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TRIP REPORT B - #344-1 and 2

Travelers: Dr. Aliou Boly, INTRAH Regional Training and Training Materials Officer
Mr. Bongwele Onanga, INTRAH Regional Evaluation and Supervision Specialist
Mrs. Justine Belem, INTRAH Consultant

Country Visited: Cameroon

Date of Trip: May 3-29, 1993

Purpose: To conduct a basic clinical FP training needs assessment in 5 USAID/Cameroon-assisted bilateral project provinces.

Program for International Training in Health

PAC IIb

University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA

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*On file with INTRAH/Chapel Hill

EXECUTIVE SUMMARY

From May 3-28, 1993, an INTRAH/Ministry of Public Health (MOPH) team conducted a basic clinical FP training needs assessment in the 5 provinces supported by the USAID/Cameroon-assisted bilateral family health project: South, Central, North West, Adamoua and Extreme North. The INTRAH team members were Dr. Aliou Boly, Regional Training and Training Materials Officer, Mr. Bongwélé Onanga, Evaluation and Supervision Specialist, Mrs. Justine Belem, Consultant; and the MOPH team members were Mr. Lucas Mbofung, INTRAH/Directorate of Family and Mental Health (DFMH) Program Coordinator, Mrs. Sadjo Angokey, In-Service Training Officer, Mrs. Aurore Jombi, member of the National Training Team and Director of the Nursing School of Douala, Mrs. Assana Guillaumette Marie Josèphe, Provincial Training Officer in the Adamaoua Province, Ms. Cumber Angeline, National Trainer and FP Clinic Manager at Nkoldongo, Mr. Amungwa Athanasius, National Trainer and Teacher at Bamenda Nursing School, and Mr. Joseph Manga, Civil Servant.

The team visited 27 integrated health centers (CSIs), organized work sessions in each province with health delegations, the managers of the 27 health centers and coordinators from SESA, UNICEF, GTZ, CARE International, Save the Children and Comite d'Instruction Medical (CIM). During the field visits the team collected data on staffing and the in-service training staff had received, services offered, service statistics, organization of activity registers and other records, and identified potential practicum sites and participants for the proposed 2-week basic clinical FP workshops to be conducted with INTRAH assistance. As requested by the DFMH, SEATS and PCS, the team also distributed the national MCH/FP service policy and standards, FP service protocols, IEC/FP materials, IUD kits and contraceptive supplies to sites visited during the March 1993 trainee follow-up.

Major findings were:

- There are teams of trainers responsible for conducting primary health care (PHC) training in each province. Among the teams are national trainers trained with assistance from INTRAH and PCS.

- In each provincial capital, there are sites used for the theory and practice phases of PHC training. There is a PHC curriculum and FP training curriculum. The FP training curriculum differs from one province to another.

- There is a district hospital in each health district which is the referral site for health centers. District hospital personnel include a general physician, a nurse technician (TSSI), midwives, registered nurses, state nurses, social workers and health educators.

  There are referral forms in most of the health centers but they are not standardized.

- All of the health centers visited distribute condoms. Eleven of the 27 health centers provide hormonal methods and 2 health centers in Northwest province provide IUD services.

  The service providers offering FP services in the health centers visited have been trained in FP at the provincial level.

Major recommendations included:

- A standard basic clinical FP skills curriculum should be developed for the training of paramedical staff in health centers, based on expectations in the National MCH/FP Service Policy and Standards. The curriculum should include the following: administration of oral contraceptives and injectables, FP client management, administration of barrier methods, client follow-up, logistics management, and FP counseling and recruitment.

  Provincial trainers should be trained to use this curriculum during the two-week workshop in training methodologies and use of the basic clinical FP skills curriculum.

- The hospitals, MCH centers and/or health centers where PHC trainees have their practicum should be developed for use as practicum sites for basic clinical FP trainees.

- The skills of provincial trainers/supervisors should be strengthened before they conduct basic clinical FP training for service providers from health centers in their provinces. They should receive refresher training in training methodologies, refresher training in family planning and IEC and should be trained in logistics management.

- Participants to upcoming INTRAH-assisted comprehensive clinical FP skills workshops should be selected from among the 70 district hospitals which serve as referral sites for health centers.

  The referral form developed by the MOPH should be distributed in all of the health centers and should be used as a reference document during training.

- The head and assistant head of the health center should be the priority groups to participate in the proposed two-week basic clinical FP skills training for paramedical personnel (TSSI, registered nurses, midwives, state nurses). At the end of the workshop, participants should be able to:

  - conduct FP counseling and FP client recruitment,

  - administer hormonal and barrier methods,

  - provide follow-up services for clients using hormonal methods including the management of side-effects,

  - refer IUD clients to district hospitals,

  - correctly fill in FP registers and client cards (after the DFMH has prepared standard forms), and

  - follow-up drop-out clients during household visits.

Briefing and debriefing meetings were held at the DFMH and USAID/Cameroon.

SCHEDULE OF ACTIVITIES

April 28	INTRAH Consultant Mrs. Justine Belem arrived in Lomé at 3:40 pm.
April 29-30	Briefing and planning sessions were held by the INTRAH team (Dr. Boly, Mr. Bongwélé, and Mrs. Belem).
May 2	The INTRAH team left Lomé at 2:00 pm and arrived at Cotonou at 5:00 pm.
May 3	The team left Cotonou at 4:00 pm and arrived in Yaoundé at 7:00 pm.
May 4	Briefed at USAID/Cameroon with Mr. Richard Greene, Chief of the Health and Population Office, and Mrs. Régina Dennis, Population Coordinator.
May 5-10	Planned for the TNA with national members of the INTRAH/DFMH team.
May 11-24	Field visits: Data collection in the provincial capitals and at health centers in 5 provinces: Adamaoua, Central, Extreme North, North West, and South. The national MCH/FP service policy and standards, FP service protocols, and IEC/FP materials were distributed.
May 25-27	Data were organized, analyzed and interpreted and recommendations were formulated.
May 28	Debriefed with USAID/Cameroon and DFMH.
May 29	The INTRAH team left Yaoundé at 9:00 am.

