

PD-AAV-648

IAN=50225



Intrah

Trip Report

0-287

Travelers: Ms. Patricia Prather Gomez,
IHP Consultant

Country Visited: RWANDA

Date of Trip: In-Country: Jan. 20-Feb. 10, 1987
Nairobi Debriefing: Feb. 11, 1987

Purpose: To Plan and Conduct Clinical Training of 10 Nurses and Medical Assistants, Jan. 26 - Feb. 7, 1987.

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

TABLE OF CONTENTS

	<u>PAGE</u>
LIST OF ABBREVIATIONS	
EXECUTIVE SUMMARY.....	i
SCHEDULE OF ACTIVITIES.....	iii
I. PURPOSE OF TRIP.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	3
IV. DESCRIPTION OF ACTIVITIES.....	4
V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS.....	9

APPENDICES

- A. PERSONS CONTACTED/MET
- B. PARTICIPANTS
- C. PRE/POST TEST SCORES
- D. SUMMARY OF PARTICIPANT REACTION RESPONSES
- * E. CURRICULUM
- * F. MATERIALS GENERATED
- G. PRE/POST TEST INSTRUMENT
- **H. INTRAH BIODATA FORMS
- **I. INTRAH PARTICIPANT REACTION FORMS
- J. INTRAH DEBRIEFING, NAIROBI

* On file with INTRAH Program Office

**On file with INTRAH Data Management Services.

LIST OF ABBREVIATIONS

MOH	Ministry of Health
ONAPO	National Office of Population
CHK	Centre Hospitalier de Kigali (Kigali Medical Center)
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics

EXECUTIVE SUMMARY

Patricia Prather Gomez, C.N.M., M.P.H., International Health Programs (IHP) Consultant, visited Kigali, Rwanda, from January 20 - February 10, 1987. The purpose of this visit was to conduct a two-week didactic and clinical training program in family planning (FP) for ten nurses and medical assistants in support of the National Office of Population (ONAPO)/INTRAH sub-contract workplan. Helen Sirica, C.N.M., M.S.N., IHP Program Coordinator, was unable to travel to Rwanda due to illness.

This two-week training activity was a follow-up of the Curriculum Development workshop held in Kigali in November 1986, during which a preliminary FP training curriculum was developed for use in this training activity and in the subsequent training of 90 paramedical personnel. The three ONAPO physicians who participated in the November training acted as didactic and clinical preceptors during this training, which provided them with the opportunity to evaluate the curriculum as well as experience and manage the logistical problems created by a shortage of clinical practicum sites.

It had been determined during the November Curriculum Development workshop, that this first FP clinical training activity would be considered a pilot project to evaluate the general plan and curriculum for the training of the first set of ten FP service providers (see INTRAH Trip Report #0-297). The recommendations from this pilot are, as follows:

1. Financial arrangements should be made well in advance of each training activity.
2. The following subject areas should be added to the curriculum:
 - male anatomy and physiology;

- introduction to demographics measures used to assess the health of populations;
 - values clarification; and
 - skills and knowledge in the use of microscopes for the diagnosis of vaginal infections and STDs.
3. The number of participants in each FP clinical training activity should be reduced from ten to seven.
 4. FP clinical training should be extended to three weeks.
 5. Supervision and follow-up should be formally included in the FP clinical training plan.

SCHEDULE DURING VISIT

- January 20 Ms. Gomez arrived in Kigali via Paris
10:45 a.m.
- Met with Dr. Munyakazi and Dr.
Ntezilizaza, National Office of
Population (ONAPO).
- January 21 Met with Mr. Richard Thornton,
Population Officer, OAR/Rwanda.
- Met with Dr. Maryse Pierre-Louis,
USAID/Rwanda Technical Advisor to ONAPO.
- Worked with Dr. Munyakazi and Dr.
Ntezilizaza to plan didactic and
clinical components of training.
- Met with Dr. Evariste Hakizimana, Chief
of the Study and Program Section, and
acting in Madam Habimana's absence.
- Telephone conversation with Ms. Lynn
Knauff, INTRAH Deputy Director, to
arrange transfer of funds from INTRAH/CH
to ONAPO.
- January 22 Telephone conversation with Mr. Thornton
to apprise him of conversation with Ms.
Knauff.
- Site visits to Kanombe and Mohima Family
Planning Service Centers with Dr.
Munyakazi and Dr. Ntezilizaza to
determine their potential as clinical
training sites.
- Continued to discuss and delineate
schedule and sharing of responsibilities
for training with Dr. Munyakazi and Dr.
Ntezilizaza.
- Met with Dr. Pierre-Louis and Dr.
Hakizimana to discuss outcome of
conversation with Ms. Knauff.

- January 23 Met with Mr. Castule Kamanzi, ONAPO/INTRAH Project Liaison, regarding logistics of lodging trainees at the training center and clinical component of training.
- Continued to work with Dr. Munyakazi and Dr. Ntezilizaza to finalize training schedule and needs.
- Telephone conversation with Mr. Thornton to give status report.
- January 24 Finalized typing of curriculum and other training documents with Dr. Munyakazi and Dr. Ntezilizaza.
- Prepared for presentation during Opening Ceremonies and for didactic presentations.
- January 26 - 31 Didactic component of Family Planning Training program.
- January 26 Opening ceremony at ONAPO Training Center with Dr. Hakizimana presiding.
- January 29 Met with Dr. Hakizimana to resolve remaining logistical and budgetary problems. Meeting with Mr. Kamanzi to discuss logistics of this and March/April training activity.
- February 2 National Holiday declared by the President. No clinics functioning; students worked on case studies in their clinical sites with trainers.
- February 3 - 6 Clinical training in Kigali, Butare and Ruhengeri.
- February 3 Supervised the five trainees at Centre Hospitalier de Kigali (CHK).
- February 4 Field trip to Ruhengeri with Mr. Kamanzi to visit ONAPO training site.
- February 5 Field trip to Butare with Mr. Kamanzi to visit ONAPO training site.
- February 6 Supervision of CHK trainees.
- Telephone update with Mr. Thornton regarding training.

- February 7 Students returned to Kigali training center for post-test, evaluation of activities and closing ceremonies
- Met with Mr. Kamanzi, Dr. Munyakazi, Dr. Kaberuka and Dr. Ntezilizaza to discuss outcome of present training and recommendations for future training activities.
- February 9 Met with Dr. Hakizimana and Dr. Pierre-Louis to discuss training activity outcomes and recommendations for future training activities.
- Met with Mr. Kamanzi to discuss logistics of this training activity and future training activities.
- February 10 Debriefed with Ms. C. Stover, Assistant to Health Population and Nutrition Officer, OAR/Rwanda.
- Ms. Gomez departed Kigali for Nairobi 12:30 p.m.
- Ms. Gomez arrived in Nairobi 2:30 p.m.
- Contacted INTRAH Regional Office to arrange debriefing.
- February 11 Debriefed at INTRAH Regional Office with Miss Pauline Muhuhu, RO/N Director, and Ms. Knauff.
- February 12 Worked on trip report.
- Ms. Gomez departed Nairobi 11:59 a.m.
- February 13 Ms. Gomez arrived in Fort de France 5:10 p.m.

