PD-ABH-511

TRIP REPORT B - #334-1 and 2

Travelers: Dr. Boniface Sebikali, INTRAH Consultant

Country Visited: Cameroon

Date of Trip: May 2-24, 1993

Purpose: To provide technical assistance to national trainers, May 3-21, 1993, to prepare for and conduct the 2-week theoretical phase of a 5-week comprehensive clinical FP skills workshop for 12 service providers.

Program for International Training in Health

PAC IIb

University of North Carolina at Chapel Hill
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EXECUTIVE SUMMARY

INTRAH Consultant Dr. Boniface Sebikali provided technical assistance to Directorate of Family and Mental Health (DFMH) national trainers Mrs. Hélène Tamgnoue and Dr. Suzanne Molu to prepare for and conduct the 2-week theoretical phase of a 5-week comprehensive clinical FP skills workshop in Yaoundé, May 3-21, 1993. Twelve participants including 4 physicians, 1 advanced nurse technician, 2 midwives, 3 registered nurses, and 2 nurse/midwives attended the workshop which was supported by a USAID/Cameroon buy-in and is activity #15 in the Ministry of Public Health (MOPH)/INTRAH subcontract workplan.

The two national FP/MH trainers, responsible for planning, conducting, managing, and evaluating comprehensive clinical FP skills training for physicians, nurses, and midwives, supervised the clinical practicum phase of the workshop at selected sites in Yaoundé from May 24 - June 11, 1993.

Plans were developed for the national trainers to use results of the post-test of knowledge and skills to evaluate the performance of participants at the end of training.

Major recommendations included:

- The two national FP/MH trainers should be technically assisted for one more comprehensive clinical FP skills workshop before they conduct training on their own to strengthen their workshop planning and facilitation skills. Mrs. Tamgnoue should become more familiar with the curriculum content.

- The content of the module on management should be further developed to include how to order medicines and contraceptive supplies and a description of how the national cost recovery system functions.

- A trained clinical FP preceptor should be transferred to the Djoungolo Hospital.

- The organization of services at the Main Maternity should be studied to determine what needs to be done so that FP services can be offered every day.

- The Main Maternity and the Central MCH Center should be considered a single practicum site until FP services are offered daily at the Main Maternity. This means that trainees rotate between the two sites during clinical practice.

Briefings and debriefings were held at the MOPH and at USAID/Yaoundé.

SCHEDULE OF ACTIVITIES

May 2	Departed from Kigali for Yaoundé.
May 3	Briefed with INTRAH/DFMH Project Coordinator Mr. Lucas Mbofung, DFMH Head of Services Mrs. Sarah Mpouli, and DFMH Assistant Director Dr. Emmanuel Dame.
May 4	Briefed with INTRAH Regional Training and Training Materials Officer Dr. Aliou Boly and INTRAH Regional Supervision and Evaluation Specialist Mr. Bongwélé Onanga who were in Cameroon conducting a needs assessment.
	Planned for the workshop with national trainers Dr. Suzanne Molu and Mrs. Hélène Tamgnoue.
May 5-8	Continued workshop preparation.
	Visited practicum sites and met with clinical preceptors.
	Prepared training evaluation instruments and plans for the use of evaluation results.
May 10-21	Conducted the theoretical phase of the workshop.
May 23	Debriefed with Mr. Mbofung.
May 24	Debriefed with Mrs. Régina Dennis, USAID/Yaoundé Population Coordinator.
	Debriefed with Dr. Damien Andela, DFMH Deputy Director.
	Departed from Yaoundé.
May 28	Arrived in Kigali.

LIST OF ABBREVIATIONS

ALK	Acceptable Level of Knowledge
ALP	Acceptable Level of Performance
DFMH	Direction de la Santé Familiale et Mentale (Directorate of Family and Mental Health)

I. PURPOSE OF THE TRIP

The purpose of the trip was to provide technical assistance to national trainers to prepare for and conduct the 2-week theoretical phase of a 5-week comprehensive clinical FP skills workshop for 12 service providers in Yaoundé.

II. ACCOMPLISHMENTS

A. Two national FP/MH trainers, Mrs. Hélène Tamgnoue and Dr. Suzanne Molu, were technically assisted by the INTRAH Consultant to prepare for and conduct the classroom phase of the workshop. The two national trainers conducted the practicum phase of the workshop at selected sites in Yaoundé without INTRAH assistance.

