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**STANDARDS AND PROTOCOLS
WORKSHOP AND EVALUATION
DESIGN
BURKINA FASO
MARCH 8 - MARCH 22, 1992**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. SCOPE OF WORK

During the period March 8 - March 22, 1992 a team from the Family Planning Management Development Project (FPMD) went to Burkina Faso to complete the scope of work which follows.

1. Attend the national workshop to finalize the Standards and Policies document for the Burkinabe family planning program.
2. Meet with AID/Ouaga officials, the Population Council, and INTRAH representatives to discuss possible collaboration on evaluation activities.
3. Meet and work with Burkinabe counterparts to discuss evaluation activities and to design a baseline survey which will comprise: development of survey methodology including analysis of objectives; determination of key dimensions and variables, sampling design and instrument development; and plans for data collection phase.
4. Finalize FPMD Management Development Plan.
5. Develop a preliminary scope of work for Phase 2 of the subproject

II. SUMMARY OF ACTIVITIES AND OBJECTIVES ACCOMPLISHED

A. Evaluation Activities

As a result of an initial meeting with the Directorate of Family Health (DFH), where FPMD presented its general framework to evaluate FPMD activities in supervision/management, FPMD, in consultation with the DFH and AID/Ouaga, expanded its methodology. The revised methodology includes a component which will enable the DFH to monitor both the process and impact of its supervision. (See Appendices I and II for FPMD's original evaluation proposal and recommendations to the DFH and AID/Ouaga regarding the revised methodology.)

The revised outline for evaluation of supervision follows.

1. A baseline survey, comprising: a) an intensive review of available data to typify the supervisory system, and b) a limited primary data collection effort.
2. A monitoring system, developed in conjunction with the operations guide for supervision, intended to enable the DPSAS to provide effective feedback to supervisees. If expanded, this system will provide a tool which provincial and central level supervisors can use to determine resource and training needs.
3. A second survey at the end of the project, enabling DFH/FPMD: (a) to obtain data for comparison with baseline measurements, and (b) to associate changes in the process with level of performance measured in the second survey.

In collaboration with the DFH, FPMD also will ensure that the supervisory curriculum will be revised to incorporate the dynamics of the relationship between the supervisor and the supervisee as well as the health's system's organization and definition of supervision. FPMD and the DFH anticipate that the modified evaluation design and any new developments in the curriculum will ultimately serve to better institutionalize provincial supervision (For further information regarding curriculum see Glenn-Ntumba report of March 1992.).

FPMD's evaluation design, objectives, instruments, sample design, data analysis process, and implementation plan are described in detail in Appendix III.

B. Standards and Protocols Workshop

Jaime Benavente, Director of FPMD's Evaluation Unit, and Claire Madden, Program Analyst for FPMD's Africa Division, attended the workshop to finalize the Burkinabe Standards and Policies draft document. Organized by Dr. Ali Boly of INTRAH in collaboration with the DFH, the workshop took place from March 11-13 at the DFH office. Representatives of several of the principal Burkinabe organizations involved in development of the document participated while representatives of CAs and other concerned organizations attended some of the workshop sessions. (See Appendix IV.)

After the first workshop to develop the draft document, which took place at the end of 1991, INTRAH and the DFH had distributed the document to several of those concerned, including the cooperating agencies (CAs), the donors, and several Burkinabe Ministries and organizations, to solicit feedback on the content and format of the document. These comments were distributed at the workshop and the task of the participants was to review the comments and to decide whether or not to make changes. The organizers of the workshop divided the document by section and participants into technical working groups. Each technical group reviewed a specific section. The FPMD team participated in the group which revised the following sections of the Standards and Policies: Coordination, Supervision, Evaluation, Research, Management and Training.

In the plenary sessions each group presented its conclusions which were then discussed in order to reach consensus. Given the consensus reached, INTRAH and the DFH are finalizing the document which will be presented to the appropriate government officials for approval.

C. Collaboration with INTRAH and The Population Council

During the first week of FPMD's mission, the team met with Yousouf Ouedrago, the Population Council Resident Advisor, and Ali Boly of INTRAH to discuss the possibility of collaborating with them in the evaluation and supervision activities. Mr. Ouedrago gave the FPMD team the completed questionnaires from The Situation Analysis which contain information pertinent to FPMD's baseline survey. In addition, he said he would make available all of the data pertinent to supervision. FPMD will keep in contact with Mr. Ouedrago during the preparation of the baseline survey.

Dr. Boly and the FPMD team discussed the possibility of FPMDs collaborating with INTRAH's evaluation of its clinical training. Boly said that one of the people trained by FPMD in supervision was part of INTRAH's evaluation team. The INTRAH evaluation is expected to take place at the end of 1992.

As requested by Ms. Pascaline Sebgo, FPMD and INTRAH will collaborate in the revision of the MCH/FP protocols. The exact date has not been determined, but INTRAH expects it to occur between September and December 1992.

D. Management Development Plan and Phase 2 of Subproject

See Appendix V for the Management Development Plan. The FPMD team has not yet developed an outline of the scope of work for Phase 2 of the subproject. FPMD and AID/Ouaga now anticipate an outline will be developed by mid-July.

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FPMD's Proposal for Evaluating the Impact of an Improved Supervisory System on Family Planning Service Delivery in Burkina Faso

A. Summary: Why Evaluation in Burkina Faso?

FPMD's primary objective is to help family planning organizations improve the provision and quality of family planning services by strengthening their management systems. In Burkina Faso, where USAID has found management problems to be a major impediment, FPMD's supervisory interventions support USAID/Burkina's long term goal of "improving the health status of the people of Burkina Faso, especially women and children, through the promotion and expansion of high quality FP/MCH information and services." In order for FPMD to assist AID/Burkina in guiding the Directorate of Family Health (DFH) through the process of institutionalizing a supervisory system, FPMD has identified the need for a mechanism which enables the systematic analysis of FPMD interventions in Burkina Faso.

Since 1986, USAID has made a considerable investment in the work that FPMD/D has done on supervision with the DFH. Under its contract with USAID, FPMD is mandated to evaluate its sub-projects, and FPMD welcomes this mandate as an opportunity to take stock of the effectiveness of the technical assistance it has and is providing so as to better guide FPMD work in Burkina Faso and to ensure the best pay off for USAID investment in Burkina Faso's supervision and management efforts.

