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INTRAH

Trip Report

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Country Visited: REPUBLIC OF BURUNDI

Date of Trip: 15 - 26 July 1985

Purpose: Assessment of training needs for paramedical personnel of the Ministry of Public Health in the area of family health and especially for family planning activities.

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TABLE OF CONTENTS

	<u>PAGE</u>
ACKNOWLEDGEMENTS	
LIST OF ABBREVIATIONS	
I. EXECUTIVE SUMMARY.....	i
II. SCHEDULE DURING THE VISIT.....	ii
III. OBJECTIVES OF THE VISIT.....	1
IV. BACKGROUND INFORMATION.....	2
V. DESCRIPTION OF ACTIVITIES AND WORK ACCOMPLISHED DURING THE ASSIGNMENT.....	4
VI. FINDINGS.....	16
VII. RECOMMENDATIONS.....	21
VIII. CONCLUSION.....	25
BIBLIOGRAPHY.....	27

APPENDICES

- A. PERSONS CONTACTED
- B. FAMILY PLANNING AND DEMOGRAPHIC CONTROL POLICY
- *C. HEALTH POLICY AND PUBLIC HEALTH
- D. DEMOGRAPHIC DATA ABOUT BURUNDI
- E. ORGANIZATIONAL CHART OF THE MINISTRY OF PUBLIC HEALTH

(CONTINUED)

*F. UNICEF:

1. ACTION PLAN FOR A HEALTH PROGRAM IN BURUNDI, 1983-85
2. REVIEW AND ANALYSIS OF THE HEALTH PROGRAM, 1983-85

*G. PRE-TEST OF SHORT TRAINING CYCLES FOR MEDICAL PERSONNEL, MOPH, IN THE AREA OF FAMILY PLANNING

H. MOPH FORMS FOR "DESIRABLE BIRTHS" COUNSELLING

I. VARIOUS MOPH FORMS FOR MCH/FP COUNSELLING

J. LIST OF JHPIEGO REFERENCE MATERIALS IN FRENCH

K. MOPH PERSONNEL TRAINED BY JHPIEGO

*L. FOUR (4) INFORMATIONAL WORKING DOCUMENTS USED PROVISIONALLY BY THE MOPH

M. CARITAS INFORMATION SHEETS: MATERIALS FOR HEALTH PROMOTION

**N. CARITAS INFORMATION SHEETS: PICTURE BOXES

**O. INADES DOCUMENTS: RURAL ANIMATION

*ON FILE WITH INTRAH PROGRAM MANAGEMENT OFFICE

**ON FILE WITH INTRAH TECHNICAL SERVICES OFFICE

ACKNOWLEDGEMENTS

The team wishes to express its thanks to the authorities at the Ministry of Public Health who facilitated its work and organized an interesting and diversified program. The personnel of the agencies, institutions, and departments we visited very graciously gave us their cooperation, by providing explanations and exchanging points of view.

Finally, the USAID staff spared no effort to make our work fruitful and pleasant.

We extend our sincere thanks to all those who contributed directly and indirectly to the unimpeded accomplishment of this assignment.

ABBREVIATIONS

FH:	Family Health
FP:	Family Planning
INTRAH:	Program for International Training in Health
IUD:	Intrauterine Device
MCH:	Maternal/Child Health
MOPH:	Ministry of Public Health
NFP:	Natural Family Planning
PH:	Public Health
UNFPA:	United Nations Fund for Population Activities
UNICEF:	United Nations International Children's Emergency Fund
UPRONA:	Union for National Progress (Union pour le Progrès National)
WHO:	World Health Organization

I. EXECUTIVE SUMMARY

During the period 15-26 July 1985, Mr. James Herrington, INTRAH Program Officer, and Dr. Yolande Mousseau-Gershman, INTRAH consultant, worked with the Ministry of Public Health of Burundi in order to assess training needs of the paramedical personnel engaged in family health activities, and, more particularly, in family planning projects.

Field visits and interviews were organized; these were supplemented by the reading of official documents, as well as studies and trip reports by other consultants. The addition of a JHPIEGO representative for one week enabled the team members to exchange points of view and to coordinate, to a certain extent, work to be undertaken in Burundi in the future.

Working meetings were held with USAID representatives. In addition, informational meetings were held with the Dean of the Medical School and representatives of UNFPA, WHO, and UNICEF.

At the end of the visit, working meetings were held with representatives of the Ministry of Public Health in order to present the results of the visit, and discuss the training needs the team evaluated and the proposed recommendations. In addition, discussions of the steps needed to implement this program were begun.

Saturday,
20 July 1985: Meeting at the United Nations Fund for
Population Activities (UNFPA):
--Dr. Gaston LEGRAIN, Director
--Discussion of data collected by the team.

Sunday,
21 July 1985: Preparation of outline of the report.

Monday,
22 July 1985: Meetings with: Representatives of Commercial
Bank of Burundi
A private pharmacist
(SOPHABU)
Consultant with the German
Mission (GTZ)
An administrative consulting
firm (INTERCONTACT).

Tuesday,
23 July 1985: Meetings with: A certified public
accountant, Mr. Gamal RUSHDY
MOPH Inspector-General,
Dr. MPITABAKANA
CARITAS: Sister Jeanne
CHANEL
INADES: Mrs. Catherine
BUYOYA.

Wednesday,
24 July 1985: Meetings with: UNICEF: Mr. Yves FAUGERE
U.S. Embassy Health Unit:
Mrs. Cicèle AKKERHUES, R.N.
MOPH Dr. Cassien NDIKUMANA,
Director-General of Public
Health
Mr. Andrew AGLE, Director,
CCCD.

Thursday,
25 July 1985:

Meetings with:

WHO Representative:
Mr. Damion AGBOTON

American Embassy: Mr. Joe
WILSON, Chargé d'Affaires

School of Medicine:
Dr. (Prof.) ENDABANEZE, Dean

Peace Corps: Mrs. Mona
MILLER and volunteers

Bank of the Republic of
Burundi: Mr. MURAMIRA,
Head of the Financial
Department.

Friday,
26 July 1985:

Final meeting with Mr. George BLISS and
Mr. Michael SULLIVAN, USAID

Departure from Burundi.

III. OBJECTIVES OF THE VISIT

- A. Assessment of training needs for paramedical personnel working for the Ministry of Public Health (MOPH).
- B. Identification and evaluation of health services in the area of family planning.
- C. Identification and evaluation of training and refresher programs for personnel working in the paramedical training curriculum services.
- D. Inventory of national organizations (e.g., MOPH, Association for Family Welfare, religious missions) which presently participate in FP programs and which might work with INTRAH in the planning and implementation of FP training programs.
- E. Inventory of international organizations which contribute towards FP programs.
- F. List of resource-persons in Burundi who would be likely to work cooperatively in a training program.
- G. Identification and assessment of mechanisms available in Burundi for the transfer of INTRAH funds to be used for the implementation of program activities.

IV. BACKGROUND INFORMATION

The Government of the Republic of Burundi is conscious of the problem of rapid demographic growth in the country. The 1979 census revealed that Burundi has a population of approximately 4.1 million inhabitants, with an average density of 155 inhabitants/km². As of January 1984, the population was estimated to be 4,515,000. The birth rate is 4.3%, and the death rate 2.1%, with a natural growth rate of 2.7%; these figures indicate that Burundi is heading towards a population explosion.

In the recent past, the political party heading the Burundi Government (the Union for National Progress--UPRONA) has become increasingly aware of, and concerned by, the consequences of rapid population growth. In 1982, a RAPID presentation was given for the Government. In July 1983, the Government published its family planning and population control policy. In brief, each ministry was assigned a specific function related to the diffusion of family planning information among the population groups it serves. In addition, this policy strongly recommended to Burundi families the practice of child-spacing and of limiting the number of children they produce. Provision was also made for the education of adolescents in family planning. FP services form an integral part of health services, and especially of MCH activities.

As a result of governmental policy, a program for the implementation of four major points has been established:

1. Expansion of family planning services for the entire country;
2. Decentralization of health services and the training of quantitatively-qualitatively-skilled personnel in family planning;

3. Distribution of contraceptive techniques and the stocking of materials required for contraception, for the purpose of responding to the needs of the people;
4. A program of awareness-raising, information, and communication, administered by the party, for the purpose of motivating the population in the areas of family life, family health, and sex education.

In 1984, the UPRONA Party instituted an awareness-raising campaign among the people, which stressed the importance of family planning. In spite of this effort, the number of health services that offer family planning is limited; nevertheless, the Government is continuing its FP popularization campaign.

One of the first seminars for high-level personnel was held in 1983 in Bujumbura. In November 1984, the Government, supported by UNFPA, organized week-long seminars in the provinces of Muramvya, Gitega, Ngozi, and Kayanza for health professionals and officials of various ministries engaged in promotion of FP.

In addition, in 1984, JHPIEGO and Columbia University proposed FP projects (training courses for doctors and applied research) that would involve the School of Medicine, the Department of OB/GYN, and the Ministry of Public Health. However, these two projects were not implemented because of lack of Government approval.

Officials from USAID and the CDC in Atlanta are in the final stages of the organization of a project for combatting childhood communicable disease in Burundi (CCCD). This project will be inaugurated at the end of 1985 and will be carried out in collaboration with the MOPH; it will take four years to complete, with a total budget of \$1,057,000 U.S. The CCCD Project will address diarrheal diseases, malaria, vaccinations, and health education.

Lastly, in 1984 the CARITAS Program prepared a proposal for a natural family planning project in cooperation with the International Federation for Family Life Promotion (IFFLP). The present status of the CARITAS project proposal is not clear, since AID/Washington does not now have funds available for support of this type of program (this according to the CARITAS director). A request has been submitted to PATHFINDER for preparation of educational materials on the different contraceptive methods, including NFP, but to date CARITAS has not had an answer from PATHFINDER.

V. DESCRIPTION OF ACTIVITIES AND WORK ACCOMPLISHED DURING THE ASSIGNMENT

On the basis of visits, interviews, and the reading of documents during the mission, the work accomplished by the INTRAH team may be summarized in the following manner:

- A. The team members were able to read the health policy on public health (text of 15-16 June 1982) and on family planning and demographic control (text of 11-12 July 1983) as proposed by the UPRONA Party Central Committee. There are very clear and precise directives concerning the Party's commitment to family planning (Appendices A and B).
- B. Inventory of services made available to the population:
 1. UNFPA initiated FP activities in cooperation with the Head of the Pediatrics Service (Prof. VIS) of the Free University of Brussels. Coordination is shared closely by

the Head of the UNFPA project, Dr. Gaston LEGRAIN, and the Ministry of Public Health. A Burundian counterpart, Dr. SERVZINGO, has recently been assigned to the project.

2. The FOREAMI Community Center in Bujumbura offers to the local population MCH services which include FP. This center serves also as an arena for field training for the different categories included in the health team. The training normally lasts one month.
3. On the provincial level and under the aegis of UNFPA and the Ministry of Public Health, FP activities have taken place in the provinces of Muramvya since 1983, Ngozi and Kayanza since 1984, and Gitega since 1985. These activities are integrated into MCH services. Since the FP activities have only recently been inaugurated, national officials and persons met in the field have expressed the need for complementary training, theoretical as well as practical, in order to offer better-quality services to the population groups served, since the initial training lasted only five days.
4. In the "certified" centers (Catholic missions, private dispensaries) only natural contraceptive methods are provided; sometimes personnel hesitate to provide complementary information about artificial methods available in Burundi. The party policy urges that information about all contraceptive methods be provided to the target population groups.

5. In the Gitega, Ngozi and Bujumbura provincial hospitals, FP services are offered, particularly IUD insertions. Tubal ligation is a service which is not yet commonly requested and which is available on a very limited basis.

According to Dr. MPITABAKANA, 40% of deliveries are performed at home by traditional birth attendants.

C. Enumeration and evaluation of training offered in the paramedical training schools and of continuing training for health personnel:

There are three major schools for the training of paramedical workers in Burundi (Table 1, page 8).

Workers who have successfully completed their studies are assigned by the Ministry of the Interior according to personnel needs expressed by the Ministry of Public Health.

These schools, which are under the direction of the MOPH, are responsible for the training of paramedical workers for the entire country. The Gitega school trains medical technicians and nurse auxiliaries. The technicians receive more rigorous training in science than the nurse auxiliaries and participate in additional training courses. Training and practice in MCH are the same for the two categories of workers.

It has been suggested that, in the near future, the MOPH will train a single category of personnel--"nurse"--which will include medical technicians and nurse auxiliaries.

The heading "MCH" does exist in the curriculum; however, during the interviews it was stated that the teaching includes approximately two hours of FP theory and that the month-long field training at the FOREAMI Community Center enables students to observe FP activities and to develop some practical skills. However, during training at Gitega, FP is an elective available for each student and is, therefore, optional.

TABLE 1: Schools for Training Paramedical Health Personnel by Location, Type, Length of Study, Emphasis, and Number of Graduates in 1984-85.

SCHOOL	LOCATION	WORKERS TRAINED	LENGTH OF STUDY	EMPHASIS	NUMBER (1984-85)
1. Medical Technicians	Gitega	Medical Technicians	4 Years	Preventive Medicine	35
2. Auxiliary Nurses	Gitega	Auxiliary Nurses	3 Years	Curative Medicine	43
3. Hygiene	Bujumbura	a. Hygiene Technicians	4 Years	Preventive Hygiene	(?)
		b. Hygiene Assistants	3 Years	General Hygiene	(?)

As regards continuing training in FP, UNFPA organized a week-long training course and activities were begun. Particular attention must be paid to future efforts, in order to organize worthwhile sessions which respond to the needs expressed by personnel or identified by officials.

D. FP Training offered in the Medical School:

During an interview with the Dean of the Medical School, it was mentioned that medical students acquire some theoretical knowledge about MCH and FP. Field training takes place at the FOREAMI Center for two months (community health) and in rural hospitals, again for two months.

