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MID-TERM EVALUATION REPORT
OF
THE FAMILY PLANNING PROGRAM IN RWANDA
AUGUST 4-28, 1984
ARLINGTON, VIRGINIA

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LIST OF ABBREVIATIONS

APHA	American Public Health Association
BUFMAR	Bureau de Formation Medicale Agree au Rwanda
CERAI	Centres d'Enseignement Rural et Artisanal Integres
CURPHAMETRA	Centre Universitaire de Pharmacopée et de Medecine Traditionnelle
CUSP	Centre Universitaire de Santé Publique
ECA	Economic Commission for Africa
FP	Family Planning
GOR	Government of Rwanda
IAMSEA	Institut Africain et Mauricien de Statistiques et d'Economie Appliquée
IEC	Information, Education and Communication
INTRAH	International Training in Health
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
IUSSP	International Union for Scientific Study for Population
JHPIEGO	Johns Hopkins Program for Information and Education in Gynecology and Obstetrics
MCH	Maternal and Child Health
MIC	Maternal and Infant Care
MINAFFET	Ministry of Foreign Affairs
MINEPRISEC	Ministry of Primary and Secondary Education
MININTER	Ministry of the Interior
MINISUP	Ministry of Higher Education and Scientific Research
MOH	Ministry of Health
MRND	Mouvement Revolutionnaire National Democratique

ONAPO	Office National de la Population
ONAPFP	Office National de Planning Familiale de la Population (Tunisia)
OPHAR	Office Pharmaceutique du Rwanda
PRICOR	Primary Health Care Operations Research
PRITECH	Technologies for Primary Health Care
RWF	Rwandan Francs (US\$1.00 = RWF101)
SM	Social Marketing
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
USAID	U.S. Agency for International Development

TERMS OF REFERENCE

An evaluation team went to Rwanda in August, 1984, to assist both the Government of Rwanda (GOR) and the United States Agency for International Development (USAID) in their efforts to further the work of the Rwandan National Office for Population (ONAPO). The GOR and USAID/Rwanda requested a mid-term evaluation of the USAID MCH/Family Planning Project (696-0113) which supports ONAPO's activities.

The team, assembled by the PRITECH Project, Arlington, Virginia,* comprised Liliane Toumi, an obstetrician/gynecologist; Yolande Jemai, a demographer; Thomas Murray, a health care management consultant; and Shelley Ross-Larson, a health education and training specialist. Prior to departure, team members were briefed in Washington, D.C., North Carolina, and New York City. In Rwanda, the team spent a total of 40 person-days during August, 1984, interviewing members of ONAPO and other GOR officials, representatives of international organizations, members of the the Rwanda religious and private sectors and staff of USAID/Rwanda. The evaluation team sought to identify constraints affecting the country's nascent family planning program and to suggest ways to enhance its management capabilities, communication of new ideas, and the delivery of new services. The team was asked to look specifically at national policy, management, family planning services, information, education and communication (IEC), training, and research and data collection systems.

The team worked closely with their ONAPO counterparts: J.M. Vianney Nkulikiyinka and Patrice Nzahabwanamungu for the Management Section; Dr. Boniface Sebikali and Dr. Speciose Mukantabana for the Medical Services Section; Sixte Zigirumugabe and Castule Kamanza for the IEC and Training Sections; and Monique Mukamanzi and Alain Mouchiroud (UNFPA) for the Research and Statistics Section.

The principal objective of the evaluation was to determine how efficiently and effectively ONAPO has achieved its objectives and to recommend necessary adjustments as well as future plans and directions. As a joint GOR/USAID effort involving the PRITECH team and ONAPO staff, the process of evaluation should also serve to strengthen ONAPO's planning and evaluation methodology.

* The PRITECH Project is funded by the Agency for International Development.

EXECUTIVE SUMMARY AND PRINCIPAL RECOMMENDATIONS

EXECUTIVE SUMMARY

Prior to 1981, family planning services, where available in Rwanda, existed on a relatively small scale. With the establishment of the National Population Office (ONAPO) in 1981, Rwanda's population/family planning program capabilities have been enhanced. ONAPO's mandate comprises research, educational, promotional and coordinating functions. In the relatively short period of three years, the GOR has created and staffed ONAPO (using GOR funds). This office has developed a national family planning education program and conducted a variety of training programs in most prefectures. Many different levels of health and social service personnel, thus trained, have instituted family planning services where none previously existed in more than eighty health facilities. ONAPO has also conducted a national, scientifically sound fertility survey in record time and has instituted a national family planning service statistic system. With a staff of 115 (39 professionals and 76 support staff), ONAPO has achieved most, if not all, of its 92 activities scheduled for 1984. (Page x highlights selected project achievements.)

ONAPO presently operates in four pilot zones--Kigali, Butare, Ruhengeri and Kibungo. In the pilot zones, the physician assigned to ONAPO provides family planning services in MOH facilities using MOH personnel. ONAPO has also trained health personnel from other prefectures in family planning. Of Rwanda's 156 health centers and hospitals, the 84 currently offering family planning services were selected on the basis of criteria developed by the ONAPO physicians with the assistance of the USAID long-term consultant. Selected staff members attend ONAPO training courses, and then return to their home facilities to promote family planning services. ONAPO supplies their centers with contraceptives, IEC materials, clinic forms, and sends IEC staff to carry out further promotional activities.

ONAPO, however, faces the usual problems associated with organizational growth and development. These areas of concern are reflected in the team's principal recommendations, but should not obscure ONAPO's considerable achievements to date.

EXECUTIVE SUMMARY AND PRINCIPAL RECOMMENDATIONS

STATUS OF PROJECT ACHIEVEMENTS

	<u>At Time of Mid-Term Evaluation (August, 1984)</u>	<u>Project Paper Goals for End of Project (1986)</u>
Hospitals and Health Centers Providing FP Services	84	150
Physicians Working for ONAPO	7	12
Nurses Trained in FP Supervision	6	20
Auxiliaries Trained in MCH/FP and IEC	374	500
Trained Regional Statis- tical Supervisors	0	10
Research Projects	5	25
Average Distance Traveled to Centers Providing FP Services	10 to 20 Km	15
FP Users	12,000 (1983)	84,500

EXECUTIVE SUMMARY AND PRINCIPAL RECOMMENDATIONS

PRINCIPAL RECOMMENDATIONS

I. National Policy

Areas Meriting Further Attention

- ° Given the multicausal factors contributing to high population growth rates, a multisectoral approach needs to be developed. Aware that improvements in health, nutrition, housing, education and the status of women will be necessary to reduce fertility rates, ONAPO should intensify and extend its activities in these areas.
- ° At present there is little coordination between ONAPO and MOH staff in the field. In some instances, MOH personnel are not assuming responsibility for implementing the ONAPO program.
- ° At present, single women are sometimes denied access, and married women are required to have their husbands initially present in order to receive family planning consultation or services.

Recommendations:

1. ONAPO should intensify and extend its activities and not focus solely on the health sector to bring about changes in the rate of population growth.
2. It is necessary to define ONAPO's role within the Ministry of Health framework and to enact appropriate legislation.
3. The Ministry of Health should issue a directive to health center personnel that they are to provide family planning services.
4. The GOR should reaffirm the right of the Rwandan woman to contraceptives and facilitate access to family planning services.

II. Management

Areas Meriting Further Attention

- ° ONAPO faces problems in management, planning and coordination. Personnel vacancies and the transfer of senior and mid-level personnel are causing inefficient management. The ONAPO director is forced to assume too many responsibilities which should be delegated to other staff.
- ° The present structure of the ONAPO organization prevents effective management.
- ° Most of the planning at ONAPO has been carried out in the past by the long-term USAID project consultant.

EXECUTIVE SUMMARY AND PRINCIPAL RECOMMENDATIONS

- ° To more effectively extend family planning instruction to individual homes and community centers, ONAPO should consider reassigning personnel directly to the regional offices.

Recommendations

1. ONAPO should appeal to the Presidency to fill personnel vacancies and reduce loss of staff.
2. The ONAPO organization should be restructured in order to ensure more effective management.
3. A Planning and Evaluation Unit reporting to the Director should be established at ONAPO to ensure participation at all levels in the planning process.
4. ONAPO should decentralize its operation, reinforce the regional offices and study ways to bring family planning services closer to the population.

III. Medical Services

Areas Meriting Further Attention

- ° The success of the "sensibilisation" campaigns has increased demand for family planning services.
- ° At present, most motivational attempts at health centers occur during the prenatal period. As women are most receptive to family planning in the postpartum period, ONAPO should organize a nationwide postpartum program.
- ° There is no regional office for family planning in the pilot prefecture of Kigali.

Recommendations

1. ONAPO should reinforce family planning services in the four pilot zones and extend them to the remaining prefectures.
2. ONAPO should collaborate with clinics in the private sector to meet their family planning needs.
3. ONAPO should organize a nationwide postpartum program.
4. The health facilities providing family planning service should improve their follow-up of family planning acceptors.
5. A regional ONAPO office should be created for Kigali.

EXECUTIVE SUMMARY AND PRINCIPAL RECOMMENDATIONS

IV. IEC

- ° The IEC activities ONAPO has undertaken to date appear to be sound ones for a nascent population program. They have been in accord with planned objectives of both the Rwandan Law No. 03, 1981, and the USAID MCH/FP Project Paper. The team encourages ONAPO to continue its IEC activities as planned.

V. Training

Areas Meriting Further Attention

- ° ONAPO is to be commended for its efforts to acquaint a large number of health personnel with family planning concepts. It is time now to stress practical training in the provision of contraceptive methods (the IUD in particular).
- ° If the proposed Kigali Regional Office and family planning clinic were combined with the ONAPO training center, trainees in IEC and family planning techniques could benefit in their practicums from the ready access to a client population.

Recommendations

1. ONAPO should offer practical clinical training in contraceptive methods (including natural family planning), and emphasize the IUD.
2. The Training Center should be attached to the proposed ONAPO Kigali Regional Office and Family Planning Services Center.

VI. Research and Statistics

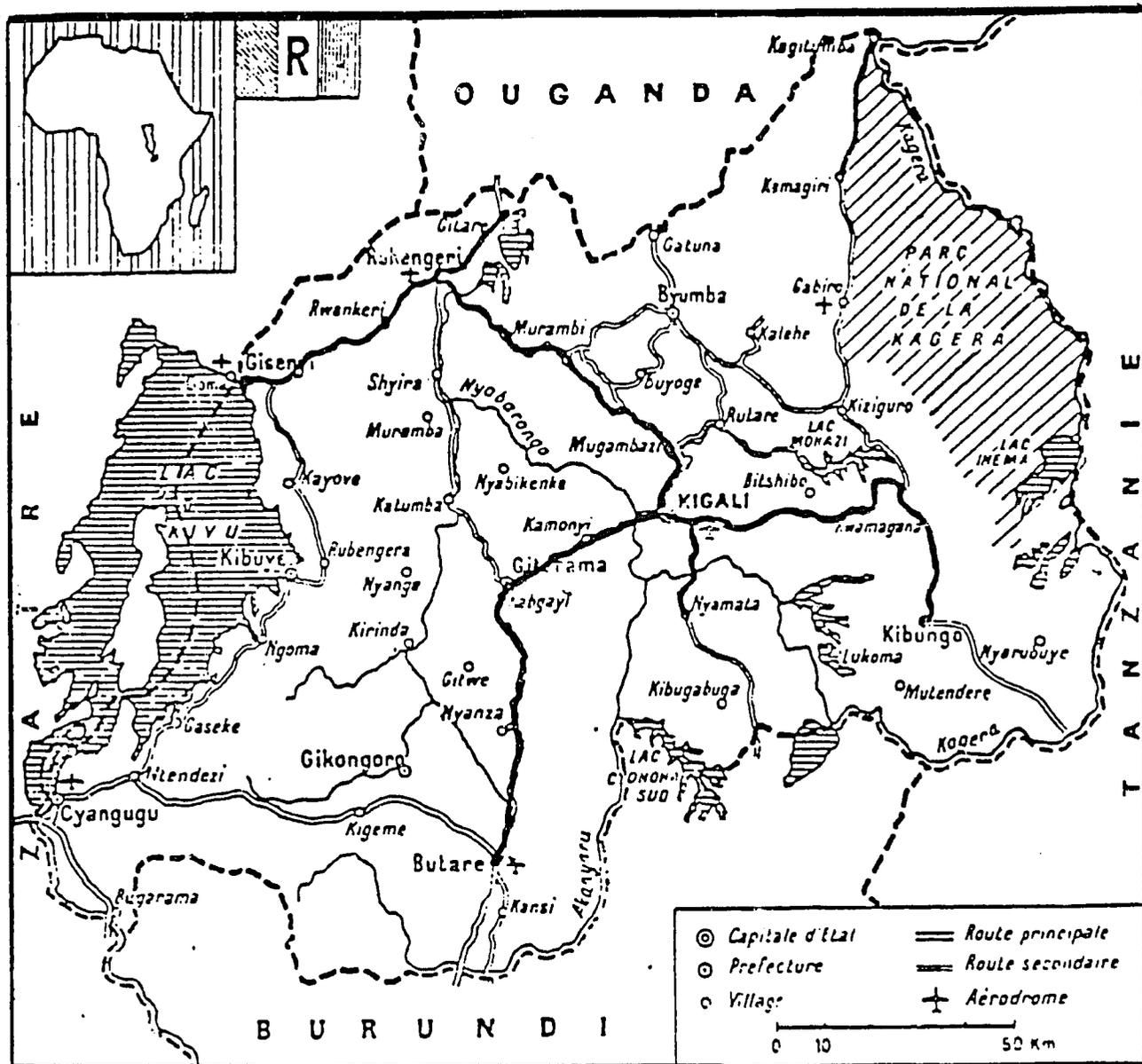
Areas Meriting Further Attention

- ° Much of the Unit's activities to date have focused on gathering and systematizing basic demographic data. While this needs to be done, other governmental agencies should assume this responsibility, thus enabling ONAPO to concentrate on the programmatic implications of demographic data. Quantitative analysis should be employed to accurately measure ONAPO's achievements.

Recommendation

1. The Research and Statistical Unit at ONAPO should emphasize programs which measure the impact of the family planning program on Rwandan fertility.

MAP OF RWANDA



(Roads in bold face indicate team field visits.)

Cartographie Europe Outremer

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200

Source: Europe Outremer
 1979 L'Afrique: d'expression française et Madagascar.
 (19th edition) No. 595

CHAPTER I.

NATIONAL POLICY

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NATIONAL POLICY

A. SOURCES

In formulating its recommendations for national policy, the team considered and reviewed relevant policies and documents. These include the the recent Rwanda Declaration to the International Conference on Population (Mexico City, August, 1984), the current family planning policy of the Government of Rwanda (GOR), the participation of the Ministry of Health (MOH) in family planning, and the status of Rwandan women. Individuals informed about social marketing as well as the Rwanda private business sector's involvement in family planning were contacted and their advice sought on ONAPO's role.

B. CURRENT POLICIES

With a population density rate of 258 inhabitants per cultivated square kilometer, Rwanda is Africa's most densely populated country.* While small to middle-size businesses and industries operate in the capital and some outlying areas, 95 percent of Rwanda's estimated 5.5 million people live at the subsistence level by farming. The social and economic levels of the rural poor are among the lowest in the region.

Well aware that current rates of population growth threaten to undermine development efforts in all sectors, the GOR decreed Law No. 03 of January 16, 1981 establishing the National Population Office (ONAPO). ONAPO's objectives, as stated in this Law, are as follows:

1. To study all matters relating to the growth of the population, and the impact of population growth on socio-economic development;
2. To sensitize all levels of the population to the demographic problems of the country [by means of] an information, education and training program that will respect the individual, and the liberty, moral and religious convictions of couples;
3. To ensure the appropriate use of family planning methods;
4. To study the means of integrating family planning services into primary health care, and advise the authorities at the Ministry of Health on how best to achieve this integration;
5. To propose natural solutions for achieving an equilibrium between production and demographic growth;
6. To participate in the elaboration of population education programs for schools;

The Office may engage in all other activities having a direct or indirect bearing on the accomplishment of these objectives.

* Census, Rwanda, 1978.

In the declaration to the recent International Conference on Population, the Rwandan delegation cites its Third Five-Year Plan as exemplifying the GOR's commitment to improving the basic needs of Rwandans and its recognition that all its efforts to do so can be negated by an increasing population. The declaration (Annex E) also reaffirms that a balance between population and available resources cannot be achieved unless programs actively address not only economic development but demographic issues as well. It states that attention must be focused on improving health, education, nutrition, housing, and the status of women in order to achieve a higher standard of living.

The policy expressed in the Third Five-Year Plan (1982-1986) is to stabilize population growth at current rates and to put in place the conditions necessary for the eventual reduction in growth that is indispensable. The means to achieve this end include:

1. raising the minimum age of marriage (currently 16 years of age);
2. providing family planning services in 143 communes;
3. implementing programs of information and "sensibilisation";
4. conducting research and demographic studies.

As the team did not have access to data from the National Fertility Survey, it cannot determine whether stabilizing population growth at current rates is congruous with the GOR's stated objective to reduce total family size. In any event, the team believes that 3.7 percent is an unacceptably high growth rate. If the present growth rate stabilizes at 3.7 percent, at the end of a five year period, Rwanda's population will be 6.6 million (an increase of 1.1 million since 1984).

The USAID MCH/FP Project, funded at \$6.25 million over a five year period, attempts to establish these conditions. The Project Paper's objectives include training, information and mass media activities in family planning, establishing data collection capabilities, construction of training and health centers, scholarships, technical assistance and the delivery of FP services.

B. MINISTRY OF HEALTH PARTICIPATION IN FAMILY PLANNING

The present national policy establishes ONAPO as the planning and coordinating body and the MOH as responsible for the delivery of family planning services. The Minister of Health and other senior officials, in an interview with the evaluation team, expressed a concern that traditional Rwandan values might generate public resistance to family planning program objectives. The Ministry therefore tends to advocate a generally cautious--perhaps overly cautious--approach to promoting and implementing family planning services.

In some instances, there is little coordination between ONAPO and MOH staff in the field. Frequently, MOH personnel do not view themselves as responsible for implementing the ONAPO program.

C. STATUS OF WOMEN

In the traditional system of values, the Rwandan woman does not enjoy status equal to that of a man. She is less educated and has little protection under the law. She may be one of several wives and is responsible not only for carrying out domestic tasks, but also for farming and transporting goods. During her reproductive years, she is generally either pregnant or lactating. She is characterized as working long, arduous days and has a deficient diet for most of her life.

Although more and more women are taking advantage of family planning services, there are instances where single women are being denied access to them, and married women are required to have their husbands present during the initial consultation.

D. PRIVATE BUSINESS SECTOR/SOCIAL MARKETING (SM)

Although time did not permit an extensive review of the private business sector's interest or involvement in family planning, the evaluation team believes that the interest expressed by those contacted indicated a receptiveness that may be widespread in the business community. ONAPO should explore further how the GOR, with private business involvement, could support a FP project on a sustained basis, thus relying less on outside assistance.

Conversations held with representatives of the private business sector indicated that more contact with ONAPO would be welcome.

The Rotary Club, although small with 30 members from various commercial enterprises, presently provides support to a variety of social institutions including hospitals and orphanages. The annual budget is approximately RWF 1.5 million. The club would be interested in having closer ties with ONAPO and, if necessary, would consider financial support from its local organization as well as assistance through its Partner in Development Program in the United States. The Rwanda "Partner" includes the State of Washington and part of Canada. A grant request of up to US\$100,000 for Rwanda could be considered.

The Primus beer manufacturer, subsidiary of Heineken, expressed interest in the services of ONAPO for its dispensary in Gisenyi. The plant has some 600 employees (fewer than three percent are women) who, with their families, constitute a sizeable population. The company dispensary operates with two GOR health personnel. There is no doctor.

The SIRWA company, a paint manufacturer, has operated in Rwanda for over twenty years. It employs 400 people of whom 50 are women. The SIRWA representative believes that nothing can be achieved in family planning without MOH support and that his good relationship with the MOH facilitated the provision of family planning services through his health unit. Although he believes employees are generally aware of the increasingly diminishing plots of land that can be passed on from parent to child, he does not feel that a causal relation with overpopulation has necessarily

been made, or that employees are taking steps to reduce family size. SIRWA would be interested in establishing ties with ONAPO, particularly in a program of education.

Last year, a representative of DKT International made a preliminary visit to Rwanda to review the possibilities of a social marketing project. Given the taboos associated with discussion about sex and the dearth of commercial pharmacies, it does not appear likely that the usual social marketing (SM) program could be introduced in Rwanda. However, a social marketing effort could be carried out in conjunction with the private business sector interested in family planning and this should be explored further. The ONAPO director expressed interest in a visit from a social marketing consultant in 1985.

E. INVOLVEMENT OF ONAPO IN OTHER SECTORS

ONAPO's present approach is that of a traditional family planning program focusing solely on the health sector for implementation. ONAPO could profit from a multisector approach to family planning, and other agencies could benefit from ONAPO's experience. By working more extensively with other ministries such as agriculture, youth, community development, etc., the ONAPO message and service delivery could receive broader coverage and more contact with clients.

In turn, ONAPO could share its experience in "sensibilisation" and research and data collection with other GOR institutions. Examples include: ways in which new agricultural methods, seeds, fertilizers, etc., could be introduced to traditional farming practices or how radio and theatre groups could influence changes in attitude. ONAPO's experience in research and data collection could be shared with practically every institution involved in planning and evaluation.

F. RECOMMENDATIONS

1. (*) The Ministry of Health should issue a directive to health center personnel instructing them to provide family planning services.

2. (*) ONAPO's role within the MOH should be defined and appropriate legislation enacted.

3. (*) The GOR should affirm the right of the Rwandan women to contraceptives and facilitate their access to family planning services.

4. (*) ONAPO should intensify and extend its activities to more diverse groups.

* (*) Indicates a major recommendation

CHAPTER II.

MANAGEMENT

CHAPTER II.

MANAGEMENT

A. ONAPO ORGANIZATIONAL STRUCTURE

1. Top Level Administration

The ONAPO senior administration is composed of a Director, a Chief of Administrative and Financial Services and, on the technical side, a Chief of Population Studies and Programs. If properly functioning, senior management would provide an excellent management tool to deal with strategy, planning and program design and to oversee the proper management function of the mid and lower management levels. As it is, however, the senior management position, on the administrative side, has remained vacant for well over a year and, on the technical side, the position of Chief of Population Studies and Programs became vacant during this evaluation. Prolonged vacancies in top and mid-level management positions impede management effectiveness. Decision-making tends to be slow, planning activities are weakened while the lines of authority remain confusing. As a result, the ONAPO Director is required to manage both the administrative and technical services on a daily basis. The extent to which the Director has to unnecessarily assume administrative and technical responsibilities is underscored in the discussions which follow.

