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Trip Report

0-288

Travelers: Ms. Helen Sirica, IHP Program Coordinator
Ms. Patricia Prather Gomez, IHP Consultan

Country Visited: RWANDA

Date of Trip: Mar 20 - Apr 14, 1987 (Ms. Sirica)
Mar 19 - Apr 6, 1987 (Ms. Gomez)

Purpose: To provide technical assistance during didactic and clinical training in family planning Mar 23 - Apr 4, 1987.

DPE-3031-C-00-4077

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBD	Community Based Distribution
CHE	Community Health Education
CHK	Centre Hospitalier de Kigali (Central Hospital in Kigali)
JHIPEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
OAR	Office of AID/Rwanda
ONAPO	National Office of Population
STD	Sexually Transmitted Disease
TOT	Training of Trainers

EXECUTIVE SUMMARY

Helen Sirica, C.N.M., International Health Programs (IHP) Program Coordinator, and Patricia Prather Gomez, C.N.M., IHP Consultant, traveled to Kigali, Rwanda to provide technical assistance to the National Office of Population (ONAPO) in conducting a two-week clinical training program in family planning (FP) for eight nurses and medical assistants. The dates of the training were March 23 - April 4, 1987. Ms. Gomez was in Kigali from March 19 - April 6, and Ms. Sirica from March 20 - April 14.

This activity follows a Curriculum Development workshop (November 1986) and the first clinical training activity (January 26 - February 7, 1987), in which three ONAPO physicians participated as co-trainers. IHP trainers continued their evaluation of the FP curriculum, ONAPO co-trainers and training facilities begun during the workshop held in November 1986 (see INTRAH Trip Report #0-297).

Major findings, conclusions and recommendations include:

1. Two of the three ONAPO co-trainers designated to carry out the balance of the INTRAH/ONAPO FP training activities may not be available to participate fully in future trainings. Replacement trainers should be selected.

2. Mr. Castule Kamanzi, ONAPO/INTRAH coordinator, is leaving Rwanda to pursue long-term studies abroad. His replacement needs briefing and follow-up to ensure the implementation of INTRAH contract activities.

3. Numbers of clients and material available to trainers and trainees at clinical training sites were inadequate. Additional clinical training sites need to be identified before continuing training activities, with the assurance that client loads and necessary materials meet training requirements.

4. In light of a reduction in available trainers and adequate clinical training sites, attention should be given to increasing the number of FP clinically trained nurses instead of physicians. A Training of Trainers (TOT) workshop should be conducted for nurses assigned to regional training sites thereby providing follow-up and supervision to FP service providers in their regions.

5. Standards of practice have not been developed by ONAPO and were not included in the FP clinical training curriculum. Protocols should be developed as part of a curriculum revision effort. Such a revised curriculum would strengthen future training activities and improve service provision in the field.

6. There are serious problems with respect to current clinical practices and procedures.

7. The clinical FP workshops should be extended from two to three weeks.

SCHEDULE OF ACTIVITIES

March 19	Ms. Gomez arrived in Kigali via Brussels 1:30 p.m.
	Met at National Office of Population (ONAPO) with Mr. Castule Kamanzi, Chief of Training Section and INTRAH/ONAPO Coordinator; Dr. Alphonse Munyakazi, Chief of Family Health Section and ONAPO co-trainer; and Dr. Maryse Pierre-Louis, OAR/Rwanda Technical Advisor to ONAPO.
	Contacted Ms. Carina Stover, Health Population Officer, OAR/Rwanda.
March 20	Ms. Gomez worked with Dr. Munyakazi and Mr. Kamanzi, regarding training schedule and logistics.
	Ms. Sirica arrived in Kigali via Paris 12:30 p.m.
	Ms. Gomez and Ms. Sirica briefed with Ms. Stover at OAR/Rwanda.
March 21	Met with Dr. Munyakazi.
	INTRAH/IHP trainers prepared for didactic sessions of training activity.
March 23	Opening ceremonies with participation of Dr. Evariste Hakizimana, ONAPO Chief of Study and Program Section, and Ms. Sirica.
	Met with Dr. Hakizimana, to discuss training activities and clinical sites.
	Met with Mme. Gaudence Habimana, ONAPO Director.
March 23 - 28	Didactic portion of training activity carried out.
March 24	Met with ONAPO co-trainers regarding division of training responsibilities.
March 27	Ms. Sirica met with Mme. Habimana.

March 30 - April 3	Clinical portion of training activity conducted in Kigali, Butare and Ruhengeri.
March 30 - 31	Ms. Sirica supervised Miss Vivienne Mukakarara at Kanombe clinic.
	Ms. Gomez co-trained at Central Hospital in Kigali (CHK).
April 1	Ms. Sirica traveled to Butare to assess training activities.
	Ms. Gomez co-trained at CHK.
April 2	Ms. Sirica traveled to Ruhengeri to assess training activities.
	Ms. Gomez co-trained at CHK.
April 3	Ms. Sirica and Ms. Gomez co-trained at CHK.
April 4	Closing ceremonies with participation of Ms. Sirica and Mme. Habimana.
April 6	Debriefed at OAR/Rwanda with Ms. Stover and Dr. Pierre-Louis.
	Ms. Gomez departed from Kigali 6:00 p.m. for Brussels.
	Ms. Sirica remained for workplan review with Mr. Pape Gaye, INTRAH/WCA Director and ONAPO representatives.
April 14	Ms. Sirica departed from Kigali 7:25 p.m. for Santa Cruz via Paris and New York.

I. PURPOSE OF TRIP

The purpose of the trip was to provide technical assistance to the National Office of Population (ONAPO) in conducting the second of two pilot family planning (FP) workshops which consisted of one week of didactic instruction and one week of clinical practice.

II. ACCOMPLISHMENTS

A. Eight nurses and medical assistants (paramedical agents) completed one week of theoretical instruction in FP methods, diagnosis and treatment of sexually transmitted diseases (STDs) and clinic service management. Seven participants completed one week of clinical skills training at three separate training sites. The eighth person did not participate in clinical training due to lack of clinical facilities, but will receive this training later. No trainee fulfilled the requirements for satisfactory completion of clinical training because of a lack of FP clients at the training sites.

B. Clinical standards and evaluation forms developed during the January 1987 activity were evaluated and deemed adequate for future training activities.

C. Based on the recommendations made following the January activity, the following subjects were added to the theory component:

- male anatomy and physiology;
- introduction to demography; and
- Acquired Immune Deficiency Syndrome (AIDS).

Suggestions were given to the ONAPO co-trainers regarding those parts of the curriculum which need improvement to provide a complete document that will be

useful in future training activities and to trainees in the field.

D. Recommendations were made to ONAPO to develop clinical standards of practice (protocols) for use in training FP practitioners.

E. ONAPO co-trainers' capacity for transferring FP skills and ability to supervise students in the clinical sites was evaluated. Recommendations were made to conduct training of trainers (TOT) for the ONAPO co-trainers, and to train additional trainers.

F. Clinical facilities in Butare, Ruhengeri, and the Central Hospital in Kigali (CHK) were visited to determine their capacity to accommodate participants in FP clinical skills training sessions. The clinical facility at Kanombe was evaluated and recommendations for its use as a training site were forwarded to ONAPO.

