



Memorandum

Date February 24, 1981

From Jay S. Friedman, M.A., Program Analyst
Program Evaluation Branch (PEB), Family Planning Evaluation Division (FPED)

Subject Foreign Trip Report (AID/RSSA):
Mali, November 8-20, 1980

To William H. Foege, M.D.
Director, Centers for Disease Control (CDC)
Through: Horace G. Ogden
Director, Center for Health Promotion and Education (CHPE)

*Copy to Director
7/27/81*

SUMMARY

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SUMMARY

Following the visit of Dr. Senoussi Konate, Deputy Director General of Public Health of Mali, to the CDC August 19, 1980, FPED/CDC was asked to determine the feasibility of FPED/CDC and Malian personnel collaborating in an overall evaluation of family planning services in Mali and a study of complications resulting from illegal abortions. The writer performed this consultation on November 8-20, 1980 enroute to a previously scheduled consultation in Kenya, November 21-29, 1980.

1. Overall evaluation of family planning services in Mali.

Family planning services in Mali are provided in 20 maternal-child health centers (Centres de la Protection Maternelle-Infantile, (PMI) of the Division de la Sante Familiale (DSF) of the Ministere de la Sante Publique et des Affaires Sociales and in 3 clinics of the Association Malienne Pour la Protection et la Promotion de la Famille (AMPPF), an International Planned Parenthood Federation (IPPF) affiliate.

After a series of discussions with officials of the DSF, the AMPPF, the Ministry and USAID/Bamako, it was agreed that a FPED/CDC evaluation team would visit Mali in early 1981 to conduct an

evaluation of how well Malian family planning services have been implemented since their inception in 1974 as well as determine what actions must be taken, if necessary, to improve services within the next 5-10 years.

2. The second collaborative activity would be a specific study to estimate the morbidity and mortality and sociomedical costs of complications following illegal abortions.

The Malian medical community is very concerned about the morbidity and mortality associated with illegal abortions. Currently, the country's restrictive abortion legislation does not permit termination of a pregnancy even in life-threatening situations. Nevertheless, it is common knowledge that a large number of abortions are performed in Mali, which because of the restrictive legislation are frequently done under septic conditions, leading to an unknown number of complications that result in a large number of hospital admissions and deaths.

Ministry of Health personnel feel that by defining and measuring the problem as it exists, and by determining the attitudes of various key opinion-making groups in Malian society, the health and social costs associated with abortions could be documented. After a series of discussions, a preliminary study methodology was agreed upon. Rather than attempting to measure the exact number of induced abortions taking place in Mali, it was decided that it would be more productive to measure the health and sociomedical costs to Malian society. The study will be divided into two parts: (1) a prospective survey of hospitalized cases of abortion complications using data for a 12-month period from 10 urban and rural health care facilities and (2) an interview survey of religious and medical leaders in Mali in order to measure influential public support and/or opposition to changes in abortion legislation.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Bamako, Mali, November 8-20, at the request of USAID/Mali, DS/POP/FPSD, and the Ministry of Health and Social Affairs of Mali to provide consultation to the Ministry of Health and Social Affairs in determining the feasibility of CDC/FPED collaboration in (1) evaluating family planning services in Mali and (2) conducting a study of complications resulting from illegal abortions. This consultation was provided enroute to Kenya for previously scheduled assistance to the IPPF Regional Office in Nairobi, November 21-29, 1980. A separate trip report is being prepared on the Kenya consultation. Travel was performed in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population/AID/Washington and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/Mali

1. Mr. George Eaton, Deputy Director
2. Mr. Thomas Park, Health, Population, and Nutrition (HPN) Advisor
3. Mr. T. Sangare, Assistant to HPN Advisor