I. PURPOSE OF TRIP

The purpose of this assignment was to provide technical assistance to the National Office of Population (ONAPO) in the planning and execution of a family planning (FP) clinical training workshop for ten nurses and medical assistants and to assess the viability of this pilot workshop.

Because this was the first in a scheduled series and considered a pilot, the following objectives were developed for the assignment:

1. To evaluate the first-draft FP clinical curriculum that was developed with ONAPO in November 1986.
2. To evaluate the training capacity of three ONAPO physicians who served as co-trainers in this training activity.
3. To evaluate ONAPO's clinical resources and ability to provide adequate quantitative and qualitative practical experiences in clinical FP for ten trainees.

II. ACCOMPLISHMENTS

- A. Ten nurses and medical assistants received one week of theoretical training and one week of clinical training in FP methods, STDs and FP clinical service management. No participants fulfilled the required practicum standards during the allotted training time.
- B. Uniform standards and forms were developed for the quantitative and qualitative evaluation of trainees. These provided documentation of experiences and performance of participants and will be used in future clinical training activities.
- C. The FP curriculum developed during the November 1986 Curriculum Development workshop sponsored by INTRAH, was used as the training curriculum and evaluated for adequacy. The evaluation of it by trainers and

trainees produced recommendations that the following subject areas should be added to the curriculum:

- male anatomy and physiology;
- introduction to basic demographics;
- values clarification; and
- skills and knowledge in use of the microscope for the diagnosis of vaginal infections and STDs.

ONAPO trainers will attempt to develop the curriculum regarding the use of the microscope; other subject areas will be developed by the INTRAH/IHP trainers.

- D. The three ONAPO physicians who served as co-trainers for this training activity were evaluated for their effectiveness in the didactic and clinical portions of the training. It is hoped that these physicians, who became quite competent in their roles as co-trainers, will continue to participate in the subsequent FP clinical trainings.
- E. Site visits were made to all three clinical training sites (Butare, Ruhengeri and Centre Hospitalier de Kigali) to determine their capacity to provide an effective FP clinical training milieu for participants. It was determined that each site had the capacity to serve only a limited number of trainees. It was recommended that clinical facilities in Kibongo and Kanombe be developed for use in future training activities. Until these sites are ready, INTRAH/ONAPO will train only seven participants per clinical training activity. Thus, in the near future and based on the sites visited during this trip, it is reasonable to assume that only Butare, Ruhengeri and Centre Hospitalier de Kigali (CHK) are feasible training sites at this time, providing enough clients and space for seven participants to gain the required FP clinical experience.

F. ONAPO has recognized the fact that once these participants are trained, it is extremely important to assure a mechanism for their close supervision and continuing education, since the length of time allowed for training is not sufficient to adequately train participants to function independently and to provide quality services to FP clients. Dr. Hakizimana will search for a way to regionalize a supervision system for these recent trainees.

III. BACKGROUND

INTRAH/IHP have been involved in FP activities in Rwanda since 1980. In March 1986, a new contract between INTRAH and ONAPO was negotiated in which over 20 activities relating to FP, maternal and child health (MCH) and community education were planned for 1986, 1987 and 1988. The first of these activities was the Curriculum Development workshop carried out in November 1986. The three ONAPO physicians who participated in the first workshop have been slated to be involved in the organization and execution of the ten workshops that will be conducted over the next 18 months in which 100 paramedical agents will be trained to provide clinical FP services in their own health centers. Thus, the curriculum that was drafted in November 1986 was put to the test for the first time in this pilot FP clinical training activity. The curriculum was evaluated and revised for use in the remaining 9 workshops. The experience and information gained during the implementation of this training activity will serve the ONAPO and INTRAH trainers well as they carry out subsequent activities. INTRAH/IHP trainers are scheduled to return in March 1987 to provide technical assistance in carrying out the second FP clinical training activity.

IV. DESCRIPTION OF ACTIVITIES

A. Objectives of the Workshop

At the end of the FP workshop, each participant was expected to be able to:

1. Describe the mode of action; indications; contraindications; efficacy; utilization; side-effects, complications and their treatment of the following contraceptive methods: hormonal pills (including injectables), intrauterine, barrier, natural and permanent methods.
2. Carry out an appropriate patient interview, history and physical exam; prescribe and furnish an appropriate method of contraception; provide appropriate follow-up to FP acceptors; and appropriately treat or refer side-effects and complications.
3. Diagnose and appropriately treat and/or refer cases involving sexually transmitted diseases (STDs).

B. General

A two-week FP clinical training activity was conducted by the INTRAH/IHP trainer with assistance from ONAPO physicians, Drs. Munyaiazi and Ntezilizaza who served as co-trainers, and from Dr. Maryse Pierre-Louis who managed certain administrative and logistical aspects of the training.

The theoretical part of the training took place at the new ONAPO training center. Clinical training took place in the clinics in CHK, Butare and Ruhengeri. Four nurses and six medical assistants participated in this training. Of the group, three were women and seven were men (Appendix B).

B. Preparation

The week prior to training was spent with the three ONAPO physicians responsible for didactic and FP clinical training. During this time, goals and objectives were delineated, a workplan was developed, the workshop

schedule was set and clinical sites were evaluated for their ability to provide meaningful clinical experiences. The logistics of housing, feeding and transporting ten participants were also addressed, as was the financial situation encountered at ONAPO.

The experience gained by the three physicians during the week prior to the training activity was invaluable, as they will be responsible for nine future workshops of the same type. They have all had experience in teaching and clinical supervision. Although this was the first time they were involved in the actual organization of a training activity, they learned to appreciate the detailed and organized manner in which all the components of a training must be mapped out.

C. Didactic

The first week of training, January 26 - 31, 1987, began with opening formalities and introductions. All ten participants were present. ONAPO trainers presented all sessions regarding contraception, patient interviewing, STDs and clinic management initially relying heavily on a lecture format and later using discussion, demonstration/return demonstration, role-play and case presentation as teaching methods. Questions and discussion were encouraged. A remarkably high level of prior knowledge, as evidenced by pre-test scores, was demonstrated by participants. Nearly all participants currently provide pills and injectables at their respective clinics; yet their understanding of modes of action and treatment of side-effects for these methods was limited. Practice gynecologic exams on pelvic models was useful. Both trainers and participants were impressed with the usefulness of the case-study method. Eight of the ten participants commented that this was a new method for them which enabled them

to apply material learned to a given situation in a logical well-reasoned manner.

