

PDAAQ 824

Prepared for:

Office of Population
Bureau of Science and Technology
Agency for International Development
Washington, D.C.
Under Contract No.: DPE-3024-C-00-4063-00
Project No.: 936-3024

IRN 38657

660 7094

ADVANCED FAMILY PLANNING TRAINING FOR NURSES:
FAMILY PLANNING SERVICES PROJECT,
KINSHASA - ZAIRE

by

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January 28 - February 16, 1985

Edited and Produced by:

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Report No.: 84-28-011
Published April 25, 1985

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LIST OF ABBREVIATIONS

ENGLISH

FPSP	Family Planning Services Project
IEC	Information, Education and Communication
ISTI	International Science and Technology Institute
IUD	Intrauterine Device
MCH	Maternal and Child Health
WIM	Women in Management (Center for Development of Population Activities -CEDPA)
USAID	U.S. Agency for International Development

FRENCH

CNND	Comite National des Naissances Desirables (Affiliate of the International Planned Parenthood Federation)
CPF	Centre Protection Familiale (Center for Family Welfare)
CME	Centre des Meres et Enfants (Maternal and Child Centers)
PSND	Projet de Services des Naissances Desirables (Family Planning Services Project)
ND	Naissances Desirables (Desired Births or Family Planning)

ACKNOWLEDGEMENTS

I extend my sincere gratitude to the team of the Family Planning Services Project in Kinshasa, for their assistance in the planning and executing of this assignment.

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EXECUTIVE SUMMARY

An advanced family planning seminar for twelve Zairian nurses from seven integrated family planning centers in Kinshasa was held under the auspices of the Family Planning Services Project (FPSP) (USAID Project No. 660-0094) between January 31 and February 15, 1985. The course participants will be used as trainers in family planning for short-term in-service training courses under the FPSP for health personnel drawn from urban centers throughout Zaire. The fourth of these training sessions is scheduled for May 1985. Participants will include both nurses and physicians. Training will take place in Kinshasa at a new regional training center for family planning constructed under the Project and at four of the centers where participants for this course are currently employed.

The two-week seminar, conducted by consultant Gilberte Vansintejan through the International Science and Technology Institute (ISTI) contract, was originally designed to cover a variety of modern contraceptive methods and management of contraceptive patients. At the instigation of participants, issues of infertility, human sexuality, and clinic management were added. The seminar included practical clinical experience, mostly at the centers from which trainees were drawn, as well as classroom discussions, usually focused on the cases seen that day. The four family planning centers did not provide ideal locales for training; space was limited, there was little variety in the caseload, and management procedures were unsystematic.

In general, the participants were extremely enthusiastic about the training and urged that similar training sessions be offered every two to three years. The long-term success of the seminar can be judged in part on whether some of the improved practices recommended at the seminar are introduced at the Kinshasa family planning centers. Certainly, the quality of the upcoming training for other Zairian health personnel will depend in part on the level of competence and professionalism displayed at the centers where their practical training will take place.

I. INTRODUCTION

I.1 A five-year Family Planning Services Project (FPSP) (Projet de Services des Naissances Desirables -- PSND) was signed in September 1982 by the Zairian Ministry of Health and USAID as Project No. 660-0094. The Project got underway in December 1982. The training segment of the Project involves development of a cadre of trained trainers and holding of a subsequent series of short-term in-service training seminars, to be organized and conducted by the cadre of trainers, for health personnel from Zaire's 14 most important towns and cities. Both nurses and physicians will come to Kinshasa for training -- the nurses in all aspects of management and provision of family planning services and the physicians primarily in insertion of intrauterine devices (IUDs). The next session (fourth) is scheduled for May, 1985.

The headquarters for the training under this consultancy and for the further training scheduled under the Project is a new regional training center for French-speaking Africa, Libota-Lilamu in Kintambo-Kinshasa. Constructed under the FPSP and officially inaugurated on January 4, 1985, the center provides exemplary administrative services for all aspects of family planning including statistics, supervision, supplies and finances, as well as a family planning clinic with space for voluntary surgical sterilization and training facilities. In addition, four other integrated family planning centers in Kinshasa, (Barumbu, Bumbu, Matonge, and Mama Yemo), were used for clinical training under this consultancy. They will also be the site for most of the clinical training in the upcoming sessions planned. In addition to offering family planning, all are associated with maternal and child health (MCH) clinics which occupy adjoining space.