B. Twelve participants including 4 physicians, 1 advanced nurse technician, 2 midwives, 3 registered nurses, and 2 nurses/midwives were trained to provide comprehensive clinical FP services.

C. Session plans for each module in the curriculum were developed using the 7 steps in preparing an experiential learning session and used by the national trainers. Training objectives which could not be achieved during the theoretical phase were reformulated.

D. The INTRAH consultant and national trainers prepared plans for use of the results of the knowledge and skills pre- and post-tests, and the preceptors' evaluation instruments.

E. Clinical FP reference documents were distributed to participants.

F. The 3 clinical practicum sites in Yaoundé, (Djoungolo Hospital, Main Maternity and Central MCH Center) were visited by the INTRAH/DFMH team. In collaboration with

the clinical preceptors, a schedule for the practicum was developed.

G. Briefings were held at the MOPH with Dr. Dame, Mr. Mbofung and Mrs. Mpouli and at the USAID/Yaoundé with Mrs. Dennis. Debriefings were conducted with Mr. Mbofung, Dr. Andela and Mrs. Dennis.

III. BACKGROUND

The workshop described in this report is the fifth in a series of 12 to be conducted using the national comprehensive clinical FP training curriculum developed in 1992 by the DFMH with INTRAH assistance.

IV. DESCRIPTION OF ACTIVITIES

A. Preparation

Dr. Sebikali briefed with INTRAH Regional Evaluation and Supervision Specialist Mr. Bongwélé Onanga and INTRAH Regional Training and Training Materials Officer Dr. Aliou Boly, who were in Cameroon to conduct a basic clinical FP needs assessment, and briefed at USAID/Yaoundé and the DFMH to clarify the scope of work.

Using the curriculum, the two national trainers and Dr. Sebikali developed session plans for each module following the 7 steps in preparing an experiential learning session (atmosphere setting, objectives, experience, reflection, generalization, application and conclusion).

Because the national IEC/FP trainer was not available during the week of preparation, sessions plans for the IEC/FP module were not developed. Mr. Schadrack Tah, initially appointed as the IEC/FP trainer, was replaced on the eve of the IEC/FP session by Mr. Roger Seukap.

Trainers reformulated some of the objectives in the curriculum because they could not be attained by the end of the theoretical phase. The reformulated objectives were to:

- integrate FP client recruitment activities into daily activities,
- implement the national breastfeeding policy in national health units,
- evaluate the quality of family planning consultation, and
- ensure the follow-up of postpartum FP clients.

The content of the module on services management was revised to include the forms used to order medicines and contraceptive supplies and a description of the national cost recovery system.

It was impossible to prepare for all of the modules in one week; preparation continued during the weekend and the holiday.

The workshop was opened by a MOPH representative. An ice-breaking exercise, and discussions on participant expectations, workshop objectives and schedule, administrative issues, and norms to observe followed the opening. The participants agreed to work through lunch time from 8:00 am to 4:00 pm and sometimes from 5:00-5:45 pm to make up for the 1-day national holiday that was observed during the workshop.

In preparation for the clinical practicum, training sites were visited by the training team. It was decided that the national trainers should, in addition to their supervisory function, precept trainees at Djoungolo Hospital which did not have a trained preceptor.

Trainees were assigned to the training sites based on choices they expressed at the beginning of the workshop.

B. **Methodology**

Participatory training methods were used including lecturette, role play, small group work, and case study.

C. **Evaluation**

Daily evaluations indicated that participants were satisfied with the content of the modules and methodology used but were not satisfied with the observance of timing. Daily meetings were held to give feedback to the two national trainers. Results of a participant questionnaire revealed that the majority of participants (8/10) had provided FP services without any training; 2 participants did not provide FP services (see Appendix E). Participants were administered a knowledge pre-test, and none of them achieved the acceptable level of knowledge (ALK) set at 65%. The average score was 49% and the highest score was 61%. Results of the FP knowledge pre-test enabled the trainers to focus on areas needing improvement. On the FP skills pre-test, three participants obtained a score higher than the acceptable level of performance (ALP). The average score was 54% and the highest score was 72%.

D. **Training Materials**

Clinical FP and IEC/FP reference documents were distributed to participants (see Appendix L).