B. Ministry of Health and Social Affairs

1. Dr. Sanoussi Konate, Deputy Director-General of Health
2. Dr. Lilianne Barry, Chief, Division of Family Health
3. Mlle. Jasmine Abel, Nurse-Midwife, Division of Family Health
4. Dr. Mamadou Lamine Traore, Point G. Hospital
5. Mme. Fatimata Keita, Midwife, Institute Nationale de Prevoyance Sociale.
6. M. Bah Diarra, Statistician
7. Dr. Fode Coulibally, Medecin-Chef, Kolokani
8. Dr. Adamu Sangare, Gynecological Service, Gabriel Toure Hospital

C. Association Malienne pour la Protection et la Promotion de la Famille

M. Abdul Tounkare, Research and Evaluation Officer

III. BACKGROUND

Following the visit of Dr. Sanoussi Konate, Deputy Director General of Public Health of Mali, to the CDC in August 1980, the Family Planning Evaluation Division of CDC was requested to provide a consultant to the Division de la Sante Familiale (DSF) of the Ministry of Public Health and Social Affairs of Mali. Consequently, the writer visited Bamako during the period November 8-20, 1980.

I was requested by Dr. Konate and Dr. Lilianne Barry, Medecin-Chef (Chief Medical Officer) of the DSF to determine the feasibility of CDC and Malian personnel collaborating in an overall evaluation of family planning services in Mali as well as in a specific study to estimate the morbidity and mortality of complications following illegal abortions.

IV. EVALUATION OF FAMILY PLANNING SERVICES

The DSF is responsible for government family planning activities in Mali, which are provided in 20 maternal-child centers [Centres de la Protection Maternelle-Infantile, (PMI)], of which 5 are in Bamako and the rest in other smaller urban areas. These services emphasize "birth spacing" as part of the more general objective of improving maternal and child health and not "birth control" as such, due to religious and socio-cultural sensitivities in Mali. Family planning services are also provided by 3 clinics (Bamako, Segou, Baguineda) of the Association Malienne pour la Protection et la Promotion de la Famille (AMPPF), an International Planned Parenthood Federation (IPPF) affiliate.

According to figures furnished by the AMPPF for 1979, the total number of visits by "new users" and "old users" of contraceptives (according to IPPF definitions)* in government and AMPPF facilities was as follows:

VISITS BY

1979 Method	New Users		Old Users		Total Users	
	Number	%	Number	%	Number	%
Pill	2211	(71)	7255	(64)	9466	(65)
IUD	659	(21)	3899	(34)	4558	(31)
Condom	207	(6)	172	(1)	379	(3)
Injectable	31	(1)	49	--	80	--
Jelly/Foam	20	(1)	4	--	24	--
TOTAL	3,128	100%	11,379	100%	14,507	100%

*New User - Person Provided with a contraceptive method for the first time in 1979.

Old User - Users of previous years who visited at least once during the present year for resupply, advice or examination.

Data on the age and parity of users for 1979 is not yet available. However, the Chief of Research and Evaluation of the AMPPF, Mr. Abdul Tounkara, provided the following age-specific and parity-specific breakdown of 1,571 users of AMPPF family planning services in 1978. (He is in the process of calculating the number of users as opposed to visits by users for 1979.)

A.M.P.P.F. 1978

Users By Age and Number of

Live Births

AGE GROUP	NUMBER OF LIVE BIRTHS											TOTAL	% DIST AGE
	0	1	2	3	4	5	6	7	8	9	10+		
14-19	171	220	56	11	4	-	-	-	-	-	-	462	(29.4)
20-24	90	186	153	75	26	13	1	1	-	-	-	545	(34.7)
25-29	5	19	36	43	49	36	33	15	7	5	2	250	(15.9)
30-34	-	4	2	7	14	19	24	30	19	12	15	146	(9.3)
35-39	-	-	-	3	5	7	11	15	17	20	38	116	(7.4)
40-44	-	-	-	-	-	2	3	2	2	3	22	39	(2.5)
45 +	-	-	-	-	-	-	-	-	-	-	5	5	(0.3)
UNK.	-	1	-	-	2	1	-	3	1	-	-	8	(0.5)
TOTAL	266	430	247	139	100	78	72	66	46	40	87	1,571	(100.0)

