PDAAW-765

ISN-53129

intrah

Trip Report

#0-393

Travelers: Ms. Helen Sirica, IHP Program Coordinator
Mrs. Emily Lewis, IHP Program Coordinator

Country Visited: ZAIRE

Date of Trip: In-Country: May 21-June 21, 1987
Abidjan Debriefing: June 22, 1987

Purpose: To conduct a Clinical FP Training Workshop with AZBEF for 20 participants, May 27 - June 20, 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

PAGE

LIST OF ABBREVIATIONS

EXECUTIVE SUMMARY.....i

SCHEDULE OF ACTIVITIES.....iii

I. PURPOSE OF TRIP.....1

II. ACCOMPLISHMENTS.....1

III. BACKGROUND.....2

IV. DESCRIPTION OF ACTIVITIES.....2

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS.....5

APPENDICES

A. Persons Contacted/Met

B. Participants

C. Pre/Post-Test Scores

D. Summary of Participant Reaction Responses

*E. Curriculum

F. Pre/Post-Instrument

**G. INTRAH Participant Reaction Forms

**H. INTRAH Biodata Forms

---

* On file with INTRAH Program Office.
** On file with INTRAH Data Management Services.

LIST OF ABBREVIATIONS

AZBEF	Association Zaïroise pour le Bien-Etre Familial (Zairian Association for Family Welfare)
CAFS	Center for African Family Studies
CHE	Community Health Education
IEC	Information/Education/Communication
PSND	Projet des Services de Naissances Désirables (Family Planning Services Project)
STD	Sexually Transmitted Disease
TOT	Training of Trainers

EXECUTIVE SUMMARY

Emily Lewis, R.N., M.P.H., and Helen Sirica, C.N.M., M.S.N., Program Coordinators, International Health Programs (IHP), conducted a clinical family planning (FP) training activity from May 27 - June 20, 1987 for 20 participants from the Zairian Association for Family Welfare (AZBEF) in Kinshasa, Zaire. Co-trainers from AZBEF worked with the INTRAH/IHP trainers throughout the training activity. This activity was the first in a series of five clinical training activities scheduled in the INTRAH/AZBEF contract.

The major accomplishments of this activity include the following:

1. Nineteen clinicians were trained to provide clinical FP service (excluding IUCD insertion), FP community health education (CHE) and implementation and management of FP clinical services. One participant did not complete the course to the satisfaction of AZBEF and the trainers.

2. INTRAH/IHP trainers provided technical assistance to AZBEF to improve their ability to plan, implement and evaluate training programs and to conduct FP clinical training.

3. INTRAH/IHP trainers were able to assess the training capacity of AZBEF and to identify training needs of that organization.

4. A debriefing was held with AZBEF co-trainers.

5. Briefing and debriefing sessions were held with USAID/Kinshasa. A debriefing also took place at the INTRAH/WCA office in Abidjan.

Major findings, conclusions and recommendations include the following:

1. Financial arrangements between INTRAH and AZBEF are in need of review.

2. More communication and cooperation must be encouraged between AZBEF and the Family Planning Services Project (PSND).

3. The clinical training competency of AZBEF needs to be improved so that this organization can carry out future clinical training activities for which it is responsible under the INTRAH contract.

4. The next INTRAH/AZBEF clinical training activity, scheduled for October 1987, should be a FP clinical review and training of trainers (TOT) for clinical training and supervision. It should include ten participants chosen from experienced FP clinicians with some aptitude for training. This activity would help to develop needed clinical training competency within a cadre of clinical trainers to carry out future INTRAH training activities.

5. INTRAH should provide technical assistance to the training team cited in #4 above for the first clinical training activity that the team would conduct.

6. Clinical sites in Kinshasa need to be physically improved and better equipped to ensure that quality clinical training can be conducted.

7. More work in CHE and Information, Education and Communication (IEC) must be done in Zaire in order to increase the numbers of FP clients.

8. Since there are currently insufficient numbers of clients requesting IUCDs to meet clinical training standards, clinical training in IUCD insertion as part of the INTRAH clinical training program must be reconsidered at this time.

SCHEDULE DURING VISIT

May 19	Mrs. Lewis and Ms. Sirica departed San Francisco 6:00 p.m. for Kinshasa, Zaire via London.
May 21	Arrived in Kinshasa, Zaire, 7:00 a.m.
	Visited USAID/Kinshasa.
	Met with Zairian Association for Family Welfare (AZBEF) trainers Citoyen A. Mabudi Shamp, Training Coordinator; Citoyen Onanga Bongwele, Co-Trainer; and Citoyenne Mulelebwe, co-trainers in IEC.
	Met with Citoyen Madimu Kuzonzilla, Assistant Director of Training of Family Services Project (PSND).
	Contacted Citoyenne Chirwisa Chirhamolekwa, PSND Director
May 22	Introduction to AZBEF Administrator Citoyen Mutumbi Kuku Dia Bunga.
	Met with AZBEF training staff.
	Established goals and objectives of training activity with AZBEF co-trainers.
	Brief meeting with PAC II Evaluation Team. Pre-Test discussed.
	Briefed at USAID/Kinshasa with Ms. Gael Murphy, Health, Population and Nutrition International Development Intern.
May 23	Met with PAC II Evaluation Team. Discussed pre-test questions and other evaluation instruments.
May 25	Met with AZBEF co-trainers to discuss clinical aspects of training (Citoyenne Salwa Kazadi and Citoyenne Bahalele Tembo).
	Met with Citoyen M. Kuzonzilla and Citoyen Mutombo Yatshita, Training Coordinator, PSND, Kintambo.