Recently, the Medical School held a one-week seminar at the University which focused on MCH and FP. The Dean deplors the lack of available field training sites, in rural as well as urban areas, where proper training and supervision could be carried out and where students could be adequately prepared for their future work in the communities of Burundi.

A cooperative program has been set up between this School of Medicine and those of Tours and Rennes (France) to further curriculum development and the production of audio-visual materials for use in teaching.

A course of study exists and is available for perusal on demand. The Medical Faculty is at present located at the KAMENGE University Hospital Center (King Khaled Hospital), which has a capacity of 386 beds. This hospital does, however, have problems in beginning operations,

because of the lack of qualified nursing personnel. In order to correct this lack of personnel, a nursing school has been established in the hospital complex for the purpose of training multidisciplinary nurses, who would be specially prepared to meet the urgent needs of this university hospital center.

E. Observations and comments gathered during visits and interviews:

1. FP activities are integrated into MCH activities. According to party policy, all contraceptive methods are acceptable.
2. The Ministry of Public Health is assigned the responsibility of providing FP services to the population; other ministries are responsible for information services among the different population groups; the Ministry of Social Affairs deals especially with social and demographic aspects.
3. The few doctors we met who had received FP training abroad seem to be equipped technically to carry out certain procedures; i.e., tubal ligation. However, the paramedical personnel with whom these doctors work do not appear to be prepared to answer questions that are commonly asked about FP; for example, what to do in case of hemorrhage following administration of injectable contraceptives, or, how to fight rumors about pregnancy in a woman who has undergone IUD insertion. Follow-up of clients appears to be limited. It may be concluded that the transfer of knowledge and skills acquired abroad has not extended to paramedical personnel working as part of the team.

4. In general, facilities are clean but must be brightened up. UNFPA donates a modest annual sum for that purpose (\$85,000 U.S.).
5. The forms used for FP (see Appendix I) contain worthwhile information which may guide the nurse during discussion with the couple about the choice of an acceptable and appropriate method. In addition, they provide for the collection of data which may be useful for the evaluation of FP activities.
6. As regards health education in the area of FP, the paramedical personnel give talks on the subject during MCH consultations and other consultations provided for curative purposes. In addition, there is an FP picture box which emphasizes natural contraception. The pictures used in this box have been prepared in cooperation with the sisters of a Catholic mission.
7. For the moment, there are no job descriptions nor any descriptions of the tasks and responsibilities of each member of the health team. The standards for the implementation of activities and the manual covering the recommended usage of each contraceptive method have not yet been recorded in written form.
8. There are very few reference materials on FP, training of workers, management, adult training, evaluation or the systematic study of problems in FP. Technical books about community health are rare.

F. As regards available mechanisms in Burundi for the transfer of INTRAH funds for the implementation of program activities, the team contacted two agencies:

1. The Commercial Bank of Burundi (BANCOBU) provided information about opening a local bank account in INTRAH's name. As a first contact, Mr. Gilbert NKURUNZIZA was mentioned by the Budget Officer at the American Embassy. (The American Embassy uses BANCOBU for its financial affairs.) Mr. NKURUNZIZA, Head of the Overseas Department, indicated that BANCOBU has experience handling accounts of WHO, UNFPA, and UNICEF. He mentioned that his correspondant institutions are the Bank of America and the Brussels-Lambert Bank in New York City. He indicated further that the fees and taxes are as follows:

Commission charged for exchange:	1 per 1,000 FBU*
Yield on exchange control (?):	2 per 1,000 FBU
Transfer commission:	<u>1 per 1,000 FBU</u>
	4 per 1,000 FBU
Government Tax Office:	x 0.06
Correspondence services:	200 FBU
Postage:	200 FBU

*Burundi francs-118 FBU = \$1 U.S. (July 1985)

2. The Bank of the Republic of Burundi (BRB) also provided information about the opening of a local INTRAH bank account. Mr. MURAMIRA, Head of the Financial Department, indicated that, in order for INTRAH to open a

local account for its project with the Ministry of Public Health, that Ministry must submit a written request to the Bank of the Republic. The Ministry should also submit a copy of the contract between INTRAH and MOPH. The fees and taxes for a local account at the BRB are the same as those charged by the other banks in Burundi.

G. International and Non-Governmental Agencies:

1. The Catholic organization CARITAS: has a national office responsible for coordinating the activities of, and proposing work standards for, the 78 certified health centers in the country. This agency has produced visual aids and documents, some of which cover birth-spacing using natural methods of contraception. CARITAS might be a resource organization for INTRAH activities.
2. INADES Training of Bujumbura: is a branch of the main organization headquartered in Abidjan. This agency deals primarily with agricultural/rural promotion and rural development. The animateurs work in the field and receive training which begins with education about the environment and continues with field training sessions based on the needs of the rural inhabitants. Lastly, the agency has been interested in the preparation of educational materials for non-literates; this project is now being prepared. A trial use of these materials will follow. The Directress might be a valuable resource-person if the INTRAH training program is implemented.

3. UNICEF: Mr. Yves FAUGERE, Assistant to the Directress, provided the team with a plan of action for a health program carried out in Burundi from 1983 to 1985, and a review and analysis of the UNICEF health program, which had just been completed in May 1985. UNICEF is planning, in particular, the distribution of medical materials to the dispensaries and health centers of the MOPH.

Since the Directress was absent, we were not able to obtain all of the information we sought.

4. World Health Organization: Through the offices of Professor NGWETE of the FOREAMI Center, WHO contributes to the MCH/FP services. The WHO representative, Mr. Damion AGBOTON, expressed his satisfaction with the FP policy in Burundi. He stated that there were no plans for a program of FP training to be carried out by WHO in the immediate future.

H. FP and the Private Sector:

The team visited, at random, several private pharmacies in Bujumbura in order to request information about available FP products, the various methods they stock, the average price of each product, and the approximate number of units sold each month. The proprietor and pharmacist at the SOPHABU pharmacy, Mr. Roland RASQUINHA, said that he owned four pharmacies, one in Bujumbura and three others in the interior of the country. He presented the following information (see Tables 2 and 3, page 15).

TABLE 2: Private Pharmacies in Burundi by Average Number of Prescriptions (all types) Per Day During the Period April - June 1985.

PHARMACY	AVERAGE NUMBER OF PRESCRIPTIONS PER DAY
Bujumbura	250
Gitega	50
Ngozi	50
Cibitoke	50
	TOTAL = 450 per day

TABLE 3: Available Contraceptive Methods at SOPHABU Pharmacy (Bujumbura) by Average Sales and Unit Price During Period April - June 1985.

AVAILABLE CONTRACEPTIVE METHODS	AVERAGE NUMBER SOLD PER MONTH FOR ALL FOUR PHARMACIES	UNIT PRICE (AVERAGE)
Microgyn Pill (30)	80 cycles/month	500 FBu (\$4.20)
Condom (Durex)	20 units/month	75 FBu (\$0.63)
Depo-Provera (1 ml)	10 units/month	800 FBu (\$6.72)
IUD (Copper-T)	5 units/month	2000 FBu (\$16.81)

It is apparent from these figures that there is very little demand for contraceptive methods at the pharmacies surveyed. The pharmacist stated that his pharmacies do about the same volume of business as the other pharmacies in Burundi, and they sell FP products at about the same price.

- I. The team also visited the dispensary in the American Embassy, in order to learn about the availability of FP information and products for the American community and for Burundi nationals who work at the Embassy. The team members discovered there is no information (brochures, information sheets, etc.), either in French or English, for dispensary patients. The dispensary does have some contraceptive products (e.g., condoms and pills) that it provides to Peace Corps volunteers. Apart from this service, the dispensary does not offer family planning to nationals employed by the Embassy.

VI. FINDINGS

Visits to the different services, interviews, and reading of documents enabled the team to identify training needs and to set them down as shown below in the list of subjects to be included in the training program for personnel responsible for family health and FP activities.

Before implementing this kind of training, however, it would be necessary to take the following preliminary steps:

- Specify the job description for each team member working in a dispensary or health center;
- Write out the norms and standards for each activity;

--Prepare a document which describes the professional conduct of the various staff members; for example, full description of each FP method (including natural family planning), medicines and devices available, dosages, what to do in case of problems, counselling, health promotion, follow-up, files to be completed, etc.

This program should offer theory (35-40% of the time scheduled) and practice (60-65% of time allocated), including exercises, individual or group practical work sessions, and field practice.

A pre- and post-test will be suggested and will contain an oral and written section. (An oral pre-test might, for example, be made up of questions such as: What should I say to a couple about the IUD?) A written pre-test will incorporate cases or situations that are actually found in Burundi and will ask the trainee to identify the course of action required to deal with these cases.

The following is a list of subjects that reflect needs as they were expressed or observed:

1. Clarification of the country's public health policy.
2. Clarification of the family planning and demographic policy.
3. MCH technical subjects:
 - prenatal counselling
 - delivery
 - postnatal counselling
 - family planning
 - infant counselling

4. FP technical subjects, including natural family planning and artificial methods:
 - description of FP methods, including NFP and artificial techniques
 - advantages
 - disadvantages
 - how to prescribe them
 - special instructions/precautions
 - course of action to follow if problems arise
 - follow-up
- 4a. Infertility.
- 4b. Sexually-transmitted diseases.
5. Community diagnosis:
 - what it is
 - definition of a community
 - different types of communities
 - parameters that must be taken into account
 - how to analyse the data gathered
 - how to incorporate the results into on-going activities
6. Objectives:
 - what they are
 - the characteristics of an objective
 - why specify them? what purpose do they serve?
 - how to write them
7. Communication applied to the target population groups, with one person, a couple, or several representatives of the community:
 - what it is
 - components of communication
 - how to transmit messages by using the various educational methods
 - supported by audio-visual aids such as:
 - picture boxes
 - slides
 - flannel boards
 - audio-cassettes
 - posters, etc.

- how to evaluate these methods, taking the target population groups into account
 - how to use them for maximum benefit
 - how to produce them if the need for them exists
 - counselling
 - do not hesitate to use innovative methods for training/education of personnel as well as of the population; e.g., audio-cassettes, microfiches, etc.
8. Adult training:
- what it is
 - educational methods
 - practice: micro-teaching
9. Organization, management, supervision, and monitoring of:
- personnel
 - activities
 - materials
 - records/files
 - buildings
10. Files, records and reports:
- what they are/their usefulness
 - reasons for the importance of each heading
 - how to complete each heading
 - use of files
 - how to supervise record and file-keeping
 - supervision and evaluation tools
11. Work performed by teams:
- what is a team?
 - characteristics of an effective team
 - qualities of an effective leader
 - the limited team: in a health center, hospital or dispensary
 - the extended team: working with representatives of community inhabitants
 - how to conduct a meeting
12. Evaluation of:
- an activity
 - personnel
 - relationships, and how to present personnel with positive feedback
 - schedules of activities
 - materials
 - buildings

13. Plan of action:

- what it is
- the characteristics of a plan of action
- why prepare a plan of action?
- components of a plan of action
- how and when to prepare one
- preparation of a plan of action
- monitoring a plan of action

14. Study of operational and/or training problems:

- how to define/state/delineate the problem
- how to develop the objectives of this study
- selection of an appropriate approach/methodology
- collection, analysis and interpretation of the data gathered
- conclusion and use of results in order to minimize the problem and correct it almost entirely

15. Modification and/or development of the curriculum:

- how to evaluate a curriculum for theoretical content and practice in the areas of family health and, particularly, of family planning;
- techniques for developing or modifying a curriculum for this purpose.

16. Coordination:

- in the limited team
- in the extended team
- with superiors
- with the various agencies involved

It would be desirable to have reference books and documents available during the training. The entire series of lessons should be prepared in advance and given to each participant, so they may serve as a model for the training that the trainees will organize at the provincial level.

Bibliographies and literature available in other countries should be listed, gathered together and submitted to the Burundi authorities, to allow these officials to assess their value and usefulness for Burundi.

In addition, funds should be allocated for the study of operational and/or training problems, in order not to delay on-going activities too long and to ensure the established norms will be applied in a continuous manner.

VII. RECOMMENDATIONS

- A. Taking into account the expressed and observed needs and the training topics previously identified, it is important to plan a short and long-term project in cooperation with representatives of the MOPH.

During the project, it is recommended that INTRAH find out about and coordinate training activities in the country with such agencies as UNFPA and the CCCD Project.

- B. Before undertaking a training program for personnel, it would be desirable to organize a seminar/workshop for personnel in charge of training and of the establishment of the FP program as was determined by the party (11-12 July 1983), in order to support the effective family planning policy and to standardize information about FP for all of the Ministries involved.
- C. Even if INTRAH should become regularly responsible for the training of paramedical personnel, it is crucial the proposed training be based on the concept of the health team, for which:
- job descriptions would be clearly set forth;
 - tasks and responsibilities would be assigned;
 - performance standards for each of its activities would be specified.

It would, therefore, be important to coordinate, from the inception of the project, the training courses for doctors and paramedical personnel.

- D. As a first step, a nucleus of trainers and supervisors should be trained at the national level. This nucleus would be comprised of central-level representatives of the MOPH, as well as representatives from Bujumbura province and the two or three provinces where FP activities have already been initiated; in addition, a representative from the Gitega School, the School of Hygiene, and the Medical School would be invited. (Total number of participants: 22-24.)
- E. In a second stage, after the participants return to their jobs, a provincial nucleus would be organized and would hold a workshop at its own level, adapting the training it received to the needs of its province. Consultant and logistic support would be planned to achieve this objective.

In short, the principle of the drop of oil should be applied in order to train all personnel in each of the provinces. In other words, a national-level nucleus would train provincial-level nuclei. These provincial nuclei would, in turn, train paramedical workers in their provinces in MCH/FP.