2. Middle Management

The middle management of ONAPO is composed of five bureaus: General Accounting and Treasury, Management and Supply, General Secretariat and Public Relations, Evaluation and Research, and Family Planning and Medical Policy. The fact that Family Planning and Medical Policy is the only bureau at this level without a bureau chief is especially significant as it is this bureau that is responsible for collaborating with the Ministry of Health and for promoting family planning activities in health and social centers throughout Rwanda. It is also of particular concern as it must ensure coordination of all activities having to do with education, training and information, a major function of family planning.

As shown on the organization chart (see Annex F), the IEC/Training Unit is directly responsible to the Family Planning and Medical Policy Bureau, but it too lacks a bureau chief. Thus, the largest single unit within ONAPO, made up of some 36 employees and responsible for promoting family planning at the village level, does not have its own chief, is reporting to a bureau whose leadership remains vacant, and which, in turn, is responsible to top management whose chief has just been transferred to an administrative position outside ONAPO.

B. PLANNING

During 1984, a total of 92 activities are scheduled to be completed in:

- General Policy
- Administration
- Information, Education and Communication
- Maternal and Infant Care/Family Planning
- Research/Evaluation
- Technical Cooperation
- Construction

These activities range from "developing a team to coordinate activities among ONAPO and other Ministries concerned with problems of population," "conducting meetings between ONAPO headquarters bureaus and their regional counterparts," "sensitizing various GOR administrative levels to Rwanda's problems and FP activities," to "furnishing medical equipment, contraceptives and IEC materials for family planning in at least 50 health centers." Given the progress achieved and reported in the long-term consultant's Report of September 15, 1983, there is every likelihood that most, if not all, of the 92 activities scheduled for this year will be achieved.

Most planning activities, including the setting of annual goals and the development of activities and tasks to achieve them, have been carried out by the USAID long-term consultant. ONAPO personnel have not been involved to the extent they should be.

While the evaluation team views the extent of the USAID long-term consultant's involvement as most impressive, it believes that there should be specialized personnel on the ONAPO staff concerned with planning. The team feels strongly that ONAPO must assume greater responsibility for developing and improving its planning and evaluation capability.

Steps have already been taken in this direction. The U.S. long-term advisor recently conducted a planning workshop for ONAPO staff. The objective of the workshop was to develop the 1985 annual plan. Since the time of this evaluation, the team has learned that the 1985 workplan has in fact been completed--after the departure of the U.S. advisor--and approved by the ONAPO Board of Directors.

C. SUPERVISION

The team evaluated the function of supervision at both the ONAPO headquarters and the two regional offices at Butare and Ruhengeri. Attempts were made to determine how work was assigned and reviewed, if and how employees were trained and training materials used, and whether specific procedures, manuals or other standards describing duties or personnel policies were available to ONAPO staff.

While the evaluation team recognizes that a high percentage of the ONAPO personnel are professional and do not require supervision on a daily basis, it found that job performance in other staff positions could be improved through supervision.

Specifically, the regional staff responsible for collecting data from the health centers should be instructed and more closely supervised in the correct manner of collecting and recording data. Those involved in provid-

ing direct family planning services should, likewise, be better supervised and, where necessary, retrained.

The work accomplished by the Radio Programming Section of the IEC/ Training Unit is exemplary. It not only achieved the goals contained in its workplan but exceeded them as well! While all IEC staff were reported to have workplans which included major activities and while all the sections have their own time frames, only one was said to be carrying out his work according to the plan.

Apart from the job functions contained in the 1982 Report of Activities and an occasional letter from the Director to a bureau chief outlining general duties, there are no printed procedures or personnel standards for the ONAPO staff. Staff generally have an idea of what their duties are, and in some areas, such as Management, and Supply and Accounting, there is frequent contact and review of work between supervisors and staff.

It is believed that if an organization manual were prepared, and procedures, personnel policies, work plans and job descriptions were developed and distributed to all departments and staff, ONAPO would very likely become more efficient and manageable.

As a minor example of what a directive on telephone answering procedures could accomplish, one of the evaluators telephoned ONAPO on nine different occasions. There are eight telephones at ONAPO. In only one instance, when the call was answered by the USAID long-term consultant, was the organization "ONAPO" mentioned.

D. COORDINATION AND COMMUNICATION WITH REGIONAL OFFICES

In assessing the coordination and communication between the ONAPO headquarters and the regional offices in Butare and Ruhengeri, the evaluation team visited the ONAPO regional directors (both physicians) at their offices during the second week of the visit to Rwanda. Each director has a staff of two other ONAPO employees.

Both regional directors were at a loss when asked to describe their positions within the ONAPO organization. One stated that he was responsible directly to the ONAPO Director, and the other, after stating that he reported to no one, mentioned that when he made his monthly visits to Kigali to collect the regional staff's salaries, he usually spoke with someone in Research.

The last ONAPO staff meeting attended by both regional directors was in June 1984. The previous meeting took place in December 1983. One regional director mentioned that the physicians in ONAPO had requested that there be meetings involving ONAPO top and middle management once every three months. No decision has been made, as yet, concerning this request.

The regional offices occasionally receive directives from the ONAPO director, and these are recorded and filed in appropriate folders. However, there are no organization charts, policies or procedures displayed in either regional office. In Butare, the regional map showing the location of

health centers served by ONAPO needed updating to reflect the present number of centers being assisted.

There are no regular staff meetings held at either of the regional offices. Meetings with employees take place when problems arise. Both directors believed that their staff know their jobs, but conceded that it would be helpful to have a written description of staff positions as well as a breakdown by task of what each ONAPO employee is expected to accomplish. The regional directors felt that training in planning would be extremely valuable for them as well as for their staff.

Both felt that greater acceptance of family planning would occur if people were not required to come to the center but could receive instruction in their homes or villages. One believed that by assigning three paramedics with appropriate means of transportation, the number of acceptors could increase appreciably.

Regional directors request their contraceptive supplies directly from ONAPO headquarters. In some instances, requests for equipment have not been acted on. Butare has also requested a public health specialist for its ONAPO staff, but has not had one assigned.

There is no local bank account and neither regional office maintains a petty cash account. Thus, all supplies as well as payment for vehicle maintenance and repair must come from ONAPO headquarters.

ONAPO does not have a regional office in Kigali, although a representative of ONAPO is reported to conduct family planning activities at the hospital. The lack of a Kigali regional office and staff is discussed in the Medical Services Section of this report.

E. ONAPO LOGISTICS FOR SUPPLIES AND VEHICLES

1. Purchase of Supplies

The Management and Supply Bureau is headed by Mme. Ntamazina, a Social Affairs Assistant who has worked with ONAPO since March of 1983 and acted as interim head of the Bureau since September 1983. In assessing the Management and Supply Bureau, the evaluation reviewed records and files of purchases made as well as the manner in which a request for purchase is initiated, processed and paid. The team also reviewed the ONAPO vehicle fleet, monitoring of cars, assignment and maintenance.

A letter of the ONAPO Director, dated December 12, 1983, describes the duties of Mme. Ntamazina:

1. To purchase supplies;
2. To process through customs all materials and equipment shipped from abroad;
3. To transport supplies and equipment to storage centers;

4. To maintain relations with the customs bureau; and
5. To serve as management officer as required.

A request for purchase originates at the middle management, Chief of Service level. The request is submitted to the head of the Management and Supply Bureau, who, in turn, determines to which account the purchase will be charged. The possibilities are GOR, World Bank, IPPF and USAID. Once the account is determined in conjunction with the Accounting Office, an invoice listing all the materials is forwarded to the ONAPO Director for approval. Once approved, prices are either requested from several suppliers, or, in the case of routine supplies, a purchase order is prepared and the original is forwarded to the supplier, a copy forwarded to the Accounting Office, and a copy kept in the Management and Supply Bureau.

The supplier then fills the order and forwards the supplies along with the delivery form which includes the ONAPO purchase order, reference number, the shipping document number and date.

Upon receipt of the merchandise, the head of Management and Supply verifies the condition of the contents and the quantity received with that requested. The commodity delivery form is then signed, and the original is returned to the supplier, and a copy forwarded to the Accounting Office. At this time, any necessary corrections in calculations are also made.

Once received, the material is recorded on the appropriate inventory record form of the agency to be charged for payment.

In the case of air travel, a travel authorization is submitted to the Director for approval, an account is determined depending on the purpose of the trip, and a ticket is purchased. Expense reports including the passenger coupon are submitted to Accounting once travel is completed.

The ONAPO purchasing and payment system reflects sound management with good internal and external controls that are in place and being observed. The one flaw is that all decisions about purchasing are centralized with the director and unnecessarily occupy her time. Given the mandate of ONAPO and the amount of work to be accomplished, this--and other centralized activities described below--indicates to the evaluation team a grossly inefficient use of the ONAPO Director's time.

2. Vehicles

There have been 18 vehicles purchased for the MCH/FP to date. One was demolished in 1982 and was replaced when the insurance was paid to ONAPO. Of the remaining 17:

4 are assigned to the following:

- 1 - Director
- 1 - Chef de Service Administration
- 1 - Chef de Service Etudes
- 1 - Long-term USAID consultant

3 others are assigned to the ONAPO regional Directors in:

- 1 - Butare
- 1 - Ruhengeri
- 1 - Kigali

Although the remaining 10 were said to be either in the field or in Kigali, this was not possible to confirm.

Vehicles are said to be inspected every 10,000 kilometers and when seriously in need of servicing, they were either placed in a garage of the manufacturer, ACOMAR for Toyota, NAHV and RWAMECA for Peugeot, or in the GOR garage, ONATROCOM.

A comparison of vehicle maintenance and servicing costs, as well as fuel costs for 1983 and the first six months of 1984 may be found in the discussion of ONAPO Financial Management below.

While the chauffeur assigned to the evaluation team carries a vehicle log describing the time and destination of daily trips, it has only recently been introduced and lacks substance as a control mechanism. There is no way of knowing if vehicles are used only for official ONAPO business. On only one occasion was an evaluation team member asked to sign a vehicle log. Each vehicle was said to have a log, but this could not be verified.

The evaluator inquired as to the location of the vehicles and was told they were either being used for training in the regions, were in the garage for repair, or were running errands in Kigali. The individual responsible for vehicles ("charroi") was not certain how many USAID vehicles were assigned to ONAPO. It should be noted that in addition to the vehicles made available by USAID, the GOR has given seven others to the project for a total of 25.

Written requests for the use of ONAPO vehicles are not so much for ONAPO administrative purposes but more for the GOR authorities who stop and inspect GOR vehicles on the road.

Among the problems with the USAID vehicles assigned to ONAPO is the additional waste of the Director's time spent signing chits for fuel purchases. There are at present 79 coupon books to be used by ONAPO chauffeurs for the purchase of fuel. Each book contains 50 chits, each one good for the purchase of 20 liters of fuel. Each chit is signed by the ONAPO Director, which means that from the original issuance date, the Director has had to sign a total of 3,950!

While there appears to be control over the fuel books, there is no certainty that the fuel purchases are always for official use.

F. CONTRACEPTIVE SUPPLY AND DISTRIBUTION SYSTEM

Prior to examining the ONAPO supply and distribution system, the evaluator reviewed the Neal Ewen report of November 12, 1982. That report provided excellent background on the storage, requisition and distribution of contraceptives and was used as a partial measure in the team's evaluation.

Among the recommendations concerning contraceptives made in the Ewen report are:

1. ONAPO should locate a warehouse to replace the storeroom at ONAPO headquarters (which was in use when Ewen was there);
2. ONAPO should employ a stock clerk;
3. Warehouse inventories should be conducted four times annually;
4. A requisition form should be used.

ONAPO now has a warehouse where shipments of contraceptives are received and stored once they are cleared through the GOR customs. The warehouse is made available to ONAPO by the IAMSEA and is 24 meters square with high ceilings and adequate ventilation. Contraceptives are stored on pallets, and each shipment received is grouped according to date. Distribution is based on a first-in first-out basis. The premises where the IAMSEA is situated are well protected, and the building housing the contraceptives is accessible through two locked doors. It should be noted, however, that there are windows to the storeroom, and although curtains presently hide the stores of contraceptives, access could be gained through the windows.

There is no full-time stock clerk employed at the warehouse, and there does not appear to be a need for one. Inventory is easily conducted, and one was undertaken during the evaluator's visit with the Chief of the Management and Supply Bureau. Verification was carried out for sixteen shipments of contraceptives received, stored and, in part, distributed from the central warehouse. With the exception of one carton of condoms, all contraceptives were accounted for. (The missing carton was later located on top of a cabinet in Mme. Ntamazina's office.)

Supplies from the central warehouse are brought to the ONAPO storeroom at headquarters and are distributed from there. The Ewen report recommended that the distribution center be moved from the storeroom to the warehouse as the program grew. This recommendation was made in view of the need to store IEC audiovisual equipment and distribute larger quantities of contraceptives than is currently the case. There is no IEC equipment stored at either the warehouse or this storeroom and the warehouse appears satisfactory for the present quantity of contraceptives.

On occasion, distribution is made directly from the warehouse to a regional office or health facility, and the team observed that improved inventory controls are needed.

With few exceptions the storage, requisition and distribution systems function very well.

G. ONAPO FINANCIAL MANAGEMENT

The 1983 ONAPO budget surpassed that of 1982 by 111 percent. Figures for the two years reflect an increase in both Equipment and Operations:

Table 1: ONAPO Budget Expenditures in 1982 and 1983
in Rwandan Francs *

<u>YEAR AND INCREASE</u>	<u>EQUIPMENT</u>	<u>OPERATIONS</u>	<u>TOTAL</u>
1982	RWF 12,073,329	RWF 44,933,708	RWF 57,007,037
1983	34,168,201	86,627,038	120,795,239
Increase	22,094,872	41,693,330	63,788,202
Yearly increase between 1982 and 1983	183%	92%	111%
* 101 RWF = \$1			

The increase is due mainly to the National Fertility Survey, the training sessions that took place in the pilot zones, and the outreach teams' trips to the field. Costs for these activities as well as the additional purchases of materials and supplies have more than doubled the 1982 budget as indicated in Table 1.

Table 2: Use of USAID Funds in Selected Account Categories, 1983

<u>Acct. No.</u>	<u>Rwandan Francs*</u>	
2204	12,945,753	Materials and supplies
2301	12,506,540	Construction of MOH Center
6104	5,506,540	Fuel
6105	2,628,242	Vehicle spare parts
6303	814,777	Vehicle maintenance
63081	8,514,850	Per diem for ONAPO Trainers
63082	6,120,000	Per diem for ONAPO Fertility Study
6501	3,064,200	Occasional salaries

* 101 RWF = \$1

In analyzing the application of USAID funds for 1983, the evaluator selected various account categories concerned with training and "sensibilization" as displayed in Table 2. The costs for fuel, spare parts, and maintenance were stated as part of the expanding ONAPO program as well as the National Fertility Survey carried out by ONAPO. The evaluator also inquired about the procedure followed in selection of the contractor for the Kibilizi health centers and was informed that it was by a committee composed of ONAPO, the GOR Ministry of Public Works, and USAID personnel. Standard contract procedures were followed including specifications, bids, review, cost, and scope of work, and contract award.

The item "Occasional Salaries" in Table 2 represents salaries paid by USAID for the National Fertility Survey and is not a recurrent cost.

The GOR contributed 41 percent or RWF52,000,000 to the total 1983 budget, and the evaluator discussed several of the GOR budget categories with the accountant. The items discussed included a budget category "Loans to Personnel" (RWF3,000,000) and the rental cost of RWF4,810,348 for the ONAPO headquarters in Kigali. The item "Loans to Personnel" was said to be a standard procedure for GOR ministries and that repayment by employees was made monthly. USAID funds were not used for these loans.

The rental cost of the ONAPO headquarters building has risen steadily over the past several years and will exceed RWF6,120,000 in 1984. This cost is cited in ONAPO's Activities Report as a major problem.

The ONAPO Cashier is located adjacent to the accounting office on the third floor in the headquarters building. Observations made by the evaluator included:

1. frequent and heavy flow of personnel visiting the cashier;
2. prolonged personal visits;
3. lack of adequate supervision on the part of the accountant.

With the permission of the head accountant, a visit was made to the cashier's office. The "caisse" consists of approximately eight square meters of space, a small table at one end and, at the other, a desk next to an open window, behind which the cashier sits. There is no barred window separating the cashier from visiting personnel.

When the cashier was asked if there were any administrative problems, she admitted that frequently she would make travel advances to field personnel without authorization. She added that field personnel would pressure her for last minute per diem advances without having the required travel orders which invariably awaited the signature of the ONAPO Director. She did not believe she was doing her job properly by only requiring personnel to sign a receipt for an advance received.

Another problem noted was the amount of cash on hand and the lack of adequate security. When asked how much cash was presently on hand and where it was kept, the evaluator was told that a total of RWF562,000 (well over US\$5,000) was in the right hand bottom desk drawer!

H. PERSONNEL

1. Personnel Requirements

ONAPO, like most GOR agencies, has two categories of personnel--those who are civil servants ("sous statut") and appointed to positions by the Civil Service Administration and those who work as contractors (sous contrat). Civil Servants are further divided into two levels: (1) those paid according to the position they hold and (2) those who are paid according to educational background and assigned provisionally to positions. On the present ONAPO chart, there are five personnel who are provisionally appointed.

ONAPO's present staff number 115 of which 39 are professional personnel and 76 support staff.

Table 3 below shows for each professional category the personnel presently employed (or in training), the total personnel needed, and the personnel shortage.

It is obvious from Table 3 that in practically every category, there is need for additional personnel. This need has been highlighted in both the 1982 and the 1983 ONAPO Activity Reports and requests to the Civil Service Administration to fill these positions date back to the inception of ONAPO in 1981. Although several positions have been filled, the majority remain vacant.

2. Personnel Administration

The Director of Public Relations is responsible for the recruitment of personnel. He also prepares official ONAPO correspondence and documentation for USAID participant training.

ONAPO recruits personnel from the university campuses in Ruhengeri and Butare. The Public Relations Director visits the campuses, selects candidates, gathers documentation, does scholastic and background checks, prepares a dossier and presents it, along with his recommendations, to the Director of ONAPO. Once a selection is made, the candidate's dossier is submitted to the Civil Service Administration along with a recommendation that the candidate be employed as a civil servant at ONAPO.

The Activities Report of 1982 contains a description of the job functions of the Personnel Director. This evaluator reviewed this job description and found that few of those functions contained in the Activities Report are being carried out. This is due to the Public Relations duties of the person responsible for Personnel and to the time devoted to actual recruitment of personnel.

The following facts were also mentioned as problems of personnel administration:

- a. The job functions listed in the Activities Report of 1982 are not well defined.
- b. There are no job descriptions.

Table 3: ONAPO Staff Members by Discipline, 1984 *

<u>Discipline</u>	<u>Present Staff</u>	<u>Staff in Training</u>	<u>Total Personnel Needed</u>	<u>Personnel Shortage</u>
Sociologist	2	1	4	1
Demographer	1	0	4	3
Medical Doctor	2	0	6	4
Public Health Specialist	11	0	11	0
Statistician	1	1	4	2
Geographer	1	0	2	1
Bilingual Translator/ Interpreter	1	0	2	1
Archiviste	3	0	4	1
Communication Specialist	0	0	2	2
Educator	2	0	6	4
Health Educator	0	0	2	2
Nutritionist	0	0	2	2
Agronomist	0	0	1	1
Economist	0	0	3	3
Planner	0	0	2	2
Nursing Science Specialist	4	0	4	0
Social Scientist	9	0	11	2
Total	37	2	71	32

* Project National de Promotion des Services de Santé Familiale, République Rwandaise, Ministère de la Santé Publique et des Affaires Sociales, juin 1984, p. 8.

- c. There is no calendar of activity showing where ONAPO personnel are or plan to be.
- d. The Civil Service Administration is draining ONAPO of professional personnel by transferring them to other GOR agencies.

I. BUDGET REVIEW

The original budget of \$6.25 million for this project counted on accelerated implementation with two long-term advisors in place once the project began. It also generously covered inflation by using a 15 percent per annum compounded factor in all budget categories that added \$1.4 million to the project initially.

Given that the long-term USAID consultant was not on site until the beginning of Year II, and that it was decided not to hire a long-term curriculum development specialist, funds for Year I were not spent as planned. This, combined with the fact that Rwanda's inflation has been under 10 percent for the past several years, means that the project will likely have sufficient funding available to be continued without additional funding for at least another year.

Of the total \$6.25 million, 80 percent or \$5.01 million is now obligated. Unused funds for previous years have now been moved forward to cover current and future costs, and the \$1.4 million inflation factor has been spread among the cost categories.

The GOR is well aware of the expenditure trends of the project and is currently reorganizing the project budget to better reflect current needs. These include local spending which will be increased through the expansion of the project to new areas and the addition of personnel to the new ONAPO centers.

Recent spending patterns for the first four months of 1984 show increases in most budget lines, particularly administration and training.

J. RECOMMENDATIONS

Top Level Administration/Middle Management

1. ONAPO's organization should be restructured according to the recommended organizational structure in Annex G.

Planning

1. (*) A Planning and Evaluation Unit should be established. It should report to the Director of ONAPO.
2. The proposed Planning and Evaluation Unit should conduct and coordinate planning activities, monitor program implementation and evaluate service delivery based on cost and efficiency.

RECOMMENDATIONS (CONT.)

3. Selected ONAPO personnel should receive short-term training in planning in the United States.

4. Greater use should be made of short-term technical assistance through in-country seminars in the area of planning and evaluation.

Supervision

1. Supervision at all levels should be strengthened.

2. Procedures, standards, personnel policies and job descriptions should be prepared and distributed to all staff.

Coordination and Communication with Regional Offices

1. ONAPO should decentralize its operation.

2. Communication between the ONAPO headquarters and Regional offices must be strengthened.

3. Regional directors should be involved in the ONAPO planning activities which take place at the headquarters office.

4. Organizational charts, policies and procedures, and maps indicating service delivery centers should be prepared and maintained.

Vehicles

1. USAID should explore the use of a specialized logistical support and vehicle maintenance contractor in order to reduce costs and establish controls to monitor vehicle use.

2. Approval of fuel purchases and local procurement should be delegated to the appropriate bureau.

Supplies and Distribution

1. ONAPO should develop a standard contraceptive requisition form.

2. The Bureau of Management and Supply should assume full responsibility for contraceptives until they are distributed from the storeroom.

3. Assistance in inventory control should be provided the Regional offices.

4. Periodic checks of Regional warehouse supplies should be made by Management and Supply.

RECOMMENDATIONS (CONT.)

