

**WATER AND SANITATION
FOR HEALTH PROJECT**



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The WASH Project is managed
by Camp Dresser & McKee
Incorporated. Principal
Cooperating Institutions and
subcontractors are: Interna-
tional Science and Technology
Institute; Research Triangle
Institute; University of North
Carolina at Chapel Hill;
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iment Station.

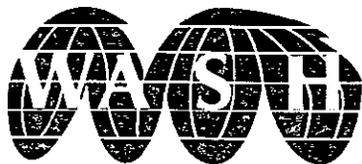
**TRAINING OF TRAINERS
FOR SANRU-86 RURAL
HEALTH PROJECT
KINSHASA, ZAIRE
July 13-August 13, 1982**

WASH FIELD REPORT NO. 62

NOVEMBER 1982

Prepared For:
USAID Mission to the Republic of Zaire
Order of Technical Direction No. 100

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November 19, 1982

Mr. Richard Podol
Mission Director
USAID
Kinshasa, Zaire

Attn: Mr. R. Thornton

Dear Mr. Podol:

On behalf of the WASH Project I am pleased to provide you with 10 copies of a report on Training of Trainers for SANRU-86 Rural Health Project. This is the final report by Jocelyn Carlson and is based on her trip to Zaire from July 10 to August 6, 1982.

This assistance is the result of a request by the Mission on June 14, 1982. The work was undertaken by the WASH Project on June 29, 1982 by means of Order of Technical Direction No. 100, authorized by the USAID Office of Health in Washington.

If you have any questions or comments regarding the findings or recommendations contained in this report we will be happy to discuss them.

Sincerely,

Dennis B. Warner, Ph.D., P.E.
Director
WASH Project

cc: Mr. Victor W.R. Wehman, Jr.
S&T/H/WS

The WASH Project is managed by Camp Dresser & McKee Incorporated. Principal Cooperating Institutions and subcontractors are: International Science and Technology Institute; Research Triangle Institute; University of North Carolina at Chapel Hill; Georgia Institute of Technology—Engineering Experiment Station.

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WASH FIELD REPORT NO. 62

ZAIRE

TRAINING OF TRAINERS FOR SANRU-86 RURAL HEALTH PROJECT
KINSHASA, ZAIRE
July 13-August 13, 1982

Prepared for USAID Mission to the Republic of Zaire
Under Order of Technical Direction No. 100

Prepared by:

Jocelyn Eklof Carlson, Ed.M.

November 1982

Water and Sanitation for Health Project
Contract No. AID/DSPE-C-0080, Project No. 931-1176
is sponsored by the Office of Health, Bureau for Science and Technology
U.S. Agency for International Development
Washington, DC 20523

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EXECUTIVE SUMMARY

USAID/Zaire requested the assistance of the WASH Project to provide a trainer of trainers to participate in a five-week seminar on the fundamentals of public health and training conducted by the staff of the USAID Rural Health Project and the faculty at the University of Kinshasa's Department of Public Health in July-August, 1982.

In the eight training of trainers sessions, 18 supervisor male nurses from the 15 hospitals associated with phase one of this project were instructed in the following three areas of training program design and execution:

- o conceptual skills necessary to plan community health training programs
- o strategic skills important in the conduct of effective training
- o administrative skills necessary for the implementation of training programs.

The training of trainers workshop held in Kinshasa was the first step in orienting the nurse-trainers for further training in the content areas of community health. It provided them with the essential concepts for the practice of training and with the necessary steps to be taken for the effective administration of these community-based training programs.

ACKNOWLEDGEMENTS

The briefing in Arlington at WASH offices, July 12 and 13, 1982 proved pertinent and supportive. Expecially helpful in briefing and the provision of logistical support were Craig Hafner, Raymond Isely, Fred Rosensweig, Sally Coghlan and Carol Rabin.

Betsy Stephens from ISTI also provided valuable information on Zaire.

USAID Mission staff in Kinshasa including Rick Thorton, Claudia Cantell, and Walter Boehm, the Acting Director, were also enthusiastic and provided every assistance.

Others who provided invaluable assistance were Dr. Frank Baer, SANRU-86 Project Director, Florence Galloway, Project Training Coordinator, Cit. N' Laba, Government of Zaire, Dr. Muatudila, the project medical director, Drs. William and Jane Bertrand, Tulane University, the head and members of the Department of Public Health, University of Kinshasa, Professors Kashala, Lusamba, Luvuvila, and Professor Kindinoa from the Teacher's College, Cit. Muanabulu from Vanga, and Peace Corps Volunteers Mark Barad and Kelsey Martin.

The consultant was deeply affected by the degree of professional devotion with which all these Americans and Zairois are working to improve the health of the country and wishes to acknowledge how much she learned from her patient, compassionate, and aspiring colleagues and students.

Chapter 1

BACKGROUND

The USAID/Zaire funded Project SANRU-86 requested the assistance of a WASH consultant to conduct a training of trainers workshop to be included in a five-week training program for nurse supervisors in Kinshasa in July-August 1982.

Project SANRU-86 has a major focus in training and retraining rural health professionals in Zaire over the next five years.

The goal of Project SANRU-86 is "the planned reorientation of the present predominately urban curative health care delivery system to one emphasizing preventive, promotive, and basic curative services in rural areas. The reorientation will focus on two elements of the health care system that affect the most people: the health centers and the village health worker."

To these ends, training and retraining become the crux of the project. The training plan for the project estimates the training of a total of 2,730 people at all levels of the health professions career structure. See below:

	<u>1982</u>	<u>1986</u>
Nurse midwives trained or retrained	300	750
Midwives (traditional and trained)	200	400
Physicians trained/retrained	15	50
Educators trained	10	30
VHWs trained	<u>500</u>	<u>1500</u>
	1025	2730

Health center and village level personnel will provide "health and nutrition education; prenatal and preschool clinics; immunizations; curative services for malaria, intestinal parasites, respiratory diseases, anemia; normal deliveries and referral of high risk pregnancies; family planning services."*

One major objective is the development of 1,500 water systems and 25,000 latrines (see Appendix C). Another is "to educate the villagers to the need for potable water and sanitary disposition of human excreta as preventive health measures." Villagers will construct the water sources and the latrines using locally available resources. The project will provide 1,000 shovels and 50,000 bags of cement for the construction of

* From Project SANRU-86 Project Paper.

spring boxes and latrines. "Construction of latrines, protection of village water sources, construction of wells, spring boxes, protection of other water sources, elimination of standing pools of water that act as breeding places for mosquitoes, and the sanitary disposal of other refuse likely to attract flies and other vectors" are proposed environmental health measures.

Thus, personnel must be trained and retrained; curricula, courses, workshops and seminars designed; and audiovisual materials developed. As stated in the project paper, activities associated with training include:

- o new materials developed for the project to be disseminated to the 15 hospitals currently in the project and eventually to all 50 proposed hospitals;
- o an outline of subjects covered in each type of training program: basic training, continuing education or re-training, for village health workers, physician or others;
- o skill training curriculums;
- o documentation of practicums;
- o the calendars and durations of courses;
- o procedures, formats and processes for the development and production of new materials;
- o identification of candidates for training in and out of the country and for long and short-term training;
- o guides for supervision;
- o guides for the planning of training;
- o technical guides for indicating key positive actions needed and common errors to be avoided so as to deal most effectively with public health problems such as: household waste disposal (latrines and composts) and water supply protection;
- o means and methods to evaluate trainers, curriculum and educational materials in place and an operational schedule of visits to training centers to review and record content, length of courses, to monitor registration and medical records, to examine pre- and post-course results, to interview graduates to assess the relative effectiveness of course materials as well as of instructional techniques;

The above project description provides the context for the training activities undertaken by Project SANRU. The first activity held early in 1982 was a planning exercise in which the fifteen physician-directors of the associated hospitals developed first year goals, including their projections for human resources development.

