Trip Report

Travelers:
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Country Visited:
Rwanda

Date of Trip:
March 4 - 15, 1986

Purpose:
To develop a contract with ONAPO for the training of Rwandan paramedical personnel in FP/MCH.
<table>
<thead>
<tr>
<th>ABBREVIATION</th>
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<tr>
<td>ARBEF</td>
<td>Association Rwandaise pour le Bien-Etre Familiale (Rwandan Association for Family Well-Being)</td>
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<tr>
<td>BEPS</td>
<td>Bureau d'Enseignement Primaire et Secondaire (Office of Primary and Secondary Education)</td>
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<td>BNR</td>
<td>Banque Nationale de Rwanda (National Bank of Rwanda)</td>
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<tr>
<td>CCDFP</td>
<td>Centres Communaux de Développement et de Formation Permanent (Local Centers for the Continuation of Development and Training)</td>
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<tr>
<td>CERAI</td>
<td>Centres d'Enseignement Rural et Artisanal Intégré (Center for Integrated Rural and Crafts Instruction)</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>GOR</td>
<td>Government of Rwanda</td>
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<td>HPN</td>
<td>Health, Population and Nutrition</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>JHPIEGO</td>
<td>Johns Hopkins University Program for International Education in Gynecology and Obstetrics</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MOPH</td>
<td>Ministry of Public Health</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NFP</td>
<td>Natural Family Planning</td>
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<td>ONAPO</td>
<td>Office National de la Population (National Office of Population)</td>
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<td>PCS</td>
<td>Population Communication Services (Johns Hopkins University)</td>
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<td>PRITECH</td>
<td>Technologies for Primary Health Care Project</td>
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<td>PSF</td>
<td>Projet de Santé Familiale (Project for Family Health)</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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EXECUTIVE SUMMARY

The purpose of the INTRAH visit of March 4 - 14, 1986, to Rwanda was to develop a contract between ONAPO and INTRAH for the training of Rwandan paramedical personnel in family planning (FP). The draft contract that was prepared in Kigali during the INTRAH team's visit is based on needs identified by INTRAH representatives during previous PAC I and Pac II visits and training activities, and on discussions held during this visit with ONAPO central and regional office staff and other agencies providing training and/or health services in Rwanda.

The INTRAH team held discussions with approximately 50 persons representing more than 15 agencies and/or divisions within them. A one-day field visit was made to the ONAPO Regional Office in Ruhengeri for observation and discussion with prefecture-level FP service providers.

The following major training areas were identified with ONAPO for technical or financial support by INTRAH (in order of highest priority):

--Curriculum development for clinical training of FP service providers.

--Clinical training in FP service provision for paramedical personnel.

--Training of trainers for ONAPO core training staff.

--Training in evaluation of training programs; mid-project evaluation of the ONAPO/INTRAH program.

--Training of current teachers of FP in secondary schools using existing curricula.

--Management of FP programs at the regional level.

--Curriculum development in family life education for clinical FP service providers.
--Training in family life education for clinical FP service providers.

--Educational study tours for ONAPO personnel to African or Asian countries which have successful FP programs.

INTRAH has proposed support of 43 ONAPO training activities between September 1986 and April 1989 for a total of 554 participants at an estimated in-country cost of $159,835.

A draft contract was developed (see Appendix B), which includes a brief background statement, responsibilities of ONAPO and INTRAH, goals and objectives, a workplan, budget estimate and evaluation strategy. The draft contract (including general provisions) was reviewed with the ONAPO Director, the subsection chief for training and school programs, and the chief accountant.
Mr. James Herrington and Dr. George Walter met Ms. Constance Newman in the Nairobi airport and the team members traveled together to Kigali, Rwanda, arriving about 1:30 p.m.

Briefing with Ms. Carina Stover, Acting Health, Population and Nutrition Officer, USAID/Rwanda. Accompanied Ms. Stover to briefing with Mme. Gaudence Habimana, Directrice (Director), ONAPO. Contact person within ONAPO was Mr. Castule Kamanzi, Chef-Adjoint, Sous-Section Formation (Deputy Chief, Training Subsection). The team began working together exploring the needs outlined as priorities by Mme. Habimana.

Field trip to ONAPO Regional Office in the préfecture of Ruhengeri, returning mid-afternoon. Meetings with Mme. Monique Mukamanzi, Chef, Section Evaluation et Recherche (Chief, Evaluation and Research Section), regarding evaluation of training. Working session with Mr. Kamanzi.

Briefing with Mr. Emerson Melaven, AID Representative, USAID/Rwanda.

Mr. Pape Gaye arrived in Kigali, Rwanda.

Working session with Mr. Kamanzi.

Afternoon session with Dr. Paul Casman, UNFPA Technical Consultant to ONAPO, and Chef, Section de Santé Familiale (Chief, Family Health Section), regarding a computer analysis of a survey of services available in Rwandan health facilities.

Meeting with Ms. Maryanne Neill, Director, Control of Childhood Communicable Diseases Project.

Progress reports to both Ms. Stover and Mme. Habimana.

Worked with the three members of Sous-Section Formation (Training Subsection) staff.
Friday, March 7: (Continued)
Discussion with Dr. Casman.

Saturday, March 8:
Morning and early afternoon: Formulated week's work into a training plan matrix.

Evening: Reception at the home of Dr. Casman.

Sunday, March 9:
Team working session until 2:00 p.m. Break until 6:00 p.m. Working session again until 9:30 p.m., drafting contract.

Monday, March 10:
Mr. Herrington and Ms. Durham met with Mr. Bruce Lerner, Program Assistant, USAID/Rwanda, and Mr. Fritz Fahlbush, Chef, Division d'Exploitation, Banque Commerciale du Rwanda (Chief, Development Division, Commercial Bank of Rwanda).

Mr. Gaye and Dr. Walter visited the ONAPO Family Planning Clinic at the Centre Hospitalier de Kigali (Kigali Hospital) and the Family Planning and Health Education Divisions of the Ministry of Public Health and Social Affairs.

Ms. Durham and Ms. Floriane Nibakure, Interpreter, visited a local book/supply store to obtain costs of office and training supplies.

The team interviewed Dr. Maryse Pierre-Louise, Technical Advisor, USAID/Rwanda, then spent the remainder of the day in working session with the Training Director.

Tuesday, March 11:
Discussion with Sous-Section de Santé Familiale (Family Health Subsection) staff and Training Director. Formal interview with Dr. Evariste Hakizimana, Chef, Services Etudes et Programmes (Chief, Section of Studies and Program Services), ONAPO. Additional interviews with Mr. Célestin Hakiruwizera and the staff of Sous-Section Sensibilisation (Subsection for Community Awareness). Discussions with Mr. Clet Niyikiza, a computer analyst, and Dr. James Allman, Columbia University Center for...
Tuesday, March 11: (Continued)
Population and Development -- in Rwanda exploring possibilities of operational research. Contract and financial terms worked out with Training Director.

Discussion of consultation visit with Ms. Barbara Kennedy, Population Advisor, REDSO/ESA, Nairobi.

Tuesday, March 11 (Continued)
Ms. Durham met with Ms. Neill who explained the experience of CCCD regarding cost factors.

Wednesday, March 12:
Detailed review of contract and financial arrangements with Ms. Thérèse Mukabideli, Accountant, ONAPO.

Discussions with the Sous-Section de Santé Familiale (Family Health Subsection), and Mr. Charles Uwayo, Chef, Section Audio-Visuel (Chief, Audiovisual Section).

Follow-up of family planning materials development workshops of 1985.

Visit to Mr. Séraphin Rwabukumba, Chef de Service Etranger, Banque Nationale du Rwanda (Chief, International Services, National Bank of Rwanda).

Team working session to complete draft contract and workplan.

Thursday, March 13:
Review and complete draft contract and workplan with Training Director.

Interview with Sister Godelive, Attaché to the Personnel Training Division of the Ministry of Public Health and Social Affairs. She is responsible for all paramedical training and for all scholarships for training abroad.

Debriefing with Mme. Habimana. Complete reading of draft contract and workplan.

Second debriefing with AID Regional and USAID/Rwanda staff.
Thursday, March 13: (Continued) Team working session preparing documents and drafting trip report.

Mr. Herrington and Ms. Durham depart Kigali for Brussels at 8:30 p.m.

Friday, March 14: Mr. Gaye and Dr. Walter: Complete trip report assignments; distribute documents to ONAPO and USAID/Rwanda.

Final departures: Dr. Walter at 2:35 p.m. and Mr. Gaye at 7:30 p.m.
I. **PURPOSE(S) OF TRIP**

A. To develop a draft contract for family planning (FP) training in Rwanda with the Office National de la Population (ONAPO -- National Office of Population).

B. **Objectives of the Assignment:**

1. Identify and assess the extent, quality and location of FP services. Walter and Herrington

2. Identify and assess the pre-service and in-service training and curricula currently available in-country. Gaye

3. Identify prospective trainees by type and number. Gaye

4. Identify external donors who provide assistance in FP and describe their level of FP involvement in both governmental and non-governmental sectors. Identify potential sources of technical assistance, other than INTRAH, to meet identified needs (e.g., Management Sciences for Health (MSH) for management training, Georgetown University for natural family planning (NFP) training, Population Communication Services (PCS) for IEC training, etc.). Walter and Herrington

5. Identify and assess potential in-country FP training resource persons. Gaye

6. With MOPH, mutually develop cost factors and construct budget for FP training activities. Durham

7. Identify and assess mechanisms for the transfer of funds needed to implement FP training activities and establish an external bank account (if feasible). Durham

9. Assist in developing the project's evaluation component through application of the INTRAH evaluation framework. Newman

10. Assess difficulties of applying the INTRAH evaluation framework in Rwanda and identify what INTRAH must do so the evaluation may be carried out. Newman

11. Identify three potential candidates to attend INTRAH evaluation workshop for Francophone countries. Newman

12. Assess outcomes of visual communication training provided by Gridley and Chaponnière. Walter and Herrington

C. Outcomes:

1. Draft contract for FP/MCH training to be funded by INTRAH, which will include (but not be limited to) goals and objectives, workplan, budget, and evaluation scheme. Durham

2. Written trip report that includes, but is not limited to, the degree of achievement of each objective with detailed and explanatory material for each, as well as strategy for training in Rwanda. Each person by section assigned; Herrington to coordinate final draft.

3. Briefing and debriefing with Office of AID Affairs representatives. All

4. Recommendations and next steps, if any, for development of FP training program in-country. All
II. ACCOMPLISHMENTS

The INTRAH team successfully met the objectives of the assignment. The major outcome of the mission was a draft contract for FP/MCH training (see Appendix B), for the period October 1986 - April 1989, at an estimated in-country cost of $160,000.

The INTRAH team interviewed ONAPO staff, reviewed ONAPO's current training plan for 1986 and its pre- and in-service curricula, and visited the Ruhengeri field training site, located two-and-one-half hours from Kigali. The team also discussed in detail with the Training and School Programs Subsection its training needs and the strategies which might be employed to meet those needs.

The main accomplishment of the INTRAH visit was development of a tentative draft training plan, which is included in the draft contract. The plan consists of twelve items, listed below in priority order:

1. Curriculum development in clinical FP for service providers;
2. Clinical training for FP service delivery;
3. A workshop on evaluation of training;
4. TOT for ONAPO core training staff at three successive skill levels (for example: basic, intermediary and advanced);
5. Follow-up of the first workshop on evaluation of training;
6. Curriculum development for FP instructors in secondary schools;
7. Training of FP teachers in secondary schools;
8. Management of FP programs;
9. Evaluation of INTRAH/ONAPO activities;
10. Curriculum development for family life education for service providers of clinical FP;

11. Family life education for service providers of clinical FP; and

12. Study tours to FP/MCH programs (e.g., Senegal, Morocco, Tunisia or Thailand).

Other accomplishments of the INTRAH team included the identification of external donors in Rwanda who are providing assistance in FP. Most notably, the World Bank has a $10 million family health project which will address construction needs, provision of MCH care, and training. The degree to which the World Bank will be involved in training was not clear to the INTRAH team and will thus require further exploration.

The INTRAH team also identified potential in-country FP resource persons, mainly at ONAPO. Evaluation needs were also identified, as were potential participants for the Francophone Evaluation workshop to be held in Mauritius in September 1986.

The INTRAH team assessed the outcomes of the visual communication training that was provided last August and September (1985) by IHP consultants Gridley and Chaponnière. The workshop apparently was successful and, in fact, is being replicated by the Audiovisual Section within ONAPO.

During preparation of the draft contract, cost factors were identified as were the mechanisms for channelling funds into the country. It was decided that ONAPO would advance its own funds up-front and INTRAH would reimburse ONAPO on a regular basis using the forms provided in the contract.
III. BACKGROUND

Between 1980 and 1983, under INTRAH and other auspices, more than 150 (unduplicated) Rwandan participants attended a variety of FP/MCH training activities as outlined below:

--Nine persons to a clinical FP course in Santa Cruz, California, April/May 1980;

--Two persons to an NFP course in Mauritius, 1981;

--Four physicians to JHPIEGO courses in the U.S. and Tunisia;

--Six ONAPO and other health personnel to a management course in Santa Cruz, California, October/November 1983;

--Seven nurses to courses in clinical FP in Mauritius, October/November/December 1983; and

--One hundred fifty (approx.) in non-clinical IEC courses held in the three ONAPO pilot zones of Rwanda.