B. Conceptual Framework of Evaluation in Burkina Faso

1. General Outline of Evaluation Framework

The Family Planning Management Development (FPMD) project bases the evaluation of its interventions on a general organizational development model for management effectiveness. This model assesses family planning organizations by highlighting four basic management components: the mission (or policy) which provides broad guidelines and a project rationale, sets boundaries, and establishes a framework of goals and objectives; the organization's strategy, defined as the approach to achieving objectives and addressing the program's impact on the mission; the structure, or the distribution of responsibilities, and the establishment of a network of interactions designed to implement the strategy; and systems, which are the operational components of the organization.

Each organization passes through different stages of development. In the beginning, it is often fragile, providing limited services. Gradually, an organization evolves, passing through intermediate stages of growth toward increased sustainability. The changes that comprise this "organizational evolution" occur at the four levels outlined above: mission, strategy, structure, and systems.

Within the context of this organizational development model, FPMD will work primarily with the DFH to improve and institutionalize a supervisory system for family planning/MCH so that the DFH/MOHSA can better deliver MCH/FP services in Burkina Faso. In response, FPMD has outlined a strategy focused on correcting management problems related to supervision which limit the organizational growth required for service delivery expansion.

C. Operationalizing Evaluation in Burkina Faso

1. How to Operationalize Evaluation in Burkina Faso

The first phase of FPMD's involvement with a particular organization is to undertake a comprehensive needs assessment and to prepare a management development plan (MDP) to help develop the organizational capabilities to expand family planning services and to improve the quality of those services. FPMD's evaluation is built in to this assessment.

Successful implementation of an evaluation of FPMD efforts in Burkina Faso will require commitment and moral support from the USAID Mission. FPMD is committed to using central monies to fund such an undertaking in Burkina Faso, as it believes that the results would provide valuable information upon which FPMD, USAID/Burkina and the DFH could base critical management development and future programming decisions related to supervision.

Given FPMD's specific technical focus on supervision in Burkina Faso, the number of people that it has trained in supervision, and the in depth level of knowledge that FPMD and USAID/Burkina have of the evolution of the DFH's supervisory system, Burkina Faso presents a unique opportunity for further understanding on the part of USAID/Burkina, FPMD and the population community in general about the effectiveness of institutionalized supervisory systems in improving the quality of care and expanding the delivery of family planning services.

As with any effort to improve management effectiveness, FPMD believes that the evaluation design and process should be a collaborative undertaking. A collaborative approach to evaluation will promote joint ownership of the process and results, ensure greater involvement of key subproject staff in all aspects of evaluation and increase the likelihood that the results will be applied to further organizational development efforts.

Three key implementation issues are discussed below: process, method, and interpretation/program implications.

a. Process

Evaluation takes place in several phases. At this time, The Director of FPMD's Evaluation Unit and FPMD/Africa Division staff will explore the applicability of the preliminary indicators FPMD has developed to measure the DFH's progress toward the achievement of the goals laid out in its Management Development Plan (MDP) for the first phase. In addition, the FPMD team will collaborate with Burkinabe counterparts to finalize the MDP and indicators for the first phase, to develop a basic outline and preliminary indicators for the second phase of FPMD's work in Burkina Faso.

After agreements have been reached on the general scope of FPMD's second phase activities, an evaluation design will be developed in collaboration with the DFH. Jointly, FPMD and the DFH will review and modify the data collection instruments; data collection and analysis methodologies will be determined, and administrative matters will be planned. The second stage will involve baseline data collection, which could take place through interviews, questionnaires, observations, focus group discussions, analysis of secondary data or workshops. Collection of baseline data will be followed by interim data collection approximately one year to eighteen months later. During the third stage, the data will be organized and summarized for analysis; consultants with clients' assistance (as appropriate), will interpret them and prepare for feedback. Finally, during the fourth stage, the consultants will present their findings to USAID/Burkina and the DFH.

b. Method: Measurement and Data Collection

In principle, the procedure for developing systematic measures of organizational effectiveness is identical to developing any kind of measure. After clarifying and defining the concept, phenomena are identified that are considered to be indicative of effectiveness. (i.e. an operational definition).

As an example, in the context of the DFH, consider FPMD's definition of the role that effective supervisory tools play in the strengthening of a supervisory system. An operational definition of this conceptualization of effective supervisory tools as a means of strengthening a supervisory system is tool use to facilitate improved interaction between supervisor and supervisee. FPMD's activities with the DFH include the design of an operations guide for supervision and the development and dissemination of supervisory protocols. The indicators that FPMD proposes to measure these activities include percent of supervisory visits during which protocols are used, percent of supervisors who have know and use the supervision guide, and percent of visits that have a predetermined agenda.

In practice, information measuring indicators needs to be readily available from secondary data sources or easily and inexpensively gathered.¹

Several caveats need to be mentioned with reference to the measurement of indicators of organizational development. First, use of secondary data, while cost-effective, can present problems of interpretation as the data may not have been intended to measure the phenomena that have been identified in the evaluation framework. Second, interpretation of quantitative measures requires reference to subjective standards. For example, is an increase from 5 to 10 percent in the percentage of supervisees notified in advance of a site visit a modest or impressive accomplishment?

c. Program Implications

Interpretation of results would be undertaken jointly by FPMD and the DFH. Together they would use the results to advise ways to enhance the effectiveness of supervision for Burkinabe family planning organizations. FPMD's evaluation activities would contribute to the institutionalization of effective supervision within the DFH. A joint approach to the evaluation activities proposed here would help define useful indicators, as well as appropriate standards for interpreting changes in those indicators, for family planning managers.

A. Implementation Plan for FPMD Evaluation in Burkina Faso

1. Scope of Work

- a. Stage 1: Visit by Evaluation Unit staff member and Africa Division Staff member to make preliminary arrangements for conducting an evaluation of FPMD work in Burkina Faso. Development of evaluation study design, review and modification of data collection instruments; determination of data collection methodologies, planning of logistical and administrative issues. Identification of Burkinabe counterpart(s) who can collaborate with data gathering and analysis.