During the first week of activities, a few problems were brought to light:

1. Lack of secretarial support staff at the training center resulted in shuttling back and forth to ONAPO to check on the preparation of the curriculum and other documents.
2. Lack of phones at the training center also meant spending time trying to physically locate people at ONAPO.
3. FP materials and resources were lacking. A library has been set aside for participant use; however, it is void of materials and due to the expense involved in purchasing them no immediate plans have been made to do so.

Participants were housed and fed with no problems. Transportation during the training period was not a problem as all participants and some trainers stayed at the training center.

D. Clinical Practicum Problems

1. On Sunday, February 1, after completion of the first week of training, the participants who were going to Butare and Ruhengeri, left the training center in ONAPO vehicles. Unfortunately, Monday, February 2, had just been declared a national holiday by the President, and no clinical services functioned. Thus, trainees spent the day with trainers in their respective clinical sites working on case studies and presentations.
2. On February 3 - 6, trainees participated in the FP clinic activities at their designated sites. In Butare, where two trainees were placed, there was only one office and exam room available for FP activities. While one student took a patient history and discussed contraceptive methods, the other examined patients.
3. Three trainees were sent to Ruhengeri. It was clear during the site visit that this facility can only handle two trainees. Only one office and exam room are available here so that while one

participant is interviewing clients, another participant can be examining clients, thereby avoiding major bottlenecks.

Due to the lack of other functioning FP clinical sites, five participants were sent to CHK. It was evident from the first day that this center could not absorb the assigned number of participants. Because one physician had recently left and had not been replaced, an office was free for an ONAPO trainer to use, using the same system described above (i.e., as one participant interviewed, the other examined clients). Obtaining adequate FP clinical sites for training was a problem throughout the training activity.

4. With respect to CHK, the best clinical site available in terms of number and variety of clientele, it appears that ONAPO physician support is lacking in supervising trainees. If the presence of either the ONAPO delegate or his assistant and a few minor exam room changes could be guaranteed, three students could gain good experience at this site in subsequent trainings.
5. At the Ruhengeri site, five JHPIEGO trainees at a time rotate through Butare for two weeks of clinical practice which could create competition for patients and clinical space. If at all possible, it would be desirable for the JHPIEGO trainings and INTRAH trainings to be scheduled so as not to coincide.
6. Another potential clinical practicum problem is that the ONAPO delegate and trainer at the Kibongo site, Dr. Kaberuka, is scheduled for an out-of-country training March/April 1987.

E. Closing and Evaluation

Saturday, February 7, was the last day of training activities. All trainees reassembled at the training center in Kigali. The post-test and a written evaluation were carried out. Discussion followed in which participants expressed the following regarding their experiences and suggested changes for subsequent activities:

1. There was unanimity regarding lengthening the practical component from one week to two weeks.

2. All participants felt they had improved their FP clinical skills.
3. All participants would like to have improved supervision and continuing education opportunities in their clinic sites.

Dr. Hakizimana participated in the closing session of the workshops. Certificates were not given out as Ms. Habimana had not yet returned to the country. The certificates require her signature and will be sent to the participants as soon as they are completed.

- I. On Monday, February 9, a final conference was held at ONAPO with Dr. Hakizimana and Dr. Pierre-Louis, in which the following issues were discussed:
 1. Reducing the workshop to seven participants in March/April, and keeping participants at that number until more clinical sites are developed.
 2. The development of Kanombe and Kibongo as clinical training sites and replacing Dr. Kaberuka as a trainer if his absence coincides with the March training activity.
 3. The improvement of facilities at CHK to enhance not only training activities, but the conduct of all regular FP services that take place on a daily basis.
 4. The extension of clinical practicum from one week to two weeks.
 5. The need for supervision and continuing education of trainees once they have finished FP clinical training.
 6. Developing the training designs lacking in the curriculum (i.e., male anatomy and physiology, introduction to demographics, values clarification and use of microscopes in diagnosis of STDs).
 7. The possibility of conducting a short training of trainers (TOT) for ONAPO Regional Directors in order to begin forming a decentralized, regional training capability and to ensure better supervision of trainees.

8. The dates of March 23 - April 4, 1987 were confirmed for the next activity.

F. Debriefing

On Tuesday, February 10, a debriefing session was held at OAR/Rwanda with Ms. C. Stover in which the issues were discussed. The dates of March 23 - April 4, 1987, were again confirmed for the next training activity.

V. FINDINGS/CONCLUSIONS/RECOMMENDATIONS

A. Clinical Training

1. Finding(s)

- a. Current FP clinical facilities are inadequate to train more than seven people per training session. Three trainees were sent to Ruhengeri, two to Butare and five to CHK. Two of the clinical sites were overloaded with students: Ruhengeri by one, and CHK by two.

Conclusion(s)

Other ONAPO clinical facilities are available throughout Rwanda. In some of these, scheduling changes would render the facility useful for training experience. For example, Two students each can be adequately trained at Butare and Ruhengeri, and three at CHK, for a total of seven at the existing clinical sites.

Recommendation(s)

1. Subsequent trainings should handle no more than seven participants in order to maximize clinical experiences for each participant until more clinical training sites can be developed.
 2. ONAPO should immediately begin to identify and develop clinical facilities that would be adequate for clinical training, especially in Kibongo and Kanombe.
- b. None of the clinical sites provided sufficient clinical sessions or clients for trainees to meet minimum quantitative or qualitative clinical practicum standards with the one week time allocation for clinical experience. Especially lacking

were IUCD insertion and follow-up client experiences.

Conclusion(s)

One week of practical training is not sufficient to produce an independently functioning practitioner, one who will most likely function without supervision, as is often the case in Rwanda.

Recommendation(s)

Extend clinical training to a minimum of three weeks in order to ensure meeting clinical practicum standards (one week didactic/theory and two-week practicum). A four-week period would be ideal.

- c. The ONAPO clinic at Butare accepts JHPIEGO clinical trainees as well as INTRAH trainees.

Conclusion(s)

Conflict over clients and clinic space could occur if five JHPIEGO-sponsored physicians and two INTRAH-sponsored trainees are present at the same time.

Recommendation(s)

INTRAH and JHPIEGO activities should be coordinated and scheduled to avoid conflict.

2. Finding(s)

Clinical training space at CHK was inadequate. Physician supervision was non-existent.

Conclusion(s)

It will be difficult to train even three participants at CHK unless the ONAPO delegate is willing to commit physician time and office space for training.

