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**REPORT ON THE  
TECHNICAL ASSISTANCE IN MANAGEMENT  
PROVIDED TO THE  
RWANDAN NATIONAL POPULATION OFFICE  
(ONAPO)**

December 1, 1988 - April 30, 1989

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FPMT**

## **ACKNOWLEDGMENTS**

**I am extremely happy to have had the opportunity to work closely with l'Office National de la Population and USAID over the course of the past six months. The experience has been both personally and professionally rewarding, and I'm looking forward to following the evolution of the family planning program in Rwanda in the coming years. I would like to thank everyone at ONAPO and USAID for their warm welcome, comraderie and support during my stay, all of which contributed to a productive and interesting work environment. Special thanks go to Madame la Directrice de l'ONAPO and her senior staff, and to Jim Graham, Barbara Howard, Henderson Patrick, and Joan LaRosa at USAID. I wish all of you the best success as you design and implement the new family planning bilateral project.**

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## I. INTRODUCTION AND BACKGROUND

The USAID Maternal and Child Health/Family Planning Project began in 1981 with an original PACD of 1986. The project was extended for two years in 1985, and has since been extended again on two occasions so that the PACD is now September 30, 1989. The project called for long term technical assistance to ONAPO in the areas of IEC and program planning and management. The previous long term technical advisor for management departed Rwanda in June, 1987. Given that USAID and ONAPO were planning to implement a new family planning project within one year it did not seem necessary to recruit a replacement advisor for the interim period.

By late July of 1988 it became apparent that agreement between ONAPO and USAID on certain aspects of the new project would not be reached, and that it would be some time before the differences could be resolved. The USAID HPN was scheduled to leave and her replacement wasn't due to arrive until January, 1989 at the earliest. To maintain momentum in family planning activities, USAID and ONAPO agreed to a six month extension of the existing project, i.e., until March 30, 1989. It was further agreed to contract for technical assistance in program management for this period in order to promote a constructive dialogue between USAID and ONAPO, strengthen the development of ONAPO's management systems, and to help monitor project activities. In the absence of a USAID HPN officer, the latter aspect took on increased importance.

Although originally advertised as a Personal Services Contract, the position of technical advisor was eventually filled by Mr. Ken Heise, Deputy Director of the centrally funded Family Planning Management Training Project (FPMT) of Management Sciences for Health. The four month assignment was funded through a combination of a Mission buy-in to FPMT and central funds. The technical advisor's contract was extended for one month (until April 30) when it became apparent that the arrival of the USAID HPN would be delayed until early April; similarly, the project PACD was extended until September 30, 1989. The extension of the advisor's contract allowed for sufficient overlap and briefings with the HPN and for Heise to contribute to the design of the new project, while the extension of the project PACD will permit family planning activities to continue during the development and negotiation of the new project.

## II. ACTIVITIES AND OUTPUTS

The role of the technical advisor has proven both broad and flexible, an appropriate mix given the needs of both ONAPO the USAID Mission during the December to April time period. The advisor's original scope-of-work, attached as Annex I, reflects the variety of functions he was to serve. A more detailed scope-of-work was prepared for the extension of the advisor's contract (*see Annex II*). The following activities were undertaken by the advisor, grouped by component of the original scope-of-work.

### A. Advise and assist ONAPO and the Ministry of Health (MINISANTE) on A.I.D. matters related to project implementation.

#### *Activities:*

The advisor participated in regular meetings and briefings, both formal and informal, with ONAPO and USAID on issues pertaining to project implementation. Principal areas of focus included procurement, incountry training, planning and evaluation, and improved

management. Serving in a liaison role, the advisor was able to keep USAID apprised of project developments and communicate USAID's concerns and questions to ONAPO. As it became apparent that the new project would not be developed by the March 31 PACD of the current project, the advisor worked closely with USAID and ONAPO to develop a fully funded bridge project.

*Outputs:*

1. Regular and effective communication and dialogue between ONAPO and USAID, and a heightened degree of mutual trust and understanding.
2. Development and submission of a six month bridge project with supplemental funding of \$565,000. The project has been approved and activities are taking place on schedule. Project elements include in- country and third country training, development of IEC materials, technical assistance, procurement, and local cost support for supervision and project operations.
3. Monitoring of the procurement process (in collaboration with the USAID Procurement Specialist) and visits to two of the three health centers financed by USAID to verify delivery of equipment and supplies purchased by the project.

**B. Assist in preparing terms of reference for an institutional contract.**

*Activities:*

As of this writing it is not clear whether an institutional contract (IC) will be called for under the new bilateral. USAID places considerable importance on having an IC involved. ONAPO, it appears, is willing to reconsider its earlier position in which it argued against the need for an IC. The advisor feels that an IC could play a useful role in assuring continuity and quality of technical assistance, in responding to specific needs (training, TA, computer issues, resource materials, etc.), and in effecting management improvements at ONAPO. These points have been raised with ONAPO but to date an official position has not been taken.

*Outputs:*

The issue of contracting with a U.S. institution has been raised and discussed with ONAPO. With a more complete understanding of the types of services an IC can offer, ONAPO may ultimately be more receptive to this approach.

**C. Assist and advise ONAPO and MINISANTE in the preparation of the 1989 MCH/FP Project workplan and budget.**

*Activities:*

1. The advisor participated in several meetings with ONAPO central staff to draft and finalize the 1988 Report of Activities. Specifically the advisor was asked to review and summarize the annual reports from the 10 ONAPO regional bureaus for inclusion in the Report of Activities. These reports were of such variable content and quality that the advisor developed a proposal for a standardized report form for

use on a quarterly and annual basis (*Annex III*). The 1988 Report of Activities was completed in draft form during the first week of April for presentation to the Conseil d'Administration.

2. Three full days (January 4-6) were spent with ONAPO Regional Medical Delegates and central bureau staff discussing ONAPO's overall plan of activities for 1989 and to help the Regional Offices develop their own specific plans based on the national program objectives. At both the central and regional levels activities have been developed and budgeted for, and these have been compiled into a draft Plan of Activities for 1989. On April 10 ONAPO held its quarterly review meeting which was attended by the Regional Medical Delegates, senior staff from the central office, and all technical advisors. Program activities were presented and discussed by technical area and by Prefecture, and each Prefecture updated its plan of activities for the coming quarter. The proposed standardized reporting format mentioned above was presented and will be used by each Prefecture for reporting second quarter activities.
3. In collaboration with the Chef de Service d'Etudes et Programmes and the Chef de Section IEC, the advisor has developed a proposal for FPMT assistance in the design of a standard planning document for the central and regional offices. The document will be developed during a two week workshop scheduled for December and applied immediately in the elaboration of the 1990 annual plan. The workshop will also reinforce the planning and evaluation skills of the participants.

*Outputs:*

1. ONAPO completed "on schedule" two draft reports: the Rapport d'Activites de l'Office National de la Population (1988), and; the Programme d'Activites de l'Office National de la Population (1989). With strong encouragement and assistance from the UNFPA technical advisor, ONAPO used word processing to draft the reports, the first time this has been done. All future reports will also be done on the computer.
  2. Introduction and approval of a new standardized reporting format for quarterly and annual reports to be used by the Regional Offices.
  3. Introduction and use of standardized budgeting forms for program activities. These will become more useful as the Accounting personnel computerize their financial systems. The advisor had begun training the chief accountant in Lotus 123 when the latter was promoted out of ONAPO.
  4. In the context of the 1989 Programme d'Activites, the advisor has prepared a Memorandum of Understanding covering proposed FPMT activities with ONAPO, including the Planning and Evaluation workshop. This Memorandum will be pouched separately to USAID and ONAPO.
- D. Assist the GOR in monitoring of project activities, especially incountry training and local cost activities.**

*Activities:*

1. The major incountry training conducted during the advisor's stay was carried out in collaboration with the INTRAH program. The advisor worked closely with the ONAPO

training coordinator and the INTRAH consultants to ensure that training activities took place on time and within the budgetary limits imposed by the INTRAH contract with ONAPO. An in-depth evaluation of the INTRAH training program took place in March and April, and the advisor participated in numerous briefings, working sessions, and debriefings with the team, both at ONAPO and USAID.