V. FINDINGS/CONCLUSIONS, AND RECOMMENDATIONS

1. Finding/Conclusion

The choice of the two national FP/MH trainers was appropriate. They performed well and displayed much

determination. Their full-time availability and enthusiasm contributed to the success of the workshop. The co-trainers now have session plans for the curriculum modules except for the IEC/FP module and plans for the use of the results of the pre- and post-test of knowledge and skills and the preceptors' evaluation instrument.

Recommendations

These two national co-trainers should be technically assisted for another clinical FP training session to reinforce their workshop planning and facilitation skills. Mrs. Tamgnoue should become more familiar with the curriculum content. More than one week should be scheduled for workshop preparation to allow sufficient time to further develop the content of some of the curriculum modules.

The facilitator of the IEC/FP module should join the training team during the preparatory phase to reorganize the session plan of this module using the 7 steps in preparing an experiential learning session.

2. **Finding**

Djoungolo Hospital did not have a trained preceptor. The Main Maternity in Yaoundé offered FP services only on Wednesdays and Thursdays because there was not sufficient room to provide all services every day. The Main Maternity staff also experienced the frequent disappearance of clinical materials and supplies.

Recommendations

The midwife responsible for FP service delivery at the Djoungolo Hospital should be trained as a clinical preceptor.

The organization of services at the Main Maternity should be studied to determine what needs to be done so that FP services can be offered every day.

The Main Maternity and the Central MCH Center should be considered a single practicum site to allow trainees to achieve the practicum objectives, until FP services are offered on a daily basis.

3. **Findings**

The management of workshop logistics was unsatisfactory. Information about the workshop was not sent to the preceptors at the practicum sites with sufficient lead time for them to prepare, reference

documents were not ready, and the second IUD insertion practicum session on the demonstration models, was not conducted because of a lack of clinical materials and supplies which were locked up in some administrative offices. However, the availability and the efficiency of the DFMH Director's secretary who served coffee at regular times throughout the workshop was appreciated.

Recommendations

Notice about clinical FP workshops should be sent to the preceptors at least one month prior to participants' arrival to facilitate client recruitment for the achievement of practicum objectives, especially IUD insertion. Each trainee performed 5 IUD insertions free of charge, which was advantageous to clients since each client would normally pay over 2,000 F/CFA for an IUD.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Cameroon

Mrs. Régina DENNIS, Population Coordinator

Directorate of Family and Mental Health

Dr. Damien ANDELA ASSOMA, Deputy Director

Mrs. Sarah MPOULI, Head of Services

Mr. Lucas MBOFUNG, DFMH/INTRAH Project Coordinator

INTRAH/Lomé

Dr. Aliou BOLY, Regional Training and Training Materials Officer

Mr. Bongwélé ONANGA, Regional Supervision and Evaluation Specialist

APPENDIX B

List of Participants, Trainers and Preceptors

ANNEXE B:

LISTE DES PARTICIPANTS, FORMATEURS ET ENCADREURS

a) Liste des participants

NOM	QUALIFICATION	POSTE
1. Mme Yadji née AWAYA	IBA	MDF MOKOLO
2. Mme MBAS Damaris	SF	PMI BRIQUETERIE
3. Dr Longa DJANGAL Jean	MD	HP NGAOUNDELE
4. Mr Abdoulaye Moussa	IDE	PMI MAROUA
5. Mr Oumarou Monglo	IDEA	PMI MORA
6. Dr Zamedjo Edda	MD	CSSA KRIBI
7. Dr Onana Mbarga	MD	CSSA MVANGAN
8. Mme Evouna Régina	IDE	H.A OBALA
9. Mme Owanja Gisèle	SF	PMI NKOLNDONGO
10. Mr Mezakeu André	IBA	PMI EFOULAN
11. Mme Atangana Dorothée	TSSI	PMI YAOUNDE
12. Dr Eyenga Narcisse Edit	MD	

b) Liste des co-formateurs

NOMS	QUALIFICATION	POSTE
1.Dr SEBIKALI Boniface	MD, LIC.SP.S.P.	CONSULTANT INTRAH
2. Dr MOLU Suzanne	MD, Formateur Nat.	CSPSFMC YAOUNDE
3. Mme TAMGNOUE Hélène	Formateur Nat.	TSSI EITMSGS YAOUNDE
4.Mr SEUKAP Roger		IEC MINISTERE DE LA SANTE
1. Mme NDEP Matilda	IDEA	Matern. Princ.
2. Mme PEMI Pasma	IBA	YAOUNDE
3. Dr MOLU Suzanne	Formateur Nation.	PMI CENTRALE/ YAOUNDE
4. Mme TAMGNOUE	Formateur Nation.	

