharmacies: condoms, spermicides and the pill. If the agent did all of these things, he or she would receive six points. All the groups of agents performed poorly on this part of the observation, each group earning on average only one point or less (out of six possible). Although the trained groups each had scores of just over one and the untrained groups had scores under one point, the differences were not statistically significant.

Comparing not scores, but proportions of each group performing the desired task underscores the problem. (Table 7 presents these proportions by way of illustration. Comparing the proportions of the first three groups to that of the base group resulted in no statistically significant increase in performance on any desired task by any group.) Some of the trained agents are citing advantages of the pill (about half of each group of trained agents cited at least two advantages of the pill), but few of them cite disadvantages. Almost no one, trained or untrained, cited advantages or disadvantages of condoms or of spermicides.

Table 7: Proportions citing method advantages and disadvantages

	Agent Group			
	Trained in ’98 and updated in ‘99	Trained once in ‘99	Not trained, working in a contact pharmacy	Not trained, working in a non-contact pharmacy
Proportion citing advantages pill	10/20	17/29	10/53	7/25
Proportion citing disadvantages pill	7/20	12/29	6/53	4/25
Proportion citing advantages condom	4/20	1/29	1/53	1/25
Proportion citing disadvantages condom	3/20	1/29	0/53	0/25
Proportion citing advantages spermicides	0/20	1/29	2/53	2/25
Proportion citing disadvantages spermicides	0/20	1/29	1/53	0/25

In addition, only about a third of each group of agents asked the client to choose which method she would like (not a surprising result since, as we have just shown,

most of them had not explained methods other than the pill). These results indicate that the agents, even those who have received training, are not providing the necessary information for clients to choose between methods and they are not explicitly providing clients the opportunity during the counseling session to make a free choice of method on their own. Instead, the agents would appear to be promoting the pill. Some caution is needed in interpreting these results, as it is possible that the mystery clients' memory of this early part of the discussion was influenced by the later focus of the provider-client exchange on the pill. However, the evaluation team did probe the women acting as mystery clients about this question, and they confirmed this finding that the pharmacy agents were, with few exceptions, not mentioning methods other than the pill.

Client's Right to Safety

The evaluation team next examined three aspects of a pill clients' right to safety: being properly screened for eligibility, receiving an explanation of how to take the pill and what to do if problems arise, and being prescribed a low dose rather than a high dose pill.

The third section of the observation checklist concerns eligibility criteria for the pill. The mystery clients were asked to indicate whether or not the agent had asked each of seven questions. To assess this section, the evaluation team measured the proportion asking at least two of the questions, and compared this proportion across groups. The results indicate that very few in each group ask about eligibility criteria and that the trained agents do not perform statistically better than the base group of untrained agents. Table 8 shows these results.

Table 8: Proportions asking at least two eligibility questions

Agent Group	**Proportion asking at least two eligibility questions:** Each group	**Proportion asking at least two eligibility questions** Not trained, working in a non-contact pharmacy	**Significant difference ?**
Trained once in '99	8/29	2/25	No
Trained in '98 and updated in '99	5/20	2/25	No
Not trained, working in a contact pharmacy	3/53	2/25	No

The training does not seem to have had an effect on the application of eligibility criteria by pharmacy agents. It should be noted that the form discussed during training was neither produced nor distributed to trained agents.

The trained agents do, however, perform significantly better in explaining how to use the pill and what to do if problems arise. Section five of the observation checklist contains eight things the agents are expected to explain to the client, including what

to do about missed pills, what danger signs to look out for, and when to return for re-supply. The average score of the trained agents on this section is significantly better than that of the base group, as Table 9 shows.

Table 9: Scores for explaining pill use (Total score possible: 8)

Agent Group	Average score for each group	Average score for the group Not trained, working in a non-contact pharmacy (N=25)	Significant difference ?
Trained once in '99 (n=29)	3.6	2.1	Yes ($p < .05$)
Trained in '98 and updated in '99 (n=20)	4.2	2.1	Yes ($p < .01$)
Not trained, working in a contact pharmacy (n=53)	2.1	2.1	No

Looking more closely at these results on explaining use of the pill, the evaluation team examined three particularly important aspects of the explanation: telling the client what to do if she forgets one pill, telling the client what to do if she forgets two pills, and telling her what dangers signs to look out for. On danger signs, the trained groups do not perform significantly better than the base group. On explaining missed pills, those trained and updated perform better than the base group.

Table 10: Proportions explaining what to do if one pill missed

Agent Group	Proportion explaining one missed pill: Each group	Proportion explaining one missed pill: Not trained, working in a non-contact pharmacy	Significant difference ?
Trained once in '99	15/29	7/25	No
Trained in '98 and updated in '99	13/20	7/25	Yes ($p < .05$)
Not trained, working in a contact pharmacy	15/53	7/25	No

Table 11: Proportions explaining what to do if two pills missed

Agent Group	Proportion explaining two missed pills: Each group	Proportion explaining two missed pills: Not trained, working in a non-contact pharmacy	Significant difference ?
Trained once in '99	11/29	4/25	No
Trained in '98 and updated in '99	10/20	4/25	Yes ($p < .05$)
Not trained, working in a contact pharmacy	7/53	4/25	No

Table 12: Proportions explaining danger signs

Agent Group	Proportion explaining danger signs: Each group	Proportion explaining danger signs: Not trained, working in a non-contact pharmacy	Significant difference ?
Trained once in '99	9/29	2/25	No
Trained in '98 and updated in '99	3/20	2/25	No
Not trained, working in a contact pharmacy	1/53	2/25	No

Thus, it would appear that the update training has improved agent's performance in explaining missed pills. However, very few agents in either trained group are explaining danger signs.

Another aspect of clients' right to safety, and indeed the premise of the entire initiative under assessment here, is that a new user of the pill should be prescribed a low-dose rather than a high dose pill. The proportion prescribing the low dose pill Harmonie® in each of the trained groups is significantly larger than that proportion in the base group of untrained agents working in a non-contact pharmacy, as Table 13 shows. This is a particularly important finding, as it was the reason for the collaboration between PSI, PRIME/Intrah, the National Association of Pharmacists and the MOH in their joint attempt to apply the new national protocol calling for new users to be prescribed low dose pills.

Table 13: Proportions prescribing the low dose pill Harmonie®

Agent Group	Proportion explaining low dose pill: Each group	Proportion explaining low dose pill: Not trained, working in a non-contact pharmacy	Significant difference ?
Trained once in '99	25/29	12/25	Yes ($p < .01$)
Trained in '98 and updated in '99	17/20	12/25	Yes ($p < .05$)
Not trained, working in a contact pharmacy	34/53	12/25	No

Another way to look at this question is to ask how many of the pharmacy agents still prescribe the high dose brand of pills to a new user despite the national protocols. Very low proportions of any group do so, as Table 14 shows.

Table 14: Proportions prescribing the high dose pill "Stédiril"®

Agent Group	Proportion prescribing high dose pill: Each group	Proportion prescribing high dose pill: Not trained, working in a non-contact pharmacy	Significant difference ?
Trained once in '99	1/29	8/25	Yes ($p < .05$)
Trained in '98 and updated in '99	2/20	8/25	Non
Not trained, working in a contact pharmacy	4/53	8/25	Yes ($p < .05$)

Despite the very low number of agents in each group prescribing the high dose pill, a statistically significant larger proportion of untrained agents, working in non-contact pharmacies, did so compared to agents trained once in 1999. In addition, untrained agents working in contact pharmacies are significantly less likely to prescribe the high dose pill.

