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# IEC DEVELOPMENT

# PROJECT START-UP--

# BURKINA FASO

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Dates of In-Country Work:
October 6 to November 11, 1985

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## Executive Summary

A new 18-month JHU/PCS IEC Development Project with the Ministry of Social Welfare and National Solidarity (Ministère de l'Essor Familial et de la Solidarité Nationale), began in Burkina Faso October 1, 1985. To assist with various project start-up activities, including a two-week workshop for front-line workers, JHU/PCS Assistant Program Coordinator, Joan W. Schubert, and Consultant Philippe Langlois visited Ouagadougou from October 6 to November 11, 1985.

Key outputs of this TDY were as follows:

-- A successful two-week interpersonal communication workshop was conducted in Ouagadougou from October 14-25, 1985. Twenty-five participants, including 16 social educators and 9 midwives, were trained in counselling, public speaking, focus group work, pretesting, and the use and design of teaching aids. The workshop received good television and radio coverage and was opened and closed by the Minister of the MEFSN.

-- Four FP logo proposals designed by the MOH's Direction de l'Education pour la Santé et l'Assainissement (DESA) were pretested during the workshop and in the field by workshop participants. New logo mock-ups based on feedback from these sessions are now being designed.

-- An evaluation system featuring referral slips, designed by JHU/PCS, was elaborated in collaboration with workshop participants and MOH and MEFSN representatives.

-- Objectives for the FP awareness campaign were drawn up and target audiences were identified. The campaign is now scheduled for early February, 1986.

-- A survey letter was prepared to help the MEFSN determine its film needs. Respondents from various levels in the Ministries of Essor Familial, Health, Education and Information will be asked to identify priority themes and target audiences and to suggest the type of film

which could be most useful. A draft of a "call for tenders" letter was left with the project manager.

-- Topics were selected for the project posters. They include, "Choice of methods," "Happy family through FP," and "FP clinics also deal with sterility problems."

-- Themes for the FP brochures have been tentatively selected. The first will address over-the-counter methods such as foam and condoms. It will be for non-literates. The second will serve as a complement to the "Choice of Methods" poster previously described but will present more information about the advantages, disadvantages, etc. of the various methods.

Exciting developments in FP and IEC are rapidly taking place in Burkina. The Government is strongly committed to FP not only as a health issue but also as a way of improving overall quality of life (See Appendix E for the Plan of Action for Family Planning in Burkina Faso). It is reported that contraceptives are available in sufficient quantities in urban area clinics. Presently, the most popular methods are condoms and spermicides. Eventually, it is expected that all social educators will be able to distribute non-prescription contraceptives such as these.

Currently, there are many more social educators in the field than there had been at the writing of the project proposal in mid-1985. The major urban areas of Ouagadougou and Bobo-Dioulasso have been divided into sectors--30 and 25 respectively--with a social educator assigned to each one. This is a change from the former approach which used 16 social service centers as a base--11 in Ouagadougou and 5 in Bobo-Dioulasso. As such, there now 55 social educators who will be actively involved with the project, although only 16 were trained during the workshop. It has been recommended at this stage that those educators who were trained, work with those who were not, under the direction of the project manager, Mme Batta.

A second TA visit by JHU/PCS to help with various project activities is tentatively planned for early February 1986.

## List of Abbreviations

| | | |
|---|---|---|
| ABBEF | - | Association Burkinabe pour le Bien-Etre Familial |
| CFA | - | (Francs de la) Communauté Financière Africaine |
| CNC | - | Centre National de Cinéma |
| DESA | - | Direction de l'Education pour la Santé et l'Assainissement |
| FP | - | Family Planning |
| IEC | - | Information, Education and Communication |
| IPPF | - | International Planned Parenthood Federation |
| JHU/PCS | - | Johns Hopkins University/Population Communication Services |
| MEFSN | - | Ministère de l'Essor Familial et de la Solidarité Nationale |
| MOH | - | Ministry of Health |
| PW | - | Practical Work |
| TDY | - | Temporary Duty |
| USAID | - | United States Agency for International Development |

# I. INTRODUCTION

From October 6 to November 11, 1985, the team of JHU/PCS Assistant Program Coordinator, Joan W. Schubert, and consultant Philippe Langlois was in Burkina Faso for the start-up of an 18-month centrally-funded IEC development project. The value of the project is approximately $70,000. The grantee is the Ministère de l'Essor Familial et de la Solidarité Nationale (MEFSN), commonly referred to as Essor Familial. The manager of the project is Madame Batta Fatoumata, head of the Ministry's Direction de la promotion de la Famille.

The objective of the project is to help Burkina achieve its population policy and meet the growing demand for family planning (FP) information and services. It achieves this by strengthening that country's communication capability through IEC training of front-line social service and health personnel, and the production of family planning (FP) teaching aids and promotion/information material.

Project activities include a workshop in interpersonal communication; a FP awareness campaign for urban areas; the production of a film, the design of a national FP logo; and the preparation of FP posters and booklets. During the course of this TDY, the workshop was successfully carried out from October 14-25, 1985 and all other elements of the project were addressed and/or initiated.

JHU/PCS wishes to thank the USAID Mission in Ouagadougou, especially its Health and Population Officer, Ms. Leslie Curtin, for their constant support and encouragement. JHU/PCS also wishes to draw attention to the dedication of all Essor Familial administrators and staff people who assisted with the favorable start-up of this project.

## II. BACKGROUND

Significant developments in the field of FP have been noted in Burkina Faso over the past several months. As of this writing, all reports are that contraceptives are available in sufficient quantities in urban area clinics and pharmacies following delivery of a large shipment of supplies from USAID. There are now nine clinics with FP service delivery capability in Ougadougou and six in Bobo-Dioulasso.

By all subjective accounts, the level of awareness about FP is quite high, especially in the cities. While the overall number of contraceptive users is still negligible, the few available statistics--such as those compiled by the Direction de la Santé de la Mère et de l'Enfant of the Ministry of Health (MOH)--show that some progress is being made. Currently, the most popular methods are condoms and spermicides. On the other hand, many observers see the 3,000 CFA ($7.50) cost of the the compulsory lab tests required for any woman who wants an oral contraceptive prescription as an insurmountable obstacle to any real increase in the number of pill users. More information about contraceptive awareness and use in Ougadougou should be available early February 1986 following Columbia University's KAP (Knowledge, Attitude, Practice) baseline survey.

Since the writing of the original project proposal in mid-1985, the MEFSN has changed its outreach structure. Until recently, the social educators operated mostly out of social service centers. In the major urban areas, eleven such centers are located in Ouagadougou and five in Bobo-Dioulasso. However, the Burkina Government recently reorganized cities into administrative entities called "sectors." Presently, there are 30 sectors in Ouagadougou and 25 in Bobo-Dioulasso. To conform with the new political reality, the MEFSN has assigned a social educator to each sector where she is responsible for the management of various activities--including FP education. She does not usually work out of any building or office. Often, her headquarters will be a street corner. The social service centers are still in operation and offer their regular services: nutrition education, home economics, etc.