In late 1983 INTRAH sponsored a mid-project evaluation of the INTRAH/ONAPO program which recommended that greater emphasis be placed on strengthening the FP clinical skills of ONAPO personnel.

In 1984, ONAPO extended its IEC training activities to auxiliary health and social service personnel outside Kigali in an effort to increase the public demand for FP services as well as to provide greater visibility to ONAPO FP services. As a result, ONAPO equipped fifty of the country's health centers and dispensaries with contraceptive supplies and materials. Discussions were also held in March 1984 by INTRAH, USAID/Rwanda and ONAPO about providing clinical training for health center personnel.

In June and July 1984, INTRAH sponsored clinical FP training for 24 Government of Rwanda (GOR) health center workers which included physicians, nurses and medical assistants.
More recently, under the PAC II contract, INTRAH conducted an updated FP/MCH training needs assessment visit in March 1985, and two three-week FP Materials Development workshops in July/August 1985 (see trip reports 0-24 and 0-132 respectively).

IV. DESCRIPTION OF ACTIVITIES

The INTRAH team first met with Mr. Castule Kamanzi, Chef-Adjoint (Deputy Chief), and Mr. Bérnard Avutsekubwimana and Mr. Adrien Niragire, both Psycho-Pédagogues (Trainers in Behavioral Change), of the Sous-Section Formation (Training Subsection), ONAPO. This first meeting served as a briefing on ONAPO's activities and identification of possible areas for cooperation/collaboration with INTRAH.

Meetings were also held to determine training needs with Mme. Gaudence Habimana, Directrice (Director), Dr. Evariste Hakizimana, Chef, Services Etudes et Programmes (Chief, Section of Studies and Program Services), and Dr. Maryse Pierre-Louise, USAID/Rwanda Technical Advisor to ONAPO.

The following is a summary of discussions and observations:

A. USAID/RWANDA

The INTRAH team met with Mr. Emerson Melaven, AID Representative to Rwanda, and Ms. Carina Stover, Acting HPN Officer, to discuss the objectives of the assignment and the projected outcomes. According to Ms. Stover, the needs for training were in the areas of financial management and

No discussions were held about a mission buy-in or other cost-sharing arrangements.

B. ONAPO DIRECTORATE

1. ONAPO's training needs in priority order were identified by ONAPO Directrice (Director), Mme. Gaudence Habimana, as follows:
   a. Clinical FP delivery;
   b. Management;
   c. Family life education;
   d. Training of trainers (TOT) -- both ONAPO and other agencies' staffs;
   e. Evaluation of training programs -- need both training in how to do evaluation, and technical assistance in doing it; and
   f. Training reference materials for ONAPO service provider training and school training.

2. This is a critical year for ONAPO, its fifth year of operations. Although the organization called ONAPO is a permanent part of the GOR/MOPH, project funding from USAID/Rwanda will terminate in September, 1988. Mme. Habimana indicated that ONAPO will continue even without supplementary funding, but perhaps with a reduced program. This is also the end of a GOR five-year national development plan. The GOR is in the process of writing the next five-year plan and the Minister of Public Health has requested that ONAPO assist with the writing of the health/population section.

3. ONAPO now has about 93 personnel, half of whom are based in Kigali. They have branch offices in all ten préfectures, with a physician as the "regional bureau chief" in nine préfectures, and a senior medical assistant in the tenth. Most ONAPO physicians are recent graduates with minimal experience in FP. The préfecture staff is comprised of a physician, a nurse or a medical assistant, a social agent, and a
C. ONAPO SOUS-SECTION FORMATION ET PROGRAMMES SCOLAIRES (TRAINING AND SCHOOL PROGRAMS SUBSECTION)

1. Of the four persons who comprise the Sous-Section Formation (Training Subsection), Mr. Sixte Zigirumugabe, Chef (Chief), is studying for an MPH at Tulane University. Mr. Kamanzi, who has been with ONAPO for three years, is Acting Chief. His senior assistant, Mr. Avutsekubwimana, has been with ONAPO less than a year, and Mr. Niragire was just hired in November 1985.

2. Clinical training is the number one ONAPO priority for 1986. Implementation of clinical training is the responsibility of the Sous-Section de Santé Familiale (Family Health Subsection). However, the Training and School Programs Subsection will oversee clinical training in addition to non-clinical training. ONAPO, over its five years of existence, has done a very good job in "sensibilisation" (community awareness) and informing the masses of the importance of FP. The emphasis of this sensibilisation has been socio-demographic and ONAPO believes that now there should be a shift toward clinical training for FP service delivery personnel.

3. Mr. Kamanzi sees evaluation of training as the major problem in the Sous-Section Formation (Training Subsection), particularly when to attribute effects to training and when to attribute them to something else. The second problem is training methodology. ONAPO wants to use a more participatory method, but finds resistance from both trainers and trainees. Even those who have been trained in participatory training methods often revert to traditional didactic formats, since it requires less work and is sometimes better received by the trainees who are accustomed to "exposés" (lectures).

4. Mr. Kamanzi would like INTRAH assistance with strengthening of ONAPO skills in TOT and in evaluation of training impact and effects.
Mr. Kamanzi is directing a survey for the purpose of developing a family life education program for secondary schools. A self-administered questionnaire has been sent to 3,500 students in 42 schools. Surveyors will be present to clarify vocabulary, or answer questions. The Training and School Programs Subsection will survey 330 educators, March 9-30, 1986, and follow-up the survey with a one-week seminar in August during which educators will discuss the results of the survey and determine methods for adapting curricula geography, demography and civics to include complete and up-to-date information about contraception and FP.

6. The family life education program will be implemented under the auspices of the Bureau d'Enseignement Primaire et Secondaire (BEPS). There is a standard general curriculum for all schools in Rwanda, even those run by religious missions. In addition to the secondary schools, the BEPS runs the Centres d'Enseignement Rural et Artisanal Intégré (CERAI). There are two per commune (143 communes) and the course is three years long. The CERAI take young people after the eight grades of primary education who were not able for one reason or another to enter secondary school. The CERAI offer principally vocational training. However, in the CERAI curriculum for "Science de l'Enfant" (Science of the Child), FP and contraception will receive major attention.

D. ONAPO SERVICES ETUDES ET PROGRAMMES (SECTION OF STUDIES AND PROGRAM SERVICES)

1. According to Dr. Evariste Hakizimana, Chef, Services Etudes et Programmes (Chief, Section of Studies and Program Services), and Dr. Maryse Pierre-Louis (Haitienne), USAID/Rwanda Technical Advisor to ONAPO, JHPIEGO sponsored an FP seminar for 45 physicians in Butare in 1985. The physicians subsequently requested clinical training. JHPIEGO has agreed to finance it; it will be conducted in a series of small groups. ONAPO has sent a questionnaire to all practicing physicians, probably about 100, which requests they identify areas of FP clinical training desired (see Appendix C).
2. It is ONAPO's and the Ministry's objective to have at least two FP-trained doctors at each hospital.

3. ONAPO has been training a category of FP worker called an "Auxiliaire de Planification Familiale" (FP auxiliary). Participants have been nurses and medical assistants in addition to "cadres de développement" (the latter may or may not have a health background), who work at Centres de Santé (health centers), dispensaries and hospitals. Graduates of the program receive a certificate, and those with a health orientation could probably be considered as FP service providers, though minimally trained with regard to clinical practice.

4. Centres de Santé (health centers), which depend on the Catholic Church, will not accept or participate in the training offered by ONAPO.

5. According to Dr. Pierre-Louise, ONAPO training needs are in the areas of:

   --Planning processes;
   --Evaluation;
   --Supervision of programs; and
   --Management.

   She also sees a greater need for training in management at the prefecture level first, then on to the mid-level and the health centers.

   Training in evaluation should target the ONAPO Evaluation Section and principal ONAPO trainers.

6. During the meeting with Dr. Pierre-Louise, the team first learned about the upcoming World Bank project called the Projet de Santé Familiale (PSF), proposed to run from 1987 - 1991, which coincides with the next Rwanda five-year development plan. A copy of the project document was made available to the INTRAH team. The activities of this project are scheduled to start January 1, 1987. The overall goal is to support the health system and to provide operational assistance to the MOPH. The main areas of intervention of the project will be:
--Construction/building improvement;
--Service provision (through ONAPO for population activities);
--Training of personnel (through the Ministry of Education);
--Two new nursing schools (level A3) will be built at Zomba and Gikongoro; and
--Training of health auxiliaries under the supervision of Sister Godelive, Chief of Continuing Education, MOPH.

7. Other agencies involved in ONAPO's activities are:

UNFPA: Research and family health. UNFPA is also involved in FP, construction and supply of medical-surgical equipment. In 1985 UNFPA provided $770,000 in scholarships.

IPPF: Small-scale training. Supply Depo-Provera.


ARBEF: (Association Rwandaise pour le Bien-Etre Familiale) A new organization being created as an IPPF local affiliate.

8. It was learned that Ms. Stover and Dr. Pierre-Louise were working toward suggesting that a full-time training director be named (hired) for the ONAPO training center. It is important that this person not have other administrative responsibilities and that he/she is fully versed in training methodologies, approaches, etc.

9. The team visited the USAID-financed training center which is currently under construction. The INTRAH team agreed that substantial construction work still remains to be done on the training center and that October/November 1986, would be the earliest time when training activities could take place there.

E. ONAPO REGIONAL OFFICE AT RUHENGERI

A field trip was organized to Ruhengeri to allow the team to observe the activities of ONAPO at the
prefecture level. The team met with Dr. Eulade Ntezilizaza, Directeur du Bureau Régional (Director, ONAPO Regional Office) d'ONAPO à Ruhengeri and Chef de la Santé Maternelle et Infantile (Chief of Maternal and Child Health) at Ruhengeri Hospital.

1. The prédécture of Ruhengeri serves a population of about 600,000. There are 21 health centers staffed by personnel outside of Ruhengeri (17 assistants médicaux and 16 infirmiers A2). Each health center serves a population from 20,000 to 50,000.

2. At the ONAPO clinic at Ruhengeri, there are about 600 active clients. The cumulative figure for the prédécture for December 1985 was 928 women.

3. The most popular method is injectables, followed by pills and IUDs. Condoms, spermicides and NFP are not used at all. "So far, every time condoms are mentioned, everyone smirks, grins, or laughs outright, including the ONAPO training staff. This must have program implications," observed an INTRAH team member. Sterilization is no longer illegal, and has been conducted at the hospital in Ruhengeri, which has 320 general beds and a maternity with 41 beds.

4. ONAPO began in Ruhengeri in 1982. ONAPO staff have always tried to train/maintain at least two of the nurses in the neighboring maternity in FP. As soon as they are trained, however, the nurses are often transferred outside of Ruhengeri. Thus, there appears to be a problem with keeping trained staff.

5. Dr. Ntezilizaza proposes to bring at least ten of his field staff (from the health centers and dispensaries), one or two persons at a time, to Ruhengeri to work for one week with him in an ad hoc FP practical training apprenticeship.

6. There are 13 doctors, of whom four are surgeons or surgeons-in-training (the hospital has a relationship with the Cooperation Française, and cooperates in a
residency training program with medical schools in France). The other physicians are generalists. There are five European cooperants and eight Rwandans. Dr. Ntezilizaza feels that at least three of the Rwandan physicians should receive clinical FP training. There are 60 paramedical staff in the hospital.

7. In the ONAPO FP clinic, there is one new client per day. Ten FP visits per day appears to be the average.

F. **ONAPO SECTION DE SANTE FAMILIALE (FAMILY HEALTH SECTION)**

Dr. Paul Casman, Belgian pediatrician, UNFPA consultant to ONAPO, and Chef de Section de Santé Familiale (Chief, Family Health Section), provided the following information:

1. In addition to continuing the three-week training sessions for the auxiliaires de planification familiale (family planning auxiliaries), he recommends a three-step plan for meeting ONAPO's need for clinical training:

   --The ONAPO physician at the prefecture level will go to two of his health centers once each week to do on-the-job training in FP.

   --In each prefecture, one health center staff member at a time would be brought into the ONAPO office to serve a one-week apprenticeship in FP, working with the ONAPO medical officer.

2. Development of a family medical record: A woman's and her children's entries will be on the same record. The men's records will be on a separate form which can be placed in different family folders as indicated.

3. Beginning in May 1986, JHPIEGO will conduct a series of three-week clinical trainings for five doctors at a time. They will repeat the course nine times, until 45 doctors have been trained. Since there are 93 physicians in
the health centers, this training will cover only about half of the physicians. Dr. Casman would also like to train the medical director and the ONAPO physician in each prefecture, plus one physician at each hospital.