Conclusions on Performance

The results of the observation of the performance of pharmacy agents in counseling a new user of FP and providing her with the pill indicate that, overall, trained agents are performing better than untrained agents. Trained agents score higher when the overall exchange is taken as a whole. However, looking more closely at specific parts of the client-provider exchange, the trained agents are not providing information on methods other than the pill and barrier methods.

The trained agents are prescribing the low dose pills Harmonie®, which was one objective of the intervention indicating the clients' right to safety.

It is clear that the message to sell low dose pills has gotten across. It cannot be attributed to the training only as all pharmacies, whether there agents were trained or not, are visited regularly by the PSI medical detailers who are not making distinctions or differences in the day-to-day work. The training objectives also emphasized improving the quality of the counseling exchange, including application of low standard “checklist” (referring to eligibility criteria for pills) and explanation of the need to seek medical care because of danger signs. These objectives do not seem to have been met completely. Unfortunately, the form or tool for eligibility criteria was not produced and distributed to trained agents.

In the next two sections, focus was put on other elements that might shed light on what the evaluation team observed in the agents performance, including their current level of knowledge and aspects of their working environment, such as supervision.

Agent's Knowledge

Analysis Approach

The knowledge test was taken by 46 trained agents, of whom 18 were from the group trained in 1998 and updated in 1999 and 28 were from the group trained once only in 1999. The results of this test were assessed by scoring the results out of 100. The agents had taken the test twice before, once before the initial training and once immediately afterwards, and those tests had also been scored out of 100. The training coordinators had decided at the start of the project that an acceptable score was 75%, so for each test (pre-training, post-training, and during this follow-up) the proportion of the group scoring 75% or more was calculated in order to make comparisons. There was no control group for the test.

Scores Earned

The findings from the knowledge test show a predictable pattern for both groups, as shown in the table below. The pre-training scores are lowest, knowledge rises immediately after the training to a high point, and then by the time of the follow-up the proportion having at least the desired score falls, although not as far as it was before training. These results are typical of training assessments. One would expect knowledge to fall off unless it is routinely reinforced by application of the learned knowledge through tasks performed regularly in the workplace or by supervision or peer support activities that require knowledge recall.

Table 15: Test scores pre-training, post-training and current

Time of test	Proportion of agent group scoring 75% or above	
	Trained in '98 and updated in '99 (n = 18)	Trained once in '99 (n = 28)
Pre-Training	51.4 %	51.2 %
Post-Training	84.8 %	90.4 %
Current	74.2 %	66.6 %

Nevertheless, the portion of each group earning at least 75% correct responses remains fairly high. A closer look at correct answers to specific questions, in the next section, indicates where there are particular weaknesses.

Specific Subjects

The proportions earning the correct answer on each question are presented here, to give an idea of particular areas of weakness. Overall, no one question was answered correctly by every single agent taking the test.

Table 16: Share of groups giving correct answers to test questions

Test question	Agent group			
	Trained in '98 and updated in '99 (n = 18)		Trained once in '99 (n = 28)	
	Number	Percentage	Number	Percentage
Q1	4	22.2	5	17.9
Q2	14	77.8	21	75
Q3	17	94.4	27	96.4
Q4	14	77.8	20	71.4
Q5	15	83.3	26	92.9
Q6	15	83.3	18	64.3
Q7	11	61.1	16	57.1
Q8	15	83.3	22	78.6
Q9	6	33.3	7	25
Q10	15	83.3	23	82.1
Q11	13	72.2	13	46.4
Q12	13	72.2	20	71.4
Q13	11	61.1	25	89.3
Q14	18	100	25	89.3
Q15	12	66.7	12	42.9
Q16	16	88.9	19	67.9
Q17	16	88.9	25	89.3
Q18	14	77.8	18	64.3

A few specific issues arise from a review of these results. Fewer agents got the correct response when asked whether an adolescent can use a low dose pill (Q6),

when asked if the combined pill may only be started during a woman's period (Q7), and when asked what a woman should do if she forgets to take two pills (Q9), when asked whether a pill user should seek care if she has extreme headaches and visual disturbances (Q11), when asked if emergency contraceptive pills should be taken within 72 hours after unprotected intercourse (Q16), and when asked if a woman should seek care if her period has not returned three weeks after taking the emergency contraceptive (Q18). (Questions 1, 13 and 15 were deemed to be poorly worded and subject to different interpretations.)

Agent's Working Conditions

Analysis

The questionnaire about working conditions sought to determine levels of stock, presence of IEC materials and supervisory activities, as well as whether or not agents had had a chance to sell the pill Harmonie®. It was possible that differences in these elements between trained and untrained agents might explain differences in performance outcomes. As a result, the findings were analyzed by comparing responses across groups. However, there were no differences when comparing the responses of the four groups of agents (the two types of trained agents and the two types of untrained agents) for most questions. As a result, the findings here are presented globally for all the agents interviewed, except where a difference was found between groups.

Pills in Stock and Harmonie® Clients

The agents were asked to indicate whether or not they had certain brands of pill currently in stock. As the table shows, very few agents claimed their pharmacy was currently out of stock of any pill brand. The proportions were the same for trained and untrained agents, thus differences in performance and prescribing patterns cannot be ascribed to stock levels.

Table 17: Pill brands in stock

Pill name	Percentage of agents having it currently in stock (n = 115)
Harmonie®	94%
Stédiril®	100%
Milli-Anovlar®	98%
Adeptly®	91%
Minidril®	90%
Miniphase®	93%

Differences in performance might be partially due to lack of practice. When asked, "Have you personally sold any Harmonie® pills since it was launched in April 1998?," all but one agent said yes (the one was an untrained agent from a contact pharmacy). When asked to indicate approximately how many Harmonie® clients they had had, both the trained and the untrained agents said they had had a large

number of clients, but the trained agents claimed slightly more, proportionally. It is hard to know the direction of causality, however, since the fact of not being trained might cause an agent to defer to the pharmacist or another colleague when confronted with a pill client. Thus, it is not possible to conclude that it is lack of practice itself that accounts for differences in performance. It should be noted that trained agents do claim to be selling more Harmonie® packets than untrained ones.

Table 18: Harmonie® clients

Number of Harmonie® clients since launch	Trained in '98 and updated in '99	Trained once in '99	Not trained, working in a contact pharmacy	Not trained, working in a non-contact pharmacy
Fewer than 5	1	0	3	0
5 - 15	4	2	16	12
More than 15	14	26	27	10

Other Contraceptives and IEC Materials in Stock

The agents were also asked about their stock of condoms and spermicides. They nearly all had condoms in stock, but spermicides were rarer.

Table 19: Condoms and spermicides in stock

Product	Percentage of agents having it currently in stock (n = 115)
Condoms	99%
Spermicides	76%

The quality of counseling might be helped by IEC materials, but few agents claimed to have any IEC materials. (Not surprisingly when asked whether they would like these things, nearly everyone said yes.)

Table 20: IEC materials available

IEC material	Percentage of agents having it available (n = 115)
"Harmonie" flyer	26%
"Prudence" flyer	5%
Flyer about all contraceptive methods	3%
Posters about contraceptive methods	4%
Model penis	17%
Image flip-chart	2 %
Contraceptive samples to show clients	3%

The most commonly available IEC material was a Harmonie® flyer (as frequently available among untrained as trained agents). However, very few agents had other IEC materials available.