- F. Before or after the training sessions, the team recommends that time be set aside for monitoring and that this function become an integral part of the project. The goals of monitoring would be to verify by observation that the training offered is adequate and that the level of personnel performance in the various activities corresponds

to the norms established for identification of problems in the field and for planning all necessary continuing training. Ideally, training and monitoring would be carried out by the same person, and, if possible, by the INTRAH training officer from the Abidjan Office, in close cooperation with the MOPH.

- G. The team recommends that French-language reference literature be identified and provided for all concerned services and personnel at all levels. In addition, a library could be developed and progressively enriched with works furnished by various agencies.
- H. The team recommends the preparation of a plan of action as soon as possible that would be acceptable to the MOPH and to INTRAH. This plan of action should be dynamic, that is, discussed, periodically evaluated, and modified as required.

The plan of action should mention the steps involved in development, as well as the strategies that will be used (e.g., provision of information to officials of various ministries, training of a nucleus of trainers and supervisors, etc.).

- I. New avenues, dynamics, and participatory tools (e.g., audio-cassettes, micro-fiches) should be examined during the development of the training program and of FP promotional activities for different categories of the target population.
- J. The two nurses who will attend a training course in Morocco organized by JHPIEGO (November 1985) should supplement their training by observational and documentary visits to the following services and training institutions: Central Health

Education Service, Rabat; Provincial Health Education Service and Public Health Services, Marrakesh; organization and supervision of Health Services, and, especially, of MCH activities at the Nursing School in the province of Beni Mellal.

In addition, in Rabat, they should visit the Ecole des Cadres and the Department specializing in communication.

- K. An information-gathering visit at INTRAH Headquarters, Chapel Hill, should be set up for Mr. Pamphile KANTABAZE, who is currently registered for the Masters in Medical Instruction at the University of Laval, Quebec. He is supposed to return to Burundi around the end of August or beginning of September, 1985. On his return to Burundi, Mr. KANTABAZE will probably be responsible for training activities.
- L. Training courses and observational visits should be offered to nurses and technicians working in the areas of FP techniques, management, adult education and training, and community development. For example, courses and training organized by JHPIEGO, INTRAH, University of North Carolina at Chapel Hill, University of Montreal, Brussels, etc.; in addition, observation visits might be made to services in Morocco, Senegal, Thailand, the Philippines, Tunisia, and elsewhere, depending on available funds.
- M. As a result of the USAID mission's limited personnel resources and logistical support, INTRAH will have to be self-sufficient regarding the implementation of various activities specified in the contract and, consequently, in the work plans.

- N. Because of the party's family planning policy, visits should be undertaken with officials of the Ministries of National Education and Social Affairs, in order to learn about the training and service-delivery guidelines that govern the efforts of their workers and their work among the population groups they monitor.
- O. An INTRAH official should visit Burundi again as soon as possible to finalize the project (18-24 months) and to specify the phases of training and monitoring. During this visit, the terms of the contract should be prepared with the cooperation of representatives of the MOPH.

VIII. CONCLUSION

The Government of the Republic of Burundi is conscious of, and sensitive to, the problem of rapid demographic growth in the country. The Government published in July 1983, its policy on this question in "The Family Planning and Demographic Control Policy". This document stated that demographic control will have to utilize family planning as a component, which is not limited solely to birth control. In addition, the Government would like to integrate family planning into the improvement of health care and nutrition, MCH, disease prevention, and assistance to involuntarily infertile couples, among other areas.

The INTRAH team held several meetings and interviews with members of health personnel and with officials of agencies working in Burundi in MCH/FP programs. The team identified needs and resources for the purpose of training paramedicals working for the MOPH. It is apparent the MOPH would like to train paramedical workers in FP as soon as

possible, and it appears the MOPH is ready to prepare a plan of action with INTRAH in order to accomplish this project. The team, therefore, recommends that INTRAH collaborate with the MOPH and other agencies involved in FP activities for the purpose of preparing a plan of action that would respond to the needs identified during the mission.

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APPENDIX A

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APPENDIX A

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APPENDIX B

FAMILY PLANNING AND DEMOGRAPHIC CONTROL POLICY

APPENDIX B

(English)

REPUBLIC OF BURUNDI
CENTRAL COMMITTEE
OF THE UPRONA PARTY
BUJUMBURA

Policy for Family Planning
and Demographic Control

XIV Session of the Party's Central Committee

Bujumbura 11-12 July 1983.

TABLE OF CONTENTS

- I. The importance of the problem of family planning and demographic control in Burundi.
- II. General considerations of the Central Committee on family planning for effective demographic control.
- III. Measures necessary for program success :
 - A. Medico-social preventive measures
 - B. Family planning : methods and means of success.
- IV. Intersectoral collaboration for the success of the family planning program.
- V. Recommendations and directives of the Central Committee of the Party for good family planning and effective demographic control.

Application Plan.

POLICY FOR FAMILY PLANNING AND DEMOGRAPHIC CONTROL

I. The importance of the problem of family planning and demographic control in Burundi.

Burundi is confronted with a problem of a demographic explosion. This demographic explosion would not be unlucky if we had large amounts of land and a strong economy based, for example, on strong industry.

The census of 1979 reveals that Burundi has a population of 4,114,135 with a mean density of 155 persons per km², a birth rate of 4.3%, a mortality rate of 2.1% a rate of natural growth of 2.7%, and a crude reproductive rate of 2.9%. This shows to which point our country is populated but also to what point the population will grow if arrangements are not taken to slow this evolution.

Next, it must be known that fertility has remained high in our country and that mortality has fallen considerably with the improvements in health care and in the way of life of the population. This is what gives Burundi a rapid demographic growth rate. The population increased from 2.4 million to 4.1 million between 1950 and 1980. At this rate, the population will double in the next 30 years, to reach more than 9 million.

Now, since socio-economic development has a direct relation to demography, too rapid demographic growth risks seriously impeding socio-economic development and annihilating the efforts agreed upon by the state and the population to increase production. The consequences of this demographic push are felt in an especially acute way in certain sectors such as agriculture, labor and employment, education, and health.

More than 95% of the population of Burundi is rural and lives off the land. By reason of the high demographic density and the rapid demographic growth, a large part of available land is already occupied. The average size of arable land available to a rural household is approximately 1.4 hectares and it is even smaller in the more densely populated regions where all the holdings are less than half a hectare.

In the near future, the maintenance of demographic growth can aggravate the already disquieting problem of the shortage of land in our country and the mean size of holdings could fall below the minimum necessary for self-sufficiency.

Too rapid demographic growth would also risk engendering a severe food shortage in both quantity and quality, which would provoke deficiencies in minimum calorie, animal protein, and lipid needs.

Furthermore, in terms of production, the competition for land which exists between the cultivation of food crops and export crops will pose a more and more thorny problem as productive land will become progressively rare in Burundi due to the demographic explosion. Now, up to the present, it is agricultural production which is our major source of foreign exchange, since it is agriculture that furnishes more than 90% of our exports. The shortage of land will also weigh heavily on cattle-raising as pasture lands will become smaller and smaller.

Rapid demographic growth in our country is equally disadvantageous in the domain of labor and employment. In fact, 90% of the active population is employed in the agricultural sector. As the progressive parcelling out of land continues as a result of the demographic push, rural under-employment will be accentuated and a larger rural exodus will be encouraged in spite of the efforts made to decentralize service and industry in the medium and long term.

Demographic growth also influences the educational sector. Indeed, approximately 30% of school-age children are in primary school. Given the high rate of fertility and the demographic trend, the population of Burundi will be made up, more and more, of children. Registration in primary schools will thus require more schoolmasters and school supplies.

The rapid increase in population also calls for continued efforts in the area of health. Indeed, given that one of the objectives of development is to give priority to satisfying the essential health needs of the entire population to improve the quality of life and to increase life expectancy for increased productivity, it will be necessary for the government to increase medical services, health infrastructure, personnel, and health care.

The importance and the stakes of current demographic growth in Burundi do not need further demonstration. It is this, then, that pushed the Central Committee of the Party to study how to plan families and to control the growth of the population.

II. General Considerations of the Central Committee on family planning for effective demographic control

In analyzing the question of family planning for effective demographic control, the Central Committee of the Party has made a series of arrangements and given directives to the government services concerned and to the Party to implement this action.

First, the Central Committee affirmed that demographic control must occur through family planning. But, family planning does not only mean birth limitation, as many people think. This is only one aspect of the problem. There is also maternal and child health, improvement of health care and feeding, prevention of illnesses, assistance to infertile couples, environmental sanitation by providing potable water and salubrious housing, by education, in general, and sex education, in particular, and, finally, by the creation of a better environment that will allow families and the entire population to feel protected and thus to have confidence in the actions to take.

Birth limitation which particularly concerns families is necessary to achieve not only demographic control at the national level, but also protection of the health of mothers and children.

Indeed, currently, the high fertility rate has effects which are particularly detrimental to the health of mothers; it is the principal cause of mortality and morbidity. In Burundi, many women still suffer from malnutrition. Pregnancy and lactation increase caloric and protein needs of the mother. If these needs are not satisfied, the mother as well as her baby will suffer.

Further, it must be realized that malnourished mothers have a high rate of miscarriage or bring into the world hypotrophic babies, that is, babies with low birth weights. Pregnancy is particularly harmful for older women and very young women whose nutritional needs for their own development are very high.

It is also recognized that the health risks run by mothers increase with pregnancy, especially after the birth of the 3rd child or after 35 years of age. This is why a longer spacing between pregnancies will be recommended to families which will permit the mother to conserve her nutritional reserves and her health and which will improve her chances of having a healthy and vigorous

baby, since if one has many children, the health of the mother and her children often suffer greatly.

Next, it must not be forgotten that the birth of a large number of children also affects the nutritional status of the other members of the family. The nutritive value of foods consumed by the family and food expenditures per person decrease progressively as new infants are born. Last born children are often the most affected.

Thanks to a decrease in fertility, that is to say, to birth limitation, not only the health risks run by mothers would be found to diminish, but also the proportion of the population most vulnerable to health risks, i.e. women of reproductive age and children under 5, would also be reduced. With a lower birth rate, mothers and children will be better nourished and less predisposed to illness. The lowering of births would relieve the pressures exerted on the Burundian infrastructure, the country would be able to concentrate its efforts on preventive medicine and health education which are necessary to have a healthful and vigorous population which in turn, is needed, to assure development.

The future of a country and its people depends on its population which must have physically strong families. To become an adult and to have good health, a child needs good feeding, clean water, salubrious housing, in short, a favorable socio-cultural and economic environment.

III. Measures necessary for program success

To achieve successful family planning, it is necessary to first plan births and prevent diseases to prolong the life expectancy of our population.

Family planning permits the free choice of spacing between births and of the number of children. Family planning must be considered an effective preventive measure.

To do this, it is essential that the best possible environment be available, such as good nutrition; decent housing; safe water; sanitation; training, taking account of sex education and family planning; prevention of, and the battle against, sickness through hygiene, health education, vaccinations and curative care necessary for the sick.

Family planning is a necessity that will offer to couples the means to be able to control their fertility and to adapt to the possibilities for better education for their children and for a better balance for the whole family and for the mother, in particular.

There must be, also, as complete a service as possible of maternal and child health which has, as its goal, the safeguarding of the mother's health during pregnancy and breastfeeding, the normal birthing of healthy infants, and the training of mothers on the care of their infants. This service must include, then, a series of preventive medical, educational, and social measures. To be effective, the application of these measures must start before the pregnancy and continue during and after it. They involve the future fathers as well as the future mothers. It is, then, the whole community which is concerned.

Maternal and child health is associated with family planning, notably, in the limitation and spacing of births for the good of the mother and children.

A. Medico-social preventive measures

In addition to traditional preventive care, family planning will have to include prenatal care which is not systematically obtained by mothers.

This care which should be obligatory involves :

- a prenuptial certificate,
- prenatal consultations,
- postnatal consultations.

1. A prenuptial certificate

Whenever possible it is desirable that the future spouses undergo a prenuptial medical examination to trace hereditary illnesses, sexually transmitted diseases, or hereditary anomalies. It is a protection for the future family. In some countries, the presentation of a medical certificate is obligatory. It is valid for two months from date of issue.

2. Prenatal consultations

Prenatal consultations must take place systematically and be done by qualified or sufficiently trained personnel. These consultations have, as their goal, the tracing of anomalies (malformations that can hinder the normal progress of the pregnancy and the birth) as well as all sicknesses that can recur or be intensified by pregnancy. These examinations must take place at 3 months, 6 months, and 8 months. At these consultations, the women will be able to benefit from useful advice on the state of their health, nutritional status and hygiene as well as from tetanus vaccinations.

3. Postnatal consultations

Postnatal consultations concern breastfed babies in particular but they also concern mothers. They consist of :

- preventing the risk of infection through vaccinations,
- following the growth of the child (height and weight),
- advising on the feeding of infants and children and on the preparation of weaning foods,
- teaching mothers general hygienic measures, hygienic food preparation, and bodily and clothing hygiene.

B. Family Planning : Methods and means of success

The education program and the family planning activities must be an integral part of the medico-social activities of the Party and all the social ministries. The planning project must aim for the creation of a national service which organizes, directs, and controls activities. Thanks to family planning, the health status of women improves because she has children when she wants them and when she is better prepared. The spacing between pregnancies is important, because when the births are very close together, the woman's body does not have the time to recover from the fatigue of pregnancy, the birth process and breastfeeding, not to mention the mother's difficulty in caring for several other young children. The children also suffer when they are many and, especially, when they are born close together of a mother who

is young or too old. It is necessary, then, to proceed with birth spacing, the stage preceding birth limitation, for better control of the demographic explosion that is a menace to the country.