III. BACKGROUND

INTRAH/IHP have been involved in FP activities in Rwanda since 1980. In March 1986, a contract between INTRAH and ONAPO was developed. Over 20 activities relating to FP, maternal and child health (MCH) and community education were planned to occur between 1985 and 1988. The first of these activities was the Curriculum Development workshop, November 1986 (INTRAH Trip Report #0-297). The three ONAPO physicians who participated in that activity have been slated to be involved in the organization and execution of 10 workshops that will be conducted over the next 18 months. Thus, the curriculum that was drafted in 1986, was used in the first pilot FP workshop, January/February 1987 (INTRAH Trip Report #0-287). The findings, conclusions and recommendations made after that activity were to be re-evaluated during the present activity, and final recommendations based on these two pilot clinical training

workshops were made. These recommendations will guide ONAPO in planning and carrying out the remainder of the training activities.

IV. DESCRIPTION OF ACTIVITIES

A. A two-week FP training with theoretical and clinical components was conducted by ONAPO co-trainers with assistance from IHP trainers.

B. The theoretical portion of the training took place from March 23 - 28, 1987 at the ONAPO Training Center in Kigali. Clinical training occurred in Kigali, Butare and Ruhengeri from March 30 - April 3, 1987.

C. Three ONAPO physician co-trainers assumed major responsibility for conducting training. They presented all but three of the didactic lessons, developed the case studies, led group discussions and administered the pre-test. Given proper logistic and administrative support from ONAPO, these co-trainers are capable of conducting future training activities on their own.

D. Training techniques included didactic sessions alternating with videotape presentations, case-study discussions, practice on pelvic models and lectures. Each lesson was introduced with specific objectives and each lesson was evaluated using written questions and discussion.

E. ONAPO and co-trainers evaluated the training activities at the end of the workshop. Co-trainers noted that: 1) seven participants were the maximum that could be trained given the clinical sites currently available; 2) other trainers and more sites would have to be identified if training were to continue; 3) there is a lack of follow-up and supervision of trainees; and 4) there is a need to expand and improve the curriculum.

F. On Monday, April 6, a debriefing session was held at OAR/Rwanda with Ms. Carina Stover to discuss:

- trip reports from previous training activity and their relation to the present activity (Ms. Stover recommended that the Executive Summary of each trip report be translated into French and sent to the countries and agencies concerned); and

- possible revisions of the INTRAH/ONAPO contract in preparation for Mr. Pape Gaye's visit, April 7.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Administration

1. Finding(s)

No ONAPO co-trainers were available to participate in preparatory activities. One co-trainer had been sent to Togo for management training; however, he eventually returned to Kigali and participated in training activities; the second co-trainer was on vacation; and the third was at his regional work site. Saturday morning prior to the start of training INTRAH/IHP trainers were able to meet with Dr. Munyakazi, ONAPO Chief of Family Health Section to verify what had been done to follow-up recommendations made at the conclusion of the previous activity (INTRAH Trip Report #0-287).

Conclusion(s)

The unavailability of Rwandan co-trainers during time designated for preparing training activities did not allow for timely, organized planning.

Recommendation(s)

Prior to each training, INTRAH should request that ONAPO assume responsibility for the following: a) notify all participants; b) arrange transport (at least two vehicles); c) prepare training site for new arrivals; d) make per diem available; and e) visit all training sites to ensure that they are functional and that personnel are aware that trainees will be coming. Additionally, if clinic staff are to be involved in training activities, they must be scheduled to be at the clinic on the designated days.

2. Finding(s)

Mr. Castule Kamanzi, Chief of Training Section, has a scholarship to study in the U.S. for at least one year. In his absence, his assistant, Bernard Avutsekubwimana, will be interim manager of the INTRAH contract until July, when Mr. Sixte Zigirumugabe returns to assume INTRAH/ONAPO coordination.

Conclusion(s)

It is too early to assess the impact of these administrative changes on the management of the INTRAH/ONAPO contract. Mr. Avutsekubwimana's job as INTRAH evaluator may present a conflict of interest if he serves as INTRAH/ONAPO coordinator.

Recommendation(s)

During the INTRAH project reassessment, these administrative changes should be clarified and new personnel given guidance to ensure the smooth organization of INTRAH activities.

3. Finding(s)

On December 31, 1986, ONAPO scheduled all ten INTRAH training activities for 1987. One training activity per month was scheduled between the months of March and December, with each activity to begin on the twentieth of each month. Ten participants have been designated for each activity. Neither the IHP trainers, Dr. Pierre-Louis, nor Ms. Stover were informed of this schedule until the end of the training.

Conclusion(s)

This proposed training schedule must be discussed with ONAPO during the project reassessment. It is questionable whether ONAPO could carry out such an ambitious training schedule. Also, clinical training sites need to be developed before future training activities are conducted, and the availability of ONAPO co-trainers needs to be clarified.

Recommendation(s)

INTRAH should postpone clinical training activities until the questions of clinical facilities and ONAPO co-trainers have been resolved.

4. Finding(s)

Problems identified during the January training at the training center occurred again during this training activity, i.e., lack of secretarial support, lack of telephones and no library resources. Dr. Hakizimana stated that ONAPO has insufficient financial resources to resolve these problems at present. Logistical support for the participants was not a problem. All were housed, fed and transported without difficulty.

Conclusion(s)

ONAPO is not prepared logistically to conduct a training program at the level outlined in its 1987 training schedule.

Recommendation(s)

ONAPO's logistical capacity should be discussed during the project reassessment. The training program schedule should reflect the number and level of activities that ONAPO is capable of supporting.

B. Co-Trainers

5. Finding(s)

Dr. Eulade Ntezilizaza, ONAPO co-trainer, has been transferred from the clinic in Ruhengeri. Mme. Habimana has confirmed that he will no longer be available as a co-trainer.

Conclusion(s)

The loss of this physician is a major setback in the plan to transfer the remaining eight clinical training activities to the ONAPO co-trainers.

Recommendation(s)

During the project reassessment, the consequences of the absence of Dr. Ntezilizaza must be discussed with Mme. Habimana, and an acceptable solution found.

6. Finding(s)

Dr. Ntezilizaza's replacement in Ruhengeri, who has just finished medical school with limited field experience in FP, has been designated by

Mme. Habimana as the ONAPO co-trainer who will assume Dr. Ntezilizaza's training duties.

Conclusion(s)

ONAPO co-trainers' skills should be evaluated by INTRAH/IHP trainers, since clinical training standards of ONAPO co-trainers have not been always at the level desired by INTRAH.

Recommendation(s)

Mme. Habimana should designate co-trainers for INTRAH activities after training competence is verified.

7. Finding(s)

Dr. Munyakazi, Chief of Family Health Section, will be going to Columbia University in June. It was reported that he will be involved in the Columbia University Community-Based Distribution (CBD) Project in Ruhengeri after his return.

Conclusion(s)

ONAPO physicians are involved in many activities and projects. Dr. Munyakazi's absence means that two of the three ONAPO co-trainers will be unavailable this summer.

Recommendation(s)

The remainder of the INTRAH training activities should be put "on hold" until more trainers can be trained to conduct central and regional training activities.