Recommendation(s)

Decision-makers at ONAPO headquarters need to make adequate arrangements with the CHK delegate to ensure maximum facilities and supervision for three trainees.

B. Supervision and Continuing Education of Trainees

3. Finding(s)

No arrangements, contractual or otherwise, have been made by ONAPO or INTRAH to ensure adequate supervisory follow-up of trainees.

Conclusion(s)

Participants voiced concern regarding continuing supervision, follow-up and continuing education in the strengthening of their clinical skills. A single clinical training activity cannot produce expert FP service providers, and the participants are both aware of and concerned about provisions designed to address this issue.

Recommendation(s)

1. ONAPO should build a regional training and supervision capability that will serve to supervise and further strengthen the skills of FP service providers, be they INTRAH-trained or otherwise.
2. The ten regional ONAPO medical directors and CHK FP nurses involved in training, should attend a TOT with emphasis on evaluation and supervision of FP service providers.
3. A regular schedule of consultations and continuing education activities for trainees should be developed and carried out at the regional level.

C. Family Planning Curriculum

4. Finding(s)

The trainers identified certain subject areas lacking in the present curriculum.

Conclusion(s)

The curriculum, as it exists, is adequate for training when used with lectures, discussions and demonstrations. Material is lacking in male anatomy and physiology, demographics, microscopic diagnosis of vaginitis and a component of identification of values and attitudes related to FP.

Recommendation(s)

ONAPO trainers should complete training designs for the development of knowledge and skills in the use of the microscope for diagnosing vaginal infections. INTRAH/IHP trainers should complete training materials related to the other subjects noted above.

D. Finances5. Finding(s)

ONAPO was not willing to undertake this training activity until funds had been forwarded by INTRAH/CH.

Conclusion(s)

ONAPO is in a critical financial state at present, and they will likely not have the funds to apply to future training activities.

Recommendation(s)

Contractual agreements need to be reviewed by INTRAH and ONAPO to ensure that the financing of training activities does not impinge upon the training itself.

E. Support Services at the Training Center6. Finding(s)

Secretarial staff was not available at the training center for this activity.

Conclusion(s)

Time was wasted shuttling between ONAPO and the training center to ensure that necessary documents were being prepared.

Recommendation(s)

At least one typist should be made available full-time at the training center during a training activity.

APPENDIX A

PERSONS CONTACTED/MET

APPENDIX A

PERSONS CONTACTED/MET

OAR/RWANDA

Ms. Carina STOVER, Assistant to Health, Population and Nutrition Officer

Mr. Richard THORNTON, Health, Population and Nutrition Officer

NATIONAL OFFICE OF POPULATION (ONAPO)

Dr. HAKIZIMANA Evariste, Chief of Study and Program Section, and Acting Director in Ms. Habiman's absence

Dr. KABERUKA Jean Bosco, ONAPO Medical Deleque in Ruhengeri

Mr. KAMANZI Castule, Chief of Training Section

Dr. MUNYAKAZI Alphonse, Chief of Family Health Section

Dr. NTEZILIZAZA Eulade, ONAPO Medical Deleque in Ruhengeri

Dr. PIERRE-LOUIS Maryse, USAID/Rwanda Technical Advisor to ONAPO

CENTRE HOSPITALIER DE KIGALI (CHK) FAMILY PLANNING SERVICE

Ms. MBABAJENDE Veronique, Family Planning Nurse

Dr. MUHAWENIMANA Alexandre, ONAPO Medical Deleque

Ms. MUKABALISA Consolatha, Family Planning Nurse

MILITARY HOSPITAL/KANOMBE

Dr. MUGEMANY Froduald, Hospital Director

Ms. MUKAKARARA Vivienne, Family Planning Nurse

CENTRE UNIVERSITAIRE DE SANTE PUBLIQUE (CUSP), BUTARE

Dr. NDINDABAHIZI Jean Chrystosome, ONAPO Medical Deleque and Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) Trainer

INTRAH REGIONAL OFFICE, NAIROBI, KENYA

Ms. Lynn KNAUFF, Deputy Director, INTRAH/Chapel Hill

Miss Pauline MUHUHU, Regional Office Director, INTRAH/Nairobi

APPENDIX B

PARTICIPANTS

APPENDIX B

PARTICIPANTS

1. Ms. NYIHAGENIMANA Veronique, Nurse, Dispensaire Camp Kigali
2. Mr. NZAJYIBWAMI Jean Babtiste, Medical Assistant, Mulinde Health Center
3. Ms. SINDIKUBWABO Regine, Nurse Level A₁, Hopital Nyanza
4. Mr. BABIGENDA Onesphore, Medical Assistant, Rukomo Health Center
5. Mr. NTAGANIRA Evalde, Nurse Level A₃
6. Mr. NDUNGUTSE Ezechiel, Medical Assistant, Kitabe Health Center
7. Ms. NIRABASABOSE Concessa, Nurse-Accoucheuse Level A₂, Mission Medicale Francaise, Ruhengeri
8. Mr. NYILINKINDI Florian, Medical Assistant, Gatara Health Center
9. Mr. RUTAGENGWA Eugene, Medical Assistant, Kayove Health Center
10. Mr. MUNYAKAYZANZI Gregoire, Medical Assistant, Muhondo Health Center

APPENDIX C

PRE/POST TEST SCORES

APPENDIX C

INTRAH PRE-POST TEST RESULTS FORM

<u>Trainee Name</u>	<u>Pretest Score</u>	<u>Post-test Score</u>
Nyihagenimana, V.	69%	87%
Nzajyibwami, J.B.	63%	89%
Ntaganira, E.	75%	97%
Nyilinkwidi, F.	46%	91%
Babigenda, O.	72%	93%
Munyakayanza, G.	62%	94%
Nyirabasabose, C.	76%	97%
Rutagengwa, E.	83%	97%
Ndungutse, E.	87%	99%
Sindikubwabo, R.	78%	99%

Pre-Test

Range: 46-87%

Mean: 71.1%

Post-Test

Range: 87-99%

Mean: 94.3%

APPENDIX D

SUMMARY OF PARTICIPANT REACTION RESPONSES

SUMMARY OF PARTICIPANT REACTION RESPONSES

All ten workshop participants filled out the Participant Reaction form, though all ten people did not respond to all the questions therein.

