

# A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

ISN 53025

<b>A. REPORTING A.I.D. UNIT:</b> <u>USAID/Burkina</u> <small>(Miss or of A.I.D. Office,</small>  (ES# _____ )	<b>B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?</b> yes <input checked="" type="checkbox"/> slipped <input type="checkbox"/> ad hoc <input type="checkbox"/> Eval Plan Submission Date: <u>FY87 03</u>	<b>C. EVALUATION TIMING</b> Interim: <input checked="" type="checkbox"/> final <input type="checkbox"/> ex post: <input type="checkbox"/> other: <input type="checkbox"/> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">PD-AAW-743</div>			
<b>D. ACTIVITY OR ACTIVITIES EVALUATED</b> (List the following information for project(s) or program(s) evaluated; If not applicable, list title and date of the evaluation report)					
Project #	Project/Program Title <small>(or title &amp; date of evaluation report)</small>	First PROAG or equivalent <small>(FY)</small>	Most recent PACD <small>(mo/yr)</small>	Planned LOP Cos: <small>('000)</small>	Amount Obligated to Date <small>('000)</small>
686-0251	Strengthening Health Planning Capacity Project Evaluation, June 24 - July 17, 1987	82	9/90	5,750	5,750

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR	Name of officer responsible for Action	Date Action to be Completed
Action(s) Required  1. Hire a computer programmer (12 months) and a replacement epidemiologist (12 months) to complement the Pragma team.	PRAGMA	ASAP
2. Extract and analyze selected data from the quarterly health information reports for inclusion in the quarterly <u>Bulletins d'Epidémiologie et d'Information Sanitaire</u> .	DEP	04/88
3. Conduct a seminar to revise and expand the existing epidemiologic guide and enlarge distribution to the dispensary/maternity level.	DEP	09/88
4. Reinforce the <u>Comité d'Evaluation des Projets Sanitaire</u> (CEPS) by continuation of practical training workshops for CEPS participants and by designation of deputies to attend meetings.	DEP	06/88

(Attach extra sheet if necessary)

<b>F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION:</b> mo <u>9</u> day <u>5</u> yr <u>87</u>			
<b>G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:</b>			
Signature Typed Name	Project/Program Officer Richard S. Greene	Representative of Borrower/Grantee Dr. Michel Sombié	Evaluation Officer <i>DRM</i> Donald R. Mackenzie
	Date: <u>11/24/87</u>	Date: <u>11/6/87</u>	Mission or A.I.D. Office Director Herbert N. Miller  Date: <u>[Signature]</u>

Action Required	Action Agent	Date Action to be Completed
5. Expand the training of provincial MOH personnel in essential management skills required for implementing programs.	DEP	06/89
6. Establish an advisory committee for the documentation center to set operating policy and provide guidance to the center.	DEP	12/88
7. Conduct a campaign to inform people in health field of existence and use of the health documentation center.	DEP	12/88
8. Provide short-term TA by an information management specialist to assist in the installation of the health documentation center in the new building.	PRAGMA	03/88
9. Provide short-term participant training to the DEP documentalist and the DEP economist.	USAID	06/90
10. Create an operational research (OR) committee with the following responsibilities: - establishment of criteria for funding OR proposals - establishment of management, supervisory, and funding procedures for approved study proposals.	DEP	06/88

**H EVALUATION ABSTRACT** (do not exceed the space provided)

The purpose of the project is to strengthen the planning capacity of the Ministry of Health (MOH). The project is being implemented by the MOH's Directorate of Studies and Planning (DEP) with the technical assistance of a five member Pragma Corp. team. The mid-term evaluation was conducted by a five member team fielded by University Research Corporation and was based on a review of project documents, in-depth interviews with MOH and project staff, and site visits to observe the primary health care system in four provinces. The purpose of the evaluation was to assess progress to mid-term and to make recommendations for future improvements. The major findings and conclusions are:

- the project has been extraordinarily successful in developing a capacity to plan in the health sector;
- the DEP has successfully developed a national network of planning/programming/monitoring/evaluating activities through collaboration with central and provincial directorates and health service teams;
- extremely rapid progress has been achieved in developing policies, procedures, health plans, training of key personnel and in developing a national health information system (NHIS);

The chief recommendations are:

- strengthen the NHIS by improving feedback, distributing a revised user's guide, and publishing annual reports in a timely manner;
- establish advisory committees for operations research and the health documentation center to set policies and provide guidance;
- strengthen the MOH's evaluation committee by conducting practical training workshops for its members and by the designation of deputies to attend meetings when necessary;
- expand training of provincial MOH personnel in essential management skills required for implementing programs.

**I EVALUATION COSTS**

1. Evaluation Team Name	Affiliation	Contract Number: <u>OR</u> TDY Person Days	Contract Cost: <u>OR</u> TDY Cost (US\$)	Source of Funds
Vincent Brown	URC	21	Total URC	Project
Harry Godfrey	URC	18	contract cost:	
Ann Levin	URC	18	\$75,000	
Melvyn Thorne	URC	18		
Janet Malcolm	URC	18		

2. Mission/Office Professional  
Staff Person-Days (estimate) 12

3. Borrower/Grantee Professional  
Staff Person-Days (estimate) 18

# A.I.D. EVALUATION SUMMARY PART II

## J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided) Address the following items.

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office USAID/Burkina

Date this summary prepared 10/08/1987

Title and Date of Full Evaluation Report Evaluation/Strengthening Health Planning  
Capacity Project (686-0251),  
June 24 - July 17, 1987

The purpose of the project is to strengthen the planning capacity of the Directorate of Studies and Planning (DEP) in the Ministry of Health (MOH) to undertake the systematic analysis of health needs and resources, and to more effectively develop, implement, and evaluate health programs. In this way the management of primary health care programs will be improved and essential health services extended to the entire population. The project is being implemented by the DEP with the technical assistance of a five member Pragma Corporation team.

The mid-term project evaluation was conducted by a five member team fielded by University Research Corporation and was based on a review of project documents, in-depth interviews with MOH and project staff, and site visits to observe the primary health care system in four provinces. The purpose of the evaluation was to assess progress to date and to make recommendations for future improvements. The major findings and conclusions of the evaluation team are as follows:

"During the first half of this project the GOB MOH, its DEP, and the current TA team have been extraordinarily successful in developing a capacity to plan in the health sector. Progress in developing policies, procedures, plans, training of key personnel, and coordination has been extremely rapid as judged either by previous developments in the Burkina health sector, or by comparison with the speed of such developments in other developing countries.

This unusually high project impact has been due, in part, to the priority accorded by the new government to PHC and to participative, coordinated decision-making from ministries to villages. At high levels the government has pushed hard for rapid, widespread increases in the provision of cost-effective health services.

The GOB's emphasis on rational planning in all sectors has drawn the MOH DEP, one of the earliest planning units created (with help of USAID and the World Bank), into a unusual and important position of influencing policies, structures and planning methods throughout the government. The MOH DEP has also been continuously active during this period in developing a national network of planning/programming/monitoring/evaluating activities through direct and continuous collaboration with all the other MOH central directorates, with the provincial health services teams, and the services responsible for organizing and supporting an extensive village health workers program.

USAID investment in the DEP has thus been applied at an optimal focus of cost-effective impact in the health sector. Immediately upon their arrival the TA team was drawn into the rapidly ongoing work of their officed counterparts. Although there have been some personal difficulties, in general the current team has worked flat out, collaboratively, shoulder-to-shoulder in the same offices with their counterparts since arrival, producing an impressive amount of analysis, on-the-job training, and technical materials and assistance, usually focused on urgent issues and what was required to take the next steps in collaboration of the government's planning mechanisms. USAID backstopping has been excellent--thorough, positive and timely.

By any reasonable standards of comparison these accomplishments of the GOB, the MOH, the Director and staff of the DEP, the current Technical Assistance Team, USAID and collaborating organizations in developing of an effective health planning capacity and its products are outstanding. This unusually rapid progress is a credit to the competence and industry of all contributors.

Therefore, the team concludes that, assuming a continuation of the progress in the first half of the project, the DEP will have the capacity to continue its planning function without further external assistance, except possible short-term assistance on specific topics."

The chief recommendations are as follows:

- 1) Hire a computer programmer (12 months) and replacement epidemiologist to complement the technical assistance team;
- 2) Extract and analyze selected data from the quarterly health information reports for inclusion in the quarterly Bulletins d'Epidémiologie et d'Information Sanitaire;
- 3) Emphasize the establishment of minimum levels of resources (norms) which are acceptable for authorization of services, in addition to the optimum levels used in planning;
- 4) Conduct a seminar to revise and expand the existing epidemiologic guide and enlarge distribution to the dispensary/maternity level;

d

- 5) Reinforce the "Comité d'Evaluation des Projets Sanitaire" by continuation of practical training workshops for participants and by designation of deputies to attend meetings;
- 6) Expand the training of provincial MOH personnel in essential management skills required for implementing programs;
- 7) Establish an advisory committee for the documentation center to set operating policy and provide guidance to the center;
- 8) Conduct a campaign to inform people in the health field of the existence and use of the health documentation center;
- 9) Provide short-term participant training to the DEP documentalist and the DEP economist;
- 10) Provide short-term TA by an information management specialist to assist in the installation of the health documentation center in the new building;
- 11) Create an operational research (OR) committee with the following responsibilities:
  - establishment of criteria for funding OR proposals;
  - establishment of management, supervision, and funding procedures for approved study proposals.

*e*

Evaluation: Strengthening Health Planning Capacity Project  
(686-0251), Burkina Faso, June 24 - July 17, 1987,  
University Research Corporation

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

Mission's comments: USAID/Burkina considers that the subject evaluation was well done and effectively met the demands of the scope of work. All of the specific questions posed in the scope of work were adequately addressed. (For example, in response to questions concerning use of remaining short-term technical assistance and participant training funds, the team designed detailed charts of present and recommended future expenditures in these areas.) Sufficient field work, site visits, and relevant interviews were conducted to assure a fully informed project assessment. USAID/Burkina concurs in the overall conclusions and findings cited by the evaluation team.

With the concurrence of USAID, the evaluation team utilized the end of project (EOP) indicators in the Project Grant Agreement Amendment no. 1 rather than the logframe indicators in the Project Paper (as cited in the evaluation scope of work) as the criteria to measure project progress. This was agreed upon because the EOP indicators are more recent than the logframe indicators and are formalized as part of a GOB countersigned document.

GOB's comments: The GOB considers that the evaluation team effectively carried out its assignment and concurs in the overall conclusions and findings cited in the evaluation report.

ATTACHMENTS

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**EVALUATION**

**STRENGTHENING HEALTH PLANNING CAPACITY PROJECT  
(686-0251)**

**BURKINA FASO**

**JUNE 24 - JULY 17, 1987**

**UNIVERSITY RESEARCH CORPORATION  
5530 Wisconsin Avenue  
Chevy Chase, MD 20817**

**IQC Contract# PDC-1406-I-00-4063-00**

## ACKNOWLEDGEMENTS

The evaluation team wishes to express its sincere appreciation and gratitude for the strong cooperation received from the Government of Burkina Faso and the USAID office in its mid-project evaluation. It would especially like to thank the Secretary General of the Ministry of Health, Etienne Beli Gue, for his welcome, and Dr. Michel Sombie, Director of the Directorate of Planning and Studies, and his staff, for their time, patience, and frankness in responding to the team's questions and assisting it in its assessment of the "Strengthening of Health Planning Capacity project.

In addition to intensive meetings with the DEP staff, the team had the opportunity to meet with many of the Directors of the Central Directorates in the Ministry of Health as well as other Ministries such as Family Welfare, Plan and Budget. The team wishes to thank these busy senior staff members for their excellent cooperation.

The team's calls on the bilateral and multilateral donors such as WHO, UNICEF, the World Bank, GTZ, Italy, and nongovernmental organizations (NGOs) such as AFRICARE, and Save the Children were very encouraging and helpful.

One of the most enjoyable and instructive parts of the team's mission was its visit to five provinces. In this regard, it wishes to thank the Provincial Health Directors, their staff, and those responsible for the Health and Social Progress Centers (CSPS), as well as the dedicated village health workers at the Health Posts (PSP). The team members are specially indebted to Roger Tondé of the DEP evaluation unit, and Arsene Ouedraogo, Health Counselor in the Secretary General's office responsible for Health Care monitoring, who accompanied the team on its field trip. Their knowledge and insights into the functioning of the government's health care system provided invaluable guidance.

USAID Director Herbert Miller and his staff went out of their way to support the team in its evaluation. We are particularly grateful for the dedication, insights, and unselfish assistance offered by the USAID Health Officer, Richard Greene. His careful, thorough briefing and obvious command of the policy, program and administrative aspects of the project was a great help.

Dr. David Sokal, Chief of Party and Epidemiologist, was invaluable in his insights into the DEP and MOH work as well as the Contract team's interrelationships. His easy accessibility at all times greatly facilitated the work of the evaluation team.

The team also wishes to thank Joseph Carter, Project Coordinator from Medical Care Development, for his excellent briefing and help, as well as Mr. Kabwaga, Financial Controller from Pragma Corporation, for his help and information concerning the financial aspects of the Pragma contract.

To sum up, the team thoroughly enjoyed its stay and hard work in Burkina and wishes its Government, especially the DEP in the Ministry of Health, and USAID well as they enter into the final years of project planning and implementation.

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## GLOSSARY OF ACRONYMS

AA/AFR	Assistant Administrator/Africa Bureau
AID	Agency for International Development
CEPS	Health Projects Evaluation Committee (Comite d'Evaluation des Projets Sanitaires)
CHR	Regional Hospital Center (Centre Hôpitalier Regional)
CM	Medical Center (Centre Medical)
CNDS	National Committee for Health Development (Comité Nationale de Dédevelopment de Santé)
COP	Chief-of-Party (Pragma Corporation)
CSPS	Center for Health and Social Promotion (Centre de Santé et de Promotion Sociale)
DAAF	MOH Directorate of Administration and Finance Affairs
DEP	Directorate of Studies and Planning (Direction des Etudes et de la Planification)
DFP	MOH Directorate of Professional Training
DPSP	Provincial Directorate of Public Health (Direction Provinciale de la Santé Publique)
DSME	Directorate of Maternal and Child Health (Direction de la Santé Maternel et Infantile)
EOP	End of Project
FX	Foreign Exchange
GDP	Gross Domestic Product
GOB	Government of Burkina Faso
GTZ	German Assistance Agency
HIS	Health Information System
HN	National Hospital (Hôpital National)
IFB	Invitation for Bid
IDA	International Development Association (The World Bank)
LC	Local Currency
LOP	Life of Project
MCD	Medical Care Development (TA subcontractor of PRAGMA)
MOH	Ministry of Health
MPH	Master of Public Health
NGO	Non-Governmental Organization
PRO AG	Project Agreement
PACD	Project Assistance Completion Date
PM	Person Month
PODP	Population Development Program
PP	Project Paper
PQDP	Popular Development Five-Year Plan
PPO	Planification par Objectifs
PPS	Project Paper Supplement
PRAGMA	Prime TA Contractor

PSN National Health Plan (Document de Programmation Sanitaire Nationale)  
PSP Primary Health Post  
(Poste de Santé Primaire)  
PVO Private Voluntary Organization  
SBA Small Business Administration  
SCF Save the Children Fund  
SHPC Strengthening Health Planning Capacity  
SONA PHARM Government Agency for Importation of Pharmaceuticals  
TA Technical Assistance  
UNICEF United Nations International Children's Emergency Fund  
USAID U.S. Agency for International Development/Burkina  
WB World Bank (Banque Mondiale)  
WHO World Health Organization  
(Organization Mondiale de la Sante)

## 1.0 THE EVALUATION TEAM AND METHODOLOGY

The External evaluation team was charged with evaluating the progress of the Directorate of Planning and Studies (DEP) Planning Project midway in its execution, and had as a mandate to make recommendations for future improvements until its closing in 1990.

The team arrived on June 24, and departed July 17, 1987. Its members were:

- Vincent Brown, Team Leader
- Harry Godfrey, Epidemiologist
- Ann Levin, Health Economist
- Dr. Janet Malcolm, Documentalist, and
- Dr. Melvyn Thorne, Health Planner.

Concerning the team's evaluation strategy/methodology, the team firmly believed that the preparation of its external evaluation report should be approached with the idea that its report will be useful as a tool of management. Its conclusions and recommendations should help contribute to the achievement of an improved capacity for health planning by the DEP/MOH, which in turn will lead to improved health services available to the population, especially women and children.

The Secretary General of the Ministry of Health, the Director of the MOH DEP and his staff, other Central Directors, the Provincial Health Directors and Acting Directors in Boulgou, Yatenga, Sanmatenga, Bulkiende, and Kadiogo, Directors and/or personnel of Regional Hospitals, Medical Centers, CSPSs, and PSPs have all been very frank, cooperative, and helpful.

The team found the opportunity to visit and observe the Primary Health Care system in operation of great value in putting its conclusions and assessments in proper perspective, and in formulating its recommendations.

Senior staff in other Ministries such as Family Welfare (Essor Familiale), Plan, and Budget were also contacted as well as donors and NGOs, such as UNICEF, WHO, World Bank, GTZ, AFRICARE, Save the Children, and Italian government assistance.

The evaluation team shared its conclusions and recommendations with the Director of the DEP and his senior staff several days before leaving Burkina Faso in order to allow time for the evaluation team to make changes, correct, and revise the text in light of their counsel and advice. This participatory approach was much appreciated by the DEP which participated actively in the consideration of the teams' preliminary recommendations.

## 2.0 EXECUTIVE SUMMARY

### 2.1 OVERALL ASSESSMENT OF PROJECT AND CAPACITY OF THE DEP TO CONTINUE

It is important to emphasize at the outset a major, unanimous conclusion of the evaluation team that might become obscured by the numerous technical difficulties, operational problems, and suggestions for change detailed in our report:

During the first half of this project the GOB MOH, its DEP, and the current TA team have been extraordinarily successful in developing a capacity to plan the health sector. Progress in developing policies, procedures, plans, training of key personnel, and coordination has been extremely rapid as judged either by previous developments in the BF health sector, or by comparison with the speed of such developments in other developing countries.

This unusually high project impact has been due, in part, to the priority accorded by the new government to primary health care and to participative, coordinated decision-making from ministries to villages. At high levels the new government has pushed hard for rapid, widespread increases in the provision of cost-effective health services.

The new GOB's emphasis on rational planning in all sectors has drawn the MOH DEP, one of the earliest planning units created (with help of USAID and the World Bank), into a unusual and important position of influencing policies, structures and planning methods throughout the government. The MOH DEP has also been continuously active during this period in developing a national network of planning/programming/monitoring/evaluating activities through direct and continuous collaboration with all the other MOH central directorates, with the provincial health services teams, and the services responsible for organizing and supporting an extensive village health workers program.