8. Finding(s)

During the previous two training activities, INTRAH/IHP trainers were assured that the two ONAPO FP physicians at CHK would be available to participate in clinical training at their site. They were not available for either of the two clinical sessions.

Conclusion(s)

It may not be possible for CHK physicians to conduct training and provide clinical supervision.

Recommendation(s)

The availability of the two CHK physicians should be verified. If they are available to conduct training and supervise clinical work, have them attend a TOT session before they are assigned training and supervisory tasks.

9. Finding(s)

Two nurses at the ONAPO facility at CHK and one nurse at Kanombe were identified as competent practitioners and as potential supervisors of students during clinical training.

Conclusion(s)

Training competent, experienced FP nurses as trainers is useful because they:

- are in clinics everyday, and know clients' needs;
- are motivated to run an efficient service;
- know when to refer complicated cases;
- are transferred less often than physicians; and
- have no duties other than clinical.

Because two of the three ONAPO physician trainers are not likely to be available for full-time training, it is efficient to train nurses to conduct training and supervise clinical training.

Recommendation(s)

INTRAH should schedule a FP review and TOT activity for at least seven qualified nurses to conduct the remainder of the training activities, to supervise clinical training and discuss with ONAPO the possibility of using nurses to carry out INTRAH clinical trainings. Nurses from each ONAPO region should participate in a FP review and TOT. They tend not to have such varied and time-consuming duties as the physicians, and have more stable assignments at clinical sites.

10. Finding(s)

A video cassette made by ONAPO showing a physician inserting an IUD, was shown to the participants. The insertion technique was so poor that trainers used the film to show how NOT to put in an IUD. Participants, trainers and co-trainers were sur-

prised at the level of competence demonstrated in this film.

Conclusion(s)

Watching the film led to a discussion among trainers about the quality of training programs in Rwanda.

The film symbolized the inconsistency of the quality of FP training and emphasized the need for competent practitioners and trainers.

Recommendation(s)

INTRAH should insist on a standard of competence that is medically correct and realistic in Rwanda. The following recommendations will help INTRAH ensure the quality of clinical training:

- put future clinical trainings "on hold" until a regional training capacity can be developed;
- identify competent and motivated nurses to train and supervise FP service providers;
- lengthen the training to three weeks so that participants fulfill the USAID clinical training standards;
- improve the clinical facilities where training will occur;
- decrease the number of participants per workshop so that each participant receives adequate clinical experience; and
- include a follow-up and supervision unit in the clinical training workshop design and include a follow-up and supervision activity three to six months after each clinical training workshop as part of the training program plan.

C. Family Planning Curriculum

11. Finding(s)

The FP curriculum developed in the November 1986 INTRAH workshop has been used for two trainings. The changes recommended after the last workshop were reviewed by trainers. Lessons on AIDS, demography and male anatomy were prepared and given by IHP trainers. ONAPO co-trainers decided that lessons in microscopy were not necessary.

Conclusion(s)

It is helpful to evaluate the curriculum after use.

Recommendation(s)

Each curriculum should be evaluated after it has been used in a training program.

12. Finding(s)

When the revised curriculum was typed by ONAPO, no lesson plans were included. The curriculum contains only didactic information with no guide on how to teach it.

Conclusion(s)

Because no TOT was conducted prior to the development of the curriculum, lesson plans and techniques of adult education were not components that the ONAPO trainers felt to be essential. The Curriculum Development workshop was too short to change attitudes and behaviors about adult education techniques.

Recommendation(s)

A TOT should be a component of every clinical training program.

13. Finding(s)

The curriculum reviewed by IHP trainers to determine its adequacy for future training activities was incomplete.

Conclusion(s)

The curriculum needs expansion and revision.

Recommendation(s)

The following recommendations were made to the ONAPO trainers by IHP trainers for improving the curriculum:

- include information that supports general objective number one (see Curriculum);
- a lesson on demography should be included;
- include diagrams on male and female anatomy and physiology;
- include diagram demonstrating the menstrual cycle;
- include in the patient interview lesson a component devoted to systematic history taking. Develop more examples on how to elicit information on menstruation, coitus, pain, bleeding and discharge. Include handout on the importance of developing rapport with FP acceptors;
- clarify and simplify the lesson on oral contraceptives (OC), so that participants have a good working knowledge of the estrogen and progesterone content of the OCs they use in their clinics, and correlate these dosages with the clinical effects they are likely to see in their clients;
- include case studies that correlate contraindications for each contraceptive method and the information collected during history taking and physical exam; and
- redesign the lesson on STDs and evaluate the treatments listed, especially on gonorrhea. Emphasize screening for and referral of STDs where no lab facilities are available.

D. Standards of Practice

14. Finding(s)

No standards of practice for FP service provision have been formally approved by ONAPO for use in clinics.

The following practices were observed by the INTRAH/IHP trainers in FP clinics:

- The use of OCs for one week to bring about withdrawal bleeding as a pregnancy test. Efforts to dissuade clinicians from using this method were unsuccessful. Brown's Planning Familial en Afrique supports this practice.

- Double dose treatment for women for certain STDs because females have more "vulvar, vaginal and uterine tissue folds" than men have urethral folds.

- Lack of treatment for possible concurrent chlamydial infection in people being treated for gonorrhea, and a general lack of awareness about the presence of Chlamydia as an STD.

- Lack of motivation in counselling people who may be at risk for AIDS, and in promoting condoms for those at risk for AIDS and for other STDs.

- Omitting the physical exam on new FP clients.

Conclusion(s)

It would be worthwhile to investigate the status of standards of FP practice in Rwanda.

Clinicians do not always follow accepted standards in delivering FP services.

Recommendation(s)

INTRAH should have medically approved general standards of practice in FP to adapt for clinical training programs. These standards should be developed with input from clinicians who have field experience in African countries and are familiar with the realities of clinical practice there.

E. Training Sites

15. Finding(s)

After the previous clinical training activity, several recommendations were made to improve the clinical facility for training at CHK. Upon arrival for the second training activity, IHP

trainers found that none of the recommendations had been carried out.

Sterile supplies, soap, water and general cleanliness are often lacking at CHK.

Conclusion(s)

In terms of numbers of clients and the variety of pathology seen at CHK, it could be a training facility for INTRAH participants. However, the site and service delivery procedures need improvement.

Recommendation(s)

INTRAH should encourage ONAPO to make the following changes at CHK:

- set up a second exam room, equipped with necessary supplies to carry out adequate exams and procedures;
- equip the present exam room so that it is always ready to be used;
- include the FP nurses at CHK in the INTRAH training; and
- explore the possibility of getting other donor agencies to provide supplies for ONAPO FP clinics.

16. Finding(s)

In clinics with adequate numbers of clients for one participant, two participants had to share these clients.

Participants at Ruhengeri and Butare had limited clinical experience because of lack of clients.

Conclusion(s)

More clinical sites need to be developed. A good expansion site is the clinic at Kanombe.

More information/education/communication (IEC) and community health education (CHE) need to be done to motivate people to use FP.

Recommendation(s)

INTRAH and ONAPO should develop at least one clinical training site in every region, with a TOT-trained trainer at that site.