A reorganization of the MEFSN itself is also pending as part of the Government's upcoming five-year development plan for 1986-91. The Direction de la Promotion de la Famille, currently responsible for FP education, has too many additional obligations. Plans now call for the creation, in 1986, of a Direction de la Planification Familiale which would be headed by the current chief of Promotion de la Famille, who is also the manager of the JHU/PCS project. The new directorate would deal exclusively with FP/population issues.

Another encouraging factor for FP in Burkina has been the close working relationship which has developed over the past few months between the MEFSN and the MOH. Some tension was reported in the early stages following Essor Familial's appointment as lead ministry in FP matters. Since then, new appointments have been made and mandates have been more clearly defined. The new spirit of cooperation was very much in evidence during the team's working sessions with both ministries.

In February 1985, representatives of all the key ministries and organizations involved in FP met for "Journées de Concertation" (days of consultation) to determine national FP goals and to draft an action plan coordinating FP activities for each of the ministries concerned during the years to come (see Appendix E, Plan of Action for Family Planning in Burkina Faso).

The USAID Mission hopes to have a population bilateral project signed with the Government of Burkina by the end of the second quarter of 1986. The three-year project would include an important IEC component which would build on the present JHU/PCS IEC project with the MEFSN.

For the moment, FP training remains very much in evidence. Immediately following the JHU/PCS workshop, the Burkina Midwives Association held a three-week seminar, and a Natural Family Planning seminar is scheduled for early 1986. Many of the participants at the JHU/PCS workshop are scheduled to participate in either or both of these workshops.

## III. INTERPERSONAL COMMUNICATION WORKSHOP

The workshop was held in Ouagadougou, October 14-25 1985. The 25 participants--24 women and one man from the Ouaga/Bobo-Dioulasso urban and surrounding areas--included 16 social workers ("educatrices sociales") from the MEFSN and 9 midwives representing the MOH, the Burkina Midwives Association and the local IPPF affiliate, the Association Burkinabe pour le Bien-Etre Familial (ABBEF). (See Appendix B for List of Participants.)

For the social workers, the workshop was a follow-up to a two-week seminar held in June 1985 in which they received basic training in physiology and contraceptive methods. At that training, approximately 40 participants attended representing most of the MEFSN's front-line workers.

The core instruction for this workshop was provided by JHU/PCS Assistant Program Coordinator, Joan W. Schubert, and consultant Philippe Langlois working in collaboration with a team of local counterparts from the MEFSN and the MOH. Some of the classroom presentations were also made by the participants themselves.

The objective of the communication workshop was to launch the MEFSN's 18-month IEC project by:

1. Giving IEC training to a core of social/health workers who will ensure the project's outreach into the community, and who will handle many of the field activities required for the successful completion of the various project components.

2. Beginning the development of local FP IEC materials and activities as described in the project proposal.

## A. Agenda and Activities

The workshop schedule (Appendix C) covered many facets of interpersonal communication--counselling, public speaking, small group discussions--and later touched on such areas as focus group discussion, pretesting, creation of FP slogans and the use and design of teaching aids. The basics of organizing a communication plan were also broached, using the JHU/PCS "FP communication process" approach as a working tool. Participants were asked to design an IEC plan for their districts or their health units using the JHU/PCS model. During the course of this TDY, two of the participants carried out parts of their IEC plans. One did a week-long FP awareness mini-campaign which was initiated by a speech from the Minister of the MEFSN. The other ran a series of films and presentations on sexually transmitted diseases.

The workshop was well balanced between theory and practice. Participants went on three field visits to neighboring social centers, schools and health units to conduct focus group discussions for message development, deliver talks on FP before groups of citizens, and to pretest logo designs. After each outing, the group reassembled to pool findings and draw tentative conclusions. Another much appreciated feature of the workshop was the extensive use of role playing, a teaching method which allowed participants to receive instant feedback from their colleagues. To complement instruction, a good variety of handouts dealing with communication and health/population was distributed to participants throughout the workshop (See Appendix D for List of Workshop Handouts).

## B. Workshop Evaluation

Participants were asked to fill a midpoint evaluation questionnaire, a comprehensive evaluation questionnaire and a proficiency/understanding test at the end of the workshop. Satisfaction was especially high with role playing, field visits, counselling techniques, focus group discussions

and shared experiences with colleagues from other ministries. Many participants suggested that this type of training be prepared for other front-line workers. The main complaints centered on what some participants saw as an inadequate per diem/travel allowance structure, as well as the fact that participants received very short advance notice that they were to attend the workshop. Some were advised only three days ahead of time.

Although the proficiency/understanding test was felt by some of the trainers as good in principal, major changes in format will need to be addressed so as to make it a better evaluation tool.

The participants, as a group, also made a series of recommendations at the end of the workshop. The main recommendations were:

1. FP/physiology education should be given at all levels of the school system.

2. FP methods should be made available across the country.

3. Social workers should be allowed to distribute condoms and spermicides.

4. Additional training in using/making visual support material should be offered to health/social workers.

## C. Output

Much of the output of the workshop fit into the overall project objectives and activities. These achievements included the following:

1. Participants and instructors designed a referral slip to be used by social workers to send potential clients to FP service delivery units, thus setting up the base for the project's evaluation system.

2. Themes were selected for Burkina posters based on FP messages used in FP campaigns in other countries.

3. FP logo proposals designed by the MOH's Direction de l'Education pour la Santé et l'Assainissement (DESA) were pretested in the classroom and in the field. Results of findings and recommendations were made known to the graphic artist who is presently designing new mock-ups based on this information.

4. Participants each received an IPPF flipchart and were instructed in its use. During the course of this instruction several constructive comments as to how to improve the flipchart were made by the participants. These ideas were noted and passed on to JHU/PCS's Media/Materials Coordinator.

5. Several anatomical models were pretested for their relevance and understanding. Based on participants' comments, several copies of a female model and one male model will be ordered for the MEFSN, as scheduled in the project proposal.

## D. Media Coverage

The workshop received considerable overall attention. It was opened and closed by the Minister of the MEFSN. The closing was the subject of a five-minute national television news feature and received national radio coverage.

## E. Constraints

The full curriculum was covered as planned (plus a few unscheduled activities), and quite satisfactory results were achieved despite several constraints:

-- A government-decreed anti-Apartheid march caused the postponement of an entire morning of workshop activities.

-- Many of the participants had to deal with regular work activities, political meetings, government surveys, etc. in addition to their workshop responsibilities.

-- At any given time during the workshop, there were always a number of participants and instructors who were sidelined or at least slowed down by a variety of ailments: colds, flu, malaria, etc.

-- As described on page 2 of this report, there are presently 55 social educators employed in the field. When this workshop was planned and the project proposal was written, there were 16. Although the 16 participated in this workshop, there are now 39 educators who have not been trained in interpersonal communication, but who will be equally responsible for FP IEC activities in the project areas.