APPENDIX C

Workshop Schedule

ANNEXE C: E M P L O I D U T E M P S

1ère semaine

HOR.	lundi 10/05	mardi 11/05	merc. 12/05	jeudi 13/05/	vendr. 14/05
8H - 10H	- ouverture -Prise place -Attentes+ objectifs -Emploi du temps -Normes + Logistiques	Où en sommes-nous ? -PF et Santé de la famille Anatomie et physiol. des organes génitaux	Où en sommes-nous? Pilule Oestro-progestatives	Où en sommes-nous? Implant	Où en sommes-nous? la CCV MST/ SIDA
10H-10H15	P	A	U	S	E
10H à 13H00	-Pré-test -Test de performance	-cycle menstr.	-Pilule oestro-progestative	méthode bar-rière -D.I.U	-
13H à 13H30	P	A	U	S	E
13H30 16H00	Intégration de la PF dans les SSP Distribu-tion des contracep-tifs à base communau-taire (DBC) Synthèse/ revue de la journée	méthodes naturel-les + allaite-ment maternel Synthèse Revue de la journée	Pilule pro-gesta-tive inject. Synth. Revue de la journée	DIU Synth./ Revue de la journée	Exerc. insert. du DIU sur manne-quin Synth. Revue de la semaine

13

	2ème Semaine				
HOR.	Lundi 17/05	mardi 18/05	merc. 19/05	jeudi 20/05	vend. 21/05
8H00 10H00	Où en sommes-nous? la consul. de la contraception	Où en sommes-nous? IEC	Où en sommes nous? IEC	-	Où en sommes nous? Système de référ.
10Hà 10H15	P	A	U	S	E
	Les soins préconceptionnels Stérilisation du matériel	I.E.C	Gestion des serv.	-	système d'information
13H00 13H30	P	A	U	S	E

13H30 16H00	Infécondité Infertilité Synthèse/ Revue de la Journée	I.E.C Sythèse Revue de la journée	Gestion des serv.		Prati- ques de DIU sur manne- quins Orien- tation du stage clinique .Prépa- ration des stages Revue de la journée Evalua- tion des deux semaines de théorie.

TROISIEME, QUATRIEME ET CINQUIEME SEMAINE

SEMAINES	LUNDI 24/05	MARDI 25/05	MERCREDI 26/05	JEUDI 27/05	VEND. 28/05
3ème et 4ème semaine	Stages pratique 31/05 STAGE PRATIQUE	Stage pratique 01/06 STAGE PRATIQUE	stage pratique 02/6 STAGE PRATIQUE	stage pratique 3/06 STAGE PRATIQUE	stage pratique 4/06 STAGE PRATIQUE
5ème semaine	7/06 STAGE PRATIQUE	8/06 STAGE PRATIQUE	9/06 STAGE PRATIQUE	10/06 STAGE PRATIQUE	11/06 -Evalua. des stages prat. Post-test Q.A.P Q.A.F CLOTURE

~~(5) Cinquième (5ème) semaine~~

APPENDIX D

Practicum Schedule

ANNEXE D: REPARTITION DES PARTICIPANTS DANS LES SITES DE STAGE

1. PMI CENTRALE	4. PARTICIPANTS 1. Mme ATANGANA Dorothée 2. Dr EYENGA Narcisse 3. Mme EVOUNA Régina 4. Mr OUMAROU MONGLO	1. ENCADREUR Mme PEMI Pasma
2. MATERNITE PRINCIPALE	4. PARTICIPANTS 1. Mme Yadji Awaya 2. Mr MEZAKEU André 3. Mr ABDOULAYE Moussa 4. Mme DAMARIS MBAS	1. ENCADREUR Mme NDEP Matilda
3. HOPITAL DJOUN-GOLO	4.PARTICIPANTS 1. Dr ZAMEDJO EDDA 2. Dr LONGA DJANGAL Jean 3. Mme ONANDZA Gisèle 4. Dr ONANA MBARGA Fabien	2 ENCADREURS Mme TAMGNOUE Matilda Dr MOLU Suzanne