The following is a percentage breakdown of the responses to each question:

1. Eighty percent felt that workshop objectives were "very clear," 10% "fairly clear," and 10% "clear."
2. Fifty percent felt that workshop objectives were reached by "more than half," ten percent felt they were reached "completely," thirty percent by "at least half," and 10% by "less than half."
3. Eighty percent felt that the teaching materials and methods used were useful in their entirety; 20% felt that most materials were "useful."
4. Eighty percent thought that the subjects presented were clear and easy to follow "most of the time," and 10% "all the time."
5. Eighty percent felt that the quantity of subjects presented was "appropriate," 10% felt that it was "not sufficient."
6. Ninety percent felt that the workshop was "relatively too short" or "too short."
7. Eighty percent felt that this workshop will be "very useful" to them in their work.
8. Seventy percent felt that potential solutions to problems encountered in the practical portion of the workshop were discussed "more than half the time" or "constantly," while thirty percent felt them to be discussed "half the time or less."
9. Thirty percent felt that they had learned "many useful and important concepts," 50% felt they had learned "some useful and important concepts."
10. All felt that they had learned "some or many important and useful clinical skills."
11. Ninety percent thought that the conditions and organisation of the workshop were "excellent," "good," or "acceptable."
12. All felt the trainers to be either "efficacious" or "very efficacious."
13. Ninety percent felt that they were "often or constantly encouraged" to express their opinions about the workshop as it took place.
14. Eighty percent felt that they were kept informed of their progress "efficaciously" or "very efficaciously," while 20% felt that they were kept informed "somewhat efficaciously."
15. One hundred percent would recommend the workshop either "probably" or "without hesitation".
16. Ninety percent felt that the workshop should have been longer; 40% felt that more realistic examples and practical applications of material should have been used; 100% would have liked a longer practical (clinical) component; 10% would have liked more efficacious trainers; 20% would have chosen another training site; 20% would have liked more time consacrated to training activities; and 20% would have liked more information regarding specific subjects
17. The following subjects were judged as "very useful": 102, 105, 107, 108, 109, 11, 115, 118, and 245. No subjects were listed as "not useful".
18. Regarding the type of teaching aid or technique used, 50-100% felt that they were all "very useful." Only 30% felt that the conferences rated a 3 on the scale.
19. The subjects most often chosen for future workshops were: clinical utilisation of FP methods (80%); organization/evaluation of FP services (60%); supervision of FP services (40%); IEC (40%).

APPENDIX G

PRE/POST TEST INSTRUMENT

Nom: _____

Titre: _____

PRE-TEST/POST-TEST

Activité de Formation Pratique en Planification Familiale

INTRAH/IHP/DNAPD

Kigali, Rwanda

1987

On vous demande de répondre aux questions suivantes pour deux raisons:

1. Pour nous donner une idée du niveau de vos connaissances en SMI/PF et en planification d'un curriculum en SMI/PF.
2. Pour nous fournir un moyen d'évaluation du stage.

Prière de répondre, mais ne vous faites pas trop de soucis.

EXAMEN EVALUATIF

- I. Indiquez sur la planche à la page suivante les noms des organes de la liste ci-dessous.

LISTE DES ORGANES:

Bourses

Testicules

Urètre

Epididyme

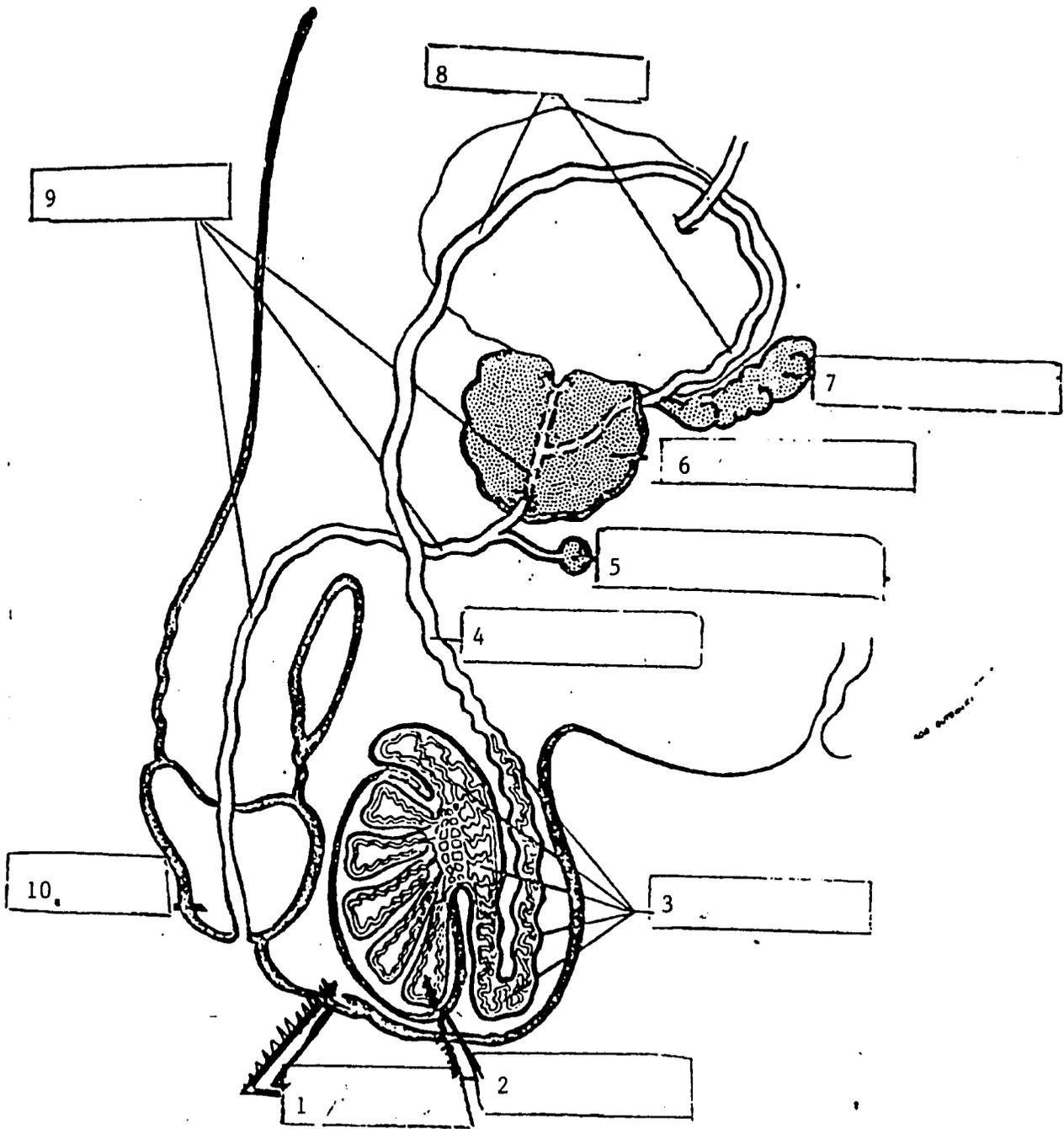
Prostate

Glande de Méry-Cowper

Prépuce

Vésicules séminales

Canal Déférent

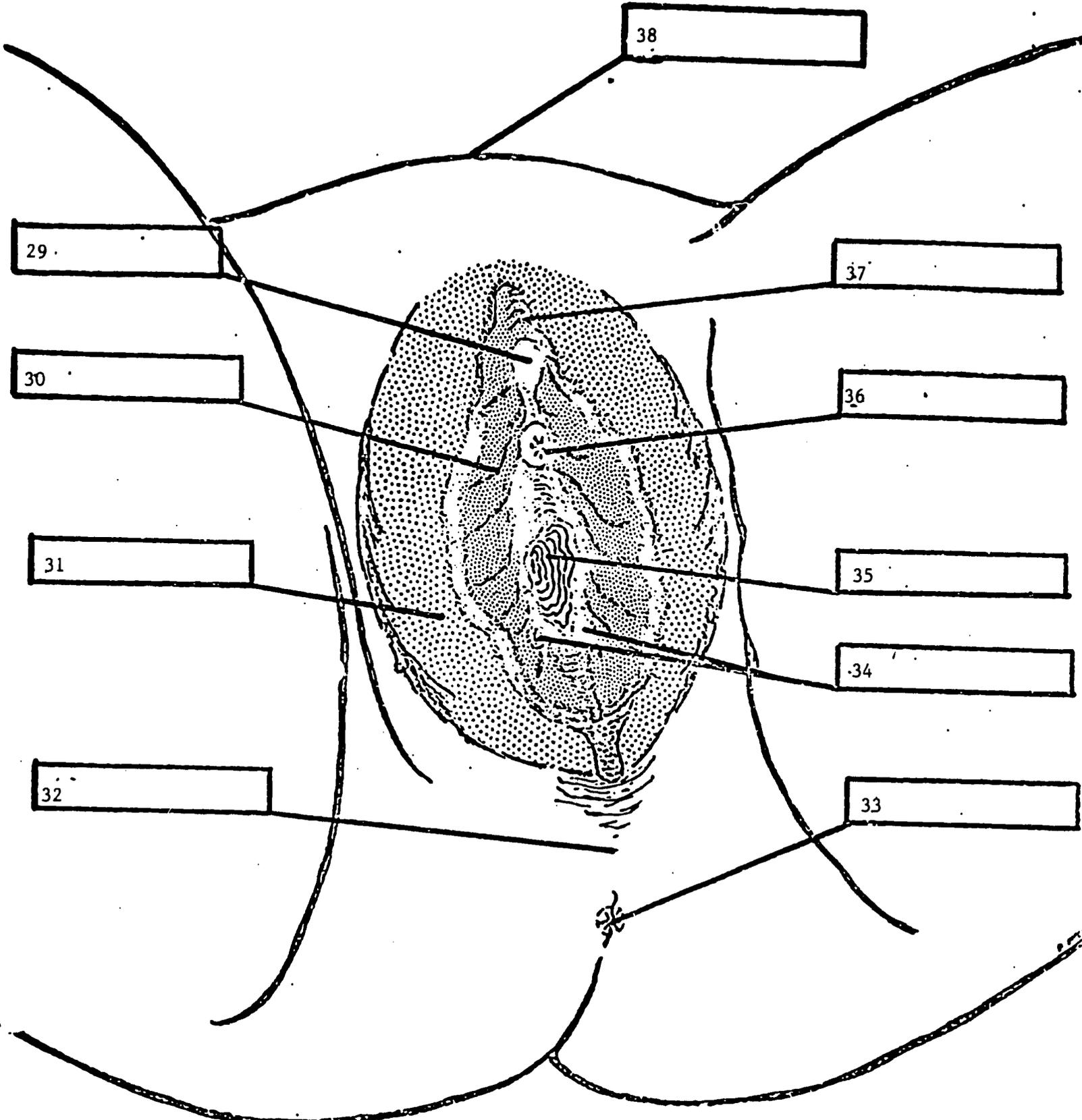


Remplissez chaque trait du nom de l'organe décrit:

11. _____ Correspond aux ovaires chez la femme
12. _____ Sac de peau qui contient et protège les testicules.
13. _____ Glande qui enveloppe le col vésical et une partie de l'urètre.
-- Secrète un liquide clair alcalin.
14. _____ Petite glande qui secrète un liquide visqueux qui fait aussi partie du sperme.
15. prépuce _____ Repli de la peau qui recouvre le glan de la verge
16. _____ Poches polylobées qui secrètent un liquide lubrifiant et nutritif pour les spermatozoïdes.
17. _____ Tube de transport pour les spermatozoïdes des testicules aux vésicules séminales .
18. _____ Canal qui conduit l'urine hors de la vessie.
19. _____ Long tube mince qui relie le testicule au canal déférent
20. _____ Se forme après la rupture du follicule de Graaf.
21. _____ Lieu de la fécondation.
22. _____ Cavité revêtue de membrane muqueuse.
23. _____ Correspond à la verge chez l'homme.
24. _____ Hormone secrétée par le corps jaune.
25. _____ Le PH de la glaire cervicale au milieu du cycle.
26. _____ Passage du temps en heures ou jours de la fécondation jusqu'à la nidation.
27. _____ Hormone endocrinienne pendant la phase de reconstitution de l'endomètre (phase dite proliférative)
28. _____ Hormone qui contrôle la maturation du follicule ovarien

