

PA-ABP-589

6.11 83468



SOUTIEN POUR  
L'ANALYSE ET LA RECHERCHE  
EN AFRIQUE

## **Participation in the Consultative Group Meeting of Experts on Safe Motherhood in Francophone Africa**

*Bujumbura, Burundi: April 14 - 17, 1993*

**Sambe Duale, MD, MPH.**  
*SARA Research Manager*  
*Tulane University*

**May 1993**  
■ ■ ■ ■

The SARA Project is funded by the U.S. Agency for International Development (AFR/ARTS/HHR)



## **Safe Motherhood in Francophone Africa**

*Bujumbura, Burundi: April 14 - 17, 1993*

---

### **TABLE OF CONTENTS**

Safe Motherhood in Francophone Africa .....	1
Purpose .....	1
Objectives .....	1
Venue and Organization .....	1
Review of Country Programs .....	2
Adolescent Reproductive Health and the Problem of Unsafe Abortion .....	5
Research and Analysis Issues .....	6
WHO Regional Center for Training and Research in Family Health .....	6
Conclusion .....	7
 Annex I: List of Participants	
Annex II: Summary Report of the Joint Regional Consultative Meeting on Prevention of Maternal Mortality and Infertility in Sub-Saharan Africa; 1992	
Annex III: Brochure on the WHO Regional Center for Training and Research in Family Health	

---

**Participation in the Consultative Group Meeting of Experts  
on Safe Motherhood in Francophone Africa.**

Bujumbura, Burundi

April 14 - 17, 1993

***Purpose:*** The purpose of the consultative meeting was threefold:

1. To review safe motherhood activities carried out since the 1989 Niamey Conference in the following francophone African countries: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Madagascar, Mali, Niger, Senegal, and Zaire;
2. To identify constraints and obstacles to extending family planning and safe motherhood services;
3. To identify concrete strategies and activities to strengthen country programs.

***Objectives:*** The objectives of the SARA participation in this consultative meeting were:

1. To introduce the HHRAA Project, explain its goal and objectives, and the role of the SARA Project;
2. To identify the workshop-generated ideas for research, analysis, and dissemination on safe motherhood that might be of interest to AFR/ARTS/HR;
3. To identify individuals and institutions based in Africa with which SARA might establish linkages to support the HHRAA implementation process.

***1. Venue and Organization:***

The meeting was sponsored by the World Bank and organized by the WHO Regional Center for Training and Research in Family Health of Kigali, Rwanda. The meeting was held at the WHO Office in Bujumbura, Burundi.

---

## **BUJUMBURA**

---

This was the second meeting of the Group which was initially created by the World Bank after the 1989 Niamey Safe Motherhood Conference. The Group is organized to use local African capacity to support and strengthen safe motherhood in francophone Africa. Members of the Group (list attached to this report) represent leadership and technical expertise in safe motherhood from French-speaking African countries.

The Group reviewed the country programs in Benin, Burkina Faso, Central African Republic, Chad, Congo, Mali, Niger, Rwanda, Senegal, and included in-depth reviews of the national programs in Burundi, Cameroon, Côte d'Ivoire, Madagascar and Zaire.

Prof. Boniface Nasah presented to the Group a report on the activities of the WHO Regional Center for Training and Research in Family Health. The Group also reviewed the report of the 1st meeting of the Regional Task Force for the Prevention of Maternal Mortality, Infertility, and Promotion of Women's Health in Sub-Saharan Africa (summary of the report is attached to this report).

Dr. Colette Dehlot from the Nairobi Office of The Population Council presented a paper on Induced Abortions in Sub-Saharan Africa. I made a presentation on the HHRAA Project and the role of the SARA Project. The meeting included a site visit to the Kigama Health Center where an integrated family planning and immunization program is being implemented.

### ***2. Review of Country Programs:***

The review of country programs was opened with a presentation, based on the World Bank's safe motherhood guidelines, on the content and critical issues for programming safe motherhood activities. This serves as a framework to examine the content of program activities in each country.

A detailed country report was available for most of the countries represented. A member of the Group most knowledgeable about the country's program presented its report to the Group.

The main issues generated by country program presentations are summarized in the following paragraphs:

#### ***2.1 The magnitude of the maternal mortality problem***

All the country reports indicate that maternal mortality is still a major public health and development problem in francophone Sub-Saharan Africa. The national

---

estimates of maternal mortality ratio range from 225 to 800 maternal deaths per 100,000 live births. The maternal mortality ratio in the University referral hospitals in Abidjan, Côte d'Ivoire, average 2500 maternal deaths per 100,000 live births. Most of the data presented were estimates derived from institutional data. Most of the countries represented don't have community-based data on maternal mortality and morbidity. Senegal was the only country that undertook a national study on the subject.

The Group felt that efforts should be made to develop a low cost and rapid research methodology that each country could adapt and use to get an accurate picture of the problem. In the meantime, existing data should be packaged and presented to decision makers to increase their awareness about the problem of maternal mortality and morbidity.

### ***2.2 The political commitment for safe motherhood***

The political commitment for safe motherhood is felt to be weak. The Group was skeptical that countries could reach the goal of reducing maternal mortality by half by year 2000 without the needed political commitment and stability.

Political commitment exists in Senegal and Cameroon. Those two countries have taken some steps towards having a national safe motherhood program. Countries such as Mali, Rwanda, and Zaire launched some safe motherhood activities which are now disrupted because of political instability.