USAID investment in the MOH DEP has thus been applied at an optimal focus of cost-effective impact in the health sector. Immediately upon their arrival the TA team was drawn into the rapidly ongoing work of their officed counterparts. Although there have been some personal difficulties, in general the current team has worked flat out, collaboratively, shoulder-to-shoulder in the same offices with their counterparts since arrival, producing an impressive amount of analysis, on-the-job training, and technical materials and assistance, usually focused on urgent issues and what was required to take the next steps in elaboration of the government's planning mechanisms. USAID backstopping has been excellent--thorough, positive and timely.

By any reasonable standards of comparison these accomplishments of the GOB, the MOH, the Director and staff of the DEP, the current Technical Assistance Team, USAID and collaborating organizations in development of an effective health planning capacity and its products are outstanding. This unusually rapid progress is a credit to the competence and industry of all contributors.

Therefore, the team concludes that, assuming a continuation of the progress in the first half of the project, the DEP will have the capacity to continue its planning function without further external assistance, except possible short-term assistance on specific topics.

## 2.2 RECOMMENDATIONS

There follows a summary of principal recommendations by major category:

### 2.2.1. PLANNING

- a. To preserve the DEP's capacity for planning, analytic studies and technical analysis, its Director should make the following time management adjustments to insure a minimum of 50% on these tasks:
  - Reducing the tasks required of the DEP by MOH.
  - Adding professional staff, especially to carry on the work of the TA planner due to leave this December.
  - Assigning clerical staff to assure better utilization of professional staff time on technical tasks.
  - Increasing efficiency through use of computers.
- b. Encourage use of a systematic programming format such as Planification par Objectifs (PPO), especially for estimation of recurrent and support costs for projects. Utilize short-term technical assistance to develop these skills under the current project, or through the Health Services Development Project (World Bank).
- c. Establish minimum levels of ideal staffing resources to assure professional staff coverage at health centers through redistribution of staff and limiting opening of new health centers. Thus at least minimum effectiveness of health units would be assured.
- d. The DEP should collaborate with DFP, DAAF, and the other central and provincial directorates to further training of provincial MOH personnel in the essential management skills required for implementing plans and programs.

### 2.2.2 HEALTH INFORMATION SYSTEMS (H.I.S.)

The DEP began rebuilding an all but defunct health data collection system in 1985. Due to TA turnover, illness and training commitments the data will not be properly exploited. Recommendations to address the problem are:

- a. Engage a qualified computer programmer immediately;
- b. Replace the T/A epidemiologist as soon as possible and have a DEP person work with him full time to avoid dependence on one person to exploit and analyze data;
- c. Produce quarterly reports for feedback to health personnel; or, (more cost effectively) extract and analyze selected data from quarterly reports for inclusion in the quarterly Bulletin d'Epidemiologie et d'Information Sanitaire.

### 2.2.3 HEALTH CARE FINANCING

- a. The Chief Economist needs to receive research assistance, computer training and additional short-term training in health economics.
- b. The Boulgou Cost Recovery Study should limit its renovations of health facilities in order to maintain the criterium of replicability.
- c. A qualified manager (preferably a medical doctor) should be assigned as head of the Boulgou Supervision and Training Team to facilitate the project's progress in the field.
- d. During the next two and a half years of the project, strengthening the financial analysis capacity of the DEP should be the other priority of the economists.

### 2.2.4 HEALTH DOCUMENTATION CENTER

Utilization of the center is expected to increase after it is set up in the new building.

- a. The senior documentalist should be provided up to six months of training, to include, in addition to computer training, experience in health-related reference libraries and exposure to document filing systems.
- b. Short-term consultancy by an information center management specialist is recommended to provide guidance in the operation of the center and to assist in the solution of any computer-related problems.

### 2.2.5 OPERATIONAL RESEARCH

- a. A review committee be created for selecting and funding operational research proposals.
- b. With the creation of an Operational Research Review Committee, consideration be given by the Committee to management, supervisory and funding procedures for approved study proposals.



### **3.0 OBSERVATIONS/CONCLUSIONS/RECOMMENDATIONS**

#### **3.1 BACKGROUND AND CONTEXT**

At the onset of this project the government of Burkina had already prepared the way for improvement of health services through better health planning.

From the 1978 Country Health Programming exercise, assisted by the World Health Organization, a ten-year National Health Plan was developed, the "Document de Programmation Sanitaire Nationale 1980-1990" (PSN). This document, approved by a Council of Ministers, focused on: 1) developing a primary health care delivery system, and 2) an expanded program on immunizations. A program to help achieve these ends through strengthening of the health planning capacity of the government was elaborated in USAID Project Paper 686-0251. This was authorized in the field in September 1982. Technical assistance to assist the strengthening of the Directorate of Studies and Planning, however, did not begin in Ouagadougou until January 1985.

In the interim a new government came to power, in August 1983. Its policies of popular participation in socio-economic development and of decentralization were subsequently detailed in the first Five-year Plan of Development, 1986-1990. The draft health portions of this document were being actively reviewed in the DEP when the technical assistance team arrived. The whole planning process was accelerated since principal elements of health service system design, staffing standards, and patterns of expansion of coverage were carried forward from the PSN, as modified by the Committee on Health Programming at a National Health Seminar held in Ouagadougou in January/February 1984. Health infrastructure expansion originally planned for 1980-1985 but stymied by drought, financial and other difficulties, was seriously begun in 1986.

In demonstration of its high priority for Public Health, the new GOB launched a massive "Vaccination Commando" in December 1984. In 1985 the government launched another dramatic, nationwide campaign--"One Village, One Primary Health Post"--to bring Village Health Workers and trained traditional midwives to all 7200 villages in Burkina Faso. This was an abrupt extension of the approximately 2100 Primary Health Posts (PSP) that had been slowly developed over the years, many with the assistance of non-governmental agencies. (For an overview of the primary health care referral system please see fig. 2.) Table 1 shows the distribution of the population and growth rate by province. Both campaigns, while suddenly extending coverage of services, raised questions which were actively discussed among MOH cadres about the minimum supports, such as supervision and supplies, required to make them effective, and about the recurrent resources necessary to sustain them. The costing-out, programming and options analyses required to deal with such issues are among the responsibilities of the DEP, hence the TA team arrived at an opportune time.

The GOB had already set up a functioning, temporary DEP office for the counterpart staff, who were in place and working on health planning and gathering of data. The MOH had designated the DEP to be, and has actively used it as, the coordinating agency for all its directorates, Central and Provincial. The MOH DEP also meets weekly with the DEPs of other Ministries. The DEP is the provider of technical assistance to the MOH in all aspects of

Figure 2

**Primary Health Care Referral System**

Approximately 7000 PSPs	Poste de Santé Primaire (Primary Health Post)
317 CSPSs	Centre Sanitaire et de la Promotion Sociale (Health Center and Social Promotion)
51 CNs	Centre Medical (Medical Center)
6 CHRs	Centre Hôpitalier Regional (Regional Hospital)
2 HNs	Hôpital National (National Hospital)

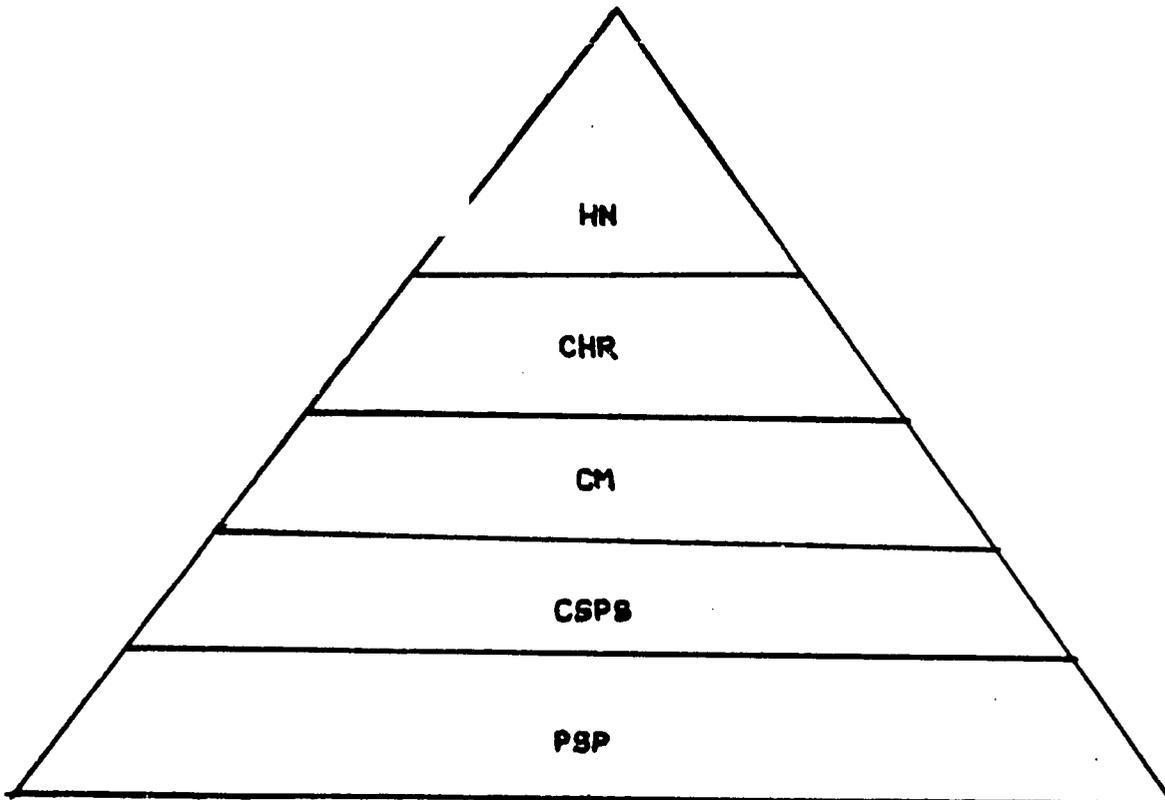


Table 1

Distribution of Population and Growth Rate  
by Province

PROVINCES (and Capitals)	Number of Districts	Rate of Growth	Population	Area
BAM (KONGOUSSSI)	1.8%	1.8%	171.155 hab.	4 017
BAZEGA (KOMBISSIRI)	8	2.0	251.969	5 318
BOUGOURIBA (DIEBOUGOU)	9	2.0	211.895	7 087
BOULGOU (TENKODOGO)	10	1.8	350.478	9 639
BOULKIEMDE (KOUDOUGOU)	10	1.8	365.153	4 138
COMOE (BANFORA)	15	2.2	213.374	18 393
GANZOURGOU (ZORGHO)	5	2.2	151.603	4 087
GNAGNA (BOGANDE)	6	2.2	149.402	6 548
GOURMA (FADA-N'GOURMA)	10	2.2	233.942	28 164
HOUET (BOBO-DIOLASSO)	10	6.0	424.667	16 472
KALIDOGO (OUAGADOUGOU)	10 Villages	8.0	411.356	1 702
KENEDOUGOU (ORODARA)	9	2.2	120.076	8 307
KOSSI (NOUNA)	10	2.2	247.353	13 177
KOURITENGA (KOUPELA)	9	2.0	126.711	1 626
MOU-HOUN (DEDOUGOU)	12	2.2	243.301	10 442
NAHOURI (PO)	4	2.2	89.383	3 843
NAMENTENGA (BOULSA)	6	1.8	197.675	7 556
OUBRITENGA (ZINIARE)	8	2.0	258.336	4 689
OU DALAN (GOROM-GOROM)	4	2.0	89.456	10 046
PASSORE (YAKO)	8	1.8	256.590	4 078
PONI (GAOUA)	11	2.0	215.461	10 361
SANGUIE (REO)	7	1.8	203.650	5 165
SANMANTENGA (KAYA)	9	1.8	333.201	9 213
SENU (DORI)	6	2.0	174.571	13 472
SISSILI (LEO)	12	1.8	141.359	13 736
SOUN (DJIBO)	6	2.0	153.130	13 350
SOUFOU (TOUGAN)	11	2.2	282.651	9 487
TAPUA (DIAPAGA)	8	2.2	111.972	14 780
YATENGA (OUAHIGOUYA)	15	1.8	622.534	12 293
ZOUNDWEOGO (MANGA)	6	2.2	111.325	2 847
TOTAL = 30	250 + 10 villages	2.0	6.913.729 hab	274 040

Source: Planning Seminar DEP  
July 6, 1985.

health planning. This includes the programming and evaluation of projects included in the Five-Year Plan.

The TA team did not establish a separate office, but was installed in the DEP to work collegially with counterparts, transferring skills on the job. Everyone got to be too busy for much "formal" training. According to their quarterly reports, the TA team was busy preparing guidance and training materials on health planning and data reporting for provincial and central MOH staff; training; doing analyses; setting up information and computer systems; reporting. The DEP has been called upon to perform an ever widening range of services for the MOH. These include administrative actions such as checking the appropriateness of MOH personnel requests for foreign travel.

The TA team has helped the DEP to produce a series of outputs which contribute to implementable health planning in BF, including:

- Guidance materials for development of health plans and for collecting and using data of the Health Information System, as well as a series of training seminars using these materials
- Finalization of the Five-year Health Plan and finalization of the first year Annual Health Plan; the second Annual Health Plan is due this August
- Six-monthly meetings of Central and Provincial Directors
- Two annual Donor Coordination meetings
- A new Health Information System, partially computerized
- Five editions of the Bulletin d'Epidemiologie et d'Information
- Conduct of two operational research studies and design of 3 others.

Since coherent development of projects and costing of services has been complicated by the multiplicity of donors in BF, including about 57 non-governmental agencies, the DEP was also authorized to undertake coordination meetings of donor and assisting agencies. The donors visited found the two annual donor meetings organized by the DEP to be useful venues for exchange of information.

The significance of donor coordination to planning in BF is shown by the capital investment budget of the health sector projects shown in the 1986-1990 Health Plan. The total investment budget for that period is shown as 20,145 million F CFA, of which only 146 million (about 0.5%) is assured from National sources, while 9,755 million (49%) is committed from External sources, and 10,243 million (50%) is financing "to be found".

### 3.1.1 Project Rationale: The DEP Progress and Current Status

#### Observations

The project has thus far been successful in strengthening the DEP, and through it the health planning capability of the MOH (the organigram of the MOH is shown in figs. 3a and 3b). The collaborative work of the technical

Figure 3a  
Organizational Chart of Ministry of Health

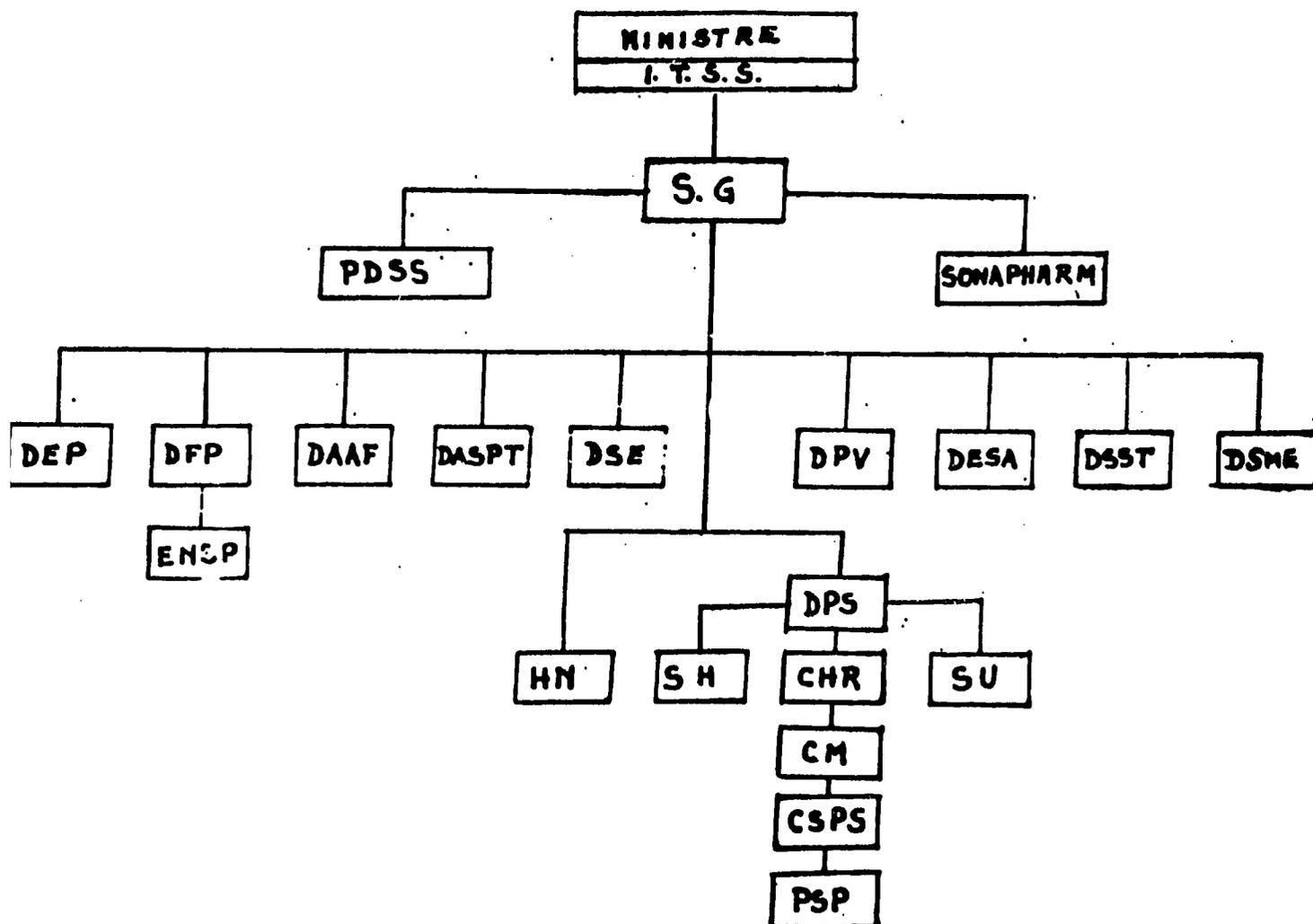


Figure 3b

Translated Abbreviations

S.G.	Secretary General
P.D.S.S.	Health Services Development Project
SONAPHARM	National Pharmaceutical Supply Company
D.F.P.	Directorate of Professional Training
E.N.S.P.	National Public Health School
D.A.A.F.	Directorate of Administrative and Financial Affairs
D.E.P.	Directorate of Planning and Studies
D.A.S.P.T.	Directorate of Health Supply and Traditional Medicine
D.S.E.	Directorate of Epidemiological Surveillance
D.P.V.	Directorate for the Promotion of Vaccinations
D.E.S.A.	Directorate of Health and Sanitation Education
D.S.S.T.	Directorate of Services for Workers' Health
D.S.M.E.	Directorate of Maternal and Child Health
I.T.S.S.	Health Services Technical Inspection
H.N.	National Hospitals
D.P.S.	Provincial Directorates of Health
S.H.	Hygienic Service
S.U.	Urban Health
C.H.R.	Regional Hospital Center
C.M.	Medical Centre
C.S.P.S.	Health and Social Promotion Centre
F.S.P.	Primary Health Care Post (Dispensary)

assistance team and the Burkinabe staff of the DEP have successfully produced a large number of guidance materials adapted to the needs of training the Provincial staff and conducting semi-annual coordination meetings of Central and Provincial Directors (DPSs).

