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# Intrah

## Trip Report

#0-208

**Travelers:** Mr. Pape Gaye, INTRAH/WCA Regional Director

Dr. Anne-Charlotte Royer, INTRAH/WCA

**Country Visited:** Consultant  
MALI

**Date of Trip:** January 17 - February 18, 1987

**Purpose:** To conduct a Training Needs Assessment:  
Part I (January 17 - 28) and  
Part II (February 9-18) at the request  
of USAID/Bamako.

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## LIST OF ABBREVIATIONS

<b>AMPPF</b>	Association Malienne pour la promotion de la famille
<b>CAFS</b>	Center for African Family Studies
<b>CBD</b>	Community-Based Distribution
<b>DSF</b>	Education pour la Santé (Health Education)
<b>EPS</b>	Health Education Section
<b>IEC</b>	Information, Education, Communication
<b>MSH</b>	Management Sciences for Health
<b>PMI</b>	Protection Maternelle et Infantile (Maternal and Child Health)

## EXECUTIVE SUMMARY

At the request of USAID/Bamako, INTRAH conducted a needs assessment in two phases for the personnel of the Ministry of Public Health and Social Affairs. The INTRAH team consisted of INTRAH Consultant Dr. Anne-Charlotte Royer, and INTRAH/WCA Regional Director Mr. Pape Gaye. The team visited more than 20 medical training programs in the zone of the newly-integrated FP project in order to interview FP personnel, to learn first-hand how FP visits were organized, and to meet with political and administrative officers. The team also visited the Health Education Section of the MOPH/SA and discussed the progress of the needs assessment with USAID/Bamako.

Upon completing the needs assessment, the INTRAH team recommended that an outside training program be organized for thirty midwives, nine physicians, nine nurses (Registered and "first cycle"), and two social workers.

Given the obvious lack of adequate clinical training of FP service providers, INTRAH recommended that particular emphasis be given to FP clinical training. Dates and training sites in addition to specific names of personnel to be trained were suggested to Dr. Bathily, Director of the Project and to USAID/Bamako.

Schedule During Visit

- January 17** Mr. Gaye already present in-country for Project Monitoring visit see (Trip Report #0-276).  
  
Met with Dr. Bathily, Project Director, USAID Integrated Project.
- January 19** Mr. Gaye developed workplan and interview tools for phase one of needs assessment.
- January 20** Malian national holiday; Mr. Gaye read the Family Health Project document, and familiarized himself with the structure of the PMI and the medical and health training programs.
- January 21** Met with Dr. Bathily.  
  
Met with Dr. Penda Seck, INTRAH/WCA Consultant and Former Director of DSF.
- January 22** Met at DSF with project officers and Mr. Tata Sangare, Program Officer USAID/Bamako, and Mr. Francisco Zamora, Health Officer, USAID/Bamako.  
  
Visited DSF and stores stocking contraceptive products.  
  
Met with Mrs. Helene Starks, Peace Corps Volunteer and Technical Advisor to the Health Education Department.
- January 23** Visited central PMI (Korofina and Missira were scheduled, but cancelled due to national holiday).
- January 24** Interviewed Physicians-in-Charge at Koulikoro, Diolla, and Banmba.  
  
Prepared schedule for visit to Koulikoro region.

- January 26** Visited PMI of Quartier Mali and Badala-Bougou.
- January 27** Visited PMI of Missira scheduled but since Missira FP personnel were not on site, the visit was rescheduled.  
Debriefed at USAID/Bamako.
- January 28** Mr. Gaye returned to Abidjan.
- February 4** Dr. Anne-Charlotte Royer, INTRAH Consultant, arrived at INTRAH/Abidjan.
- February 5-9** Mr. Gaye, Dr. Royer and Dr. Seck discussed phase two of Mali needs assessment in Abidjan.
- February 9** Mr. Gaye and Dr. Royer arrived in Bamako.
- February 10** Met with Dr. Bathily.  
Met with physicians and midwives from central PMI.  
Courtesy visit to Mr. Zamora. Introduction to USAID Director, Mr. Eugene Chiavaroli.  
Departed for Sogoninko PMI. Discussion with Chief Physician and midwives.  
Returned to Bamako.  
Met with Ms. Joan Lewis, FHI.
- February 11** Dr. Bathily, Mr. Gaye and Dr. Royer departed for Koulikoro.  
Met with the Regional Health Director of Koulikoro, Dr. Mountaga Coulibaly and the Regional Officer for Family Health, Mrs. Massarane Keita.  
Discussion with Physician-in-Charge of Health Center of Koulikoro, Dr. Toure.  
Met with midwives of Katibougou.

Departed for Banamba Meeting with Deputy Chief Physician and midwife.

Returned to Bamako.

**February 12**

INTRAH team departed for Dioila with Dr. Bathily and Mrs. Keita.

Courtesy Introduction to the "Commandant de cercle" of Dioila, Mr. Bassizi Coulibaly.

Met with Physician-in-Charge and midwives.

Returned to Bamako.

**February 13**

Dr. Royer departed for Kangaba with Dr. Bathily and Mrs. Keita.

Met with Physician-in-Charge and "Commandant de cercle" of Kangaba.

Mr. Gaye visited Hamdalaye PMI.

Met with Physician-in-Charge and midwife.

Visited PMI sites and maternity ward.

Visited Lafiabougou PMI.

Returned to Bamako.

**February 14**

INTRAH team departed for Kati with Dr. Bathily.

Met with Physician-in-Charge.

Courtesy visit with "Commandant de cercle" of Kati.

Met with Kati PMI personnel.

Met with head midwife and colleagues from the gynecological service, Point G Hospital.

Returned to Bamako.

- February 16** Met with Administrator of Hospitals Mr. Annassar Maiga.
- Met with Dr. Diakite from GYN service who substituted for Dr. Diop (surgical physician) who was absent.
- Departed for Djikoroni to meet with midwives.
- Departed for Korofina to meet with midwives and one physician.
- Visited EPS, Bamako.
- Met with Dr. Dramé.
- Visited training centers.
- February 17** Dr. Royer and Mr. Gaye departed for Missira.
- Wrote final report.
- Debriefed with Dr. Bathily at DSF. Present were Dr. Coulibaly and Mrs. Keita.
- Debriefed at USAID/Bamako with Mr. Zamora, Mr. Sangare and Dr. Bathily.
- February 18** Dr. Royer departed for Ouagadougou.
- Mr. Gaye departed for Abidjan.

**I. PURPOSE OF TRIP**

The purpose of the visit was to conduct a needs assessment for the training of personnel in family planning at the request of USAID/Bamako. The assessment was within the scope of the newly-integrated Family Health Project.

The INTRAH team accomplished the following objectives:

1. Visited all PMIs in the project zone (Bamako/District and Koulikoro Region) as well as the national hospitals of Gabriel Toure, Kati, and Point G, plus the military garrisons of Kati and Bamako.
2. Interviewed health personnel (physicians, midwives, nurses) in order to identify the training and retraining they have received.
3. Submitted a list of persons to be trained according to personnel categories.
4. Proposed places and dates for training.

**II. ACCOMPLISHMENTS**

The INTRAH team accomplished most of the objectives. It visited all medical service points within the project zone. In all centers, the team was able to discuss FP service delivery needs with personnel directly involved in providing FP services.

The visit provided the INTRAH team with a better understanding of the situation in the field, and an opportunity to collect information that will allow modification of the PAC-II program.

### III. BACKGROUND

INTRAH has been conducting training in Mali since PAC-I. The PAC-II project title is "Training in Maternal and Child Health and Family Planning". The duration of the contract is from February 1, 1986 - March 31, 1988 with a proposed extension through April 30, 1989). Recent PAC-II activities involve training in Management of FP services (see Trip Report #0-230) and Introduction to Clinical FP and Training of Trainers (see Trip Report #0-228). In the absence of a bilateral project, INTRAH has provided most of the FP in-country training.