Financial Management

1. Although the Accounting Bureau is maintaining the required financial documentation for the USAID project budget and appears most concerned about meeting USAID financial reporting requirements (see USAID budget), it is obviously not doing the job of controlling cash disbursements. USAID should immediately require that ONAPO improve its cash disbursements mechanism by:

- a. instituting, and disseminating the procedures for receiving cash advances;
- b. protecting both the cash on hand and the cashier;
- c. acquainting the cashier with her duties and responsibilities and developing a job description outlining those;
- d. ensuring that there is adequate supervision.

2. USAID should pay close attention to the increasing costs associated with rural area outreach activities. It is not known how decisions are made to send teams to the field, nor how cost effective and efficient the theatre and "sensibilisation" programs are.

3. ONAPO should provide adequate space for the accounting operation.

Personnel Requirements

1. The personnel requirements in the Division of Administrative and Financial Services should be met immediately. These include:

- 2 Master's-level personnel with training in economics or management
 - 1 Master's in humanities (law)
 - 1 Bachelor's in management
 - 1 Economist
 - 1 Master's in Humanities (secrétariat)

2. The highest GOR authorities should assist in filling ONAPO positions. If there is an insufficient number of specialized personnel, such as medical doctors to assume the posts of regional directors in the remaining six prefectures, then ONAPO should consider filling these positions with qualified managers who can direct personnel, locate resources and achieve programmatic goals.

Personnel Administration

1. ONAPO should request USAID assistance in conducting a job analysis and preparing job descriptions for its personnel.

2. ONAPO should immediately hire a qualified individual to administer personnel.

RECOMMENDATIONS (CONT.)

3. Personnel administration should be placed under Administration and Finance.

Budget

1. With regard to local spending, funds should be allocated for:
 - ° Construction of a cashier's cage and for purchase of a vault for use by the ONAPO cashier;
 - ° Purchase of equipment for hospitals and basic medicines that can be distributed along with the contraceptives; and
 - ° Purchase or construction of cabinets for statistical record keeping, and shelves, tables, chairs, etc. to outfit a library.

CHAPTER III.

MEDICAL SERVICES

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MEDICAL SERVICES

A. AVAILABILITY OF FAMILY PLANNING SERVICES IN EACH PREFECTURE

1. Integration

Prior to 1981, family planning services, where available in Rwanda, existed on a relatively small scale. The 1981 APHA report estimated that there were between 1,000 and 2,000 family planning acceptors in Rwanda.*

ONAPO's mission has been to expand and integrate family planning (FP) services into the existing Ministry of Health (MOH) primary care infrastructure, using MOH personnel who have been trained in family planning by ONAPO.

At present, 84 of the 156 health centers and hospitals in Rwanda offer FP services (see Annex H for list of centers). Services were inaugurated in 1982 in three pilot zones: Butare, Ruhengeri and Kigali. (A fourth pilot zone, Kibungo, opened in 1983 with World Bank assistance.)

Since January 1984, the number of centers offering family planning services has grown from 51 to 84, and these services are no longer confined to the pilot zones, as is shown in Table 1. The extension of services to new sites is continuing.

Table 1: Distribution of Hospitals and Health Centers in Rwanda by Prefecture, and by Availability of Family Planning Services (August, 1984)

Prefecture	Hospitals		Health Centers	
	Total	No. Offering Family Planning	Total	No. Offering Family Planning
Butare*	3	2	18	11
Ruhengeri*	2	1	16	9
Kigali*	3	3	26	25
Kibungo*	5	5	7	3
Gisenyi	4	4	10	1
Byumba	4	4	7	1
Kibuye	3	3	12	3
Gitarama	2	2	15	2
Gikongoro	1	1	10	0
Cyangugu	3	3	10	1
Total	30	28	126	56

* Pilot Zones

* A Report on Assistance to Develop a National Maternal and Child Health and Family Planning Program in Rwanda, American Public Health Association, June 18-August 13, 1981, page. 93

The centers which offer family planning services were selected on the basis of criteria developed by the ONAPO physicians with the aid of the USAID long-term consultant. Hospitals or health centers were visited to examine the qualifications of the staff, the present activities at the center, the condition of equipment, and the general environment. If conditions were deemed acceptable, the hospital or health center was selected to offer FP services, and the staff members who should attend the ONAPO training courses were identified. The suggested list of sites and personnel to be trained was then presented to the ONAPO administration and the MOH and their cooperation requested. After the staff was trained and returned to the center, ONAPO IEC staff was sent into the area to inform the population of the availability of FP services. ONAPO supplies the centers with contraceptives, IEC material, and clinic forms.

2. Supervision

The ONAPO physician assigned to each pilot prefecture acts as the ONAPO regional director who is responsible for supervising the implementation of FP services and ensuring follow-up activities. (This ONAPO physician also has assigned to his office a nurse midwife or Medical Assistant, and a social worker. In addition to assisting the physician in the activities listed above, these regional staff members offer some clinical FP consultation services and promote family planning IEC activities.) These are the arrangements in Butare and Ruhengeri, and a specific building or an area in a building is designated as the ONAPO regional office. Special mention should be made of the arrangements for the Kigali pilot zone. While Butare and Ruhengeri each have offices, staffs, and vehicles, Kigali only partially shares these arrangements. Two ONAPO regional physicians are assigned to Kigali Hospital and are expected to fulfill the same responsibilities as the ONAPO regional directors in the other pilot zones. ONAPO also employs an A₃ nurse who is in charge of record keeping. There is no designated ONAPO regional office in Kigali. A family planning acceptor goes to the Ob/Gyn ward at Kigali Hospital where she may choose whom to see among various doctors. Family planning services are free; an Ob/Gyn consultation is not.

In the prefectures which are not the pilot zones, FP activities are led by physicians in the hospitals, and by nurses or medical assistants in the health centers or dispensaries. The medical director of the Region provides the overall medical supervision.

We foresee a potential supervision problem that may occur. When countrywide integration of FP services is achieved, as the supervisory arrangements now stand, there may be a lack of close technical and medical supervision. Who is to oversee the installation of IUDs and guarantee that the surgical equipment used is sterile? The MOH has its own control system, but is it always observed? In principle, the ONAPO supervisory physician at the regional level should be the one to ensure optimal quality of family planning services.

Another problem that must be confronted is that of personnel vacancies. The Management Section of this Report discusses the vacancies that exist at ONAPO. The MOH promised to appoint additional physicians to ONAPO by January 1984. These physicians would then be named as ONAPO regional directors in the remaining seven prefectures. This has not happened and impedes ef-

forts to provide the population with readily available family planning services.

3. Consultation

The protocol for a family planning acceptor's first visit is a detailed one and always precedes the prescription of the pill or Depo Provera. It includes a theoretical overview on FP methods in general and on the method selected in particular. The acceptor's gynecological and obstetrical history is taken including the date of the last menstrual period, and breast-feeding and contraceptive history. The FP pink form is filled out, and a clinical exam given which includes weight and blood pressure. Laboratory tests are only performed at regional or reference hospitals, but even these are not performed systematically. At this first visit, the acceptor should be informed of possible side effects and of possible complications which would require her return to the health center for observation. The acceptor should also be given a date for a follow-up visit.

At the second visit the acceptor should be questioned on side effects and a systematic clinical exam should be conducted (this is not always done). The present method of contraception should either be continued or changed depending on the results of this visit. Problem cases should be seen by the ONAPO regional physician in the course of his supervisory visits to the center. (Certain of these visits will need to be planned in advance.)

The attitude of staff members at the health centers and hospitals is of capital importance. Given the crowds of patients that come to these health centers (as many as 400 patients are seen in a day in certain centers), occasional staff impatience is understandable. Nonetheless, tactfulness should be in evidence at all times during the family planning consultation.

4. Strengthening of Postpartum Family Planning Services

The potential family planning acceptor is between 25 to 35 years old, often married, but frequently the second wife of a polygynous marriage. She has had five to six children, of which four are alive. She is relatively malnourished, frequently pregnant and/or breast-feeding. She lives in a rural area, raises her family, works in the fields, and keeps house.

She comes to the health center for prenatal visits, but in 80 percent of the cases she gives birth at home. (Of those women living near a hospital or nutritional centers, 70 percent deliver in a maternity ward.) The average weight of her newborn is 2,800 grams.

She will only come for post natal visits at the health center if her newborn is ill, in need of a vaccination, or for nutritional counselling. If she comes to the center in the interval between pregnancies or lactation periods, it is for a medical reason or to attend an educational session.

During pregnancy, women are the least inclined of any period to be interested in the family planning message, and yet it is during the prenatal period that the Rwandan woman is most likely to be seen at a health center. It can be inferred that the chances for motivating women at this point are minimal.

Women are highly receptive to adopting family planning soon after they have given birth. A woman can be motivated:

- a. while she is still on the maternity ward. The family planning message can be incorporated in the educational messages promoting breast-feeding;
- b. on leaving the maternity ward. When she is given an appointment for her breast-feeding consultation, a date for a postpartum appointment can also be made (40 days after delivery);
- c. during her visit to well-baby clinics or vaccination sessions at the health center.
- d. at her home. Although this is a costly and difficult postpartum motivation method, it could be effective if volunteers, community workers and midwives were used. (At least 116 midwives are already following courses at the health centers of Kirambaja, Kibilizi and Kigembe. USAID has given them kits of delivery instruments, hurricane lamps, cord ties, and disinfectant. These midwives could be used in this program.) This would require specific training and regular continuing education sessions.

When making motivational home visits, the trained motivators could also resupply contraceptives to acceptors.

5. Family Planning Methods

The family planning methods ONAPO makes available are (in order of usage): pills, the injectable contraceptive, IUDs, and mechanical barrier methods. Last year's ONAPO Annual Report pointed out the preponderance of Depo Provera used at health centers, but due to the recent temporary injunction on its use, the pill has become the most commonly prescribed contraceptive. An MOH circular has advised staff not to prescribe Depo Provera unless other methods are contraindicated. Aware of the problems this presents, the MOH is researching the method and has softened its initial stance. It is our hope that the results of the research will soon permit the prescription of Depo Provera once again.

The pills currently available are Noriday (28/iron), Neogynon (28/iron), Microgynon (28/iron), Ovral (28/iron), Noracycline, Exulton (used during lactation), and the Chinese oral contraceptive. Three cycles of pills always are given, and the acceptor is asked to return before their completion.

The injectable contraceptive used is nearly always Depo Provera (Upjohn) and rarely Noristerat (Schering) because of its lack of availability.

The IUDs available in Rwanda are the Lippes Loop, the Copper T, and (in rare instances) the Copper 7. In Kibungo, the ringed IUD and Chinese cross IUD are available. In Gisenyi, some "multiloops" are available in the pharmacies. The Lippes Loop is not popular among health staff because of the necessity of sterilizing it prior to insertion. These loops come unsterilized, one hundred to a packet, with a date stamped on the packet. The significance of the date is not known. Since the loops are not steril-

ized, the date cannot refer to an expiration of sterility. The Copper T is more popular and is the most widely used. Each Copper T comes already sterilized in an individual packet. This packet also has a date stamped on it, in this case an expiration date. But by the time the Copper T (and the Lippes Loops) arrive in Rwanda, only three months or so remain until the stamped date. Health staff do not know what to do with IUDs that have exceeded the stamped dates.

The mechanical barrier methods available are condoms and spermicidal jellies. Neither of these methods has proven very popular. It is difficult to determine if this is because of ONAPO's lack of enthusiasm for barrier methods or because of the population's lack of interest. We would urge that these methods be promoted for acceptors who have experienced side effects with other methods or who do not wish to use either hormonal contraceptives or the IUD. For bachelors and adolescents, the condom also offers excellent protection against venereal disease.

Sterilization is not advised nor available in Rwanda where it is illegal to be sterilized for reasons of personal convenience. It is authorized for medical reasons. Laparoscopic equipment had been distributed to participants who had attended the JHPIEGO training course, but in 1979 the MOH put out a circular forbidding the use of all laparoscopies because of the possibility that sterilizations might be performed with them. (Tubal ligations could still be performed for medical reasons by minilaparotomy.) Since then, the MOH has softened its position and is now considering the use of the laparoscope for diagnostic purposes. A study of the health legislation is underway.

Father Hoser directs health centers which come under the auspices of both the Episcopal Counsel for the Family and the International Federation of Family Action. Instruction in the Billings method and the temperature method are offered to women on a weekly basis at all these centers. If a couple has succeeded in using one of these methods for three cycles without a resultant pregnancy, they are registered as an "autonomous couple."

Given the Catholic Church's active promotion of natural family planning methods in Rwanda, interest in these methods is growing, and services are multiplying. Women who have not succeeded in using other contraceptive methods are frequently picked up by these natural family planning centers. Conversely, acceptors for whom family planning methods have failed may turn to centers offering other contraceptive methods.

Severe laws exist in Rwanda penalizing abortion. Article 325 of the Penal Code states that both the person having the abortion and the person performing it will be punished by two to five years in prison.

B. FAMILY PLANNING CLINIC RECORD FORM

A pink record form (see Annex S) is used to register a new acceptor at a health center. It is comprised of three sections, one of which is kept at the center, one is sent to ONAPO, and one is given to the client. ONAPO has sent each center these pink forms along with circulars cosigned by the MOH, requesting that the forms be filled out for each acceptor. However,

the habit has not caught on, and thus many acceptors have not been noted in the ONAPO statistical files. This, of course, renders verification and follow-up difficult. For example, in gynecological consultations that occur at the hospital, if a patient requests a contraceptive, the hospital's own form and consultation register are first filled out. Then the ONAPO staff copies this information from the consultation register to the pink form. This is a tedious procedure, but changing it appears difficult. This problem should be discussed at the higher echelons of the Ministry of Health.

It would be useful if the pink form were also completed for all acceptors of natural family planning methods. According to Father Hoser, 13 percent of contraceptors in Rwanda use natural family planning. If natural FP methods are integrated into the ONAPO family planning centers, ONAPO and the Family Action Group together could organize research projects and evaluate effectiveness.

C. MEDICAL EQUIPMENT AND SUPPLIES AVAILABLE AT HEALTH CENTERS

The health centers providing family planning services are well supplied with a variety of contraceptives. Very rarely has there been any restockage problem.

However, other clinic furnishings and material are lacking almost everywhere. Waiting rooms, consultation rooms, and the audiovisual rooms are not adequately furnished. Water and electricity are lacking in many centers. Centers lack medicine cabinets and filing cabinets for records. ONAPO, with USAID assistance, has furnished various centers with 20 examining tables.

The centers selected by ONAPO to provide family planning, are equipped with basic medical and surgical materials, and in addition ONAPO has provided special kits for family planning. Lists of other equipment and needs were drawn up in 1983 and given to ONAPO. The equipment has been ordered and should arrive in 1984. Sterilization material is nearly nonexistent in certain centers so instruments are boiled. There is a need for gloves for examinations, syringes, needles, etc.

Essential laboratory tests are performed in all the hospitals, but no laboratories are attached to health centers. (The World Bank plans to open a lab technicians school.)

Common medications available in the centers are in accordance with a basic needs list that has been established by the World Health Organization. Unfortunately, insufficient quantities are stocked, and there are often interruptions in resupplies which impede delivery of services. OPHAR is in charge of supplying health centers with these medications but does so on an irregular quarterly basis.

The population in the extended zones around the centers know these supply dates, and this explains, in part, why the patients frequently change health centers--they attend the centers where they know there is a supply of medications. This mobility of the client population makes it difficult to follow-up FP acceptors.

D. RECOMMENDATIONS**Integration of Family Planning Services**

1. (*) The integration of family planning in MOH health facilities should be finalized and the integration extended to other sectors--both private and military. However, if the personnel promised to ONAPO by the MOH are not appointed by January 1985, the integration of services should temporarily be halted.

2. (*) ONAPO should collaborate with the clinics of the private sector to meet their family planning needs.

Supervision

1. (*) A regional ONAPO office should be created for Kigali. The Chief of the Ob/Gyn Department at Kigali Hospital has placed an office at ONAPO's disposal, and this can be used until the permanent office is built. (It is suggested that the Kigali regional office be on the site of the Kigali family planning clinic. This clinic may be an independent entity, or it may be attached to the new ONAPO training center. If the latter were the case, trainees would benefit in their practicums from the ready access to the client population.)

2. Procedures must be introduced whereby qualified ONAPO personnel exert supervisory control over FP activities at health centers. (Use of a checklist is suggested.)

Consultations

1. A competition among health centers should be organized to award the center with the best service delivery, favorable staff attitudes and attentive follow-up.

2. A woman who has walked perhaps an entire day to arrive at the health center should not be asked to return on another day because she cannot be seen at present. It is of capital importance to explain to women at the group motivational meetings the ideal time during their cycles to properly begin each of the methods.

3. Family planning clients should not have to wait hours to be seen by health center or hospital staff. These clients are women in good health with familial responsibilities and should not be made to wait in line with sick patients.

4. If possible, delivery of FP services should be given top priority at health centers and hospitals, and administered free of charge.

5. (*) The health facilities providing family planning services should improve their follow-up of family planning acceptors. The importance of a follow-up consultation should be stressed at the acceptor's first visit. Family planning acceptors must also be instructed on the necessity of a return consultation in the case of unexpected side effects.

RECOMMENDATIONS (CONT.)

6. For each FP acceptor, the doctor, nurse or medical assistant must routinely take medical histories, perform clinical exams, and complete the back of the pink statistical form (giving the acceptor her section). If the acceptor loses her form, another form should be filled out.

7. A strict consultation protocol must be followed. Hormonal contraceptives must never be prescribed without a preliminary consultation in accord with the protocol.

8. All family planning activities at the health centers will be carried out in an orderly fashion. Staff must take time to explain and answer questions on methods and side effects.

Postpartum Services

1. (*) Organize a program for postpartum home visits. Identify two individuals by sector who would, during the home visit, successfully motivate acceptors for family planning. Volunteers could be used, or some remuneration might be made. The possibility should be investigated of using the time set aside weekly to perform "umuganda" (public works) for these home visits.

2. Organize a pilot project for resupply of contraceptives during home visits. This pilot project should take place this year during a defined period and in a region of difficult terrain, and the results should be evaluated and used in formulating future ONAPO objectives.

Methods

1. Expiration dates have caused many problems at the clinic level. The manufacturers must provide either USAID or ONAPO with a clear, technical printed explanation on how to handle stock with rapidly approaching expiration dates. In the case of the Lippes Loop, the dates stamped on the packet should either be removed or their significance explained.

2. Health center staffs should be informed during their ONAPO training that the Lippes Loop can be stored in 98 percent alcohol solution or can be stored in a container with Formol, an antiseptic.

3. Although natural family planning methods have a fairly high failure rate, they must not be dismissed out of hand. They are important for women with strong religious convictions that prevent them from using other contraceptive methods.

4. The MOH should accelerate its research on and reauthorize the prescription of injectable contraceptives. Certain Rwandan physicians have suggested that changing the type of injectable methods used might lessen resistance to the method: since the very name "Depo" conjures up questions and is no longer much in vogue, they suggest switching to Noristerat.

5. Although it is difficult at this stage in the development of the ONAPO program to accept sterilization as a method, the authorities should bear in mind that sterilization is a useful FP method for the multiparous

RECOMMENDATIONS (CONT.)

female who may be exhausted by nursing and successive pregnancies. It is a permanent method that is inexpensive, not dangerous, and does not require follow-up.

6. In health centers that do not yet offer family planning services, barrier methods should be made available on demand, and potential acceptors should be referred to the nearest health center providing other family planning methods.

Record Form

1. Correct methods must be established for completing the pink family planning record form. Each return visit and resupply, new injection, or change of methods should be recorded on the form.

2. A new acceptor should be instructed to bring the pink form to each return visit and not to change health centers. (If they do change, they should be told to take the pink form with them to the new center.)

3. It is to be hoped that the centers offering natural family planning will fill out the pink form for their acceptors. It is also hoped that a system of exchange of statistical information will be established between this group and ONAPO; cooperative training will be organized; and reciprocal referrals will occur.

4. An understanding or an accord should be drawn up between the Catholic Church and ONAPO in which ONAPO agrees to promote natural family planning methods. In exchange the Catholic Church will agree to refer to health centers providing other family planning methods those acceptors for whom the Billings and/or temperature method was not successful.

Equipment and Supplies

1. Health centers must be better equipped. The consultation rooms in the health centers must be more adequately furnished. No matter what the source of energy, lighting must be provided.

2. A short-term consultant should be hired to perform the following:

- a. Take a general inventory of existing equipment at health centers.
- b. Under the auspices of ONAPO, convene a group of physicians to review this inventory, and to develop a master list of materials and medications (antibiotics, anti-spasmodics, antiseptics, some hormones) necessary to conduct family planning activities at the health centers

3. These family planning medications should be supplied by ONAPO to the health centers and reserved for family planning use.

RECOMMENDATIONS (CONT.)

4. Laboratories should be installed at all the health centers and lab technicians trained.

5. For all medications, the quantities delivered to health centers should be augmented and resupplies made regularly and concomitantly to centers in the same region.

CHAPTER IV.
INFORMATION, EDUCATION AND COMMUNICATION (IEC)

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A. IEC POLICIES AND STRATEGIES

The IEC/Training activities undertaken to date have been developed in accordance with Article 3 (2. and 6.) of the GOR's Law No. 03 of January 16, 1981. (See Introduction for the Law's objectives as they relate to IEC and Training.)

In addition, the USAID Project Paper states that "[the IEC] component will develop mass media communications, training programs and education materials to promote the dissemination of MCH/FP information, communication and services in Rwanda...MCH/FP information and education will be integrated where appropriate into curricula in the various health, educational and social welfare training institutions... This training program will prepare...health facilities staff to provide MCH/FP education and information to clients at the respective facilities."

The Project Paper and Law No. 03 guided the formulation of the measurable IEC/Training objectives in the 1983 Annual Work Plan:

1. MCH/FP Information, Education and Communications activities will be provided at 30 health or social centers, and special techniques will apply.
2. At least 25 percent of the population in three prefectures (Kigali, Butare and Ruhengeri) i.e., about 74,000 persons, will be informed about MCH/FP.
3. Some 500 person-weeks of short-term training will be completed in Rwanda.

The 1984 ONAPO Program of Activities delineates more general IEC/Training objectives, and gives a detailed listing of all the IEC/Training activities which will take place to accomplish the general objectives. IEC/Training section heads have each developed a 1984 calendar of activities, with accompanying dates stating precisely the activities that a section will undertake in a given period during 1984.

In the opinion of the evaluator the IEC (and Training) activities ONAPO has undertaken to date appear to be sound ones for a nascent population program in a developing country and have been in accord with planned objectives of both the Law No. 30 and the USAID Project Paper. The activities to date have been designed to lay the groundwork for a broad consensus among the population that population growth should not outstrip economic productivity. The long-term USAID consultant, Duc Nguyen, has made a significant contribution to the success of the IEC program.