These Directors were led by the DEP through the throes of preparing their first annual plans of action last year, and are now working on their respective second annual plans. Although the existing five-year and annual health plans contain little detailed analysis to link expressed priority objectives to the specific projects, activities, and very approximate budgets indicated, they do represent considerable new, decentralized programming effort, and one which is now guided by articulated national health strategies. The guidance of the DEP was timely since the Provincial Directors were first delegated authority to program provincial health activities and to reassign personnel only two years ago, consequent to the National policy of decentralization.

The provincial directors and their staffs have expressed appreciation for the training they have received from the DEP in planning. They also expressed a felt need now for more training of provincial support staff in management of health services and finances. The need for the MOH to get a clearer view and control of the costs of health services was expressed by a number of Directors, and donors.

The evaluation team observed widespread acceptance of the DEP as the central planning, coordinating, data gathering and analyzing agency of the MOH. The team also observed generally excellent working relationships amongst the current TA team staff, the DEP Burkinabe staff, and staff of the provincial and most of the central directorates.

The acting Chief of Party/Epidemiologist was given a government award (a Bronze Medal) for his outstanding services, and the TA Health Planner was nominated for such an award. The President of Burkina Faso in a speech several months ago indicated that the MOH DEP was a model for other ministries. One donor representative, who travels frequently in Africa, said nowhere else had he seen such good collaboration between provincial and central directors of health services.

On the other hand, perhaps partially victim of its own success, the DEP staff are increasingly called upon to perform a variety of non-planning services for the MOH, which crowds the professional time available for studies and planning.

Although the progress to date is outstanding, it should be noted that while the plan documents thus far produced (the National Five-Year and the first Annual Plans) list large numbers of projects in four stages of financing and execution, they do not explicate the interconnection between the projects designated and the priority of objectives stated. This is presumably elaborated in the Programmation Sanitaire Nationale, as amended in 1984. However, the manner of presentation of projects in the Five-Year Plan does not

provide assurance that the most important life-saving, preventive and supportive services will still be maintained even if the total resources that become available in fact fall short.

Although the DEP has produced guidance materials for calculating the annual support costs for operation of MOH establishments, there is little indication that these guidelines have been applied to the projects indicated in order to determine the minimal recurrent costs they will entrain in order to be effective. In short, while the present plans, planning processes, and coordination mechanisms do provide guidance to projects, MOH personnel, and donors for the progressive building up of a coherent MOH infrastructure (already a substantial step forward), they do not in their present formulation impose a discipline on choices in the face of scarcity to assure that the most essential activities will be supported. The planning documents provide useful tools for negotiation of donor contributions, but they do not explicate the trade-offs that must be understood to allocate insufficient human and financial resources in such a way that the most priority health activities will be effectively sustained.

Such quantitative analyses are critical because market forces--community demand for curative care, personnel preference for service in urban areas, the multiple transportation and other difficulties of sustaining effective supervision, etc.--tend to divert expenditures away from and to overwhelm articulated priorities for preventive services in all countries, unless they are knowledgeably constrained.

### 3.1.2 Conclusions

With the appropriate and unusually well-given help of this Project, the DEP has already developed into an active, credible, increasingly capable organization that has improved the health planning and programming capacity of the MOH.

Its coordinating function has worked very well.

The focus of this project on building up health planning capacity was well placed, especially given the government's evident priority for extending coverage of life-saving services to children and women, despite the inadequacies of its health infrastructure and budgets, and the complexity of its network of donors and assisting agencies. The DEP, and the leadership of its Director, is to be commended for the significant progress made over the last 2 1/2 years.

The major areas for future improvement in the DEP as the instrument which can achieve more effective and efficient health services are:

- a. The DEP's capacity for planning, analytic studies and technical analysis is endangered by overloading due to additional, non-planning tasks required of it by the MOH.

- b. The planning approaches used in the annual plans show insufficient systematic programming (e.g., Planification Par Objectives, systems approach, Logframe, etc.) to demonstrate the minimum support requirements needed to achieve and sustain the chosen priority objectives.
- c. There is currently insufficient ability to determine and to project costs of services in manpower and money so that needs can be compared to availabilities in order that trade-offs in planning options and choices can be clearly delineated and choices made to assure the necessary supports, such as supervision and continuity of basic drugs,
- d. delayed tabulation and feedback of quarterly reports to DPS and central directorates undermines credibility and utilization of the newly revised Health Information system (see HIS section below).
- e. lack of unit costs for producing services should eventually be determined from improved recording of recurrent expenditures reported from provinces. This will require at least further training of the support personnel (personnel de soutiens), and perhaps a revision of the forms and reporting system. The DEP economists should be able to determine the advisability of such a revision during the course of their close scrutiny of the financial reporting system in Boulgou province in preparation for the cost-recovery OR project, and in consultation with the Department of Administrative and Financial Affairs (DAAF). (Please see Economics section for other details.)

### 3.1.3 Recommendations

- a. To preserve the DEP's capacity for planning, analytic studies and technical analysis, its Director should determine the actual workload on his Technical staff to insure that at least 50% of their time is devoted to such technical work. This might be achieved by:
  - 1. Reducing the tasks required of the DEP by MOH
  - 2. Adding professional staff, especially to carry on the work of the TA planner due to leave this December
  - 3. Better utilization of professional staff, e.g by assigning clerical assistants to help them with routine work
  - 4. Increasing efficiency through use of computers e.g., machine tabulation of the MOH quarterly project follow-ups for the Five-Year Plan, which are now done by hand.
- b. Encourage use of a systematic programming format, such as PPO.
- c. Carry systematic programming through to estimation of recurrent and support costs for projects. If the DEP and DAAF concur that a

revision of routine reporting of administrative and financial support service data is indicated, consideration should be given to short-term technical assistance for it under the current project, or through the Health Services Development Project (World Bank).

- d. Please see recommendations for HIS below.
- e. The DEP should collaborate with DFP, DAAF, and the other central and provincial directorates to further training of provincial MOH personnel in essential management skills required for implementing plans and programs. For the needs assessment part of this effort, reference might usefully be made to the preparatory work for the modularized training packages already prepared in the context of the CNDS project proposal.

### 3.2 PLANNING FUNCTION

#### 3.2.1 Current Status

##### Planning Process

The planning processes established are excellent. Profiting from the organizational pattern of the government, they are interconnected and they extend down to the village committees responsible for the primary health care posts (PSPs).

These processes provide the means whereby successive annual plans can become more realistic, systematic and detailed. They include unusually active means for communication and coordination between provincial and central directors of health, assisted by the DEP staff, in half-yearly meetings of one to two weeks duration, as well as through participation in a variety of Committee meetings. Information relative to the health services is also diffused daily during specific information periods via national radio. Guided by the health sector priorities established in the Five-Year Plan, aided by training in health planning techniques from the DEP staff, and assistance from the DEP as requested, provincial directors must design annual plans due in the DEP by August of the preceding year. Provincial desires, politics, pressures, and negotiations with locally active donors may produce proposals at variance with the pattern of extension of services indicated centrally and based upon the 1984 revision of the PSN. This was the case during heated discussions of the "two plans", central and provincial, that were finally fused into the official Five-Year Health Sector Plan. The main point is that there is ample room for dialogue and negotiation in the current working methods of the GOB for provincial health plans to be molded to respect national priorities but also provincial realities of acceptance and implementation.

However, in spite of well designed and implemented planning processes described above, financial planning appears weak. There is scant evidence of equilibration of projected financial and human resources with proposed projects, activities and objectives in the current five-year and annual health plans.

### 3.2.2 Five-Year Health Plan

#### a. Observations

While the Five-Year Plan clearly expresses a number of well chosen health priorities and objectives to be achieved, it does not indicate whether there will be enough resources to carry them out, and, if not, which objectives should be given preference. This plan also expresses the importance of BF progressively relying upon its own resources for its development. Several donors, e.g., GTZ and SCF, noted that earlier field projects they supported had tended to develop their own patterns, records, and methods, but that they were now quite pleased to have their projects conform to the procedures and standards established by the Plans and the DEP.

#### b. Conclusions

The present form of the Five-Year Plan reflects the history, relationship to donors and assisting agencies and current economic situation of BF. The Health sector portion of the Five-Year Plan largely draws upon the 1984 revision of the PSN, whose methodology was directed toward normative goals but not resource scarcity and how to make the best of it. The Five-Year Plan and the coordinating efforts of the DEP have helped to guide donor resources toward efforts that will more coherently support the development of an effective national health services system. Priority should now be given, in the second half of the project, to delineating the inter-relationships between health status objectives, health service activities, recurrent costs and the availability of resources.

### 3.2.3 Annual Plans

#### a. Observations

Some of the central MOH Directors are said to be so busy that they have insufficient time to make drafts of their annual plans. The challenge to them is considerable. They must conceive an overall draft plan for all of the activities that come under the aegis of their Directorate, but they must also break it down into those components that are appropriate for each of the thirty provinces, and other administrative units.

#### b. Conclusions

The annual plans are of particular importance as they are the direct tools for implementing the Five-Year Plan and for readjusting planned objectives in light of current resources and changing operational realities. During the next several years, the MOH is likely to need concentrated technical assistance from the DEP during the periods when it is colligating and revising the Annual plans.

### 3.2.4 Policy Options

#### a. Observations

There are multiple indications that the technical advice of the DEP is sought by the MOH when considering major policy options such as the launching of the "One village, one PSP" mass mobilization campaign. This is a credit to the DEP and to the GOB; it is not the case in many developing countries. It is not evident, however, that the analysis that the DEP makes in such instances is systematically worked out in detail and formally documented.

#### b. Conclusions

Health planning units can only hope to inform the political process which makes the policy decisions. The analyses involved are often complex and liable to misinterpretation if expressed only verbally and not documented. Formal documentation of analyses and calculations made in costing out the alternatives considered for policy options allows interested parties to examine and challenge the assumptions made; it also provides a ready basis for programming of reinforcement efforts required in follow-up of major policy decisions.

### 3.2.5 Relations with Other MOH Directorates

#### a. Observations

The DEP's working relations with other Directorates appeared quite good during our visits to them, with the few exceptions noted below.

- **DAAF** - Some concern was expressed about crucial but inadequate collaboration between the DEP and the Directorate of Administrative and Financial Affairs (DAAF). For example, a two week training program for provincial staff was jointly conducted by the DEP and the DAAF, but reportedly with each Directorate conducting one week of its own sessions and with minimal cross-fertilization. During our interview with the Director of the DAAF, however, he explained several ways in which the operations of his Directorate have been favorably changed by the work of the DEP. Previously, to keep track of the number of each category of personnel in the MOH, he wrote directly to each of the DPS, but now he obtains this and provincial budget information directly from the DEP. He said that he would appreciate further collaboration with the DEP in much-needed training of provincial and central support and financial staff.

He expressed the need for technical assistance to analyze and perhaps simplify and improve the existing system of financial receipts, which he referred to as a complicated collection of slips rather than formulated records. The detailed examination of such

receipts in Boulgou province to be conducted by the DEP economists should be helpful in this regard. It should be noted, however, that the particular skills of interest to the DAAF are probably those essential to accounting and comptrollership, moreso than the microanalytic skills of an economist. Also, the DAAF may be constrained in considering such a potential revision by norms of General Administration in the GOB.

The Director of the DAAF noted that the most difficult challenge in determining expenditures in the national budget is obtaining accurate attribution of the aid provided by non-governmental agencies. He acknowledged the difficulties in collections through CHRs and explained that the 1985 collections sent to the Treasury were not, as previously planned, 75% reverted to the province, but were used instead by the MOH to purchase needed emergency drugs.

**DFP** - The Directorate of Professional Training expressed the same concern echoed by 2 DSPs, a former Secretary General of Health, and several other MOH personnel: the DEP Documentation Center is a necessary and excellent resource, in fact a "memory" for the MOH, but there is concern that it not be built up at the expense of developing needed documentation/information libraries at the Ecoles de Santé Publique (the paramedical training schools) and in the provincial directorates. The DFP is gathering together all training materials produced in and for training of provincial MOH staff, in order to create "Provincial Libraries". All of this material, plus all other significant documents produced at DFP are systematically sent to the DEP Documentation Center, whence copies can be obtained by any MOH Service. This is a benefit to DFP which does not have adequate storage place or facilities for all these materials.

The DFP indicated several types of needed training for which it would like to engage the resources of the DEP:

- Refresher training to follow up on the two week training of all provincial PSP program managers done a year ago, following and in support of the "one village, one PSP" campaign
- Training workshops for central and provincial directors in how to manage personnel and resources, similar to those done with WHO & DANIDA, last in 1985
- Development of management training capability within the MOH; needs assessments and other background work on this has been prepared, through WHO consultations, as part of a large approved but unfunded project, the CNDS (National Center for Health Development)

**DSME** - The Directorate of Maternal and Child Health, Family Planning and Nutrition. The Director related the difficulty she has in following the evolution of her services, and in answering the many questions asked by the multiple agencies that assist her programs, because provincial quarterly reports do not come to her, but go to the DEP. Since neither copies of individual provincial reports nor summary tabulations are sent to her, the DSME Director must go over to the DEP, ask to get them out, and copy the information. This is too cumbersome and time-consuming for adequate tracking of the programs for which she is responsible. The DSME Director explained the need for easy access to that information collected by the DEP which is of special interest to the DSME.

The Director expressed particular concern over the need to track coverage of mothers, which is very far below plan objectives. She discussed a number of aspects of the potential impact of the program to train traditional birth attendants in the PSPs, of the need to further reinforce and to monitor it. The pictographic notebook (see Annex XI) maintained by the Accoucheuse Villegeoise records children at high nutritional risk (in the red zone as measured by armband). However, pregnant women at high risk, according to the signs the midwives teach the AV to apply, are not identified. The possibility of AVs pictographically identifying high risk pregnant women was discussed. This might be tested through an operational research trial of limited scope.

She also expressed concern that there are too many different kinds of cards that women are being asked to buy and use, e.g., pregnancy follow-up, family planning, mother immunization, child immunization, etc.

In terms of project development, she emphasized that the DEP is to be involved in their elaboration, but that it is too time-consuming as it works now. Presently, only after lengthy discussions and revisions do the DEP personnel sit in, and the project has to be gone over again; it would be more efficient from her point of view if someone from the DEP could start participating from the early phases of project development.

- **Ministry of Plan** - Working relationships between the Ministry of Plan and the MOH DEP are close, frequent, and working well.

#### b. Conclusions

While the current participation of the DEP in all central MOH project development, as well as the involvement of multiple directorates and organizations in preparatory committees, facilitates remarkable coordination of interested parties, the time it consumes and traffic problems it creates are matters of concern for the timely functioning of the MOH. For example, at a meeting of the Committee preparing the Boulgou OR programming, attended by the evaluation team, only two of 9 organizations were present. There was a previous history of poor attendance on that committee because many of the members were often busy elsewhere.

### 3.2.6 Decentralization

#### a. Observations

Impressive progress has been made in the past several years to implement the GOB and MOH policies of decentralization, by enhancing the initiative of DPS, as noted above. Almost all of the outputs of the DEP described above have served, in one manner or another, to enhance the capacity of PDS to plan, program and manage their provincial health services.

#### b. Conclusions

The implementation of plans and projects developed with the assistance of the DEP will now depend heavily on the management capacity of provincial support and health service staff, and also on their ability to analyze and use the information in the revised HIS. To achieve the goals originally set out for this project, i.e., to translate improved health planning capacity into better services actually widely delivered and thereby improving health status, these management skills will require priority attention over the next several years.

Thus, the DEP should continue the excellent work it has started, emphasizing rapid feedback and widespread use of information, and development within the provinces of the basic administrative and management skills needed to implement and monitor the plans.

### 3.2.7 Recommendations

#### Recommendations - Planning Process

- a. The DEP should give emphasis to the establishment of MINIMUM levels of resources (i.e., norms) which are acceptable for authorization of services, in addition to the optimum levels used in planning since the adoption of the PSN. For example, the ideal staffing norm for a CSPA might be considered 5 persons. If there are too few qualified personnel available to staff CSPA in that manner, it would be more useful to establish a minimum required level, say 2 professional staff, which the MOH would ensure by redistribution of personnel from existing CSPAs and other services, as necessary. Authorization to open new CSPAs would be withheld until such minimum acceptable staffing standards were met in all CSPAs currently in operation, thus assuring at least the minimum effectiveness of all units.
- b. To improve the elaboration and implementation of Annual Plans, the Ministry of Health should support the efforts of the DEP at the level of the very busy Central and Provincial Directors to

stimulate and encourage them to prepare in timely fashion their respective plans of action for national and provincial levels.

- c. Explore the possibility of the current TA planner returning to provide about one month of technical assistance to the Annual planning process during August, or whenever is determined to be the appropriate period, in 1988 and 1989.
- d. The DEP should prepare formal written policy option papers, on request of the MOH. These papers should cost out the resources required to achieve various levels of possible results from alternative courses of priority health services activity. For example, if current prenatal care coverage of pregnant women is estimated at 22%, what additional resources and budget would be necessary to raise it during the next year to 27%, to 32%, to 37%, etc.???
- e. The DEP should use the Donor Coordination meetings as a means to enlist donor and PVO help in integrating their health sector expenditures into the estimates of recurrent costs.
- f. The DEP, profiting from the field experience of its economists in the preliminary analyses of accounting records for the Boulgou cost recovery operational research study, should explore with DAAF the feasibility of providing technical assistance to analyze and perhaps revise and simplify the current system of administrative and financial records, at least at Provincial level, in the MOH. (Please see Economic section for other suggestions.)
- g. The DEP should consider developing, with DFP and DAAF, a five-year projection of MOH manpower combined with a training needs assessment
- h. The DEP should consider using the donor coordination meeting as a forum to obtain support for training priorities that such a manpower projection/training-needs assessment would indicate.
- i. The DEP should consider using the donor coordination meeting as a place to voice the unmet need for basic libraries in the Ecoles de Santé Publique and the DPSs.
- j. The DEP should be assisted as soon as possible to become able to rapidly produce and disseminate tabulations of Quarterly reports to all Directors as recommended in the HIS section.
- k. As the main agency in the MOH responsible for coordination, the DEP should follow the dynamics of coordination meetings to ensure that reasonable progress is made on important projects, or that alternative approaches can be developed within the MOH.
- l. To improve the elaboration and implementation of annual plans, the

DEP should continue to reinforce provincial staff capability for Planning, Programming, Management, Monitoring, Accounting and Evaluation of health service programs and projects. To achieve this, a collaborative effort of the DEP, DAAF, and DFP should be undertaken to produce appropriate training modules, to train provincial training teams, and to support their provincial follow-up training workshops.

