

*This 29-page report was prepared by Luann Martin for
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**BASIC RURAL HEALTH
Projects 660-0086 AND 660-0107**

I. PROJECT SUMMARY

Basic Rural Health I and II is most commonly referred to as SANRU I and II after its French name, "Soins de Sante Primaires en Milieu Rural." The projects have as their project goal to improve the health status of the rural population by increasing the proportion of rural Zairians that have access to basic health services.

The project purpose is to establish a sustainable system of community-supported preventive, promotive, and basic curative primary health care services to combat the ten most prevalent public health problems in rural Zaire. SANRU I established this system in 50 rural health zones. SANRU II is to expand into 50 new rural health zones and to further strengthen the 50 zones assisted by SANRU I. Training is regarded as the projects' most important component in terms of institutionalizing primary health care in Zaire.

Approximately 8,000 people have been trained under SANRU I and II through overseas short and long-term training and in-country training provided at the national, regional, and local level. Of the 74 persons who received a master's degree in public health, 78 percent graduated from the Zaire School of Public Health. SANRU's training strategy has been to train medical chiefs of zones, administrators, and supervisors in primary health care and management and to train the trainers of village-level health care providers and motivators (traditional birth attendants, VHWS, and water coordinators). Although SANRU has been successful in achieving many of its training targets, the primary factor impeding implementation of the training plan has been a shortage of counterpart funds for in-country training.

Life of Project:

SANRU I	August 31, 1981 - January 31, 1988
SANRU II	August 31, 1985 - September 30, 1992

Implementing Agencies: Church of Christ of Zaire (ECZ), a private voluntary organization, and the National Rural Water Service (SNHR), a government agency

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Documentation: Project papers, grant agreements, PIO/Ps, and PIO/Ts are in binders in the Program Office. The Health and Population Office has copies of the 1984 and 1986

evaluations and reports of the WASH training of water and sanitation trainers. The consultant's SANRU project folder includes a 25 page description of SANRU's training program, samples of evaluation tools, local training application and reporting forms, and other relevant documents.

Funding: Tables 1 and 2 show the actual expenditures for SANRU I and the estimated costs of SANRU II. The training budget does not include technical assistance for training or the development of training materials.

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Table 1. Basic Rural Health I Budget (actual expenditures)
(in \$)

	<u>Total Budget</u>	<u>Training Budget</u>	<u>Training as % of Total Budget</u>
USAID	4,455,915	517,480	12 %
GOZ	3,019,357	(est.)	28 %

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Table 2. Basic Rural Health II (estimated budget)
(in \$)

	<u>Total Budget</u>	<u>Training Budget</u>	<u>Training as % of Total Budget</u>
<u>Health Component</u>			
USAID	16,401,000	1,000,000	6 %
GOZ	18,232,000	3,646,400	20 %
<u>Water Component</u>			
USAID	5,300,000	223,000	4 %
GOZ	1,456,000	63,000	4 %

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II. TRAINING STRATEGY AND CURRICULUM

At the beginning of SANRU I, few people had received public health training. In order to achieve SANRU's objective of reorienting a curative health care delivery system to one emphasizing primary health care, thousands of health professionals and providers required training in preventive care. However, very few health zones had the capacity to retrain health cadres. SANRU developed a training strategy aimed at supporting training at the rural health zone, health center, and village levels.

The strategy included long-term and short-term participant training, national courses on public health and administration for medical directors and administrators, regional training for nurses and supervisors, and training programs for trainers of traditional birth attendants (TBAs) and village health workers (VHWs). TBA and VHW trainers as well as health nurses provided training at the village level. Each category of training is discussed below.

1. National and Regional Training

1.1 Medical Chief of Zone (MCZ) (physician)

SANRU recognized that physicians in charge of the health zones would require retraining if they were to take the initiative and leadership in the promotion of primary health care. SANRU I proposed long-term overseas training in health education and health administration for 30 medical zone chiefs and deputies. With the opening of the Zaire School of Public Health in 1986, SANRU II set as its objective master's level in-country training in primary health care management for 88 medical officers and administrators. Both projects included short-term overseas training in specialized areas.

In addition to providing long-term and short-term training abroad, SANRU I organized a five-week course for medical chiefs of zones (MCZs) at the University of Kinshasa. This course, offered in 1982 and 1983, focused on primary health care strategies and services, planning, community organization, epidemiology, and biostatistics. Through national in-service training courses organized by the Expanded Program of Immunization (PEV) and later by the World Health Organization and the United Nations Development Program, MCZs received training in three-week courses covering such topics as vaccinations and treatment for malaria and diarrhea.

A study of management systems in the health zones, conducted by the Organization for Rehabilitation through Training

Project (ORT), indicated the need for management training as part of the in-service training for MCZs. Consequently, training modules on the management of human resources, finances, drugs, supplies and equipment were developed by SANRU, ORT, Belgium Technical Cooperation, and Management Sciences for Health. These modules were combined in 1986 with the PEV primary health care training modules. In total, SANRU I financed the participation of 59 medical chiefs of zones in the PEV in-service training.

1.2 Administrators (physician or A1 graduate nurse)

Recognizing the importance of management training, in 1987 SANRU II began organizing two-week management courses for (a) health zone and hospital administrators and medical directors and (b) MCZs who had been trained before the management modules were incorporated in the PEV training modules.

1.3 Supervisors (often A1 graduate nurse or A2 diploma nurse)

To train health zone supervisors, SANRU I used a consultant team of instructors composed of an administration trainer experienced with the World Health Organization, a senior nurse-graduate of Tulane School of Public Health, and a statistician from the University of Kinshasa. The course covered problems supervisors could expect to find in rural primary health care systems and applied modern management principles. The 1984 evaluation team rated the program "far superior in technical quality and content to any other examined by the Evaluation Team." Regional training of supervisors continues under SANRU II. The training module currently being used was developed in 1987 by FONAMES, a parastatal charged with the coordination of primary health care, with technical input from SANRU and an urban health project.

1.4 Nurse "Pharmacists"

Most Zairians who have completed an academic program in pharmacy choose to work in private pharmacies in urban areas. Consequently, the majority of pharmacies in rural health zones are staffed by nurses who have never received special training in pharmacy. In 1986 SANRU II initiated a two-week training program on drug management for these nurses. The course is taught by a team composed of pharmacists trained in drug management by Management Sciences for Health.

1.5 Trainers of Traditional Birth Attendants (nurse midwife or A1, A2 or A3 nurse)

One of the first activities of SANRU I was the development of a training program for traditional birth attendants (TBAs). The program was developed by SANRU in collaboration with Zairian midwives, the American College of Nurse Midwives, and INTRAH, an AID-funded training program for mid-level family planning workers. A film on TBA training was produced by SANRU with the collaboration of the American College of Nurse Midwives. The 1984 evaluation team found the TBA training to be well-developed with clear and concise training material. SANRU II is continuing the program to upgrade TBA skills in detecting at-risk pregnancies and in performing safe deliveries. At the conclusion of the two-week training program, each participant receives a midwife kit.

1.6 Trainers of Village Health Workers (A1 graduate and A2 diploma nurses)

The training of trainers of village health workers (VHWs) was not as developed as the TBA program at the time of the 1984 evaluation. In 1985 two Zairians were sent to the World Health Organization training center in Togo for training of VHW trainers. Two short-term consultants were employed by SANRU I to assist in the initial training workshop for VHW trainers. VHW training modules, developed by WHO Lome, cover hygiene, health care of children and adults, maternal health, nutrition, emergency care, drug use, and work methods. Trainers also receive flip charts to be used with these modules.

1.7 Trainers of Water and Sanitation Coordinators

A new emphasis of SANRU II is the training of water and sanitation coordinators. To meet the objective of training 125 coordinators, SANRU developed a training program for a national team of water and sanitation trainers. SANRU invited the WASH Project, an AID centrally-funded project, to provide technical assistance for the training of trainers program and for the development of community education materials and training modules.

1.8 Water and Sanitation Coordinators

The three training modules developed by the WASH Project are being used in three separate training programs for water and sanitation coordinators. The modules cover the preparation of water sources, community participation, latrine construction, and water pump installation and maintenance.

