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BURKINA FASO NEEDS ASSESSMENT
FPMT PROJECT

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I. EXECUTIVE SUMMARY

The delivery of modern family planning services is relatively new to Burkina Faso. The first USAID/Government of Burkina Faso (GOBF) bilateral project was signed in June 1986. Similar to many African countries, family planning is the responsibility of two ministries. The official responsibility "tutelle" has been given to the Ministry of Family Welfare (MOFW) which is specifically charged with coordination and information, education and communication (IEC) activities. Clinical services are the responsibility of the Ministry of Public Health (MOPH). The FPMT strategy is based upon helping the GOBF develop the organizational structures necessary to launch family planning program and to reinforce the collaborative relationships of the two ministries.

The FPMT Team proposed to the USAID mission and the Government of Burkina Faso that several management training activities be conducted with the top managers of the bilateral family planning program. These proposed interventions are strictly complementary to the activities of the USAID bilateral project, and in accordance with project objectives stated in the project paper; i.e. "strengthen the institutional capabilities of the Ministry of Public Health (MOPH) and Ministry of Family Welfare (MOFW) to plan and implement services and information, education and communication (IEC) in family planning through training and other means".

The FPMT team suggests the following major areas of intervention:

1. technical assistance to the MOFW to strengthen their role as a coordinating body;
2. a workshop on organizational design and planning;
3. a supervisory skills workshop.

In addition, Burkina Faso will be requested to send one representative to the Francophone Regional Advisory Committee in April and will be invited to participate in appropriate study tours as they are organized by FPMT.

(1) Reinforcing the Coordinating Function of MOFW Directorate of Family Planning

The MOFW is in the process of operationalizing its role as a coordinator of family planning activities. The team was requested by the General Secretary of the Ministry to provide comprehensive technical assistance and training to them in order to design and make operational a coordination structure. The team had several long working sessions with the General Secretary* and the head of the Family Planning Directorate and reviewed the useful activities which can be encompassed under the vague and ill defined word "coordination". These included:

a) Keeping abreast of family planning activities, issues and problems and holding regularly scheduled meetings with all actors involved to review the situation.

b) Studying and formulating policy recommendations with respect to the general objectives of family planning activities, and in the more specific area of service delivery, discussing allocation of functional responsibilities among the various players in the family planning system.

c) Planning the timing of all outside technical assistance and being a repository of information concerning the activities conducted by these intermediaries.

d) Analyzing service statistics and logistical information and preparing feedback to the MOPH and other interested bodies (In order to accomplish this task, it will probably be necessary for a statistician to be added to the Directorate's staff. Once this is done, FPMT could possibly provide technical assistance in statistical analysis.)

(2) Organizational Design and Planning Workshop

General Purpose: assist the agencies involved in the management of family planning activities to successfully shift gear passing from a small scale operation to the running of a full size family planning system.

Participants: General Secretary of MOFW and MOPH, Director of Family Planning at MOFW, Director of Maternal and Child Health Service (MOPH) and Chef de Service in family planning of the same directorate, Directors of ABBEF, Association of Midwives, and Directors of the two main hospitals having family planning services or their representatives and Officers from the Directorate of Statistics and Planning etc.

* The highest level technical officer, who reports directly to the Minister.

To accomplish its purpose the workshop will include activities in organizational design and the preparation of an annual plan of activities. The workshop will include two separate components.

Component 1 : Organizational Design
Duration: 2 to 3 days. Residential

Component Objectives:

At the end of the workshop the participants will have

a) Identified all the functions and activities and tasks necessary for the successful implementation of a family planning program in Burkina Faso.

b) Distributed the responsibilities to accomplish such tasks and activities by services and operational units within ministries, and by regional and local service centers.

c) Contributed to the main items of the job description of each category of employee and agents working in the system (particularly for staff in fields such as program planning; supervision; procurement planning; information gathering and analysis; program evaluation; report writing; development of IEC material; coordination of human resources development activities.)

Component 2: Annual Plan Preparation

The idea under this component is to develop with the staff an actual plan of family planning activities for the next year.
Duration: 6 to 8 days.

At the end of the workshop the participants will have

a) Established a workplan for the next year for the whole system, broken down for the operational unit of each ministry and for each service center, including personnel requirements and activities.

b) Transposed action plan objectives into individual workplans for each category of personnel.

c) Established an implementation schedule where required (supervision, IEC activities).

d) Developed planning/programming guidelines for future planning activities.

e) Established information requirements for future planning exercises to be fed back to the information system.

The action plan will be based on actual resources available for the next year.

Supervisory skills workshop

Participants: Supervisors from the central units and from the Provincial Directorates of the MOPH and MOFW.
Duration: 10 days.
Date: about 6 months after the organizational design/planning workshop.

The workshop will cover the following general areas:

-Defining the concepts of supervision

-Identifying the qualities of a good supervisor

-Establishing the supervisory team at the central level

-The supervisor as a leader and a delegator

-The role of interpersonal communications and feedback to staff

-The role of supervisor in ongoing and annual evaluation

-Supervision issues, constraints and challenges in Burkina Faso

-Design of job descriptions of major categories of personnel at national, regional and local levels

-Current systems of supervision for family planning services

-Recommendations and modifications of current system of supervision

Scheduling of recommended activities

Activity (1) Strengthening of the coordinating function of the MOFW - late January 1987
Activity (2) Organizational Design/Planning workshop - February 1987
Activity (3) Supervisory skills workshop - September 1987

II. DESCRIPTION OF ASSESSMENT

The FPMT project undertook a needs assessment in Burkina Faso between September 22 - October 3, 1986. The main purpose of the mission was to identify possible ways FPMT could be of assistance to the new USAID/ GOBF bilateral family planning program.

The assessment team consisted of Dr. Sara Seims, FPMT Deputy Director, and Mr. Jean Georges Dehasse, a consultant specialist in organizational design and management. The team received excellent support from Ms Perle Combary and Mr. Richard Green of USAID/ Ouagadougo. The team also had the opportunity to have several long and productive working sessions with the Ministry of Family Welfare and the Ministry of Health. Several private family planning providers also met with the team and gave valuable insights into family planning service delivery in Burkina Faso.

As a result of the close collaborative relationships between USAID and the GOBF principals involved in family planning, the team also had ready access to all the relevant major background materials and internal documents. These also greatly helped with the preparation of this report. The team also benefitted from the excellent training needs assessment reports prepared by INTRAH during an earlier visit to Burkina Faso and by the insights of the JHU/ PCS project-- another important technical assistance contributor to the Burkina program.

III. COUNTRY PROFILE: BURKINA FASO

A. Economic, Social and Demographic Indicators of Development

1. Background

Burkina Faso, formerly known as Upper Volta, is a landlocked country situated in the Southern Sahara region of Africa, and surrounded by Mali, Niger, Benin, Togo, Ghana, and the Ivory Coast. The country covers 274,000 square kilometers and is divided into 11 major regions. The capital, Ouagadougou, is the largest city, and is located 900 kilometers from the closest port. Abidjan, the capital of the Ivory Coast, serves as Burkina Faso's major sea and rail link. Only 9% of the population is urban or semi-urban. The population, which in 1984 was 6.9 million, is distributed unevenly throughout the country. The Mossi plateau is the most densely populated with about 40 persons per square kilometer. The Volta Valleys are the least populated with only 5 per square kilometer. The average population density for the country is about 25 persons per square kilometer.

There are over 60 ethnic groups in Burkina Faso, the two major groups being the Mossis and Mandes, respectively. The official language of the country is French, but there exist over 60 tribal languages: the most predominant of these are Dyula, Samo, and Gourounsi. Rural radio is broadcast in 16 languages.

2. Economics

The country has a mainly agricultural economy, with 83% of the population engaged in farming. Major exportable rural products are cotton, peanuts, sesame, and livestock. Per capita income is low in Burkina Faso. In 1984 it averaged US$210 per person. Major industries include textiles and food processing. Burkina Faso is one of the highest recipients of per capita foreign aid in the world. France, the largest donor, provides 25% of all donor assistance to the country.

3. Politics and Government

The country was a former French colony which became independent on August 5, 1960. The current ruling National Council for the Revolution came to power on August 4, 1983. There is a civilian cabinet, and it is committed to a program of economic development aimed at self-sufficiency.

The country is divided formally into 10 departments, 44 subprefectures, 98 arrondisements, and 7,500 villages. In 1966 11 regional development organizations (ORD) were created corresponding to 11 geographic regions of the country. These are divided into sectors, subsectors, and zones.

4. Cultural and Religious Characteristics

75% of the population are animists, 20% Moslems, and the remainder Christians. Polygamy is the norm, with over 32% of the population in 1975 in polygamous unions. This figure is even higher in rural areas. The GOBF is engaged in an active program to discourage polygamy. Children, especially sons, are valued for their labor power and social security functions, as well as for the prestige it brings parents to have many offspring.

5. Social Characteristics

Despite school attendance by over 10% of the school age population, illiteracy is extremely high in Burkina Faso, at over 92.5%. As expected, it is higher for women than men. Although legally protected with regard to employment and voting rights, actual political participation is low and only 20,000 women total are salaried. Women comprise a large part of the agricultural labor force as in many agricultural societies. The GOBF has made remarkable strides in advancing the status of women, who now are represented in high proportions in key government decision making positions.

6. Health Characteristics

Health status is extremely low in Burkina Faso. The 1984 infant mortality rate was 210 deaths per 1000 live births (World Bank). 60-80% of all deaths occur among children under 5 years old. Major causes of death for this group are malnutrition and kwashiorkor. 40% of all children are malnourished. The country as a whole has a high prevalence of communicable diseases. Ten percent of the population is affected by goiter, vitamin A deficiency, guinea worm and onchoceriosis. A virtual absence of potable water (only 35% of the population has access to safe drinking water), coupled with food shortages resulting from the 1968-74 droughts, and the recent Sahelian drought, have aggravated an already bad situation. Average life expectancy in Burkina Faso is only 43 years of age (this figure is weighted heavily by the high mortality rate for the under five group; in fact if one survives the first five years, life expectancy is probably higher than 43).

Only 6-7% of the total national budget is earmarked for health. Current health service delivery is organized as follows:

- One health hut center per village
- One health promotion and social mobilization center for every 15-20,000 persons within a maximum area of 20 kilometers
- One health center per arrondissement
- One medical center per sub-prefecture
- Two national hospitals
- One hospital per department
- One university level teaching hospital

For the moment, coverage of the population is low. In 1984 there was only one doctor per 44,000 population (WHO recommends one per 10,000 population), one pharmacist per 85,000 population, one midwife per 34,000 population, and one nurse per 5,000 population. The nurse midwife is envisioned as the major provider of MCH services in the country, but in 1984 only 5% of women received any prenatal consultation. Children 0-4 years of age comprise 18.3% of the population, but only 15% of those had access to MCH services.

7. Present Demographic Situation

The 1985 population in Burkina Faso was 7.9 million. 45% of this population is under 15 years of age. 45% of all women are in the childbearing ages of 15-49. The crude birth rate is extremly high at 48 per 1000, but is balanced somewhat by an equally high death rate of 22 per 1000 (the U.S. is about 6 per 1000). This makes the population growth rate 2.6%, a high rate which will give a projected population of 12 million by the year 2000. The total fertility rate, or estimated number of births a woman will have in her reproductive life, is 6.5. Contraceptive use is virtually non-existent.

Emigration of young males is a matter of grave concern to the government of Burkina Faso. 11.6 per thousand population live outside the borders of the country, mostly in the Ivory Coast which offers better jobs and higher incomes. In the age group 20-29, 50% of the males have emigrated, with important economic repercussions for the country.

B. History and Current Status of Family Planning

1. Attitudes Towards Family Planning

Burkina Faso was a highly pro-natalist country, but similar to other countries in the region, polices and attitudes are changing while large families are still valued for both economic reasons (sons to work the farms, old age insurance in the absence of any national social security system). There is an increasing demand for family planning services for a variety of health, economic and social reasons. It is within this context that family planning has begun to be promoted - as a birth spacing measure designed to increase child survival, and to improve the status of women.

