PD-AAW-395

TRIP REPORT

NAME : Maryse B. Pierre-Louis

PLACE : Ouagadougou, Burkina Faso

DATES : March 26 - April 4, 1985

OBJECTIVES

To provide technical assistance in program development and formulate drafts or proposals. More specifically, to assist the Ministry of Public Health and, in particular, the Directorate of MCH/FP in:

- determining in service contraceptives Training needs for MOH personnel;
- providing information regarding contraceptive technology and choice of method to the MOH;
- if necessary, providing short term remedial training in basic contraceptive technology to selected health personnel and to plan long term training needs to which the CPFH or other agencies could respond;
- discussing the components of an appropriate family planning supervision system with the Ministry;
- providing technical assistance regarding the client information and motivation essential for F. P.
- observing clinical record keeping and the information system being implemented;
- identifying any factors which could improve the family planning program

Unfortunately, there was not enough time to address fully all these points. Theresa McGuinn and I visited the key persons involved in the development of FP programs in Burkina Faso (see list in appendix) and the four health centers in Ouagadougou where F.P. services were introduced last February.
The major observations are the following:

1) Personnel at all levels and from different sectors of government, are highly motivated. We met with several officials from the Ministry of Health, the Ministry of Family Welfare and the Ministry of Education (list in Appendix). They all expressed their eagerness and enthusiasm to see a F.P. program implemented as soon as possible.

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A series of motivation seminars have already been held and more are scheduled for all of May throughout the country. At the health center level, both physicians and midwives are ready to move ahead with new approaches to family planning activities.
Dr. Berthe Ouedraogo, Director of MCH/Family Planning Program within the MOH stated clearly the necessity to move as fast as possible, given the fact that with all the motivation campaigns, people's expectations are increasing. She hopes that the center staff will prepare at least a draft by the beginning of May and a final proposal by October 85. There has been some disappointement regarding the delay in the presentation of the bilateral project: (AID/Government of B.F.). Fortunately, according to AID/Burkina, problems should be resolved before the end of this year.

2) Basic resources are available for development of F.P. activities in Ouagadougou and some provinces. Even if not well equipped, the centers have enough space and personel to have F.P. activities fully implemented. Practically all health centers in Ouagadougou are staffed with four (4) midwives, four (4) nurses, two (2) social workers. A physician is available in only one of the four centers. Only the midwives who have had a week of training have good basic knowledge of contraceptive methods. Other categories within the health centers should be trained as well.
We met with Dr. Campaoré, an obstetrician working in Ouahigouya(North of B.F) at a hospital sponsored by the German Government where are offered a broad range of F.P. methods, including sterilization (16 women last year). Dr. Campaoré is one of the JHPIEGO candidate for the F. Planning training in Morocco. He has great interest in improving F.P. activities upon his return to Ouahigouya.
In addition to medical and paramedical personnel, there are some women's organizations in Ouagadougou which are eager to help in the promotion of FP programs. Dr. Ouedraogo told us she and the staff are overwhelmed by the daily demands for information.

3) The people contacted (within the MOH and Family Welfare) realize the necessity to go beyond the health centers in promoting F.P.
Theresa McGuinn and I organized a meeting with MCH/FP staff and midwives involved in FP activities in Ouagadougou. The purpose of this meeting was to present some of the projects the center is developing, specifically in Haiti, Nigeria, Tanzania, in order to"initiate"some discussions about outreach programs. Although the whole idea of community basedoutreach seems quite new to them , there was a definite interest in using community resources like volunteers, women's club, etc. as part of the health center's network. The role of those groups has yet to be defined.

