

November, 1984

POSITION PAPER  
BURKINA FASO

This Burkina Faso position paper was written on the basis of a three week visit to the country to prepare the USAID Population Project Paper. Maria Wawer, CPFH, was one of a team of five consultants, along with Sara Clarke, USAID/REDSO West; Solange Smrcka, Nurse-Educator, University of New Mexico; Philippe Langlois, IE&C consultant for Population Communication Services (PCAS); and Neil Ewen, CDC. During the visit, which took place between October 14 and November 2, the team explored a wide range of population/family planning activities in Burkina Faso.

LOCATION, DESCRIPTION, POPULATION

Location: Sahel Region. Landlocked. Surrounded by Mali, Niger, Benin, Togo, Ghana, Ivory Coast.

Area: 274,122 km<sup>2</sup>

Population: 6,800,000\*

Population Density: 22 inhabitants/km<sup>2</sup> (1981)

Percent Urban: 9%

Percent under age 15: 45%\*

Percent over age 64: 3%\*

Rate of Natural Increase: 2.6%

Population Doubling Time: 27 years\*.

Population Projected to 2000: 10.9 million

Population Projected to 2020: 17.2 million

Total Fertility Rate: 6.5 live births per woman.

Crude Death Rate: 22 per 1000 population\*.

Crude Birth Rate: 48 per 1000 population.

Life Expectancy at Birth: 43 years\*

Infant Mortality Rate: 144-210 per 1000 live births.\*\*

Proportion of Children Dying Before Age 5: 270 per 1000

Literacy Rate: 5%\*\*\*

Percent Enrollment in Primary School: 17%

Percent of Population with Access to Safe Water: 25%

Population per MD: 50,000

Population per Midwife: 27,200

Population per Nurse: 3,600

Daily per capita calorie supply: 1900-2000 (over 90% of required standard.)

Government per capita expenditures in health: US \$3.20 (1981)

Overall per capita expenditures in health: US \$6.00 (1981)

GNP per capita: US \$240 (1981 dollars)

External migration: up to 20% of the registered male population in the central districts are absent due to external migration. External migration absorbs approximately 30% of the natural population's growth.

---

All statistics are from the World Bank's Upper Volta Health and Nutrition Sector Review, Nov. 12, 1982 except where marked by an asterix.

\* Population Reference Bureau, Inc. 1983.

\*\* W. B. Upper Volta Health and Nutrition Sector Reviews 1982 and UNFPA: Population et Developpement en Haute Volta, FPA/UN/UPV-79-P01/1, New York, 1984.

\*\*\* W. B. World Development Report, 1983.

## POPULATION AND FAMILY PLANNING POLICIES

The GOBF is demonstrating:

- ° Growing awareness of the impact of high fertility on the rate of natural increase, and on
  - ° maternal and child morbidity and mortality
  - ° economic development
  - ° pressures for out-migration
  - ° population density and deforestation
- ° Interest in population issues has been stimulated through the impact of long term policy-related activities such as
  - ° RAPID Presentations
  - ° UNFPA and World Bank studies and surveys. (See Bibliography.)
  - ° Multiple studies and surveys conducted by the INSD - Institut National de la Statistique et de le Demographie of the Ministry of Plan and Population Development. (See bibliography.)
- ° Current policy/population program status:
  - 1) A National Population Council was formed in 1984 to help develop a national population policy. The council is made up of high government representatives and representatives from institutes and agencies interested in matters of population and health.
  - 2) The Law of 1920, based on French colonial legislation, and banning the dissemination of family planning information and services, is in the process of being

rescinded. The Minister of Health drafted a motion to the Cabinet abrogating the law and the motion was passed by the Cabinet. The law is currently in the hands of the Ministry of Justice for formal rescinding. The Minister of Health has indicated that tubal ligation, as well as other forms of contraception, are to be legalized.

- 3) Recent reorganization within the Government of Burkina Faso has generally resulted in a strengthening of agencies and directorates involved in population/family planning activities. The Ministry of Social Welfare and Solidarity (Ministere de l'Essor Familiale et de la Solidarite) has been given a family planning mandate via the creation of a Directorate of Family Planning. The Directorate of MCH and Family Planning in the Ministry of Health has also been strengthened with the appointment of an obstetrician/gynaecologist having an interest in Family Planning as its director.
- 4) The Government is strongly supporting the national Census planned for 1985, in order to acquire data to use in economic and population planning. The Census will be conducted by the Insitut National de la Statistique et de le Demographie (INSD) of the Ministry of Planning and Popular Development. Support for the activity is being provided by the UNFPA and USAID.
- 5) The government sponsored media have made efforts to bring population/family planning matters to the attention of the public. Savodaya, the government

press has recently run a series of articles discussing the issue of population as a factor in development. In Ouagadougou, large street banners, set up by the Ministry of Social Welfare and Solidarity urge responsible parenthood. The INAFA (Institut National de l'Alphabetisation et de la Formation des Adultes - National Institute for Literacy and Adult Education), an institute affiliated with the Ministry of Education, has an active sexual education program in schools and via community theatre. The activities are funded in part by UNFPA and UNICEF, and contain some information regarding family planning.

It should be noted that newspaper articles and government pronouncements have stressed the importance of assessing population needs within an overall development strategy consistent with Burkina's needs: family planning is not seen as an isolated activity, nor as a "quick fix."

#### CURRENT INFRASTRUCTURE

Infrastructures are currently in a state of flux and reorganization. Following the revolution of 1983, there has been a large scale effort to decentralize government structures and to make them more responsive to the needs of the population, particularly in rural areas. Major shifts in personnel have been carried out, with officials from the central level being sent to peripheral posts and vice versa.