1.9 Family Planning Motivators (doctors and A1, A2 and A3 nurses responsible for maternal and child health)

Although the SANRU II project paper does not set any targets for family planning training, one of the anticipated project outputs is the acceptance of family planning by at least one percent of women of reproductive age in a rural health zone. SANRU established its own target of 100 doctors and nurses trained in family planning. At SANRU's request, seminars on family planning are conducted by the Family Planning Services Project (PSND), by a private family planning association (ASZBEF), and by the Tshikaji Regional Training Center. Seminars follow the PSND curriculum.

1.10 Teachers of Medical Institutes and Nursing Schools

In order to institutionalize primary health care training, improve classroom instruction, and develop a pool of teachers for the training of health zone personnel, the SANRU II project paper calls for the training of 100 teachers of medical institutes and nursing schools. The 1984 evaluation team found that the teaching content and methods for primary health care subjects taught in nursing schools were not as developed as for traditional subjects such as anatomy and pediatrics. Nutrition courses were considered "woefully inadequate and poorly taught." The team concluded that "a great deal of help is needed by the nursing schools to teach these expanded topics in public health."

A project proposed with MEDEX (University of Hawaii) and the Sixth Direction of the Ministry of Health for the training of nursing instructors was pursued for more than a year but suddenly dropped by MEDEX in 1988. SANRU efforts to get the Sixth Direction to take the initiative were also unsuccessful. In 1989 SANRU financed the training of 10 nursing school instructors in Kasai Occidental. The following year SANRU conducted a course on the "Integration and Reinforcement of Primary Health Care in the Program in Nursing Schools." Through the SANRU buy-in to the AID centrally-funded HEALTHCOM II project, 16 representatives of nursing schools attended a training program in curriculum development in information, education, and communication.

1.11 Chauffers/Mechanics

Included in the training plan for SANRU II is the training of chauffers and mechanics of vehicles provided by SANRU to rural health zones. The purpose of the training is to ensure the proper use, maintenance, and repair of these vehicles. Prior to the first two-week training session in

1989, a team of trainers was instructed in maintenance and repair by Honda and Toyota dealerships.

1.12 Secretaries

As part of the overall objective of improving the operations of the health zones, the SANRU II project paper calls for the training of 100 secretaries. The National Institute for Professional Preparation failed to develop for SANRU an appropriate training program for secretaries. At present SANRU has no plans to pursue another secretarial training program before the project ends.

2. Continuing Education

Besides short training courses, SANRU I and II envisaged a program of continuing education through regional and national conferences. The SANRU II training plan as outlined in the project paper presents a very ambitious continuing education program with annual regional conferences for medical chiefs of zones, zone supervisors, and TBA and VHW trainers.

3. Local Training

3.1 Health Center Nurses and Auxiliaries

In the estimation of the 1984 evaluation team, the success of primary health care is dependent on nurses, the frontline preventive and curative health care providers. Although SANRU provided materials for primary health care training for nurses, the organization and supervision of the training were the responsibility of the health zone. The evaluation team commended SANRU for the training materials but thought that the two-week courses covered too many topics. The team recommended that SANRU assist the rural health zones in developing more appropriate primary health care training for nurses.

SANRU II continues to place importance on local training of nurses and contributes finances and materials for this training. The purpose of the training is to prepare nurses to administer health centers, deliver primary health care services, motivate communities, and collect and report statistics on health center and village health activities.

3.2 Village Health Workers, Traditional Birth Attendants and Health Development Committees

The trainers who attended the SANRU training of trainers programs for VHWs and TBAs along with health center nurses

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are the primary health educators at the village level. In 1984 the evaluation team found that SANRU had not provided assistance to the zones on the subject of committee training and development. In response SANRU I, in collaboration with FONAMES, developed modules for organizing community seminars to encourage primary health care. The modules were designed for medical chiefs of zones, VHW trainers, and water and sanitation coordinators.

III. IMPLEMENTATION

1. Organization of Training

Implementation of the training plan is dependent upon organizers at the national, regional, and local level. SANRU's Division of Training and Documentation is composed of a coordinator, administrative assistant, a VHW and TBA training specialist, a water and sanitation training specialist, a management training specialist, an overseas training coordinator, and a documentation center director. All positions are presently occupied with the exception of the VHW/TBA training specialist and the overseas training coordinator.

SANRU's national team of training specialists is responsible for the development of an annual training plan. The Division of Training and Documentation identifies appropriate short-term overseas training programs, coordinates long-term training at the Zaire School of Public Health, organizes national and regional training courses and annual conferences, and reviews and processes applications for local training. The Division is also responsible for the evaluation of training programs.

SANRU's Division of Training facilitates training at the zone level in three ways: (a) through the training of trainers, (b) through the development of curriculum and training materials, and (c) through financial assistance. Each year the Division informs medical chiefs of zones of the training plan. If a medical chief wants to organize a training program in his area for a particular cadre, he submits an application form for training assistance. The applicant is required to include information on training objectives, the budget, teaching materials, and the course content and schedule. The zone can request budgetary assistance from SANRU for teaching materials, food, and the transport and salary/fees of trainers from outside of the health zone. The health zone is responsible for the transportation of participants, lodging, and salary/fees of trainers from within the health zone.

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Before approving the application, the Division of Training checks to see if the trainer is someone who has participated in a SANRU training of trainers course. If the application is approved, SANRU advances the finances prior to the seminar. The medical chief of the zone is requested to submit a training report upon completion of the seminar.

In terms of the training of village development committees and health center committees, the training plan which appears in the SANRU II project paper states that no costs should be paid by SANRU. At the time this plan was made, one of the key assumptions was that local financing and Ministry of Health support at the local level would increase. This assumption proved to be false; consequently, SANRU decided to provide financial assistance for community-level training.

2. Achievement of Project Objectives

Project Implementation Reports and the 1986 SANRU evaluation indicate that approximately 3,000 individuals were trained under SANRU I. Over a five-year period, around 5,000 people have been trained under SANRU II: 85 overseas, 965 in national and regional training programs, and an estimated 5,000 in local training activities. The training of village development and health committees has not been included in these figures because the training targets and reports are unclear. Table 3 summarizes SANRU training by type of training and training sites. Tables 4 and 5 show the level of achievement of training targets. The details of the tables are discussed in the narrative following the charts.

Table 3. Training under Basic Rural Health I (1981-85) and Basic Rural Health II (1986-90)

	<u>United States</u>		<u>3rd Country*</u>		<u>In-Country</u>	<u>Total</u>
	Male	Female	Male	Female		
Basic Rural Health I						
Academic	9	0	0	0	0	9
Technical	9	1	11	0	2923	2944
Totals	18	1	11	0	2923	2953
Basic Rural Health II						
Academic	7	0	2	0	59	68
Technical	34	9	35	3	(5000)	5081
Totals	41	9	37	3	(5059)	5149

(* Third country training sites: Togo, Congo, Burkina Faso, Senegal, Niger, Ivory Coast, Central African Republic, Kenya, Israel, Portugal, Sweden, Belgium, France, Switzerland, Netherlands, Canada, Thailand)

Table 4. Achievement of Training Targets (SANRU I)

<u>Training Category</u>	<u>Objective</u>	<u>Total Trained</u>	<u>% of Target Objective</u>
MPH training	30	9	30
Short-term overseas	55	21	38
Village Health Workers	1500	1238	82
TBAs	400	436	109
Nurses	750	1000	133
Physician Retraining	50	59	118
Supervisors	-	54	-
TBA Trainers	-	74	-
VHW Trainers	-	62	-

Table 5. Achievement of Training Targets (SANRU II) 1986-1990

<u>Training Category</u>	<u>Objective</u>	<u>Total Trained</u>	<u>% of Target Objective</u>
Overseas Training			
Master's Degree	4	7	175
Engineering (water)	2	2	100
Courses and Conferences	89	72	81
Total	95	81	85
National and Regional Training			
Master's Public Health Administrators	88	59	67
Medical Chiefs of Zones	90	120	133
Supervisors	70	81	116
VHW Trainers	200	124	62
TBA Trainers	100	104	104
Water/Sanit. Trainers	50	57	114
Water Coordinators	16	16	100
Water Station Engineers	125	127	102
Nurse "Pharmacists"	26	11	42
Nursing School Teachers	70	104	149
Family Plan Motivators	100	40	40
Chauffers-Mechanics	100	65	65
Secretaries	70	44	63
	100	13	13
Total	1205	965	80
Local Training			
Nurses and Auxiliaries	2140	(2910)	-
VHWs	2000	(2368)	-
TBAs	1000	(1370)	-
Total	5140	(6648)	-

Numbers in () are the sum total of course registrants but do not necessarily represent the number of individuals trained. If 75 percent of the people who participated in local training attended only one training session, approximately 5,000 people have been trained at the local level.