## IV. OTHER PROJECT ACTIVITIES

### A. Evaluation System

One of the key outputs of the technical assistance visit was the design of an evaluation system to measure the project's overall effectiveness. Central to this evaluation system are referral slips to be given by the social educators to interested clients. The slips are then presented at the FP clinics by the client, and the clinic worker saves them for later retrieval. The information on the slip permits the MEFSN to identify the number of clients referred for each social center; the service the client requested; and date of referral as well as date of service. Since the slips are numbered with the social educator retaining a copy, it is possible to note the difference between the number of clients referred and the number actually presenting at the clinic sites. Follow-up for no-shows can be made as the name of the client is also noted on the slip. The system was conceived and a rough draft was prepared by JHU/PCS Regional Program Coordinator,

Mona Y. Grieser, for later in-country elaboration with key personnel. The final prototype was designed after consultation and pretesting with workshop participants. This was followed by discussions between MOH, Essor Familial and JHU/PCS representatives in order to come up with a simple and easy-to-use working tool.

The MEFSN had already printed a number of referral slip booklets by the time the team left the country. The slips will first be used by the 16 social educators who attended the workshop; it is expected they will soon be distributed to the other 39 social educators in the MEFSN system who will be trained in their use by MEFSN staff. It is also understood that this is not a definitive version of the referral slip. In time, improvements will certainly be made and the booklets will be printed professionally.

The collection and analysis of the slips--which will have been kept by the health units--will allow MEFSN to measure its progress in several ways: the number of persons who actually follow through with a visit to a clinic, the number of new acceptors generated by Essor Familial, and the efficiency of each individual educator in recruiting new clients.

It was noted, however, that the referral system would not track new contraceptive acceptors who use methods purchased over-the-counter. It is anticipated that eventually social workers will be allowed to distribute non-prescriptive methods such as condoms and foam at which time this information will be easier to trace.

It is expected that the project manager and an assistant will make monitoring visits to project sites in Ouagadougou and Bobo-Dioulasso. Provisions are being made for four visits during the first six months of the project and for quarterly visits after that.

## B. FP Communication Campaign

The MEFSN is vigorously pursuing the idea of staging a brief--seven to ten days--FP awareness campaign in Ougadougou and Bobo-Dioulasso. Originally scheduled to follow the workshop almost immediately, the campaign is now set for early February 1986. It has yet to be determined whether the campaign will be carried out simultaneously or consecutively in the two urban areas.

The general objectives are to inform the population that 1) FP services and information are available in the major cities; 2) that FP/contraception is a safe and healthy practice; and 3) that it is condoned by the Government of Burkina. Priority target audiences have been identified as young people (to heighten their sexual responsibility) and couples of reproductive age.

Social educators will handle most of the activities at the sector level, using the standard education methods: talks, public meetings, house visits, etc.

Mass-media support will also be provided. The MEFSN will prepare articles and press releases for print and radio journalists, and the broadcast media will schedule special programs for the occasion. Additional materials will include FP T-shirts as well as banners with FP slogans which will be displayed across the main arteries of the cities.

The effectiveness of the operation will be measured by checking clinic files to ascertain if a significant number of new acceptors was recorded following the awareness campaign. The impact and penetration of the messages will also be evaluated through focus group discussions before, immediately after and several months following the campaign to assess how well information was retained and whether it prompted couples/individuals to adopt a method. It is expected that data from Columbia University's KAP survey will also help in evaluating this activity.

## C. Family Planning Film

Progress was made towards the start-up of a Burkina family planning film. A survey letter was prepared to help the MEFSN define its film needs. It includes open and mulitiple-choice questions which ask respondents to identify priority themes and target audiences, and to suggest the type of film (documentary, drama, educational, etc.) which could be the most useful. The questionnaire will be sent to approximately 30 people--administrative as well as front-line personnel--from the Ministries of Essor Familial, Health, Education and Information.

The findings of the survey will be used by Essor Familial and health personnel to decide the form and content of the film, and to prepare a treatment or screenplay which they will be able to present to a film producer. The MEFSN expects this to be ready by the end of March 1986.

At this stage, the Centre National de Cinema (CNC), a division of the Ministry of Information, seems the most probable choice to handle the production, either directly or indirectly (the film could be subcontracted to someone outside the CNC structure). The CNC produces government information and education films and owns virtually all the production equipment in Burkina. Essor Familial has already advised the CNC it was considering production of a FP film. One problem might be the availability in the near future of the CNC's better film directors. Other private studios, such as Cinafrique, are being reviewed and are likely to be invited to submit tenders.

The JHU/PCS team left the draft of a "call for tenders" letter with the project manager. The letter covers film specifications, lists the basic production items which should be included in the bids, outlines the required steps of approval, and defines the respective responsibilities of the film producer and of the MEFSN.

## D. FP Logo

The drafts of four possible FP logos were provided by the Direction de l'Education pour la Santé et l'Assainissement (DESA) of the MOH in time for the workshop. The logos were pretested among the participants who later went to the field to conduct focus group discussions to solicit the reactions of several groups to the logos.

Recommendations and suggestions based on the findings of the pretest were then presented to the DESA illustrator who agreed to produce revised versions of the most promising logos and to also work on new designs. MEFSN public announcements asking for logo proposals from free-lance illustrators resulted in only one offer. At the time of the team's departure, the Ministry was considering re-issuing the public call for logo proposals.

While the MEFSN is committed to pretesting the logos as much as necessary in order to come up with the most relevant and comprehensible design, the final decision for the selection of national emblems rests with the Conseil National des Arts, a government body. That organization's selection criteria could not be ascertained before the team's departure.

If Essor Familial's plans go according to schedule, an acceptable logo could be available by the end of January 1986.

## E. FP Posters

Although the original plans called for the production of only two FP posters, it was agreed after discussions between Essor Familial, MOH and JHU/PCS representatives that the need for an additional poster could be rationalized and absorbed in the current budget. Recommendations of workshop participants were also considered when choosing the poster themes. The topics selected were "Choice of methods," "Happy family through FP," and "FP clinics also deal with sterility problems."

The DESA will handle the actual design of the posters under the supervision of Essor Familial. Examples of FP posters for other developing countries were provided to the DESA illustrator to help him in his creative work. It is expected the first drafts of the Burkina posters will be ready at the end of January 1986. Production will be carried out entirely in-country and the printing contract will be awarded following a call for tenders. The MEFSN is committed to a full pretesting of the posters.

## F. FP Brochures/Leaflets

The project calls for the production of two FP brochures/leaflets. The MEFSN and the MOH have agreed that the first leaflet will be designed for the non-reading public and will deal with condoms and spermicides--the most popular modern contraceptives in Burkina. The second leaflet, aimed at individuals and couples still pondering the choice of a method, will provide an overview (description, advantages, side-effects) of the different contraceptive methods currently available in Burkina, including Natural Family Planning. It is expected that this leaflet will serve as a complement to the poster "Choice of Methods," described previously, using similar artwork and printing, but presenting more information.

No date has been set yet for production of the leaflets. In view of the priority given to the start-up of other project activities, it is expected they will be produced toward the later part of the project. At this stage, the MEFSN is lukewarm to the idea of technical assistance for the print material, perhaps because it feels there is a limit to the number of outside consultants it wishes to deal with.