4) Some confusion exists as far as who is in charge of F.P. programs at the national level.
The Ministry of Family Welfare is, by decree, in charge of planning policies and the MOH, of delivering technical services. In fact, the people of MOH , like Dr. Zoubga, Secretary General and Doctor Ouedraogo feel this division is not appropriate and represents a major draw back since good coordination and cooperation with Family Welfare is not likely, given the fact that this Ministry takes too many initiatives. On the other hand, Mrs Opportune Nikiema, Secretary General of Family Welfare, as well as some AID staff in Burkina, feel that this duality is necessary for the promotion of FP in Burkina.
In planning future involvement in B.F., it will be very important to take this situation into account as suggested by Dr. Sabwa (UNFA representative)

5) Some factors seriously limit the development of an appropriate family program:
   1. There is no standardization as far as the procedures for recruitment of clients are concerned;
   2. The methods offered are limited and vary from one health center to the other;
   3. The procedures before having access to contraception are highly complicated and of questionable value;

4. The record and information system need to be improved;
5. The supply system is inappropriate,(too complicated, unnecessary information recorded).
6. A supervision network does not exist.

We were able to address some of these points separately with MOH officials and to present appropriate recommendations (see Part II).

ACTION REQUIRED

1. Given the eagerness of the MCH/FP directorate to start a project in the immediate future, the center should prepare a draft by the beginning of May. Fortunately, Therese McGuinn was able to stay in BF and will be joined by M. Waver and Gene Weiss.

   In writing the proposal:

   a) attention should be given to an integrated approach of family planning activities;
   b) a phase strategy should be considered: first strengthening the F.P. services in Ouagadougou and Bobo and, second, moving into outreach;
   c) some way to associate Family Welfare with the project must be found.

2. Before an agreement is reached and to avoid discouragement by MCH/FP staff, small O.R. projects which would produce quick results and would not require the presence of a consultant, could get under way this summer. Issues like recruitment procedures, continuation rates, correct use of pills, characteristics of acceptants, etc. could be addressed. Dr. Sabwa, the UNFA representative,felt "it's about time to start some O.R. projects about FP in B.F."

3. Theresa and I made a series of recommendations (see Part II) for immediate changes. The center could help MCH/FP staff follow-up on.

4. The center staff should plan some in-country training for high and middle level professionals before the end of 1985.
   This training could be a shorter version of the June training course. This would be useful since, at all levels, there is some confusion and misunderstandings concerning the overall management and organization of F.P. programs, the pre requisites for access to a method(especially the pill), and the evaluation process. Dr. Ouedraogo feels that I.E.C. should be an important part of the training of professionals in Burkina. John Hopkins is already taking care of this. (Philippe Langlois)

5. High level professionals need to get acquainted with other FP programs being developed in Africa and elsewhere. Dr. Ouedraogo, Mrs Sebgo and Mrs Nikiema expressed definite interest in visiting appropriate places where FP is implemented. AID/Burkina is arranging a meeting for Mrs Nikiema with center staff in N.Y. at the end of this month. The center could also encourage trips to other countries like Nigeria, Tanzania and Haiti.

PART II

Traveler	:	**Maryse B. Pierre-Louis**
Country	:	**Burkina Faso**
Travel Dates	:	**March 26 - April 4, 1985**
Topic	:	**Management Issues**

As part of our recommendations (see list of recommendations in Appendix), we discussed with Dr. Ouedraogo some aspects which need improvement in the overall management of the centers.

1. General and specific objectives have to be defined;
2. Job descriptions and organigrams have to be prepared in order to assure better motivation and performance of personnel.

This issue is really key, since the people in charge will be overwhelmed by the lack of organization, as the F.P. program grows. (See model of job description in Appendix).

Traveler	:	**Maryse B. Pierre-Louis**
Country	:	**Burkina Faso**
Travel Dates	:	**March 26 - April 4, 1985**
Topic	:	**Service Statistics**

We spent three days working at the health centers, interviewing the midwives in charge of F.P., observing the recruitment process and consulting F.P. records. In order to simplify our work, we prepared in advance a guide which includes all the aspects we felt necessary to address .

Compilation of data (Appendix) for three centers was done and presented at a meeting with center and MCH/FP staff. This was a useful exercice since it emphasized for the staff, the necessity of analyzing the information recorded in order to adjust activities according to findings.

