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3. AUTHOR(S)  
 Chaudry, S.L.

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9. ABSTRACT  
 The present aim of the Government of Senegal Ministry of Health in this project is to initiate a government-sponsored program that would make family planning information and services available to all Senegalese people regardless of income level. The activities of the project team included: the assessment of the present status of family planning training and services within various government health facilities and academic institutions; a review of the curriculae contents of these schools; and on-site visits to various government health facilities to be used as service and training centers. To date, there is no legal basis for the government's provision of family planning services in Senegal. Courses relating to family planning do not exist in any of the present health training programs and none of the government facilities participate in the direct delivery of family planning services. Although the officials in the Ministry of Health are generally in favor of the project, they urged that it proceed cautiously because of the political and religious sensitivity of the issue of family planning. It was recommended that: (1) Family planning be introduced and integrated into a context providing a full range of services, and not include such services as abortion, sterilization or injectables in the elementary stages of the project; (2) Services be delivered within the existing health care delivery system by trained health personnel; (3) All family planning activities be channeled through government sources and not through isolated private sectors.

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DEVELOPMENT OF A PLAN  
FOR FAMILY PLANNING TRAINING  
AND EDUCATIONAL ACTIVITIES  
IN SENEGAL

A Report Prepared By:

SUSAN L. CHAUDRY, C.N.M., M.P.H.

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## ABBREVIATIONS

GOS	Government of Senegal
MOH	Ministry of Health
USAID	U.S. Agency for International Development (Country Mission)
PRP	Project Review Paper
FP	Family Planning
PP	Project Paper
UNFPA	United Nations Fund for Population Activities

DEVELOPMENT OF A PLAN  
FOR FAMILY PLANNING TRAINING  
AND EDUCATIONAL ACTIVITIES  
IN SENEGAL

I. INTRODUCTION

A. PURPOSE OF ASSIGNMENT

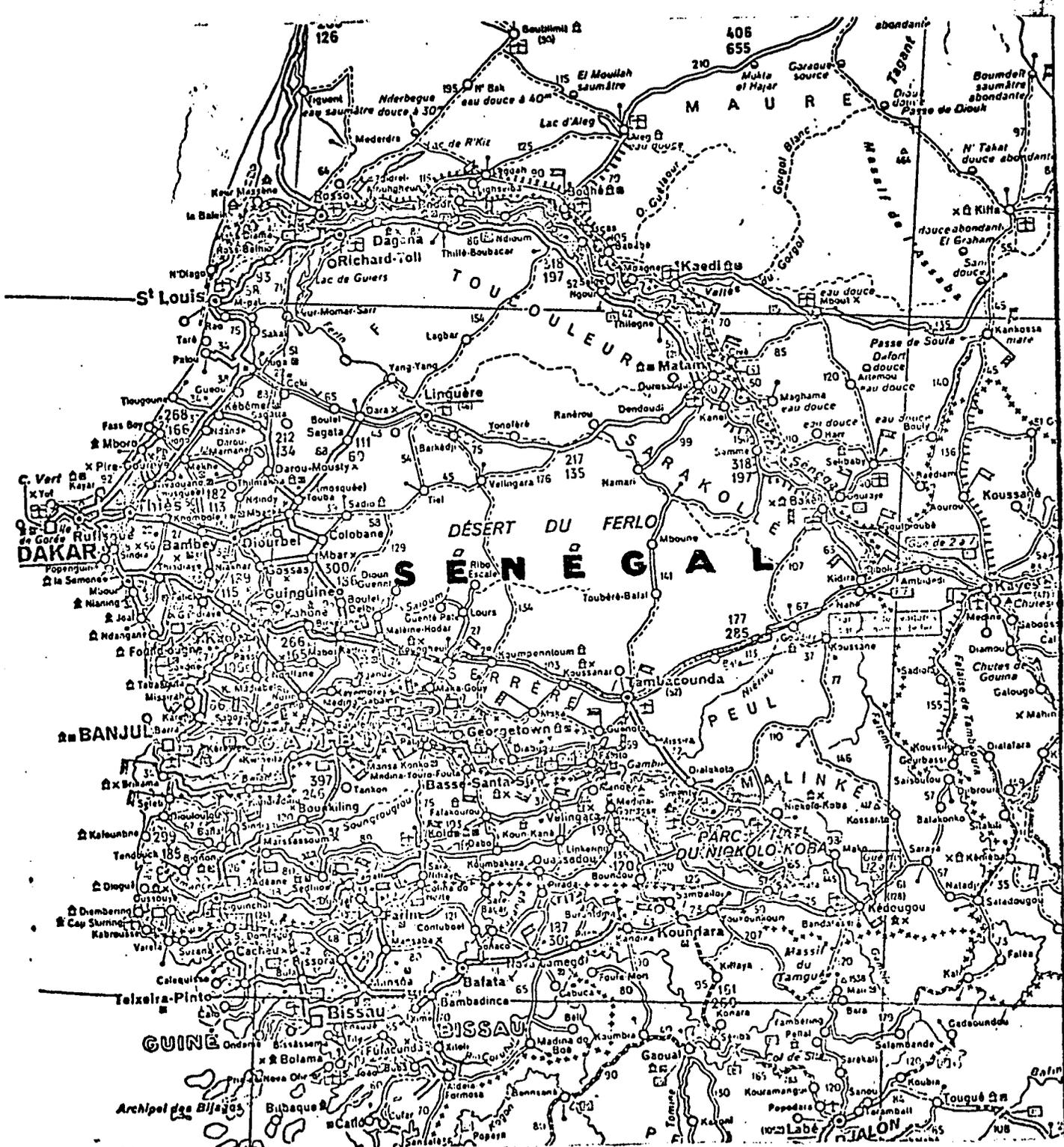
To serve as a short term Nurse/Midwife consultant to the Government of Senegal (GOS)/Ministry of Health (MOH) and to a Consultant Design Team in the preparation of a Project Review Paper (PRP) for the Agency for International Development (AID), for the establishment of comprehensive Family Planning (FP) services in Senegal in both urban and rural areas.