SUPERVISEURS

Monsieur Lucas MBOFUNG
Docteur Suzanne MOLU
Mme Hélène TAMGNOUE

APPENDIX E

Results of Participant Pre-Training Questionnaire on Clinical FP Training Received and FP Service Delivery Experience

ANNEXE E: RESULTATS DE L'AUTO-EVALUATION DES SERVICES

NOM	FORMATION CLINIQUE EN PF		PRESTATION DES SERVICES DE PF	
	OUI	NON	OUI	NON
1. Mr OUMAROU Monglo			X(sauf DIU)	
2. Mr ABDOULAYE Moussa			x(sauf DIU)	
3. Dr LONGA DJANGAL Jean	x		x	
4. Mme YADJI Awaya			x(sauf DIU)	
5. Mme MBAS DAMARIS	x		x(sauf DIU)	
6. Mme ONANDZA Gisèle			x	
7. Dr ZAMEDJO EDDA			x(sauf DIU)	
8. Mme ATANGANA Dorothée				NON
9. Dr MEZAKEU André			x(sauf DIU)	
10. Mme EVOUNA Régina				NON
11. Dr ONANA MBARGA			x(sauf DIU)	
12. Dr EYENGA Narcisse			x(sauf DIU)	

APPENDIX F

Results of the Clinical FP Knowledge and Skills Pre-tests

ANNEXE F: RESULTATS DES PRE ET POST-TESTS ET TESTS DES PERFORMANCES

NOM	TEST DES CONNAISSANCES %		TEST DES PERFORMANCES	
	Pré-test			
1. Mme DAMARIS Sylvie	42,50	....	44,44	....
2. Mme YADJI Awaya	36,50	....	55,55	....
3. Mme ATANGANA Dorothée	40,50	....	52,77	.....
4. Mr OUMAROU Monglo	42,00	....	41,66	.....
5. Dr EYENGA Narcisse	55,50	....	50,00	.....
6. Dr LONGA Jean	57,00	....	66,66	....
7. Dr ONANA MBARGA F.	54,00	....	50,00	.....
8. Mr ABDOULAYE Moussa	59,00	....	69,44	.....
9. Mme EVOUNA Régina	44,00	....	41,66	.....
10. Mr MEZAKEU André	44,00	....	55,55	.....
11. Dr ZAMEDJO EDDA	54,00	....	72,22	.....
12. Mme OHANDZA Gisèle	60,50	....	36,11	.....
Score maximum	60,50	.....	72,22	.....
Score total	58,5/1.200	.....	646,06	.....
Score moyen	49,13	.....	53,83	.....
Score minimum	36,50	.....	36,11	.....
NAC	65 %	.....	NAP 65%	.....
Nbre Partic.avec score	0	.....	3	.....
Nbre de Part. avec score	12	.....	9	