2. History of the Family Planning Effort

Population issues were first mentioned as a concern in the 1977-81 Development Plan for the country which stated the need for a family planning policy to reduce morbidity and mortality through improved MCH services. The Five Year Development Plan of 1986-90 provides US$63 million for strengthening MCH and family planning services. Fertility levels were generally considered to be satisfactory, but lack of child spacing has been recognized as a major determinant of the high infant mortality and morbidity rates.

3. Current Population Policies and Laws

The GOBF, along with some donor assistance, is beginning to provide support for contraceptive services. A 1920 French anti-contraception law is about to be revoked. Contraceptives are available through prescription, and some methods such as foam and condoms are delivered by outreach workers in some regions. Abortion is illegal, and the status of sterilization is unclear.

Four government ministries have population-related activities: Health, Education, Planning and Cooperation, and Family Welfare. There is also a national population council, and two NGOs addressing population issues: The Burkina Association for Family Well-Being (ABBEF, the IPPF affiliate), and the Entr'Aide Familiale, an affiliate of the International Federation of Family Life Promotion.

4. Family Planning Service Delivery

The Ministry of Health provides some family planning services through its national health service. It has received UNFPA/WHO support to develop these services, provide support for midwives and other health personnel and their training. Shortages of trained personnel in the health system make services still relatively unavailable through the health service system. Under the country's ten year plan for 1980-90, 7,000 primary health care centers (PSPs) were set up in late 1985. These "health huts" are supplemented by village health posts for health education. Each village is supposed to have a village midwife, a village health agent, and a community health agent. It is this infrastructure through which family planning as a child spacing and MCH measure is meant to be offered.

The Ministry of Social Affairs receives assistance in its efforts to train Traditional Birth Attendants (TBAs) as well as motivators and trainers in the rural areas.

The ABBEF, which became the IPPF affiliate in 1982, operates in both Ouagadougou and Bobo-Dioulasso as well as six additional regions. It trains para-medical personnel who work within the normal health care system to provide family planning services. It also provides the public with IEC services and clinical services.

Contraceptives are available by prescription from pharmacies. The National Society of Pharmaceutical Supplies, a semi-public institution, is the centralized, national purchaser of pharmaceuticals. Five regional pharmaceutical dispensaries provide the nation's 107 drugstores with supplies.

An infrastructure for IEC exists within the country. Regular radio broadcasts in 16 languages throughout the country address MCH matters. The Center for National Health Education in Ouagadougou trains nurse-midwives and PHC nurses in audio-visual techniques for IEC. Despite low school attendance, some sex and population education curricula have been introduced in the schools to address the problem of adolescent fertility.

5. Training for Family Planning Personnel

Family planning instruction of a minimal kind is included in the curriculum of maternal and child health training for the nurse-midwives. There are two major training institutions in the country for the nurse-midwives: the maternity hospitals of Ouagadougou and Bobo-Dioulasso.

6. Financing and Donor Support for Family Planning

UNFPA has been the major donor in Burkina Faso's population efforts. In 1979 a comprehensive needs assessment in population and family planning resulted in a US$7.5 million four-year (1980-1984) program of

assistance. The program includes projects in the areas of demographic research and policy formulation, MCH and child spacing, IEC, and women and development. Activities have included relating sex education and MCH activities, population and development planning, development of MCH/FP services within the Ministry of Health's national health service, training TBAs, establishment of a population unit in the Ministry of Planning, a population census, and population education in the secondary schools.

USAID has provided family planning assistance and supplies to Burkina Faso through several centrally funded projects and through its support to US based family planning organizations. The Association for Voluntary Surgical Contraception has provided some support for fertility management services in both Ouagadougou and Bobo-Dioulasso. Family Planning International Assistance (FPIA) has provided assistance to midwives in Ouagadougou, as well as providing commodities. International Federation for Family Life Promotion (IFFLP) supports the Entr'Aide Familiale in conducting workshops on natural family planning. IPPF supports ABBEF in providing services, IEC, and training for family planning. Johns Hopkins Population Information Program has provided some support to the Ministry of Family Welfare on IEC techniques and audio-visual materials production. Columbia University is presently assisting the GOBF in an Operations Research for a Family Planning project. Details on the bilateral program are provided in the following section.

IV. THE FAMILY PLANNING ORGANIZATION: GOVERNMENT OF BURKINA FASO/ UNITED STATES GOVERNMENT BILATERAL PROGRAM IN FAMILY PLANNING

The USAID funded bilateral population assistance in Burkina Faso is a sad example of how the design and implementation of a technically valid project can be adversely affected by the political relations between the two countries. For example, design work for a major USAID funded bilateral population project began in October, 1983. Shortly thereafter, AID/W approved the design concept for a $4.4 million population planning project. A project paper team arrived in Burkina in October, 1984, but plans for further development were halted as official relations between our two governments deteriorated. In late 1985, design work resumed and USAID expected $1.9 million for FY86 and $5 million for FY87. However, as recently as January, 1986, the mission was informed that they would receive only $1 million in that fiscal year. This necessitated a drastic reorganization and rethinking of the strategy for the bilateral program. Finally, in June, 1986, a $1.04 million three-year bilateral project agreement was signed. An additional $209,000 is expected in FY87.

The bilateral project will support:

a) Clinical training in family planning for 175 Ministry of Public Health (MOPH) personnel from 14 provinces.

b) The development and implementation of a family planning IEC program, including the training of 140 ministry personnel.

c) Provision of contraceptives and the development of a contraceptive logistic system.

d) Renovation and equipment for a model family planning clinic in Ouagadougou, to be used also as a training site.

e) Provision of contraceptive kits (for IUD insertions).

f) Ad-hoc short-term technical assistance (about seven person months) and $180,000 reserved for training.

The major activities encompassed by (a) and (b) above will be accomplished via mission "buy-ins" to INTRAH and the JHU/PCS projects respectively. The budget for the INTRAH clinical training program will amount to $200,000 and probably cover the period January 1987 - May 1989. The JHU/PCS budget will also be $200,000 and will cover the same period. FPIA will provide contraceptive supplies and training for a contraceptive logistics system.

In the Project Paper, USAID also identified the following areas where management training was needed:

- Organization and structure development
- Program planning and development
- Training and manpower development
- Management system development
- Supervision and quality control
- Record keeping and evaluation
- Commodity supply management

It is the opinion of the team that these are indeed the priority areas for family planning management training. However, after extensive meetings and working sessions with the GOBF, USAID/Ouagadougou and appropriate NGOs, the team believes that the organizational structure of the family planning delivery system is so underdeveloped that the positive impact of a large scale training effort will be greatly diminished. What is necessary first is an organizational structure to better absorb and utilize the plethora of training skills and technical assistance currently envisaged for Burkina.

A. Overview of the Family Planning Organization:

As is common in Francophone Africa, family planning services are the responsibility of two ministries, viz. The Ministry of Family Welfare (MOFW) and the Ministry of Public Health (MOPH). The MOFW has "tutelle" (official responsibility) and is charged with coordinating all population efforts as well as functional responsibility for IEC. Annex A shows the 1986 GOBF offical declaration of the role of the MOFW in the provision of family planning services. The MOPH is in charge of clinical services, clinical training and logistics. Annexes B and C show the organigrams of the MOPH and MOFW respectively.

The delivery of family planning services is very new to Burkina Faso. The MOPH's Directorate of Maternal and Child Health only started including modern contraceptive delivery integrated into their overall range of MCH services in February, 1985. Currently, to one degree or another, family planning services are available in seven centers in Ouagadougou, four in Boubou Dioulasso (the next largest city) and about ten centers in the rest of the country. However, the effectiveness of this service delivery and its impact on the surrounding population is probably rather miniscule.

The team was very fortunate to have available to us upon arrival the clinical training needs assessment report and its annexes prepared by INTRAH. This assessment took place in the summer of 1986 and provided

very useful background to us. Annex D provides a summary of service statistics available to date which were assembled by the INTRAH team. Of the four MCH/FP Centers in the capital, Ouagadougou, between July-December, 1985, there were 1,118 pill acceptors, 883 women were provided with spermicides, 535 with condoms and only 54 received IUD's. In the four centers of Bobo-Dioulasso during the same period there were 292 pill users, 421 women received spermicides, 46 received condoms and 55 women received IUDs. Reporting was very sporadic from the other centers, but the little data which are available indicate very low usage rates of modern contraception. The goal of the bilateral project is to have 40,000 women using modern contraceptive methods within three years. The Burkinabe have a long way to go to achieve this.

Yet, despite the newness of government sponsored family planning programs in Burkina, the team saw public signs of support which were very remarkable. By coincidence, we arrived at the beginning of "Family Planning Awareness Week" Huge banners were posted over the major streets and buildings with slogans such as "Men of the Revolution practise family planning", "A child if I want, when I want!", "Adolescents! Family planning is also for you", "Family planning is the responsibility of everyone - get informed".

Well-attended and lively neighborhood meetings were held every night when the populace received information on family planning. Television and radio reinforced these efforts.

Should this sensibilization campaign succeed, the GOBF is ill-equipped to meet the demand.

B. USAID funded Non-Bilateral Family Planning Activities:

Clinic of the Association of Midwives:

With funding from FPIA, the Association of Midwives runs a pleasant and well-equipped clinic offering a full range of family planning services. A midwife, director of the clinic, and four other midwives work there. All are on detachment from the MOPH which still pays their salaries. Diagnosis and treatment of sexually transmitted diseases, infertility and high-risk ante-natal care are also provided. All the midwives received clinical training overseas.

The director of the center is a very dynamic and active woman. She feels strongly that Burkina women of all socio-economic backgrounds - both urban and rural - actively seek the right to plan their pregnancies. According to the director, Burkina men are far more reticent - fearing that once their wives start using contraception, they will no longer remain faithful. However, this attitude is much less strong among younger men. The midwives clinic sees about 100 new and continuing contraceptive users each month, of whom almost half receive either the pill or the IUD. The clinic also trains other midwives, but the small number of IUD acceptors makes it difficult to offer any clinical training.

C. Association Burkinable pour le Bien-etre Familial - ABBEF

ABBEF, the Planned Parenthood affiliate, was created in 1979 and concentrates on the following three areas:

1) IEC - ranging from outreach efforts to mass media programming.

2) Family planning service delivery in their model clinic in Ouagadougou.

3) Training of the staff and large volunteer network of the Association.

ABBEF is responsible to the MOFW, but the staff salaries are paid by IPPF. Two midwives, both of whom received clinical training overseas, provide the family planning services. An ob-gyn visits the center twice a week. In the outlying areas, some MOPH outreach agents deliver non-prescription contraceptives on a volunteer basis.

The ABBEF charges the following fees for its services:

Consultations	cfa($1=310cfa)	Contraceptives	cfa
IUD insertion	500	3 cycles of pills	300
consultation	150	Noristerate	450
IUD/pill follow-up	200	IUD	1,000
pre-natal	150	diaphragm and foam	150

The model clinic is just over one year old. During the month of August about 240 women were seen for family planning, about half of whom were continuing and half of whom were new acceptors.

The UNFPA funded program is described early in this report.

D. GOBF - Service Delivery Structure

As discussed previously, IEC is the responsibility of the MOFW, specifically the Directorate of Family Planning. This Directorate consists of ten personnel who occupy the following positions:

Director

Bureau for Training and IEC (chief and four officers)

Bureau for Coordination of family planning (one chief and three officers)

All professionals in the Directorate have received training as social agents (social workers).

All clinical services are the responsibility of the Directorate of Maternal and Child Health (MOPH) which has an Office of Family Planning composed of three midwives. These midwives operate in close coordination with the general maternal and child health and nutrition services also offered by their directorate. While making their one or two supervisory tours annually each service interchangeably supervises the staff and activities of the other services.

Currently services are not available below the Health Center level which may not have a physician but will have a midwife. Community based distribution of non-prescriptive contraceptives is allowed for specially trained outreach workers of the MOPH. The Association Burkinabe pour le Bien Etre Familial (ABBEF the IPPF appliliate) also uses the services of agents for their work at the provinicial level.