The Alma-Ata conference, which promised health for all by the year 2000, recognized that family planning was an essential component of primary health care. It was said that "family planning is a fundamental human right. Governments must be encouraged to recognize this right and to apply policy and realistic programs that respond to the needs of the population."

Evidently, for this program to have results, the Ministry of Health, which will be the prime mover, must have the cooperation of several sectors of national life such as the Party and Integrated Movements, the Ministries of Interior, Social Affairs, Women's Affairs, Commerce and Industry, National Education, Information, External Relations and Cooperation, and Youth, Sports and Culture, and of religious denominations and of non-governmental organizations.

1. Approaches for the success of a family planning program

There is no doubt that a certain number of Burundian citizens are somewhat reticent about this family planning program, especially on the birth limitation aspect. This is understandable insofar as the problem had not been discussed in a truly official manner and since the mentality of the majority of Burundians in this respect rests in the belief that one must have as many children as possible as this constitutes the greatest wealth and maintains family lineage. Burundian citizens, especially those with no schooling, do not know that it is possible to plan their families and limit births.

This is why, to approach this problem and to succeed in a family planning program, we must proceed in a methodical and well-followed up manner.

Thus, it is necessary to use all the available techniques to render the means of communication more effective, particularly that which concerns family life, the health of the family, and sex education. It is a question, indeed, of information, of sensitization to motivate the people to adopt attitudes towards a healthy life-style.

Successful family planning is a time-consuming process because it requires a fundamental change in attitudes and behaviour. It requires, therefore, continuous and high quality services, given with care and sensitivity.

This is why, to manage this program well, we must :

- plan for the integration of family planning into other sectors of socio-economic life (health and other development activities);
- provide education regarding family planning and its importance for adults and children;
- implement educational, informative campaigns via radio, the written press, and all media;
- organize seminars/workshops on family planning for health workers;
- plan the retraining of all health personnel to prepare them to manage such a program.

Training

The contents of this retraining will be given in detail in the program and will include among other things :

- description of contraceptive techniques,

- advantages of each method relative to other methods,
- indications and contra-indications for each method used,
- preparatory examinations,
- precautions to take for a better chance of success.

The essential thing is that everyone, from doctors to paramedics, speaks the same language regarding the definition of the project, its execution, its management, and its evaluation.

Procreation is one of the fundamental human attributes. A man and a woman make the decision to establish a home; consequently, they assume the responsibility for their future children. However, as we have stressed, too many pregnancies disturb the family equilibrium and the socio-economic development process. Some of them are not even desired. To avoid these risks, caused by too many and badly spaced pregnancies or by undesired pregnancies, science has given couples the possibilities to control their reproductive capability and to better plan their families.

There are numerous methods and techniques to use to practice family planning as we would wish.

As soon as the population will have understood and adhered to this family planning policy, concerned state services, beginning with the Ministry of Health, will move into action so that the methods and techniques are known and understood and then applied.

From now on, there is room to emphasize natural, traditional methods, such as prolonged lactation, abstinence during ovulation,.... There are also various physio-chemical methods which need specific explanations:

2. Necessary means for program execution

The execution of the family planning program will require, without a doubt, strong material and financial support.

This is why the government must prepare an appropriate budget to manage this activity. Preliminary studies must be undertaken to understand the importance of State intervention and external assistance in this field.

IV. Intersectoral collaboration for the success of the family planning program

The success of the family planning program for better demographic control must be a concern of everyone but especially of the public powers through the services of concerned organs of the State.

Intervention of the Party and the Integrated Movements

The Party and the Integrated Movements will especially have to help during the first phase of the execution of the program i. mobilizing the population for socio-economic development projects and in insisting on birth planning as support for all economic development efforts. This is why it is necessary

to include, in addition to theoretical training in the Party school program, public health concepts, emphasizing maternal and child health and family planning. The information on and problems posed by over-population must be widely discussed at meetings of the Party and Integrated Movements.

Intervention of the Ministry of the Interior

The Ministry of the Interior, which is particularly charged with gathering demographic data at the most decentralized level, must inform the population of the demographic and economic problems posed by overpopulation.

It must find effective means to regulate immigration and emigration of the population.

Intervention of the Ministry of Social Affairs

The close collaboration of the Ministry of Social Affairs with the Ministry of Public Health is the most indispensable in the elaboration and execution of maternal and child health and family planning programs. Notably, it must :

- Harmonize the activities of the health centers and social centers so that they become complementary when they perform the same actions. For the two ministries, it is essential that they speak the same language to achieve complementarity and effectiveness.
- Put at the population's disposal the Social Affairs personnel necessary for the realization of the programs. This must be as precise as possible so that each person understands exactly the role that has devolved upon him/her.

Thus, it behooves the social assistants to initiate contact with the population; to explain to them the contents of the program and to refer them to medical services for the practical aspects of program execution.

Interventions of the Ministry of Work and Professional Training

* The Ministry of Work and Professional Training will formulate legislation favorable to improvement of the health of workers and breastfed babies by supervising the rigorous application of the work code as well as by civic, health, and sex education for workers of both sexes.

Interventions of the Ministry of Women's Affairs

The Ministry of Women's Affairs is called to play a role in the foreground especially on the sensitization of young girls and women of all ages to explain the advantages of family planning. It is also the best placed to record the process of acceptance or rejection and to orient women to the meaning of the program.

Intervention of the Ministry of National Education

The Ministry of National Education will be charged with reinforcing health education programs at all levels of instruction.

At the primary level, the children must learn elementary concepts of public health which they will assimilate faster than their parents.

At the secondary level, adolescents must have sex education, the purpose of which is to avoid certain foreseeable accidents, such as unwanted pregnancy.

Special attention must be attached to the training of students in the normal schools; these students must learn more than the others so to teach their students.

* It is equally necessary to include a course on Maternal and Child Health as well as on family planning in the curriculum of paramedical schools.

In collaboration with the interested technical Ministries, the Rural Education Bureau and the Bureau of Secondary and Professional Education will be able to prepare their programs appropriately for each level.

At the post-secondary level of schooling, all the students must be given concepts in demography and sociology.

In addition, it is essential that a course on birth regulation be included in the programs of the faculties of Science and Medicine and that a great deal of importance be placed on maternal and child health.

Intervention of the Ministry of Youth, Sports, and Culture

The Ministry of Youth, Sports, and Culture, which is charged, among other things, with organizing youths, particularly uneducated youths, is called upon to support the efforts approved by the government in family planning. Indeed, uneducated youths have problems of how to use their free time; this is why they must be occupied. They must receive concepts of maternal and child health and family planning in the technical schools, meetings, and lectures organized for them by this Ministry.

Interventions of the Ministry of Information

The Ministry of Information must facilitate diffusion, by radio, written press, and cinema of messages transmitted by the public services competent in the subject of family planning. It will collaborate with the same services on the elaboration of programs of health educations using audio-visual methods producing and projecting films and slides.

Interventions of the Ministry of External Relations and Cooperation

The collaboration of the Ministry of External Relations and Cooperation is necessary to facilitate contacts with international organizations and states to which the Government of Burundi will address requests for reinforcing the maternal and child health and family planning program and to assure the follow-up of these requests.

Intervention of the Ministry of Commerce and Industry

The Ministry of Commerce and Industry must promote the manufacture of medicines and equipment necessary for family planning and to facilitate its commercialization.

Intervention of the Ministry of Public Health

The Ministry of Public Health, as well as continuing to dispense care at the time of program execution, must pursue the elaboration of technical directives and serve as technical advisor.

V. Recommendations and directives of the Central Committee of the Party for good family planning and effective demographic control.

From the preceding, especially from that which concerns intersectoral collaboration, there follows a certain number of recommendations and directives that the Party and the Government, through the intermediary of its respective organs and services, will have to apply for the success of this policy. Thus,

- It is requested of families and of the Burundian population to space and limit their births taking account of the national realities and the explications which have been given. Birth limitation is not, for the moment, obligatory, it is recommended.
- The Government must make reforms and studies necessary so that the problem is approached from educational and socio-cultural points of view simultaneously.
- * - The Party and the government must study the possibilities of educating the population on the subject of family planning. It is particularly necessary that men know how they can help their wives in the practice of contraception.
- The government must guarantee sex education for the young of different ages so that they will know in time the attitude to take regarding the problem. This will be able to prevent certain acts or harmful situations which occur due to ignorance of available means or to lack of education on the subject.
- It is equally necessary that the government plan the integration of family planning with other sectors of the socio-economic life of the country.

Application Plan

So that these directives and recommendations can be followed, the Central Committee of the Party has adopted a program of action that the Government should implement progressively using available means. This program is summarized in four points :

- Expansion of family planning services

It is necessary that family planning services be increased by extending them outside the urban centers. Evidently, acceptance of family planning requires a fundamental evolution of attitudes and behaviour because it is a question of enormous socio-cultural change. It is a program that must be conceived in the medium and long term, it only bears fruit in the long term. Education of adolescents, particularly, must receive all the necessary attention.

- Management of services and training of personnel

It is necessary to effect :

- the decentralization of services, across the dense network of health facilities : hospitals, health centers, and dispensaries;
- * - the training of competent personnel, qualitatively and quantitatively. This training is necessary so to adapt their knowledge to the specific requirements of family planning.

5

- Contraceptive methods and supplies

The government, through the concerned Ministry, is charged with distributing contraceptive methods and creating stocks of supplies necessary for contraception for birth limitation.

Services must be improved so that those interested can make the choice of techniques and methods that they wish.

- Communication and education

We must use all available techniques to render the means of communication more effective, especially regarding that which concerns family life, family health, and sex education. It is a question of informing the people to motivate them to adopt attitudes towards a healthy life style. This can be done, notably, by the mass media, health centers, hospitals, social centers, Party meetings and assemblies, parishes, etc.

For the execution of the program, the Central Committee of the Party has asked the government, especially the Ministries concerned, the Party, and the Integrated Movements, to collaborate closely to succeed in this action.

The Committee has particularly stressed that the population and families receive as complete information as possible, so that they can freely, and with conviction, adhere to the policy.

The Committee has recommended the creation of an organ or commission charged with coordinating all the activities related to family planning and demographic control.

To: Department of State

From: AmEmbassy Bujumbura

E.O. 12356: N/A

TAGS:

SUBJECT: UPRONA Party Policy on Family Planning and
Demographic Control as Set Forth by the Central
Committee, July 11-12, 1983

Summary: Attached is a French copy of the UPRONA Party Central Committee's recently announced family planning policy.

Two themes are highlighted repeatedly in this document.

1) Family planning efforts will not be restricted to women, but the entire community will be addressed, especially fathers and teenagers. 2) Burundi's family planning policy will involve more than birth control and the spacing of children, and must be placed within a wider development context that includes: Maternal child health care, nutrition and sex education programs and an overall improvement in living conditions. The final objective is not only to limit demographic growth, but also to extend the average lifespan of the Burundian.

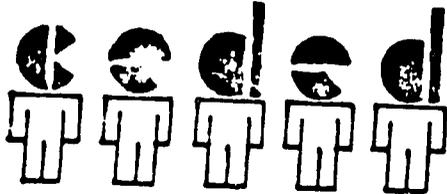
The following recommendations are made:

1. Studies should be made to determine the appropriate financial commitment from the State and foreign assistance.

2. Couples should voluntarily limit and space births and undergo periodic pre and post natal medical consultations.
3. An active promotion and educational campaign should be mounted to overcome the population's reticence towards family planning.
4. Family planning efforts ^{should} ~~will~~ be incorporated into the existing rural infrastructure, in particular the maternal child health care centers, dispensaries and hospitals.
5. The Ministry of Health will be the lead ministry in the family planning efforts. It will rely upon the cooperation of the Party, the integrated movements and the various concerned ministries and governmental and non-governmental agencies. The Ministry of External Relations and Cooperation is charged with facilitating bilateral and multilateral contacts that reinforce the maternal child health care and family planning programs.
6. A national service to coordinate and direct family planning and birth control activities in Burundi should be created.

APPENDIX D

DEMOGRAPHIC DATA ABOUT BURUNDI

DONNEES DEMOGRAPHIQUES DU BURUNDI

(toutes les données sont du 16 août 1979, date du Recensement Général de la Population, sauf si autrement indiqué)

Population résidante totale:	4 028 420 (au 1.1.84: 4 515 000)
0-14 ans:	42,5%; 15-64 ans: 53,2%; 65 ans et plus: 4,3%
Rapport de masculinité	: 93 hommes pour 100 femmes
Lieu de naissance	: Burundi: 97,9%; étranger: 2,1%
Population urbaine (villes de plus de 10 000 hab.)	: 162 322 (Bujumbura-ville) = 4,0% de la population totale
Densité	: 154 hab./km ² (au 1.1.84: 172 hab./km ²)
Taux de natalité	: 47‰ (nov.1979)
Descendance finale	: 6,44 enfants par femme (nov.1979)
Taux brut de reproduction	: 3,17; taux net: 2,13 (nov.1979)
Taux brut de mortalité	: 21‰ (nov.1979)
Taux de mortalité infantile	: 127‰ (nov.1979)
Taux de mortalité par âge des enfants de 1 à 4 ans	: 36‰ (nov.1979)
Espérance de vie à la naissance	: hommes: 43,0 ans; femmes 46,0 ans (nov.1979)
Solde migratoire	: négligeable (est.)
Taux de croissance	: 2,64% par année (1979-1984)
Taux d'alphabétisation (population de 10 et plus)	: ensemble: 25%; hommes: 35%; femmes: 16%
Taux de scolarisation (population de 10 et plus)	: ensemble: 20%; hommes: 30%; femmes: 12%
Taux d'activité (population de 15 à 64 ans)	: ensemble: 95%; hommes: 94%; femmes: 95%
Population d'agriculteurs, éleveurs, pêcheurs et chasseurs de 10 et plus	: ensemble: 2 244 898 (93%) hommes: 993 373 (88%) femmes: 1 251 525 (98%) (% de la population active de 10 ans et plus)

SOURCES: août 1979: Recensement Général de la Population
novembre 1979: Enquête Post-Censitaire
autres: divers calculs du C.E.D.E.D.