The Group felt that in addition to the political commitment at the highest level, concerned program managers and experts should look for innovative ways to promote political and community commitment at the local or district level.

International and bilateral organizations that sponsored the Safe Motherhood Initiative should play a role in encouraging political commitment for safe motherhood in countries of Sub-Saharan Africa.

### ***2.3 Safe motherhood program: definition and strategies***

What is a safe motherhood program and who has the responsibility for the program are questions that the Group felt each country needs to examine. Countries approach the planning and implementation of safe motherhood programs differently. In most countries, safe motherhood is seen as a component of the maternal and child health program (MCH). Safe motherhood is also addressed through national population and family planning programs such as in Burundi, and through primary health care programs such as in Zaire.

---

Program managers at local, national and regional levels need to work together on packaging safe motherhood activities in ways that better address the problem of maternal mortality in each local or regional setting. The following services should be included in the basic package: family planning, prenatal care, labor, delivery and post-partum care, emergency obstetric care, management of unsafe abortion complications and teenage pregnancies, prevention and control of sexually transmitted diseases including HIV infection. A package of good quality prenatal, intrapartum, postpartum and emergency obstetric care and family planning services in a peripheral health center with outreach to communities may have a greater chance of reducing maternal mortality. Intervention studies can be carried out to assess the impact of such a package on reducing maternal mortality.

#### ***2.4 Human resource development/training***

The majority of deliveries occur outside formal health services. Women are usually attended by Traditional Birth Attendants (TBA). The main issue raised in discussing the development of human resources for safe motherhood was how to make the pyramid of maternity care workers (TBAs at the bottom, Nurses, Midwives and General Practitioners in the middle, and Obstetrician-Gynecologists at the top) function as one team with shared responsibilities to really address the problem.

There have been projects involved in training TBAs, others with training midwives in life-saving skills. The Group recommended that countries promote the concept of training maternity care personnel to work as a team. Each member of the team needs to be given the skills to perform his or her task effectively. The WHO Regional Center for Training and Research in Family Health should take a lead role in testing and promoting the team approach.

Existing pre-service training curricula for nurses, midwives, and physicians need to be analyzed and reviewed for their appropriateness in addressing safe motherhood initiatives. Lessons from countries that have revised their curricula need to be shared with others.

#### ***2.5 Management and quality assurance of safe motherhood services***

Cameroon was the only country that mentioned having developed guidelines and standards for safe motherhood activities. In order to improve management and to assure quality maternity care, countries are urged to develop standards for safe motherhood activities, adapted to their environment. Situational analysis of mater-

---

## ***Adolescent Reproductive Health***

---

nity care services might be a first step in the process of developing standards in most of the countries.

In discussing the quality assurance of safe motherhood services, the issues of risk approach and effectiveness of prenatal care were raised. Most women usually make at least one prenatal visit during their pregnancy, but the majority don't come back for delivery. Why don't they come back? What package of services will make prenatal care more effective and how? Those are some of the questions that the Group was urged to investigate. Members of the Group were asked to review available literature and in-country experiences on the usefulness and effectiveness of using risk approach to screen and monitor pregnant women at risk of maternity complications.

### ***2.6 The role of professional societies***

Reports from Mali, Cameroon, and Côte d'Ivoire indicated that professional societies, especially the Society of Obstetrician-Gynecologists, have not been supportive of or actively involved with the safe motherhood initiative. Some individual Obstetrician-Gynecologists constitute a barrier to expanding safe motherhood services.

The Group felt that there is a need to look for innovative ways of getting various professional societies (OB-GYN, Physicians, Midwives, Public Health,...) more involved in the efforts to reduce maternal mortality. Those Groups can be used as channel for getting research information out to the policy makers. African professional societies have a lot to learn from their counterparts in America and Europe.

### ***3. Adolescent Reproductive Health and the Problem of Unsafe Abortion***

In addition to reviewing country reports on safe motherhood programs, the Group discussed the issues of adolescent reproductive health and the problem of unsafe abortion. The group stressed the urgent need for countries to address those two issues.

Countries need to gather information in order to better understand the problems. Lessons learned so far from pilot projects dealing with these two issues need to be shared widely.

Restrictive laws about abortion exist in all the countries reviewed during the meeting, except Chad. Most of the data presented on unsafe abortions were from urban hospitals. There were no data for unsafe abortions in rural areas. In addition

---

## **BUJUMBURA**

---

to collecting baseline epidemiological data, qualitative sociocultural data will be needed to help policy makers decide on strategies to address the problem.

The group was impressed by some of the findings in the Burundi presentation. It seems that there are very few teenage pregnancies in Burundi. The average age at first marriage is 23. Even though Burundi women marry late, they still have a lot of children. Ethnographic studies are needed to understand these phenomena.

### ***4. Research and Analysis Issues***

There are information needs and gaps that need to be addressed in order to improve safe motherhood programs in Sub-Saharan Africa. The Group insists that priority be given to issues of regional interest and to finding common grounds for cross fertilization in the development of service or research programs.

The Group recommended that the list of issues resulting from the (anglophone and francophone) Regional Joint Consultation on Prevention of Maternal Mortality and Infertility in Sub-Saharan Africa, held in Kigali from 13 - 18 January 1992, be used as a research analytic agenda for national maternal health programs (see Annex II). The issue of adolescent reproductive health was added to the list.

### ***5. WHO Regional Center for Training and Research in Family Health***

The WHO Center for Training and Research in Family Health, Kigali, Rwanda, was created as a follow-up action of the resolution AFR/RC38/R6 adopted by the WHO Regional Committee for Africa, in 1988.

