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BURUNDI

BASIC IMPLEMENTATION STEPS FOR POPULATION

Suggestions for Mission action in the near term to pursue available options for population policy and program development.

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Basic Implementation Steps for Population Strategy

Introduction

The backdrop for AID Population Strategy development in Burundi is provided by the recently completed "Burundi Health Sector Assessment and Strategy - March 1981" and by the Burundi Mission's FY198 Country Development Strategy Statement (January 1981). Together, these documents provide a fairly comprehensive portrait of what is as well as what might be. They also detail the many constraints to effective population/family planning programming in Burundi, as well as the several apparent opportunities for AID initiatives.

One event not reported in the above documents is the reaction of Burundi officials to an initial viewing of a RAPID presentation in early February. Although the example used for the presentation was for Rwanda (since no presentation had yet been developed for Burundi), it was very well received and resulted in a request to develop a full analysis and presentation for Burundi. Officials present jumped immediately from the problems under discussion to questions of what could be done to resolve them. This tends to confirm the belief that at least some of Burundi's key officials are aware of, and concerned with, the threat posed by rapid population growth in their country. Another indication is the statement contained in the 1978-82 Development Plan which cites the need for birth spacing and other forms of birth limitation. These kinds of statements do not easily find their way into Five-Year Development Plans.

What follows is a distillation of ideas discussed with AAO/Burundi and his staff in a meeting with AFR/DR/PCP Chief, William Trayfors on March 30, and a cataloging of action steps required to put these ideas to work.

Summary

There appear to be at least seven promising areas for action by AID and AID intermediaries for the near term. These are:

- (1) assistance in the establishment of a private sector family planning association to provide FP information and services;
- (2) assistance in the introduction of reproductive health and family planning concepts and materials into the curricula of medical and nursing schools;
- (3) assistance in the introduction of population education and family life education into the program of the 67 foyers sociaux;

- (4) assistance in the design, execution, and evaluation of a pilot operations research project in a densely populated province, possibly linked with the Extended Program of Immunization (EPI) project and other primary health care elements;
- (5) continued and intensified assistance in the area of population awareness and population policy development, using such centrally-funded resources as RAPID and the IPDP Project managed by the Research Triangle Institute;
- (6) the design and conduct of study/observation tours abroad for selected high-level leaders, to observe ongoing population/family planning programs in French- and English-speaking, Catholic and Muslim countries; and
- (7) subject to discussion and coordination with the UNFPA, assistance in the design, conduct, and/or evaluation of fertility/mortality/contraceptive prevalence surveys.

While there may be other areas of possible intervention, the above appear to be the most promising in terms of both their feasibility and their potential impact in assisting the Burundi government to amass both the data and the experience necessary to formulate an effective national population policy.

These seven interventions are discussed separately in the following pages.

PROPOSED ACTION: ASSISTANCE IN THE ESTABLISHMENT OF A PRIVATE
 No. 1 SECTOR FAMILY PLANNING ASSOCIATION TO PROVIDE
 FAMILY PLANNING INFORMATION AND SERVICES

PURPOSE: To assist in the launching of a family planning information and service program rooted in the private sector, and upon which a set of diverse activities -- promotional, research, teaching, and service -- may eventually be built.

BACKGROUND: The former Burundian Ambassador to France and Minister of Health, Dr. Joseph Nindorera, has obtained Presidential approval to open a family planning center in Bujumbura. He has, in addition, nearly completed the paperwork necessary for the formal establishment of a Family Planning Association, and is actively seeking outside assistance in its establishment and functioning.

DISCUSSION: Dr. Nindorera's initiative represents an important waypoint in the development of population policy in Burundi. The government is quite obviously becoming aware of the demographic pressure they are facing, and is apparently willing to launch this trial balloon as a private sector initiative to test the acceptability of family planning interventions at this time. Dr. Nindorera has explained to the Minister of Health the rationale for the formation of his new association in a letter which is appended (attachment A). He has also developed a preliminary budget covering startup and operating costs of a small clinic (attachment B). In a personal conversation March 31, he emphasized his desire to begin with both information and services immediately, as soon as resources can be found. He is actively seeking a physical location for the information center and clinic. Initially, he plans to provide basic conventional and clinical services himself, drawing in such additional expertise as may be required. The MOH has promised to provide personnel assistance if needed. Dr. Nindorera is fully aware and seized by the informational need throughout the country, and wants assistance in the development of informational materials which can be widely diffused.