May 26	Visited four clinical training practicum sites.
May 27	Official Opening of training session. Address by AZBEF Executive Administrator Mutumbi Kuku Dia Bunga and PSND Training Coordinator Mutumbo Yatshita.
May 27-June 20	Conducted FP clinical training activity.
May 28	Met with Ms. Gael Murphy, USAID/Kinshasa.
May 30	Met with Nursing Instructor Mukengeshaye Bitshikila, Kintambo Nursing School.
June 1	Met with Dr. Lois Bradshaw, Senior Population Officer, USAID/Kinshasa.
June 5	Met with Mr. Sam Gathitu, Regional Supply Coordinator IPPF/AFRICA; Citoyen Lomame Lomboto, AZBEF Vice-President, and Citoyen Mutumbi Kuku Dia Bunga, AZBEF Executive Administrator.
June 10	Met with Dr. Lois Bradshaw, USAID/Kinshasa.
June 16	Met with Dr. Lois Bradshaw, USAID/Kinshasa.
June 18	Debriefed with co-trainers and discussed plans for next AZBEF training with co-trainers Citoyen Mutumbi Kuku Dia Bunga; Citoyen Shamp A. Mabudi, AZBEF Coordinator, and Citoyen Bongwele Onanga, AZBEF trainer.
	Debriefed at USAID/Kinshasa with Dr. L. Bradshaw.
June 20	End of training activity and closing ceremonies.
June 21	Ms. Sirica departed from Kinshasa for Abidjan 8:00 a.m. Mrs. Lewis remained in Kinshasa for next training activity.
	Ms. Sirica arrived in Abidjan 1:30 p.m.

June 22	Debriefed at INTRAH/WCA office office with Mr.Pape Gaye, Regional Director; Ms. Djary Thiam, Training Officer; and Mr. Saul Helfenbein, INTRAH consultant.
	Ms. Sirica departed from Abidjan 10:40 p.m. for San Francisco via Paris and New York.

I. PURPOSE OF TRIP

The purpose of this trip was to conduct, with the assistance of co-trainers from the Zairian Association for Family Welfare (AZBEF), a four week clinical family planning (FP) skills workshop.

The main objective of this activity was to train 20 participants to:

- motivate people in their communities to practice FP;
- provide clinical FP services to clients; and
- set up and manage, without supervision, a FP clinic.

II. ACCOMPLISHMENTS

A. By the end of this activity, 19 of the 20 participants succeeded in meeting the objectives of the activity (excluding IUCD insertion). The twentieth participant had a poor clinical performance.

B. INTRAH/IHP trainers were able to assess the level of competence of AZBEF as a training organization; to provide technical assistance to AZBEF in program planning, implementation and evaluation; and to determine the needs of the organization in carrying out future INTRAH-sponsored training activities.

C. A co-trainers' debriefing was held on July 18.

D. Briefing and debriefing sessions were held with USAID/ Kinshasa. A debriefing at the INTRAH/WCA office in Abidjan also took place.

III. BACKGROUND

This activity was the first in a series of five clinical training activities scheduled in the INTRAH/AZBEF contract. As stated in the contract, INTRAH is to provide

technical assistance for the first two clinical training activities. AZBEF will carry out the remainder of these activities on its own. Though this was the first activity exclusively between INTRAH and AZBEF, personnel from AZBEF have participated in other INTRAH-sponsored training activities in Zaire.

IV. DESCRIPTION OF ACTIVITIES

A. Activity

The first of five FP clinical service training activities with AZBEF was conducted in Kinshasa, Zaire from May 27-June 20, 1987 with technical expertise and primary responsibility for the training provided by INTRAH/IHP. Co-trainers from AZBEF worked with INTRAH/IHP trainers in planning and carrying out the activity.

B. Venue

The training activity took place in Kinshasa, Zaire, with classroom activities held in a classroom at Family Planning Services Project (PSND). Clinical training took place at Mama Yemo Hospital and at Bumbu, Barumbu and Matonge Health Centers.

A prolonged national holiday delayed the arrival of participants to Kinshasa; therefore, the activity began on Wednesday, May 27, two days late.

C. Participants

Four physicians and sixteen nurses of Level AII and Level AIII training participated in this activity. The participants' FP knowledge and skill levels ranged from complete to minimal competence. This range lent itself to peer teaching and assistance throughout the training. Clearly defined criteria for participant selection does not seem to exist and AZBEF reported that participants were chosen based upon suggestions from its regional offices.

D. Overview of Process and Content

While INTRAH/IHP trainers were primarily responsible for conducting the training activity, AZBEF staff members shared in planning and carrying out many aspects of the activity. Citoyen Shamp A. Mabudi, AZBEF Coordinator, was responsible for all administrative and logistical aspects of the training. With assistance from other AZBEF personnel, Citoyenne Mulelebwe planned and conducted the Information/ Education/Communication (IEC) / Community Health Education (CHE) portion of the training. Citoyen Bongwele Onanga, AZBEF trainer, was responsible for the management portion of the curriculum. These people demonstrated outstanding competence in their work. An AZBEF clinician, Dr. Edjo, assisted in planning and teaching.

From Thursday, May 23 through Tuesday, May 28, INTRAH/ IHP trainers worked with AZBEF co-trainers to determine the goals and objectives for the activity and to prepare a training schedule, curriculum, workplan, clinical training objectives and clinical evaluation criteria. INTRAH/IHP trainers and AZBEF co-trainers met twice with the PAC II evaluation team to review the pre-test as an evaluation tool. AZBEF co-trainers responsible for the IEC and management portions of the training prepared questions for the pre-test.

AZBEF clinicians Citoyen Tembo Bahalele and Citoyen Salwa Kazadi worked with the INTRAH/IHP trainers to plan and implement the clinical portion of the training. Along with the INTRAH/IHP trainers, these clinicians were responsible for training and supervising participants in the clinical setting.

The first five days of the activity were devoted to didactic teaching and to practical exercises. INTRAH/ IHP trainers used a participatory approach to training

which participants responded to with enthusiasm. AZBEF co-trainers Citoyenne Mulelebwe and Citoyen Bongwele Onanga also used this type of training approach with well-determined and appropriate content information and learning objectives.

Participants began their clinical training on the sixth day of the activity. The 20 participants were divided into four groups, each with a physician serving as group supervisor. Each group spent three days at each of the four clinical sites. Trainers remained in the same site for the duration of the activity. In this way, all participants were able to work with and be evaluated by each clinical trainer (when it was appropriate, clinicians at the clinical sites assisted in the training and supervision of participants). At the end of each three day period, trainers filled out evaluation sheets on each participant. These evaluations, together with pre- and post- test scores, formed the basis on which decisions were made as to who had successfully attained the objectives of the course.

Clinical activities consisted of providing the usual FP clinical services, as well as giving family planning education talks to mothers who had come for pre-natal, post-partum and pediatric consultations at the center. To assist participants in these CHE activities, Citoyenne Mulelebwe visited each clinical site and worked with participants.