In September 1986 USAID/Bamako, through REDSO/WCA, requested technical assistance from INTRAH in conducting a needs assessment within the context of the new bilateral project signed in July 1986. Because the needs assessment included activities other than FP, INTRAH suggested that Management Services for Health be invited to participate so that it could identify areas outside the INTRAH mandate for which it could eventually provide assistance. USAID/Bamako felt that an INTRAH/MSH team would be an overkill and that the emphasis should be placed on FP service delivery provision rather than management. Hence the decision was made not to include MSH in the activity.

Due to the time involved and the fact that the INTRAH/WCA office had just opened, it was impossible for INTRAH/WCA Director Gaye to be absent for a long period of time. It was then decided to conduct the needs assessment in two phases. Mr. Gaye would conduct the first phase following a program/finance visit and INTRAH Consultant Dr. Anne-Charlotte Royer would join Mr. Gaye for the second phase.

#### **IV. DESCRIPTION OF ACTIVITIES**

All FP service points in the project zone (regions of Bamako and Koulikoro) were visited. In collaboration with the Project Director, the INTRAH team developed questionnaires for the various types of personnel to be interviewed.

When possible the team visited the centers together but due to time constraints, it was necessary for the team to divide up the areas to be visited.

The team conducted daily feedback sessions with the Project Director and briefed USAID/Bamako throughout the visit. The following elements were assessed by the team:

##### **A. Family Planning Services**

###### **1. General description**

- a. At the national level the DSF is responsible for provision of FP services, as is the AMPPF, which plays a sensitization role, and delivers and distributes contraceptives.
- b. The DSF, while responsible for FP at the Health Ministry level, ensures training or retraining of personnel, but does not control it.
- c. FP services exist at the hospital level. In the PMI and the AMPPF clinics, the sensitization is the responsibility of:
  1. "animateurs" (promoters) from AMPPF;
  2. the midwives working in MCH; and
  3. in certain cases, specified registered nurses and social workers.

###### **2. Frequency of services offered**

- a. Central PMI Center: everyday, numerous clients
- b. Other PMI centers ("cercle"): 1 day/week, or according to demand

The quality of services seems insufficient due to the following elements:

1. sites are too small
  2. insufficient number of clients
  3. periodic shortages in stock of frequently needed products
  4. only 1 source of supply (DSF)
  5. insufficient re-training of physicians training in IUD insertion and oral contraceptive technology
  6. insufficient training of midwives and registered nurses and insufficient practical experience in IUD insertion during training (average of 2 experiences per individual)
  7. insufficient number of referral personnel (no gynecology)
  8. no supervision of FP personnel
  9. insufficient training and retraining programs despite the 6-week DSF retraining program and the 5-day AMPPF program which is too short
3. A system for data collection exists but it is not utilized systematically or efficiently.
4. Natural family planning methods are not being supported or promoted by government or religious organizations.
5. FP consultation is organized in the following manner:
- The physicians perform the gynecological exam (including the diagnosis of STDs).
  - The midwives provide FP, post-partum, and newborn services.

- At the regional and prefectural levels (Koulikoro), the TBAs and "matrons" assume the responsibility for sensitizing women. Training of this cadre of personnel poses a number of problems. Previous training was conducted with the collaboration of the DSF MCH/FP section.

6. Problems identified include the following:

- a. Total absence of FP reference material (clinical protocols).
- b. No specific plan exists for training of FP personnel, and a large number of midwives working in FP have taken the initiative to obtain training.
- c. Family planning has not been integrated into the curricula of professional schools, but negotiations have begun with INTRAH and other FP organizations to correct this problem.
- d. DSF organizes 6-week in-service training for midwives, state nurses and physicians, but no fixed calendar exists for training.
- e. The most frequently used training site is the DSF in Bamako, but practicum is not sufficient.
- f. FP is generally integrated into other MCH subjects such as nutrition, hygiene and ORT.
- g. All personnel interviewed complained about the lack of follow-up after training.
- h. Several FP service providers claimed they had received no training.

All levels of personnel expressed the need to be trained; however, when asked to state specifically the kind of training they needed, only a few gave specific answers such as oral contraceptive technology, Information, Education, and Communication, and health statistics.

Oral contraceptive technology presents the major problem in clinical training. Generally, the pill is the most popular method, yet training received by personnel is inadequate. The logistics in

Bamako are generally adequate and training could be organized, but there are not enough clients for adequate practicum in IUD insertion training. Furthermore, there is a lack of basic equipment in FP service points.

7. Health Education (EPS)

EPS consists of three departments: training ("animation"), promotion, and audiovisual materials (production). The "animation" department could have quite an impact on the promotion of FP services.

B. Human Resources

During PAC-I numerous personnel were trained in the U.S. and in-country. Many of these people occupy administrative positions today, but could be called upon as resource people. These people include:

1. MOH Directorate for Planning and Training includes a core of trainers capable of providing technical assistance in training.
2. FP personnel who have attended INTRAH-sponsored TOTs could be used as facilitators for future training activities organized by DSF/AMPPF.
3. Both the DSF and the EPS have training departments, but it is uncertain whether enough trained FP personnel exist to provide FP clinical training. The only NGO providing FP clinical training is the AMPPF.

In general, human resources for FP service provision are not sufficient especially outside of Bamako where there are serious shortages of personnel (see Description of Centers, Appendix B).

C. Family Planning Service Delivery Points Needs Assessment

Appendix B describes each FP service delivery point visited by the INTRAH team, and provides information on minimum requirements to make each center functional.

To conduct the needs assessment, the INTRAH team prepared questionnaires (see Appendix E, Interview Forms). Questionnaires were prepared for Chief Physicians, FP service providers and MCH personnel. Recommendations for each center were made based on the conditions observed and responses to the questionnaires. In some cases the INTRAH team made recommendations for long-term FP training needs.

The description of the Health Education Section in Bamako is somewhat different because this section is not organized like the other service points.

D. Selection Criteria

To minimize subjective considerations in recommending personnel for training, the INTRAH team worked with the Project Director and established selection criteria. Major criteria for selection were: 1) lack of previous FP training; 2) FP as part of the Health Agent's activities; and 3) personal interest in FP. It was not always possible to use the criteria due to time constraints and the unavailability of personnel. Other factors (such as recommendations by supervisors and general impressions) were also taken into consideration.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. Findings/Conclusions

The need for training of health personnel in all aspects of FP is overwhelming. Most FP service delivery points are functional and FP is an integral part of the MCH system. Many FP service providers lack adequate training.

### Recommendation

A greater emphasis should be placed on FP clinical training for FP service providers. Considering the strong preference for the pill by most clients, a training course focusing specifically on hormonal methods should be developed.

## 2. Findings/Conclusions

Many health personnel interviewed by the INTRAH team indicated they had not been trained. Some downplayed the training they received. It was difficult for the INTRAH team to ascertain whether the responses received by those interviewed were accurate since personnel were aware that candidates were being selected for training.

### Recommendation

If training records exist at WHO, the Project Director should check INTRAH's recommendations for personnel to be trained before giving final approval.

## 3. Findings/Conclusions

INTRAH has contacted the WHO-sponsored centers in Mauritius (Regional Training Center) and Nairobi (CAFS) to inquire about the possibilities of sending Malian candidates for FP training. The Mauritius Regional Training Center can accept six or seven candidates for its July 1987 course if proper documentation is submitted before enrollment is closed. CAFS/Nairobi has not begun to conduct clinical courses for Francophone participants.