2
DISTRIBUTION (16.9) (27.3)(15.7)(8.8) (6.4) (5.0) (4.9) (4.2) (2.9) (2.5) (5.4)
LIVE BIRTHS

AMPPF users are young, since 64 percent are less than 25 years of age and of low parity, since 60 percent have had two live births or less. Significantly, 11 percent (171) are adolescents who have never given birth, most of whom are thought to be unmarried students. Since the number of sterilizations performed in Mali is very small, one would expect that the AMPPF would be attracting a greater proportion of higher parity, older women.

After a series of detailed discussions with Dr. Sanoussi Konate, Mme. Lilianne Barry, Medecin-chef of the DSF, Mlle. Jasmine Abel, Midwife at the DSF, Mr. Abdul Tounkara of the AMPPF and Mr. Thomas Park, Health, Nutrition, and Population Officer, USAID/Bamako, it was proposed that a two or three person FPED/CDC evaluation team visit Mali in early 1981 to conduct an overall evaluation of family planning activities in Mali. The evaluation should ideally take place in January 1981, in part because of cooler weather during that month. However, this may be administratively difficult, since CDC must between now and then plan travel and arrange funding for local expenses associated with the evaluation. Also, the writer, who Dr. Konate feels should be part of the evaluation team for reasons of continuity, has other official commitments at that time. The next month, February, would be a difficult period in which to implement the evaluation due to various national political meetings then taking place in Mali. The evaluation should, therefore, be scheduled for March 1981, before the weather becomes too hot and before April when Mlle. Jasmine Abel, who I feel would play a key role in the evaluation, leaves Mali. The details of the evaluation proposal are found in the Attachment to this report.

V. STUDY OF COMPLICATIONS RESULTING FROM ILLEGAL ABORTIONS

There is a great deal of concern in the Malian medical community about the morbidity and mortality associated with illegal abortion. It is common knowledge that a large number of abortions are performed in Mali, which because of the restrictive legislation are frequently done under septic conditions, which lead to an unknown number of complications. In 1975, the last year for which official data is available, there were 45 reported abortion deaths in Mali, which is thought to be a minimal estimate of the annual mortality.

Mme. Barry identified Dr. Mamadou Lamine Traore, a surgeon at the Point G hospital in Bamako, as being the member of the Malian medical community most involved in studying the abortion problem. He teaches obstetrics and gynecology at the Ecole de Medecine and is also a medico-legal expert. After detailed discussions, Dr. Traore and I agreed on the guidelines for a study, including his suggestion that it include an attitudinal survey of religious and medical leaders. A formal protocol will be developed later. The methodology agreed upon is described in detail in the attachment.

A team of two or three FPED/CDC researchers will visit Mali as early as possible. On the Malian side, beside himself, Dr. Traore has recommended two additional possible Malian collaborators. One is Mme. Fatimata Keita, a midwife working at the Institute National de Prevoyance Sociale (Social Security), who could devote more time to the project than Dr. Traore. Also, each year beginning in January, a medical student is assigned to work in Dr. Traore's surgical service as an intern for a period of 1 year. He/she is directly supervised by Dr. Traore and must, as a part of the Malian medical curriculum, write a thesis on a particular subject. Dr. Traore intends to assign his student for 1981 to this study on a full-time basis, including writing the study report as his/her thesis.

The administrative arrangements for this study should therefore be concluded as quickly as possible. Besides in-country travel, funds must be found to pay a small honorarium to each of 10-12 surveillance agents and interviewers who will be trained and then assigned to gather the study data. In addition, Dr. Traore must identify his intern/medical student and assign him/her to a particular subject as soon as possible. For this reason, the Malian government would have to agree to perform the study, and the necessary budgetary support must be found by the middle of January 1980, at which time the appended agreement would be signed.