4. Moreover, he would also like to start bringing the auxiliaires de planification familiale (family planning auxiliaries) back in for three to four days of advanced training in FP and give them another certificate and the title "Agent de Planification Familiale" (family planning agents).

5. He has set a goal of reducing the number of malnourished infants by 10% during 1986. It was not clear how this goal would be addressed.

6. Dr. Casman proposes a time and motion study of clinical and office staff.

7. In November 1983, Son Excellence le Général-Major Président de la République Rwandaise Juvénal Habyarimana said, "Every Rwandan couple has the right to choose the family planning method they desire (except abortion)". This has recently been interpreted to mean that the ban on sterilization has been lifted.

G. KIGALI HOSPITAL AND MOPH

Dr. Walter and Mr. Gaye visited the ONAPO clinic at the Kigali Hospital to meet with Mme. Véronique Mbabajende, Ms. Consulatha Mukabalisa and Ms. Bérnardette Nyirangerageze, all family planning nurse practitioners. The team observed that the clinic is receiving about 40 patients a day, five days a week. This is a 200% increase over the last two years.
H. ONAPO SECTION AUDIO-VISUELLE (AUDIOVISUAL SECTION)

Mr. Gaye and Dr. Walter met with Mr. Charles Uwayo, Chef, Section Audio-Visuelle (Chief, Audiovisual Section).

Subjects discussed with Mr. Uwayo included:

1. Using the centres communaux de développement et de formation permanent (CCDFP) as training sites;

2. The radio program by ONAPO is currently on the air for 15 minutes every week, but efforts are being made to increase it to 30 minutes per week; and

3. Visual aids: There is a strong need to test the visual aid and audio materials before using them, according to Mr. Uwayo. He also indicated that when he came on board with ONAPO, there were already hundreds of FP visual aids untested and many of them were inappropriate. Efforts are being made to produce more locally appropriate visual aids. The visual aids workshop conducted by Paulette Chaponnière and Karen Gridley (IHP) was viewed as being very successful and the participants who attended the workshop are now applying their new skills.

4. Follow-up of the ONAPO FP Materials Development Workshops:

Prior to the FP Materials Development workshops held in the summer of 1985, the Visual Aids Section of ONAPO made a survey of training conducted at the peripheral level. They confirmed that most of the community development staff were approaching the rural populations in a very traditional, didactic fashion, using materials that were above the level of their audiences. This prompted ONAPO's request for help with the training of agents having first contact with the rural populations, chiefly through the CCDFP.

Since the workshop, the Visual Aids Section has made evaluation visits in three of the ten préfectures. They have found the
personnel of all ministries very enthusiastic about the workshops, and appreciating them even more as they apply the new techniques and see the results. The ONAPO staff noted that the rural development agents who had the training are using a participative, motivational style, with storytelling, role playing, and relaxed humor. They are using appropriate visual aids, many made out of local products such as banana leaves and other plants.

Another outcome of the workshop was that the Visual Aids Section diagnosed that many of their own materials were either incorrect or inappropriate to their intended audience. Budget constraints prevent their changing materials until present stocks are depleted, but they are in the process of redesigning several basic materials.

The Visual Aids Section hopes to repeat the FP Materials Development workshop at least twice this year, using their own staff as trainers, and thus expanding their outreach through the CCDFP.

I. MOPH HEALTH EDUCATION DIVISION:

1. Visits were paid to Mr. Gabriel Muligande, Director of Health Education, Mlle. Scholastique Uwamurera, Head of Family Planning at Minisapaso and Ms. Thérèse Uzamukunda, in charge of the radio program and "recyclage" (in-service training). An appointment was also made to see Sister Godelive, in charge of "Formation Continue" (continuing training), at the MOPH.

2. Copies of the "curriculum" for FP in secondary schools were obtained and reviewed with the following findings:

   -- All curriculum development is currently handled by the MOPH in collaboration with the Ministry of Education.

   -- What is called a curriculum is no more than a document stating what needs to be covered, with no guidelines or information on methods for teaching it.
--Even for clinical FP training for service providers, there is no usable curriculum. Up to now the trainers have used one reference book and it is up to the individual trainer to find his/her own material.

--A curriculum development workshop is badly needed for all courses being proposed under the ONAPO/INTRAH collaboration.

--The curricula developed should emphasize as much as possible a participatory approach.

J. OTHER:

1. Evaluation:

In order to provide background information on the purposes and methodology of INTRAH evaluation, copies of the evaluation plan from the PAC II proposal (French version) were discussed with staff from the ONAPO Office of Evaluation. The plan was explained, with particular emphasis placed on methodology, instrumentation and INTRAH's expectations of future collaboration with designated evaluation resource persons from ONAPO. Evaluation training and follow-up by INTRAH were discussed as ways of assisting in-country evaluation resource persons to carry out evaluation responsibilities. Through group and individual meetings and review of selected research and evaluation documents at ONAPO, the following findings were made:

a. ONAPO appears to have a serviceable health information system. There is a fairly sophisticated information system within ONAPO itself, consisting of computer hardware, software and two trained statisticians, in addition to a well-established system of recording and monitoring service statistics in and from the field. According to an ONAPO staff member, two reporting/recording problems which currently exist are the under-reporting of FP services provided in health posts run by Catholic missions
and an occasional undersupply to some providers of forms used to record service statistics. The latter problem seems to be a fairly simple one to resolve by ONAPO. The former problem, whose gravity is difficult to assess, may have serious ramifications for the collection of accurate baseline and post-project data.

b. In keeping with the 1984 mid-project evaluation carried out by PRITECH, the INTRAH team found that ONAPO's Research and Evaluation Section emphasizes demographic research whose purpose is to inform FP policy. It does not yet appear to function generally in the evaluation of ONAPO activities, although Mme. Mukamanzi has indicated some interest in doing so in the future.

The Statistics and Data Processing Subsection of the Research and Evaluation Section also seems to currently focus efforts on survey research and not on evaluation of the organization's activities. The one exception to this strong policy research approach seems to be the Training and School Programs Subsection, which regularly evaluates its training activities, using INTRAH Biodata and Participant Reaction forms, and pre- and post-testing. However, if representatives from Research, Statistics and Training are sent to the Francophone Evaluation Workshop, there is every reason to hope for a strong, practical evaluation team at ONAPO.

c. In general, it appears that upper level ONAPO personnel, in the field as well as in the central office, could benefit from training in program planning and evaluation, apart from INTRAH training planned to assist ONAPO in evaluating INTRAH-sponsored activities. The need for generic evaluation training will be partially met, for a limited group of personnel; i.e., those attending the Francophone Evaluation Workshop.

However, it should be noted that the Francophone Evaluation Workshop will
focus mainly on training evaluation and how to carry out a very specific evaluation design, which is probably too circumscribed to satisfy the broad range of program planning and evaluation needs of a multifaceted organization like ONAPO. A separate generic evaluation training is thus both justifiable and recommended.

2. Banking:

a. Ms. Durham and Mr. Herrington met with Mr. Bruce Lerner, Program Assistant, USAID/Rwanda, to discuss financial arrangements/procedures and requirements for opening a bank account. They also visited a local commercial bank, La Banque Commercial du Rwanda, where Ms. Durham gathered details on opening an external bank account.

b. The INTRAH team held discussions with Mr. Séraphin Rwabukumba, Chef de Service Etranger (Chief, International Services), Banque Nationale de Rwanda (BNR), regarding the possibility of opening an external account for the proposed project. However, an official request was not made to open an account at the BNR since it was agreed between ONAPO and INTRAH that there would be no advance of funds by INTRAH. ONAPO will provide reports of expenditures and INTRAH will reimburse ONAPO by U.S. dollar checks based accordingly on these reports. This is also a policy used by other international donors who support ONAPO projects.
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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<td>A. ONAPO staff appear to have a demonstrated readiness for working with the INTRAH team and addressing training needs in FP.</td>
<td>A. The ONAPO staff is ready to undertake the contract with INTRAH for the financial and technical assistance support of training activities in FP.</td>
<td>A. INTRAH should pursue the draft contract negotiated with ONAPO and provide complete financing for the activities listed in the contract workplan.</td>
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<td>B. ONAPO expressed as its highest priority the training of clinical FP service providers. This would focus on both curriculum development at the in-service level for FP service providers and, at some point in the future, pre-service curriculum development.</td>
<td>B. ONAPO recognizes from past evaluations, and their own current observations, that clinical FP service provision is necessary if ONAPO intends to reach its objectives of providing FP service to the nation.</td>
<td>B. INTRAH should support, in particular the development of curricula for clinical training of FP service providers, as well as the actual training of those FP service providers, especially the current medical staff.</td>
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<td>C. An ONAPO training strategy was not made clear during the INTRAH team visit. ONAPO did not demonstrate a clear understanding of the direction in which it plans to pursue training within the organization. However, it should be noted that ONAPO does have a training plan which outlines specific activities they plan to undertake in 1986.</td>
<td>ONAPO demonstrates motivation and readiness for improving its training capacity. However, ONAPO seems to lack direction as to where it should focus limited resources on which target groups. ONAPO has expressed strong interest in developing its training strategy.</td>
<td>C. INTRAH should support the training of ONAPO staff in training as trainers and with the development of a strategy for training of their own staff as well as peripheral staff in outlying areas.</td>
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V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS

D. ONAPO appears to have a strong ability in development of research and survey instruments and in conducting the implementation of research and surveys. However, ONAPO does not appear to have developed its clinical FP training capacity, but rather its ability to convince policy makers that FP is necessary in Rwanda. At this point, ONAPO recognizes its need to develop service provision.

E. ONAPO has expressed interest in developing its management capacity at the regional level.

CONCLUSIONS

D. ONAPO's research and survey capabilities are strong and should be utilized in development of future programs within Rwanda, as well as examples for other countries beginning their FP programs. However, ONAPO appears to lack in the area of developing their capacity for clinical FP service provision.

E. Based on a site visit by the INTRAH team, ONAPO has demonstrated a reasonable capacity for carrying out regionally-based programs through its regional offices at the prefecture level.

RECOMMENDATIONS

D. INTRAH should support the development of clinical FP service provision for ONAPO clinics and assist ONAPO in utilizing the survey research data which has been gathered in training of in-service providers.

E. INTRAH should support management training at the regional level for service providers. However, for management and training needs based at the central level, INTRAH recommends that the MSH FP management program target ONAPO central-level staff for training in management and organizational development.
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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<td>F. INTRAH proposes to support 43 ONAPO training activities between September 1986 and April 1989 for a total in-country cost of approximately $160,000. A cumulative total of 382 participants will be trained.</td>
<td>F. ONAPO demonstrates the capacity to carry out a large scale training program based on its strong infrastructure at both the central and regional levels.</td>
<td>F. INTRAH should support, to the fullest extent possible, the training activities identified in the draft contract.</td>
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APPENDIX A

PERSONS CONTACTED

USAID/RWANDA:

Mr. Emerson Melaven, Country Representative, Rwanda
Ms. Rosemary Depp, Assistant to AID Representative
Ms. Lynn Gross, Agricultural Project, Ruhengeri
Mr. Ron Gross, Agricultural Project, Ruhengeri
Mr. Bruce Lerner, Program Assistant
Mr. Gustav Nkurunziza, Training Coordinator
Ms. Carina Stover, Acting Health, Population and Nutrition Officer

ON TDY TO USAID/RWANDA:

Ms. Barbara Kennedy, Population Advisor, REDSO/ESA/Nairobi

ONAPO DIRECTORATE:

Mme. Gaudence Niyrasafri Habimana, Directrice (Director)

Dr. Evariste Hakizimana, Chef de Services, Etudes et Programmes (Chief, Studies and Program Services Section)

Dr. Paul Casman, Conseil Technique à ONAPO de l'Université Libre de Bruxelle, provided by UNFPA (Technical Consultant to ONAPO from the Free University of Brussels); also Chef, Section de Santé Familiale (Chief, Family Health Section)

Mr. Alach Mouchiroud, Conseil Technique, Démographe-Economiste (Technical Consultant, Demographer-Economist)

Dr. Maryse Pierre-Louise, USAID/Rwanda Technical Advisor to ONAPO
SOUS-SECTION FORMATION (TRAINING SUBSECTION):

Mr. Castule Kamanzi, Chef-Adjoint (Deputy Chief)

Mr. Bérnard Avutsekubwimana, Psycho-Pédagogue (Trainer in Behavioral Change)

Mr. Adrien Miragire, Psycho-Pédagogue (Trainer in Behavioral Change)

Mr. Sixte Zigirumugabe, Chef (Chief)

SECTION DE SANTE FAMILIALE (FAMILY HEALTH SECTION):

Dr. Vincent Bajinya

Mr. Anastase Kayumba, Assistant Medical (Medical Assistant)

Dr. Pascasie Mukamfizi, Trainer

Dr. Augustin Nzamwita

Népomuscène Zikamabahari, Assistant Medical (Medical Assistant), Trainer

SOUS-SECTION SENSIBILIZATION (SUBSECTION FOR COMMUNITY AWARENESS):