B. SCOPE OF WORK

To assist in the planning and development of family planning training and educational programs for the health manpower who would be involved in the delivery of FP services (with primary focus on midwives and nurses). This included the following activities:

1. Assessment of the present status of family planning training and services within various government health facilities and academic institutions (particularly schools for midwifery training and State Nurses training in Dakar).
2. Review of the curriculae contents of these schools and plan, in collaboration with Senegalese health officials and health educators, for the type of family planning training activities that should be carried out (both for the immediate training needs of practicing health professionals as well as those for students in training).

3. On-Site visits to various government health facilities (i.e., Hospitals, MCH Centers (PMIs) and Maternity Centers) that are to be renovated and used as service centers for family planning clients and training centers for designated health workers.



## II. SITUATION AND BACKGROUND

To date, there is no legal basis for the government's provision of family planning services in Senegal. Although a majority of the people in the various Ministries favor family planning conceptually, and are tolerant of private clinics and practitioners who engage in the delivery of such services, the government has been hesitant to promote a national public policy on family planning. Courses relating to family planning do not exist in any of the present health training programs and currently none of the government facilities participate in the direct delivery of FP services. The only available FP services are those provided either by private physicians and midwife practitioners or obtained from the Le Croix Bleu Clinic in Dakar. The latter is a non-government clinic under the management of a private Midwife. It has been involved in family planning activities for almost ten years and receives support from the Pathfinder Fund for: a) the provision of family planning information and services to clients requesting such, and b) the provision of family planning courses for midwives, nurses and physicians from a number of West and West-Central African countries. The Pathfinder Fund also supports a private Senegalese OB-GYN physician in Dakar for his involvement in family planning.

The present aim of the GOS/MOH in this project is to initiate a government sponsored program that would make family planning information and services available and accessible to all Senegalese people regardless of income level. Prior to the team's arrival the USAID Population Officer submitted, to various officials within the MOH, a general framework for the development of this project. Within this, some of the highlights of his proposal included:

1. Renovation plans for certain existing government health facilities for the delivery of FP services and for training sites.
2. Descriptions of types of family planning training activities for midwives, nurses and social workers.
3. Suggestions for non-clinical distribution of contraceptives for males.

Ironically, many of the details of his proposal duplicated those proposed by The Pathfinder Fund which had been developed in the Spring of this year, following a request to their organization by the Minister of Health for the initiation of FP services in Senegal. According to the USAID Population Officer, he was never made aware of these plans by Pathfinder until it was brought up by the team on our arrival. Because of the possible conflicts involved, a cable was sent by the Mission to The Pathfinder Fund requesting a representative to come as soon as possible to help resolve this problem. Within the week a representative from Pathfinder arrived.