### Recommendation

Considering the large number of FP service providers to be trained, Malian FP service providers should be trained in neighboring countries such as Senegal. The final decision is to be made by USAID/Bamako and the MOH.

4. **Findings/Conclusions**

Third Country study tours are planned in the context of the bilateral project. However these tours are scheduled to take place in Year 3 of the project. The INTRAH team met officials working at the regional level who could benefit from observing decentralized FP service delivery organizations in third countries.

**Recommendation**

The study tour should be scheduled to take place in the first year. Countries selected should have strong programs in CBD, training of TBAs and community participation.

**APPENDIX A**  
**PERSONS CONTACTED/MET**

**Appendix A**

**Persons Contacted/Met**

**USAID/Bamako**

Mr. Eugene CHIAVAROLI, Director  
Mr. Francisco ZAMORA, Health Officer  
Mr. Tata SANGARE, Program Officer

**Ministry of Health**

Dr. Penda SECK, INTRAH Consultant and Former DSF Director  
Dr. Suzanne BOCUM, Director, DSF  
Dr. Marianne BATHILY, DSF Director of USAID Integrated Project  
Ms. Helene STARKS, Health Education Specialist  
Dr. Mountaga COULIBALY, Regional Health Director  
Mr. Massarane KEITA, Regional Officer, Koulikoro

**OTHERS**

Ms. Joan LEWIS, FHI  
Ms. Suzane Pricer JONES, Pritech  
Ms. Dawn LIBERI, HPN Officer/USAID Niger

APPENDIX B  
DESCRIPTION OF CENTERS

BADALABOUGOU CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	HEALTH NURSES	NURSES AIDS
	2	5	3	5	17
Refresher	1 FP OB/GYN 1 general practitioner	- Family health - Refresher for AMPPF			
Activities	- General medicine - Consultation - Provision of medicines - Administration	Gynecological consultations (high risk pregnancies) Planning - Pre-natal consultations	newborn visits nursing women TRO Unit	Health Ed. Care	
Schedule of FP Consultations	FP Consultation every day Lead MW mainly in charge Only one room for planning + consultation				
Types of service delivery	Pills (mainly)				
Needs:	- Materials	<u>short term</u>		<u>long term</u>	
		- refresher - lead MW (1) - refresher 1 registered nurse (1)		The other MWs of center.	

BANANBA CENTER

Personnel by Profession	=====	=====	=====	=====	=====
	: PHYSICIANS	: MIDWIVES	: REGISTERED NURSES	: 1st CYCLE NURSES:	NURSES AIDS :
	: 2	: 1	: 3	: 1	: 1
Refresher	-----				
	:- Only the associate was seen	: in 85 (DSF)	: -	: -	: -
	: Appointed 2 mos. ago	:	:	:	:
Activities	-----				
	: General medicine	:- Pregnancy/delivery	: ° EPI	: ° Anesthesiology:	:
	:- Gynecology	:- pre-natal, post-natal	: ° Endemic diseases	: nursing and health	:
	:- Tuberculosis	: natal	: Hospitalization:	: statistics	:
	:- Leprosy	:- newborn consult. activities in FP	:	:	:
	:	:- Information talk	:	:	:
	:	: before the consult.:	:	:	:
Schedule of FP Consultations	-----				
	: Every day, provided by the MW	:	:	:	:
Types of service delivery	-----				
	: - Pill	:	:	:	:
	: - IUD (very few)	:	:	:	:
Needs short term	-----				
	: Gynecological Materials	:	:	:	:
	:- In people: too few MW	:	:	:	:
	:- in training: refresher for MW and training of associate in clinical FP and health education	:	:	:	:
long-term	-----				
	- Training of "matrones" and nurses' aids.	:	:	:	:

DIOILA CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	2	1	0	3	4
Refresher	:- Management "Matronnes": 2 (Amsterdam, Refresher in 82 and BURKINA, BENIN) : 85				
Activities	:- Consultation/ General Medicine	:- Delivery Pre-natal consult.			
	:- Administrative supervision	:- FP Health Statistics			
	:- Surgery	:- Talk sessions			
Schedule of FP Consultations	: FP Consultation provided by MW every day				
Types of service delivery	: - Pill, other methods, very few IUDs.				
Needs:	<ul style="list-style-type: none"> <li>- <u>In training</u>: FP Technology for Mws. (1 MW from FANA)</li> <li>- Refresher of physician in FP (1)</li> <li>- <u>In personnel</u>: of 1 MW not DIOILA (1 MW) of 1 "1st cycle" nurse (1)</li> <li>- In materials: gynecological (specula and boxes of IUDs)</li> </ul>				

DJIKORONI CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	HEALTH NURSES	NURSES AIDS
	0	10	0	4	7
Refresher	-	1 school of Rennes Tunisia 74 R.S.F. (86)	173	-	
Activities		Pregnancy Delivery FP Administration	-	Injections Vaccinations Health Ed Care	
Schedule of FP Consultations	2 days a week (Tuesday & Wednesday) but clients are seen every day 1 FP worker assisted by 2 other MW. Planning work done together.				
Types of service delivery	Pills (almost exclusively) - foam as temporary method Very few requests for condoms but none in stock				

Needs:	<u>Materials</u>	<u>short term</u>	<u>Training</u>	<u>long term</u>
	Table Speculum Contraceptive products	clinical FP training for 2 MW (2)		MW (1) health statistician (1) health nurses (4)

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BAMAKO GARRISON CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	HEALTH NURSES	NURSES AIDS
	1	12	5 (3+2)	2	5
Refresher		5 refresher in FH DSF - AMPPF	Health statistics		
Activities	Military consultations Hospitalization FP activities Post-natal consultations FP	Pre-natal consultations Vaccinations Delivery Post natal Pre-natal FP	E.P.J. Health statistics	Weighing children Nutrition	Care
Schedule of FP Consultations	2 times a week every day except Monday & Wednesday Health Ed depending on subject, 5 to 15 women a day				
Types of service delivery	Pills - IUDs - foam - condom				

Needs:	<u>Training</u>	
	<u>short term</u>	<u>long term</u>
	physician (1) clinical FP training for MW (2)	clinic MW (3)

KANGABA CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	1	MATRONNES 16	1	4	15
<b>Refresher</b>	: Community Health : October 1986 DSF : : : : : Care in 84 in Lomé: course : : : : : Amsterdam in 85 : : : : : Planning Course : : : :				
<b>Activities</b>	: Coordinates the :- maternity & MCH :- sensitization of : : : : : activities of the :- deliveries : users : : : : : circle :- prenatal - post :- helps the MW : : : : :- medical consulta-: natal : : : : : tion: adults, :- FP consultation : : : : : children :- talks, debates : : : : :- surgery : before each : : : : :- takes turns in : consultation : : : : : FP w/ MW : : : :				
<b>Schedule of FP Consultations</b>	: - consultation provided by the MW. In case of problems physiciain called. : : - every day for old acceptors. 2 times a week for the new. : : - pill, very few IUDs - very few injectables. : :				
<b>Needs:</b>	: - refresher in FP & Health Ed. techniques for the physician. : : - Training of registered nurses who participate in sensitization. : : - Materials :				

KATI PMI CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	0	1	3 incl. 1 OB nurse	2	17
Refresher	:	:	:	:	:
Activities	:	:- pre - post natal	:- health statis-	:	:
	:	:- gynecology	tics	:	:
	:	:- vaccinations	:	:	:
	:	:- nutrition	:	:	:
	:	:- ORS	:	:	:
Schedule of FP	: 2 times a week by MW and OB nurse				
Consultations	: Talk - debates before each consultation.				
	: 35 women per month				
	: 15 men per month				
Types of service delivery	: - pill - IUD (very few)				
	: - forms, spermicide and condoms (young)				
Needs:	: - in materials (IUD insertion)				
	: - in personnel				
	: - in training				
			- OB nurse (1)		
			- MW (1)		