The USAID Bilateral Project Paper envisaged a national training team composed of five member of each of the family planning Directorates of the MOFW and MOPH. This training team will be responsible to the MOPH. It is INTRAH's responsbility to work with this team to provide the training necessary for expanded family planning services; Annex E provides a summary of the INTRAH teams recommendations and outline of various training courses. These courses include a three week training of trainers

program followed by seminars which range in length from two to four weeks, covering such wide areas as 1) management of family planning service centers, 2) IEC, 3) reproductive health, contraceptive technology, diagnosis and treatment of sexually transmitted diseases. The team of trainers will then proceed with training workshops of their own on such topics as 1) providing community health and family planning education, 2) developing training modules for the medical schools and social outreach training socials, and 3) clinical training to midwives both theoretical and practical.

Since 1983, USAID has supported about 100 participants for training in family planning management, clinical skills or IEC. See Annex F for a description of the participants and the specific title of courses concerned.

The MOPH/MOFW have not yet established a sufficient organizational structure to identify those areas for which a policy is necessary (such as medical standards, category of personnel who can deliver the various contraceptive methods, level of client fee and the proportion which can remain at the center and the amount which must be forwarded to the Tresor National etc.) An Interministerial Board action plan establishes objectives as follows:

A. Short term:
   1) Revoke the 1920 law outlawing the sale and promotion of family planning.
   2) Integrate family planning in all health facilities.
   3) Train IEC and clinical personnel.
   4) Educate the population about the advantages of child spacing.
   5) Define and introduce a program of sex education in the schools.

B. Middle term:
   1) Increase the number of MCH centers and improve access to family planning services.
   2) Lead the Burkinabe to better understand the role of rapid population growth and development, infant and maternal mortality, malnutrition and illegal abortion.
   3) Educate the Burknabe that family planning improves the condition of live.
   4) Educate the young to be responsible for their sexual acitivity and
   5) Reduce the problem of infertility.

   Annex G contains the text of the Plan of Action.

The Action Plan assigns responsibilities for these objectives among the various ministries, but only in very general terms. The management and organization structure for family planning remains rudimentary.

E. Recommendations

The FPMT Team proposed to the USAID mission and the GOBF that several management training activities be conducted with the top managers of the bilateral family planning program. These proposed interventions are strictly complementary to the activities of the USAID bilateral project, and in accordance with project objectives stated in the project paper, i.e. "strengthen the institutional capabilities of the MOPH and MOFW to plan and implement services and IEC in family planning through training and other means".

Prior to any interventions, however, it is imperative that the MOFW and the MOPH make a few policy decisions regarding the operation of the delivery system of Family Planning services in Burkina Faso. Such policy decisions should address the following questions:

1) Who should be responsible for determining the nature and types of contraceptives to be used in Burkina Faso?

2) Who should determine medical standards?

3) Who should determine the qualifications of personnel for the delivery of various Family Planning services?

4) Who should establish the conditions under which existing medical facilities or health care centers must operate?

5) Who should be responsible for procurement of commodities and for their distribution; (i) in case of the MOPH network, and (ii) in case of other networks which might be established in the future?

6) Who should be responsible for the supervision of the Family Planning services centers in the case of the MOPH services, and in the case of other delivery networks which might develop?

Most of these responsibilities are to-day de facto assumed by various services of the MOPH, and very logically so since this ministry runs the main delivery system of FP services. However, the responsibilities of the MOPH as an operator of a delivery system should be clearly distinguished from its responsibilities as the national regulating agency in the areas of health care delivery. Also, it is imperative that all functional responsibilities within the Family Planning System be clearly and formally allocated as more than one governmental agency is involved in family planning activities.

The team utilized a table (Annex H) which identified the major components' tasks of a family planning system, their current status and actions which would be necessary as the program expanded. This table proved invaluable as a tool for the two ministries and the team to quickly understand the status of family planning management and to identify training needs.

Specifically, the FPMT Team suggests the following major areas of intervention:

1) Technical assistance to the MOFW to strenghten their role as a coordinating body.

2) A workshop on organizational design and planning.

3) A supervisory skills workshop.

In addition, Burkina Faso will be invited to send one representative to the Francophone Regional Advisory Committee in April and will be invited to participate in appropriate study tours as they are organized by FPMT. These activities are discussed in detail below:

(1) Reinforcing the coordinating function of MOFW, Directorate of Family Planning.

The MOFP is in the process of operationalizing its role as a coordinator of family planning activities. The team was requested by the General Secretary of the Ministry to provide comprehensive technical assistance and training to them in order to design and make operational a coordination structure. The team had several long working sessions with the General Secretary and the Head of the Family Planning Directorate and reviewed the useful activities which can be encompassed under the vague and ill defined word "coordination". These included:

a) Keeping abreast of family planning activities, issues and problems and holding regularly scheduled meetings with all actors involved to review the situation.

b) Studying and formulating policy recommendations with respect to the general objectives of family planning activities, and in the more specific area of service delivery, and discussion allocation of functional responsibilities among the various players in the Family Planning system.

c) Planning the timing of all outside technical assistance and being a repository of information concerning the activities conducted by these intermediaries.

d) Analyzing service statistics and logistical information and preparing feedback to the MOPH and other interested bodies (in order to accomplish this task, it will probably be necessary for a statistician to be added to the Directorate's staff. Once this is done, FPMT could possibly provide technical assistance to train in statistical analysis.)

The team suggests that the organizational development specialist who will be one of the facilitators for the Organizational Design/Planning workshop arrive in Burkina Faso two weeks prior to any workshop activity and work directly with the MOFW to help them design and make operational their coordinating responsibilities.

(2) Organizational Design and Planning Workshop

General Purpose: assist the agencies involved in the management of the Family Planning activities to successfully shift gear passing from a small scale operation to the running of a full size Family Planning System.

Participants: General Secretary of MOFW and MOPH, Director of Family Planning at MOFW, Director of DSME, and Chef de Service in Family Planning of the same directorate, Directors of ABBEF and Association des Sages Femmes, Directors of the two main hospitals having family planning services or their assistants, Officers from the Directorate of Statistics and Planning etc..

To accomplish its purpose the workshop will include activities in organizational design and the preparation of an annual plan of activities. The workshop will include two separate components.

Component 1. Organizational Design
Duration: 2 to 3 days. Residential

Component Objectives:

At the end of this workshop component the participants will have

a) identified all the functions and activities and tasks necessary for the successful implementation of a Family Planning Program in Burkina Faso;

b) distributed the responsibilities to accomplish such tasks and activities by services and operational units within ministries, and by regional and local services centers;

c) contributed to the main items of the job description of each category of personnel and agents working in the system (particularly for staff in fields such as program planning, supervision, procurement planning, information gathering and analysis; program evaluation, report writing, development of IEC material; coordination of human resources development activities.)

Component 2: Annual Plan Preparation

The idea under this component is to develop with the staff an actual plan of FP activities for the next year.
Duration: 6 to 8 days.

At the end of the workshops the participants will have

a) established a workplan for the next year for the whole system, broken down for the operational unit of each ministry and for each service center, including personnel requirements and activities;

b) transposed action plan objectives into individual workplans for each category of personnel;

c) established an implementation schedule where required (supervision, IEC activities);

d) developed planning/programming guidelines for future planning activities;

e) established information requirements for future planning exercises to be fed back into the information system.

The action plan will be based on actual resources available for the next year.

A FPMT training specialist should arrive in Burkina Faso at least three weeks before the workshop (in order to provide the coordination technical assistance to the MOFW), and stay for at least two days after the workshop. A FPMT family planning operations specialist should plan to be present during the workshop to help with the preparation of the work plan. Most of the basic design and training materials should be completed in Boston and refined with the GOBF during the week before the workshop.

The timing of the above workshop depends on the activities scheduled by INTRAH and JHU/PCS. The mission stressed the need for FPMT, INTRAH and PCS to be in frequent contact and to program their training in a coordinated fashion. Unless activities by INTRAH and PCS will conflict, the team suggests the workshop takes place in February, 1987.

Supervisory skills workshop

Participants: Supervisors from the central units and from the Provincial Directorates of the MOPH and MOFW.
Duration, 10 days
Date: about 6 months after the organizational design/planning workshop.

The workshop will cover the following general areas:

- Defining the concepts of supervision
- Identifying the qualities of a good supervisor
- Establishing the supervisory team at the central level
- The supervisor as a leader and delegator
- The role of interpersonal communications and feedback to staff
- The role of supervisor in ongoing and annual evaluation
- Supervision issues, constraints and challenges in Burkina Faso
- Design of job descriptions of major categories of personnel at national and local levels
- Current systems of supervision for family planning services
- Recommendations and modification of current system of supervision

Scheduling or recommended activities

Activity (1) Strengthening of the Coordinating function of the MOFW. Second half of January, 1987.
Activity (2) Organizational Design/Planning workshop. First two weeks of February, 1987.
Activity (3) Supervisory skills Workshop. September, 1987.

A French language summary of the outlines of the proposed activities was left with the appropriate Ministries before the team departed (Annex I). A draft memorandum of understanding to be signed by both MSH and the GOBF was also prepared (Annex J). This memorandum reviews the proposed activities and identifies the responsibilities of each collaborator. This will be translated into French and sent to the MOFW.

The GOBF should also be invited to send a representative to the Francophone regional advisory committee meeting, and to participate in study tours as they are organized. It will be particularly important for MOPH representatives to visit model community- based distribution programs and model FP/MCH integrated activities.

There is no obvious candidate in either Ministry for long-term training at this time. However, this was discussed with the Health Officer, Richard Green, who suggests that we contact USAID in about one year regarding the selection of a long-term training candidate.

V. OTHER ACTIVITIES FOR THE USAID/GOBF BILITERAL FAMILY PLANNING PROJECT

USAID /Ouagadougou requested the team to give their suggestions for training, technical assistance and related activities which could be covered by bilateral assistance.

The team proposed that these additional resources include areas not easily covered by the JHU/PCS, INTRAH, FPMT or FPIA Projects, but which would help provide Burkina with safe and effective family health services. Our suggestions are as follows:

A. Sexually Transmitted Disease (STD) and Infertility Treatment

An important part of integrated FP/MCH services especially in Africa is the provision of resources to treat STDs and infertility. Experience from other countries indicate that these additional elements rather than detract from contraceptive service delivery appear to strengthen them. The reason for this reinforcement is primarily because (apart from their obvious humanitarian benefits):

1) more clients will be attracted to the family planning centers if these additional services are made available;
2) the simple/laboratory equipment and medications used to diagnose and treat the STDs can be used
   (a) to perform the MOPH required tests currently costing women over 3,000 cfa and being logistically difficult to obtain, and
   (b) to prevent infections in IUD user. Most infertility problems are caused by STDs and can be somewhat alleviated by their treatment.

It is not recommended that USAID proceed with a large and ambitious program but rather supply antibiotics, simple microscopes, laboratory supplies and lab assistant training. A good place to start would be to National Centre de Reference for Sexually Transmitted Diseases located in Ouagadougou.

We propose that technical assistance be requested from a Senegalese midwife or doctor who has been actively involved in the bilateral STD program there, to be followed by a Burkinabe team visiting Senegal to observe the program in action and to adapt it to Burkinabe needs.

The level of effort for this activity depends on the resoures available. The most urgent need, in our opinion, is the provision of anti-biotics.

B. Contraceptive Logistics and Services Statistics

FPIA will provide contraceptives and train personnel in logistics. In order to complement this training and to reinforce it by a solid system of data collection, well-designed patient record forms, inventory control procedures and an appropriate management information system, we recommend USAID consider a RSSA with the appropriate branch of the Center for Disease Control (CDC) in Atlanta, Georgia. CDC has provided extensive assistance in this area and with great success. It is recommended that CDC participate in some of the training to be offered by FPIA and work collaboratively with them for the system modifications and retraining which will be necessary as the program expands.

C. On-the-job Training in IEC

Apart from the excellent IEC training program offered by Santa Cruz and others, the GOBF efforts could benefit from some "stages pratiques". These could be organized by JHU/PCS and perhaps include about two weeks at URINA in Dakar for IEC mass media or short-term on-the-job training in countries with model IEC programs, especially well run community outreach programs. Although this would be a labor intensive and thus an expensive effort, the payoff for the program in terms of technical improvement and increased motivation would probably be very high.