The penis model was available to 17% of the agents (19 individuals). These were only the agents who had been trained in 1998 and updated in 1999 and some untrained agents in contact pharmacies. It is noteworthy that this model is clearly not being used, since almost none had provided counseling information on the condom. Of the 19 agents who reported having a penis model on hand, only four seem to have done any counseling about the condom during their mystery client exchange. (Four cited two advantages of the condom and three cited two disadvantages of the condom during their exchange with a mystery client.)

Supervision

The agents were asked whether they ever received any help from the pharmacist in their work selling contraceptives generally or selling Harmonie® pills in particular. Trained and untrained agents responded in the same proportions. Only 38% of agents said they received help in general contraceptive sales from the pharmacist and only 36% said they received help from the pharmacist in particular in regard to the brand Harmonie®. In contrast, when asked whether they ever receive such help from the PSI salesmen, 68% of agents said they did (both trained and untrained). It would seem, therefore, that the agents are receiving more supervision on the question of contraceptive counseling and sales from PSI salesmen than from their bosses.

Conclusions on Working Environment

This section has looked at aspects of the agents working environment that might be related to performance. The agents, whether trained or not, have a range of oral contraceptive pills in stock. They also have condoms and, to a lesser extent, spermicides in stock. The trained agents have had the opportunity to practice their skills in selling Harmonie® brand pills. Very few agents have any kind of IEC material available for counseling on FP. Those few who do have a penis model are not using it. The agents receive little supervision on FP counseling and pill sales from their pharmacist bosses. They receive more assistance on these matters from the PSI salesmen.

It is clear that there are two particular weaknesses in the work environment that could explain the specific performance weaknesses described earlier:

1) lack of IEC materials

   Without any kind of IEC props, it is very difficult to remember all the steps to follow and pieces of information to discuss when counseling a new user of FP (especially when this is not the full-time, daily activity of the worker). An image flip chart or a poster providing a summary of what to remember can help an agent recall the key points to cover, but the pharmacies do not have these.

2) lack of supervision

   Supervision is also important. It can take many forms, but it does not appear that the workers are receiving any kind of advice or assistance from the pharmacists on FP counseling and pill sales. Meetings to review the subject matter, practice sessions involving role play, or observation of a real encounter followed by feedback are all possible ways in which the agents memory of important tasks

could be improved.

Training alone, without workplace reinforcement, is not sufficient to achieving improved performance over time.

The last part of the results relates to the interviews with the trained agents and with the pharmacists about the training approach and related matters.

Opinions about the Training

Other Sources of Training

The PRIME/Intrah training was essentially the only source of training for the pharmacy agents. Asked if they had taken any work related training courses since beginning work as a pharmacy assistant, only four of the group of 67 untrained agents (from contact and from non-contact pharmacies) said they had. In contrast, almost all of the trained group said they had, and the training they received was the PRIME/Intrah training on contraception.

Agents' Views

The 46 trained agents were asked their views regarding the training. Asked first whether they were able to prepare before the sessions, a majority said they were able to undertake the following tasks: read the materials (36/46), note difficulties (38/46), do the exercises (39/46) and prepare for the role-plays (27/46). The main reasons given for being unable to do these things was a lack of clear instructions, lack of time and not having received the documents.

When asked to indicate what they thought of the training approach used, when compared to a traditional training, the agents particularly noted the usefulness of being able to prepare in advance (38/46), the fact that the training was shorter than a traditional one (31/46), and the fact that there was more time for practical work (28/46).

Of the 46 agents, only 33 still had the course notes from the training, although 41 said they had used them since the training. Mostly they used them to read at home. Asked if they had shared the knowledge from the training with their colleagues who had not attended the training, 42 of the 46 said they had. Six of these said they shared the information during meetings at the pharmacy, ten said they did so at special sessions they arranged for their colleagues, 11 said they did so informally, 22 said they lent the documents to their colleagues. Ten of the agents said that there was a copy available at the pharmacy for everyone to use.

Asked what tasks they had had a chance to do since the training, all 46 said they had counseled contraceptive clients, sold contraceptives to new users, and re-supplied contraceptive clients. Thirty-one of them said they had referred cases that were beyond their skills. Asked if they thought the training had helped them to counsel clients about contraceptive use, all but one said yes.

Pharmacists' Views

– On the Training

Fifty pharmacists who had sent at least one agent to at least one of the trainings were interviewed about the training approach used. Of these, 30 had attended the information day in 1998. The pharmacists said the trained agents were better at greeting clients (46/50), at explaining contraceptive methods (43/50) and at re-supplying the pill (35/50). Seventeen (17/50) said the agents were making referrals.

Asked what they thought of the training approach, the pharmacists mainly noted the fact that the approach allowed better advance preparation (44/50). Not many noted the shorter length (14/50), the fact that agents could come back to work on the same day (7/50), nor the fact that the approach was particularly suitable to those who cannot be available for long times (16/50).

Asked if they would send other agents to a similar training if one is organized, 44 of the 50 said yes. There was no consensus on the priority issues to cover. The issues they wished to see a training cover were information on the advantages of FP (28/50), social marketing (19/50), how to help the client made a decision (14/50), and counseling (13/50). Of those who said they would not send agents to a similar training, only three gave a reason, saying that with few personnel it would be hard to release agents for training.

The interview also attempted to discover how the trained agents shared their learning with other colleagues. The main explanation given was that the trained agents had left a copy of the training document in the pharmacy for other staff to use (28/50) or had shared a copy with them (19/50). Fifteen pharmacists said the information was shared during meetings and six said it was shared during special trainings the pharmacist runs for the agents.

– On Requiring a Prescription

The pharmacists were also asked whether they required a prescription before selling the pill to new clients. Most of the pharmacists said no, they did not (43/50). The main reason they gave for not requiring a prescription was that the low dose pill Harmonie® could be taken without great risk (24/43). Other reasons were that it was the right of the client (6); that some clients do not want to see a provider but need contraception (2); and that if the pharmacist refused the client could go to another pharmacy to buy the pill (3). Five of them said they provide the pill, but advise the client to go see a medical practitioner. Of the seven pharmacists who said they did require a prescription, four said the pill was a drug like any other, one said it is a requirement of the MOH, one said that it is reassuring if the client has first been examined, and one made no comment.

These responses of the pharmacists to the question about whether or not they require a prescription do not conform to the evidence from the mystery client visits. For the pharmacists who said yes, they require a prescription (there were 7), we found there were 13 agents seen by mystery clients in those pharmacies

and only one said to the client that he/she could not give out the pill without a prescription. For the 43 pharmacists who said they did not require a prescription, we found 78 separate agents had been seen by mystery clients in those pharmacies and six of them said a prescription would be required.

– **Future Desires**

The pharmacists were asked at the close of the interview what they wished to see done next as part of the collaboration with PSI. Most (36/50) said they would like to see the training extended to other subject areas (diarrhea, STDs/AIDS) and that they would like to see population education about STDs/AIDS, especially among young people (32/50). Twenty-five of the 50 also said they would like to have the pharmacies receive IEC materials, 20 said they would like to see long-term evaluation of the quality of the services provided by the trained agents, and 20 said they would like to see more meetings arranged with other pharmacists. Only eight said they wanted to see training and updating of private sector service providers.