ACTIONS INDICATED: AID/Burundi should be aggressive in pursuing this one, since it is among the most significant of the present alternatives in terms of potential payoff. Trayfors will telephone FPIA Office Director Freeman Pollard in Nairobi to arrange a meeting with Dr. Nindorera in late April. He and Bill Egan will also followup with Pollard when in Nairobi in early April. FPIA would seem to be the best-placed international agency at this time to provide the needed assistance. Later, assistance from Pathfinder, IPPF, or through a bilateral AID project may be indicated. PIACT would seem to be the most appropriate agency to assist with the development of informational materials geared to the Burundian situation. They are not presently AID-funded, thus funds will have to be found somewhere. An initial exploration visit by Margot Zimmerman of PIACT (located in Washington) could be financed under the present APHA agreement. All that is required is for the Mission to submit by cable an abbreviated scope of work. Conceivably, ED&S funds could be used for further PIACT involvement. Finally, the Mission should arrange as soon as possible for the visit of Dr. Nindorera and perhaps one of his collaborators to mature Family Planning Associations in Africa and the Indian Ocean area. Target sites for such a visit would be Zimbabwe, Mauritius, and Tunisia and/or Morocco. Despite language difficulties, Zimbabwe is the most important of these to visit. Trayfors will explore technical FP training for Dr. Nindorera and his service providers, probably at a UNFPA facility.

PROPOSED ACTION: ASSISTANCE IN THE INTEGRATION OF REPRODUCTIVE
No. 2 HEALTH AND FAMILY PLANNING CONCEPTS AND MATERIALS
INTO THE CURRICULA OF MEDICAL AND NURSING SCHOOLS

PURPOSE: To ensure that new graduates of medical and nursing schools in the country obtain a good grounding in reproductive physiology and contraceptive technology during their years of medical education.

BACKGROUND: According to the Health Sector Strategy paper, no population or family planning content is presently included in the curricula of the nation's medical or nursing schools. Graduating physicians and paramedical personnel are therefore not prepared to deal with questions or problems pertaining to reproductive health and family planning as they go into either government service or into the private sector. The Strategy paper notes that there appears to be a willingness among physicians to learn of reproductive health techniques and, indeed, some initial training has been carried out by JHPIEGO.

DISCUSSION: As the sole purveyors of "modern" medicine, physicians and paramedics constitute a key group within which concepts of reproductive physiology and family planning technology must take firm root. These medical personnel are often in the best positions to raise the subject of fertility management with their patients during the post-partum period and at other appropriate moments. It is important that they have a full and complete understanding of contraceptive technology in order both to counsel their patients correctly on the adoption of a specific method, and to handle complaints of side-effects which inevitably occur.

A closely related need is for the in-service training (recyclage) of medical and paramedical personnel to ensure that they have the necessary background and skills to effectively deal with family planning clients.

ACTIONS INDICATED: Due to the shortage of manpower at post in Burundi and the consequent lack of time or skills required to followup in this area, it is suggested that a request be made by cable to AID/W, info REDSO/EA, to have a representative of INTRAH (University of North Carolina School of Medicine -- a centrally-funded AID contractor) visit Burundi as soon as possible to identify training needs and opportunities, and to provide the necessary assistance with respect to both in-country and third-country training. INTRAH is now opening a branch office in Nairobi, and will shortly have the capability to support Burundi from Nairobi. They have skilled and talented, French-speaking personnel, and a wealth of French-language curriculum/teaching materials (including 250 modules for the teaching of family and basic health to paramedics) which were developed under an earlier project called ARTIP.

PROPOSED ACTION: ASSISTANCE IN THE INTRODUCTION OF POPULATION EDUCATION
 No. 3 AND FAMILY LIFE EDUCATION INTO THE PROGRAM OF THE 65
 FOYERS SOCIAUX

PURPOSE: To use the existing network of social education centers (foyers sociaux) as a vehicle for the introduction of population education and family life education concepts.