2. Several ONAPO and MINISANTE personnel participated in U.S. or third country training during this time period. The advisor's role was to help coordinate and facilitate the logistical preparations for these trips. In the case of the two persons participating in the Francophone Regional Advisory Committee meeting (FPMT project), the advisor helped design and set in motion a one week study tour of private sector FP activities in Senegal as an add-on for the Rwandan participants. *Annex IV* describes the focus of the study tour.
3. As mentioned earlier, procurement of equipment and supplies for the USAID-financed health centers took place during this time period. Two visits were made to the Kinyinya health center to plan for and verify delivery, and one trip was made to the Nyagahanga center immediately after the equipment had been delivered. ONAPO has since confirmed that personnel from the adjacent Nutrition Center have started working in the Nyagahanga Health Center. USAID and ONAPO are still awaiting the assignment of personnel by MINISANTE to the Kinyinya health center.

*Outputs:*

1. All INTRAH training and evaluation activities completed in the scheduled time frame. USAID financed incountry training for auxiliaries completed by March 31 as called for in the Sixth Project Amendment.
  2. ONAPO participants to U.S. and third country training identified and selected and training completed as scheduled.
  3. USAID financed equipment delivered to three health centers.
- E. Assist ONAPO in developing and implementing improved management systems, including financial procedures.

*Activities:*

1. During the consultation in March, 1988 of FPMT consultant Alain Joyal it was recommended that ONAPO develop a procedures manual for financial and administrative affairs. A draft of this manual was available upon the arrival of the technical advisor. The advisor worked with the Chef de Service Administratif et Financier to review, edit, and complete this manual. The manual will be distributed to ONAPO personnel and will serve as a guide to operations for ONAPO activities and as an orientation for newly recruited personnel. To permit easy modification, the manual will be typed on the computer.
2. During the consultation in February, 1988 of FPMT consultant Tom Leonhardt initial progress was made in developing the mission statement and specific objectives of the Kicukiro training center. The advisor has worked as part of a commission to review and complete the documents covering the role, objectives, organizational

relationships, administrative procedures, and personnel needs of the center. Now that it is agreed that the WHO will formally collaborate with ONAPO and the GOR in the management of the center, finalization of these documents will be the joint task of WHO and ONAPO.

3. In conjunction with the Chef de Section Santé Familiale and the Chef de la Sous Section Statistique, the advisor has developed several forms that can be used by ONAPO to report summary family planning service statistics back to the ONAPO regional offices. One form (*see Annex V*) allows each ONAPO regional team to compare its progress with the progress realized by the teams from the other regions. Another form proposed (*Annex VI*) enables the regional teams to track the expansion of family planning services across the public and private sectors and to compare the contribution of these sectors to the overall level of family planning services in the region. The instrument can also be used to plan for progressive expansion into remaining service delivery points. ONAPO headquarters staff can summarize this information for use in monitoring and planning at the national level.
4. In recognition of the need to maintain and exploit information on participants trained by ONAPO, the advisor requested assistance from FPMT to design a computerized data base for training. The scope-of-work for this consultancy, conducted from April 10-25 by Ms. Judy Levine of MSH, appears in *Annex VII*. The advisor attended briefings and working meetings on the design and use of the database and helped coordinate the work of the consultant.
5. As part of the quarterly and annual planning and evaluation exercises, the development of the bridge MCH/FP project, and in preparation of the new FP project, the advisor prepared several forms and instruments to facilitate planning and discussion. These include standardized budget forms (see C.3 above), the proposed standardized format for reporting (*Annex III*), and a questionnaire concerning the priorities to address in the context of the new project. This questionnaire (*Annex VIII*) was circulated among the regional delegates and Chefs de Section of ONAPO. In addition, the advisor worked with ONAPO Chefs de Section to complete a functional mapping of the family planning system in Rwanda. This map (*Annex IX*) shows both what is and what is not being done in family planning, and who the principal actors are. As such it can serve to orient outsiders to the family planning environment in Rwanda, as an aid to planning new activities, and to help insure coordination among donors and cooperating agencies.
6. The advisor, not having a background in accounting or financial planning, was only able to provide limited assistance to ONAPO's Service Administratif et Financier. It is clear that much work remains to be done, and that present shortcomings should receive priority attention in the new project. Examples of the type of assistance needed are provided in the section on recommendations.

The advisor's activities in the area of financial management included developing standardized activity budget forms for use in developing the annual plan, developing and reviewing specific budgets for incountry and consultant activities, reviewing with USAID and ONAPO the monthly accounting summaries prepared for the project by the USAID Controiler's Office, and researching specific financial questions raised by ONAPO or USAID. The advisor also led ONAPO through the process of developing a detailed budget for the extension of the current family planning project. Working with FPMT and the USAID Training Officer, the advisor identified a French-language

course in financial management for ONAPO's Chef de Service Administratif et Financier. The two month course (University of Pittsburgh) will take place from June 18 to August 16. If possible, FPMT will organize a short, practical internship for the participant following the training, perhaps within MSH.

*Outputs:*

1. Review and finalization of ONAPO's Administrative and Financial Procedures manual; review and critique of documents governing role, structure and personnel requirements of Kicukiro Training Center.
  2. Development of management tools for improving feedback from ONAPO central bureau to the regions, tracking of participants, submission of standardized quarterly reports, and planning for expansion of FP services into the NGO sector.
  3. Completion of a mapping exercise and questionnaire to assist in the elaboration of the new project.
- F. Assist and offer guidance to visiting short-term advisors and make recommendations for possible further assistance.

*Activities:*

1. The advisor worked closely with the USAID Program Officer to program a large number of short-term consultant visits. The advisor briefed and debriefed with each consultant and provided logistic support as necessary. During the December to April period, representatives of the following organizations worked with ONAPO: Columbia University Operations Research, Population Council, JHPIEGO, INTRAH, Family Planning Management Training, IPPF, World Bank, and CARE. In addition, scopes of work were developed by the advisor and USAID Program Officer for upcoming consultant visits by RAPID III and Westinghouse Demographic and Health Surveys. Recommendations for possible further assistance are presented below in the Recommendations section.
2. With respect to FPMT interventions in Rwanda, Ms. Levine has conducted a short qualitative evaluation of FPMT collaboration with ONAPO from 1986 to present. The results of this evaluation, along with ideas and needs that have surfaced through discussions between the advisor and ONAPO staff, form the basis for the proposed Memorandum of Understanding for future activities between FPMT and ONAPO.

*Outputs:*

1. Assistance and guidance offered to USAID/CA consultants as well as representatives of other international organizations.
2. Development of a proposed Memorandum of Understanding between ONAPO and FPMT for future activities.
3. Assisted in defining terms of reference and schedules for upcoming consultations.

**G. Report relevant project activities to AID/Washington and USAID/Rwanda.**

*Activities:*

1. Several times per week the advisor met with the USAID Program Officer and/or the Mission Director to discuss the status of various programs and activities at ONAPO. In addition, the advisor was frequently called upon to respond to specific requests for information from USAID concerning the details of training programs or procurement activities.
2. At the request of the Africa Bureau desk officer for Rwanda, the advisor prepared an update on the status of the development of the new project. This was sent to Washington in March with copies distributed to USAID and ONAPO officials. A copy appears in *Annex X*.
3. Through numerous meetings both formal and informal the advisor has briefed the newly arrived USAID HPN on the full range of USAID supported activities with ONAPO. It is hoped that this report will serve to summarize many of those briefings and provide some guidance for the new project.

*Outputs:*

1. Regular and effective dialogue established with USAID on matters pertaining to project implementation.
2. Participation in PIR with USAID HPN and mission staff.
3. Report on status of new project development written and submitted to AID/W.

**H. Assist ONAPO to prepare a private sector Action Plan.**

*Activities:*

This element of the scope-of-work was tied to the scheduled implementation of the new FP project during the advisor's stay, and this schedule has not been followed. An Action Plan would be premature at this point. Given that earlier attempts to negotiate a new project broke down largely over the issue of coordinating private sector involvement in the project, the advisor has worked with ONAPO and USAID to help clarify issues and reach agreement on several aspects of private sector FP initiatives. These include the reasons for promoting the private sector, the extent of current ONAPO involvement with the private sector, targets of opportunity within the private sector, and discussions on different planning, coordinating, and funding mechanisms. As mentioned above, the advisor and FPMT organized a one week post-FRAC study tour of Senegal's private sector program for ONAPO's Chef de Section Santé Familiale and the MOH director of the Santé Familiale Project with the World Bank (*Annex IV*). In addition, the advisor participated in meetings with several private sector groups, including ADRA, the Association Rwandaise pour le Bien-Etre Familiale (ARBEF), and the Service National de l'Action Familiale (SNAF). These meetings were exploratory in nature and designed to identify the possible contribution of these groups to the promotion of private sector family planning activities in the new project.