The mandate of the Center is:

- training of trainers in family health;
- training in research methodology (goal-oriented research);
- development of appropriate technology;
- information gathering and sharing.

The Center is about three years old now. The Director of the Center, Professor Boniface Nasah, a national of Cameroon, is one of the leading African obstetrician-gynecologists promoting the safe motherhood initiative. The Center is in the development phase. It has not reached the full capacity for research yet. The

---

## ***Conclusion***

---

Center has the potential for information dissemination. It has organized training sessions and important consultative meetings on various aspects of family health. The Center calls upon a network of African professional consultants to carry out its activities. The only disrupting factor for the Center's activities is the ongoing civil war in Rwanda. The Center can still carry out activities in another African country, as it did by moving our Group meeting to Bujumbura, Burundi.

### ***6. Conclusion***

The improvement of maternal health and nutrition programs in Africa through research, analysis, and dissemination, needs to be one of the HHRAA project's objectives. Various USAID projects in Africa with the potential to affect maternal health and nutrition can be reviewed to identify programs that have really contributed to reducing maternal morbidity and mortality.

SARA will draft a strategic framework for research, analysis and dissemination which incorporates some of the issues presented above to guide AFR/ARTS/HHR in setting the HHRAA research-agenda.

SARA will explore further for specific activities or tasks to carry out in collaboration with the WHO Regional Center for Training and Research in Family Health. SARA might consider inviting the Center's Director or one of its experts to the Seminar on Medical Barriers being planned in collaboration with JHPIEGO.

### ***7. Annexes***

- I. List of participants
- II. Summary report of the Joint Regional Consultative Meeting on prevention of maternal mortality and infertility in Sub-Saharan Africa; 1992
- III. Brochure on the WHO Regional Center for Training and Research in Family Health.

REGIONAL RESOURCE GROUP ON SAFE MOTHERHOOD  
FOR FRANCOPHONE AFRICA COUNTRIES

Médecin - Santé Publique  
Ministère de la Santé, de la Solidarité et des Personnes Agées  
E.P. 2040  
Bamako, Mali  
Tél. (B) (223) 22 53 01; (D) 22 42 29  
Fax (223) 22 34 85

Dr. Rason Denis Charles  
Gynécologue-Obstétricien  
Service de Gynécologie Obstétrique et de Reproduction Humaine  
Hôpital J.R.A. Antananarivo  
VV 118 J Manakambahiny  
Antananarivo 101, Madagascar  
Tél. (B) 279-79 poste 444

Professeur Samba Diarra  
Gynécologue-Obstétricien  
Polyclinique Sainte Anne-Marie  
01 B.P. 1463  
Abidjan 01, Côte d'Ivoire  
Tél. 225 44 51 32; Fax. 225-44 68 60

Mme Thérèse King  
BP 5329  
Dakar-Fann  
Sénégal  
Tél: 25.46.51

Professeur Robert Leke  
Chef du Service Gynécologie-Obstétrique  
Hôpital Central de Yaoundé  
Université de Yaoundé  
B.P. 1935  
Yaoundé, Cameroun  
Tél. (D) 22 51 42; (B) 22 36 17 / Fax. 237-31 12 24

Professeur Boniface Nasah  
Professeur de Gynécologie-Obstétrique  
Centre Régional de Formation  
et de Recherche en Santé Familiale  
OMS  
Kigali, Rwanda  
Tél: (B) 250-83884; (D) 85787 / Fax. 250 74534, 250 73887  
Télex. 22574 OMS Rwanda

Dr. Alexis Ntabona  
Obstétrique-Gynécologie  
Ecole de Santé publique  
B.P. 11850 Kin I

Dr. Jean Rirangira  
Directeur  
Bureau de Coordination du Programme National  
de Plannification Familiale  
Ministère de la Santé Publique et des  
Affaires Sociales  
B.P. 2938  
Bujumbura, Burundi  
Tél: (B) 257 22 2373

Dr. Duale Sambe  
Chargé de Recherches  
Projet SARA  
Academy for Educational Development  
1255 23rd Street, N.W  
Washington, D.C 20037  
Tél. (B) (202) 862-1900  
Fax (202) 862-1947

Professeur Christiane Welffens-Ekra  
Gynécologue-Obstétricien  
Faculté de Médecine  
CHU de Yopougon  
21 B.P. 632  
Abidjan 21, Côte d'Ivoire  
Tél. (B) (225) 45 07 24; (D) (225) 43 13 32 / 43 27 73  
Fax. (225) 45 07 27

Dr. Simone Dormont  
Chargée de Mission  
Centre International de l'Enfance  
Château de Longchamp  
Bois de Boulogne  
75016 Paris, France  
Tél. 33 145 20 79 92  
Fax. 33 145 25 73 67 / Tél. 648 379

Mr. Michael Azefer (AF1PH)  
Division de la Population et des Ressources Humaines  
Room J-8099  
World Bank  
1818 H St.  
Washington, D.C. 20433  
Tél. (202) 473-4746 / Fax. (202) 473-8145

Patricia Daly (PHRPN)  
Division de la Population, Santé et Nutrition  
Room S-6145  
World Bank  
1818 H St.  
Washington, D.C. 20433  
Tél. (202) 473-3224 / Fax. (202) 477-0643