Mr. Célestin Hakiruwizera, Chef (Chief)

Ms. Eugénie Bukara, Assistante Sociale (Social Assistant)

Mr. Idésbal Kanyangira, Assistante Sociale (Social Assistant)

Mme. Gaudence Mukakabego, Assistante Sociale (Social Assistant)

Mme. Spéciose Nyrikamana, Assistante Sociale (Social Assistant)

SECTION AUDIO-VISUELLE (AUDIOVISUAL SECTION):

Mr. Charles Uwayo, Chef (Chief)

Mme. Jeanne D'Arc Mukasanga, Chef-Adjoint (Deputy Chief)
SECTION EVALUATION ET RECHERCHE (EVALUATION AND RESEARCH SECTION):

Mme. Monique Mukamanzi, Chef (Chief)

Mr. Clet Niyikiza, Computer Analyst, Research Team

CENTRE HOSPITALIER DE KIGALI CLINIQUE DE PLANIFICATION FAMILIALE (FAMILY PLANNING CLINIC, KIGALI HOSPITAL):

Mme. Véronique Mbabajende, Family Planning Nurse Practitioner

Ms. Consolatha Mukabalisa, Family Planning Nurse Practitioner

Ms. Bérnadette Nyirangerageze, Family Planning Nurse Practitioner

BUREAU REGIONAL DE RUHENGERI (RUHENGERI REGIONAL OFFICE):

Dr. Eulade Ntezilizaza, Directeur du Bureau Régional d'ONAPO à Ruhengeri et Chef de la Santé Maternelle et Infantile à l'Hôpital de Ruhengeri (Director of the Ruhengeri Regional Office, ONAPO, and Chief of Maternal and Child Health Services at Ruhengeri Hospital)

Mlle. Anifa Mukandekezi, Clinic Nurse

OTHERS:

Ms. Thérèse Mukabideli, Accountant

Mr. Emmanuel Munyambanza, Chef Santé Publique et Nutrition (Chief, Public Health and Nutrition Section)

Mr. Emmanuel Semana, Chef Sous-Section Publications (Chief, Publications Subsection) and Translator

Gaspar, Chauffeur

Rafael, Chauffeur
Appendix A (Continued) 

MINISTRY OF PUBLIC HEALTH AND SOCIAL AFFAIRS (MINISAPASO)

Mr. Gabriel Muligande, Chef, Division d'Education pour la Santé (Chief, Health Education Division)

Soeur Godeive, Attachée à la Division de Formation et Perfectionnement des Personnels (Attaché, Personnel Training Division)

Mlle. Scholastique Uwamurere, Chef Planification Familiale (Chief, Family Planning)

Ms. Thérèse Uzamukunda, Emissions Radios et Recyclage, Division d'Education pour la Santé (Radio Programming and Supplementary Training Activities, Division of Health Education)

CONTROL OF COMMUNICABLE CHILDHOOD DISEASES (CCCD), PROJECT OF THE CENTERS FOR DISEASE CONTROL (CDC), ATLANTA:

Ms. Maryanne Neill, Project Officer

Dr. Augustin, National Project Coordinator

Dr. Kazima, Directeur Programme Elargi de Vaccination (Director, Expanded Vaccination Program)

OTHERS

Dr. James Allman, Columbia University Center for Population and Development, in Rwanda to investigate possibilities for operational research

Mr. Jean Dennis, Computer Specialist, Africare

Mr. Fritz Fahlbush, Chef, Division d'Exploitation (Chief, Development Division), Banque Commerciale du Rwanda

Mr. Steven Millington, Naturalist, Nature Conservancy

Mr. Gene Neill, Agricultural Consultant, Africare

Ms. Floriane Nibakure, Interpreter for Chris Durham

Dr. Reynald Pierre-Louise, Short-term Contract, USAID/Rwanda, Operations Research

Mr. Séraphin Rwabukumba, Chef de Service Etranger (Chief, International Services), Banque Nationale du Rwanda à Kigali
APPENDIX B

DRAFT CONTRACT DOCUMENT
CONTRACT BETWEEN
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
AND THE
NATIONAL OFFICE OF POPULATION
KIGALI, REPUBLIC OF RWANDA

Negotiated pursuant to the terms of Contract No. AID/DPE-C-00-4077 between the Agency for International Development and the University of North Carolina at Chapel Hill.

For The University of North Carolina at Chapel Hill
Chapel Hill, N.C. 27514

Signature
Typed Name
Title
Date

National Office of Population
B.P. 914
Kigali, Rwanda

Signature
Typed Name
Title
Date

Project Title: Project for Training in MCH/FP

Contract/Account Number: 35611

Period and Cost: This contract is effective September 1, 1986 and will terminate on April 30, 1989. The total estimated cost is
CONTRAT ENTRE
L'UNIVERSITE DE CAROLINE DU NORD A CHAPEL HILL
ET
L'OFFICE NATIONAL DE LA POPULATION
KIGALI, REPUBLIQUE RWANDAISE

Négocié conformément aux dispositions du Contrat No AID/DPE-C-00-4077 entre l'Agency for International Development et l'Université de la Caroline du Nord à Chapel Hill.

Pour l'Université de Caroline du Nord à Chapel Hill
Chapel Hill, N. C. 27514

Pour l'Office National de la Population
B. P. 914
Kigali, Rwanda

________________________________________
Signature

Nom dactylographié

Titre

Date

Titre du Project: Projet de Formation PMI/PF
No du Contrat/Compte: 35611

Durée et Coût: Ce contrat entrera en vigueur le 1er septembre 1986. et prendra fin le 30 avril 1989. Le coût total estimé est de.

________________________________________
Signature

Nom dactylographié

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Article I Background

Between 1980 and 1983, under the auspices of INTRAH and others, more than 150 unduplicated Rwandan participants attended a variety of FP/MCH training activities as outlined below:

- nine persons to a clinical family planning course in Santa Cruz, April/May 1980
- two persons to a natural family planning course in Mauritius, 1981.
- four physicians to JHPIEGO courses in the U.S. and Tunisia.
- six National Office of Population (ONAPO) and other health personnel to a management course in Santa Cruz, October/November 1983
- Seven nurses to courses in clinical family planning in Mauritius, October/November/December 1983.
- one hundred fifty (approx.) in non-clinical information, education, and communication (IEC) courses held in the three ONAPO pilot zones of Rwanda.

Article 1: Renseignements généraux

Entre 1980 et 1983, sous les auspices de l'INTRAH et d'autres organismes, plus de 150 participants rwandais ont suivi une variété de cours de formation en planification familiale/santé maternelle et infantile (PF/SMI). Ces cours sont énumérés ci-après. Aux fins de dénombrement, chaque participant n'a été compté qu'une seule fois, même s'il a assisté à des activités multiples.

- neuf participants ont suivi un cours de planification familiale clinique à Santa Cruz en avril et en mai 1980;
- deux participants ont suivi un cours de planification familiale naturelle à l'Ile Maurice en 1981;
- quatre médecins ont participé à des cours organisés par JHPIEGO aux Etats-Unis et en Tunisie;
- six membres du personnel de l'Office National de la Population (ONAPO) et d'autres organismes de santé ont participé à un cours de gestion à Santa Cruz en octobre et en novembre 1983;
- sept infirmiers/ères ont suivi des cours de planification familiale clinique à l'Ile Maurice en octobre/novembre/décembre 1983;
- environ 150 participants ont suivi des cours d'information, d'éducation et de communication (IEC) pour cliniques tenus dans les trois zones-
In late 1983 INTRAH sponsored a mid-project evaluation of the INTRAH/ONAPO program which recommended that greater emphasis be placed on strengthening the FP Clinical skills of ONAPO personnel.

In 1984 ONAPO extended its IEC training activities to auxiliary health and social service personnel outside Kigali in an effort to increase the public demand for family planning services as well as to provide greater visibility of ONAPO FP services. As a result, ONAPO equipped fifty of the country's health centers and dispensaries with contraceptive supplies and materials. Discussions were also held in March 1984 between INTRAH, USAID and ONAPO to address the possibility of providing required clinical training for health center personnel.

Thus, in June and July 1984, INTRAH sponsored clinical family planning training for pilotes établies par l'ONAPO au Rwanda.

Vers la fin de 1983, l'INTRAH a patronné une évaluation à mi-chemin du programme INTRAH/ONAPO. Parmi les recommandations découlant de cette évaluation, on a proposé d'attacher plus d'importance au renforcement des compétences du personnel de l'ONAPO en matière de planification familiale clinique.

En 1984, l'ONAPO a élargi la portée de ses activités de formation en IEC, de façon à assurer la participation des personnels auxiliaires sanitaires et sociaux à l'extérieur de Kigali. Cette action avait pour but de faire accroître la demande publique des services de planification familiale, ainsi que de mettre plus en relief les services de PF fournis par l'ONAPO. Pour atteindre l'objectif proposé, l'ONAPO a muni une cinquantaine de centres de santé et de dispensaires du pays de produits contraceptifs et de matériel. Par ailleurs, l'ONAPO, l'INTRAH et l'USAID- ont entamé des discussions en mars 1984, en vue de considérer la possibilité d'organiser les cours de formation clinique nécessaires à l'intention du personnel des centres de santé.

A cet effet, en juin et juillet 1984, l'INTRAH a patronné des cours de formation en planification familiale
24 GOR health center workers which included physicians, nurses and medical assistants.

More recently, under the new PAC II contract, INTRAH conducted an update FP/MCH training needs assessment visit in March 1985, and two three-week FP Materials Development Workshops in July/August 1985.

**Article II Goals and Objectives**

**GENERAL GOAL**

The general goal of this program is to reinforce the capacity of the National Office of Population in order to permit the establishment and implementation of training and in-service programs in family planning and population for medical, paramedical, and social science/health personnel within the country.

**Article II Buts et Objectifs**

**BUT GENERAL**

Le but général de ce programme est de renforcer les capacités de l'Office National de la Population pour lui permettre d'établir et faire exécuter les programmes de formation et de recyclage en rapport avec la Planification Familiale et la Population de personnel médical, paramédical et socio-éducatif à l'intérieur du pays.
SPECIFIC OBJECTIVES BY ACTIVITY

ACTIVITY 1: DEVELOPMENT OF A CURRICULUM FOR CLINICAL TRAINING OF FAMILY PLANNING SERVICE PROVIDERS
By the end of this workshop a curriculum will be developed which will permit personnel trained as Family Planning Auxiliaries to deliver clinical services.

ACTIVITY 2: CLINICAL TRAINING OF FAMILY PLANNING SERVICE PROVIDERS
By the end of this training, participants will be able to:
1. Explain the family planning methods available in Rwanda.
2. Provide clinical services in all family planning methods except insertion of intra-uterine devices.
3. Provide clinical follow-up of contraceptive acceptors.
This training will be planned for health facility personnel having already completed the course for Family Planning Auxiliaries.

OBJECTIFS SPECIFIQUES PAR ACTIVITE

ACTIVITE 1: DEVELOPPEMENT DU CURRICULUM POUR LA FORMATION CLINIQUE DES PRESTATEURS DE SERVICE
À la fin de cet atelier un curriculum sera développé qui permettra aux auxiliaires de la planification familiale d'assurer les services cliniques.

ACTIVITE 2: FORMATION CLINIQUE DES PRESTATEURS DE SERVICE DE LA PLANIFICATION FAMILIALE
À la fin de la formation, les personnels doivent être capables de:
1. Expliquer les méthodes de planification familiale disponibles au Rwanda.
2. Assurer la prestation des services de planification familiale (sauf le dispositif intra-utérin).
3. Assurer le suivi des acceptrices de planification familiale.
Cette formation s'adressera au personnel paramédical du pays œuvrant dans les formations médicales ayant déjà suivi le cours d'auxiliaires de la planification familiale.
ACTIVITY 3: WORKSHOP ON EVALUATION OF TRAINING
By the end of this workshop, the participants will be able to:
1. Identify the target population to be trained;
2. Conduct a training needs assessment;
3. Monitor the program;
4. Measure: -the output -the results -the impact of a training program in a systematic manner.

ACTIVITY 4: TRAINING OF A CORE TEAM OF TRAINERS FOR THE NATIONAL OFFICE OF POPULATION
By the end of this series of three workshops of progressive levels, the members of the national core training team will be able to plan, implement, and evaluate training programs, including:
1. The application of a global training strategy.
2. The use of a common participative training methodology.
3. The improvement of individual training delivery skills.

ACTIVITE 3: ATELIER SUR L'EVALUATION DE FORMATION
A la fin de cet atelier les participants doivent être capables de:
1. Identifier la population à former,
2. Recenser leurs besoins en formation,
3. Superviser le programme,
4. Mesurer: -le rendement -les résultats et -l'impact d'une formation de façon systématique.