*Outputs:*

1. Frequent exploratory discussions with USAID, ONAPO, and NGOs (ARBEF, SNAF) on modalities of collaboration in the new project.
2. Organization of a study tour in Senegal for ONAPO and MINISANTE personnel to examine the role of the non-governmental sector in Senegal's Family Health Project. Costs of this activity were covered by the FPMT project.

**I. Serve as resource person for the PP design team for the FP II project.**

*Activities:*

From the first month of his arrival the advisor worked with key ONAPO and USAID staff to prepare for the new project design. This has involved a complete review of pertinent documents, discussions with ONAPO and USAID staff on various aspects of the proposed project and, now that the formal PP design process has begun, participation in the frequent design team meetings and working sessions. Although the PP design will not have been completed by the scheduled departure date of the advisor (May 1, 1989) it is hoped that there will have been time for him to share his thoughts and ideas with the other team members.

*Outputs:*

1. Regular discussions and meetings with USAID and ONAPO on PP issues.
2. Complete review of documents pertaining to PP design.
3. Status report written and submitted to AID/W, USAID, and ONAPO.
4. Formulation of recommendations pertaining to new Project.

### **III. RECOMMENDATIONS**

The following recommendations are based on the advisor's experience working with ONAPO and USAID over the course of the past five months. Several of them have been voiced earlier in the context of consultant visits or program evaluations. In many respects, this is a propitious time to act on these recommendations: relations between USAID and ONAPO are quite good; new directions and changes are being discussed daily as a large new project is being designed and the current project draws to a close; and the arrival of the new USAID HPN provides an added impetus for change.

The recommendations are grouped into the following categories: Financial Management and Planning; Program Planning and Evaluation; Training and the Kicukiro Training Center; Family Planning and Service Delivery; Vehicle Management, and; General Recommendations for the new Family Planning Project.

#### **A. Financial Management and Planning**

1. Establish regular meetings between ONAPO's Service Administratif et Financier and

the USAID Controller's Office and the USAID HPN. Initial meetings will center on accounting procedures and reporting formats required of ONAPO by USAID. These meetings should begin as soon as possible to enable problems to be identified and solved before the PACD of September 30, 1989. Once established and initial problems resolved, future meetings could be timed to coincide with the USAID PIRs.

2. ONAPO and USAID should review all PIOs and proceed with de-obligations as necessary. A rapid review conducted by the advisor in January suggests that over \$200,000 can be reprogrammed.
3. An audit of ONAPO's books should be scheduled for early September, 1989; i.e., before the PACD but after the return of the Chef de Service Administratif et Financier from U.S. training in financial management (estimated return o/a August 25). It has been several years since the last audit was performed.
4. ONAPO will likely need some technical assistance to develop a plan for reducing its debt. The debt is partly the result of weak financial planning and control, but is also tied to the delays ONAPO incurs in receiving its full budgetary allocation from the government. ONAPO's 1989 budget request was approved by the Conseil d'Administration and the Ministry of Finance in September, 1988. The Conseil National de Développement has still not approved the budget. Instead, the GOR provides maintenance funding at a level only slightly above the amount necessary for salaries and rent, leaving very little for programmed activities and purchases. Rather than stop activities altogether, ONAPO incurs large debts. The TA will be needed to undertake an analysis of fixed and variable costs and to propose a realistic strategy and schedule for repayment of debts. This TA could be funded in a variety of ways; under the TA component of the current project; through the IC in the new project; in conjunction with the recommended audit; or possibly through the FPMT project's central funds.
5. Priority should be given under the new project for long-term technical assistance in financial management and planning. The advisor should have a strong background in financial planning and accounting and be well-versed in issues of financial and program sustainability. The advisor should have experience with electronic spreadsheets and be able to assist ONAPO in the computerization of its finances. The results of the proposed audit above and the regular meetings between the finance personnel of USAID and ONAPO will help define the terms of reference for the long-term advisor.
6. ONAPO and the GOR should move quickly to fill the position left vacant when ONAPO's Chief of Accounting was reassigned to another ministry. An experienced and highly trained individual is required for this key position. An inexperienced or underqualified candidate will not be able contribute effectively to the financial management of ONAPO.
7. Personnel of SAF should benefit from short-term training in financial planning and management and the use of microcomputers. All budgets at ONAPO are still done (and redone) on hand calculators. Training in LOTUS 123 and/or dBase is available incountry at Transintra and perhaps at other locations as well.

## **B. Program Planning and Management**

1. A standardized planning process and format should be adopted by the ONAPO regional bureaus and central office. This format can be developed in a workshop setting and applied immediately in elaborating the 1990 work plan. FPMT can assist in this activity.
2. Following completion of the planning format discussed above, it will probably be necessary to revise the recently developed reporting form as well. Logically, the two should be structured in a similar fashion, with the reporting document flowing directly out of the planning document.
3. ONAPO would benefit from regular staff meetings of senior staff. At present, meetings are organized only around major upcoming events or activities. Activity reviews, problem solving, and/or discussions of a technical nature, only take place in the context of the quarterly or annual planning and evaluation meetings. Planning and coordination of activities would benefit from regular meetings, perhaps on a bi-weekly basis. The long-term advisors to ONAPO can assist in structuring and scheduling these meetings and insure that they become an effective forum for project management.

## **C. Training and the Kicukiro Training Center**

1. During the first year of the new FP project, ONAPO should conduct, with outside support if necessary, a thorough training needs assessment. This assessment should cover headquarters staff, the regional bureaus, and other groups or organizations involved in the family planning program in Rwanda. The assessment should form the basis for a training plan which will identify short- and long-term courses, both incountry and in the U.S. or third countries. Such a plan should help move ONAPO away from its current reactive approach to training, whereby needs are "defined" on the basis of the availability of training programs. The training plan will need to be monitored and updated periodically. The computerized participant training database currently under development will prove a useful tool in conducting the assessment, in drawing up the training plan, and in monitoring its implementation. Several U.S. projects or organizations (INTRAH, FPMT, PCS) could help in this endeavor, or it could be part of the scope-of-work of the IC under the new project.
2. USAID and ONAPO should carefully analyze the benefits of repeatedly sending the same small group of ONAPO staff for short-term training overseas. A greater effort should be made to develop mid-level managers and technicians in preparation for the day when they move into top level positions. Current ONAPO programs will also benefit from senior staff being present a greater percentage of the time.

Training priority should be given to the SAF (financial planning, internal audit and control, computerization), the Sous-Section Statistique et Informatique (programming in dBase and Basic, database management) and the Section Santé Familiale (contraceptive logistics management and computerization of contraceptive inventories). The personnel in these divisions have in many cases been at ONAPO for three or more years and have never benefitted from specialized training. That they have mastered many of the needed skills is testimony to their motivation, hard work, and desire for self-improvement. Their self-taught skills should now be complemented by specialized training.

3. USAID and ONAPO should begin planning now for the return of ONAPO's long-term trainees in the U.S. The problems of heightened expectations and re-integration will be particularly acute for the staff person currently completing his Ph.D. in statistics. He has been gone for most of the last five years, and will have been without his USAID scholarship for over a year and a half. It is not clear what position he will occupy upon his return to Rwanda.
4. Although the Kicukiro Training Center has been in operation for over a year, a Director has still not been named. A highly qualified director is critical if the Center is to serve effectively as both a national (ONAPO) and international (WHO) training institution. In the absence of a senior Rwandan director, ONAPO's training needs may play a poor second to the WHO programs. ONAPO should work closely with WHO to develop the administrative procedures and organizational relationships governing the center.
5. The Center should be granted a high degree of operational and administrative autonomy with respect to ONAPO. The Center will need this autonomy if it is to develop into a dynamic and responsive institution serving the needs of ONAPO and the region. All initiative for developing and marketing new programs, for achieving financial sustainability, and for equipping and supplying the Center will be stifled if the Center's day to day operations and administrative functions are too tightly controlled by ONAPO personnel or structures outside the Center itself.
6. If unavailable from WHO, funds should be allocated in the new project to supply the Center with a computer capacity, improved acoustics in the two conference rooms, a photocopying machine, and other equipment and supplies. The library and documentation center should be developed, with thought given to computerizing the entries. Finally, additional break-out space is needed for small group work during training. This could be accomplished by building additional small rooms, by converting one or more dormitory rooms into work space, or perhaps by installing movable partitions in the large rooms. The reader is referred to the consultant report by Tom Leonhardt (FPMT, February 1988) for additional suggestions.
7. Once the Center has established working relations with WHO, a plan for financial self-sufficiency should be developed. The Center has the potential to generate revenue for ONAPO, but this potential will not be realized in the absence of a well-conceived plan. The work done by FPMT consultant Alain Joyal (April, 1988) is a good start and can serve to define future discussions. The Center, having operated for more than a year, may have generated enough program and financial data to permit the planning process to begin. USAID should consider contracting for TA to develop a workable strategy and plan, either through the IC or a centrally funded project.