APPENDIX G

Results of Analysis of Items on Knowledge Pre-test

ANNEXE 6 : RÉSULTATS ANALYTIQUES DU PRE-TEST
YAOUNDE 10/05/93 – 12/06/93

N°Part. / N° quest.	1	2	3	4	5	6	7	8	9	10	11	12	Score	%
1	0,25	0	1	2	1,5	0	2	0	1	1,5	1	0	12,25/24	51,00
2	1	1	1	1	2	2	2	0,5	1,5	1,5	2	2	17,5/24	72,91
3 a)	0,75	0	1	1,75	1,5	2	1,75	1,5	1;5	1,5	2	1,5	16,75/24	69,79
b)	1,75	2	2	1,75	2	1,25	2	1,5	2	2	2	1,25	21,5/24	89,58
4	1,50	1	1,5	2	4	4	2,5	4	3	1,5	4	2	21/48	64,58
[illegible]	0	0	0	1	1	0	1	0	1	0	1	1	6/12	50,00
6	0	0	0	0	0	1	0	0	0	0	0	0	1/12	8,33
7	0	0	1	1	0	1	1	1	0	1	1	1	8/12	66,66
8	1	0	1	1	1	0	1	1	1	1	1	1	10/12	83,33
9	1	0	1	1	0	0	1	1	0	0	1	1	7/12	58,33
10	0	1	0	0	0	1	0	0	0	0	0	1	3/12	25,00
11	0	0	0	0	0	1	0	1	0	0	0	1	3/12	25,00
12	1	1	0	0	0	0	0	1	1	1	1	1	7/12	58,33
13	1	1	1	1	1	1	1	1	1	1	1	1	12/12	100,00
14	0	0	0	0	0	0	0	0	0	0	0	0	0/12	0
15	1	1	1	1	0	1	1	1	1	0	0	0	8/12	66,66
16	0	1	1	0	0	0	0	1	0	0	1	1	5/12	41,66
17	1	1	0	1	1	1	1	1	0	0	1	1	9/12	75,00
18	0,5	0	0,5	0,5	1	1,5	1	1	0,5	0,5	1	1	9/18	50,00
19	1	1	0	0	0	0	1	0	0	0	0	0	3/12	25,00
20	1	1	1	1	1	1	1	1	1	1	1	1	12/12	100,00
21	1	2	2	1	2	1	2	2	2	2	1	0	18/24	75,00
22	1	1	1	1	1,5	1,5	1,5	1	1,5	1	1,5	1,5	15/18	83,33
23	0	0	0	0	0	0,5	0	0,5	0,5	0	0	0,5	2/12	16,66
24	1	1	[illegible]	0	1	1	1	1	0	1	1	1	10/12	83,33
25	0	0	0	0	1	1	0	1	0	0	0	0	3/12	25,00
26	0	0	1	0,5	0,5	0,75	0	0,75	1	1	0	0	5,5/12	45,83
27	0	0	0	1	0	0	0	0	0,5	0	0	1	2,5/12	20,83
28	0	0	0	0	0,25	0,25	0	0	0	0,5	0	1	2/12	16,66

N°Part. N° quest.	1	2	3	4	5	6	7	8	9	10	11	12	Score	%
29	0	0	0	0	1	1,5	0	0	0	0	0	0,5	3/18	16,
30	2	1,5	0	0	2	2	0,5	2	0	1,5	1,5	2	15/24	62,
31	1,5	0	0	0	0	0	0	1,5	0	0	0	0	3/24	1,2
32	0,75	0,25	0,25	0,5	0,5	0	0,5	0,25	0	0,5	0	1	4,5/12	37,
33	0,25	0	0	0	0	1	0	0	0	0	0	0	1,25/12	4,1
34	0	0	0	0	0	0,25	0	0	0	0	0	0	0,25/12	2,0
35	0	1	1	1	1	1	1	1	1	1	1	1	11/12	91,
TOTAL	21,25	18,25	20,25	21	27,75	28,50	27	29,5	22	22	27	30,25	294,75/600	49,

Faiblesses :

- Anatomie et physiologie Q 6
- DIU Q 10, Q 11
- PILULE Q 19
- PFN Q 18
- COUNSELLING Q 25
- SYSTEME/REFERENCE Q 27
- GESTION Q 28
- IEC Q 31, Q33 Q 34
- PF et S.F Q 29

APPENDIX H

Participant Reaction Results

ANNEXE H: RESULTATS DE L'EVALUATION DES REACTIONS DES PARTICIPANTS (N=11)

Thème						
1. Intégration de PF dans les SSP	5	6		7	4	
2. D.B.C	4	7		6	5	
3. PF et Santé Familiale	6	5		8	3	
4. Anatomie physiologie cycle menstruel	8	3		9	2	
5. Méthodes naturelles	3	8		6	5	
6. Allaitement maternel	7	4		6	5	
7. Pilule oestro-progestative	9	2		9	2	
8. Pilule progestative	9	2		8	3	
9. Injectables	9	2		10	1	
10. DIU	8	3		9	3	
11. Barrière	5	6		9	3	
12. Norplant	5	6		6	5	
13. C.C.V	3	8		6	5	
14. Contraception du post-partum	7	4		7	4	
15. Consultation de contraception	6	5		7	4	
16. M.S.T	6	5		10	1	
17. Sous pré-conceptionnels	7	4		6	5	
18. Infertilité	9	2		9	2	
19. Stérilisation du matériel	7	4		6	5	
20. Système d'information	6	5		6	5	
21. Système de référence et rétro-information	5	5		5	6	
22. I.E.C	9	2		7	4	
23. Gestion des services	6	5		7	4	
24. Exercices sur mannequin (Insertion D.I.U)	4	5		9	2	
25. Documents reçus	9	2				

APPENDIX I

Process Review Questions

ANNEXE I: INSTRUMENTS D'EVALUATION DU PROCESSUS

a) EVALUATION DES REACTIONS

THEME:

CONTENU:
- Très satisfaisants ?
- Satisfaisant ?
- Pas satisfaisant?