(LOE: 8 days x 1 FPMD Evaluation Specialist and 1 Africa Division representative)

¹Specific examples of secondary sources for Burkina Faso include a situational analysis of quality of care in Burkina Faso conducted by the Population Council Operations Research Project

- b. **Stage 2: First phase of data collection:** Data collection activities including interviews, questionnaires, observations focus groups, analysis of secondary data. Primary data collection will be carried out locally. FPMD would provide training and support to a local subcontractor. Visit would also be used to gather and analyze secondary data sources. (LOE: 15 days x 1 FPMD Evaluation Specialist)

Second phase data collection: Approximately one year after the baseline information is collected, comparative data will be collected.

- c. **Stage 3: Data processing, analysis and report writing (LOE: 3 days, no technical assistance in-country required.)**
- d. **Stage 4: Presentation of the evaluation findings, recommendations for enhancing supervision activities in Burkina Faso and lessons learned. (LOE: 6 days x 1 FPMD Evaluation specialist)**

MEMORANDUM

To: Jatindar Cheema and Perle Combarry
From: Jaime Benavente and Claire Madden
Re: Modification of FPMD's Evaluation Methodology
Date: March 13, 1992

FPMD's main objective at the March 9 meeting with the DFH was to present its general framework to evaluate FPMD activities in supervision/management. The operationalization of this framework called for the design of a baseline of supervision activities to evaluate the impact of supervision interventions on the DFH's supervisory system. This design also included an second comparative data collection survey to determine the extent of changes in the quality and quantity of supervision.

During this meeting, FPMD received constructive feedback from the DFH regarding the methodological outline. It was decided that though the methodology was appropriate to measure the impact of FPMD's activities, the information gathered would not facilitate the DFH's attempts to improve the supervision process. All parties agreed that the scope of FPMD's evaluation should be expanded to include a monitoring component to ensure both process and impact analysis. Based on questions and concerns expressed by both Dr. Bakouan and Mme. Sebgo, FPMD identified an alternative methodological scope that considers these issues and will ultimately serve to better institutionalize provincial supervision.

The revised methodology will include both pre and post test surveys and monitoring of the supervisory process. This approach will ultimately enable the DPSAS to give immediate and continuous feedback to supervisees, and if expanded, will provide a tool which provincial and central level supervisors can use to determine resource and training needs.

A. Outline of Revised Strategy

1. The proposed baseline is a valuable means of evaluating progress in supervision. Considering the wealth of new information regarding family planning in Burkina Faso, this baseline will be comprised of:
 - a. an intensive review of available data to typify the supervisory system and
 - b. limited primary data collection through a micro-survey.

2. The design of a monitoring system will be developed in conjunction with the operations guide for supervision during the first eighteen month phase of the FPMD project.
3. During the second eighteen month phase, the monitoring system will be tested and implemented.
4. Given these new components in the model, it is necessary to postpone the second survey from the end of the first phase (as was initially planned) to the end of the second phase. Therefore, at the end of the second phase, FPMD will carry out a second cross sectional assessment. This will enable DFH/FPMD: (a) to obtain data for comparison with baseline measurements, and (b) to associate changes in the process with level of performance measured in this second survey.

B. Scope of Monitoring System

The monitoring system will be designed to gather information on the quality and quantity of supervision carried out at the provincial level, thus focusing support at the periphery.

1. Information to be produced by the monitoring system:

- a. quality of supervision
- b. periodicity of supervisory activities
- c. problem identification and resolution
- d. planning and organization

2. Operation of monitoring system:

The system will be operationalized at the central (DFH) and provincial (DPSAS) levels. Its primary emphasis will be to enable provincial level supervisors (supervision teams) to:

- a. interact with supervisees to monitor solution implementation and to determine assistance needed to achieve objectives
- b. feed key indicators into the DFH Central data base for future supervisory training and monitoring

The manually operated system will consist of the following components:

- a. a set of clearly defined indicators reflecting the main objectives (and/or targets) of the DFH family planning efforts in that province
- b. a set of simple forms to enable supervisors to record information and guide their analysis and interpretation of data to track supervisee's needs
- c. a mechanism to periodically feed data to the central level

At the central level, this information will be utilized to assess basic and refresher training needs, resource needs, and to determine basic requirements for central level support of provincial level supervisory efforts.

3. Testing of the Model:

After the baseline has been conducted and the monitoring system designed, FPMD/DFH may choose to test the monitoring tools in one or two provinces during a limited time period. (3-4 months) Eventually, the model will be expanded and operationalized in a limited number of provinces.

**BASELINE DATA COLLECTION
TO EVALUATE THE EFFECT OF SUPERVISION INTERVENTIONS**

DFH/FPMD

**I. BACKGROUND OF FPMD ACTIVITIES AND OBJECTIVES OF THE
EVALUATION BASELINE**

The Family Planning Management Development (FPMD) project's primary objective is to help family planning organizations improve the provision and quality of family planning services by strengthening their management systems.

In Burkina Faso, FPMD will support the Ministry of Health and Social Action (MOHSA) to increase contraceptive use through the promotion and expansion of high quality family planning services, by assisting the DFH to strengthen and institutionalize its supervisory system through:

- a) review, testing, and revision of existing supervision curriculum and instruments (protocols, manuals and checklists);
- b) planning and conducting of a supervision workshop for provincial health directors and MCH/FP chiefs and collaborating with Burkinabe trainers to enable them to facilitate workshops to be held later;
- c) development of an operations guide for supervision at the provincial level that will form, with the protocol guide, a single supervision manual;
- d) designing and implementing refresher training workshops focusing on supervision problem solving and follow-up;
- e) design and implement a data base to gather information on the quality and quantity of supervision carried out at the provincial level; and
- f) develop a methodology for evaluation of impact of supervision training on management systems;

Under its contract with USAID, FPMD is mandated to evaluate its sub-projects. FPMD welcomes this mandate as an opportunity to assess the effectiveness of the technical assistance it has and is providing. Given FPMD's specific technical focus on supervision in Burkina Faso, the number of people that it has trained in supervision, and FPMD's in-depth knowledge of the evolution of the DFH's supervisory system, Burkina Faso presents a unique opportunity for further understanding on the part of all parties involved about the effectiveness of institutionalized supervisory systems in improving the quality of care and expanding the delivery of family planning services.

