

**Memorandum**

Date September 23, 1981

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

Subject Foreign Trip Report (AID/RSSA): Senegal, July 20-31, 1981

To William H. Foegen, M.D., Director
Centers for Disease Control

Through: Horace G. Ogden, Director
Center for Health Promotion and Education (CHPE) *HGO*

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. INTRODUCTION
- IV. ACTIVITIES
 - A. Department of Obstetrics and Gynecology, Le Dantec Hospital, Dakar
 - B. Survey and Demography Division, Ministry of Economy and Finance
 - C. Senegalese Association for Family Welfare (ASBEF)

ATTACHMENT A - STUDY PROPOSAL

SUMMARY

Following a previous visit to Senegal (see trip report of May 14, 1981) I was asked by USAID/Senegal to determine the feasibility of conducting a collaborative, prospective study with the International Fertility Research Program (IFRP) and the Ministry of Health and Social Affairs on morbidity and mortality from complications following incomplete abortions. This epidemiologic study would follow hospitalized cases for a period of one year in public sector, maternal care facilities.

Along with Ms. Nadine Burton of the IFRP, a series of discussions with Professor Paul Correa, chief of OB/GYN at Dantec Hospital, resulted in an agreement to conduct such a study in the Cap Vert Region of Senegal beginning in January 1982. It is anticipated that 5,000-7,000 cases would be included in the study in the Cap Vert Region. A second phase of the study would be implemented in the rural area of the Sine-Saloum Region in 1982. We also held discussions with the director of ASBEF, the International Planned Parenthood Federation (IPPF) affiliate in Senegal, and officials in the Surveys and Demography Division, Ministry of Economy and Finance, in order to identify potential areas of collaboration. The latter organization, which conducted the Senegalese Fertility Survey (SFS), as part of the World Fertility Survey (WFS), has requested CDC assistance in performing a more detailed demographic analysis of the results of this survey. A demographer from the Division of Surveys and Demography will visit the CDC and IFRP in November for a 2-4 week period to further analyze the SFS data and discuss future collaborative activities.

I. PLACES, DATES AND PURPOSE OF TRAVEL

Dakar, Senegal, July 19-31, 1981 at the request of USAID/Senegal, DS/POP/FPSD and the Ministry of Public Health and Social Affairs (the Ministry) to determine the feasibility of conducting a collaborative study with the International Fertility Research Program (IFRP) and the Ministry to measure the morbidity and mortality resulting from complications following incomplete abortions. These activities in Senegal were carried out in collaboration with Ms. Nadine Burton of the IFRP. This travel was in accordance with the Resources Support Services Agreement between the Office of Population, AID and CDC/CHPE/FPED.

II. PRINCIPAL CONTACTS

A. Ministry of Public Health and Social Affairs

1. Dr. Madiou Toure, Director, Division of Hygiene and Preventive Health
2. Professor Paul Correa, Director OB/GYN Division, Dantec Hospital

B. Ministry of the Economy and Finances, Statistics Directorate, Division of Surveys and Demography

1. Mr. Lamine Gueye
2. Mr. Mohamadou Gueye

C. Senegal Family Welfare Association
(Association Senegalaise Pour le Bien-Etre Familiale, ASBEF)

1. Mr. K. Thiam
2. Mr. Waly Sepe, Program Coordinator

D. USAID/Senegal

1. Mr. Melvin McGaw, Deputy Director
2. Ms. Pat Daly, Program Officer

III. INTRODUCTION

Senegal, independent from France since 1960, has an area of 76,124 square miles and a mid-year 1981 estimated population of 5,800,000, giving a density of 76m². The estimated crude birth rate is 48/1,000 and the 1978 Senegalese Fertility Survey estimated that women in the 45-49 year age group had given birth to 7.2 children.

During a previous visit to Senegal in March 1981 while returning from a project in Mali (see trip report dated May 14, 1981), USAID and Senegalese officials expressed an interest in using the technical services of CDC/FPED in various areas of family planning research and program evaluation. As a follow-up to this visit, USAID/Senegal requested that I travel to Dakar on July 20-31, with Ms. Nadine Burton of the International Fertility Research Program (IFRP) to explore the possibility of developing collaborative CDC/IFRP research activities

with the Senegalese Government. During the March visit, particular interest had been shown in conducting a prospective study of women hospitalized for complications resulting from incomplete abortions. Senegal is in the process of formulating a strategy for a national family planning program. The results of this study would be used to document the magnitude of the public health problem associated with unplanned pregnancies and the consequent need for family planning services.

