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SENEGAL FAMILY HEALTH PROJECT

OVERVIEW REPORT

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Senegal Family Health Project - Summary of Activities to 29 Feb 1984.

(a) History : The project began in 1979 but was later suspended by the government. In late 1982 the project was formalised by GOS into the existing government health services with USAID backing.
The project operates as a semi-autonomous cadre with independent staff offices, but comes within the jurisdiction of the Ministry of Social Development (MSD) and not the Ministry of Health, (MOH) as family planning is considered to be a social responsibility and not a medical one. The original project director and the midwife responsible for clinical promotion were replaced, the present director and his secretary being assigned from MSD, whereas the midwife clinical advisor was assigned from MOH. A communications advisor together with a supplies officer also were recruited by MSD while an accountant and a second secretary, together with a chauffeur were hired through USAID contract.

At the regional level of administration the pattern of project staffing resembles that at the national office,

- *the director and promotional personnel are from MSD,*
- *the clinical supervisory and service staff are from MOH.*

In forming its approach to promoting the concept of family planning (FP), the project has been careful to ensure that this matches the cultural and religious viewpoint of Senegalese society, and that in service delivery, FP should be promoted through existing Maternel Child Health (MCH) and maternity services.

(b) Objectives : The program has taken as its objectives,

- *to form effective planning/ promotion and teaching teams at the national and regional levels of GOS departmental administration,*
- *to offer services in FP via maternities and MCH centres.*

In the field, social community clubs are being formed

for groups of 200 - 300 women, where their problems family life can be studied and their experiences discussed.

The national FP campaign has had to address the influence of religious viewpoint on family life, but since 1982 it has had the sanction of both Islamic and Christian leaders, that FP as a means of child spacing is not contradictory to these beliefs. There continues the problem of differing viewpoint on child spacing between male and female partners within marriage and the real problem of non desired pregnancy. Sexually transmitted disease continues to demand attention as does the question of infertility and subfertility in a pronatalist society.

Funding : The project has problems in financing as its projected activities require a budget of 6,000,000 CFA whereas only 3,500,000 CFA is available from GOS. There has been difficulty in having counterpart funds released due to GOS budgetary restraints but correspondence is underway between the ministries of health, plan, finance, social development and USAID to attempt a resolution.

Resources : Furnishings, equipment and commodity supplies have been purchased and all service delivery sites are expected to be equiped by 29 Feb 1984. (Some delay has been due to late delivery of shipments from USA.)

Personnel have been assigned from MOH and MSD to national and regional levels. Responsibility for technical supervision of the project has been assigned to Dr Ismaïla SY PMI Medina and the Regional Chief Medical officers (RCMO).

Staffing : The project team at the national level consists of,

- a managing director,
- a GOS medical advisor,

- a senior clinical advisor, (midwife)
- a senior promotion advisor, (educator)
- an accountant,
- a logistics officer,
- two secretaries, one being bilingual in French/ English
- a chauffeur
- a janitor.

Two long term technical advisors provided through USAID contract are also considered members of the national direction team,

- a physician/ management and planning advisor arriving 20 jan 84,
- a health educator, who is to arrive on 2 March 84.

The regional program staffing in Cap Vert, Thiès, Sine-Saloum and Casamance follow a similar pattern, each having,

- a service chief as administrator from MSD,
- a regional chief medical officer as technical advisor from MOH,
- a promotion co-ordinator from MSD,
- a clinical service co-ordinator (MW) from MOH.

The regional staff is not directly under the direction or budget of the project re salaries since these members perform other duties assigned by their ministries. This situation has caused some difficulties since.

- GOS staff performing duties for projects outside of their normal scope of work expect to receive an indemnity, but this is not possible under USAID funding; GOS undertook to provide these indemnities but now due to budgetary constraints finds it cannot meet them,

- provision of guards : the regional chief MO's have

stated that they have no budget to meet the expense of hiring night guards for FP centres as the project is not considered a permanent part of health delivery services; centres are stocked with expensive equipment and supplies and need to be secured.