#### **D. Family Planning and Service Delivery**

1. A study of the potential role of the public and private pharmacies in the supply of contraceptives needs to be undertaken in the context of the new project. Fragmentary evidence suggests that the private pharmacies in Kigali, for example, have a large clientele for oral contraceptives despite high prices. Why do clients prefer to pay high prices for products that are distributed free of charge in health facilities? How many clients are currently receiving supplies from pharmacies? Are

- contraceptive products being correctly prescribed? Could more clients be reached by subsidizing the cost of contraceptives sold through the pharmacies and/or by increasing the number of outlets? These and other questions will need to be answered before ONAPO can plan its program of activities with the network of public and private pharmacies.
2. Operations Research projects should continue to be designed around questions of service delivery and the management of family planning services. This is the approach already taken by Columbia University as well as the approach favored by Population Council. Priority questions to be examined include the effectiveness of the Abakurambaga as CBD agents, different approaches to integrated MCH/FP service delivery, and the possibility of charging a fee for family planning services.
  3. ONAPO should seek ways of achieving a better balance among the types of contraceptive methods used. The program could be devastated if supplies of Depo-Provera were to suddenly decrease, or if new studies or rumors were to cast doubt on the safety of the product.
  4. As the USAID-funded health centers come on line ONAPO has a unique opportunity to establish "model" family planning services within them. Many existing facilities have allocated insufficient space and personnel to family planning services, thereby severely limiting their ability to provide quality services in an efficient and confidential manner. These problems can be overcome in the new centers if ONAPO acts quickly and decisively.
  5. The single largest provider of FP services in Rwanda is the Centre Hospitalier de Kigali (CHK), serving over 4,000 clients per year. The CHK also serves as one of the principal practical training sites for family planning service providers. It has long been recognized that the space reserved for family planning is woefully inadequate, but repeated attempts by ONAPO to propose solutions to the crowding problem have been rebuffed by the leadership of CHK. ONAPO and USAID should jointly examine the problem and pursue resolution at the highest levels.
  6. The ONAPO staff person in charge of contraceptive supply and logistics should receive training in stock management and computer based inventory and control systems. ONAPO has set programs in motion which have the potential to result in large increases in family planning acceptors, and contraceptive supply will be critical to these programs. In addition, as the NGO sector becomes more heavily involved in FP service delivery, greater demands will be placed on inventory and record keeping systems. Training as proposed above should be scheduled as soon as possible in order to prepare for these changes.

#### **E. Vehicle Management**

1. The Joyal consultation resulted in a series of recommendations concerning the management of the fleet of vehicles. Many, although not all, of these recommendations have been implemented. ONAPO should proceed with the adoption of the remaining recommendations, beginning with the establishment of mileage budgets for activities requiring the use of vehicles. Adoption and strict implementation of vehicle control procedures could help ease ONAPO's present financial difficulties.

2. A complete inventory of vehicles and motorcycles should be undertaken noting, at a minimum, the following information: vehicle type, date of purchase, source of funding, current location, mileage, condition, date of sale or decommission (if applicable), estimated current value, and repair charges during previous year. The results of this inventory should be used to develop a plan for the phased purchase of new vehicles. As new vehicles are purchased, those being replaced should be auctioned off or used for spare parts.
3. With assistance from ONAPO's Sous-Section de Statistique et Informatique, a computerized vehicle database should be designed and maintained. The database will include the inventory information collected above as well as information on past and scheduled maintenance and repair.

#### **F. General Recommendation for the New Family Planning Project**

1. USAID should press strongly for the inclusion of an Institutional Contractor in the project. The benefits in terms of continuity of technical assistance, improved communication and coordination, better access to diverse technical and material resources, and support to advisors far outweigh the added cost of contracting with an institution.
2. At least for the first two years of the project, USAID should assume control of disbursements to NGOs involved in the project. ONAPO is not presently equipped to take on the added responsibility of managing multiple sub-grants. One of the tasks of the proposed long-term management advisor could be to develop, over a two or three year period, ONAPO's institutional capacity to disburse and monitor sub-grants. For this to occur, the vacant position of Chief Accountant must be filled by an experienced and well-trained person.
3. Careful analysis should be made of the GOR's ability to commit appropriate levels of funding to the new program. ONAPO is currently unable to undertake planned activities without incurring debts. Current GOR obligations cover little more than the costs of salaries, rent, utilities, and other fixed costs. The new project will undoubtedly result in higher demands on the GOR's financial contribution, and it is not at all clear that the GOR can or will meet these demands.
4. ONAPO has the capacity to do incountry training in family planning services, IEC and general sensitization, training of trainers, and to a lesser degree, program management. This capacity should be fully exploited and reinforced in the new project. Overseas training may still be needed in the following areas: IUD insertion, sterilization, and NORPLANT insertion, MIS and microcomputers, financial management and planning, contraceptive logistics management, and survey research design and analysis. Long term training should be kept to a well-justified minimum.
5. ARBEF will need strengthening before it can become an effective institution. It has not yet clearly defined its mission or niche in the family planning environment in Rwanda, and therefore lacks clearly articulated plans and objectives. The current emphasis on massive recruitment of volunteers seems inappropriate given the overall lack of mission and purpose. A large group of hastily chosen, poorly motivated, and largely directionless volunteers will do more harm than good in promoting family planning in Rwanda. USAID should encourage ARBEF to seek assistance in strategic

planning, workplan development, and program management. This assistance may be available through IPPF or through the array of AID cooperating agencies and projects.

6. The new project will be developed primarily by USAID and two or three top level personnel of ONAPO and the MOH. It will be incompletely understood, at best, by the great majority of ONAPO personnel. These same people, however, will be called upon to implement the project. As a means of forging consensus, understanding, and commitment for the project, USAID, ONAPO, and the IC should organize a two or three day retreat as early as possible following the signing of the new project. ONAPO Chfs de Division, Sections, and Sous-Sections should attend, as should the ten regional delegates. The retreat will afford the opportunity to discuss in detail the new project's objectives, strategies, and anticipated outputs, and enable the participants to see clearly what will be expected of them in the coming years. The retreat setting will also enable ONAPO personnel and the IC personnel to develop collegial relations. Although USAID, ONAPO and the IC will be responsible for organizing the retreat and determining its content, thought should be given to bringing in an experienced outside facilitator to help conduct the retreat and to keep it on target.

**STATEMENT-OF-WORK**

**Rwanda Maternal and Child Health/  
Family Planning Project  
(696-0013)**

**PIO/T 696-0113-3-80003**

- A. Advise and assist ONAPO and the Ministry of Health (MINISANTE) on A.I.D. matters related to Project Implementation.
- B. Assist in preparing terms of reference for an institutional contract.
- C. Assist and advise ONAPO and MINISANTE in the preparation of the 1989 MCH/FP project workplan and budget.
- D. Assist the GOR in monitoring of project activities, especially incountry training and local cost activities.
- E. Assist ONAPO in developing and implementing improved management systems, including financial procedures.
- F. Assist and offer guidance to visiting short-term advisors and make recommendations for possible further assistance.
- G. Report relevant project activities in AID/Washington and AID/Rwanda.
- H. Assist ONAPO to prepare a private sector Action Plan.
- I. Serve as resource person for the PP design team for the FP II Project.