## V. CONCLUSIONS AND RECOMMENDATIONS

### A. Workshop Lessons Learned

1. The time and effort put into organizing field visits to complement class work is well worth it. As indicated by the final workshop evaluation, the visits proved to be an effective and enjoyable learning tool which also yielded much useful information for the overall project.

2. The JHU/PCS "Basic Processes and Principles for Population/Family Planning/Communication" usually draws much interest from workshop participants. However, it is still, for many people, a difficult subject to master in the short time allocated to it. It is thus recommended that a handout with already-prepared relevant examples of objectives/target audiences/action plans,etc. be available to participants to complement instructions. It is also suggested that the JHU/PCS "Processes and Principles" slide series be put into French.

3. Flexibility is the key to a successful workshop. Often, even with the very best planning, unexpected events come up. As such, it is important for trainers to have a clear set of objectives for the workshop so that despite possible changes in the agenda, overall program goals can still be met. Also, it is a good idea to have pertinent "filler" classes ready (such as FP slogan writing, tracing and drawing of visual aids, etc.) so that in the event of a last minute program switch (such as a film projector not arriving on time), class time can still be productive and interesting.

### B. Project Follow-up

1. The project proposal stipulates JHU/PCS will approve the work done on the film at different steps of production. To accelerate the approval process and to assist Essor Familial, which has

limited IEC capability and no experience in film projection, JHU/PCS is considering the possibility of retaining a media expert in Burkina or Africa to assist in this area. Pending agreement of all parties involved, this person, working as JHU/PCS's representative, would provide technical assistance and have the authority to give approval at some of the crucial production phases. This should help speed up production and cut down on travel costs as it would no longer be necessary for Essor Familial to wait for a US-based JHU/PCS representative to visit Burkina each time an approval is required.

2. Most of the project elements (the brochures, posters, evaluation booklets, logo) are in the design stage and some will be ready for pretesting and/or modifications by late January/February. It is thus recommended that the next JHU/PCS technical assistance/monitoring visit be made to Burkina in early February.

3. Thirty-nine of Essor Familial's 55 social educators have not yet received training in interpersonal communication. It has been recommended that, rather than staging a second workshop, those participants who were previously trained work with the other educators at their posts to help them develop skills and communication techniques. The project manager, Mme Batta, will also be assisting with this one-to-one training during her monitoring visits in the field. All 55 social educators will be receiving Population Reports on a regular basis.

## List of Contacts

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Mme OUEDRAOGO JOSEPHINE
Ministre

Mme NITIEMA OPPORTUNE
Secrétaire général

Mme FATOUMATA BATTA
Chef de la Direction de la Promotion de la Famille

Mme ALIMATA OUEDRAOGO
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Ms. LESLIE CURTIN
Health and Population Officer

APPENDIX B

## List of Participants

| NOM | POSTE | ADRESSE |
|---|---|---|
| 1. Zoundi née Nana Sylvie | Secteur 14 | Essor Familial, BP 515, Ouaga |
| 2. Guiminga Azarata | Secteur 21 | Essor Familial, BP 515, Ouaga |
| 3. Traoré Valentine A | Promotion de la Famille | Essor Familial, Bobo-Dioulasso |
| 4. Kambiré Héléne | Secteur 28 | Essor Familial, BP 515, Ouaga |
| 5. Tindano Irène | Sage-femme | BP 2996, Ouagadougou |
| 6. Guira Sauameta | Toussiana | Educatrice Sociale-Direction Provinciale de L'EFSN du Houet (Toussiana) |
| 7. Ouédraogo Cathérine | Secteur 22 | Essor Familial, BP 515, Ouaga |
| 8. Kaudo Christine | Secteur 29 | Essor Familial, BP 515, Ouaga |
| 9. Sanon Jeannette | Secteur 11 | Essor Familial, BP 268, Bobo-Dioulasso |
| 10. Balma Moïse | Secteur 5 | Essor Familial, BP 515, Ouaga |
| 11. Bamouni Delphine | infirmière | SMI Samandin Secteur 7 |
| 12. Nabollé Marie Joseph | infirmière | SMI centrale, BP 4164, Ouagadougu |
| 13. Ouedraogo Justine | Secteur 18 | BP personnelle 433 Ouagadougou |
| 14. Mme Touré Foufa | Sage-femme | Clinique Association Burkinabé pour le Bien-être Familial, BP 535, Ouagadougou |
| 15. Youl Célestine | Sage-femme | SMI Hanidalaye, BP 278, Bobo-Dioulasso. |
| 16. Nana Félicité | Educatrice Sociale | Bureau Departemental de l'Essor Familial et de la Solidarité Nationale de Houndé. (Province du Houet). |
| 17. Couldiaty Raliamatou | Secteur 19 | Essor Familial, BP 515, Ouagadougou |
| 18. Diendéré Charlotte | Province du Houet | Educatrice sociale à l'Essor Familial, Bobo Dioulasso |
| 19. Nana Kiyasa Elisabeth | Secteur 8 | Essor Familial, BP 515, Ouagadougou |

| NOM | POSTE | ADRESSE |
|---|---|---|
| 20. Tieudrébéogo Claire | Sage-femme | Sri Koko, BP 278, Bobo Dioulasso g/c du ade Treaché Séogo Boukany, Peyrissac Auto, BP 375, Ouagadougou |
| 21. Zallé Lydie | Sage-femme | SMI/CNSS, BP 215, Bobo-Dioulasso s/c Zalté Célestin , BP 356, Ouagadougou |
| 22. Koutaba Fatimata | Sage-femme | Dapoya, Ouagadougou S/C Monsieur Koutaba Michel au FEER BP 1950, Ouagadougou |
| 23. Sanné Adiza | Sage-femme d'état | Maternité Yenneuga, Ougadougou S/C Sanné Amadou SICOPAG, BP 3118, Ouagadougou |
| 24. Ouédraogo Aïna | Secteur 23 | MEF/SN, B.P. 4450, Ouagadougou |
| 25. Miloyo Clandine | Secteur 12 | MEF/SN, B.P. 4450, Ouagadougou |
| 26. Ouédraogo A-Sally | DPF | BP 1273, Ouagadougou |
| 27. Somé Célestine | DPF | MEF/SN, BP 515, Ouagadougou |
| 28. Dima Félicité | DPF | MEF/SN, BP 515, Ouagadougou |
| 29. Tiendrébéogo Valentine | SG | MEF/SN, BP 515, Ouagadougou |