2.1 Long-Term Training

The long-term training target for SANRU I was master's level training of 15 health educators and 15 health planners. All of this training was to occur overseas. SANRU II's long-term training objective is to train 88 physicians and administrators at the master's level at the Zaire School of Public Health and 6 persons, 2 of them water and sanitation engineers, at the master's level in the United States. Since some of the training was financed under both projects, it is more useful to combine the training targets in order to determine the achievement of these targets. The combined long-term training target is 124 Zairians trained at the master's level. If 10 people are trained in 1991-92 at the School of Public Health, the total number receiving master's degree training by the end of the project will be 87, or 70 percent of the combined training target.

2.2 Short-Term Participant Training

SANRU I fell far short of achieving the project paper's target of short-term overseas training (21 out of a target of 55). Half of this training took place in third countries. The majority of the training focused on management. Specialized training was provided in documentation, computers, and VHW training.

Under SANRU II, 89 persons are to participate in technical non-degree courses, seminars, or conferences. As of May 1991, 72 Zairians (81 percent of the project target) were beneficiaries of out-of-country short-term activities. Seventeen of the 72 Zairians participated in more than one activity. Although management training continues to be a priority of SANRU II, short-term participant training is more varied than SANRU I with courses in such areas as water and sanitation, family planning, health financing, and community health. (See Annex 1 for a list of short-term and long-term participants and their training program, Annex 2 for a list of beneficiaries of invitational travel, and Annex 3 for a list of graduates from the Zaire School of Public Health.)

2.3 National and Regional Courses

With over a year left until the project's completion, SANRU II has already exceeded the project paper's targets for the training of administrators, medical chiefs of zones, VHW trainers, TBA trainers, and "nurse pharmacists." The training of supervisors, chauffers/mechanics, nursing school instructors, and secretaries, in particular, has fallen behind schedule. (Annex 4 lists SANRU II national and regional courses.)

2.4 Local Training

SANRU I surpassed the training targets for TBAs and nurses but fell short of its VHW target. Local training targets for SANRU II are 2,140 nurses and auxiliaries and 3,000 VHWs and TBAs. Determining whether these objectives have been achieved is difficult for two reasons. (a) Less than one-half of the training reports are returned. Consequently, the list of participants is based on the list submitted for the proposed training. (b) The original training plan for SANRU II expects nurses, VHWs, and TBAs to participate in more than one training activity. Consequently, adding the number of persons trained each year can result in double counting.

The best way to determine whether SANRU is achieving local training objectives is to count each participant only once. If this information cannot be collected, another method is to compare the total number of people who attended training sessions as of mid-1991 with the number of persons targetted up to that point. By using this latter technique, it would appear that 62 percent of the nurse supervisor training target and 62 percent of the TBA/VHW targets have been achieved by mid-1991. The percentage may be considerably higher if few individuals, in fact, attended more than one training activity.

2.5 National and Regional Conferences

Two national conferences were held during SANRU I as well as seven regional conferences on the establishment of health zone boundaries. A physician from each hospital in the region was invited to attend the conference. The training plan for SANRU II also includes annual national conferences. SANRU II organized annual conferences every year except in 1988. The original training plan for SANRU II proposed over 100 regional meetings during the life of the project. According to this plan, zone trainers, medical chiefs of zones, and zone supervisors would attend separate regional meetings. When FONAMES was given the mandate to coordinate regional primary health care activities, SANRU redirected its attention. To date, 17 regional conferences have been held, five of these for the national training team for water and sanitation. SANRU's Documentation Center also organizes meetings, discussions, and workshops for various groups on topics related to primary health care.

3. Factors Affecting the Implementation of Training Plans

Various factors have affected the implementation of training plans. These factors are discussed below.

(a) Availability of Funds: Counterpart funds, generated through the sale of P.L. 480 commodities and the commodity import program, are used to finance in-country training activities. Since the amount of counterpart funds and the timing of their release varies from year to year, detailed, long-range training plans become out-of-date soon after their adoption. For various reasons, counterpart funds were drastically reduced in 1990 and 1991. Consequently, SANRU had to revise and cancel various training activities. In 1990 only 20 percent of the planned regional training programs could be completed because of the counterpart fund problem. Project implementation has also been frustrated by the failure of the Government of Zaire to release budgeted funds from its investment budget to support rural health zones. How much interest does a medical chief of zone have in organizing a training course and incurring some of the costs when he does not have enough money to meet operational expenses or to pay his staff?

(b) Incentives: Interest on the part of medical chiefs of zones, administrators, and medical inspectors in the ten-month master's level program at the Zaire School of Public Health has been less than anticipated. One disincentive is the loss of a source of income (honorariums) during training. After the training, it is expected that doctors will return to their post. On the one hand, some doctors object that the training does not lead to a job promotion. At the same time, they fear that their replacement will become permanent in the job and that they will be unemployed upon completion of their training. Another disincentive is the University of Kinshasa's classification of the ten-month program at the School of Public Health as a certificate program rather than a master's program even though it is modeled after Tulane University's MPH program.

(c) Selection Criteria and Placement: Few administrators have participated in public health certificate training. Many administrators do not meet the academic requirements for entrance. One administrator who was accepted into the program dropped out. SANRU approached the School of Public Health about offering a special program for administrators but received a negative reply. Another problem is that some MPH candidates are not released by their health zones for training because no one is found to take over their duties during their absence.

(d) Availability of Qualified Trainers and Training Programs: Training of chauffers/mechanics is behind schedule because the Toyota dealership that was to participate in the program kept postponing the training. On several occasions SANRU selected people for short-term overseas training only to learn that the training activity was cancelled.

(e) Other Factors: A variety of other factors can affect project implementation such as time and human resources constraints, transportation problems, and training initiatives of other organizations. For example, in view of the training plans of the World Health Organization, the United Nations Development Program, and FONAMES, SANRU refocused its training program. With management training, in-service training of medical chiefs of zones, and regional conferences the priorities of other organizations, SANRU decided to specialize in the fields of water and sanitation, drug management, and the promotion of primary health care through VHWS and TBAs.

IV. SELECTION CRITERIA

Criteria used in the selection of individuals for training activities vary according to the type of training. Factors frequently considered are current position, length of service, and education. (See Annex 5 for a description of the selection criteria by training category.)

For in-country training, medical chiefs of zones recommend candidates for training. Candidates for long-term training at the School of Public Health must be recommended by the health zone management committee. Their applications are reviewed by a selection committee at SANRU. The School's own entrance requirements along with SANRU's criteria (for example, a minimum of two years of experience in a health zone) are considered. SANRU also considers its training targets for certain categories of health professionals such as medical chiefs of zones, medical inspectors, and administrators.

SANRU developed an application form for national, regional, and out-of-country training. On this form applicants enter information on their language skills, education, job experience, type of training requested, and justification for the training. SANRU puts this information into the computer and refers to it when identifying candidates for particular courses. The project paper provides guidelines on the number of SANRU personnel, medical chiefs of zones, and national health officials that should be sponsored for overseas training. SANRU's unofficial policy on the number

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of short-term courses or conferences any one person may attend is to authorize one overseas course or conference each year for division chiefs and one every other year for office chiefs. The director and ECZ representative are not limited in the number of trips.

SANRU has set a target of having a 25 percent representation by women in out-of-country training. There is no gender target for in-country training. Since no Zairian woman holds the position of medical chief, inspector, or administrator in any of SANRU's rural health zones, none of the 77 beneficiaries of long-term training under SANRU I or II has been a woman. Only one woman received short-term participant training under SANRU I. So far under SANRU II, women represent 15 percent of the total number of individuals who attended a training course or conference outside of Zaire.

SANRU does not have complete records on male/female participation for its in-country training. Certain groups (medical chiefs of zones, administrators, water coordinators, engineers, and chauffers) are almost exclusively male. With few exceptions, TBAs and trainers of TBAs are women. In reports of 8 local training activities for nurses and auxiliaries, 17 percent of the participants were women. The percentage of female participation ranged from 4 percent to 33 percent.