The second project training activity was the seminar in public health held July 7 through August 6, 1982 at the Department of Public Health, University of Kinshasa (see Appendix F). This seminar brought the 15 doctors together again with 18 supervisory nurses from the 15 project-associated hospitals for a curriculum consisting of biostatistics, epidemiology, management for public health, communications, and training methodology.

Chapter 2

THE WORKSHOP

Before the start of the training of trainers (TOT) workshop the consultant met with the Project Director, the workshop coordinators, and the guest faculty from the University of Kinshasa. Each of the nurse supervisor participants were also interviewed to fully incorporate their experience and ideas into the design of the training sessions. The TOT took place during the last ten days of the five week training program (see Appendix F). The specific TOT workshop schedule is included in Appendix G.

2.1 Goal and Objectives

The overall TOT goal was to assist the participants in preparing draft plans for future training programs they will conduct. The specific objectives were as follows:

- o Participants will be able to instruct villagers in analyzing communities to determine such things as who are the formal and informal leaders. What are the living conditions in the village? What are the local geography, community institutions, and traditions?
- o Participants will have to instruct others in steps required to determine village health needs in general and water and sanitation needs in particular.
- o Participants will be able to design training objectives; training activities and evaluation modes; and will be able to deliver and direct training session.
- o Participants will be able to supervise health workers in training as they perform village surveys and contact and confer with village health committees.
- o Participants will be able to supervise health workers in the execution of health projects, in particular water and sanitation projects, in both their socio-logical and technological aspects.

2.2 Requirements

A number of basic requirements were developed for the workshop design as follows:

- o The training should be based on an analysis of skills and knowledge required to perform the task of training the trainers of village health workers.

- o Training materials should be in French and should include examples of tasks pertaining to the improvement of water supplies and sanitation in villages.
- o The training of trainers (TOT) workshop should be coordinated with the subject matter of other workshop sessions in biostatistics, epidemiology, communications and management. The workshop should provide practical examples of the concepts and techniques taught in those other sessions.
- o Since participants will be responsible for designing, administering, and teaching in future training programs, they need to learn planning and administrative skills, strategic skills, and analytic skills.
- o Materials used in the training course should be usable as reference materials in the design of future training workshops conducted by the workshop participants.
- o The distinction between the methodologies of pedagogy and andragogy should be defined and illustrated.
- o Communication skills appropriate to community mobilization should be defined and practiced.

2.3 Workshop Sessions

The training of trainers workshop which included eight three-hour sessions began on July 28, 1982. The eight sessions covered the following topics:

1. Past Training Experience and Community Analysis and Surveys - Participants developed a survey form for on-site observation of villages after discussing their own villages' description and their past training experiences.
2. Defining and Writing Training Objectives - Competency-based training derived from detailed job descriptions and specific training objectives was introduced by defining the tasks of the auxiliary nurses in Zaire.
3. Practical Evaluation for Training Programs - A presentation of pre-requisite tests, pretests, progress tests and past tests was followed by a discussion, role play and observers feedback.
4. Analysis of Objective: Skills, Knowledge, Communication - A group exercise and a student led discussion on the tasks required for effective health education were carried out.

5. Instructional Strategies Appropriate for Practical Training Programs - The use of case studies and small group exercises was demonstrated and discussed.
6. Role Play - A role play was prepared, performed, analyzed and evaluated as a teaching tool.
7. Appropriate Teaching Materials - A presentation on the stages of planning and implementing a training program in Bibanga was followed by a critique of the materials used in the program.
8. Training Plan Presentation by Participants - A number of participants' plans were presented and reviewed by the group. This was followed by an evaluation of the TOT and closing ceremony.

A more detailed description of the sessions can be found in Appendix G.

2.4 Participants

During most of the five-week seminar the physician hospital directors and supervisory nurses attended classes together. For the eight sessions of the TOT workshop, the nurses were separated since they are responsible for the project training activities for their hospital zones. During this time the physicians continued with advanced exercises in epidemiology and biostatistics.

As in most of Central and West Africa, the nurses were males. Their average age was 30. They had had primary education then nurses training at hospital-based schools or in special training cycles. None had been trained primarily in community nursing, although all had some community-based experience, primarily as trainers and supervisors of health center and health post personnel. Their past training curriculum consisted of curative nursing (histories, simple interventions, injections, first aid, deliveries) and some health education (nutrition, clean household and personal habits, pre-school vaccinations) delivered primarily at health centers. They were skilled at giving health chats, singing health songs, and at teaching health slogans. They were eager for further training in substantive areas, including environmental health, and in general their teaching consisted of teaching what they themselves had been taught.

In order to determine the participants background, experience and interest they were asked to rank order their interest in the seven topics of community health as identified in the project paper and in "Infirmier: Comment Batir la Sante" which was used as one of the texts for the course. The following list was the ranking by the group as a whole:

1. pre-school consultations
2. pre-natal consultations
3. vaccination
4. sanitation
5. clean water
6. normal delivery
7. school health/census taking

Participants were also asked to give their first-choice interest in the following topics related to the planning and execution of training programs with these results:

1. planning (13)
2. instructional activities (8)
3. defining objectives (7)
4. instructional materials (5)
5. practice at teaching (4)
6. group processes and evaluation (0)

The kinds of training the nurse-trainers had already conducted included:

- o curative care at health centers and health posts
- o midwifery
- o prenatal counseling
- o preschool counseling
- o nutrition and health education
- o animation
- o education of health committees.

2.5 Texts

Citoyen Muanabulu of Vanga, who was the most experienced teacher of nurses was assigned as assistant to the consultant. Cit. Muanabulu had just returned from the Cameroon where he participated in a three-month training-of-trainers program. (It has been proposed by Dr. Dan Fontaine and others that Vanga Hospital become a SANRU training center.) He collaborated with the consultant in the design and execution of the TOT workshop.

It was decided to integrate the topics in the scope of work (see the Order of Technical Direction, Appendix A) by using the manual "Elaboration Systematique d'un Plan d'Enseignement" produced by the Center for Educational Development in Health (CEDH) at Boston University. This has been translated by a Francophone African and field tested in several African countries. The model for the design of training programs developed by CEDH includes the definition and derivation of objectives by the clear descriptions of jobs. It is competency based. It suggests ways of matching training activities and training functions. The manual includes examples from water and sanitation and community education projects. In addition the

training design provides for active participation of the trainees, for the demonstration of experiential training techniques, and for practice in teaching and in training design.

The manual "Plan Systematique de Projet: Manuel pour Volontaires" was also used as a reference for the workshop, and chapters of the manual were duplicated and distributed as handouts to supplement the training model. The third basic text for the course was the nurses' handbook, "Infirmier: Comment Batir la Sante" - recently published by Drs. Courtejoie and Fontaine. The curriculum guide "Hygiene du Milieu" (Ericsson/Adjou-Moumoun, WHO/USAID Togo, Lome) was also used and adapted in the effort to develop task descriptions for auxiliary-nurse trainers and VHWs.

2.6 Evaluation

In addition to the daily evaluation and final evaluation of the seminar as a whole, a simple form was provided to evaluate the training of trainers component and to serve as a model for immediate evaluation of a training event. The summary of this evaluation (which only 11 of the participants answered) is as follows:

	Manual	Trainees	Materials	Exercises	Opportunity to practice (field work)	Opportunity to participate during the workshop
Excellent	8	6	7	4	2	10
Very good	3	4	4	6		1
Adequate		1		1		
Insufficient					9	

This end-of-workshop evaluation once again indicates the need for field practice in training events. The workshop design required active participation of the trainees in the analysis of their roles and those of their trainees; in the choice of appropriate teaching activities, materials, and evaluation methods; and in the planning of their next training events. They valued the manual as a reference and resource in a book-scarce environment.