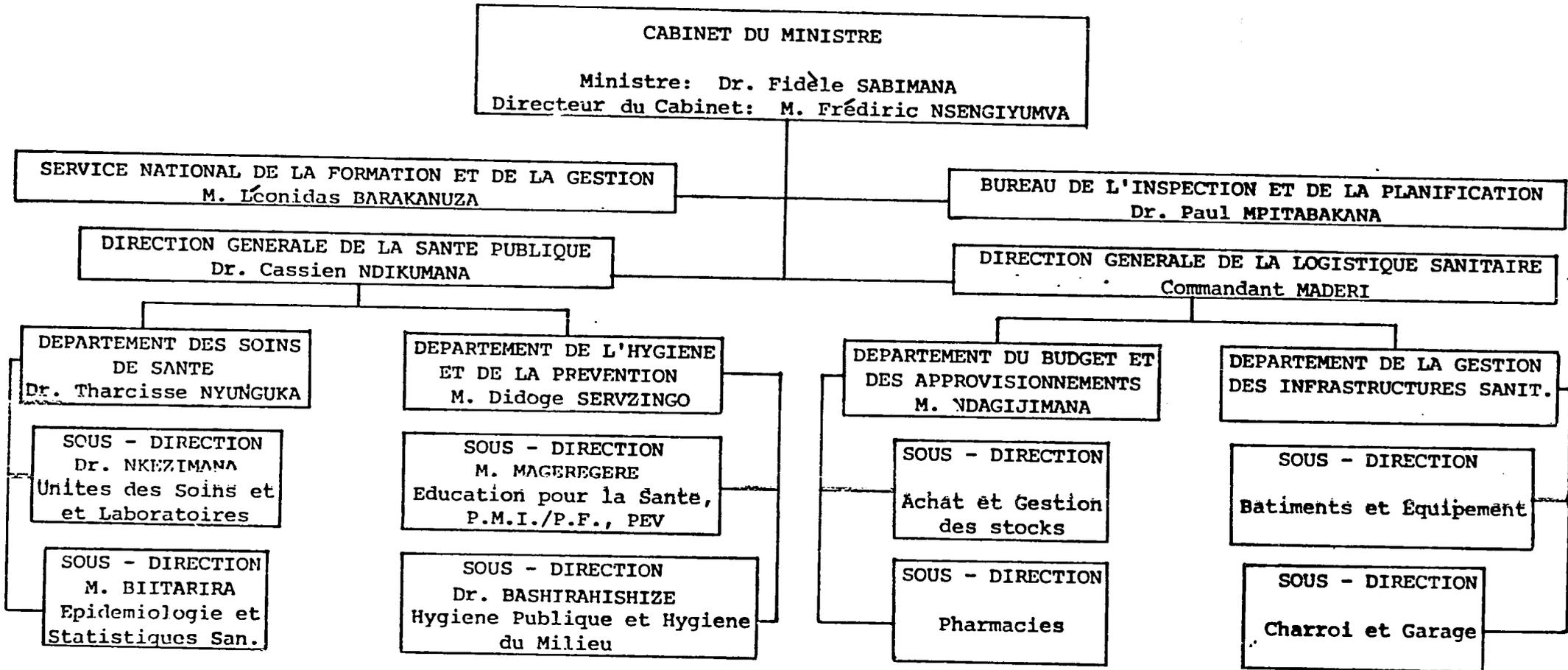
APPENDIX E

**ORGANIZATIONAL CHART OF
THE MINISTRY OF PUBLIC HEALTH**

APPENDIX E

BURUNDI

ORGANIGRAMME DU MINISTRE DE LA SANTE PUBLIQUE



APPENDIX H

MOPH FORMS FOR "DESIRABLE BIRTHS" COUNSELLING

CONSULTATIONS DES NAISSANCES DESIRABLES

La Pilule COMBINÉE OESTRO-PROGESTATIVE

1. CONTRE-INDICATIONS

- grossesse
- antécédents de thrombose, embolie
- présence de
 - . varices profondes, douloureuses
 - . maladie du coeur, des vaisseaux
- Deux facteurs présents parmi :
 - . âge supérieur à 35 ans
 - . tabagie importante
 - . diabète sucré
 - . obésité
- Hypertension artérielle (supérieur à 15/10)
- Atteinte hépatique
 - . maladie du foie en cours ou récente
 - . antécédents de prurit ou d'ictère de grossesse
- Cancer génital ou mammaire, même guéri
- Traitement médicamenteux (rifampicine, hydantoïne, barbituriques, phénylbutazone, ampicilline, diurétiques)

2. TECHNIQUE

- commencer par la pilule disponible ayant la plus faible dose
- prendre une pilule chaque jour au même moment de la journée
- la première pilule sera prise le premier jour des règles
- si la femme n'a pas ses règles, parce qu'elle allaite, il faut d'abord s'assurer que la femme n'est pas enceinte. Elle pourra prendre alors la première pilule le jour de son choix.
- en cas d'oubli, il faut prendre la pilule oubliée dès que possible. Si la durée du retard est supérieure à 12 heures (pour minipilule type MICROGYNON) ou 24 heures (autres pilules), il faut tenir compte du fait que l'utilisatrice peut ne plus être protégée.

3. EXPLICATIONS A FOURNIR A L'UTILISATRICE

- l'utilisatrice est protégée dès la première prise de pilule
- avertir l'utilisatrice d'ARRÊTER IMMÉDIATEMENT et de CONSULTER AU PLUS TOT si elle voit apparaître :
 - . des troubles de la vision
 - . une faiblesse des extrémités avec engourdissement
 - . une douleur inexplicable dans la poitrine
 - . un cancer du sein, une maladie du foie, une métrorragie importante

4. CLASSIFICATION DES PILULES COMBINEES

- d'après l'OESTROGENE : celui-ci étant toujours de l'éthinyl-oestradiol, on classe suivant la quantité de cette substance.

MICROGYNON 30 contient 0,030 mg d'éthinyl-oestradiol

MICROGYNON 50 contient 0,050 mg d'éthinyl-oestradiol

EUGYNON contient 0,050 mg d'éthinyl-oestradiol

- d'après le progestatif : celui-ci est de type variable. L'activité progestéronique se mesure en prenant comme unité l'acétate de médroxy-progestérone.

Les activités progestéroniques relatives sont :

acétate de médroxy-progestérone	1
noréthistérone	1,3
lynestrénol	2,7
norgestrel (dl)	40
d-norgestrel	80

MICROGYNON 30 contient 0,150 mg de lévonorgestrel (activité progestéronique = 12)

MICROGYNON 50 contient 0,125 mg de lévonorgestrel (" " = 10)

EUGYNON contient 0,500 mg de norgestrel (" " = 20)

Contraceptifs disponibles actuellement

	OESTROGENE	PROGESTATIF
MICROGYNON 30	30	12
MICROGYNON 50	50	10
EUGYNON	50	20

5. EFFETS SECONDAIRES ET CHANGEMENT DE TYPE DE PILULE

Des effets secondaires peuvent apparaître.

Il faut alors changer de type de pilule en fonction des troubles présentés.

Voir tableau page suivante.

6. SUIVI et SURVEILLANCE : tous les 3 mois

7. RETOUR DE LA FECONDITE : possible dès l'arrêt de la prise de la pilule

CONSULTATIONS DE NAISSANCES DESIRABLES

I. FEMMES DONT L'ANAMNESE NE REVELE AUCUNE PARTICULARITE

II. FEMMES DONT L'ANAMNESE INDIQUE QUE L'EFFET OESTROGENIQUE DOIT ETRE REDUIT

Femmes qui présentent des troubles de

1. DIGEST. Vomissements-Nausées-Flatulence-Constipation
2. NEURO. Maux de tête
3. GYNECO. Ecoulement non spécifique
4. SEINS. Mastodynie
5. DERMATO Chloasma
6. GENERAL Syndrome des jambes-Oedèmes

III. FEMMES DONT L'ANAMNESE INDIQUE QUE L'EFFET OESTROGENIQUE DOIT ETRE RENFORCE

Femmes qui présentent des troubles de

1. NEURO. Bouffées de chaleur
2. GYNECO. Saignements intermédiaires-Saignements retardés-Aménorrhé secondaire de courte durée-Règles peu abondantes
3. DERMATO Hirsutisme
4. GENERAL Perte pondérale

IV. FEMMES DONT L'ANAMNESE INDIQUE QUE L'EFFET PROGESTINIQUE DOIT ETRE REDUIT

Femmes qui présentent des troubles de

1. DIGEST. Vomissements-Nausées-Flatulence-Constipation
2. NEURO. Maux de tête-Fatigue-Dépression-Bouffées de chaleur-Diminution de la libido
3. GYNECO. Sécheresse du vagin
4. SEINS Mastodynie
5. DERMATO Chloasma
6. GENERAL Syndrome des jambes, Gain pondéral

V. FEMMES DONT L'ANAMNESE INDIQUE QUE L'EFFET PROGESTINIQUE DOIT ETRE RENFORCE

Femmes qui présentent des troubles de

1. NEURO. Augmentation de la libido
2. GYNECO. Aménorrhée secondaire de courte durée-Règles abondantes
3. DERMATO Acné-Alopécie-Hirsutisme
4. GENERAL Perte pondérale

CONSULTATION DES NAISSANCES DESIRABLES

Signes à rechercher	Méthode conseillée		
	DIU	INJ	PIL
• <u>Femme qui n'a pas encore d'enfant</u>	(-)	(-)	(+)
• <u>Allaitement en cours</u>	+	+	(+)
• <u>Affection cardio-vasculaire</u>			
1. Atteinte cardiaque de R A A (valvulopathie)	-	+	+
2. Antécédents - Thrombose	+	(+)	-
- Varices profondes ou douloureuses	+	(+)	-
- Maladie du coeur, des vaisseaux	+	(+)	-
3. Deux facteurs présents parmi :			
- âge supérieur à 35 ans			
- tabagie importante	+	(+)	-
- diabète sucré			
- obésité			
4. Hypertension artérielle (supérieur à 15/10)	+	(+)	-
• <u>Affection hépatique</u>			
1. Maladie du foie en cours ou récente	+	(+)	-
2. Antécédents de prurit ou ictère de grossesse	+	(+)	-
• <u>Infection pelvienne</u>	-	+	+
• <u>Femme qui désire une contraception de moins de 6 mois</u>	-	-	+
• <u>Anémie</u>	-	+	+
• <u>Cancer génital ou mammaire, même guéri</u>	(+)	(+)	-
• <u>Traitement médicamenteux (rifampicine, hydantoïne,....)</u>	+	+	-

DIU : Dispositif intra utérin

INJ : Injection trimestrielle

PIL : Pilule combinée d'oestrogène et de progestatif

+ : Méthode à conseiller

- : Méthode à déconseiller

(+) : Indication relative

(-) : Contre indication relative

CONSULTATION DE NAISSANCES DESIRABLES

CHANGER LE CLIMAT SELON LE TABLEAU DES PLAINTES SUIVANTES

	Complications sous traitement aux anovulatoires	Changer en faveur de produits ayant un		Traitement d'appoint
		pouvoir oestrogénique	pouvoir progestinique	
DIGEST	Vomissements Nausées Flatulence-constipation	moins moins moins	moins moins moins	antiémétique antiémétique ---
NEURO	Maux de tête Fatigue migraines Troubles de la vision Dépression Bouffées de chaleur Augmentation de la libido Diminution de la libido	moins inchangé interrompre traitement interrompre traitement inchangé supérieur	moins moins interrompre traitement interrompre traitement moins moins supérieur moins	--- --- --- --- --- Evt. méthode séquentielle --- ---
GYNECO	Saignements intermédiaires Saignements retardés Aménorrhée secondaire de courte durée Règles peu abondantes Règles abondantes Aménorrhée secondaire de longue durée	supérieur supérieur supérieur supérieur inchangé interrompre traitement	inchangé inchangé supérieur inchangé supérieur	--- --- Evt. méthode séquentielle Evt. méthode séquentielle Evt. méthode combinée ---
	Sécheresse du vagin Ecoulement non spécifique Moniliase Trichomoniasis	inchangé moins inchangé inchangé	moins inchangé inchangé inchangé	Crème aux oestrog. application locale Evt. méthode séquentielle antimycotique dérivés de l'imidazole
SEINS	Mastodynie	moins	moins	
DERMATO	Acné Démangeaisons Chloasma Allergie, alopecie Hirsutisme	inchangé interrompre traitement moins inchangé supérieur	supérieur interrompre traitement moins supérieur supérieur	pas de dérivés de la nortestostérone contrôle de la fonction hépatique éviter l'insolation crème de protection contre la lumière antihistaminiques, pas de dérivés de la nortestostérone pas de dérivés de la nortestostérone
GENERAL	Syndrome des jambes (crampes du mollet, accentuation varices stase veineuse) Gain pondéral Perte pondérale Oedèmes	moins moins supérieur moins	moins moins supérieur inchangé	bas à varices, hydrothérapie ---

APPENDIX I

VARIOUS MOPH FORMS FOR MCH/FP COUNSELLING

Itariki	Itarambere ry'amagara y'umwana	Umubonano na Muganga

AMAGARA Y'UMUVYEYI NI YO MAGARA Y'UMWANA



Uwonsa umwana azezi 24

Ku mwana, ntacosubirira amaberebere y'umuvyeyi.

INGABURO BOHA UMWANA KUVA KU MEZI 4 GUSHIKA KU MEZI 6

Umusururu w'imfungurwa

NKOMEZAMUBIRI



Akarorero : Ifu y'amasaka, y'imyumbati, y'ibijumbu, wongareko : Isupu y'imboga n'amezi y'ivyamwa.