D. Renovation and Equipping of Centers for Family Planning

The bilateral project has a goal of reaching 40,000 contraceptive users within 3 years. Apart from the one model clinic and the provision of IUD insertion kits, no other renovation or equipping is planned. The MOPH does not know how it can expand the number of service sites, thus the 40,000 user goal may not be reached. USAID might want to consider increasing their support in this area if funds become available.

The GOBF has made great progress in establishing itself as a provider of family planning services. Acceptance of family planning appears to be widespread. The dedication, competence and enthusiasm of all the people with whom we met was of such a high level that with the right material and technical support, there is no reason why Burkina Faso cannot have a model family planning service delivery system in the near future.

BURKINA F

MINISTERE DE L'EDUCATION FAMILIAL
ET DE LA SOLIDARITE NATIONALE

DIRECTION DE LA PLANIFICATION FAMILIALE.

II-II TRIBUTION DES SERVICES DE LA DIRECTION DE LA PLANIFICATION FAMILIALE

-:-:-:-:-:-

La Direction comporte deux (2) services :

1) - <u>Le Service de Coordination et d'Appui</u>

Ce service sera chargé :

- d'organiser les rencontres de concertation avec les autres départements et ONG. menant des activités de planification familiale
- de conduire le plan d'action et s'assurer que chaque département joue son rôle dans la réalisation des objectifs de ce plan et veiller au respect de la stratégie générale.
- d'orienter les organismes désireux de financer des activités de planification familiale vers les secteurs insuffisamment touchés (exemple : secteur rural) ;
- de constituer un fichier des différents projets et actions de planification familiale exécutés par les services publics et privés ;
- de centraliser tous documents relatifs à la planification familiale au Burkina Faso (rapports d'activités des services, rapports de séminaire ou autre formation, conférences, articles de presse, etc...)
- de tenir à jour les données statistiques et analytique sur la planification familiale
- de constituer une documentation de planification familiale par la réalisation ou la commande de revues, de supports audio-visuels et pédagogiques ;
- constituer une banque de données en matière de planification fam
- d'assurer l'évaluation périodique des activités de planificatio familiale ;

- d'encourager la recherche en matière de méthodes de contraceptio d traditionnelles.

2) - <u>Le Service Chargé de la Sensibilisation</u> :

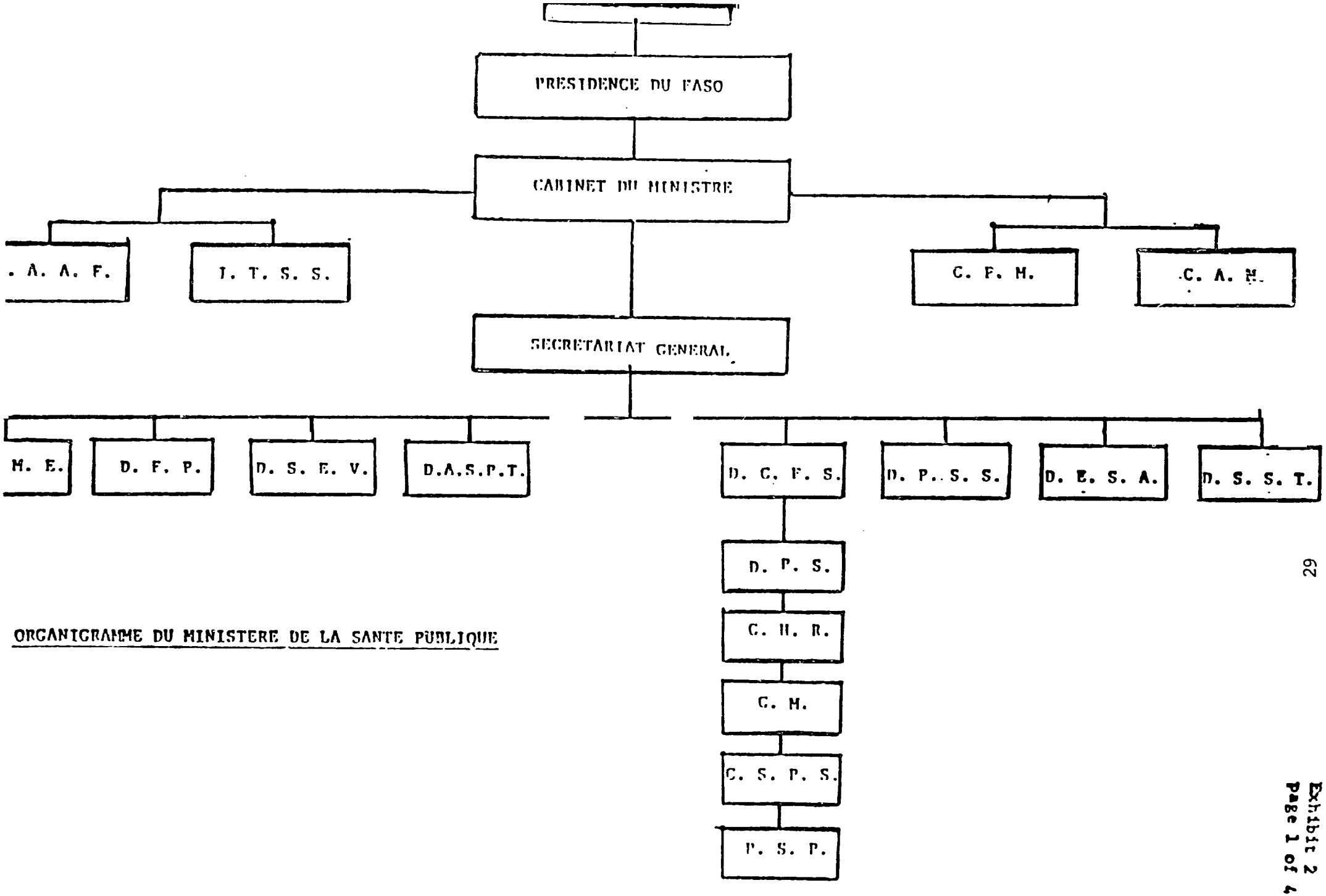
Ce Service aura pour tâches :

- de déterminer les groupes -cibles devant bénéficier des services de planification familiale ;
- de préparer un plan d'action annuel ;
- d'élaborer un programme trimestriel d'activités à l'adresse du personnel de terrain ;
- d'asseoir les structures de sensibilisation ;
- d'aider le personnel de terrain à :
  - préparer, à organiser et à conduire les causeries, les conférences et les ciné-débats, etc...
  - Préparer leur programme mensuel de travail en planification familiale ;
  - asseoir les groupes de réflexion de chaque secteur ou département.
- en collaboration avec le service de Coordination, de programmer et de conduire les ateliers et séminaires de formation du personnel
- de recenser les besoins en matériel de sensibilisation
- de suivre et d'évaluer les activités de terrain .

LA PATRIE OU LA MORT, NOUS VAINCRONS !

ORGANIGRAMME DU MINISTERE DE LA SANTE PUBLIQUE
(Légendes)

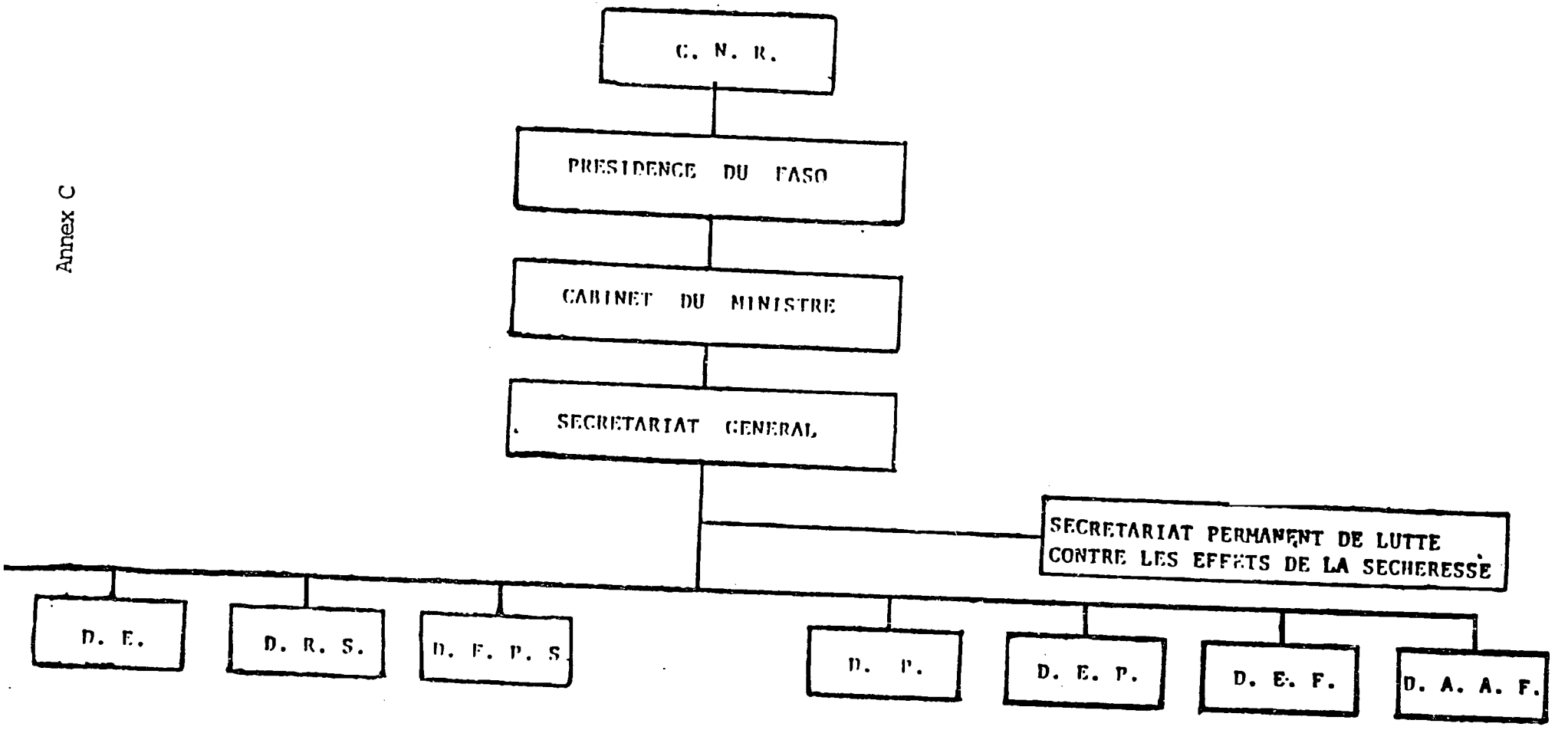
D.A.A.F.	Direction des Affaires Administratives et Financieres
I.T.S.S.	Inspection Technique des Services de Sante
C.P.M.	Commission du Peuple chargee du secteur Ministeriel
C.A.M.	Comite d'Administration Ministeriel
D.S.M.E.	Direction de la Sante de la Mere et de l'Enfant
D.F.P	Direction de la Formation Professionnelle
D.S.E.V.	Direction de la Surveillance Epidemiologique et des Vaccinations
D.A.S.P.T.	Direction de l'Approvisionnement Sanitaire et de la Pharmacopee traditionnelle
D.C.F.S.	Direction Centrale des Formations Sanitaires
D.E.P.S.S.	Direction des Etudes, de la Planification, et des Statistiques Sanitaires
D.E.S.A.	Direction de l'Education pour la Sante et de l'Assainissement
D.S.S.T.	Direction des Services de Sante des Travailleurs
D.P.S.	Direction Provinciale de la Sante
C.H.R.	Centre Hospitalier Regional
C.M.	Centre Medical
C.S.P.S.	Centre de Sante et de Promotion Sociale
P.S.P.	Poste de Sante Primaire



ORGANIGRAMME DU MINISTERE DE LA SANTE PUBLIQUE

Annex C

ORGANIGRAMME DU MINISTERE DE L'ESSOR FAMILIAL ET DE LA SOLIDARITE NATIONALE



ORGANIGRAMME DU MINISTERE DE L'ESSOR FAMILIAL ET DE LA SOLIDARITE NATIONALE
(Legendes)