In addition, key ministries have been reorganized, renamed and new directorates created and/or merged.

The result is that:

- o many officials still do not have job descriptions;
- o the mandates of many ministries and directorates, and the degree of their overlap with other ministries, are unclear;
- o many key directorates are not yet fully staffed;
- o "family planning" has been assigned to a number of government bodies, and a clear picture of how these will interact is just beginning to emerge (and may yet change.)

Diagram I illustrates the Ministries, Directorates and Institutes having population and/or family planning responsibilities.

At the ground level, however, Burkina does have a basic system for the delivery of health care. At the end of 1982, the MOH officially supported the following facilities:

2 National Hospitals  
(1 in Ouagadougou  
1 in Bobo-Dioulasso) = 40% of beds  
in country.

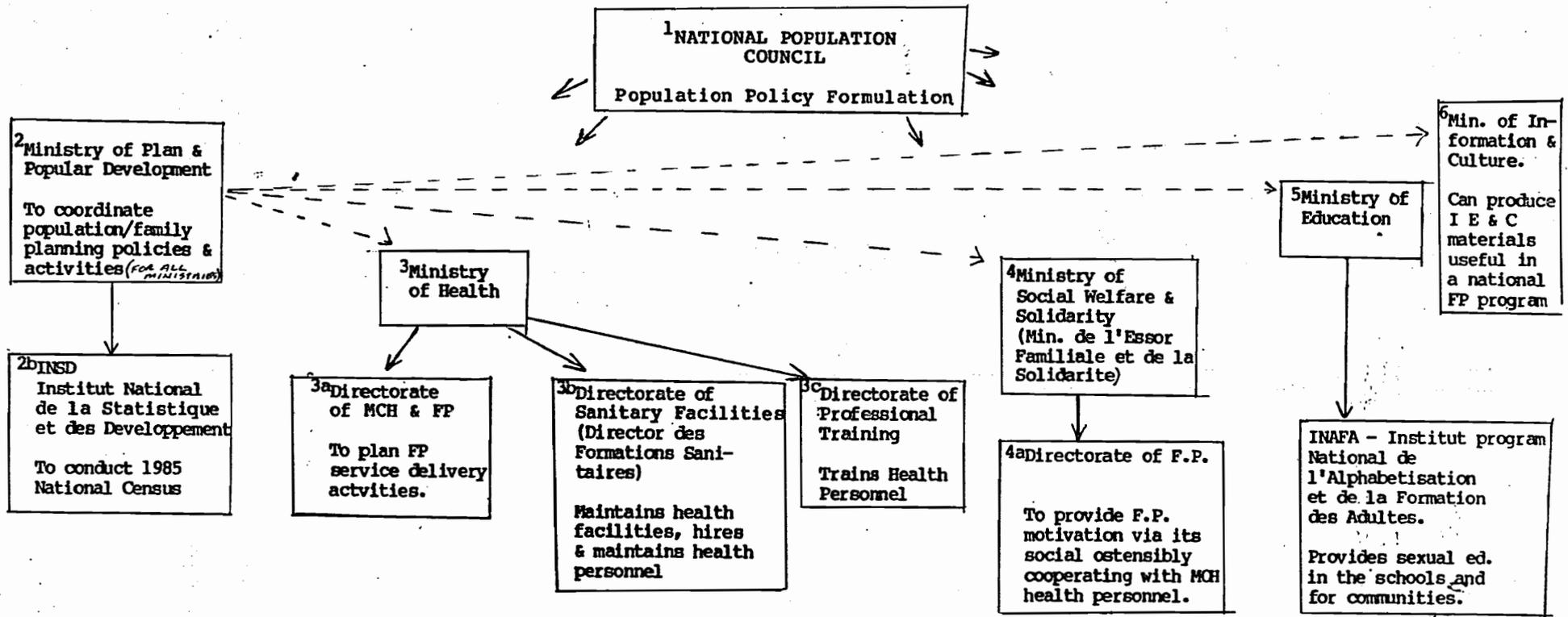
7 regional hospitals

40 Centres Medicales.  
(have an MD, and include  
2 private clinics)

"other" facilities, including:  
48 CSPPS - Centre de soins et de promotion  
sociale (Health services and social promotion  
centers - very basic care)  
170 Dispensaries/maternities  
64 dispensaries  
18 maternities  
966 Primary Health Care Posts

(Source: Annuaire  
Statistique du  
Burkina Faso, INSD  
October 1984)

DIAGRAM I



Many of the facilities particularly those in peripheral areas, need major overhaul. Perhaps as few as 30% are truly operational. Estimates of population coverage suggest about 25% of the population receives regular health care. About 23% of deliveries are thought to occur in health facilities (probably an overestimate). 10-15% of women and children receive MCH care. The GOBF formulated ambitious plans to expand the health infrastructure during the 1980 - 1990 Ten Year Plan: 7,000 health centers are to be established, one per village; and an additional 515 health and nutrition centers are to be created for areas having a population of 15,000 within a 12 mile radius. However, with the political changes of the past four years, plans are far behind schedule and the prognosis for achieving a sizeable proportion of the goals is uncertain.

Paramedic involvement: Burkina Faso is currently providing training for field level health workers, such as itinerant nurses (2 years' training), auxiliary midwives (1 year of training) and social agents. The two former groups are already receiving a short introduction to family planning during their coursework. The MOH, and in particular the Directorate for Professional Training, is interested in enlarging the family planning training component. Although it is difficult to judge whether the MOH will permit auxiliary level personnel to deliver contraceptives in the early phases of a program, such workers can undoubtedly be used for family planning IE&C: in time, their roles can probably be expanded to include actual service delivery.