Participants spent 12 half-days in the centers. Classroom work continued until the end of the training activity. The basic components of the curriculum were FP (theoretical and clinical), IEC/CHE and service management.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Logistical/Administrative Arrangements

1. Finding(s)

Money allocated for this training was received and exchanged for local currency at a rate substantially below the current exchange rate. The cost of living in Kinshasa has risen sharply; participants were troubled by the inadequacy of their per diem.

Conclusion(s)

The rise in the cost of living in Zaire has created financial stress.

Recommendation(s)

INTRAH and USAID should review and revise the financial portion of the contract with AZBEF.

2. Finding(s)

AZBEF had only one vehicle and driver available during the training activity. There was reluctance on the part of PSND to provide one of its vehicles for the AZBEF training. A privately-operated mini-bus was hired by the INTRAH/IHP trainers to transport participants to clinical sites each morning, thus avoiding delays in beginning clinical work.

Conclusion(s)

Transportation of participants to and from clinical sites in a consistent and timely manner was a problem.

Recommendation(s)

Vehicles provided to PSND from USAID/Kinshasa for FP activities should be made available during the training of clinical service providers to all organizations receiving USAID/INTRAH funding. Cooperation between PSND and other USAID-funded organizations should be required to promote maximum use-effectiveness of scarce resources.

B. Training Team

3. Finding(s)

AZBEF training coordinator and co-trainers who assumed responsibility for planning and implementing a significant share of the training activity worked well with the IHP/INTRAH trainers, usually seeking and accepting their recommendations. They demonstrated a high degree of individual and collective training capability, particularly in IEC and management. However, their clinical expertise is not strong. Also, one of the two clinical trainers who assisted in this training is leaving Zaire to work with the Center for African Family Studies (CAFS).

Conclusion(s)

Neither AZBEF nor PSND (as observed in past work by Mrs. Lewis) has strong clinical training capacity. The practice of asking physicians unfamiliar with or unskilled at adult participative training methods to assist in the training is not effective for preparing competent FP personnel. This common practice also does not make for cohesive, quality training. AZBEF must enhance its clinical training capacity if it is to succeed at carrying out three clinical training activities without INTRAH technical assistance. Also, the AZBEF staff continues to need support in building both administrative and training capacity.

Recommendation(s)

A commitment to strengthen the clinical training capacity of one or both FP organizations (PSND and/or AZBEF)is needed. In regard to AZBEF,it is recommended that the second INTRAH/AZBEF clinical training be a FP review and TOT in clinical training and supervision with ten participants chosen from experienced clinicians with some aptitude for training. With such an activity, INTRAH would help to develop needed clinical training capacity.

Secondly, INTRAH should also provide technical assistance for the first training that AZBEF would conduct, using participants from this FP review/ TOT as trainers.

Lastly, Citoyen Bongwele Onanga, AZBEF trainer, should continue to be given administrative and training responsibilities from INTRAH, as well as from other organizations, in order that these or-

ganizations profit from his expertise and that he continue to develop as a trainer.

C. Clinical Training Sites

4. Finding(s)

The following were noted regarding clinical training sites:

- absence of blood pressure cuffs and stethoscopes;
- inadequate supply of gloves;
- inadequate supply of alcohol and other sterilization solutions; and
- unkempt and inadequately or poorly arranged space.

- Conclusion(s)

FP service sites chosen by AZBEF for clinical training were inadequately equipped and maintained. It is questionable as to whether acceptable training sites are available in Kinshasa at this time.

Recommendation(s)

Criteria should be established for selection of clinical sites for training. Where necessary, funds should be made available for equipping and arranging clinical training sites to meet training needs.

D. Trainees

5. Finding(s)

A group of 20 participants was too large for a clinical skills training.

Conclusion(s)

Substandard conditions at the training sites and AZBEF's insufficient number of clinical trainers to provide clinical supervision require a reduction in clinical training participants per workshop.

Recommendation(s)

The number of participants who can be trained during a clinical skills workshop should be reduced from 20 to 12.

E. Training Curriculum Content

6. Finding(s)

No clinic service site used during this workshop had enough IUCD clients to provide adequate training in IUCD insertion for more than one participant, let alone for twenty.

Conclusion(s)
Proper training for IUCD insertion cannot be done in Kinshasa at this time.

Recommendation(s)

INTRAH must consider whether or not it will continue to provide training in IUCD insertion as part of the AZBEF clinical training curriculum.

When needs assessments and resource evaluations are done as part of contract development, it is important to assess the feasibility of including IUCD insertion as part of clinical training. If the capacity to provide sound training in IUCD insertion is not present, i.e., the potential for sterile insertion conditions and sufficient numbers of experiences, INTRAH should either eliminate IUCD insertion from its workplan or make a commitment to improve those conditions necessary for proper IUCD training.

F. Client Motivation

7. Finding(s)

Some clinic sites lack large numbers of FP clients.

Conclusion(s)

Larger numbers of FP clientele should be attending clinics. Therefore, IEC and CHE efforts directed toward FP client motivation should be increased as an approach to increasing the number of FP clients.

Recommendation(s)

Community Health Education should be part of the training curriculum in clinical FP. Additionally, INTRAH should consider, as a training model in Zaire, the concurrent training of both clinicians and community health educators. This design has proven to be successful in Nigeria.

G. Evaluation

8. Finding(s)

A pre- and post-test model, as well as other evaluation techniques (Appendix F), were used in this training. However, there is no scheduled follow-up supervision of participants by INTRAH or AZBEF. AZBEF is unclear as to how it might do follow-up and supervision of new practitioners.

Conclusion(s)

To evaluate the results and/or impact of clinical training, a visit to service sites must be made by a qualified, clinically-trained supervisor or evaluator. However, supervision of former trainees, as well as critical evaluation of the effect of training on service delivery, is acknowledged as difficult in an area the size of Zaire.