BACKGROUND: The Ministry of Social Affairs and Labor currently operates approximately 65 social education centers for young women. These are located all over the country, and are focussed on non-formal education for women: literacy, basic health and nutrition form an important part of their curricula. While the centers are apparently doing good work despite numerous obstacles ranging from cultural inhibitions to severe lack of resources, nevertheless, it would appear that this network could serve as an appropriate vehicle to carry population/family planning information.

DISCUSSION: If the Ministry of Social Affairs can be interested in piggybacking of the P/FP message onto its existing program, this would appear to be a splendid option, since: (1) it is a natural extension of activities which are already ongoing, relating to health, nutrition, and the reproductive process; (2) the target group of young women is appropriate for this type of endeavor; and (3) no doubt the Foyers Sociaux program could benefit from an infusion of technical, material, and possibly financial resources.

The key to generating an effective program of this type rests in: (1) good training and management of monitrices/animatrices; and (2) the development of good printed materials geared to the local situation, including for use among marginally literate or illiterate groups.

ACTIONS INDICATED: In order to pursue this option, the Mission will need to: (1) discuss the above ideas with officials of the Ministry of Social Affairs and such other groups as seem indicated (possibly the Ministry of Education and the fledgling family planning association); (2) upon indication of interest by the MOSA, solicit the nominations of 2-3 senior women managers to attend a French-language workshop to be held in Washington by the Center for Population Activities (CEFPA), * an AID intermediary specializing in the training of managers of social action programs, particularly women, and including a strong dose of family planning. CEFPA also assists in the organization and conduct of in-country training, usually organized by a core group of nationals who have attended the Washington training; (3) provide assistance to the MOSA in the development of appropriate messages and materials to be used in the training centers. An appropriate intermediary for this step would be PIACT (Margot Zimmerman; offices in Washington together with Battelle). This group has a great deal of experience with the development of simple materials for use with non- or marginally-literate populations. PIACT is not presently an AID contractor or grantee, however, and their assistance would likely need to be financed by the Mission or other source.

* October 5 - November 5, 1981. See State 015465 1/20/81

PROPOSED ACTION: ASSISTANCE IN THE DESIGN, EXECUTION, AND EVALUATION OF A PILOT OPERATIONS RESEARCH PROJECT IN A DENSELY POPULATED PROVINCE, POSSIBLY LINKED WITH THE EPI PROJECT AND OTHER PRIMARY HEALTH CARE ELEMENTS

No. 4

PURPOSE: (1) To gather baseline data related to the current prevalence of contraception in a populous region of the country, and the change in prevalence which can be effected within a few months through the introduction of modern contraceptive information and services; (2) to demonstrate the political, economic, and administrative viability of a large-scale outreach project which aims at near total coverage; (3) to develop outreach methods applicable to the delivery of other preventive services, and directly supportive of the Extended Program of Immunization; and (4) to develop research methods applicable to the management and evaluation of social service outreach programs in Burundi.

BACKGROUND: AID has sponsored approximately 28 "operations research" projects in some 20 countries around the world. No two projects are alike: each differs in accordance with local conditions and resources. In Francophone Africa, three such projects are now underway: in Tunisia, Morocco, and Zaire. Another is in planning for Senegal, and others are currently operational in Egypt and Sudan. These projects have demonstrated rather conclusively the positive impact on contraceptive prevalence of providing systematic, planned door-to-door coverage. Some projects are family planning only; others include primary health care elements. One of the largest, in Morocco (coverage initially 1.2 million population) is now being extended to other provinces throughout the country and is experimenting with the building-in of some basic health care components.