## STATEMENT-OF-WORK FOR MANAGEMENT ADVISOR

*The management advisor will provide technical assistance and guidance to ONAPO in the areas of:*

### PROGRAM MANAGEMENT

- Assist ONAPO in developing and implementing improved management systems, including financial procedures
- Prepare and introduce procedures guidelines for ONAPO and the Centre de Formation de Kicukiro
- Monitor procurement and distribution of project commodities
- Introduce ONAPO F&A office to use of spreadsheets for budgeting and tracking expenses
- Work with USAID and ONAPO financial team to improve financial planning and management
- Review vehicle usage data and implement vehicle control procedures

### INFORMATION SYSTEMS

- Continue process of improving feedback to the regions through on the job training and development of forms and procedures
- Assist in furthering use of service data for planning and evaluation activities
- Assemble pertinent data for new project design

### PROGRAM PLANNING AND IMPLEMENTATION

- Assist ONAPO in the development of plans for strengthening family planning service delivery in the non-governmental sector
- Assist ONAPO in monitoring of project activities, especially incountry training and local cost activities
- Assist and offer guidance to visiting short-term advisors and make recommendations for possible further assistance

### USAID/ONAPO LIAISON

- Continue to serve liaison function between USAID and ONAPO in areas of financial management, procurement, scheduling of technical assistance and training
- Advise and assist ONAPO and A.I.D. matters related to project implementation
- Provide orientation and regular briefings to new USAID HPN.

### PROJECT DEVELOPMENT

- Work as resource person on team to develop new MCH/FP bilateral project
- Assist and advise ONAPO in the preparation of the 1989 MCH/FP Project workplan and budget
- Help ONAPO access resources of A.I.D. centrally-funded projects.

En quelques mots on devrait discuter des tendances remarquables en ce qui concerne le choix des méthodes, des différences importantes de taux de prévalence parmi des communes, et d'autres observations significatives. Pour conclure, les problèmes identifiés pendant les missions de supervision peuvent être cités ainsi que les solutions proposées.

## 2-INFORMATION, EDUCATION, COMMUNICATION

Quelles étaient les orientations, stratégies, et groupes cibles principaux en matière d'IEC pendant l'année, et pourquoi étaient-ils choisis? Combien de personnes ont été sensibilisées à travers les programmes d'IEC? Quelles étaient les réactions des autorités politiques ou religieuses quant aux efforts en IEC? Quel type de rétro-information a-t-on reçu des groupes cibles? Est-ce que les efforts en IEC ont eu un effet sur l'utilisation des services de PF? Combien de nouvelles acceptrices ont été amenées aux Centres de Santé par les Abakangurambaga? Est-ce que les Abakangurambaga ont atteint leur objectif de recrutement? Quels sont les besoins en matériel et/ou en formation des personnes chargées des programmes d'IEC? Est-ce que les activités ont été supervisées et évaluées pendant l'année et, si oui, quels sont les résultats?

## 3-FORMATION

On propose de considérer la formation comme catégorie distincte bien qu'elle soit l'une des activités d'autres sections telles que IEC, Service de PF, etc. Ceci devrait permettre au lecteur de se référer à une partie du rapport qui résume toutes les activités de formation en un seul endroit. En effet, on considère la formation comme étant un système d'appui aux activités principales du programme.

Les formations, conférences et séminaires peuvent être tous résumés dans un seul tableau, ainsi que les formations à l'étranger, tel que le tableau récapitulatif suivant:

TYPE DE FORMATION	PERSONNES FORMEES	DATES	SOURCE DE FINANCEMENT	COMMENTAIRE
Auxiliaires en PF	20	3/90	USAID	FS Agréées
Clinique de PF	35	7/90	USAID	FS Etat
Abakangurambaga, IEC	500	5/90	UNFPA	
Recherche Opérationnelle	15	9/90	POP COUNCIL	

## 4-RECHERCHE

Tous les Bureaux Régionaux ne font pas de recherche, mais tous peuvent incorporer les résultats de la recherche dans leurs programmes. Donc, dans cette section on peut brièvement discuter des recherches réalisées par le bureau régional (le cas échéant), en insistant plus sur les résultats que sur la méthodologie. Il est très important de dire pourquoi on a décidé de mener telle ou telle recherche (le problème ou la situation qu'on veut éclaircir) et de décrire comment les recherches vont bénéficier aux programmes de l'ONAPO. C'est aussi dans ce sens qu'on peut parler des recherches menées par le bureau central. Par exemple, si le bureau central a étudié le problème des cas

### VOYAGE D'ETUDE: SECTEUR PRIVE AU SENEGAL

Dans le cadre d'un nouveau projet USAID/ONAPO il est proposé que le secteur privé et non-gouvernemental soit renforcé en matière de prestation de services de planification familiale. Etant donné l'expérience considérable du Sénégal dans ce domaine, un voyage d'étude et échange d'idées a été proposé.

Il y a plusieurs questions et éléments à examiner, dont les suivants sont peut-être les plus importants:

- Qu'est-ce qui est compris par le secteur privé au Sénégal, au Rwanda?
- Comment identifier les ressources du secteur privé et les évaluer?
- Quel est le rôle du secteur public dans la gestion des programmes du secteur privé--en supervision, approvisionnement, évaluation, collecte de données, standards médicaux, etc.?
- Quelles sont les stratégies à suivre afin d'assurer une étroite collaboration entre les deux secteurs? Quels sont les obstacles que le Sénégal a connus?
- Quels sont les avantages qu'offre le secteur privé en matière de PF? Quelles sont les contraintes?
- Est-ce qu'il est nécessaire que toutes les composantes du secteur privé soient dirigées par un seul organisme ou comité?
- Quels sont les appuis qu'un projet peut donner au secteur privé afin que ce secteur puisse lancer des activités rapidement et efficacement?
- Est-ce que les services dans le secteur privé sont payants? Y a-t-il des problèmes du fait que les services sont gratuits dans le secteur public?

## ANNEX V

## TABLEAU DE LA PERFORMANCE PAR PREFECTURE

PERIODE: TOTALE POUR L'ANNEE 1988

PREFECTURE	FEMMES EN UNION* (1)	ANCIENN TOTALE	NVLLES ACCPTS	TOTAL ACCPTS	PREVAL	TAUX DE CRSSNCE (2)	TAUX DE CNTNTE (3)	RANG PREV	RANG CRSNCE	RANG CNTNT	SCORE MOYEN (4)	RANG GLOBAL
BUTARE	131517	1842	2054	3100	2.36%	68.30%	79.57%	8	2	2	4.00	3
BYUMBA	113208	1813	1615	2477	2.19%	36.62%	72.26%	10	7	6	7.67	9
CYANGUGU	72759	2773	2315	3406	4.68%	22.83%	66.94%	2	10	9	7.00	7
GIKONGORO	80898	2018	1939	3197	3.95%	58.42%	80.79%	5	4	1	3.33	2
GISENYI	101361	3102	3150	4498	4.44%	45.00%	71.94%	4	5	7	5.33	6
GITARAMA	131517	3671	3706	5855	4.45%	59.49%	79.37%	3	3	3	3.00	1
KIBUNGO	78144	1253	1421	1789	2.29%	42.78%	66.90%	9	6	10	8.33	10
KIBUYE	72759	2048	1661	2652	3.64%	29.49%	71.50%	6	8	8	7.33	8
KIGALI	179477	7154	4902	9082	5.06%	26.95%	75.33%	1	9	4	4.67	5
RUHENGERI	115362	2199	3269	4081	3.54%	85.58%	74.63%	7	1	5	4.33	4
RWANDA TOTAL	1077002	27873	26032	40137	3.66%	44.00%	74.46%					

(1) Selon le formule: (POPULATION TOTALE \* 22% \* 63%)

(2) Taux de croissance calcule selon la formule: (TOTAL ACCEPTANTES - ANCIENNE TOTALE)/ANCIENNE TOTALE

(3) Taux de continuite calcule selon la formule: TOTALE ACCEPTANTES/(ANCIENNE TOTALE + NOUVELLE ACCEPTANTES)

(4) Score calcule selon le formule: (RANG PREV + RANG CROISSANCE + RANG CONTINUITE)/3