The 12 nurses trained through the consultancy were staff members of the integrated centers, either hired directly or through the FPSP. Three levels of nurses were involved: registered, practical and auxiliary. All had had basic family planning training in Zaire or abroad, but most had not had recent refresher courses (see Appendices A and B for a list of participants and their characteristics).

I.2 The scope of work for this assignment was to organize, teach theoretical courses and supervise practical experience for a two-week training seminar for the 12 nurses and to provide them with updated reference materials. The subjects proposed for coverage are listed in Appendix G. They included updated information on contraceptive methods used in Zaire (IUDs, injectables, and combined and progestin-only oral contraceptives) and discussion of such related issues as return to fertility after contraceptive use and side-effects and contraindications. Additions to the scope of work are described in II.1.

II. OBSERVATIONS AND FINDINGS

II.1 The consultant developed a draft training plan based on the scope of work. After arrival in-country, however, at the suggestion of the trainees, she added three components: infertility, its causes and management; management of personnel and facilities; and family life or human sexuality, both teenage and adult.

In the course of the seminar, the nurses were instructed on how to:

- (i) Review and study new data concerning contraceptive technology;
Select appropriate contraceptive methods for clients, taking into account sociocultural and health factors;
Manage and follow up clients according to recognized standards;
- (ii) Identify appropriate methods for counseling and motivation for new and old acceptors;
- (iii) Transfer knowledge and skills to other health personnel; and
- (iv) Find practical solutions to common problems in:
 - training
 - service provision
 - organization of services
 - evaluation of personnel

II.2 A total of 78 hours (11 days x 6 hours plus 3 days x 4 hours) were divided between didactic training and practice in class (50 hours) and clinical work in the five centers (28 hours). The clinical sessions took place in the morning, with discussions each afternoon focusing on cases seen earlier that day (see Appendices C and D). The case study approach was particularly well received. Teaching methodology relied heavily on participation; discussion and exchanges were important throughout the seminar.

II.3 At the end of the seminar, a multiple choice test on contraception yielded the following results:

<u>Grades (%)</u>	<u>Number of participants</u>
97	2
94	2
91	3
88	2
85	2
82	1
Total	<u>12</u>

II.4 Participants were asked to evaluate the seminar. Responses to a questionnaire distributed at the end of the two-week session were extremely positive. The nurses indicated that their expectations and needs had been met and that they felt better prepared to carry out their jobs, thanks to the workshop. Their only complaint was that two weeks was too short. They urged that similar in-service training opportunities be offered every two or three years and suggested that the next one be scheduled for a longer period (see Appendix E).

II.5 While the new regional training center was ideal in every way, the four integrated centers, as settings for practical training, had a number of drawbacks. Physically, they were small and crowded; the clientele did not represent the most appropriate target group for family planning; and management practices left much to be desired. Specifically:

- Lack of space and crowding limited the number of trainees who could be accommodated in any one center. In addition, these conditions probably contributed to low client utilization.

- The clientele tended to be high parity, older women who were primarily interested in using injectables (75% of clients). The failure of nurses to recruit post-partum women and recently delivered mothers from the nearby MCH facilities probably contributed to this lack of a representative group of patients.

- Management both of the centers and of individual cases needed improvement. Although supplies and equipment were satisfactory, they could have been utilized more efficiently. Clean-up should have been scheduled for after clinic hours in the evening so that all would have been in readiness for clients in the morning; filing cabinets were needed for patient records; and medical equipment should have been sterilized so that it would be ready for use when needed. In regards to management of individual cases, records were poorly kept on individual cases; there was no established standard for the timing or types of physical examinations; and procedures for management of different types of contraceptive clients were not clearly outlined.

Although amelioration of these conditions is obviously outside the scope of this consultancy, they deserve mention because of the integral part these facilities are expected to play in upcoming training activities.

III. RECOMMENDATIONS

III.1 Recommendations growing out of this consultancy are directed both to capitalizing on the nurses' training through providing them with various support measures and to ensuring their optimal involvement in the upcoming round of training sessions. Clearly, a two-week session could only update the nurses' knowledge, albeit in an intensive and comprehensive way; additional support, however, is needed to help them in efforts to improve management practices in their clinics and in the long-term to make these clinics a more suitable environment for training.

III.2 Four back-up activities are recommended. All should be administered through the FPSP.

1) The Project should provide the nurses on a regular basis with publications and articles about reproductive health.

2) Project staff should arrange monthly meetings for staff of the family planning centers; these meetings would provide a forum for discussion and solution of commonly encountered problems and an opportunity to coordinate services and training.