Dr Colette S. Dehlot  
Médecin Santé Publique  
Responsable de la Recherche en Santé de la Reproduction  
The Population Council - Afrique Orientale et Australe  
B.P. 17643  
Nairobi - Kenya  
Tél. (254) 2 712814/5 , Fax (254) 2 713479

Professeur Eusebe Alihounou \*  
Professeur de Gynécologie-Obstétrique  
Centre Hospitalier Universitaire de Cotonou  
BP 1822  
Cotonou, Bénin  
Tél. (B) 30 00 01; (D) 30 13 01

Mme Josephine Ouedraogo \*  
SACED-Echanges  
35 Rue de l'Industrie  
1030 Buissigny  
Switzerland  
Tél. 41 21 701 48 16  
Fax: 41 21 701 06 20

Mme Habimana Nyirasafari \*  
Directrice  
Office National de la Population  
B.P. 914  
Kigali, Rwanda  
Tél. (B) 74216; (D) 75863

REGIONAL CENTRE FOR TRAINING AND RESEARCH  
IN FAMILY HEALTH  
KIGALI - RWANDA

REGIONAL TASK FORCE FOR REDUCTION OF MATERNAL  
MORTALITY, INFANT MORTALITY AND MORBIDITY IN  
WOMEN'S HEALTH IN SUB-SAHARAN AFRICA

DRAFT REPORT OF 1ST MEETING

Kigali, Rwanda

30 November - 4 December 1992

ANNEX IIREGIONAL JOINT CONSULTATION ON PREVENTION OF  
MATERNAL MORTALITY AND INFERTILITY IN  
SUB-SAHARAN AFRICAEXECUTIVE SUMMARY

The Joint Regional Consultative Meeting on Prevention of Maternal Mortality and Infertility in Africa South of the Sahara held in Kigali from 13 - 18 January 1992.

The official opening ceremony was presided over by the honorable Minister of Health of the Republic of Rwanda who welcomed the participants. He reminded them of the objectives of the consultative meeting, insisted on the importance of such a meeting given the high prevalence of maternal mortality and morbidity in the region. He called for collaborative effort among African Countries in order to look for adequate solutions to the problem of maternal mortality and morbidity and infertility.

The following background papers presented at plenary provoked rich and fruitful discussions :

- a. The prevention of maternal mortality and infertility by Professor R.J.I Leke summarised the principal factors related to maternal mortality and infertility in the region, proposed strategies which could be applied nationally and regionally for prevention management and research.
- b. Socio-cultural factors associated with maternal mortality and infertility was presented by Dr Yinka Njikam who traced the social-anthropological roots of the problem of Maternal Mortality and Infertility and stressed on the need to recognise and encourage beneficial practices while highlighting the need for regional research as a preliminary to establishing and or strengthening functional linkages between traditional and modern health systems for maternal care.
- c. The third and fourth papers presented the results of prospective cohort studies on perinatal and postnatal transmission of HIV type I from mother to child.

Following presentation and discussion of reports from 15 countries a presentation on Rapid Evaluation Methodology (REM) was presented by Dr Guidotti, preceding division of participants into three working groups : Medical factors affecting Maternal Mortality and Infertility, Health Systems and Services factors affecting Maternal Mortality and Infertility and the Status of Women and their reproductive health. Socio-cultural factors were a common denominator in all group discussions.

The presentations and discussions of the group work centered around issues of regional interest searching for common grounds for cross fertilisation in the development of service or research programmes. Even though the perspectives were regional the framework could be modified to respond to specific national needs.

Accordingly the following major recommendations were aimed at establishing a Regional framework for national maternal health programmes:

12

1. Establish a mechanism for a follow-up of the final recommendations of this consultative meeting on safe motherhood and infertility (Responsible : Regional Centre, WHO).
2. Create and strengthen national and regional task force for the prevention of maternal mortality and infertility (Responsible : WHO, Governments, Regional Centre).
3. Inact and apply laws and legislations to protect the woman and the child's rights (Responsible : Governments, NGO).
4. Facilitate research in Reproductive health especially into the priority areas identified at this Consultation such as socio-cultural factors in Maternal Mortality and Infertility, prevalence of Infertility especially in Sahelian Countries (Responsible : WHO, Governments, Regional Centre).
5. Carry out anthropological multicentre studies on the status of the African woman and on traditional factors that enhance or adversely affect the health of the mother and child (Responsible: WHO, Regional Centre, Funding Agencies).
6. Promote the development of national standards and protocols in safe motherhood and infertility (Responsible : Governments, Professional Societies).
7. Promote team approach in prevention and treatment in safe motherhood and infertility (Responsible : Governments, Professional Societies).
8. Encourage the use of confidential inquiries into maternal death at national levels as a means to reduce maternal mortality (Responsible : Governments, Professional Societies).
9. Encourage Governments of the region to increase their health budgets (Responsible (World Bank)).
10. Promote legislation on Family Planning and abortions for safe motherhood and infertility (Governments).
11. Encourage this example of collaborative studies and joint meetings between Anglophones and Francophones of this African Region (Responsible : Regional Centre, WHO, Funding Agencies).
12. Foster collaboration and integration between the traditional and the modern systems in safe motherhood and infertility (Responsible: Governments, WHO, Professional Societies).
13. Enable professional societies to exercise their function as major actors in quality control, training and research (Responsible WHO, M.O.H).
14. Where possible schools of nursing/midwifery & other health personnel should be decentralised and students recruited specifically from local catchment areas with the purpose of returning to work in their local communities on completion of training. There should be careful screening for quality candidates. Training curriculum should be polyvalent but emphasise the midwifery component in response to safe motherhood objectives as defined by WHO/MCH. It

should also stress the ethics of practice, communication management and basic socio-anthropological components of the population. Training should be community based with emphasis on problem solving.