V. EVALUATIONS

Evaluations of SANRU training have been done by consultants, participants, trainers, and SANRU staff. Tests, questionnaires, interviews, and observation were the primary tools of evaluation.

1. 1984 Project Evaluation (Mid-Term Evaluation of the Basic Rural Health Project, Project 660-0086, May 1984)

A team of consultants examined the training component of SANRU I as part of an overall mid-term evaluation of the project. The team remarked on the importance of training to the achievement of project objectives and noted that "while the budget for training is modest, the time and effort spent on seminars, workshops, conferences, courses, teaching, equipment and education materials probably represent the largest amount of SANRU activities." The team found that the weakest training programs were nurses' training in primary health care and village-level training for VHWs and village committees. Of the team's 16 major recommendations, the following five recommendations related to training.

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- a. Diversify the U.S. schools of public health selected for MPH training (at that point all of the long-term participants had been sent to Tulane University);
 - b. Send nursing instructors from rural health zones to appropriate institutions in francophone countries for advanced training in primary health care;
 - c. Help to develop regional training of trainers centers for supervisors, nurses, and village health workers;
 - d. Organize study tours to other African countries for SANRU staff, GOZ representatives, and medical chiefs of rural health zones to examine approaches to self-financing, family planning, and training;
 - e. Organize annual national health conferences "without fail" and consider regional conferences.

2. 1986 Evaluation (Evaluation of Basic Rural Health Project I and II, December 1986)

Two-and-a-half years after the mid-term evaluation, USAID financed a final evaluation of SANRU I. One of the purposes of the evaluation was to record significant lessons and reassess SANRU's primary health care strategy. The team found that the mid-evaluation team's recommendations had largely been implemented although no study tours had been arranged. As a result of the 1984 evaluation, training shifted from the national to the regional level. The team observed that training under SANRU I had "suffered from lack of standard curricula, evaluation and follow-up" and made the following recommendations:

- (a) Develop a mechanism of evaluation for all courses;
- (b) Initiate follow-up evaluations for key courses;
- (c) Organize study tours to other African countries and between rural health zones;
- (d) Continue developing and revising standard curricula; and
- (e) Reinforce primary health care training and supervision in existing health centers.

The team also identified the need for additional family planning inputs, training and motivation of village volunteers, major upgrading of efforts directed at management training at the zone level, development of modules for training village committees, and improved in-service training of rural water and sanitation coordinators. The team felt that in many zones, the absence

of salaries and incentives for voluntary workers was a severe constraint to performance. The report states that "mechanisms for evaluating training materials and activities in the field were not developed by SANRU I, so the team could not assess the quality of the training provided."

3. Participant and Trainer Course Evaluations

Course evaluations by participants and trainers are another source for assessing the impact of training. The reports on the training of trainers workshops for the national water and sanitation training team are good examples of participant/trainer evaluations. The evaluations for these workshops include pre and post workshop tests, participant self-evaluations, participant evaluations of the training team, and participant assessments of the workshop's overall usefulness and achievement of workshop goals and objectives.

In the form used to request funds for regional and local training, applicants are to state how they plan to evaluate the training. In the training report that is to be submitted to SANRU after the training activity, the medical chief of zone, administrator, or trainer is to answer questions concerning the achievement of training objectives. A page is attached to record pre-test and post-test results and participant remarks. The incentive for submitting a report is to request additional funds if the advance was insufficient to cover seminar expenses or to improve the chances of future funding. Nevertheless, less than half of the training reports are sent to SANRU.

4. SANRU Division of Training Evaluations

4.1 Internal Evaluations: The Division of Training has conducted two internal evaluations, one prior to the 1986 project evaluation and the other in 1988. In the most recent internal evaluation, the chief of the Division of Training and Documentation analyzed the structure and operation of the division and identified some of the problems in implementing training programs. Some of these problems included tardy and sporadic return of training reports, lack of follow-up, increasing financial dependence on SANRU for local training, and insufficient communication between the financial and training divisions regarding financial reports on regional training.

4.2 Follow-Up Evaluations of the Implementation of Objectives of the National Management Workshops: In 1988 SANRU's training division chief along with a local consultant conducted a follow-up evaluation of the national management workshops in three zones in Bandundu. Separate questionnaires were developed for each management module.

Questions were posed to both the individual who attended the training program and to persons with whom he or she works. For instance, to verify whether the principles of the supervision module were being implemented, the seminar participant was asked to show a detailed budget, a supervision calendar, and supervision reports. In 1989 a similar evaluation was conducted in five zones in Bas Zaire. These evaluations served to indicate areas of weakness in the training and to encourage and motivate those individuals who had received training.

4.3 Follow-Up of Participants in National Workshops: In December 1990 the Division of Training sent to medical chiefs of zones a list of people from their health zone who had participated in a SANRU organized national workshop. The form asked whether the person was still working in the health zone and if so, the percentage of time devoted to the training he or she received. If the person was no longer working in the zone, the medical chief was to indicate the reason and to note the person's current employment. About 60 percent of the forms were returned. The results are not yet available.

4.4 Follow-Up of MPH Graduates: In 1991 the Division of Training sent out a questionnaire to 63 people who had received MPH training under SANRU I and SANRU II. All of the graduates were working in Zaire; 86 percent were involved in public health. Although more than two-thirds of the graduates had left their job, 78 percent of those who changed jobs still worked in the field of public health.

VI. CURRENT STATUS

SANRU II is scheduled for completion in September 1992. It is proposed that SANRU be part of the Integrated Family Health Project, an umbrella project for all of USAID Zaire's health activities over a seven-year period. The design of this new project is expected to begin this year. Since it is unlikely that the project will get underway by September 1992, the completion date for SANRU II will probably be extended. The team which will be evaluating SANRU II this summer will be making recommendations regarding future programming activities. Training during the remainder of SANRU II is dependent upon the availability of local currency from the counterpart fund.

VII. ISSUES

1. Staffing of SANRU's Division of Training and Documentation: Is SANRU's training division adequately staffed? Three areas in particular appear to need additional attention by the staff: (a) local training, (b) evaluation, and (c) overseas courses and study tours. SANRU has developed several instruments for evaluating training activities but has rarely used them. SANRU may want to consider using these instruments to evaluate some of its training programs prior to the design of the new health project.

2. Networking: How much networking is there among groups engaged in training programs? For example, SANRU was one of the projects that "bought into" the HEALTHCOM centrally-funded project. However, the SANRU training chief was not informed of HEALTHCOM's training activities. A Center for Disease Control professional trainer may be assigned to Zaire under the CCCD project. SANRU will want to have a close working relationship with this individual. The design team for the Integrated Family Health Project should consider placing a trainer on the technical assistance team.

3. Overseas Courses and Conferences:

- For overseas conferences and courses, SANRU has sponsored the same individuals for training on several occasions. This practice seems to be contrary to the official AID position which requires missions and host countries "to ensure that nominees have not previously been trained under AID sponsorship (if so, justification is incorporated in the training request.)" SANRU could make as one of its selection criteria that an individual cannot have been trained under USAID sponsorship for a specified period of time.

- Both SANRU and the Mission's Health and Population Office should take another look at invitational travel. (a) SANRU should ask whether a person would benefit more by participating in a technical course than in attending several short conferences. Over a two-year period, one individual attended an 18 day course and 5 overseas conferences in 5 different countries at a cost of \$28,900. (b) The USAID Health Office has not been consistent in its classification of invitational travel. One year a conference is funded through a PIO/P, the next year through invitational travel. In certain instances, individuals who attended courses were funded under invitational travel rather than participant training.

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4. Study Tours: In 1984 and again in 1986, evaluation teams recommended study tours of other African primary health care programs. A carefully planned study tour that exposes a group to new initiatives and different approaches to primary health care can be a valuable experience. If there are particular aspects of primary health care that SANRU would like to study, SANRU could request USAID assistance in organizing such a tour. SANRU could also conduct its own in-country study tours. SANRU planned such a tour for the University of Kinshasa's Faculty of Medicine and School of Public Health, but the tour was cancelled due to lack of funds.

5. Community-level Training: One of the 1986 evaluators wrote that "There is no evidence that community members will continue to participate in training sessions in the absence of material incentive, nor that they will perform the tasks learned during the training sessions." Was the evaluator mistaken? How motivated are VHWS and development committees? Have SANRU's promotional materials (buttons, certificates, T-shirts) been effective incentives?