LIST OF ABBREVIATIONS

CAPP	Central d'Approvisionnement Pharmaceutique (Center for Pharmaceutical Supplies)
CIM	Comité d'Instruction Médicale (Health Education Committee)
CSI	Centre de Santé Intégré (Integrated Health Center)
DFMH	Direction de la Santé Familiale et Mentale (Directorate of Family and Mental Health)
DMPR	Direction de la Médecine Préventive et Rurale (Directorate of Preventive and Rural Medicine)
MOPH	Ministry of Public Health
PHC	Primary Health Care
TNA	Training Needs Assessment
TSSI	Technicien Supérieur des Soins Infirmiers (Advanced Nurse Technician)

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a basic clinical FP training needs assessment.

II. ACCOMPLISHMENTS

A. Twenty-seven of the 143 (19%) integrated health centers located in the 5 provinces of the USAID-assisted bilateral project were visited. Data were collected on staffing, services offered, service statistics, organization of activity registers and other records, and the pharmacy.

B. In each province visited, the team held work sessions with the provincial health delegates, managers of the CSIs and representatives from agencies (GTZ, SESA, CARE International, Save the Children, CIM, and UNICEF).

C. As requested by the DFMH, SEATS and PCS, the INTRAH/DFMH team distributed contraceptive supplies, IEC materials, IUD kits, and the national MCH/FP service policy and standards and FP service protocols in sites where the INTRAH-assisted March 1993 follow-up was conducted (Appendix E).

D. A briefing was held at USAID/Cameroon and debriefings were held at USAID/Cameroon and the DFMH. During the debriefing, the team learned that the TNA recommendations would be used as a basis for discussion during the workshop on integration of FP into PHC scheduled for July 1993.

III. BACKGROUND

The TNA described in this report was the first activity of phase 3 of the INTRAH/DFMH project (March 31, 1993 - July 31, 1994). The goal of phase 3 is to expand national family planning training capacity and capability in order to increase FP client recruitment and referral activities,

increase service availability and accessibility and improve the quality and use of FP services, consistent with the objectives of the USAID-financed bilateral family health project. During phases 1 and 2 (1991 - 1993), INTRAH established a foundation for national FP training capacity and capability.

IV. DESCRIPTION OF ACTIVITIES

A. Preparation

1. In Lomé

   The INTRAH team held a 2-day work session to clarify the assignment and expected outcomes.

2. In Yaoundé

   The TNA team clarified USAID/Cameroon and DFMH expectations and developed and pre-tested instruments. The team also held work sessions with SEATS and PCS representatives about the IEC and clinical materials to be distributed to the health centers.

   Selection of the health centers to be visited was made in the provincial capitals, in consultation with provincial delegate physicians and/or with representatives of GTZ, SESA, UNICEF, CARE, and Save the Children. Of the 143 integrated health centers in the 5 provinces, 27 (19%) were selected.

3. Teams

   Three teams were formed:

   a. For Adamaoua and Extreme North provinces:

      - Dr. Aliou Boly, INTRAH Regional Training and Training Materials Officer,
      - Mrs. Assana Guillaumette, Adamaoua Training Officer, and
      - Mrs. Sadjo Angokey, MOPH In-service Training Officer.

b. For Central, South, and Littoral provinces:

- Mrs. Aurore Jombi, Director of the Douala Nursing School and National Trainer,
- Mr. Joseph Manga, MOPH Civil Servant, and
- Mrs. Justine Belem, INTRAH Consultant, Midwife, and Clinical FP Trainer and Preceptor.

c. For North West province:

- Mr. Lucas Mbofung, INTRAH/DFMH Project Coordinator,
- Mrs. Angeline Cumber, Midwife, Manager of Nkoldongo Center, and National Trainer,
- Mr. Amungwa Athanasius, Teacher at Bamenda Nursing School and National Trainer, and
- Mr. Bongwélé Onanga, INTRAH Regional Supervision and Evaluation Specialist.

B. **At the Work Sites**

1. Training Needs Assessment

Twenty-seven integrated health centers located in the 5 provinces were visited.

Each team organized work sessions with the provincial health delegate and representatives from UNICEF, GTZ, Save the Children, CARE, CIM and SESA to identify a sample of health centers to visit and collect information and data on PHC and FP services offered in the province.

At each CSI, the team organized interviews with the manager of the center and his/her assistant, analyzed documents, and collected data on the number and type of staff and the in-service training they had received, services offered, supervision, organization of clients' records and organization of the pharmacies.

2. Distribution of Materials (see Appendix E)

Sessions were conducted for service providers on the use of FP reference and IEC materials.

3. Daily Review

A daily review was held at the end of each day for the team to share data collected and preliminary findings.

C. **Organization, Analysis and Interpretation of Data**

Each team organized data as it was collected, using an instrument developed for this purpose. After data collection the teams met in Yaoundé to analyze and interpret the data.

Preliminary findings and recommendations were presented and discussed with USAID/Cameroon, and revisions were made based on discussions and feedback.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Training Capacity

1. **Findings/Conclusions**

There are teams of trainers responsible for conducting PHC training in each of the 5 provinces visited and for supervising PHC services. Among these trainers are members of the national team of FP/MH trainers trained with assistance from INTRAH and PCS.

There is a PHC curriculum. FP training curricula differ from one province to another. Reference materials provided by GTZ, UNICEF, SESA, CARE, Save the Children and CIM are distributed to trainees during PHC workshops.

In each provincial capital there are sites used for the theory and practice phases of PHC training. .