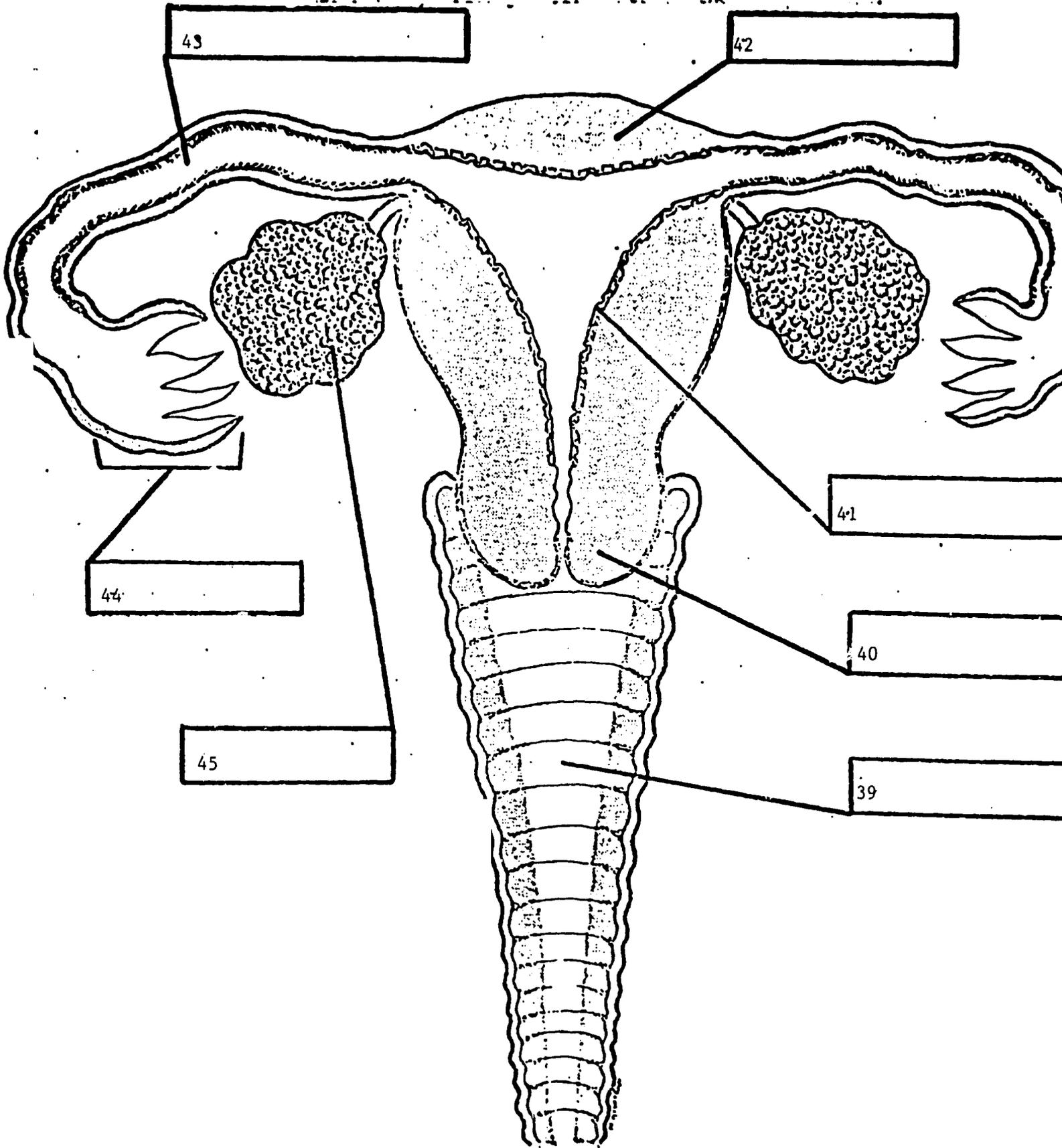
24

29-38. Remplissez les traits:



25

39-45. Remplissez les traits:



46. LA GLANDE QUI CONTROLE LA CROISSANCE ET LE DEVELOPPEMENT HUMAIN EST: (Encerclez une réponse)
1. La prostate
 2. Le cortex
 3. La glande pituitaire
 4. La glande thyroïde
 5. Je ne sais pas
47. AU MOMENT DE LA FECONDATION, LE SEXE DU NOUVEAU FETUS EST DETERMINE PAR:
1. Le chromosome paternel
 2. Le chromosome maternel
 3. Le niveau des hormones dans l'ovaire
 4. Purement par chance.
48. LA FONCTION DE L'HYMEN CHEZ LA FEMME EST: (Encerclez une réponse)
1. D'assurer par sa présence que la femme est vierge
 2. De prévenir une grossesse accidentelle
 3. De protéger le vagin
 4. Inconnue
 5. Je ne sais pas
49. EST-IL POSSIBLE POUR UNE FEMME ALLAITANTE D'AVOIR UNE GROSSESSE SI ELLE N'A PAS ENCORE EU SON RETOUR DE REGLES?
- A. Oui
- B. Non

50. LA PRATIQUE DU COIT INTERROMPU IMPLIQUE:

1. Eviter le rapport à un moment où l'imprégnation peut se passer
2. Prévenir l'éjaculation
3. Eviter le dépôt de spermatozoïdes dans le vagin seulement
4. Eviter le dépôt des spermatozoïdes dans le vagin et dans la partie extérieure de l'organe génital de la femme.

51. POUR LA MEILLEURE EFFICACITE CONTRACEPTIVE, LE CONDOM DOIT ETRE MIS:

1. N'importe quand, à condition qu'il y soit avant l'éjaculation
2. Avant l'insertion finale, s'il y a des insertions multiples du pénis érigé
3. Seulement après qu'il soit bien lubrifié avec de la vaseline
4. Avant la première insertion du pénis.

52. LA FEMME PEUT AVOIR DES RELATIONS PENDANT 6 - 8 HEURES APRES UNE SEULE APPLICATION D'UN SPERMICIDE SANS RISQUE DE GROSSESSE.

A. Vrai

 B. Faux

53. LEQUEL PARMIS CE QUI SUIT EST LE PLUS GRAND RISQUE A LA SANTE OU A LA VIE D'UNE FEMME?

1. Le DIU
2. La grossesse
3. La pilule orale contraceptive
4. Les contraceptifs injectables (depo-provera)

54. BIEN QUE LE MECANISME EXACT NE SOIT PAS ENCORE BIEN COMPRIS, IL SEMBLE QUE L'ACTION ANTICONTRACEPTIVE PRINCIPALE DU DIU EST D'EMPECHER:

- A. la fécondation
- B. la nidation
- C. l'ovulation
- D. Je ne sais pas.

55.

CI-DESSOUS SE TROUVE UN CALENDRIER D'UNE FEMME QUI A UN CYCLE TRES REGULIER DE 28 JOURS. LES JOURS ENCERCLES SONT LES JOURS QUAND ELLE A SES REGLES. METTEZ UN "X" SUR LES JOURS PENDANT LESQUELS ELLE DOIT EVITER LES RAPPORTS SEXUELS SI ELLE NE VEUT PAS TOMBER ENCEINTE.

<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	6	7
8	9	10	11	<u>12</u>	<u>13</u>	<u>14</u>
<u>15</u>	<u>16</u>	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

56. APRES LES DERNIERS RAPPORTS SEXUELS UN DIAPHRAGME DOIT ETRE GARDE EN PLACE AU MOINS:

- A. une heure
- B. 6 heures
- C. 12 heures.