METHODOLOGIE:
- Très satisfaisant?
- Satisfaisant ?
- Pas satisfaisant ?

COMMENTAIRES:

SUGGESTIONS:

b) EVALUATION DES REACTIONS

Qu'est-ce que vous avez apprécié au cours de cette journée ?

Qu'est-ce qu'il faudrait améliorer ?

Suggestions:

APPENDIX J

Plan for Conducting Clinical Practicum

ANNEXE J: PLAN DE DEROULEMENT DU STAGE CLINIQUE

a) CALENDRIER DU STAGE CLINIQUE

. Stage clinique : du 24 /05 au 11/06/1993

. Evaluation du Séminaire: le 11.06.93 à 12H30'

- Stage clinique: . Rapport de stage par site (par participant)

  . Discussion des différents rapports

- Séminaire: . Post-test
  . Discussion attentes/Objectifs
  . Q.A.P

- Clôture: le 11.06.93 à 16H30'

  - Résumé du déroulement de la session (Théorie + pratique sur terrain)
  - Résumé
  - Résultats: . Pré-test
    . Post-test
    . Q.A.P.

  - Mot d'un Représentant des Participants (Remerciements + Recommandations)

  - Remise des certificats

  - Discours de clôture d'un Représentant du Ministère de la Santé Publique.

b) ROLE DES FORMATEURS

- Hélène TAMGNOUE: - Appui technique en encadrement à l'hôpital de Djoungolo
  - Supervision du stage clinique

- Dr Suzanne MOLU: - Appui technique en encadrement à l'Hôpital de Djoungolo
  - Supervision du stage clinique
  - Aider les encadreurs à parfaire l'emploi du temps des stagiaires
  - Assurer les permutation entre stagiaires de la Maternité principale et de la PMI Centrale.

Mr Lucas MBOFUNG: - Assurer le suivi administratif des stagiaires.

A la fin du stage clinique, les 2 formateurs auront à:
- analyser les données du stage:
. suivi journalier du stagiaire pour la révision des objectifs de stage
. Evaluation des performances
-Comparer les résultats du post-test au pré-test
- élaborer le rapport de la formation suivant le cannevas:

INTRODUCTION

REALISATIONS: a) Préparation de la session

b) Déroulement de la session
. théorie
. stage clinique
c) Evaluation

. Pré et Post-test (résultats analytiques et holistiques)
. Performances
. Réactions
. Q.A.P.

RECOMMANDATIONS DES ENCADREURS/PARTICIPANTS

CONCLUSION

ANNEXES

c) ROLE DES ENCADREURS

- Elaborer un emploi du temps pour les stagiaires par site,
- Assurer le suivi journalier des stagiaires,
- Remplir les fiches d'évaluation des performances et en analyser les données à la fin du stage,
- Assurer l'atteinte des objectifs de stage en se référant à l'instrument de suivi du stagiaire rempli par le participant,

- Collaborer avec les autres services (Maternité, vaccination...) pour le recrutement des clients.

d) ROLE DU STAGIAIRE

-Suivre le stage clinique avec assiduité, ponctualité, et présence effective,
- Remplir la fiche de suivi journalier du stagiaire,
- Poser des questions aux encadreurs pour l'atteinte des objectifs et la satisfaction de leurs atteintes.

N.B. Chaque site de stage doit disposer d'un mannequin pour exercice d'insertion de DIU,

Chaque participant doit disposer d'objectifs de stage clinique, d'un instrument de suivi du stagiaire (rempli par le stagiaire), un instrument d'évaluation des performances (rempli par l'encadreur) et 5 dispositifs intra-utérins.