## KAP GUIDES

At present, little is known regarding contraceptive knowledge and prevalence in Burkina Faso. A number of major surveys, including the 1976 Post-Census Survey on the Fertility of Voltan Women (INSD), and the UNFPA Population and Development in Upper Volta Report, 1984, did not collect data regarding contraceptive utilization. A smaller survey conducted in 1981 in Bobo-Dioulasso indicated that 16.6% of women 15-29 knew of contraception, of which 6.8% knew of modern methods and 9.8% were familiar with traditional methods. Among women 30+, 18.0% reported knowledge of contraception: approximately one third of these women knew of modern methods. In the group of women aged 15-29, 3.6% professed wanting no additional children, whereas 19.0% of women 30 and over stated this was the case.

In her anthropological examination of birth expectations in the Bobo-Dioulasso region, Francine van de Walle noted that childraising continues to represent what is probably the single most important activity for women. Given the extended family patterns which had existed in the past, and which are just now undergoing modification, young children have not interfered with women's agricultural or market activities.

Nonetheless, van de Walle suggests that the answer frequently given in response to questions regarding ideal family size ("As many as God wills") reflects not so much fatalism, as it does the realistic perception of these women that they have little control over their childbearing. Given low levels of contraceptive knowledge, even women who would desire longer birthspacing intervals are frequently unable to act upon their wishes.

## DONOR PROGRAMS:

### Bilateral Assistance in Population

#### USAID

USAID/Ouagadougou has just completed a draft Project Paper to design a three-year population activity. The project will constitute phase one of a long-term effort to implement a national program integrating family planning information and services into the primary health care system. Total project funding for phase one is \$4,400,000. The project is to have three major thrusts:

- a) A demographic and policy component including substantial support (along with UNFPA) for the planned 1985 National Census.
- b) A training and manpower development component.
- c) An IE&C and service delivery component.

For further details see the "opportunities" section of the Position Paper. Although funds for the project have been approved in principal, all AID monies to Burkina Faso have been frozen (as of October - November, 1984) due to high-level political negotiations not related to the project. The project can be finalized and implemented with relative speed once the current political hurdles are dealt with.

#### FPIA

AID funding for Population in Burkina Faso is directed in part through FPIA, which is funding the High Risk Clinic of the Burkinabe Midwives Association in Ouagadougou. The clinic will provide family planning services.

## Multilateral Assistance in Population

### UNFPA.

The UNFPA is currently the major donor with respect to population activities in Burkina Faso. Major inputs include:

- o Assistance for the national census scheduled for 1985. Amount: \$1,032,000 over four years, approved in January, 1984.
- o Four-year support for a comprehensive population program. The program includes major projects in areas such as demographic data collection and analysis; demographic research population policy formulation; maternal and child health and birth spacing; IEC; and women, population and development. Executing agencies are the Ministry of Planning and Popular Development; Minister of Health; Ministry of Social Affairs and the Ministry of Education. Amount: \$7,500,000 over four years. Approved in June 1980.
- o The UNFPA also funds a number of smaller activities. These are listed in Appendix II.

## Non-Governmental Organization Assistance

### International Federation for Family Life Promotion

- o IFFLP affiliate: Entre'Aide Familiale.
- o Between March 15 - 18, 1983, a workshop was held for 30 people. One person also received a scholarship given by the Catholic Canadian Organization for Development and Peace to attend the IFFLP's Third International Congress in the Territory of Hong Kong in November, 1983.

- o As of December 31, 1983, IFFLP has provided a cumulative total of \$5,500 in natural family planning training and consultation.

International Planned Parenthood Federation

- o Affiliated organization: Association Burkinabe pour le Bien-Etre Familial (ABBEF).
- o The Association, formed in 1979, became an IPPF member in 1982. It aims to provide the Government and the public with motivation, information and education in family planning; to supply family planning services; and to train paramedicals.
- o Financial summary: IPPF grant 1982, \$125,000; 1983, \$110,700; 1984 project estimated, \$115,100.

7th Day Adventists:

- o The Mission funds a small primary health care clinic attached to the mission's agricultural school south of Kombissiri (approximately 1 hour outside of Ouagadougou.) Interested in providing basic family planning with clinic.

Hospital Ste. Camille, Ouagadougou

- o Catholic hospital. Provide NFP education for a limited number of couples monthly. Training NFP trainers and hope to expand their NFP service delivery.

MAJOR OBSTACLES TO SERVICE DELIVERY:

- 1) Current state of flux in the administrative structure of the GOBF. The terms of reference for many ministries are still unclear with respect to family

planning. Most high personnel at the Directorate level are new, many are still unfamiliar with their roles, and few have had exposure to family planning. (One exception is Dr. Berthe Ouadroogo, the Director of the MCH-FP Directorate in the MOH: although she, too, is new, Dr. Ouadroogo was trained in France, and has theoretical knowledge of contraceptive techniques.)

- 2) There is the lack of clear guidelines for each ministry with respect to its particular role in family planning. The roles of the MOH and the Ministry of Social Welfare may be particularly difficult to separate and could lead to problems regarding territoriality.
- 3) The planning of service delivery is hampered by the lack of demographic and contraceptive prevalence data. Even in urban areas, there exists no baseline against which project results can be measured.
- 4) Lack of supplies and a weak health delivery infrastructure, particularly in rural areas. The health infrastructure covers approximately 20-25% of the population.
- 5) Lack of trained personnel at the planning, administrative and service delivery levels. Only a minute fraction of the health delivery personnel in Burkina Faso has had exposure to family planning technology. Those who have (a number of midwives and physicians with United States and third country training) are scattered throughout Burkina Faso and are

not organized into service delivery teams: their knowledge is thus not put to use. (A small number of exceptions do exist, such as the family planning teams at the Ste. Camille Clinic which does NFP, or at the newly created High Risk Clinic of the Burkinabe Midwives' Association.)