We prepared a shorter and more functional version of the F.P. record (Appendix). Theresa McGuinn will follow up with the eventual implementation of this new model along with P. Sebgo since Dr Ouedraogo left BF on April 5 for a briefing in Brazzaville. The majors changes concern the medical, gynecological exams and the lab tests required in the follow-up process.

We also made recommendations concerning the appropriate information which should go in the monthly report to the MCH/FP Directorate.

Traveler	:	**Maryse B. Pierre-Louis**
Country	:	**Burkina Faso**
Travel Dates	:	**March 26 - April 4, 1985**
Topic	:	**Contraception**

Access to a contraceptive method is very difficult, and not standardized. We presented charts of the process for recruitment in the centers as we observed it:

1. The woman has to come at least three (3) times to the health center before she has access to a method; (see Chart I and II, Appendix)
2. Lab exams (cholesterol, blood sugar) are a pre-requisite
3. The cost of exams (3500 FCFA) is too high. It takes sometimes three, four months to a woman before having them completed.
4. Women have to pay for contraceptives.
5. The complex:client interview - medical - gynecologic exam, is too long (about 30 minutes for each woman). The gynecologic exam is not even done properly

We designed a new model (see Appendix) which was presented to Dr. Ouedraogo. Her reaction to this was not favorable. We do not know, at this point, if our recommendations will be accepted.

PERSONS AND INSTITUTIONS CONTACTED:

- US Embassy, Burkina Faso

  Leonard Neher, Ambassador

- USAID/ Ouagadougou

  Emerson J. Malevin, Director
  Lawrence C. Heilman, Deputy Director
  Leslie Curtin, Acting Health and Population Officer, Population IDI
  Dr. Olivier Harper, Public Health Officer
  Perle Combary, Assistant to the Health and Population Officer

- MOPH

  M. Alain Zoubga, Secretaire General

- Direction de la Santé de la Mère et de l'Enfant

  Dr. Berthe Ouedraogo, Directrice
  Mme Pascaline Sebgo, Sage Femme

- Ministry of Family Welfare ("Essor Familial")

  Mrs Opportune Ni Kiema, Secrétaire Général

- Burkinabe Physicians: . Dr. Nougtara, PMI Central
  . Dr. Campaoré, Hospital in Ouahigouya

- Association of Burkinabe Midwives; High Risk Clinic

  Mme Brigitte Thiambiono, Directrice and President of the Association
  Mme Delphine Bere Kabore, Midwife, June Course graduate
  Mme Hélène Ouedraogo, Midwife, June Course graduate
  Mme Georgette Djim, Midwife, June Course graduate

- Burkinabe Midwives working at the health centers:

  Mrs Belem
  Mrs Nougtara
  Mrs Traoré
  Mrs Oubda

- USAID Strengthening Health Planning Capacity

  Dr. Evariste Midy, Health Planner

PERSONS AND INSTITUTIONS CONTACTED (CONT'D) / 2

- UNFPA

  Dr. M. Sabwa, UNFPA Representative

- INAFA (Institut National d'Alphabétisation et de Formation des Adultes)

  Responsables

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RESUME DES RECOMMANDATIONS A COURT ET MOYEN TERME

PRESENTEES AU DR OUEDRAOGO LE 4/4/85

Le but de cette mission du Center for Population and Family Health, Columbia University (26 mars - 8 mai 85) est d'aider le ministère de la Santé du Burkina Faso, particulièrement la direction chargée de la santé materno-infantile et de la planification familiale, à évaluer les activités récentes de P.F. des SMI et à identifier les besoins à court, moyen et long terme dans ce domaine.

I. Facteurs susceptibles de favoriser l'expansion du programme de P.F.

Observations et recommandations:

- L'interaction entre la cliente et la sage femme, responsable de la P.F. est bonne.
- La motivation et l'intérêt du personnel en charge de la P.F., au niveau des SMI sont très profonds.
- Les sages femmes ont reçu une bonne formation de base en matière de P.F.
- L'éducation en P.F. est faite quotidiennement, le matin, pour les patients qui visitent les SMI.
- Au moins trois méthodes de contraception sont disponibles, ce qui facilite le choix de la patiente (ou cliente).
- Les méthodes sont disponibles à un prix nettement inférieur à celui des pharmacies.
- Les services sont ouverts à n'importe quelle femme, indépendamment de son âge et de sa situation matrimoniale.