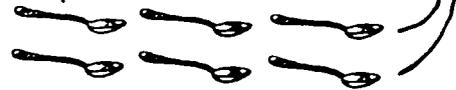
KURWANYA GUCIBWAMWO

Gushira :

Akayiko (1)
katuzuye umunyu mw'icupa

rya ci 72
ry'amazi
abize

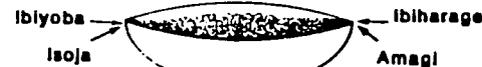
Kuvanga (+)
n'utuyiko dutandatu (6)
twuzuye isukari



Kuramiza umwana ayo mazi washize mu gakombe k'icayi, ukoresheje akayiko gatoyi

KUVA KU MEZI 7, KWONGERAKO IMFUNGURWA NDEMAMUBIRI

Akarorero :



KWONGEREZAKO KANDI IMFUNGURWA NSANGANYANGABURO

Ivyamwa

Imboga

Amafoka

Isomba

Inanasi

Irengaranga

Ipapayi

Imisoma



APPENDIX I

REPUBLIKA Y'UBURUNDI
UBUSHIKIRANGANJI BW'AMAGARA Y'ABANTU

URUPAPURO RW'ISUZUMA RY'UMWANA

Segeteri _____	N° _____	
Ivuriro : _____	M □ F □	
Izina : _____		
Yavutse : _____		
Se : _____		
Nyina : _____		
Komine : _____		
Umusozi _____		
Ikartiye : _____		
Ibarabara : _____		
Uburemere mu gihe c'ivuka : kg _____		

Kwandika itariki

INCANDAGO _____

	1	2	3	Incandago yo kwidutse
B.C.G	Aktivuka	X	X	Ku myaka 6
D.T.C	Ku kwezi 1 ½	Ku mezi 2 ½	Ku mezi 3 ½	Ku mezi 18
Ubugungwe	Aktivuka	Ku kwezi 1 ½	Ku mezi 2 ½	Ku mezi 3 ½
Agasama	Ku mezi 9	X	X	X

1. SECTEUR MEDICAL : 2. C S : 3. No

4. NOM : 6. Arrondissement 9. Quartier :

5. Mari : 7. Commune

8. Colline 10. Avenue No

PREMIER EXAMEN

Doit voir Docteur

Doit accoucher en
maternité

11. Age : ans + de 15 ans

12. Taille : cms + de 150 cms

13. Malformation physique (bassin) non

14. Nombre de grossesse : moins de 7

primipare non

..... - de 15 ans

..... - de 150 cms

..... oui

..... 7 et +

..... oui

15. Y a-t-il cicatrice chirurgicale
sous-ombilicale non

16. Y a-t-il eu des morts-nés non

17. Y a-t-il eu des avortements non

18. Dernier accouchement le

19. A domicile en maternité normal

20. Dernières règles le

21. Hauteur utérine : cms normale

22. Accouchement prévu le :

23. Date de la visite 24 1er V.A.T.
fait

25. Y a-t-il : perte de sang non

26. perte de liquide amniotique non

27. conjonctives pâles non oui

si oui mesurer Hb Hb supérieur à 60%

28. oedèmes non

..... oui

..... oui

..... oui

..... compliqué

..... anormale

..... oui

..... oui

Hb infér. à 60%

..... oui

29. A 5 mois et plus : l'enfant bouge oui

30. Rendez-vous le

..... non

CONSULTATIONS INTERMEDIAIRES SPONTANEEES

<u>Date</u>	<u>Plaintes</u>	<u>Mesures prises</u>

EXAMEN DE CONTROLE DU DERNIER MOIS :

32. Date : 33. 2e T.A.T. fait
34. Présentation céphalique oui
- Y a-t-il : 35. perte de sang non
36. pertes autres non
37. conjonctives pâles/non oui
- si oui mesurer Hb/ + de 60%
38. oedèmes non
39. mouvements fœtaux oui

Doit voir Docteur

Accouchement en maternité

		non <input type="checkbox"/>
	oui <input type="checkbox"/>	
	oui <input type="checkbox"/>	
		Hb - de 60% <input type="checkbox"/>
	oui <input type="checkbox"/>	
	non <input type="checkbox"/>	

EXAMEN POST-NATAL :

40. Y a-t-il perte de sang ou présence de pus non
41. Pertes autres non

	oui <input type="checkbox"/>
	oui <input type="checkbox"/>

42. Accouchement à la maison à la maternité Date :

43. Complications : non
- oui ventouse forceps césarienne déchirure
- hémorragie infection

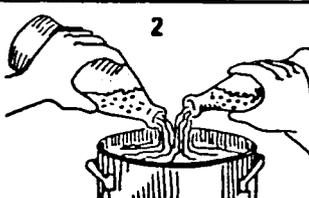
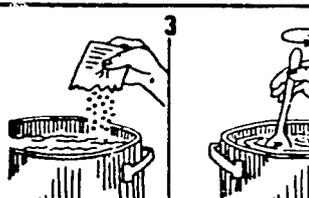
44. Enfant : garçon fille vivant poids de naissance gr mort-né

PLANIFICATION DES NAISSANCES :

45. Intervalle entre les 2 derniers accouchements/ + de 2 ans - de 2 ans
46. Nombre d'accouchements : - de 7 7 et +
47. Complication au dernier accouchement non oui
- si oui : césarienne embryotomie rupture
48. Espacement souhaité par la femme non oui
49. Espacement conseillé : non oui
50. Espacement accepté : non oui

Incandago	B.C.G. Pollo I (y'ubwa mbere) Pollo II (y'ubwa kabiri) Pollo III (y'ubwa gatatu) Pollo IV (y'ubwa kane)	Izogerwa ku wa	Igiswe ku wa
Rougeole			

**UMUTI UVURA UMWUMIRA UTURUTSE
KU GUCIBWAMWO**

 <p style="text-align: center;">Ibikoresho</p>	<p style="text-align: center;">Itegurwa</p> <p>Icupa rya primus n'irya fanta arimwo amazi meza ya Regideso canke ya Rusengo kibure ayandi atetse. Agatu k'owo muti. Isafuriya ipfundikiye.</p>
 <p style="text-align: center;">2</p>	<p>Gusuka ayo mazi mu safuriya nziza ishobora gufundikirwa neza.</p>
 <p style="text-align: center;">3</p>	<p>Gutabura agatu ka wa muti. Kuwusuka muri ya mazi. Kuvuruga n'ikiyiko.</p>
 <p style="text-align: center;">4</p>	<p>Kubuganiza uwo muti mw'icupa rinini rishobora kuruma neza mu gihe batariko barawukoresha. Uwo muti ntubikwe amashyamba arenga 24.</p>

Uburyo bwo kuwutanga

Ku mwana mutoyi

Gukoresha agakombe. Kumuramiza umwanya wose, naho yoba ayorwa. Kubandanya kuwumaha gushika aruhuke.

Ku mwana akuze

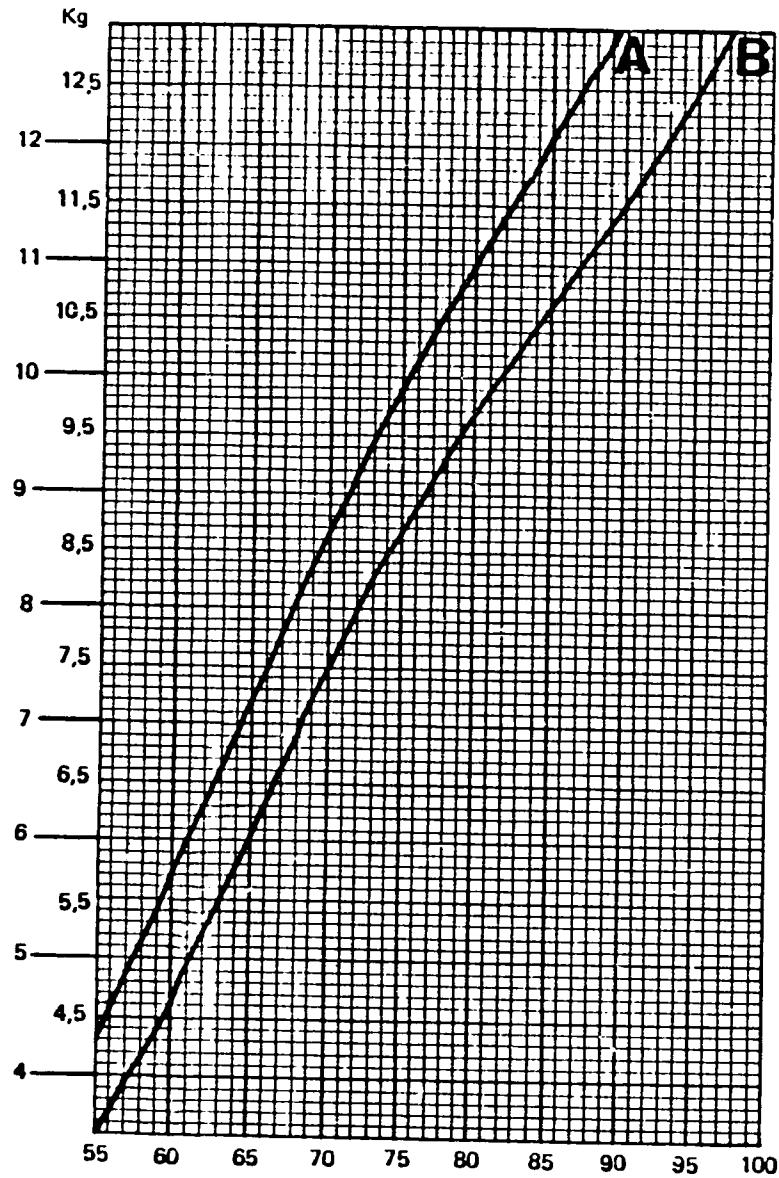
Kumuha uwo muti ibihe vyose, cane cane iyo avuze ko anyotewe, gushika aruhuke.

Ku muntu akuze

Kumuha uwo muti igihe cose asavye icyo enywa. Adatoye mitende naho, mujane kwa muganga.

Menya neza : Mu gihe badatoye mitende, yaba umwana canke uwukuze, bajane kwa muganga.

Consultation du Nourrisson



Numéro du dossier familial

Nom de l'enfant _____ sexe : F M

Né le Domicile Dispensaire Hôpital

Accouchement compliqué non oui

Rang Age de la mère

Décédé le Cause _____

Enfant à surveiller spécialement si une des réponses « oui »

Poids de naissance kg inconnu

Intérieur à 2 kg 500 _____ non oui

Jumeaux _____ non oui

Mère décédée _____ non oui

Mère a plus de 5 enfants vivants _____ non oui

VACCINATIONS

Vaccins	Date des vaccinations			Date rappel
BCG				
DPT				
Polio				
Rougeole				

64

ENFANT											MERE				Commentaires	
Age	Mois	Poids	Taille	P/T			Lait mat.			Signes infection Signes malnutrition Maladies	Prophylaxie .verminoses	R	E	NN		SC
				SUP A	A-B	INF B	+	±	-							
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
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6																

15

REPUBLIQUE DU BURUNDI
Ministère de la Santé Publique

Projet PMI FNUAP-CERMURAC
HDI/79/PO2

NUMERO

FICHE DE CONSULTATION DE NAISSANCES DESIRABLES

SECTEUR MEDICAL CENTRE DE SANTE
COMMUNE COLLINE
QUARTIER RUE

NOM DE LA FEMME AGE PROFESSION
NOM DU MARI AGE PROFESSION

GESTITE PARITE ENFANTS VIVANTS AGES
ENFANTS DECEDES AGES DECES
AVORTEMENTS G. E. U.

Présence du mari OUI NON Accord du mari pour un contraceptif OUI NON

Nombre d'enfants souhaités par la mère par le père

Espace souhaité entre les naissances par la mère par le père

MOTIVATION Espacement Arrêt de la croissance familiale Santé de la mère
Santé de l'enfant Raison économique Autre

Moyens contraceptifs connus Déjà utilisés
souhaité

Abstinence sexuelle après l'accouchement NON OUI Combien de temps?