### 3.3 PROJECT FORMULATION, MONITORING AND EVALUATION

#### 3.3.1 Current Status

The DEP is called to participate in the development of all new projects that are included in the Five-Year Plan. Therein, with the current project at its head, the Health Sector list extends through 143 projects, following the same format as all the other sectors. This includes 25 projects underway, 31 projects that have not yet begun but for which total financing has been obtained, 12 partially financed projects (not yet started), and 75 dormant projects whose financing remains to be found ("totalment a rechercher"). Donors wishing to help in the health sector are invited to propose activities that will contribute to one or another of these pre-selected projects in the particular provinces indicated and oriented toward the health sector priorities, as indicated in the Five-Year Plan. The DEP is available to interpret these priorities and the schedule of implementation, to participate in project planning sessions, and to oversee that programming respects the framework and orientations of the Five-Year Plan.

The evaluation of projects is handled through the Comité d'Evaluation des Projets Sanitaires (CEPS), the committee for health projects evaluation, which is chaired by the DEP. As the 8 members of the Comité are busy Directors and heads of services, it has not been easy to assemble them all at once. They are supposed to perform at least one field evaluation of a project each year, to see what lessons can be learned for further development of health services in BF. Their current agenda is to evaluate the Dutch primary health care project in Sissili Province.

Of relevance for both monitoring and evaluation has been the considerable debate over what INDICATORS to use to mark progress. Opinions seem to be divided over which indicators are useful and realistically can be obtained.

#### 3.3.2 Conclusions

The role of the DEP has been structured by the MOH in an excellent way to permit it to be aware of and to influence all national projects in the Health Sector to guide them and hence the evolution of the system in a way that is coherent with nationally established priorities, policies, standards, and methods.

Since half the battle of improving management is choosing and using the right indicators, they are worth arguing about. One important characteristic of a good indicator is that it should show clearly what needs to be done when one gets the most recent estimate of its level.

### 3.3.3 Recommendations

- a. The importance of the DEP evaluation of health projects via the Comité d'Evaluation des Projets Sanitaires should be reinforced by:
  1. continuation of practical training workshops in project evaluation for CEPS participants, and
  2. designation of deputies (Adjoints) to attend and make functional the CEPS whenever senior staff are not able to attend meetings.
  
- b. The DEP should re-examine the indicators chosen with respect to their usefulness in decision-making to improve the management of health services. Consider, for example, "personal health expenditure": if the current estimate were higher (or lower) than in the previous period, would this indicate any particular action to be undertaken? If not, its utility is questionable. Also, appropriate time intervals for subsequent re-estimates should be associated with each indicator. For example, international experience shows that infant mortality changes slowly in response to general programmatic efforts, and is not worth trying to reassess more often than about three years. To judge whether a specific indicator is a realistic choice, one should also consider the frequency of the event it represents. Low frequency events, such as maternal mortality and neonatal tetanus, require scrutiny of large populations in order to produce estimates of sufficient precision that comparison of subsequent estimates will not be misleading; hence, their use is expensive. (For other remarks on indicators, please see Health Information System.)

### 3.4 HEALTH INFORMATION SYSTEM (H.I.S.)

#### 3.4.1 Current Status

1985 A.D. (AFTER DEP) is a memorable date for Burkina Faso's Health Information System. It was in 1985 that the DEP, with its recently acquired staff of statisticians, epidemiologists and others began the long, arduous task of pulling together a previously feeble, nearly defunct, health data collection system.

Prior to the DEP, annual statistics reports for health did not exist for six years--from 1979 through 1984. Before 1985, separate health directorates and others often had to fend for themselves to obtain health data. With the exception of select, weekly morbidity and mortality reports (18 diseases) required by WHO, the old outdated system for collecting health data was breaking down, largely because of the national administrative change that increased the number of departments from 10 to 30 -afterwards known as provinces. The new provincial offices were not well prepared nor equipped to handle any kind of reporting, let alone unorganized ill-defined health information requests. As a result, requests for information by different health directorates and others were not well received in most provinces; and consequently, responses to these requests were often sporadic, incomplete, late and/or nonexistent.

In order to rectify the nearly defunct data collection system, the DEP undertook the following major tasks in 1985:

- Began drafting data collection instruments and systems
- Visited 6 provinces to gather information
- Enlisted 2 US Bureau of Census technicians to help develop questionnaires
- Asked Census technicians to help prepare system for automated storage and retrieval
- Ordered first computer
- Sponsored National Conference for MOH and Provincial Health Director
- Reviewed and modified data collection forms at National Health Conference
- Trained personnel for conducting field trials in 3 provinces and Ouagadougou
- Modified forms after field trials

- Developed records for use by illiterate village health workers in collaboration with the PSP commission (see annex VII)
- Obtained follow-up visit by U.S. Census Bureau technicians for exploitation of modified forms
- Trained administrative and statistical clerks from all provinces in use of data collection system (2 weeks training)
- Held several health-data committee meetings attempting to simplify and reduce size of reports
- Installed first computer at the DEP.

In addition to preparing, revising and finally printing health data collection forms for distribution to all provinces and their health facilities before calendar year 1986 the DEP managed to collect and compile what statistical information was available for the years 1979 through 1983. The information was prepared for publication in a combined 1979-1983 statistical report which was printed near the end of 1986. The DEP was able also during this time to collect and compile sufficient data to make possible an annual statistics report for 1984 which was published in October 1985.

With the preparation and distribution of a uniform set of health data collection forms, the system was set in motion in 1986. In principle, over 7000 village health posts (PSP) report quarterly to 317 dispensaries/maternalities (CSPS) who along with 51 medical centers (CM) and 6 rural hospitals (CHR) report monthly to the provincial health directorate (DPS). The DPS compiles the reports and sends them quarterly to the Secretary General who forwards them to the DEP for processing. Around 70% of the provincial quarterly reports arrive at the DEP before the end of the following month. (See annex IV for copy of quarterly provincial report.)

The DEP continued with the following major data collection tasks in 1986:

- Developed users guide for data collection forms
- Conducted field training in 6 provinces using data collection form guide
- Developed and distributed nutritional surveillance forms
- Made supervisory visits to seven provinces
- Computerized weekly morbidity and mortality reports with help from Census Bureau technicians
- Designed and implemented systems files for analyzing quarterly reports
- Organized directory structures (menu) for IBM/PC/XT computer

- Received 25 of the 30 first quarter-1986 provincial reports (noting several errors)
- Reviewed data collection forms at the second National Health Conference sponsored by the DEP
- Installed second computer and ordered four additional computers and a plotter
- Completed data entry on first-quarter reports
- Generated series of statistical tables for the DEP, Central and Provincial level review and analysis
- Held a special four-day conference to revise the data collection forms (participants included field personnel from 5 provinces plus representatives of the central directorates)
- Proposed a list of national health indicators
- Published the 1985 Annual Statistics Report
- Revised the data collection forms, color-coded them, and distributed them for use in 1987

The DEP has demonstrated its determination to improve the data collection system by frequently reviewing the forms and making important annual modifications. Also, a data users guide was put together for completing the forms but it has not been distributed to the dispensary/maternity (CSPS) level where it is also needed. The guide is indispensable, though at times, it could be more specific. For example, defining "partner" in the treatment column for sexual contacts (wife or wives, mistress or mistresses, friends, etc.) would eliminate one of the problems encountered in filling out forms in the field. It also might be helpful if the guide explained why information is needed, how it will be exploited and what relevance there is for seeking the information.

National indicators to follow the progress of the Five-Year Plan were recently chosen by a national commission. Indicators were chosen for each sector. The health sector indicators chosen were:

- a. Personal health expenditures; i.e. people's efforts on their own behalf; (This is probably not a valid indicator. More money spent may mean more drugs available, or more sickness, or higher medical cost, etc. Less money spent may mean no drugs available, or no sickness, or no money to spend, etc.)
- b. The number and percent of functional village health posts, i.e. people's efforts on their own behalf

- c. The distance one has to travel to reach a health facility, i.e. the MOH's efforts to serve the people
- d. The incidence of certain diseases, i.e. the MOH's efforts to serve the people

National health indicators have also been estimated by the DEP for vaccination coverage, maternal deaths, measles cases, etc. Provincial indicators have not yet been calculated.

The 1985 Annual Statistics Report published at the end of 1986 was a major improvement over previous years in providing health services information. There were a number of errors detected, though, after printing, and distribution of the report was delayed until 1987. It should be noted here that the T/A epidemiologist, Dr. David Sokal, performed the duties as Chief-of-Party in addition to his own from the end of 1986 until the present.

Due to limited supervisory capacity at all levels of the health ministry, data collection forms were not always completely nor accurately filled out in the field nor did there appear to be sufficient quality control checks. Quality control is also limited after information is fed into the computer.

As with data collection, data output also needs to be continuously scrutinized and analyzed. Action needs to be taken and results explained when inordinate numbers of cases, deaths, etc., are reflected in the reports. For example, a large number of maternal deaths were reported from Tapoa Province in the 1985 Annual Statistics Report and similar information was reported from the Boulkiemde Province in 1986, but no evidence was found of action taken in either case.

Only one province did not supply any quarterly reports for 1986. An amazing 108 out of 120 quarterly provincial reports were received for 1986. However, due to various constraints mentioned above, only a few tabulations and indices have been generated for the DEP, Central, and Provincial level review.

#### 3.4.2 Conclusions

It is obvious from the above findings that Burkina's H.I.S. has made tremendous progress. The uppermost need is to exploit what has been accomplished to date. Due to family illness resulting in an extended absence of the T/A epidemiologist during the first semester of 1987, little progress has been made toward production of the 1986 Annual Health Statistics Report. A great deal of good information has been entered in the DEP's computer system but up to now there has not been much time to make use of that information. Moreover, given present circumstances, the 1986 annual Report may not be completed before 1988. The epidemiologist may be the only person in the DEP who is familiar enough with computer equipment to produce certain tables, charts and indicator values for use in the annual report. He is leaving for another assignment in less than one week. Two statistical clerks are leaving

in July for one month to attend a computer course. It is expected that they will be able to produce tables for the annual report after the course. This may be both too optimistic and late.

It is difficult, perhaps impossible, to make everything work at the same time, especially when so much has been accomplished in so short a time. The team is confident that annual reports will continue to improve as the data collection system and information continue to improve. Prevalence and incidence rates will become more meaningful as more specific, comprehensive and reliable information becomes available.

The DEP has established an excellent reputation, and rightfully so. At the same time it must be prepared to provide routine, timely health information reports: to health directorates who have cooperated in the consolidation of the health information system; and to provinces and health facilities who have supplied the raw data. Without feedback, especially to these two levels, the DEP risks diminishing its excellent reputation as well as the great project momentum it has generated over the past two years.

### 3.4.3 Recommendations

- a. A qualified computer programmer is needed critically and immediately at the DEP in order to produce tables from the computerized Provincial Quarterly Reports. These tables are needed to complete the 1986 Annual Report in a timely fashion to maintain the DEP credibility. The programmer is also needed to program the data entry for the 1987 quarterly reports. The programmer could be locally hired and should be especially familiar with DBASE and Lotus.
- b. The TA epidemiologist leaving in July 1987 should be replaced at the DEP as soon as possible. A fulltime DEP person should be identified to work more closely with the new epidemiologist than was the case with Dr. Sokal. The person could be a recent medical graduate or graduate nurse who would benefit from on-the-job training. Hence the Burkinabé epidemiologist who is presently receiving long-term training in the U.S.A. could, upon his return, be strategically assigned to wherever the Ministry thinks he would contribute most to strengthening national epidemiologic services.
- c. After production of the 1986 Annual Report, the health information system should be programmed to provide more frequent and timely feedback to all health personnel and other concerned persons. This could be done by producing and distributing quarterly reports or extracting selected data from the provincial reports and including some analyses of these data in the Bulletin d'Epidemiologie et d'Information Sanitaire.
- d. The DEP should continue to accept and employ suggestions which significantly improve the health information system in general and

the reporting forms and guides in particular. There should be an annual revision/modification process to incorporate valid suggestions collected during the year. Forms and guides should be printed only in quantities sufficient for a one-year supply. Computer programming should be flexible enough to adapt to annual modifications.

- e. The list of national health indicators which was produced and reviewed at the December 1986 Directors Meeting should be calculated for each province and included at least in the annual reports.
- f. A seminar or series of meetings (including non-DEP personnel) should be held to revise and expand the existing epidemiologic guide. It should then be used in future training sessions for statisticians, and for medical and paramedical personnel. Its distribution should be expanded to the CSPS (dispensary/maternity) level.
- g. Data in quarterly and annual reports should be presented in a meaningful manner. Rates and percentages should be given along with the raw numbers (e.g., prevalence of contraceptive use should be shown along with the quantities of contraceptives used). When possible and appropriate, the tabulation of data over many years is necessary to show trends.
- h. The quality of H.I.S. data could be improved by spot checking information in the field and also after it is entered into the computer. Attention should also be given to improving reporting from provinces which have not submitted satisfactory reports (one province submitted no reports in 1987).
- i. And finally, the data must be scrutinized and acted upon. For example, 16.2 maternal deaths per 1000 live births were recorded in the 1985 Annual Statistics Report for the Province of Tapoa. The national average was 3.5. If Tapoa's figure is correct, an explanation should be provided (footnoted) in the report.

### 3.5 HEALTH DOCUMENTATION CENTER -- ROLE, DEVELOPMENT AND UTILIZATION

#### 3.5.1 Current Status

##### The Role of the Documentation Center

The documentation center plays a central role in collecting, classifying, storing and retrieving documents related to planning for health care that are generated within the Ministry of Health and elsewhere. It is a repository of documents related to donors of development aid in the field of health. It also collects and makes available bibliographic information related to the DEP's mandate. The center is used by those within the DEP and

within the Ministry of Health, students in the medical school and the University of Ouagadougou, and others within and outside the Government of Burkina Faso who have an interest in health planning.

#### The Development and Utilization of the Documentation Center

The documentation center's collection consists of the following: a) books and periodicals from various sources (approximately 200 monographs and subscriptions to 80 journals whose selection was based on recommendations from project team members, health-related agencies in Burkina and the World Health Organization and whose value is roughly US\$10,000 have been ordered by the prime project contractor), and b) documents, including reports and other documents related to the donors of development funds, planning documents used by the DEP planning section, and other documents from the Ministry of Health and other sources. The collection does not adequately cover planning and evaluation for DEP purposes.

The main part of the collection is housed in well-organized filing cabinets and a cabinet with shelves that are located in two separate rooms and a hall in the current DEP quarters; the DEP planning section files, maintained by the center, are located in that section. A new building for the DEP is being constructed under this project. Some of the furniture ordered for the documentation center's three rooms in that building has arrived but there is apparently an unknown amount of shelving available for the documentation center in a warehouse. Plans for moving the documentation center and for the placement of its furniture in the new building have not yet been made.

Cataloging in a documentation center is a continuous process but most of the documentation center's collection has been cataloged and entered in the computerized data base that was expertly designed by the information management specialist, Gail Kostinko. The individual items are indexed so that they are easily retrievable. See the Annexes V and VI for the computer entry form and the major subject-matter groups. A separate index of the planning section's files has been set up. Detailed instructions have been written by the information management specialist for the use of the SCIMATE software by the documentalists and they have been very well trained in the maintenance and use of the indexes.

Operating policy, including a policy for choice of bibliographic material to purchase, has not been set.

With respect to the dissemination of information, i.e., the provision of specific information needed for particular purposes in the field of health, four activities carried out in the documentation center are noteworthy. For the planning section, the information management specialist sorted, filed and prepared a computerized index of approximately 10,000 papers for the planning section of the DEP. The documentation center continues to maintain those files, including the index, as new documents are added. This service has been particularly appreciated.

For those within and outside the DEP, especially in the field, the documentation center has successfully begun publication of the quarterly Bulletin d'Epidemiologie et d'Information Sanitaire, as planned by the Ministry of Health (10). It is now distributed to 700 readers. It has been very well received and an active advisory committee has been set up and meets regularly to consider such things as how to make the future issues meet the information needs of those out in the field and how to cover the cost of meeting the increasing demand for copies. See Annex VII for the table of contents of the latest issue.

For those wishing to request specific services, namely searches for information and photocopies of documents, request forms to be filled out have been developed. See Annexes VIII and IX for copies of the forms.

Those requesting information not in the documentation center are referred to other sources of information in the country where such information can be found. The documentation center is designed to take advantage of other bibliographic resources in Burkina. When necessary, it can request bibliographic searches of international data bases.

#### Human Resource Development

Both documentalists received training for that profession prior to coming to the DEP and have been well trained to operate the documentation center as it now exists, including operating the existing software, but neither has been specifically trained to manage a health documentation center.

#### Technical Assistance Team Communication

Communication between the information management specialist and the director of the DEP and between her and the original chief of party was almost nonexistent for a time. This made solving problems related to the documentation center difficult.

### 3.5.2 Conclusions

#### The Role and Utilization of the Documentation Center

The documentation center has begun to fulfill its prescribed role. It keeps files on public, private, and donor activities in Burkina, collects and organizes technical material and documents, and has established information retrieval and dissemination systems. (See the Project Grant Agreement, Amendment 1, Annex 1, Section A.4.)(18) and note that the Government of Burkina Faso has decided that the other functions of the documentation center mentioned in that section are to be carried out by a separate Health Information System in the statistics section of the DEP.) The dissemination system needs improvement, especially through making potential users aware of the services available. However, the center cannot function fully until the periodicals and books now on order have arrived, an operations policy has been established and the documentation center is centralized in one area.

## Information Management Specialist

The tasks assigned to the information management specialist, establishment of a documentation center within the DEP, devising a system for the classification, storage and retrieval of technical information materials of the DEP, and assisting in the preparation of epidemiological and information bulletins (see Amendment 1 of the Project Grant Agreement), (19) have been completed. The technical systems in the center function very well and the epidemiological bulletin is published regularly.

## Development of the Documentation Center

Within the documentation center the technical systems for acquisition, processing and storage of bibliographical material and documents have been well designed and the personnel of the center are capable of continuing the functioning of the center. The bibliographic material now on order will have to be processed when it arrives and the whole documentation center needs to be brought together in one place and set up to meet the needs of DEP staff and other users. The collection needs augmentation in the fields of planning and evaluation; practice in choosing material to order is also needed. However, the DEP does not need and probably could not handle another \$40,000 worth of bibliographical material, as called for in the Amendment to the Project Agreement and in the contract with Pragma.

In light of the departure of the information management specialist, the development of key management skills of the DEP documentalist responsible for the provision of services by the documentation center, namely Micheline Zoungrana, is important. She will need assistance, particularly in planning for moving the documentation center to the DEP's new building.

Both documentalists need further training in the use of computers so that they can cope with any changes in the collection and in the nature of the requests. To be able to help users better in their searches, they need further familiarization with the health field.

## Technical Assistance Team Communication

Attention needs to be paid to communication between members of the technical assistance team and officials of the Government of Burkina Faso and within the technical assistance team to avoid a recurrence of the problems related to the information management specialist.