Recommendation(s)

Supervision and evaluation problems need to be reviewed by USAID, PSND, AZBEF and INTRAH and provisions for follow-up and supervision determined.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

USAID/Kinshasa

Dr. Lois BRADSHAW, Senior Population Officer

Ms. Gael MURPHY, Health, Population and Nutrition International Development Intern

Dr. Glenn POST, Health Officer

Zairian Association for Family Welfare (AZBEF)

Citoyen Tembo BAHALELE, Trainer, Clinician

Citoyen Bangula BUANDA, Chief, Evaluation Service, PAC II Mid-Project Evaluator

Citoyen Mutumbi Kuku Dia BUNGA, Executive Administrator

Citoyen (Dr.) EDJO, Trainer, Clinician

Citoyen Toko-Puku KAFAM, Trainer

Citoyen Salwa KAZADI, Trainer, Clinician

Citoyen Lomame LOMBOTO, Vice-President

Citoyen Shamp A. MABUDI, Coordinator

Citoyen MISAMU, Trainer

Citoyenne MULELEBWE, IEC Coordinator

Citoyen Bongwele ONANGA, Trainer/Evaluator

Citoyen Wawa SAKRINE, President

International Planned Parenthood Federation (IPPF)

Mr. Samuel K. GATHITU, Regional Supply Coordinator (African Region)

Family Planning Services Project (PSND)

Mr. Brad BARKER, Deputy Director for Administration

Mrs. Jane BERTRAND, Operations Research Advisor

Citoyen Chirhamolekwa CHIRWISA, Director

Dr. Peter KNEBEL, Technical Advisor

Citoyen Madimu KUZONZILLA, Assistant Director of Training

Citoyen MBUYE, Secretary, Typist

Citoyen NLANDU, Receptionist

Citoyen Mutombo YATSHITA, Training Coordinator

INTRAH/WCA

Mr. Pape GAYE, Director

Mr. Saul HELFENBEIN, INTRAH Evaluation Consultant

Ms. Djariatou THIAM, Regional Training Officer

Others

Dr. William BERTRAND, Kinshasa University Advisor

Citoyen Mukengeshayi BITSHIKILA, Professor, Kintambo Nursing School

Mr. Phil CLAXTON, Consultant, IMPACT

Citoyen FUTILA, Nurse, Bumbu Health Center Family Planning Clinic

Mr. Richard GITTELMAN, Attorney

Ms. Lauren GREENBERGER, Health Consultant

Ms. Kathy JERENSKI, Family Health International

Citoyen Ekasi MANDU, Nurse, Trainer/Evaluator

Citoyen Mpoye MUSAU, Nurse, Barumbu Health Center Family Planning Clinic

Ms. Ann NELSON, Research Program, Centers for Disease Control

Citoyen NGWALA, Nurse, Matonge Health Center Family Planning Clinic

Dr. OCHUDI, Director, OB/GYN Service, Mama Yemo Clinic

Citoyen (Dr.) Musinde SANGWA, Evaluator

Dr. Nellie VAN DEN OEUVER, Consultant, IMPACT

18

APPENDIX B

Participants

APPENDIX B

.Z.B.Z.F.-N.D./INTRAH

FORMATION DES PRESTATAIRES DES SERVICES DES N.D.

IDENTIFICATION DES PARTICIPANTS

N°	NOMS & POSTNOIS		SEXE	AGE	QUALIFICATION/FONCTION	PROVENIANCE	ADRESSE COMPLETE
01	ATOLANZA	Kusendeyo	F	25	Infirmière accoucheuse A_3	Hôpital Général d'Isiro	B.P. 263 ISIRO
02	BOKILO	Lomoki	M	35	Infirmier A_3 Responsable de Vaccination	Centre de Santé de Kinkole	72, rue Etonga Z./N'Sele Kinshasa
03	CHANIKARE	Kandio	F	29	Infirmière A_3 Responsable de Centre de Santé	Centre de Santé de l'Hôpital Bunia	Centre de Santé B.P. 255 - BUNIA
04	DOKISI	Natumona	F	41	Infirmière Chef des Naissances Désirables	Hôpital MAMA YEMO	Hôpital MAMA YEMO B.P. 169 - KINSHASA I. Pavillon 25 - N.D.
05	KAFUTSHI	Wamitelezi	F	37	Infirmière accoucheuse A_3	Dispensaire Maternité d'Etat de Maluku	c/° Inspection des Services Médicaux de la Ville de Kinshasa B.P. 3.333 KINSHASA I
06*	KANANDA	Lumana	M	35	Docteur en Médecine Médecin Chef de service des C.S. et de Radiologie	Hôpital Général de Bunia	Hôpital Général de Bunia B.P. 238 - BUNIA
07	KIZOLE	Kasongo	M	29	Infirmier A_3	Dispensaire Maternité d'Etat de Maluku	c/° Inspection Médicale de la Ville de Kinshasa B.P. 3.333 KINSHASA I.-
08	KOKENGO	Bongeli	M	25	Infirmier A_3 Responsable du Centre de Santé	C.S. Nkolobeke INONGO	Centre de Santé Nkolobeke Zone de Santé Rurale d'Inongo B.P. 107 INONGO 26, rue Kiri - Inongo

N°	NOMS & POSTNOMS		SEXE	AGE	QUALIFICATION/FONCTION	PROVENANCE	ADRESSE COMPLETE
09	KULULBA	Kimbongo	M	53	Infirmier Titulaire P. Chirurgie	Zone de Masi Manimba	Hôpital Général Masi Manimba
10	LELO	Tako	F	32	Infirmière hospitalière Accoucheuse	Zone de Maluku	Dispensaire SIFORZAL B.P. 8.434 MALUKU
11*	MABWAKA		M	36	Médecin Chef de Zone de	Isangi (Haut-Zaïre)	Hôpital d'Isangi B.P. 44 - Haut-Zaïre
12	MAMPEME	Kimbuende	M	31	Infirmier hospitalier Administrateur Gestionnaire	Zone de Maluku	Dispensaire-Maternité d'Etat Z.3/N° 449 Camp MONACO - Maluku
13	MF NGE	Nsempongo	F	33	Infirmière accoucheuse A_3	S/R Mai-Ndombe Inongo	Hôpital Général B.P. 107 INONGO
14	MUWELA	Kabata	M	29	Superviseur de la Zone de Santé Rurale de Masi-Manimba	Zone de Masi-Manimba	B.C.Z.S./Hôpital Général de Masi Manimba
15	MWALUKE		F	27	Accoucheuse A_3 Superviseur du la Centre MAMA BOBI LA DAWA KIANZA	Zone de Ngaba	Centre MAMA BOBI LA DAWA KIANZA - Z./NGABA KINSHASA
16	NATEBA (DID NOT PASS)	Kinguku	M	37	Infirmier Titulaire Dispensaire-Maternité	MENKAO	42, rue Liyanga Zone de la N'Sele c/° Inspection Médicale B.P. 3.333 Kinshasa I.-
17	NGUSSA	Bateyo	M	22	Infirmier A_2	Isiro	Hôpital Isiro B.P. 263 ISIRO