At the planning and administrative levels, few personnel have had experience with setting objectives, nor with the practical aspects of planning and implementing innovative service delivery, such as community based delivery systems.

6) The conservatism of health care providers, both within the MOH and in existing clinics, regarding contraceptive delivery. The current system of providing orals or the IUD require a woman to:

- o be examined by a midwife;
- o be sent to the doctor for further examination;
- o have urinalysis and "other" lab tests;
- o buy her own supplies;
- o and, in the case of the IUD, return for insertion.

Although some of these procedures may not be rigorously followed, they present a formidable list of obstacles for expanding services.

7) Many members of the AID mission in Ouagadougou are fairly new in the country and will require time to familiarize themselves with Burkina Faso.

## OPPORTUNITIES

Despite the substantial obstacles delineated above, opportunities for family planning/family health service delivery exist on the basis of:

- o The pronounced government interest in family planning.
- o The interest evinced by two other groups: the small 7th Day Adventist Mission of Ouagadougou, and the large, relatively well organized Association of Burkinabe Midwives. The latter group has a membership of approximately 200, scattered throughout Burkina Faso, particularly in urban areas.
- o A stated eagerness on the part of the two major health professional training schools (L'Ecole des Premieres Lignes in Bobo-Dioulasso and L'Ecole Nationale de Sante Publique August Alfred Wenem in Ouagadougou) to enlarge their family health and family planning curriculum.
- o The existing use of auxiliary midwives, itinerant nurses and social agents to provide basic health care and IE&C. Although these groups are frequently underutilized, especially in remote areas, it may be possible to increase their overall effectiveness through the vehicle of a well designed family health/family planning service delivery and outreach strategy -- as was the case in the Morocco VDMS program.
- o Burkina Faso enjoys a surprisingly active and innovative cadre of IE&C professionals. For example, the Institut National de L'Alphabetisation et de la Formation des Adultes (INAFA) of the Ministry of Education has organized

a travelling theatre troupe, using funding from the UNFPA, UNICEF and other sources. The troupe has presented a series of dynamic and popular theatre pieces regarding sexual education and related topics. This resource, in addition to others in the Ministry of Information and Culture, can be used to great advantage for family planning promotion.

- o Finally, health personnel in key governmental Directorates such as the Directorate of Maternal Child Health and Family Planning in the Ministry of Health are acutely aware of substantial gaps in baseline knowledge regarding family planning KAP in the country. They would like to conduct some operations research surveys and qualitative studies prior to family planning service implementation. Furthermore, given the lack of experience with family planning service delivery and community based strategies, the Ministry is interested in an operations research approach to the testing and evaluation of different service designs and components.

On the basis of the points above, USAID/Ouagadougou, with the assistance of a team of five consultants, developed a three pronged population strategy which can serve as a basis for the long term integration of family planning with the health care infrastructure. As indicated earlier, the elements of the strategy are:

- 1) A policy and demographic component;
- 2) A training component including:

- training for members of the Burkinabe Midwives Association;
  - training in family planning and family health for students in the National School of Public Health in Ouagadougou;
  - planning and management training for selected personnel of the GOBF, particularly for personnel in the MOH, the Ministry of Planning and Popular Development, and Ministry of Social Welfare and Solidarity.
  - US and 3rd country technical training in contraceptive delivery and other aspects of family planning program implementation, for selected health professionals.
- 3) A family planning promotion and implementation component, to include:
- production, testing and utilization of IE&C materials;
  - pilot service delivery activities, which would include operations research methodologies for project design, monitoring and evaluation (The pilot service delivery activities could in effect serve to draw all the elements of the population project together: i.e., the formation of trained family planning/family health teams based on the use of existing health manpower, including midwives; indepth field level testing of the IE&C materials; and provision of a testing ground in project development and management for the GOBF personnel trained in

planning and management by the project.)

Although the original pilot activities would be small, they would be designed to provide information needed for project replication within two to three years.

Both the overall population project and the operations research pilot project activities would build on the existing strength of the GOBF (interest in family planning, the existence of health cadres desiring training in family planning, personnel with strong IE&C capabilities) while helping to strengthen the delivery system in those areas which are weak (planning and management, lack of technical training, little experience with outreach and community based programs). Indeed, assistance in the latter areas will strengthen the GOBF's capacity to delivery a wide range of services over and above family planning/family health.

If the current political stalemate between the United States and Burkina Faso results in a prolonged delay in project finalization, mechanisms can be explored for rapid startup of selected components of the overall project (i.e. training, IE&C activities, pilot OR activities) via centrally funded resources.

#### STRATEGIES TO OVERCOME OBSTACLES AND PURSUE OPPORTUNITIES

- 1) Explore the possibility of central funding for OR/pilot project activities, if bilateral project funding continues to be

blocked for reasons beyond USAID control.

2) Once a funding mechanism is identified, assist the GOBF, in particular the MOH and the Ministry of Social Welfare and Solidarity, to determine a location for a pilot project/OR activity. During the November, 1984 visit of the Project Paper team, the MOH tentatively suggested three sites: Bobo-Dioulasso for an urban site; Koudougou for peri-urban activities, and Komissiri for a rural project. Although all three sites show promise, it may be desirable to start with one or at most two areas rather than three simultaneously. Additional sites can be phased in subsequently.