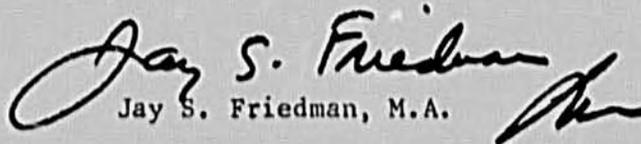
The case record component of the study will be prospective, since there is no uniform system of patient registry in Malian medical facilities that could easily be used as a basis for a retrospective records search of abortion admissions.* The attitude and opinion survey will consist of an interview questionnaire survey administered to a number of key religious and medical leaders, perhaps by students of religious institutions, similar to the CDC survey of Imams in Bangladesh. CDC researchers therefore must make three visits to Mali. The first visit would probably be in March for 2-3 weeks, the second will be 6 months later for 2-3 weeks, and the third will be at the end of the study in early 1982.

Although January 1981 would have been the ideal time to begin this study because the services of the full-time medical student who could act as Malian coordinator would then be available, obviously this might be impossible for a variety of administrative and technical reasons mentioned above. If the study is begun later, I suggest that Dr. Traore be persuaded to not assign him/her to another project, if it is definitely agreed to start the study within a reasonable time after January (before April?).

Points concerning both the evaluation and the abortion study, which are yet to be worked out between USAID/Bamako (Thomas Park) and the Ministere de la Sante Publique (Dr. S. Konate), include the amount of

*Dr. Traore suggested that CDC assistance would also be welcome in designing a standard format for hospital and clinic OB/GYN admissions.

INDEMNITE (per diem) and stipend to be paid to Malian staff in order to guarantee high quality work. This information must be cabled to CDC in order that a budget can be finalized as quickly as possible.


Jay S. Friedman, M.A.

ADDENDUM

In January, 1981, the International Fertility Research Program (IFRP), Durham, N. C., agreed to fund the in-country costs of both the evaluation and the study of illegal abortion complications. The two activities are scheduled to take place in March 1981, when three CDC research evaluators and the IFRP Coordinator for Africa will visit Mali according to the following schedule:

Jay Friedman, CDC, February 28-March 28
Nancy Binkin, CDC, February 28-March 21
Michael Dalmat, CDC, March 7-28
Nadine Burton, IFRP, February 28-March 10

ATTACHMENT 1

PROPOSAL FOR IMPLEMENTATION OF COLLABORATIVE FAMILY PLANNING ACTIVITIES IN MALI

A. INTRODUCTION

The Family Planning Evaluation Division of the Center for Disease Control, (CDC) Atlanta, has been identified by the Ministry of Public Health and Social Affairs of Mali (MPHSAM) as having particular expertise in providing needed assistance in two areas concerning family planning services. They are:

1. An overall evaluation of family planning services in Mali; and
2. A study to estimate the morbidity and mortality and complication rates of women hospitalized with incomplete abortions.

In the course of development of these two projects, the International Fertility Research Program (IFRP) in North Carolina has been invited to join in this effort to provide financial and technical assistance.

The Direction of Public Health (DSP) feels the first activity is necessary in order to measure how well Malian family-planning activities have served the needs of the population since their inception in the early 1970's, as well to determine what actions must be taken to improve services within the next ten years.

The second activity is considered essential because abortion is presumed to use a great deal of health resources and contribute to infertility in Mali. It is common knowledge that abortions are performed in large numbers, frequently under septic conditions. As a result there is a large, but uncounted, number of hospitalized cases of complications following such abortions. In 1975, the last year for which figures are available, there were 45 abortion-related maternal deaths officially registered. This number only represents a proportion of those deaths which occur in hospitals.

The MPHSAM feels that to measure and define the problem as it exists, and to document the drain on scarce health resources, will enable policy makers to manage health resources more effectively. A formal protocol for the abortion study will be drawn up during a follow-up visit to Mali in March by CDC and IFRP personnel.