Approximately 36 ONAPO staff members are employed in the IEC/Training programs. They are divided into the six sections noted below (although one person can work for several sections):

- Radio Programs (5 staff members)
- Press Section (6 staff members)
- Audiovisuals (4 staff members)
- Training Programs (5 staff members)
- School Programs (3 staff members)
- Outreach/"Sensibilisation" Teams:
 - Zone of Kigali, Kibungo, Byumba (2 staff members)
 - Zone of Gitarama, Butare, Gikongoro (5 staff members)
 - Zone of Kibuye, Cyangugu (3 staff members)
 - Zone of Gisenyi, Ruhengeri (3 staff members)

One person has been designated as the head of each section. However, there does not exist at ONAPO one specialist who is in charge of all IEC activities, and who thus is informed on all activities. All activities must be approved by the Director of ONAPO and the Director of Studies and Programs, and all IEC personnel report to these two individuals. If one section fails to achieve the responsibilities it has outlined for itself in its Program of Activities for the year, there is no immediate supervisor to ensure compliance in a timely manner.

B. CURRENT AND PLANNED IEC ACTIVITIES

1. Radio Programming Section

This section is headed by Mr. Charles Uwayo who is a graduate of the Ecole Supérieure de Sciences Sociales in Dakar, Senegal. The section has produced one radio show a week (Mondays 6:45 - 7:00 p.m.) since February, 1983. The show is in the national language, Kinyarwanda. Originally, the ONAPO show consisted of reading texts on various family planning topics (not specific methods), but an informal survey revealed that some people at the commune level did not listen to this, so the format was changed to 14 minutes of a radio drama, and one minute devoted to answering listeners' letters. Over 80 of these radio dramas have been recorded and broadcast since April of last year. Each drama leads up to the theme of the advisability of spacing births. Several Rwandan schools have theatre troupes, and ONAPO has enlisted their assistance in writing and presenting the dramas. When ONAPO briefly stopped giving these radio dramas for a few weeks and reported the results of a colloquium instead, they received many letters asking when the radio shows would be back on the air, and suggesting they be 30 minutes long instead of 14 minutes. ONAPO is now negotiating a 30 minute show with the national radio. In October 1984 ONAPO plans to broadcast discussions of specific contraceptive methods and their use.

ONAPO also takes advantage of the daily radio news round-up at noon to publicize ONAPO literature and state where it is available. Songs with catchy melodies and family planning themes are frequently broadcast. Some of these songs are the result of contests ONAPO organizes with the help of the burgomasters who in turn enlist the participation of the rural population in various communes. The ONAPO staff tapes the contests and awards a prize to the commune judged to have the best entry.

The radio programming appears to be well-planned and appreciated by the population. As it is estimated that approximately one in every five Rwandan households has a radio and other community members gather in the house

where the radio is located, the ONAPO prime time broadcasts reach an audience that might otherwise be inaccessible.

Seeing the success of the radio dramas, ONAPO's radio staff has developed theatrical presentations with the assistance of volunteer acting troupes. ONAPO provides the themes, and 12 plays have been written to date. Before they are shown in a prefecture, the prefect is sent a copy of the text. An estimated 150-200 persons attend each performance. An entrance fee of RWF100 is charged. Plans are underway for ONAPO to show videotaped productions in certain localities instead of giving live theatrical performances.

2. The Press Section

This section was created in 1983 and is headed by Mr. Emmanuel Semana who has a Master of Arts degree. A Reading Committee with a multidisciplinary membership consults the Press Section. After an article has been vetted by the ONAPO director, it is sent to an appropriate committee member for review and comment. Since March 1984, four articles have been published on topics ranging from the danger of closely spaced births to the collaboration between ONAPO and communal authorities.

Two periodicals are envisioned for the future. One, in French and Kinyarwanda, will deal with scientific matters and cost RWF150 (\$1.48); the other, in Kinyarwanda, will be inexpensive and written in language easily understood by the majority of the population. Although approximately 60 percent* of the population is illiterate, it is felt that there is always one person in the household who can read, and thus this periodical can reach the target population.

This section also assists in the preparation of brochures.

3. Audiovisual Section

The audiovisual section is headed by Mr. J. Nepomuscene Mbarushimana, a graduate of the Nyundo Art School. Although this section is minimally equipped with graphic arts tools and materials, the didactic materials it has developed are impressive, and several are geared to a non-literate population. The materials provide one of many examples of ONAPO's receptivity to suggestions for program improvement. After a visiting consultant urged that didactic materials be pretested, ONAPO has followed suit, and pretesting of material is becoming routine.

ONAPO developed a very successful 1984 family planning calendar, posters with a family planning theme, charts on reproductive anatomy and physiology, a pamphlet geared to the non-reader which depicts all contraceptive methods, and longer brochures on contraceptive methods. All are in Kinyarwanda and are printed with the ONAPO logo (a scale) and slogans. The slogans loosely translate as:

1. "Population growth should equal production; let us have [the number of] children we are capable of raising;"

* Census, Rwanda, 1978

2. "Let us avoid having a child before his little brother can be his guide."

There has been some confusion as to the intended meaning of the first slogan. Does it encourage large families among the rich? As a result of the confusion, the last clause is being removed.

The ONAPO doctors in charge of a pilot prefecture, and the ONAPO outreach teams distribute the didactic materials to health centers, hospitals and the population. In addition, Rwandan individuals and organizations write to ONAPO to request materials in bulk.

The materials deserve to be more widely distributed. Although plans are already under way to inexpensively recycle the 1984 calendars for 1985, of the 9,600 1984 calendars* received by ONAPO in early February 1984, only 5,337 had been distributed by late August. ONAPO received 9,800 posters** in June, 1984. Only 1,620 have been distributed to date. One social worker at a health center said she could distribute as many as 2,000 pamphlets on methods a year. Only a limited quantity had been made available to her. The one time a charge was levied for didactic materials produced by ONAPO it made distribution difficult at the prefecture level, as health center and hospital staff had to account for the money received from sales.

Audiovisual family planning equipment, films and slides are now kept at headquarters in Kigali, and pilot zones lack readily accessible equipment.

4. Outreach/"Sensibilisation" Teams

ONAPO has four teams that cover different areas of the country. The teams are based in Kigali. Each team is involved in a variety of activities to acquaint the rural population with the Rwandan demographic situation, and to inform them of the advantages of spacing births. They give talks in conjunction with programs organized by burgomasters. Frequently they work in conjunction with the local burgomaster who organizes the program and invites the ONAPO regional team to give talks on Rwandan demographics.

The teams are also responsible for distribution of family planning literature and materials in their regions.

A significant part of the ONAPO budget has been devoted to supporting these teams, and ONAPO's "sensibilisation" program is successful: the population is being informed of the Rwandan demographic problem and the desirability of family planning. It is useful to remember that five years ago, family planning was a taboo topic in Rwanda.

At this point in time, it now may be more appropriate and cost-effective to shift the teams from their Kigali base to the regions. They would be under the supervision of one of the ONAPO physicians in charge of a

* Production cost was \$1.80 per calendar.

** Production cost was \$1.15 per poster.

prefecture, but the team outreach activities would cover two or three of the neighboring prefectures.

C. FAMILY LIFE/POPULATION EDUCATION

The School Programs section at ONAPO was organized in 1983 and is headed by Mr. Castule Kamanza. Its purpose is to incorporate population education, where appropriate, into existing educational curricula. As the original USAID Project Paper noted:

"The need for costly in-service education will eventually be reduced by the integration of MCH/FP into existing relevant health education and social training schools and institutions....The [proposed] curriculum specialist will be responsible for MCH/FP curricula development...for the primary and secondary schools."

However, the original plan to work with the National Institute of Pedagogy in revising the teacher training curricula had to be modified, as the Institute no longer exists. Also, it was felt it would be more expedient to use a short-term rather than a long-term curriculum consultant to advise on curriculum revision for the primary and secondary schools.

Since its inception the School Programs Section has concentrated on an active collaboration with the Rwandan School Reform Commission and with the post-primary Artisanal Schools.

1. ONAPO Collaboration with the Rwandan School Reform Commission (Reforme Scolaire de l'Enseignement)

This Commission began its reform of the secondary school curricula in 1979. The main intent of the reform is to ensure that everyone leaving secondary school has a marketable skill. (Of the age group eligible for secondary schooling in Rwanda, two percent are enrolled in secondary school.*) ONAPO first participated in the Commission's work last year when the guidelines for the Biology course, which is taught in the third and fifth year of secondary school, were rewritten to include family planning concepts. The revised curriculum was taught in some schools during the last school year (1983-1984) and as of September 1984 will be taught in all secondary schools in Rwanda.

This August, ONAPO participated in the Commission's week-long conference devoted to the revision of the guidelines for courses taught in the fourth year of secondary school. The geography course guidelines were amended to include socio-demographic concepts.

The collaboration between ONAPO and the MINEPRISEC appears to be on a sure footing. Now that the guidelines are being written, the next step will be to revise the primary and secondary school curricula where appropriate. This curricula revision will be done by the area specialists in the

* World Development Report, 1984. World Bank

Bureau of School Programs in the MINEPRISEC (some of these specialists have been trained by ONAPO.)

2. ONAPO Collaboration with the Post-Primary Artisanal Schools (CERAI)

Sixty thousand Rwandans complete primary school each year.* After completing the eight years of primary school, 10,000 enter the Centres d'Enseignement Rural et Artisanal Intégrés (CERAI). There are two CERAI's in each commune. These schools teach skills to equip the graduates to be useful citizens in the rural community.

In July 1984, ONAPO organized a one week seminar, held at three different locations in the country, for all 527 CERAI directors and teachers. The intent of these seminars was to enlist the participants' assistance in determining the best method to integrate family life education in the CERAI curriculum and in determining the content of the Family Life Education Guide for Primary Schools (7th and 8th grade). As a result of these week-long seminars, an inventory is being compiled of the CERAI courses in which to integrate family life education. The CERAI teachers expressed a great need for didactic materials, and as a result ONAPO will provide all of them with the new reproductive anatomy charts and the methods brochure. The CERAI teachers also indicated that a teaching course on family life education should be given over the radio. (On Wednesdays and Fridays from 2-3 p.m., the MINEPRISEC broadcasts continuing education courses for teachers. Classes are not held during these periods.) ONAPO has submitted these and other suggestions in a report to MINEPRISEC. This Ministry has indicated interest in continuing its collaboration with ONAPO.

D. MALE INVOLVEMENT

One consultant has noted that in Rwanda "a total lack of communication [exists] between husband and wife. Whatever they say about each other is based only on assumption" (Casanova, Trip Report, p. 4). This evaluation team attended a group instruction session on family planning at a health center in Gitarama. At the session, a country woman asked the ONAPO representative "Why are you always addressing your message to women and girls when the only way to make babies is with men?"

None of the training sessions conducted by ONAPO have a component dealing with male involvement in reproductive health decisions, but on a field visit to the Kanombe Health Center, this team met with a former ONAPO trainee who, along with others at her health center, has introduced an innovative course for husbands. After a woman has completed four sessions once a week for four weeks on maternal and infant care (with one session devoted to family planning), her husband's name is copied from her clinic card onto an invitation. The invitation is to a one hour session on a given date at the health center. The woman carries this personalized invitation to her husband. He can show this invitation to his employer and be granted administrative leave. In 1983, 619 husbands attended these sessions, all of which dealt with family planning.

* Office of the Secretary General, Ministry of Primary and Secondary Education, Government of Rwanda.

E. RECOMMENDATIONS

General

1. In the 1985 and 1986 Program of Activities, quantifiable objectives should be developed for the IEC program, and specific activities outlined for reaching specific target populations. This will facilitate evaluation efforts at the end of the year.

2. The importance of on-going evaluation efforts needs to be stressed. Efforts to evaluate the effectiveness of specific IEC activities should continue. Periodic assessments should be made of overall IEC goals, and reappraisals made of the general thrust of IEC activities.

3. A chief of IEC/Training Division should be named to coordinate all activities in this area. The individual would report directly to the Director of ONAPO.

Radio Programming

1. Negotiate a 30 minute weekly radio show.

Press Section

1. Since only 40 percent of the Rwandan population is literate and the non-literate population is ONAPO's target population, press efforts should receive less priority than other IEC components.

Audiovisual Section

1. ONAPO should continue to implement the IEC recommendations made by Donald Bogue in 1983 (see Annex M). For instance, contraceptive stand-up displays containing a sample of each contraceptive method, as recommended by Bogue, should be produced, distributed and placed on display in health centers offering family planning.

2. ONAPO should continue efforts to send an ONAPO technician for training in maintenance of audio-visual equipment.

3. One of the three graphic artists at ONAPO should be assigned responsibility for the maintenance of the art supply stock.

4. In future production of didactic materials, the continued use of pretesting and focus group techniques is recommended. This will help ensure that the materials cover perceived advantages and disadvantages of family planning, rumors and misconceptions, and where appropriate, deal with side effects known already to have occurred in Rwandan users.

5. If one of the materials' messages or ideas developed by ONAPO appears to be misconstrued by the population, early intervention to rectify the misconception is recommended.

6. In future production of didactic materials, consideration should be given to the following:

RECOMMENDATIONS (CONT.)

- a. use of humor in messages. (The Thailand family planning program has found this to be an effective technique.)
- b. use of photographs instead of, or in addition to, graphics. (Bangladesh has successfully used pictorial booklets on individual methods.)
- c. use of National Fertility Survey results in tailoring messages (i.e., examine how respondents answered relevant questions such as "what should be the actions of the government vis-a-vis population growth?"; compare male and female responses to questions, etc.)

7. A film library should be created at ONAPO which will lend out to the general public the 15 FP films now in stock at ONAPO headquarters. The library should cooperate with the widely used USIS film library lending program.

Outreach/"Sensibilisation" Teams

1. Each of the four outreach teams should be transferred to one of the four pilot zones where they will continue their outreach efforts. They will come under the immediate supervision of the ONAPO physician for that zone, but their outreach activities will cover two to three of the neighboring prefectures. (If an ONAPO physician has been named to the neighboring prefecture, the team will inform him of their activities.) The team's activities will be in accord with the overall IEC goals and objectives formulated by the ONAPO IEC Training Chief at Kigali headquarters.

2. The duties of the team will include performing systematic spot checks at the health centers and hospitals of the prefectures. They will determine if group instruction on family planning is being offered by health center and hospital staffs and if small group sessions on specific family planning methods are held. The teams will encourage regular scheduling of these events throughout the year.

3. One member of each outreach team will be designated responsible for distribution of materials to all health facilities in the prefectures covered by the team. This person will perform spot checks (using a checklist prepared by ONAPO headquarters in Kigali) to ensure that an adequate supply of materials is available in each health center and hospital.

4. The teams will prepare quarterly progress reports on IEC activities in each of the prefectures covered. The reports will include a listing of the number of group instruction and small group sessions held on family planning at each health center during that quarter. The report will also summarize the contents of the checklists for the distribution of materials. The reports will be forwarded to the Regional Director of Health and to the IEC Training Chief at ONAPO Kigali headquarters. (A copy of the summary page on distribution will be sent to the ONAPO staff member responsible for countrywide distribution of materials.)

RECOMMENDATIONS (CONT.)

Distribution

1. The present system for countrywide distribution of literature and didactic materials should be revised.

2. One member of ONAPO Kigali headquarters staff should be assigned responsibility for countrywide distribution of didactic material. This person will develop an annual plan for publicizing and distributing all materials. The plan will include spot radio publicity on the availability of ONAPO materials which will be obtainable at health centers or by writing to ONAPO. The distribution plan will also explore active collaboration with the private sector (i.e. BUFMAR). The plan should ensure that each ONAPO office in the prefectures has projectors, films and slide shows on family planning.

3. A checklist should be developed of all literature and didactic materials to be placed on display and/or to be made available to the population at health centers and hospitals where family planning services are offered. The outreach team member responsible for distribution should use this checklist to determine the availability of family planning literature and materials at health facilities.

4. All family planning literature and didactic materials should be distributed free of charge. This will facilitate distribution of materials throughout the country.

Family Life/Population Education

1. The School Reform Committee and the Rural/Artisanal Teaching Centers have cooperated with ONAPO in developing guidelines for integrating population education concepts in existing curricula. These efforts should continue.

2. Using these guidelines as a base, ONAPO should collaborate with the MINEPRISEC and the MINISUP in writing population education curricula for insertion in existing school programs. In the event that there is no USAID consultant already assigned to MINEPRISEC, the services of a short-term consultant, expert in the revision of school curriculum, should be engaged to assist in this task, and in the implementation of the curriculum.

Male Involvement

1. In the non-clinical training course for auxiliaries, sessions should be introduced on male-involvement in reproductive health conditions. Staff of the Kanombe Health Center should be consulted on program development.

CHAPTER V.

TRAINING

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TRAINING

A. CURRENT AND PLANNED TRAINING ACTIVITIES

Mr. Sixte Zigirumugabe, who has a masters degree in Psychopedagogy, is responsible for in-country training activities. Six other ONAPO staff members work with him.

Fifty-six persons have been sent with USAID funds for training abroad (see Annex N). The in-country training organized since 1982 by ONAPO includes 14 non-clinical training courses for auxiliaries in family planning (total participation, 374); one training of ONAPO trainers (16 participants); and one clinical training for both doctors and paramedical personnel (24 participants). In 1982 and 1983, 136 persons from the pilot zones were trained. In 1984, the 262 trainees have been drawn from all over the country. The approximate breakdown of persons trained by year is shown in Table 1.

<u>Category</u>	<u>1982</u>	<u>1983</u>	<u>1984**</u>
Doctors	-	-	7
Nurses A1 *	-	1	2
Nurses A2 *	12	8	25
Nurses A3 *	12	16	42
Medical Assts.	11	23	78
Social Workers	30	12	96
Monitrices	-	10	6
Others	-	1	6
Total	65	71	262

* Figures are not exact for the Nursing categories A1, A2, A3.
** Figures for 1984 include both clinical and non-clinical trainings.

1. Non-Clinical Training of Auxiliaries in Family Planning

(In November and December 1983, an INTRAH evaluation team spent three weeks in Rwanda evaluating ONAPO's non-clinical training of auxiliaries in family planning. Part of the discussion and recommendations which follow are based on those made by the INTRAH team in their draft Evaluation Report. USAID/Rwanda granted permission to draw from the INTRAH draft report prior to the release of the final report.)

The ONAPO training staff, with the assistance of short-term consultants from INTRAH and Pathfinder Fund, has planned, designed and later modified, a series of two-week, non-clinical training sessions. Fourteen of these sessions have been held since 1982, and there have been a total of 374 participants.

By mid-project, ONAPO has almost achieved its goal of training 500 medical assistants, nurses, nutrition "monitrices" and social workers to provide MCH/FP services and/or information.

ONAPO staff actively participates in the teaching of the programs. The objective of these training sessions is to impart new communications skills to government employees and persons from the private sector so they can better motivate the population to space births. The training also seeks to increase trainees' knowledge of the Rwandan demographic problem, reproductive anatomy and physiology, maternal and infant health, contraceptive methods, infertility and abortion.

Much of the class sessions consist of lectures, discussion, small group sessions for questions and answers, and some role-playing. Group participation is encouraged.

Participants are given thick handouts on each of the subjects covered in the course. Subjects range from Rwandan demography to maternal and infant care (see Annex 0 for course schedule). Nine hours are spent on contraceptive methods. No course time is devoted to male involvement, or postpartum motivation for family planning. Only two hours are spent at a local health center to practice newly acquired IEC techniques. The team wonders if this is sufficient time for the participants to master the communication techniques required for effective dissemination of family planning messages.

Testing is done before and immediately after the training for each course. The post-test results for 1983 showed increased understanding among participants of demography, communication techniques, and contraceptive methods. There was no change in their knowledge of natural family planning methods or family health.

In general, ONAPO is to be commended for its efforts to acquaint a large number of persons involved in the delivery of health services in Rwanda with family planning concepts. Now that this goal has nearly been achieved, the evaluation team recommends ONAPO shift gears and no longer concentrate on non-clinical training. ONAPO should now organize sessions which provide health personnel with more practical training in the provision of contraceptive methods (see Clinical Training Section below).

2. Training of Trainers (Non-Clinical)

To date, ONAPO has held one training of trainers for 16 ONAPO and MOH staff workers who are active in teaching the non-clinical training for auxiliaries. Heavy emphasis was placed on FP theory and reproductive anatomy/physiology. Other topics covered were communication techniques and family life education.

The training challenge facing ONAPO staff members is how to teach health center staffs to motivate their clientele to adopt family planning. The December 1983 INTRAH evaluation noted that the non-clinical training of auxiliaries seems primarily to reinforce existing skills. This evaluation team also saw evidence of this on field visits to health centers. This may have resulted in part from the heavy emphasis that was placed on FP theory in the one training of trainers course that has occurred to date. The USAID Project Paper's implementation schedule noted that the training of trainers workshop was to be offered with the technical assistance of MCH information and education specialists. INTRAH sent a physician and a nurse to conduct the training of trainers workshop.

3. Third Country and U.S. Training

Since 1982, a total of 56 persons have been sent abroad with USAID funds for training related to family planning. (Refer to Annex N for a detailed listing of these trainees sent from ONAPO and other ministries.)

The intent has been to provide not only ONAPO personnel but key persons in other ministries with training in family planning. As shown in the last column of Annex N, 71 percent of persons sent abroad for training are known to be still involved in the delivery of FP services.

4. Clinical Training

One clinical training session in family planning has been held to familiarize trainees with gynecological techniques for the insertion of the IUD. INTRAH held the training in Kigali in June 1984, and the 24 participants included both physicians and paramedical personnel.

In their evaluations, the participants indicated they considered the training they had received as insufficient. On the average, each participant was only able to insert two IUDs. Given the growing popularity of the IUD, it is unfortunate both that adequate numbers of health personnel have not been trained in insertion techniques, and that those that have did not receive sufficient practical training.

B. TRAINING PROGRAM FOLLOW UP ACTIVITIES

The team made several scheduled visits to health centers in the four pilot zones where staff had been trained by ONAPO and were subsequently offering FP services. In addition, an impromptu visit was paid to a private health center chosen at random. These visits were useful in determining if the non-clinical training programs have had an effect on delivery of FP services.

(The December 1983 INTRAH evaluation noted an increase of FP activities among the former ONAPO trainees after their training, but reported that only 37 percent were currently providing FP services.)