D.A.A.F.	Direction des Affaires Administratives et Financieres
D.E.	Direction de l'Enfance
D.E.F.	Direction de l'Economie Familiale
D.E.P.	Direction des Etudes et de la Planification
D.F.P.S.	Direction de la Formation Professionnelle et des Stages
D.P.	Direction Provinciale
D.P.F.	Direction de la Planification Familiale
D.R.S.	Direction chargee de la Reinsertion Sociale

USE OF CONTRACEPTIVE METHODS

4 MCH/FP CENTERS IN OUAGADOUGOU, Kadiogo (province)
From July to December 1985

	Central	Dapoya	Samandin	Wenteng̃a	Total
Spermicides	378	191	256	58	883
Condoms	223	78	198	36	535
Oral Contrac.	387	298	157	276	1118
IUD	27	6	10	11	54

4 MCH/FP CENTERS IN BOBO-DIOULASSO, Houet (province)
From July to December 1985

	Hamdallaye	Koko	*CNSS	Skiasso/Cira	Total
Talks/film (- people)	1376	2921	3393	890	8580
Spermicides	46	39	121	35	241
Condoms	29	5	12	--	46
Oral Contrac.	105	101	50	36	292
IUD	11	9	7	28	55

Caisse Nationale de Securite

OTHER CENTERS IN OTHER PROVINCES**
From July - December 1985

	Namentenga	Passore	Bulkiemde	Yatenga	Poni(Gaoua)	Boulgou
Talks(-people)	122	253	2450	no report	no report	no report
Spermicides	26	2	194			
Condoms	26	2	63			
Oral Contrac.	--	--	157			
IUD	--	--	18			

Province of Zoundweogo (Manga) : no report
Province of Saomatenga (Kaya) : no report

**Statistics for these centers are incomplete. Monthly returns were not sent every month. These data are thus not a true reflection of what has actually happened.

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
The DSME/MOPH is responsible for integrating clinical FP services into existing MCH services (maternities, hospitals, MCH centers). The DSME has ten staff members, of whom three are assigned full-time to FP activities.	1. USAID has already made a full assessment of MOPH needs - equipment, supplies and training strategies - in order to facilitate FP services.	1. On the basis of the project paper and the project proposal drafted by the INTRAH/IHP team, a contract should be developed with the MOPH by December 1986 at the latest. INTRAH should provide technical assistance for developing family planning modules and resources for printing and testing. INTRAH should also provide didactic and audio-visual resources for the schools. INTRAH should assist the MOPH in improving the overall organizational structure for maximizing utilization of personnel.
The MOFWNS is the coordinating body for all FP activities and the prime agency for FP IEC activities. The DFP has a staff of 11, of whom 3 have been trained overseas. FP activities focus on IEC, with an effort to change behavior toward FP and sexuality. The DFPS also has responsibility for provision of FP education in the schools for social educators (three-year program), and social workers (three-year program).	2. No FP program can be developed without involving the MOFWNS. MOFWNS has a very limited number of personnel. The MOFWNS has quite a range of target groups (from pre-schools to disadvantaged people). The long term success of FP/IEC partly resides in the development and integration of FP modules in those schools.	2. Any FP programming will have to include a representative from the MOFWNS. All personnel from the DFP would benefit from an update in FP.
The responsiblity for pre-service education is with the DFPS/MOPH Midwives and nurses are each trained in three-year programs, practical nurses in two-year programs, and auxiliary-midwives in a one-year program. FP has been informally introduced into each curriculum (for a total of 10 hours per curriculum).	3. Directives from the Government have been applied in the national Schools of Public Health for the past year. Theoretical teaching using the didactic approach is used. Numerically, personnel are very limited considering their numerous activities which are nationwide.	3. A representative from the DFPS should be included in any curriculum revision or module development activities.
In-service training is usually conducted in collaboration with the MOPH, DFPS, MOFWNS and the National Program for Population Education.	4. Collaboration for in-service training (workshops, seminars) seems to be the norm.	4. This is highly commendable. Respective responsibilities should be better articulated; for example, what are the roles of the MOPH and MOFWNS in planning, conducting and evaluating workshops.

DINGS, CONCLUSIONS AND RECOMMENDATIONS (CONT)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
USAID has received a GOBF request for assistance in provision of training supplies, service delivery and IEC, and will have two cooperating subcontractors.	5. INTRAH will subcontract for FP training and PCS/JHU will subcontract for FP IEC.	5. INTRAH should be the lead agency for the training effort under the project, and should be responsible for conducting periodic reassessments of FP training/technical assistance needs.
UNFPA and USAID are the two principal agencies providing assistance to the GOBF in the field of Population/FP. Activities like seminars, supplies, and construction and renovation of MCH/FP centers are carried out in many provinces.	6. UNFPA provides support to the DSME/MOPH, the MOFWNS and the Ministry of Education. USAID provides supplies and short-term training in addition to the FP Support project.	6. USAID and INTRAH need to keep UNFPA informed of project activities in order to avoid duplication of efforts. USAID will renovate an MCH/FP center so that it becomes a model FP clinic.
The DFPS/MOFWNS already carries out seminars in collaboration with groups who request an update. The same trainers are often used. The MOFWNS also carries out seminars/workshops with agencies like FPIA and ABBEF (IPPF). These agencies help in terms of resources and funding.	7. Seminars are conducted according to needs and resources. Six non-clinical Population/FP activities have been conducted between 1984 and April 1986.	7. There is a need to institutionalize the training in FP and related fields (management and IEC) through the preparation of a national training team composed of five persons from the MOPH and five persons from the MOFWNS. Developing a national team will delay in-country clinical FP training; this will allow more time to set up a better infrastructure.
The PMI Centrale in the urban dispensary is providing FP services since May 1986. One trained midwife (Tunis) provides FP services (twice/week for physical exams and daily for selling contraceptives). Seven IUD insertions were done in May. All methods are provided except diaphragms and injectables. Limited equipment.	8. FP services are still very limited. The PMI is the oldest clinic in the city and is well-known by women. One room is used for FP services and counseling. Training could be conducted in the clinic if mangerial improvements are made.	8. The PMI Centrale should be used as a clinical training site with some improvements. It should be used as an IEC practice center because of the number of women present in the mornings and afternoons. Amount and types of equipment available at the PMI Centrale should be increased.
The PMI Samandin has many unused rooms with potential for improvement. It is staffed by midwives, nurses and two helpers who conduct all MCH/FP activities. Three to six IUDs are inserted per month. Limited equipment. One midwife was trained in Tunis.	9. The center will be renovated by USAID during this project and become a model clinic for clinical FP training.	9. There is a need to train more staff in management of MCH/FP, IEC and FP. PMI Samandin should be used as a clinical FP training site.

OBJECTIFS GENERAUX DE FORMATION DES 10 MEMBRES DE L'EQUIPE NATIONALE DE FORMATION

FORMATION DES FORMATEURS EN SANTE REPRODUCTIVE ET PLANIFICATION FAMILIALE

Durée: 3 semaines

OBJECTIFS GENERAUX:

A la fin de la formation, les participants devront être capables de:

1. Planifier la formation du personnel socio-sanitaire en santé reproductive/PF dans les domaines didactiques et cliniques.

   a) analyser les tâches du personnel socio-sanitaire en SR/PF;
   B) analyser les besoins en formation;
   c) élaborer des objectifs educationnels
   d) développer un plan de communauté et un plan de formation.

2. Développer un programme de formation en SR/PF pour le personnel de santé (SF - infirmières) travaillant en SMI et pour le personnel social. en utilisant les méthodes and regogique.

3. Donner une formation théorique et pratique en SR/PF.

4. Utiliser les moyens audio-visuels comme support de la formation.

5. Evaluer les personnels socio-sanitaire ayant reçu une formation didactique et clinique en SR/PF.

6. S'auto-actualiser dans le domaine de la formation des adultes et des techniques d'apprentissage.

GESTION DES PROGRAMMES DE SERVICES ET DE LA FORMATION EN PLANNING FAMILIAL

Durée: 3 semaines

OBJECTIFS GENERAUX:

Les participants devront être capables de:

1. Former d'autres membres du personnel socio-sanitaire à la gestion des services en SR/PF.

2. Analyser les services de SMI/PF en vue de faire des études de cas et de les utiliser dans le programmes de formation.

3. Utiliser au moins 7 étapes de la formation d'unplan pour les services SMI/PF et IEC.

4. Identifier les supports administratifs, les contraintes et les obstacles à une gestion harmonieuse d'un centre SMI/PF.

5. Former les responsables des centres en gestion/supervision des membres de l'équipe de chaque centre.

6. Utiliser la formation proprement dite pour une gestion harmonieurse de l'ENF.

7. Contrôler les activités menées dans le cadre des programmes de PF.

8. Evaluer le travail de formation à court et moyen terme

9. Tenir à jour les dossiers, les rapports et autres documents.

INFORMATION/EDUCATION/COMMUNICATION EN PLANNING FAMILIALE ET SEXUALITE

Durée: 3 semaines

OBJECTIFS GENERAUX:

Les participants devront être capables de:

1. Analyser les techniques de communication selon le modèle classique de communication interpersonnelle et de groupe.

2. Utiliser les méthodes de communication appropriées dans le cadre de la planification familiale et de la sexualité.

3. Planifier les programme d'IEC.

4. Démontrer les techniques de communication individuelle:

   - counseling, les techniques de communication communautaire:
   - causeries; les techniques de communication de masse: mass media

5. Utiliser ses connaissances en IEC en vue de former des agents socio-sanitaires à les utiliser au niveau du centre SMI/PF, au niveau de la communauté, au niveau régional et national.

6. Développer un programme de formation d'IEC pour des agents socio-sanitaires.

7. Superviser les agents en IEC, et les stagiaires dans les centres et les communautés.

8. Evaluer l'IEC en rapport avec le groupe-cible en vue d'adapter les messages.

9. Utiliser ses connaissances en vue d'une harmonisation interpersonnelle entre les membres de l'ENF.

10. Collaborer avec les autres personnels engagés dans des activités d'IEC.

SANTE REPRODUCTIVE/MST/INFERTILITE/TECHNOLOGIE CONTRACEPTIVE

Durée: 3 semaines

OBJECTIFS GENERAUX:

Les participatns devront être capables de:

- Décrire les relations socio-économiques et sanitaires entre le bien-être de la famille et l'espacement des naissances.

- Expliquer les avantages de concevoir dans les groupes d'âge à moindre risque (20-35 ans).

- Décrire les maladies sexuellement transmissibles d'importance au Burkina et reconnaître les signes cliniques; prévenir et traiter.

- Expliquer l'étiologie de l'infertilité pour l'homme et pour la femme, quelques méthodes diagnostiques, les traitements et surtout, la prévention des causes d'infertilité les plus fréquentes.

- Démontrer les connaissances acquises dans le domaine de la SR (revue de la physiologie masculine et féminine, de la sexualité et de la contraception).

- Décrire toutes les méthodes contraceptives existantes; avantages, inconvénients, effets secondaires, prescriptions, utilisation des méthodes, suivi y compris les méthodes naturelles.

- Former d'autres personnels socio-sanitaires dans les aspects didactiques et cliniques de tout ce qui précède.

- Evaluer la formation didactique et clinique dans le domaine de la SR/PF

EBAUCHE

FORMATION DIDACTIQUE ET PRATIQUE DES SAGE-FEMMES EN SANTE REPRODUCTIVE

ET PLANNING FAMILIAL

Burkina : par l'equipe nationale de formation

Duree ; 4 semaines 50 % theorie et 50 % pratique/clinique

OBJECTIFS GENERAUX :

A la fin de la formation, les sage-femmes devront etre capables de :

- Donner des services complets en sante reprodutive (SR)/PF aux femmes se presentant au centre de SMI/PF

- Faire un entretien/entrevue en vue d'obtenir les antecedents socio-sanitaires dans le but d'aider la cliente a choisir la methode la plus appropriee a son cas.