Findings/Conclusions and Recommendations

Performance

Findings/conclusions

Trained agents are performing better than untrained agents at counseling new users. However, the overall performance is still weak according to counseling steps. Trained agents advise use of contraceptive pills without any technical sheets or tool for eligibility criteria.

Recommendations

PSI/Benin should reinforce trained agents' performance with the following activities:

- organize updates or meetings for trained agents with emphasis on practice sessions involving role plays followed by feedback from trainers
- provide trained pharmacy personnel with forms or tools based on counseling steps
- organize contraceptive technology training for private health sector prescribers located in the same neighborhood of the pharmacy with trained agents

Working conditions

Findings/conclusions

Very few trained agents have any kind of IEC materials available for counseling on FP. Those few who have a penis model are not using it. They do not have any posters or flipcharts that can help them to recall key points to cover during counseling. The trained agents receive more assistance or supervision from PSI salesmen.

Recommendations

PSI should:

- provide pharmacy and trained agents with IEC materials (leaflets, flipcharts, and contraceptive samples)
- organize meetings with all stakeholders (USAID, PSI, MOH, direction of pharmacy, pharmacist representatives) to discuss supervision issues and any other matters for improving trained agents' performance
- train or update PSI salesmen to allow them to be more knowledgeable and able to handle pharmacy agents' matters on contraceptive technology

Opinion about training

Findings/conclusions

Trained agents found the training approach useful in being able to prepare in advance (38/46), and allowing the training to be shorter than the traditional one (31/46). Few agents (10/46) were unable to complete the self-learning tasks because of lack of time, not having documents on time and lack of clear instructions.

Recommendations

PSI should :

- send training reference documents with clear instructions to participants two weeks before the class sessions
- discuss the results of the follow-up with pharmacists to obtain their commitment to pharmacy agent's preparation and participation to the training

Findings/conclusions

Pharmacists appreciated the training of their personnel and the training approach. This allowed the trained agents to be better at greeting clients and re-supplying oral pills. The training approach allowed trained agents to better prepare in advance. The pharmacists would like the training extended to other subjects like STDs/HIV.

Recommendations

PSI should include in the current training guide content about STDs/HIV prevention and control.

Final Conclusion

This evaluation reviewed the performance of trained pharmacy agents on counseling a new user of FP and providing the pill. Mystery clients were used to observe and report on the statements and actions of pharmacy agents. The results show that the trained agents are performing better overall than the untrained agents. The trained agents are also more likely than the untrained agents to provide the client with a low dose pill. In practice, pharmacies are not requiring a prescription before providing the pill, but where agents have been trained by PRIME/Intrah, new users are more likely to be given a low-dose pill, in accordance with requirements.

However, there remain several areas of weakness in the quality of the counseling provided by the trained agents. In addition, they are inconsistent in explaining what to do about missed pills. Since the end of the training, knowledge levels (as measured by the test) have fallen predictably. This problem, along with the weaknesses in counseling and prescribing performance, can in part be attributed to lack of IEC materials and lack of supervisory activities.

There is no evidence from this study that the untrained agents working in contact pharmacies have been influenced by their colleagues training to perform better. Nevertheless, both the trained agents and the pharmacists indicate that the information and the documentation from the training have been shared by with the untrained agents working in the same pharmacy.

The agents and pharmacists appreciated the fact that the training approach allowed advance preparation. Most of the pharmacists indicate that they would send agents to a similar training, and most would like to see training organized on other subjects, especially STDs/AIDS.

Annexe 1

Fiche d'observation de l'agent de pharmacie *(Observation guide for pharmacy agents)*

Le suivi organisé par PSI en collaboration avec PRIME/Intrah, a pour but d'évaluer l'efficacité de la formation en termes d'exécution des tâches selon les procédures applicables dans une pharmacie privée.

L'enquêteur se présentera comme un client auprès de l'agent de pharmacie. A la fin de l'entretien, l'enquêteur appréciera la performance de l'agent de pharmacie en remplissant la fiche de contrôle ci-après. Il devra encercler 1 (devant OUI) s'il considère que l'agent de pharmacie a exécuté le geste, et 0 (devant NON) si le geste est oublié. Prendre soins de quitter les lieux afin de ne pas être vu par les pharmaciens.

Veuillez utiliser les scénarios suivants pour l'entretien avec l'agent de pharmacie:

Scenario1: J'aimerais bien éviter de tomber enceinte. Pourriez-vous m'aider une méthode parmi celles disponibles dans votre pharmacie.

Scenario 2: J'ai un enfant et je désire me reposer avant d'avoir un autre.

Pourriez-vous me conseiller une méthode contraceptive parmi celles que vous vendez dans votre pharmacie.

Afin de standardiser l'évaluation il est important que les comportements des clientes déguisées soient les mêmes, à savoir:

Ne connaît aucune méthode contraceptive

N'a jamais utilisé de méthode contraceptive

N'est pas enceinte et n'a pas de retard de règles

N'a jamais eu la peau ou les yeux de couleur jaune

N'a pas de boule dures ou persistantes dans le sein

Ne fume pas; n'est pas âgée de plus de 35 ans

N'allaite pas un bébé de moins de 6 mois

N'a pas de saignement vaginal en dehors des règles ou après le rapport sexuel

Ne prend aucun médicament contre la tuberculose, les infections fongiques ou l'épilepsie

Veuillez vous référer à une aide mémoire (avantages, inconvénients/effets secondaires) par méthode pour apprécier la performance.

Très important

A la fin de la discussion, veuillez bien demander le nom de l'agent de pharmacie qui vous a accueilli en lui disant que vous aimeriez connaître son nom pour qu'à la prochaine visite vous puissiez vous adresser directement à lui

PSI/ABMS

Suivi des agents formés pour conseiller/ réapprovisionner les contraceptifs dans les pharmacies

08/11 au 03/12/1999

Fiche d'Observation

Indicateurs de Performance
1. Accueille la cliente
1.1. Souhaite la bienvenue à la cliente **Oui 1** **Non 0**
1.2. Demande l'objet de la visite **Oui 1** **Non 0**
1.3. Reçoit la cliente dans un endroit discret e calme de l'officine (en retrait) **Oui 1** **Non 0**
1.4. Ecoute attentivement la cliente **Oui 1** **Non 0**
2. Informe la cliente sur les méthodes disponibles dans la pharmacie
2.1. Demande à la cliente si elle n'a jamais utilisé une méthode contraceptive **Oui 1** **Non 0**
2.2. Demande à la cliente ce qu'elle sait des méthodes contraceptives **Oui 1** **Non 0**
2.3. Montre les produits contraceptifs **Oui 1** **Non 0**
2.4. Fait toucher les contraceptifs disponibles **Oui 1** **Non 0**
2.5. Cite au moins deux avantages de la pilule **Oui 1** **Non 0**
2.6. Cite au moins deux inconvénients de la pilule **Oui 1** **Non 0**
2.7. Cite au moins deux avantages du condom **Oui 1** **Non 0**
2.8. Cite au moins deux inconvénients du condom **Oui 1** **Non 0**
2.9. Cite au moins deux avantages du spermicide **Oui 1** **Non 0**
2.10. Cite au moins deux inconvénients du spermicide **Oui 1** **Non 0**
2.11. Encourage la cliente à poser des questions **Oui 1** **Non 0**
2.12. Vérifie la compréhension de la cliente en faisant répéter ou en posant des questions **Oui 1** **Non 0**
2.13. Invite la cliente à faire son choix **Oui 1** **Non 0**