A description of conditions found on the impromptu visit approximates what the team found at its other scheduled visits to health centers. (This particular center has a heavy caseload: that morning 500 vaccinations had been given.) We noted that ONAPO posters and the 1984 calendar were promi-

nently displayed on the walls. Two staff members had been trained by ONAPO in June 1984, and on their return, they told other staff members what they had learned. Since September 1983, the center has held a large group session on family planning once a month. Approximately 100 persons attend. At this session, the women are informed that more detailed information on methods will be given on Mondays and Thursdays in small group sessions. Between one and four persons appear for these sessions which are taught by the two staff members trained by ONAPO. After the trainee has talked with the small group of women, who sometimes bring their husbands along, one of the women is given a pamphlet on methods and is appointed discussion leader. A staff member periodically rejoins the group to check the factual content of the discussion. (The pamphlets are lent to the women with the instruction that they are to be returned in three days.) If these women subsequently decide to accept a method, and if their husband is with them, they can see a nurse for an individual counselling session. The nurse informs the couple of the advantages and disadvantages of the method, answers questions and provides them with their choice of contraception (IUD insertions are not performed at this center.) After nine months on a method (either the pill or Depo Provera), the acceptor is instructed to go to Kigali Hospital for a gynecological exam. To date, the center has 42 family planning acceptors. (Approximately 800 deliveries have been performed since January.)

When asked how ONAPO might further assist the center in its efforts, the nurse suggested:

1. that an ONAPO doctor come occasionally to give an hour talk on family planning and answer questions.
2. that ONAPO supply displays on the danger of closely-spaced births, mannequins which demonstrate the position of the uterus, and FP visual aids to be stuck on flannelgraphs.

The long-term USAID consultant attached to ONAPO periodically visits former ONAPO trainees at health centers throughout the country, as does the ONAPO regional staff when their workload permits. However, no systematic mechanism is yet in place to evaluate which of the health workers trained by ONAPO subsequently conduct, on a regular basis, large group sessions on the need for family planning or small group sessions on specific FP methods and also dispense FP services. If the ONAPO outreach teams are transferred from Kigali to the regions as proposed in the IEC section of this report, they could effectively assume this evaluation and reporting role.

C. ADDITIONAL TRAINING NEEDS

For a discussion of the needs for additional clinical training, please see earlier parts of this chapter.

D. ONAPO TRAINING CENTER CONSTRUCTION PLANS

The evaluation team reviewed the architectural drawings for the proposed ONAPO Training Center. Classrooms, an audiovisual studio, a library, 60 dormitory rooms, and a cafeteria are planned in this one-story edifice.

Construction plans have been delayed as the government withdrew the building permit for the original site, and a second site has been selected in a sparsely populated area of Kigali.

The proposed Kigali regional office and family planning clinic could be combined with the ONAPO Training Center. If this edifice were located in a populated area of Kigali, the opportunities for practical training would be greatly expanded. Both trainees receiving clinical training in family planning and those receiving IEC training could benefit in their practicums from the ready access to a client population.

E. ADEQUACY OF TRAINING MATERIALS

The evaluation team reviewed the training materials used for the non-clinical and clinical training and found both sets to be thorough and excellent.

F. RECOMMENDATIONS

Non-Clinical Training of Auxiliaries

1. Although some non-clinical training of auxiliaries should continue, this team joins the INTRAH evaluation team in recommending that ONAPO's training emphasis should shift from communications techniques to practical clinical training in family planning methods for doctors, medical assistants and nurses.

2. Continuing education courses with a heavy clinical emphasis should be offered to medical and paramedical health center staff who previously attended the non-clinical training.

3. Postpartum motivation techniques should be incorporated in the curriculum (the Maternal and Infant Care sections can be modified to incorporate this).

4. Sessions should be introduced on male involvement in reproductive health decisions.

5. Added emphasis should be given to techniques for conducting small group sessions on FP methods and the use of visual aids.

6. At the completion of training, didactic materials should be distributed in bulk to all trainees for use in conducting group sessions on their return to their health centers.

7. More time should be devoted to practical on-the-spot training in IEC techniques at health centers.

8. The following equipment for training should be acquired:

- a. An overhead projector ("retroprojective")
- b. Additional plastic models of the reproductive system ("maquettes").

RECOMMENDATIONS (CONT.)**Training of Trainers (Non-Clinical)**

Health educators expert in communications techniques, should lead future Training of Trainer courses if the intent of the courses is to instruct ONAPO staff in how to teach effective communication and motivation skills to health workers.

Third Country and U.S. Training

Where possible, written commitment should be secured from the GOR that government personnel sent abroad for training in FP will continue to work in that area for at least one year after their return.

Clinical Training

(The first two recommendations under "non-clinical training" above also refer to clinical training.)

1. (*) We cannot stress too strongly the need to offer medical and paramedical personnel clinical training in methods of contraception (and in IUD insertion in particular). A two week training period is recommended. One or two trainees should be assigned for the two week period to a regional physician and attend all his/her family planning consultations. During that period the trainees should observe at least ten IUD insertions and each perform ten insertions under the tutelage of the physician.

2. Prior to the initiation of this systematic clinical training, regional physicians, who will subsequently serve as trainers, should be trained in IUD insertion. This initial training should be conducted by an experienced practitioner such as the chief of service at Kigali Hospital.

Follow-Up

1. A clearly defined statement should be issued by the MOH instructing its personnel trained by ONAPO to continue in this collaboration by:

- a. scheduling large group sessions on family planning no less than once a month.
- b. scheduling small group sessions on contraceptive methods once a week.
- c. distributing family planning literature freely.
- d. encouraging staff to perform home visits for family planning counselling.

2. Systematic evaluation mechanisms should be introduced to determine if the ONAPO training has led to increased FP services in the hospitals, health centers and nutrition centers where trainees are assigned. Use of the ONAPO microcomputer is recommended to determine if persons trained by ONAPO subsequently remain active in the delivery of FP services.

RECOMMENDATIONS (CONT.)

Construction

1. (*) The Training Center should be attached to the proposed ONAPO Kigali Regional Office and Family Planning Services Center.
2. The Training Center Library should be enlarged to permit sufficient space for tables and carrels. Trainees would thus have a common study area outside the dormitories.
3. A Laboratory should be included in the plans for the Training Center.

CHAPTER VI.
RESEARCH AND STATISTICS

CHAPTER VI.

RESEARCH AND STATISTICS

A. ONAPO RESEARCH: CURRENT AND PLANNED ONAPO RESEARCH ACTIVITIES

1. Background

The USAID Project Paper stated that the ONAPO Research and Statistical Unit would be responsible for collecting demographic data and conducting research that would assist ONAPO in developing its plan of action. To accomplish these objectives the Unit's activities were divided into two categories:

a. Statistical Reporting/Data Analysis. A Statistical Records Section would be established as the central office for family planning statistical data collection and analysis. It would determine the standardized reporting forms to be used and would train both MOH hospital and health center personnel in FP record keeping as well as ONAPO staff responsible for data collection analysis.

b. Demographic Research. A Research Section would be established to study demographic, cultural and economic factors influencing fertility, and attempt to measure the influence of demographic growth on different development sectors. It was estimated that 25 research projects could be completed during the five years of the project.

At present the Research and Statistical Unit is comprised of the two Sections mentioned above. Six persons work for the Unit: an economic demographer who is the Section Chief; a demographer/geographer; two sociologists; one statistician; and a UNFPA expert demographer. In addition, two other persons are studying abroad. One statistical programmer is at Indiana University and will be sent soon to the U.S. Census Bureau for field training. The other person is a statistician/demographer studying at the University of Louvain in Belgium.

During the past three years, ONAPO has benefited from the following technical assistance in research and statistics:

1. Since 1982, a UNFPA expert demographer/economist has been assigned to the Research and Statistical Unit;

2. In 1983, the International Statistical Research Center sent an expert, on two separate occasions, to consult on sampling techniques for the Rwanda National Fertility Survey;

3. A consultant, familiar with the World Fertility Survey, spent six months (1983-1984) working on data processing for the Rwanda Fertility Survey.

4. A consultant in operational research was sent by the Population Council for one week in June, 1984.

2. Activities to Date of the Research Section

To date the major accomplishment of the Research Section has been the completion of the Rwandan National Fertility Survey. The following are additional activities of the Section:

- ° In September 1982, a one-week Colloquium on Family, Population and Development was held in Kigali. Its purpose was to acquaint political leaders with the demographic situation in Rwanda and the role of ONAPO. Working documents drawn from the 1978 Census results served as the basis for discussions on the demographic situation, the determinants of demographic growth, population and development, population policies, and family planning.

- ° The Section has participated, with the World Bank, in an attitudinal survey at the BGM II Project in Kibungo prefecture.

- ° A survey of traditional contraceptive methods has been done in collaboration with the University Center of Pharmacology and Traditional Medicine (CURPHAMETRA) at Butare. The results will be available in 1985.

- ° The Section has assisted the ONAPO School Programs section in integrating population education concepts into the school curricula.

- ° It has lent assistance to the production of the UNICEF film on the Rwandan child.

- ° The Staff work cooperatively with other Ministries, particularly with regard to the integration of demographic objectives in the Third Five-Year Plan.

- ° The Staff gives demography lectures at the non-clinical training for auxiliaries and at the University of Butare.

- ° The Staff has assisted UNFPA in Rwanda in their study of Rwandan women for the Decade of the Woman. The study will deal with women and legislation, urban women, rural women, etc.

- ° With the assistance from the Population Council, the staff developed an evaluation survey questionnaire to facilitate this team's mission and the internal evaluation of ONAPO.

- ° Staff has also attended several international conferences on population, such as the Arusha Conference of African Countries, and the World Conference on Population held in Mexico City.

- ° In collaboration with specialists in various disciplines, ONAPO is undertaking a Study on the Relationship between Population and Development. The study, still in its initial stages, coincides with the preparatory work on the Fourth Five-Year Plan (1987-1991) and has as its objective a better understanding of population policy. The study will have three components: an examination of the present situation, an analysis of different hypotheses, and a discussion of the policies involved. The following subjects as they relate to population will be treated: health, nutrition,

the family, rural development, urbanization, school enrollment, employment, the environment, and women in development.

Little activity occurred in operational research until very recently when three projects were undertaken. In July 1984, the long-term USAID consultant to ONAPO gave an introductory seminar on operational research for fifteen ONAPO and nine MOH staff members. A study comparing the effects of different IEC motivational messages and another study to devise a new weight curve for Rwandan infants and children have recently been undertaken. No clinical research has been done, nor is any planned.

3. Other Related Research Undertaken in Rwanda Since 1981

The findings of the 1978 Census have been published in five volumes of tables and one volume which presents a summary of the results. A volume analyzing the results and one examining the census methodology will soon be published.

A post-census survey was conducted in the summer of 1981. USAID is financing data processing of these results. The "Service de Cooperation et de Développement" (the French Government's donor agency) has financed a survey on the Budget and Consumption. The Office of Statistics in the Ministry of Planning is responsible for this survey and the data processing. USAID has also financed an agricultural survey in cooperation with the Ministry of Agriculture, and the data are currently being processed. In conjunction with Sister Jeanine Broquet at the Nyundo Maternity Clinic, Family Health International in North Carolina conducted a follow-up post-partum study and analyzed the study results. The study gave detailed data for 1,488 women who had delivered at the Nyundo clinic between December 1979 and February 1981. Family Health International also collaborated with the University of Butare on a study on pregnancy wastage.

4. Planned Activities of the Research Section

The Research and Statistical Unit's 1984 program of activities indicated additional projects for the Research Section to undertake in the course of the year. The program of activities specified that two research projects on migration and mortality were to be started. Two new operational research projects were also envisioned. One was to be a comparative study to determine if the number of family planning acceptors and vaccinations increases with an improvement in services or with an intensification of IEC efforts. The second project would evaluate the impact of service improvement on the number of acceptors and vaccinations in order to guide an eventual reorganization (to be financed by USAID or the Population Council).

A third project proposal has been submitted to PRICOR for financing. This project would evaluate the impact of the creation of cooperative pharmaceutical dispensaries on the availability of preventive services.

Other future studies have been discussed including one that would compare and contrast the effectiveness of different IEC methods in various situations. An analysis of the results would provide the basis for the future selection of IEC methods appropriate to a particular target audience. In the area of Medical Services, studies have been suggested on

continuation rates for various family planning methods, the quality of the contraceptive distribution system, and the accessibility of family planning centers.

We would hope that all of these operational research projects begin in the near future. At present the USAID long term consultant is in charge of the operational research at ONAPO, but eventually, research personnel must be assigned to the Research Unit for this work. The Population Council has indicated its interest in assisting in these endeavors.

5. Areas Requiring Further Research

Recommendations regarding this section are made after a thorough review of ONAPO's current and proposed research, and in view of the team's observation that ONAPO's Research Section risks overextending itself. It is to be hoped that ONAPO will not embark on far-reaching projects that fall more within the scope of the GOR offices for the census and vital statistics. Although a migration study might be of eventual interest, at present ONAPO is not in a position to spearhead such a large endeavor. Some data on migration are already available from the 1978 census. Furthermore, given the constraints of time and the limited qualified personnel available, ONAPO needs to devote attention to research more directly applicable to attaining the objectives of the family planning program. Rather than undertaking new large-scale surveys, ONAPO should concentrate on analyzing the data already available in the census, the post-census survey, the agricultural survey, the survey on the budget and consumption, and above all, the unexploited data in the National Fertility Survey.

ONAPO should then direct its efforts to operational and clinical research. It would be advisable to assign staff to conduct research on the effectiveness of various contraceptive methods, and the complications resulting from the use of the methods. Family Health International has offered to assist ONAPO in this research.

To alleviate some of the work pressure on the understaffed Research Section, ONAPO should consider hiring contractors to accomplish some of the envisioned research, at least until qualified Rwandan personnel are added to the staff. It would also be advisable to keep on board the UNFPA expert who can continue studying population policies using the results from the National Fertility Survey. Another long-term consultant, a statistician/demographer, with a good knowledge of family planning programs, should be assigned to the Section. This expert could devote his efforts to research directly applicable to the family planning program and thus offer policy-makers a sound basis for future decision making. In the meantime, it is urgent that three to four Rwandan specialists be trained in demography so that the Research and Statistical Unit need not rely on foreign expertise by the end of the project.

B. NATIONAL FERTILITY SURVEY

This Survey was included among the priorities to be accomplished in the Rwandan Third Five-Year Plan. The goal of this Survey was to improve knowledge of demographic phenomena in Rwanda and to provide the data base from which to launch ONAPO's program of activities. The methodology for

the Survey was largely that of the World Fertility Survey, thus permitting comparisons between the Rwandan Survey results and those of 42 other countries. USAID financed the Survey. (Nonetheless, despite many requests for the data made to ONAPO by USAID/Rwanda, the team was not allowed to use the Survey results in this Evaluation Report, although the data have been collated and are available.) UNFPA contributed the services of an expert demographic consultant who participated in all stages of the Survey. The Survey's national Director was the Chief of the Research and Statistical Unit at ONAPO. The sampling methodology was developed by an expert from the World Fertility Survey and the master sampling frame he designed can be used in other surveys in Rwanda. It has already been used in the recently-conducted agricultural survey.

The pilot survey took place in March 1983 and was followed by a training of nine supervisors (recruited from ONAPO staff members). Sixty interviewers and 25 supervisors participated in the major Survey which took place between mid-August and mid-December 1983. The interviewers were very competent since all were recent graduates of social work school.

There were three questionnaires in the Survey: one was addressed to the household; another was addressed to women in the household; and one was addressed to selected partners. In the individual Survey, 5,739 women, aged between 15 and 50, were selected from the household Survey and interviewed. The interview topics for the individual Survey of women included:

- general information on the interviewee (place of residence, level of education/years of schooling completed, religion, ethnicity, age);
- maternity history;
- marital history;
- knowledge and practice of contraception;
- number and sex of children desired;
- factors, other than contraception, affecting fertility (breast-feeding, postpartum amenorrhea, husband's absence, etc.);
- interviewee's occupation;
- information concerning the last partner.

The questionnaire also inquired into the interviewee's knowledge of the Rwandan demographic situation, the number of previous prenatal visits, and attendance at her deliveries.

Approximately 750 partners of the above women were also interviewed. They were interviewed on the following topics:

- general information on the interviewee (age; years of schooling completed; occupation);

- marital history (with regard to the wife interviewed) and their children;
- number and sex of children desired;
- knowledge and practice of contraception;
- communication between the couple;
- knowledge of Rwandan demography.

The editing and data processing were completed very rapidly in comparison with other fertility surveys. The processing was completed in February 1984, and the tables have been available since April. It is thanks to the the data processing expert from the World Fertility Survey that this phase of the Survey was completed so rapidly (in four months).

At the time of this evaluation in August 1984, a partial analysis of the data had been completed, and it was hoped that a report might be available by the end of the year. In general the quality of the Survey is satisfactory and the results appear to be compatible with those of the 1978 census. The Research and Statistical Unit is to be congratulated for having completed a survey of this magnitude. While in 1981 the Unit comprised only one demographer, by 1984 it had grown and could conduct an important survey of scientific merit. The Survey was also a valuable training mechanism. The one drawback was that during the Survey the entire ONAPO staff was mobilized for three months to the detriment of other ongoing activities.

C. ONAPO DATA COLLECTION AND ANALYSIS

1. Background

The purpose of the Statistical Records Section of the Research and Statistical Unit is to collect and analyze statistics on family planning. It can then be determined if the demographic objectives of the Third Five-Year Plan are being achieved.

The USAID Project Paper envisioned that the data collection system would be piloted in three prefectures and then extended to all ten prefectures by 1986. At the present time, the data collection system is functioning in only four prefectures. Consequently, the family planning statistics available are not very accurate.

Until May 1984 no one at ONAPO was officially in charge of statistics. A statistical engineer (trained by IAMSEA) has now been appointed to the position. He participated in a two week introduction to computer programming which was organized by Research Triangle Institute and was held in Kigali in April 1984. He also was sent in June to ONAPFP in Tunisia for a month of training. He is competent and eager. Since May he has at his disposal an IBM minicomputer to process data. However, in order to accomplish his work he needs more office space, filing cabinets for records, and two assistants. Additional training would also be advisable in data analysis, the calculation of demographic objectives, and the evaluation of family planning program effectiveness.

2. Data Collection

The data collection system is not systematically in place in all four prefectures. Certain centers (Kigali Hospital, and the University Hospital in Butare) continue to use their old statistical forms and are reluctant to switch to the new records introduced by ONAPO. MOH staff responsible for record keeping complain of the additional work. These are social workers and nurses who do not receive compensation for the supplementary work. Furthermore, the MOH has not issued a directive instructing its staff that they are expected to routinely fill out the new forms for family planning acceptors.

Table 1: Distribution of Health Facilities Providing Family Planning by Prefecture (August, 1984)

<u>Pilot Prefectures</u>		<u>Other Prefectures</u>	
Butare	13	Byumba	5
Kibungo	8	Cyanagugu	4
Kigali	28	Gikongoro	1
Ruhengeri	10	Gisenyi	5
		Gitarama	4
		Kibuye	6
Subtotal:	59		25
Total:	84		

Table 2: Comparison between the Number of Health Facilities Providing Family Planning and Those Reporting Statistical Data to ONAPO by Pilot Prefecture (August, 1984)

<u>Prefecture</u>	<u>No. of Health Facilities Providing Family Planning</u>	<u>No. of Reporting Health Facilities</u>
Butare	13	11
Kibungo	8	4
Kigali	28	15
Ruhengeri	10	5
Total	59	35

In 1983 there were 51 centers providing family planning services. At the time of this evaluation (August 1984) there were 84 centers (see Table 1). Since early 1984, ONAPO has begun receiving statistics on a regular basis from certain centers in the pilot prefectures. The pink initial acceptance forms are now completed in 37 centers, and 21 complete both the registration and follow-up record and the monthly statistical record. Three of the four pilot prefectures (Butare, Kibungo, and Ruhengeri) were

sending in their monthly family planning statistical summary. (A person has just been designated to assemble the data for the 28 Kigali prefecture centers which provide family planning.) In all the pilot prefectures only one copy of the registration and follow-up forms is filled out, and these copies are kept at the health centers.

For the 25 health centers, dispensaries and hospitals providing family planning outside of the four pilot zones, ONAPO has just sent out a questionnaire to collect family planning data as well as to find out which statistical forms are in use.

The quality of the statistics collected by ONAPO is satisfactory. However, inconsistencies have become evident in certain instances between reported activities in the health facilities and the actual statistics sent to ONAPO. Confusion seems to exist with regard to certain terminology (i.e. "new acceptors").

In the course of this evaluation, the team visited centers providing family planning services in all four prefectures. We noted a general lack of filing cabinets for storage of statistical forms.

3. Recruitment and Training of Personnel

If ONAPO is to have an ongoing data collection system one or two assistants must be hired. In the original Project Plan it was suggested that statistical agents be trained in each prefecture and then be assigned to supervise data collection at the various health facilities. Continuing education sessions in data collection were also recommended for the social workers and nurses responsible for filling out the family planning forms. This training has not occurred. It would be useful to hold such training as soon as the family planning data collection instruments now in preparation have been completed. Instructions have been issued on how to fill out the existing forms but this does not seem to be sufficient to obtain the desired quality of statistical reporting.

4. Estimated Number of Acceptors/1984

Table 3: Estimated Number of Total Acceptors by Pilot Prefecture, by Method (January-July, 1984)

<u>Method</u>	<u>Kigali*</u>	<u>Butare**</u>	<u>Kibungo</u>	<u>Ruhengeri</u>
Pill	207	201	177	155
IUD	270	68	10	61
Depo Provera	336	102	14	103
Barrier methods	11	2	4	9
Total	1324	373	205	328

* The data for Kigali Prefecture are from a one-time effort; that for the other prefectures are from monthly reporting.

** For Butare prefecture, the activities of the university hospital are underestimated.

The results of an analysis of the monthly statistical forms from January until July 1984 are displayed in Table 3. For the first six months of the year, 2,230 new acceptors have been registered, of which 56 percent chose the pill, 18 percent the IUD, 25 percent Depo Provera, and one percent barrier methods.

If we assume a 25 percent underenumeration of the total number of acceptors (due to poor record keeping), we arrive at an estimate of 2,787 new acceptors in the four prefectures for the first half of 1984. If we then assume that the other six prefectures achieved 70 percent (a maximum) of the registration of the four pilot prefectures, we can estimate a total of 4,645 new acceptors in Rwanda in the first half of 1984, and a total of 9,290 new acceptors for the entire year.

In the initial USAID Project Paper, the projected estimates made were on the basis of two hypotheses. The smaller estimate projected that the rate of growth for 1987 would be 3.3 percent and that the number of new acceptors would be approximately 36,500. The actual figures we are obtaining are far from these initial estimates, and the demographic objectives for the Fourth Five-Year Plan (1987-1991) should be revised accordingly.