- PRATIQUER un examen general et gynecologique complets :
  - poids, tension arterielle
  - recherche clinique de l'anemie
  - examen de la glande thyroide
  - Examen des seins, abdominal
  - examen pelvien (bimanuel et speculum)
  - prelevements vaginaux pour tests

- Reconnaitre les contre-indications possibles a une methode contraceptive en tenant comple de l'entrevue et de l'examen general et gynecologique

- Identifier, traiter dans la limite de ses competences ou referer toute femme presentant des troubles gynecologiques , infectieux, maladies sexuellement transmissibles ou autres.

- Expliquer simplement a une cliente, a un couple,les avantages et les effets secondaires possibles , ainsi que la maniere d'utiliser la methode contraceptive choisie.

- Prescrire la pilule en tenant compte des doses hormonales; assurer le suivi de la cliente

- Insererle DIU et assurer le controle regulier.(au cours de la formation, inserer un minimum de 10 DIUs sous supervision).

- Expliquer l'utilisation du spermicide, condoms et autres methodes dites de barriere

- Expliquer les methodes dites naturelles

- Decrire les autres methodes contraceptives telles que : injectables, implants, sterilisation volontaires, methodes d'avenir

- Gerer le centre de SMI/PF en : - commandant le materiel et les contraceptifs
  - completant le cahier d'inscription, registre, les rapport, les fiches, le dossier de la cliente, les formulaires statistiques
  - Sterilisant l'equipement et le materiel
  - comptabilisant la vente de contraceptifs

- Assurer la formation et la supervision continue du personnel dont elle a la responsabilite

Ebauche

EDUCATION EN SANTE COMMUNAUTAIRE/PLANNING FAMILIAL

Burkina : pour l'equipe nationale de formation

Duree ; 2 semaines

OBJECTIFS GENERAUX:

A la fin de la formation, les participants seront capables de :

- Definir la communaute et les groupes-cibles
- Identifier les besoins avec la participation des autorites locales et du groupe-cible.
- Reconnaitre les reseaux de communication de la communaute ainsi que les leaders formels et informels
- Developper un questionnaire simple sur les "Connaissances - attitudes-pratiques" en matiere de PF, mener les entrevues, interpreter les donnees.
- Developper un programme suite aux informations recueillies
- Developper une causerie pour la communaute en utilisant les moyens audio-visuels appropries
- Faire des causeries dans la communaute en tenant compte du schema de communication (emetteur - message - receveur - retro-information)
- Evaluer les causeries communautaires a court et a moyen terme

ATELIER POUR DEVELOPPEMENT DE CURRICULA POUR LA FORMATION EN COURS DE SERVICE, DE MODULES POUR LA FORMATION INSTITUTIONNELLE DE

PLANIFICATION FAMILIALE : THEORIE ET PRATIQUE

SERVICES CLINIQUES DE PLANNING FAMILIALE

SERVICE D'I EC (education)

Management

par : l'ENF duree : 4 semaines

EXTRANTS :

- produits des modules de formation pour le milieu institutionnel des ecoles de sante et des ecoles sociales

EBAUCHE

RECYCLAGE DES SF CLINICIENNES EN FORMATION CLINIQUE SR/PF

(Ce recyclage sera fait par l'ENF pour le SF déjà fonctionnelles sur les terrain et ayant déjà été formées en PF cliniques)/

Durée: 2 semaines

OBJECTIFS GENERAUX au Burkina

Les participants devront être capables de:

1. Revoir les techniques cliniques de travail dans la perspective d'une mise à jour de leurs connaissances en techniques contraceptives en tenant compte des protocoles et standards établis.

2. Participer à la formation clinique d'autres SF et infirmières dans les aspects cliniques de la PF, dans le cadre de leur centre de SMI/PF.

3. Utiliser les fiches de formation des SF en stage clinique et évaluer le travail clinique des participantes.

4. Echanger des informations objectives sur la formation clinique des participantes SF avec la cliniciennne SF formatrice membre de l'ENF.

5. Faire plusieurs formations cliniques de SF et d'infirmières dans leur centre SMI/PF.

6. Gérer leur programme clinique et démontrer leur bonne gestion aux SF en stage avec elle.

7. Remplir les fiches statistiques de la DSME.

8. Coopérer avec leurs camarades de l'IEC.

NAME	POSITION	AGENCY	TITLE OF COURSE	INSTITUTION	FIELD
AKOTIONGA MICHEL	GYN/OBST	MOH	ADMINISTRATOR COURSE	JHPIEGO	MANAG
ASSANA FABIE	PHYS	MOH	ADMINISTRATOR COURSE	JHPIEGO	MANAG
BAKYONO ANNE MARIE	DEMOGRAPHER	MOP	DEMOGRAPHY&STATISTICS	IFORD	DEMOG
BAKYONO ANNE MARIE	DEMOGRAPHER	MOP	PARLIAMENTARY CONFERENCE	RAPID	CONF3
BAMBA MARIA		MOP	DATA COLLECT/CENSUS	POPSTAN	POPDE
BATTA FATOUMATA	MIDWIFE	MFW	FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG
BAYA BANZA	DEMOGRAPHER	MOP		INSAH	DEMOG
BAYA BANZA	DEMOGRAPHER	MOP	MORTALITY ANALYSIS	IUSSP/INSA/IFORD	DEMOG
BELEM JUSTINE	MIDWIFE	MOH	FP VISUAL MATERIALS	INTRAH	IEC
BERE DELPHINE	MIDWIFE	MOH	FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG
BETIO CELESTIN BADO			POPULATION DEVELOPMENT	IPDP	POPDE
BOTONI EDMOND	NURSE	MOH	ANESTHESIST/TECH	JHPIEGO	TECHN
BOUYAIN CLEMENT	NUTRITIONIST	MOH	NUTRITION IN PHC		NUTRI
BOUYAIN CLEMENT	NUTRITIONIST	MOH	NUTRITION SURVEILLANCE	BOSTON UNIVERSITY	NUTRI
COMPAORE ABDOU	PHYSICIAN	MOH	FP FOR PHYSICIAN	JHPIEGO	MANAG
COMPAORE ISSIAKA	PHYSICIAN	MOH	FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG
COMPAORE THEOPHILE	PHYSICIAN	MOH	FP FOR PHYSICIANS	JHPIEGO	MANAG
COMPAORE YVETTE			FP MANAGEMENT	CALIFORNIA/SANTA CRUZ	MANAG
DAKUYO MATHIAS	DEMOGRAPHER	MOP	DEMOGRAPHY & STATISTICS	IFORD	POPDE
DAKUYO NOUMASSI MATHIAS	DEMOGRAPHER	MOP	CARTOGRAPHY	POPSTAN	DEMOG
DAKUYO NOUMASSI MATHIAS	DEMOGRAPHER	MOP	CENSUS MANAGEMENT	POPSTAN	DEMOG
DERA LASSANE	DEMOGRAPHER	MOP	CARTOGRAPHY	POPSTAN	POPDE
DERA LASSANE	DEMOGRAPHER	MOP	CENSUS MANAGEMENT	POPSTAN	DEMOG
DIABRI JOSEPH			MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
DIALLO ELISE	MIDWIFE	ABBEF	WOMEN IN MANAGEMENT	CEDPA	MANAG
DIASSO IBRAHIM		MOP	CARTOGRAPHY	POPSTAN	DEMOG
DIASSO IBRAHIM		MOP	DATA COLLECTION	POPSTAN	DEMOG
DINGTOUNDA ISSA BENOIT	PHYSICIAN	MOH	ANESTHESIOLOGY	JHPIEGO	TECHN
DJIM KAM GEORGETTE	MIDWIFE	MOH	FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG
FABRE ASSANA	PHYSICIAN	MOH	REPRODUCTIVE HEALTH	JHPIEGO	TECHN
KABORE GEORGES	NURSE	MOH	MICROCOMPUTERS	INTERN.BUREAU FOR INFORM.	DEMOG
KABORE JOSEPH	PHYSICIAN	MOH	ENDOSCOPY	JHPIEGO	TECHN
KAGONE MEDA	PHYSICIAN	MOH	MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
KONE BIBIANE	PHYSICIAN	MOH	ENDOSCOPY	JHPIEGO	TECHN
LEGMA FATI	HEALTH ASSISTANT		FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG
LOUGUE HAMADOU	DEMOGRAPHER	MOP	DEMOGRAPHY AND STATISTICS	IFORD	DEMOG
MILLOGO CLAUDE	PHYSICIAN	MOH	FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG
NANEMA ALICE	MIDWIFE	MOH	WOMEN IN MANAGEMENT	CEDPA	MANAG
NOUGTARA ADRIEN	PHYSICIAN	MOH	MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
NOUGTARA NOAGA ADRIEN	PHYSICIAN	MOH	ADMINISTRATOR COURSE	JHPIEGO	MANAG
OUATTARA GILBERTE	MIDWIFE	MFW	MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
OUBDA DIEUDONNE	NURSE	MOH	FP VISUAL MATERIALS	INTRAH	IEC
OUEDRAOGO AMADE		MOP	CARTOGRAPHY	POPSTAN	DEMOG
OUEDRAOGO AMADE		MOP	DATA COLLECTION	POPSTAN	DEMOG
OUEDRAOGO AMIDOU		MOP	PLANNING OF HUMAN RESSOUR	POPSTAN	POPDE
OUEDRAOGO FATI	SOCIAL WORKER	INADES	WOMEN IN MANAGEMENT	CEDPA	MANAG
OUEDRAOGO HAROUNA		MOP	SEMINAR FOR PLANNERS	IPDP	POPDE
OUEDRAOGO HELENE SITA	MIDWIFE	MOH	FP,N,PHC IN DEVEL.COUNTRY	COLUMBIA	MANAG