3.	**Pose des questions pour identifier l'éligibilité de la cliente**
3.1.	Avez-vous un retard des règles et pensez-vous que vous êtes enceinte? **Oui 1** **Non 0**
3.2.	Avez-vous eu la peau ou les yeux de couleur jaune? **Oui 1** **Non 0**
3.3.	Avez-vous des boules dures et persistantes dans le sein? **Oui 1** **Non 0**
3.4.	Est-ce que vous fumez et êtes vous âgée de plus 35 ans? **Oui 1** **Non 0**
3.5.	Allaitez-vous un bébé de moins de 6 mois? **Oui 1** **Non 0**
3.6.	Avez-vous des saignements vaginaux en dehors des règles ou après un rapport sexuel? **Oui 1** **Non 0**
3.7.	Etes-vous en train de prendre des médicaments contre la tuberculose, les infections fongiques ou l'épilepsie? **Oui 1** **Non 0**
4.	**Tire une conclusion**
4.1.	Communique les résultats de l'identification **Oui 1** **Non 0**
4.2.	Dit que le produit ne peut être cédé que sur ordonnance **Oui 1** **Non 0**
4.3.	Dit/conseille d'utiliser la pilule Harmonie®? **Oui 1** **Non 0**
4.4.	Dit/conseille d'utiliser la pilule Stédiril®? **Oui 1** **Non 0**
5.	Explique l'utilisation de la méthode pilule:
5.1.	Rappelle au moins deux qualités de la pilule **Oui 1** **Non 0**
5.2.	Explique le moment de la prise et sa régularité **Oui 1** **Non 0**
5.3.	Dit qu'il faut commencer par les comprimés blancs en suivant le sens des flèches **Oui 1** **Non 0**
5.4.	Explique ce qu'il faut faire en cas d'oubli d'une pilule active **Oui 1** **Non 0**
5.5.	Explique ce qu'il faut faire en cas d'oubli 2 pilules active ou plus **Oui 1** **Non 0**
5.6.	Dit d'aller dans une formation sanitaire en cas de signe d'alarme **Oui 1** **Non 0**
5.7.	Vérifie la compréhension de la cliente sur l'utilisation de la pilule **Oui 1** **Non 0**
5.8.	Donne rendez-vous à la cliente **Oui 1** **Non 0**

Nom de l'agent: _____

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

Nom de la pharmacie: _____

Ville: Cotonou =1

Porto-Novo =2

Autre =3 Préciser: _____

Nom de l'enquêteur:

Date: _____/_____/_____ (j-m-a)

A remplir par l'équipe de coordination

Code agent: /___/___/___/

Type agent Formé et recyclé = 1

Formé une fois en 98 = 2

Formé une fois en 99 = 3

Pas formé = 4

Code pharmacie: /___/___/___/

Type pharmacie

2 agents formés = 1

1 agent formé = 2

Journée de réflexion seule = 3

Non touchée = 4

Code enquêteur: /___/___/___/

Annexe 2

Questionnaire de test de connaissances *(Knowledge test questionnaire)*

PSI/ABMS

Suivi des agents formés pour offrir les contraceptifs dans les pharmacies

08/11 au 03/12/1999

Test de Connaissances

A remplir par l'équipe de coordination
Nom et ville de la pharmacie: _____ Code pharmacie /___/___/___/
_____
Nom et prénoms de l'agent: _____ Code agent /___/___/___/
_____

A remplir par l'équipe de coordination	**Le but de ce questionnaire est de collecter les informations pour la mise à jour des connaissances des agents formés. Veuillez lire attentivement ce questionnaire et répondre à toutes les questions en cochant dans la case devant "vrai" ou "faux" ou en complétant en toutes lettres dans l'espace prévu selon le type de question.**
Bonne Réponse 1 / Mauvaise Réponse 0	**QUESTIONS**
	1. La satisfaction des clients est le seul impact (ou résultat) recherché par la qualité des services Vrai Faux
	2. L'agent de la pharmacie doit décider du type de pilule que doit acheter une cliente qui se présente sans ordonnance Vrai Faux
	3. L'agent de la pharmacie doit dire toute la vérité aux clients sur les contraceptifs même si cela a pour conséquence que le produit ne soit vendu. Vrai Faux
	4. Harmonie® est une pilule normodosée Vrai Faux
	5. La question suivante est une question fermée: "Quels sont les avantages du condom?" Vrai Faux

Bonne Réponse 1	Mauvaise Réponse 0	
		6. Pour un maximum d'efficacité, la première dose de pilule contraceptive d'urgence doit être prise dans les 72 heures qui suivent un rapport sexuel non protégé Vrai Faux 7. Une femme peut être conseillée à n'utiliser que la contraception d'urgence comme méthode contraceptive de routine Vrai Faux 8. Une utilisatrice de la pilule contraceptive d'urgence doit retourner voir l'agent de la pharmacie où elle a acheté le produit ou un prestataire de services de Planification Familiale en cas d'absence de règles dans les 3 semaines suivant la prise de la contraception d'urgence. 9. Vrai Faux 10. Une femme de 36 ans et qui fume beaucoup peut prendre les contraceptifs oraux combinés. Vrai Faux 11. Une adolescente peut utiliser la pilule orale combiné minidosée Vrai Faux 12. La pilule orale combinée n'est débutée que pendant les règles Vrai Faux 13. Que doit faire une utilisatrice de pilule orale combinée qui oublie de prendre une pilule active? Elle doit _____ _____ _____ 14. Que doit-elle faire si elle oublie 2 pilules combinées actives consécutives? Elle doit _____ _____ _____ 15. Une utilisatrice de pilule combinée doit immédiatement consulter la pharmacie où elle a acheté ses pilules ou un prestataire de services de Planification Familiale en cas de maux de tête violents accompagnés de troubles visuels Vrai Faux

Bonne Réponse	Mauvaise Réponse	
1	0	16. Une utilisatrice de pilule combinée doit immédiatement consulter la pharmacie où elle a acheté ses pilules ou un prestataire de services de Planification Familiale en cas de nausées et vomissements Vrai Faux 17. La rifampicine peut diminuer l'efficacité de la pilule progestative Vrai Faux 18. Le condom peut être enfilé sur le pénis en érection n'importe quand avant l'éjaculation Vrai Faux 19. Une utilisatrice de spermicides doit attendre au moins 6 heures avant de faire sa toilette intime? Vrai Faux

Annexe 3

Instrument de collecte d'information sur l'appréciation de la formation par les agents de pharmacie formés *(Data collection tool on trained pharmacy agents perception on training)*

Suivi des agents formés pour conseiller/ réapprovisionner les contraceptifs dans les pharmacies privées

08/11 au 03/12/1999

Le but de ce guide d'entretien est de collecter les informations sur la perception des agents formés sur l'approche de formation utilisée (auto-apprentissage + séances en salle de courte durée).