6. Training Targets: Means of measuring training targets need to be considered when a project paper is written. As this report indicates, determining achievement of training targets cannot be done by merely tallying the number of seminar registrants. Individuals participate in more than one training course. They drop out. They move to a different health center, but their name is not recognized when they participate in another course. Another confusing matter in the SANRU II paper relates to community development and health committees. Some people interpreted the paper to mean that 3,000 committee members should be trained while others interpreted it to mean 3,000 committees trained. Care should be taken to avoid this kind of confusion in the training plan for the Integrated Family Health Project.

7. New Initiatives: In addition to reinforcing SANRU I and II training programs, what new training initiatives should be undertaken in the future primary health care project? The coordinator of SANRU's training division suggests that one initiative should be in the area of health education.

Prepared by Luann Martin
for USAID ZAIRE
June 1991

BASIC RURAL HEALTH I PARTICIPANT TRAINING
Project 660-0086
May 1, 1991

PIO/P	PARTICIPANT NAME	SEX	FUNDING	DEGREE	FIELD OF STUDY	TRAINING FACILITY	RETURN	CURRENT EMPLOYER
Long-Term Participants								
30127	Duale Sambe	M	\$45,058	MPH	Public Health	Tulane University	1987	SANRU project director
30128	Kazadi Mpoyi	M	\$38,423	MPH	Public Health	Tulane University	1986	Medical Inst, W. Kasai
20071	Kinzonzi Munuku	M	\$24,000	MPH	Public Health	Tulane University	1985	Medical director, Kisantu
20115	Kipasa Mungala	M	\$26,828	MPH	Public Health	Tulane University	1987	Medical director, Kikwit
20068	Makina A Nganga	M	\$33,779	MPH	Public Health	Tulane University	1984	Subreg med inspector
20119	Matshifi Mutatshi	M	\$27,628	MPH	Public Health	Tulane University	1987	Med zone chief, Kajiji
30131	Mutombo Tshiamu	M	\$38,843	MPH	Public Health	Tulane University	1986	Med zone chief, Luban
20072	Nlandu Mangani	M	\$27,541	MPH	Public Health	Tulane University	1984	Family plan proj (PSND)
20070	Tswakala Masamwani M	M	\$34,791	MPH	Public Health	Tulane University	1984	CINAT cement co. Kimpese
Short-Term Participants								
20132	Badibanga Mukole	M	\$4,725	Sem	Training VHWs	Lome, Togo	1985	
20122	Bontala	M	\$928	Sem	Management	WHO, Congo	1984	
20122	Duale Sambe	M	\$928	Sem	Management	WHO, Togo	1984	SANRU project director
10101	Essena Lodi	F	\$3,312	Sem	Documentation	VITA, Arlington, VA	1986	Peace Corps, Kinshasa
20122	Hiem Mabosh	M	\$928	Sem	Management		1984	
20132	Itoko Oluki Y	M	\$4,725	Sem	Training VHWs	Lome, Togo	1985	SANRU
20144	Iyelakongo Ibele	M	\$955	Conf	Nursing	Tel Aviv, Israel	1985	Pres nursing assoc-AIZA
20122	Kabuebue	M	\$928	Sem	Management	WHO, Congo	1984	
30110	Kalambay Kalula	M	\$6,905	Sem	Computers	MSH, Boston, MA	1985	WHO Brazzaville
10101	Kidinda Shandungo	M	\$3,312	Sem	Documentation	VITA, Arlington, VA	1986	SANRU training chief
20125	Kidinda Shandungo	M	\$1,761	Sem	Management	CEDPA, Washington, DC	1984	SANRU training chief
30108	Lokangu Batwachengan	M	\$4,278	Sem	Community Health	Univ of No. Carolina	1985	
20131	Lukaso Djate L	M	\$8,605	Sem	Mgmt/Drugs	MSH, Boston, MA	1985	
20131	Luvivila Kapata	M	\$8,605	Sem	Mgmt/Drugs	MSH, Boston, MA	1985	Deceased
30108	Makamba Mbona R	M	\$4,278	Sem	Community Health	Univ of No. Carolina	1985	
30124	Masumbuku Tshitavu E	M	\$5,818	Sem	Computers	Wang Center, Belgium	1985	SANRU admin division
20131	Mbuyu Muteba	M	\$8,605	Sem	Management	MSH, Boston, MA	1985	
20131	Mulumba Bipi	M	\$8,605	Sem	Management	MSH, Boston, MA	1985	
20122	Saidi Misangu	M	\$928	Sem	Management	WHO, Congo	1984	AIDS prog (BCC/SIDA)
20122	Sambe Mandiango	M	\$928	Sem	Management	WHO, Congo	1984	
30145	Sangwa Kahozzi	M	\$6,884	Sem	Management	MSH, Boston, MA	1986	
20136	Sowa Lukono	M	\$2,850	Conf	Water/Sanitation	France	1985	SNHR director, Kinshasa

BASIC RURAL HEALTH II PARTICIPANT TRAINING

Project 640 0107

May 1, 1991

PID/P	PARTICIPANT NAME	SEX	FUNDING	DEGREE	FIELD OF STUDY	TRAINING FACILITY	RETURN	CURRENT EMPLOYER
Returned Long-Term Participants								
A50085	Bilenge Miaka	M	\$98,314	MPH/sem	PubHealth/Finance	Boston University	1988	
A50087	Kiangala Kapuya	M	\$48,974	MPH	Public Health	University of Hawaii	1988	Medical zone chief
A50086	Liambi Aundu M	M	\$47,049	MPH	Public Health	University of Hawaii	1988	Deceased
60114	Lumu Kateba Muana	M	\$15,537	Postgrad	Engineering/Water	EIER, Burkina Faso	1988	SNHR engineer
A50089	Lisangola Itofele	M	\$67,688	MPH	Public Health	Boston University	1988	Vaccination prog (PEV)
60115	Luvula Agnen Ambat	M	\$27,819	Postgrad	Engineering/Water	ETSHER, Burkina Faso	1989	SNHR/technical div chief
A50090	Magazani Kambale	M	\$48,249	MPH	Public Health	University of Hawaii	1988	AIDS program (BCC/SIDA)
50083	Nkuni Zinga	M	\$33,255	MPH	Public Health	University of Alabama	1988	SANRU med unit director
A50088	Okit Osudu Othepa	M	\$37,727	MPH	Public Health	University of Alabama	1988	Vaccination prog (PEV)

PID/Ps with an A in front of the number indicate that the participant received funding under BRH I and II. The funding shown is the total for both BRH I and II. The PID/P number is the last one issued.