Recommendations

a. The skills of provincial trainers/supervisors should be strengthened before they conduct basic clinical FP training for service providers from health centers in their provinces. They should receive refresher training in training methodologies, refresher training in family planning and IEC and should be trained in logistics management.

b. Provincial trainers and supervisors responsible for PHC in the provinces should participate in a

comprehensive clinical FP skills workshop before being trained as trainers and in the use of the basic clinical FP skills curriculum.

The following personnel from the provinces visited should participate in comprehensive clinical FP skills and training methodologies before conducting basic clinical FP training of provincial-level service providers:

- From the Far North province: the PHC coordinator, provincial delegate, the head of the preventive and rural medicine service, the PHC coordinators for CARE and Save the Children, and the head of the provincial training service.

- From Adamaoua: the head of the preventive and rural health service, the head of the PHC provincial office, the head of CAPP (Center for Pharmaceutical Supplies), the head of training in IEC at the provincial office of family and mental health.

- From the Southern province: the head of the provincial hospital medicine service, the head of the provincial service of family and mental health, the head of the provincial service of preventive medicine, the head of the PHC provincial office, the head of the provincial service of planning and statistics, and the PHC provincial head.

- From the Central province: the head of the PHC coordination office.

Training of provincial trainers in training methodologies and use of the basic clinical FP skills curriculum scheduled for September/October 1993 (Trip Report B-#348) should include the above mentioned 10 persons as participants, and others to be identified by provincial delegates from the Far North and Adamaoua. Preference should be given to persons who have been trained in clinical FP and who are currently providing FP services in the province.

Training of provincial trainers in training methodologies and use of the basic clinical FP skills curriculum scheduled for November 1993 (Trip Report B-#349) should include the head of the provincial service of hospital medicine, the head of the DFMH provincial service, the head of the provincial service of preventive and rural

medicine, the head of the provincial service of planning and statistics, the PHC provincial delegate, and the head of the PHC coordination office of the Central and Northwest provinces.

c. A standard basic clinical FP skills curriculum should be developed for the training of paramedical staff in health centers, based on expectations in the National MCH/FP Service Policy and Standards. The curriculum should include the following: administration of oral contraceptives and injectables, FP client management, administration of barrier methods, client follow-up, logistics management, and, FP counseling and recruitment.

   Provincial trainers should be trained to use this curriculum during the two-week workshop in training methodologies and use of the basic clinical FP skills curriculum.

d. The hospitals, MCH centers and/or health centers where PHC trainees have their practicum should be developed for use as practicum sites for basic clinical FP trainees.

B. **Supervision**

2. **Findings/Conclusions**

Provincial-level PHC trainers are responsible for supervising PHC activities. Supervision of PHC activities is conducted in each province according to standards established at the provincial level. Most of the supervisors have not received training in supervision nor have they been trained in FP.

A standardized supervision instrument is being developed by the MOPH. It does not include FP.

Recommendations

a. A strategy to strengthen the FP supervision skills of the provincial supervisors of PHC should be developed using results and recommendations from the proposed seminar on integration of FP into PHC scheduled to take place in Yaoundé in July 1993. The proposed INTRAH-assisted training in training evaluation workshops scheduled for phase 3 of the INTRAH/DFMH project should include skill development in task-based FP supervision.

b. The DFMH and the Directorate of Preventive and Rural Medicine (DMPR) should integrate an FP

component into the supervision instrument currently being developed.

C. Logistics Management

3. Findings/Conclusions

In all the provinces visited there was a system to manage essential medicines (i.e. order, distribute, report) and there is a cost-recovery system. These systems, supported by USAID cooperating agencies, are intended to promote self-sufficiency for essential medicines at the level of the health center.

In the Far North, South, Central and Adamaoua provinces, management of contraceptives is not part of the system for managing essential medicines. In some of the health centers visited, contraceptives were stocked separately from the medicines, and the sales slips for contraceptives were managed independently from other receipts.

Recommendation

The DFMH, in collaboration with the DMPR and the Pharmacy Division, should integrate the management of contraceptives (i.e. ordering, supplying, distribution, reporting, cost recovery) into the existing system for managing essential medicines.

D. Record Keeping

4. Findings/Conclusions

In the centers visited there were registers for each type of activity and a form for the monthly activity report with a section for FP.

FP registers exist in centers where FP services are provided, but the content and format are not standardized.

In the provinces of the Far North, Adamaoua, the Central and the South, there is a register used for the follow-up of women receiving pre-natal services.

In the Northwest province, the follow-up of clients is conducted based on the information written in the activity register (e.g., name, date of visit).

Recommendations

The DFMH should explore the possibility of establishing a system to follow-up clients who do not return for their scheduled FP visit.

The DFMH should standardize the information to be collected in the FP register and the format of register.

The basic clinical FP skills training curriculum should include a module on the FP register to train service providers to correctly fill in the register.

E. **Health Education**

5. **Finding/Conclusion**

The list of MCH services offered in the health centers visited includes pre-natal consultation, immunizations, and nutrition education. There are health committees (COSA) and management committees (COGE) responsible for managing health center staff and services. There are also some health education materials available at the centers.

Recommendation

The proposed two-week basic clinical FP skills training for paramedical staff posted at health centers should include an IEC/FP component so that service providers can inform clients about the advantages of FP during health education talks. Paramedical staff should also be trained to inform members of the COSA and COGE about the importance of FP.

F. **Referral System**

6. **Findings/Conclusions**

There is a district hospital in each health district which serves as a referral site for health centers. District hospital personnel include a general physician, a nurse technician (TSSI), midwives, registered nurses, state nurses, social workers and health educators.

There are referral forms in most of the health centers but they are not standardized.

Recommendations

Participants to upcoming INTRAH-assisted comprehensive clinical FP skills workshops should be selected from

among the 70 district hospitals which serve as referral sites for health centers.

The referral form developed by the MOPH should be distributed in all of the health centers and should be used as a reference document during training.