Recommandation:

Encourager et renforcer ces différents facteurs au niveau des SMI.

II. Facteurs susceptibles de retarder la progression du programme de P.F.:

Observations et recommandations:

Observation 1: Les trois examens de laboratoire requis ne sont pas vraiment indispensables puisque:

1. il est difficile de prédire quelles femmes développeront,ou pas, des problèmes cardiovasculaires consécutifs à l'utilisation de la pilule;
2. les coûts de ces examens sont très élevés;
3. certaines femmes utilisaient la pilule sans problèmes bien avant de fréquenter les SMI.

Recommandation à court terme:

- Ne pas exiger ces examens comme conditions nécessaires d'accès à une méthode donnée.
- Dans tous les cas, l'examen physique devrait précéder toute demande d'examens de laboratoire.

Observation 2: Le temps de la consultation est trop long et les nombreuses formalités préalables représentent un obstacle certain, susceptible de décourager les femmes qui, par ailleurs, doivent vaquer à leurs activités quotidiennes.

Recommandations à court terme:

- Simplifier la procédure générale d'accès aux contraceptifs (Réf: Modèle I et II et modèle suggéré)
- Enlever de la fiche de P.F. toute information qui n'est pas absolument nécessaire.
  (Réf: fiche de P.F. suggérée)

Observation 3: Les procédures de recrutement des clientes ne sont pas standardisées au niveau des SMI.

Recommandations à court terme:

Standardisation des procédures afin de pouvoir évaluer le travail accompli et réaliser des études comparatives. Certaines variantes pourront, cependant, être introduites, à l'avenir, à des fins de recherche.

III. Recommandations à moyen terme:

Ces recommandations concernent principalement certains aspects de la gestion du programme (management).

1. Le système d'information

Recommandation: Préparation et révision de certaines fiches et certains rapports:

- fiche d'enregistrement
- rapport mensuel des activités de P.F.
- fiches mensuelles d'approvisionnement (stock)

2. Le Suivi

Recommandation: La mise en place d'un système de suivi des clientes en P.F.

3. La Supervision

Recommandation: Elaboration d'un système de supervision des activités.

4. La Description des fonctions

Recommandation: La description détaillée (ou la révision) des fonctions du personnel des SMI. (Réf: Appendice: description des fonctions. Draft.

5. L'Evaluation

Recommandation: L'élaboration d'un système d'évaluation qui pourrait être testé après les six premiers mois de fonctionnement du programme en fonction des objectifs fixés.

LISTE DE VERIFICATION POUR L'UTILISATION DE LA PILULE

Avant de prescrire des pilules à la femme, il faut vérifier si elle a:

1. La peau et les yeux jaunes	Oui ☐	Non ☐
2. Des masses aux seins	Oui ☐	Non ☐
3. De fortes douleurs thoraciques ou de forts maux de tête	Oui ☐	Non ☐
4. Des règles très abondantes ou des saignements ENTRE les règles*	Oui ☐	Non ☐
5. Des saignements après des rapports sexuels *	Oui ☐	Non ☐
6. Des varices aux membres inférieurs ou un oedème important des membres inférieurs	Oui ☐	Non ☐
7. Une tension artérielle élevée	Oui ☐	Non ☐

N.B.: * Ces conditions ne constituent pas des contre-indications absolues; elles peuvent cependant indiquer un problème gynécologique sérieux et devraient être évaluées par un médecin lorsque cela est possible.

Source: Allan Rosenfield, M.D.
Chairman of the Department of OB/Gyn Columbia Presbyterian Hospital, N.Y.
Director, Center for Population and Family Health, Columbia University.