NOMS & POSTNOMS		SEXE	AGE	QUALIFICATION/FONCTION	PROVENANCE	ADRESSE COMPLETE
KALANGA	Khandi	M	30	Médecin-Directeur	Masi-Manimba	Hôpital Général de Masi-Manimba B.P. 1 Masi-Manimba (BANDUNDU)
ANZEY	Wawa	M	40	Médecin	Isiro	Hôpital d'Isiro B.P. 263 ISIRO
ANSONDELA	Makasi Suana	M	44	Infirmier A_2 Chef de Service Titulaire du Centre de Santé	Centre de Santé Pilote Dispensaire d'Etat Malulu	c/° Inspection des Services Médicaux de la ville de Kinshasa B.P. 3.333 KINSHASA I.-

APPENDIX C

Pre/Post-Tests Scores

APPENDIX C

PRE/POST-TEST SCORES

INTRAH PRE/POST TEST RESULTS FORM

	Trainee Name	Pre-Test Score	Post-Test Score
1.	ATOLANZA Kusendeyo	20.8%	91.5%
2.	BOKILO Lemoki	21.8%	63.2%
3.	CHAMIKARE Kandio	48.9%	95.2%
4.	DOKISI Matumona	51 %	95.2%
5.	KAFUTSHI Wamitelezi	2 %	66.9%
6.	KAWANDA Lumana	78 %	93.3%
7.	KIZOLE Kasongo	54 %	82 %
8.	KOKENGO Bongeli	71.8%	92.4%
9.	KULUMBA Kimbongo	30 %	71.6%
10.	LELO Teko	58.3%	88.6%
11.	MABWAKA	88 %	95.2%
12.	MAMPEME Kimbuende	57.3%	78.3%
13.	MATEBA Kingulu	37.5%	(70.7%) did not pass; poor clinical
14.	MPENGE Nsempongo	18.7%	60.3%
15.	MUWELA Kabata	67.7%	84.9%
16.	MWALUKE Binyandie	58.6%	63.2%
17.	NGUSSA Bateyo	72.9%	88.6%
18.	NKUANGA Khandi	65.6%	95.2%
19.	TANZEY Wawa	72.9%	95.2%
20.	WANSONDELA Makasi Suana	35.5%	53.7%

APPENDIX D

Summary of Participant Reaction Responses

Summary of Responses

Numéro d'identification du cours _____

QUESTIONNAIRE D'APPRECIATION POUR PARTICIPANTS

Pour chacune des questions ci-dessous, choisissez la phrase qui correspo 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
12	3	3		

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
2	16			

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

13 a. Tous ont été utiles

5 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
7	10	1		

10

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

a. excessive	b. relativement excessive	c. appropriée	d. relativement insuffisante	e. insuf--fisante
21	4	5	21	21

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	9	1

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
16				

8. Les solutions potentielles aux problêmes rencontrés dans la pratiqu 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
9	6	1		

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

11 a. beaucoup de concepts importants et utiles

21 b. un bon nombre de concepts importants et utiles

3 c. plusieurs concepts importants et utiles

____ d. quelques concepts importants et utiles

____ e. presque aucun concept important et utile.

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

7 a. beaucoup de compétences importantes et utiles

3 b. un bon nombre de compétences importantes et utiles

3 c. plusieurs compétences importantes et utiles

4 d. quelques compétences importantes et utiles

____ e. presque aucune compétence importante et utile.

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

a.excellentes	b.bonnes	c.acceptables	d.à peine acceptables	e.médiocres
4	9	4	1	

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
8	10			

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
12	3			1

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
12	4		1	

15. 7 a. Je recommanderais cet atelier sans hésitation.

4 b. Je recommanderais probablement cet atelier.

____ 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.

8 a. allonger la durée de la formation

0 b. réduire la durée de la formation

6 c. utiliser des exemples et des applications plus réalistes

10 d. prévoir plus de temps pour la formation pratique (compétences techniques)

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

3 f. employer des formateurs plus efficaces

3 g. prévoir une interaction en groupe plus efficace

5 h. choisir un autre lieu de formation

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

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

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

3 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. Méthode de Contraception	15 ~~14~~	3			
b. Anatomie et Physiologie	15 ~~14~~	2	1		
c. Philosophie des N.D.	15 ~~14~~	1	2	1	
d. Motivation et Conseils	14	4 ~~3~~			
e. Collection des Données	15	2 ~~2~~			
f. Examen et Diagnostic gynecologique	14	4			
g. Supervision	10	6	1		1
h. MST	15 ~~14~~	3	1		
i. Prescription initiale des méthodes des N.D.	14	4			
j. Stage Pratique	16	2			

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	Très utile 1	2	3	4	à peine utile 5	non applicable
a. conférences/exposés	9 ~~8~~	7				1
b. discussions en groupe	12 ~~11~~	5			1	
c. exercices individuels	8	4		2	4	
d. exercices en groupe	13	4			1	
e. séances cliniques	8	10	1		1	
f. visites sur le terrain	13	3	1		1	
g. polycopiés documents	12	2	4			1
h. livres	14	2	1		1	
i. aides audio-visuelles	14	4				

21

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

5 a. Conseils et/ou éducation des clients

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

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

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

10 e. supervision des services de planification familiale

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

3 g. organisation/évaluation des services de planification familiale

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

4 i. distribution communautaire de contraceptifs

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

5 k. formation continue en planification familiale

4 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 :

Revisé 5/25/87

APPENDIX F

Pre/Post-Instrument

- Les réponses correctes.

University of California, San Francisco
International Health Programs
Santa Cruz, California
U.S.A.