TABLEAU RECAPITULATIF DES FORMATIONS SANITAIRES  
PRESTANT SERVICES DE PLANIFICATION FAMILIALE

ANNEE 1988

TYPE	NBR TOT	NOMBR PF MOD	NOMB PFN	% PF MOD	% PF NATRL	NOMBRE D' ACPTS TOT	% CONTR SECTEUR	%CONTRIB TOTALE
FORMATIONS ETATIQUES								
HOPITAUX	18	18	5	100.0%	27.8%	12862	43.7%	32.0%
CENTRES DE SANTE	102	75	15	73.5%	14.7%	12715	43.2%	31.7%
DISPENSAIRES	49	45	0	91.8%	0.0%	3393	11.5%	8.5%
MATERNITES	0	0	0	0.0%	0.0%	0	0.0%	0.0%
INFIRMERIES	24	2	2	8.3%	8.3%	59	0.2%	0.1%
CENTRES NUTRITION	27	13	3	48.1%	11.1%	413	1.4%	1.0%
AUTRES	5	3	1	60.0%	20.0%	15	0.1%	0.0%
SUB TOTAL	225	156	26	69.3%	11.6%	29456	100.0%	73.4%
FORMATIONS AGREES								
HOPITAUX	14	12	7	85.7%	50.0%	4637	43.4%	11.6%
CENTRES DE SANTE	77	32	25	41.6%	32.5%	4584	42.9%	11.4%
DISPENSAIRES	15	9	2	60.0%	13.3%	1223	11.5%	3.0%
MATERNITES	4	3	1	75.0%	25.0%	15	0.1%	0.0%
INFIRMERIES	6	3	1	50.0%	16.7%	3	0.0%	0.0%
CENTRES NUTRITION	45	2	5	4.4%	11.1%	23	0.2%	0.1%
CRAF	10	0	10	0.0%	100.0%	163	1.5%	0.4%
SLAF	50	0	50	0.0%	100.0%	32	0.3%	0.1%
SUB TOTAL	221	61	101	27.6%	45.7%	10681	100.0%	26.6%
GRAND TOTAL	446	217	127			40137		100%

**STATEMENT-OF-WORK**

*The two-week assignment will include two distinct activities. A total of 1-2 working days will be devoted to conducting a qualitative impact assessment of FPMT interventions in Rwanda. This will be done through interviews, group discussions, and review of documents. Approximately ten working days will be spent developing a computerized participant training database and instructing ONAPO personnel in its use. These two activities are described in greater detail below.*

**I. DEVELOPMENT OF A PARTICIPANT TRAINING DATABASE**

- A. Before departure, assemble documentation and necessary hardware and software for the database.
- B. Review ONAPO's current participant biodata forms and assess strengths and weaknesses. Compare ONAPO's information base with those in use by USAID and other local training organizations.
- C. Through discussions with ONAPO, MOH, USAID and others determine current and projected needs for information on participant training.
- D. Work with ONAPO technicians to design a simple and efficient computerized database for participant training.
- E. Train ONAPO staff to maintain, update, backup, and exploit the database. Produce written documentation as needed.
- F. Debrief with ONAPO and USAID and prepare written report in French and English.

**II. EVALUATION**

- A. Before departure, review documents, scopes-of-work, and consultant reports for technical assignments undertaken by FPMT in Rwanda.
- B. Through interviews, observation, group discussions, and review of documents assess the impact of FPMT interventions in Rwanda. The consultant should determine the ways in which TA and/or training interventions have contributed to management changes within ONAPO, and identify those obstacles or factors, if any, which have impeded needed management changes.
- C. Debrief with USAID and ONAPO and summarize findings in a short written report in French and English. Recommendations for future FPMT activities should be included in the report.

**MEMORANDUM**

**DATE:** le 7 mars 1989

**AUX:** CHEFS DE DIVISIONS  
CHEFS DE SECTION  
CONSEILLERS TECHNIQUES

**DE:** DR. HAKIZIMANA  
M. HEISE

**SUJET:** PREPARATION A L'ELABORATION DU NOUVEAU  
PROJET USAID/ONAPO

**BACKGROUND**

Il est prévu qu'un nouveau projet USAID/ONAPO sera élaboré pendant les mois de mars et avril de cette année. Plusieurs personnes de l'ONAPO, l'USAID, et MINISANTE seront impliquées dans cet exercice. Etant donné son ampleur et sa durée, le nouveau projet éventuel influencera beaucoup les activités et orientations de l'ONAPO pour les cinq années à venir. Il est donc très important que les idées, besoins, et préoccupations de chaque division et section soient communiqués aux personnes chargées de l'élaboration du projet et compris par ces personnes.

Le document ci-joint vous est communiqué pour nous aider à tenir compte des aspects importants dans tous les domaines d'activité de l'ONAPO. Nous vous demandons de bien vouloir réfléchir aux questions posées et de nous remettre, le plus tôt possible mais au plus tard le 18 mars, vos idées et suggestions. Nous vous remercions très sincèrement pour votre assistance.

**I. INFORMATION, EDUCATION, ET COMMUNICATION**

Acceptant le fait que le but principal du programme d'IEC est de sensibiliser et motiver différentes couches de la population à l'utilisation des services de planification familiale, et que jusqu'à présent le taux de prévalence de la contraception reste inférieur à 5%, que pourriez-vous nous conseiller de faire en ce qui concerne:

**A. Les obstacles auxquels le programme IEC fait face?**

Quels sont les obstacles actuellement connus? Est-ce que ces obstacles vont changer dans les années qui viennent? A quel niveau du système est-ce que ces obstacles apparaissent?

**B. Les ressources du programme IEC?**

Est-ce que les ressources humaines et matérielles sont adéquates: Qu'est-ce qui manque? Parmi tous les besoins, quelles sont les priorités?

**C. Les stratégies à renforcer ou à adopter?**

A votre avis, quelles sont les stratégies qui ont le mieux réussi pour l'ONAPO jusqu'à présent? Est-ce que ces stratégies doivent être modifiées pendant le nouveau projet? Comment et pourquoi? Y a-t-il d'autres initiatives qui peuvent être testées? Lesquelles?

**D. Les groupes cibles à toucher à travers le programme IEC?**

Est-ce qu'on a connu relativement plus de succès pour la sensibilisation de certains groupes? Lesquels? Comment expliquer ce succès? Quelles doivent être les groupes cibles clés pendant les 5 années à venir? Pourquoi?

**E. Autres idées et suggestions?**

**II. LA FORMATION**

Depuis le début du projet USAID/ONAPO un très grand nombre de personnes ont été formées, à l'intérieur du pays et à l'extérieur, à court et à long terme. Ces formations ont été principalement en matière d'IEC, gestion et supervision, services cliniques de PF, et autres aspects de la santé reproductive. Dans le cadre du nouveau projet, la formation aura également une grande importance.

**A. Qui faudra-t-il former en priorité?**

Quel type d'agent doit être formé? Pourquoi? A quel niveau du système sanitaire est-ce que les besoins sont les plus frappants?

**B. Quels types de formation faudra-t-il favoriser?**

En l'état actuel du programme de PF, est-ce que l'accent doit être mis sur la formation clinique de PF ou sur l'IEC? Quelle est la balance qu'il faut établir entre la formation à l'intérieur du pays et la formation à l'extérieur? Quels types de formation peuvent être faits dans des préfectures et lesquels doivent nécessairement se faire à Kicukiro?

**C. Que sont les leçons apprises de la formation avec INTRAH?**

**D. Le suivi des participants est-il adéquat actuellement?**

Quelles sont les dispositions à prendre afin d'assurer un suivi et recyclage continu des personnes formées dans le nouveau projet?

**III. SANTE FAMILIALE**

**A. Approvisionnement en contraceptifs et en équipement**

Quels sont les avantages et inconvénients du système actuel d'approvisionnement? Est-ce que MINISANTE peut prendre en charge cette fonction? Quels sont les équipements prioritaires à fournir aux centres de santé et aux hôpitaux afin d'améliorer la prestation de services?

**B. Formation en PF**

Est-ce que les médecins et infirmiers prêtant des services cliniques de PF sont suffisamment bien formés? Sinon, est-ce que les lacunes en formation se situent au niveau de la formation de base ou de la formation continue? Quelles sont les modifications à apporter pendant le nouveau projet afin d'assurer une meilleure formation du personnel en PF?

**C. Prestation de Services**

1. Est-ce que les clients de PF reçoivent un service de qualité? Est-ce qu'ils sont contents des différents aspects des services: accueil, motivation/counseling, examen médical, sélection d'une méthode, explications sur l'utilisation, traitement des effets secondaires, renvoi en consultation, etc?
2. Quelle est la stratégie à suivre afin d'augmenter le nombre de formations sanitaires offrant des services de PF? Est-ce qu'il faut consolider et améliorer les services existant dans les hôpitaux et centres de santé en premier lieu, avant de penser à l'intégration des services dans les dispensaires et autres formations sanitaires de niveau moins élevé?
3. Quels sont les circuits extra-sanitaires à exploiter pour assurer un meilleur accès aux services de PF? Est-ce qu'il y aura des obstacles à surmonter?

**D. Supervision**

Est-ce que le système, ou les aptitudes, doivent être renforcées pendant le nouveau projet? Est-ce que le rôle de l'ONAPO et de MINISANTE est clairement défini et compris? Est-ce qu'il existe des instruments ou protocoles de supervision, et sont-ils utilisés?