Done in Kigali on 17 January 1992  
The Consultative Meeting on Prevention of  
Maternal Mortality and Infertility.

LISTE DES PARTICIPANTS

1. Dr Kageruka Martin +  
Obstetrician and Gynaecologist  
Université National du Rwanda  
Faculté de Médecine  
B.P. 30  
Butare  
Tél. 30033 (Home)  
30055 (Office)  
Fax 30870  
RWANDA
  
2. Professor Stephen Mkanya Kinoti +  
Paediatrics  
Associate Professor  
Regional Coordinator Reproductive Health Research Programme  
Commonwealth Regional Health Secretariat  
P.O. BOX 1009  
Arusha  
Tél 255578361/2  
Fax 255 57 8292  
Tlx 42121 AIUTZ  
TANZANIA
  
3. Professor. M.Kisekka, PhD \* +  
Co-ordinator  
Women in Development Unit  
Centre for Social and Economic Research  
Ahmadu Bello University  
Zaria  
Tel. 00951248(H)  
NIGERIA
  
4. Dr Ana Laforte \* +  
University Eduardo Mondlane  
C/O WR, Maputo  
MOZAMBIQUE
  
5. Professor J.I. Robert Lake \* +  
Gynécologue-Obstétricien  
Professeur Associé  
CUSS - Université de Yaoundé  
B.P. 1935  
Tél. 327 223617  
Fax 327 311224  
CAMEROON

15

6. Dr Lyambabaje Alexandre ++  
Statistician  
Université Nationale du Rwanda  
Faculté des Sciences  
B.P. 117  
Tél. 30676 (Home)  
30271 (Office)  
Fax 30870  
RWANDA
7. Dr Jane Mutambirwa, PhD \* +  
Department of Psychiatry  
University of Zimbabwe  
C/O WHO, Harare  
ZIMBABWE
8. Dr Ntabona Alexis +  
Gynécologue-Obstétricien & Santé Publique  
Ecole de Santé Publique  
B.P. 11850  
Kinshasa I  
Tél. 334965, 34622/24 (C/O WHO Kinshasa)  
Tlx 21164 "  
ZAIRE
9. Mrs Z.J. Pritchard +  
Regional Adviser  
WHO Regional Office for Africa  
P.O. BOX 6  
Brazzaville  
Tél. 833860-65  
Fax: 242 831879  
Tlx 5217/5364  
CONGO
10. Dr Serufilira Antoine++  
Gynécologue-Obstétricien (MCH)  
OMS Kigali  
B.P. 1324  
Kigali  
Tél. 76682  
72110 (Home)  
Tlx 22574 RW  
Fax 74534  
RWANDA
11. Mme Thiombiano Brigitte +  
Coordonnatrice du Projet BF01/CPSF  
01 B.P. 4686  
OUAGADOUGOU 01  
Tel. 307259 (Ofi)  
307596 (Hon)  
Tlx BCTR 1112BF  
BURKINA FASO

12. Professeur Pancrace Twagiramutara++  
 Sociologue  
 Université Nationale du Rwanda  
 Faculté des Sciences Economiques, Sociales et de Gestion  
 B.P. 117  
 Butare  
 Tél. 30910 (Office)  
 30271 (Home)  
RWANDA

SECRETARIAT

1. Professor B.T. Nasah, Director Regional Centre for Training and Research in Family Health.
2. Dr Sebikali Boniface, Deputy Director, Regional Centre for Training and Research in Family Health.
3. Dr Serufulina Antoine, MCH, WHO KIGALI
4. Mr Semana E.manuel, Librarian
5. Mrs Z.J. Pritchard, WHO/AFRO
6. Mr Mugiraneza J. Claude

- \* Unable to attend.  
 + Designated T.F. Member.  
 ++ Invited participant.

17

## ACTIVITES SPECIFIQUES

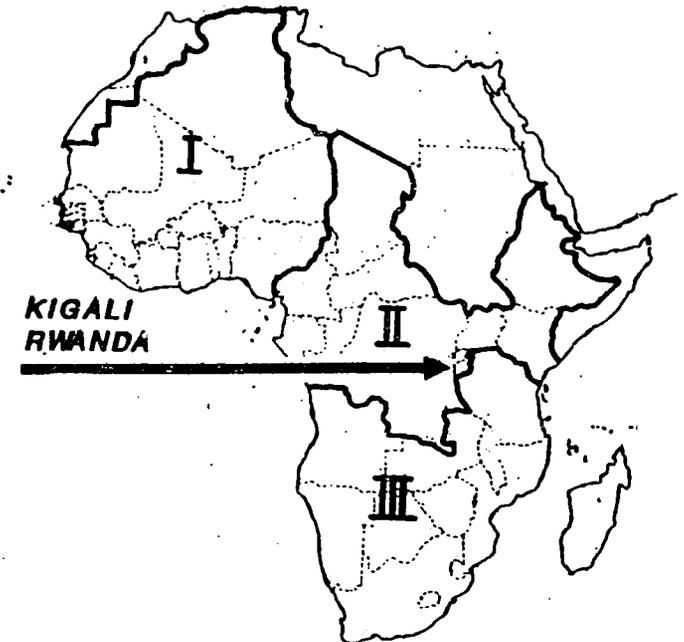
1. Evaluation des besoins de la communauté en SMI/PF.
2. Cours de planification et de gestion en SMI/PF en faveur des directeurs au niveau central et intermédiaire et du district, en utilisant l'approche de résolution des problèmes.
3. Elaboration de programmes d'enseignement des modules de formation et de recherche en santé familiale.
4. Développement des mécanismes du réseau entre le centre régional de Kigali et les autres centres en Afrique et dans le monde.
5. Accueillir les consultations pour les organismes professionnels spécialisés tels que la Société Africaine de Fécondité, la Société Africaine de Gynécologie et d'Obstétrique.
6. Accueillir les ateliers régionaux, et les colloques sur la diffusion de la recherche en santé familiale.