5. Socio-Demographic Characteristics of Acceptors

A profile of family planning acceptors can be obtained from the statistical data now available at ONAPO. ONAPO is in the process of analyzing these data. During the course of the evaluation, 1,523 pink initial acceptance forms were reviewed, and some non-representative characteristics determined for acceptors in Butare (825), Ruhengeri (600), and Kibuye (98).

The acceptors began using family planning between 1971 and 1984. Among them 9.6 percent had begun contraception before 1983, 77.5 percent began in 1983, and 22.4 percent began in 1984. Their socio-demographic characteristics are as follows:

- The average age of acceptance is 29.0 years;
- The average number of pregnancies is 5.3;
- the average number of children alive is 4.2;
- The average number of children deceased is 1.0;
- Agriculture was the occupation of 81 percent of the acceptors;

The family planning methods chosen were divided among acceptors as follows:

Pill	40.0%
IUD	17.0%
Depo Provera	41.0%
Natural Family Planning and Other Methods	2.0%

D. STATISTICAL RECORD FORMS

Four types of forms (developed in 1983 with the technical assistance of the Population Council) are used in the majority of the four pilot prefectures and in a few other centers. Approximately one half of the 84 centers queried in August 1984 used the existing forms in a more or less satisfactory fashion.

Initial Acceptance Form (Pink). This form is to be filled out for each new acceptor. It contains three sections: one is sent to ONAPO, one remains at the Center, and one is given to the client. This form contains information on medical and socio-demographic characteristics of the acceptor as well as the contraceptive method chosen. The form is pre-coded (see Annex S).

Registration and Follow-up Record. This form assembles the data on the number of acceptors by method and by center as well as the number continuing with a given method or changing methods. Three copies should be completed: one for ONAPO, one for the Center, and one for the Ministry of Health (see Annex T).

Monthly Family Planning Statistical Summary for the Prefecture. This form recapitulates for each center the number of new and old acceptors by method. Three copies are filled out (one for ONAPO Headquarters, one for the Center, and one for the ONAPO Regional Director.) It is to be sent to the Regional Director and to ONAPO (see Annex U).

Monthly Family Planning Record for the Prefecture. This form is completed by the ONAPO Regional Director. It recapitulates for the entire prefecture the family planning activities by method for each center. One copy is sent to ONAPO Headquarters (see Annex V).

Since April 1984, several modifications have been suggested for the registration forms. A new pink form, undeniably more complete than the first, has been developed and is being pretested. This new form requests information on the spouse, previous contraceptive history, the number of abortions, and the source of referral for family planning as well as more precise medical data. It also has a third section to be used by the health facility for follow-up.

However, another form, a family dossier (see Annex W), has concurrently been developed by ONAPO for maternal and infant care (MIC) activities. This dossier requests information on prenatal visits, deliveries, infant follow-up and vaccinations. It gathers on one form data now contained in several statistical forms used in the MIC and family planning clinics. This dossier has been introduced on an experimental basis since August 1984, and the intent is to introduce it in two or three centers in each prefecture to allow a permanent evaluation of MIC activities. ONAPO is studying the possibility of integrating the pink form into the family dossier. Although an interesting concept, this system would be cumbersome to direct at the present stage. An integrated MIC/FP dossier may prove a worthwhile long-term project, but in the interim, an efficient system of family planning data collection should have as its basis the newly revised pink initial acceptance form.

E. RECOMMENDATIONS

Planned Activities of the Research and Statistical Unit

1. The activities of the Research Section should be carefully planned at the beginning of each year, and the expected duties of each staff member spelled out.

2. The Section annually should submit to the Director's Office its Report of Activities for the previous year and the proposed plan of activities for the coming year. In developing this plan, criteria should be developed and a form of triage practiced among competing proposals. Decisions should be made at this time regarding those research projects that ONAPO should embark on by itself and those that might better be left to others (the University, IAMSEA, other Ministries, foreign consultants, etc.)

3. The Section should avail itself of the services of short-term expert consultants and a long-term statistician/demographer to conduct operational research.

4. A Documentation Center containing information on Demography and Family Planning should be developed.

5. A formal agreement should be drawn up authorizing ONAPO's use of the Census Bureau's computer.

6. At least three more persons should be recruited and trained in demography between now and 1987.

7. Staff members of the Section should be trained in analysis of data (ECA, IUSSP).

8. The ONAPO researchers and statisticians should receive additional training in computer programming.

9. The Section's staff members should not participate too extensively in the IEC "sensibilisation" campaigns.

10. Periodic staff meetings should be held at which activities are reviewed, analyzed, and modified when necessary.

Areas Requiring Further Research

1.(*). ONAPO should only undertake research directly linked to the family planning program. Other demographic research projects and their in-depth analysis should be delegated to other organizations.

2. Another prevalence survey along the lines of the National Fertility Survey should be undertaken in 1987-1988.

3. In the next year, data from the census and other surveys should be assembled and analyzed by ONAPO research staff.

RECOMMENDATIONS (CONT.)

4. The operational research projects envisioned for 1984 should commence at the earliest possible date. Between 1985-1986 the following areas of interest to the family planning program should be studied:

- ° the quality of family planning services as perceived by the Rwandan women;
- ° the clientele's perception of their reception at the family planning centers;
- ° the best methods of integrating traditional birth attendants into the family planning program;
- ° the effectiveness of natural family planning methods and the extent of their use;
- ° continuation rates for the various contraceptive methods;
- ° legislation on family planning;
- ° the influence of IEC activities in Rwanda on the number of children desired.

5. The priority in clinical research should be a study of the general effects of Depo Provera. Recommended topics for other clinical studies are:

- ° effect of contraceptives;
- ° resumption of fecundity after lactation;
- ° resumption of fecundity after stopping Depo Provera.

6. Both the operational and clinical research projects should be decentralized, and involve staff from family planning centers.

7. Children five years old and younger should be surveyed to collect data on weaning, vaccination, child care, and mortality.

(Many of the research projects recommended should be subcontracted out to short-term consultants or researchers of donor agencies.)

National Fertility Survey

1. The results of the National Fertility Survey should be published before the end of 1984, and a national seminar should be organized to disseminate the results.

2. A plan needs to be developed for the in-depth analysis of the National Fertility Survey data. The analysis should focus on the following topics: mortality; factors other than contraception which affect fertility such as polygamy, increasing the age at marriage, birth intervals; etc.

RECOMMENDATIONS (CONT.)

3. The National Fertility Survey data on husbands need to be exploited and analyzed. In particular, the communication between Rwandan husband and wife should be studied.

4. The results of the National Fertility Survey and the available statistics on family planning should be used to calculate demographic objectives, as well as to make recommendations and elaborate the population policies in the Fourth Five-Year Plan (1987-1991).

Data Collection

1. An ONAPO priority should be the establishment of a standardized family planning data collection system to keep track of the growth of the program and evaluate its impact on fertility.

2. The Ministry of Health must officially instruct its personnel that they are responsible for family planning record keeping.

3. ONAPO should offer the Statistical Records Section of the Research and Statistical Unit the means to accomplish its objectives by recruiting personnel, designating appropriate office space, acquiring calculators and filing cabinets.

4. Health centers providing family planning services should also acquire calculators and filing cabinets for family planning records.

5. A statistical agent should be assigned responsibility for the collection of family planning data in each prefecture and trained for that purpose.

6. The data collection and record keeping system for Kigali prefecture must be improved.

7. All health facilities offering family planning services should regularly send in their monthly statistics. (Eventually those centers offering natural family planning should be included in this data collection system.)

8. A statistical report on 1984 activities should be issued in 1985; henceforth, quarterly statistical reports should be drawn up.

9. A statistical agent should be recruited for each prefecture.

10. A continuing education session on record keeping should be offered as soon as the new pink initial acceptance form is ready. Social workers and nurses responsible for record keeping should be invited to attend.

11. The Chief of the Statistical Records Section should have the opportunity to receive further training in statistical analysis and family planning program evaluation.

RECOMMENDATIONS (CONT.)

12. It would be advisable to estimate the number of new acceptors and continuing users as of December 1984 and compare these with the objectives of the Third Five-Year Plan. These data should then be used as a basis for the preparation in 1985 of the Fourth Five-Year Plan (1987-1991).

Statistical Forms

1. Final revisions should be completed on the new pink initial acceptance form. It should then be made available to centers where staff have received preliminary training on how to complete this new form.

2. In time it would be advisable for the health centers to integrate MIC and family planning statistical data on the family dossier.

ANNEXES

LIST OF CONTACTS

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Washington, D.C.

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Mr. F. Diamond
Mr. T. Williams
Ms. B. Beyer
Ms. G. Gilbert
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S & T/POP, Rosslyn, Virginia

Ms. A. Allison
Mr. S. Radloff
Mr. T. Donnelly
Mr. N. Woodruff
Mr. M. Rothe
Ms. M. Schmidt
Mr. A. Wiley
Mr. J. Spieler
Mr. T. Boni

World Bank, Washington, D.C.

Ms. V. Elliott

Population Council, New York City

Dr. P. McEvoy
Ms. F. Coeytaux

JHPIEGO, Baltimore

Dr. R. Castadot

Population Information Center, Baltimore

Ms. D. Farrell
Ms. A. Jimerson

Family Health International, North Carolina

Ms. N. Burton
Ms. K. Jesencky

RWANDAU.S. Embassy

Ms. Helen Weinland, Deputy Chief of Mission

Ms. Paula Reed Lynch, Commercial Officer

USAID

Mr. E. Chiavaroli, Director

Mr. A. Getson, Health and Population Officer

Ms. F. Bernadel, Asst. to Health and Population Officer

Mr. D. Nguyen, Expert, ONAPO

UNDP

Mr. C. Boneza

UNFPA

Dr. C. Casman, Expert, ONAPO

Mr. A. Mouchiroud, Expert, ONAPO

WHO

Dr. F. Tomassi, WHO Representative

NONCIATURE

Monseigneur Morandini

MRND

Ms. S. Mutwe Karwera, Director of Documentation and
Propaganda

MOH

Dr. F. X. Muganza, Minister of Health

Dr. F. X. Hakizimane, Secretary General

_____, Director of Public Health

MINAFFET

Mr. O. Rukashaza, Secretary General

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Mr. C. Kanyarushoki, Secretary General

MINIPLAN

Mr. P. Karenzi, Secretary General

Mr. E. Twagirayezu, Director of Statistics

Ministere Fonction Publique

Mr. V. Haguma, Bureau de Perfectionnement des agents

MINESUPRES

Mr. S. Ntigashira, Secretary General

MINEPRISEC

Mr. R. Mugema, Secretary General

OPHAR

Dr. J. B. Rwasine, Director

BUFMAR

Mr. Honikx, Director

Family Action

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OTHER

Ms. L. Mukayiranga, Jurist

Ms. F. Hawa, Directrice de la Condition Féminine, Guinée

ONAPO

Ms. G. Hyirasafara Habimana, Director

Dr. C. Nyabyenda, Former Chief, Population Studies and Programs

Dr. B. Sebikali, Physician

Mr. S. Zigirumugabe, Training

Mr. C. Kamanzi, School Programs

Ms. M. Mukamanzi, Chief, Population Studies and Programs

Mr. F. Byigero, Statistics

Dr. P. Mukamfizi, Physician

Mr. J. M. Vianey Nkulikiyinka

Mr. C. Uwayo, Radio Programming

Mr. S. M. Sibomana, Research

Mr. Jean Nepomusene Mbarushimana, Audiovisuals

Mr. Nyandagazi

Mr. A. Nishyirembere, Accounting

Mr. C. Muhawenimana, Warehouse

Ms. D. Ntamazina, Management and Supplies

Ms. P. Nzahabwanamungu, Public Relations

Ms. A. Nteziyaremye, Vehicles

Dr. C. Ukulikiyimfura, Physician

Rwandan Development Bank

Mr. P. Thamm

Rotary Club, Rwanda

M. Max Boreel, President (1984)

SIRWA

Mr. Dumont

3M Company, Rwanda

Mr. Aftab Fidaali, Export Manager

KIGALI PREFECTURE

Kigali Hospital

Dr. Questiaux
Dr. De Clercq

Kanombe Health Center

Dr. A. Kazenga
Ms. D. Mukarunazi

Nyamata Health Center

M. D. Muller

GISENYI PREFECTURE

Gisenyi Hospital

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Nyundo Maternity Clinic

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GITERAMA PREFECTURE

Dr. P. Biziyaremye

BUTARE PREFECTURE

CUSP

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Dr. D. Mukantabana

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Dr. S. Munyemana

Rusatira Health Center

F. Twagiramutara

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Gitare Health Center

Mr. G. Nyirakalire

KIBUNGO PREFECTURE

Kibungo Hospital

Dr. J. B. Kaberuka, ONAPO Physician

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ANNEX C

Entrevue avec le Docteur MUGANZA François Xavier
Ministre de la Santé Publique et des Affaires Sociales
(9 août 1984)

Sujets évoqués par le Docteur François Muganza, Ministre de la Santé Publique et des Affaires Sociales, lors d'une entrevue accordée à l'équipe d'évaluation, le 9 août 1984.

1. Intégration des services de planification familiale dans le Programme de Santé

L'ONAPO n'est pas une entité à part, comme l'a souligné le Président Habyarimana dans son allocution du 8 janvier 1984. Au Rwanda, la planification familiale s'intègre dans une politique visant à privilégier les populations les plus vulnérables et en particulier la mère et l'enfant.

Il n'est pas concevable d'imaginer un programme de planification familiale qui serait parallèle au programme de santé. C'est dans ce cadre qu'il convient donc de définir les attributions de l'ONAPO. Il est à noter qu'il faut faire face, au niveau national, à un problème de budget pour le personnel: en 1984, le Plan avait prévu 5000 agents, or il n'a été possible de financer que 1500 postes, ce qui correspond à 35% des prévisions sur lesquelles devraient être basées les réalisations du IIIe Plan Quinquennal (1982-1986).

2. L'utilisation du Depo Provera au Rwanda

L'utilisation de cette méthode de planification familiale qui commençait à se répandre au Rwanda, a récemment été remise en question et un écrit officiel a interdit de pratiquer cette méthode.

Cependant, il conviendrait de réexaminer cette question après avoir effectué des recherches sur les effets de cette méthode sur les femmes rwandaises et après avoir consulté les médecins gynécologues du pays. On envisage d'organiser une table ronde sur ce thème.

3. Formation du personnel

Il faut avancer prudemment dans cette voie car il ne sert à rien de former du personnel qui ne trouvera pas d'emploi par la suite, puisqu'on ne dispose pas d'assez de moyens pour financer des postes.

4. Le secteur privé et la planification familiale

La régulation des naissances doit se faire dans le cadre socio-économique et culturel du Rwanda: 70% de la population est encore traditionaliste. La libéralisation des pratiques sexuelles va à l'encontre des traditions du peuple rwandais. Il faut procéder par étapes pour ne pas heurter les mentalités.

5. La législation et la planification familiale

Au Rwanda, la planification familiale a été acceptée non dans un but de limitation des naissances, mais pour offrir au couple la possibilité de choisir le nombre de leurs enfants en toute liberté et d'exercer ainsi une parenté responsable. Il n'est pas question d'imposer un nombre d'enfants quelconque. Etant donné qu'il sera difficile de résoudre les problèmes

demographiques du Rwanda dans les 20 années à venir, il faut aussi chercher des solutions ailleurs. Il faut donner à la population les moyens de comprendre ce qu'est la parenté responsable, en gardant à l'esprit que la limitation des naissances n'est en général pas acceptée par la population qui reste traditionnelle.

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Population growth and contraception in Africa

SIR,—We cannot share the (optimistic?) view of Dr A R P Walker and others (27 February, p 657). It is certainly true that the compulsions of urban life mean a falling in birth rate. Other important factors are social upgrading and a decrease in infant and child mortality. These socioeconomic changes cause a fall in birth rate even without medicalised contraception. But these changes hardly occur in most of (rural) sub-Saharan Africa.

We are inundated continuously with literature on small-scale projects in which the response to contraception is invariably high. Although this probably pleases the sponsors, it obscures the fact that the population on the whole does not participate at all, for multiple reasons, in contraception—for example, in Kenya only 7%¹ and in Rwanda less than 1%.

We think also that the capacity for food production in countries such as Zaire and Uganda is vastly underexploited. So we have a more realistic view: Chinese-style population restriction is impossible. Medicalised contraception in Africa is not a panacea, and we can expect, without profound socioeconomic changes occurring, a near doubling of the population of sub-Saharan Africa by the year 2000.

A DE CLERCQ

BP934,
Kigali,
Rwanda

A MHEUS

University of Antwerp,
Antwerp, Belgium¹ *Population reports* 1981; series 1, No 3.

The author of this letter is a physician at Kigali Hospital.

DECLARATION DE LA DELEGATION RWANDAISE A LA
CONFERENCE INTERNATIONALE SUR LA POPULATION
MEXICO DU 06 AU 13 AOUT 1984

Les problèmes socio-démographiques ont de tout temps retenu l'attention des pouvoirs publics rwandais.

En effet, le Rwanda, petit pays d'une superficie de 26.338 km² enclavé au coeur de l'Afrique ne dispose que de peu de ressources naturelles alors que sa population de 6 millions d'habitants, encore essentiellement agricole, croît de 3,7 % par an ; le Rwanda connaît une des densités les plus élevées de l'Afrique Continentale : plus de 200 habitants au km².

En fonction de ces contraintes le Gouvernement Rwandais s'est toujours attaché à rechercher les conditions d'un équilibre entre le développement économique et l'accroissement de la population. Ce souci s'est trouvé concrétisé par l'inscription des politiques de population dans les Plans de Développement et création d'institutions responsables de leur exécution.

Ainsi, dès le IIème Plan Quinquennal de Développement Economique, Social et Culturel (1976 - 1981) la croissance de la population était considérée comme l'un des obstacles principaux au développement économique. Pour y faire face, diverses mesures de politique démographique basées sur l'ébauche d'un programme d'espace-ment des naissances, l'émigration vers les pays limitrophes, la densification de l'habitat, l'amélioration de la nutrition, de la santé et de l'alphabétisation et plus généralement, de la couverture des besoins essentiels de la population, étaient préconisées. Pour réaliser ces objectifs, un rôle primordial était dévolu au Conseil Scientifique Consultatif pour les problèmes socio-démographiques, créé en juin, 1974, chargé d'étudier l'ensemble des problèmes consécutifs à l'accroissement de la population et de proposer toutes solutions permettant d'atteindre un meilleur équilibre démo-économique.

Le IIIème Plan de Développement Economique, Social et Culturel (1982-1986) exprime la volonté du Gouvernement Rwandais de poursuivre l'amélioration de la satisfaction des besoins essentiels de la population ; considérant que les fruits de tout effort pourraient être annihilés par la croissance de la population, la nécessité de mettre en oeuvre une politique démographique de planification familiale y est clairement affirmé. Cependant, parce que la résolution du problème démographique passe par le développement économique et nécessite la prise en compte des valeurs socio-culturelles nationales, l'ensemble des mesures susceptibles de permettre de mieux maîtriser

.../...

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la croissance démographique s'intègrent dans une stratégie globale de développement. Parallèlement aux objectifs de baisse de la fécondité sont définies des actions d'amélioration de la nutrition, de l'habitat, de la scolarisation, de la santé, de l'intégration des femmes au développement et plus généralement, d'élévation du niveau de vie. Dans le même temps, afin de renforcer les structures institutionnelles existantes, l'Office National de la Population (ONAPO) a été créé en janvier 1981 ; il héritait de la mission du Conseil Scientifique Consultatif complétée de nouveaux objectifs, notamment dans le domaine de la Protection Maternelle et Infantile et de la Planification Familiale ou de la sensibilisation de la population aux problèmes démographiques.

La mise en oeuvre au cours des IIème et IIIème Plans de ces programmes n'a pu être effectuée que parce que complémentirement s'est améliorée la connaissance des phénomènes démographiques, en particulier grâce à l'organisation en 1978 avec le concours du Fonds des Nations Unies pour les Activités en matière de Population du premier Recensement Général de la Population et de l'Habitat, d'une Enquête Nationale sur la Fécondité en 1983 ou d'autres recherches.

Depuis sa participation à la Conférence Mondiale sur la Population de Bucarest en 1974, le Rwanda s'est donc efforcé de porter davantage l'attention encore aux problèmes de population ; son intérêt s'est même accru à mesure que s'affermissait la prise de conscience d'une possible aggravation des risques de déséquilibre entre sa population et ses ressources lié à l'accélération du rythme de l'accroissement de la population.

Dix ans après, le Rwanda se félicite à l'occasion de sa participation à cette 2ème Conférence Internationale sur la Population de Mexico, d'avoir l'opportunité de faire le point et d'envisager l'avenir.

On doit réaffirmer encore que l'équilibre entre population et ressources ne saurait être approché au Rwanda que par la poursuite d'actions à la fois dans les domaines économiques et démographiques ; il est clair qu'aucun résultat ne pourra être atteint si, parallèlement aux mesures visant à mieux maîtriser la croissance de la population, n'existe aucune amélioration de la santé, de la nutrition, de l'habitat ou de la scolarisation.

Par ailleurs, on ne doit jamais non plus perdre de vue que la recherche d'un meilleur équilibre démographique nécessite de longs délais et d'importantes ressources.

.../...

- 3 -

A cet égard, le Gouvernement Rwandais, qui a lui-même consacré une partie élevée de ses propres ressources à l'exécution de ces programmes en matière de population tient à souligner combien l'effort de la communauté internationale, qu'elle se soit exercé par l'intermédiaire des institutions de coopération multilatérales ou bilatérales, a été apprécié. A l'avenir, pour mieux tenir compte de ces deux contraintes que sont la rareté des ressources disponibles et la longueur des délais, le Rwanda souhaiterait que l'assistance internationale, plutôt que de se baser sur la réalisation de projets de durée et d'objectifs limités, privilégie une vision plus globale et à plus long terme qui, seule, pourrait lui permettre de programmer rigoureusement ses activités dans le domaine de la population. Entre autre le Gouvernement souhaiterait qu'à l'avenir des projets en cours ne soient plus interrompus unilatéralement par certains bailleurs de fonds au détriment des deux parties.