**E. Suivi et taux d'abandon**

Il semble que le taux d'abandon soit assez élevé au Rwanda. Quelles sont les mesures à prendre durant le nouveau projet afin d'améliorer la situation? Est-il réaliste de s'attendre à ce que le personnel des formations sanitaires fassent des visites à domicile?

**F. Politique et règlements concernant la prestation de PF**

Pendant la nouvelle phase du projet, y a-t-il des politiques ou règlements pour lesquels il faut lutter pour que la prestation de PF soit facilitée? Y en a-t-il d'autres qu'il faut éliminer?

**G. En général, est-ce que les rapports hiérarchiques et le partage des responsabilités entre MINISANTE et l'ONAPO favorisent une bonne évolution du programme de PF?**

**IV. FINANCE ET ADMINISTRATION**

**A. Pendant la première phase du projet on a souvent critiqué la gestion financière de l'ONAPO.**

Quelles sont les mesures à prendre pour rendre la gestion financière plus efficace? Serait-il avantageux d'organiser des réunions avec l'USAID afin de discuter des règlements et modalités financiers?

**B. Budgétisation**

Actuellement, le cycle de budgétisation et celui de la programmation ne coïncident pas. Pratiquement, qu'est-ce qu'on peut faire pour résoudre ce problème? ou bien, qu'est-ce qu'on peut faire pour minimiser l'impact du problème?

**V. RECHERCHE ET EVALUATION**

1. Quels sont les thèmes principaux à étudier pendant la 2ème phase? Quels aspects de la recherche peuvent être renforcés dans le nouveau projet?
2. L'analyse, l'élaboration et la diffusion des rapports semblent prendre beaucoup de temps. Qu'est-ce qu'on peut faire pour accélérer le processus?

**STATISTIQUES**

Quel appui le nouveau projet peut-il apporter au système d'information et de statistiques? Quels sont les aspects forts et faibles du système actuel? Est-ce que le système en place permet à l'ONAPO de connaître, en temps opportun, l'état d'avancement du programme de PF? Est-ce que les informations recueillies servent à la programmation et à l'évaluation du programme? Quels sont les besoins en équipement pour la sous-section Statistique?

**VI. CENTRE DE FORMATION DE L'ONAPO/OMS**

Qu'est-ce qu'on peut faire dans le cadre du nouveau projet pour renforcer le centre de formation de Kicukiro en ce qui concerne l'infrastructure? l'administration? son rôle vis-à-vis de l'OMS? dans d'autres domaines?

**VII. AUTRES SUGGESTIONS OU IDEES A CONSIDERER POUR LE NOUVEAU PROJET**

## ALLOCATION FONCTIONNELLE DES RESPONSABILITES DANS LE PROGRAMME DE PLANIFICATION FAMILIALE AU RWANDA

22

Fonctions/Activites	Services ou Organisations impliqués dans le programme de Planification Familiale								Commentaires	
	Hopitaux	Centre de Sante	Mater-nites	Dispen-saires	Infirmiers	Pharmacies	CBD/Abakan-gurambaga	Medecins Privés		Centres de Sante Familiale, ONAPO
<b>SERVICES DE SANTE FAMILIALE</b>										
Consultations pre-nuptiales	X	X							X	Consultations pre-nuptiales n'existent que dans quelques formations sanitaires. ARBEF est interese a renforcer cet aspect du programme
Consultations pre-natales	X	X	X	X					X	
Accouchements	X	X	X	X						
Consultations post-natales	X	X							X	Consultations post-natales n'existent que dans quelques formations sanitaires
Consultations nourissons	X	X	X	X					X	On ne connait aucun medecin prive rwandais offrant des services de PF
Vaccinations	X	X	X	X	X				X	
Counselling/Motivation	X	X	X	X	X		X		X	Les infirmeries appartiennent souvent aux entreprises privés et aux établissements paraetatiques
Examen gynecologique	X	X	X	X	X				X	
Consultations MST	X	X	X	X	X				X	
Consultations Infecondite	X	X							X	
<b>METHODES DISPENSEES</b>										
Injectable	X	X	X	X	X				X	
Pillule	X	X	X	X	X	X	X		X	
Sterilet (DIU)	X	X							X	Seuls les Abakangurambaga de Kidaho distribuent la pillule pour les visites de reapprovisionnement, et les condoms et spermicides en premiere visite
Condoms	X	X	X	X	X	X	X		X	
Spermicide	X	X	X	X	X	X	X		X	Tres peu de centres de sante ont le personnel forme pour prescrire le DIU
Diaphragme	X	X							X	Le diaphragme n'est introduit que dans le CUSP et service gyneco de Butare
Sterilisation	X								X	
Morplant	X									
PF Naturelle (MAO)	X	X	X	X	X		X		X	La sterilisation est offerte dans a peu pres 20 formations sanitaires
Autres Services: Controle et Suivie	X	X	X	X	X		X		X	Le Morplant sera introduit dans le CHK et l'HU de Butare sous forme d'essais cliniques
Traitement effets secondair	X	X	X	X					X	Le SNAF a des centres de formation pour MAO dans chaque Prefecture et dans plus ou moins 150 centres locaux
References		X	X	X			X			
Visites a domicile	X	X		X			X		X	Faute de personnel et ressources, les visites a domicile se limitent aux zones environnant les formations medicales



ALLOCATION FONCTIONNELLE DES RESPONSABILITES DANS LE PROGRAMME DE PLANIFICATION FAMILIALE AU RWANDA

Fonctions/Activites	Services ou Organisations impliquees dans le programme de PF qui assurent la formation							Commentaires
	ONAPO	MINISANTE	MININTER (CPDFP)	Universite MINIPRESEC	ARBEF	SNAF	AUTRES	
<b>FORMATION</b>								
Formation de Base								
PF pour Medecins				X			JHPIEGO	
PF pour Inf A1				X				On ne forme plus les infirmieres A1
PF pour Inf A2					X			
PF pour Inf A3					X			
PF pour Asst Sociaux					X			
IEC pour Asst Sociaux					X			
PF/POP pour Enseignants					X			
PF/POP pour Abakangurambaga	X		X				FNUAP	Le FNUAP finance la formation des Abakangurambaga
<b>FORMATION CONTINUE</b>								
PF pour Medecins	X			X			INTRAH	
PF pour Inf A1	X			X			INTRAH	
PF pour Inf A2	X			X			INTRAH	
PF pour Inf A3	X			X			INTRAH	
PF pour Asst Sociaux	X		X					
IEC pour Asst Sociaux	X		X					
PF/POP pour Enseignants	X			X	X	X		Enseignants du systeme SNAF et non enseignants du systeme scolaire
PF/POP pour Abakangurambaga	X		X					Avec l'appui financier du FNUAP
F de F en PF	X						INTRAH	
F de F en IEC	X		X					
F de F en gestion	X						INTRAH	
Supervision	X	X	X	X		X	INTRAH	
Evaluation	X	X	X			X	INTRAH	Une formation en planification et evaluation pour ONAPO, MINISANTE, ARBEF, et SNAF sera organisee par FPMT en Septembre 1989
Planification	X						FPMT	
Recherche Operationnel							POP COUNCIL	Population Council est entrain de developper une proposition pour la formation en matiere de recherche operationnel a l'intention du personnel de l'ONAPO

ALLOCATION FONCTIONNELLE DES RESPONSABILITES DANS LE PROGRAMME DE PLANIFICATION FAMILIALE AU RWANDA

Fonctions/Activites	Services ou Organisations impliquees dans le programme de PF								COMMENTAIRES	
	ONAPO	Minisante	Mininter	Autre Ministere	USAID	UNFPA	BUFMAR	SHAF		AUTRES
<b>POLITIQUES ET ORIENTATIONS GENERALES EN SANTE FAMILIALE</b>										
Etudier les politiques	X	X	X	X	X	X	X	X		
Approuver et promulguer les textes consequents	X	X								
Veiller a l'application	X	X					X	X		
Definir/Promulguer les reglementations en matiere de prestation des services:	X	X								
standards medicaux	X	X								
autorisation des produits au pays	X	X								
qualifications du personnel	X	X					X	X		
conditions pour ouvrir un centre		X								
reglementation en matiere d'approvisionnement	X	X								
autorisation des volets alternatives de prestation de services (CBD, CSM, etc)	X	X	X							
<b>ADMINISTRATION GENERALE</b>										
Gestion financiere	X	X			X	X	X	X		
Gestion du personnel	X	X	X				X	X		
Gestion de materiel	X	X	X				X	X		
Planification/Programmation	X	X	X		X	X	X	X		
Supervision des services	X	X	X				X	X		
Evaluation des activites	X	X	X		X	X	X	X		
Evaluation des performances	X	X	X				X	X		
Centre de documentation en PF	X	X					X	X		