LISTE DE VERIFICATION POUR L'UTILISATION DU STERILET

Avant de recommander l'utilisation du stérilet à une femme, il faut vérifier si elle a:

1. Une infection vaginale ou pelvienne — Oui ☐ Non ☐
2. Des saignements après les rapports sexuels — Oui ☐ Non ☐
3. Un gros fibrome — Oui ☐ Non ☐
4. Un problème génital grave (cancer ou autre) en évolution — Oui ☐ Non ☐

Source: Allan Rosenfield, MD

PLAN A CONSIDERER DANS LA DESCRIPTION DES FONCTIONS DU PERSONNEL

La description des fonctions de chaque catégorie de personnel au sein d'une institution de santé est un moyen utile qui permet de faciliter le travail et d'améliorer la performance de l'équipe de santé.

Exemple: Description de Fonction

1. Position: Sage femme en charge de la planification familiale SMI
2. Qualifications: nécessaires
   préférables
3. Expérience professionnelle
4. Relève directement de:
5. Personnes relevant de son autorité.
6. Description générale des activités (ceci représente un résumé des activités qui peut être fait en un court paragraphe.)
7. Description spécifiques des activités:
   A. Techniques
   B. Administratives

STATISTIQUES DE LA PLANIFICATION FAMILIALE AUX PMI

	PMI Central	PMI Dapoya	PMI Samandin	Total
No. des fiches	136	34	29	199
No. des femmes qui ont accepté la contraception	42	31	22	95
Méthode: Pilule	81%	87%	91%	85%
Stérilet	17%	13%	9%	14%
Neo Sampoon	2%	0%	0%	1%
Age moyen des femmes	26 ans	28 ans	31 ans	27 ans
Situation Matrimoniale:				
. Célibataire	5%	18%	10%	8%
. Mariée monogame	81%	68%	59%	75%
polygame	13%	12%	31%	16%
. Séparée, divorcée, veuve	1%	2%	0%	1%
Niveau d'instruction:				
Analphabète	41%	21%	41%	38%
Primaire	30%	21%	21%	27%
Secondaire	27%	50%	31%	32%
Universitaire	1%	0%	3%	1%
Pas de réponse	0%	8%	3%	2%
Occupation des femmes:	(n-88)			
Ménagère	77%	50%	50%	66%
Elève	5%	21%	4%	8%
Travail	18%	29%	46%	26%

STATISTIQUES DE LA PLANIFICATION FAMILIALE AUX PMI (CONT'D)

	PMI Central	PMI Dapoya	PMI Samandin	Total
Religion des femmes	(n=88)			
Musulman	60%	44%	36%	54%
Catholique	37%	41%	36%	38%
Autre	2%	15%	28%	8%
No. moyen des enfants vivants	2.9	3.4	4.7	3.2 enfants
% des femmes qui:				
-veulent encore des enfants	---	48%	39%	43%
- ne veulent plus, pas encore d'enfants	---	52%	61%	57%
La femme a-t-elle déjà utilisé la contraception?				
. Oui	14%	50%	28%	25%
. Non	76%	26%	66%	63%
. Pas de réponse	10%	24%	6%	12%
La femme, où a-t-elle entendu parler de P.F.?				
. SMI	72%	37%	50%	64%
. Radio	7%	16%	43%	7%
. Ami, famille	14%	26%	0%	19%
. Autre	7%	21%	7%	10%

N° de fiche _____

Date _____

Nom et prenoms _____

Adresse _____

_____

_____

Date de naissance _____

Situation Matrimoniale

- Célibataire ☐
- Mariée Monogame ☐
- Polygame ☐
- Separée, Divorcée, Veuve ☐

Niveau d'Instruction

- Analphabète ☐
- Primaire ☐
- Sécondaire ☐
- Universitaire ☐

Profession de la femme _____ du mari _____

Religion de la femme _____ du mari _____

Ethnie de la femme _____ du mari _____

Nombre des enfants vivants _____ décédés _____

Temps écoulés depuis la dernière grossesse _____

Désirez-vous encore des enfants? Oui ☐ Non ☐

Où avez-vous entendu parler de la planification familiale?