Des détails supplémentaires peuvent être obtenus à l'adresse suivante :

Tél.: 7 6682  
Tlx.: 22574 OMS RW  
Fax.: 2507 4534

Monsieur le Directeur  
du Centre régional de  
Formation et de Recherche  
en Santé familiale  
B:P: 1324  
Kigali  
Rwanda

## CENTRE REGIONAL DE L'OMS POUR LA FORMATION ET LA RECHERCHE EN SANTE FAMILIALE



ORGANISATION MONDIALE DE LA SANTE  
Bureau régional de l'Afrique  
Brazzaville

**LES ETATS MEMBRES  
DE LA REGION, PAR SOUS-REGION**

**S.R. I**

Algérie, Bénin, Burkina Faso, Cap-Vert, Côte d'Ivoire, Gambie, Ghana, Guinée, Guinée-Bissau, Libéria, Mali, Mauritanie, Nigér, Nigéria, Sénégal, Sierra Leone, Togo.

**S.R. II**

Burundi, Cameroun, Congo, Ethiopie, Gabon, Guinée équatoriale, Kenya, Ouganda, République centrafricaine, Rwanda, Ste Héléne, Tchad, Zaïre.

**S.R. III**

Angoia, Botswana, Comores, Lesotho, Madagascar, Malawi, Maurice, Mozambique Namibie, République Unie de Tanzanie, La Réunion, Sao Tome et Principe, Seychelles, Souaziland, Zambie, Zimbabwe.

**FORMATION ET RECHERCHE EN GESTION  
DE LA FECONDITE EN AFRIQUE**

En 1988, à la trente-huitième session du Comité régional de l'OMS pour l'Afrique, la résolution AFR//RC38/R6 a été adoptée pour développer un centre régional de recherche et de formation en santé familiale à Kigali au Rwanda.

**MANDAT**

- Formation en sante familiale;
- Formation à la recherche orientée vers des objectifs;
- Développement de la technologie appropriée;
- Collecte et échange d'informations

**OBJECTIFS SPECIFIQUES**

**(Résumé)**

1. Assurer la formation d'une masse critique de formateurs pour planifier, organiser et superviser efficacement les activités de formation en santé familiale, y compris la planification familiale dans leurs pays respectifs.
2. Assurer une formation à la méthodologie de la recherche, spécialement à l'épidémiologie liée à SMI/PF, à la recherche opérationnelle en mettant l'accent sur l'approche de résolution des problèmes.
3. Construire un centre spécialisé en matière d'informations à l'appui des activités de formation et de recherche.
4. Développer une technologie appropriée aux besoins des services de santé familiale,
5. Mettre en place un mécanisme permettant de collaborer avec les centres similaires, les instituts et les départements universitaires en Afrique et à l'étranger.
6. Entreprendre des activités de consultation dans les grands domaines des soins de santé primaires de planification familiale et dans la gestion, conformément aux principes de l'Initiative de Bamako.

## REGIONAL CENTRE FOR TRAINING AND RESEARCH IN FAMILY HEALTH

### TRAINING IN FERTILITY MANAGEMENT

#### OBJECTIVES

The training course is designed to equip health workers and managers from the participating countries with the skills to provide effective and efficient family health services within their health care programmes.

By the end of the training, the participants would be able to :

Situate the relationship between Family Planning on the one hand and health and socio-economic development on the other.

1.1.1. Communicate appropriate education and information in fertility management, more specifically :

1. Assess community and individual fertility management needs, attitudes, belief and life situation.
2. Plan and organise health education sessions on FP population.
3. Assess immediate effects of educational sessions.

1.1.2. Evaluate the applicability of various Family Planning delivery system options.

1.1.3. Plan, organise and monitor the provision of fertility regulation services.

1. Plan one's own activities and those of other personnel assigned to family planning activities.
2. Manage resources placed at his/her disposal.
3. Monitor execution of his/her own tasks and supervise those of team members.

1.1.4. Provide direct fertility management services to individuals and communities.

1. Counsel client concerning services provided.
2. Inform and educate client on available family planning methods.
3. Assess client for appropriateness and safety of choice method.
4. Provide required services.
5. Undertake follow-up visits and provide services specific to the client.

## 2. TRAINING PROGRAMME

### MODULE 1 : INTRODUCTION TO FERTILITY REGULATION

1. Demographic basis for fertility regulation.
2. Socio-economic and cultural basis for fertility Regulation.
3. The place of fertility regulation in Primary Health Care.
4. The relationships between PHC, F.H. and F.P.
5. World Population Plan of Action and international support in Population; Development issues in Environment, biodiversity, development and the search for sustainability.