Appendix C

# WORKSHOP SCHEDULE

## SEMAINE 1: ATELIER EN COMMUNICATION INTERPERSONNELLE - BURKINA FASO

| | Lundi - 14 octobre | Mardi - 15 octobre | Mercredi - 16 octobre | Jeudi - 17 octobre | Vendredi - 18 octobre |
|---|---|---|---|---|---|
| 8:00-9:30 | **Ouverture officielle:**<br>. Allocutions<br>. Présentation des encadreurs et participantes<br>. Questions administratives | (TP): Discussions en petits groupes. Les principaux obstacles au PF et les principaux arguments en faveur du PF.<br>- rapport des discussions par les chefs de groupes | (TP): L'interview de groupe. Enquête sur le terrain. Les équipes rencontrent de petits groupes représentatifs de résidants de la ville afin de discuter de questions de PF. | (TP): La campagne de communication. Chaque participante devra préparer une campagne pour son unité de travail d'ici la fin de l'atelier. | (TP): Le counselling. Certaines équipes jouent leurs cas de counselling pour le bénéfice de leurs collègues. Evaluation du travail des conseillères, discussion. |
| 9:30-10:00 | Pause | Pause | Pause | Pause | Pause |
| 10:00-11:30 | **Exposé:** La communication interpersonnelle. Aperçu général. | **Exposé:** L'interview de groupe, un moyen de connaître son auditoire et d'identifier ses besoins. Théorie et conseils pratiques. | (TP): L'interview de groupe. Les équipes analysent les données recueillies lors de leur sortie sur le terrain. Les chefs d'équipe présentent leur rapport. Discussion. | **Exposé:** Le "counselling" (ou l'entretien face-à-face dans la relation d'aide). Théorie, conseils pratiques. | (TP): Le counselling: le suivi des entrevues. Conception de fiches de référence de clients aux cliniques de PF. |
| | Repas | Repas | Repas | Repas | Repas |
| 15:00-17:30 | **Exposé:** Le planning familial/espacement des naissances au Burkina Faso. Situation actuelle.<br><br>Pause<br><br>**Travaux pratiques (TP):** "Jeu". Initiation au travail en équipe.<br><br>**"Devoirs":** dresser 2 listes:<br>. les 8 principaux obstacles au PF<br>. les 5 principaux arguments en faveur du PF | (TP): L'interview de groupe. Le rôle de l'animateur/trice. Simulation d'une entrevue de groupe avec la collaboration des participantes.<br><br>Pause<br><br>(TP): L'interview de groupe. Les participantes se divisent en équipe de travail en vue d'une enquête sur le terrain auprès de groupes de citoyens. Préparation. | **Exposé:** La campagne de communication au niveau de la clinique ou du centre de bien-être social. Notions: objectifs, publics-cible, planification, allocation des ressources, évaluation.<br><br>Pause<br><br>**Exposé:** La campagne de communication (suite). | **Exposé:** Le counselling. Théorie (suite).<br><br>Pause<br><br>TP): Le counselling. Divers cas-problèmes de counselling sont proposés aux participantes. Elles se groupent en duos et mettent en pratique la théorie en jouant des rôles de conseillères ou de clientes. | (TP): Le counselling: le suivi des entrevues (suite).<br><br>Pause<br><br>Evaluation préliminaire après une semaine d'atelier. Questionnaire.<br><br>**"Devoirs":** penser à la campagne de communication personnelle. |

# WORKSHOP SCHEDULE

## SEMAINE 2: ATELIER DE COMMUNICATION INTERPERSONNELLE - BURKINA FASO

| | Lundi - 21 octobre | Mardi - 22 octobre | Mercredi - 23 octobre | Jeudi - 24 octobre | Vendredi - 25 octobre |
|---|---|---|---|---|---|
| 8:00-9:30 | Exposé: "Conférences, causeries, présentations: l'art de parler avec des groupes." Concepts de base, conseils pratiques. | (TP): Travail sur le terrain. Certaines participantes prononcent des causeries devant de véritables auditoires (clients des cliniques, étudiants etc). Leurs collègues observent. | (TP): Les participantes préparent des supports pédagogiques (affiches,etc). Un matériel d'artiste est mis à leur disposition. | (TP): Le prétest. Enquête sur le terrain. Les participantes se constituent en équipes et rencontrent des petits groupes de citoyens afin qu'ils évaluent les logos de PF. | (TP): La campagne de communication. Certaines participantes présentent leurs campagnes personnelles. Discussion. |
| 9:30-10:00 | Pause | Pause | Pause | Pause | Pause |
| 10:00-11:30 | Exposé: L'art de parler avec des groupes (suite). Comment illustrer ses causeries. L'utilisation des supports visuels, etc. | (TP): L'art de parler avec des groupes. Les "observatrices" donnent leurs impressions et évaluations des conférencières et des publics. Discussion. | (TP): Les participantes présentent leurs ébauches de support pédagogique. Discussion, critique, évaluation. | (TP): Le prétest. Les équipes analysent les informations recueillies sur le terrain. | (TP): Discussion des campagnes de communication personnelle (suite). |
| | Repas | Repas | Repas | Repas | Repas |
| 15:00-17:30 | (TP): L'art de parler avec des groupes. Certaines participantes prononcent une brève causerie sur un thème de PF à l'intention de leurs collègues. Evaluation, discussion.<br>Pause<br>(TP): Les participantes se divisent en équipes et préparent des causeries que leurs déléguées prononceront devant de véritables auditoires. | (TP): Les supports visuels. Présentation d'affiches sur le PF de différents pays à travers le monde. Appréciation, discussion évaluation.<br>Pause<br>Exposé: "Préparer ses propres supports visuels". | Exposé: "Les véritables critiques: les publics-cible." Initiation au prétest. Théorie, principes, différentes méthodes. Préparation en vue d'une sortie sur le terrain.<br>(Pendant la durée de l'atelier, des illustrateurs professionnels auront dessinés des esquisses de logos de PF que les participantes vont maintenant soumettre au prétest. | (TP): Le prétest. Les équipes font part des conclusions qui se dégagent de leur rencontre avec le public. Discussion.<br>Pause<br>(TP): La campagne de communication. Les participantes terminent la préparation de leurs campagnes individuelles. Les encadreurs sont à leur disposition. | Exposé: "Le changement prend du temps." Le processus d'adoption des idées.<br>Pause<br>Evaluation finale de l'atelier par les participantes. Questionnaire.<br>Synthèse et conclusions.<br>Clôture du séminaire. |

(Translation of Appendix C)