NAME	POSITION	AGENCY	TITLE OF COURSE	INSTITUTION	FIELD
OUEDRAOGO LAETICIA		MOAL	NUTRITION SURVEILLANCE	BOSTON UNIVERSITY	NUTRI
OUEDRAOGO LAURENT	PHYSICIAN	MOH	NUTRITION SURVEILLANCE	BOSTON UNIVERSITY	NUTRI
OUEDRAOGO MARIE MADELEINE	MIDWIFE		WOMEN IN MANAGEMENT	CEDPA	MANAG
OUEDRAOGO PAYDAYE	PHYS	MOH	MANAGEMENT	JHPIEGO	MANAG
OUEDRAOGO SALLY ALIMATA	MIDWIFE	ABBEF	WOMEN MANAGEMENT COURSE	CEDPA	MANAG
OUEDRAOGO VINCENT		MOH	MANAGEMENT	JHPIEGO	MANAG
OUEDRAOGO VINCENT	PHYS	MOH	MANAG OF FP PROGRAMS	CALIFORNIA SANTA CRUZ	MANAG
OUEDRAOGO YOUSSOUF CHEICK	HEALTH ASSISTANT	MOH	FP FOR NURSE OF O.R.	JHPIEGO	TECHN
OUEDRAOGO YUGMA THERESE	MIDWIFE		REPROD HEALTH	CALIFORNIA/SANTA CRUZ	TECHN
OUEDRAOGO YVETTE	MIDWIFE	ABBEF	WOMEN IN MANAGEMENT	CEDPA	MANAG
OUILI SAIDOU	PHYS	MOH	MANAGEMENT	JHPIEGO	MANAG
PARE JEAN LEGAN	PHARMACIST	MOH	PARASITOLOGY(Long term)	TULANE UNIVERSITY	TECHN
PODA CAROLINE	MIDWIFE	MOH	MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
SANGARE DRISSA	PHYS	MOH	FP FOR PHYS	JHPIEGO	MANAG
SANOU ASSAITA	MIDWIFE		MANAG OF FP PROGRAMS	CALIFORNIA SANTA CRUZ	MANAG
SANOU JEAN MARIE	PHYS	MOH	MANAGEMENT OF INFERTILE C	JHPIEGO	MANAG
SANOU ZACHARY		MOH	FERTILITY DETERMINANTS	JHPIEGO	TECHN
SANOU ZACHARY	DEMOGRAPHER	MOP	CENT4	BUCEN	DEMOG
SAWADOGO BIENVENUE	PHYS	MOH	REPRODUCTIVE HEALTH	JHPIEGO	MANAG
SAWADOGO BIENVENUE	PHYS	MOH	MANAG	CALIFORNIA/SANTA CRUZ	TECHN
SAWADOGO JEAN MARIE	PHYS	MOH	ORT	PRITECH	ORT
SAWADOGO JEAN MARIE	PHYS	MOH	ORT	ICORT II	ORT
SAWADOGO KARIM	PHYS	MOH	ANESTHES. FOR PHYS	JHPIEGO	TECHN
SAWADOGO LUC	PHYS	MOH	ENDOSCOPY	JHPIEGO	TECHN
SAWADOGO MARIAM	MIDWIFE		WOMEN IN MANAGEMENT	CEDPA	MANAG
SEBGO PASCALINE	MIDWIFE	MOH	IEC	URTNA	IEC
SOMA SUZANNE	MIDWIFE	MOH	FP/NURSE	JHPIEGO	TECHN
SOMBIE MICHEL	PHYS	MOH	PUBLIC HEALTH		MANAG
SOMDA RIGOBERT	DEMOGRAPHER	MOP		INSAH	DEMOG
SOUBEIGA DIEUDONNE			CARTOGRAPHY	POPSTAN	DEMOG
TALL AMINATOU	MIDWIFE	MOH	MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
TARNAGDA JACQUELINE	MIDWIFE	MOH	FP FOR NURSES	JHPIEGO	TECHN
THOMBIANO BRIGITTE	MIDWIFE	MOH	MANAG OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
TIENDREBEOGO CLAIRE	MIDWIFE	MOP	REPRODUCTIVE HEALTH MANAG	WORLD FED.OF HEALTH AGENC (AVSC)	MANAG
TOE ROBERT ZONGUI				CALIFORNIA/SANTA CRUZ	MANAG
TRAORE ABDOULAYE	PHYS	MOH	ORT	PRITECH	ORT
TRAORE BAKARY	NURSE	MOH	ANESTHESIST/TECH	JHPIEGO	TECHN
TRAORE FATOUMATA	PHYS	MOH	FP ADMINISTRATION	JHPIEGO	MANAG
TRAORE GERMAIN SITIOSSO	PHYS	MOH	ENDOSCOPY	JHPIEGO	TECHN
TRAORE GERMAIN SITIOSSO	PHYS	MOH	STD	JHPIEGO	TECHN
TRAORE MEDAH FELICITE	MIDWIFE	MFW	WOMEN IN MANAGEMENT	CEDPA	MANAG
TRAORE OUMAR				JHPIEGO	MANAG
TRAORE OUMAR	PHYS	MOH	MANAGEMENT	CALIFORNIA/SANTA CRUZ	TECHN
TRIANDE ALIMA	MIDWIFE	MOH	FP,N,PHC	COLUMBIA	MANAG
WARE ADRIEN	PHYS	MOH	ORT	PRITECH	ORT
WEREM HASSAN			DATA COLLECT/CENSUS	POPSTAN	POPDE
YUGMA THERESE	MIDWIFE	MOH	MANAGEMENT OF FP PROGRAMS	CALIFORNIA/SANTA CRUZ	MANAG
YUGMA THERESE	MIDWIFE	MOH	EVALUATION WORKSHOP	INTRAH	
ZEI PATRICE	GYN/OBST	MOH	LAPAROSCOPY FOR PHYSICIAN	JHPIEGO	TECHN

NAME	POSITION	AGENCY	TITLE OF COURSE	INSTITUTION	FIELD
ZIO MARTINE CELESTINE	MIDWIFE	MOH	NURSE OR OPRATING ROOM	JHPIEGO	TECHN
ZOUNGRANA FRANCOIS			POPULATION&DEVELOPMENT	POPSTAN	POPDE
ZOUNGRANA MARCEL		MOP	DATA COLLECTION	POPSTAN	POPDE

A l'issue des journées de concertation organisées par le Ministère de l'Essor Familial et de la Solidarité Nationale, les participants ont proposé que la Planification Familiale soit désormais pour tous les Burkinabè une composante du bien-être social. Préconisée sous cet aspect la Planification Familiale est effectivement la composante qui permet, à travers les politiques de santé, d'éducation, de formation d'intégrer les problèmes de population comme un facteur de développement social, tout en tenant compte des problèmes sociaux que posent :

- Les familles nombreuses,
- Les grossesses multiples ou rapprochées,
- Les avortements liés aux grossesses indésirées,
- Les mères célibataires,
- Les taux élevés de mortalité et morbidité maternelle et infantile.

Ainsi, notre politique en matière de Planification Familiale doit viser à enrayer tous ces maux qui entravent le développement économique, social et culturel du Burkina Faso.

I. LES OBJECTIFS

A/ - A COURT TERME :

1°/- Réviser la Loi de 1920 sur l'interdiction de la vente et de la propagande des moyens de contraception ;

2°/- Intégrer la Planification Familiale dans toutes les structures sanitaires ;

3°/- Former le personnel social aux méthodes de sensibilisation et d'éducation en matière de Planification Familiale, le personnel médical à la prestation de service ;

4°/- Sensibiliser la population à l'utilisation des méthodes contraceptives les plus appropriées surtout dans le cadre de l'espacement des naissances ;

5°/- Définir et introduire un programme d'éducation sexuelle dans les établissements scolaires.

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B/ - A MOYEN TERME :

1. - Multiplier les formations sanitaires pour la protection de la santé maternelle et infantile et faciliter l'accès des femmes à l'information et aux méthodes de contraception appropriées ;

2. - Amener notre Peuple (hommes, femmes et jeunes) à comprendre l'interaction entre population et développement et le rôle de la Planification Familiale dans la lutte contre la mortalité infantile et maternelle, la malnutrition, les avortements clandestins ;

3. - Informer, sensibiliser, conscientiser tout Burkinabè au fait qu'une famille planifiée favorise l'amélioration des conditions de vie ;

4. - Conscientiser, hommes, femmes et jeunes, les former de manière à ce qu'ils assument leur sexualité avec responsabilité et clairvoyance ;

5. - Assurer la lutte contre la stérilité étant donné que l'enfant est une composante essentielle du Bien-Etre de la Famille.

I. METHODES D'APPROCHE

A - Le Secteur Formel :

1 - Définition

- Il est constitué de personnes fréquentant :

. Les établissements scolaires (primaires et secondaires)
. Les écoles de formation professionnelle
. Les centres d'apprentissage
. Les écoles supérieures
. Les universités.

Ce groupe, souvent peu ou mal informé, est un des plus vulnérables dans le domaine de la sexualité.

Les objectifs poursuivis pour ce groupe seraient d'informer, de sensibiliser et d'éduquer.

Ces objectifs seront atteints à travers des cours, des exposés-débats, des conférences, des films et par le canal des mass-média d'une manière générale.

2 - Actions :

Pour ce groupe cible toutes les prestations de service doivent être intégrées dans les diverses formations sanitaires habilitées à le faire (maternités, hôpitaux, centres de Santé Maternelle et Infantile, cliniques des associations privées etc ...).

Cependant la prestation de service ne constitue pas la seule demande de ce groupe, il est par conséquent nécessaire d'assurer également :

- L'intégration systématique des cours d'éducation sexuelle dans les programmes d'enseignement ;
- Le renforcement des programmes de lutte contre les maladies sexuellement transmissibles.

Ceci doit permettre à chacun de trouver une solution à sa demande spécifique.

B/ - Le Secteur Informel :

1 - Définition

Il regroupe les couches sociales dont les conditions de vie sont caractérisées par :

- Les forts taux de morbidité et mortalité maternelle et infantile
- La malnutrition
- Le sous-équipement etc ...

C'est un groupe non structuré de population urbaine et rurale dans lequel on retrouve des personnes lettrées et illettrées.

Selon le milieu et le niveau d'instruction de ce groupe cible on retrouve d'une part ceux qui ignorent totalement l'existence des méthodes de contraception, d'autre part ceux qui manifestent une réticence à l'endroit des méthodes contraceptives.

Les Objectifs poursuivis pour ce groupe seraient :

- de viser l'amélioration des conditions de vie du plus grand nombre ;
- d'une part, informer et sensibiliser sur les problèmes liés à la planification familiale, d'autre part responsabiliser le groupe dans son rôle d'éducateur et d'encadrement des jeunes.

2 - Actions

Au Burkina Faso la promotion de la Santé de la mère et de l'enfant passe avant tout par la résolution des problèmes prioritaires tels que : l'autosuffisance alimentaire, l'encadrement sanitaire, notamment l'accès à l'eau potable, aux médicaments de première nécessité/ La prestation de service en planning familial est une action d'accompagnement de toutes ces priorités.

Toutes les prestations de service doivent être intégrées dans les diverses formations sanitaires habilitées à le faire (maternités, hôpitaux, centres S.I, cliniques privées agrées). Mais ces strustures n'existant qu dans les zones urbaines et semi-urbaines, il faut donc envisager :

- L'insertion des cours de planification familiale dans la formation des accoucheuses villageoises et auxilliaires,
- La dotation des pharmacies villageoises en contraceptifs non prescriptibles
- Le renforcement des programmes de lutte contre les maladies sexuellement transmissibles par une conscientisation des prescripteurs, du personnel des officines et des malades afin d'aboutir à un traitement correct ;
- la lutte contre la stérilité par la mise en place de structure appropriée ;
- le renforcement des programmes de sensibilisation, d'information et d'éducation en matière de population et de Planification Familiale.

. LES MOYENS STRUCTURELS

Plusieurs départements ministériels et Associations Privées interviennent officiellement dans le domaine de la planification familiale. Il s'agit des :

- Ministère de l'Education Nationale :

Le Projet "Education en matière de population" touche des établissements secondaires et couvrira l'ensemble de ce secteur progressivement. Il dispose à cet effet de personnel qualifié et de moyens qui lui ont été promis par le FNUAP qui est la source de financement du projet.

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- Ministère de la Santé Publique :

Les prestations de service de Planification Familiale sont effectuées à travers les Centres de Santé Maternelle et Infantile de Ouagadougou et de Bobo-Dioulasso et dans la clinique de S.M.I. Familiale de Ouagadougou. Il est prévu une converture progressive du territoire national en Centres de S.M.I..

- Ministère de l'Essor Familial et de la Solidarité Nationale :

Une structure de coordination de la stratégie nationale de Planification Familiale est en train de se mettre en place. Ce département sera partie prenante des actions de sensibilisation.

- Association Burkinabè pour le Bien-Etre Familial :

Elle concourt à la diffusion des moyens contraceptifs.

- Association pour la Promotion Familiale :

Elle s'intéresse à l'enseignement des méthodes de contraception naturelles.

IV - MESURES LEGISLATIVES :

Le texte en vigueur est la Loi de 1920 dont l'additif est l'ordonnance N°70-68/bis/PRES/MSP/AS du 28 Décembre 1970 portant Code de Santé Publique et interdisant d'une manière absolue l'avortement et la diffusion des contraceptifs. La révision de ce texte devient impératif compte-tenu de :

- l'aspect colonial de cette loi et son inadaptation aux réalités nationales à savoir les avortements clandestins, leurs conséquences désastreuses pour la femme (stérilité, avortements répétés, décès),
- la demande croissante en prestation de service de Planification Familiale pour la population,
- la nouvelle orientation politique du Burkina Faso en matière de Planification Familiale,

Dans le cadre d'une nouvelle règlementation, il conviendrait de mettre en place des textes qui :

1°/- Dissocient entièrement l'interdiction de l'avortement de celle de la contraception étant donné que l'avortement n'est pas un moyen de contraception mais plutôt l'échec de celui-ci ;

2°/- Reglementent la prescription et la vente des contraceptifs afin d'éviter l'auto-médication, l'utilisation et la vente abusives des contraceptifs, et qui stipulent aussi que :

- Seuls :

. les centres de santé et de promotion sociale (CSPS)
. les pharmacies sous présentation de prescription médicale pour les contraceptifs prescriptibles,
. les cliniques privées ou publiques,
. et les pharmacies villageoises pour les contraceptifs

devraient être habilités à donner ou à vendre les contraceptifs.