ACTIVITE 4: FORMATION DE L'EQUIPE DES FORMATEURS DE L'ONAPO
A la fin de cette série de trois ateliers, niveau progressif, les membres de l'équipe nationale de formation doivent être capables de planifier, exécuter, et évaluer les programmes de formation y compris:
1. L'application d'une stratégie globale de formation.
2. L'utilisation d'une méthodologie participative commune.
3. L'amélioration de technique individuelle.
ACTIVITY 5: FOLLOW-UP OF THE EVALUATION WORKSHOP (ACTIVITY 3)
This workshop will offer the participants a forum for exchanging experiences from the field since the first workshop (Activity 3). By the end of the workshop the participants will be able to:
1. Identify,
2. Analyze; and
3. Develop a strategy for solving evaluation problems encountered during a training event.

ACTIVITY 6: DEVELOPMENT OF A CURRICULUM FOR FAMILY PLANNING TEACHERS IN SECONDARY SCHOOLS
By the end of this workshop a curriculum(a) will be developed that will permit secondary school instructors at the para-medical, social, and teachers' (normales) schools to offer accurate, appropriate, and adequate information on contraception, child spacing, birth control, and family planning to secondary school students.

ACTIVITE 5: SUIVI DE L'ATELIER EN EVALUATION (ACTIVITE 3)
Cet atelier offrira aux participants un forum pour l'échange d'expériences vécues depuis le premier atelier (activité 3). À sa fin les participants doivent être capables de:
1. Identifier,
2. Analyser et
3. Développer une stratégie pour résoudre les problèmes d'évaluation rencontrés au cours d'une formation donnée.

ACTIVITE 6: DEVELOPPEMENT DU CURICULUM POUR LES INSTITUTEURS EN PLANIFICATION FAMILIALE DAN LES ECOLES SECONDAIRES
À la fin de cet atelier un (les) curriculum(a) sera développé qui permettra aux instituteurs en planification familiale dans les écoles secondaires (paramédicales, sociales, et normales) d'assurer des connaissances précises, pertinentes, et adéquates sur la contraception, l'espacement des naissances, et la planification familiale aux étudiants dans les écoles secondaires.
ACTIVITY 7: TRAINING OF SECONDARY SCHOOL FAMILY PLANNING TEACHERS
This training is intended for instructors in secondary schools and will give them the opportunity to master the content and methodology of the FP curriculum workshop. The participants will be able to:
1. Clearly define contraception, child-spacing, birth control, and family planning.
2. Explain the advantages and disadvantages of family planning on the health of the family and the development of the country.
3. Improve their training skills using participative approaches/methods.

ACTIVITY 8: MANAGEMENT OF FAMILY PLANNING PROGRAMS
Although needs for management training expressed by the ONAPO staff occur at all levels, the highest priority is for management training of personnel at the regional level. The emphasis in this workshop will be placed on training groups from the same region.

ACTIVITE 7: FORMATION DES FORMATEURS DE LA PLANIFICATION FAMILIALE DANS LES ECOLES SECONDAIRES
Cette formation à l'intention des éducateurs dans les écoles secondaires permettra à ceux-ci de maîtriser le contenu et la méthodologie du curriculum de planification familiale. A sa fin les participants doivent être capables de:
1. Définir clairement la contraception, l'espacement des naissances et la planification familiale.
2. Expliquer les avantages de la planification familiale sur la santé de la famille et le développement du pays.
3. Améliorer leurs aptitudes en formation en utilisant une approche participative.

ACTIVITE 8: MANAGEMENT DES PROGRAMMES DE PLANIFICATION FAMILIALE
Bien que les besoins en formation en management exprimés par l'ONAPO se situent à tous les niveaux, la priorité est sur la formation du personnel au niveau des bureaux régionaux. L'emphasis sera mise sur la formation d'équipes composées du personnel d'une même région. À la fin de la session,
regional offices. At the end of this activity, the participants will be able to:

1. Develop a management plan which will assure effective and appropriate management of their integrated family planning programs.

ACTIVITY 9: EVALUATION OF ONAPO/INTRAH ACTIVITIES
This activity will occur twice during the life of the contract -- once at the end of the first project year and again at the end of the second project year. At the end of these activities, the participants will be able to:

1. Assess the effectiveness, appropriateness, and impact of the training activities.
2. Assess the effectiveness of the administration of the contract.
3. Establish a list of program recommendations based on the above.

ACTIVITY 10: CURRICULUM
DEVELOPMENT: FAMILY LIFE EDUCATION FOR SERVICE PROVIDERS OF CLINICAL FAMILY PLANNING
Participants for this

les participants doivent être capables de:
1. Développer un plan de management qui leur permettra une fois sur le terrain d'assurer une gestion efficace et appropriée de leurs programmes de planification familiale intégrés dans les formations sanitaires.

ACTIVITE 9: EVALUATION DES ACTIVITES DE FORMATION EN EDUCATION POUR COLLABORATION ONAPO/INTRAH
Cette activité aura lieu deux fois pendant la durée de la collaboration -- une fois à la fin de la première année du projet et une deuxième fois à la deuxième année du projet. À sa fin, les participants doivent être capables de:

1. Mesurer l'efficacité, la pertinence et l'impact des activités de formation.
2. Évaluer l'efficacité de l'administration du contrat.
3. Faire une liste de recommandations selon les observations et résultats de l'évaluation.

ACTIVITE 10: DEVELOPPEMENT D'UN CURRICULUM DE FORMATION EN EDUCATION POUR LA VIE FAMILIALE A L'USAGE DES PRESTATAIRES DE SERVICE DE PLANIFICATION FAMILIALE.
activity will be personnel who have already completed a course in family life education. The objective of this activity will be development of an educational curriculum for family life education (appropriate to the Rwandan context) for use by family planning service providers.

ACTIVITY 11: FAMILY LIFE EDUCATION FOR SERVICE PROVIDERS OF CLINICAL FAMILY PLANNING

This activity will test the curriculum developed during Activity 10. At the end of this training, the participants will be able to:

1. Identify the origin of their values and beliefs.

2. Identify the positive and negative contributions of the family to the current situation of each participant.

3. Define "responsibility" and demonstrate how the application of this definition affects their lives.

4. Identify processes utilized to make decisions and to demonstrate how these influence daily life.

Les candidats pour cet atelier seront des membres du personnel ayant déjà suivi un cours en éducation pour la vie familiale. Ils auront comme objectif l'élaboration d'un curriculum d'éducation pour la vie familiale approprié au contexte rwandais à l'usage des prestataires des services de planification familiale.

ACTIVITE 11: FORMATION EN EDUCATION POUR LA VIE FAMILIALE DES PRESTATAEURS DES SERVICES DE PLANIFICATION FAMILIALE

Cette activité permettra de tester le curriculum développé pendant l'activité n° 10. À la fin de la formation, les participants doivent être capables de:

1. Identifier l'origine de leurs valeurs et croyances.

2. Identifier les contributions positives et négatives de la famille à la situation actuelle de chaque individu.

3. Définir "la responsabilité" et montrer comment l'application de cette définition influence leur vie.

4. Identifier le processus qu'ils utilisent afin de prendre des décisions et démontrer comment ceci influence la vie quotidienne.

5. Expliquer l'anatomie et la physiologie des différents types procréatifs masculins et féminins.
5. Describe the anatomy and physiology of male and female reproductive systems.

6. Explain contraception and choose the methods which they would use (if appropriate).

7. Analyze the difficulties in conjugal life and identify possible methods to overcome them.

ACTIVITY 12: AN EDUCATIONAL TOUR TO VISIT FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROGRAMS IN OTHER COUNTRIES.

This visit is organized to encourage the exchange of experiences between personnel from OPAPO and from selected countries which have successful family planning programs. By the end of the visit, participants will be able to:

1. Increase their knowledge and familiarity with successful family planning projects.

2. Transfer, adapt, and improve methods and technologies fostering delivery of family planning services requested by consumers.

6. Expliquer la contraception et choisir la méthode qu'ils utiliseraient (si possible).

7. Analyser les obstacles à l'intimité dans la vie conjugale et identifier les méthodes pour les surmonter.

ACTIVITE 12: VISITE DES PROGRAMMES DE FORMATION EN PROTECTION MATERNELLE ET INFANTILE/PLANIFICATION FAMILIALE À L'EXTERIEUR

Cette visite est destinée à favoriser une échange d'expériences entre l'ONAPO et des pays ayant des programmes de planification familiale reconnus comme étant exemplaires. À la fin de la visite, les participants doivent être capables de:

1. Augmenter les connaissances et la familiarité avec les projets ayant eu des succès en planification familiale.

2. Encourager le transfert, l'adaptation et l'amélioration des méthodes et technologies favorisant des services de planification familiale demandés par les populations.
3. Engage in self-evaluation of their own program in comparison with family planning projects in other countries.

3. Procéder à une auto-évaluation de leurs propres programmes par rapport à des projets de planifications dans d'autres pays.
### Article III - Workplan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Participants</th>
<th># To Be Trained</th>
<th>Trainers or Facilitators</th>
<th>Length of Training</th>
<th>Number of Sessions</th>
<th>Place</th>
<th>Planned Dates</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Curriculum Development: clinical family planning for service providers</td>
<td>5 ONAPO Staff - sub-section training - sub-section family health</td>
<td>5</td>
<td>2 INTRAH</td>
<td>2 Weeks</td>
<td>1</td>
<td>ONAPO</td>
<td>Oct 86</td>
<td></td>
</tr>
<tr>
<td>2) Clinical training: family for planning service delivery</td>
<td>Personnel from ONAPO who already have had training as &quot;Family Planning Auxiliaries&quot;</td>
<td>200</td>
<td>4 Trainers/session 2 ONAPO 2 INTRAH Technical Assistance during first 4 sessions</td>
<td>1 Week</td>
<td>20 (10 persons per session)</td>
<td>KICUKIRO</td>
<td>2 sess. 1986 9 sess. 1987 9 sess. 1988</td>
<td>KICUKIRO is the name of the new ONAPO training center opening in July 1986</td>
</tr>
<tr>
<td>3) Workshop on Evaluation of Training</td>
<td>ONAPO staff from the Section Studies Evaluation Research and the Sub-section Training</td>
<td>3</td>
<td>INTRAH</td>
<td>3 Weeks</td>
<td>1</td>
<td>To be determined</td>
<td>Sept 86</td>
<td></td>
</tr>
<tr>
<td>4) Training of trainers for ONAPO core training: (3) successive sessions of progressive skill levels: basic - intermediary - advanced</td>
<td>6 trainers from ONAPO central 6 trainers from regional offices</td>
<td>12</td>
<td>2 INTRAH</td>
<td>2 Weeks</td>
<td>The same 12 persons for 3 sequential sessions at 6-month intervals</td>
<td>KICUKIRO</td>
<td>1 sess. in 1987 2 sess. in 1988 2 sess. at 6-month intervals</td>
<td>Prerequisites: Commitment on the part of ONAPA that: 1) All 12 trainers will take all 3 levels of TOT. 2) Each trainer will have 2 facilitation experiences in each 6-month interval.</td>
</tr>
</tbody>
</table>

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**Note:** The table above outlines a workplan detailing various training activities under Article III. Each row represents a specific training event, including the number of participants, the number to be trained, the trainers or facilitators involved, the length of training, the number of sessions, the place, and the planned dates. The comments section provides additional context or details related to each entry.
<table>
<thead>
<tr>
<th>L.</th>
<th>Activity</th>
<th>Participants</th>
<th># To Be Trained</th>
<th>Trainers or Facilitators</th>
<th>Length of Training</th>
<th>Number of Sessions</th>
<th>Place</th>
<th>Dates</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Follow-up Workshop on evaluation of training</td>
<td>Same as Activity 3</td>
<td>3</td>
<td>INTRAH</td>
<td>2 Weeks</td>
<td>1</td>
<td>To be determined</td>
<td>April/May 87</td>
<td>This activity will focus on development of appropriate curricula for secondary school teachers of FP</td>
</tr>
<tr>
<td>6</td>
<td>Curriculum development for primary instructors in secondary schools</td>
<td>5 ONAPo staff - sub-section training - sub-section family health</td>
<td>5</td>
<td>INTRAH</td>
<td>2 Weeks</td>
<td>1</td>
<td>OPAO</td>
<td>May 87</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Training of family planning teachers in secondary schools</td>
<td>Teachers of population and family planning</td>
<td>192</td>
<td>4 Trainers/session - 2 ONAPo co-trainers, 2 INTRAH technical assistants for first 4 sessions</td>
<td>1 Week</td>
<td>12</td>
<td>KICUKIPO 4 sess. each July-Aug 87 July-Aug 88 July-Aug 89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Management of family planning programs</td>
<td>Teams from ONAPo regional offices (3 per region)</td>
<td>36</td>
<td>2 co-facilitators from ONAPo 1 INTRAH</td>
<td>3 Weeks</td>
<td>12</td>
<td>KICUKIPO 1987</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is desirable that regional staff be trained in teams. To avoid interruption of services for 3 weeks during training, ONAPo will need to include costs for clinic coverage by substituting staff.