- par un agent de santé du centre SMI ☐
- par un agent de santé de la maternité ☐
- par un agent social ☐
- par la radio ☐
- par un ami ☐
- Autre _____

Avez-vous déjà utilisé des moyens contraceptifs ?

Non ☐

Oui ☐ Lesquels _____

Utilisez-vous encore cette (ces) méthode(s) ?

Oui ☐

Non ☐ Pourquoi avez-vous cessé ? _____

_____

Examen. Général

La tête

1. sévères maux de têtes	Oui	Non
2. peau et yeux jaunes	Oui	Non

Le thorax

3. douleurs thoraciques sévères	Oui	Non
4. masses aux seins	Oui	Non
5. allaite-t-elle un enfant de moins de ___ mois	Oui	Non

L'abdomen et le bassin

6. grossesse	Oui	Non
7. saignement après des rapports sexuels	Oui	Non
8. saignement entre les règles	Oui	Non
9. règles très abondantes	Oui	Non
10. large fibrome	Oui	Non
11. leucorrhée	Oui	Non
12. varices et oedèmes	Oui	Non

Autre

13. tension artérielle	Systolique / Diastolique =	
14. obésité	Oui	Non

Méthode acceptée _____ Date _____

Changement de méthode _____ Date _____

_____ _____

Points à surveiller au moment de la visite de controle (à 3 mois)

Date _____

Effets secondaires serieux

Maux de têtes sévères	Oui	Non
Nausée importante	Oui	Non
Douleurs abdominales sévères	Oui	Non
Douleurs aux jambes	Oui	Non
Douleurs thoracignes sévères	Oui	Non

Tension arterielle $\frac{\text{Systolique}}{\text{Diastolique}}$

Est-elle augmentée de façon sensible par rapport à la première visite?	Oui	Non

Recommandation _____

_____

_____

Visites Subséquentes

Date	Raison pour la visite	Observation

BURKINA FASO

MINISTERE DE LA SANTE PUBLIQUE

DIRECTION DE LA SANTE DE LA MERE

ET DE L'ENFANT

-o-o-o-o-

FICHE DE CONSULTATION DE PLANIFICATION FAMILIALE

Province de .....

Centre SMI/PF de.....

N° de fiche.....

Nom et prénom.....

Date de naissance.....

Date de la 1ère consultation.....

Situation matrimoniale

- Célibataire ☐
- Mariée monogame ☐
- " polygame ☐
- Séparée ☐
- Divorcée ☐
- Veuve ☐

Niveau d'instruction

- Primaire ☐
- Secondaire ☐
- Universitaire ☐
- analphabète ☐

Profession de la femme.....du mari.....

Religion de la femme.....du mari.....

Ethnie de la femme.....du mari.....

Adresse.....

Antécédents médicaux.....

chirurgicaux.....

Gestations antérieures

N°	année	avorte-ment	complications avant/pendant après l'ac-couchement	etat de l'enfant à la naissance	enfant vivant sexe	enfant décédé âge et caus

EXAMEN GYNECOLOGIQUE

Dates / Eléments				
REGLES Date				
Rythme				
Durée				
Abondance				
Dysménorrhée				
Métrorragie				
COL Description				
Leucorrhées				
UTERUS Position				
Taille				
Forme				
Consistance				
Annexes				
SEINS				
Observations				
Date de la prochaine visite				
Signature				

CONTRACEPTION

méthode contraceptive conseillée /désirée.....

Date du début / jour / Mois / année /

Avis du conjoint :.....

PROCEDURE ACTUELLE DE RECRUTEMENT DES CLIENTES POUR LA P.F. - MODELE I

N.B.: Services de planification familiale délivrés n'importe quel jour de la semaine

Résumé des étapes à franchir avant d'avoir accès à une méthode:

Education sommaire de la patiente en ce qui concerne les méthodes disponibles.

1ère fois

Examens de laboratoire prescrits (Glycémie, dosage du cholestérol, lipides totaux)

Résultats des examens de laboratoire: Inscription; interrogatoire

Normaux — Anormaux (?)