- Seul le personnel de Santé tels que les Médecins, les Sages-Femmes et les Infirmiers ayant reçu une formation technique en matière de Planification Familiale devraient être habilités à délivrer ces ordonnances.

Toute personne utilisant un des moyens contraceptifs modernes prescriptibles doit être au préalable soumise à un examen gynécologique, biologique et clinique et faire l'objet d'un suivi médical.

Parallèlement aux mesures législatives, il reviendrait aux services concernés de concrétiser les actions suivantes :

- L'application effective des nouveaux textes de Loi ;
- le contrôle réel des pharmacies ;
- l'application de sanctions sévères à l'encontre de tous ceux qui feront des avortements clandestins et dangereux.

LE ROLE DE COORDINATION DU MINISTERE DE L'ESSOR FAMILIAL ET DE LA SOLIDARITE NATIONALE

Il a été mis en place une structure de coordination de la stratégie nationale de planification familiale.

Cette structure doit faire un travail de suivi : à savoir créer une banque de données sur les actions qui sont menées en matière de population.

Elle doit garantir le respect de la politique nationale face aux initiatives suscitées de l'extérieur.

Elle a également pour tâche d'organiser et de susciter l'organisation des ateliers, des séminaires de formation et d'informations à l'intention du personnel et des groupes cibles.

Le Ministère pourra apporter aux structures qui le souhaitent un appui au volet sensibilisation de leur programme.

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April 29, 1985

ACTIVITES	EN CHARGE AUJOURD'HUI	PROBLEMES EN CAS D'EXPANSION RAPIDE	ACTIONS A ENVISAGER
I. Formation des Politiques de PF			
a) Politiques generales			
b) Politiques de prestation de services			
- determiner les standards medicaux			
- determiner les categories de pers. habilitees pour chaque methode			
- le prix des services offerts			
- degre de controle des centres de service sur les revenus			
- politiques d'approvisionnement			
- role du secteur prive dans prestation de services, approvisionnement, distribution, etc...			
II. Promotion de la PF			
- obtenir la cooperation des medias			
- developper et produire des materiels promotionnels (films, articles etc...)			
- organisation de campagnes			
vers la population en general			
vers les formations medicales			
vers les eleves du secondaire			
III. Ouvrir de nouveaux centres de serv.			
- etablir une check list de criteres			
- faire des evaluations prealables des centres			
- approuver les nouveaux centres			

VIII. Statistiques

- tenir les registres de service
- reportage des statistiques
- compilation et exploitation
- analyses /rapports annuels
  et evaluation des performances du
  systeme de PF

IX. Formation des Ressources Humaines

- Developpement de cours en PF pour les
  universites et ecoles d'infirmieres
- formation courte des agents de sante
  des centres de services PF
- formation des gestionnaires des dif-
  ferents types de centres de service
- formation des gestionnaires d'ap-
  provisionnement, statisticien
- formation des agents des services
  de promotion et animation
- selection des participants pour les
  differentes formation

X. Supervision des centres de service

- suivi des performances, de la gestion
  et des problemes avec les populations
  cibles

- suivi medical

IV. Restauration et Equipement des Centres de service	"	"	"
	"	"	"
	"	"	"
- evaluation des besoins en equipement	"	"	"
- evaluation des besoins de restauration	"	"	"
- acquisition et distribution des equipements	"	"	"
	"	"	"
	"	"	"
V. Prestation des services	"	"	"
	"	"	"
	"	"	"
- Consultations genycologiques	"	"	"
- Consultations PF	"	"	"
- Contraceptifs non prescriptifs	"	"	"
- Pose de DIU	"	"	"
- Contraceptifs avec prescription	"	"	"
- Interventions cliniques	"	"	"
	"	"	"
	"	"	"
VI. Approvisionnement et Stockage	"	"	"
	"	"	"
	"	"	"
- planification des commandes	"	"	"
- passer les commandes au fournisseur	"	"	"
- receptionner a l'arrivee et stocker	"	"	"
- gerer les stocks	"	"	"
	"	"	"
	"	"	"
VII. Distribution aux centres de service	"	"	"
	"	"	"
	"	"	"
	"	"	"
	"	"	"
VIII. Statistiques	"	"	"
	"	"	"
	"	"	"
- tenir les registres de service	"	"	"
- reportage des statistiques	"	"	"
- compilation et exploitation	"	"	"
- analyses /rapports annuels et evaluation des performances du systeme de PF	"	"	"

PROPOSITIONS D'UN PROGRAMME DE COOPERATION ENTRE LE MSH/FPMT ET LES MINISTERES DE L'ESSOR FAMILIAL ET DE LA SANTE PUBLIQUE DU BURKINA FASO DANS LE DOMAINE DES ACTIVITES DE PLANIFICATION FAMILIALE

Après avoir conduit des discussions avec des représentants des Ministères de la Santé Publique et de l'Essor Familial et Solidarité Nationale concernant les besoins de formation en gestion et les besoins de développement organisationnel des directions et services des deux ministères qui sont engagés dans des activités de planification familiale, et après avoir pris connaissance des documentations existantes relatives à ces mêmes activités, l'équipe du Project Gestion et Formation en Gestion dans le domaine de la Planification Familiale de Management Sciences for Health (MSH: un Bureau d'Etudes de Boston aux Etats-Unis) propose les activités suivantes dans le domaine de la formation et du développement organisationnel. Ces activités sont également proposées en réponse aux besoins exprimés par les représentants des deux ministères et se situent également dans la ligne du diagnostic organisationnel fait par l'équipe à la suite des rencontres de travail avec les représentants des ministères.

Les propositions d'action succintement décrites ci-après seront communiquées par les voies officielles et de manière plus detaillée aux autorités du Burkina Be et de l'USAID/Ouagadougou

Pour que les activités décrites ci-après soient couronnées de succès il serait souhaitable que au préalable les responsables des deux ministères procèdent à la clarification des rôles réciproques vis à vis des responsabilités suivantes:

Qui est devrait avoir la responsabilité de déterminer la nature des produits contraceptifs utilisables au Burkina,

Qui a la responsibilite de definir les standards médicaux;

Qui doit déterminer les qualifications requises des différents personnels pour la fourniture des différents services de planification familiale,

Qui a la responsabilité de déterminer les conditions requises préalables à l'ouverture d'un centre de services de planification familiale

Qui doit avoir la responsabilité de l'approvisionnement et de la distribution des matériels contraceptifs: (i) dans le cadre du réseau de distribution du Ministère de la Santé Publique; et (ii) dans le cas d'autres réseaux éventuels;

Qui doit avoir la responsabilité de la supervision générale et médicale des centres de services (i) dans le cas du réseau du Ministère de la Santé Publique; et (ii) dans le cas des centres de santé d'autres réseaux éventuels

(1) Activité de Renforcement de la fonction de coordination du Ministère de l'Essor Familial

A la requête du Ministère de l'Essor Familial et Solidarité Nationale (MEFSN), l'équipe MSH propose qu'un spécialiste en design organisationnel aide le MEFSN à mettre sur pied la structure de coordination qui doit permettre à ce ministère de remplir son mandat. Dans une première approche il a été convenu que les activités principales de coordination concerneraient: (a) les recommendations de politique générale en matière de planification familiale, et les politiques de prestations de service; (b) l'allocation des responsibilités fonctionnelles des différents services dans les activités de planification familiale; (c) le suivi des activités de PF des différents partenaires aux fins d'obtenir une vision d'ensemble des actions poursuivies et de leur impact, (d) coordination des activités d'Assistance Technique qui concernent plus qu'un Ministère.

Le Secrétariat de cette structure de coordination qui regrouperait les instances intéressées à la Planification Familiale, sera assuré par le Service de la Direction de la Planification Familiale du MEFSN en charge de la coordination. Ce service préparera les ordres du jour et établira les rapports de séance ainsi que les comptes rendus des débats, propositions et recommendations formulées par cette structure de coordination.

(2) Séminaire/Atelier de design organisationnel et planification

L'équipe MSH propose également la conduite d'un séminaire atelier comprenant deux phases et d'une durée totale approximative de 12 jours.
Lors de la première phase de l'atelier les participants identifieront les fonctions et activités d'un système de planification familiale, reverront comment les responsabilités sont distribuées entre les différentes agences et services au niveau national et central dont ils préciseront les objectifs spécifiques, et procéderont à la description des tâches des différentes positions des différents services.

Dans la seconde phase, les participants établiront le plan de travail et d'activités du système de planification familiale pour l'année prochaine, et ce au niveau de l'ensmble du système et au niveau des unités opérationelles et des responsables. Le but de cet exercice, en plus de la preparation du plan lui même, est de mettre au point les procédures de planification et de transférer des aptitudes pratiques dans le domaine de la planification.

Les participation à cet atelier devrait inclure les hauts responsables des directions de planification familiale, des superviseurs du niveau national et régional, les directeurs des deux principales formations sanitaires ou leurs assistants. Il est souhaitable que le Secrétaire Général de chaque Ministère participe à certaines journées du séminaire. La participation aux phases I et II sera légerement différente et modulée en fonction des activités de design et de planification.

(3) Séminaire de formation en Supervision des activités de planification familiale

Ce séminaire de 10 jours rassemblera entre 15 et 20 superviseurs du niveau national et régionnal de chaque ministère. Le séminaire couvrira des thèmes tels que le concept de supervision, les aptitudes à la communication, le feedback, le superviseurs et la délégation de pouvoir; la constitution de l'équipe nationale de supervision, le rôle du superviseur dans l'évaluation annuelle; la description des tâches des catégories de personnel, etc...

Calendrier provisoire

Activité (1)	derniere quinzaine de janvier 87
Activité (2)	deux semaines de février 87
Activité (3)	septembre 87

Activités Régionales

Burkina Faso sera convié à désigner un représentant pour la réunion du Comité Consultatif des Pays Francophones, qui se réunira a Boston en Avril 87. Des voyages d'études seront aussi organisés au niveau régional , auxquels le Burkina sera également convié à envoyer des représentants.

Annex J

Memorandum of Understanding between Ministry of Family Welfare
and Management Sciences for Health
Family Planning Management Training Project

This memorandum of understanding summarizes the activities discussed with MFOW and the MOPH during the September 22 - October 3, 1986, visit of the representatives of Management Sciences for Health.

Proposed Activities

1. Development with MFOW of an Action Plan to coordinate family planning activities.

2. Workshop on organizational design and planning.

3. Workshop on supervisory skills.

Responsibility of the GOBF

For activity number one (development of a coordination action plan), it will be necessary for the MFOW, Directorate of Family Planning, to assign on at least a half basis during the two-week consultancy, a staff member from the unit which will be primarily responsible for coordination. This staff person should make sure that the appropriate personnel in all the relevant ministries will be available for meetings with the consultant during the two-week period.

For the workshops on (1) organization design and planning, and (2) supervision skills, the GOBF will:

1. Assure that all necessary GOBF clearances and approvals are obtained.

2. Assure that the national level personnel from the MFOW and MOH for the family planning program and the appropriate regional personeel will be available for the duration of the workshops. In the case of workshop one, the number of participants should be limited to 10. In the case of workshop two, the number of participants should be limited to 15.

3. Identify and make arrangements with a suitable hotel for the workshop. The hotel should have conference facilities and sufficient room for the participants. Arrange for transportation to the hotel if necessary.

4. Send out invitations sufficiently in advance to all of the participants, and arrange for appropriate ministry representation at the opening and closing ceremonies.

Responsibility of MSH

1. Prepare training materials for the workshops.

2. Provide the trainers for the workshops.

3. Provide financial support for the workshops and related expenses.

4. Work collaboratively with the ministries to help implement the recommendations arising from the two workshops.

Workshop (1) Organizational Design and Planning will last approximately 12 days, and is tentatively scheduled to take place in February, 1987. Workshop (2) Supervisory Skills is tentatively scheduled for September, 1987, and will last approximately 10 days.

The two parties (GOBF-MOFW and MSH) will sign below their agreements to the activities proposed above and to their respective responsibilities.

Madame Opportune Nitiama
Ministry of Family Planning

6 November 1986

Dr. Ron O'Connor
Management Sciences for Health

6 November 1986