### 3.5.3 Recommendations

#### a. Role

Support should be continued for the operation and further development of the documentation center in its role in providing "an improved data base for ministerial decision-making" and "more

effective MOH contributions to national planning efforts." (See Amendment 1 of the Project Grant Agreement.)(20)

b. Utilization

As soon as possible after the documentation center is properly installed in the new building, with both documentalists in place, with all the documents filed and all the books and journals on shelves, with the computer functioning so that full service can be provided and with documentation center operating policy fixed, there should be a campaign to alert all those in the health field of the existence of the center and how it might be useful to each type of user. An open-house, or a series of them, is suggested for potential users at that time. Use should also be made of the Bulletin d'Epidemiologie et Information Sanitaire, l'Unisson and other available media to advertise the services the center will be providing, to inform potential users on how to request those services, and to invite them to visit the center and to make use of it. Suggestions for ways to improve the service the center provides should be solicited from all those interested.

c. Information Management Specialist

The currently vacant position of information management specialist on the technical assistance team should not be filled.

Short-term technical assistance should be provided by an information center management specialist for a total of four months, two months to assist in planning and executing the move, to assist the second documentalist, Roger Adakro, in learning to do what is necessary to keep the documentation center functioning at least minimally while Micheline Zoungrana is away for training, and to provide guidance in the management of the center. Two subsequent consultations of one month duration each spaced over the remaining life of the project should be scheduled to provide such guidance and to assist in the solution of computer-related problems. The same person should be engaged for all this assistance, if that is possible.

d. Advisory Committee for the Center

Establishment of an advisory committee for the documentation center is recommended. That committee should be responsible for making recommendations to the Director of the DEP, for his action, on operating policy for the documentation center (hours of operation, lending policy, charges for photocopies and for mailing them, etc.), recommendations on the specific material to be acquired to augment the center's collection and recommendations on ways to improve the services the center provides. It should be composed of the senior documentalist, at least one other DEP staff member and

up to eight others who would serve as representatives of various classes of users within the Ministry of Health and in the health field but outside that Ministry. It is suggested that, at least on a semiannual basis until the end of the project, the committee review their previous recommendations and the results of those recommendations and then prepare and submit new or revised recommendations to the DEP Director.

#### e. Acquisitions

Of the US\$50,000 earmarked in the project for books and periodicals, \$10,000 has been spent. It is estimated that another \$10,000 will cover the additional acquisitions needed through the remaining life of the Pragma contract. Future purchases of books and periodicals for the documentation center should especially emphasize planning and evaluation as management processes and the skills needed for carrying them out.

#### f. Training

Short-term training for up to six months is recommended to increase the capability of the senior DEP documentalist to manage the documentation center; including adapting existing software to solve problems that may arise relating to the use of the computer for the center. Such training should consist of: a) experience in health-related library reference services (e.g., the U.S. National Library of Medicine and at the Johns Hopkins University, the library of the School of Hygiene and Public Health and the main library), and b) exposure to a system of filing government documents, such as found at the U.S. Department of Health and Human Services, and over the same time period, c) courses covering the basic principles of computers and computer programming. She should be trained in word processing within the DEP as soon as possible.

Assistance in the acquisition of key management skills (the ability to determine objectives; to determine resource needs, availability and allocation; and to set priorities for actions to be taken) by the senior documentalist should be provided on a continuous basis by her supervisor in the DEP and by the technical assistance team. They should also guide her in learning more about the health field. To that end she might be asked to write a series of short articles for the Bulletin d'Epidemiologie et d'Information Sanitaire, with descriptions of responsibilities and activities of each of the 11 directorates in the Ministry of Health.

The second documentalist should receive, within the DEP, further training in the use of computers from the computer specialist to be hired and, in addition, guidance as he continues to familiarize himself with the health field.

Attendance of both documentalists at pertinent conferences and meetings within Africa is recommended.

g. Bulletin d'Epidemiologie et d'Information

Support should be continued for the recently formed advisory committee for the Bulletin d'Epidemiologie et d'Information Sanitaire. It is now composed of the current computer specialist in the DEP statistics section, namely Georges Kaboré, the documentalist Micheline Zoungrana, the technical assistance project epidemiologist and other interested persons. That committee should continue to concern itself with the content of the Bulletin, with how to defray the costs of production and distribution and also, perhaps after a year of experience, with setting general editorial policy. The technical assistance team of the project should give full support to the assumption by a single Burkinabé, presumably from that committee, of the responsibility of collecting the articles for each issue of the Bulletin from the contributors in a timely fashion.

h. Technical Assistance Team Communication

The new technical assistance team leader should ensure that communication among team members and also between them and officials of the DEP is effective so that all of them can better support each others work.

3.6 OPERATIONAL RESEARCH

3.6.1 Current Status

Five general themes were suggested for operational research in the Strengthening Health Planning Capacity project agreement:

- a. Community financing of PHC services
- b. Community organization of PHC
- c. Role of the village health worker
- d. Epidemiology surveillance of diseases recognized as having a significant impact on public health
- e. Development of integrated maternal and child health services.

Seven DEP-sponsored operational research studies which were undertaken are:

Personal Health Expenditures. The study was planned for 12 months' fieldwork at a cost of approximately \$1,000.00. It was the DEP's first

study and it began in October, 1985. Although data from many villages were judged inadequate, analyses which were done on data from several other villages showed that expenditures for traditional health care were about twice that of modern health care. Lessons learned in the study design will be helpful to the MOH since health expenditures will be used as national indicators to measure progress of the Five Year Plan. Other data are still being analyzed. Please see p.49 in the Health Care Financing Section of this report for more details.

The Boulgou Cost Recovery Study. This multi-donor study began with the creation of a committee in March 1987. It will cost approximately \$23,000.00 and is still in the planning stage. For details of the Boulgou study please see p.46 in the Health Care Financing Section of this report.

Feasibility of Village Health Workers Treating Urinary Schistosomiasis. This study on the role of a village health worker was pre-tested in December 1986. It began in February 1987 and is programmed for 18 months at a cost of approximately \$1,600.00. No preliminary data are available yet.

Schistomiasis in the Kou Valley. This study is in collaboration with OCCGE. It was scheduled to begin in May 1987 and be completed after one month at a cost of approximately \$2,000.00. It has not started yet. The relatively new drug, praziquantel, will be employed in the study.

Drug Sensitivity Testing for N. Gonorrhoea Strains. This study is in collaboration with physicians at the Yalgodo Hospital in Ouagadougou. The study began in January 1987 and is to last several months; study costs are approximately \$1,700.00. Other sexually transmitted diseases such as syphilis, AIDS and chlamydia are also being studied under the serology component of the study. Preliminary results of the urban (Ouagadougou) study showed 10 out of 15 gonorrhoea cultures were resistant to penicillin of which 8 were penicillinase producing.

Maternal Mortality Study. This study began in November 1986 and was to require four months at an estimated cost of \$6,700.00. Part of the control group was dropped and more cases of maternal mortality are being investigated. Preliminary results are not available.

Maternal Height For Measuring High Risk Birth. This study began in August 1986 and lasted over one month. The cost was approximately \$170.00. As in data reported from other areas, a significant relationship was observed between the height of the mother and the need for caesarian delivery. It was also noted that height measurements are unreliable in the hands of paramedical personnel, unless there is very close supervision. Additional bibliographic research turned up an article that suggests that measuring foot length is as effective as height is as an indicator for the risk of dystocis. Since foot length would be easier for paramedical personnel to measure, a follow-up study was proposed.

In addition to the aforementioned operational research studies, the DEP provides funds to medical students (maximum \$330.00 each) to support costs of doing research for their doctoral theses if the subject concerns preventive medicine. Six medical students are receiving funds for the following theses:

- In-vivo drug sensitivity testing of P.Falciparum
- Epidemiology of guinea worm
- Psychiatric care in Burkina Faso
- Surgery and public health, a Burkinabe's point of view
- Low birth weight, risk and prevention factors
- Urinary schistosomiasis in Bam.

As of February 1987, \$84,000.00 has been allocated to the DEP from the \$120,000.00 budgeted for operational research. Approximately \$47,000.00 has been spent to date. The life of project (LOP) budget for operational research is \$120,000.00.

A committee does not exist to review, approve and coordinate medical research activities in Burkina Faso. Up to now, operational research proposals have been approved at the DEP. The creation of committee was proposed by the DEP at the Central and Provincial Directors meeting in December 1986. One of the roles that would be relegated to such a committee would be for it to propose priority operational research studies.

The Presidency recently created a national research council called Organe Superieure pour la Recherche Scientifique et Technologique (OSRST). BANTWIU is the African name for this council. This council has a sub-committee which is responsible for medical research priorities. The relationship of this sub-committee with the MOH and Medical School is not yet clear. No one has yet been named to head the council.

### 3.6.2 Conclusions

The DEP is performing more operational research studies (7) than the minimum five required in the Project Agreement. One multi-donor study (Boulgou) is complex and is having difficulties getting off the ground. The studies are all pertinent and adhere to the guidelines set forth in the Project Agreement. Preliminary results that are available on two of the seven studies provide the MOH with valuable information as described in the Findings section of this report. The team expects that analyses of the remaining studies will be as beneficial to the MOH problem solving/planning efforts as were the preliminary results.

Should the recently created Organe Superieure pour la Recherche Scientifique and Technologique with its sub-committee for medical operational research provide review and approval procedures for study proposals as recommended by the evaluation team, caution is advised that the process not be too complex and cumbersome to unduly restrain MOH operational research.

### 3.6.3 Recommendations

- a. A Review Committee should be created for selecting and funding operational research proposals. Since the DEP workload is steadily increasing, the responsibility for the Committee could be more appropriately placed elsewhere--perhaps in the General Secretariat or with the recently created but not yet operational Organe Superieure pour la Recherche Scientifique et Technologique, which will have a medical research sub-committee.
- b. With the creation of an Operational Research Review Committee, consideration should be given by the Committee to management, supervisory and funding procedures for approved study proposals which will be carried out with the remaining LOP budgeted operational research funds (approximately \$70,000).
- c. The Documentation Center should establish a file of names and addresses of organizations which fund operational research studies in developing countries.

## 3.7 TRAINING

The project has produced an impressive amount of training outputs to date. Of most obvious utility has been the on-the-job training of counterparts accomplished by key members of the TA team in the course of developing the 5-year Health Plan, Annual Plans, the revised Health Information System, and the DEP documentation center. The Director of Professional Training in the Ministry of Health, when asked about his suggestions for the Project, said, "Above all, make sure that the TA team members train their counterparts before they leave...but I think they've done a good job."

### 3.7.1 Current Status

The envisioned long-term participant training outside Burkina Faso has been accomplished very well. For details, please see the Project Administration section, Table 5.

In addition to on-the-job transfer of skills to the DEP planners, economists, statisticians, and documentalists from the TA team, special training was provided in the DEP office for secretarial skills, and through the American Language Center for basic English competence. The intention to train Burkinabe counterparts in the DEP in formal seminars, repeatedly expressed in the quarterly reports of the first Chief of Party, was never

actualized. Two and a half years of experience have shown that the Burkinabe professionals in the DEP are under too much time pressure to be freed up for formal training to be carried out during office hours.

The TA team working in collaboration with their counterparts produced a large amount of material that was used in training of central and provincial directors, of provincial statistical staff, of supervisors of village health workers, etc. These materials are noted in the TA team's quarterly reports, and copies of them are available in the Pragma Annexes to those reports. Almost all of them were practically oriented, produced to impart skills needed by various levels of MOH personnel to help them do the needful (e.g., to keep and analyze records, plan services, etc.) in order to implement the new programs. For illustration, some of the titles are:

- Methodologie et Etapes de la Planification Sanitaire (Methods and Steps of Health Planning)
- Principes Généraux d'Evaluation des Projets ou Programmes de Santé (General Principles of the Evaluation of Health Projects or Programs)
- Kylansoi (A Case-Study in Health Planning)
- Communication Sur le Plan Annuel (Note on the Annual Plan)
- Note Pour l'Elaboration des Plans Annuels (Notes on Preparing Annual Plans)
- L'Utilisation de l'Epidemiologie et des Statistiques Sanitaires pour Ameliorer la Santé (Using Epidemiology and Health Statistics to Improve Health)
- Système National d'Information Sanitaire (The National Health Information System).

For a list of conference/training sessions organized and/or financed by the DEP please see Annex IV.

### 3.7.2 Conclusions

Significant, appropriate training has been achieved in the first half of the project.

Continued training will continue to be one of the most important products of the project. During the second half of the project there should be increased emphasis on:

Computer manipulation and analysis of data for DEP professional staff,

- Systems analytic methods of planning and programming for the planning service, and on
- The managerial use of information at all levels in the MOH.

### 3.7.3 Recommendation

The DEP Director, with the assistance of a Training Committee that includes representation from the TA team, should establish an annual or semi-annual training agenda for DEP and other MOH staff based on an assessment of needed skills.

## 3.8 COMPUTERS -- UTILIZATION AND MAINTENANCE

### 3.8.1 Current Status

Computers play an increasingly important role in the DEP: in the maintenance and analysis of the epidemiological and health care delivery records of the country for planning purposes; in the development of health plans, including budgets; and in the maintenance of up-to-date indexes of bibliographic material and documents related to health planning. In addition, the DEP computers have been used to computerize the files on over 4,000 MOH personnel (a one-time task). Additional uses planned include the generation of timely reports for the Provincial Directors of Health (DPSs) and word processing.

The Ministry of Health supports the use of computers by the DEP. In its Annual Plan for 1987, it specifies "the familiarization of the personnel of the DEP with the utilization of microcomputers" and "the computerization of the data base of the PQDP" (the Five-Year Plan of the country).(10)

There are currently six IBM PC/XTs in the DEP, two in use in an air-conditioned room and four awaiting installation, presumably in the new building. There are also two printers and two Bernoulli boxes installed. One printer and one plotter are on order. There is already one plotter on hand. The new DEP building, which will have a room for the six computers, is not yet completed.

There is currently need for more computer time for the statistics and economics sections and for teaching the typing pool word processing. The sections mentioned also need more computer programming than the staff can currently provide and all the DEP professional staff members need to learn more about using computers for their own work.

The departure of the team epidemiologist leaves no one with the capability of assuming complete responsibility for the computer hardware. The DEP computer specialist who has been working on both hardware and software will depart for training at the end of 1987.

### 3.8.2 Conclusions

The use of computers in the DEP as already planned in this technical assistance project is justified, feasible and supported by the Ministry of Health.

The need for more computer time will continue until all the computers can be installed in the new DEP building. Additional man-hours devoted to computer programming and particularly to the training of the DEP professional staff in the use of computers are needed as is someone to assume responsibility for the computer hardware.

### 3.8.3 Recommendations

#### Technical Assistance

The creation and immediate filling for one year of a new position, that of computer specialist/programmer. That person will be responsible for the following:

- a. The DEP computers and the related hardware (for installation in the new building, including ordering additional assistance from outside the DEP as necessary for that move, and for doing simple maintenance and arranging for more complicated maintenance).
- b. Adaptation of the DEP's computer software to meet current DEP needs. (See Health Information Systems, 2.a., page 3.2.) As the DEP personnel become more skilled, assisting them in that task.
- c. Training the DEP professional staff members in the use of computers to meet their needs. For such training to be successful, time must be scheduled for it on a regular basis.

See Annex X for a copy of the information management specialist's June 2, 1987 memo to Richard Greene for her recommendations concerning the qualifications of the computer specialist.

#### Training

- a. The training program for Georges Kaboré should be adjusted so that it emphasizes enabling him to assume complete responsibility for the DEP computer hardware (along with the software). His program should include a very appreciable amount of practical experience, under the tutelage of a computer technician involved in maintenance of IBM PCs.
- b. Expenditure of up to US\$400 for payment of the dues for two years' membership of Georges Kaboré in the Capital PC Users Group of the Washington, D.C. area and local transportation to its meetings while he is in that area. The Group's monthly meetings, aimed at

owners and other users of IBM and IBM-compatible PCs, consist of demonstrations of new hardware and software followed by meetings of specialized subgroups; the subgroup for statistics would be particularly useful to him. At the meetings attendees, many of whom are computer professionals, exchange information and solutions to their own hardware and software problems. He would also receive the Group's monthly publication.

- c. Expenditure of up to \$2000 for modems for the computers of the DEP trainees in the United States to enable them to take advantage of computer bulletin boards, if found feasible.

#### Miscellaneous

- a. There should always be one person on the DEP staff or the technical assistance team who is designated as having primary responsibility for the DEP computer hardware, including ordering from outside the DEP any maintenance that cannot be done by the DEP staff. After the departure of Georges Kaboré for training and the computer specialist/programmer, that person might be one of the DEP staff members returning from computer training.
- b. The possibility of setting up one or more of the PCs now on hand but not installed to meet the immediate needs of the statistical and economic section(s) of the DEP should be assessed and appropriate action taken as soon as possible. (See Health Care Financing Section, page 52.)

Agreement should be reached on the assignment of specific IBM PCs to each of the following: the documentation center and the planning, statistics and economics sections of the DEP. Sharing under special circumstances would be expected.

The documentation center's computer should be put on a wheeled table and the necessary wiring installed so that it can be used in the reading room as well as the computer room.

### 3.9 ROLE OF THE DEP IN QUESTIONS OF HEALTH CARE FINANCING

#### 3.9.1 Current Status

Part of the mandate of the project, Strengthening Health Planning Capacity, is to develop the capacity of the DEP to use economic analysis and techniques in planning. This capacity is particularly important considering the limited resources of the MOH. The proportion of the National Budget spent on health has decreased since 1960 and the Budget's real value has decreased in real value also due to the average inflation rate of 9 percent, despite the expansion of health care delivery planned in the Five-Year Plan. (See Table 2.) Consequently, there is a need to be able to quantify and distribute the resources as efficiently, effectively and equitably as possible, quantify

unmet needs and identify methods of self-reliance and/or external assistance that are necessary to achieve the goals of the Plan. Project Agreement Amendment 1, stipulates that the DEP should be able to assess the financial feasibility of projects and policy alternatives and have carried out an operational research study on community financing of primary health care services.

The USAID/Burkina inputs designated in this area were to include technical assistance of a Ph.D. health economist for 24 person-months provide short-term training for the DEP economist as well as other general support. The GOB, on the other hand, was to provide an economist.

After two-and-one-half years, the project has made considerable progress although the first technical assistance economist only stayed for one year. The second technical assistance economist arrived in September 1986 and his period of stay here has already been extended for a second year until August 1988. The GOB has posted the economist, Soumaira Zerbo, as Chief Economist in the Planning Service at the DEP and he was given training for three months at Boston University in Health Care Delivery in Developing Countries in the summer of 1986.