In addition, during my March visit, the USAID Health, Nutrition and Population officer expressed a need for baseline data on fertility and mortality for a USAID-sponsored rural health care project. Since this data could not be obtained unless a baseline survey was done, it was suggested that some of the data might be available in unpublished form from the 1978 Senegalese Fertility Survey (SFS), which was conducted as part of the World Fertility Survey. I therefore met with officials of the Surveys and Demography Division of the Directorate of Statistics, Ministry of Finance and the Economy, the organization which conducted the SFS.

IV. ACTIVITIES

A. Department of Obstetrics and Gynecology, Le Dantec Hospital, Dakar

A study of complications following incomplete abortions was developed in collaboration with Professor Paul Correea, who is the Director of the OB/GYN department of Le Dantec Hospital and head of OB/GYN at the University of Dakar Medical School. He is considered the leading Senegalese scientist in this field. During a series of meetings we assisted Dr. Correea and his staff in outlining a study protocol which is to be submitted to the IFRP on or about August 20 for preparation of a funding document. The study proposal, which was submitted to the Ministry of Health, is included as Attachment A to this report. Pending approval, this study will be implemented in January 1982.

The proposed study, as did the Malian study implemented in March, will follow the standard CDC/IFRP pregnancy wastage monitoring methodology. A multi-center, clinic-based, prospective monitoring of all hospitalized abortion cases, both spontaneous and induced, will be conducted for a period of one year. This time frame will minimize the effect of seasonal variation and should include 5,000-7,000 cases. The study will be based in all public sector maternity facilities in the Cap Vert Region, which includes Dakar, the capital city, and surrounding areas. Reliable data cannot be obtained from private sector facilities although it is anecdotally reported that many are providing abortions illegally. Pending approval, Ms. Burton and I plan to return to Senegal for a 3-week period in early January 1982 to train field staff in the use of the data collection instruments and in project administrative procedures. At that time we will discuss with the Medecin-Chef (Chief Medical Officer) of the Sine-Saloum Region of Senegal the extension of the study to this rural area.

B. Survey and Demography Division, Statistics Directorate, Ministry of the Economy and Finance

This organization implemented the Senegalese Fertility Survey as part of the World Fertility Survey (WFS) in 1978. The principal results have just been published in the standard WFS 2-volume format. In conversations with Mr. Lamine Gueye and his assistant, Mr. Mohamadou Gueye, the two Senegalese statisticians in charge of the survey, we identified several areas of collaboration. They would like to do a more in-depth analysis of the survey results, but are constrained by limited access to computer facilities in Dakar. They also felt there is a need to obtain detailed characteristics of Senegalese women who practice contraception.

At a seminar which will take place in October the organizers of the Senegalese Fertility Survey will present results of the survey and explore the possibility for a more detailed analysis of the survey results with interested donor agencies. I discussed with USAID/Dakar and the Survey and Demography Division the possibility of a Family Planning Evaluation Division demographer attending the seminar, and received a favorable response. It is now planned that Howard Goldberg, Ph.D., will attend as he has considerable experience working with WFS data sets and with similar CDC-designed surveys.

We proposed to Mr. Lamine Gueye that following the October seminar he visit CDC for approximately two weeks. His office formally requested FPED to support this trip in a letter dated August 4, 1981. Dr. Roger Rochat, Director, FPED, replied affirmatively on August 14. During this visit Mr. Gueye would have full access to computer facilities, the collaboration of CDC demographers and an opportunity to discuss future studies and surveys.

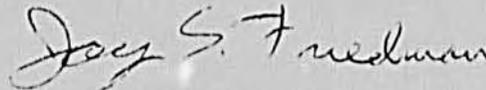
One proposed study would be a Maternal Child Health/Family Planning survey of women of reproductive age in Dakar. Due to the very low overall prevalence of contraceptive use in Senegal (only 1 percent have ever used modern methods), the country-wide Senegalese Fertility Survey included only 200 contracepting women, most of whom were in Dakar. This was too small a sub-group on which to do detailed analysis. A survey in Dakar could include more than 2,000 women, of whom the proportion contracepting should be sufficiently large to obtain a detailed profile of urban Senegalese women who practice contraception. In addition, the results of such a survey could be used to determine the percentage of women (and their characteristics) at risk of unplanned pregnancy, so that the family planning program could more efficiently focus their efforts to attract new users. Breastfeeding and other MCH data important to Senegal would also be collected.