Following a series of meetings and discussions which included the consultant team, the Pathfinder's representative, and various people from the USAID Mission and the MOH, agreement was reached on the roles of these organizations in working with the GOS/MOH in developing and coordinating efforts in planning and implementing this project. The Pathfinder Fund, in collaboration with the Senegalese, will carry out activities in the preliminary phases of the project while USAID will work with the GOS in working out the details of the more long range plans. These will be developed in the Project Paper (PP).

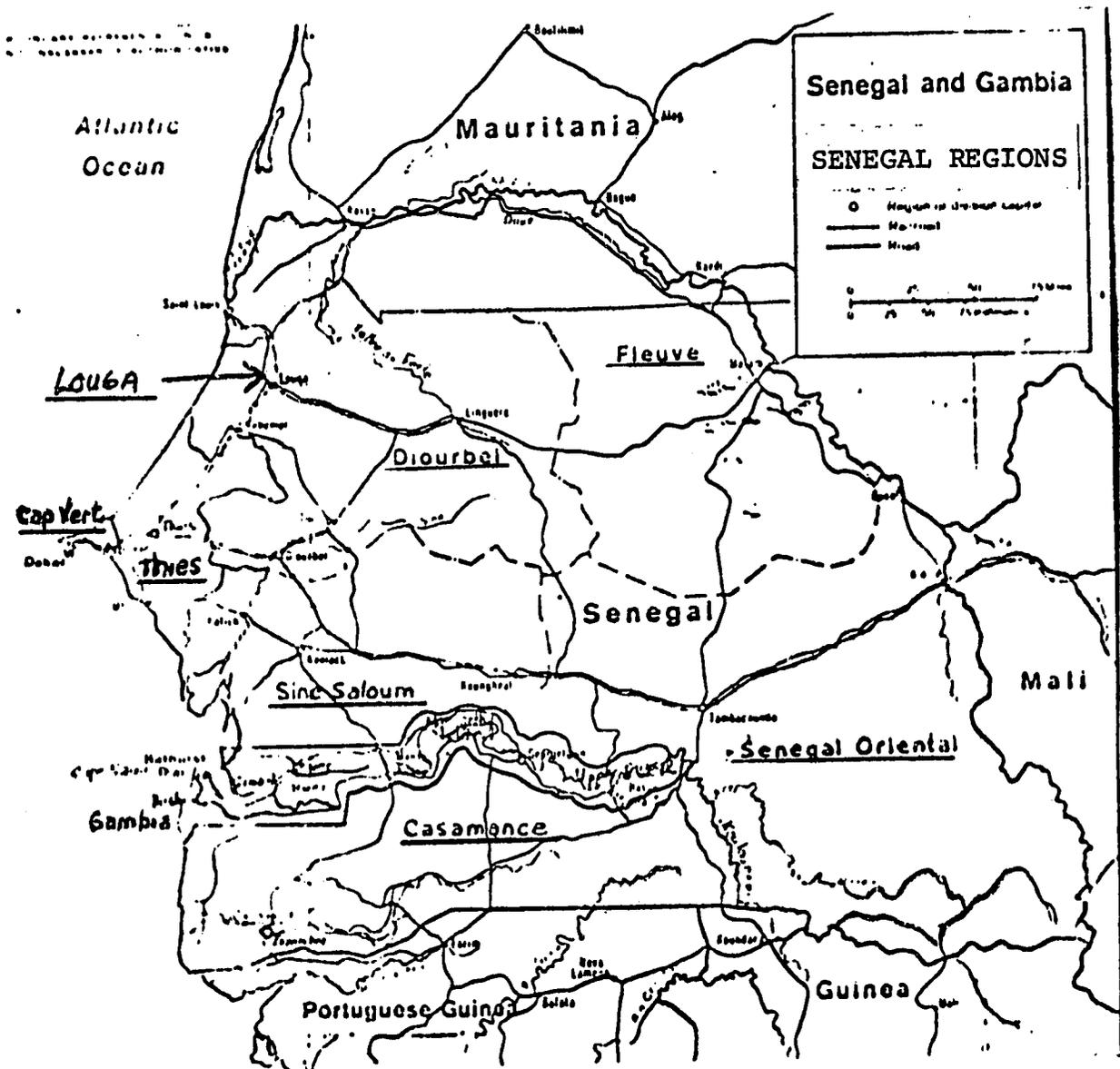
Although training activities are a key element of this family planning project during this stage of the PRP development, not enough information could be obtained to develop the specific components of training programs for the various levels of health personnel or for the students-in-training. This was because of:

1. The limited time factor designated for the preparation of the PRP.
2. The embryonic state of the PRP development in general.
3. The lack of adequate contacts with the appropriate Senegalese health and education resource persons for discussion of their ideas regarding the components of the training programs.

At the time of the teams arrival, the only person with whom the USAID Population Officer had collaborated in the preparation of the project was the MOH Technical Consultant, and this was primarily for approval of the general framework of the

project. Discussion and development of the training component had been very limited and involved very few other Senegalese health officials and educators.

Therefore, the generalizations and suggestions discussed in the PRP should only be considered as guidelines for further specification of the training activities in the PP (See PRP for discussion of training component).



### III. ACTIVITIES

#### A. HIGHLIGHTS

Meetings and discussions with various officials from the GOS/MOH, USAID Mission, U.S. Embassy and other donor agencies involved in the planning and coordination of this project (i.e., UNFPA, Pathfinder)

Field visits to some of the government health facilities within the Dakar - Cap Vert Region that are to be renovated for FP services and training. These include:

1. De Dantec Hospital - Major teaching hospital, Dakar;
2. Le Repos Mandel - In-Patient Maternity, Pikine;
3. Medina MCH Center - Major site to be renovated for FP services, Medina (Pikine area);
4. Pikine MCH Center - Dispensary, Maternity and PMI, Pikine;
5. Yoff Maternity Center - Small maternity (approximately 12-bed unit), Yoff;
6. Sebikotane MCH Center;
7. Thies Regional Hospital and MCH Center - located in Thies Region;
8. Rufisque MCH Center; and
9. Dispensarie De Pout - Small community self-help dispensarie and maternity.

Clinic Visit to Le Croix Bleu - Private in-patient maternity, well baby clinic and FP clinic, Dakar.

Meeting with the Director of the School of Nursing (Le Dantic Hospital compound, Dakar) which included:  
1) a discussion and review of the present curriculum for nurses training; 2) a tour of the school's teaching facilities; and 3) discussion of the need for family planning courses and the appropriate ways such could be introduced into the curriculum.

B. PROBLEMS ENCOUNTERED

1. Arrival During Ramadhan.

The month of fasting of Ramadhan is one of the most holy and solemn occasions in Islam. It is probably most analogous to the disciplinary period of Lent in the Orthodox Catholic religion. Not only are Moslems to adhere to complete fasting from dawn to sunset daily during this time, but it is also a period of intense prayer obligations. It ends by a celebrative feast called Eid Ur Fitr, which occurs at the end of Ramadhan, following the sighting of the full moon. The festiveness of this day is analogous to the Christian holiday of Christmas.

Since the population in Senegal is 80 percent Moslem, the majority of the people observe the period of Radmadan. The team's scheduled arrival and assignment occurred during the last weeks of Radmadan. Thus, many of the people we were interested in seeing were unavailable. It was not until after the Eid feast and public holiday that we were able to meet with many of the Senegalese. This considerably shortened the time that we had to meet with the host country people to work out many of the details of the project.

2. Lack of a Pre-Arranged Itinerary.

Many delays and disappointments occurred because there were no advance appointments scheduled with host country officials and health representatives. Much time was lost in trying to contact people on the spur of the moment with little time for preparation on their part for discussion of the family planning project.

When field trips were made, they were not always at times which would allow for candid observations of daily clinic activities. Many were made after the clinic had closed for the day, at lunchtime, or in the afternoons when the patient load was at a minimum. In other clinics, the staff was "too eager" and "over ready" for our visits, giving one the impression they had been primed for our visit. Again there were no patients, thus we were not able to observe patient - staff, everyday activities.

Exceptions to these situations were those clinics totally unprepared for our arrivals, but unavailability of the responsible-in-charge persons prevented any discussion of family planning activities with them.