Nom: _____

Titre. _____

PRE-TEST/POST-TEST

Formation Technique en Naissance Desirable

HZBZF Kinshasa, Zaire mai, 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

2. Pour nous fournir un moyen d'évaluation du stage.

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

EXAMEN EVALUATIF

1. 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

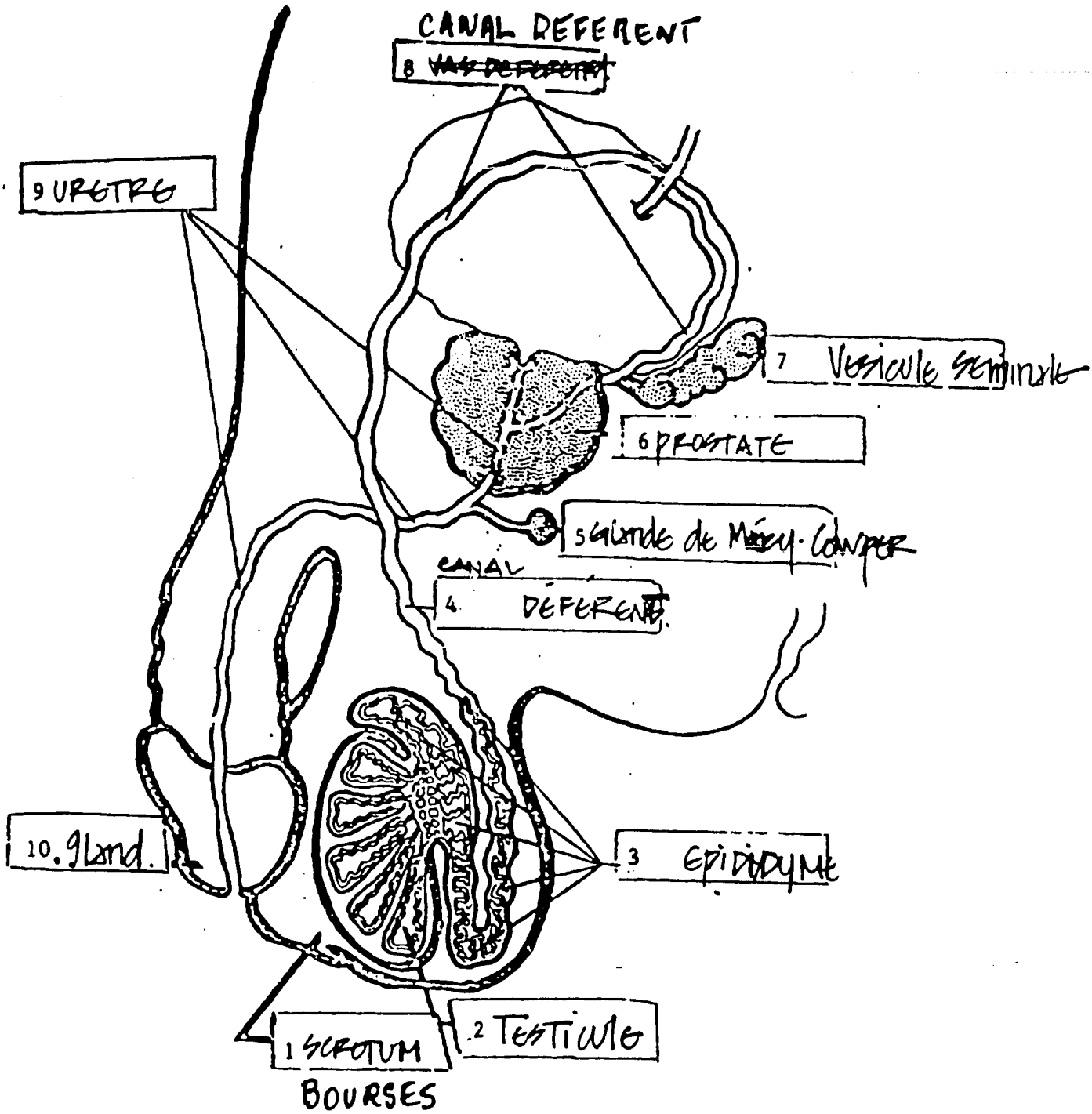
Glnd

Vésicules séminales

Canal Deferent

VAS DEFERENS

21


CANAL DEFERENT
8 ~~VAS DEFERENT~~
9 URETRE
7 Vesicule seminale
6 PROSTATE
5 Glande de Méry-Cowper
CANAL
4 DÉFERENT
10. Gland.
3 EPIDIDYME
1 SCROTUM
BOURSES
2 TESTICULE

Remplissez chaque trait du nom de l'organe décrit:

11. TESTICULES — **Correspond aux ovaires chez la femme**

12. SCROTUM — **Sac de peau qui contient et protège les testicules.**

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

14. BULBO-URETRAL Glande de Mery-Cowper — **Petite glande qui secrète un liquide visqueux qui fait aussi partie du sperme.**