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The DFH and FPMD have agreed to a general scope for evaluating the interventions in supervision. (See Appendix II: Benavente and Madden memorandum to AID/Ouaga.) The methodology includes both pre and post test surveys and monitoring of the supervisory process. This approach will ultimately enable the DPSAS to give immediate and continuous feedback to supervisees. The general outline for evaluating the supervisory efforts follows:

1. A baseline, comprising: a) an intensive review of available data to typify the supervisory system, and b) a limited primary data collection effort.
2. A monitoring system, developed in conjunction with the operations guide for supervision, intended to enable the DPSAS to provide effective feedback to supervisees. If expanded, this system will provide a tool which provincial and central level supervisors can use to determine resource and training needs.
3. A second survey at the end of the project, enabling DFH/FPMD: (a) to obtain data for comparison with baseline measurements, and (b) to associate changes in the process with level of performance measured in the second survey.

This document describes the proposed baseline assessment of the supervisory system and the role of the supervisors. As with any effort to improve management effectiveness, FPMD believes that the evaluation design and process should be a collaborative undertaking. A collaborative approach to evaluation, and in particular to the design and implementation of the baseline, will promote joint ownership of the process and results, and thus increase the likelihood that the results will be applied to further organizational development efforts.

II. THEORETICAL FRAMEWORK

Supervision aims to ensure the accomplishment of effective and cooperative work in order to use resources more effectively (Heegaard, 1975). FPMD believes that if supervision is to function effectively it must be part of the management process and comprise such classical managerial functions as planning, organizing, and staffing. Supervisors' work is to guide, coordinate and direct the work of others to ensure the achievement of organizational goals. He or she must also focus attention on the internal program environment as well as on the external one.

FPMD's supervision approach is oriented toward problem-solving and team work between supervisors and supervisees. It involves on the part of the supervisor supportiveness, genuine attentiveness, and a devotion to education, disregarding the disciplinary conventional attitudes. With this approach, supervisors also must pro-actively look toward the future, emphasizing results and outcomes rather than solely administrative procedures and counting of inputs.

Effective supervision in family planning programs has primarily to do with supporting field workers in their direct interaction with the client population. An appropriate supervisory system can help the field worker to become more effective, to maintain a high morale, and to acquire a preventive orientation. Thus supervisors are responsible for the functioning of the program at the operational level, and improvement in supervisory systems can be expected to make a major contribution toward programs' service expansion and quality of care.

III. DIMENSIONS AND VARIABLES

The baseline survey will take into account the following dimensions regarding supervisory activities in planning data collection.

A. The Health System and Definition of Tasks

1. Health workers' participation in setting of targets.
2. Organization of work in the health units
3. Training opportunities for service delivery providers

B. Characteristics of the Functioning of the Supervisory System

1. Definition of supervisory tasks
2. Supervisory approach (inspection vs. problem-solving)
3. Knowledge of programmatic goals, objectives and tasks
4. Use of protocols and checklists and information gathered
5. Selection and training of supervisors

C. Problem solving approach

1. Steps in the problem-solving process
2. Planning the implementation of solutions
3. Helping the service delivery point (SDP) staff to plan and organize service delivery
4. Utilization of supervisory visits as opportunities for guidance
5. Adjusting styles to supervisee and situation

D. The roles and skills of the supervisor

1. Key elements of the supervisor's role
2. Performance planning and review process
3. Participation in the organization of local activities
4. Direction and monitoring of supervisees' tasks
5. Interpersonal communication skills
6. Techniques for motivation
7. Problem-solving skills

8. Feedback to supervisee
9. Guidance process and skills
10. Skills to facilitate team work
11. Technical skills in family planning

E. Logistics of the supervisory system

1. Programming supervisory activities (SDP specific vs program specific)
2. Scheduling of regular supervisory visits
3. Communication of scheduled visits in advance
4. Transportation at provincial level
5. Per-diem and other incentives
6. Availability of resources and materials

F. The supervisory visit at the SDP

1. Review of recommendations from last visit
2. Organization of the visit at the SDP level
3. Discussion of objectives of the supervisory visit
4. Supervision in groups or individually
5. Written summary of findings and recommendations
6. Preparation and scheduling of next visit
7. Efficiency of the supervisory visit

G. Supervision process as seen by the supervisee

1. Overall usefulness of supervision
2. Comprehension of supervision feedback (content or communication)
3. Applicability of recommendations
4. Achievements brought about by adequate supervisor's feedback
5. The image of the supervisor as a trainer/educator/guide
6. Supervisor's support to the SDP staff
7. Participation in the planning of the visit (advance notice)

Indicators: After clarifying and defining the concepts contained in the above variables, FPMD, in collaboration with DFH, will identify indicators for effectiveness which will be used throughout the evaluation process. Definition of actual indicators will occur during the instrument design (questionnaires and protocols).

IV. INSTRUMENTS FOR DATA COLLECTION

The data for measuring the variables described in Section II will be collected from different sources. A description of these sources and instruments to be used follows.

1. Central level documentary information regarding the organization and functioning of the MOHSA's Supervisory System will primarily cover variables in dimension 1 and 2 of Section II. To organize this information we will design protocols for a) description of the health system and the role of supervision within it, and b) the basic operational definition for supervision.
2. Design protocols will make secondary data from The Population Council's 'Situational Analysis' and INTRAH's 'Clinical Needs Assessment' available for the analysis. This will cover variables associated with operational aspects described in dimensions 2 and 3 of Section II.
3. In-depth interviews using questionnaires will be conducted with staff responsible for supervisory tasks in family planning both at the DPSF level and at the SDP level. Questionnaires will cover the following dimensions: a) logistics for supervision activities, b) the role of the supervisors, c) organization of supervisory field work, and d) supervisor's problem-solving skills.
4. In-depth interviews using a questionnaire will be done with SDP providers. The questionnaire will consider the following dimensions: a) usefulness of supervision as perceived by the supervisees, b) comprehension and use of supervision feedback, c) image of the supervisor as a trainer/educator and his/her support to the SDP staff and d) participation in the planning of the visit and supervisory activities.