3) Of the three sites suggested by the MOH, Bobo-Dioulasso and Komissiri probably have the greatest potential for quick startup. Health personnel in Bobo are eager to get started in family planning service delivery, both at the National Hospital in Bobo and at the Provincial level. Komissiri is in the relatively advanced Mossi plateau one hour south-east of Ouagadougou. The first pilot site(s) should:

- o be in areas where monitoring and supervision can be carried out relatively easily;
- o where health personnel have shown an interest in the activities;
- o where population characteristics are those generally associated with greater acceptance (urban, or relatively advanced rural areas). (In a pilot project, nothing works like success. Once strategies are tested in a relatively promising area, and once enthusiasm grows because of

project progress, one can expand to more difficult areas.);

o be relatively accessible from Ouagadougou to permit observation and learning visits by GOBF officials and health personnel from other regions.

4) Once the site (or 2 sites) has been defined, the project should attempt to bring together those Ministries and directorates which have major family planning responsibilities in Burkina Faso, so that coordinated activities can be developed, and so that existing field experiences can be exchanged between Ministries. The project should attempt to integrate as many of the components of the overall USAID/Burkina Faso Population Project as possible (i.e.: to use as many of the cadres of trained personnel as possible, to utilize the IE&C materials being produced, etc.)

5) The initial OR project will probably have to be carried out within the official government structure. Subsequently, service delivery and OR activities may be attempted with the quasi-independent Association of Burkinabe Midwives who would probably prove to be excellent collaborators, and perhaps with other non-governmental bodies.

#### MAJOR RESEARCH QUESTIONS

1) How can the resources (personnel, material) represented by the Burkina Faso ministries involved in family planning be coordinated, integrated, and utilized in service delivery?

2) How can the roles of existing health manpower in Burkina Faso, in particular midwives, auxiliary midwives and itinerant

nurses be improved and modified to strengthen outreach, preventive care and the delivery of family planning?

3) What are the family planning knowledge, attitudes and practices of selected segments of the Burkinabe population?

Appendix I: Additional Demographic and Health Related Information

Additional information on fertility, and mortality:

Ethnic structure of the Burkina Faso population:

The Mossi represent 48.0% of the population,

Peulh	10.4%
Lobi-Dagari	7.0%
Bobo	6.7%
Senoufo	5.5%
Gourounsi	5.3%
Other -	17.2%

Fertility:

Differentials by major ethnic groups.

Total Fertility Rate

Mossi	6.6
Gourounsi	6.6
Bobo	7.2
Dagari-Lobi	6.4
Peulh	5.7
*Sourhai	4.1
Senoufo	6.6

\* Note: the Sourhai represent a small proportion of Burkina's population (under 1%) but face serious problems of infertility.

Total Fertility Rate: Burkina Faso as a whole 6.6  
Ougadougou (urban) 6.0

Source: Fecondite des Femmes Voltaïques. Enquete Post-Censitaire, 1976, MNSD. UNFPA, 1984.)

Population and Mortality Rate by Age, Sexes Combined

Age	Population	Mortality Rate per 1000 per year
0	160,000	144/1000
1	187,000	58
2	204,000	38
3	222,000	23
4	200,000	13
0-4	976,000	50
5-9	929,000	15
10-14	649,000	6.3
15-19	544,000	7.5
20-24	410,000	10.3
25-29	419,000	11.3
30-34	336,000	16.4
35-39	286,000	12.7
40-44	244,000	18.5
45-49	195,000	19.9
50-54	184,000	31.6
55-59	121,000	34.1
60-64	119,000	61.4
65-69	61,000	65.9
70-74	66,000	97.4
75-79	32,000	93.6
80+	57,000	125.1
<hr/>		
TOTAL	5,630,000	

Source: Upper Volta 1975 Survey. UNFPA, 1984

Major Causes of Death by Age, for Children Under 15 Years of Age

Cause of Death or Symptoms	0-1	1-4	5-14
Measles	121	452	389
Malaria	188	85	42
Meningitis	21	31	92
Diarrhea	89	231	180
Other GI Complaints	36	37	51
Mumps	55	31	28
Respiratory	52	24	28
Candior	12	12	28
Birth Trauma	83	2	--
Violent Death	--	2	42
Other	77	46	55
No diagnosis available	266	47	65
	<hr/>	<hr/>	<hr/>
TOTAL	1000	1000	1000

Source: Upper Volta 1960-61 Survey, Vol. 2, Table 226. UNFPA, 1984.

24'

## APPENDIX II

### Additional UNFPA Population Related Activities

- o At its seventeenth session in January 1974, the UNDP Governing Council approved a major UNFPA-funded project of assistance to the Government of Upper Volta, in the amount of \$1,032,900 (over a four-year period), for its population census. The estimated value of the Government's contribution was \$250,000. Executing agency of the project was the United Nations; the Government co-operating agency was the Planning Ministry.
- o In 1979, the UNFPA undertook a comprehensive assessment of the population needs and population assistance required by the Government in future years. As a result, the UNFPA, in co-operation with the Government, prepared a programme of assistance that was presented to the UNDP Governing Council at its twenty-seventh session in June 1980.
- o Pilot training project relating sex education and MCH activities (initiated in 1977). Executing agency: UNESCO. To assist Institut National de l'Alphabetisation et de la Formation des Adultes (INAFSA) and the the Direction de l'Alphabetisation Fonctionnelle et Selective of the Ministere de l'Education in preparing and implementing pilot training experiences in sex education, both in-school and out-of-school. To increase maternal/child health protection and to improve family planning and community life. Cumulative expenditures