INTRAH should encourage ONAPO to include IEC and CHE activities in their future plans.

17. Finding(s)

Mlle. Vivienne Mukakarara in Kanombe, has been identified as a possible clinical supervisor.

Conclusion(s)

Mlle. Mukakarara would be an excellent trainer in future INTRAH activities. She would profit from a TOT, and already exhibits good clinical judgment and a good grasp of training techniques.

Recommendation(s)

INTRAH should recommend to ONAPO that Kanombe be used as a clinical training site in the future for one participant. Ms. Mukakarara should be included in a TOT so that she would be prepared to act as a clinical trainer and possibly participate in the didactic portion of the trainings.

F. Participants

17. Finding(s)

All participants in this course had strong theoretical knowledge in FP; many had significant experience in clinical FP. None of the participants completed the minimum requirements for clinical competency during the training, according to USAID standards. All felt that they would have profited from another week of clinical training.

Conclusion(s)

The background of the participants has a strong effect on the outcome of clinical training.

Only participants with previous FP experience and ability will benefit from a two-week workshop.

Recommendation(s)

If training remains two weeks long, only participants who have demonstrated excellence at their clinical sites should be chosen to attend.

If possible, conduct three-week clinical training sessions.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

OAR/Rwanda

Ms. Carina STOVER, Health Population Officer

National Office of Population (ONAPO)

Mme. HABIMANA Gaudence, Director

Dr. HAKIZIMANA Evariste, Chief of Study and Program Section

Dr. MUNYAKAZI Alphonse, Chief of Family Health Section, and ONAPO co-trainer

Mr. KAMANZI Castule, Chief of Training Section, and INTRAH/ONAPO Coordinator

Dr. KABERUKA Jean Bosco, ONAPO Representative in Kibongo, and ONAPO co-trainer

Dr. NTEZILIZAZA Eulade, ONAPO Representative in Ruhengeri, and ONAPO co-trainer

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

Dr. NZAMWITA Augustin, ONAPO Representative in Ruhengeri

Mr. AVUTSEKUBWIMANA Bernard, Assistant in the Training Section, INTRAH evaluator

Dr. BAGWANEZA Madeleine, ONAPO Representative in Butare

Mr. MUNYEMANZI Idelphose, Assistant to the ONAPO Doctor in Gikongoro

Central Hospital in Kigali (CHK) Family Planning Service

Ms. MBABAJENDE Veronique, Family Planning Nurse

Ms. MUKABALISA Consolotha, Family Planning Nurse

Ms. NYIRANGERAGEZE Bernadette, Family Planning Nurse

Dr. BAJINYA Vincent, Assistant ONAPO Representative

Dr. DE CLERCQ Andre, Chief of Obstetrics and Gynecology

APPENDIX B

Participants

APPENDIX B

PARTICIPANTS

1. DIPLOMAMPALANIYE Charles, Medical Assistant, Ruhengeri Hospital, ONAPO
2. GASASIRA Sylvestre, Family Health Worker, Byumba Clinic, ONAPO
3. GASUNGO Josiane, Nurse, CHK, ONAPO
4. KAMPAYIRE Alfred, Medical Assistant, Mushubi Clinic, ONAPO
5. MUKAKIGELI Marguerite, Nurse, Buhengeli Clinic, ONAPO
6. MUKAKARARA Vivienne, Nurse, Kanombe Hospital, ONAPO
7. MUKAMUNIZA Therèse, Nurse, Kiliuze Hospital, ONAPO
8. MUKAWKUN Josephine, Public Health Worker, ONAPO

APPENDIX C

Pre/Post-Test Scores

APPENDIX C

Course ID_____

INTRAH PRE-POST TEST RESULTS FORM

Trainee Name	Pre-Test Score	Post-Test Score
KAMPAYIRE Alfred	93.3	Absent
GASASIRA Sylvestre	90.2	100
MUKANKUN Josephine	82.6.	96
GASUNGO Josime	74.6	83.0 (83)
MUKAKABERA Vivienne	74.6.	100.
MUKAMUNIZA Therese	64.8	82.0 (82)
KIGELI Marguerite	60.4	86.0 (86)
DIPLOMA MPALANIYE Charles	56.4.	98.6

APPENDIX D

Summary of Participant Reaction Responses

APPENDIX C

SUMMARY OF INTRAM PARTICIPANT REACTION RESPONSES

Numéro d'identification du cours

QUESTIONNAIRE D'APPRECIATION POUR PARTICIPANTS

Pour chacune des questions ci-dessous, choisissez la phrase qui correspond le mieux à ce que vous ressentez par rapport à la formation à laquelle vous venez de participer:

1. Les objectifs de l'atelier étaient:

a. très clairs	b. plutôt clairs	c. assez clairs	d. pas très clairs	e. pas clairs du tout
3	2	2		

2. Les objectifs de l'atelier semblent avoir été atteints:

a. entièrement	b. plus de la moitié	c. la moitié	d. moins de la moitié	e. pas du tout
	6	1		

3. En ce qui concerne les instruments de formation (exposés, polycopiés, exercices),

6 a. Tous ont été utiles

1 b. La plupart ont été utiles

_____ c. Certains ont été utiles.

_____ d. Très peu ont été utiles.

_____ e. Aucun n'a été utile.

4. Les sujets présentés pendant l'atelier étaient clairs et faciles à suivre:

a. tout le temps	b. la plupart du temps	c. environ la moitié du du temps	d. moins de la moitié du temps	e. à aucun moment
4	3			

5. La quantité de sujets traités pendant la formation a été:

a.excessive	b.relativement excessive	c.appropriée	d.relativement insuffisante	e.insuf--fisante
	4	3		

6. La période de temps consacrée à la formation a été:

a.trop longue	b.relativement trop longue	c.juste bien	d.relativement trop courte	e.trop courte
			5	2

7. Par rapport au travail que je fais ou que je ferai à l'avenir, cette formation était:

a.très utile	b.plutôt utile	c.assez utile	d.pas très utile	e.pas utile du tout
6		1		

8. Les solutions potentielles aux problèmes rencontrés dans la pratique ont été discutées:

a. constamment	b. plus de la moitié du temps	c. environ la moitié du temps	d. moins de la moitié du temps	e. à aucun moment
5	1	1		

9. Au cours de cette formation, j'ai appris:

3 a. beaucoup de concepts importants et utiles

2 b. un certain nombre de concepts importants et utiles

3 c. plusieurs concepts importants et utiles

1 d. quelques concepts importants et utiles

___ e. presque aucun concept important et utile.

(one person gave 4 answers 6 = 10 responses)

10. Au cours de cette formation, j'ai eu l'occasion d'acquérir par la pratique

2 a. beaucoup de compétences importantes et utiles

3 b. un certain nombre de compétences importantes et utiles

2 c. plusieurs compétences importantes et utiles

____ d. quelques compétences importantes et utiles

____ e. presque aucune compétence importante et utile.

11. Les conditions matérielles et l'organisation de la formation étaient

a.excellentes	b.bonnes	c.acceptables	d.à peine acceptables	e.médiocres
2	4	1	0	0

12. Le(s) formateur(s) qui a (ont) mené cette formation a (ont) été :

a. très efficace(s)	b. efficace(s)	c. assez efficace(s)	d. pas très efficace(s)	e. pas efficace(s) du tout
3	4	0	0	0

13. Le(s) formateur(s) qui a (ont) mené cette formation m'a (m'ont) encouragé(e) à exprimer mes opinions par rapport au cours.

a. constamment	b.souvent	c.parfois	d.rarement	e.jamais
3	4	0	0	0

14. Le(s) formateur(s) m'a (m'ont) tenu(e) informé(e) de mes progrès au cours de la formation de façon:

a.très efficace	b.efficace	c.assez efficace	d.pas très efficace	e.pas efficace du tout
4	2	1	0	0

15. 5 a. Je recommanderais cet atelier sans hésitation.