The instruments for data collection (questionnaires and protocols) will be designed jointly by DFH and FPMD technical personnel and they will be tested by a small DFH/FPMD team before their full application in the field.

V. SAMPLE DESIGN

As noted, the baseline will consist of two components: 1) an intensive review of available data to typify the supervisory system; and 2) second, collection of a selected primary data set. The baseline will be based on a small sample of SDPs providing family planning within the 15 provinces in which USAID supports the MSF's family planning efforts. Presently 34 health units of different level of complexity are actively providing family planning within these provinces. The USAID project plans to add 19 more in the near future. (See Table 2 for a detailed description of the SDPs and their level of complexity.)

The sequence for obtaining the sample will be as follows:

1. **Provinces.** Selection of five provinces from the 15 receiving support from AID/Ouaga. The five provinces proposed are Kadiogo, Oubritenga, Yatenga, Seno, and Bazega. The mix of SDP units in these five provinces represents a majority of the type of units providing family planning services, thus ensuring an appropriate mix of SDPs in the final sample.

DPSF supervisors. Within each of the selected provinces, at least three DPSF staff members performing regular supervisory duties in family planning at the service delivery level will be interviewed.

2. **SDPs.** Within the five provinces, we intend to include as part of the baseline all CM, SMI and CSPS SDPs providing family planning services. Allowing for logistical problems FPMD anticipates a sample of between 20-25 old and new SDPs, out of the 54 SDPs providing FP services in the 15 AID/Ouaga-supported provinces.
 - a. **10 CSPS** (from the 18 providing FP services in the 15 provinces supported by AID/Ouaga). At these delivery points personnel are nurses and/or auxiliary birth attendants and itinerant health workers. Methods being delivered include: orals, injectable, IUDs, and non-prescriptive contraceptives.
 - b. **15 CM/SMI/Maternity** (from the 32 providing FP services in the 15 provinces supported by AID/Ouaga). Personnel: MDs and nurses, who supervise CSPS personnel, and who deliver the following methods: , orals, injectable, IUDs, and non-prescriptive contraceptives.

SDP supervisors. At least 1 family planning provider who supervises individuals, either working in the same SDP or in different units, will be interviewed.

SDP supervisees. Between 1-2 family planning providers at any level in selected SDPs will be interviewed.

Although FPMD recognizes the DFH would prefer a national sample, our present resources are insufficient to support this. The proposed design for AID/Ouaga-supported provinces will allow however for sample expansion, if additional resources become available in the future. If AID decides to support the implementation of the baseline through a national sample, we suggest complementing the proposed sample with a sub-sample of 3 provinces supported by UNFPA and 1 province supported by The World Bank. Within this sub-sample of 4 additional provinces, we would apply the same procedures for selecting SDPs and people to be interviewed.

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VI. ANALYSIS OF DATA

As indicated above, FPMD believes that the evaluation design and process should be a collaborative undertaking. Thus, FPMD proposes that manipulation, processing and analysis of the baseline data will be carried out in Burkina Faso by a DFH/FPMD team.

Data manipulation, data processing and analysis will be accomplished by using EPIInfo, CDC's software for survey analysis. Data will be checked for error and entered directly in the EPIInfo data base.

VII. IMPLEMENTATION PLAN FOR THE BASE-LINE

- Stage 1:** Discussion of the overall baseline design (scope, sampling, methodologies) between the DFH, AID/Ouaga and FPMD and preliminary arrangements for initiating the evaluation of FPMD work in Burkina Faso. Identification of Burkinabe counterpart(s) who can collaborate in the design, data gathering and analysis, and selection of data collection methodologies (interviews through questionnaires and processing and analysis of secondary data.)
- Stage 2:** Review and modification of data collection instruments (DFH and FPMD); determination of schedule for data collection, and planning of logistical and administrative issues. Design of instruments for the baseline primary data collection (questionnaires for both supervisors and supervisees) and protocols for exploitation of secondary data. Pre-test of instruments for data collection.
- Stage 3:** Exploitation of sources of secondary data, including: MOHSA's statistical and administrative information system, The Population Council's Situational Analysis, INTRAH's Need Assessment, and others.
- Stage 4:** Field work to collect primary data for the baseline, including questionnaires for both supervisors and supervisees. Primary data collection will be organized and carried out locally. FPMD will provide training and support to a local subcontractor.
- Stage 5:** Baseline data processing, analysis and report writing, presentation of the baseline evaluation findings, and recommendations for monitoring supervision activities in Burkina Faso.

VIII. REFERENCES

- Colle, R. (1980) "Supervision and Program Support".
- DSF. Document de Politique et Standards de Services de SMI/PF (Premier Brouillon). Burkina Faso.
- El Tom et al. Innovative Approaches to Supervision: Lessons from the Sudan Community Based Family Health Project.
- Gorosh, M.E. "Improving Management through Evaluation: Techniques and Strategies for Family Planning Programs." SFP 9(6), 1978.
- JHU (1980) "Supervision and Support."
- Lenhart, T.C. Analyser votre systeme de Supervision
- Heegaard, F. A Proposed Conceptual Framework for Analyzing Needs for Supervisory Training in Family Planning Program.
- Heise, Ken. Rapport sur le Suivi des Participants et sur L'Evaluation des Activites du Projet FPMT au Burkina Faso. 9 au 22 avril, 1990.
- MacKenzie, R.A. The Management Process in 3-D. HBR, 1969.
- Pricor/Senegal. Analyse Sistemique de la Supervision de Soins de Sante Primaires. Ministere de la Sante Publique. Senegal, 1989.
- The Population Council. Protocol for Situational Analysis of the Family Planning Program in Burkina Faso. Direction de la Sante de la Famille (DSF) du Ministere de la Sante et de l'Action Social. Ouagadougou, 1991.
- Review of Available Research on Family Planning in Burkina Faso.
- Reinke W.A. Issues in the Supervision of CBD projects. The John Hopkins University, School of Hygiene and Public Health. Baltimore.
- Simmons, R. Supervision: The Management of Frontline Performance, in ... (name of book...)
- Wishik, S.M. and P.P. Talwar (1976) Guidelines for Selective Supervision of Local Service Units in Family Planning Programs. Columbia U. CPFH.
- World Health Organization. Working Group on Training for Supervision. 1973.