3) Nurses should take the initiative to provide outreach to the MCH clinics nearby, particularly when training sessions are to be held. In addition, the Project's information, education and communication (IEC) component should arrange media promotion of participation of a wide spectrum of women in family planning.

4) The nursing supervisors for the CNND and FPSP (see Appendix A) should provide regular and careful supervision of all nurses working in the centers, with particular attention to management practices.

III.3 The consultancy was designed to ensure the competence of the 12 nurses in carrying out training of other Zairian health personnel. The assignment of individual nurses to this training should be carefully considered by the associate directors of the FPSP. It is recommended specifically that:

1) The most advanced and well-trained nurses should handle the classroom teaching.

2) All other nurses should be involved in the clinical training.

3) All 12 nurses should take part in the planning of the clinical training so that they feel a responsibility to provide the best quality of training possible.

IV.5 A measure of success of this consultancy will be the degree to which the Zairian nurses implement what they learned and reviewed during the two-week seminar. If they improve procedures at the clinics at which they are employed,

then the consultancy will have made an important contribution, not only for the women of Kinshasa but also for the groups of trainees from outside Kinshasa who will perceive these clinics as examples which they will attempt to replicate when they return to their home bases.

APPENDIX A
LIST OF PARTICIPANTS

NAMES, POSTNAMES	TITLES	PLACES AND ADDRESS OF EMPLOYMENT
Kazadi Ngoyi Salwa	Nurse A1, CNND Supervisor	CNND-Croisement: Avenue Commerce/Kasa-Vubu/Gombe
Musau Mpoy	Nurse A3	CMD BARUMBU: hop. Mama Yemo BP 169, Kinshasa 1
Yabili Malunga	Nurse A1	PSND-Kintambo centre Libota Lilamu, BP 100, Kinshasa 14
Mala-Wa-Nsanga Mbiya	Nurse A2	CNND, Mama Yemo BP 169, Kin
Ngwala Paku	Nurse A3	CPF MATONGE, CNND
Kanzala Ngenze	Nurse A2	PSND BP 100, Kin 14
Fwelo Mwanza	Nurse A1	C.MED.ZAIRE, S.E.P. BP 2197 Kinshasa I
Halowange Hayowa	Nurse A1	PSND, BP 100, Kinshasa 14
Mbinzi Swaku	Nurse A3	PSND
Tembo Bahalele	Nurse A1 PSND Supervisor	PSND
Odimba Yangake	Nurse A3	PSND
Futila Manywaka	Nurse A2	CME RUMBU, Hop.Mama Yemo BP 169, KINSHASA I

APPENDIX B

CHARACTERISTICS OF THE PARTICIPANTS

<u>1. Professional grades in Nursing</u>	<u>Number</u>
A1 (registered)	5 (among whom 2 supervisors)
A2 (practical)	3
A3 (auxiliary)	4

<u>2. Number of years in current clinic</u>	
Less than one year	= 6 participants
3 years	= 1
5-7 years	= 2
10-12 years	= 3

<u>3. Total number of years working in family planning</u>	
Less than 1	= 2
5-8 years	= 3
9-10 years	= 2
12 years	= 3

4. Previously trained in family planning : 12 = yes

5. Dates, duration and places of previous FP training

<u>Kinshasa</u> : 1976-78	: 4 weeks	8 nurses
(CNND) 1973-78	: 12 weeks	8
1981	: 6 weeks	1
(PSND) 1984	: 4 weeks	2
<u>Nairobi</u> : 1980	: 2 weeks (supervision) 1 nurse	
<u>Tunis</u> : 1982-83	: 2-3 weeks	5
<u>Lome</u> : 1980	: 16 weeks (T.O.T.) 1	
<u>New York</u> :		
Metropolitan	1975-79	: 16 weeks 2 nurses
Downstate	1978	: 9 weeks 1
<u>Washington DC</u>	1983	: 5 weeks 1 (WIM)