GARNISON CENTER DISPENSARY & MATERNITY

KATI

=====					
	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
=====					
	5 w/ 1 in Maternity:	2	3	12	6
-----					
Refresher	never	Previous ones			
-----					
Activities	:- medical consult.	:- prenatal consult.			
	:- surgery	:- vaccination			
	:- prenatal	:- EPI - no FP			
	:	:	:	:	:
-----					
Schedule of FP Consultations	no FP consultation since no training great demand; they send the clients to the Kati PMI				
-----					
Types of service delivery					
-----					

Needs: - short term  
 - training 1 social worker in Health Ed (1)  
 - training 1 MW (1)

long term  
 other training for MW (1)

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KATI HEALTH CENTER / MATERNITY PMI

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	2 - w/ 1 doctor	"Matrones": 5	15	32	39
Refresher	- management FP service	Refresher in Fam. Health in 1 MW in			
	- PHC in Lomé	FP management			
	- TOT of trainers				
Activities	- adult consult.	- mainly FP	1 Handles health statistics	1 w/o training does FP	- 1 helps the MW in FP - does Health Ed
	- children	- pre, post natal			
	- supervision of Centers	- deliveries			
	- President of local bureau	- PEV			
	- AMPPF				
Schedule of FP Consultations	- no fixed days				
	- done by all MW				
	- talks 2 times/wk before pre natal consultations				
Types of service delivery	- Pill, IUD (very few)				

Needs:

- in material
- in training: - 1 MW (1)
- 1st cycle nurse (1)

long term  
- "matrones"

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KOROFINA CENTER

MATERNITY

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	2 full time	12	6	6	18
	2 GYN (2x/wk)				
Refresher	- med officer trained in Santa Cruz	- 3 took refresher - the others were trained on site			
	- never for other full time physicians				
Activities	- adult consult. children prenatal EPI health statistics	- deliveries post natal FP sensitization during pre natal consult. (talks)	- don't do FP vaccination of newborns and adults		
Schedule of FP Consultations	2x/wk officially, otherwise open every day for FP				
Types of service delivery	- mainly pill, IUD, injections of NORISTERAT (beginning) - average of 50 persons per week				

Needs:

	<u>short term</u>	<u>long term</u>
gynecological materials	- training of 1 physician (1) - training of MWs (2)	- of other MW

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KOULIKORO CENTER

KOULIKORO BA  
 KOULIKOROGARE  
 KATIBOUGOU

=====	
PHYSICIANS	MIDWIVES : REGISTERED NURSES : 1st CYCLE NURSES: NURSES AIDS :
=====	=====
1	6 : 7 : 15 : 8 :
Refresher	: Yes Tunisia : All participated in : No : No : No :
	: plus several : courses of DSF and : : : :
	: seminars abroad : AMPPF : : : :
Activities	: Outpatient consult. :- MCH/FP :- newborn consult. : : In Katibougou:
	: after sorting :- prenatal - newborn :- on call w/ MW : : : 1 Aid - part-:
	: through others : - vaccinations : : : ipates in FP :
	: - surgery :- ORV : : : :consultation :
	: - Medical Admin. :- Health Ed Talks : : : :w/ MW and 1 :
	: - FP president for :- Lead MW supervises : : : :AMPPF trainer:
	: local AMPPF : health statistics : : : :
Schedule of FP Consultations	: 1 day/wk for FP consultation at Katibougou and Koulikoro Ba the lead MWs are directly responsible for FP : : : :
Types of service delivery	: - pill +++ : : : : : - condoms and others (especially the young) : : : : : - IUD (very few) : : : :
Needs materials & personnel	: <u>short term</u> (1-2 years) <u>long term</u> : : : : : Phase 1 : : : : : - GYN materials - training of Aids : : : : : - Complementary training in clinical FP - training of "matrones" : : : : : for MW (3) - training of village "animatrices" : : : : : - training in management for physicians (1) : : : :
	=====

LAFIABOUGOU CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	2	5	5	7	2
Refresher	1 MD in FP in Brussels FH management(DSF): 1 MD not retrained: in FP but in PHC (10 days at DSF)	no refresher			
Activities	General medicine Adult consult. children GYN Administration Vaccinations	Pre natal consult. Post natal consult.: GYN consultations FP			Health Ed.
Schedule of FP Consultations	2 days/wk - all MW do FP - no one in charge				
Types of service delivery	pill - foam - demand for IUD exists but no one knows how to insert and means aren't there Women wanting IUDs are sent to Niarela or the Central PMI				
Needs	- training in FP indispensable for physician (1) - training in FP for 2 MW				

hp

NIARELA CENTFR

```

=====
: PHYSICIANS      : MIDWIVES      : REGISTERED NURSES : HEALTH NURSES   : NURSES AIDS :
=====
: 2              : 4              : 3                  : 2                : 1            :
=====

```

```

-----
Refresher : 1 physician      :- Family Health   : 1 retrained in   :                   :- Nutrition     :
: 1 not trained in :                   : Health Ed. '73   :                   :- EPI           :
: FP              :                   : Red Cross Seminar :                   :                :
-----

```

```

-----
Activities :- General Medicine : Pre natal consult. :- diarrheal ill-   :- care           :- Health Ed.    :
: Consultation      : Post natal consult. : nesses           :- injections     :- FP aid        :
:- GYN consultation : FP                  :- vaccinations    :                   :                 :
:- Administration  :                     :- Health Ed.      :                   :                 :
:                   :                     : general control  :                   :                 :
-----

```

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-----
Schedule of FP Consultations : 2 days for the FP consultation (Thurs. and Sat.) :
: 1 in charge (who herself took initiative) helped by aid uses a chart to aid in :
: distribution of pills :
: Only 1 room - Have to wait until end of pre natal consultation :
-----

```

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-----
Types of service delivery :
: Pill - IUD insertion - condoms :
: :
: :
-----

```

Materials

Training

Needs:	- Site is too small	<u>Short term</u>	<u>Long term</u>
	- Materials	- training of MW (1)	training of aid (1)
		- training of physician (1)	
		- training of nurse (2)	

HANDALAYE PMI CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	2	4	5	5	6
Refresher	1 refresher at Colombia Univ. N.York (FP theory): 1 physician Cent. Nut. Paris	3 retrained in FP: 1 new not retrained	1 retrained in FP but is no longer active in FP		
Activities	Newborn consult. Adult - pre natal - FP - vaccinations - Demo-nutrition: Health Ed	Pre natal consult. Post natal FP (distribution of pills)	Vaccinations Care Injections Health Care Talks:	Health Ed	- Health Ed - Care
Schedule of FP Consultations	2 days a week (Tuesday & Thursday) plus appointments All MW take turns in FP Rotation every month About 25 clients are seen per consultation day				
Types of service delivery	Distribution of pills - (FH Study on pill for lactating women) No IUD insertion due to lack of materials. Those interested are referred to NIARELLA				

Needs: Materials

- Equipment - IUD
- Refresher for MW w/o refresher (1)
  - Refresher for MW (1)
  - Training of physician (1)

POINT G MATERNITY CENTER

```

=====
: PHYSICIANS      : MIDWIVES      : REGISTERED NURSES : 1st CYCLE NURSES:
=====
: 4               : 12            : 1                 : 4                 :
=====

```

```

-----
Refresher : GYN           : Only 2         :                   :                   :
: specialists  : at Lomé & Bamako :                   :                   :
-----

```

```

-----
Activities : - Gynecology   : - FP consultation :                   :                   :
: - delivery    : - sensitization :                   :                   :
: (high risk    : during consult. :                   :                   :
: pregnancies)  :                   :                   :                   :
-----