- through 1982: \$149,832; budgets: 1983, \$61,483; 1984, \$13,474.
- o Development of population data bank (initiated in 1979). Executing agency: United Nations. To assist the Ministry of Planning in developing computerized population data bank. Cumulative expenditures through 1982: \$210,696; budget: 1983, \$4,180.
  - o Integrating traditional beliefs into population policy (initiated in 1979). Executing agency: United Nations. Cumulative expenditures through 1982: \$238,031; budget: 1983, \$21,508.
  - o Expansion of capability for population census research of the National Institute of Statistics and Demography (INSD) (initiated in 1980). Executing agencies: Government. Expenditure in 1982: \$108,247; budet: 1983, \$41,753.
  - o Development of MCH/FP services (initiated in 1982). Executive agency: WHO. To restructure the national health service of MCH within the Ministry of Health in order to strengthen its coordinating role; provide training for midwives and other health personnel through workshops and seminars; prevent malnutrition and infectious diseases; and promote health services to local communities through women's associations, club-houses, rural schools, etc. Budgets: 1983, \$327,750; 1984, \$375,885; 1985, \$55,365.
  - o Training of traditional birth attendants (initiated in 1976). Executing agencies: Government/Universite Libre

de Bruxelles. To train traditional birth attendants, as well as motivators and trainers in the rural areas, as an integral part of the country's rural development programme which benefits from all the available facilities of the Ministry of Social Affairs and the Condition of Women. Budgets: 1983, Government, \$103,881; Universite Libre de Bruxelles, \$14,844; 1984, Government, \$192,230; Universite Libre de Bruxelles, \$13,929; 1985, Government, \$211,500; Universite Libre de Bruxelles, \$12,135; 1986, Government, \$110,980; Universite Libre de Bruxelles, \$12,227.

- o Field approval of population related activities (initiated in 1979). Executing agency: UNFPA. Providing funds for representatives of national organizations for travel to international conferences and seminars, study tours, research studies, etc., requiring limited funding. Cumulative expenditures before 1981: \$1,072; budget: 1983, \$2,000.
- o Establishment of a Population Unit in the Ministry of Planning (initiated in 1983). Executing agency: United Nations. Budgets: 1983, \$87,615; 1984, \$196,714; 1985, \$147,438.
- o Total cumulative expenditures through 1982 (all projects completed, if any, and ongoing, including UNFPA Deputy Representative and Senior Advisor on Population, and programme support): \$2,471,972; budget: 1983, \$811,286 (including UNFPA Deputy Representative and Senior Advisor on Population); 1984, \$792,232; 1985, \$4426,438; 1986, \$131,297 - grand total, \$4,633,135 (all figures as of 30

June, 1983).

## BIBLIOGRAPHY

Institut National de la Statistique et de la Demographie: Accroissement de la population et developpement au Burkina Faso: seminaire nationale, organise du 11 au 15 avril, 1983. Ministere de la Planification et de Developpement Populaire, Ouagadougou, October, 1984.

Institut National de la Statistique et de la Demographie (INSD), Annuaire statistique du Burkina Faso, Donnees, Ministere de la Planification et du Developpement Populaire, October, 1984.

Institut National de la Statistique et de la Demographie (INSD), Enquete post-censitaire 1976: fecondite des femmes voltaiques. Ministere du Plan de la Cooperation, October, 1984.

Institut National de la Statistique et de la Demographie (INSD). Synthese de quelques etudes sur population et developpement au Burkina Faso. Ministere de la Planification et de Developpement Populaire, Ouagadougou, September, 1984. Project UPV/83/P01/UNFPA.

United Nations--UNFPA (United Nations Fund for Population Activities) Population et developpement en Haute-volta FPA/UNUPV-79-P01/1. New York, 1984.

USAID/Ouagadougou. Population Needs Assessment, Upper Volta. AID/DS/POP: 3/28/84.

USAID/Ouagadougou. Project Identification Document, Upper Volta Assistance in Population Planning, 686-0260, AID/W, 4/5/84.

USAID/Ouagadougou, Strengthening Health Planning Capacity, Project Paper (686-0251), Upper Volta, September 21, 1982.

Van de Walle, Francine. Birth Expectations in Bobo-Dioulasso, Unpublished.

Van de Walle, Francine. Women's Status and Fertility. Presented at the Population Association of America meetings, Minneapolis, 1984.

World Bank. Upper Volta Health and Nutrition Sector Review. Population, Health and Nutrition Department, Report No. 3926-UV, November 12, 1982.

I. Executive Summary

A. Name: Maria Wawer

B. Place Visited: Burkina Faso

C. Dates: October 16 - November 5, 1984

D. Objectives:

1) The principal objective of this visit was to formulate the basis for the Burkina Faso Population Project Paper.

E. Abstract:

Between October 16 and November 5, 1984, I worked with four other consultants\* in Burkina Faso, in order to develop a Population Project Paper. The Project Paper (P.P.) was to identify population related strategies and activities for a three year period, representing Phase I of a long term effort to integrate family planning/family health activities within the country's health delivery infrastructure. Due to the current state of flux within key ministries of the Government of Burkina Faso (GOBF), a final revision of the PP could not be developed during the TDY. However, a coherent set of activities, encompassing support for the 1985 national census, other demographic data collection and analysis, training in family planning/family health for selected Burkinabe personnel, I, E & C activities, and focussed pilot projects/operations research activities,

---

\*Sara Clarke, REDSO; Solange Smrcka, Nurse-Educator, Univ. of New Mexico; Philippe Langlois, I, E & C Consultant, associated with PCS (Population Communication Services); Neil Ewen, CDC.

were identified. Strategies for planning and implementing these activities during the three year life of project were specified and documented, such that the team produced a firm basis for the final version of the PP. This latter document will be finalized by USAID/Ouagadougou, following further contact with relevant ministries of the GOBF. In addition, while awaiting the finalized PP, USAID/Ouagadougou will explore the possibility of implementing segments of the activities via the mechanism of centrally funded projects. Included among such activities would be a service delivery/operations research component.