## WORKSHOP SCHEDULE

### WEEK ONE: WORKSHOP ON INTERPERSONAL COMMUNICATION - BURKINA FASO

| | Monday - October 14 | Tuesday - October 15 | Wednesday - October 16 | Thursday - October 17 | Friday - October 18 |
|---|---|---|---|---|---|
| 8:00-9:30 | Official Opening:<br>▫ Short speeches<br>▫ Introduction of workshop organizers and participants. | Practical Work (PW): Small group discussions. Principle obstacles to FP and arguments in favor of FP.<br>-Report on the discussions by the leaders of the groups. | (PW): Group Interview. Field Survey. The groups meet with small representative residential groups in order to discuss questions about FP. | (PW): Communication Project. Each participant must prepare an outline of his work from here to the end of the workshop. | (PW): Counseling. Certain groups act out their counseling cases for the benefit of their colleagues. Evaluation of the counselor's work. Discussion. |
| 9:30-10:00 | Break | Break | Break | Break | Break |
| 10:00-11:30 | Lecture: Interpersonal communication. A brief overview. | Lecture: Group Interview- a method to become familiar with the listener and to identify his needs. Theory and practical advice. | (PW): Group Interview. The groups discuss the collective results of their field expedition. The leaders of the group present their report. Discussion. | Lecture: Counseling (or "Meeting Face-to-Face to Give Counsel"). Theory, practical advice. | (PW): Counseling: following up the meetings. Ideas for FP clinical reference logos. |
| | Lunch | Lunch | Lunch | Lunch | Lunch |
| 15:00-17:30 | Lecture: Family Planning/ Child Spacing in Burkina Faso. The actual situation. | (PW): Group Interview. The role of the organizer. Simulation of a group discussion with participant contribution. | Lecture: The communication project at the level of the clinic or Social Health Center. Topics: objectives, target audience, resource allocation, evaluation. | Lecture: Counseling. Theory. | (PW): Counseling: follow-up on meetings. |
| | Break | Break | Break | Break | Break |
| | (PW): "Game." Initiation to work in groups.<br>"Homework": Make 2 lists:<br>▫ 8 principle obstacles to FP<br>▫ 5 principle arguments in favor of FP | (PW): Group Interview. The participants split into working groups in order to develop a field survey of citizen groups. | Lecture: Communication Project. | (PW): Counseling. Diverse case examples are proposed to participants. They group into twos and put the theory into practice with one playing the part of the counselor and one the part of the client, and vice versa. | Preliminary Evaluation after the first week of the workshop. Questionnaire. |

# WORKSHOP SCHEDULE

## WEEK TWO: WORKSHOP ON INTERPERSONAL COMMUNICATION - BURKINA FASO

| | Monday - October 21 | Tuesday - October 22 | Wednesday - October 23 | Thursday - October 24 | Friday - October 25 |
|---|---|---|---|---|---|
| 8:00-9:30 | Lecture: Meetings, "Conversations, presentations, the art of talking with groups. Basic concepts, practical advice. | (PW): Field work. Certain participants present their speeches before real listeners (clinic clients, students, etc.) Their colleagues observe. | (PW): The participants prepare educational aids (posters, etc.) Artist material is made available to the participants. | (PW): The Pretest. Field Survey. The participants divide into groups and meet with small groups of citizens so that they can evaluate the logo. | (PW): Communication Project. Certain participants present their personal communication projects. Discussion. |
| 9:30-10:00 | Break | Break | Break | Break | Break |
| 10:00-11:30 | Lecture: The art of talking in groups. How to illustrate conversations. Use of visual aids, etc. | (PW): The art of talking to groups. The observers give their impressions and evaluations of the counselors and public. | (PW): The participants present their outline for educational support. Discussion, criticism, evaluation. | (PW): Pretesting. The groups analyze the information collected in the field. | (PW): Discussion of personal communication projects. |
| | Lunch | Lunch | Lunch | Lunch | Lunch |
| 15:00-17:30 | (PW): The art of talking to groups. Certain participants have a brief discussion on an FP theme for their colleagues. | (PW): Visual aids. Presentation of posters on FP of different countries from all over the world. Appraisal, discussion, evaluation. | Lecture: "The Real Critics: The Target Audience". Orientation to pretesting. Theory, principles, different methods. Preparation with a field expedition in mind. | (PW): The Pretest. The groups take part in drawing conclusions from their encounter with the public. Discussion. | Lecture: "Change Takes Time". The process of adopting ideas. |
| | Break | Break | Break | Break | Break |
| | (PW): The participants divide into groups and prepare speeches that the participants present to actual listeners. | Lecture: "Prepare your own visual aids" | (Throughout the duration of the workshop, professional illustrators have drawn drafts of FP logos which the participants will now pretest.) | (PW): Communication Project. The participants end the preparation for their individual projects. The organizers are at their disposal. | Final Evaluation of the workshop by the participants. Questionnaire.<br><br>Synthesis and conclusions.<br><br>Closing of the Workshop. |

# LIST OF HANDOUTS FOR BURKINA FASO INTERPERSONAL COMMUNICATION WORKSHOP

- Anon., Le Graphique, le Flanellographe, le Pagivolte, l'Affiche, le Bulletin mural (series of mimeographed sheets)
- Jane Bertrand, Le pré-test, University of Chicago
- Folch-Lyon & Trost, L'interview de groupe, Studies in Family Planning
- Facteurs de la communication en planification familiale (adaptation d'une publication miméographiée du Dr. Gérard Winfield)
- Guide pratique en matière de planning familial, Office National de la Famille et de la Population de Tunisie
- Infirmier, comment bâtir la santé (excerpts), Bureau d'Etudes et de Recherches pour la Promotion de la Santé, Zaire
- Roger Mucchielli, L'entretien de face à face dans la relation d'aide, Editions ESF
- Roger Mucchielli, L'interview de groupe, Editions ESF
- Mécanismes et principes de base de communications en matière de Population/Planning Familial (booklet and poster), Population Communication Services/Johns Hopkins University
- Population Reports, Population Information Program, The Johns Hopkins University:
  - a) Les contraceptifs oraux
  - b) La continence périodique
  - c) Programmes de planning familial, January 1981
  - d) Programmes de planning familial, August 1982
  - e) L'allaitement au sein, la fécondité et le planning familial
  - f) La santé et le planning familial à base communautaire
  - g) Loi et Politique
  - h) Les dispositifs intra-utérins
  - i) Problèmes mondiaux de santé
  - j) La stérilization masculine
- Rapport sur le Développement dans le Monde , 1984, (excerpts), Banque Mondiale

APPENDIX E

(Plan of Action for Family Planning Activities in Burkina Faso)

# PLAN D'ACTION EN MATIERE DE PLANIFICATION FAMILIALE AU BURKINA FASO

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## INTRODUCTION

Toute politique de développement socio-économique ne saurait être efficace sans une maîtrise des variables démographiques. Sans cautionner la thèse qui voudrait que la surpopulation soit la seule cause de diminution des ressources disponibles : nous ne devons pas perdre de vue, l'interdépendance entre la population, les ressources, l'environnement et le développement.

La reproduction dans notre société était considérée comme un moyen de production de la force de travail, ce qui correspondait du reste à un mode de production d'une époque donnée.

Les transformations socio-économiques intervenues ont entraîné un bouleversement. une détérioration des relations familiales.

La multiplication du nombre de bras n'est plus liée au besoin d'augmenter la production mais engendrent plutôt de multiples problèmes sociaux.

Ainsi, nos efforts doivent tendre, non seulement à l'augmentation des ressources humaines mais surtout à l'amélioration de la qualité de celles-ci. La planification familiale en tant que composante de l'éducation en matière de population et du bien-être social peut y contribuer.

Le C.N.R. dans sa lutte pour l'instauration d'une justice sociale, fait de la planification familiale une arme de plus pour cette lutte.

"De ce fait, la politique actuelle en matière de planification familiale devra viser la conscientisation des masses populaires face aux problèmes de la procréation et de la sexualité familiale et individuelle. Pour ce faire, nous devons libérer les masses populaires des idéologies obscurantistes qui empêchent l'homme ou la femme, la jeune fille ou le jeune homme d'assumer leur sexualité avec responsabilité et clairvoyance".