DISCUSSION: The idea of door-to-door distribution of contraceptives is sometimes an alarming first proposition. (In Morocco, the official MOH reaction was, "There is nobody in this Ministry, nobody in this Government, who could consider such a project at this time." Two months later a formal bilateral agreement was signed, and the MOH recently characterized the project as "the only truly positive thing we've done thus far in FP"). No doubt the idea would meet with some reluctance in Burundi as well. Nevertheless, it's well worth trying since the potential payoff for the country goes well beyond family planning. One of the principal constraints to the delivery of any social service (a timely example being the EPI program) is the absence of a tried and proven method for achieving outreach coverage of a majority of the dispersed rural population. Ops Research draws upon tried and proven methods in more than 20 countries to develop just such a methodology, tailored to the needs of Burundi.

ACTIONS INDICATED: Operations Research projects are designed, funded, and evaluated by the Research Division of the Office of Population, AID/W. Elizabeth Maguire, a French-speaking demographer, is the person most likely to be able to assist the Mission in discussions with the Government of Burundi relating to the possible initiation of an ops research project here.

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PROPOSED ACTION: CONTINUED AND INTENSIFIED ASSISTANCE IN THE AREA OF
No. 5 POPULATION AWARENESS AND POPULATION POLICY DEVELOPMENT,
USING SUCH CENTRALLY-FUNDED RESOURCES AS RAPID AND THE
IPDP PROJECT MANAGED BY THE RESEARCH TRIANGLE INSTITUTE

PURPOSE: To deepen and broaden the awareness of rapid population growth as it impacts on Burundi's development plans and aspirations, among key leaders both in- and out-of-government, thereby contributing to the eventual development of a comprehensive national population policy.

BACKGROUND: Despite the presence of several natural endowments which can contribute to economic growth, Burundi is seemingly facing a demographic crisis which threatens to become a nightmare if present trends continue. Demographic pressure on the land is already among the highest in Africa; land and forest erosion/depletion is already visible and of serious proportion; and the overwhelmingly rural population (95%) poses an enormous threat to the urban areas as overpopulation forces people off the land and into the very few urban agglomerations. The implications of these phenomena need to be fully studied and made available to Burundi's leaders who will be faced with the consequent problems in their and their children's lifetimes.

DISCUSSION: There is some evidence that Burundi's leaders are becoming sensitized to some of the problems linked with uncontrolled growth of population. However, from all appearances the number of such persons is very limited at present, and the understanding can at best be hazy since demographic data are lacking and the relevant analyses have yet to be done.

The UNFPA is already assisting in a project designed to develop some of the missing data, and to use these for policy formulation. AID has begun by conducting conversations with key officials (as has the Embassy), and by conducting a preliminary showing of a RAPID presentation which was developed for a neighboring country (Rwanda). Burundi officials who saw this initial presentation requested that a full analysis and presentation be developed for Burundi. They also wanted to know what could be done to address some of the problems highlighted in the presentation. The stage would thus seem to be set for further pop policy initiatives in Burundi, including RAPID and related follow-ons.

ACTIONS INDICATED: The Mission should proceed with the development of a full RAPID presentation for Burundi as planned. In addition, it would seem useful to explore possible follow-on activities in the population policy area, using an intermediary such as the Research Triangle Institute (RTI) of North Carolina (an AID-funded contractor). Karen Allen, a demographer formerly with the RAPID project and now with RTI will be in Nairobi and Abidjan in early April in connection with the population training courses to be held in these locations, and could travel to Bujumbura immediately following the Abidjan course (o/a April 17) to explore population policy options with the Mission and the Government. This would appear to be a good place to begin.

PROPOSED ACTION:
No. 6

THE DESIGN AND CONDUCT OF STUDY/OBSERVATION TOURS
ABROAD FOR SELECTED HIGH-LEVEL LEADERS, TO OBSERVE
ONGOING POPULATION/FAMILY PLANNING PROGRAMS IN
FRENCH- AND ENGLISH-SPEAKING, CATHOLIC AND MUSLIM
COUNTRIES

PURPOSE:

To acquaint key leaders with what is going on elsewhere with respect to P/FP action programs, let them talk with other government leaders and administrators, and give them an opportunity to see how other nations are dealing with similar problems.