B. OVERALL EVALUATION OF FAMILY PLANNING ACTIVITIES

In collaboration with the National Directorate for Planification and training in Health and Social Affairs (DNPFS) and the Ministry of Public Health and Social Affairs, the CDC and the IFRP will provide assistance in conducting an evaluation of family planning activities in Mali. The evaluation will cover the services provided by the Division

of Family Health (DFS) as part of overall family health activities within 20 Maternal and Child Health Centers (PMI), as well as the family planning services provided by the three clinics of the Malian Association for Family Protection and Promotion (AMPPF). (The evaluation team may, in fact, only cover a sample of the centers and clinics).

The evaluation will address, but not necessarily limit itself, to the following points:

1. The quality and completeness of quantitative reports and statistical data generated by family planning activities;
2. The number of continuing active users by method;
3. Continuation rates and reasons for discontinuation;
4. The age groups and social classes served (and whether there are unmet needs among them);
5. Expansion of the geographic coverage of the program;
6. Expansion of the services provided by the program, including research on the causes of infertility and its treatment, and the unmet needs for sterilization services;
7. The impact of social, cultural, administrative and logistical constraints on program operations;
8. Clinic and center planning and management needs;
9. The training needs of staff providing family planning services;
10. Ongoing evaluation and research activities by DSF and AFPPF staff; and
11. The provision of family planning services for the next five years.

The methodology used will include:

1. Reviewing clinic records, service statistics reports and demographic data;
2. Interviewing staff at all levels;
3. Interviewing family planning clients;
4. Observing clinic operations and procedures at various locations:

5. Reviewing logistics systems for the procurement and distribution of supplies and equipment; and
6. Any other evaluation procedures found to be necessary by the evaluation team.

The CDC will provide two or three family planning evaluation experts for a period of 3 weeks. The IFRP will provide a field staffperson, and allocate funds to cover the following in-country costs related to the study:

Three round trips - Bamako-Mopti	\$ 750
Per diem expense, 21 days @ \$36/day for each of three Malian members of the evaluation team	2,268
Research supplies and communications	500
Typing services	<u>150</u>
 Total	 \$3,668

These costs do not include the travel and per diem expenses of CDC and IFRP staff members who will be sponsored by their respective organizations.

The Ministry of Public Health and Social Affairs will provide:

1. The services of three Malian collaborators who are familiar with family planning activities for approximately three weeks' work in Bamako and elsewhere. Pending confirmation, these persons have been identified as Mr. Tounkare (AMPPF), Ms. Abel (MPPSAM), Dr. Barry (MPPSAM) or designate.
2. The use of a suitable vehicle and driver when necessary for field trips.
3. Office work space.

The evaluation will require about three weeks of work in Bamako and selected areas elsewhere in the country. It will be done during the first quarter of 1981. A preliminary report and recommendations will be completed during the three-week period. A final report and recommendations will be completed by the evaluators in the United States after they leave Mali.

C. STUDY OF COMPLICATIONS FOLLOWING ABORTIONS

In collaboration with the DNPFFS of the Ministry of Public Health and Social Affairs, a study will be conducted to monitor complications following incomplete abortion. Social attitudes toward abortions will also be reviewed.

The study will be divided into two parts. The first part, called the Medical Survey, will be a prospective study of hospitalized cases of complications resulting from spontaneous and illegally induced abortions. It is felt that it would be more productive to measure the direct public costs to Malian society of the present restrictive legislation, focusing on the morbidity and mortality resulting from complications of abortion performed by nonmedical personnel under septic conditions. The study will provide a measure of these cases and attempt to gauge hospital costs in monetary terms. In addition, this prospective study of hospitalized cases can make use of the statistical and diagnostic techniques developed by CDC based on the WHO methodology to determine a morbidity and mortality rate of abortion complications per 1000 women in the populations served by the hospital.