2ème fois

Examen Clinique

Normal

Pilule prescrite
(éducation plus approfondie)

Cliente revient pour l'achat
(si l'argent n'est pas
disponible immédiatement)

Anormal

Une autre méthode est conseillée

Condom
Spermicide

Cliente revient pour l'achat
(si l'argent n'est pas
disponible immédiatement)

Stérilet

Cliente référée à la maternité

3ème fois

PROCEDURE ACTUELLE DE RECRUTEMENT DES CLIENTES EN P.F. SMI - OUAGADOUGOU - MODELE II

N.B.: Services de planification familiale délivrés deux fois par semaine.

Analyse des étapes à franchir avant d'avoir accès à une méthode:

- Education faite au cours des séances générales, chaque matin.

1ère fois

- Inscription: interrogatoire sommaire: .âge, adresse, religion
  antécédents, etc.

- Demande d'examens de: Glycémie - Dosage de Cholestérol - Lipides totaux

2ème fois

- Résultats des examens de laboratoire: . examen gynécologique pratiqué
  examen médical pratiqué

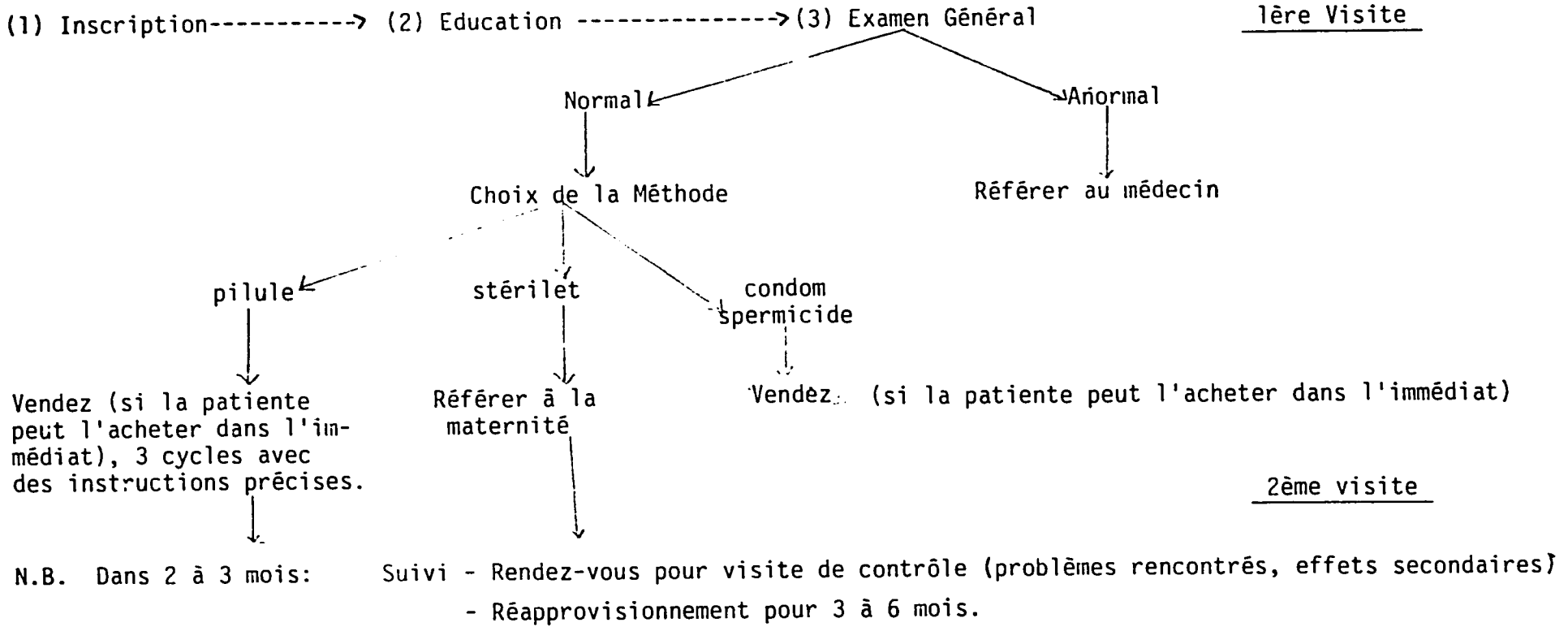
- Prescription d'une méthode, principalement la pilule, si les examens sont normaux.