```

```

-----
Schedule of FP : - 1 lead MW responsible for FP :                   :                   :
Consultations : - FP consultation every day    :                   :                   :
:                               :                   :                   :
-----

```

```

-----
Types of service : - Pill & IUD (fair demand) :                   :                   :
delivery         : - few injectables          :                   :                   :
: - every day there are FP consultations :                   :                   :
-----

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Needs:      Opening soon of a center (1)
            Clear need for refresher for MW (lead)
            and 2 other MW already sensitized (2)

```

MISSIRA CENTER

```

=====
: PHYSICIANS      : MIDWIVES      : REGISTERED NURSES : 1st CYCLE NURSES: NURSES AIDS :
=====
: 2              : 13           : 3                 : 15              : 1            :
=====

```

```

Refresher : 1 - nutrition : ° 5 in Family Health: : : :
: - health stat. : and FP : : : :
: - every other : : : : :
: day in FP : : : : :
: - every other : : : : :
: day diarrheal : : : : :
: illnesses : : : : :
=====

```

```

Activities : ° Adult consult. : ° Pre natal : ° Rehydration : : :Sensitization:
: ° Sick children : ° FP : ° Vaccination : : :Talks home :
: ° Pregnant women : ° Post natal : : : : visits :
: ° Supervision : : : : : ° Follow up :
: ° Administration : : : : : : of children:
=====

```

```

Schedule of FP : - 1 day/wk, Sat., done only by MWs :
: supervision by lead MW :
Consultations : :
: :
=====

```

```

Types of Service Delivery : - pill :
: - IUD (very few) :
: :
=====

```

```

Needs: - Problem of interruption in supplies
        in training: Short Term Long Term
                   1 physician (1) other MW
                   - MW (2) 1 OB nurse
                   - social worker (1)

```

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MALI 4th CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	3	8	1	4	10
Refresher	- 1 took refresher in Maurice 83 Dakar 83 1 trained in Belgium (2x/wk) 1 trained in Paris	- 4 took refresher in contraceptive methods theory 1 knows how to insert IUDs STD IEC		- 1 took refresher in FP method	
Activities	- Consultation - GYN/OB - Administration - Control of medicine and contraceptive supply	- family planning - pre natal consult. - post natal consult.		- Pre natal delivery rooms Health Ed	
Schedule of FP Consultations	1 (one) day reserved for FP (Sat.) 1 (one) person in charge aided by other MW 1 (one) GYN MD comes 2x/wk to help when complication				
Types of service delivery	- pills - IUD (rare) - foam - condoms	Sensitization	- follow up on deliveries - pre natal consultation		
Needs:	- Materials - IUD	<u>Short term</u> Training 1 physician (1) Training lead MW (1) Refresher 1 MW (1)	<u>Long term</u> Training one "health nurse" (1)		

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CENTER: CENTRAL PMI, BAMAKO

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	4	12	7	8	23
Refresher	+ 2 med. consult.	All took Family Health Refresher			
	1 biologist				
	1 physician				
	took refresher				
	in USA				
Activities	- Newborn consult.	- Prenatal consult.	- Health Ed		23
	- Adult consult.	- Health Ed sessions	- Health statistics		
	- Administration	- 2 MW do FP consult.			
	- FP consult.				
Schedule of FP Consultations	Every day, done by 1 GYN MD and 1 MW				
	Average 50 persons per day				
	FP consultation for all ages				
Types of service delivery	- pills ++				
	- IUD				
	- Other methods				

- Needs:
- training of MW in clinical FP, and practicum (2)
  - training in health statistics (1)
  - Refresher for MDs in FP techniques (1)
  - in materials: specula, boxes of IUDs
  - improvement of site (space)

SOGONINKO CENTER

	PHYSICIANS	MIDWIVES	REGISTERED NURSES	1st CYCLE NURSES	NURSES AIDS
	1	15	4	5	19
Refresher	:- Santa Cruz (79) : MW took refresher		0		
	:- Health statistics: in FP				
Activities	:- Administration	:- deliveries	:- supervises the	:- cold chain	
	:- General health	:- pre natal	:- EPI	:- management	
	:- ORS	:- FP	:- nutrition		
	:- Leprosy	:- Health Ed in			
	:- Pre natal	:- Maternity Ward			
Schedule of FP Consultations	:- Planning consultation integrated in maternity service done by MW				
	:- every day				
Types of service delivery	:- pills, condoms, IUDs (few)				
	:- Pill, IUD (very few)				
Needs:	training in hormonal technique (2MW)		<u>long term</u>		
	training in health statistics ("1st Cycle" Nurse)		- "matrones"		

3)

HEALTH EDUCATION SECTION

BAMAKO

-----  
 : CHIEF OF SECTION :  
 :                   +                   :  
 :        ADJUNCT                    :  
 -----

=====		=====		=====	
: TRAINING DIVISION	: SENSITIZATION DIVISION	: AV MATERIALS PRODUCTION DIVISION:			
=====		=====		=====	
:	: 2 Registered Nurses	:	:	:	:
:	: 1 TDC	:	4	:	:
:	: 1 Social Worker	:	:	:	:
-----					
ACTIVITIES	: Training of "Socio-Health Workers" and other resource persons outside of MOH	: Talk Sessions : Education : Radio (20 min. each day except Fri. & Sat. 12:40 - 13:00 : "Micro - program" : Morning 6:30 - 6:35 : TV: 20 min. per wk every Wed. from 19:30 - 19:50 : Viewing of film	:	: - Posters : - Signs : - Picture boxes	:
-----					

- NEEDS:
- ° Training of illustrators, production division. (2) A.V. Technique
  - ° TRAINING Social Worker (1) in FP clinic + IEC
  - ° Training 1 Social Worker in FP clinic + IEC

Integration of FP in curriculum of PHC educ. at INA  
 School for Social Workers

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## SELECTION CRITERIA

To assure objectivity in the selection of personnel to be trained, a few criteria were established. However, it was not always possible to evaluate the personnel interviewed on the basis of these criteria. This was due to several factors, notably the short amount of time the team had at its disposal, the nonavailability of all the personnel (some were on vacation or absent for other reasons). Moreover certain persons who did not meet certain criteria were nevertheless good candidates or distinguished themselves by other means. Among the factors the INTRAH team took into account were:

- The recommendations of the Supervisor or the colleagues.
- The general impression of the interviewers.

Although these factors contain subjective elements, the team considered them very important and accorded them a substantial weight in the making of the final decision.

The main criteria used for selection were the following:

- Total absence of training in FP
- FP is part of the worker's activities
- Interest shown in FP
- Training obtained: theory and practice in country; refresher abroad
- Length of training or refresher
- Exact need as personally expressed by worker
- Familiarity with birth spacing and with MCH/FP and national policy
- Previous or potential experience in area of communication with clients
- Availability and desire of personnel to be absent from job
- Impact of absence of worker on functioning and delivery of services at the center level
- Training priorities expressed
- Priorities not expressed but noticed by INTRAH team
- Extent of needs compared to other centers

- Existence of a minimum of structure and materials to ensure that after the worker has been trained, (s)he will put the training acquired into practice
- Verbal facility of expression
- Condition of personnel, number of workers trained in the given center

APPENDIX C

PERSONNEL TO BE TRAINED BY CENTER

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PERSONNEL A FORMER PAR CENTRE