(2 réponses x1 expl.) 1 b. Je recommanderais probablement cet atelier.

2 c. Il est possible que je recommande cet atelier à certaines personnes.

____ d. Il est possible que je ne recommande pas cet atelier.

____ e. Je ne recommanderais pas cet atelier.

16. Veuillez cocher parmi les changements suivants ceux qui, à votre avis, seraient susceptibles d'améliorer la formation.

5 a. allonger la durée de la formation

0 b. réduire la durée de la formation

3 c. utiliser des exemples et des applications plus réalistes

* 7 d. prévoir plus de temps pour la formation pratique (compétences et techniques)

4 e. prévoir plus de temps pour que les participants se familiarisent avec les théories et les concepts

1 f. employer des formateurs plus efficaces

2 g. prévoir une interaction en groupe plus efficace

0 h. choisir un autre lieu de formation

2 i. prévoir plus de temps pour la préparation en dehors des séances de formation

2 j. consacrer plus de temps aux activités de formation proprement dites

1 k. se concentrer sur un sujet plus précis et plus spécifique

0 l. traiter un sujet plus vaste et de portée plus étendue

0 m. autre (préciser s.v.p.)_____

17. Suit une liste de plusieurs sujets traités pendant la formation. Veuillez indiquer le degré d'utilité de chaque sujet par rapport à votre travail(utilisez l'échelle figurée à droite de la feuille)

	très utile 1	2	3	4	à peine utile 5
a. 102 Méthodes de Contraception	3	4	0	0	0
1=2 resp. ✓ b. 104 Anatomie et Physiologie de la Procreation	3	4	1		
1=0 resp. ✓ c. 105 Examen et Diagnostiques Gynecol.	3	3			
d. 106 Contreindications de la Contraception	2	4	1		
e. 107 Avantages et Inconvenients de la Contra.	1	4	2		
f. 108 Effets secondaires de la Contraception	1	5	1		
g. 109 Cycle menstrel	6	1			
h. 113 Démarche en Consultation de PF.	3	4			
✓ i. 115 Insertion de DIU	4	2			
✓ j. 118 MST.	3	3			

18. Pour chacun des supports ou techniques suivants, notez sur l'échelle figurée à droite votre appréciation de l'utilité de ce support ou de cette technique par rapport à votre assimilation de connaissances pendant la formation.

Techniques/supports ✓(not everyone answered each question)	Très utile 1	2	3	4	à peine utile 5	non applicable
✓ a. conférences/exposés	3	2				
b. discussions en groupe	5	2				
✓ c. exercices individuels	3	3				
d. exercices en groupe	7					
✓ e. séances cliniques	3	3				
✓ f. visites sur le terrain	2	3				
✓ g. polycopiés documents	2	3				
✓ h. livres	4	2				
✓ i. aides audio-visuelles	2	4				

19. Choisissez parmi les sujets énumérés ci-dessous les trois (3) domaines dans lesquels, à votre avis, une formation supplémentaire vous serait le plus utile dans le futur

0 a. Conseils et/ou éducation des clients

2 b. Utilisation des méthodes cliniques (dispositifs intra-utérins, pilules anticonceptionnelles, diaphragmes, injections)

0 c. Utilisation des méthodes non cliniques (condoms, tablettes, moussantes, mousses)

0 d. utilisation des méthodes naturelles de planification familia (méthode des rythmes, méthode sympto-thermique, examen de la glaire cervicale)

4 e. supervision des services de planification familiale

2 f. gestion d'un réseau de services de planification familiale

3 g. organisation/évaluation des services de planification familiale

1 h. détermination de la politique/direction des services de planification familiale

0 i. distribution communautaire de contraceptifs

3 j. programmes communautaires d'extension de services , d'éducation ou d'information centrés sur la communauté

4 k. formation continue en planification familiale

0 l. formation à l'enseignement/travaux dirigés de planification familiale

0 m. autre (préciser s.v.p.) _____

20. Autres observations : _____

Vous êtes libre de signer ou non :

APPENDIX E

Curriculum
(Training Design)

(On file with INTRAH)