Chapter 3

RECOMMENDATIONS FOR FUTURE TRAINING

At the conclusion of the workshop a number of specific recommendations were developed by the consultant that relate to future project training needs and activities. They are as follows:

1. Follow-up training within the schedule of the rural health project should include a workshop on water and sanitation that is both technical and sociological. It should include directions and survey forms for conducting a community survey, determining health needs, plans for communicating with village health committees, problem-solving procedures for determining appropriate technological interventions (spring capping, latrine building), plans for the appropriate training of appropriate individuals responsible for recruiting others and for participating in the training of water source maintenance and guardian personnel. Follow-up training should also include a basic curriculum for consciousness-raising about the importance of clean water and environment as a basic condition of health.
2. The SANRU-86 Project offers the opportunity to test the efficacy of a water and sanitation project as a component of another project. Phase I of the project includes 15 hospitals. Eighteen supervisory nurses from these 15 hospitals are prepared, with adequate support, to organize and conduct training events. They need further training in the content of water and sanitation as a component of the community health curriculum. Their role is critical for they are the links among the community, new health personnel, the hospital, and Project SANRU.
3. An effort should be made to define ways that women might be involved in training in water and sanitation. Female Peace Corps volunteers take part in water training. Spring boxes have been built by Sisters of Saint Mary in the hospital zone of Kasando, North Kivu. At the moment the project paper for the rural health project suggests training males for sanitation. This needs to be amended.
4. As a part of the design of future workshops in water and sanitation, survey instruments should be developed for use by VHWS and others to collect primary data on such subjects as village women's perceptions of water purity and excreta disposal as suggested in the Elmendorf/Isely Report (see bibliography Appendix J). Similarly survey forms should be developed for censuses of water sites, excreta disposal sites, etc.

5. Case studies in water and sanitation should be developed for use in community health training programs.
6. Scenarios for role plays based on actual problems and critical incidents encountered on the job by supervisors and other personnel in the area of water and sanitation should be developed for use in training sessions.
7. A manual of instructions for water and sanitation project development, implementation, and evaluation should be developed as a supplement to "Plan Systematique du Projet Manuel" developed by CEDH and available in French. Of course all training materials and manuals need to be translated into French.
8. The water and sanitation component of VHW training should be coordinated with Peace Corps volunteer technical assistance.

APPENDIX A

WATER AND SANITATION FOR HEALTH (WASH) PROJECT
ORDER OF TECHNICAL DIRECTION (OTD) NUMBER 100
June 29, 1982

TO: Dennis Warner, Ph.D., P.E.
WASH Contract Project Director

FROM: Victor W.R. Wehman, Jr., P.E., R.S.
A.I.D. WASH Project Manager
A.I.D./S&T/H/WS

Contract Director of WASH, Inc.
WASH PROJECT

JUN 1 1982

VWW

SUBJECT: Provision of Technical Assistance Under WASH Project Scope of Work
for U.S. A.I.D./Zaire

REF: A) Kinshasa 6622 dated 14 June 82
B) Kinshasa 6419 dated 9 June 82
C) Kinshasa 4953 dated 6 May 82

1. WASH contractor requested to provide technical assistance to U.S. A.I.D./Zaire as per Reference A (paragraph 2.A and 2.B.).
2. WASH contractor/subcontractor/consultants authorized to expend up to 90 (ninety) person days of effort over a five (5) month period to accomplish this technical assistance effort.
3. Contractor authorized up to 72 (seventy-two) person days of international and/or domestic per diem to accomplish this effort.
4. Contractor to coordinate with AFR/TR/HNP (J. Shepperd), Zaire Desk Officer, AFR/TR/ENGR (J. Snead) and AFR/PD (Zaire) projects officer and should provide copies of this OTD along with periodic progress reports and ETA of personnel as requested by S&T/H/WS and Africa Bureau or Mission personnel.
5. Contractor authorized to provide up to two (2) international round trips from consultants' home base through Washington, D.C. (for WASH briefings) to Zaire and return to home base through Washington, D.C. (for WASH debriefing) during life of OTD.
6. Contractor authorized local travel within Zaire as necessary and appropriate to accomplish this technical assistance effort NTE \$1,200 (one thousand two hundred) without written A.I.D. WASH project manager approval.
7. Contractor authorized to obtain secretarial, graphics or reproduction services in Zaire as necessary and appropriate to accomplish tasks outlined in Reference A, paragraphs 2.A-2.B. These services NTE \$800 (eight hundred) without prior written approval of A.I.D. WASH Project Manager.
8. Contractor authorized to expend up to \$2,200 (two thousand two hundred) for the training materials (models, documents, graphic presentations, slides, etc.) for the development and/or printing/support services associated with Reference A, paragraph 2.A.-2.B.

9. Contractor authorized to provide for car rental, taxi rental or vehicular rental to accomplish this technical assistance effort.
10. Contractor to take portable (manual) typewriter for consultant's use in the field.
11. Contractor to fabricate simple flow measurement equipment in Zaire in such a way as to allow replication of equipment by Zairians.
12. WASH contractor is authorized to install up to three (3) simple spring caps and train locals in installation, operation and maintenance of facilities. Each spring cap NTE \$400 (four hundred) from WASH project in terms of materials (cement, reinforcing bar, wooden forms, braces, tools, sand, aggregate, etc.). U.S. A.I.D./Zaire or Zairian Government to provide any additional resources for training/site development.
13. WASH contractor will adhere to normal established administrative and financial controls as established for WASH mechanism in WASH contract.
14. WASH contractor should definitely be prepared to administratively or technically backstop field consultants and subcontractors.
15. Contractor to prepare or provide draft written report before consultants leave field Mission. The final report is due within 30 (thirty) days of consultants' returning from technical assistance effort.
16. Mission and coordination points in paragraph 4 above should be contacted immediately and technical assistance initiated in conjunction with timing requirements of U.S. A.I.D./Zaire.
14. Appreciate your prompt attention to this matter. Good luck!

WASH
e
Hafner
ACTION
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Department of State

INCOMING
TELEGRAM

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ACTION AID-35

ACTION OFFICE STHE-01

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R 141306Z JUN 82
FM AMEMBASSY KINSHASA
TO SECSTATE WASHDC 7378

UNCLAS KINSHASA 06622

AIDAC
FOR S&T/HEA

E.O. 12065 N/A
SUBJECT: WASH TECHNICAL ASSISTANCE

1. PLEASE PASS THIS MESSAGE TO: WASH PROJECT; PEACE CORPS
JIM BELL, O.P.D.; AND PEACE CORPS DESK OFFICER FOR INFO.

2. FOLLOWING DISCUSSIONS WITH HAFNER, FRANKLIN BAER AND
ECZ STAFF, WILLIAM PRUITT AND P.C. STAFF, MISSION REQUESTS
THE FOLLOWING CONSULTANT ASSISTANCE:

A. TRAINING OF TRAINERS (TOT) CONSULTANT:

- TO CONDUCT 2 WEEK TRAINING OF TRAINERS (TOT) FOR 15
PUBLIC HEALTH NURSE SUPERVISORS ATTENDING A MONTH TRAIN-
ING AT UNIVERSITY OF KINSHASA FROM JULY 5 - AUG. 5
SPONSORED BY BASIC RURAL HEALTH PROJECT, 660-0086;
- TO ARRIVE NLT JULY 15 FOR 4 WEEKS - WITH JULY 15-25
FOR DESIGN AND PREPARATION, JULY 26-AUG. 5 TRAINING, AND
AUG. 6-13 FOR REPORT PREPARATION;
- SCOPE OF WORK (SOW) TO INCLUDE:
 - PREPARE PRELIMINARY DESIGN IN U.S. IN CONSULTATION
WITH WASH.