DIADALALABOUGOU

(S.F) Mme MAGA AMI COULIBALY\*\*\*

(S.F) Mme NANA DJIRE\*\*

DIANAMBA

Dr ISMAEL DIALLO \*

(S.F) Mme MAGASI COULIBALY\*\*\*

DIEMI CENTRALE

Dr SANGARE MADINO BA \*\*\*

(S.F) Mme DIARRA FANTA \*\*\*

(S.F) Mme DIALLO MARIAMA \*\*

(I.E) Mme KONATE SANTADJI \*

DIOILA

Dr SEKOU FANIAMADI DIAWARA \*

(S.F) Mme COULIBALY OUMOU \*\*\*

(S.F) Mme FAYE DICLAKA SIDIBE \*\*\*

(I.S) 1 Infirmier du 1 er Cycle \*

DJIKORONI

(S.F) Mme DIALLO KADIDJA LELENTA \*\*\*

(S.F) Mme DJABATE FATOUMATA \*\*

Section Educative pour la santé (BAMAKO)

- Mr MOUSSA TOGO \*\*\*

- 1 Dessinateur \*

(A.S) Mme SOUMARE SAFIATOU \*\*

HAMDALLAYE

(S.F) KADIDJATOU CISSE \*\*\*

(S.F) COULIBALY FATOUMATA \*

(S.F) DAO WASA DEMDE \*\*

KANGABA

Dr TOURE HAMADASSALIA \*

GARNISON DE BAMAKO

Dr PAUL DIALLO \*\*

(S.F.M) Mme SIDIBE SOKONE SOUMARE \*\*\*

(S.F) Mme BAGAYOGO DADDO DABO \*\*\*

C.S KATI

(S.F) Mme SANGARE BINETOU HAIDARA \*\*\*

(I.S) Mlle SENEBA DEMBELE \*\*

CENTRE PMI KATI

(S.F) Mme TRAORE FATIMATA KOULIBALY \*\*\*

(I.O) Mme SOW MARIANNE BA \*\*

KOROFINA

Dr TRAORE FATIMATA \*\*\*

(S.F) Mme KONE AMINATA COULIBALY \*\*\*

(S.F) Mme TRAORE ROMAINE \*\*

KOULIKORO

Dr TOURE MOHAMED \*\*

(S.F) Mme COULIBALY NA TRAORE \*\*\*

(S.F) Mme SIDIBE DIASA \*\*

(S.F) Mme DOUMBIA DJIRE

Dr MOUNTAGA COULIBALY \*

Dr MASSARA KEITA \*

LAFIABOUGOU

Dr SISSOKO MARIANNE SISSOKO \*\*\*

(S.F) Mme FANE FATOUMATA COULIBALY \*\*

(S.F) Mme KEITA AMINATA FAYE

QUARTIER MALI

(S.F.M) Mme SEMEGA MARIANNE TRAORE \*\*\*

(S.F) Mme BINETOU SAMAKE \*\*

(S.F) Mlle TOURE OUMOU \*\*

MATERNITE DU POINT G

(S.F.M) Mme KONE KOROTOUMOU \*\*\*  
(S.F) Mme BAGAYOGO FATIMATA \*\*  
(S.F) Mme TRAORE HAWAYE CISSE \*\*

MISSIRA

Dr OUMA HANE CISSE \*  
(S.F) Mme SOW NENE SOW \*\*\*  
(S.F) Mme SUNTURA DIEYNABA KONE \*\*\*  
(A.S) Mme KEITA FATIMATA CAMARA \*

NIARELLA

Dr TOURE FANTA CAMARA \*  
(S.F) NNA CISSE \*\*\*  
(I.E) Mme SIMPARA \*

SOGONINKO

(S.F) Mme BARRY NASSOUN DOUMBIA \*\*\*  
(S.F) Mme DIARRA ADAMA \*\*  
(I.S) Mme DIAKITE SOBA \*

\*\*\* : Représentent la priorité selon les besoins minimum du centre. Si pour des raisons budgétaires et autres, le nombre de personnel à former devait être réduit, il est recommandé qu'une place soit garantie pour ces personnes. (NECESSAIRE)

\*\* Deuxième priorité : en cas de non disponibilité du premier choix (ci-haut), ce personnel devrait être second sur la liste. (SOUHAITABLE)

\* La formation de ce personnel ajouterait un apport certain aux prestations de services. Mais en cas de non disponibilité de fonds ou des autres recommandés ces personnes pourraient être choisies.

Note : Il est important que tout le monde recommandé soit formé pour assurer un minimum de prestations de services dans chaque centre. Le système ici proposé devrait servir à établir une priorité dans le temps et au cas où des restrictions budgétaires existeraient.

APPENDIX D  
SUGGESTED COURSES AND BUDGET

1987

1. Cours : Atelier sur la supervision et  
l'Evaluation comme outil de Management

C E D P A

Washington 21 Sept 23 Oct 1987

- . Dr TOURE MOHAMED (KOULIKORO) (2)
- . Dr TOURE HAMADASSALIA (KANGABA)

2. Cours : Formation en Planning Familial Clinique

Formation Régionale INIRAH

Octobre 1987

- . Mme SIDIBE SOKONE (Garrison BMKO)
- . Mme SANGARE BINETOU HAIDARA (C.S Kati)
- . Mme KONE AMINATA COULIBALY (Korofina)
- . Mme SEMEGA MARIANNE TRAORE (Quartier Mali)
- . Mme SOW NENE SOW (Missira)
- . Mme BARRY NASSOUM DOUMBIA (Sogoninko)
- . Mme KEITA AMINATA FAYE (Lafiabougou)

3. Régulation de la Fécondité

ILE MAURICE

13 Juillet - 4 Septembre 1987

- . Mme COULIBALY NA TRAORE (Koulikoro)
- . Dr SISSOKO MARIANNE SISSOKO (Lafiabougou)
- . Mme KANE KOROTOU MOU (Point G)
- . Dr SANGARE MADINA BA (PMI Centrale)
- . MAGASI COULIBALY (Banamba)
- . Mme TRAORE FATIMATA KOULIBALY (PMI Kati)
  
- . Mme MAIGA AMI COULIBALY (Badalabougou)
- . COULIBALY OUMOU (Dioila)
- . DIALLO KADIDJA LELENA (Djikoroni)
- . Mme KONATE SANTIADJI (PMI Centrale)
- . KADIDJATOU CISSE (Hamdalaye)

KO

1988

3. Cours : Régulation de la Fécondité  
ILE MAURICE  
Date à déterminer

- . Dr ISMAÏL DIALLO (Banamba)
- . NANA DJIRE (Badalabougou) (5)
- . SEKOU FATIMATADI DIAWARA
- . Dr TRAORE FATIMATA
- . Mme DOUMBIA DJIRE

5. Cours : Formation en Planning Familial Clinique  
DAKAR/SENEGAL  
MARS 1988  
Formation Régionale INTRAH

- . Mme SOW MARIANNE BA (PMI Kati)
- . DIALLO MARIAMA (PMI Centrale)
- . DJABATE FATOUMATA (Djikoroni) (6)
- . DAO WASA DEMBELE (Hamdalaya)
- . Dr PAUL DIALLO (Garnison BMKD)
- . TRAORE ROMAINE (Korofina)

6. Cours : Clinique pour les Prestataires de  
services Planning Familial  
INTRAH  
NDJAMÉNA/TCHAD  
14 - 26 MARS 1988

- . COULIBALY FATOUMATA (Hamdalaye)
- . 1 Infirmière d'état (Kangaba) (5)
- . SOUMARE SAFIATOU (Educ. pour la santé)
- . Mme SIMPARA (Niarella)
- . Mlle SENEDA DEMBELE (C.S Kati)

7. Cours : Clinique pour Prestataires de Services P.F  
INTRAH  
NDJAMÉNA/TCHAD  
16 - 29 MAI 1988

- . 1 Infirmière (Dioila) (3)
- . Mme KEITA FATIMATA CAMARA (Missira)
- . Mme DIAKITE SOBA (Sogoninko)