NOTE: Some service delivery points have been added since this list was compiled, however this information was not available.

Table 1. SDP BY TYPE IN THE PROVINCES SUPPORTED BY AID/Ouaga

PROVINCE	CHR	CM/SM I	MAT.	CSPS	TOTA L	SAMP LE
1.BAM		1			1	0
2.BAZEGA (*)		3		1	4	4
3.GANZOURGOU		1		3	4	0
4.GNAGNA		2		1	3	0
5.GOURMA	1	2		1	4	0
6.KADIOGO (*)		?	3	4	16?	6
7.KOSSI				3	3	0
8.MAMENTENGA		1		1	2	0
9.OUBRITENGA (*)		3		1	5	4
10.PONI	1	2			3	0
11.SENO (*)	1	1		2	4	3
12.SOUM		2		1	3	3
13.SISSILLI		2		3	5	0
14.YATENGA (*)	1	2	2	3	9	5
15.ZOUNDWEOG O		1			1	0
TOTAL	4		5	18	54	25

Ouagadougou, le

LISTE DES PARTICIPANTS A L'ATELIER DE
FINALISATION DU PROJET DE DOCUMENT DE
POLITIQUE ET STANDARDS DES SERVICES DE
SMI/PF.

| 11 - 12 ET 13 MARS 1992

I) COMMISSIONS TECHNIQUES DE TRAVAIL :

1 - SMI

- Dr. MILLOGO Claude SMI Centrale
- Dr. QUEDRAOGO André DSF
- Dr. TAPSOBA Léonard DPV
- Mme BOYARM Mominata ENSP
- M. ZAN, Karim DSF'

2 - Prestation/PF

- SARE Virginie DPS/K
- ~~MALIMA~~ Etise DSF *Que drago Toussaint*
- Mlle BATIONO Léa Pépin ENSP

3 - IEC / PF

- ~~Mme~~ CASSALOM Pauline DSF
- Mlle KINDA Salamata DPS/AS/Bazèga
- DA S. Jean Baptiste EMP

4 - Gestion - coordination

- Dr. SOMBIE Michel ICSS
- Mr. SORGHO Moussa CFPDS

II) INSTITUTIONS

- ~~Mme~~ COMBARY Perle USAID
- ~~Mme~~ ZEBA Thérèse FNUAP
- Dr. QUEDRAOGO M. Berthe
- ~~Mr.~~ KOBE Eberhard GTZ

N. SENE ^{WAF} vice Hermes doré, Stéphanie

Dr. Benavente, Jaime FPMD

Madden, Clare FPMD

Dr Meba Kagone, SEATS

.../...

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BROUILLON BROUILLON BROUILLON BROUILLON BROUILLON

Protocole d'Accord Entre Le Ministère
de la Santé et de l'Action Sociale et de la Famille
Management Sciences for Health,
Projet du Développement en Matière de Gestion des Programmes
de Planification Familiale (FPMD)

I. ARRIERE-PLAN

A. FPMT/FPMD ACTIVITES AU BURKINA FASO

FPMT a commencé à travailler au Burkina Faso en 1986 quand une équipe de FPMT y a effectué une analyse préliminaire de besoins. A la suite du développement et approbation du plan de travail, FPMT a fourni de l'assistance technique dans la formation du personnel du Ministère de la Santé et l'élaboration d'instruments pour leur système de supervision. Le travail du projet FPMT appuyait sur la supervision. En collaboration avec le gouvernement du Burkina Faso, FPMT a développé des protocoles de supervision et un guide pour l'utilisation des protocoles pour les responsables du niveau central et provincial qui effectuent les visites de supervision aux points de prestation de service à la périphérie. En outre, plusieurs séminaires-ateliers ont été offerts pour ces responsables et un curriculum en supervision a été développé.

Des activités effectuées par FPMT suivent:

- 9 ateliers: 6 en supervision, 1 en planification familiale, et 2 en gestion. En supervision, 95 personnes ont été formées en totale, 24 du niveau central et 71 du niveau provincial;
- Les instruments et matériaux développés par le personnel de FPMT en collaboration avec la DSF incluent: une série de protocoles de supervision, un Guide Complémentaires pour l'Utilisation des Fiches (Protocoles) de Supervision, un curriculum de supervision pour la formation du personnel de système de planification familiale au niveaux central et provincial;
- Les formation à court et à long terme à l'étranger pour les officiers burkinabes en planification familiale y compris la maîtrise en santé publique pour une personne; et
- La participation de deux burkinabes à la Réunion du Comité Consultatif du Projet FPMD (FRAC).

Une analyse sur l'efficacité des interventions de FPMT, fait en avril 1990,

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a indiqué que même si la qualité de supervision avait été améliorée, ils restaient plusieurs contraintes opérationnelles qui empêchaient les visites de supervision régulières à la périphérie. De même, l'analyse a noté le taux élevé d'affectation du personnel. En somme, cependant, l'analyse a indiqué que les interventions ont parvenu à stimuler une approche réceptive envers la supervision de la part du personnel. Le travail proposé par FPMD se basera sur le travail fait sous le projet FPMT dans la domaine de la supervision et consistera en le développement d'un système efficace de supervision pour le programme national en planification familiale.

L'ancien Directeur du Bureau Afrique du projet FPMT a fait des recommandations suivantes pour le suivi des activités de supervision au Burkina Faso:

- Révision, reproduction et distribution des protocoles à tout le personnel responsable pour la supervision des activités en SMI/PF surtout au niveau provincial;
- Réplication et distribution du Guide pour l' Utilisation des Fiches de Supervision à tout personnel responsable pour la supervision des activités en SMI/PF, même ceux qui n'ont pas encore été formellement formés dans la supervision;
- Intensification de la supervision par la DSF au niveau provincial, utilisant ce premier vague de supervision "en cascade" de modèle pour former d'autres personnel;
- Institutionnalisation de la formation en supervision au niveau provincial, particulièrement nécessaire à cause du taux élevé d'affectation du personnel; et
- Recyclage en supervision avec un appui particulier sur la résolution des problèmes après la supervision et le suivi.