APPENDIX F

Pre/Post-Instrument

Answers /

Nom: _____

Titre: _____

PRE-TEST/POST-TEST

Activité de Formation Pratique en Planification Familiale

INTRAH/IHP/ONAPO 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

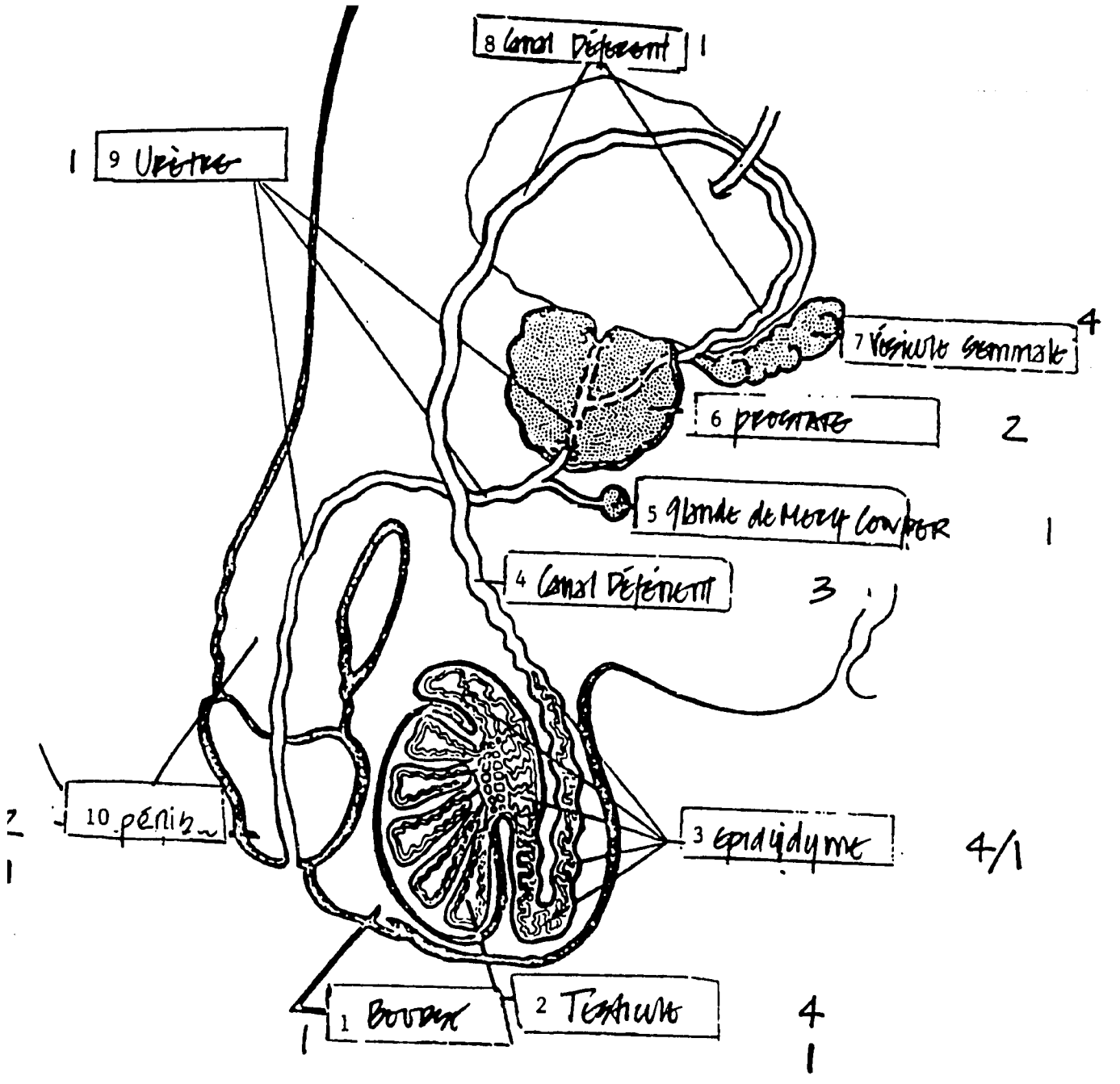
le pénis

Vésicules séminales

Canal Deférent

Key

Blue = pre-test
Black = post-test



Remplissez chaque trait du nom de l'organe décrit:

11. testicules — Correspond aux ovaires chez la femme

1 12. bourses — Sac de peau qui contient et protège les testicules.

3 13. prostate — Glande qui envelope le col vésical et une partie de l'urètre.
-- Secrète un liquide clair alkalin.

3 14. glande de Mery-Cowper — Petite glande qui secrète un liquide visqueux qui fait aussi partie du sperme.

15. préputs — Repli de la peau qui recouvre le glan de la verge

1/4 16. Vésicules séminales — Poches polylobées qui secrètent un liquide lubrifiant et nutritif pour les spermatozoïdes.

2 17. Canal Déférent — Tube de transport pour les spermatozoïdes des testicules aux vésicules séminales .

18. Urètre — Canal qui conduit l'urine hors de la vessie.

2/3 19. epidydyme — Long tube mince qui relie le testicule au canal déférent

2/1 20. corps jaune — Se forme après la rupture du follicule de Graaf.

2 21. trompe de fallope — Lieu de la fécondation.

3/7 22. vagin — Cavité revêtue de membrane muqueuse. — vagin

1/4 23. clitoris — Correspond à la verge chez l'homme.

24. progestérone — Hormone secrétée par le corps jaune.

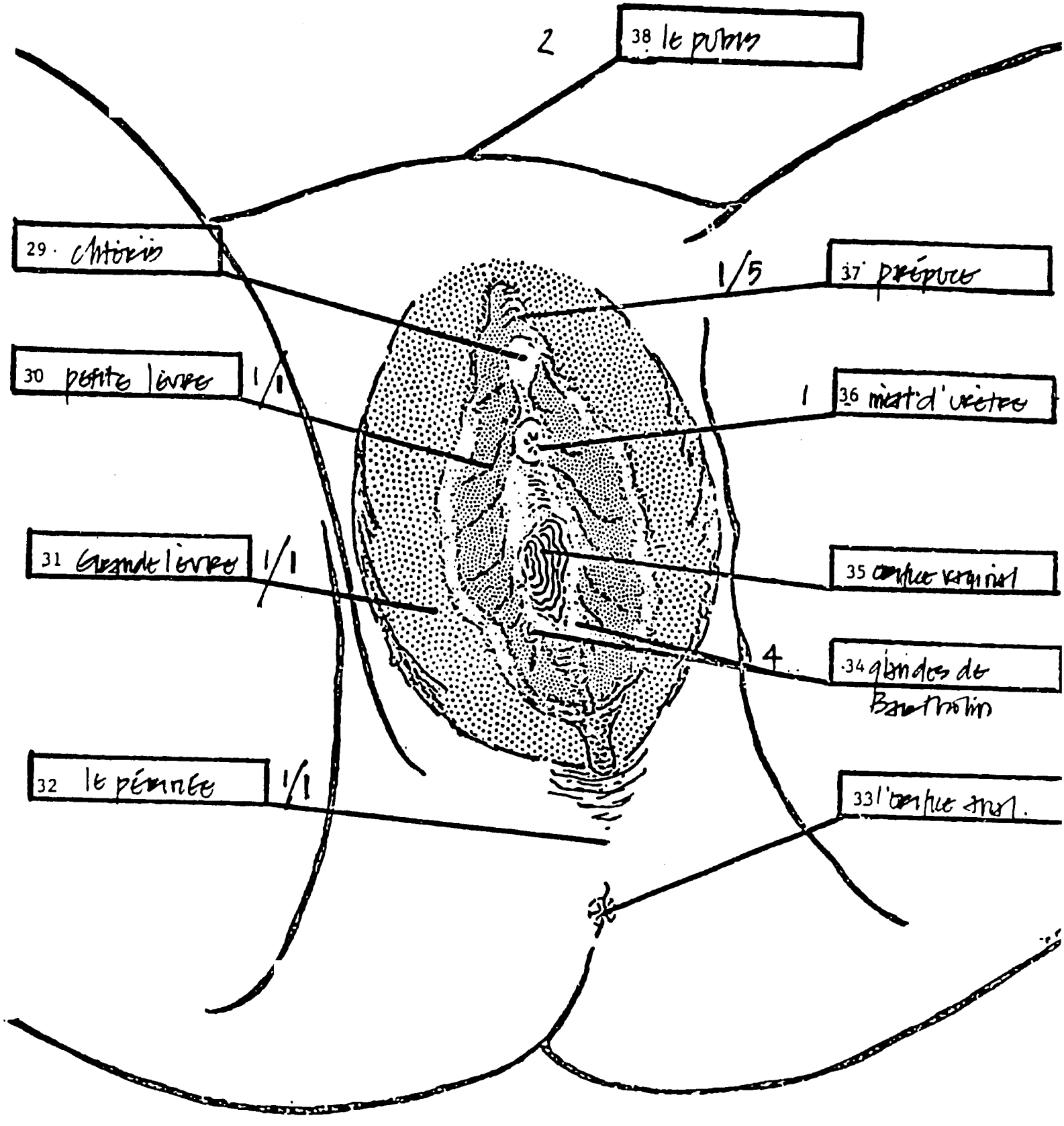
1/5 25. alkalin — Le PH de la glaire cervicale au milieu du cycle.

4/5 26. 4-7 jours. — Passage du temps en heures ou jours de la fécondation jusqu'à la nidation.