BACKGROUND:

Burundi's leaders are unlikely to have had an opportunity in the past to view and review the policy responses taken by other nations facing a similar demographic challenge. It has been found useful in other similar situations to select key leaders and policy-makers and expose them to ongoing programs in other nations, thus providing them with both the background and first-hand knowledge they often find useful in justifying this or that policy initiative in their own countries. Once they experience firsthand the enormity of the problem -- and of potential solutions -- and share in the community of nations which are endeavoring to find possible solutions, they are better equipped to put the actions of their own governments in perspective, and to defend their decisions with personal conviction.

DISCUSSION:

Sites for study/observation tours should be carefully selected to reflect insofar as possible many of the conditions with which Burundians have themselves to contend: pressure on the land, dispersal of population, highly rural population, Catholic beliefs, very limited health infrastructure, etc. Some countries which might be considered for visits include: Zimbabwe, Philippines, Indonesia, Thailand, Mauritius, Morocco, and Tunisia. Each of these nations has something useful to see, from which parallels may be drawn to the Burundian context. To be most useful, an AID person should accompany the group in order to lead discussions and to assist in seeing that the proper lessons are drawn from the experience.

ACTIONS INDICATED:

The Mission should identify key leaders which it believes could benefit from such a tour, and should proceed with the planning, drawing on AID/W, REDSO/EA, or other resources as appropriate. A country-by-country sketch should be drawn up laying out what is to be seen and how it relates to the Burundi context. Financing for such a tour will have to come from Mission funds or, conceivably, from PD&S funds controlled by AFR/DR/POP.

PROPOSED ACTION: ASSISTANCE IN THE DESIGN, CONDUCT, AND/OR
No. 7 EVALUATION OF FERTILITY/MORTALITY/CONTRACEPTIVE
PREVALENCE SURVEYS (SUBJECT TO COORDINATION WITH
UNFPA)

PURPOSE: As a complement to activities proposed by UNFPA, to assist the Government of Burundi in gathering demographic data needed for analysis and for development of population and other development policies.

BACKGROUND: Hard demographic data are lacking in Burundi in most respects. The only available data base at present derives from the census carried out in 1978-79. While information from the census is useful for certain types of planning, there is no direct measure of fertility or mortality available, and because of the incompatibility of the most recent census with earlier efforts, there is no accurate measure of population growth over the intercensal period. Thus it is not now possible to estimate current fertility, mortality, or natural increase levels with accuracy. Such information is of vital importance for planning, however, especially of health, population, and other socio-economic policies and programs.

DISCUSSION: It is possible, through sample surveys, to estimate levels of fertility and mortality (and, therefore, derive an estimate of natural increase) with an acceptable degree of accuracy. At the same time, such variables as current knowledge and practice of contraception, desired family size, and similar items of interest to demographers and to policy planners may be determined. The World Fertility Survey (International Statistical Institute in The Hague, financed heavily by AID) has undertaken such surveys in 43 developing and 20 industrialized nations. Fertility, mortality, contraceptive knowledge and prevalence, desired family size, and other related estimates may also be obtained through survey programs sponsored by the POPLABS Project (University of North Carolina), Westinghouse Health Systems, and similar activities (the first two financed by AID/W).

ACTIONS INDICATED: The Mission should determine through discussion with UNFPA their plans to obtain current fertility, mortality, contraceptive prevalence, desired family size, and related demographic estimates under the ongoing project signed in 1980. In the event of major gaps, AID should be prepared to fill them either by effecting changes in, or supplements to, the planned UNFPA efforts. Trayfors will explore these points with the Demographic Division of the AID Office of Population in Washington, and with UNFPA/New York, and will report back to the Mission on his findings and recommendations.

Additional Notes:

It is clear that to pursue the foregoing options with any reasonable degree of vigor, the Mission will need staff resources beyond those presently available or in view.

Ideally, a full-time population officer would be required. In my view, there is more than ample justification for such a person.

However, the reality is that it will not be possible in the near term to have such a person. Population activities in Burundi will have to be supported by TDY assistance, from AID/W and from REDSO/EA. We anticipate the assignment of a full-time, regional population officer to REDSO/EA sometime during the summer.

However, AAO/Burundi feels strongly -- and I agree -- that it will be necessary to have someone full time for a period of at least six months, beginning as soon as possible. We have tentatively identified someone who has the necessary qualifications and who might be available for a six-month period beginning in late July 1981. The question is: How can such a person be provided?