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

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

17. CANAL ~~VAS~~ DEFERENTS — **Tube de transport pour les spermatozoïdes des testicules aux vésicules séminales .**

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

19. EPIDIDYME — **Long tube mince qui relie le testicule au canal déférent**

20. LE CORPS JAUNE — **Se forme après la rupture du follicule de Graaf.**

21. DANS LA ~~LES~~ TROMPES — **Lieu de la fécondation.**

22. VAGIN — **Canal revêtu de membrane muqueuse.**

23. CLITORIS — **Correspond à la verge chez l'homme.**

24. PROGESTERONE — **Hormone secrétée par le corps jaune.**

25. ALKALINE — **Le PH de la glaire cervicale au milieu du cycle.**

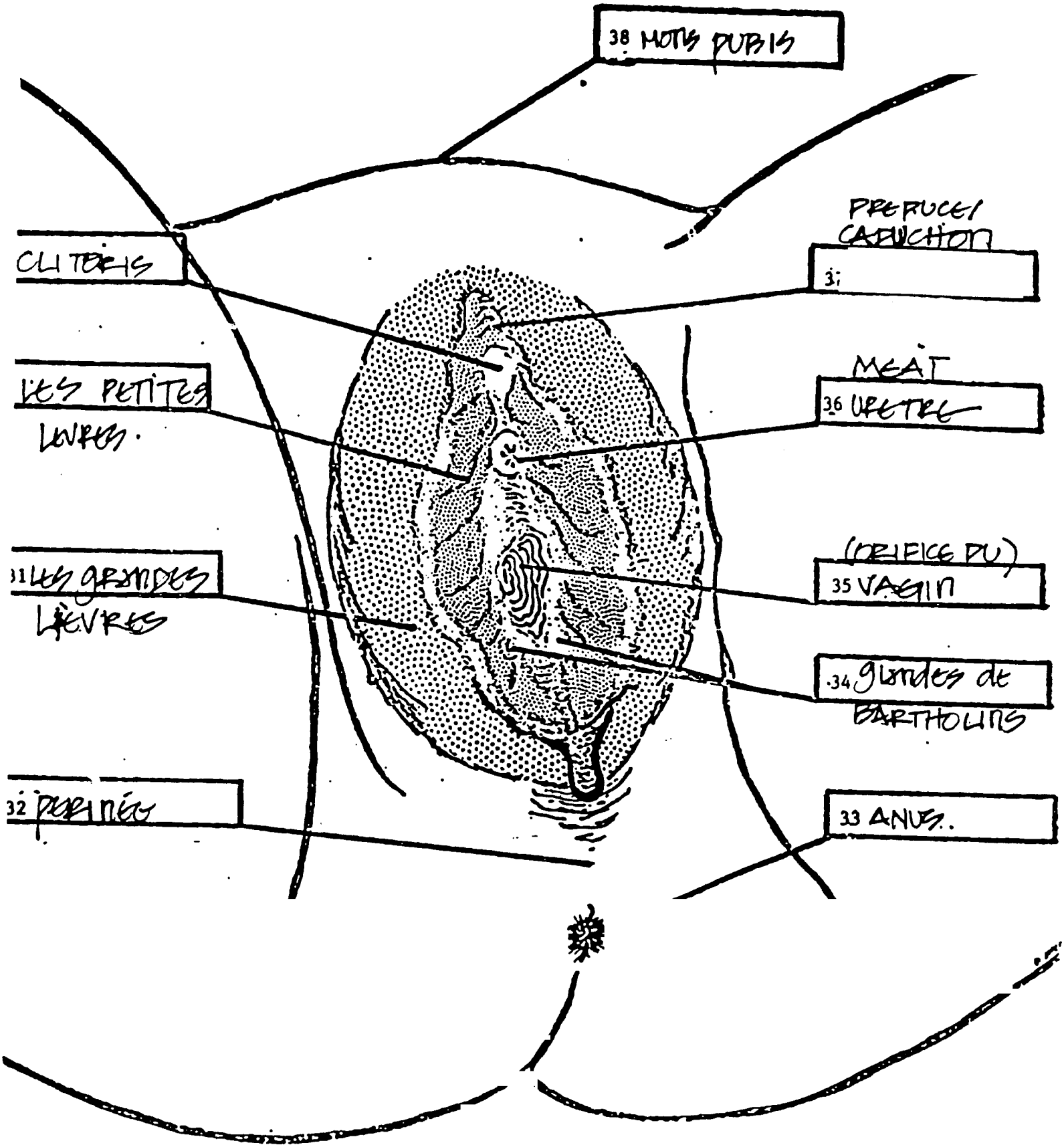
26. 4-7 JOURS. — **Passage du temps en heures ou jours de la fécondation jusqu'à la nidation.**

27. ~~FOLLICULINE~~ ESTROGENE FOLLICULINE. — **Hormone endocrinienne pendant la phase de reconstitution de l'endomètre (phase dite proliférative**

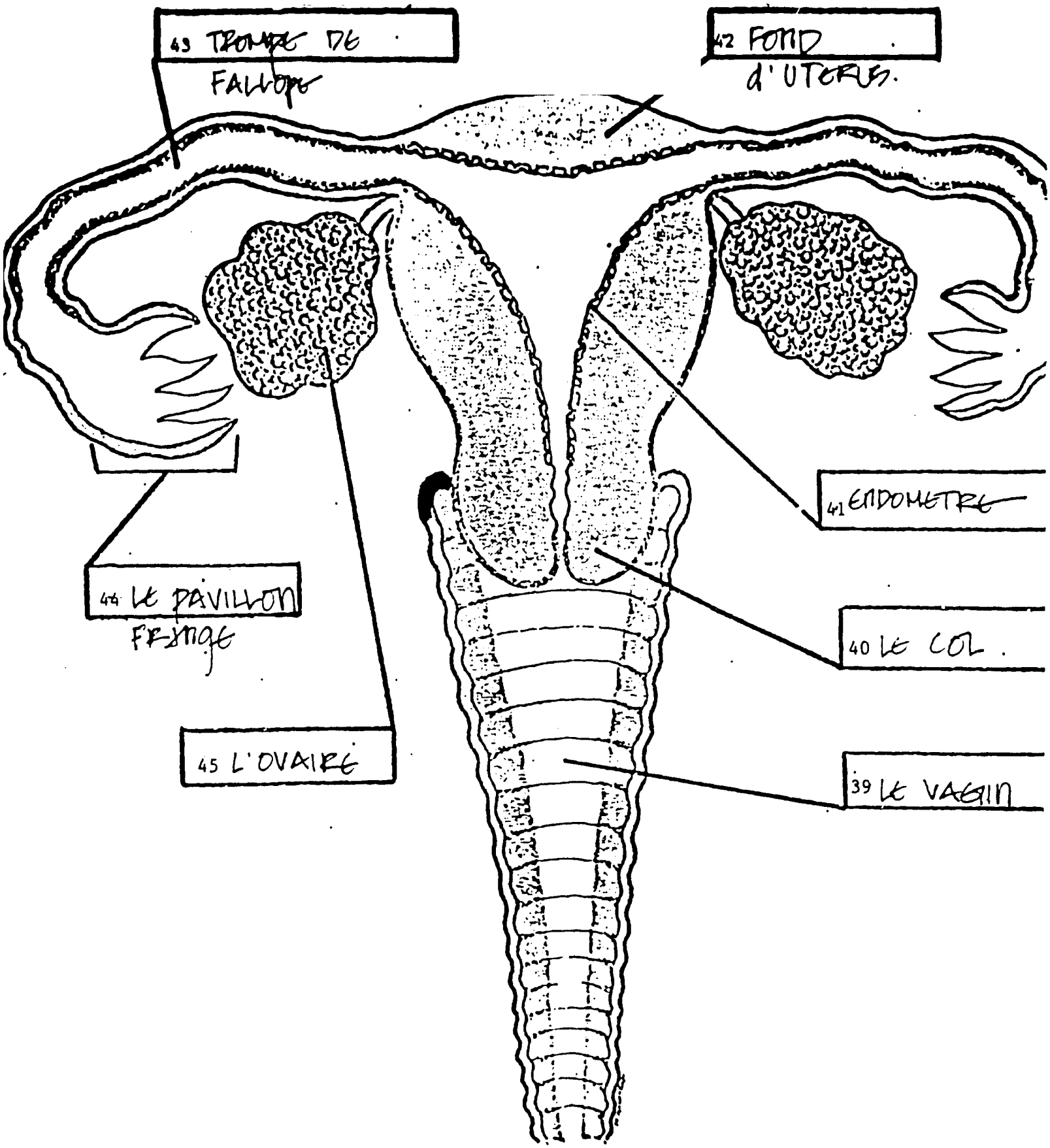
28. FSH — **Hormone qui contrôle la maturation du follicule ovarien**