41

8. Cours : Recyclage en Technologie Contraception

C.A.F.S

Dates et lieu à préciser

- . Mme DIARRA FANTA (PMI Centrale)
- . Mme FAYE DIELIKA SIDIBE (Dioila) (7)
- . Mme SUNTURA DIEYNABA KONE (Missira)
- . 1 Infirmière d'Etat (Kangaba)
- . BAGAYOKO DADDO DABO (Garnison BMKO)
- . Mme TRAORE HAWAYE CISSE (Point G)
- . Mile OUMOU TOURE (Quartier Mali)

9. Cours : Les Aides Visuelles ou l'IEC offerts en Afrique

INTRAH ou PCS à Déterminer

- . MOUSSA TOGO (E.P.S)
- . 1 Dessinateur (E.P.S) (2)

10 . Cours : Formation en Planning Familiale Clinique  
Formation Régionale INTRA  
DAKAR/SENEGAL Janvier 198

- . SIDIBE DIASA (Koulikoro)
- . Mme FANE FATOUMATA COULIBALY  
(Lafiahougou)
- . BINETOU SAMAKE (Quartier Mali)
- . BAGAYOGO FATIMATA ( P + 6)
- . DIARRA ADAMA (Sogoninko)

11. Cours : Voyage d'Etude pour les Responsables  
SENEGAL  
FEVRIER 1989

- . Dr MOUNTAGA COULIBALY
- . MASSARAN KEITA

W

BUDGET

BUDGET: Formation du Personnel, Projet Integre de Sante Familiale au Mali

FORMATION A L'EXTERIEUR

1.	Cours: Atelier sur la supervision et l'Evaluation comme outil de Management			
	Par: CEDPA			
	Lieu: Washington, DC			
	Date: 21 Sept au 23 Oct '1987 (36 jours)			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants	2		
	* Billet d'avion		1,500	3,000
	* Frais de sejour \$75/jour		2,700	5,400
	* Seminaire		3,795	7,590
	Cout par Participant	\$308		
	TOTAL			<hr/> \$15,990
2.	Cours: Formation en Planning Familiale Clinique			
	Par: INTRAH			
	Lieu: Dakar, Senegal			
	Date: Octobre, 1987 (45 jours)			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants:	12		
	* Billet d'avion		423	5,080
	* Per Diem par jour	50	2,250	27,000
	* Consultant - 45 jours			
	Honoraire, Per Diem, Transport			11,088
	* Overhead			11,224
	Cout par Participant	\$4,533		
	TOTAL			<hr/> \$54,392
3.	Cours: Regulation de la Fecondite			
	Par: CRFSPA			
	Lieu: Isle Maurice			
	Date: 13 Juillet - 4 Septembre 1987			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants:	6		
	* Billet d'avion		2,083	12,500
	* Frais de sejour		2,000	12,000
	* Seminaire		2,000	12,000
	Cout par Participant	\$6,083		
	TOTAL			<hr/> \$36,500
4.	Cours: Regulation de la Fecondite			
	Par: CRFSPA			
	Lieu: Ile Maurice			
	Date: A determiner - 1988			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants:	5		
	* Billet d'avion		2,083	10,417
	* Frais de sejour		2,000	10,000
	* Seminaire		2,000	10,000
	Cout par Participant	\$6,083		
	TOTAL			<hr/> \$30,417

BUDGET

5.	Cours: Formation en Planning Familiale Clinique			
	Par: INTRAH			
	Lieu: Dakar, Senegal			
	Date: Mars, 1988 (45 jours)			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants	6		
	* Billet d'avion		423	5,080
	* Per Diem par jour	50	2,250	13,500
	* Consultant - 45 jours			
	Honoraire, Per Diem, Transport			11,088
	* Overhead			7,714
	Cout par Participant	\$6,230		
	TOTAL			<hr/> \$37,382
6.	Cours: Clinique pour les Prestataires de services Planning Familiale			
	Par: INTRAH			
	Lieu: Ndjamen, Tchad			
	Date: 14 au 26 Mars 1988 (20 jours)			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants:	5		
	* Billet d'avion		1,255	6,273
	* Per Diem par jour	75	1,500	7,500
	* Consultant - 7 jours			
	Honoraire, Per Diem, Transport			2,830
	* Overhead			5,052
	Cout par Participant	\$4,331		
	TOTAL			<hr/> \$21,655
7.	Cours: Clinique pour les Prestataires de services P.F.			
	Par: INTRAH			
	Lieu: Ndjamen, Tchad			
	Date: 16 au 29 Mai 1988 (20 jours)			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants:	3		
	* Billet d'avion		1,255	3,764
	* Per Diem par jour	75	1,050	3,150
	* Consultant - 7 jours			
	Honoraire, Per Diem, Transport			2,830
	* Overhead			3,269
	Cout par Participant	\$4,338		
	TOTAL			<hr/> \$13,013
8.	Cours: Recyclage en Technologie Contraception			
	Par: C.A.F.S.			
	Lieu: A Determiner			
	Date: A determiner - 1989 (50 jours)			
	FRAIS DE PARTICIPATION:			
	Nombre de Participants:	7		
	* Billet d'avion Bamako/Kigali		2,467	17,267
	* Frais de sejour \$75/jour		3,750	26,250
	* Seminaire		2,500	17,500
	Cout par Participant	\$8,717		
	TOTAL			<hr/> \$61,017

BUDGET

9. Cours: Les Aides Visuelles ou l'IEC offerts en Afrique  
Lieu: INTRAH ou le P.C.S. a determiner  
Lieu: a determiner  
Date: 1989 a determiner (14 jours)

FRAIS DE PARTICIPATION:

Nombre de Participants	2		
* Billet d'avion - estime		1,255	2,509
* Per Diem par jour	75	1,050	2,100
* Consultant - 7 jours			
Honoraire, Per Diem, Transport			3,187
* Overhead			2,855
Cout par Participant	\$5,326		
TOTAL			<hr/> \$10,651

10. Cours: Formation en Planning Familiale Clinique  
Lieu: INTRAH  
Lieu: Dakar, Senegal  
Date: Janvier, 1989 (45 jours)

FRAIS DE PARTICIPATION:

Nombre de Participants	5		
* Billet d'avion		423	2,117
* Per Diem par jour	50	2,250	11,250
* Consultant			
Honoraire, Per Diem, Transport			13,338
* Overhead			6,943
Cout par Participant	\$6,730		
TOTAL			<hr/> \$33,648

11. Cours: Voyage d'Etude pour les Responsable  
Lieu: INTRAH  
Lieu: Dakar, Senegal et Kinshasa, Zaire  
Date: Fevrier, 1989 (14 jours)

FRAIS DE PARTICIPATION:

Nombre de Participants	2		
* Billet d'avion		1,865	3,729
* Per Diem par jour =	100	1,400	2,800
* Overhead			1,698
Cout par Participant	\$4,113		
TOTAL			<hr/> \$8,227

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\$322,893  
=====

APPENDIX E  
INTERVIEW FORMS

CENTRE de :

Annexe A1

	Nombre	RSF	RSS	RPF	RO	
Médecins						
Sage-femmes						
Inf. d'état						
Inf de S						
Aide soignantes						
Aide sociales						
T.D.C. technique developpt. comm.						

1/1

CENTRE

---

• Nom - prénoms

• années d'expérience

• Activités - (principale et autre)

• Situation du personnel           \* nombre

  \* qualification

• Recyclage

oui

non

si oui : quel domaine

lieu :

année :

• recommandations de personnes

CENTRE

---

Nom Prénoms

Qualité

Fonction dominante :

et autre :

Depuis quand exercez-vous ?

Formation reçue : (recyclage ?)