Since arriving in September 1986, the technical assistance economist, Dr. Abraham Bekele, has provided training sessions for the DEP economist on topics of health economics, and worked with him on the Boulgou Cost Recovery Study and estimating actual and recurrent costs. A commission has been mandated by the GOB to set up a cost recovery study to be held in Boulgou. Also work has begun on estimating recurrent and actual costs of the health care delivery system. In addition, a survey on personal health expenditures was carried out in 1986. Conferences for the provincial health directors have included sessions on analysis of health care resources and donor participation in the health sector. Also attempts have been made to quantify donor

Table 2

The National and Health Budget 1960-86  
(in millions of current FCFA)

YEAR	HEALTH NATIONAL		GROWTH RATE		HEALTH AS % OF NATIONAL
			HEALTH	NATIONAL	
1960	669	5,651			11.8%
1961	852	5,654	27.2%	0.1%	15.1%
1962	881	8,402	3.4%	48.6%	10.5%
1963	883	7,454	0.3%	-11.3%	11.9%
1964	865	9,973	-2.1%	33.8%	8.7%
1965	823	9,179	-4.8%	-8.0%	9.0%
1966	881	9,137	7.1%	-0.5%	9.6%
1967	821	8,375	-6.9%	-8.3%	9.8%
1968	794	8,564	-3.3%	2.3%	9.3%
1969	853	9,031	7.5%	5.5%	9.5%
1970	897	9,757	5.2%	8.0%	9.2%
1971	941	10,515	4.9%	7.8%	9.0%
1972	852	10,822	-9.5%	2.9%	7.9%
1973	941	11,726	10.4%	8.4%	8.0%
1974	1,031	12,744	9.5%	8.7%	8.1%
1975	1,207	15,064	17.1%	18.2%	8.0%
1976	1,219	21,123	1.0%	40.2%	5.8%
1977	1,688	23,124	38.4%	9.5%	7.3%
1978	1,980	30,580	17.3%	32.2%	6.5%
1979	1,811	35,699	-8.5%	16.7%	5.1%
1980	1,983	40,223	9.5%	12.7%	4.9%
1981	2,730	40,500	37.7%	0.7%	6.7%
1982	2,728	47,849	-0.1%	18.1%	5.7%
1983	4,399	57,950	61.2%	21.1%	7.6%
1984	4,047	62,679	-8.0%	8.2%	6.5%
1985	4,044	57,329	-0.1%	-8.5%	7.1%
1986	4,545	82,346	12.4%	43.6%	5.5%

participation in the health sector. These activities will be looked at in some detail in the following paragraphs.

Because of the limited resources available to the MOH, the GOB has determined the need to investigate the people's ability to pay for services. Consequently, an operational research study has been set up to examine whether a cost recovery system is feasible within the primary health care system. Some indications that it is are 1) a previous experience with cost recovery has and is operating very successfully in Nasso in Houet Province, and 2) the village health workers are already charging fees and recovering costs as part of the One Village One PSP campaign. The hypothesis of the study is that it will enable the health facility to recover its recurrent costs and to increase the utilization by at least 50%.

The announcement of the creation of a committee to set up an operational research study in cost recovery was announced by the GOB on March 3, 1987. (Raabo) The members of the committee include the Director of the DEP, the DEP economist, the World Bank Project Director, the Director of Inspection Technique, the Director of SONAPHARM, the provincial director of Boulgou, and the provincial director of Houet Province. The Committee has met three times since then and is in the process of setting up a study protocol. Technical assistance has been provided by the TA and DEP economists and TA planner. The study will be financed by the World Bank. The possibility also exists that funding can be obtained from the Italian Government if it involves it as a full partner.

The study will take place in the health zone of Garango in Boulgou Province and will include the CM (Centre Medical) and all of the nine CSPSS. It will also include the hospital at Tenkodogo in order to respect the referral system.(2) In light of past experience with cost recovery in other countries, the committee has decided to involve the communities in the choice of a fee for service system.(4) They will choose between the options of fee for services, individual prepayment and group pre-payment. A community committee will be set up to manage the funds that are generated by each health facility.

A management team of three with competencies in statistics, accounting, pharmacy and administration will be set up to supervise and assist the cost centers (health facilities) in their activities. The study protocol also includes a component to upgrade the facilities through increasing the number of personnel in each center; assuring a drug supply and adding necessary equipment that are lacking. The personnel will receive training in the new systems to be implemented before the tarification is implemented. A contract has already been signed with FEER (Rural Water and Equipment Fund) to undertake the renovation of the facilities.

A number of initial surveys are planned to be undertaken in order to determine the price of services that should be charged, the capacity of payment of the population, and the services demanded by the population. Some of the information is already available since some data has already been

analyzed from the personal health expenditure study to be discussed later in this section. Other surveys that will have to be undertaken include 1) a Household Budget Study, 2) a Household Income Study, and 3) a consumer price survey.

Another activity that the economists have been involved in is the assessment of recurrent and actual costs. The difficulty presented in doing so has been due to the lack of reliable data on costs of the health care system. Because the German Volunteers are working in nine provinces and these are, in general, better equipped and utilized than the rest of the country, the analysis has been made using their data. A document has been drawn up using this data entitled "The Determination of Recurrent Costs".(5) It examines the recurrent costs separated out at the levels of the CM and the CSFS.

Some work on costing has been done for the Five-Year Plan of a rough nature and these estimates are found in more detail in the Annual Plans. There is difficulty with obtaining detailed data since it is found in three different places - DAAF, the Provincial Administration, and the Territorial Administration.

Efforts have also been made to quantify the projects of and funding received from donors and NGOs. This is particularly important considering the large role that donors play in the health sector. The responses from a questionnaire sent to donors were analyzed in a document and shown to donors at the Donors Conference in December 1986. Although responses were not received from all agencies, they were obtained from all of the major donors.

Part of the difficulty in determining costs in Burkina can be attributed to its current centralized system of financing and allocation of resources. The consequence of this system is that individuals at the provincial level, for example, the provincial health directors, are unclear about what health resources are available to them. Part of the work of the economists has been to provide training sessions to the provincial health directors on how to analyze health services at the provincial level and explain the elements of costing services and resources.

A document was prepared in the form of a manual in order to explain the elements involved in the analysis of health resources using the example of Boulgou.(2) For example, this document describes how to calculate population projections, distribution by age and sex, break down into tables the breakdown of resources of health structures, personnel, distance from health centers, etc. During the next conference, the economists will encourage the provincial directors to undertake their own assessments. They also plan to present a session on the determination of recurrent costs during the December conference.

The techniques of cost-benefit analysis and cost-effectiveness analysis have not as a whole been used in the project except in one case where a student thesis (American) supported by the DEP looked at the cost-effectiveness of fixed center vaccination campaigns vs. mobile teams. The

team suggests that cost-effectiveness analysis can be used more often to compare the costs of different types of treatments and technologies. For example, the cost-effectiveness of different types of malarial treatments could be examined since malaria is so prevalent in Burkina.

Another area that the DEP has been involved in is the operational research study of personal health expenditures in conjunction with Ministry of Health officials. The survey was undertaken in 1986 and there were problems both in the design and data collection. The data collection was poorly supervised and only some of it can be considered useful. The economists have analyzed some of the data on Boulgou(5) and were able to present this data at the last provincial directors conference. The interesting finding was that a relatively small proportion of health expenditures were spent on modern health care (33%), that twice as much was spent on traditional health care than modern health care, and that the average expenditure per person (1,376 cfa or approximately \$4), was far more than the average government expenditure per capita of about \$1.50. The economists are planning to analyze data from other areas of the country (for example, Boulkemedé) to see if the results differ in other parts of the country.

The government is considering using personal health expenditures as one of its national indicators and may institute an annual survey. A committee is now meeting to determine how best to carry out the survey. Although this data is interesting as a means of examining consumer preferences and the perceived quality of the health care system, it is not necessary to undertake such a survey more often than every 3 or 4 years.

In terms of the sustainability of the project, the government is at this time coming forth with its contributions agreed to in the project agreement. However, according to the project agreement, it will need to come up with a plan by September 1989 as to how it will be able to continue its activities after the project is finished.

### 3.9.2 Conclusions

Although the DEP economist is extremely hardworking and has done some very good work in the areas discussed above, the level and quality of work that he is able to produce is hampered by the tremendous volume placed on him not only by the DEP but also by the Ministry of Health and Ministry of Plan. He also has had poor access to DEP computers because of the need to share the initial two DEP computers with the other personnel. (Now that the other computers have arrived, this should be less of a problem.) Also research assistance has not been available to aide him in the tedious calculations in his work. For example, he is asked to update the financial progress of health projects of the Five-Year Plan each trimester for the Ministry of Plan. Because of inadequate access to a computer, he is forced to do the tabulations by hand, a task that requires two to three weeks of his time each three months. This work could easily be done with an adapted spreadsheet program, since all that is required are listings with column and row subtotals and totals. He is also often asked to represent the Ministry at meetings.

Because of the many demands made upon him, he has very limited time to spend with the technical assistance economist.

The DEP economist was trained for three months at Boston University in a program of international health issues in developing countries. Although it was very useful in enriching his understanding of the work that he is doing and enabled him to make some contacts with persons in health economics, it only gave him a week of training in health economics. Consequently, he could use more training in health economics and financing. In addition, the DEP economist has limited access to articles on health economics, particularly those in French, and needs more exposure and access to these.

The TA Economist, on the other hand, is restricted in the amount of work and training that he is able to do because of the limited time that he is able to spend with the DEP economist. He is also limited in the assistance that he is able to provide to the Boulgou Study because of the slow progress of the Committee to meet and agree on a study protocol, a problem that is discussed in the next paragraph. For these reasons, the economist is not being used to capacity level.

The Boulgou Study Commission has been meeting and has designed a study protocol. However, its progress has been slow because of the long time periods between meetings and the poor attendance of its members at many of the meetings. The slow progress is a matter of concern for all individuals involved since the study is planned to begin in January 1988 and substantial preparatory work needs to be completed by that date. In addition, the project will not fully benefit from the technical assistance of the TA economist (whose scheduled departure date is September 1988) if the project does not get underway before long.

The study protocol does not call for a full-time manager to be hired to supervise and direct the activities. A gap in leadership may occur without such a manager due to the busy nature of the members of the Study Committee.

The financial analysis capacity of the DEP is at this time limited both in its analysis of government expenditures and projects at all levels. Comments were heard from provincial and central directors about the inability to plan effectively without better costing. This work has been restricted because of 1) the lack of time and research assistance available to the DEP economist and 2) the lack of reliable data from the field. The development of the manpower and support systems necessary to assess costs more accurately is an area that strongly needs to be developed in order to plan more effectively. In addition, the accountants and administrators of DAAF need more training in order to improve the quality and collection of their data.

The survey on personal health expenditures, one of the national indicators of health, is at this moment being planned. Because this survey will utilize scarce time and resources, it is important to consider ways to economize on the work required when designing it. For example, at this time, the sample size of the survey being planned is unnecessarily large. There is

also a lack of coordination with other Ministries undertaking similar household surveys.

The sustainability of the project has not been closely looked at as of yet and the plan for its continuance needs to be written in two years. Although the Government is now providing its contribution, it needs to closely examine where funding will come from for printing costs, in-service training of personnel, the cost of materials for conferences and communication costs will come from after the project has finished.

### 3.9.3 Recommendations

- a. A research assistant should be posted to the Planning Section of the DEP to assist with the tabulations, research, and paperwork that are required for improving financial analysis capacity.
- b. There should be computer assistance and training provided to the Economist including the use of a conveniently adapted computer spreadsheet since his earlier training by the Ministry of Plan was not adequate. Arrangements should also be made to set up his section's computer since it is unclear when the new DEP building will be finished. These computer activities should, at least in part, be provided by the new computer programmer. (See Computer Section.)
- c. The Chief Economist should be sent for additional short-term training. A three-month course in Health Economics at Boston University has been identified as a likely possibility.
- d. The Chief Economist should be sent for observation tours of health financing projects in neighboring countries such as Mali, Benin and the Gambia.
- e. A qualified manager (preferably a medical doctor) should be appointed to head the Boulgou Study and Training Team. He will report to the provincial director of Boulgou who is a member of the Operational Research Cost Recovery Committee.
- f. The Cost Recovery Study at Boulgou should limit its improvement of the health structures in order to maintain the criterium of replicability.
- g. The cost recovery system to be installed at the Tenkodogo CHR should be simple, since setting up a complicated system in the hospital would take an inordinate amount of the chief investigators' time.
- h. There is a need for the economist to stay on for an additional year in order to insure enough technical assistance for the Boulgou study project. However there is no funding available from the

project. Efforts should continue to be made to find funding for this additional technical assistance.

- i. During the next two-and-a-half years of the project, strengthening the financial analysis capacity of the DEP should be the other priority of the economists. With additional supports available to the Chief DEP economist, this should be more possible.
- j. The DEP should elaborate with DAAF and DFP an appropriate program for training of administrative and financial support staff, in order to develop reliable recurrent information on expenditures in the health sector. We suggest one month of technical assistance from an organization such as the Sahel Regional Financial Management Project, in order to assess training needs and develop curriculum for this training.
- k. The GOB has recently chosen a new set of national indicators which will be used to monitor the Five-Year Plan. The Government could economize in obtaining baseline data for these indicators by getting the various ministries to collaborate. They should devise one household questionnaire to obtain data on all of the indicators. They should also avoid the error of using excessively large sample sizes.
- l. The TA economist should begin work on a plan for the DEP to cover its recurrent costs with the other members of the Planning Section before he leaves. This plan will involve assessment of all costs of the project and analyze available resources to the DEP once the USAID project is finished.

#### 3.9.4 Observations

- a. The GOB is in the process of formulating a drug policy. The DEP is involved on the committee whose aim is to make lists of essential drugs. However, during our travels in the field, we observed frequent problems of access to drugs. When ruptures of the free stock occurred, the necessity for essential drugs forced individuals to travel as much as 30 to 60 kilometers to obtain them. Limited access to necessary drugs also has a large effect on the utilization of a health center. In one case, we observed that utilization was as high as 60 or 70 persons a day in a CSPS when medicines were available but was only 5 or 6 persons a day when a rupture of stock occurred. However, where pharmacies did exist, stocks appeared to be nearly always well-supplied. Increasing the access to drugs needs to be a priority of the new drug policy. It is also clear that the government's policy of providing a limited supply of free drugs is not an effective means of facilitating drug distribution.

- b. We also found very few generic drugs even though these drugs cost as much as 47% less than the name brands (e.g., generic aspirin). The poor availability and utilization of generic drugs seems to lie, in a large part, on the prescribing habits of health personnel. It will be important to provide training sessions for health personnel and change teaching about prescribing medicines in the public health schools, pharmaceutical schools and universities.

## 4.0 PROJECT ADMINISTRATION AND MANAGEMENT

### 4.1 CURRENT STATUS

#### 4.1.1 Obligation/Earmarking/Expenditures of Project Funds

At mid point (the project started in January 1985 with a PACD of September 1990), the evaluation team found no significant pipeline problems. While expenditure rates of 37% as of December 31, 1986 were modest, they are considered normal, especially if one considers that the amendment to the project adding \$1.75 million was signed in June 1986. USAID's Implementation Letter No. 21 lays out the funding picture very clearly by project inputs and contains approvals specifically earmarking for expenditures \$4,672,000 or 80% of the \$5.750,000 in the Grant Agreement #1.

##### 4.1.1.1 Local Currency Financing

PIL #21 Attachment 3 lays out the approved cumulative local costs budget for 1987. As of February 19, 1987, 70% of the \$467,000 in the Local Cost line item was approved for expenditure. The government has received training and benchmarks from the Sahel Regional Finance Service, and is doing an excellent job of accounting for its local currency expenditures utilizing the system worked out by the Sahel Regional Finance project. The expenditure, as of December 31, 1986 of almost 50% of the funds under this line item is satisfactory, and the DEP and USAID have specific plans for the expenditure of the remaining amount during the second half of the project.

This success represents the fruits of many hours of USAID staff effort and follow up over the last two-and-one-half years in which the Office of Financial Management as well as USAID HPN Office spent many hours working with the DEP and MOH officials responsible for use of the funds. In addition, there has been extensive on the job training and seminars designed to enable the DEP to collect the appropriate fiscal data, record it and prepare necessary fiscal reports.

##### 4.1.1.2 Burkina Faso (GOB) Contribution

Under Amendment #1 to the Project Agreement, the GOB contribution is denominated in CFA francs in the amount of 280,160,000 F CFA (or equivalent of \$934,000 at 300 F CFA = \$1.00) including costs borne on an "in-kind" basis. The team was not able to recalculate this estimated GOB contribution. However, with the increase in DEP staff beyond the 14 professionals foreseen in Amendment #1. to 17, plus cash salaries, land and facilities, training and conferences, etc., the team feels that the government's contribution will at least equal the amount called for in the agreement over the life of project. USAID/Ouaga is working with the Sahel Regional Financial Management Project to assist the GOB in completing firm estimates of its contribution to the project.

4.1.2. Technical Assistance

The following tables lays out the status of the long term Technical Assistance provided under the Pragma Corporation contract.

TABLE 3

Status Long-Term Technical Assistance and Future Projections  
(as of 7/1/87)

(person months)

	Budget (A)	Used* (B)	Remain (C)	Rev. Plan** (D)	Total PM Planned (E)	(E-A)
Manager (COP)	60	24	36	28	52	+8
Planner	36	31	5	5	36	+0
Economist	24	24	0	12***	36	-12
Epidemiol.	42	31	11	12	43	-1
Info Spec.	36	18	18	0	18	+18
Comp. Spec. Programmer	0	0	0	12	12	-12
	198	128	70	69	197	+1

Total Person Months (PMs) available for Programming +1.

(+) = Person Months Saved; (-) Person Months over Budget

\* As of July 1, 1987

\*\* Assumes replacements arrive September 1, 1987.

\*\*\* Plan is to ask other interested donors to finance 12 additional months of Economist.

Source: Project Agreement Amendment #1, and Evaluation Team Consultations

Comment: In the Team's judgement the revised plan for use of long term experts will utilize well the project's TA resources to achieve the project objectives in the remaining 28 months of Technical Assistance activities under the project. It should be noted that the Economist position has been extended by 12 months given the importance of the Cost Recovery/Recurrent Cost work. In the absence of a Chief of Party, the USAID Health officer played a key role in working with the DEP to establish the terms of reference and necessary administrative arrangements for the extension. This is one of a number of

concrete examples brought to the attention of the evaluation team demonstrating the importance of the supporting role of USAID in the success of the project.

Further, a new position has been added of Computer Specialist/Programmer for 12 months. The information management specialist long-term position has not been continued but alternate arrangements are planned to help the Documentation Center such as short-term technical assistance, the Computer Specialist/Programmer and help from the new Chief of Party.

It appears that replacements for the Chief of Party and Epidemiologist are about to be approved by the DEP. This selection is critical if the forward momentum of this project is not to be lost.

#### 4.1.2 Technical Assistance

Regarding the provision for short-term technical assistance, the following Table sets out the current status and future plans.

TABLE 4

Status Short-Term Technical Assistance and Future Projections  
(as of 7/1/87)

Total Person Months Budgeted: 17.

Total PM's Avail. as of 7/1/87: 13.

Illustrative Plan for Use 7/87 -- 12/89

a.	<u>Short-Term services completed</u>	(PMs)
	-Info. Mgmt. Spec. (1985)	3
	-BURCENSUS (1986)	1
	-Guinea Worm (1987-one month) (No Charge for Technical Services)	0
b.	<u>Return Consultations Technical Assistance Alumni.</u>	(PM's)
	-Epidemiologist (1 one-month visit)	2
	-Planner (1 one-month visit)	2
c.	<u>Other Short-Term Consultants</u>	(PM's)
	-Info. Center Mgmt Specialist (3 visits)	4
	-Human Resources Planner	1
	-Financial Mgmt./Budget Advisor (From Sahel Fin. Mgmt. Project)	0
	-To be Programmed	4
	Total-Illustrative Use Short-Term Consultants	17
		===

Source: Project Agreement Amendment #1 and Team Consultations and Recommendations.