* At end of INTRAH PAC-II contract, no activities can be funded after April 1989. Thus another source of financing will be necessary.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Participants</th>
<th>No. To Be Trained</th>
<th>Trainers or Facilitators</th>
<th>Length of Training</th>
<th>No. of Sessions</th>
<th>Place</th>
<th>Dates</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) Evaluation of INTRAH/ONAPO activities</td>
<td>ONAPO - 4 INTRAH - 2 USAID - 2</td>
<td>0</td>
<td>NA</td>
<td>2 Weeks</td>
<td>2</td>
<td>RWANDA</td>
<td>Sept 87 Sept 88</td>
<td></td>
</tr>
<tr>
<td>11) Curriculum development: family life education for service providers of clinical FP</td>
<td>Central and regional ONAPO staff who have previously attended IHP family life education workshop at Santa Cruz</td>
<td>15</td>
<td>2 INTRAH</td>
<td>2 Weeks</td>
<td>1</td>
<td>KICUKIRO</td>
<td>1988</td>
<td></td>
</tr>
<tr>
<td>12) Family life education for service providers of clinical FP</td>
<td>Nurses and medical assistants of ONAPO regional staff</td>
<td>15</td>
<td>3 trainers; 2 ONAPO co-trainers; 1 INTRAH; and 2 observers/evaluators from ONAPO</td>
<td>2 Weeks</td>
<td>1</td>
<td>KICUKIRO</td>
<td>1988</td>
<td>Pre-test of curriculum dev. in Act. 10; Observer/evaluator and co-trainers will be responsible for curriculum revision after pre-test.</td>
</tr>
<tr>
<td>13) Study tours to MCH programs in H., Senegal,occo, Tunisia, Holland</td>
<td>ONAPO staff</td>
<td>4</td>
<td>INTRAH</td>
<td>2 Weeks</td>
<td>1</td>
<td>To be determined</td>
<td>1987</td>
<td>This activity will allow ONAPO trainers and decision-makers to observe successful FP/MCH projects in Africa or Asia.</td>
</tr>
</tbody>
</table>
## Article III: Plan de Travail

<table>
<thead>
<tr>
<th>Activités</th>
<th>Participants</th>
<th>Nombre Total</th>
<th>Formateur/Facilitateur</th>
<th>Durée</th>
<th>Nombre de Sessions</th>
<th>Lieu</th>
<th>Dates Prov.</th>
<th>Commentaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Développement du curriculum pour la formation clinique des prestataires de service</td>
<td>ONAPO (5) Sous-section formation Sous-section Santé familiale</td>
<td>5</td>
<td>2 INTRAH</td>
<td>2 semaines</td>
<td>1</td>
<td>ONAPO</td>
<td>Oct 86</td>
<td>KICUKIRO est le nouveau centre de formation de l'ONAPO; ouverture prévu pour juillet 1986.</td>
</tr>
<tr>
<td></td>
<td>Personnel Paramédical ayant déjà suivi le cours auxiliaire en P.F.</td>
<td>200</td>
<td>(4 Formateurs au total)</td>
<td>1 semaine</td>
<td>20</td>
<td>KICUKIRO</td>
<td>2 sens en 86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personnel d'ONAPO sous section formation et section Etudes Évaluation et Recherches</td>
<td>3</td>
<td>INTRAH</td>
<td>3 semaines</td>
<td>1</td>
<td>Extérieur (à déterminer)</td>
<td>Sept 86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formateurs du niveau central ONAPO (6) Formateurs des bureaux régionaux (6)</td>
<td>12</td>
<td>2 INTRAH</td>
<td>2 semaines</td>
<td>3</td>
<td>KICUKIRO</td>
<td>1 sens en 87</td>
<td>Conditions préalables: 1) Les 12 formateurs assisteront à tous les 3 niveaux de formation des formateurs; 2) Chaque formateur assistera comme facilitateur à 2 séances de formation tous les 6 mois.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Activité</th>
<th>Participants</th>
<th>Nombre Total</th>
<th>Formateur/ Facilitateur</th>
<th>Durée</th>
<th>Nombre de Sessions</th>
<th>Lieu</th>
<th>Dates Prov.</th>
<th>Commentaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>5) Suivi de l'atelier sur l'évaluation de formation</td>
<td>Les mêmes participants à l'atelier 3</td>
<td>1</td>
<td>INTRAH</td>
<td>3 semaines</td>
<td>3</td>
<td>Extérieur (à déterminer)</td>
<td>Avril/mai 87</td>
<td>Curricula appropriés seront développés à l'intention des instituteurs de PF aux écoles secondaires.</td>
</tr>
<tr>
<td></td>
<td>ONAPO (5)</td>
<td>5</td>
<td>2 INTRAH</td>
<td>2 semaines</td>
<td>1</td>
<td>ONAPO</td>
<td>Mai 87</td>
<td>Les écoles secondaires comprennent: -6 écoles paramédicales -6 écoles sociales -36 écoles normales</td>
</tr>
<tr>
<td></td>
<td>-Sous-section formation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Sous-section Santé Familiale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Formation des instituteurs Pop. PF dans les écoles médicales, sociale, et normales</td>
<td>192 (4 formateurs au total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 semaine</td>
<td>KICUKIRO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 INTRAH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Co-formateurs ONAPO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(INTRAH offrira une assistance technique pendant les 4ères sessions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Maintenance des programmes de PF</td>
<td>Personnel d'ONAPO au niveau des bureaux régionaux</td>
<td>36</td>
<td>1 INTRAH</td>
<td>3 semaines</td>
<td>3</td>
<td>KICUKIRO</td>
<td>1987</td>
<td>C'est souhaitable que les 36 régionales soient formées en équipes. Mais pour éviter que les prestations de service ne soient pas interrompues durant les 3 semaines de formation il serait nécessaire que l'ONAPO prévoir les frais pour les flotteurs aux cliniques.</td>
</tr>
<tr>
<td></td>
<td>(3 par bureau)**</td>
<td></td>
<td>2 Co-facilitateurs ONAPO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Réstrictions budgétaires ne permettent pas un financement au-delà d'avril 1989. Autre source de financement nécessaire.*

**Nouvelles flotteurs pour remplacer ceux qui participent.
<table>
<thead>
<tr>
<th>Activités</th>
<th>Participants</th>
<th>Nombre Total</th>
<th>Formateur/Facilitateur</th>
<th>Durée</th>
<th>Nombre de Sessions</th>
<th>Lieu</th>
<th>Dates Prov.</th>
<th>Commentaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) Évaluation du programme INTRAH/USAID</td>
<td>4 ONAPO 2 INTRAH 2 USAID</td>
<td>8</td>
<td>NA</td>
<td>2 semaines</td>
<td>2</td>
<td>Rwanda</td>
<td>Sept 87</td>
<td></td>
</tr>
<tr>
<td>10) Développement du curriculum de formation en EVF* à l'usage des prestataires du service de P.</td>
<td>ONAPO central et délégués régionaux de l'ONAPO ayant déjà suivi le cours d'EVF à Santa Cruz/IHF</td>
<td>15</td>
<td>2 INTRAH</td>
<td>2 semaines</td>
<td>1</td>
<td>KICUKIRO</td>
<td>1988</td>
<td></td>
</tr>
<tr>
<td>11) Formation en ÉV de prestataires de service</td>
<td>Infirmiers et assistants médicaux au niveau régional</td>
<td>4</td>
<td>3 Formateurs total 1 INTRAH; 2 Co-formateurs ONAPO qui ont participés au développement du curriculum; 2 Observateurs/Évaluateurs ONAPO</td>
<td>2 semaines</td>
<td>1</td>
<td>KICUKIRO</td>
<td>1988</td>
<td></td>
</tr>
<tr>
<td>12) Visites des programmes de PMI/PMH à l'extérieur (e.g., Sénégal, Thaïlande)</td>
<td>5 ONAPO, sous-section formation - sous-section Santé Familiale</td>
<td>4</td>
<td>INTRAH</td>
<td>2 semaines</td>
<td>1</td>
<td>à déterminer</td>
<td>1987</td>
<td>Cet activité permettra aux formateurs et dirigeants de l'ONAPO à observer des projets exemplaires en PMI/SMI dans l'Afrique ou l'Asie</td>
</tr>
</tbody>
</table>
Article IV Responsibilities of The National Office of Population

1. Designation of a project director, Mr. Castule Kamanzi, who shall have overall responsibility for the successful, timely completion of the work plan.

2. As required, coordinating arrangements with other donors to assure availability of service delivery commodities.

3. Provision of physical facilities for training.

4. Selection and notification of participants.

5. Logistic arrangements related to the transport, accommodation, meals and per diem payments to participants, from funds provided by UNC/CH.


7. Completion and mailing of participant biodata forms, participant reaction forms.

Article IV: Responsabilités de l'Office National de la Population

1. Nomination du Directeur du Projet, KAMANZI Castule, qui sera chargé de réaliser d'une manière réussie et opportune le plan du travail.

2. Lorsque cela sera nécessaire, coordination des opérations d'autres organismes donateurs, afin d'assurer la disponibilité des produits nécessaires pour la distribution des services.

3. Assurer la disponibilité de locaux destinés à la formation.

4. Choisir les participants et leur notifier ce choix.

5. Dispositions logistiques relatives aux déplacements, au logement, aux repas et aux indemnités journalières à verser aux participants, payées avec des fonds qu'y affectera l'UNC/CH.

6. Collaboration dans la surveillance (direction) et dans l'évaluation des activités dé dans l'article IX: Evaluation et préparation et imprimé du rapport final d'évaluation.

7. Faire remplir et envoyer les formulaires d'informations biographiques, les formulaires.

8. Follow-up of participants for the purpose of collecting and submitting second generation trainee data and to evaluate training effectiveness and the assessment of additional training methods.

Article V: Responsibilities of UNC/CH

1. Provide operating funds as detailed in Article VI, Budget, and Article VII, Payment Schedule.

2. Assure that participant per diem rates have USAID approval.

3. Assure an adequate supply of forms required to document the participant training and/or technical assistance activities.

4. Arrange and finance INTRAH technical assistance visits as detailed in the Work Plan.
Article VI Budget

1. This is a cost-reimbursement contract. UNC/CH will reimburse costs which are allowable and limited to those reasonable and necessary to accomplish the Work Plan. Costs for entertainment and social affairs are not allowable.

2. UNC/CH will provide $159,835 (U.S.) in support of this project. Provision of this total shall be subject to the availability of funds to UNC/CH from AID.

3. The following budget sets forth estimated costs for individual line items. Within the total amount, the National Office of Population may adjust line items as reasonably necessary for the performance of work under this contract.

---

Article VI Budget

1. Le présent contrat est du type "remboursement des dépenses." L'UNC/CH remboursera les dépenses admissibles, c'est-à-dire celles qui sont raisonnables et nécessaires pour exécuter le Plan du Travail. Les dépenses occasionnées par des divertissements et des réunions sociales ne sont pas admissibles.

2. L'UNC/CH apportera la somme de $159,835 US au Projet, sous réserve de la disponibilité des fonds dont l'AID dotera l'UNC/CH.

3. Le budget suivant présente les coûts estimés par poste de dépense individuel. A condition de ne pas dépasser la somme globale prévue dans le contrat, l'Office National de la Population peut modifier les postes de dépenses dans la mesure où cela s'avérera raisonnablement nécessaire pour accomplir les travaux prévus dans le contrat.
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Rate of Conversion: 85.00 Rwanda Franc = $1.00 U.S.
Taux de change: 85.00 Rwanda Franc = $1.00 U.S.
Article VII Payment Schedule

1. Mr. Castule Kamanzi will be the Project Director and is authorized to approve expenditures and to sign Technical/Financial Reports submitted to:

Director, INTRAH
208 N. Columbia Street
Chapel Hill, NC 27514.

2. UNC/CH will reimburse the National Office of Population every two months in amounts equal to reported expenditures until such time as total reimbursement payments equals the total amount of funds set forth in the Budget. Any funds remaining after completion of this project shall be refunded to UNC/CH. See Article VIII for the proper format to report costs and request replenishment funds.

Article VIII Reporting Requirements

A bi-monthly report (submitted every two months) in two parts, Technical and Financial (with receipts), each on a separate page will be submitted to the Director, INTRAH, in the following form:

Best Available Document

Article VII Calendrier des Versements

1. KAMANZI Castule, Directeur du Projet, est autorisé à approuver les dépenses et à signer les rapports techniques/des finances à soumettre à:

Directeur, INTRAH
208 North Columbia Street
Chapel Hill, NC 27514 U.S.A.

2. UNC/CH remboursera tous les deux mois à l’Office National de la Population une somme égale aux dépenses qu’aura faites celui-ci et qui seront signalées dans les rapports. Cette réalimentation peut être effectuée jusqu’à ce que le total des remboursements égalent le montant total de fonds prévu dans le Budget. Tous les fonds restant après la fin de ce Projet seront remboursés à l’UNC/CH. Voir à l’Article VIII la forme acceptable des déclarations des dépenses et des demandes de fonds de réalimentation.