29

29-38. Remplissez les traits:



39-45. Remplissez les traits!



46. LA GLANDE QUI CONTROLE LA CROISSANCE ET LE DEVELOPPEMENT sexuelle. HUMAIN EST: (Encerclez une réponse)

1. La prostate
2. Le cortex
3. La glande pituitaire (hypophyse).
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 prevenir 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 COUCHES?

A. Oui
B. Non

32

50. LA PRATIQUE DU COIT INTERROMPU IMPLIQUE:

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

2. Prevenir l'ejaculation

3. Eviter le depot de spermatozoïdes dans le vagin seulement

4. Eviter le dépot des spermatozoïdes dans le vagin et dans la partie exterieure de l'orifice genital 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 penis erigé

3. Seulement après qu'il soit bien lubrifié avec de la vaseline

4. Avant la premiere insertion du penis.

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 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 [illegible]

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 QUI SONT LES PLUS IMPORTANTS POUR 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

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 tres efficace

B. peuvent amener à l'amenorrhee.

C. peuvent causer des saignements irreguliers

D. Les trois choses

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

1. etre certaine qu'elle n'est pas multipare.

2. conseiller la femme pour qu'elle comprenne la methode et les signes de problèmes.

3. faire un examen pelvien pour evaluer l'uterus et etre sûr que la femme n'est pas enceinte ou qu'elle n'a pas d'infection pelvienne.

4. Toutes les reponses au-dessus.

59. LA VASECTOMIE DIMINUE LA PUISSANCE DE L'HOMME.

A. Vrai

B. 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, des fluides du corps (surtout le semen) et, chez le nouveau-ne, d'une mere infectee.

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 regles 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 vaccine contre le SIDA.

4. Je ne sais pas.

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

35

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'adolescence

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 amene a une infection pelvienne, ce qui peut bloquer d'une façon permanente les trompes de Fallope.

C. la cervicite derange 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 fecondité chez les femmes dans les familles polygames

B. le dysfonctionnement ovarien

C. le blocage des trompes et des tavillons a la suite des infections pelviennes.

D. Je ne sais pas.

76. Dannees les conditions suivantes, remplissez les tirets avec la /les methode(s) de contraception contre-indiquee(s):

CONDITION	REPONSE
A. Les varices aux deux jambes.	LA PILLULE COMBINÉE
B. Cancer des seins	LA PILLULE COMBINÉE/INJECTABLE
C. Hypertension	LA PILLULE COMBINÉE

D. Infection pelvienne il y a 3 mois — DIU

E. Possibilite d'une grossesse — DIU, LA PILLULE, INJECTABLES.

F. Saignement uterin — DIU, METHODES HORMONALES

G. Fibroid uterin — DIU ; ? LA PILLULE COMBINÉE.

H. Antécedents de grossesse extra-utérine — DIU

I. Nullipare — DIU / INJECTABLE

J. Problèmes thrombo-emboliques — LA PILLULE COMBINÉE.

77. Quels sont les symptômes evidents des maladies suivantes que vous verrez pendant votre examen médical d'une femme en l'absence d'un diagnostic de laboratoire?

A. Monilia : du lait caillée ; pruritis

B. Trichomoniases : perte verte - jaune ; mousse

C. Gonorrhée : perte jaune-blanche du col. ! le touché sensible.

D. Chlamydia ? un col rouge - perte claire → sérosanguinous.

78. Etudes de Cas (Brèves)

Quelle(s) méthode(s) contraceptive(s) conseillez-vous aux clientes suivantes?

A. J'ai 40 ans avec 6 enfants: ma tension artérielle est de 14,9/9.0. Je ne veux pas que mon mari sache que j'utilise une méthode contraceptive.

L'injection /
DIU.

B. J'ai 20 ans avec 2 enfants. Mon mari tient à avoir les rapports sexuels très fréquents. J'aime bien mon travail; je voudrais attendre 3 ans avant d'avoir un autre enfant.

LA PILLULE COMBINÉE
DIU.

79 Parmi les éléments suivants, deux n'interviennent pas dans le schéma de communication. Lesquels ?

1. émetteur ☐
2. canal ☐
3. message ☐
4. température du moment ☐
5. le temps ☐
6. Toutes les réponses sont correctes. ☐

80 Parmi les principes ci-après, un ne favorise pas une bonne communication. Lequel ?

- connaissance des attitudes et pratique de l'auditoire. ☐
- choix d'un moment propice pour le communicateur seulement. ☐
- adaptation au niveau de l'auditoire. ☐
- maîtrise du sujet à communiquer. ☐
- toutes les réponses sont correctes. ☐

81 Les Naissances Désirables signifient:

- limiter obligatoirement le nombre de ses enfants. ☐
- espacer les naissances d'une année d'intervalle. ☐
- décider librement du nombre et d'espacement de ses enfants. ☐
- aucune de ces réponses n'est correcte. ☐

... / ...

82 Le nombre d'utilisateur de contraceptifs est toujours inférieur au nombre de visites effectuées à l'unité des N.D. par ces utilsateurs.

Vrai ☐ ou Faux ☐