57. LES CONTRACEPTIFS INJECTABLES:

- A. sont très efficace
- B. peuvent amener à l'aménorrhée.
- C. peuvent causer des saignements irréguliers
- D. Les trois choses

58. AVANT D'INSERER LE DIU CHEZ LA FEMME, IL EST TRES IMPORTANT DE:
1. être certaine qu'elle n'est pas nullipare.
 2. conseiller la femme pour qu'elle comprenne la méthode et les signes de problèmes.
 3. faire un examen pelvien pour évaluer l'uterus et être sûr que la femme n'est pas enceinte ou qu'elle n'a pas d'infection pelvienne.
 - ④. Toutes les réponses au-dessus.
59. LA VASECTOMIE DIMINUE LA PUISSANCE DE L'HOMME.
- A. Vrai
 - ⑤. Faux.
60. BIEN QUE CELA NE SOIT PAS COMPLETEMENT CONNU, ON PENSE QUE LE SIDA EST CONTRACTE A TRAVERS:
1. des insectes et de l'eau non-potable
 - ②. des produits de sang infecté, des fluides du corps infecté (surtout le semen) et, chez le nouveau-né, d'une mère infectée.
 3. d'une microbe qui vient des cochons
 4. Je ne sais pas.
61. POUR ETRE MIEUX PROTEGE CONTRE LE SIDA, ON DOIT:
- ①. suivre les règles pour n'importe quelle maladie transmissible et être prudent en ayant les rapports sexuels.
 2. ne jamais avoir aucun contact avec quelqu'un(e) qui a le SIDA.
 3. être vacciné contre le SIDA.
 4. Je ne sais pas pas.
62. V ⑥ LA GONORRHEE CAUSE PRESQUE TOUJOURS DES SYMPTOMES SEVERES IMMEDIATS CHEZ LA FEMME ET POUR CELA ELLE DEMANDE D'ETRE SOIGNEE.

63. V F LA SYPHILIS EST FACILEMENT DIAGNOSTIQUEE CHEZ LA FEMME CAR LE CHANCRE PRIMAIRE SE DETECTE FACILEMENT.
64. V F LE VIRUS "HERPES" EST UN HABITANT NORMAL DU VAGIN ET N'A PAS DE CONSEQUENCES SERIEUSES.
65. V F IL N'Y A PAS DE RISQUE DE SIDA EN AFRIQUE.
66. V F SI UNE ADOLESCENTE A DES RAPPORTS SEXUELS, ELLE DOIT SE PROTEGER CONTRE LA GROSSESSE SI ELLE NE VEUT PAS TOMBER ENCEINTE.
67. V F LE PLANNING FAMILIAL EST TOUJOURS LA RESPONSABILITE DE LA FEMME.
68. V F SI UN HOMME A PLUSIEURS PARTENAIRES SEXUELS, IL A UN RISQUE PLUS ELEVE D'ATTRAPER UNE MALADIE SEXUELLEMENT TRANSMISE.
69. V F SI L'HOMME UTILIZE LE CONDOM, IL A PLUS DE POSSIBILITE D'EVITER UNE MST.
70. V F LE CHLAMYDIA SE TROUVE RAREMENT EN AFRIQUE.
71. V F IL FAUT DONNER LE TRAITEMENT A TOUS LES CONTACTS SEXUELS D'UNE PERSONNE QUI A UNE MST.
72. LESQUELLES DES CONDITIONS SUIVANTES SONT DES CAUSES IMPORTANTES DE LA STERILITE CHEZ L'HOMME?
- A. les varicocèles
 - B. la rougeole après la puberté
 - C. les oreillons après la puberté
 - D. l'appendicite
 - E. la gonorrhée non-traitée.
 - F. Je ne sais pas.

73. SI L'HOMME EST PUISSANT, IL EST RAREMENT RESPONSABLE POUR L'INFERTILITE DU COUPLE.
- A. Vrai
 - B. Faux.
74. QUEL EST LE MECANISME PRINCIPAL PAR LEQUEL LES CERVICITES CAUSE LA STERILITE?
- A. la cervicite cause une cicatrisation du col
 - B. la cervicite amène à une infection pelvienne, ce qui peut bloquer d'une façon permanente les trompes de Fallope.
 - C. la cervicite déränge l'axe hypothalmique-pituitarie - ovarien.
 - D. Je ne sais pas.
75. LA CAUSE LA PLUS IMPORTANTE DE L'INFERTILITE CHEZ LA FEMME, SURTOUT EN AFRIQUE EST:
- A. la manque de synchronisation des rapports avec les jours de fécondité chez les femmes dans les familles polygames
 - B. le dysfonctionnement ovarien
 - C. le blocage des trompes et des pavillons à la suite des infections pelviennes.
 - D. Je ne sais pas.

APPENDIX J

INTRAH DEBRIEFING, NAIROBI

Appendix J

INTRAH DEBRIEFING

On February 11, 1987, a debriefing was held at the INTRAH Regional Office, Nairobi, concerning the pilot family planning training activity held in Kigali, Rwanda, from January 26 - February 7. Present at the debriefing were Patricia Prather Gomez, Lynn Knauff and Pauline Muhuhu.

A brief description of the trip objectives, activities, outcomes, findings conclusions and recommendations was presented, as summarized in the trip report. The major problems identified that will need to be dealt with were: 1) short training period to adequately acquire clinical skills; 2) lack of clinical training sites; and 3) lack of follow-up and supervision of students after training is completed.

In order to address and solve these problems, it was decided to adopt the following plan:

- 1) Proceed with a two week didactic and clinical training activity for 7 paramedical agents in Kigali from March 23 - April 4, 1987:
- 2) IHP consultant(s) will then meet with Mr. Pape Gaye in Kigali from April 6 - 15 (?) to plan with ONAPO the formulation of two 2 week workshops. The first will train the three ONAPO co-trainers who participated in the curriculum development and pilot training activities, three CHK FP nurses and the CHK ONAPO delegue, and three ONAPO regional delegués, as clinical preceptors, who will

then be able to effectively train paramedical agents in the clinical setting. The second workshop will provide organized and effective supervision and continuing education to the paramedical agents trained by them.

- 3) It is anticipated that by forming these training teams on a regional basis, the following will occur:
 - a) Paramedical agents will receive a 3 week FP course (1 week didactic, 2 week clinical) and will have as preceptors ONAPO family planning clinicians who can provide quality clinical experience.
 - b) A regional capability for training will eventually enable more paramedical agents to be trained on a decentralized basis in more clinical sites than now exist.
 - c) Regional ONAPO delegates who participate in these workshops will be better able to meet the needs of the trainees for continuing supervision and improvement of their family planning clinical skills.
4. The above change will entail the reduction of paramedical agents trained from 100 to 50. Once the regional preceptor/supervisory teams become operative, however, they will easily be able to proceed with training more paramedical agents on their own, and, most important, provide for their continued supervision.

All of the above points will be discussed with IHP staff, who will then proceed to make more concrete suggestions and plans to INTRAH.

35