Returned Short-Term Participants

90111	Babi Kabamba	M	\$5,408	sem	Finance/Water	Lome, Togo	1991	SNHR
90111	Bahati Lukwebo	M	\$5,408	sem	Finance/Water	Lome, Togo	1991	SNHR
60158	Bolisomi Ebengo-Mbaku	M	\$9,089	sem	Management/NGOs	EIL, Brattleboro, VT	1988	ECZ
70003	Bondo Mfuamba	M	\$4,923	sem	Water/Sanitation	CERI, Burkina Faso	1987	
70135	Bondo Mfuamba	M	\$14,265	sem	Management	Univ of Pittsburgh	1989	
60044	Bongo Beni-Ngungu	M	\$13,333	sem	Mgmt/Family Plan	U of Cal, Santa Cruz	1991	SANRU supervision div
60089	Bope Minga Mishiapey	M	\$14,831	sem	Management	Univ of Pittsburgh	1987	
50115	Bulisi Pongo	M	\$7,656	sem	Community Health	Univ of No. Carolina	1986	
50142	Cizungu Rukeba	F	\$6,522	sem	Family Planning	CAFS, Lome, Togo	1986	ECZ, head women's dept
60202	Cizungu Rukeba	F	\$9,356	sem	Family Planning	U of Cal, Santa Cruz	1990	ECZ, head women's dept
70165	Dualr Sambr	M	\$3,881	conf	Internl Health	WHO, Switzerland	1990	SANRU project director
60080	Fwelo Mwanza	F	\$2,609	conf	Midwifery	Netherlands	1987	WHO Kinshasa
70111	Ibino Aikwakwel Ngay	F	\$5,690	sem	Documentation	VITA, Arlington, VA	1988	SANRU documentation
60203	Itoko Oluki	M	\$7,609	sem	Community Devlp	Burkina Faso	1990	SANRU water training
50184	Kabaya Mutamba Nkoy	M	\$17,932	sem	Management	Atlanta Mgmt Institute	1988	
60087	Kahazi Sangwa Mwine	M	\$4,405	conf	Internl Health	WHO, Switzerland	1987	
60155	Kahazi Sangwa Mwine	M	\$4,820	conf	Internl Health	WHO, Switzerland	1988	
60155	Kalambay Kalula	M	\$4,820	conf	Internl Health	WHO, Switzerland	1988	WHO Brazzaville
50180	Kapuya Kabanga	M	\$7,325	sem	Mgmt/Med Supplies	Dakar, Senegal	1988	
70113	Kalombo Kitoto	M	\$4,867	conf	Health Education	Texas	1988	FONAMES
70003	Kalonji Nsenga	M	\$4,923	sem	Water/Sanitation	Burkina Faso	1987	SANRU infrastructure
60203	Kalonji Nsenga	M	\$7,609	sem	Water/Sanitation	Burkina Faso	1990	SANRU water coordinator
70003	Kasongo Ngindu	M	\$4,923	sem	Water/Sanitation	Burkina Faso	1987	
70003	Kasongo Ntambwe	M	\$4,923	sem	Water/Sanitation	Burkina Faso	1987	SANRU infrastruc chief
60160	Kasongo Ntambwe	M	\$4,390	conf	Water Resources	Ottawa, Canada	1988	SANRU infrastruc chief
60203	Kasongo Ntambwe	M	\$7,609	sem	Community Devlp	Burkina Faso	1990	SANRU infrastruc chief
00108	Kasongo Ntambwe	M	\$5,408	sem	Finance/Water	Lome, Togo	1991	SANRU infrastruc chief

Returned Short-Term Participants, Basic Rural Health II, continued

60199	Kataliko Rhughya	M	\$16,064	Sem	Management	Univ of Pittsburgh	1990	SNHR supervisor
50180	Kindenge Binze	M	\$7,325	Sem	Mgmt/Med Supplies	Dakar, Senegal	1988	
60075	Kidinda Shandungu	M	\$16,535	Sem	Mgmt/Training	MSH Boston, MA	1987	SANRU training chief
70167	Kidinda Shandungu	M	\$11,441	Sem	Curriculum Devlp	Univ of Connecticut	1990	SANRU training chief
50146	Kissala Menayamo	M	\$7,896	Sem	Mgmt/Family Plan	U of Cal, San Fran	1986	
60089	Kiyongo Kia Miaka	M	\$14,831	Sem	Management	Univ of Pittsburgh	1987	
90111	Koshi Gimeya	M	\$5,408	Sem	Finance/Water	Lome, Togo	1991	SNHR
60202	Likele Batiwelo Atiwiya	F	\$9,396	Sem	Family Planning	U of Cal, Santa Cruz	1990	Dept of Plan
70168	Lodi Okitambahe	M	\$4,156	Sem	Mgmt/Health Proj	Univ of Montreal	1990	District medical officer
60199	Lombo-Lembe Tanina	M	\$16,064	Sem	Management	Univ of Pittsburgh	1990	SNHR engineer
90111	Luvula Agnen Ambat	M	\$5,408	Sem	Finance/Water	Lome, Togo	1991	SNHR/technical div chief
50146	Lwanha Nemba	M	\$7,896	Sem	Mgmt/Family Plan	U of Cal, San Fran	1986	
70124	Lwanuna Wakande	M	\$6,957	Sem	Mgmt/Water Supply	CEIFGRE, Senegal	1988	
70147	Mandu Ekasi	F	\$9,572	Sem	FP/PHC IEC	U of Cal, Santa Cruz	1989	Min Pub H, fam pl coord
70165	Mandu Ekasi	F	\$3,881	Conf	Interntl Health	WHO, Switzerland	1990	Min Pub H, fam pl coord
70168	Masaki Ma Nzinga	M	\$4,156	Sem	Mgmt/Health Proj	Univ of Montreal	1990	Regional med inspector
70003	Masumbuko Rugina	M	\$4,923	Sem	Water/Sanitation	Burkina Faso	1990	SNHR planning chief
70114	Mavungu Mma-Tsakala	M	\$9,141	Sem	FP/PHC IEC	U of Cal, Santa Cruz	1988	PSND IEC
70166	Mbambi Nkiana	M	\$12,929	Sem	Mgmt/Health	Boston University	1990	
70094	Mingina Mbuolieng	M	\$5,670	Sem	Community Health	Univ of Montreal	1988	
70094	Mongolo Molengi	M	\$5,670	Sem	Community Health	Univ of Montreal	1988	Reg med inspector, Shaba
60044	Mongu Nsango	F	\$13,333	Sem	Mgmt/Family Plan	U of Cal, Santa Cruz	1991	ECZ family plan coord
60089	Muderwha Bahogwerhe	M	\$14,831	Sem	Management	Univ of Pittsburgh	1987	FONAMES
70094	Mukanga Lushima	M	\$5,670	Sem	Community Health	Univ of Montreal	1988	CENACOF
60089	Munyanga Mukungo	M	\$14,831	Sem	Management	Univ of Pittsburgh	1987	
70114	Musinde Sangha	M	\$9,141	Sem	FP/PHC IEC	U of Cal, Santa Cruz	1988	UNICEF Togo
60044	Mutala Mbuyi	M	\$13,333	Sem	Mgmt/Family Plan	U of Cal, Santa Cruz	1991	SANRU training
50114	Mutombo Nsenda	M	\$13,945	Sem	Management	Univ of Pittsburgh	1986	Min Public Health, plan
70164	Mvita Palata	M	\$10,756	Sem	AIDS/IEC	U of Cal, Santa Cruz	1990	
60089	Mwanza Kasonga	M	\$14,831	Sem	Management	Univ of Pittsburgh	1987	
70094	Ndambu Wolang-Atiene	M	\$5,670	Sem	Community Health	Univ of Montreal	1988	Med zone chief, Nokala
50114	Njoyi Bukonda Kashiba	M	\$13,945	Sem	Management	Univ of Pittsburgh	1986	
70165	Nkuni Zinga	M	\$3,881	Conf	Interntl Health	WHO, Switzerland	1990	SANRU med unit director
70145	Nkuni Zinga	M	\$16,234	Sem	Finance/Health	Boston University	1988	SANRU med unit director
60087	Nlaba Nsona	M	\$4,405	Conf	Interntl Health	WHO, Switzerland	1987	SANRU
60155	Nlaba Nsona	M	\$4,820	Conf	Interntl Health	WHO, Switzerland	1988	SANRU
50146	Nzeba Muena K	F	\$7,896	Sem	Mgmt/Family Plan	U of Cal, San Fran	1986	ECZ/SANRU
50124	Otshudi Boma	M	\$7,674	Sem	Computers	Stanford University	1986	
70094	Sangha Likondji	M	\$5,670	Sem	Community Health	Univ of Montreal	1988	
70113	Shodu Kalema	M	\$4,869	Conf	Health Education	Texas	1988	
50099	Soma Lukono	M	\$4,830	Sem	Documentation	VITA, Arlington, VA	1986	SNHR director
50185	Soma Lukono	M	\$13,835	Sem	Management	Univ of Pittsburgh	1988	SNHR director
60202	Vangu Nzila	F	\$9,396	Sem	Family Planning	U of Cal, Santa Cruz	1990	Dept of Plan, MCH office