### MODULE 2 : SCIENTIFIC BASIS OF FERTILITY REGULATION

1. Review of anatomy and physiology of human reproductive system.
2. Review of pathophysiology of female reproductive system.
3. Introduction to contraception.
4. Health benefits to Family Planning.
5. Contraceptive methods in detail.
6. Selecting appropriate FP methods for various target groups.
7. Risk Approach in MCH/FP.

### MODULE 3 : INFORMATION, EDUCATION AND COMMUNICATION

1. Improving communication.
2. Designing and organising FP information and education sessions.
3. Executing FP information and education sessions.

## 1. PARTICIPANTS

### 1.1. Selection

Participants (two or three from each country), will be selected with the following profile, General Practitioner, Physician, Nurse/Midwife MCH/FP Programmes Managers, Nurse/Midwife, MCH/FP Clinical Practitioners from Government or Non-Governmental Organisation NGO programmes for a total of 25 participants. The language of the course will be French/English.

### 1.2. Participant costs

Full board and lodging will be provided within the Centre at a cost of 42 dollars US per day, totalling 100 dollars US for the 7 weeks period. Institutional costs will be charged at 2.000 dollars per participant.

## FACILITATORS

This will comprise staff of the Centre and International Consultants from networking Centres within and outside the Region.

## EVALUATION

Both participants and facilitators as well as the programme will be evaluated. Evaluation methods will include a pre and a post test, weekly evaluation and discussions and questionnaires to be completed by the participants at the end of the course.

2. Socio-cultural factors affecting infertility
3. Epidemiology Specific to Africa Region
4. Causes of infertility
5. Role of STDs
6. Standardised diagnostic procedure - Simplified
7. Prevention
8. Treatment

## 3. TRAINING METHODOLOGY

The method of learning/teaching by active participation of both participants and facilitators will be encouraged. This will take the form of brainstorming in group discussions, problem solving approaches, role plays, case studies and field activities. Audio-visual materials will be used throughout the training.

A personal package of reference materials, course programme and activities, reprints of relevant journal articles will be provided for each participant.

The course will last for 7 weeks and clinical practice will be undertaken during the last 3 weeks in the health facilities of the Ministry of Health, National Population Council and the National University of Rwanda. The holistic rather than the purely technical aspects of clinical training will be emphasised. Thus advice on an appropriate method should be the result of interview, counselling and physical examination of the client. Opportunities for acquiring experience in (and exposure to) full range of contraceptive methods including Norplant will be provided.

4. Needs assessment, Data collection, Situation analysis.
5. Planning and organising IEC activities.

## MODULE 4 : MANAGING FAMILY PLANNING ACTIVITIES

1. Data needs, collection and reporting.
2. Situation analysis.
3. Planning and organising activities.
4. Managing resources.
5. Supervision of personnel.
6. Monitoring and evaluation of activities.

## MODULE 5 : DELIVERY OF FAMILY PLANNING SERVICES (CLINICAL PRACTICE)

1. Case presentation.
2. Orientation for clinical training.
3. Clinical Field Practice.

## MODULE 6 : SEXUALLY TRANSMITTED DISEASE AND IMMUNODEFICIENCY VIRUS INFECTION

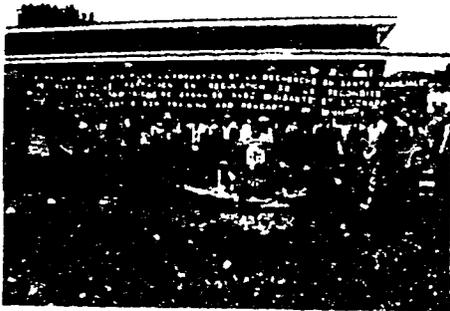
1. Definition and classification
2. Causes
3. Clinical presentation, case summaries
4. Investigation
5. Socio-cultural beliefs and practices
6. Management.

## MODULE 7 : INFERTILITY IN AFRICA

1. Definition



COMPUTER UNIT  
UNITE D'INFORMATIQUE



OFFICIAL OPENING OF FIRST TRAINING COURSE BY THE  
MINISTER OF HEALTH  
April 3 - May 25, 1991

CEREMONIE D'OUVERTURE DU PREMIER COURS PAR LE  
MINISTRE DE LA SANTE

FOR MORE INFORMATION

1 CONTACT DIRECTOR REGIONAL CENTRE FOR  
Training and Research in Family  
Health WHO Kigali, BP 1124 Tel: 2042 80640  
Fax: 250 740 14  
Tele: 22474

2 Two TRAINING COURSES each year in Family Management Feb: March and  
Oct/Nov  
Deux cours de Formation par an en Regulation de Famille Feb: Mars et  
Oct/Nov

CLINICAL FIELD  
TRAINING

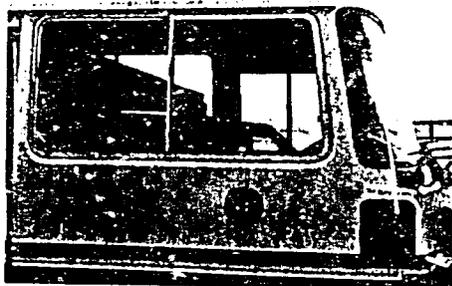
All the National Health Facilities and Institutions are available  
to the Centre including

- The department of obstetrics / gynecology of the National University of Rwanda at Butare
- Public health University Center Butare
- Reference Hospital of Kigali All the modern methods of contraception are offered including NORPLANT and VASECTOMY without SCAPEL



PARTICIPANTS LEARN BY DOING BY APPLYING THE RISK  
APPROACH AS A TEAM SIMPLE TESTS CAN IMPACT  
SIGNIFICANTLY ON MATERNAL MORTALITY