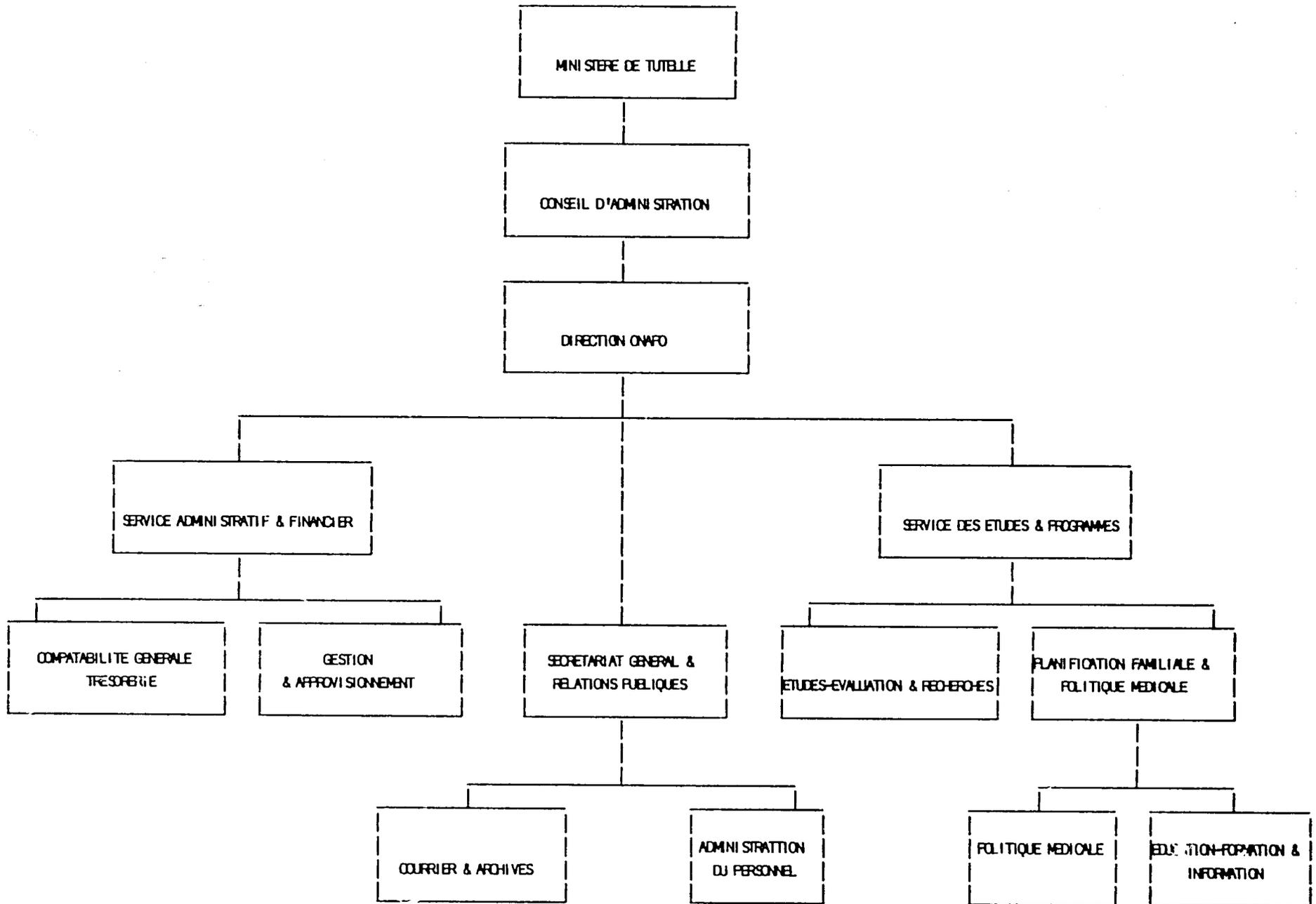
En conclusion, Monsieur le Président, le Gouvernement Rwandais soutient sans réserve le Plan d'Action de Kilimandjaro qui a été l'aboutissement de la Réunion tenue à Arusha en janvier 1964. et qui demandait aux pays africains de faire preuve de volonté politique et prendre des mesures en vue de s'attaquer aux problèmes démographiques du Continent, ainsi qu'à d'autres problèmes connexes.

Le Gouvernement Rwandais renouvelle ses appels à la Communauté Internationale pour faire aboutir ce Plan qui devrait être bientôt approuvé par la Conférence des Ministres des Pays de la Commission Economique pour l'Afrique.

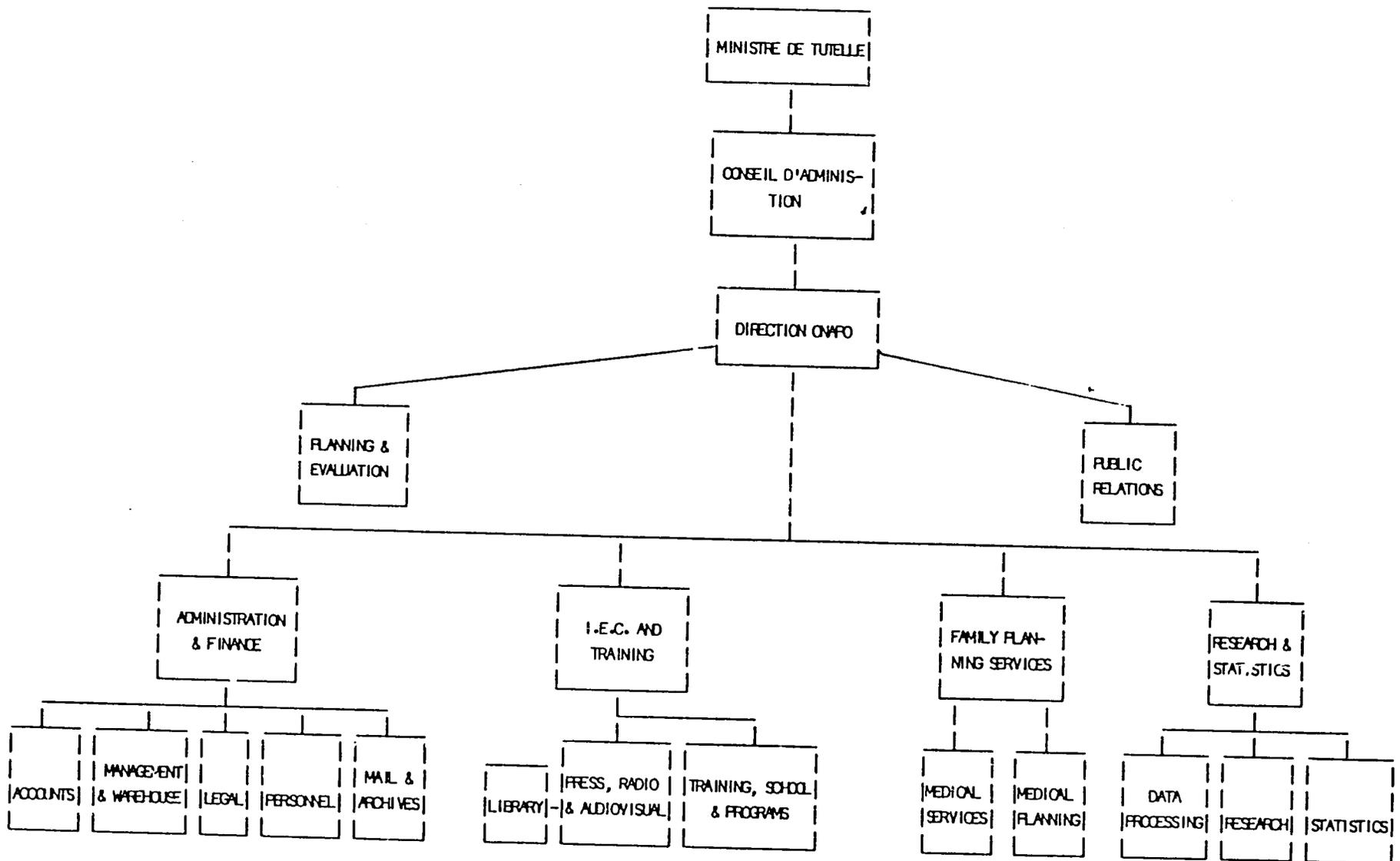
La Délégation Rwandaise

Madame HABIMANA NYIRASAFARI Gaudence
 Chef de la Délégation,
 Monsieur NIYIBIZI Silas, membre
 Docteur SINDABIRIYA Charles, membre
 Madame MUNYAKAZI MUKAFANZI Monique,
 membre,

EXISTING ONAPO STRUCTURE (as of 8/84)



RECOMMENDED ONAPO ORGANIZATIONAL STRUCTURE



83

Liste des Centres donnant les prestations de planning familial
(le 11 juillet 84)

I. Préfecture de Butare (12)

- † 1. Centre Universitaire de Santé Publique
- † 2. Hopital Universitaire
- 3. Hopital de Nyanza
- † 4. Centre de Santé de Kibilizi
- † 5. Centre de Santé de Rusatira
- 6. Centre de Santé de Nyantanga
- † 7. Centre de Santé de Kigembe
- 8. Centre de Santé de Kirarambogo
- 9. Centre de Santé de Kibayi
- 10. Centre de Santé de Runyinya*
- 11. Centre de Santé de Ruhashya
- 12. Centre de Santé de Gisagara

II. Préfecture de Ruhengeri (10)

- † 13. PMI Ruhengeri
- † 14. Centre de Santé Rwankeli
- 15. Centre de Santé Gantonde
- † 16. Centre de Santé Gitare
- 17. Centre de Santé Rwerere
- 18. Centre de Santé Nyamugali
- 19. Centre de Santé Gasiza
- 20. Centre de Santé Shingiro
- 21. Centre de Santé Rusoro
- 22. Centre de Santé Mucaca

III. Préfecture de Kigali (28)

- † 23. Centre Hospitalier de Kigali
- † 24. Camp Militaire de Kanombe
- 25. Hopital de Kanombe
- 26. Centre de Santé de Bilyogo
- 27. Centre de Santé de Kabuye
- 28. Centre de Santé de Nzige
- 29. Centre de Santé de Musha
- 30. Dispensaire de la Banque Commerciale du Rwanda
- 31. Centre de Santé Rubungo
- † 32. Maternité de Nyamata
- 33. Centre de Santé de Gashora
- 34. Centre de Santé de Ruhondo
- 35. Centre de Santé de Kimisagara
- 36. Hopital de Rutongo
- 37. Dispensaire Camp militaire de Kigali

* Ce centre avait arrêté momentanément au mois de mai
† Centres visités

- 38. Maternité de Ruhuha
- 39. Dispensaire du Camp Gako
- 40. Centre de Santé de l'ISAR Karama
- 41. Centre de Santé de Gikomero
- 42. Centre de Santé de Butamwa
- 43. Centre de Santé de Bukoro
- 44. Centre de Santé de Rwahi
- 45. Centre de Santé de Kanyiru
- 46. Centre de Santé de Muhima
- 47. Centre de Santé de Tare
- 48. Centre de Santé de Karengé
- 49. Centre de Santé de Murambi
- 50. Centre médico social de Rwankuba

IV. Préfecture de Kibungo (8)

- † 51. Hopital de Kibungo
- 52. Hopital de Rwamagana
- 53. Hopital de Gishali
- 54. Hopital de Gahini
- 55. Hopital de Rwinkwavu
- 56. Dispensaire de Rukira
- 57. Dispensaire de Mutenderi
- 58. Centre de Santé de Rukoma

V. Préfecture de Gisenyi (5)

- † 59. Hopital de Gisenyi
- 60. Hopital de Shire
- 61. Hopital de Muhororo
- 62. Hopital de Kabaya
- † 63. Maternité de Nyundo

VI. Préfecture de Byumba (5)

- 64. Hopital de Byumba
- 65. Hopital de Nyagatare
- 66. Hopital de Kiziguro
- 67. Hopital de Ngarama
- 68. Dispensaire de Gakenke

VII. Préfecture de Kibuye (6)

- 69. Hopital de Kibuye
- 70. Hopital de Kilinda
- 71. Hopital de Kibogora
- 72. Centre de Santé de Murunda
- 73. Centre de Santé de Nyange
- 74. Centre de Santé de Munzanga

VIII. Préfecture de Cyangugu (4)

- 75. Centre de Santé de Mushaka
- 76. Hôpital de Bushenge
- 77. Hôpital de Mibilizi
- 78. Hôpital de Kibogora

IX. Préfecture de Gitarama (4)

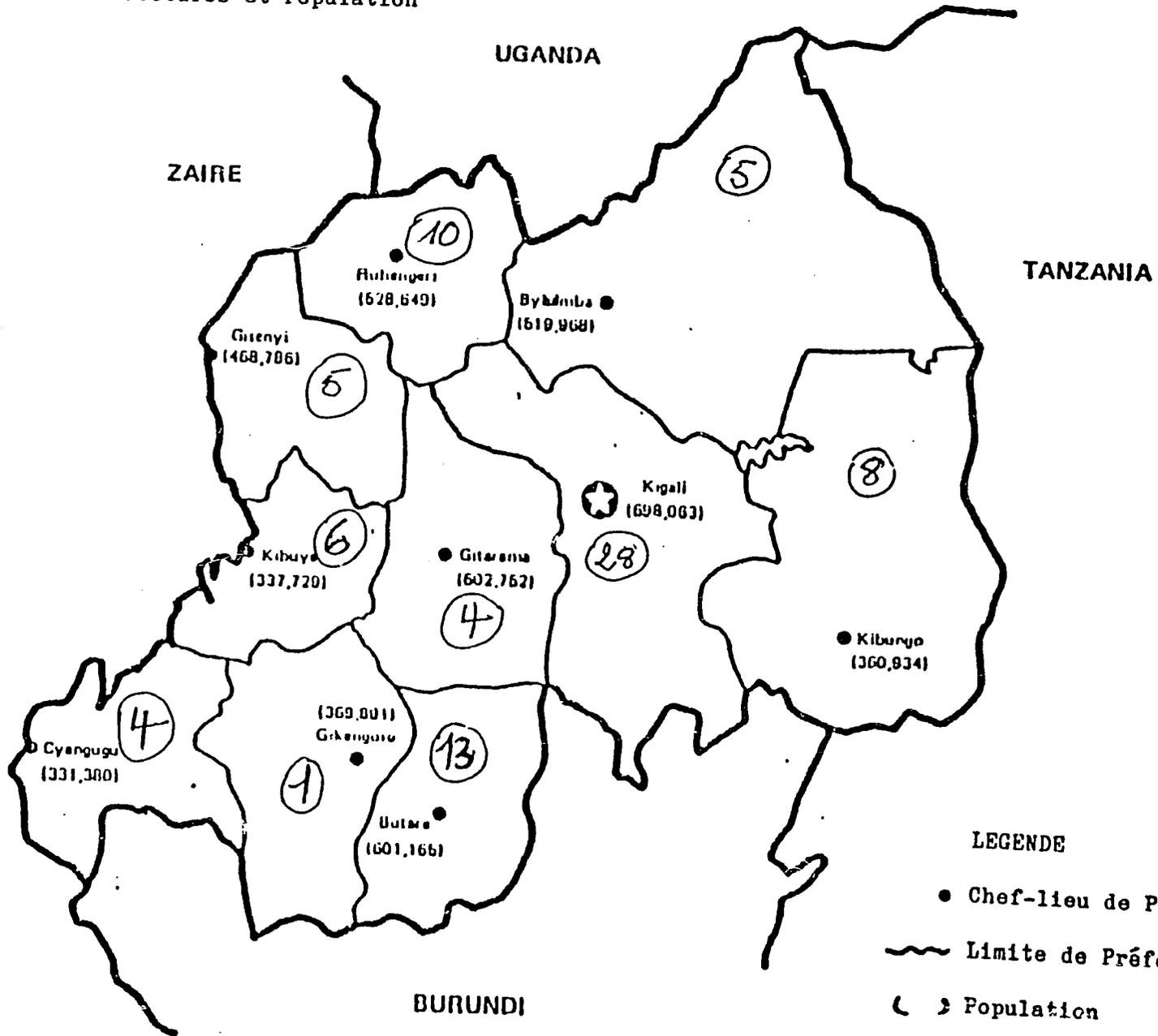
- 79. Hôpital de Remera-Rukoma
- 80. Hôpital de Kabgayi
- † 81. Centre de Santé de Kigoma
- 82. Centre de Santé de Musambira

X. Préfecture de Gikongoro (1)

- 83. Hôpital de Kigeme

CARTE DU RWANDA

Préfectures et Population

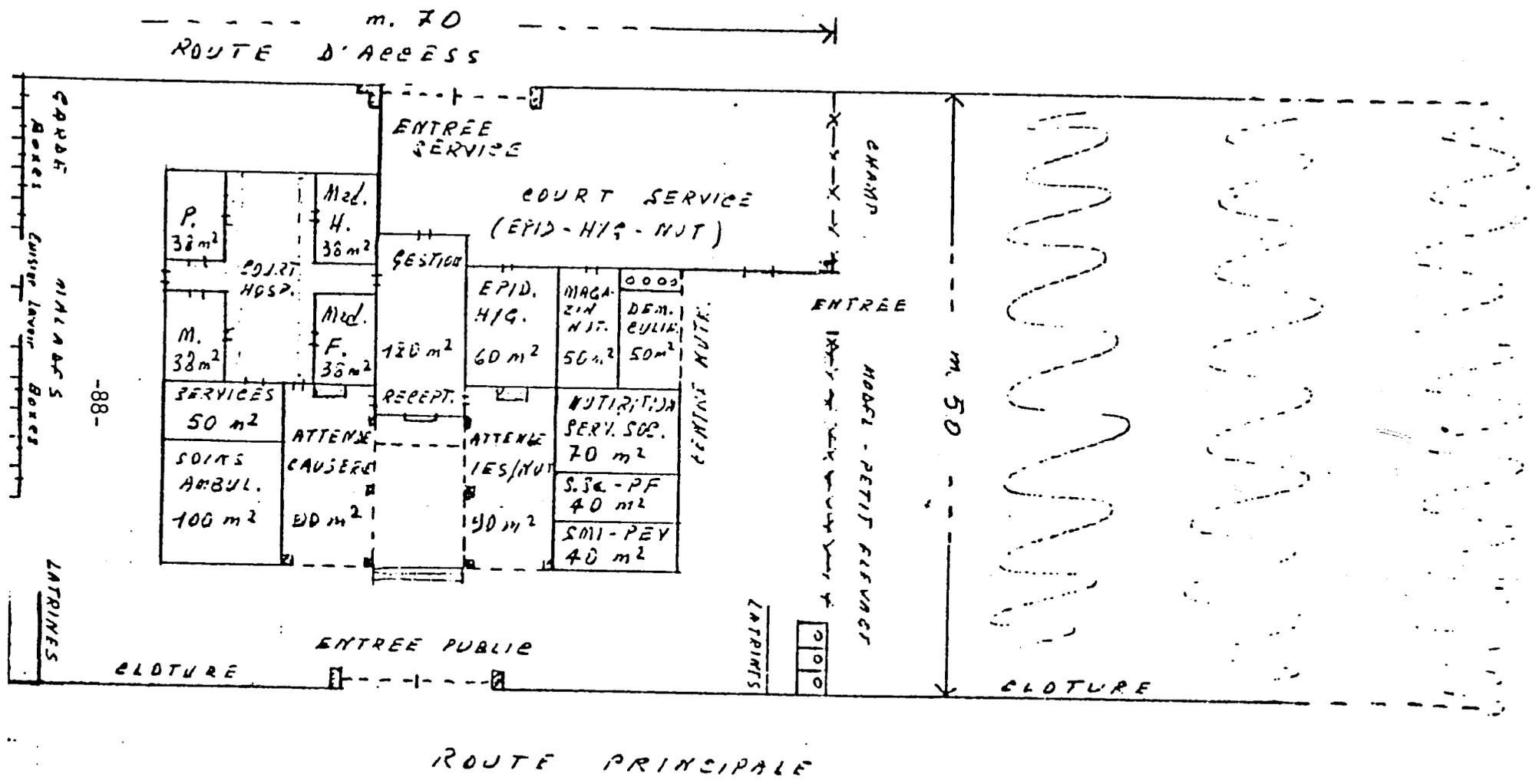


MAP OF RWANDA:
NUMBER OF HEALTH FACILITIES OFFERING
FAMILY PLANNING IN EACH PREFECTURE
AUGUST 1984

SOINS DE SANTE PRIMAIRES

EMPLACEMENT D'UN CENTRE DE SANTE

surface bâtie ± 730 m² - surface occupée ± 3500 m² (sans le champ risqué)



NB.- LA court d'hospitalisation peut être supprimée et les patients reçus (économie d'espace et de frais)
 - l'espace réservé peut être réduit à ± 2400 m²

cloture

cloture

ESPACE VERT

COURT LE SERVICE

Haie verte

BOITES GARDER MALADES

COURT

-68-

Femmes (6 lits)

Pediatric (8 lits)

SERVICES
- Sterilisation
- Petite chirurgie
- Salle de garde
50 m²

SOINS AMBUL.
- Consult. 10 m²
- X-ray 10 m²
- Pharm. 10 m²
- Distr. med. 10 m²
- Laborat. 20 m²
- Serv. lect. 10 m²
100 m²

HOSPITALISATION
150 m²

Hommes (6 lits)

Maternité (10 lits)

- CAUSIQUES
- Attente
90 m²
(Terrasse couverte)

GESTION

- Administr.
- Statist.
- Archives
- Pharmacie
- Supervision
- Reception
120 m²

- Service Epidémiol.
- Hygiène Assain.
60 m²

- Educat. Sanit. et Nutrition.
- Attente
90 m²
(Terrasse couverte)

Méjasin
- denrées et autre
50 m²

- Nutrition
- Services soci.
- Visites dom.
70 m²

Santé
Sociale
40 m²

Plan. Fam.
40 m²
SMI - PEV.
40 m²

00000
Dentist
Eulnair
50 m²

CENTRE NUTRITIONNEL
(170 m²)

ESPACE VERT
(Arbres à fruits)

Haie verte

LATRINES PUBLIQUES

LATRINES PUBLIQUES

cloture

Entrée

cloture

S.P. - CENTRE DE SANTE

m. 67,5

ROUTE PRINCIPALE

ANNEX D

REPUBLIQUE RWANDAISE
 MINISTERE DE LA SANTE
 PUBLIQUE
KIGALI.

Kigali, le 3 juillet 1980

N° 14/1461 /1.2.06/80

- ✓ - Monsieur le Médecin Directeur de l'Hôpital de KIGALI.
- Monsieur le Médecin Directeur de l'Hôpital de RUHENGARI.
- Monsieur le Médecin Directeur de l'Hôpital de BUTARE.
- Monsieur le Chef du Projet C.H.K.
- Monsieur le Chef du Projet Ruhengeri.
- Monsieur le Doyen de la Faculté de Médecine de BUTARE.

Monsieur,

J'ai l'honneur de vous rappeler que la ligature des trompes n'est permise par la politique nationale qu'en cas d'indication médicale et encore avec le consentement du couple.

Les coelioscopes américains qui sont à votre disposition ne peuvent être utilisés que dans pareille circonstance. Je vous demande d'attendre les instructions du Gouvernement Rwandais pour débiter les activités de planning familial devant se faire dans les hôpitaux que vous dirigez comme activités pilotes d'essai. Ici aussi je tiens à préciser que, même le moment venu de commencer l'essai des différentes méthodes de planning familial, la ligature des trompes et toutes les autres méthodes non réversibles ont été rejetées par la politique rwandaise en ce domaine.