SUBJECTS INCLUDED IN TOT:

- ADULT LEARNING
 - DEFINING AND WRITING OF TRAINING OBJECTIVES BASED ON:
 - METHODS FOR APPROACHING AND RELATING TO VILLAGE HEALTH
COMMITTEES
 - PLANNING TRAINING SESSIONS
 - PRACTICE TRAINING SESSIONS
 - INTRO TO INNOVATIVE HEALTH ED. APPROACHES;
 - INTERVIEW PARTICIPANTS AND FINALIZE TRAINING DESIGN
IN CONSULTATION WITH ECZ STAFF;
 - IMPLEMENT TRAINING SESSIONS;
 - PREPARE DRAFT INSTRUCTIONAL MATERIALS AND DESIGN TO
BE LEFT WITH ECZ STAFF;
 - ASSIST ENGINEER TRAINER (SEE BELOW) IN PRODUCING DRAFT
SPRING CAPPING INSTRUCTIONAL MATERIALS;
 - TRAINER QUALIFICATIONS: FRENCH FSI-3, MINIMUM 4 YEARS
PROFESSIONAL TRAINING EXPERIENCE WITH THIRD WORLD NATION-
ALS AT SUPERVISORY LEVEL.
 - TRAINEES CHARACTERISTICS: MEDICAL ASSISTANT DIPLOMA--
NURSE (A2) AND AUXILIARY NURSE (A3), ALL MALE, AGE LATE
20'S, 30'S. FRENCH PLUS ZAIRIAN VERNACULAR LANGUAGE,
RESPONSIBILITIES INCLUDE SUPERVISION OF CURATIVE AND
PUBLIC HEALTH WORK IN AREA SURROUNDING REFERENCE HOSPI-
TAL.
- B. SANITARY ENGINEER TRAINER CONSULTANT:
- TO ASSIST IN SPRING CAPPING IN-SERVICE TRAINING OF
10-12 PCVS JULY 15-30, IN MWENE DITU, E. KASAI REGION.
TRAINING TO EMPHASIZE PRACTICAL DESIGN AND CONSTRUCTION
SKILL, FLOW MEASUREMENT AND SITE ASSESSMENT;
 - TO PREPARE DRAFT SPRING CAPPING INSTRUCTIONAL MATERIALS
FOR 2 WEEK TRAINING COURSE IN COLLABORATION WITH P.C.,
ECZ STAFF, AND TOT CONSULTANT;

- TO ADVISE ECZ STAFF ON PLANNING AND PREPARING FOR 2
WEEK SPRING CAPPING TRAINING PROGRAM LATER THIS YEAR;
- TO ADVISE PCVS AND ZAIRIANS ON POTENTIAL SOLUTIONS TO
WATERFLOW, DRAINAGE, AND DESIGN PROBLEMS OF EXISTING
SPRING BOXES AND WILLS IN MWENE DITU AND KONGGLO AREAS;
- PROPOSED SCHEDULE 4-5 WEEKS BEGINNING NLT JULY 12;
- CONSULTANT QUALIFICATIONS:
 - PRACTICAL FIELD ENGINEER OR TECHNICIAN WITH MINIMUM 5
YEARS RURAL AFRICA OR SIMILAR EXPERIENCE;
 - EXPERIENCED CONSTRUCTION SKILL TRAINER;
 - ABLE TO WORK AND LIVE UNDER SPARSE CONDITIONS;
 - DESIRABLE, BUT NOT REQUIRED: PEACE CORPS TRAINING,
INSTRUCTIONAL MATERIAL PREPARATION EXPERIENCE, FRENCH NOT
CRITICAL SINCE TRAINING AND SITE VISITS WILL BE WITH
PCVS.

3. NOTE THAT HAFNER WILL HANDCARRY SPECIFIC PROJECT
INFO BACK TO U.S. AND WILL BRIEF CONSULTANTS PRIOR TO
THEIR DEPARTURE. HCNHARA

Received ST/H (Wehman) 6-18-82
Passed to WASH 6-18-82

McJunkin
Bustin
Wehman

UNCLASSIFIED

Scope of Work
For
Training of Trainers Consultant

- 1) Conduct a needs assessment including interviewing of participants, ECZ staff, and appropriate AID and GOZ officials. July 13 - 25, 1982.
- 2) Prepare a design for a training of trainers (TOT) for 15 public health nurse supervisors as part of the last two weeks of a 5 week course conducted by ECZ project staff at the University of Kinshasa, July 5 - Aug. 5, 1982. (July 13 -26, 1982). Subjects should include but not be limited to:
 - a) adult learning theory
 - b) defining and writing of training objectives based on task analysis
 - c) methods for approaching and relating to village health committees
 - d) designing training sessions
 - e) selecting appropriate training methods
 - f) stand up practice of training sessions
 - g) innovative health education approaches

Problems and examples used during the training should be in the area of environmental health.

- 3) Conduct the two week training session. July 26 - Aug 5, 1982.
- 4) Prepare draft report including a description of the workshop and materials used and leave with ECZ. Aug. 6 - 9, 1982.
- 5) Assist Sanitation Engineer Consultant in producing a draft spring capping instructional manual. Aug 6 - 14, 1982.
- 6) Prepare final report for assignment in U.S.
- 7) Conduct a debriefing at the WASH office on the assignment.

APPENDIX B

List of Officials Visited

1. Dr. Frank Baer, Project manager, Project SANRU-86
Florence and Ralph Galloway, Church of Christ of Zaire
Dr. Miatudila Malonga, Government Representative Project
SANRU-86

Citoyen N'Labana-Nsona, Director SANRU
2. Rick Thornton, USAID, Contract Officer, USAID Mission
Walter Boehm, USAID, Acting Director, USAID Mission
3. Citoyen Muanabulu, Vanga Nurse-trainer
4. Participants in TOT workshops
5. William Pruitt, Director, Peace Corps, Kinshasa
Gerry Wilkinson, Health Officer, Peace Corps
Mark Barad, Kelsey Martin, PCV's in Health, Bibanga
Barry Pollack, PCV in water, Bukavu
Randy Jacunski, PCV in water
6. Drs. William and Jane Bertrand, Tulane
Department of Epidemiology in Kinshasa to monitor a family
planning project.
7. Drs. Kashala, Lusamba, Luvuvila, Faculty in Public Health,
University of Kinshasa
8. Dr. Kindinda, Professor of Educational Administration,
Teacher's College
9. Robin Waite, Catholic Relief, with a nutrition project at
Kasangulu.

APPENDIX C

S A N R U 86
SOINS DE SANTE PRIMAIRE EN MILIEU RURAL
PROJET USAID N° 660-0086

- A. Exécutant du projet : Bureau Médical de l'Eglise du Christ au Zaïre
Avenue de la Justice
B.P. 4938
Kinshasa/Gombe.
- B. Equipe administrative :
- Citoyen NLABA - NSONA - Directeur
 - Dr. MIATUDILA MALONGA - Représentant du Gouvernement zaïr-
 - Dr. FRANKLIN C. BAER - Project Manager
 - Rév. RALPH GALLOWAY - Planning Coordinateur
 - Mme. FLORENCE GALLOWAY - Training Coordinatrice
 - Cit. BAKAJIKA MAKASA - Administrateur Assistant
 - Cit. DIANZOLA LUFWAKASI - Secrétaire.
- C. But du Projet : Conformément au Plan d'Action Sanitaire 1982 - 1986 du Département de la Santé Publique, le projet SANRU 86 établira 50 zones de Santé Rurales au Zaïre. Chaque ZSR aura l'appui de la communauté, sera auto-suffisant et se composera d'un système décentralisé des éléments suivants :
- Hôpital de référence
 - Centres de santé
 - Postes de santé
 - Comités de Santé de village
 - Agents volontaires de santé de village.
- D. Extrants du Projet :
1. - Etablissement d'un système de statistique et de diffusion d'information.
 2. - 250 postes de santé et centres de santé avec :
 - Equipement de base
 - Stock initial de 15 médicaments de base
 - Petit moyen de déplacement
 - Formation du personnel.
 3. - Formation du personnel de santé publique au niveau de :
 - Village, 1.500 agents de santé
400 sage-femmes traditionnelles
 - Poste de santé 750 infirmières
 - Centre de santé 50 superviseurs *par zone de SR*
 - Hôpital 30 planificateurs .. *recyclage zone*
50 médecins.
 4. - Promouvoir les activités des Soins de Santé Primaires au niveau du village :
 - 3.000 Comité de Santé
 - 2.000 Aménagement des sources d'eau
 - 1.000 Programmes de vaccination
 - 1.000 Agents de santé avec boîtes de secours
 - 25.000 Latrines construites
 - 150.000 Accepteurs de planning familial.