G. FP Services Provided in Health Centers

7. Findings/Conclusions

All of the health centers visited distribute condoms. Eleven of the 27 health centers provide hormonal methods and 2 health centers in Northwest province provide IUD services.

The service providers offering FP services in the health centers visited have been trained in FP at the provincial level; the FP curricula used during FP workshops vary from one province to another.

Recommendations

a. The head and assistant head of the health center should be the priority groups to participate in the proposed two-week basic clinical FP skills training for paramedical personnel (TSSI, registered nurses, midwives, state nurses). At the end of the workshop, participants should be able to:

- conduct FP counseling and FP client recruitment,
- administer hormonal and barrier methods,
- provide follow-up services for clients using hormonal methods including the management of side-effects,
- refer IUD clients to district hospitals,
- correctly fill in FP registers and client cards (after the DFMH has prepared standard forms), and
- follow-up drop-out clients during household visits.

b. The priority personnel to be trained should be from the integrated health centers. At the level of each integrated health center, the head of the center and his/her assistant should be selected to participate in the training, because these two

persons are responsible for service delivery. A total of 10 2-week workshops in basic clinical FP for the personnel of the health centers are scheduled in the INTRAH/DFMH training plan. Up to fifteen service providers should participate in each workshop.

The INTRAH team proposed that participants come from the following integrated centers for the basic clinical FP skills workshop:

- Extreme North Province: Tchatibali, Yagoua, Kaï Kaï, Doumrou, Moutourwa, Midjivin and Mozogo health centers (basic training #1 in November 1993).

- Extreme North Province: Mogode, Hina, Mangave Dalil, Mémé, Aïssa Harde, Kerewa, and Guinley health centers (workshop #2 in December 1993).

- Adamaoua Province: Belel, Nyambaka, Mbang Mboum, Sassamberessi, Dibi, Likok, Ngancha, Mar Tap health centers (workshop #3 in January 1994).

- Adamaoua Province: Banyo, Sambolabo, Songkolong, Lokoti, Kalaldi, Dir, Bayo-Balio health centers (workshop #4 in early 1994).

- Adamaoua Province: Tibati, Beka Gotto, Bagodo, Minim, Tiguère, Doualayel, Nagalim Tignir, Ngawi health centers (workshop #5 in 1994, date to be determined).

- South Province: Bipindi, Atogboga, Elogbatindi, Londji, Mekas, Melen, Oveng Yemvak, plus one CSI of the province of the Central Yemesoa health centers (workshop #6 in 1994, date to be determined).

- South Province: Mfouladja, Biwong-Bané, Mengong, Meyo Center, Olamzé, Kye-Ossi health centers, plus two CSIs in Central province: Mabolo, and Essong (workshop #7 in 1994, date to be determined).

- Central Province: Balanba, Bongo, Yaugben, Ndo Kwaney, Nitoullon, Nyamanga 11, Enangana, Lembe health centers (workshop #8 in 1994, date to be determined).

- North West Province: Mankon, Mendamkwe, Pingin, Bambili, Kedjom Keku, Bambui, Manji-Baput health centers (workshop #9 in 1994, date to be determined).

- North West Province: Badessi, Balikumbat, Bambalang, Bamessing, Ndu, Mbot, Binka health centers (workshop #10 in 1994, date to be determined).

Once all of these workshops have been completed, personnel from the following integrated health centers will need training:

· Extreme North	11 CSI	Co-funded by the CIM project (Comité d'instruction Médicale Coop. Belge)
· Adamaoua	3 CSI	Co-funded by SESA
· South	0 CSI	Co-funded by SESA
· Central	4 CSI	Co-funded by UNICEF
· North West	46 CSI	Co-funded by GTZ.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Cameroon