Le Ministre de la Santé Publique
 Dr. MUSAFILI Ildonhose.

Copie pour information :

- Son Excellence Monsieur le Président de la République Rwandaise KIGALI.
- Monsieur le Secrétaire Général du MINRD KIGALI.
- Monsieur le Ministre des Affaires Sociales et du Mouvement Coopératif KIGALI.

Personnel de santé en service en 1983

Catégories		% par habitant
Médecins	186	1/29
Assistants médicaux	275	1/20
Infirmières A1	78	1/70
Infirmiers A2	326	1/16
Infirmiers A3	497	1/11
Aide-infirmières	172	1/32
Aide-accoucheuses	188	1/29
Assistantes sociales	111	1/49
Auxiliaires sanitaires	93	1/59
Techniciens de vaccination	74	1/74
Pharmaciens	5	1/1100
Laborantins	61	1/90
	----	-----
Total	2066	

Il existe d'autres spécialistes qui ne sont pas mentionnés dans le rapport annuel de 1983. Leur nombre était en 1982 de 167.

Source : Rapport Annuel du Service des Statistiques du MINISAPASO.

ANNEX M

*Rwanda Pilot Demonstration Project
IEC Component: Departure
Report, Donald J. Bogue,
Univ. of Chicago (April 8, 1963)*

RECOMMENDATIONS TO ONAPO
ABOUT COMMUNICATION-EDUCATION

(Translated from French)

PHASE I. Prepare each clinic in the pilot area to provide information about:

- the benefits of family planning
- the methods of contraception
- the services available at the clinic.

A. Assign a medical auxiliary to each clinic to be "family planning educator"

1. Give her the following materials:
 - (a) 3 copies of the book Contraception
 - (b) 500 copies of leaflets each for oral pill, IUD, and injection
 - (c) Flip chart for pill, IUD, and injection
 - (d) Charts of physiology of human reproduction
 - (e) Poster: "You can get family planning service at this clinic--Ask the nurse"
 - (f) Display of contraceptives
2. Teach the auxiliary how to counsel clients for family planning.
3. Have medical auxiliary talk to every woman after delivery to recommend family planning.
4. See that posters are displayed, contraceptive displays are in use, and leaflets available.

PHASE II. Press Graphics

- A. Prepare a poster on the benefits of family planning and post in public places.
- B. Prepare a poster on location of clinics where family planning services are available. Post in public places.
- C. Prepare newspaper items on benefits of family planning and places of service. Get them published in the newspaper.

PHASE III. Radio Programs

- A. Prepare a set of 5 programs on family planning to be broadcast as a part of an awareness campaign:
 1. Health benefits of FP
 2. Economic benefits of FP
 3. Benefits of FP for children
 4. Benefits of FP for Rwanda
 5. The family planning methods

[Each program should announce the locations where services are available, and invite listeners to go to clinics to get the leaflets.]

PHASE IV. Deliver one set of leaflets/brochures to each leader of a democratic cell. Ask the leader to have someone able to read them aloud:

- A. To the women of the group, and
- B. To the men of the group. Each group should discuss the idea of family planning and the methods.

PHASE V. Continue public meetings.
Use slides, movies, contraceptive displays.

. . .

Summary of Materials Needed

<u>Materials</u>	<u>Status</u>
1. Booklet on <u>Contraception</u>	Completed
2. Leaflets/methods	Revise, translate
3. Leaflets/benefits	Revise, translate
4. Poster--benefits of family planning	Revise, translate
5. Display of contraceptives	Completed
6. Flip charts	Revise, translate
7. Poster--family planning services	To be designed
8. Brochure: how to counsel for family planning	Revise, translate
9. Newspaper articles	To be written
10. Radio program	To be prepared

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THIRD COUNTRY AND U.S. TRAINING IN FAMILY PLANNING
FINANCED BY USAID RWANDA, 1982

Name	Profession	Employer	Training	Country	Dates	Is Current Job Appropriate to the Training Received?
<u>1982</u>						
1. Celestin Nyabende	Doctor	ONAPO	Reproductive Health for FP Administration	Baltimore, U.S.A.	7/7 - 2/8	No
2. Pascasie Mukamfiz	Doctor	ONAPO	Family Health	Mauritius	30/10 - 11/12	Yes
3. Patrice Nzahabwanamungu	Master of Arts	ONAPO	Communication/Education/Administration	Chicago, U.S.A.	21/61 - 13/8	Yes
4. Anselm Mbugulize	Doctor	Ministry of Health	Health and Community Development	N.Carolina U.S.A.	5/7 - 31/7	?
5. Sixte Zigirumugabe	Master of Education	ONAPO	Health and Community Development	N.Carolina U.S.A.	5/7 - 31/7	Yes
6. Athanasie	Masters In Sociology	ONAPO	Health and Community Development	N.Carolina U.S.A.	5/7 - 31/7	Yes
7. Dracelle Niyonsaba	Natural Sciences	ONAPO	Health and Community Development	N.Carolina U.S.A.	5/7 - 31/7	Yes
8. Chantal Muhawelinimana	Social Worker	ONAPO	Health and Community Development	N.Carolina U.S.A.	5/7 - 31/7	Yes
9. Danascene Mbonigaba	Masters In Sociology	ONAPO	Family Health	Mauritius	3/10 - 11/12	Yes
10. Therese Vzamukunda	Social Worker	ONAPO	Communication for Population and Social Development	Dakar, Senegal	10/11 - 7/12	Yes
11. Francois Byume	Humanities	Ministry of Social Affairs	Communication for Population and Social Development	Dakar, Senegal	10/11 - 7/12	?
12. Etienne Sendegeya	Trainer, Cooperatives	Ministry of Social Affairs	Communication for Population and Social Development	Dakar, Senegal	10/11 - 7/12	?
13. Wellars Kayiranga	Social Worker	Ministry of Social Affairs	Communication for Population and Social Development	Dakar, Senegal	10/11 - 7/12	?
14. Cyrildon Ukulikiyimfura	Doctor	ONAPO	Sexually Transmitted Diseases	Baltimore, U.S.A.	10/11 - 7/12	Yes

THIRD COUNTRY AND U.S. TRAINING IN FAMILY PLANNING
FINANCED BY USAID RWANDA, 1983

Name	Profession	Employer	Training	Country	Dates	Is Current Appropriate the Training Received?
<u>1983</u>						
1. Cyridion Ukulillyimfura	Doctor	ONAPO	Laparoscopic Techniques	Tunisia	2/5 - 23/5	Yes
2. Chrysostome Ndingabazizi	Doctor	ONAPO	Course for Family Planning Administration	Baltimore, U.S.A.	13/6 - 2/7	Yes
3. Dutade Ntezizaza	Doctor	ONAPO	?	Tunisia	15/71 - 1/8	Yes
4. Bosco Kaberuka	Doctor	ONAPO	Sexually Transmitted Diseases	Baltimore, U.S.A.	3/10 - 14/10	Yes
5. Castule Kamanza	?	ONAPO	Workshop on Management of Family Planning Programs	Santa Cruz, U.S.A.	26/9 - 18/11	Yes
6. Anifa Mukandekazi	Nurse	Ruhengeri Hospital	Workshop on Management of Family Planning Programs	Santa Cruz, U.S.A.	26/9 - 18/11	Yes
7. Longin Rukanika	?	MINISAPASAO Ministry of Health	Workshop on Management of Family Planning Programs	Santa Cruz, U.S.A.	26/9 - 18/11	Yes
8. Augustin Ntabyera	?	MINISAPASAO Ministry of Health	Workshop on Management of Family Planning Programs	Santa Cruz, U.S.A.	26/9 - 18/11	Yes
9. Agnes Kayitesi	?	MINISAPASAO Ministry of Health	Workshop on Management of Family Planning Programs	Santa Cruz, U.S.A.	26/9 - 18/11	Yes
10. Gabriel Muligande	?	MINISAPASAO Ministry of Health	Workshop on Management of Family Planning Programs	Santa Cruz, U.S.A.	26/9 - 18/11	Yes
11. Antoinette Nishyirambera	Accountant	ONAPO	Management of Family Planning Programs	Wash., D.C. U.S.A.	17/9 - 15/11	Yes
12. Rwigyuro Jeanne d'Arc	Accountant	CUSP, Butare	Management of Family Planning Programs	Wash., D.C. U.S.A.	17/9 - 15/11	Yes
13. Veronique Nyirahagenimana	Nurse A2	Kanombe Health Ctr.	Clinical Training in Family Planning	Mauritius	10/8 - 11/5	No

1983 (cont.)

Name	Profession	Employer	Training	Country	Dates	Is Current Appropriate the Training Received?
<u>1983 (cont.)</u>						
14. Gertrude Mzamukosha	Nurse A2	CUSP, Butare	Clinical Training In Family Planning	Mauritius	10/8 - 11/5	Yes
15. Domitille Mukankusi	Nurse A2	Ruhengeri Hospital	Clinical Training In Family Planning	Mauritius	10/8 - 11/5	Yes
16. Sylvie Mukanusoni	Nurse A2	Kimisagara Health Ctr.	Clinical Training In Family Planning	Mauritius	11/5 - 12/10	Yes
17. Jeannette Akingeneye	Nurse A2	Kimisagara Health Ctr.	Clinical Training In Family Planning	Mauritius	11/5 - 12/10	Yes
18. Godelieve Dusengemungu	Nurse A2	Kanombe Health Ctr.	Clinical Training In Family Planning	Mauritius	11/5 - 12/10	?
19. Dativa Musabyeuzu	Nurse A2	Kirarambogo Health Ctr.	Clinical Training In Family Planning	Mauritius	11/5 - 12/10	Yes
20. Evariste Hakizimana	Doctor	MINISAPASAO Ministry of Health	Observation Visit In Family Planning	Wash., D.C. Mexico, Jamaica, Tunisia	10/16 - 11/12	?
21. Vincent Kayihura	Doctor	MINISAPASAO Ministry of Health	Observation Visit In Family Planning	"	10/16 - 11/12	?
22. Celestin Nyabenda	Doctor	ONAPO	Observation Visit In Family Planning	"	10/16 - 11/12	No
23. Seraphim Bararengana	Doctor	Nat'l Univ. Butare	Observation Visit In Family Planning	"	10/16 - 11/12	?
24. Verena Mukayiranga	Pub.Health	Nat'l Univ. Butare	Observation Visit In Family Planning	"	10/16 - 11/12	?
25. Landrada Mukayiranga	?	Ministry of Soc.Affairs	Observation Visit In Family Planning	"	10/16 - 11/12	?
26. Niyikiza Clet	Statistics	ONAPO	Statistics	Bloomington Indiana USA	7/4	Yes
27. Kayiraba Generox	Sociolo- gist	ONAPO	Population Planning	Bloomington Indiana USA	7/4	Yes

THIRD COUNTRY AND U.S. TRAINING IN FAMILY PLANNING
FINANCED BY USAID RWANDA, 1984

Name	Profession	Employer	Training	Country	Dates	Is Current Appropriation for the Training Received
<u>1984</u>						
1. Charles Uwayo	Radio Producer	ONAPO	Audio Visuals for Family Planning	Mali	16/7 - 4/8	Yes
2. Jean N. Mbarushimana	Graphic Artist	ONAPO	Audio Visuals for Family Planning	Mali	16/7 - 4/8	Yes
3. Patrice Nzahabwanawungu	Public Relations	ONAPO	Social Communications	Chicago, U.S.A.	_____ - 20/8	Yes
4. Emmanuel Semana	Press	ONAPO	Social Communications	Chicago, U.S.A.	_____ - 20/8	Yes
5. Jean Minani	Nurse	Medical School, Butare	Anesthesiologist	Morocco	5/3 - 16/3	Yes
6. Habaru Gira Pascal	Doctor	Medical School, Butare	Laparoscopy	Tunisia	5/3 - 23/3	Not
7. Chrysostome Ndingababizi	Doctor	CUSP	Laparoscopy	Morocco	26/3 - 4/4	Not
8. Uwanyillys Odetti	Nurse	Medical School	Operating Room Specialist	Morocco	26/3 - 4/4	Yes
9. Mukabandora Scholastique	Nurse	Medical School	Anesthesiologist	Tunisia	9/4 - 20/4	Yes
10. Kantamaga Leontie	Nurse	Kigali Hospital	Anesthesiologist	Tunisia	9/4 - 20/4	Yes
11. Nyirahate Gekimana Cecile	Nurse	Medical School	Family Planning	Tunisia	7/5 - 25/5	No
12. Nduwayezu, J. Damasceno	Planner	Office of the Pres.	IPOP Seminar for Planner	Wash., D.C. U.S.A.	1/7 - 12/7	Yes
13. Monique Mukamanzu	Demographer	ONAPO	International Conference	Mexico	3/8 - 17/8	Yes
14. Niyibizi Silas	Statistician	Census Bureau	International Conference	Mexico	3/8 - 17/8	Yes
15. Frandual	Statistician	ONAPO	On-the-Job Training	Tunisia	1/6 - 26/6	Yes

EMPLOI DU TEMPS

FORMATION DES AUXILIAIRES DE LA PLANIFICATION FAMILIALE

DU AU

	Jours		LUNDI	MARDI	MERCREDI	JEUDI	VENDREDI	SAMEDI
	Heures							
P R E M I E R E S E M A I N E	08-09h		Enregistrement des participants	Situation socio-démographique	Situation socio-démographique	Communication interpersonnelle et de masse	Diffusion d'innovation	SMI
	09-10h		"	"	"	"	"	SMI
	10h-11h		Ouverture	Situation socio-démographique	Communication Sociale. Notions	Diffusion d'innovations	Anatomie et physiologie	SMI
	11h-12h		Fiche Biographique	"	Communication Interpersonnelle et de masse	"	"	SMI
	12h-14h		Repos	Repos	Repos	Repos	Repos	W E E K E N D
	14h-15h		Présentation de l'ONAPO	Communication sociale notions générales	Communication Interpersonnelle et de masse	Anatomie et physiologie	SMI	
	15h-16h 16h-17h		" "	" "	" "	" "	SMI SMI	

(COURSE SCHEDULE FOR ONAPO NON-CLINICAL TRAINING OF AUXILIARIES IN FAMILY PLANNING)

D E U X I E M E S E M A I N E	Jours	LUNDI	MARDI	MERCREDI	JEUDI	VENDREDI	SAMEDI
	Heures						
	08-09h	Methodes Naturelles de P.F.	Education pour la vie Familiale	Education pour la vie familiale	Infertilité et avortement	Fiche d'évaluation	Lecture libre
	09h-10h	"	"	"	"	"	
	10h-11h	"	"	"	"	"	Moment libre
	11h-12h	"	"	"	"	Reponses aux questions sur l'ONAPO	Clo-ture
	12h-14h	Repos	Repos	Repos	Repos	Repos	
	14h-15h	Méthodes modernes de	Méthodes modernes de P.F.	Conduite de l'examen clinique en P.F.	Travail sur terrain: mise en commun	Preparation des Recommandations	
	15h-16h	Méthodes modernes de	"	"	Conférence du Ministère de la Santé Publique et des Affaires Soc.	echanges: objectifs individuels	
16h-17h	Communication	"	Communication sur la P.F. Discussion	Conférence du Ministère de l'intérieur du Dev. Com.	echanges: objectifs individuels		

Table 4.4
Social Indicators

	<u>Rwanda</u>			<u>Reference - low Income Sub-Saharan African States</u>
	<u>1960</u>	<u>1970</u>	<u>Most Recent Est.</u>	
Population (000)	2,858.0	3,695.0	5,530.0	----
% Urban	2.4	3.2	4.5	17.8
Population density per arable sq km.	189.3	240.7	295.3	86.7
Crude Birth Rate	51.2	----	53.3	47.3
Crude Death Rate	27.2	22.3	20.1	19.5
Life Expectancy at Birth (years)	37.2	42.1	45.2	45.6
Infant mortality rate (per 000)	147.0	142.0	137.0	129.9
Child mortality rate (ages 1-4)	32.0	30.5	29.0	26.7
Primary School Enrollment (%)				
Male	68.0	83.0	74.0	72.7
Female	30.0	64.0	67.0	50.2
Total	49.0	73.0	70.0	63.2
Secondary School Enrollment (%)				
Male	2.0	3.0	3.0	13.2
Female	30.0	1.0	1.0	6.6
Total	49.0	2.0	2.0	10.2
Vocational Enrollment (%of Secondary)	39.9	12.2	16.7	7.9
Adult literacy Rate (%)	16.4	23.0	49.5	34.0

Source: World Bank

RESULTATS ATTENDUS DE LA MISE EN OEUVRE DE LA POLITIQUE
(DEMOGRAPHIC PROJECTIONS EXPECTED AS A RESULT OF RWANDAN POPULATION PROGRAM)
(THIRD PLAN 1982-86)

<u>SITUATION 1978</u>				
Age	Effectif (milliers)	Naissances (milliers)	Taux de fécondité (%)	Fécondité actuelle
15-19	286,7	14,2	49	0,2
20-24	232,2	70,1	302	1,5
25-29	167,8	67,9	405	2,0
30-34	118,0	44,5	377	1,9
35-39	111,2	34,3	309	1,6
40-44	101,9	20,2	198	1,0
45 et +	158,5	9,6	61	0,6
TOTAL	1.176,3	260,8	222	8,8 (1)

(1) Calculé à partir des données brutes du recensement. Le chiffre de 8,6 cité page 11 se réfère aux données corrigées. Cette différence donne une estimation de la précision de la donnée et on comprendra 8,8 (ou 8,6) \pm 0,2 enfants.

<u>PREVISIONS 1986</u>							
Effectif (milliers)	Taux de Fécondité naturelle	% Population touchée par action	% de réussite	Taux de Fécondité objectif	Fécondité actuelle objectif	Naissances (milliers)	Naissances évitées (milliers)
360,2	49	100	60	20	0,1	7,2	10,4
293,4	302	32	50	254	1,3	74,5	14,1
237,3	405	3	50	398	2,0	94,4	1,7
191,4	377	4	50	369	1,8	70,6	1,5
153,6	309	5	50	301	1,5	46,2	1,2
122,8	198	20	90	162	0,8	19,9	4,4
174,4	61	20	90	52		9,0	2,2
1.533,1	233	5,4		220	8,0	321,8	35,3

Année	1978	1986 sans action	1986 avec programme
Taux de natalité %	54	55	49
Taux de mortalité %	17	16	14
Taux de croissance naturelle %	37	39	35 (2)

(2) Pour permettre d'obtenir en moyenne 3,7% au cours du Plan

Pays Préfecture Indices	BUTARE	BYUMBA	CYANGUGU	GIKONGORO	GISENYI	GITARAMA	KIBUNGO	KIBUYE	KIGALI	RUHENGERI	RWANDA
	Taux brut de natalité (%) (1)	48	51	58	53	61	46	51	60	57	60
Taux global de fécondité générale (%) (2)	198	230	255	229	260	203	231	262	256	264	237
Taux de fécondité générale par groupe d'âges (%) (3)											
15 - 19	23	56	67	40	59	30	55	58	66	54	49
20 - 24	230	205	346	257	340	270	296	339	323	335	302
25 - 29	375	382	428	414	430	371	373	452	411	440	405
30 - 34	335	350	399	406	408	344	349	435	380	418	377
35 - 39	258	290	313	319	342	277	294	351	322	370	309
40 - 44	154	193	196	198	224	159	187	223	209	256	198
45 - 49	62	96	92	99	110	65	80	117	93	109	91
Sommes des naissances réduites (4)	7,2	8,4	9,2	8,7	9,6	7,6	8,2	9,9	9,0	9,9	8,6

- (1) Rapport des naissances vivantes survenues une année donnée, à la population moyenne de cette date
- (2) Rapport du nombre de naissances vivantes à un âge donné des femmes, à la population féminine moyenne de cette date
- (3) Rapport de l'ensemble des naissances vivantes à la population féminine âgée de 15 à 49 ans
- (4) Nombre moyen d'enfants qu'une femme aurait si de 15 à 50 ans, elle était soumise aux taux de fécondité enregistrés en 1978.

FICHE STATISTIQUE MENSUELLE DE PLANNING FAMILIAL

I.N.R. 1016 - 5000

Imprimer en 3 exemplaires	
Date de Reception	
ONAPO	
Superviseur	
Institution	

MOIS
ANNEE

METHODES	NOUVELLES	ANCIENNES	TOTAL	COMMENTAIRES
DIU				Nombre de cycles distribués
				Indiquez nombre de retraits
DEPOPROVERA				
METHODES BARRIERES				Nombre d'unités distribuées
				1. Comprimés vaginaux
				2. Gelee
				3. Mousse
				4. Crème
				5. Diaphragme
TOTAL				

CHANGEMENT DE METHODES		Total	COMMENTAIRES
De Diu à	Pilule		
	Depoprovera		
	Barnères		
De Pilule à	Diu		
	Depo		
	Barnères		
De Depo à	Pilule		
	Diu		
	Barnères		
De Barnière à	Pilule		
	Diu		
	Depo		
	Pilule		

Nom du Superviseur: 105

DOSSIER FAMILIAL

DATE OUVERTURE:

N° P.F.:

CENTRE DE SANTE / HOPITAL :

PREFECTURE:

DOMICILE: CELLULE:

SECTEUR:

COMMUNE:

PREFECTURE:

PERE	PARENTS	MERE
	NOM	
	PRENOM	
	DATE DE NAISSANCE	
	STATUT MARITAL, DEPUIS	
	NOMBRE ANNEES ETUDES PRIMAIRES	
	SECONDAIRES	
	TECHNIQUES	
	UNIVERSITAIRES	
	OCCUPATION OU PROFESSION	
	RELIGION	
OUI - NON	SAIT LIRE	OUI - NON
OUI - NON	A DEJA VECU EN MILIEU URBAIN	OUI - NON
	REVENUS	

ENFANTS

N	PRENOM	S E X E	DATE NAISS	ACCOUCHEMENT					CONS		DATE SI DECES	REMARQUES
				POIDS	TERME	T Y P E	LIEU	H E M	P N	C N		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

HABITAT

DUREE TRAJET JUSQU'AU CENTRE DE SANTE		POSSESSION CHAMPS OUI-NON	
HABITATION: POSSEDEE OUI-NON		CULTURE CHAMPS OUI-NON	
MATERIAU CONSTRUCTION		POSSESSION BETAIL OUI-NON	
EAU COURANTE OUI-NON		NOMBRE DE POULES CANARDS	
TYPE D'ANCES		LAPINS COCHONS MOUTONS	
ELECTRICITE OUI-NON		RADIO OUI-NON	
		CHEVRES VACHES	

ORAP - MINISANTE