APPENDIX D

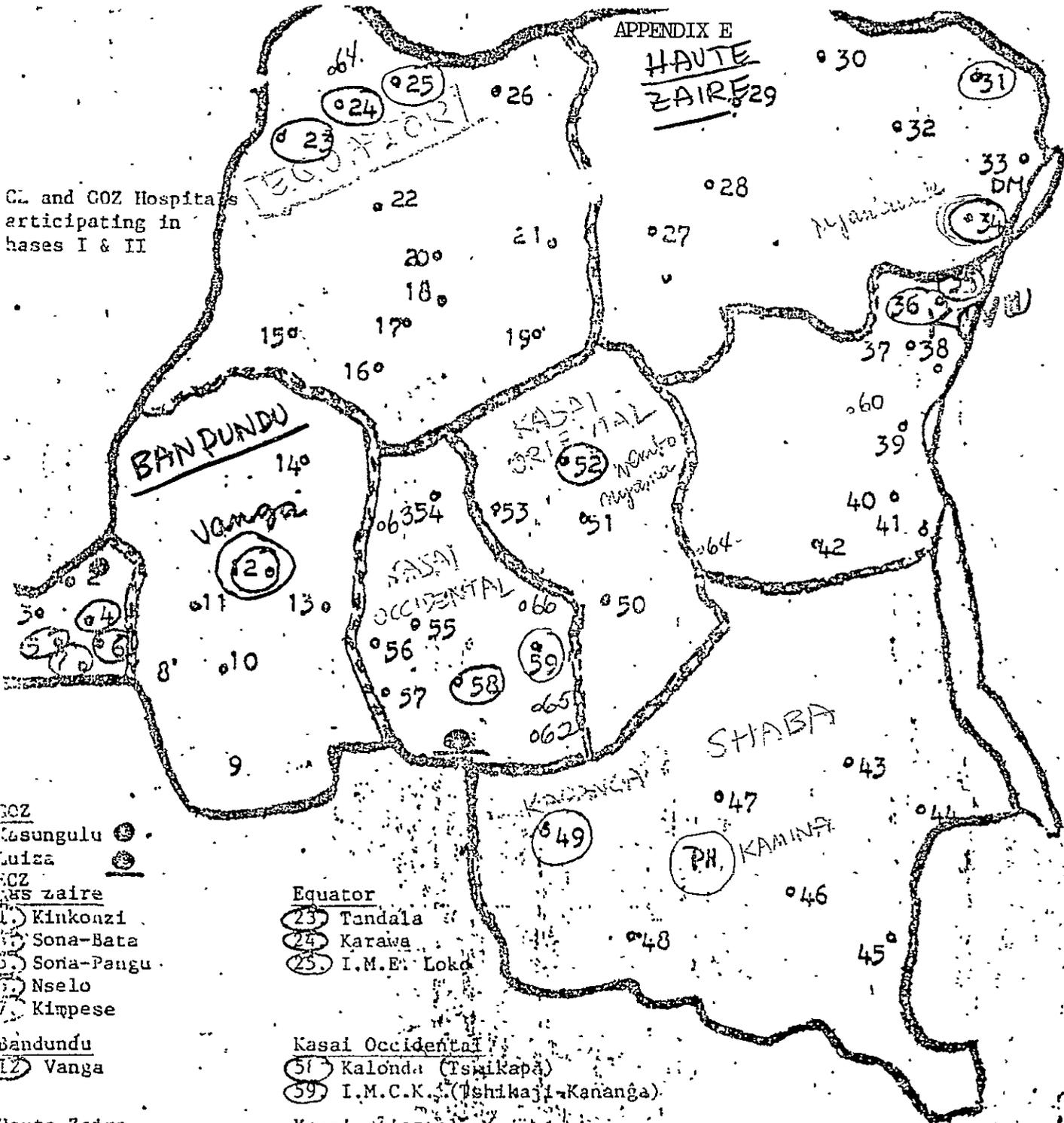
Human Resources Development Numbers for SANRU

	<u>1981</u>	<u>Retrained</u>	<u>'82-'86 Proposed</u>	<u>'82 Proposed</u>	<u>'82 Realized</u>
HEALTH AGENTS	172	38	2,501	454	34
MIDWIVES	51	31	350	256	31
VILLAGE HEALTH COMMITTEES	481	330	1,730	256	33
AUX A4	237	46	479	123	35
INF A3	225	103	510	124	22
INF A2	22	10	69	24	5
INF A1	6	0	27	12	0
SUPER A1-A3	22	7	24	20	3
ADMIN	6	3	15	10	0
PHYSICIANS	25	10	33	16	2
VILLAGES IN RURAL HEALTH ZONES	2,543	419	1,052	387	31
FIRST AID STATIONS IN VILLAGES	25	23	330	127	31
HEALTH POSTS (DISPENSARIES)	173	80	284	137	24
HEALTH CENTERS	34	6	59	12	0
HOSPITALS	15	5	11	6	1

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APPENDIX E
HAUTE ZAIRE 29

CL and COZ Hospitals participating in Phases I & II



- COZ
 1. Tsungulu
 2. Luiza
 COZ
 HAUTE ZAIRE
 3. Kinkonzi
 4. Sona-Bata
 5. Sona-Pangu
 6. Nselo
 7. Kimpese

- Bandundu
 8. Vanga

- Haute Zaire
 34. Nyankunde
 31. Aba
 DM Blukwa (DISP/Mat)

- Kivu
 35. Oicha
 36. Katwa

- Equator
 23. Tandala
 24. Karawa
 25. I.M.E. Loko

- Kasai Occidental
 51. Kalonda (Tsaikapa)
 59. I.M.C.K. (Tshikaji-Kananga)

- Kasai Oriental
 52. Wembo-Nyana

- Shaba
 49. Kapanga
 PH Kamina (Program Headquarters)

HOSPITAL RURAL HEALTH ZONES
 REPRESENTED AT TOT WORKSHOP

=====

CONFERENCE		Heure Début	Titre	Conférencier Principal
No.	Date			
1.	6.7.'82	8h.30	Introduction au Management	Prof. K A S H A L A
2.	6.7.'82	10h.30	Processus de Gestion	Dr. MIATUDILA M.
3.	6.7.'82	14h.30	Analyse de la Situation sanitaire	-"-
3.1.	6.7.'82	16h.30	" " " " (exercice)	-"-
4.	7.7.'82	8h.30	Planification: Questions introductives	Prof. KASHALA
5.	7.7.'82	14h.30	Etapas de la Planification	Dr. MIATUDILA
6.	8.7.'82	8h.30	Choix des priorités (Techniques)	Prof. KASHALA
7.	8.7.'82	14h.30	Choix des alternatives (Techniques)	Dr. MIATUDILA
8.	9.7.'82	8h.30	Techniques de Budgétisation	Prof. KASHALA
8.1.	9.7.'82	14h.30	" " " " (exercice)	-"-
9.	10.7.'82	8h.30	Techniques d'Ordonnancement	-"-
9.1.	10.7.'82	10h.30	" " " " (exercice)	-"-