3ème fois

- Exécution de la prescription, qui peut se faire dès la deuxième fois, si la patiente a les moyens financiers et si elle a ses règles.

Modèle Proposé - DRAFT

RECRUTEMENT DES CLIENTES POUR LA PLANIFICATION FAMILIALE: SMI. OUAGADOUGOU



CURRICULUM VITAE

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EDUCATION

June 1982	: Attended the June training Course of Columbia University on Management and Evaluation of Maternal and child health and Family Planning programs.
1980 - 1981	: Harvard School of Public Health: Master of Science in Health Services Administration, June 4, 1981
1979 - 1980	: Harvard School of Public Health: Received Master of Public Health (MPH) degree in June 1980.
1977 - 1979	: Les Cayes and Croix des Bouquets, Haiti: Residency in community, preventive and general Medicine in rural areas of Haiti
1971 - 1977	: University School of Medicine and Pharmacy, Port-au-Prince, Haiti. Received M.D. degree, August 1977
1970 - 1971	: Pensionnat Sainte Rose de Lima, Port-au-Prince, Haiti. Received Baccalaureate degree (Second part)
1962 - 1970	: Institution du Sacré-Coeur de Turgeau. Port-au-Prince, Haiti. Received Baccalaureate degree (First Part)

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WORK EXPERIENCE

July 83 - Present	: Maternal and Child Hospital in Bon Repos, Port-au-Prince, Haiti. As the Director of that 200-bed University Hospital whose annual budget averages $1,000,000; in charge of the design, planning, management and evaluation of activities and programs.
June 1984	: Invited as an international consultant at the June training course offered by Columbia University to African participants on management and evaluation of maternal and child health and Family planning Programs.
October 1981 - June 83	: Division of Family Hygiene, Port-au-Prince, Haiti. Research and Evaluation Section. Involved in an Operations Research on low-cost Delivery of Maternal and Child Health and Family Planning in rural Haiti, with technical assistance of Columbia University. As the project assistant, principally in charge of the design, management, implementation and evaluation of this project.
June 1983	: Invited as an international consultant at the June training course offered by Columbia University to African participants on management and evaluation of maternal and child health and Family Planning Programs.
Dec. 1981-July 1982	: As a representant of the Division of Family Hygiene assisted the Haitian Institute of Statistics in the design of the questionnaire for the 1982 census.
Summer 1980	: Management Sciences for Health, an international consulting firm in Boston. Assisted in the elaboration of a paper concerning primary health workers in Haiti. This paper will eventually serve as a guideline for program implementation in Haiti in the next three years.
1978 - 1979	: Training of primary health workers and third year medical students in the area of community and preventive medicine. Immunization program for primary school children in the rural area of Croix des Bouquets. Primarily involved in the planning, implementation and coordination of this program.

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1977 - 1978	: Teaching of gynecology to Second Year Nursing Students at the Nursing School of Les Cayes, Haiti.

PERSONAL BACKGROUND

Languages	: Fluent in French, Creole, English. Ability to read Spanish
Personal References	: References furnished upon request.
Affiliation	: Member of the Harvard Alumni Association
Publications	: - **"Attitudes and Beliefs of Rural Haitian Women concerning Diarrhea - Diarrhea Dialogue"** May 1982. Reproduced in "Bulletin Médico-Social" du Département de la Santé Publique et de la Population, Haiti. September 1982 -**"Can non-Medical Personnel Distribute Oral Contraceptives in Haiti?"** To be published in "Bulletin Médico-Social du Département de la Santé Publique et de la Population" , Haiti.
Présentation	: NCIH conference, Washington D.C. June 1983: "Community based distribution of oral contraceptives in Rural Haiti: Allman, Pierre-Louis, Bordes, Verly.