Mr. Richard GREENE, Chief, Health and Population Office

Mrs. Régina DENNIS, Population Coordinator

Ministry of Public Health

Dr. David NEBA AWASUM, DFMH Director

Dr. ANDELA, Assistant Director

Dr. Lombo Levi MPIOUANG, Assistant Director of Rural Medicine

Dr. NISSACK, GTZ National Coordinator

Central Province

Dr. OSSENYI, UNICEF Resident Representative

Dr. Dieudonné LE MVONDO, Public Health Provincial Delegate

Dr. Kedi A. NWATSOK, Provincial Chief of Service, Rural Medicine

Dr. Christophe ASSI, Public Health Physician

Dr. Suzanne MOLU, Provincial Chief of Service, Family and Mental Health

North West Province

Dr. Amida GHOGOMN, Public Health Delegate

Dr. EKAMBI, Provincial Chief of Service, Family and Mental Health

Dr. TIMA, Provincial Chief of Service, Preventive Medicine

Mr. YAH, In-charge of North West Special Fund for Health

Mr. TAMANJI, Provincial Coordinator

Dr. Pite MFORNYAM C., Sub-divisional Hospital, NDOP

West Province

Mr. Boniface TONGSI, Director of Hospital

Dr. Marcel BOUWA, Head Physician of Hospital, AD LUCEM Bandjoun

Mr. Joseph SIPING, Certified Nurse, AD LUCEM Bandjoun

Dr. Sinda MPOLE, Head Physician of Hospital, AD LUCEM Bafanli

Extreme North Province

Dr. Djidda MOUSSA, Provincial Delegate

Dr. TEBERE, Provincial Delegate, Family and Mental Health

Mr. Abdoulaye DAHIRON, PHC Coordinator

Dr. Ali TOYPORI, Provincial Delegate, Preventive and Rural Medicine

Mr. Ali Perr TIANGHA, SIDA and FP Coordinator

Dr. NKENZE, Save the Children Coordinator

Mr. Mathias ATSATITO, Health Information Officer

Flaubert DAMBE, PHC Coordinator, Save the Children

Mr. DOURBANI, Head of Midjivin Health Center

Mr. Justin KAOUTIR, Head of Services, Tchatibali

Dr. Jermias INROMBE, Head of CARE's PHC Project

Mr. Hama TOUKOUR, Head of Provincial PHC Office

Adamaoua Province

Dr. Léonard MBAM-MBAM, Provincial Director of Public Health

Mr. Mathieu HAMAN, Head of Nyambaka Health Center

Mr. Laurent NGABA, Head of Dir Health Center

Mr. Ewissum EWANE, Head of Dibi Health Center

Mrs. MADISON, SESA Project Coordinator

South Province

Dr. MOUANGUE, Provincial Health Delegate

Mrs. Thérèse NJENG, Provincial Chief of Service, Family and Mental Health

Mrs. Seck MADISON, SESA Coordinator

Mr. Yet NJWEIP, Head of Provincial PHC Office

Dr. WANG, Head Physician, Kribi Hospital

Mr. Joseph LONTIO, Nurse/Midwife, Kribi Hospital

Mrs. PRENANT, Midwife, Kribi MCH Center

Littoral Province

Mrs. Noe BENAM, Nurse/Midwife, Edéa MCH Center

Mrs. Jeannette BOLANGA, Provincial Chief of Service, Family and Mental Health

South West Province

Mrs. Hélène NGOLE, Monitor of the Limbé Hospital Annex

Others

Mr. Mensah OPIA, PCS Program Officer

Mr. Frank BAFOR, USAID PHC Consultant

APPENDIX B

Service Sites Visited in Each Province

ANNEXE B

LISTE DES CENTRES DE SANTE VISITES PAR PROVINCE

PROVINCE	CENTRE DE SANTE VISITE
ADAMAOUA	1. DIBI 2. DIR 3. NYAMBAKA
CENTRE	4. BALAMBA 5. NYA MANGA 6. ESSONG 7. YEMESSOA
EXTREME NORD	8. MEME 9. MIDJIVIN 10. TCHATIBALI 11. MOKOLO
SUD	12. OLAMBE 13. KYE OSSI 14. MEYO-CENTRE 15. LONDJI 16. ELOG BATINDI 17. BIPINDI
NORD-OUEST	18. MANKON 19. MANJI 20. BAMBUI 21. BAMBILI 22. BINKA 23. NTUMBAW 24. BAMBALANG 25. BALIKUMBAT 26. SANTA 27. PINYIN

APPENDIX C

Schedule of the Training Needs Assessment

Annexe C

CALENDRIER DE RECENSEMENT DES BESOINS EN FORMATION PF ET DE DISTRIBUTION DE MATERIELS DANS LES CENTRES DE SANTE DANS LE CADRE DES SSP

Province de: Nord Ouest Du 11 au 22 Mai 1993

Equipe: Mr Mbofung, Mme Cumber. Mr Bongwélé

11 Mai	Voyage de l'équipe à Bamenda	
12 Mai	Prise de contact et Orientation avec: - Delegué provincial - Représentant DSFM - Dr. Njinjoh - Représentant GTZ	Bamenda
13 Mai	Seance de travail avec GTZ (Organisation des Finalisation calendrier de visites	Bamenda
14 - 22 Mai	Visite des centres de Sante pour le RBF et la Distribution de materiel	Voir listes des centres en annexe
23 Mai	Retour à Yaoundé	

CALENDRIER DE RECENSEMENT DES BESOINS EN FORMATION PF ET DE DISTRIBUTION DE MATERIELS DANS LES CENTRES DE SANTE DANS LE CADRE DES SSP

Province de: CENTRE **Du 10 au 16 Mai 1993**

Equipe: Mme Jombi, Mr. Manga, Mme Bélem

Date	Activités	Lieu
10 Mai	Prise de contact avec: - delegue Provincial - Chef de Sce Provincial DSFM - UNICEF	Yaoundé
11 Mai	- Séance de travail avec l'Unicef et autre (D.P. et chef de service SFM)	Yaoundé
12 - 14 Mai	Visite des centres de sante	Voir liste des centres en annexe
14 Mai	Voyage d'un membre de l'équipe à Dla Séance de travail avec le formateurs nationaux sur la distribution de matériels	Douala
15 Mai	Synthese et dépouillement	Yaoundé
16 Mai	Voyage à Eboloba	

CALENDRIER DE RECENSEMENT DES BESOINS EN FORMATION PF ET DE DISTRIBUTION DE MATERIELS DANS LES CENTRES DE SANTE DANS LE CADRE DES SSP

Province de: SUD **Du 17 au 23 Mai 1993**

Equipe: Mme Jombi Mr Manga, Mme Bélem

Date	Activités	Lieu
17 Mai	Prise de contact avec: - Delégué Prov. - Chef sce SFM - Coordinatrice SESA	EBOLOWA
18 Mai	Séances de travail avec la coordinatrice SESA et autres D.P. et chef de Sce sur l'organisation des SSP et sur la finalisation du calendrier des visites	EBOLOWA
19 - 21 Mai	Visites des CS pour le RBF et la distribution du materiel au littoral par les formateurs	Voir liste des CS en annexe
22 Mai	Voyage à Dla - Dépouillement et analyse de données	Douala
23 Mai	Retour sur Yaoundé	

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CALENDRIER DE RECENSEMENT DES BESOINS EN FORMATION PF ET DE DISTRIBUTION DE MATERIELS DANS LES CENTRES DE SANTE DANS LE CADRE DES SSP

Province de l'Extrème Nord Du 11 au 15 Mai 1993

Equipe: Mme Sadjo, Mme Assana, Dr. Boly

Date	Activités	Lieu
11 Mai	Voyage à Maroua Prise de contact et séance de travail avec - Délégué Prov - Chef de Sce de SFM - Coordinateur projet CARE	Maroua
12 Mai	Séance de travail avec coordi projet Save the Children sur l'organisation des SSP et la finalisation des calendriers	Maroua
13 Mai	Visites des Centres de Santé de Save the Children pour le RBF et la distribution	Voir CS Santé en ann
14 - 15 Mai	Séance de travail avec CARE sur l'orga nisation des SSP et la finalisation du calendrier	
	Visites de CS et distri bution de matériels	Voir CS en annexe
16 Mai	Voyage à Ngaoundere	