Cumulative training: 30

APPENDIX C
EMPLOI DU TEMPS - PSND

APPENDIX C
EMPLOI DU TEMPS - PSND - 31/1/85 au 15/2/85

	Jeudi 31/1	Vendr. 1/2	Samedi 2/2	Lundi 4/2	Mardi 5/2	mercr. 6/2	Jeudi 7/2
10 ouvertu- officiel- le Presenta- tion part program. biodata identifi. besoins COUNSELING	8.30-9.30 Techniques apprentissage adultes 9.30 tâches é- quipe en N.D. 14-15 Pratique DIU 15-16 Motiva- tion/éduc.	8.30-10.45 INJECTABLES DONNEES COU- RANTES 10.45-11 fiches études de cas	8.30-12.30 Pratique dans un centre 14- études de cas 15 Film-contr- ception	8.30-12.30 Pratique Etudes de cas	8.30-9.30 Pil.comb. données courantes 10.30-ex. sur risques film:Kirath mo Standards médicaux & fiches techniques	8.30-12.30 pratique dans un centre 14 Etudes de cas 15-16 Administration- préparation d'une séance clinique	
	Vendr. 8/2	Samedi 9	Lundi 11	Mardi 12	Mercredi 13	Jeudi 14	Vendredi 15/2
Pratique dans un centre études de cas 15-16 MINIPILULE	Stérilité et mala- dies sexu- ellement transmises	Pratique dans un centre Etudes de cas BARRIERES 15-16 FilmProde Programme de distri- bution communau- taire	Pratique Etudes de cas 15-16 Test de re- vision des méthodes comment é- valuer les stagiaires	Education à la vie Standards médicaux et fiches techniques	Pratique dans un centre 14-16 Gestion du person- nel et du matériel	emploi du temps évaluation du séminaire feedback clôture officielle	

(Journée de : 8.30 - 12.30
2 pm - 4 pm)

APPENDIX D
SEMINAIRE/RECYCLAGE DES INFIRMIERS

APPENDIX D

SEMINAIRE/RECYCLAGE DES INFIRMIERES (31/1/au 15/2/85)

CALENDRIER DES STAGES PRATIQUES

	Lundi4	Mardi5	Jeudi7	Vendr.8	Lundil1	Mardi12	Jeudi14
Centre meres/ enfants BUNBU	Yabili Tembo Mbinzi Vansint.	Yabili Tembo Mbinzi		Halowange	Futilla Halowange Mpoy	Futilla Mpoy Kanzala Vans.	Mpoy Fwelo
Centre meres/ enfants BARUMBU		Fwelo Ngwala Mala Vans.	Halowange Odimba Mala Kazadi	Mpoy Futilla Kazadi		Halowange Odimba Mbinzi	Yabili Tembo Odimba
Centre Pro- tection fami- liale MATONGE	Halowange Mala Futilla	Odimba Futilla Kazadi	Mpoy Yabili Ngwala	Kanzala Tembo Mbinzi	Kanzala Mala Odimba Vansint.	Ngwala Fwelo	Kanzala Futilla
Centre de Mama Yemo	Kanzala Mpoy Kazadi	Kanzala Mpoy	Futilla Fwelo Mbinzi Vansint.	Ngwala Odimba Fwelo	Fwelo Mbinzi Ngwala Kazadi	Yabili Tembo	Halowange Mala Vansint.
Centre Libota Lila- mu	Ngwala Fwelo Odimba	Halowange	Tembo Kanzala	Yabili Mala Vans.	Yabili Tembo	Mala Kazadi	Ngwala Mbinzi Kazadi

APPENDIX E

EVALUATION DU SEMINAIRE/ATELIER

(FP Project - Zaire)

SOMMAIRE, 11 PARTICIPANTES

Ce questionnaire est anonyme. Cocher la catégorie qui correspond le mieux à votre opinion. Nous vous remercions pour votre collaboration.

1. Organisation du séminaire

	très bien	satisfaisant	trop court
Durée du séminaire	5	1	5
Stage pratique	6	3	1
Période de discussion/ travaux de groupe	5	1	5

2. Contenu du séminaire

	Oui	Non	Commentaires
- Les objectifs du séminaire ont été atteints	9	2	(une absente)
- Le contenu du séminaire a répondu à vos besoins	11		
- Vous avez appris des choses nouvelles	11		
- Les documents distribués vous apparaissent satisfaisants	11		
- Vous vous sentez maintenant capables d'enseigner d'autres	11		plus pour la théorie
- Le contenu a répondu à votre attente	10		
- Vous avez atteint vos objectifs de recyclage	9	1	(Absente)
3. Animation			
- Les techniques d'apprentissage/enseignement étaient bonnes	10		très bonnes
- Nous avons été traitées comme des adultes en formation, ayant de l'expérience	10		
- Il y a eu beaucoup d'échanges entre les participants	10		
- Je sens que je pourrai faire la même chose	9	1	après un autre recyclage

4. Commentaires

VOIR APPENDIX E page 2

APPENDIX E (page 2)