3. Language.

Because French, the official language, and Wolof, the local language, are the two most common languages spoken by the majority of the Senegalese, a team with limited French-speaking ability had a distinct handicap. Most of the time, interpretation was carried out by the USAID Population Officer. This required more time and did not allow for the type of free flow of information and exchange of ideas that would have been more advantageous in many situations. No one we came in contact with during our meetings within the MOH, the School of Nursing or the health facilities spoke English well enough for fluent conversation.

4. Cable Confusion.

At the onset of our visit, despite the number of briefings and the amount of background information the team was given regarding the present status of the project's acceptance and development, there was still much confusion as to exactly what had and had not been done; whose approval had been sought and granted; and, the extent of input that the GOS had in the development of the Project Information Document (PID) and in the preparation of the PRP.

On arrival, it was also discovered that there had been a lack of planning with GOS officials and other Senegalese health educators in regard to the components of the training program of the project. Critical issues such as: who should be trained, by who, where, and what type of financial support should be given, has not been adequately discussed. Therefore, many of the training ideas were speculative and involved minimal Senegalese input.

#### IV. FINDINGS

Although the officials in the MOH are generally in favor of the project, because of the political and religious sensitivity of the issue they urged that this project proceed cautiously. They were generally very much in favor of the renovation of the Medina MCH Center and its use as a pilot center as a beginning.

According to the U.S. Ambassador and officials in the MOH there should be fewer problems with acceptance of the project if:

1. Family planning is introduced and integrated into an MCH context providing a full range of services in the broadest sense of the word and not including such services as abortion, sterilization or injectables in the elementary stages of the project.
2. Services are delivered within the existing health care delivery system by trained health personnel.
3. All family planning activities are channeled through government sources and not through isolated private sectors.

Of the sites visited, most of the proposed rooms within the health facilities where family planning activities would be carried out appeared to be adequate. Most had water and electricity. The only observed exception was the room allocated in the Thies Regional Hospital compound. The room proposed had running water but no electricity. It was too dark to work in without some form of lighting or source of electricity necessary to perform gynecologic examinations or sterilize instruments.

Training for existing health workers is an element of the project that can currently be absorbed by the GOS/MOH to meet the demand for services that exist presently and that is projected to increase as the supply of services increases following the renovation of facilities for FP activities in the project. There are some health professionals, primarily midwives, that have had some family planning training, either locally at the Le Croix Bleu or overseas in the U.S., that could be utilized relatively soon in the delivery of FP

services and in the training of other health personnel. (It would be of value to have some type of professional orientation programs set up for these workers for clarification of their roles and responsibilities.)

Presently, the Le Croix Bleu has enough funding from The Pathfinder Fund for two more training programs, and there are plans for including some Senegalese midwives in these training sessions. There are also six Senegalese midwives attending the family planning training program at the University of California, Santa Cruz. They are expected to return home in about three months.

Since there are no family planning courses presently being taught in any of the training institutions for medical professionals and paraprofessionals, more time must be devoted for the development and integration of such into the various existing curriculae.

Generally, the Director of the School of Nursing and the majority of the medical staff in the various health facilities we visited expressed positive attitudes and responsiveness regarding the introduction of family planning into the scope of health services. However, there seemed to be some apprehension and uncertainty about their exact roles in the delivery of these services.

## V. RECOMMENDATIONS

### A. IT IS RECOMMENDED THAT:

1. The team designated to work out the details of the AID project in the Project Paper (PP) should have briefings with the representatives from the PRP team so that if consistency of persons is not possible in working out the specifics of the PP, at least there will be an attempt to foster consistency of planning.
2. A French-speaking team, particularly the training consultant, should be given preference on the PP assignment or, as an alternative, efforts be made to allow for improvement of the French-speaking ability of any of the team members who will be assigned to work on the PP.
3. Every attempt should be made in the PP to plan for the integration of FP services into an MCH and Public Health context, both in the health facilities providing direct FP services to people and in the training programs and educational curriculae of the various schools for professional and auxiliary health training.
4. USAID should maintain a low profile in the planning and implementation of the project and that efforts be made to maximize Senegalese involvement particularly in the development and follow-through of the PP.
5. The USAID Mission should work to communicate and coordinate all family planning activities in Senegal with other donor agencies so that the Minister of Health's desire to have all family planning channelled through government sources be achieved.
6. The PP Training Consultant should emphasize, as a priority in the development of the specific details of the family planning training programs for the various levels of health manpower, the participation of the Senegalese medical professionals and educators. Some of the Senegalese resources people that should be involved include:

- a. Professor Correa - Director, OB/GYN, Medical School, Dakar;
  - b. Mme. Ndaw - Acting Director, Midwifery School, Dakar;
  - c. Mme. M. Pellegrin - Superintendent Midwife at the School of Midwifery, Dakar
  - d. Monsieur Drame - Director, Nursing School, Dakar;
  - e. Director of the School for Assistant Sociales, Dakar;
  - f. Dr. Carvalho - Director, Agents Sanitaire School, St. Louis;
  - g. Mme. Phebean Whest Allegre - Le Croix Bleu Clinic, Dakar; and
  - h. Minister of Education
7. The following training issues should be addressed in the PP and discussed with the appropriate resource people:
- a. Definition of all categories of health workers to be trained, the numbers that should be trained, and who has responsibility for training.
  - b. Description of responsibilities for the various levels of health manpower in relation to FP activities.
  - c. Type, length of training, and location of such for these health personnel.
  - d. Financial support for training and trainees.
  - e. Coordination with private practitioners and clinics in carrying out training activities.
  - f. Evaluation of training activities - By Whom? How?

8. Arrangements should be made through The Pathfinder Fund, the MOH, and the Le Croix Bleu Clinic to increase the number of Senegales midwives in the next family planning training sessions to help meet the immediate in-country training needs of midwives while the renovation of government health facilities is being undertaken.
9. Planned itineraries of meetings and definition of purpose of visits should be made in advance of arrival with the appropriate Senegalese contacts by the USAID Population Officer.
10. A written description of health manpower resources and a copy of the training curriculae for these personnel should be made available to the training consultant prior to meetings with designated representatives from the training institutions.
11. Contacts should be extended to also include prominent religious and community leaders in efforts to seek out the most acceptable outreach approaches to the delivery of family planning services to the Senegalese population (i.e., Marabouts - Moslem high priests - faith healers who hold high prestige in communities.)
12. Future consultant assignments should be scheduled with sensitivity to Senegalese religious holy days and holidays.
13. The time allowed for the preparation of the PP should be adequate for the amount of work to be accomplished thereby permitting maximum contacts and discussions with the Senegalese for their input into the development of the project.
14. Eventually this integrated FP/MCH approach should be expanded to maximum outreach levels (i.e., villages) and activities which focus on community information and education, and manpower training development should be coordinated with the efforts of the USAID Senegalese Rural Health Project. Thus, in the future, expanding the delivery of services to include the use of indigenous practitioners and village volunteers in the context of total health care for all the people in Senegal.

15. In conjunction with the Senegalese Rural Health Project, this USAID/Senegal family planning project should help to eventually coordinate and expand opportunities for women, giving them alternative sources for status other than, or in addition to, motherhood in traditional societies providing activities which promote their socio-economic - occupational productivity.

B. PROGRESS OF IMPLEMENTATION

At this stage of the project's development little could be done to work out the specific details of the family planning programs for the various levels of health workers. Therefore, many of the detailed descriptions and recommendations in this report and in the PRP can be used only as suggestions and general guidelines for further planning and development of the training component in the PP (Project Paper) in collaboration with the Senegalese.

## VI. OFFICIALS CONTACTED

### A. U.S. EMBASSY

1. Mr. O. Rudolph Aggrey - Ambassador
2. Mr. George Wilson - Political Officer

### B. USAID MISSION

1. Mr. Normal Schoonover - Mission Director
2. Dr. Marc Vincent - Health and Population Officer
3. Mr. Gene Chiavaroli - Project Officer

### C. MOH/GOS

1. Dr. Magar Ndiaye - Health Minister
2. Dr. Wade - Director General of Health
3. Chief of Cabinet
4. Mme. Fatou Kine Ndiaye - Technical Consultant  
(Midwife)

### D. OTHER DONOR AGENCIES

1. Mr. Hasse B. Gaenger - Regional Coordinator,  
UNFPA, Dakar
2. Ms. Wilma Gopple - Assistant Regional Coordinator,  
UNFPA (Sociologist), Dakar
3. Mr. James Crawford - Representative, The Pathfinder  
Fund, Boston (Director of Programs for Africa and  
the Middle East)