Comment: Of the 17 months of short-term services provided under the project, four have been utilized leaving 13 PMs. First priority in using the balance of person months (PMs) remaining should go to financing return visits of the current Epidemiologist and Planning team members in 1988 and 1989. The

present Epidemiologist, Dr. David Sokal, was awarded a Bronze medal for Meritorious Service by the Burkina Faso government in 1986 and the team's Health Planner, Dr. Everiste Midy, was a runner up.

Other short-term consultants proposed include 3 visits over the second half of the project to assist the Burkinabé documentalist in the installation and utilization phases of the Documentation Center. As indicated above, this assistance, plus other resources obviate the need for further long-term assistance for this activity.

The Human Resources Planner is needed to identify and recommend the specific studies needed to identify the specific personnel and training needs to support the government's primary health care system, and to develop specific descriptions of the tasks to be accomplished by them. Once this information is available, the DEP with the MOH departments concerned should be able to plan budget human and financial resources needed more effectively. Both the planning and economic sections above have identified financial management and better budgeting as essential tools for better planning. Therefore, one PM for a Financial Management/Budget Advisor is suggested to help in this effort.

The remaining 4 months of short-term consultant funding are to be reserved for other priority needs in the second half of the project as they develop.

The technical assistance contract with Pragma was amended and signed on May 11, 1987 and provides additional funding and widens the scope of work to include some additional tasks which were previously done by USAID. They involve such tasks as the purchase of technical documents required for the Documentation Center, and management of that portion of the project budget. It calls for the contractor to transfer funds as required into the local currency account, and to account and maintain responsibility for local currency expenditure. This step was made necessary by reductions in direct hire staff in the USAID OFM. The team feels that the contract amendment is a good move and that the contractor will be able to accept and execute these tasks without serious difficulty. As indicated above one of the current major difficulties under the contract is the need to replace the Chief of Party and the epidemiologist without delay.

In a historical context, it might be well to note that the rationale for the recent contract amendment was Contractor underestimation of team support costs, and general underfunding of the original Project Agreement. The USAID in the early days of the project was obliged to provide substantial administrative support to the Pragma team. However, as a result of this extra effort by the USAID in providing "know-how", start-up delays were avoided, and the team was able to get off to a fast start.

#### 4.1.3 Training—Outside of Burkina Faso

The following Table sets out the current status of the \$315,000 training line item for training outside Burkina Faso, which has been very effectively managed by the USAID. Its role has become more active and time consuming in the training aspects of the project given the absence of the Chief of Party since December 1986.

TABLE 5

Training Budget  
((000's U. S. Dollars))

Training Inputs	Proposed Rev. Budget 7/87
a. <u>Long-Term</u>	\$
Epidemiologist (24m U. S.)	50
Statistician (18m U. S.)	50
Human Resources (24m Dakar)	25
Computers (24m U. S.)	40
Health Admin (24m Dakar)	<u>25</u>
Sub-Total Long-Term	190
b. <u>Short-Term</u>	
1. <u>Short-Term Already Approved</u>	
DEP Director (4m U. S.)	14
Health Planner (5m U.S.)	19
Health Economist (3m U.S.)	10
Computer Ops (2m Zaire)	5
Computer Ops (2m Zaire)	5
AIDS Conference (1m USA)	<u>4</u>
Sub-Total Short-Term Training Approved	57
c. <u>Proposed Short-Term Training</u>	
Stat./Documentat. (6m USA)	20
Economist (3m USA)	12
DEP Director (4m USA)	<u>16</u>
Sub-Total Short-Term Proposed	48
Total	295
Contingencies	<u>20</u>
Grand Total Training Line Item	315

Comment: The long-term training part of the training line item is well along with candidates selected and in training for the most part. All are scheduled to return to the DEP and assume permanent positions. Most of the training will be completed over the next 12-18 months. There is some discussion about final placement of those with specific skills useful in other directorates such as Epidemiology, Human Resources, and Health Administration. However, it appears that they will be assigned to the DEP at the outset.

It goes without saying that the long-term success of this project, and the development of an indigenous capability to carry on the DEP planning function, is dependent upon returning to the DEP and functioning as managers in those DEP positions for which they have been trained.

The short-term training is oriented toward providing the skills necessary for responsible officers in the DEP so that they will be able to carry on the full range of DEP activities after the external assistance is over. The team agrees with this orientation and is very pleased to note the close relationship between training and providing the tools for Burkina Faso to carry on independently when the project will be completed.

Some \$20,000 are set aside for contingencies such as rising costs of training in the U.S. and abroad, extensions, etc.

#### 4.1.4 Construction of the DEP Building

The building to house the DEP is in its final stages of completion and should be ready for occupancy on or about September 1, 1987. It is now many months overdue and the contractor is in the penalty period. USAID and the DEP (on USAID initiative) have been meeting regularly with the contractor to avoid any further delays. The team visited the building and feels that it is well designed for the DEP including the Documentation Center. Unfortunately, the Documentation Center can not begin full operation until the construction is completed and the Center's library, files and other documentation, and equipment are installed in the new building. All the funding for this line item of \$385,000 have been approved. The USAID with its administrative, engineering and accounting/purchasing resources has played an important role in bringing the construction to its final stages. The \$385,000 includes not only funding for the completion of the work and and payment on submission of proper supporting documents, but also the funding for those additional expenditures for equipment, materials and services needed to make the DEP building functional.

Comment: While the delay is unfortunate, the evaluation team feels that the construction is going well. USAID and the DEP have already ordered much of the furniture. However, until the building is completed within the next few months, the Government and USAID will have to continue to watch the contractor carefully to avoid any further delays, except for the book purchases (see p. 38, e.)

#### 4.1.5 Commodities

While the expenditure rate is low, all of the commodities (\$385,000) have been ordered, or identified for ordering at the proper time. PIL #21 in February of this year authorizes cumulative purchases 1987 of up to \$327,000 (i.e. 85%) of the total commodity line item. All of the computers for the DEP are already in country. They should all become operational once the move is made to the new DEP office building in the fall. The initial order of books and periodicals for the Documentation Center has been made for \$10,000 by the contractor. Most of these books and other materials are already purchased and awaiting the completion of order before mailing to Ouagadougou.

Comment: The team feels that the commodity element is well in hand, and has no specific recommendations, except for the book purchases (See p. 38, e).

#### 4.1.6 Health Planning Project Evaluation

The evaluation team has received excellent cooperation both from the DEP, DPSs, CSPSS, other Central Directorates, multinational and bilateral donors, non-governmental organizations. The GOB and the MOH DEP in particular are firmly committed to using monitoring and evaluations as a management tool. The DEP is heavily involved in an assessment of the progress of the village-level volunteer health worker program at the communal level (PSP). Staffing and funding limitations prevent this work from taking place more exhaustively. (Section 3.3 above discusses the overall DEP role in monitoring and evaluation.)

Adequate funds are available for the final project external evaluation in late 1989 or early 1990.

#### 4.1.7 Donor Coordination

The DEP has come a long way in its role of donor coordinator in the health field. It's first donor "Partenaires" meeting was fairly primitive. But its second "Partenaires" meeting in January 1987 was well prepared and represented a considerable improvement and large amount of work in documenting GOB needs in the health field, especially primary health care. In addition, all donor contacts with the Ministry of Health are referred to the DEP in the first instance. After meeting with the potential donor, the DEP refers them to the appropriate technical Directorate for detailed negotiations. When the technical Directorate and the potential donor have agreed on a program or project, the draft proposal, and/or exchange of letters laying out the activity is cleared through the DEP. In this way, the DEP has an overall view of all ongoing and new donor activities in the health field. It also plays an important role in supplying information on MOH health activities to potential donors.

#### 4.2 CONCLUSIONS

Overall project administration and management of the project have been good including the handling of local currency funds by USAID under the project. While there have been problems such as the need to replace project personnel, delays in construction, weak secretarial support, etc., by and large problems which arise in administrating a major project of this size have been dealt with effectively with by the managers in the DEP, the Technical Assistance team and USAID.

The government has assigned very high quality officers to staff the DEP, and has left the Director in place since the beginning of the DEP. This combination of high quality personnel and continuity has contributed greatly to the success of the DEP in the first half of the Health Planning Support project.

Currently, there is an urgent need to replace the Technical Assistance team Chief of Party who left in December 1986, and the Epidemiologist who leaves in late July 1987. These priorities are increasing the skills of DEP staff, reinforcing the Health economics capacity, upgrading secretarial support, completing the new DEP building and moving in.

Future emphasis in project administration should make special efforts to assure that DEP members in long-term training return to assume the DEP positions for which they have been trained. Current staff should also complete the training planned so that the DEP will have full capacity to assume all of the multifaceted aspects of the project when technical assistance team departs in December 1989. Office support staff capacity, particularly secretarial skills, needs to be increased so that services for the professional staff are prompt, accurate, and timely. As the documentation center becomes operational and its activities increase careful attention will be required to assure full administrative and management support.

#### 4.3 RECOMMENDATIONS

- a. Special care should be taken to assure that the DEP members who undergo long-term participant training are fully integrated on their return into the DEP in the positions for which they have been trained and not assigned to other Ministries.
- b. Special top management support should be given to improving Office Management skills in the DEP so that the support staff are fully qualified to provide support to the professional staff. For example, at present secretarial support in French is not up to standard, and French language competence needs strengthening. Training in computer-based word processing should increase the productivity, timeliness and accuracy of letters, memorandums and reports.

**5.0 OVERALL ASSESSMENT OF SUCCESS OF PROJECT TO DATE AND CAPACITY OF THE DEP TO FULFILL PLANNING FUNCTION AFTER DEPARTURE OF TA TEAM IN DECEMBER 1989.**

It is important to emphasize at the outset a major, unanimous conclusion of the evaluation team that might become obscured by the numerous technical difficulties, operational problems, and suggestions for change detailed in our report:

During the first half of this project the GOB MOH, its DEP, and the current TA team have been extraordinarily successful in developing a capacity to plan the health sector. Progress in developing policies, procedures, plans, training of key personnel, and coordination has been extremely rapid as judged either by previous developments in the BF health sector, or by comparison with the speed of such developments in other developing countries.

This unusually high project impact has been due, in part, to the priority accorded by the new government to primary health care and to participative, coordinated decision-making from ministries to villages. At high levels the new government has pushed hard for rapid, widespread increases in the provision of cost-effective health services.

The new GOB's emphasis on rational planning in all sectors has drawn the MOH DEP, one of the earliest planning units created (with help of USAID and the World Bank), into a unusual and important position of influencing policies, structures and planning methods throughout the government. The MOH DEP has also been continuously active during this period in developing a national network of planning/programming/monitoring/evaluating activities through direct and continuous collaboration with all the other MOH central directorates, with the provincial health services teams, and the services responsible for organizing and supporting an extensive village health workers program.

USAID investment in the MOH DEP has thus been applied at an optimal focus of cost-effective impact in the health sector. Immediately upon their arrival the TA team was drawn into the rapidly ongoing work of their officed counterparts. Although there have been some personal difficulties, in general the current team has worked flat out, collaboratively, shoulder-to-shoulder in the same offices with their counterparts since arrival, producing an impressive amount of analysis, on-the-job training, and technical materials and assistance, usually focused on urgent issues and what was required to take the next steps in elaboration of the government's planning mechanisms. USAID backstopping has been excellent--thorough, positive and timely.

By any reasonable standards of comparison these accomplishments of the GOB, the MOH, the Director and staff of the DEP, the current Technical Assistance Team, USAID and collaborating organizations in development of an effective health planning capacity and its products are outstanding. This unusually rapid progress is a credit to the competence and industry of all contributors.

Therefore, the team concludes that, assuming a continuation of the progress in the first half of the project, the DEP will have the capacity to continue its planning function without further external assistance, except possible short-term assistance on specific topics.

**ANNEX I**  
**Scope of Work**

## ANNEX I

### Scope of Work

#### BACKGROUND

The purpose of the strengthening Health Planning Capacity Project is to strengthen the capacity of the directorate of Studies and Planning (DEP) of the Ministry of Health (MOH) to conduct systematic analyses of health needs and resources, develop health strategies and programs and provide an effective contribution to national planning efforts. This is to be accomplished by the training of MOH personnel, the provision of technical assistance, the development of a health information system, the establishment of a health documentation center, the construction of a building to house the DEP, the purchase of essential furniture, equipment, and supplies, and the financing of certain local operating costs.

The project was obligated in September 1982 at a cost of \$4,000,000, but due to contracting difficulties project implementation did not begin until the TA team arrived in January 1985. After one year of project implementation experience and a better understanding of cost estimates for technical assistance and other project elements, a project paper supplement (PPS) was undertaken and an additional \$1.75 million was added to the project budget for technical assistance, training, and commodities. The PPS also made certain modifications in the project implementation plan and the scope of work for the technical assistance contract.

When the project was originally authorized, the DEP, then known as the Directorate of Planning and Operational Research, consisted of the director and a WHO-funded statistical advisor. Its major functions and objectives were the following:

- a. Collect, analyze and disseminate health information essential to health planning;
- b. Design plans and projects which apply to national health policy;
- c. Find sources of finance; and
- d. Monitor health plans and projects.

Today, the DEP has 15 professional staff members and two divisions, Planning/Programming and Statistics. Despite early concerns that jealousies and competition within the Ministry would hinder the DEP's effectiveness, its role and the concept of planning and information collection and dissemination have been well accepted by other directors.

After two years of project implementation, progress has been achieved in the following areas: (a) the development and revision of a health information system; (b) the development of a 5 year health development plan; (c) the planning and data collection for several operational research studies; (d) the development of a health evaluation unit; (e) the publishing of three quarterly epidemiology bulletins; (f) the conducting of various workshops for health statisticians, health donors, and provincial health directors; and (g) the cataloguing of health documents for inclusion in a future health documentation center. On the other hand, the project has had a slow start concerning health financing objectives and the development of functioning health documentation center and has experienced delays in completing the new DEP office building and in identifying appropriate candidates for long and short-term training.

#### ARTICLE I - TITLE

Mid-term Evaluation of the Strengthening Health Planning Capacity Project.

#### ARTICLE II - STATEMENT OF WORK

The objective is to evaluate progress to date towards achievement of project objectives. The logical framework matrix\*; the project paper, the project paper supplement and the project grant agreement, as amended, will serve as the basis for the evaluation.

#### ARTICLE III - STATEMENT OF WORK

##### 1. General Responsibilities

- A. Review all appropriate project documents including but not limited to the following: project paper, project paper supplement, project grant agreement and its amendments, contractor's project implementation reports with annexes, and appropriate DEP documents.
- B. Based on this statement of work and relevant documents develop an appropriate evaluation strategy.
- C. Undertake extensive interviews with MOH personnel, the technical assistance team, USAID, and selected other health donors, and undertake field trips as necessary in order to complete the specific evaluation activities listed below.

##### 2. Specific Responsibilities

- A. Assess the progress to date of the project towards achieving the logframe indicators listed below:
  - production of annual well-documented Plans of Action based on the analyses of priority health needs of the population and actual available health resources;

\*Note: It was agreed between the Team and the USAID that Amendment Number 1 to the Grant agreement, annex 1 (Section A.1 - A.3) would serve to set forth end of Project goals and activities rather than the Project Paper logframe which was done in 1980, and is not part of any signed agreement between the B.F.'s government and USAID.

- development and presentation of health policy options in an effective manner to MOH decision makers;
  - planning and evaluating of health programs and project proposals;
  - conducting and coordinating of operational research activities in the areas of potential importance to primary health care; and
  - setting standards for MOH personnel for logistics and supply systems.
- B. Determine the likelihood that the project will attain its proposed outputs and end of project status indicators by the PACD of September 30, 1990.
- C. Examine carefully the logical framework matrix (logframe)\* in the project paper and verify the following:
- that achievement of project purpose level objectives will lead to achievement of project goals;
  - that logframe assumptions are accurate;\*
  - that project outputs are sufficient to achieve the project purpose.\*
- D. Propose any necessary changes in the logframe based upon the above analysis.

- E. Examine the effectiveness of participant training to date in the project and the potential effectiveness of planned training activities.
- F. Make recommendations concerning the use of the remaining persons months of short-term technical assistance available under the project.
- G. Assess the project institutional capability of the DEP at the end of the project to carry on health planning activities.
- H. Examine the following specific issues and make appropriate recommendations for future actions:
  - the magnitude and role of the health documentation center in the MOH;

\*Same as previous footnote.

- the sustainability of the health information system after project assistance ends;
- the ability of the DEP to analyze and feedback the data collected from the health information system;
- the progress and potential for decentralized health planning and budgeting;
- additional activities to improve health donor coordination; and
- the appropriateness of the planned computerization of the DEP.

**ANNEX II**  
**List of Contacts**

## ANNEX II

### LIST OF CONTACTS

#### 1. GOVERNMENT OF BURKINA FASO

##### a) Ministry of Health

ADAKRO, L, Roger, Documentalist  
Directorate of Planning and Studies

BIBARE, Dr. Lalle,  
Directorate for the Promotion of Vaccination

BASSOLE, André, Head of Health Education  
Directorate of Health Education

Comité du Bulletin d'Epidemiologie et d'Information  
Sanitaire (Committee of the Epidemiological and  
Health Information Bulletin) Directorate of  
Planning and Studies

GUE, Dr. Beli Etienne, Secretary General  
Ministry of Health

KABORE, Georges Etienne, Computer Programmer  
Directorate of Planning and Studies

KABORE, Joanny, Head of Basic Training  
Directorate of Professional Training

KYELEM, Dr. David, Chief of Planning Service  
Directorate of Planning and Studies

LANKOANDE, Salif, Head of World Bank Project  
Program of Health Services Development

OUABA, Bindi, Pharmacist, Technical Inspector  
Directorate of Technical Inspection

OUEDRAOGO, Arsene, Member  
Office of Follow up for Primary Health Care

OUEDRAOGO, Amade, Director  
Directorate of Professional Training

SAWADOGO, Jean Pierre, Director  
Directorate of Administrative and Financial  
Affairs

SAWADOGO, Seydou, Director, SONAPHARM

SOMBIE, Dr. B. Michel, Director  
Directorate of Planning and Studies (DEP)

SOME, Vincent, Chief of Statistical Service  
Directorate of Planning and Studies (DEP)

TRAORE, Dr. Etienne,  
Directorate of Epidemiology Surveillance

TRAORE, Dr. Kadydiatou, Parasitologist  
Yalgado Hospital

TIENDREBEOGO, Prof. Hilaire, Yalgado Hospital (STD)

TONDE, Roger, Nurse, Planning Service  
Directorate of Planning and Studies

ZERBO, Soumaira, Economist, Planning Service  
Directorate of Planning and Studies

ZOUNGRANA, Micheline, Senior Documentalist  
Directorate of Planning and Studies

Ministry of Health (Technical Assistants)

BEKELE, Abraham, Health Economist

KOSTINKO, Gail, Information Management Specialist,

MIDY, Dr. Evariste, Planner

SOKAL, Dr. David, Chief of Party, Epidemiologist

(b) Provincial Contacts

Province of Boulkiemde

OUEDRAOGO, Ousman, Administrator, CHR

SAWADOGO, Therese, Acting Director, DPS

Province of Boulgou:

DIAO, Moussa, Statistic Clerk

FAVRETI, Dr. Franco, Italian Project

SOURABIE, Dr. Bernard, D.P.S., New

SANFO, Dr. Ousmane, Senior Medical Officer (Doctor)

SOMDA Paul, Pharmacist

SONBYADIGA, Paul, IE, Head of Primary Health Post

VALLEA, Dr. Dieudonné, D.P.S., Old

Province of Kadiogo:

DOUMABE, Dr. M.L. Acting, Director

ZOUGBA, Dr. Alain Dominique, Provincial Director  
of Kadiogo

Province of Sammatenga

YAMEOGO, Alexi, Acting Director, DPS

YASIKA, Dr. Idrissa, Director, CHR

Province of Yatenga:

BAKARY, Daouda, Head of Administration and  
Finance

OUABA, Dr. Maxime D.P.S.