Nom de la pharmacie _____ Code de la pharmacie ☐☐☐

Nom de l'agent _____ Code de l'agent ☐☐☐☐

Au cours de votre formation en technologie contraceptive, des documents vous ont été distribués avant chaque session et des séances de discussion des difficultés rencontrées et des pratiques en salle ont été organisées:

1.1 Etiez-vous en mesure d'accomplir efficacement les tâches suivantes avant la tenue de chaque séance?

a) Lire le contenu de la séance (Oui = 1) (Non = 0)

b) Relever les difficultés rencontrées (Oui = 1) (Non = 0)

c) Faire les exercises (Oui = 1) (Non = 0)

d) Se préparer pour les jeux de rôle (Oui = 1) (Non = 0)

1.2 Si non à un des items, pourquoi?

- Documents non reçus à temps = 1
- Manque de temps de lecture = 2
- Absence d'instructions claires à ce sujet = 3
- Contenu incompréhensible = 4
- Autre (à préciser) = 5

1.3 Comment avez-vous trouvé cette formation d'auto apprentissage par rapport à la formation traditionnelle (déplacement des participants sur le lieu de la formation, séjour de près d'une semaine, documents de formation non reçusà l'avance)?

a) Adaptée à un groupe peu disponible (Oui = 1) (Non = 0)

b) Participation plus active si on prépare les séances à l'avance suivant les instructions (Oui = 1) (Non = 0)

c) Plus de temps réservé à la pratique (Oui = 1) (Non = 0)

d) Plus courte durée de la formation (Oui = 1) (Non = 0)

e) Autre (à préciser) (Oui = 1) (Non = 0)

1.4	Disposez-vous actuellement des notes de cours reçus pendant la formation?	(Oui = 1)	(Non = 0)
1.5	Utilisez-vous les notes de cours que vous avez reçues pendant la formation?	(Oui = 1)	(Non = 0)
1.6	Si oui à la question 1.5, comment vous en servez-vous?		
	a) Lecture à la maison	(Oui = 1)	(Non = 0)
	b) Lecture sur le lieu de travail	(Oui = 1)	(Non = 0)
	c) Discussion en groupe d'amis à la maison	(Oui = 1)	(Non = 0)
	d) Discussion en groupe de collègue sur le lieu de travail	(Oui = 1)	(Non = 0)
	e) Autres (préciser)	(Oui = 1	(Non = 0)
1.7	Avez-vous partagé les acquis de la formation avec vos collègues qui n'ont paseu l'occasion de recevoir la même formation?	(Oui = 1)	(Non = 0)
1.8.	Si oui, comment l'avez-vous fait?		
	a) Restitution lors des réunions à la pharmacie	(Oui = 1)	(Non = 0)
	b) Pendant les sessions de formation organisées à l'intention des collègues	(Oui = 1)	(Non = 0)
	c) Pendant les discussions informelles en dehors de la pharmacie	(Oui = 1)	(Non = 0)
	d) J'ai remis les documents aux collègues pour lecture et photocopie	(Oui = 1)	(Non = 0)
	e) Une copie du document est disponible à la pharmacie pour tous les collègues	(Oui = 1)	(Non = 0)
	f) Autre (préciser)	(Oui = 1)	(Non = 0)
1.9.	Exécutez-vous les taches suivantes depuis la formation?		
	a) Conseiller les clients à l'utilisation des méthodes contraceptives disponibles à la pharmacie	(Oui = 1)	(Non = 0)
	b) Céder (vendre) les produits contraceptifs aux nouvelles clientes	(Oui = 1)	(Non = 0)
	c) Réapprovisionner les clientes utilisatrices des produits contraceptifs	(Oui = 1)	(Non = 0)
	d) Référer les cas qui dépassent nos compétences	(Oui = 1)	(Non = 0)
1.10	Pensez-vous que la formation reçue vous permet de conseiller l'utilisation de contraceptif aux clients tes) qui en ont besoin?	(Oui = 1)	(Non = 0)

Si non, Pourquoi?

_____

_____

_____

_____

Annexe 4

Instrument de collecte d'information sur les conditions de travail des agents de pharmacie *(Data collection tool on working conditions of pharmacy agents)*

Suivi des agents formés pour conserver/ réapprovisionner les produits contraceptifs dans les pharmacies privées

08/11 au 03/12/1999

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

Nom de la pharmacie _____ Code de la pharmacie ☐☐☐

Nom de l'agent _____ Code de l'agent ☐☐☐☐

1. Facteurs liés aux services

Disponibilité des produits

1.1 Disposez-vous aujourd'hui d'un stock des produits contraceptifs suivants dans votre pharmacie?

a) Harmonie® (Oui = 1) (Non = 0)

Si oui, stock actuel

b) Autres pilules:

b_1 - Stédiril® (Oui = 1) (Non = 0)

b_2 - Milli-anovlar (Oui = 1) (Non = 0)

b_3 - Adepal (Oui = 1) (Non = 0)

b_4 - Minidril (Oui = 1) (Non = 0)

b_5 - Miniphase (Oui = 1) (Non = 0)

b_6 - Autres (préciser) (Oui = 1) (Non = 0)

Si non, préciser _____ ☐

c) Connotons (Oui = 1) (Non = 0)

d) Spermicides (Oui = 1) (Non = 0)

1.2. Si un des plusieurs produits ci-dessus remarqué (set), donnez les raisons de cette situation?

a) Rupture de stock = 1 Depuis quand ( )

b) Le pharmacien ne veut pas de contraceptifs = 2

c) Je ne veux pas = 3

d) Autres (à préciser) = 4

Disponibilité du matériel IEC

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

a) Dépliant Harmonie® (Oui = 1) (Non = 0)

b) Dépliant Prudence® (Oui = 1) (Non = 0)

c) Dépliant sur tous les contraceptifs (Oui = 1) (Non = 0)

d) Affiches sur les différentes méthodes contraceptives (Oui = 1) (Non = 0)

e) Pénis en bois (Oui = 1) (Non = 0)

f) Boite à images (Oui = 1) (Non = 0)

1.4. Si un ou plusieurs matériels ci-dessus manquants, voudriez-vous bien en avoir pour les conseils (Oui = 1) (Non = 0)

1.5. Si oui, lequel aimeriez-vous avoir dans votre pharmacie?

a) Dépliant Harmonie® (Oui = 1) (Non = 0)

b) Dépliant Prudence® (Oui = 1) (Non = 0)

c) Dépliant sur tous les contraceptifs (Oui = 1) (Non = 0)

d) Affiches sur les différentes méthodes contraceptives (Oui = 1) (Non = 0)

e) Pénis en bois (Oui = 1) (Non = 0)

f) Boite à images (Oui = 1) (Non = 0)

1.6. Disposez-vous des échantillons de contraceptifs que vous pouvez utiliser à tout moment pour donner des conseils à un(e) client(e) qui vient dans votre pharmacie? (Oui = 1) (Non = 0)

Vente des produits contraceptifs

1.7. Avez-vous personnellement vendu les pilules Harmonie® depuis son lancement en avril 1998 (Oui = 1) (Non = 0)

1.8. Si oui à combien de clients (es) à peu près

Moins de clients = 1

Entre 5 et 15 clients = 2

Plus de 15 clients = 3

1.9. Si non à la question 1.7, pourquoi?

Je n'y pas de clients = 1

Je les oriente à mon collègue formé = 2

Je les réfère à une formation sanitaire ou un cabinet médical = 3

Autres = 6 (à préciser)