The methodology of this aspect of the abortion study will be to identify a sample of approximately 10-12 hospitals, maternity clinics and rural health centers where it is felt valid data can be obtained. A sample might consist of facilities in the region of Bamako, the Point-G and Gabriel Toure hospitals, the Maternity Clinic at Hamdallaye and a rural health center near Bamako in Ouelesseboucou. The region of Kayes has been identified as an area where illegal abortions may be a particular problem; therefore, three medical facilities should be selected in that region and another region of Mali to be determined later.

At each medical facility, one or more surveillance agents will be identified. They could be doctors, nurses or midwives. They will be trained on site during a one or two-day visit by a training team to fill out a standard case-report form developed by the IFRP. At the end of a practice period of about one week, the centers will be revisited and form-coding problems addressed. The training team will be composed of a CDC staff member accompanied by a Malian MPHSA staff member identified at the beginning of the study.

On the form, the surveillance agent will enter the medical details of all spontaneous or induced abortion cases admitted to their medical facility during the study period. He/She will also try to make a preliminary determination as to whether the case is a spontaneous or induced abortion. The patient will remain anonymous on the case record. A copy of these records will be sent on a monthly basis to the study coordinator in Bamako. The surveillance agent will be paid a small stipend and will gather this information during a period of about one year.

The second part of the abortion study, to be called the Social Survey, will consist of an interview survey of influential, religious and medical leaders. The feasibility of conducting the second part of the study will be explored further during the March 1981 CDC/IFRP visit.

The CDC will provide one or two medical epidemiologists for two periods of 2 to 3 weeks. The IFRP will provide a field staff person for two periods of 2 weeks as well as the following costs related to the study:

Supplies, including printed forms, manuals and other related material	
Salary supplements for interviewers, 20 persons @ \$50 each for 12 months	\$12,000
Salary supplement for liaison supervisor one person @ \$100 per month for 12 months	1,200
Salary supplement for medical supervisor, one person @ \$100 per month for 12 months	1,200
Communication expenses	
Shipping, telephone, telex, etc.	500
Travel expenses for liaison officer and medical supervisor, 4 round trips from Bamako, Kayes, Sikasso and Mopti	1,272
Per diem expenses for liaison officer and medical supervisor, two persons at \$36 per day for 30 days	1,080
Local taxis in Bamako	<u>250</u>
Total	17,502

In order to facilitate the accounting procedures, these costs will be transformed into a per form cost of \$3.50 ($5,000 \times \$3.50 = \$17,500$).

The Ministry of Public Health and Social Affairs will:

1. Provide the services of Malian collaborators who are interested in studying abortions in Mali. These could include a medical officer and midwife part-time and a full-time medical student/intern who would act as a coordinator/supervisor for a one-year period. These persons will be named by the MPHSA.
2. Designate surveillance agents in 10-12 medical facilities and inform them of the study and objectives.
3. Provide the use of a suitable vehicle and driver when necessary for field trips.

4. Provide office work space.

The study will take place over approximately a one year period beginning in March 1981. The CDC and IFRP research team members will visit Mali on several occasions during the course of the study.

Sufficient time will be allocated to formally analyze the data obtained and write the final report.

During the first visit of CDC and IFRP researchers over a 2 to 3-week period, the following activities will take place:

1. A formal study protocol will be finalized.
2. The study agreements will be signed.
3. Malian collaborators will be formally identified and up to 20 surveillance agents and interviewers will be trained.
4. The data-gathering phase will begin and supervisory procedures will be formulated.
5. Preliminary data-analysis procedures will be decided upon, including which component of the analysis will be done in Mali and which in the United States. A Malian co-author(s) for the report will be identified.

When all data are collected for both components of the abortion study, CDC/IFRP and Malian researchers will collaborate on writing a preliminary report. A final report will be prepared in the United States after the data has been formally analyzed.