ANTECEDENTS MEDICAUX Goitre Phlébite Af. hépatique Autre

CHIRURGICAUX

GYNECO

OBSTETRICAUX Césarienne GEU Mort-né Autre

Age des premières règles Date des dernières règles

Cycle de jours REGLES jours Abondance + ++ +++ Douleurs o + ++ +++

EXAMEN GENERAL Poids Taille T. A. Anémie Thyroïde

Etat veineux Seins

Analyses éventuelles:

Pathologie actuelle:

Traitement:

Consultation Prénatale

Secteur Médical _____ Formation Sanitaire _____
Colline-Quartier-Rue _____
Nom de la Femme _____ Age _____ Profession _____ Instruction _____
Nom du Mari _____ Age _____ Profession _____ Instruction _____
Nombre d'enfants vivants _____ Nombre d'enfants décédés Avortements
D D R D P A Grossesse de mois

Pour toute réponse oui, doit accoucher en maternité

Age de la mère <input type="text"/> ans	Moins de 15 ans	non	oui
Taille <input type="text"/> cm	Moins de 150 cm	non	oui
Gestité <input type="text"/>	Plus de 7 grossesses	non	oui
	Première grossesse	non	oui
Antécédents	Césarienne	non	oui
	Grossesse extra utérine	non	oui
	Mort-né	non	oui
Dernier accouchement	Domicile compliqué	non	oui
	Dispensaire compliqué	non	oui
	Hôpital compliqué	non	oui
Baudeloque <input type="text"/> cm	Inférieur à 17 cm	non	oui
	Malformation du bassin	non	oui

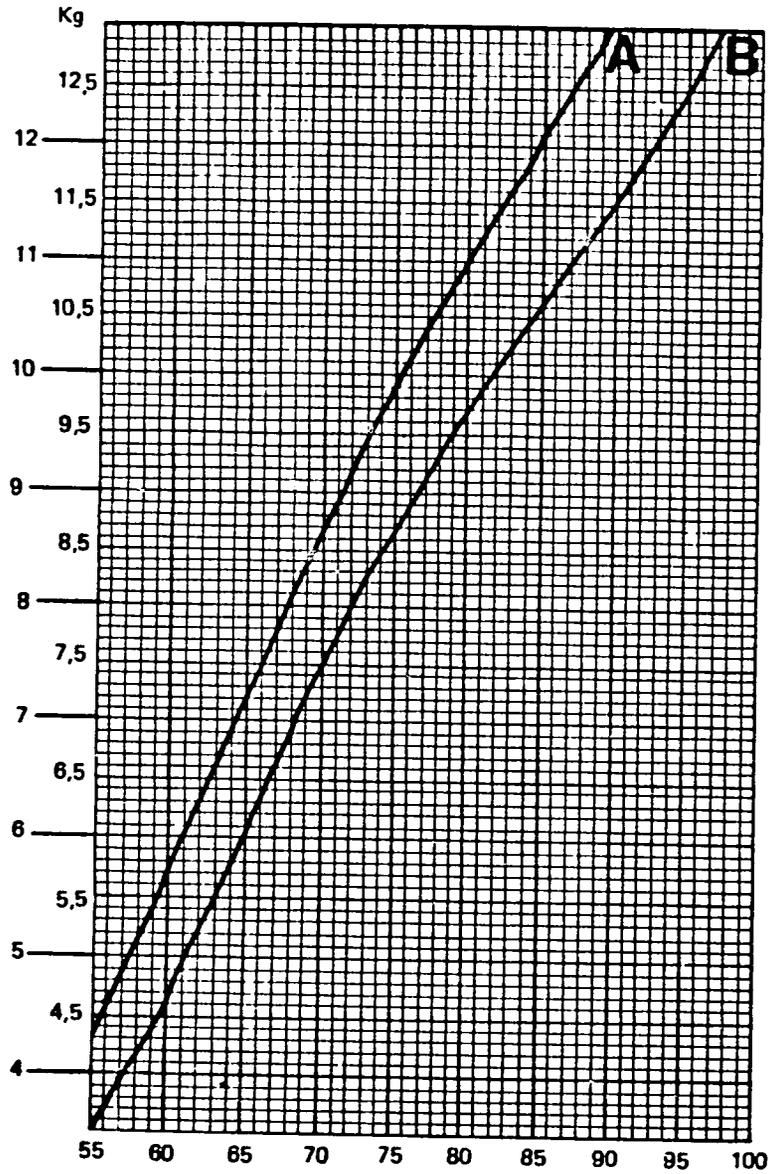
Vaccination antitétanique

Première date

Deuxième date

Remarques :

Consultation du Nourrisson



Numéro du dossier familial

Nom de l'enfant _____ sexe : F M

Né le Domicile Dispensaire Hôpital

Accouchement compliqué non oui

Rang Age de la mère

Décédé le Cause _____

Enfant à surveiller spécialement si une des réponses- oui

Poids de naissance kg inconnu

Inférieur à 2 kg 500 _____ non oui

Jumeaux _____ non oui

Mère décédée _____ non oui

Mère a plus de 5 enfants vivants _____ non oui

VACCINATIONS

Vaccins	Date des vaccinations			Date rappel
BCG				
DPT				
Polio				
Rougeole				

CM

ENFANT													MERE				Commentaires
Age	Mois	Poids	Taille	P/T			Lait mat.			Signes infection Signes malnutrition Maladies	Prophylaxie vermifuges	R	E	NN	SC		
				SUP A	A-B	INF B	+	+	-								
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
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9																	
10																	
11																	
12																	
1																	
2																	
3																	
4																	
5																	
6																	

Surveillance

Pour toute réponse = oui doit être référée au médecin

Date	Nbre Mois Gros	Pertes de Sang		Pertes liquide Amniotique		MF. absents après 5 mois		Oédemes		H.U. 4 cm/M	Présentation	Présent . autre que céphalique		Poids	T.A.	Observation éventuelle du médecin
		oui	non	oui	non	oui	non	oui	non			oui	non			
		Plaintes éventuelles														
		Traitement														
		Plaintes éventuelles														
		Traitement														
		Plaintes éventuelles														
		Traitement														

APPENDIX J

LIST OF JHPIEGO REFERENCE MATERIALS IN FRENCH

**CONTENT LIST
FRENCH-INSTITUTIONAL EDUCATIONAL PACKAGE**

<u>ITEM #</u>	<u>QTY</u>	<u>DESCRIPTION</u>	<u>UNIT COST</u>	<u>TOTAL</u>
700051-350	2	Control of Nutritional Anemia with Special Reference to Iron Deficiency (Lutte Contre Les Anemies Nutritionnelles, en Particulier Contre La Carence en fer)	2.10	4.20
700051-510	1	Drugs and Pregnancy (Medicaments et Grossesse)	32.50	32.50
(51-600)	2	Family Planning: Its Impact on the Health of Women and Children (Le Planning Familial: Son Effet Sur La Sante de la Femme et de L'Enfant)	(1.50)	
700051-610*	1	Family Planning Handbook for Doctors (Manuel de Planification Familiale a L'Usage de Medecins)	5.75	5.75
(51-612)	1	Female Sterilization	(5.00)	-
700051-810	2	Handbook On Infertility (Manuel de L'Infecondite)	2.93	5.86
700051-835	1	The Health Care Provider's Guide (Le Compagnon de L'Agent de Sante)	8.00	8.00
700051-840	1	Health Communicator Cassettes (A set of five (5) cartridges consisting of: Pelvic Exam; Breast Exam; Diaphragm Insertion; IUD Insertion and How to Use Vaginal Applicators)	50.00	50.00
700011-850	2	Health Communicator Hand Viewer	12.00	24.00
700051-841	1	High Risk Pregnancy (Les Grossesses a Haut Risque)	46.80	46.80
700051-915	2	Injectable Hormonal Contraceptives: Technical and Safety Aspects	2.00	4.00
700051-920	2	Intrauterine Contraception	2.25	4.50
700052-215	2	Breast Feeding-Fertility and Contraception	4.00	8.00
700052-320*	2	Management of Sexually Transmitted Diseases	5.00	10.00
700052-325	2	Manual for Nurse Midwives	3.00	6.00
700052-335	2	Manual of Family Planning for Nurses and Midwives (Manuel de Planification Familiale a L'Usage des Sages-Femmes et des Infirmieres)	2.00	4.00
700052-340	1	Manual on Feeding Infants and Young Children (Manuel Sur L'Alimentation des Nourrissons et des Jeunes Enfants)	5.00	5.00

<u>ITEM #</u>	<u>QTY</u>	<u>DESCRIPTION</u>	<u>UNIT COST</u>	<u>TOTAL</u>
700052-360	1	Maternal and Infant Health Care (Sante de la Mere et d l'Enfant)	29.00	29.00
700052-390*	1	The Neurological Development of the Premature and Full-Term Infant (Le Developpement Nuerologique de Nouveau-Ne a Term et Premature)	43.70	43.70
700052-410	1	Neonatology (Neonatalogie)	21.00	21.00
700052-430	2	New Trends & Approaches in the Delivery of MCH Care (Tendances et Approches Nouvelles Dans la Prestation de Soins Aux Meres et Enfants Par les Services de Sante)	6.90	13.80
700052-435	1	The Non-Physician and Family Health in Sub-Saharan Africa (L'Agent Sante et Sante Familiale de L'Afrique Sous-Saharienne)	5.00	5.00
700052-520	2	Oral Contraceptives (Contraceptifs Oraux)	3.00	6.00
700052-550	1	Pediatrics (Pediatrie)	30.00	30.00
(52-600)	1	Periodic Abstinence	(5.00)	-
(52-620)	1	Population Handbook	(3.50)	-
700052-850	1	Sexually Transmitted Diseases (Les Maladies Sexuellement Transmissibles)	36.90	36.90
700052-921	1	Social Pediatrics (Pediatrie Sociale)	57.60	57.60
(53-100)	5	Update on Oral Contraception (Le Point Sur La Contraception Orale)	(.40)	-
700053-220	2	Vasectomy (Vasectomie)	1.58	3.16
700053-250	1	Voluntary Sterilization (La Sterilization Volontaire)	24.00	24.00

Total Value for Items Presently in Stock 488.77
(Total Value When all Items are in Stock) 307.17

Note: () Denotes Items On Order

* Denotes Items to be deleted from stock when inventory is used

As of June 1, 1985

CONTENT LIST
FRENCH-INDIVIDUAL PHYSICIAN EDUCATIONAL PACKAGE

<u>ITEM #</u>	<u>QTY</u>	<u>DESCRIPTION</u>	<u>UNIT COST</u>	<u>TOTAL</u>
700051-350	1	Control of Nutritional Anemia with Special Reference to Iron Deficiency (Lutte Contre Les Anemies Nutritionnelles, en Particulier Contre La Carence en fer)	2.10	4.20
(51-600)	1	Family Planning: Its Impact on the Health of Women and Children (Le Planning Familiale: Son Effet Sur La Sante de la Femme et de L'Enfant)	(1.50)	
700051-610*	1	Family Planning Handbook for Doctors (Manuel de Planification Familiale a L'Usage des Medecins)	5.75	5.75
(51-612)	1	Female Sterilization	(5.00)	-
700051-810	1	Handbook On Infertility (Manuel de L'Infecondite)	2.93	2.93
700051-920	1	Intrauterine Contraception	2.25	2.25
700052-215	1	Breast Feeding - Fertility and Contraception (Allaitement Fecondation et Contraception)	4.00	4.00
700052-320	1	Management of Sexually Transmitted Diseases	5.00	5.00
700052-430	1	New Trends and Approaches in the Delivery of MCH Care (Tendances et Approches Nouvelles Dans La Prestation de Soins Aux Meres et Enfants Par les Services de Sante)	2.40	2.40
700052-520	1	Oral Contraceptives (Contraceptifs Oraux)	3.00	3.00
(52-600)	1	Periodic Abstinence	(5.00)	-
(52-620)	1	Population Handbook	(3.50)	-
700052-850	1	Sexually Transmitted Diseases (Les Maladies Sexuellement Transmissibles)	36.90	36.90
(53-100)	1	Update on Oral Contraception (Le Point Sur La Contraception Orale)	.40	-
700053-220	1	Vasectomy (Vasectomie)	1.58	1.58
700053-250	1	Voluntary Sterilization (La Sterilisation Volontaire)	24.00	24.00
Total Value for Items Presently in Stock				92.01
Total Value When all Items are in Stock				107.41

Note: () Denotes Items On Order

* Denotes Items to be deleted from stock when Inventory is used

As of June 1, 1985

15

**CONTENT LIST
FRENCH-INDIVIDUAL NURSE EDUCATIONAL PACKAGE**

<u>ITEM #</u>	<u>QTY</u>	<u>DESCRIPTION</u>	<u>UNIT COST</u>	<u>TOTAL</u>
700051-350	1	Control of Nutritional Anemia with Special Reference to Iron Deficiency (Lutte Contre les Anemies Nutritionnelles, en Particulier Contre la Carence en fer)	2.10	2.10
700051-600	1	Family Planning: Its Impact on the Health of Women and Children (Le Planning Familiale: Son Effet Sur La Sante de la Femme et de L'Enfant)	1.50	1.50
(51-612)	1	Female Sterilization	(5.00)	-
700051-810	1	Handbook On Infertility (Manuel de L'Infecondite)	2.93	2.93
700051-835	1	The Health Care Provider's Guide (Le Compagnon de L'Agent de Sante)	8.00	8.00
700051-920	1	Intrauterine Contraception (Contraception Intrauterine)	2.25	2.25
700052-215	1	Breast Feeding - Fertility and Contraception (Allaitement-Fecondation et Contraception)	4.00	4.00
700052-335	1	Manual of Family Planning for Nurses and Midwives (Manuel de Planification Familiale a L'Usage des Sages-Femmes et des Infirmieres)	2.00	2.00
700052-340*	1	Manual on Feeding Infants and Young Children (Manuel Sur L'Alimentation des Nourrissons et des Jeunes Enfants)	5.00	5.00
700052-430	1	New Trends and Approaches in the Delivery of Maternal and Child Care (Tendences et Approches Nouvelles Dans la Prestation de Soins Aux Meres et Enfants Par les Services de Sante)	2.40	4.80
700052-435	1	The Non-Physician and Family Health in Sub-Saharan Africa (L'Agent Sante et Sante Familiale de L'Afrique Saharienne)	5.00	5.00
700052-442	1	Nursing Notebook-Gynecology (Cashiers de L'Infirmiere-Gynecology)	20.00	20.00
700052-443	1	Nursing Notebook-Obstetrics (Cashiers de L'Infirmiere-Obstetrique)	20.00	20.00

As of June 1, 1985

76

<u>ITEM #</u>	<u>QTY</u>	<u>DESCRIPTION</u>	<u>UNIT COST</u>	<u>TOTAL</u>
700052-444	1	Nursing Notebook - Pediatrics (Cashiers de L'Infirmiere-Pediatrie)	20.00	20.00
700052-520	1	Oral Contraceptives (Contraceptifs Oraux)	3.00	3.00
(52-600)	1	Periodic Abstinence	(5.00)	-
700053-090	1	Universal Childbirth Picture Book (El Livre D'Images Universal de la Naissance)	3.50	3.50
(52-620)	1	Population Handbook	(3.50)	-
(53-100)	1	Update on Oral Contraception (Le Point Sur La Contraception Orale)	(.40)	-
700053-220	1	Vasectomy (Vasectomie)	1.58	1.58
Total Value for Items Presently in Stock				105.66
(Total Value When all Items are in Stock)				119.56