Probably the most appropriate mechanism would, in my opinion, be a personal services contract concluded by the Mission, assuming that both the ceiling and the funds could be made available. I believe it would be possible to provide the funding under PD&S availabilities (FY81 budget, controlled by AFR/DR/POP). This would appear to be appropriate as the PSC would be expressly for the purpose of project development.

Assuming that Mission approval of this option is obtained prior to my departure, I will pursue it in Washington and will report back to the Mission by late April.

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SPECIAL NOTES ON TRAINING ABROAD

(See State 015465 (1/20/81) for background on training courses.)

For Dr. Nindorera

In addition to the need for Dr. Nindorera to visit mature family planning associations abroad (as described on page 3), he should be enrolled in a course in the management of family planning programs. The most relevant course offering is probably that offered by JHPIEGO (Johns Hopkins University) entitled, "Advances in Reproductive Health for Administrators". The next such course to be held in the French language will be July 13-31, 1981 in Baltimore. This course covers, among other topics, priorities in preventive gynecology, advances in reproductive biology, management of child spacing programs, and integration of reproductive health services into MCH programs. JHPIEGO normally covers all costs for such training. The Mission should thus submit a formal nomination for Dr. Nindorera to attend this course (cable to AID/W, slugged for AFR/DR/POP and DS/POP/FPSD). In connection with his travel to this course, it may be possible to build in some stopovers such as those mentioned on page 3, at Mission or, possibly, AID/W expense.

For Ministry of Social Affairs Officials

The Center for Population Activities (CEFPA) in Washington, D.C. is organizing a course for women managers of social action programs to be held in the French language. Course dates are October 5 - November 5, 1981. Assuming an interest on the part of the Ministry of Social Affairs in building in a P/FP component to their ongoing activities in the Foyers Sociaux, it would be ideal to choose 2-3 key women to attend the CEFPA training. Funding for this would have to come from the Mission or, possibly, from AID/W under PD&S allotments or other funding source. Interest on the part of the MOSA should be determined early, so that time will be sufficient to organize the necessary funding.

For Paramedicals (Nurses, Nurses Aides, etc.)

Training opportunities for this category of personnel should be discussed with INTRAH and with JHPIEGO representatives. However, to meet the needs of the new FP Association, it may be desirable to send a few nurses to one of the regional training centers in Francophone Africa, such as Tunisia (Ariana Clinic, JHPIEGO-sponsored) or Morocco (National Center for Reproductive Health, JHPIEGO/AVS/AID-sponsored). Possibilities for such training can be discussed with Dr. Nindorera either here or during his Baltimore training during the summer.

For the RAPID Project

The individual selected for training in Washington by the Futures Group has, I am led to believe, only very limited statistical back-

ground. I understand his background is primarily in the social sciences. This is not necessarily bad at all, for he may in fact have a better background with which to understand the substance and the process, and not only the technical manipulative operations associated with running the Apple microcomputer.

However, the Mission and the Government should not be lulled into the belief that this person could in any way become a qualified programmer in the time he is to spend in Washington (10 days). At the very best, he will learn the routine operations associated with setting up the microcomputer and its peripherals, and the rote manipulations associated with loading the program into memory and following a routine pattern dictated by the existing RAPID program. It is highly doubtful that he would be able to learn enough to be able to even adapt the program for, say, regional use as contrasted with national-level analysis. This just isn't possible for a non-programmer and non-statistician in the given time.

That said, one of the possible followon activities to be discussed with RTI's Karen Allen (cf page 7) might be the development and application of demographic and economic analysis software packages for running on the Apple microcomputer in Burundi. Some work along these lines is already underway for other countries and, while the technology (software, not hardware) is in its infancy there does appear to be very considerable potential for application in the lesser developed parts of the world, where analysis capability is in very short supply. In Burundi, one advantage some other nations do not yet have is the ongoing operation of the Population Department of the Ministry of Interior, including expatriate advisors, wherein statistical analysis techniques are being developed and taught. This would tie in very well with planned UNFPA assistance, seemingly, and should be considered as an option.