Article VIII Présentation des rapports réglementaires

Un rapport bimestriel (soumis tous les deux mois) comportant deux parties, Technique et Financière (avec les reçus), chacune figurant sur une page séparée sera présenté à l’UNC/CH par l’INTRAH sous la forme suivante:
SUBCONTRACTOR BI-MONTHLY (EVERY OTHER MONTH) REPORT #

RAPPORTE BIMESTRIEL (TOUS LES DEUX MOIS) DU SOUS-TRAITANT N°

Subcontractor
Sous-traitant

Report beginning __________ and ending ______________, 198_.
Période englobée du ________ au ______________, 198_.
dans le rapport:

Date: __________________________

Person filling out report: __________________________
Personne qui prépare le rapport:

Title of Project: __________________________
Titre du Projet:
Part A: Technical
Partie A: Rapport technique

I. Project Objectives
   Objectifs du Projet
   1. 
   2. 
   3. 
   4. 

II. Activities for This Reporting Period
   Activités réalisées pendant la période faisant l'objet du présent rapport:
   1. 
   2. 
   3. 
   4. 

III. Cite any difficulties encountered in conducting activities.
    Citer toute difficulté qui aurait été rencontrée pendant le déroulement des activités du programme.

IV. Please cite any situations that impede the progress of the project/contract toward meeting its objectives.
    Veuillez faire mention de toute circonstance qui entrave l'évolution du projet/contrat vers la réalisation de ses objectifs.

V. Forecast of activities during the next reporting period.
    Activités prévues pour la prochaine période faisant l'objet d'un rapport.
### Total Expenditures

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<th>Rwanda Budget from INTRAH</th>
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<td>TOTAL</td>
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Total Rwanda Francs reported this period

Total U.S. dollars reported this period

Conversion rate

The undersigned hereby certifies that payment of the sum claimed is proper and due.

Signed

Typed Name

Title

Date

Notes:
1. The Rwanda budget from INTRAH comes from the contract and does not change from report to report.
2. The period of the report is always for 2 months
3. The replacement check from INTRAH will be equal to the U.S. dollars reported for this period.
Partie B. Rapport des finances N° ________.

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<td>Dépenses cumulatives</td>
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Montant total en francs rwandais déclaré pour la période courante: _________
Montant total dollars U.S. déclaré pour la période courante: _________

Taux de change: _________

La personne soussignée certifie par la présente déclaration que le paiement de la somme revendiquée est correct et exigible:

Signature ____________________________
Nom dactylographié ____________________________
Titre ____________________________
Date ____________________________

Notes: 1. Le budget rwandais fourni par l'INTRAH est spécifié dans le contrat; il ne change pas d'un rapport à l'autre.

2. La période englobée dans un rapport est de deux (2) mois au moins.

3. Le montant du chèque de réalimentation émis par l'INTRAH égalera le montant en dollars U.S. déclaré pour la 'période courante.'
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Article IX: Evaluation

1. The ONAPO Project
Director, Mr. Castule Kamanzi, will be responsible for the evaluation of all INTRAH-sponsored trainees and analysis of results of the following instruments:
  a. INTRAH Biodata Form.
  b. A pre- and post-test of learning, administered immediately prior to and immediately following a training event.
  c. INTRAH Participant Reaction Form.

The results of all instruments will be forwarded to INTRAH.

2. ONAPO will assist INTRAH consultant or evaluation staff in a yearly post-test follow-up of a 10% sample of trainees. A subsample of 3% will be chosen for appraisal of professional performance.

3. ONAPO will develop a protocol to be used to gather baseline data at the beginning of the project, and post-project data at the completion of INTRAH-sponsored training. The comparison of these two sets of data will be used to evaluate the impact of the project on trainees and their organizations.

1. Le Directeur du Projet ONAPO, KAMANZI Castule, sera chargé de l'évaluation de tous les agents formés sous le patronage de l'INTRAH et des activités de formation qui seront entre les mains de l'administration, et les résultats d'analyse de documents suivants:
  a. Le formulaire du Biodata d'INTRAH.
  b. Un test administré immédiatement avant et après une séance de formation permettant d'évaluer les connaissances. Un exemplaire des tests sera envoyé à l'INTRAH.
  c. Le formulaire d'appréciation pour participants à l'INTRAH.

Les résultats de tous les documents seront soumis à INTRAH.

2. ONAPO assistera le consultant d'INTRAH ou le personnel chargé de l'évaluation par le biais d'un suivi annuel d'un échantillon de 10% des personnes formées. Un sous-échantillon de 3% sera choisi pour évaluer les performances professionnelles.

3. ONAPO développera un protocole qui sera utilisé pour rassembler des données de base au début du projet, et des données après l'achèvement de la formation patronnée par INTRAH. La comparaison de ces deux séries de données permettra à l'ONAPO et à l'INTRAH d'évaluer les effets de la
and INTRAH to assess effects of training on service-provision and training capacity.

Article X Amendment

This contract may be modified by amendment, subject to the mutual agreement of both parties and the prior concurrence of the USAID/Kigali and AID/Washington.

Article XI General Provisions

1. Examination of Records
2. Audit
3. Abortion-Related Activities
4. Voluntary Participation
5. Sterilization
6. International Air Travel
7. Termination
8. Disputes
9. Prevailing English Version
10. Notice

formation sur la prestation de services et la capacité de formation

Article X: Modifications

Il sera permis d'apporter des modifications à ce contrat, à condition d'obtenir le commun accord de deux parties contractantes ainsi que l'assentiment préalable de l'USAID/Kigali et de l'AID/Washington.

Article XI: Dispositions Générales

1. Examen des comptes
2. Vérification de comptes
3. Activités ayant trait à l'avortement
4. Participation volontaire
5. Stérilisation
6. Voyages aériens internationaux
7. Résiliation
8. Contestations
9. Prédominance de la version anglaise
10. Notification
# PROJET DE FORMATION PMI/PF

**Office National de la Population**  
**Kigali, Rwanda**

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2. Formation Clinique en PF Prestation de Service

**A. Session 1 - 1986**

<p>| Indemnité Journalière | 10 2 | 7 7 | 2,000 | 1,000 | | 140,000 | 14,000 |
| Transport | 10 2 | | 2,000 | -0- | | 20,000 | -0- |
| Essence | 7 | | 60 420 70 | | 29,400 | |</p>
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**Cout identique à celui d'activité n° 2A Session I - 1986**

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La fin du contrat PAC II INTRAH/AID Washington signifie que des activités de formation ne peuvent pas être financées après Avril 1989. Pour la continuation de cette activités il faudra une autre source des fonds.
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*Le fin du contrat PAC II INTRAH/AID Washington signifie que des activités de formation ne peuvent pas être financées après Avril 1989. Pour la continuation de cette activités il faudra une autre source des fonds.*

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8 Gestation de Programmes de PF

**A. Session I**

- Indemnité Journalière
  - 12
  - 2
  - 21
  - 2,000
  - 2,000
  - 504,000
  - 42,000

- Transport
  - 12
  - 2
  - 21
  - 1,000
  - 200
  - 24,000
  - 2,000

- Essence
  - 21
  - 60
  - 1,260
  - 70
  - 88,200
  - 110

- Mat. pour la Formation
  - 48,000
  - 5

- Secrétaire/Chauffer
  - 21
  - 2,000
  - 42,000
  - 30

- Communications
  - 4,250
  - 50

**B. Session II**

Coût identique à celui d'activité N° 8.A Session I

**C. Session III**

Coût identique à celui d'activité N° 8.A Session I
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<td></td>
<td>2,000</td>
<td>28,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td></td>
<td></td>
<td>4,250</td>
<td>630,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voyages d'études</td>
<td>12</td>
<td>Pas dans le budget. Les fonds viennent directement de Chapel Hill.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13,586,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Taux de change : 85 francs = $1,00 US

13,586,000 = $159,835

Les totaux en dollars US montent à $159,825 en chiffres ronds; la somme totale est ajustée pour donner $159,835.

Indemnités journalières pour participants venant de Kigali : 1.000 FRW/jour.
Indemnités journalières pour participants venant d'ailleurs : 2.000 FRW/jour.
APPENDIX C

ONAPO/JHPIEGO PHYSICIAN QUESTIONNAIRE AND RESULTS
Monsieur le Ministre de la Santé Publique et des Affaires Sociales

Objet: Recyclage du Personnel médical et paramédical en PMI/FP


1° Un séminaire de recyclage des Médecins-Directeurs des Régions Sanitaires et des Médecins-Délégués de l'ONAPPO sur les "gestion des services de santé et des services de PMI/FP. Le séminaire est prévu en mars - avril 1986.

2° Formation clinique des médecins des hôpitaux en PMI/FP: La formation se fera à la Faculté de Médecine de l'Université nationale du Rwanda dans le cadre du projet "PMI/FP-ONAPPO" sur l'enseignement de la santé de la reproduction. Le programme de l'année va couvrir la formation et le recyclage de 45 médecins.

3° Formation des médecins gynécologues: Donnant suite à votre lettre n° 17/10/SAP. 1.3.2.1/36 du 2 janvier 1985, l'ONAPPO entend anorer un programme de formations des médecins gynécologues et de sensibilisation à nos services de gynécologie et d'obstétrique pour améliorer leurs prestations.

4° Formation clinique du personnel paramédical des centres de santé en PMI/FP. Cette formation pourra se faire sur le terrain dans les formations médicales prétant les services de PMI/FP ou en regroupant les participants dans un centre de formation ad hoc. A ce sujet, l'ONAPPO ouvrira bientôt un centre national de formation et de recyclage à Kigali (KIGALI) qui pourra être mis à profit pour de telles formations. Le programme de formation clinique en PMI/FP pour les paramédicaux couvrera entre 60 et 120 assistants médicaux et infirmières.

Pour l'année 1987, ces programmes prioritaires de formation clinique et PMI/FP seront vigoureusement poursuivis jusqu'à ce que toutes les formations médicales du type ci-dessus couvrent le personnel formé. L'ONAPPO ne participera pas aux autres priorités en matière de formation que le "centre de la santé publique et des Affaires sociales veillera bien à inclure le recours à ses services".

.../...

Best Available Document
L'Office National de la Population continuera par ailleurs aussi à organiser la fourniture des produits contraceptifs dans les formations médicales du pays au fur et à mesure que les services de planification familiale seront intégrés et que le personnel sera formé en la matière.

Veuillez agréer, Monsieur le Ministre, l'assurance de ma franche collaboration.

La Directrice de l'Office National de la Population
Mme HABILIANA NYIRASAFARI Gaudence

C.P.L.A:
- Son Excellence Monsieur le Président de la République Rwandaise
- Monsieur le Ministre des Finances et de l'Economie
- Monsieur le Ministre du Plan
- Monsieur le Ministre des Affaires Étrangères et de la Coopération
- Monsieur le Représentant-Résident de la Banque Mondiale
- Monsieur l'Attaché pour la Coopération UAID - KIGALI
- Monsieur le Représentant-Résident
- "L" KIGALI
- Monsieur le Directeur du Projet "SANTE FAMILIALE" KIGALI

Tous les 84 participants (54 médecins, 23 stagiaires de IIIe Doctorat et 7 paramédicaux) ont répondu au questionnaire d'évaluation du séminaire.

**Question 1:** 72 participants (soit 86%) ont répondu que les sujets des cours du séminaire avaient été bien choisis. 11 personnes (soit 13%) ont répondu "NON", il y a eu 1 abstention.

**Question 2:** 57 personnes (soit 67,8%) ont estimé que d'autres sujets devraient être ajoutés à l'avenir. Les propositions avancées recommandaient des cours pratiques, des démonstrations, des expériences personnelles et la démographie. Environ 30% des participants (soit 25 personnes) ont pensé qu'il ne fallait rien ajouter, il y a eu 2 abstentions.

**Question 3:** 46% des participants ont estimé que certains cours devraient être supprimés. (La plupart d'entre eux pointaient du doigt les cours de nutrition.) Néanmoins 42 personnes (soit 50% des participants) étaient d'avis qu'aucun cours ne devait être supprimé.

**Question 4:** Les réponses n'étant pas faciles à dépouiller, il a été nécessaire de regrouper celles qui étaient fort semblables ou qui convergeaient vers un même domaine. C'est ainsi que les cours qui étaient jugés comme étant les plus utiles pour le travail des séminaristes étaient particulièrement les suivants:

1. Cours portant sur les méthodes de planning familial
2. Maladies transmises par voie sexuelle
3. Cours sur la stérilité et la stérilisation
4. Cours de Gynécologie-Obstétrique
5. Cours de Santé Maternelle et Infantile
6. Cours sur l'Organisation et l'Administration des Services de Santé

Le fait souligné ici est de savoir... C'est un accorder à ce résultat puisque les conditions de travail, les intérêts et les niveaux de formation différaient d'un individu à l'autre.
Question 5: Les cours qui ont été jugés comme étant les moins utiles pour le travail habituel des séminaristes étaient ceux du domaine de la Pédiatrie, ceux du domaine de la Nutrition ainsi que le cours sur l'augmentation de la production vivrière.