Executive Summary:

The visit to Burkina Faso was both interesting and fruitful. The PP team received excellent support from the GOBF and was greatly assisted by AID/Ougadougou.

Burkina Faso is undergoing a major restructuring of its governmental infrastructure. Following the revolution of 1983, there has been a substantial move to decentralize government activities and to render ministries more responsive to the needs of the population, particularly in rural areas. Among the immediate consequences of these initiatives have been the reorganization of many key ministries and the reassignment of large numbers of middle level government personnel to other areas of the country, or to new divisions within the government.

Against this backdrop, the team of consultants developing the Population Project Paper found a great

willingness to discuss family planning and population issues among representatives of the GOBF. Recognizing the health impact of high levels of fertility, the GOBF is making great strides to develop a clear population/family planning policy which will be consistent with Burkina's overall development plans. Evidence of the interest in family planning is apparent in a number of ways. A National Population Council was established in 1984 to develop the population policy. The Law of 1920, based on French colonial legislation, and forbidding the dissemination of family planning information and services, is in the process of being rescinded. The GOBF has recently given the Ministry of Social Welfare and Solidarity (Min. de L'Essor Familial et de la Solidarite) the mandate to develop selected family planning activities. The importance of family planning within the Directorate of Maternal - Child Health within the Ministry of Health is also being strengthened, and the team encountered a strong desire to move quickly into family planning/family health activities. During its field visits, the team determined that the interest in family planning is also found at local and provincial levels.

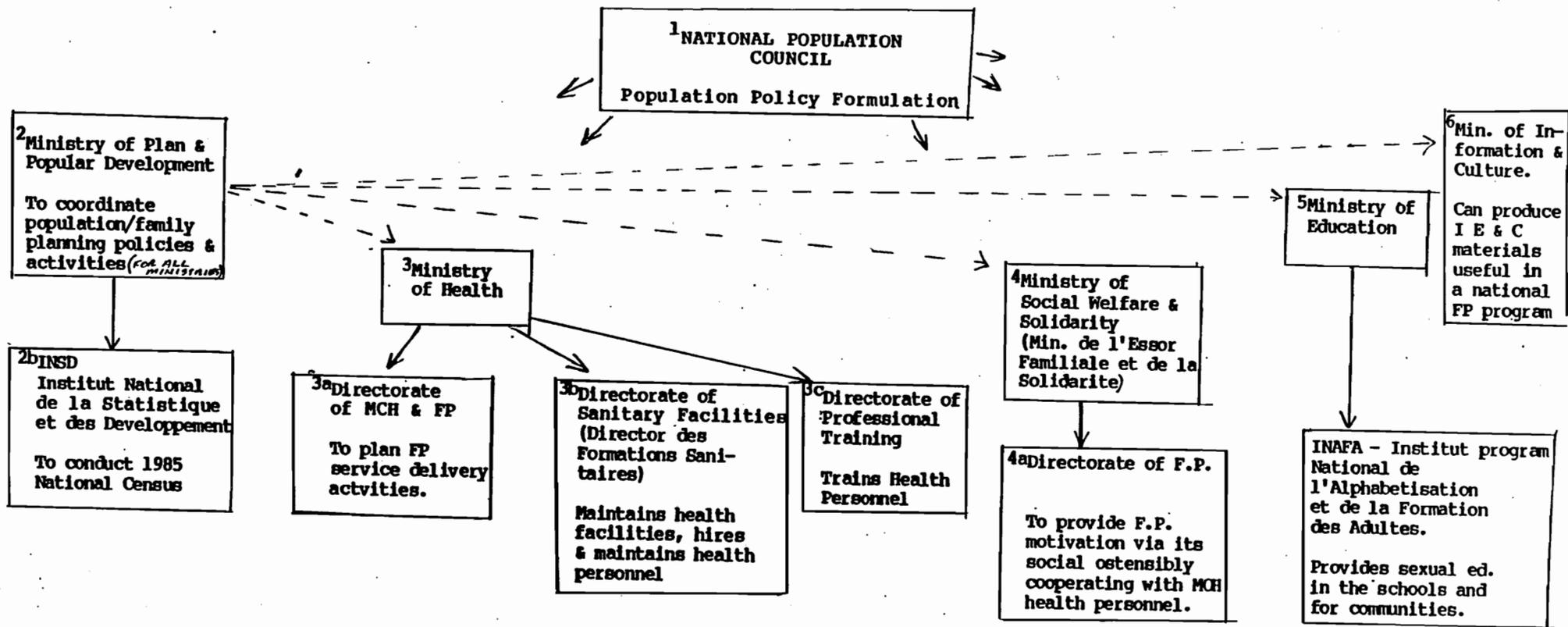
The picture, then, is one of growing interest in providing couples with the knowledge and technology to plan their families, without, as yet, a clear indication of the precise administrative mechanisms by which this will be accomplished. To provide but one indication of the potential administration problems, Diagram I illustrates the principal Ministries, Institutes and Councils currently

charged, directly or indirectly, with population/family planning responsibilities. It should be noted, however, that Burkina does have an existing health delivery infrastructure based on National Hospitals, medical centers, MCH clinics, maternities and dispensaries (the latter staffed by itinerant nurses, auxiliary midwives, and health agents), and a system of community outreach via the social agents of the Ministry of Social Welfare and Solidarity. Although the coverage provided by the system varies dramatically between regions, basic structures and cadres for service delivery can be identified.

On the basis of this background, the team elected to

- 1) identify the structure which the family planning delivery system is most likely to take;
- 2) identify a series of population related activities feasible within the next 3 years, and which, taken together, would provide a basis for the long term goal of integrating family health/family planning within Burkina's health delivery system;
- 3) suggest which of these activities could be implemented rapidly, via centrally funded contracts, while the PP is being finalized.