In such a study FPED/CDC would be specifically responsible for providing technical assistance in sampling, the questionnaire design and managing the field work. The IFRP would provide financial

support and data processing facilities. CDC and IFRP would collaborate in providing technical assistance to the Surveys and Demography Division for analysis of data.

C. Association Senegalaise pour le Bien-Etre Familial (ASBEF-Senegalese Family Welfare Association)

ASBEF is in the process of expanding its activities as a result of recent favorable changes in Government policy toward family planning. The organization is therefore seeking technical and financial support. We met several times with the Executive Director to explore areas of future collaboration. ASBEF is planning to establish a Research and Evaluation that will develop a client admission form as part of a service statistics system to establish a clinical profile of new users. The CDC could assist ASBEF in developing a service statistics and logistics system.



Jay S. Friedman, M.A.

ATTACHMENT A

Translation from French of Letter

TO: Minister of Public Health and Social Affairs
Dakar, Senegal

SUBJECT: Study Proposal
Centers for Disease Control (CDC), Atlanta
International Fertility Research Program (IFRP), Research Triangle Park, N.C.
Jay Friedman, CDC
Nadine Burton, IFRP
July 20-31, 1981

I. Introduction

As part of the family health policy of Senegal, the problem of maternal morbidity and mortality remains a major subject of concern. In the Cap Vert Region the total maternal mortality rate is 530/100,000 deliveries. Nevertheless, there is very little data on the morbidity and mortality due to complications of spontaneous and clandestinely induced abortions.

As a result of a series of discussions with Senegalese health professionals it was indicated to us that the Senegalese government might be interested in a collaborative study between Senegalese researchers, the CDC and the IFRP in order to study this problem. The following study is therefore proposed.

Details of the Study

Under the direction of Dr. Paul Correa, Director of the OB-GYN service of Le Dantec Hospital, we propose conducting a prospective study of abortion cases admitted to public sector health facilities in the Cap Vert region. The duration of the study would be one year to minimize errors due to the seasonal variation of conceptions and spontaneous abortions.

The abortions will be classified as spontaneous or induced according to methodology developed by the WHO. Histologic examinations will be done of uterine specimens taken from each patient. The results of these examinations will aid in classifying the abortion types and, in addition, will permit the study of the hypothesis that the spontaneous abortion rate in the Cap Vert Region is relatively high.

In order to ensure the best possible case-finding coverage the study will be conducted in the major hospitals of the Cap Vert Region: Dantec Hospital, the Principal Hospital, The Abass N'Dao Maternity Clinic, as well as in the maternity clinics and dispensaries in the peripheral areas of Dakar, Rufisque, Pikine and Bargny.

We estimate that some 5,000-7,000 abortions take place in the Cap Vert Region each year, of which approximately 1,800 alone are treated at the Dantec Hospital. We anticipate returning to Senegal in early January 1982 to implement the study by aiding in the training of personnel who will collect data and by setting up the study administrative structure. The study data will be gathered on a pre-coded form (developed by the IFRP) adapted to the local situation by our Senegalese collaborators.

Dr. Paul Correa is in the process of formulating a formal study protocol which will set forth the administrative structure and detailed budget necessary for the gathering, processing and analysis of the data. A medical student of the OB/GYN Service of Dantec Hospital will be named coordinator of the study. He will be primarily responsible for the gathering of the patient data forms and the histologic samples from the study centers. He will also be responsible for supervising the quality control of the data. Once the forms are gathered in Dakar they will be shipped to the IFRP for processing. A final analysis will be done at the CDC in collaboration with all interested parties.

After approval of the project by the IFRP Scientific Committee, the cost of the study, about \$40,000, will be covered by an IFRP subsidy. The protocol will contain a detailed budget.

In order to have data for an area outside of the capital it would be desirable to conduct the study not only in the Cap Vert urban area, but in a rural area such as the Sine-Soloum Region, where the health infrastructure is developed enough to handle this type of study. The study will therefore be extended to this region during the first 3 months of 1982, after discussions regarding the details with the Chief Medical Officer of this region at the time of our next visit to Senegal in January 1982.

Results of the Study

The results will constitute a data base which will be useful to the Senegalese government in formulating its family health policy. An improvement of the availability and use of contraceptive methods could certainly contribute to the reduction of the maternal morbidity and mortality resulting from clandestine abortions, which are often performed under septic conditions.

cc: Dr. M. Toure, Director of Health
Professor Correa
Dr. Kane, Sine-Soloum
USAID/Senegal
IFRP
CDC