Note: () Denotes Items On Order

* Denotes Items to be deleted from stock when inventory is used

APPENDIX K

MOPH PERSONNEL TRAINED BY JHPIEGO

BURUNDI

 BUJUMBURA

CENTRE DE SANTE NGAGARA (HOPITAL PRINCE REGENT CHARLES)

MUHONGAYIRE, RENEE (4923)
 | GEN NURSE CLIN 09/83 REG. TUNISIA(NCA-6) | CP: 09/83 TUNISIA |

CLINIQUE PRINCE LOUIS RWAGASORE

LAPROCATOR (LPM-244)
 INSTALLED 08/ /80
 FINAL TOT SIGNED

*Preni
 B. B. B.*

BARAYOBERWA, GREGOIRE (1315)
 | INFERTILITY 05/80 USA, J HOPKINS | CP: 04/80 TUNISIA | FV: 11/80 |

BINAGANA, D. PIERRE (1399)
 | INFERTILITY 02/81 USA, J HOPKINS | CP: 02/81 TUNISIA |
 ***MOVED TO GREECE FOR SPECIAL OB/GYN STUDIES UNTIL 1987 (01/83)

GAHAMA, ADELAIDE (4661)
 | ENDOSCOPY(NUR) 02/81 REG. TUNISIA(CA-6) |

Adelaj

NZEYIMANA, THARCISSE (1700)
 ***MOVED TO HOPITAL REGIONAL DE NGOZI, NGOZI, BURUNDI
 ***SEE CURRENT AFFILIATION FOR COURSE INFORMATION

FAMILY WELFARE ASSOCIATION (ABBEF)

NINDORERA, JOSEPH (8359)
 ***MOVED TO PRIVATE PRACTICE, BUJUMBURA, BURUNDI (08/82)
 ***SEE CURRENT AFFILIATION FOR COURSE INFORMATION

HOPITAL KIBUMBU

NIMBONA, PHILOTEE (6284)
 | GEN NURSE CLIN 05/84 REG. TUNISIA(NCA-6) | CP: 05/84 TUNISIA |

HOPITAL PRINCE REGENT CHARLES

***AFFILIATED WITH UNIV NATIONALE DU BURUNDI FAC DE MEDECINE

LAPROCATOR (LPM-259)
 INSTALLED 08/ /80
 FINAL TOT SIGNED

*Com. v.
 Derits*

BARAKIKANA, COLETTE (5140)
 | ENDOSCOPY(NUR) 10/84 REG. MOROCCO(NCA-20) | CP: 10/84 MOROCCO |

GAKWAVU, ANDRE (1316)
 | INFERTILITY 05/80 USA, J HOPKINS | CP: 05/80 TUNISIA | FV: 08/80 |

KARANI, ADRIEN (1828)
 | SEX TR DISEASES 10/83 USA, J HOPKINS |

MBONEKO, LOUIS (8357)
 | MANAGEMENT-ADM 07/81 USA, J HOPKINS |

MUTEGANYA, DONAT (6951)
 | GEN PHYS CLIN 10/84 REG. TUNISIA(NCA-6) | CP: 10/84 TUNISIA |

NDARUGIRIRE, FRANCOIS (4893)

79

BUJUMBURA ... (CONTINUED)
 HOPITAL PRINCE REGENT CHARLES ... (CONTINUED)

ANESTHESIA-PHYS 03/83 REG, TUNISIA(NCA-6)	CP: 03/83 TUNISIA		
NOIHOKULWAYO, CHLOE (4691)			
ENDOSCOPY(NUR) 02/83 REG, TUNISIA(NCA-6)	CP: 02/83 TUNISIA		
NINTERETSE, GERVAIS (8226)			
MANAGEMENT-ADM 03/80 USA, J HOPKINS	CP: 03/80 TUNISIA	FV: 08/80	
INFERTILITY 02/82 USA, J HOPKINS			
NIYONKURU, JENNIFER (4690)			
ENDOSCOPY(NUR) 02/83 REG, TUNISIA(NCA-6)	CP: 02/83 TUNISIA		
NTAREME, FRANCOIS (8227)			
MANAGEMENT-ADM 03/80 USA, J HOPKINS			
NYIRABASHYITSI, ANASTASIE (4683)			
ANESTHESIA-TECH 01/83 REG, TUNISIA(NCA-6)	CP: 01/83 TUNISIA		
SINDAYIRWANYA, JEAN-BAPTISTE (1917)			
MICROSURGERY 11/84 USA, J HOPKINS			
BUKURU, MARIE (4645)			
***MOVED TO CENTRE UNIVERSITAIRE DES SCIENCES DE LA SANTE UNIV FEDERALE, YADUNDE/CENTRAL-SOUTH, CAMEROON (01/83) ***SEE CURRENT AFFILIATION FOR COURSE INFORMATION			

MIN DE LA SANTE PUBLIQUE

MPITABAKANA, PAUL (8380)			
MANAGEMENT-ADM 07/81 USA, J HOPKINS			
NSENGIYUMVA, FREDERIC (8444)			
MANAGEMENT-ADM 07/82 USA, J HOPKINS			

PRIVATE PRACTICE

NINDORERA, JOSEPH (8359)			
MANAGEMENT-ADM 07/81 USA, J HOPKINS			
***MOVED HERE FROM FAMILY WELFARE ASSOCIATION (ABBEF), BUJUMBURA, BURUNDI (08/82)			

BURURIBURURI HOSPITAL

NTAHOBARI, STANISLAS (6952)			
GEN PHYS CLIN 10/84 REG, TUNISIA(NCA-6)	CP: 10/84 TUNISIA		
***MOVED HERE FROM HOPITAL DE GITEGA, GITEGA, BURUNDI (02/85)			

GITEGA

HOPITAL DE GITEGA

wants CP
Presin Oligo

MUNYANKINDI, LAURENT (8358)			
MANAGEMENT-ADM 07/81 USA, J HOPKINS			
***TRANSFERRED TO ANOTHER POST PER USAID CABLE 3/12/84 (03/84)			
NIYONZIMA, LEA (3337)			
GEN NURSE CLIN 05/84 REG, MOROCCD(NCA-20)		CP: 05/84 MOROCCD	
NTAHOBARI, STANISLAS (6952)			
***MOVED TO BURURI HOSPITAL, BURURI, BURUNDI (02/85)			
***SEE CURRENT AFFILIATION FOR COURSE INFORMATION			

KAYANZA

HOPITAL KAYANZA

KARAKURA, CHARLES (9457)			
GEN PHYS CLIN 04/85 I/C, MOROCCD(NCA-20)		CP: 04/85 MOROCCD	

KIBUMBU/MURAMVYA

HOPITAL DE KIBUMBU

MBARIRIMBANYI, DIDACE (8574)			
MANAGEMENT-ADM 04/85 USA, J HOPKINS			

KIRUNDO

HOPITAL DE KIRUNDO

MAREGEYA, EMMANUEL (8491)			
MANAGEMENT-ADM 06/83 USA, J HOPKINS			

MURAMVYA

HOPITAL DE MURAMVYA

KADENDE, MICHEL (8899)			
GEN PHYS CLIN 12/84 REG, SENEGAL(NCA-75)		CP: 12/84 SENEGAL	
NZEYIMANA, ARTEMON (4862)			
ENDOSCOPY(PHY) 11/81 REG, TUNISIA(NCA-6)		CP: 11/81 TUNISIA	

07/10/85

MURAMVYA ... (CONTINUED)
HOPITAL DE MURAMVYA ... (CONTINUED)

NGOZI

HOPITAL REGIONAL DE NGOZI

LAPROCATOR (LPMF-796)
SHIPPED 05/25/84 UNDER NJ -1
FINAL TOT SIGNED

Abjeda L

KANEZA, FIDES (6473)			
ANESTHESIA-TECH 07/84 REG, TUNISIA(NCA-6)	CP: 07/84 TUNISIA		
NZEYIMANA, THARCISSE (1700)			
SEX TR DISEASES 10/82 USA, J HOPKINS	CP: 06/83 TUNISIA	FV: 08/84	
***MOVED HERE FROM CLINIQUE PRINCE LOUIS RWAGASORE, BUJUMBURA, BURUNDI			

RUMONGE

HOPITAL DE RUMONGE

*Transfered
to
Burundi*

NDAYIMIRIJE, NESTOR (1946)			
COURSE= PB 06/85 USA, J HOPKINS			
VYUZURA, PROSPER (8445)			
MANAGEMENT-ADM 07/82 USA, J HOPKINS			
GEN PHYS CLIN 07/83 REG, TUNISIA(NCA-6)	CP: 07/83 TUNISIA		

RWIBAGA

HOPITAL DE RWIBAGA

MASABO, SALVATOR (8573)			
MANAGEMENT-ADM 04/85 USA, J HOPKINS			

ISD - COMPUTER CENTER

APPENDIX M

**CARITAS INFORMATION SHEETS:
MATERIALS FOR HEALTH PROMOTION**

information

Atelier de Matériel Didactique
Busiga, B.P. 117 NGAZA
RURUNDI

Visual Aid Centre
and Workshop

ATELIER DE MATERIEL - BUSIGA -
- D.S.20 BUJUMBURA -
- BURUNDI -

MATERIEL DISPONIBLE.
- 1982 -

L'atelier est ouvert du lundi au vendredi inclus.
L'atelier est fermé : les samedi, dimanche, jours de congé.
Si vos commandes sont importantes, veuillez les faire bien à l'avance. Merci.

AFFICHES : (Bristol + plastic transparent. Environ 50cm x 80cm)

- Valeur des aliments .. 340 FR. + texte
- Enfant et nutrition .. 310 FR (Av. Sh. Marasme. Santé)
- Les aliments 310 FR X 3 (3 affiches Pour 3 séries d'aliments)
- Légumes du pays 310 FR
- Sevrage 310 FR + texte
- Le chanvre (drogue)... 310 FR + texte
- Alcoolisme et travail. 310 FR X 2 (2 affiches - deux proverbes)
- Lessive 310 FR
- Ordre dans le ménage.. 310 FR
- Plaies (soins)..... 310 FR + texte
- Sage 310 FR + texte
- Le cycle féminin 310 FR + texte (+ méthode Billings)

IMAGES EDUCATIVES : (bristol : 40cm x 55cm)

- | | |
|-------------------------------|-------------------------|
| Hygiène : | 10 toenia 40 Fr |
| 1. Se laver le corps.. 40 Fr | 11 W.C. 40 Fr |
| 2. Les djiques 40 Fr | Anatomie : |
| 3. Se laver la tête .. 40 Fr | 12 Squelette ... 45 Fr |
| 4. Les teignes 40 Fr | 13 Digestion ... 45 Fr |
| 5. Se laver les mains. 40 fr | 14 Respiration.. 45 fr |
| 6. La gale(main sale) | 15 Circulation.. 45 fr |
| 7. Se brosser les dents 40 Fr | Vacciner contre : |
| Nutrition : | 16. Coqueluche.. 40 Fr |
| 8. Kwashiorkor 40 Fr | 17. Variole 40 Fr |
| 9. Enfant bien nourri.. 40 Fr | 18. Choléra 40 Fr |
| (8 + 9 sous plastic) 310 Fr | 19. Tétanos 40 Fr |

Sur commande : plantes alimentaires animaux domestiques ... Fin de séries
40 Fr 40 Fr
POINTE - MAGE pour les images ci-dessus (unalite+plastic) 300 Fr

BOITES A IMAGES AVEC MONTAGE SONORE :

KWASHIORKOR - ALCOOLISME - TUBERCULOSE TIFUSI (texte kirundi)
sont fournies maintenant par le centre audio-Viso-Production de Mugeru et
avec la cassette de présentation.
s'adresser à : Centre A.V.P. Mugeru
B.P.117 Gitaga (R.Père Melley)

*feuille bleue = info
- Information des malades
- Planification finale*

SERIES POUR BOITE A IMAGES :

- CHOLERA (prévention) 340 Fr
1. éducation : La propagation de la maladie peut être évitée par des mesures de prudence et d'action collective. le cholera, la contagion, la prévention... Images comparées.
- SOINS A LA MAISON : 340 Fr
1. éducation : Informations de base pour aider à une action efficace lors des petits accidents ou de maladies banales facilement traitées. De quoi peut on disposer a la maison ?
Mise en garde : danger d'achat n'importe où,
Mise en garde aussi contre l'emploi abusif ou mauvais des remèdes.
- PLAIES 340 Fr
1. éducation : Il est possible de prévoir chez soi le nécessaire pour les petits soins de plaies et blessures. Que faire ?
images comparatives.
- ENFANT 340 Fr
1 éducation : Signale ce qu'une maman peut faire ou éviter si elle souhaite avoir un enfant bien portant.
consultations .. hygiène .. petits dangers .. etc.
- VERMINOSES ? : 340 Fr
1 éducation : Information simple (vase les + connus)
Moyens de contamination et de préservation ...
porteurs de vers .. péril fécal .. hygiène personnelle et alim
alimentaire.
- Typhus à poux : jusqu'à fin du stock 300.fr
1. éducation : Le typhus se transmet par les poux...
contagion par manque d'hygiène.

Nouveau :

AMENAGEMENT DES SOURCES : 390 Fr

390 Fr Explique comment est possible d'aménager les sources si chacun col
collabore.

L'auditoire est supposé connaître l'importance de l'hygiène de l'eau.

MALARIA : Education progressive présentée sous forme d'histoires comparées.
met en lumière la relation entre :

- 390 Fr - le malade porteur de parasite, le moustique anophèle vecteur, et
la contamination d'une personne saine.
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Ceux qui le souhaitent peuvent recevoir un plan facile de boîte pour images.