./...

## I. OBJECTIFS SPECIFIQUES

Les objectifs spécifiques que vise notre plan d'action en matière de planification familiale sont les suivants :

### 1/- A court terme

1.1 - Reviser la Loi de 1920 sur l'interdiction de la vente et de la propagande autour des moyens de contraception ;

1.2 - Integrer la planification familiale dans toutes les structures sanitaires ;

1.3 - Former du personnel social en matière de méthodes de sensibilisation et du personnel médical en matière de prestation de service ;

1.4 - Diffuser les méthodes contraceptives appropriées ;

1.5.- Mettre en application un programme d'éducation sexuelle dans les établissements scolaires.

### 2 - A Moyen terme

2.1 - Multiplier les formations sanitaires pour la protection maternelle et infantile et faciliter l'accès de toute la population à l'information et aux méthodes contraceptives appropriées.

2.2 - Amener notre peuple (Hommes Femmes et Jeunes) à comprendre l'interaction entre population et développement et les bienfaits de la planification familiale comme un moyen de lutte contre la mortalité infantile et maternelle, la malnutrition, les avortements clandestins, la délinquance, le chomage.

2.3 - Informer, sensibiliser, conscientiser tout Burkinabè au fait qu'une famille planifiée favorise une meilleure condition de vie à tous ses membres sur le plan sanitaire, éducatif et affectif et permet un développement global qualitatif de l'enfant.

2.4 - Permettre une plus grande disponibilité aux femmes afin qu'elles puissent être des participantes impliquées dans le développement socio-économique de notre pays ; ainsi leur rôle de mères conscientes ne doit pas être en contradiction avec les autres fonctions qu'elles doivent assumer dans la société.

2.5 - Former et informer nos jeunes afin qu'ils assument leur sexualité avec responsabilité et clairvoyance.

2.6 - Conscientiser, impliquer, responsabiliser spécialement les hommes dans le processus d'application de la politique nationale en matière de planification familiale.

2.7 - Assurer la lutte contre la stérilité, étant donné que l'enfant est une composante essentielle du bien-être de la famille.

## II. METHODES D'APPROCHE

### A - Le Secteur Formel

Le secteur formel est constitué de personnes fréquentant les écoles, collèges : lycées, centres d'apprentissage, écoles professionnelles, université. Ce public constitué en majorité de jeunes est l'un des plus vulnérables dans le domaine sexuel. Son inexpérience, le manque d'information juste, la recherche du sensationnel, la concentration en sont les causes.

Il est donc nécessaire qu'une attention toute particulière lui soit accordée, notamment dans le domaine de l'information, la sensibilisation et de l'éducation en matière de planification familiale. Pour ce faire, il convient de mener des actions ayant des objectifs précis en leur direction.

Les objectifs spécifiques en matière de planification familiale à leur endroit en ce qui concerne l'information, la sensibilisation et l'éducation seraient :

de répondre de façon adaptée, exacte et complète au désir de savoir des jeunes afin de les amener à mieux connaître leur corps et à comprendre les manifestations dûes à la maturation de leurs organes.

d'aider les jeunes à prendre connaissance des éventuelles conséquences néfastes d'une pratique sexuelle précoce et sans précaution.

d'expliquer aux jeunes l'existence de méthodes naturelles et modernes de contraception afin qu'ils puissent faire face à d'éventuelles défaillances de toute pratique sexuelle précoce.

d'exposer les dangers des maladies sexuellement transmissibles et d'enrayer toute fausse honte sur les maladies dans le but d'amener les jeunes à se faire soigner le cas échéant.

de développer chez les jeunes l'amour sentiment, le respect de l'autre dans les relations garçons - filles.

d'aider les jeunes à assumer leur futur rôle de parents responsables.

L'information, la sensibilisation et l'éducation sont les moyens d'action à utiliser pour atteindre ces objectifs. L'information et la sensibilisation constituent la première phase de ce processus et l'éducation la seconde.

Il est bien entendu que les thèmes à développer seront inspirés des objectifs ci-dessus cités.

Il sera fait appel pour l'information, la sensibilisation et l'éducation, à des conférences, exposés-débats, cours, théâtres, émissions radio diffusées, bibliothèques, moyens audio-visuels.

B - Le Secteur Informel

Le secteur informel regroupe l'ensemble des personnes ayant différents modes de vie. C'est un groupe non structuré constitué de populations urbaine et rurale.

Selon le milieu de vie et le degré d'instruction l'appréhension des problèmes liés à la planification familiale diffère. Ces facteurs prédisposent les uns à l'accepter, les autres à être indifférents et certains à la rejeter. Cependant quelle que soit la position de chacun, il n'en demeure pas moins vrai que le problème de planification familiale reste posé.

Il conviendrait donc de mener des actions d'information, de sensibilisation et d'éducation sur la planification familiale à l'adresse de ces différents types de public.

Pour une meilleure efficacité de ces actions, les critères de milieux de vie, d'instruction et d'âge sont à prendre en compte.

1 - Le milieu urbain

a) - Les lettrés :

L'on a constaté que les adultes lettrés qui résident essentiellement dans les villes du Burkina sont généralement réticents aux méthodes modernes de contraception. Les raisons en sont les suivantes :

- Mauvaise information sur la planification familiale et les méthodes contraceptives modernes
- Jalousie de l'époux qui pense que cela favorise l'infidélité de sa femme
- Méconnaissance des contraceptifs et de leurs effets.

Les moyens préconisés en vue d'informer, sensibiliser et éduquer ce groupe sont : les mass-médias, bibliothèque, séminaires, ateliers, conférences, tables-rondes. Il faudrait veiller à intégrer les Hommes dans le processus de cette sensibilisation.

b)- Le milieu illettré en ville

La quasi totalité des gens de ce milieu ignore l'existence des méthodes contraceptives modernes. Mais il n'en demeure pas moins que les problèmes de planification familiale se posent avec acuité à leur niveau.

Les moyens d'information, de sensibilisation et d'éducation à préconiser pour ce groupe sont : les causeries en langue nationale, les émissions radio-diffusées, les projections de films suivies de débats, les théâtres et flanelographes.

Selon le milieu, l'animateur peut dissocier les femmes des hommes, mais il devra tendre à les amener à discuter ensemble.

2 - Le milieu rural

C'est l'ensemble du monde paysan.

Dans ce milieu, l'information, la sensibilisation et l'éducation sur la planification familiale doivent être portées aux hommes et aux femmes. Les moyens préconisés seront les mêmes que ceux utilisés en milieu illettré en ville.



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## III. MOYENS D'ACTION

### A - Prestations de service

#### 1 - En milieu urbain

Toutes les prestations de service doivent être intégrées dans les diverses formations sanitaires habilitées à le faire (maternités, c . hôpitaux, centres de santé maternelle et infantile, cliniques des associations privées).

#### 2 - En milieu rural

La promotion de la santé de la mère et de l'enfant passe par la résolution des problèmes prioritaires tels que l'approvisionnement en eau potable et en médicaments de première nécessité avant d'entreprendre la prescription des contraceptifs. Ceci, constituera une stratégie pour mieux atteindre cette couche de la population.