- midwives trained in FP : the question has arisen as to whether these MW's are expected to be solely involved in FP outreach/ service or are expected to continue their work as MW at the maternity/ MCH centres,

- expendible supplies : the regional chief MO's have indicated that they have no budget to cover cost of cotton balls and antiseptics used by the MW's when inserting IUD's. The problem may be solved by USAID temporarily assuming responsibility and the principle of self management being pursued at field centres, where clientel attending clinics expect to pay a small fee of 25 - 50 CFA.

Construction : Twenty centres are already prepared for delivery of FP services, and are in the final stages of receiving equipment and supplies. These should be operational by 29 Feb 1984.

Of funds available for construction/ renovation of existing facilities, $ 85,000 has been disbursed leaving a balance of $ 22,750.

Cap Vert	-	6 centres are complete and ready to operate
Thies	-	4 centres are essentially complete
Sine-Saloum		6 centres are complete
Casamance	-	3 sites are complete.

Sites at PMI Bignona, PMI Pout and at Thies Hospital remain to be finished.

Training : A team from INTRAH was on site for six weeks during 1983 giving training to MW's and program promoters. Thirty social workers underwent training at Thies and 16 MW's underwent training in FP outreach and contraceptive methods at Rufisque. During 1984,

two seminars are planned for MW's, one for male state nurses, one for public health promoters and one for traditional Birth Attendants in FP one for regional and departmental administrators and one for social assistants.

The clinical service promoter at the project national office underwent training at Santa Cruz in 1978 and has asked for a refresher course during 1984 ; the national promotion advisor attended Santa Cruz during 1983, as did each of the regional midwife FP promoters, while a further one will go there in March 1984 from Sine-Saloum. The project director will also go to Santa Cruz in late March for a four week course in planning/ management of FP programs and will later visit institutions involved in international population programs eg. Research Triangle Institute, Family Health Institute & Columbia University. Following this, the director will make a side trip to Haiti and perhaps to Columbia to see established FP programs in operation.

Study days for doctors are planned in order to keep the medical faculty abreast with developments in contraceptive methods. One session was held during 1983 while a further one is scheduled for May 1984 when 40 physicians and several MW's will be invited by FHI to attend a three day seminar entitled 'Biomedical Research in FP'. There has been some resistance to the Senegal Family Health Project from the medical faculty in general, but this is thought to be partially due to a general lack of familiarity with FP methods and a professional reticence to admit that paramedical staff (MW's) will need to be the prime service delivery staff due to insufficient numbers of doctors in the field.

Participation and expression of views by doctors in the National FP Policy Conference held in mid February, shows that professional resistance is gradually going.

Management Information System : *Service cards used in several other African countries were tested during 1983. A detailed consultation/ service card, a patient appointment card and a medication stock card were developed and printed following a conference held for that purpose by national and regional medical staff.*

The accountant at the national project office has been given responsibility to collect service data from the field on a monthly statistical report. The director of the National Census office has offered to inspect the cards and returns, with possible need for revision, to ensure that data analysis of returns is possible and future research assured.

Future Perspectives : *All of the following topics will be addressed by the project national office,*

(a) the importance of study days for clinical staff, medical and paramedical in the form of conferences and in-service training,

(b) the need for research in several areas - the biomedical effects of contraception; the statistical analysis of FP service use; the social analysis of regional cultures and development of an appropriate approach within them for FP,

(c) the necessity to include FP in the curricula of medical, nursing and MW schools.

(d) external information on FP needs to be dissipated to the clinical professions, to service delivery workers and to all levels of society,

(e) project evaluation - an internal evaluation is planned for june 1984. This will be a process evaluation as an impact or outcome analysis is not possible so soon after project commencement. The project staff will be involved together with an external team of evaluators, as this is considered an important learning process.