LES PARTICIPANTS APPRENNENT EN EQUIPE L'APPLICATION DE  
L'APPROCHE EN FONCTION DU RISQUE COMME UN TEST  
SIMPLE AYANT UN IMPACT SIGNIFICATIF SUR LA MORTALITE  
MATERNELLE



TOUTS LES FACILITES ET INSTITUTIONS NATIONALES DE SANTE  
SONT DISPONIBLES AU CENTRE Y COMPRENS

- Le departement de gynécologie et d'obstétrique de l'Université Nationale du Rwanda à Butare
- Centre Hospitalier de Kigali
- Toutes les méthodes modernes de contraception sont offertes y compris le NORPLANT et VASECTOMIE sans SCAPEL



ITS NOT ALL WORK AT THE KIGALI REGIONAL CENTRE!

IL N'Y A PAS QUE DU TRAVAIL AU CENTRE REGIONAL DE KIGALI  
MAIS AUSSI DES LOISIRS!



FIRST REGIONAL CONSULTATION ON PRIORITIES &  
STRATEGIES FOR STRENGTHENING RESEARCH CAPABILITY  
IN FRANCOPHONE AFRICA  
May 27 - 31st 1991  
34 PARTICIPANTS FROM 11 COUNTRIES

PREMIERE CONSULTATION REGIONALE SUR LES PRIORITES ET  
LES STRATEGIES DE RENFORCEMENT DES CAPACITES DE  
RECHERCHE EN AFRIQUE FRANCOPHONE  
27 - 31 Mai 1991  
34 PARTICIPANTS PROVENANT DES ONZE PAYS

REGIONAL CENTRE FOR TRAINING AND  
RESEARCH IN FAMILY HEALTH

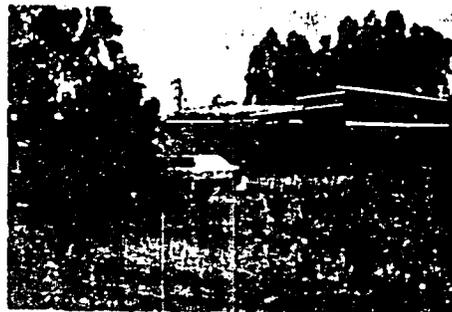
CENTRE REGIONAL DE FORMATION ET DE  
RECHERCHE EN SANTE FAMILIALE

OVERVIEW OF CENTRE IN KICUKIRO  
PLANTED IN NATURE ABOUT 10 KM FROM THE CITY CENTRE  
OF KIGALI

VUE GENERALE DU CENTRE DE KICUKIRO IMPLANTE EN PLEINE  
NATURE DANS LE CALME PRES DE 10 KM DU CENTRE VILLE DE  
KIGALI



RESIDENTIAL AND SOCIAL SERVICE WING  
BLOC RESIDENTIEL



ADMINISTRATIVE AND TECHNICAL WING  
BLOC ADMINISTRATIF ET TECHNIQUE

RWANDAS TEMPERATE CLIMATE IN THE HEART OF THE  
GREAT LAKE REGION IS UNIQUE IN AFRICA

LE CLIMAT TEMPERE DU RWANDA DANS LA REGION DES  
GRANDS LACS EST UNIQUE EN AFRIQUE



CENTRE'S WARDEN/INTENDANTE AT HER RESIDENCE SURROUNDED BY NATURE

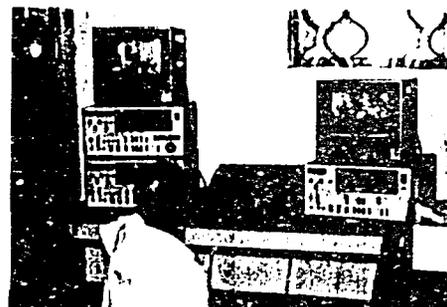
PARTICIPANTS ROOM TOTAL CAPACITY 60 ROOMS

CHAMBRE DES PARTICIPANTS (60 au total)



IEC UNIT

AUDIO VISUAL LABORATORY



**MANDATE**

- \* Training of trainers in family health
- \* Training in research methodology (Goal-oriented Research)
- \* Development of appropriate technology
- \* Information gathering & sharing

- \* Formation de formateurs en Santé Familiale
- \* Formation de prestataires en régulation de la fertilité
- \* Formation en méthodologie de la recherche
- \* Formation en recherche opérationnelle
- \* Développement de la technologie appropriée
- \* Collecte et échange d'informations



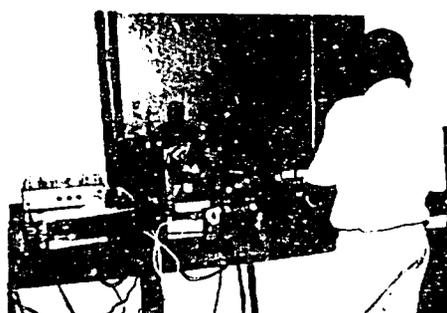
PROFESSOR CHRISTIANE WELFFENS — EKRA

(Obstetrician & Gynaecologist)

- \* International Training Co-ordinator
- \* 48% of participants were female



RESTAURANT



RECORDING ROOM / CHAMBRE DE SONORISATION



LEARNING IS BY ACTIVE PARTICIPATION IN DISCUSSION GROUPS ROLE PLAY VIDEO SESSIONS INDIVIDUAL &