- Type

- Date

- Durée

- Lieu

Souhaitez-vous une formation en PF ?

. Pourquoi

. Avez-vous déjà animer des séances de "causeries"

- combien

- sujet ?

- où ?

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APPENDIX F

NOTES ON MALI FAMILY PLANNING POLICY

DIRECTION NATIONALE DE LA SANTÉ

DIVISION DE LA SANTÉ FAMILIALE

Annexe B

POLITIQUE DE SANTÉ FAMILIALE AU MALI

INTRODUCTION :

Le Mali, vaste pays continental de la zone soudano sahélienne, avec une population de 6.308.320\* habitants, une densité moyenne de 5,6 hab/km<sup>2</sup> présente une situation sanitaire caractérisée par :

- une pathologie très riche
- des moyens extrêmement limités
- une population fortement marquée par son milieu traditionnel

Cette situation sanitaire est d'autant plus critique que les groupes vulnérables sont les plus nombreux :

- population des zones rurales = 80 %
- enfants de 0 à 14 ans..... = 43,5 %
- femmes en âge de procréer... = 20,83 %
- taux de fécondité..... = environ 45 % des femmes
- descendance par femme..... = environ 240 %
- descendance par femme..... = environ 7 enfants

POLITIQUE DE SANTÉ MATERNELLE ET INFANTILE :

La protection de la Santé de la Mère et de l'Enfant a commencé au Mali sous la colonisation par la création des maternités urbaines dans les principaux chefs lieux de cercle de l'époque et par la formation des sages-femmes africaines et des infirmières visiteuses, ce qui a permis de réduire sensiblement la mortalité maternelle et infantile dans les villes grâce à un accouchement assisté.

Vers la fin des années 50, grâce à la Caisse des Allocations Familiales qui devint plus tard l'Institut National de Prévoyance Sociale (INPS) l'action en faveur de la Mère et de l'Enfant a connu un progrès avec la création de certains Centres d'Hygiène Maternelle et Infantile (MHI).

Après l'indépendance, le gouvernement, conscient de l'importance quantitative et qualitative du groupe Femmes-Enfants a systématisé les institutions en faveur de la Mère et de l'Enfant. C'est ainsi que les maternités ont été intégrées à tous les hôpitaux et centres de santé de cercle. Si les Centres de MHI n'existent pas partout, les activités quant à elles sont menées effectivement dans les 46 cercles de la République ainsi que dans les maternités rurales de quelques arrondissements et gros villages.

La création en 1971 de l'Association Malienne pour la Protection et la Promotion de la Famille (AMPF) et celle du Centre Pilote de Planning Familial avec le concours du CRDI ont contribué à l'élargissement des activités en faveur de la Mère et de l'Enfant.

Le Gouvernement du Mali, en abrogeant les articles 3 et 4 de la loi Française du 31 juillet 1920 sur la propagande anticonceptionnelle, a autorisé la pratique de régularisation volontaire des naissances. Mais il s'agit d'une politique d'espacement et non de limitation de naissances, car malgré le taux d'accroissement élevé (27 %), la population est encore trop faible pour l'étendue du territoire (1.240.000 km<sup>2</sup>) pour que la question de surpopulation pose un problème immédiat.

Le Séminaire sur l'Éducation Sexuelle, les résultats obtenus par le centre pilote de planning familial, le Séminaire sur le Planning Familial organisé par l'Union Nationale des Femmes du Mali en 1976 ont sensibilisé les autorités et ont encouragé le département de la santé à intégrer les activités de planification familiale dans toutes les PMI et Maternités de Bamako et dans les maternités des Hôpitaux Nationaux et régionaux.

Depuis 1978 les activités de planification familiale sont intégrées progressivement dans les maternités et centres des PMI des cercles, après une formation appropriée du personnel médico-social.

Pour superviser toutes ces structures, coordonner les activités et mieux asseoir le planning familial dans le cadre de la santé maternelle et infantile, la section des IMI a été transformée dès 1975 en Service de la Santé Familiale avant de devenir en 1980 la Division de la Santé Familiale.

Pourquoi l'extension des activités de Santé Maternelle et Infantile et pourquoi la création de la Division.

Cela se conçoit aisément quand on observe de près le sort des populations rurales. Selon la Direction Nationale de la Santé Publique (Document SSI) "Sur les 346.500 naissances enregistrées chaque année au Mali, 47.000 seulement sont contrôlées par le service de santé contre 299.500 par les accoucheuses traditionnelles. Si nous retenons que des complications peuvent se présenter chez 5 parturientes sur 100, nous aurons 14.975 dystocias sur les 299.500 assistées en zone rurale par les accoucheuses traditionnelles. Ce sont 14.975 dystocias sur lesquelles 4000 à 6000 meurent dans les villages avant qu'on se décide à les évacuer, 2000 à 4000 autres succombent au cours du transport sur les pistes effreuses, cependant que les 5000 à 1500 qui restent constituent la fraction la plus importante de ces malades que les chirurgiens acceptent de prendre le risque d'installer sur une table d'opération alors qu'elles ne sont qu'à un doigt de la mort".

Cette déclamation, dramatique en soi, l'est encore davantage quand on retient que le taux de mortalité infantile se situe entre 120 (en ville) et 200 % (en zone rurale), et le taux de mortalité de 0 à 5 ans autour de 400 %.

Devant cette situation plutôt alarmante, le Mali, adhérant à la politique des Soins de Santé Primaires, a donné la priorité aux activités de Santé Publique à savoir :

- promotion d'une nutrition convenable
- approvisionnement suffisant en eau saine
- santé maternelle et infantile y compris la planification familiale
- vaccination contre les principales maladies infectieuses
- prévention et réduction des maladies endémiques locales
- éducation relative aux principaux problèmes de santé et aux moyens de les prévoir et de les maîtriser
- traitement correct des maladies et traumatismes courants,

# Program for International Training in Health

The University of North Carolina at Chapel Hill  
School of Medicine

208 North Columbia Street (344A)  
Chapel Hill, North Carolina 27514

November 23, 1987

Cable: INTRAH, Chapel Hill, N.C.  
Telephone: (919) 966-5636  
TLX 3772242  
ANSWERBACK: UNCCHINTRAH

Ms. Marilyn Schmidt  
Program Monitor  
ST/POP/IT  
SA 18 Room 811  
Agency for International Development  
Washington, D.C. 20523

Re: AID-DPE-3031-C-00-4077

Dear Marilyn:

Enclosed are two copies of INTRAH trip report #0-208.

Country: Mali

Activity Title: Training Needs Assessment

Dates: January 17 - February 18, 1987

Traveller(s): Mr. Pape Gaye, INTRAH/WCA Director  
Dr. Anne-Charlotte Royer, INTRAH Consultant

Purpose of Trip: To conduct a Training Needs Assessment:  
Part I (January 17 - 28) and  
Part II (February 9 - 18) at the request of  
USAID/Bamako.

Please let us know if you need additional copies of these reports or portions thereof.

Sincerely,

*Lynn*

Lynn K. Knauff  
Deputy Director

## Enclosures

cc: Health Officer, USAID/Bamako  
AID Acquisitions  
Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director  
Mr. Robert Minnis, IHP/IHPS  
Mr. Jack Thomas, AFR/HPN/TR  
Regional Population Office,  
REDSO/WCA

Miss Pauline Muhuhu, INTRAH/ESA  
Mr. Pape Gaye, INTRAH/WCA Director  
Dr. Sara Seims, MSH  
Mr. Philippe Langlois, PCS  
Mr. Fred Rosensweig, TRG

The logo for INTRAH, featuring the word "intra" in a stylized, lowercase font with a globe icon above the letter 'i', followed by "h" in a larger, bold font.

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