CALENDRIER DE RECENSEMENT DES BESOINS EN FORMATION PF ET DE DISTRIBUTION DE MATERIELS DANS LES CENTRES DE SANTE DANS LE CADRE DES SSP

Province de: **Adamaoua** **Du 17 au 22 Mai 1993**

Equipe: Mme Sadjo, Mme Assana, Dr. Boly

Date	Activités	Lieu
17 Mai	Prise de contact: - Délégué prov. - Chef de Sce SFM - Coord. SESA	Ngaoundéré
18- 19 21 Mai	RBF dans les CS et distribution de materiels	Voir liste des CS en annexe
22 Mai	Voyage à Yaoundé	

Centres où les matériels seront distribués selon les besoins.
(Doc. de Politique et Standards des services de SMI/PF,
Protocoles de PF, matériels IEC/PF, kit de DIU).

A. Province du Nord-Ouest

PMI Nkwen
Hopital Provincial Bamenda
Centre de Santé de Ndu
Centre de Santé de Kumbo
Centre de Santé de Jakiri

B Province de l'Ouest

Hopital Ad Lucem Bafang
Hopital Ad Lucem Bandjoun

C. Province du Littoral

PMI Deido
PMI New Bell
PMI Centrale
PMI Bonassama
Maison de la Femme
Hôpital Laquintini
PMI Edea

D. Province de l'Adamaoua

APPENDIX D

Characteristics of an Integrated Health Center

ANNEXE D

CARACTERISTIQUES D'UN CENTRE DE SANTE INTEGRE

Existence des structures de dialogue pour le centre (comité de gestion, comité de santé)

Application de l'inititative de Bamako

Les services suivants sont offerts :

a) PEV (Vaccination)
b) Programme de Lutte contre la Diarrhée
c) Services de SMI

Appui financier et technique d'une agence de coopération (UNICEF, GTZ, SAVE CHILDREN, CARE, SESA ...).

Personnel orienté dans la stratégie des soins de Santé primaires.

De façon générale, on y prouve au moins un infirmier brévété.

APPENDIX E

List of Service Sites which Received the MCH/FP Policy and Standards, FP Protocols Documents, and IEC/FP Materials

Annexe E

Liste des centres ayant réçu le document de Politique et des Standards de SMI/PF, Les protocoles de PF, et le matériel d'IEC PF.

Province de l'Extrême Nord
(Uniquement un exemplaire de la Politique et des Standards de SMI/PF)

1. Centre de Santé de Midjivin
2. Centre de Santé de Tchatiballi
3. Centre de Santé de Mémé
4. Save the Children, Maroua
5. CARE International, Mokolo
6. Centre d'Instructions Médicales (CIM)
7. Chef de bureau de la Formation, Maroua
8. Chef service provincial de la médécine préventive et rurale
9. Chef service provinciale de la Santé Familiale et Mentale
10. Délégué Provincial de la Santé

Province de l'Adamaoua
(Uniquement un exemplaire de la Politique et des Standards de SMI/PF)

1. Centre de santé de Ngambaka
2. Centre de santé de Dir
3. Centre de santé de Dibi
4. Centre de Santé de Doualayel.

Province de l'Ouest
(IEC/PF, exemplaire de politique et standards de SMI/PF, et Protocoles de PF, et contraceptifs)

1. Ad Lucem Bafang
2. Ad Lucem Bandjoun

Province du Nord Ouest
(IEC/PF, exemplaire de politique et standards de SMI/PF et Protocoles de PF, et contraceptifs)

Le matériel pour les centres ci-dessous ont été déposés à la délégatio distribution.

1. PMI Nkwen
2. Hopital Provincial de Bamenda
3. Hopital Ndop
4. BBH Kumbo
5. Hopital d'Arrondissement de Jakiri (a également reçu un kit de

Province du Littoral
(IEC/PF, exemplaire de politique et standards de SMI/PF et Protocoles de PF)

1. PMI Deido
2. PMI Newbell
3. PMI centrale
4. PMI Bonassama
5. Maison de la Femme
6. Hopital Laquinteni
7. PMI Edéa

Province du Sud
(IEC/PF, exemplaire de politique et standards de SMI/PF et Protocoles de PF, et contraceptifs, Kit DIU)

1. Hopital de Kribi
2. PMI Kribi

Province du Sud Ouest
(materiels IEC uniquement)

1. CDC kumba
2. Bata Annex

Province du Centre →

9. PMI NKOLNDONGO
10. HOPITAL DJOUNGOLO
11. HOPITAL EFFOK.

1. PMI CENTRALE
2. CHU YAOUNDE
3. MATERNITE PRINCIPALE. Y
4. MAISON DE LA FEMME T
5. GARNISON MILITAIRE YAOU
6. HOPITAL D'ARROND^T BIYEM A
7. HOPITAL ETOUG-EBE
8. CNPS ESSOS

APPENDIX G

Instruments Used

INSTRUMENT DE RECENSEMENT DES BESOINS EN FORMATION

Organisation des Soins de Santé Primaire (SSP) Province de: _____

(Instrument à remplir au chef lieu de province auprès des délégués ou coordinateurs des projets de Soins de Santé Primaire (SSP))

I *Organigramme de fonctionnement (de coordination) des SSP*

1.1. Comment sont organisées les activités des SSP dans la province ? GTZ. UNICEF. SESA. CARE. Save the Children. (demander un organigramme et la description de poste des agents de Centre de Santé (CS))

II *Collaboration entre délégation et projet*

2.1 Dans quel domaine collaborez-vous avec la DPS ?

III *Documents de collecte de données (Gestion classement information)*

3.1 Quels sont les différents documents (fiches, carnets, formulaires de rapports) utilisés dans les CS pour collecter les informations. (demander des exemplaires)