Encore une fois, il convient de faire remarquer que la remarque réservée à la question 4 reste valable pour la question 5.

Question 6: Les participants qui ont déclaré avoir appris beaucoup ou suffisamment du séminaire étaient au nombre de 59 soit 70%. 20% (17 personnes) d'entre eux ont dit avoir appris peu, alors que 7% (6 personnes) déclaraient avoir appris très peu, 2 personnes se sont abstenues.

Question 7: Cette question visait à déceler quels cours les gens avaient aimé le plus.

Les réponses recueillies indiquent une tendance majoritaire donnant préférence aux cours suivants:
1- Stérilité masculine
2- Méthodes de Planning familial
3- Maladies transmises sexuellement
4- Population et Santé

Question 8: La tendance générale des réponses a identifié le cours sur les Besoins Nutritionnels pendant l'enfance, les autres cours sur la nutrition et le cours sur les méthodes naturelles de Planning familial comme ayant été les moins aimés.

Question 9: De manière indiscutable, le dépouillement a indiqué que les Docteurs Geoffroy CATRA et Evariste HAKIZIMANA ont été désignés par une grande majorité des répondants comme "enseignants les plus appréciés".

Question 10: Les enseignants les moins appréciés étaient:
- Dr Viateur MBONYUMVUNYI
- Dr Etienne MBARUTSE
- Vue Vivace MEGIBWIGI
- Dr "LO" ("mâle")

Question 11: A la question de savoir si les améliorations "matériel didactique souhaitées", 60 personnes ont répondu dans l'affirmative.
Ils souhaiteraient avoir notamment des démonstrations cliniques, des films scientifiques, des diapositives, des photocopies avant cours. 15 personnes (18%) ont répondu NON. Il y a eu 8 abstentions et 1 nul.

**Question 12:** S’agissant des impressions générales sur l’organisation du séminaire, 17 personnes ont répondu "Excellent", 50 personnes ont dit "Bonne", soit 67% des participants. Quinze personnes (18%) ont répondu "PASSEABLE"; une personne l’a qualifiée de mauvaise et une s’est abstenu.

**Question 13:** C’est une question à réponses "ouvertes" qui demandait aux séminaristes des mesures d’amélioration de l’organisation de séminaires ultérieures. Voici les propositions faites:
1- Mettre un accent sur la formation PRATIQUE.
2- Avoir un séminaire qui gravite autour des travaux de groupe.
3- Pratiquer un séminaire pour médecins seuls et un séminaire pour paramédicaux à part.
4- D’autres ont suggéré d’avoir les cours avant-midi et des discussions de groupe après-midi suivies d’une séance plénière.
5- Quelques participants ont fait remarquer qu’un séminaire ne devrait pas comprendre des cours du tout.

**Question 14:** 70 participants (83%) ont estimé que le Séminaire était soit excellent (6 personnes), soit bon (54 personnes). 14 personnes ont dit qu’il était moyen.

**Question 15:** - 17 personnes (20%) ont dit que des séminaires du même type devraient être organisés à l’avenir.
- 65 personnes (77,4%) ont répondu que des séminaires du même type devraient être organisés à l’avenir moyennant quelques modifications.
- Une personne a dit que pareil séminaire ne devrait plus être organisé.
- Un nul a été enregistré.

**Question 16:** - 74 personnes (88,2%) ont répondu qu’un tel type de séminaire relatif au domaine de la Santé de la Reproduction.
- Seules 19 personnes (22,6%) ont estimé qu’un séminaire de ce genre devrait rester inchangé.
- Au départ, un tel séminaire doit concerner un seul thème relevant du domaine de la Santé de la Reproduction.
PREMIER SéMINAIRE SUR LA SANTÉ DE LA REPRODUCTION
BUTARE 9 - 18 SEPTEMBRE 1980

ÉVALUATION DU SÉMINAIRE

Cochez le cercle qui précède la réponse appropriée; explicitiez votre réponse en cas de besoin.

Question 1: Trouvez-vous que les sujets des cours du séminaire ont été bien choisis?
0 Oui
0 Non
Si la réponse est "Non", veuillez l'expliquer.

Question 2: Estimez-vous que d'autre(s) sujet(s) devrait(ent) être ajouté(s) à l'avenir?
0 Oui
0 Non
Si la réponse est "Oui", veuillez indiquer ce(s) sujet(s) et justifiez votre réponse.

Question 3: Estimez-vous que certain(s) cours devrait(ent) être supprimé(s)?
0 Oui
0 Non
Si la réponse est "Oui", veuillez indiquer ce(s) cours et justifiez votre réponse.

Question 4: Avez-vous trouvé le lieu de travail?
Question 5: Quels cours trouvez-vous le(s) moins utile(s) pour votre travail?

Question 6: Dans quelle mesure estimez-vous avoir appris de ce séminaire?
   0 Beaucoup
   0 Suffisamment
   0 Peu
   0 Très peu

Question 7: Quel cours avez-vous aimé le plus? Pourquoi?

Question 8: Quel cours avez-vous aimé le moins? Pourquoi?

Question 9: Quel enseignant avez-vous apprécié le plus? Pourquoi?

Question 10: Quel enseignant avez-vous apprécié le moins? Pourquoi?

Question 11: Souhaitez-vous une amélioration du matériel didactique
   0 Oui
   0 Non
   Si la réponse est "Oui", expliquez-la.
0 bonne
0 passable
0 mauvaise

**Question 13:** Faites les proportions concrètes relatives à une meilleure organisation des séminaires ultérieurs.

**Question 14:** Évaluez le séminaire de manière globale.
0 excellent
0 bon
0 moyen
0 mauvais

**Question 15:** Des séminaires du même type (Santé de la Reproduction):
0 devraient être organisés à l'avenir
0 devraient être organisés à l'avenir moyennant quelques modifications
0 ne devraient pas être organisés

**Question 16:** Un tel séminaire:
0 devrait, à l'instar de celui qui se termine, comprendre une grande variété de cours
0 devrait être centré sur un seul thème relevant du domaine de la Santé de la Reproduction
0 devrait être centré sur quelques thèmes (3 ou 4) relevant du domaine de la Santé de la Reproduction
APPENDIX D

OAR/KIGALI SUMMARY OF INTRAH CONTRACT DEVELOPMENT VISIT
TO: 
CARINA STOVER
HEALTH, POPULATION AND NUTRITION OFFICER, OAR/KIGALI

FROM: 
James Herrington, INTRAH Team Leader
George Walter, IHP Clinical Specialist
Pape Gaye, INTRAH Consultant
Christine Durham, INTRAH Contracts Specialist

SUBJECT: 
SUMMARY OF INTRAH CONTRACT DEVELOPMENT VISIT, and
ANTICIPATED NEXT STEPS

DATE: 
Thursday, March 13, 1986

1. The purpose of the INTRAH visit of March 4 - 14, 1986 to Rwanda
was to develop a draft contract between ONAPO and INTRAH for the
training of Rwandan paramedical personnel in family planning.
The contract is based on needs identified by INTRAH during
previous visits and training activities, as well as on dis-
cussions held during the present visit with ONAPO central and
regional office staff and other agencies providing training
and/or health services in Rwanda.

2. The INTRAH team held discussions with more than 50 persons
representing more than 15 agencies or divisions within them. A
one-day field visit to the ONAPO Regional Office in Ruhengeri
allowed for observation and discussion with prefecture-level
family planning service providers.

3. The following major training areas were identified with ONAPO for
technical or financial support by INTRAH (in order of highest
priority).

   a. Curriculum development for clinical training of family
      planning service providers.

   b. Clinical training in family planning service provision for
      paramedical personnel.

   c. Training of trainers for ONAPO core training staff.

   d. Training in evaluation of training programs; mid-project
      evaluation of the ONAPO/INTRAH program.

   e. Training of current family planning teachers in secondary
      schools using existing curricula.

   f. Management of family planning programs at the regional
      level.

   g. Curriculum development in family life education for clinical
      family planning service providers.
h. Training in family life education for clinical family planning service providers.

i. Educational study tours for ONAPO personnel to African or Asian countries which have successful family planning programs.

INTRAH has proposed to support 43 ONAPO training activities between September, 1986 and April, 1989, for a total of 382 participants at a total estimated in-country cost of $159,825.

4. A draft contract has been developed (see attachment A) which includes a brief background statement, responsibilities of ONAPO and INTRAH, goals and objectives, workplan, budget estimate and evaluation strategy. The draft contract (including general provisions) has been reviewed with the ONAPO Director, the subsection chief for training and school programs, and the chief accountant.

5. Next steps: The following outline specifies actions which should be completed for the timely implementation of the above training activities:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Draft contract completed and left with OAR/Kigali.</td>
<td>Prior to INTRAH team departure.</td>
</tr>
<tr>
<td>b. OAR/Kigali sends concurrence or comments on draft contract to ST/POP/IT.</td>
<td>By April 15, 1986.</td>
</tr>
<tr>
<td>d. INTRAH returns draft contract to ONAPO for signature.</td>
<td>By July 5, 1986.</td>
</tr>
<tr>
<td>e. ONAPO sends signed copy of contract to INTRAH.</td>
<td>By July 30, 1986.</td>
</tr>
</tbody>
</table>
Memo to Carina Stover  

6. The completion of the new ONAPO training center in Kicukiro is essential to the 1986 ONAPO program already in progress. It will become critical with the addition of INTRAH-sponsored activities. The consulting team strongly supports OAR/Kigali in their efforts to resume construction immediately and complete the center by June, 1986.

7. Finally, the INTRAH team is grateful for the technical and logistical support provided by OAR/Kigali and ONAPO. Special thanks go to Carina Stover, Maryce Pierre-Louise, Castule Kamanzi, Dr. Casman, and, of course, Mme. Habimana, ONAPO Directrice.

cc: Dr. James Lea, INTRAH Director

Attachment: Draft ONAPO/INTRAH Contract
APPENDIX E

DESCRIPTION OF THE DECENTRALIZATION OF GOVERNMENT EDUCATION PROGRAMS FOR THE RURAL POPULATION (CCDFP)
Description of the Decentralization of Government Education Programs for the Rural Population (CPDFP and CCDFP)

The administrative structure in Rwanda is different than in some West and Central African countries in that training of all ministry personnel at the prefectural level and below, and 'sensibilisation' directed towards the rural population must pass through the Ministry of the Interior. This structure facilitates coordination of training and public information coming from the various ministries. From the national Ministry of the Interior, information passes to the Prefectoral level, then to the Communal level, and then to the further subdivisions of the Secteur and the Cellule, the smallest political unit. For example, ONAFO must coordinate all of its training activities at the prefecture level and below, as well as dissemination of family planning information, with the Ministry of the Interior. The following organizational chart visually represents this political structure.
APPENDIX F

INFORMATION TAKEN FROM: "RWANDA 1983: ENQUETE NATIONAL SUR LA FECONDITE, VERSION RESUME, ONAPO"
APPENDIX F

INFORMATION TAKEN FROM: "RWANDA 1983: ENQUETE NATIONALE SUR LA FECONDITE, VERSION RESUMEE, ONAPO"

5718 ménages de taille moyenne de 4.9 personnes ont été interrogés = approximately 28,000 people.

Mariage Coutumier 14.9%
Mariage Civil 44.4%
Union de Fait 40.7%

At the time of the survey, the women were:

Married 75%
Widowed 5%
Divorced 20%

Approximately 20% of the marriages were polygamous.

The overall average for all ages was 4.6 children per married woman. However, by 49 years of age, the average woman will have 8.4 living children.

90% of the women have 5 children
66% have 6 children
1.5% have no living children

"Uncontrolled natural fertility is such that a woman having had 12 children will have a 50% chance of having another."

Knowledge of contraceptive methods:

Traditional methods of contraception 8%
Traditional methods of abortion 25%
At least one modern method of contraception 66.6%

Of women who were aware of modern methods, they were:

Pill 18.9%
Injections 18.7%
Women 25 - 39 were better informed. Knowledge of a contraception seemed unrelated to the number of surviving infants, but was directly related to higher school level attained and to living in an urban area.

In terms of having ever used a contraceptive method, the results:

- Traditional method 1.4%
- Natural method 10.0%
- Modern method 1.0%

The figure for the use of periodic abstinence may be slightly skewed, for in the cultural tradition, there may be periods of abstinence which do not have FP as their motivation.

The average age of menarche was 15.3 years.

The average age of marriage was approximately 20 years (younger for older women, older for younger women).

The average age of menopause was 46.4 years.

99% of all women marry at least once.

Postpartum abstinence averaged 8 days.

Breastfeeding was concluded to be the major factor in traditional FP in Rwanda. Women breastfed for an average of 21.1 months total, with 6.6 months giving breast milk exclusively. Older women have consistently breastfed for longer periods of time. For the first 11 months of breastfeeding, each month of nursing delayed the return of menses by 0.2 months. From 11 – 30 months, each month of nursing delayed menses by 2/3 months, and after 30 months, continued nursing seemed to have little effect on the return of menses.