BASIC RURAL HEALTH II INVITATIONAL TRAVEL
 Project 660-0107
 May 1, 1991

TRAVELER'S NAME	SEX	FUNDING	ACTIVITY	FIELD OF STUDY	TRAINING LOCATION	RETURN	CURRENT EMPLOYER
1. † Bilenge Miaka	M	\$4,700	Conf	NCIH interntl	Washington, D.C.	1989	
2. † Duale Sambe	M	\$3,000	Conf	AIDS	Stockholm, Sweden	1988	SANRU project director
		\$4,700	Conf	NCIH interntl	Washington, D.C.	1989	
		\$3,000	Conf	WHO regional	Niamey, Niger	1989	
		\$3,600	Conf	WHO interntl	Geneva, Switzerland	1989	
		\$5,500	Conf	NCIH and AIDS	Wash. DC, San Fran	1990	
3. † Fwelo Mwanza Ndiaba	F	\$5,500	Conf	Nursing	Seoul, Korea	1989	WHO/Kinshasa
4. † Itoko Y'Oluki	M	\$5,000	Conf	Water, sanitation	Atlanta, Wash. DC	1987	
5. † Iyelakongo Ibele	M	\$5,500	Conf	Nursing	Seoul, Korea	1989	AIZA (nursing assoc.)
6. † Kabeya Nshimbula	M	\$4,000	Conf	Trypanosomiasis	Mombasa, Kenya	1989	
7. † Kalambay Kalula	M	\$3,000	Conf	WHO regional	Niamey, Niger	1989	WHO Brazzaville
		\$5,000	Conf	Training skills	Netherlands	1989	
		\$3,600	Conf	WHO interntl	Geneva, Switzerland	1991	
8. Kapela N'stala	M	\$4,000	Sem	Demography	Lome, Togo	1989	SANRU
9. Kasongo Ntambwe	M	\$4,700	Conf	NCIH interntl	Washington, D.C.	1988	
		\$3,000	Conf	Water pollution	Lisbon, Portugal	1989	
		\$5,000	Conf	Water resources	Thailand	1990	
10. † Kidinda Shandungo	M	\$4,700	Conf	NCIH interntl	Washington, D.C.	1988	SANRU training chief
11. Mambawa Eva	M	\$8,200	Sem	PHC management	Dakar, Senegal	1989	Equateur med inspector
12. Mambune Lily	M	\$5,000	Conf	AIDS	San Francisco, CA	1990	Voice of Zaire
13. Manunga Mapela	M		Sem	Financial Mgmt	Boston, MA	1987	SANRU/PEV
		\$1,500	Conf	CCCD, financing	Ivory Coast	1988	
		\$4,700	Conf	NCIH interntl	Washington, D.C.	1989	
14. Matunda Mbambi	F	\$9,000	Sem	Drug management	Boston, MA	1989	
15. Minuku K.	M	\$4,700	Conf	NCIH interntl	Washington, D.C.	1989	Med zone chief/Kisangani
16. Mpia Bosenge	M	\$8,200	Sem	PHC management	Dakar, Senegal	1989	
17. Mulanga Kabeya	F	\$5,000	Conf	AIDS	San Francisco, CA	1990	
18. Munkatu Mpese	M	\$6,400	Conf	NCIH interntl	Washington, D.C.	1988	SANRU
		\$3,000	Conf	Population	Dakar, Senegal	1988	
		\$1,500	Conf	CCCD, financing	Ivory Coast	1988	
		\$1,000	Conf	Health financing	Central African Repub	1989	
		\$13,000	Sem	Computer	Philadelphia, PA	1989	
		\$4,000	Sem	Demography	Lome, Togo	1989	
19. Mutombo Katom	M	\$8,200	Sem	PHC management	Dakar, Senegal	1989	Regional med inspector
20. † Nkuni Zinga	M	\$4,700	Conf	NCIH interntl	Washington, D.C.	1989	ECZ/PEV
21. † Nlaba Nsona	M	\$3,600	Conf	WHO interntl	Geneva, Switzerland	1989	SANRU
22. Tshioko Kweteminga	M	\$8,200	Sem	PHC management	Dakar, Senegal	1989	Vaccination prog (PEV)
23. Yamba Ndona	F	\$13,000	Sem	Computer	Philadelphia, PA	1989	SANRU

† indicates that the individual also was funded for participant training.

IN-COUNTRY TRAINING AT THE ZAIRE SCHOOL OF PUBLIC HEALTH
FINANCED UNDER THE BASIC RURAL HEALTH II PROJECT (1986 - 1991)

NAME	CURRENT EMPLOYER
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ZAIRE SCHOOL OF PUBLIC HEALTH CLASS OF 1986 - 1987

BAHATI	Coordinator, leprosy program (APD/Goma)
BWANGA	Subreg medical inspector, Lukula, Bas Zaire
EBUTA ANANGI	Medical director, Goma
EKWANZALA	Director, sleeping sickness prog (BCT)
KABEYA	AIDS program, Bandundu
KALUME MUSHAGALE	not working in public health sector
KANDE	Subreg medical inspector, Nord-Ubangi
KWATA EWANDO	Medical chief of zone, Bandundu
LOKONGA NZEYABE	Medical chief of zone, Bokoro
MAVINDI THUMBUDILA (quit)	Administrator, Kinkonzi, Bas Zaire
MILENGE	Operational research, SANRU
NDAKAKANU	not working in public health sector
TSHIOKO KWETEMINGA	Vaccination program (PEV), West Kasai

ZAIRE SCHOOL OF PUBLIC HEALTH CLASS OF 1987 - 1988

ARAKAYO KAKA	African Development Bank health program
BAMBI DIBENZI	AIDS program, North Kivu
BONGO BENI NGUNGU	Supervision division chief, SANRU
KABWAU SANGASANE	Program and evaluation chief, SANRU
KAPAMI MUTADISI	Subregional medical inspector, Shaba
KAWUNDA KITAPINDU BI	AIDS program, West Kasai
LEBUKI NDALESAY	National goiter program (TDCI, Kinshasa)
MALABA TSHIKALA	Subreg medical inspector, Sankuru, East Kasai
MULEBA FWAMBA	GECAMINES, Lubumbashi
NGANDU MBUTA	Subreg medical inspector, Haut-Uele, Haut Zaire
NKONGO MEYA	Medical chief of zone, Popokabaka
UGEN CAN ALI	Medical director, Rethy, Haut Zaire

ZAIRE SCHOOL OF PUBLIC HEALTH CLASS OF 1988 - 1989

BAYOLI BOKILINKANDA	Medical director, Kaniama, Shaba
BOWANE	National goiter program (TDCI, Kinshasa)
KANZA NSIMBA	Vaccination program (PEV), Bas Zaire
KASELA PALA MAMBWE	National AIDS program (BCC)
KAZADI	Private practice, Kinshasa
KEMBE PHUNGU NDJU	Private practice, Lodja
LUBAMBA NGIMBI	Medical chief of zone, Kamina, Shaba
MPOKAM A MNONDO KAS	Medical chief of zone, Lusambo, East Kasai
MUTEBA	Sixth Direction, Ministry of Health, Kinshasa
NDOGASIEME	Medical chief of zone, Kimpese, Bas Zaire
NYANDU	Private practice, Kinshasa
TSHEKE KOY	Private practice, Kinshasa
TSHIBANDA	AIDS program (BCC), Kisangani

ZAIRE SCHOOL OF PUBLIC HEALTH CLASS OF 1989 - 1990

DIANGANZI M'BAYA	???
KASONGA MBUYI	Medical chief of zone, Luebo, East Kasai
MBUYI KASHALA	Private practice, Kinshasa
MELI SANDJA	Medical chief of zone, Yakusu, Haut Zaire
MINGINA MBUOLIENG	Medical director, Bunia, Haut Zaire
MUAMBA TSHISHI	Subregional medical inspector, Haut-Lomami
MUGABE NKOMOKO	Medical chief of zone, Nundu, South Kivu
NGOYI LUBAMVU	Fifth Bureau, East Kasai
NIMO BIMA	Medical director, Dungu, Haut Zaire
SANAKUNA MOKE	Medical chief of zone, Tandala, Equator

ZAIRE SCHOOL OF PUBLIC HEALTH CLASS OF 1990 - 1991

ANGBALU EBANGO	LIKIBI MUFATA
DIWETE LUTUMBA	MAKENGO NGOMBE
KABI DIBI DIBI	MATEYI MOJU
KALALA NGANDU	MITHANO LAMY
KEBELA ILUNGA	NSILA NSUNGANI

SHORT COURSES AT THE SCHOOL OF PUBLIC HEALTH

KABEYA NSHIMBULA MITENDE	FONAMES (health education course, 1990)
KASUNZU MUKAMUSONI TOTO	FONAMES (health education, 1990)
MAVUNGU	OZRT (health education course, 1989)
MOSHE	Bikoro health zone (computer course, 1989)
MUDERHUA	FONAMES (health education course, 1989)

In-country training normally is paid for with counterpart funds. During the recent CPF shortage, dollar funds were used to pay the tuition of individuals who participated in a health education course and \$45,000 for the tuition of ten MPH students at the School of Public Health.