3.2 Y-a- t-il des rebruques réservées à la PF dans ces documents ?
Commentaires/Pourquoi

3.3 Un système de classement des données des clients est-il conseillé dans ces CS ?

Oui _____ expliquer ce système

Non _____

IV *Supervision au niveau provincial (ou intermédiaire)*

4.1 Comment est organisée la supervision des SSP ?

4.2 Existe-t-il une équipe de supervision ?

Oui _____
Non _____

Si Oui quelle est sa composition (remplir le tableau ci-dessous)

N°	Nom et Prénom	Qualification
1		
2		
3		
4		
5		
6		
7		
8		

4.3. La supervision menée est-elle

Verticale _____
Intégrée _____

Expliquez cette supervision:

4.4. Existe-t-il une grille de supervision ?

Oui _____ (demander un exemplaire)

Non _____

4.5. Quelle est la périodicité de la supervision ? _____

4.6. Jusqu'à quel niveau se déroule la supervision menée par l'équipe provinciale ?

V. *Supervision au niveau du département*

5.1. Comment est organisée la supervision des SSP ?

33

5.2 Existe-t-il une équipe de supervision ?

Oui _____
Non _____

Si Oui quelle est sa composition (remplir le tableau ci-dessous)

NO	Nom et Prénoms	Qualification
1		
2		
3		
4		
5		
6		
7		

5.3. Existe-t-il une grille de supervision ?

Oui _____ (demander un exemplaire)

Non _____

5.4. Quelle est la périodicité de la supervision ? _____

5.5. Jusqu'à quel niveau se déroule la supervision menée par l'équipe départementale ?

VI *Supervision au niveau des districts*

6.1. Comment est organisée la supervision des SSP ?

6.2. Existe-t-il une équipe de supervision ?

Oui _____

Non _____

6.3. Si Oui quelle est sa composition (remplir le tableau si dessous)

NO	Nom et Prénoms	Qualification
1		
2		
3		
4		
5		
6		
7		

6.4. Existe-t-il une grille de supervision ?

Oui _____

Non _____

6.5. Quelle es t la périodicité de la supervision ? _____

6.6. Jusqu'à quel niveau se déroule la supervision menée par l'équipe de district

VII *Formation*

7.1 Existe-t-il un plan pour la formation du personnel des CS dans les différents domaines des SSP ? (demander un exemplaire et remplir le tableau ci-dessous si nécessaire)

Domaine de formation (y compris la PF)	Nombre d'agents à former par catégorie	Date de la formation

36

7.2. Existe-t-il une équipe de formateurs en SSP ?

Oui _____

Non _____

Si oui, demander la liste et remplir le tableau ci-dessous

NO	Nom & prénom	Catégorie	formé en PF clinique	Formé en IEC/PF
1				
2				
3				
4				
5				
6				
7				
8				

7.3. Existe-t-il un local pour la formation en SSP ?

Oui _____ A quel endroit ? _____

De quelle capacité ? _____

Non _____

7.4. Existe-t-il des possibilités d'hébergement des participants venant des différents départements pour une formation ?

Oui _____ A quel endroit ? _____

De Quelle capacité ? _____

Non _____

7.5. Existe-t-il des terrains de stage (pour la formation pratique en SSP) ?

Oui _____ Combien _____

Lesquels _____

_____

Non _____

7.6. Comment choisissez-vous les participants aux différentes formation ? (critères de sélection)

7.7. Avez-vous déjà organisé des formations en PF clinique ?

Oui _____

Non _____

Si oui, quel type de formation ?

Quels étaient les formateurs ? (relever leurs noms)

7.8. Existe-t-il d'autres matériels didactiques pour la formation en SSP ? (Cochez si existe)

Projecteur de diapo ____
Rétroprojecteur ____
Projecteur de film ____
Centre de documentation ____
Possibilité de reproduction ____
Autres (préciser) ____

VIII *Réseau de distribution des produits*

8.1 Comment les produits sont-ils acheminés jusqu'au centre de santé ? (circuit de distribution)

IX *Statistiques*

(demander des copies)

a. Nombre de centre de santé
(Répartition par département)

b. Population en âge de procréer:
Dans les provinces/Département

Dans les districts de santé

c. Statistiques récentes des services par CS
Vaccination

Consultation prénatale

Consultation préscolaire

Consultation post natale

d. Liste du personnel dans les CS (par catégorie)

40

G

FONCTIONNEMENT DES CENTRES DE SANTÉ

CENTRE DE SANTÉ DE _____

I *Personnel du Centre de Santé*

1.1. Nombre_____

1.2. Nombre, Qualification et compétence

Nombre et qualification de personnels ayant bénéficié d'une formation dans les compétences suivantes:

Nom & prénom	Qualification	Compétences (cochez)				
		A	B	C	D	E
1.						
2.						
3.						
4.						
5.						
6.						

A. Prescription de contraceptifs hormonaux
B. Suivi de femmes sous contraceptifs hormonaux
C. counseling
D. Causerie
E. gestion/Logistiques du CS

II *Organisation des services*

(demander un calendrier hebdomadaire d'activités)

Types d'activités (services) offerts	Nombre de jours par semaine	Personnes offrant les se (nom)
a. Consultation des malades		
b. Consultation des femmes enceintes		
c. Consultation des nourissons et des préscolaires (0 à 5 ans)		
d. Soins		
e. Vaccination		
f. Éducation pour la santé		
g. Distribution des condoms		
h. Prescription des pilules		
i. Prescription des injectables		
j. Visites à domicile		
k. Stratégie avancée		
l. Autres.		