Encadrement/Supervision

1.10. Vous est-il arrivé d'être aidé pour votre pharmacien dans l'offre des produits contraceptifs (pilules) en général (Oui = 1) (Non = 0)

1.11. Vous est-il arrivé d'être aidé par votre pharmacien dans l'offre de la pilule Harmonie® en particulier. (Oui = 1) (Non = 0)

1.12. Si oui à la question 1.11., comment vous a-t-il aidé?

a) Qui donne les conseils et des remarques (Oui = 1) (Non = 0)

b) Donné en ma présence des informations complémentaires aux clients que je reçois (Oui = 1) (Non = 0)

c) Reçoit des clients qui dépassent mes compétences (Oui = 1) (Non = 0)

d) Nous parlons des contraceptifs au cours des éunions (Oui = 1) (Non = 0)

e) Autres (à préciser) (Oui = 1) (Non = 0)

1.13. Vous arrive-t-il d'être aidé par les délégués médicaux de PSI (Oui = 1) (Non = 0)

1.14. Si oui, comment vous ont-ils aidé?

a) me donnent de conseils lors de leurs (Oui = 1) (Non = 0)

b) me donnent des supports d'IEC, (des dépliants …) (Oui = 1) (Non = 0)

c) mènent des entretiens sur les difficultés rencontrées et proposent des solutions (Oui = 1) (Non = 0)

d) Autres (préciser): (Oui = 1) (Non = 0)

1.15. Si non, pourquoi ne vous aident-ils pas?

a) A la disponibilité de produits de PSI (Harmonie® …) (Oui = 1) (Non = 0)

b) Plus les ventes de Harmonie (Oui = 1) (Non = 0)

c) Ils nous motivent par la distribution des cadeaux (T-shirts, stylo, tampons/ cachets, cocktail ….) (Oui = 1) (Non = 0)

d) Autre (préciser) (Oui = 1) (Non = 0)

1.16. Pouvez-vous nous dire en quelques mots ce que vous pensez des systèmes mis en place par PSI pour la promotion de ses produits?

Caractéristiques de l'agent

1.17. Quel âge avez-vous: _____ ☐☐ (années)

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

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

1.19. Depuis combien de temps travaillez-vous comment agent de pharmacie?

Nombre d'années: _____ ☐☐ Année

1.20. Avez-vous suivi une formation spéciale en cours d'emploi depuis que vous êtes agent de pharmacie. (Oui = 1) (Non = 0)

1.21. Si oui, quel est le type de formation? Quand est-ce qu'elle a eu lei et quelle institution l'a organisée?

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

1.22. Veuillez préciser la date de la formation et l'utilisation organisatrice celle quand est ce que cette formation a eu lieu et qu'elle en était l'utilisation organisatrice?)

- Type de formation # _____
- Date de la formation ☐☐ (J/M/A)
- organisation organisatrice:
  a) PSI
  b) Ordre national des pharmaciens
  c) PNLS
  d) Ministère de la Santé publique
  e) Autre (à préciser) _____

Annexe 5

Instrument de collecte d'information sur l'appréciation de la formation par les pharmaciens *(Data collection tools on pharmacists perception on training)*

Suivi des agents formés pour conseiller/ réapprovisionner les contraceptifs dans les pharmacies privées

08/11 au 03/12/1999

Guide d'Entretien avec les Pharmaciens

Le but de ce guide d'entretien est de collecter les informations sur la perception des pharmaciens sur l'approche utilisée pour la formation de leurs agents.

Nom de la pharmacie _____ Code ☐☐☐

Nom de la personne rencontrée _____

Responsible = 1

Assistant = 2

1. Avez-vous participé à la journée d'information sur la santé de la reproduction organisée par PSI/ABMS, le 20 mai 1998? (Oui = 1) (Non = 0)

2. Certains de vos agents ont reçu au cours des mois de mai et juin 1998, et avril 1999 une formation pour conseiller et réapprovisionner les clients en contraceptifs oraux et méthodes de barrière: (condom, spermicide), organisée par PSI/ABMS, que pensez-vous de leurs aptitudes à conseiller et à aider les clients à mieux s'approvisionner en contraceptifs? (Oui = 1) (Non = 0)

   a) Accueillent mieux les clients (Oui = 1) (Non = 0)

   b) Donnent des explications sur les méthodes contraceptives disponibles (Oui = 1) (Non = 0)

   c) Réapprovisionnent les clientes en pilule (Oui = 1) (Non = 0)

   Réfèrent les clientes en cas de (Oui = 1) (Non = 0)

   e) Autres (à préciser)…… (Oui = 1) (Non = 0)

3. Exigez-vous une ordonnance de la part des nouvelles clientes avant de céder une pilule contraceptive (Minidosée, Normodosé, Progestative)? (Oui = 1) (Non = 0)

   a) Si oui, donner les raisons:

   - C'est une instruction du Ministère de la Santé publique = 1
   - La pilule est un médicament comme les autres = 2
   - C'est rassurant quand la cliente a déjà été examinée par un prestataire = 3
   - Autres (à préciser) _____ = 4

b) Si non, donner les raisons

- C'est le droit du client = 1
- La pilule mini dosée (Harmonie) peut être prise sans grand danger = 2
- Certains clients refusent de voir un prestataire alors qu'ils ont besoin d'une contraception orale = 3
- Cède le produit tout en conseillant d'aller voir un prestataire = 4
- En cas de refus la cliente peut obtenir le produit dans une autre pharmacie = 5
- Autres (à préciser) _____ = 6

4. Quels sont, à votre avis, les avantages de la méthodologie (Auto apprentissage + séances en salle de courte durée) utilisée pour former vos agents?

a) La méthodologie est adaptée à un groupe peu disponible
(Oui = 1) (Non = 0)

b) Disponibilité de reprise de service au cours de la journée
(Oui = 1) Non = 0)

c) Raccourcissement de la durée de la formation
(Oui = 1) (Non = 0)

d) Permet une meilleure préparation de l'agent avant la formation
(Oui = 1) (Non = 0)

e) Autres (à préciser) _____ (Oui = 1) (Non = 0)

5. Etes-vous prêt à envoyer d'autres agents au cas ou PSI / ABMS décide d'organiser une formation similaire? (Oui = 1) (Non = 0)

a) Si oui, quelles sont les tâches prioritaires de vos agents en matière de PF que la formation pourrait améliorer ou référer?

- Communication interpersonnelle/ counseling (Oui = 1) (Non = 0)
- Marketing social des produits (Oui = 1) (Non = 0)
- Conduite d'un interrogatoire pour une meilleure prise de décision
(Oui = 1) (Non = 0)
- Information sur les avantages de la PF (Oui = 1) (Non = 0)
- Autres (à préciser) _____ (Oui = 1) (Non = 0)

b) Si non, donner les raisons

- C'est une perte de temps (Oui = 1) (Non = 0)
- La formation n'a pas changé le comportement des agents
(Oui = 1) (Non = 0)

- Le personnel est réduit et j'aurai du mal à les libérer
  (Oui = 1) Non = 0)
- Autres (à préciser) _____ (Oui = 1) (Non = 0)

6. Après leur formation, comment vos agents ont-ils partagé les acquis avec leur collègues?

   - En leur faisant lire ou photocopier le document qu'ils ont reçu
     (Oui = 1) (Non = 0)
   - En organisant une séance de restitution lors des réunions à la pharmacie
     (Oui = 1) (Non = 0)
   - Pendant des sessions de formation que vous organisez à l'intention des agents (Oui = 1) (Non = 0)
   - En mettant une copie du document de formation à la disposition des autres agents de la pharmacie (Oui = 1) (Non = 0)
   - Autre (à préciser) _____ (Oui = 1) (Non = 0)

7. Dans le cadre la collaboration en matière d'offre de service de PF, quelles sont vos attentes vis-à-vis de PSI / AMBS?