NATIONAL AND REGIONAL TRAINING
FINANCED BY BASIC RURAL HEALTH II (1986 - 1990)

RECIPIENTS OF TRAINING	NUMBER	CITY	REGION	YEAR
TRAINERS OF VILLAGE HEALTH WORKERS	14	Mikalavi	West Kasai	1986
	25	Kirotshe	Kivu	1986
	27	Loko	Equator	1987
	21	Kaniama	Shaba	1988
	17	Ifwanzondo	Bandundu	1989
TRAINERS OF TRADITIONAL BIRTH ATTENDANTS	17	Kamina	Shaba	1987
	21	Masisi	Kivu	1988
	19	Kabinda	East Kasai	1989
NATIONAL TEAM OF WATER & SANITATION TRAINERS	15	Sona Bata	Lower Zaire	1986
	13	Kikwit	Bandundu	1986
	13	Tshela	Lower Zaire	1987
	7	Kisantu	Lower Zaire	1988
	16	Kikwit	Bandundu	1989
WATER AND SANITATION COORDINATORS	15	Businga	Equator	1986
	14	Kenge	Bandundu	1986
	12	Bafwasende	Upper Zaire	1986
	10	Kisantu	Lower Zaire	1987
	12	Misele	Bandundu	1987
	15	Luputa	East Kasai	1987
	17	Kamina	Shaba	1988
	17	Lukula	Lower Zaire	1988
	12	Isiro	Upper Zaire	1988
	20	Butembo	North Kivu	1988
	12	Kamina	Shaba	1989
	11	Pawa	Upper Zaire	1989
	19	Luputa	East Kasai	1989
	18	Kinzau-Mvuate	Lower Zaire	1990
12	Kamina	Shaba	1990	
WATER STATION ENGINEERS	11	Kinzau-Mvuate	Lower Zaire	1986
MEDICAL CHIEFS OF ZONES	37	Kinshasa	Kinshasa	1986
	12	Kinshasa	Kinshasa	1987
	30	Ngandajika	East Kasai	1988
	2	Lubumbashi	Shaba	1989

RECIPIENTS OF TRAINING	NUMBER	CITY	REGION	YEAR
HEALTH ZONE ADMINISTRATORS	19	Mikalayi	West Kasai	1987
	33	Kinshasa	Kinshasa	1987
	22	Bukavu	South Kivu	1988
	31	Kananga	West Kasai	1989
	15	Loko	Equator	1990
SUPERVISORS	32	Kimpese	Lower Zaire	1987
	25	Kikwit	Bandundu	1988
	22	Kisangani	Upper Zaire	1988
	20	Kikwit	Bandundu	1989
	24	Rutshuru	North Kivu	1989
NURSE "PHARMACISTS"	13	Kimpese	Lower Zaire	1986
	24	Kananga	West Kasai	1986
	37	Nyankunde	Upper Zaire	1987
	13	Kimpese	Lower Zaire	1988
	17	Nyankunde	Upper Zaire	1989
NURSING SCHOOL INSTRUCTORS	10	Tshikaji	West Kasai	1989
	30	Kinshasa	Kinshasa	1990
FAMILY PLANNING MOTIVATORS	8	Kisangani	Upper Zaire	1987
	15	Lubumbashi	Shaba	1988
	11	Tshikaji	West Kasai	1988
	8	Tshikaji	West Kasai	1989
	23	Kinshasa	Kinshasa	1989
CHAUFFEURS-MECHANICS	10	Kinshasa	Kinshasa	1989
	19	Kananga	West Kasai	1989
	15	Ifwanzondo	Bandundu	1990

S A N R U

TYPE DE FORMATION	LIEU & DUREE	CRITERES DE SELECTION
Maîtrise en Santé Publique (MPH)	a) Etats-Unis (12-18 mois) b) UNIKIN (12 mois) - Après la formation, il retourne à sa zone de santé pour la gérer	- Docteur en médecine - Docteur en médecine ou L2 - Minimum, 2 ans d'expérience dans une zone de santé.
Formation des Formateurs des Accoucheuses Traditionnelles (A.T.)	- Régionale (10 jours)	- Infirmière Accoucheuse, Infirmière A3 ou A2 d'une maternité, qui formera et supervisera les A.T. - M.D. ou Infirmière Superv. (OBYN) qui supervisera l'équipe des formatrices.
Formation des Formateurs des Agents de Santé Communautaires (ASF)	- Régionale (3 semaines)	- Infirmière A1, A2, A3 - 2-3 ans d'expérience en zone de santé - Après la formation 50% du temps pour former/superviser A.S.C.
Formation des Infirmiers/Superviseurs	- Régional (2 semaines)	- Infirmier A1 ou A2 Gestionnaire - Après la formation il assure la supervision des activités des C.S. de la Zone.
Formation en Eau & Assainissement	- Régionale (3 semaines)	- Responsable du Programme Eau & Assainissement pour les Z.S. - Etudes de base 5 ans post-primaires ou plus. - Après la formation 100% du temps consacré pour l'Eau/Asn.
Recyclage des médecins Chefs de zones en SSP et Gestion des Z.S.	- Nationale (5 semaines) FONAMES	- Médecins des hôpitaux non encore organisés en Zones de Santé. - Après la formation il/elle organise et démarre une Z.S.
Recyclage des médecins/administrateurs en gestion des Z.S.	- Régionale (2 semaines)	- Médecin Chef d'une Zone de Santé ayant été recyclé - Administrateur-Gestionnaire d'une Zone de Santé fonctionnelle - Après la formation, il réorganise la gestion de la Zone de Santé.
Techniques en Naissances Désirables (Médecins)	- Tunis et Maroc (2 semaines)	- Médecins travaillant dans le PND - Après la formation on renforcera les activités du PND.

TYPE DE FORMATION	LIEU & DUREE	CRITERES DE SELECTION
Formation de base en Naissances Désirables (N.D.)	Nationale et Régionale (2 semaines)	<ul style="list-style-type: none"> - Médecins, A1, A2, A3 - Après la formation on organisera ou renforcera l'unité centrale de N.D. pour la Z.S. et les unités de N.D. dans les C.S.
Formation des Formateurs en N.D.	Nationale (2 semaines)	<ul style="list-style-type: none"> - Méd., A1, A2, ayant suivi la formation de base en Naissances Désirables et ayant travaillé dans une unité de N.D. - Après la formation, il organise la formation en N.D. dans les Z.S.
Administration des N.D. (Méd.)	Baltimore, MD (3 semaines)	<ul style="list-style-type: none"> - Médecins avec connaissances et expérience en OB/GYN, Pédiatrie et PND - Educateurs/Administrateurs au niveau du DSP national ou régional - Après la formation on améliore l'administration des N.D.
Recyclage en N.D. (Inf. & Méd.)	Régionale (2 semaines)	<ul style="list-style-type: none"> - Méd. Inf., A1, A2 ayant suivi la formation de base et qui s'occupent des N.D. - Infirmiers A3 ayant suivi la formation de base et qui a beaucoup d'expérience en N.D. - Après la formation on essaie d'uniformiser et améliorer les services des N.D.
Technique en Minilaparotomie	Nationale et Régionale (3 semaines)	<ul style="list-style-type: none"> - Méd. expérimenté en chirurgie (minimum 2 ans)
Gestion des Pharmacies d'une Zone de Santé	Régionale (1 semaine)	<ul style="list-style-type: none"> - Pharmacien ou responsable de la pharmacie centrale de l'HGR ou du CSR - Responsable pour alimentation des centres de santé.
Technicien du programme d'entretien véhicules et chaîne de froid.	Régionale (2 semaines)	<ul style="list-style-type: none"> - Mécanicien et Chef du programme d'entretien pour la Zone de Santé - Connaissance de français. - Après la formation il supervise le programme d'entretien et réparation des véhicules, motos, vélos et frigos de la Zone de Santé.
Formation des Formateurs Eau & Assainissement	Nationale (2 semaines)	<ul style="list-style-type: none"> - Techniciens et Ingénieurs en Hydraulique Rurale - Techniciens et Ingénieurs en Développement Rural - Organisme membre du CNAEA