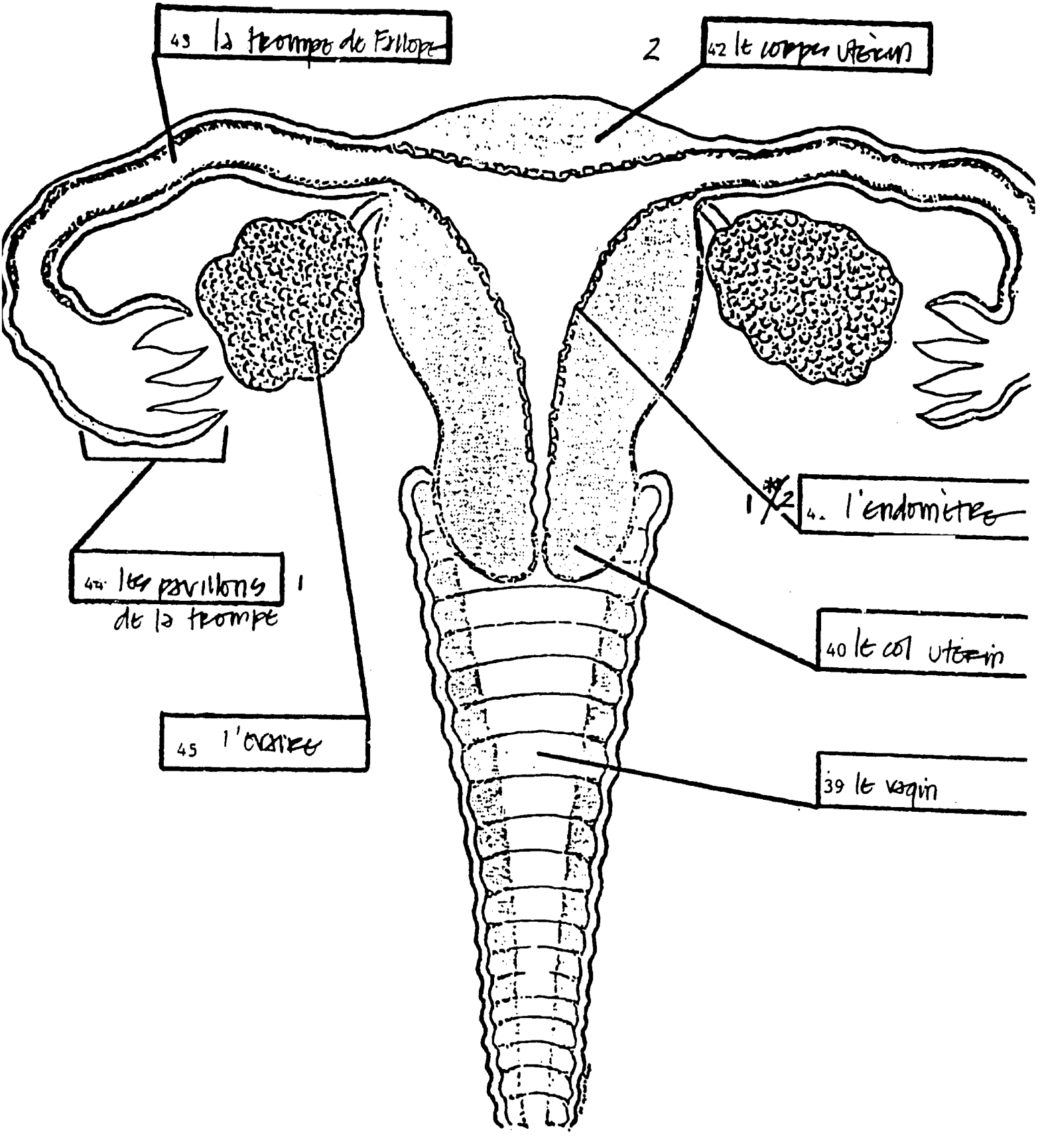
5 27. oestrogène — Hormone endocrinienne pendant la phase de reconstitution de l'endomètre (phase dite proliférative)

28. FSH — Hormone qui contrôle la maturation du follicule ovarien

29-38. **Remplissez les traits:**



39-45. **Remplissez les traits:**



5 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.

3/6 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 proteger 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

2/3 50. LA PRATIQUE DU COIT INTERROMPU IMPLIQUE:

1. Eviter le rapport à un moment où l'imprégnation peut se passer

2. Prévenir l'ejaculation

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, a 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.

2 51. 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 PARMI 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.

5/6. 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.

1	2	3	4	5	6	7
8	9	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~
~~15~~	~~16~~	~~17~~	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

2. 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

2 58. AVANT D'INSERER LE DIU CHEZ LA FEMME, IL EST TRES IMPORTANT DE:

1. etre 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 etre 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.

1

A. Vrai

B. Faux.

60. BIEN QUE CELA NE SOIT PAS COMPLETEMENT CONNU, ON PENSE QUE LE SIDA EST CONTRACTE A TRAVERS:

1

1. des insectes et de l'eau non-potable

2. des produits de sang infecté, des fluides du corps infecté (surtout le ~~semen~~ vagin) et, chez le nouveau-né, d'une mère infectée.

3. d'une microbe qui vient des cochons

4. Je ne sais pas.

1 61. POUR ETRE MIEUX PROTEGE CONTRE LE SIDA, ON DOIT:

1. suivre les règles pour n'importe quelle maladie transmissible et etre prudent en ayant les rapports sexuels.

2. ne jamais avoir aucun contact avec quelqu'un(e) qui a le SIDA.

3. etre vacciné contre le SIDA.

4. Je ne sais pas pas.

2/4 62. V F LA GONORRHEE CAUSE PRESQUE TOUJOURS DES SYMPTOMES SEVERES IMMEDIATS CHEZ LA FEMME ET POUR CELA ELLE DEMANDE D'ETRE SOIGNEE.

2/2 63. V (F) LA SYPHILIS EST FACILEMENT DIAGNOSTIQUEE CHEZ LA FEMME CAR LE CHANCRE PRIMAIRE SE DETECTE FACILEMENT.

2 64. V (F) LE VIRUS "HERPES" EST UN HABITANT NORMAL DU VAGIN ET N'A PAS DE CONSEQUENCES SERIEUSES.

1/ 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.

3 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.

1/2 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?

1/3 (A) les varicocéles

B. la rougeole aprés la puberté

1/3 (C) les oreillons aprés la puberté

D. l'appendicite

(E.) la gonorrhée non-traitée.

F. Je ne sais pas.

40

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 dérange l'axe hypothalmique-pituitarie - ovarien.

D. Je ne sais pas.

2/5. 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 infecfions pelviennes.

D. Je ne sais pas.

LE SIDA: "NE MOUREZ PAS D'IGNORANCE"

I. ENCIRCLEZ LES RESPONSES CORRECTES A CHAQUE PHRASE, S'IL VOUS PLATT.

V F Il existe certaines attitudes culturelles, politiques, réligieuses, et personnelles qui peuvent rendre très difficile de discuter le SIDA.

V F Nous ne connaissons pas encore l'origine géographique du SIDA; il existe des hypothèses sur la provenance mais pas de preuves.