Problems : The project has experienced several problems viz.,

(a) the motivation of staff : differences exist in salary scales and sources of payment at the national office; the matter has been referred to D/USAID for consideration suggesting that all staff at the national office be salaried by project funds; the question of indemnities for regional staff is currently under joint study by a GOS/USAID commission,

(b) funding : project funding from GOS has been insufficient but USAID has been supportive.

(c) loss of personnel : two of the regional clinical promoters were lost to the project after intensive in-country and overseas training, when their husbands were transferred to other regions by the GOS; the matter has been brought to the attention of the minister for MOH,

(d) promotional staff at departmental level : the staff at this administrative level were trained regionally and are not nationally oriented - there is a need for their direction to come under the SFHP office.

NB. Terminology used in French for personnel involved in both promotional and service outreach,

- national level - 'animatrice',
- regional level - 'co-ordinatrice',
- departmental - 'formatrice'.

Viewpoint on Events.

(a) Delivery of FP Services : now that 20 sites are ready, equiped and staffed it is now essential to launch service delivery, and so the management/ planning aspect foreseen for the SFHP may need to concede taking second place. The COP and MW service co-ordinator will perform site visits, collect service data, assess motivation

of clients and capability of staff, together with the method being used to give information to the public. Final equiping and stocking of centres is currently underway.

(b) Centrally funded FP programs : since it is vital to ensure the program now enters a service delivery phase, the project direction and AID/ PHO must be vigilant that various small side projects are not encouraged which take up much time and attention. Uniformity of intend and methodology is required so as not to confuse planning/ service delivery staff in what has to be done.

(c) External training : the budget has to be carefully watched to ensure that all funds are not used up early in project, leaving none available for staff who may be identified later as requiring training.

(d) Sterility/ subfertility : this question will require attention to the emphasis which the GOS feels obliged to place upon it - statistical and clinical data will be gathered. The importance of VD as a cause of secondary infertility will require attention as will a decision as to whether cases should be diagnosed and treated at FP centres or referred to a medical centre.

(e) Evaluation : the proposed date of June 1984 for this exercise may not be realistic as service delivery will slowly unfold during March - May 1984. The nature and objectives of the evaluation will require careful consideration in order,

- *to ensure that project follow-on will agree with the forthcoming National Policy on FP and the approach which GOS desires,*
- *that population research will be possible within the capabilities of the project within the 18 months assigned for Phase I i.e. a process evaluation to prove impact expectations. (Ref. objectives of PP Amendment re reduction of IMR and MMR.)*
- *to assure that GOS staff are included in the evaluation team not only as a training opportunity but to ensure that an evaluation applicable to the needs of Senegal*

is done and not merely as an academic exercise performed for the sake of meeting USAID project requirements.

(f) ASBEF : The amended PP calls for the project to give co-operative and financial support to ASBEF; as is well known, ASBEF has already run into grave administrative difficulties and its former director with the secretary/ treasurer are currently in gaol awaiting the decision of the procurator as to whether criminal charges will be brought. An external audit by IPPF, who together with USAID are the principal financial sponsors of ASBEF, has shown that considerable funding cannot be accounted for and that duplicate bank accounts were maintained at CITIBANK.

During December 1983 a site visit was made to the ASBEF model clinic by the COP and the RTI contract officer, and viewpoints were gathered from the clinical director, Professor Fadayel and staff. Currently ASBEF is offering FP services at two sites - one in Grand Dakar and the other in the northern suburb of Derkle, close to the SFHP office. Some 650 clients are seen each month, 87% of whom are using contraceptives. The ratio of old/ new clients is 50/50 - most users indicate that they have heard of the services through a friend, who is already enrolled.

Impressions gained during the visit were that there was poor privacy for clients during interview and that in general contraceptive care was not begun at the initial visit, clients being asked to return on a Friday if an IUD was desired. Although ASBEF is a private organisation, it was noted that no service fee, however nominal was charged.

No mention was made concerning provision of contraceptive services at the University of Dakar dispensary, but the clinical director did indicate that an informative seminar in Casamance was planned for January 1984.

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