APPENDIX K

Instrument Used by Preceptors During the Practicum

ANNEXE K: INSTRUMENT DE SUIVI JOURNALIER
FORMATION CLINIQUE DE PF

INSTRUMENT DE SUIVI JOURNALIER DU STAGIAIRE **DU ....AU....**

NOM DU STAGIAIRE.....
NOM DE L'ENCADREUR..... **LIEU DE STAGE.....**

DATES ACTIVITES	.....	.....		
1. Causerie 2. Counselling Administration Traitement				
1. Pilule lère visite suivi				
2. Injectable lère visite suivi				
3. Norplant lère visite Insertion suivi Retrait				
4. Barrière lère visite suivi				
5. Méthodes naturelles lère visite suivi				
6. DIU . lère visite . POSE . suivi . Retrait				
7. C.C.V . Référence . suivi				
8. Soins préconceptionnels . lère visite . suivi				

ACTIVITES / DATES	.....	.....		
9. Consultation du Post-partum . 1ère visite . suivi				
10. M.S.T . Blénnoragie . Chancre mou . Syphilis . Trichomonase . Candidose . Condylome ac. . Herpès génit.				

SUIVI JOURNALIER DU STAGIAIRE (SUITE)

DATES ACTIVITES				
. Chlamydiase . Vaginites non spécifiques . V.I.H . Autres ii. Infécondité . Infertilité . ière visite . Référence . Suivi 3. GESTION: Services Personnel Materiel Médicaments Contraceptifs Statistiques 4. STERILISATION DU MATERIEL Décontamination Nettoyage Stérilisation - désinfection de la haute qualité - stérilisation par chaleur Sèche Humide				

N.B. La première visite supose interrogatoire, examen clinique et prescription.

APPENDIX L

Documents Distributed to Participants

ANNEXE: L DOCUMENTS DISTRIBUES AUX PARTICIPANTS

1. AGENDA INTRAH 1993

2. ALLAITEMENT MATERNEL ET LA CONTRACEPTION MISE A JOUR

3. BEAST FEEDING AND CONTRACEPTION: UP DATE

4. CENTS PROBLEMES CLINIQUES DE CONTRACEPTION EN AFRIQUE

5. CONCEPTS AND ISSUES IN FAMILY PLANNING

6. CONCEPTS ET QUESTIONS RELATIFS A LA PF

7. FAMILY PLANNING METHODS AND PRACTICE IN AFRICA

8. GLOSSAIRE DES TERMES DE PF

9. LISTE DES DOCUMENTS GRATUITS-1992

10. NETWORK: LA GESTION DES MST A L'ERE DU SIDA

11. NETWORK: TRAITEMENT DES MST

12. OUTLOOK: CONTROLE DE L'INFECTION

13. OUTLOOK: INTERACTION BETWEEN ORAL CONTRACEPTIVE

14. OUTLOOK: INTERACTION ENTRE LES CONTRACEPTIFS ORAUX ET LES MEDICAMENTS THERAPEUTIQUES

15. PLANIFICATION FAMILIALE: METHODES ET PRATIQUES POUR L'AFRIQUE

16. POPULATION REPORTS: CONSULTATION: LA CLIENTE ET LA PILULE

17. POPULATION REPORTS: LA CONSULTATION MAIS POURQUOI ?

18. ESPACEMENT DES NAISSANCES ET SERVICES DES ENFANTS

19. TECHNICAL INFORMATION MEMO SERIES.

Program for International Training in Health

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January 5, 1994

Ms. Estelle Quain
G/R&D/POP/CMT
Room 811, SA-18
USAID/Washington
Washington, DC 20523-1819

Re: DPE-3031-Z-00-9024

Dear Estelle:

Enclosed is one copy of INTRAH trip report B-#334-1 and 2.

Country:	Cameroon
Activity Title:	Technical Assistance
Dates of Trip:	May 2-24, 1993
Traveller(s):	Dr. Boniface Sebikali, INTRAH Consultant
Purpose of Trip:	To provide technical assistance to national trainers, May 3-21, 1993, to prepare for and conduct the 2-week theoretical phase of a 5-week comprehensive clinical FP skills workshop for 12 service providers.

Please let us know if you need additional copies of this report or portions thereof.

Sincerely,

Vickie Hayes-McGee

Vickie Hayes-McGee
Program Assistant

Enclosure
cc: Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director
Mr. Pape Gaye, INTRAH/Lomé
Miss Pauline Muhuhu, INTRAH/Nairobi
Mrs. Hope Sukin, AFR/ARTS/HHR
Ms. Nancy Nolan, REDSO/WCA
AID Acquisitions
Mr. Richard Greene, USAID/Cameroon
Ms. Pamela Bolton, AVSC