Workshop Calendar

APPENDIX F

CONFERENCE		Heure Début	Titre	CONFERENCIER PRINCIPAL
No.	Date			
10.	12.7.'82	8h.30	Mise en exécution d'un Plan	Dr. MIATUDIA M.
11.	12.7.'82	10h.30	Organisation: Concepts & Techniques	"
11.1.	12.7.'82	14h.30	Organisation : Exercices	"
12.	13.7.'82	8h.30	Staffing: Détermination de besoins	Prof. KIDINDA SH.
13.	13.7.'82	14h.30	" Recrutement & Sélection	"
14.	14.7.'82	8h.30	Motivation: Théorie & Exercice	"
15.	14.7.'82	10h.30	Communication: Théorie	"
15.1.	14.7.'82	14h.30	Devoir à domicile sur la communication	"
16.	15.7.'82	8h.30	Formation du personnel (Concept)	"
16.1.	15.7.'82	14h.30	" " " (exercice)	"
17.	16.7.'82	8h.30	Direction: Styles de direction	Prof. KASHALA
18.	16.7.'82	10h.30	Gestion matérielle	Cit. NTOMBOKOLO
19.	16.7.'82	14h.30	Gestion financière	"
20.	17.7.'82	8h.30	Evaluation: Thème & Exercices	Dr. BERTRAND

CALENDRIER DES SESSIONS
SEMAINE DU 19 AU 24 JUILLET 1982

C O N F E R E N C E				
No.	Date	Heures Début	Titre	Conférencier
21.	19.07.'82	8h.30	Stat./Définir le Problème Choisir les unités Stat.	Dr. LUSAMBA
21.1.	19.07.'82	10h.30	Statistiques - Exercices	Dr. BAER
22.	19.07.'82	14h.30	Epi/Introduction Terminologie Etude Descriptive	Dr. LUVIVILA
23.	20.07.'82	8h.30	Epi/Etude descriptive	Dr. LUVIVILA
23.1.	20.07.'82	10h.30	Epidémiologie - Etude descriptive Exercice	Dr. LUVIVILA/BAER
24.	20.07.'82	14h.30	Stat/Collecter les données	Dr. LUSAMBA
24.1.	20.07.'82	16h.30	Statistiques - Exercice	Dr. BAER
25.	21.07.'82	8h.30	Statistiques/Décrire les données (1)	Dr. LUSAMBA
25/1.	21.07.'82	10h.30	Statistiques - Exercice	Dr. BAER
25.2.	21.07.'82	14h.30	Statistiques - Travaux à domicile	Dr. LUSAMBA/BAER
26.	22.07.'82	8h.30	Epi/Mesures et Indices de santé	Dr. LUVIVILA
26.1.	22.07.'82	10h.30	Epidémiologie - Exercice	Dr. BAER
27.	22.07.'82	14h.30	Stat/Décrire les données (2)	Dr. LUSAMBA
27.1.	22.07.'82	16h.30	Statistique - Exercice	Dr. BAER
28.	23.07.'82	8h.30	Stat/Décrire les données (3)	Dr. LUSAMBA
28.1.	23.07.'82	10h.30	Statistique Exercice	Dr. BAER
29.	23.07.'82	14h.30	Epi/Maladies infectieuses Relation entre chaîne de transmission et SSP	Dr. LUVIVILA/BAER
30.	24.07.'82	8h.30	Epi/Enquête épidémiologique	Dr. LUVIVILA/BAER

CALENDRIER DES SESSIONS

SEMAINE DU 26 AU 31 JUILLET 1982.

No.	Date	Heure Début	Titre	Conférencier
31.	26.7.'82	8h.30	Com. - Principes pédagogiques et Psychologiques	Dr. ISSAKWA
31.1	26.7.'82	10h.30	Com. - Education, Formation et Recyclage en SSP	Prof. TSHIANI
32.	26.7.'82	14h.30	Stat. - Probabilité - Distribution normale	Dr. LUSAMBA
32.1	26.7.'82	16h.30	Stat. - Exercice	Dr. BAER
33.	27.7.'82	8h.30	Com. - Techniques de communication et leur évaluation	Dr. BERTRAND
33.1	27.7.'82	10h.30	Com. - Application des techniques	Dr. BERTRAND
34.	27.7.'82	14h.30	Epi. - Etude analytique - Causalité	Dr. LUVIVILA
34.1	27.7.'82	16h.30	Epidémiologie Exercices	Dr. LUVIVILA/BAER
35.A	28.7.'82	8h.30	Stat. - Estimation - Tests d'hypothèse	Dr. LUSAMBA
35.A1	28.7.'82	10h.30	Statistiques - Exercices	Dr. BAER
35.B	28.7.'82	8h.30	Form. - Introduction - Choix d'un projet	Mme. CARLSON
35.B1	28.7.'82	10h.30	Form. Exercices	Cit. MWANABULU
36.A	29.7.'82	8h.30	Epidémiologie. Etude: Prospective et Retrospective	Dr. LUVIVILA
36.A1	29.7.'82	10h.30	Epidémiologie - Exercices	Dr. BAER
36.B	29.7.'82	8h.30	Form. Analyse de poste. Exercice de vérification	Mme. CARLSON
36.B1	29.7.'82	10h.30	Exercice de vérification	Cit. MWANABULU
37.	29.7.'82	14h.30	Com. Apport des notions ethnologiques et sociologiques	Dr. ISSAKWA
37.1	29.7.'82	16h.30	Com. Exercices	Dr. KIDINDA SH. ✓
38.A	30.7.'82	8h.30	Statistiques - Chi-carré	Dr. LUSAMBA
38.A1	30.7.'82	10h.30	Stat. exercices statistiques	Dr. BAER
38.B	30.7.'82	8h.30	Form. - Points de contrôle - Fiche d'évaluation	Mme. CARLSON
38.B1	30.7.'82	10h.30	Form. - Exercice	Cit. MWANABULU
39.	30.7.'82	14h.30	Com. - Principes de la conscientisation	Dr. KIDINDA SH. ✓

C O N F E R E N C E				
No.	Date	Heure début	Titre	Conférencier
39.1	30.7.'82	16h.30	Com. Exercices	Dr. KIDINDA SH.
40.A	31.7.'82	8h.30	Epi. Etude expérimentale	Dr. LUVIVILA
40.A1	31.7.'82	10h.30	Epi. Exercices	Dr. BAER/LUVIVILA
40.B	31.7.'82	8h.30	Form. Analyse de tâche: concevoir, faire, communiquer	Mme. CARLSON
40.B1	31.7.'82	10h.30	Form. Exercice	Cit. MWANABULU

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APPENDIX G

Training of Trainers Workshop Schedule

Seminar on Public Health July 7 - August 6, 1982
 University of Kinshasa, Zaire, Department of Public Health

DATE	Instructional Activities	Assignments
Session I Wednesday July 28, 1982 3 hours	Welcome Introduction of Instructor and assistant Objective of course: participants will draft plans for future training programs they will conduct Summary of response to questionnaire on participant past training experiences and future tasks Cit. Muanabulu. Small group exercise: working together in regional groups, participants write a description of their community Group reports: one reporter from each group reads group description of community (in terms of important determinants of health). Guidelines for description taken from W.H.O. Primary Care Manual and CEDH Project Development Manual. COFFEE BREAK	

Date	Instructional Activities	Assignments
Wed. July 28 (cont.)	Small group exercise: Using guidelines from Project Manual, groups decide probable health needs of their communities , discuss how training can be a factor in addressing these needs	Readings in workshop manual: Elaboration d'un plan d'enseignement and Infirmier: Comment Batir la Sante Complete Description of Training Program, giving <ul style="list-style-type: none"> ◦ Title ◦ Purpose ◦ Number of part. ◦ Characteristics of part. ◦ Location, setting of training program ◦ Resources ◦ Constraints
Session II Thurs. July 29 3 hours	<p style="text-align: center;">- Mini-lecture.</p> <p>Training objectives are derived from job descriptions</p> <p style="text-align: center;">- Large group exercise: develop job description for auxiliary nurses who will be the trainers of village health workers including description of settings where nurses and VHWs will be working</p> <p style="text-align: center;">COFFEE BREAK</p> <p style="text-align: center;">-Verification Exercise</p> <p>Rural Health Project directors are interviewed to obtain their conception of the role of VHWs in implementing RHP goals. Health education function of nurses and VHWs deemed their primary responsibility.</p>	<p>Refer to Manual for criteria for job description (examples of action verbs, etc.)</p> <p>Revise job description after verification exercise completed</p>