B. LA STRATEGIE DE L'USAID ET LES ACTIVITES ACTUELLES EN POPULATION

En 1991, l'USAID a commencé à coordonner son projet de six ans intitulé, "Family Health and Health Financing (FHMF) qui a pour but l'amélioration de la santé de la population burkinabe à travers la soins de santé primaire, avec un appui sur la santé maternelle/infantile. Le projet est divisé en trois sous-projets; Le travail de FPMD se situe dans le premier sous-projet intitulé, Child Survival and Maternal Health. Les activités en planification familiale effectuées pendant le projet FHMF se base sur les résultats du travail fait pendant le Family Planning Support (FPS) Project (1986-1990). Le programme de l'USAID en planification familiale se concentrera dans 15 provinces qui comprennent 51% de la population totale, et un de ses objectifs sera d'augmenter le taux de prévalence contraceptif dans la région cible à 8%.

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Ce projet bilatérale sera exécuté principalement à travers des buy-ins au projets de S&T/POP financé au niveau central de l'USAID. Parmi ces projets que l'USAID/Ouagadougou soutiendra sont SEATS, PCS, Recherche Opérationnelle en Afrique (The Population Council), et Intrah. Le projet de SEATS travaillera avec l'Office de la Santé des Travailleurs (OST) afin de renforcer et agrandir la prestation de services en planification familiale dans les centres de santé de l'OST à Ouagadougou et Bobo Dioulasso à travers le IEC, la formation clinique et l'assistance en gestion. En outre, SEATS effectuera de la formation dans les systèmes d'information en gestion (MIS) pour le personnel de la DSF. PCS promouvra la planification familiale à travers un programme de IEC compréhensif qui comprend le travail avec le média locale, les conférences, les séminaires, et une variété de matériaux imprimés. The Population Council finalisera l'Analyse Situationnel du Burkina Faso et fera d'autre recherche. Parmi ces activités prévues, Intrah fera de la formation clinique dans le secteur publique pour les prestataires de services avec un appui sur la décentralisation de la prestation des services.

II. BUTS ET OBJECTIFS DU PROJET FPMD AVEC DSF/MSASF

Malgré ses limitation en termes de ressources, le gouvernement de Burkina Faso s'est mis a développée un infrastructure de santé viable à travers lequel il fournit les services de santé et planification familiale. La direction du programme en planification familiale est bien formée et motivée et a accueilli des conseils techniques et de l'assistance pour son programme. La direction a appuyé sur des composant clés du système de gestion tel que la supervision, IEC, et la logistique, et a essayé d'opérationnaliser un système de supervision compréhensif au niveau central et provincial. En outre, les directeurs du programme prennent un rôle actif dans l'évaluation de ces systèmes de gestion afin d'analyser leur impact sur la prestation de services.

Au Burkina Faso, le programme gouvernemental fournit la majorité de services de planification familiale. Le gouvernement de Burkina Faso a opérationnalisé un système exceptionnel de planification nationale en peu de temps. Pour cette raison, la stratégie du Projet FPMD est de travailler avec le gouvernement de Burkina Faso sur le développement de son programme nationale, et plus précisément, de leur aider à développer un système compréhensif de supervision à tous les niveaux du système de planification familiale.

Le projet FPMD propose deux objectifs complémentaires pour son travail au Burkina Faso:

1. Aider le gouvernement à développer un système de supervision efficace à tous les niveaux du programme de planification familiale afin d'améliorer la qualité de prestation de services et d'élargir la quantité de points de prestation de services; et
2. Analyser l'impact d'un système de supervision sur la prestation des service de planification familiale

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III. PLAN D'ACTIVITES POUR LA PREMIERE PHASE DU SOUS PROJET DE FPMD:

1. La préparation d'un séminaire-atelier dont le but principal sera de développer les aptitudes techniques en matière de supervision à l'intention des Responsables Provinciaux: les Directeurs Provinciaux de la Santé et de la Famille (DPSF), des Chefs de Centres Médicaux, des Responsables de SMI/PF Provinciaux, et des Responsables de l'Action Sociale qui n'ont pas été formés lors du premier projet FPMT.

Cette préparation consistera en:

- la préparation des formateurs à l'utilisation du curriculum élaboré lors du premier projet, FPMT;
 - l'organisation du séminaire-atelier.
2. Un séminaire-atelier dont le but principal sera de développer les aptitudes techniques en matière de supervision, à l'intention des Responsables Provinciaux: les Directeurs Provinciaux de la Santé et de la Famille (DPSF), des Chefs de Centres Médicaux, des Responsables de SMI/PF Provinciaux, et des Responsables de l'Action Sociale qui n'ont pas été formés lors du premier projet FPMT. Au cours de cette formation, le curriculum élaboré lors du premier projet FPMT, sera testé. Le nombre de participants ne devra pas dépasser vingt-cinq (25). Le séminaire-atelier est programmé pour deux semaines.
 3. Le curriculum de formation en supervision, développé lors du premier projet, FPMT et testé pendant le premier séminaire-atelier sera révisé. Une équipe composée d'un consultant FPMD, du personnel de la DSF, du personnel de la Direction de la Formation Professionnelle (DFP) et du personnel du Centre de Formation Professionnelle pour le Développement Socio-sanitaire (CFPDS) révisera le curriculum selon les problèmes identifiés et les suggestions et recommandations faites lors du premier atelier. Cette révision se fera au cours du séminaire et se terminera juste après le premier séminaire.
 4. Un deuxième séminaire-atelier dont le but principal sera de développer les aptitudes techniques en matière de supervision à l'intention des Responsables Provinciaux: les Directeurs Provinciaux de la Santé et de la Famille (DPSF), des Chefs des Centres Médicaux, des Responsables de SMI/PF Provinciaux, et des Responsables de l'Action Sociale qui n'ont pas encore été formés. Le nombre de participants ne devra pas dépasser vingt-cinq (25). Il n'y aura pas de consultant extérieur pour cette activité. Le séminaire-atelier est programmé pour deux semaines.
 5. L'activité suivante, le développement des instruments de supervision, sera divisée en deux parties complémentaires:

- a. La révision et la reproduction des protocoles (fiches) de supervision à l'intention des équipes provinciales de supervision, développés lors du premier projet FPMT.
 - b. L'élaboration et multiplication d'un complément au Guide pour l'Utilisation des Fiches de Supervision pour les Responsables Provinciaux, développé lors du premier projet FPMT. Ce complément permettra d'obtenir un Guide de Supervision pour les Responsables Provinciaux. Ce nouveau document opérationnel aidera les responsables provinciaux à mieux cerner tous les aspects de la supervision: la planification, la logistique, l'organisation et l'exécution de la supervision sur le terrain, l'utilisation des fiches, et le suivi de supervision, entre autres.
6. En coordination avec le nouveau document opérationnel pour la supervision (5a), le développement d'un système de suivi qui permettra au DPSAS de donner du feed-back efficace aux supervisés. Ce système sera tester et opérationnaliser pendant la deuxième phase du sous-projet de FPMD.
 7. Participation de deux membres de la DSF à la Réunion du Comité Consultatif du Projet FPMD (FRAC), organisé annuellement.
 8. Une enquête de base, qui comprendra: (a)une revue approfondie des données disponibles qui ont à voir avec le système de supervision et (b)la collecte de données primaires limitée.

RESPONSABILITES DU GOUVERNEMENT DU BURKINA FASO:

1. En ce qui concerne les deux séminaires-ateliers de supervision (activités 2 et 4) le Gouvernement du Burkina Faso, Ministère de la Santé et de l'Action Sociale, à travers la Direction de la Santé et de la Famille s'engage à:
 - a. Garantir toute les autorisations et approbations requises.
 - b. Garantir que le personnel provincial et national approprié sera disponible pour la durée des ateliers.
 - c. Identifier et faire les arrangements qui s'imposent pour l'organisation pratique des séminaires et pour la réservation d'une salle de conférence.
 - d. Elaborer, pour les séminaristes, un programme de visites dans des formation sanitaires, en vue de tester les instruments de supervision et de mettre en pratique les compétences acquises au cours du séminaire.

- e. Désigner une personne qui sera chargée de l'administration et des aspects logistiques des séminaires, deux formateurs nationaux qui participeront au premier séminaire, lesquels seront chargés de diriger le deuxième séminaire.
2. En ce qui concerne la réunion, FRAC, (activité 7), le MSASF/DSF identifiera en temps opportune des candidats appropriés et soumettra les noms à l'USAID pour leur accord.
3. En ce qui concerne l'enquête de base et l'élaboration du système de suivi de supervision (activités 6 et 8) il sera nécessaire que le MSASF/DSF désigne, pour une période de deux semaines pour l'activité 6 et une période de trois semaines pour l'activité 8, un spécialiste en matière SMI/PF qui collaborera à plein temps avec l'équipe du FPMD. Pour l'activité 8, le MSASF fournira deux véhicules tout terrain et deux chauffeurs pour exécuter les visites en province. La DSF aura aussi la responsabilité d'avertir à temps, les responsables au niveau des provinces pour ce qui est des objectifs de la visite, et l'élaboration de l'itinéraire de l'équipe.

RESPONSABILITES DE MSH/FPMD:

1. Préparer le matériel de formation et la documentation nécessaire pour le premier séminaire-atelier.
2. Fournir une équipe de formateurs pour les activités 1, 2, et 3.
3. Fournir des consultants pour les activités 5, 6, 8.
4. Fournir l'appui financier nécessaire pour l'exécution des séminaires-ateliers, pour les visites de suivi et d'évaluation y compris le carburant et le per diem du spécialiste de la DSF et de son chauffeur, et pour la réunion annuelle du FRAC.
5. Financier le matériel pour la reproduction de 20 stencils de chaque protocole (fiche) de supervision élaboré pendant le projet.
6. Financier la reproduction de cent (100) Guide de Supervision Pour les Responsables Provinciaux.
7. Ecrire et distribuer les rapports, en français, sur chaque activité réalisée avec la présence d'un consultant.

V. PLAN D'EVALUATION

Une enquête de base sera effectuée au début du projet et une collecte de données comparatives sera effectuée à la fin de la deuxième phase du sous-projet de FPMD. FPMD développera une méthodologie pour l'enquête en collaboration avec les représentants de MSASF, The Population Council, et Office of Health, Population and Nutrition, OAR/Burkina.

VI. SIGNATURES

Directeur du Projet FPMD

**Directeur ou Responsable
De MSASF**

MEMORANDUM

TO: MELANIE AND CARYN
FROM: JOELLEN
RE: QUESTIONS ON AFRICA DELIVERY ORDER STATUS SHEETS
DATE: 5/20/92

As promised, here are my question regarding the delivery order status sheets.

DO-005:

The consultant line item shows no expenditures, yet Shipp has expended 15 days.

The subcontract line item shows no expenditures, yet Dondo and CSG have been working.

The travel/transportation line item seems low to me.

Equipment line item seems low to me given equipment already sent for both CHAK and FPMD/Kenya office.

Claire is not working on Kenya, therefore her time should be collapsed into my time. Also I have been trying to charge time to the buy-in (and now after my last time sheet) I think I understand why it's not showing up.

The CHAK Mid-level MIS specialist should be showing days/local hires expended.

DO-006:

Salary line item seems too low to me. For example, Auxila did NCPD work in 9/91 and again in 2/92.

Travel/transportation line seems low to me given Auxila's last 2 trips. (I just signed his expense form from February which may be part of the problem.)

Equipment line item seems very low given equipment we've sent.

Again Claire's time should be collapsed into mine.

I would think that some of the Local MIS specialist's (Riaga) time would have appeared by now.

~~DO-008:~~

~~Equipment/Supplies line item seem low to me given the books, etc, we've sent.~~

DO-011:

Travel/transportation line item is 0. Given that this shows expended time for Jana, I wonder why her airfare does not appear as expended.

DO-012:

Travel/transportation line item seems high here. Should a greater percentage of these airfares be charged elsewhere?

Participant training costs line items seems low to me.

Savosnick is not in this DO. His inclusion is what is throwing off the number of days budgeted. The number of days should be 241.5, not 279.5.

Please ask if you have questions before we meet on Tuesday, 5/26 at

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