   - Organisation d'autres rencontres avec les pharmaciens (Oui = 1) (Non = 0)
   - Dotation des pharmacies en matériel IEC (Oui = 1) (Non = 0)
   - Evaluation à long terme de la qualité des prestations des agents formés dans les pharmacies (Oui = 1) (Non = 0)
   - Extension de la formation à d'autres domaines (lutte contre la diarrhée, prévention et contrôle des MST/SIDA) (Oui = 1) (Non = 0)
   - Sensibilisation de la population surtout les jeunes en matière de MST/SIDA
     (Oui = 1) (Non = 0)
   - Formation des prestataires et recyclage des agents formés des établissements de santé privés (Oui = 1) (Non = 0)
   - Autres (à préciser) _____ (Oui = 1) (Non = 0)

Annexe 6

Equipe ayant conduit le suivi/évaluation *(Follow-up/Evaluation team)*

Nom + Prénoms	Institution
Ambegaokar Maia	London School of Public Health and Tropical Medicine
Capo-Chichi Virgile	CERRHUD
Echitey Stanley	PRIME/Intrah
Sebikali Boniface	PRIME/Intrah
Akpo Marguerite	Ministère de la Santé Publique
Suzanne	ABPF

Annexe 7

Liste et code des clientes déguisées *(List and code of mystery clients)*

Nom & prénoms	Code
Chetangni Damienne	11
Aniambossou Bernice	12
Capo-chichi Tatiana	13
Adelaïde	21
Gauthe Yvette	22
Rosine	23
Takin Salomee	31
Sossoukpe Josette	32
Oke Fatima	33
Hounyovi Olivette	41
Hanto Laetitia	42
Coulibaly Halima	43

Annexe 8

Liste de pharmacies pour le pre-test des instruments à Cotonou *(List of pharmacies for the pre-test tools in Contonou)*

13 Novembre 1999

1. Pharmacie Jonquet
2. Pharmacie Nouvelle
3. Pharmacie Saint-Martin
4. Pharmacie Dantokpa

Annexe 9

Liste des agents enquêtés *(List of agents surveyed)*

Pharmacie	Ville	Statut de l'agent	Numéro d'ordre
Adechina	Cotonou	forme en 99	1
Adetona	Sakete	forme en 99	2
Agla	Cotonou	forme en 99	3
Agontinkon	Cotonou	forme en 99	4
Ayelawadje	Cotonou	forme en 99	5
De la Cite	Cotonou	forme en 99	6
De la paix	Cotonou	forme en 99	7
De l'Avenue	Cotonou	forme en 99	8
Des 4 Therapies	Cotonou	forme en 99	9
Du Camp Guezo	Cotonou	forme en 99	10
Du Carrefour	Come	forme en 99	11
Du Lac	Abomey-Calavi	forme en 99	12
Du Marche	Abomey	forme en 99	13
Espace Sante	Abomey-Calavi	forme en 99	14
Etoile Kpokon	Bohicon	forme en 99	15
Ideale	Abomey	forme en 99	16
Kpassaton	Ouidah	forme en 99	17
La Béninoise	Cotonou	forme en 99	18
La Savane	Glazoue	forme en 99	19
Le Bon Samaritain	Lokossa	forme en 99	20
Midokpo	Bohicon	forme en 99	21
Olatondji	Porto Novo	forme en 99	22
St Cécile	Cotonou	forme en 99	23
St Jacques	Cotonou	forme en 99	24
St. Henry	Bohicon	forme en 99	25

Pharmacie	Ville	Statut de l’agent	Numéro d'ordre
Blanc Lotus	Cotonou	Forme en 98	1
De l'Habitat	Cotonou	Forme en 98	2
Dodji	Porto Novo	Forme en 98	3
Du Rond Point	Cotonou	Forme en 98	4
Gbedjiromede	Cotonou	Forme en 98	5
Jéricho	Cotonou	Forme en 98	6
La Grâce	Pobe	Forme en 98	7
La Providence	Adjarra	Forme en 98	8
Le Nokoue	Cotonou	Forme en 98	9
Nationale	Porto Novo	Forme en 98	10
Nouveau Pont	Cotonou	Forme en 98	11
Senade	Cotonou	Forme en 98	12
Suru Lere	Porto Novo	Forme en 98	13
Victoria	Avrankou	Forme en 98	14

Pharmacie	Ville	Statut de l’agent	Numéro d'ordre
Adanhounsa	Allada	Forme et recycle	1
Agbokou	Porto Novo	Forme et recycle	2
Boladji	Porto Novo	Forme et recycle	3
Château d'eau	Abomey-Calavi	Forme et recycle	4
De l'Abattoir	Cotonou	Forme et recycle	5
Dona	Porto Novo	Forme et recycle	6
Dona Dei	Cotonou	Forme et recycle	7
Du Bv. St. Michel	Cotonou	Forme et recycle	8
Fidjirosse	Cotonou	Forme et recycle +99	9
Gbegamey	Cotonou	Forme et recycle	10
Gbena	Ouidah	Forme et recycle	11
Haie Vive	Cotonou	Forme et recycle	12
Houeyiho	Cotonou	Forme et recycle	13
Kandevie	Porto Novo	Forme et recycle	14
Kokoye	Porto Novo	Forme et recycle	15
La Concorde	Cocotomey	Forme et recycle +99	16
La Fraternité	Cotonou	Forme et recycle	17
La Frontière	Igolo	Forme et recycle +99	18

Les Cheminots	Cotonou	Forme et recycle	19
Les Palmiers	Porto Novo	Forme et recycle	20
Missebo	Cotonou	Forme et recycle	21
Oganla	Porto Novo	Forme et recycle	22
Oloufade	Porto Novo	Forme et recycle	23
Place Cachi	Porto Novo	Forme et recycle	24
Reine des Grâces	Cotonou	Forme et recycle	25
Sikekodji	Cotonou	Forme et recycle	26
St Marie	Tokpota	Forme et recycle	27
Vie et Sante	Cotonou	Forme et recycle	28
Vodje	Cotonou	Forme et recycle	29
Zongo	Cotonou	Forme et recycle +99	30

Pharmacie	**Ville**	**Statut de l'agent**	**Numéro d'ordre**
Akpakpa Domomè	Cotonou	Pas touchée	1
Azonnigbo	Bohicon	Pas touchée	2
Eternité	Cotonou	Pas touchée	3
Fifadji	Cotonou	Pas touchée	4
Ganhi	Cotonou	Pas touchée	5
Mènontin/Kindonou	Cotonou	Pas touchée	6
Mitonwe	Ouidah	Pas touchée	7
Palais Royal	Porto-Novo	Pas touchée	8
Place Bayol	Porto-Novo	Pas touchée	9
Sègbeya	Cotonou	Pas touchée	10
St Jean	Cotonou	Pas touchée	11
Ste Thérèse	Abomey Calavi	Pas touchée	12