OUABA, Mme. Sidibé Eugenie, Head of Pharmacy

2. BILATERAL ASSISTANCE

- a) GTZ (German Assistance)  
OEPEN, Dr. Cornelius, Director

3. INTERNATIONAL ORGANIZATION

- a) UNICEF

LA FRANCE, Nicole, -Project Officer, ORT

MARTIN, Dr. Jacques-Bruno, Advisor/PEV

- b) WHO  
DOUMTABE, Dr. M.L. Acting Director

4. NON-GOVERNMENTAL ORGANIZATION

- a) AFRICARE
- b) SAVE THE CHILDREN  
FREEDMAN, Mark, Field Office Director

5. U.S. GOVERNMENT

- a) U.S. Embassy

NEHER, Ambassador Konardo

- b) USAID

DE MARCKEN, Baudouin, General Development Officer

GREENE, Richard, Health/Population Officer

MACKENZIE, Donald, Program Officer

MILLER, Herbert, Director

ZERVAS, Jim, Director, Sahel Regional Financial Management Project.

- c) U.S. Contractors

CARTER, Joseph, Project Coordinator,  
Medical Care Development

KABWASA, Constant, Financial Controller,  
Pragma Corp., Washington D.C.

6. Other U.S. GOVERNMENT

KIMBALL, John W., Jr., Head, Automation and Reference Collections Section, Library of Congress, Washington, D.C., United States of America.

**ANNEX III**  
**Documents Consulted**

### ANNEX III

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15. National Library of Medicine, U.S. Dept. of Health & Human Services. National Library of Medicine, Programs and Services, Fiscal Year 1985. Bethesda, Md. United States of America, 1987.
16. Plan Quinquennal, \*Ministere de la Sante, Burkina Faso. Determination des Charges Recurrentes, 1985.
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18. U.S.A.I.D. Amendment Number 1 to the Project Grant Agreement between the Government of Burkina Faso and the United States of America for Strengthening Health Planning Capacity, A.I.D. Project Number 686-0251. Ouagadougou, Burkina Faso, 1986. Annex 1, Section A.4.
19. U.S.A.I.D. Amendment Number 1 to the Project Grant Agreement between the Government of Burkina Faso and the United States of America for Strengthening Health Planning Capacity, A.I.D. Project Number 686-0251. Ouagadougou, Burkina Faso, 1986. Annex 1, Section C.4.e.
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21. U.S.A.I.D. Project Paper, Upper Volta, Strengthening Health Planning Capacity (686-0251). Ougadougou, Burkina Faso, 1982. Section V. Implementation Plan, Schedule of Actions, page 46.
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**ANNEX IV**  
**Provincial Quarterly Report Form**

ANNEX IV  
Provincial Quarterly Report Form

MINISTÈRE DE LA SANTÉ

BUREAU FASB  
LA PATRIE DE LA MORT,  
NOUS UNIRONS !

DIR PRC - Page 2

**DIRECTION PROVINCIALE DE LA SANTÉ**  
**RAPPORT TRIMESTRIEL**

Province: \_\_\_\_\_ Période de \_\_\_\_\_ à \_\_\_\_\_, 19\_\_

**1. Activités de Supervision et Recrutage**

**1.1 Supervision**

Nombre de visites de supervision reçues pendant la date par les F.S. \_\_\_\_\_  
 Nombre de Passports médicaux reçus des CSP/DVI: \_\_\_\_\_ sur \_\_\_\_\_  
 Nombre de Passports médicaux reçus des DVC/CR: \_\_\_\_\_ sur \_\_\_\_\_

**1.2 Recrutage de personnel de la santé**

Niveau de Santé	Code	Nombre	Sexe	Thème	Code
1	2	3	4	5	6

à l'adresse des services statistiques

**2. Maternité**

**2.1 Accouchements**

	A	En	Total
	Aménorrhée	Maternité	
Aménorrhées			
Maternités			
Total			
dont - Aménorrhées			

**2.2 Naissances**

**2.2.1 Total de Naissances vivantes**

dont moins de 2500 g: \_\_\_\_\_  
 à la naissance: \_\_\_\_\_

**2.2.2 Mortalité périnatale précoce**

nombre de mort-nés: \_\_\_\_\_  
 nombre d'enfants morts dans les 24 heures de la naissance: \_\_\_\_\_

**2.3 Avortements** Nombre d'avortements: \_\_\_\_\_

**3.4 Interventions Obstétricales**


Autres (à préciser): \_\_\_\_\_

**3.5 Évaluations**

Nombre de femmes évaluées: \_\_\_\_\_  
 dont - avant accouchements: \_\_\_\_\_  
 - après accouchements: \_\_\_\_\_  
 - après avortements: \_\_\_\_\_

**3.6 Dots Maternels**

**3.6.1** Nombre total de dots Maternels: \_\_\_\_\_  
 dont venus d'autres provinces: \_\_\_\_\_  
 préciser les autres provinces: \_\_\_\_\_

**3.6.2** Nombre de Dots Maternels par Cause

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

autres (à préciser): \_\_\_\_\_

NB. Pour chaque dot maternel, joindre une fiche pour décrire l'état de la femme et les circonstances du dot. Au moment de dot, utiliser la fiche prévue à cet effet.

**B. Activités de Santé Maternelle et Infantile dans les Formations Sanitaires**

**B.1 Consultations Prénatales**

**B.2 Grossesses à Haut Risque**

Nombre de grossesses à haut risque dépistées: \_\_\_\_\_  
 dont référées à l'échelon supérieur pour suivies: \_\_\_\_\_

**B.3 Consultations Infantiles**

**B.3.1** Nombre total d'enfants de moins de 5 ans suivis en consultations.

Moins de 1 an	1 an et 2	Total

DIR PRC - Page 3 Trimestre III 19\_\_ Province: \_\_\_\_\_

**B.3.2 Surveillance Nutritionnelle**

**LA PÈSE**

	1er mois	2ème mois	3ème mois

**LE PÉRIMÈTRE BRACHIAL**

	1er mois	2ème mois	3ème mois

**RESPIRATOIRE / ENFANTS DÉFÈRES**

	1er mois	2ème mois	3ème mois

**B.4 Activités de Santé Publique**  
 Nombre de villages et secteurs couverts dans le district: \_\_\_\_\_

**B.5 Act. des CND**



**B.6 Planning Familial**

**B.6.1 Méthodes contraceptives**



Nombre de femmes sous surveillance à la fin du trimestre: \_\_\_\_\_  
**B.6.2** Nombre de nouvelles consultantes pour cause de stérilisation: \_\_\_\_\_  
 primaires: \_\_\_\_\_  
 secondaires: \_\_\_\_\_

DIR PRC - Page 4

**B.7 Vaccinations**

**B.7.1 Vaccinations du PNV**

VACCIN	Tranches d'âge		Total
	Moins de 1 an	1 an et 2	
BCG			
DTCa + Polio orale			
1ère dose			
2ème dose			
3ème dose			
4ème dose			
5ème dose			
DTCB (polio injectable)			
1ère dose			
2ème dose			
3ème dose			
DTPa			
1ère dose			
2ème dose			
3ème dose			
4ème dose			
5ème dose			
Totaux			
1ère dose			
2ème dose			
3ème dose			
4ème dose			
5ème dose			

**B.7.2 Autres vaccinations**

VACCIN	Tranches d'âge		Total
	Moins de 1 an	1 an et 2	

Non-comptabiliser les vaccinations enregistrées dans le cadre du PNV.  
**B.7.3** Est-ce qu'il y a eu une rupture de la chaîne de froid? oui \_\_\_\_\_ non \_\_\_\_\_  
 Si oui, préciser la durée en heures: \_\_\_\_\_ de jours: \_\_\_\_\_

Not Available Document

# Best Available Document

**4. Consultations Externes**

4.1 Tableau mensuel des consultations (encombrées les corps) les malades sont admis, ordes (sans hospitalisés, dans d'été ont eu lieu à l'arrivée à la formation sanitaire).

Code	NOM DE LA MALADIE	MENS		ANNEE		Total
		1-15	16-31	1950	1951	
001	Choléra					
002	Dysentérie					
003	Fièvre typhoïde					
004	Scarlatine					
005	Scarlatine					
006	Scarlatine					
007	Scarlatine					
008	Scarlatine					
009	Scarlatine					
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099	Scarlatine					
100	Scarlatine					

**5. Soins Hospitaliers**

5.1 hospitalisations: Tableau mensuel de cas hospitalisés et de décès (diagnostic à la sortie).

Code	NOM DE LA MALADIE	MENS		ANNEE		Total
		1-15	16-31	1950	1951	
001	Choléra					
002	Dysentérie					
003	Fièvre typhoïde					
004	Scarlatine					
005	Scarlatine					
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100	Scarlatine					

**6.2 Maladies sexuellement transmissibles**

Maladie	Cas traités		Personnes traitées	
	Hommes	Femmes	Hommes	Femmes
Chancres				
Syphilis				
Gonorrhée				

**6.3 Trepanostomes endémiques**

Maladie	Cas		Personnes traitées	
	1-15	16-31	1-15	16-31
Chancres				
Syphilis				
Gonorrhée				

**6.4 Nouvelles Consultations - Affluence et Origine des Malades (non-compris les activités préventives: consultations prénatales, vaccinations, etc.)**

**6.4.1 Nouvelles consultations par tranches d'âge**

Tranche d'âge	MENS		ANNEE		Total
	1-15	16-31	1950	1951	
0-14 ans					
15-24 ans					
25-34 ans					
35-44 ans					
45-54 ans					
55-64 ans					
65-74 ans					
75-84 ans					
85-94 ans					
95-100 ans					

**6.4.2 Maladies sexuellement transmissibles**

**6.4.3 Origine des malades par zone (distance)**

Maladie	ORIGINE DES MALADES PAR ZONE			Total
	Centre (0-5 km)	Périphérique (5-10 km)	Éloigné (10-20 km)	
Choléra				
Dysentérie				
Scarlatine				

**6.1.1 Soins - Tableau mensuel (diagnostic à la sortie)**

Code	NOM DE LA MALADIE	MENS		ANNEE		Total
		1-15	16-31	1950	1951	
001	Choléra					
002	Dysentérie					
003	Fièvre typhoïde					
004	Scarlatine					
005	Scarlatine					
006	Scarlatine					
007	Scarlatine					
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038	Scarlatine					
039						



**ANNEX V**  
**Computer Catalog Entry Form**

ANNEX V: Computer Catalog Entry Form

MINISTÈRE DE LA SANTÉ  
BURKINA FASO

CENTRE DE DOCUMENTATION  
D.S.P.

Ordre de saisie

**NOTE**

01 COTE DE RANGEMENT: \_\_\_\_\_

02 AUTEUR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

03 TITRE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

04 SOURCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

05 SERIE: \_\_\_\_\_

**ZONE**

06 SERIE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

07 ANNEE D'EDITION: \_\_\_\_\_

08 DESCRIPTEURS PRINCIPAUX: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

09 DESCRIPTEURS SECONDAIRES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 DESCRIPTEURS GÉOGRAPHIQUES (pays): \_\_\_\_\_  
\_\_\_\_\_

11 DESCRIPTEURS PROVINCIAUX (provinces, ville, village in Burkina Faso): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANNEX VI**  
**Subject Matter Groups**

- 01 POLITIQUE / PLANIFICATION / PROGRAMMATION SANITAIRE
- 02 INFORMATION / COMMUNICATION / EDUCATION SANITAIRE
- 03 SYSTEMES DE SANTE / SERVICES DE SANTE / SOINS DE SANTE
- 04 PHARMACOLOGIE / MEDICAMENTS
- 05 PERSONNELS DE SANTE
- 06 MALADIES / VECTEURS DE MALADIES / LUTTE ANTI-MALADIE
- 07 SANTE DE LA MERE ET DE L'ENFANT / SANTE DES FEMMES
- 08 NUTRITION / ALIMENTATION
- 09 VACCINATIONS / VACCINS
- 10 DEMOGRAPHIE / POPULATION / PLANIFICATION FAMILIALE
- 11 SANTE DES TRAVAILLEURS / HYGIENE DE L'ENVIRONNEMENT
- 12 SANTE MENTALE
- 13 SANTE DES PERSONNES AGEES
- 14 HANDICAPES
- 15 QUESTIONS ET PROBLEMES SOCIO-ECONOMIQUES
- 16 EAU / ASSAINISSEMENT
- 17 MEDECINE / CHIRURGIE
- 18 EXPLORATIONS
- 19 ANATOMIE / PHYSIOLOGIE
- 20 BIOLOGIE / BIOCHIMIE / PARASITOLOGIE
- 21 COOPERATION INTERNATIONALE
- 22 ORGANISMES / INSTITUTIONS

Annex VI: Subject Matter Groups

**ANNEX VII**  
**Table of Contents of the**  
**Bulletin D'Epdimeiclgie et D'Information Sanitaire**

BURKINA FASO

MINISTRE DE LA SANTE

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BULLETIN D'EPIDEMIOLOGIE  
ET D'INFORMATION SANITAIRE

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- Le traitement de la Trypanosomiase humaine à T. Gambiense P. 3
- Le Syndrome d'Immunodéficience Acquise (SIDA)..... P.11
- Bibliographie annotée et nouvelles acquisitions.....P.23

NUMERO 5  
AVRIL 1987

Annex VII: Table of contents of the Bulletin d'Epidémiologie et d'Information Sanitaire

**ANNEX VIII**  
**Information Request Form**

BURKINA FASO  
MINISTERE DE LA SANTE  
DIRECTION DES ETUDES ET  
DE LA PLANIFICATION  
Centre de Documentation

Annex VIII

/ DEMANDE D'INFORMATION /

DATE: \_\_\_\_\_

NOM: \_\_\_\_\_

ADRESSE/TELEPHONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUJET(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION:  DOCUMENTS DU CENTRE \_\_\_\_\_  
\_\_\_\_\_

DOCUMENTS RECHERCHES AILLEURS \_\_\_\_\_  
\_\_\_\_\_

DEMANDE DE RECHERCHE BIBLIOGRAPHIQUE (Italie)

DATE DE REPONSE: \_\_\_\_\_

NOTES:

Annex VIII: Information Request Form

**ANNEX IX**  
**Photocopy Request Form**

BURKINA FASO  
MINISTERE DE LA SANTE  
DIRECTION DES ETUDES ET  
DE LA PLANIFICATION  
Centre de Documentation

Annex IX

/ EMPRUNT DE DOCUMENT /

DATE: \_\_\_\_\_

NOM: \_\_\_\_\_

ADRESSE/TELEPHONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COTE DE RANGEMENT: \_\_\_\_\_

TITRE DE DOCUMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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BURKINA FASO  
MINISTERE DE LA SANTE  
DIRECTION DES ETUDES ET  
DE LA PLANIFICATION  
Centre de Documentation

/ EMPRUNT DE DOCUMENT /

DATE: \_\_\_\_\_

NOM: \_\_\_\_\_

ADRESSE/TELEPHONE: \_\_\_\_\_  
\_\_\_\_\_  
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COTE DE RANGEMENT: \_\_\_\_\_

TITRE DE DOCUMENT: \_\_\_\_\_  
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Annex IX: Photocopy Request Form

## **ANNEX X**

### **Recommendations of the Information Management Specialist for a Computer Scientist**

June 2, 1987

Annex X

TO: Richard Greene  
USAID

FROM: Bail Kostinko  
SHPC Project

Thru: David Sokal  
Acting COP, SHPC Project

RE: Computer scientist position with SHPC team

Dr. Sokal and I have discussed the need for a full-time computer scientist at the DEP in light of our departures and the projected two year absence of the current DEP data processing technician, Georges Kabore, for a training program in the U.S. The DEP will soon be in possession of a significant amount of computing power (with the arrival of the latest equipment order) but will need a professional computer specialist to properly utilize and exploit the capacity of the equipment which will be in place. The position of information management specialist within the team could be redesigned to meet the project's overall computer skills requirements. The position would ideally carry the title "computer scientist/data processing manager". Overall responsibilities would include:

- managing the data bases which have been established (statistical, bibliographic and administrative)
- assisting the Planning and Administrative services of the DEP in the computerization of specific functions
- assisting the DEP in responding to Ministry-wide computer application problems (e.g., the personnel data project)
- insuring continued in-house training of DEP and other MOH personnel
- insuring routine equipment maintenance and repair

Desirable qualifications for this position would include:

- B.S. in computer science
- microcomputer programming and analysis experience
- knowledge of the following software: DBASE III PLUS, LOTUS, SPSS, SCI-MATE, MULTIMATE
- fluency in French and English

GK  
02June87  
MM Disk 2  
Doc 207

Annex X: Recommendations of the Information Management Specialist for a Computer Scientist

**ANNEX XI**  
**Example of Logbook Recording**

EXAMPLE OF LOGBOOK  
 FOR RECORDING SERVICES  
 PROVIDED TO VILLAGERS BY  
 THE VILLAGE HEALTH WORKER

Jan  
 1987

 <small>Marriages offense</small>	 <small>Marriages offense</small>	 <small>Deaths</small>	 <small>Illness</small>	 <small>Conjunctivitis</small>	 <small>Flies</small>	 <small>Var de Galdo</small>	 <small>Occupations</small>	 <small>Other to be filled</small>

100

EXAMPLE OF LOGBOOK  
 FOR RECORDING 1987  
 SERVICES PROVIDED  
 TO PREGNANT WOMEN BY  
 THE VILLAGE BIRTH ATTENDANT

GREEN YELLOW RED  
 CHILD'S WEIGHT WITHIN NORMS  
 BORDERLINE WEIGHT  
 CHILD SIGNIFICANTLY UNDERWEIGHT

 <small>Prenatal services</small>	 <small>Accouchement assistée</small>	 <small>Accouchement non-assistée</small>	 <small>Occupations</small>	 <small>Other Maternité</small>