Les accoucheuses villageoises et auxilliaires devraient bénéficier d'une formation en planification familiale notamment l'enseignement des méthodes naturelles.

Les pharmacies villageoises devraient être dotées de contraceptifs non prescriptibles. Les formations sanitaires existantes en l'occurence les maternités constitueront un centre de référence.

D'une façon générale, les prestations de service devraient comporter progressivement, outre la contraception :

- la consultation prénuptiale
- la consultation prénatale
- la surveillance des grossesses à hauts risques
- la création d'un lien entre le service social et les familles de jeunes filles enceintes des établissements scolaires pour faire accepter les enfants issus d'une grossesse non désirée et faciliter leur réintégration dans leur famille.

- La mise en place d'un service social dans les établissements scolaires chaque fois que le Ministère de l'Education Nationale en ferait la demande.

- L'intégration systématique d'un cours sur les méthodes contraceptives naturelles et modernes dans les programmes d'enseignement.

Un renforcement des programmes de lutte contre les maladies sexuellement transmissibles par une conscientisation des prescriptions, du personnel des officines et des malades afin d'aboutir à un traitement correct pour éviter les séquelles et les rechutes.

- la lutte contre la stérilité :

En 1984, à la maternité de l'Hôpital YALGADO, sur 7.200 consultantes, 2.424 femmes avaient des problèmes de stérilité soit 31 %, 74 % de celles-ci étaient victimes d'une stérilité secondaire, due à des infections génitales survenues à la suite d'accouchements ou d'avortements provoqués.

Ces chiffres sont éloquents pour nécessiter la mise en place de structures spécialisées dans l'exploration et le traitement de la stérilité.

B - Les moyens

1 - Les moyens disponibles :

- Ministère de l'Education Nationale

Le projet d'éducation en matière de population s'occupe déjà d'une partie de l'enseignement secondaire et couvrira l'ensemble de cette couche progressivement. Il dispose à cet effet, de personnel qualifié et des moyens qui lui sont promis.

Aussi, il pourra aider à la mise en place de projet analogue dans le secteur informel. L'enseignement primaire n'est pas encore concerné. Quant à l'enseignement supérieur, le Ministère de la Santé Publique pourra intervenir de façon ponctuelle par la tenue de conférences et de projection de films, suivis de débat en collaboration avec le service social de l'Université déjà en place.

- Ministère de la Santé Publique

Les prestations de service en planification familiale sont effectuées dans les centres de santé maternelle et infantile de Ouagadougou et de Bobo-Dioulasso, de même que dans la clinique des sages-femmes à Ouagadougou. Il est prévu l'ouverture de trois centres par an.

Des médecins et des sages-femmes en la matière dispenseront les services.

Association Burkinabè pour le Bien-Etre Familial.

Elle procure des contraceptifs à tout organe demandeur et dispose d'un personnel qualifié pour la prestation de service à la population.

- Association pour la Promotion Familiale

Elle intervient en enseignant les méthodes naturelles.

2 - Les moyens à rechercher

Les différents organes ministériels et associations interviennent de façon dispercée sur le territoire national. Dorénavant, les efforts devraient être conjugués afin que la sensibilisation et les prestations de service se complètent. Ainsi, le personnel médical, paramédical et travailleurs sociaux disponible devrait bénéficier d'une formation spécialisée en planification familiale et disposer de laboratoires d'analyses médicales, d'un équipement médical adéquat et de matériel de sensibilisation (ex : films) pour mener à bien leurs tâches.

Parallèlement, des études devraient être menées pour recenser les méthodes traditionnelles efficaces afin de donner un plus grand choix à la population.

En milieu rural, particulièrement, les formations sanitaires sont insuffisantes, presqu'inexistantes dans certaines localités et mal équipées. La construction et l'équipement d'un plus grand nombre s'avère un impératif.

Les différents départements ministériels et associations oeuvrant dans le cadre de la planification familiale devraient déployer tous leurs efforts y compris la recherche de moyens financiers pour poursuivre l'action entreprise.

Le Gouvernement Burkinabè devrait subventionner les contraceptifs afin de les rendre accessibles à la majorité de la population.

IV. MESURES LEGISLATIVES :

Le texte en vigueur est la Loi de 1920 dont l'additif est l'Ordonnance N°70/68/bis/PRES/ESP/AS du 28 Décembre 1970 portant Code de Santé Publique et interdisant d'une manière absolue l'avortement et la diffusion des contraceptifs.

Vu l'aspect colonial de cette Loi et son inadaptation aux réalités nationales à savoir les avortements clandestins pratiqués et leurs conséquences telles que le décès des femmes, la stérilité, les avortements à répétition, les grossesses extra-utérines, la malnutrition maternelle, foetale et néonatale et les autres carences ainsi que la demande croissante en prestations de service de planification familiale de la population ; et face à la nouvelle orientation politique du Burkina Faso pour assurer le bien-être familial, la révision de ce texte devient un impératif. L'objectif étant d'une part : l'ouverture d'un débat national légal sur la nécessité de la planification familiale et d'autre part la mise en application de cette politique.

Dans le cadre d'une nouvelle règlementation, il convient de prendre les mesures suivantes :

1°- Dissocier l'interdiction de l'avortement de celle de la contraception étant donné que l'avortement n'est pas un moyen de contraception mais un échec de celle-ci.

2°- Règlementer la prescription et la vente des contraceptifs afin d'éviter l'auto-médication, l'utilisation et la vente abusive des contraceptifs. Aussi :

- Seuls les centres de santé et de promotion sociale, les pharmacies sous présentation de prescription médicale pour les contraceptifs concernés, les cliniques privées ou publiques, les pharmacies villageoises pour les contraceptifs n'exigeant pas une ordonnance devraient être habilités à donner ou à vendre les contra ceptifs.

- Seul le personnel de santé tels que les médecins, les sages-femmes et les infirmiers ayant reçu une formation technique en matière de planification familiale devrait être habilité à délivrer ces ordonnances.

- Toute personne utilisant un des moyens contraceptifs modernes doit être au préalable soumise à un examen gynécologique, biologique et clinique , et faire l'objet d'un suivi médical.

Parallèlement à ces mesures législatives, il revient aux services concernés de concrétiser les actions suivantes :

- l'application effective de la Loi règlementant la fréquentation des mineurs des salles de cinéma.

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La censure des articles de presse portant une information erronée des avantages et des inconvénients de certains produits contraceptifs

Le contrôle réel des pharmacies

Des sanctions sévères à infliger à l'encontre de tous ceux qui font des avortements clandestins et dangereux.

En conclusion, le ministère de l'Essor Familial et de la Solidarité Nationale assurera la coordination de toutes les actions des services gouvernementaux et non gouvernementaux à travers une concertation constante pour le respect de la politique du Conseil National de la Révolution en matière de planification familiale.

LA PATRIE OU LA MORT, NOUS VAINCRONS !

LES PARTICIPANTS AUX JOURNEES DE CONCERTATION
DU 14 AU 15 FEVRIER 1985 -