V F Le SIDA se trouve dans au moins 71 pays du monde; néanmoins, il n'est pas encore un problème international.

V F Le SIDA ne pose pas de problème dans la région où je travaille.

V F Il existe un vaccin contre le SIDA.

II. REPONDEZ, S'IL VOUS PLAIT, A CHAQUE QUESTION.

1. LE VIRUS QUI EST LA CAUSE DU SIDA S'APPELLE
① HTLV-III : human T-CELL Leukemic VIRUS III
② LAV : Lymphadenopathy Associated VIRUS
③ HIV: HUMAN IMMUNODEFICIENCY VIRUS.

2. 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 infectés (surtout le sperme) et , chez le nouveau-né, d'une mère infectée.
3. d'une microbe qui vient des couchons et des singes.

Je ne sais pas.

3 SI ON ATTRAPE LE SIDA, LES SYMPTOMES SE MANIFESTENT

1. toute de suite
2. après 2 semaines
3. ça depends; il peut être plusieurs années avant que les symptômes ne se manifestent.
4. Je ne sais pas.

4. SI ON EST CONTAMINE AVEC LE VIRUS DE SIDA, COMBIEN DE TEMPS FAUT-IL EN GENERAL AVANT QUE LES ANALYSES DE SANG DEVIENNENT POSITIVES?

1. toute de suite
2. après deux semaines
3. 6 à 12 semaines, en general, mais des fois, il faut 6 mois.
4. un temps variable à chaque individu

5. Le virus de SIDA SE TRANSMET PAR VOIE (cochez toutes les réponses correctes)

1. sexuelle avec quelqu'un(e) contaminé(e)
2. transfusion du sang contaminé
3. serrer la main d'une personne infectée
4. les toilets publiques
5. boire du meme verre d'une personne infectée
6. embrasser
7. visiter chez une personne infectée
8. une injection avec une aiguille contaminée avec le virus.
9. donner le sang à La Croix Rouge
10. soigner un malade ~~avec~~ qui a le virus

6. LA PHASE PRODROMAL, OU PARA-SIDA, SE PRESENTE A LA CLINIQUE AVEC QUELS SYMPTOMES? Faites une liste de six possibilités.

1. PERTE DE POIDS (>10%)
2. FIÈVRE
3. FAIBLESSE
4. INFECTION VIRALE
5. PARASITOSE
6. MYCO CANDIDOSE BUCCALE

7. Pour être mieux proteger contre le SIDA, on doit:

1. suivre les regles pour n'importe quelle malade 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. se laver bien après le rapport sexuel.

8. POUR CONTROLER LE SIDA, IL FAUT:

1. educer la population contre la maladie.
2. dépister le sang de transfusion pour les anticorps du virus.
3. utiliser de la bonne hygiene en milieu clinique.
4. encourager l'utilisation du préservatif.
5. conseiller à une femme ou à un couple contaminé de ne pas avoir d'enfant.
6. toutes les reponses au-dessus.

9. Précautions que je peux prendre dans ma clinique pour aider à tout le monde contre le SIDA sont les suivant:

1. EDUCATION COMMUNAUTAIRE
2. EDUCATION DU PERSONNEL AVEC QUI JE TRAVAILLE.
3. PRECAUTION CONTRE LES MALADIE TRANSMISSIBLES.
4. SENSIBILISATION DES PERSONNE A RISQUE.
5. ENCOURAGER L'UTILISATION DU PRESERVATIF.

APPENDIX G

Report of Meeting with Madame Habimana

APPENDIX G

REPORT OF MEETING WITH MADAME HABIMANA

On Saturday, March 27, 1987, Ms. Sirica had a meeting with Mme. Habimana. The following issues were discussed:

1. The loss of Dr. Eulade Ntezilizaza as an INTRAH co-trainer in Ruhengeri, and plans for replacing him.

2. The need for a training of trainers before proceeding with other training activities.

3. The general progress of the training and the level of competence of the participants.

4. Limitations of the training sites for the clinical training, especially at CHK.

5. Lack of IUD insertion experience during the last training activity.

6. The need to verify the level of competence of the trainers that Mme. Habimana has proposed to work on future INTRAH clinical training activities.

7. The issue of future trainings and the need to develop more clinical training sites.

8. Budget.

9. Arrangements to pay per diem to a third ONAPO trainer during this training activity.

10. Mme. Habimana's absence during Mr. Pape Gaye's visit, assurance from her that Dr. Hakizimana would have her approval to make project revisions.

Ms. Sirica informed Mme. Habimana that it was expected that Mr. Pape Gaye would be in Kigali during the week of April 6 to carry out a reassessment of the contract and project to date.

REPUBLIQUE RWANDAISE
Office National de la Population
B.P. 914 KIGALI.

Kigali, le 31/12/86
N° 17.03/ 934/0130-01122/86.

Monsieur le Ministre de la Santé Publique
et des Affaires Sociales
KIGALI.

Objet : Formation clinique des prestateurs des services de Planification Familiale.

Monsieur le Ministre,

J'ai l'honneur de porter à votre connaissance que l'ONAPO compte organiser à partir de janvier 1987 -avec le concours du Programme International de Formation pour la Santé (INTRAH)- une série de sessions de formation en Planification Familiale clinique à l'intention du personnel paramédical prestant les services de Planification Familiale dans le pays.

A ce sujet, en effet, l'Evaluation du programme de Formation ONAPO/INTRAH de fin 1983, le Recensement des besoins mis à jour en matière de formation en SMI/PF mené par INTRAH en mars 1985, ainsi que le Recueil des données de base effectué récemment en novembre 1986 par l'ONAPO auprès de certaines formations médicales prestant les services de Planification Familiale accusent une insuffisance surtout qualitative des services cliniques de P.F. mis actuellement à la disposition de la population.

C'est pour répondre à ce besoin que :

1- le protocole d'accord entre JHPIEGO et l'U.N.R., actif depuis septembre 1986, se propose d'assurer une formation didactique et des démonstrations cliniques en Santé de la Reproduction et en SMI à l'intention des Etudiants de la Faculté de Médecine (6è année) et du personnel du Ministère de la Santé Publique et des Affaires Sociales (60 médecins, 6 spécialistes paramédicaux, et 23 étudiants);

2- dans le cadre du nouveau projet de collaboration en matière de formation SMI/PF (sept.1986-avril 1989) entre l'ONAPO et l'INTRAH, il est prévu pour l'année 1987 l'organisation de 10 sessions de formation en Planification Familiale clinique dont les bénéficiaires seraient les prestateurs des services de Planification Familiale dans les formations médicales.

Vous trouverez en annexe les objectifs, le calendrier, ainsi que les lieux du déroulement de ces sessions de formation.

C.P.I. à :
- Son Excellence Monsieur le Président de la République KIGALI.
- Monsieur le Préfet (Tous)
- Monsieur le Medecin Directeur de la Région Sanitaire (Tous)
- Monsieur le Délégué Régional (Tous)

La Directrice de l'Office National de la Population
Mme HABIMANA NYIRASAFARI Gaudence.

APPENDIX H

INTRAH Participant Reaction Forms
(On file with INTRAH)

JB

APPENDIX I

INTRAH Biodata Forms

(On file with INTRAH)