Date	Instructional Activities	Assignments
<p>Session III</p> <p>Fri. July 30</p> <p>3 hours</p>	<p>Group exercise: Task Analysis of health education responsibility of auxiliary nurse-trainers</p> <p>exercise to determine skills (savoir-faire), knowledge (savoir), attitudes (savoir-etre) required for effective health education</p> <p>student-led discussion of elements of health education for nutrition, sanitation, other topics of community health</p> <p>COFFEE BREAK</p> <p>Mini-lecture: practical evaluation for training programs</p> <ul style="list-style-type: none"> - pre-requisite tests - pre-tests - progress tests - post tests <p>Discussion exercise: participants suggest ways to evaluate trainees for each of the above stages of training.</p> <p>Mini- role play. Student gives demonstration of animateur delivering talk about nutrition to mothers at health clinic. Observers give feedback.</p>	<p>Readings: Guidelines for developing practical exams and checklists in Project Development Manual. Chapter on Evaluation in Elaboration Systematique.</p> <p>For every skill and knowledge identified as necessary in effective health education, match a practical way to evaluate trainee performance.</p> <p>Chapter in Courtejoie on Community Education and Approaches to the Community</p>

Date	Instructional Activities	Assignments
Session IV Sat. July 31 3 hours	<p>Review: discussion of outside assignment -- matching lists of progress tests and skills and knowledge to be acquired during training</p> <p>Mini-lecture: the trainer's role. Feedback and reinforcement as training strategies.</p> <p>Mini-lecture: Obstacles to communication</p> <p>Cit. Muanabulu</p> <p>Demonstration of health education slogans and songs by Cit. Itoko.</p>	<ul style="list-style-type: none"> o Complete list of training objectives o Complete evaluation plan for training program. o Use Manuals and handbook (Vanderschmidt et al and Courtejoie) for reference and guidance and models.
Session V August 2 3 hours	<p>Mini-lecture Instructional strategies appropriate for practical training programs</p> <p>Demonstration: teaching with case studies</p> <p>Small group exercise conducted by Cit. Muanabulu</p> <p>Two groups study case, the first group identifying community health problems embedded in case, the second group proposing a course of action to address the most pressing problems. De-briefing and discussion of first groups analysis, second groups' problem-solving process and solution.</p>	<p>Read section in Project Manual on problem-solving process, bargaining and negotiation as strategies for dealing</p>

Date	Instructional Activities	Assignments
		<p>with village health and development committees.</p> <p>Write a case study suitable for use in training, including guidelines for case analysis and discussion.</p> <p>Assignment to Cit. Kabuebue and cit. Mucipay: Write scenario for role play to illustrate problems of working with village health committee. Six other students were recruited to act out parts in the role play which was set in village health center.</p>
<p>Session 6</p> <p>Tues Aug 3</p> <p>3 hours</p>	<p>Demonstration: Role play and debriefing.</p> <p>What training objectives are achieved with role play?</p> <p>What directions need to be given?</p> <p>What questions for the de-briefing?</p> <p>What the power of role plays? what the limits?</p> <p>Mini-lecture Elements of session plans.</p>	<p>Reading in manual: types of instructional functions to plan for:</p> <ul style="list-style-type: none"> - provide frame of reference - provide reason to learn - shape attitudes - transmit information - demonstrate behavior - allow for practice - provide for feedback <p>Criteria for session plans:</p> <ul style="list-style-type: none"> - review of preceding session - preview of this session - definitions, key concepts - descriptions, examples, demonstrations of procedures - individual exercises - group exercises - assignments - evaluation and feedback - timing - materials needed <p>Outside assignment: design a model session plan for future training program.</p>

Date	Instructional Activities:	Assignments
SESSION VII 3 hours	<p>Guest Lecture: Mark Barad, Peace Corps Volunteer from Bibanga who developed and conducted a six week training program for village health worker. He spoke about the stages in planning the training, the actual training program, and demonstrated the materials developed for the program and how they were used.</p> <p>COFFEE BREAK</p> <p>Individual work on training plans to be presented next day.</p>	<p>Choose from among the training materials on exhibit, those which you can use for your own upcoming training program. Materials include manuals and handbooks, posters, flannelograms, realia which will be supplied at health centers and health posts.</p> <p>- Make up inventory of training materials required, make up budget for these to be presented to Dr. Baer. Make up a time-task chart to indicate pre-training phase and planning tasks then, training program agenda, post-training tasks.</p>
SESSION VIII 3 hours	<p>Presentation by participants of their plans for their upcoming training programs.</p> <p>COFFEE BREAK</p> <p>Evaluation of TOT workshop.</p> <p>workshop ends.</p> <p>(Seminar ceremonies concluded the next day with presentation of certificates, congratulatory speeches by University and USAID officials.)</p>	

APPENDIX H

LIST OF PARTICIPANTS

NAME	TITLE	AGE	HOSPITAL
1. Vumi Botswasilua	Unf A2	30	Kimpese
2. Mucipay Ndumbi Munduka	A2	25	Bibanga
3. Itoko-Y-Oluki	A3	34	SonaBata, zone Kasungulu
4. Dote-Yombo Badza	A4	30	Ime-Loko
5. Dikoma Shungu	Admin	33	Wembo-Nyama
6. NDongala Lusevak Weno-Siji		26	Nsona-Niangu
7. Kabuebue Lukanda	A2	23	Tshikaji (Imck)
8. Kedamose Bologele Accouch.		29	Tandala
9. Kuluki Gnetien Na Aloh	A2	41	Vanga
10. Kyusa Kambale		26	Oicha
11. Naiya Kologo	A3	30	Tandala
12. Omini Dumbe Atrima		32	Nyankunde
13. Shakatwala Kanza		28	Kajiji
14. Tombole Mokonzi	A3	40	Karawa
15. M'Bumba M'Bingu		45	Kinkonzi
16. Bange Ya-Nguluma		32	Karawa
17. Katshi Muanga Sauw-Emba		30	Kalonda
18. Kiaya Mutwala		34	Vanga
19. Bakajika Nakasa Diendele (administrative assis to Project SANRU '86)		22	Kinshasa

APPENDIX I

Samples of Participant Training Projects

BAS-ZAIRE

1^{er} GROUPE : 26 PARTICIPANTS

- * Organisation de travail avec l'infirmier de Poste de Santé.
- * Pesées
- * Education sanitaire
- * Visites à domicile

- * Education sanitaire
- * Etablir une fiche d'assainissement
- * Etablir un rapport d'activités

- * Conscientisation et organisation des cliniques (surtout les A.S.V.).

Du 21-23 décembre 82.

INVITATION: 2 décembre 82 (Par les infirmiers sortant du recyclage).

ARRIVEE: 20 décembre 82 logement.

OUVERTURE: 21 décembre 82 à 8 heures

11h 00: - Introduction et pré-test

14h 30': - C.P.S organisation

16h Café

16h 30': C.P.S exercices pratiques.

22 décembre 82

8h 30' assainissement

10h 00' animation sanitaire

14h 30' apprentissage "Boîte à image"

16h 00 pause-café

16 heures 30': - exercices

23 décembre 82

8h 30 N.D

14h.30 N.D (démonstration et méthodes)

16h 00 Café

16h 30' animation sanitaire.

24 décembre 82

8h 30: - Evaluation

10h.30: - Remise des brevets.

EQUIPEMENT :- boîtes à Images 4

TRANSPORT : 30,00 £ / Personne $\times 2 \times 26 = 1.560,00$

RESTAURATION : 50,00 £ / Pers. (3 Repas) $\times 5 \text{ j} \times 26 = 6.500 \text{ £}$

AUTRES - FRAIS :-

- Administration (bureau) 500,00

- Transport - Achats vivres 600,00

IM 9.160,00

INFLATION 10% 916,00

10.076,00

BAS-ZAIRE.