04

**MEMORANDUM**

**FROM:** Ken Heise, FPMT Management Advisor to ONAPO

**TO:** ST/POP/IT  
Rwanda Desk  
USAID Kigali  
ONAPO

**DATE:** March 16, 1989

**SUBJECT:** STATUS OF PROJECT DESIGN FOR USAID FUNDED FAMILY  
PLANNING PROJECT WITH THE RWANDAN NATIONAL  
POPULATION OFFICE

**I. BACKGROUND**

Between March and August, 1988 USAID Kigali and the Rwandan National Population Office (ONAPO) worked intensively to design and negotiate a family planning project for the coming five year period. Great strides were made in defining the technical areas for project assistance, but negotiations ultimately broke down primarily over issues related to the coordination and direction of private sector activities. USAID submitted the PROAG to ONAPO and the GOR for review and approval towards the end of the tour of duty of several key USAID personnel; the Population Officer, Program Officer, and USAID Director. Despite numerous high level meetings, no satisfactory resolution of the differences was achieved prior to the departure of the USAID team. In order to ensure continuity of the family planning program and to provide opportunities for ongoing dialogue, USAID and ONAPO agreed to a six month extension of the existing project funded at \$500,000. The PACD has since been extended again with additional funding of \$565,000 until September 30 1989, in order to allow sufficient time for the design and approval of the new project.

**II. CURRENT STATUS**

USAID and ONAPO have worked hard over the past six months to improve the climate for negotiating a second phase family planning project. The decision to extend the current project first through March and subsequently through September has contributed to the easing of tensions felt by both ONAPO and USAID. Released from the pressure of meeting a tight signing deadline, both parties are optimistic that the new attempt to reach agreement on the second phase will be successful. In December, 1988, a resident advisor was placed with ONAPO through a buy-in to the Family Planning Management Training Project of Management Sciences for Health. A major portion of his work has been to facilitate the dialogue between USAID and ONAPO and to contribute to the project design process.

Although the formal project design effort must await the arrival of the USAID Population Officer (ETA early April), several preparatory steps are currently in process and should facilitate the design and approval process. A series of meetings has been held between

USAID and ONAPO to discuss the issues that proved troublesome during earlier negotiations, and both sides have agreed to take a fresh look at them. The FPMT resident advisor has been working with ONAPO staff to collect and/or update information that will be needed for the project design, particularly information related to private sector family planning activities. A questionnaire is currently being circulated within ONAPO to identify the priority needs and concerns that each section feels should be addressed within the context of the new project. The responses to this questionnaire will help focus the discussions and, one hopes, strengthen commitment to the new project.

USAID and ONAPO have also been in contact with U.S. and Rwandan NGOs to discuss their interest and possible role in the project. Finally, visiting consultants from centrally funded projects or other donor organizations have discussed with USAID and ONAPO their suggestions for priority activities and their possible involvement in the next phase of the project. To date, consultants from INTRAH, Columbia University, Management Sciences for Health, the World Bank, IFFLP, and IPPF have all provided useful ideas and feedback.

### III. ISSUES REQUIRING RESOLUTION

#### A. Role of the Non-Governmental and Private Sector

Both USAID and ONAPO agree that the major stumbling block in reaching agreement on the new project was the question of non-governmental and private sector involvement in the national family planning program. The disagreement was not over whether there was a role for this sector to play; both parties agreed that the non-governmental sector should play an increasingly large role in providing family planning services. Rather, the debate centered over the mechanisms for coordinating their activities and the degree of autonomy the non-governmental and private sector would have within the new project. USAID favored an approach that would have granted considerable independence to private sector initiatives. Long-term advisors from SOMARC and ENTERPRISE were to be recruited and given major responsibility for developing and overseeing activities in the private sector. Free of encumbering bureaucratic controls, the private sector could move more quickly to reach its full potential for delivering family planning services. ONAPO felt strongly that the private sector needed to be developed within the context of ONAPO's legal mandate to oversee all activities related to family planning in Rwanda; i.e., ONAPO was legally obliged to play the lead role in guiding and overseeing activities in all sectors, including the private sector. Granting independence to private sector initiatives would have placed ONAPO in the untenable position of being accountable and responsible for those activities (owing to its mandate), without having the authority and control to ensure that those activities were conducted with sensitivity to existing social, cultural, and political norms.

ONAPO also sensed that USAID might be overestimating the potential contribution of the private sector in Rwanda, and was preparing to allocate excessive funding for a poorly defined and limited sector. With the exception of the health services provided by the religious sector (with which ONAPO already does collaborate), there are very few private or non-governmental health services in Rwanda. Private doctors are virtually unknown, and there are only a handful of commercial enterprises operating clinics that provide regular health care to their employees. Hence, devoting roughly equal funding priority to the private and public sectors didn't seem appropriate to ONAPO at this juncture.

Both USAID and ONAPO agree that the important consideration for the new project is to involve, to the fullest extent possible, all sectors and service delivery alternatives, whatever their label or definition. Coordination and control mechanisms will be sought

which will permit the development of all sectors while maintaining respect for the sensitivities surrounding family planning in Rwanda.

## **B. Other Issues**

Although differing views of the role and organization of private sector activities proved the major stumbling block in negotiations, several other issues also eluded agreement. These included:

1. The purpose of the midterm evaluation. ONAPO was uncomfortable with language tying future obligations and program priorities to the results of the midterm evaluation, preferring instead that funding be guaranteed for the full five years with the midterm evaluation serving to fine tune, not restructure, the project.
2. Project coordination mechanisms. At issue primarily was the role and importance of the MOH in project coordination. USAID felt the MOH should be represented on the two major committees set up to provide overall project guidance and guidance to private sector activities. ONAPO felt that the MOH need not be represented on the committees as ONAPO already represented the MOH in matters pertaining to family planning. Additionally, in USAID's view the representative of the government of Rwanda for this project should be the MOH, as it is through this Ministry that public sector family planning services are provided, and ONAPO depends administratively on the MOH. ONAPO and the MOH argued that ONAPO is the legally recognized structure for family planning in Rwanda and as such should be the representative of the government for the project.
3. Long-term technical assistance to ONAPO. USAID's formula called for a total of four long-term advisors in the project; one from SOMARC, one from ENTERPRISE, and two provided by an institutional contractor to offer assistance in strengthening management and overall guidance in family planning. ONAPO, which already has two long-term advisors (IEC and demographic research) suggested that one advisor could provide both management and family planning technical assistance, and that no long-term advisors were required for developing private sector activities. ONAPO also apparently ruled out the need for an institutional contractor.
4. **Other:** Different views on research, training, equipment needs, and funding priorities were also expressed, but they seemed to have been of far lesser importance and could have been resolved had the above issues been successfully negotiated.

## **IV. ACTIVITIES INVOLVING THE FPMT RESIDENT ADVISOR IN THE DESIGN OF THE FAMI PROJECT**

The FPMT resident advisor to ONAPO has undertaken the following activities in support of/preparation for the design of the new project:

- A. Extensive review of the Project Paper, PROAG, midterm and final evaluations, consultant reports, discussion memos, and other pertinent documents.
- B. Collaborated with USAID and ONAPO to develop the six month extension of the current project, including budgeting of activities.

- C. Conducted regular briefings and debriefings with consultants from centrally funded projects, cooperating agencies, and donors, and solicited their input on the new project. Liaison with USAID and ONAPO.
- D. Assisted in developing terms of reference supportive of the new project for consultants scheduled to arrive in coming months (DHS, RAPID, Population Council, FPMT, INTRAH)
- E. Proposed and helped develop a study tour of private sector FP initiatives in Senegal for ONAPO and MOH. Study tour being conducted as one week add on to FPMT Regional Advisory Committee (FRAC) meeting.
- F. Design and circulation of a questionnaire to ONAPO division chiefs and regional directors to help identify priority needs and concerns to be addressed through the new project. Completed functional "mapping" of family planning program in Rwanda.
- G. Data collection on potential contribution of private sector in family planning.