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Autres activités	Périodicité	Par qui
Rédaction du rapport		
Gestion des ressources		
Système d'information		
Supervision des agents		
Supervision des activités		
Suivi des activités et évaluation		
Formation continue du personnel du centre		

III *Système de ravitaillement*

3.1. Où le centre s'approvisionne-t-il en produits et matériels ? Comment ?

3.2. Comment se fait cet approvisionnement (bons de commande, livraison)

3.3. Existe-t-il un lieu pour stocker les produits

Oui _____ Non _____

3.4. Si oui apprécier les conditions les conditions suivantes de conservation:

aération

classement selon la date de péremption

pas en contact avec le sol

identification

3 5. Existe-t-il des fiches d'inventaire de produits (date, entrée, sortie et stock) ?

Oui. _____ (demander un exemplaire)

Non _____

3.6. La fiche est-elle à jour ? (vérifier une fiche d'inventaire d'un produit)

Commentaire

IV *Tenue et gestion des dossiers*

4.1. Existe-t-il un système de classement pour le suivi des clients (couchez) ?

- Alphabétique _____
- Numérique _____
- Mensuel _____
- Par rendez-vous _____
- Autre (spécifier) _____
- Pas de système _____

4 2. Le centre dispose-t-il des copies de rapports d'activité ?

Oui _____

Non _____

4.3. Quelle est la périodicité de l'envoi des rapports dans le centre

4 4. Le centre reçoit-il des feed-back à ses rapports

Oui _____

Non _____

4.5. Quels sont les différents documents (fiches, carnets, formulaires de rapports) utilisés dans les CS pour collecter les informations

V *Matériel d'éducation pour la santé (EPS)*

5.1. Existe-t-il du matériel d'EPS dans le CS ?

Oui _____

Non _____

5.2. Si oui lesquels

45

5.3. Les matériels incluent-ils des messages sur l'espacement des naissances ?

Non _____

Oui _____ Expliquer

VI *Supervisions reçues*

6.1. Le centre reçoit-il des visites de supervision ?

Oui _____

Non _____

6.2 Si oui, à quelle fréquence _____

6.3. Combien en avez-vous reçue au cours des 12 derniers mois ?

46

VILS *Système de référence*

7.1. Existe-t-il un hôpital où vous référez les cas (hôpital de référence)

Oui _____

Non _____

7.2. Si Oui, lequel _____

7.3. Utilisez-vous les fiches standards d'évacuation de référence ?

Oui _____ demander un exemplaire

Non _____ si non comment référer

7.4 les feed-back des évacuations/référence ?

- Toujours _____
- Parfois _____
- Jamais _____

Statistiques récentes des CS

Activité	**Nombre**
Nombre de malades consultés	
Nombre de femmes en consultations Prénatale natale	
Nombre de consultation de nourrisson (0-2 ans)	
Nombre de consultations préscolaire	
Nombre d'accouchement	
Nombre d'utilisateur de PF	
Autres	

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APPENDIX H

Service Statistics, by Province and Health Center Visited

ANNEXE H

STATISTIQUES

	PROVINCE EXTREME NORD			PROV. ADAMAOUA		
	TCHATIBAU	MIDJIVIN	MEME	NYAMBAKA	DIR	DIBI
- NOMBRE DE MALADE CONSULTES	257	100	331	200	278	96
- # DE FEMMES EN CONSULTATION PRENATALE	125	17	152	22	77	14
- # DE CONSULTATIONS DE NOURRISSONS (0-2 ANS)	48	27	30	83	15	17
- # DE CONSULTATIONS PRESCOLAIRES	67	27	33	-	-	16
- # D'ACCOUCHEMENTS	20	14	31	2	9	10
- # D'UTILISATEURS DE PF	0	0	0	4	4 condoms)	7
- VACCINATION	1348	92	244	223	-	8

PROVINCE DU SUD

STATISTIQUES MENSUELLES DES CENTRES DE SANTE

ACTIVITE	OLAMBE	KYE. OSSI	MEYO-CENTRE	LONDJI	ELOG BA-TINDI	BIPIND
NOMBRE DE MALADES CONSULTES	71	99	95	20	19	176
NOMBRE DE FEMMES EN C.P.N.	03	11	10	02	09	58
CONSULTATIONS ENFANTILES (0 - 5 ANS)	18	04	107	?	27	0
NOMBRE D' ACCOUCHEMENTS	05	05	03	03	02	6
NOMBRE D' UTILISATEURS DE P.F.	0	0	0	0	0	0

PROVINCE DU CENTRE

STATISTIQUES MENSUELLES DES CS

ACTIVITE	BALAMBA	NYAMANGA II	ESSONG	YEMESSOA
NOMBRE DE MALADES CONSULTES	369	300	103	131
NOMBRE DE FEMMES EN C.P.N.	26	21	05	01
CONSULTATIONS INFANTILES (0-5 ANS)	35	75	35	18
NOMBRE D'ACCOUCHEMENTS	24	11	08	01
NOMBRE D'UTILISATEURS DE P.F.	0	0	0	0
TOTAL				

.54

NOMS	CENTRES	RESULTATS	NAP ATTEINT
1. Mme ESSO Hermevegilde	PMI Centrale Douala	25/32	OUI
2. Mme MPONDO Palestine	Maison de la Femme Douala	25/32	OUI
3. Mr Paul GNINTEDEM	Hôp. Laquintinie Douala	25/32	OUI
4. Mme Rose GBAMBULA	Hôp. Bouassame Douala	23/32	NON
5. Mme Matilda NDEP	Mat. Principale Yaoundé	15/30	NON
6. Mme PEMI Pasma	PMI Centrale Yaoundé	13/34	NON

LISTE ET RESULTATS DES FORMATEURS EVALUES

NOMS	CENTRES	NOTES	NAP ATTEINT
1. Mme JOMBI Aurore	Douala	39/45	OUI
2. Mme Julienne NZIE	Douala	42/45	OUI
3. Dr Pierre ONNA	Yaoundé	34/45	OUI
4. Mr ATANGANA Akono	Yaoundé	22/45	NON