CALENDRIER

ACTIVITES.

15 septembre 82

- Invitation (lettres) titulaire + Reunion des encadreurs.

But: - élever et uniformiser le niveau des infirmiers en S.S.P.

23 novembre 82:

- Arrivée des participants
- logements et cours.

24 novembre 82:-

10 heures: ouverture et pré-test
13h 30: - Promotion de la santé
notions introductives sur la santé communautaire

15h. 30': - Pause - Café

16h - 17h 30': Organisation Poste de Santé

25 novembre 82:-

8h 30' Communication

10h 00 Pause - Café

10h 30' communication et Ed. sanitaire

13h 30' Exercices

15h. 30' Pause - Café

16h - 17h 30 N. févribles: Instructions et Method

26. novembre 82

8h 30' C. P. S

10h 00 Pause - Café

10h 30' Exercices

13h 30' C. P. N

15h 30' Pause - Café

16 - 17h 30 C. P. N Pratique + discussions

27 novembre 82

8h 30': N.D, conscientisation, org. clinique

10h 00' Pause - Café

10h 30' Exercices

29 novembre 82

8h 30' Assainissement

10h Pause - Café

10h 30' Pratique des fiches

13h 30' Tuberculose + coloration de Ziehl

15h 30' Pause - Café

16h T. B C traitement + visite Laboratoire

30 Novembre 82

8h 30' : Biostatistique: - collecte d'informations
- Etablir les graphiques
- En fiches

10h 00' :- Pause-café

10h 30' :- Biostatistique

13h 30' :- Gestion sanitaire

1 Decembre 82

8h 30' organisation de la Z.S.R

10h Pause-café

10h 30' PEV

13h 30' "

16h 00 Pause-café

16h 30 Evaluation

BESOINS

Fournitures
Equipements
Restauration
transports.

RUBRIQUE

- Duplicateur (rames)	5	80,00€	400,00€
- Folders - couvertures	80	3,00	240,00€
- Piles	50	1,50	75,00
- Stencil	2	90,00	180,00
- Ecuere	2	75,00	150,00
- couvertures (lit)	50	40,00	2.000,00€
- Draps	50	60,00	3.000,00
- Essuie-mains	50	40,00	2.000,00
- Scaux	30	30,00	900,00
- Assiettes	50	10,00	500,00
- Nappe (grandes)	2	100,00	200,00
- Gobelet	60	4,00	240,00
- Cuillères à soupe	50	2,50	120,00
- Savons	50	4,00	200,00
- Petit déjeuner	50 x 10j	10,00	5.000,00
- Souper	50 x 10j	10,00	5.000,00
- Dejeuner	50 x 10j	30,00	15.000,00
- Transport	50	100,00	5.000,00

40.205

4.020

Inflation 10%

44.225

Zone de Jante Kurale de Kasanoulu.-

Comme prévu dans notre "projet" dont une copie se trouve dans vos bureaux et conformément au calendrier des activités que nous avons établi; voici les éléments préparatifs et l'état de besoins pour le recyclage des infirmiers titulaires de nos formations, (centres et postes de santé), et de son premier groupe d'agents de santé de villages.

- 15 septembre 82 Invitation (lettres) titulaires + réunions de concertation. Cit. ITOKO
But: élever et uniformiser le niveau du D.P. en S.P.
23. Novembre 82 - Arrivée des participants Cit. ITOKO
- Logement et colos: bâtiments I.T.M.
24. Novembre 82: 10h: Ouverture et Pro-lex
13h30: Promotion de la santé
Notions introductives sur la santé Com. Dr. Minuku
15h30: Pause - Café
16-17h30: Organisation Poste de santé Dr. Minuku
25. Novembre 82:
8h30: Communication Dr. Mpanzu
10h00: Pause - Café
13h30: Communications & Education sanitaire Cit. ITOKO
13h30: Exercices
15h30: Pause - Café
16-17h30: N. Désordres: Instructions et Méthodes Cit. Dissu
26. Novembre 82:
8h30: C. P. S. Cit. ITOKO
10h00: Pause - Café
10h30: Exercices
13h30: C. P. N. Dr. Faul
15h30: Pause - Café
16-17h30: C. P. N. pratique + discussions Dr. Faul / Nkusu
- 27 Novembre 82
8h30: N. D. conscientisation, org. clinique Dissu / Minuku.
10h00: Pause - Café
10h30: Exercices " "
29. Novembre 82
8h30: Assainissement Cit. ITOKO
10h00: Pause - Café
10h30: Pratique des Ziehl Cit. ITOKO
13h30: Tuberculose (notions) + Coloration de Ziehl Dr. Minuku
15h30: Pause - Café
16h00: T. b C. traitement + visite labo Cit. N2221

30 Novembre 82 :

8 h 30' : Biostatistiques - Collecte d'information dr. MPANZU / dr. Minuku
 - Etablir les graphiques
 - Enquêtes

10 h 00' : Fausse - Café

10 h 30' : Biostatistiques : suite dr. MPANZU

13 h 30' : - Gestion immitaire - problèmes de comptabilité dr. MPANZU / dr. Minuku.

1. Décembre 82 :

8 h 30' : Organisation Zone de Santé Rural dr. Minuku.

10 h 00' : Fausse - Café

10 h 30' : P.E.V

13 h 30' :

16 h 00' : Fausse - Café

16 h 30' : Evaluation

Cit I Toko

BESOINS :

- 1° Fourmitures
- 2° Equipement
- 3° Restauration
- 4° Transport

Rubrique	Quantité	P.U.	P. total
- Duplicateur (rames)	5	80,-	400,-
- Fardes-couvertures	80	3,-	240,-
- Bics	50	1.50	75,-
- stencil	2	90,-	180,-
- Encre	2	75,-	150,-
- couvertures (lit)	50	40,-	2000,-
- draps	50	60,-	3000,-
- essuc-mains	50	40,-	2000,-
- seaux	30	30,-	900,-
- assiettes	50	10,-	500,-
- marmites (grandes)	2	100,-	200,-
- gobelot	60	4,-	240,-
- cuilliers	60	2,-	120,-
- savons	50	4,-	200,-
- Petit déjeuner	50 x 10 j	10,-	5000,-
- déjeuner	50 x 10 j	30,-	15000,-
- souper	50 x 10 j	10,-	5000,-
- Transport	50	100,-	5000,-
			40.205
			4.020

Inflation 10%

44.225

Pour la d.J.R.
 Dr. Minuku Médicaire Chef d.J.R.
 Dr. Mpanzu Manager-Direct.
 Cit. ITOKO : Administrateur

zone de Sante rurale de Kasangulu.

Formation des Agents de Sante de village (A.S.V.)

1^{er} Groupe: 26 participants

Tata et mama Bourgisa

Ce groupe comprend tous les villages dans un rayon de 30 kms autour de l'hôpital de Référence (SONA-BATA):

villages - sites C.P.S. des Postes de Santé. Il s'agit des villages de:

- Ntadi - Kinsala - Ntenden - Nsela - Kumbungu
- Inula - Boko Ngoy - Kikwama - Kundamba -
- Murelulu - Tampa - Mbengo I et II

Programme:

- organisation de travail avec l'implication des
- peres
- éducation sanitaire
- visites à domicile

- éducation sanitaire
- établir une fiche d'appraisement
- établir un rapport d'activités

- Consécration et organisation des cliniques (surtout les "mama Bourgisa")

Calendrier: du 21 - 23 décembre 1982

: 20 décembre 82 (par les infirmiers sortant du recyclage)

: 20 décembre 82 - logement Cit. ITOKO

: 21 décembre 82 de 9 heures

14 heures: Introduction et pré-test Dr. Murelulu

14 h 30': C.P.S. organisation Cit. ITOKO / mbwa

16 h: café.

16 h 30': C.P.S. exercices pratiques en pédiatrie et en famille - personnel hôpital "

APPENDIX J

Bibliography for Supervisory Nurse Trainers

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