4. COMMENTAIRES

1. Nous souhaitons que de tels recyclages se répètent ne fut-ce que tous les 2-3 ans.
2. Il serait souhaitable pour les prochaines sessions de formation, que les organisateurs tiennent compte du facteur temps. Car à notre humble avis, la durée d'un séminaire de cette importance ne pouvait être de 2 semaines, afin que la période de discussion et de travaux de groupe soit plus longue.
3. La séminaire a été court. Nous n'avons pas discuté de tous les problèmes que nous vivons sur le terrain. Nous souhaiterions encore d'autres séminaires pour améliorer, perfectionner, apprendre de nouvelles méthodes et techniques.
4. A mon avis, j'ai atteint les objectifs qui correspondent à mes attentes; et l'échange de nos études de cas m'ont appris beaucoup de choses que j'ignorais.
5. Nous souhaitons la bonne marche du travail après ce séminaire.
6. Nous sommes satisfaites de ce stage de recyclage; malheureusement de durée trop courte. Nous souhaiterions que cela se fasse tous les 3-5 ans. Merci.
7. A mon avis, si on pouvait faire cela tous les deux ans, ce serait bien. Et puis mes remerciements à Mad. Gilberte pour tout ce qu'elle a fait pour nous. Elle veut mettre tout ce qu'elle connaît à la connaissance des autres.
8. J'aimerais participer à un autre recyclage pour atteindre mes objectifs.
9. Ce séminaire a été très intéressant et a répondu à mes objectifs. J'ai surtout apprécié la méthodologie et les techniques d'apprentissage que notre formatrice a utilisé au cours de ce séminaire. Son attitude envers les participantes était très admirable.
10. Comme la durée du séminaire était si courte, nous n'avons pas eu le temps de profiter de l'expérience de la formatrice sur le terrain. Proposition : J'aimerais qu'à la prochaine occasion, les stagiaires puissent avoir le temps pour poser plus de questions à la formatrice afin de profiter de l'expérience de cette dernière.
11. Les objectifs ont été atteints. J'aimerais que ce genre de formation se fasse plus souvent. Il fallait beaucoup plus de discussion de groupe.

APPENDIX F

LIST OF HANDOUTS, BOOKS AND PUBLICATIONS DISTRIBUTED TO THE PARTICIPANTS.

A. HANDOUTS

1. Emploi du temps et objectifs du séminaire - recyclage
2. Formation clinique des infirmières : objectifs et standards de performance
3. Grille d'observation des stagiaires : exercice
4. Travail de groupe sur les risques contraceptifs
5. Counseling ou le rôle de conseillère dans la planification familiale
6. Document de référence : les dispositifs intra-utérins
La contraception orale combinée
Les progestérones de longue durée
Les minipilules
7. Test de revision
8. Evaluation du séminaire/atelier

B. BOOKS/PUBLICATIONS

Population Reports :

- le DIU, contraceptif qui convient à de nombreuses femmes - Série B, # 4, mai 1983
- Contraceptifs oraux : Série A, # 6, Mars 1982
- Contraceptifs injectables et implants - Série K, # 2, mars 1984
- Stérilisation volontaire - Série M, # 2, janvier 1979
- Barrières mécaniques et chimiques - Série H, # 6, Août 1983
- La stérilité et les maladies sexuellement transmises : un problème de santé publique - Série L, # 4, Sept. 1984
- Les sage-femmes traditionnelles et la planification familiale - Série J, # 22, janvier 1981
- La commercialisation sociale : réussit-elle? Série J, # 21, octobre 1980
- Distribution de contraceptifs : commerce ou base communautaire. Inventaire et évaluation - Série J, # 19, Juin 1979

Manuel de planification familiale pour infirmières et sage-femmes, Downstate Medical Center

Consultation de contraception en Afrique. Brown (1983)

Pour une authentique éducation sexuelle; brochure illustrée # 25 (Kangu-Mayombe)

APPENDIX G
SCOPE OF WORK

INTERNATIONAL SCIENCE AND TECHNOLOGY INSTITUTE
POPULATION TECHNICAL ASSISTANCE PROJECT
SCOPE OF WORK FOR ASSIGNMENT NO. 84-28

Advanced Family Planning Training for Zaire
Family Planning Services Project

1. Organize lectures/discussions and provide literature of the following subjects:
 - a) Selection of IUD candidates and discussion of infection risks and other side effects;
 - b) Use of progestin-only pills;
 - c) Fertility-return following use of contraceptives;
 - d) Update on side-effects and contradictions;
 - e) Non-contraceptive benefits of various family planning methods;
 - f) History-taking techniques;
 - g) Resupply issues for pill; and
 - h) Review of natural family planning methods
2. Oversee and supervise practical family planning training in training centers.
3. Post-course evaluation and mission debriefing.