With respect to the first point, discussions with various government officials suggest that the Ministry of Plan and Popular Development (MOPPD) will undertake major demographic data collection and analysis (principally via the National Census planned for 1985). The data will



34

provide a basis for planning population related policy and activities through the 1980's and into the 1990's. The MOPPD will serve as the overall agency for population coordination, working in close concert with the National Population Council. The Ministry of Health, via its MCH Directorate, will plan actual service provision, whereas the Ministry of Social Welfare and Solidarity its Directorate of Family Planning will organize community outreach. Both the Ministry of Information and Welfare, and the Ministry of Education (particularly via INAFA - l'Institut National de l'Alphabetisation et de la Formation des Adultes - The National Institute for Literacy and Adult Education) will contribute to innovative I, E & C activities.

Given these assumptions, the team discussed the following range of activities with the relevant Ministries:

- 1) 1985 Census; demographic data collection and analysis; population policy related activities.

AID will provide assistance to the MOPPD, in particular to its Institut National de Statistiques et de la Demographie (INSD) in planning, implementing and analysing the 1985 National Census, and in methods of utilising resulting data in policy formulation. (See S. Clarke, Trip Report, Nov. 1984)

- 2) Human Resources Development.
  - a) Management training (in-country and US based) will be needed by personnel in Ministries involved in the

Project. Potential sites and mechanisms for such training were identified and discussed with staff in the relevant ministries.

b) Mechanisms to provide family planning/family health training in the curriculum of l'Ecole National de Sante' Publique Alfred Auguste Wenem (the National School of Public Health) which trains midwives and nurses, were identified and discussed with relevant officials. Training in family planning for existing midwives was also discussed. (see S. Smrcka Trip Report, Nov. 1984)

3) Service Delivery/Outreach Activities

a) I, E & C

Potential I, E & C activities, including expansion of existing community theatre activities being conducted by the Institute for Literacy and Adult Education (INAFA) and focussing on sexuality, health and family planning, were identified (See P. Langlois Trip Report, 1984).

b) Pilot Projects/Operations Research:

MOH staff identified the need for operations research activities, such as community level surveys to determine KAP related to child-spacing, in order to plan national service delivery. From this starting point, the full range of operations research/pilot project activities were discussed with the Ministry, the Ministry subsequently identified 3 potential sites

for such projects (tentatively, Bobo-Dioulasso for an urban project, Komissiri south of Ouagadougou for a rural project, and Koudougou for a peri-urban project). Such projects would permit not only the testing of service delivery strategies, but would provide a testing ground for I, E & C materials produced by the Ministry of Information and Culture and by INAFA. Furthermore, pilot/operations research activities could allow the MOH and the Ministry of Social Welfare to develop mechanisms for mutual cooperation and referral relating to family health/family planning.

The team felt that the range of activities suggested for the PP provided a feasible and coherent basis for the eventual expansion of family planning efforts and their integration into the overall health delivery system. In addition, by providing management and technical training for selected groups, and by providing program experience with innovative delivery strategies via carefully designed pilot activities, the population project is likely to strengthen Burkina's ability to deliver health services in general.

Given potential delays which may occur in the preparation of the final project paper (as discussed with USAID/Ouagadougou, the permanent AID mission will formulate the definitive version once government structures become clearer), the mission and the team discussed the possibility of beginning selected activities via the mechanism of centrally funded grants

and contracts. Pilot projects/operations research projects constitute a priority among the activities for rapid implementation. Other elements in this category include the preparation of selected I, E & C materials and the preparation of a FP/family health curriculum for the National School of Public Health.

F. Action Required, by Whom:

USAID/Ouagadougou will maintain contact with relevant ministries of the GOBF, principally the MOH and the Ministry of Social Welfare and Solidarity to define more closely their immediate interest and the mechanisms for cooperation between ministries and within AID.

To advance the pilot project/OR component, it is expected that Maria Wawer will travel to Ouagadougou in late January 1985, to assist the USAID Mission in its activities relating to the PP and to contact relevant ministries (principally the MOH and the Ministry of social Welfare) regarding their field level interests. Subsequent to this visit, if AID/Washington concurs, TA from the CPFH would be provided in March or April in order to prepare an OR project proposal.

G. Persons Contacted:

American Embassy

Leonard Neher, Ambassador

Robert Pringle, Charge d'Affaires

USAID/Ouagadougou

Emerson Melaven, Director

Larry Heilman, Assistant Director

Oliver Harper, Population Officer

Donald (Buff) Macenzie, Project Design Officer

Issac Koussaube, Assistant Project Development Officer

Leslie Curtin, IDI, Population

Ministry of Health

Capitaine Pharmacien Abdul Salem Kabure, Minister

M. Alain Zoubga, Secretary General

Directorate of MCH & FP:

Dr. Berthe Ouedraogo, Director

Dr. A. Noutara, Assistant

M. A. Ouedraogo, Nutritionist

Mme. Pascaline Sebgo, M.W.

M. George Bouyain, Nutritionist

Ecole National de Sante Publique, Auguste Alfred  
Quenum

M. George Ouatarra, Assistant du Directeur

Mme. S. Soma, Directrice, Midwifery Division

Hospital National Yalgado Ouedraogo de Ouagadougou

Dr. B. Kone, Chief of Maternity Services

Hospital National de Bobo-Dioulasso

Dr. Germain Citiosi Traore, Chief of Maternity Services

Dr. Zei, Assistant Director, Maternity Services

Association des Sages Femmes de Burkina Faso  
(Midwives Association of Burkina Faso)

Mme. Brigitte Traore, President

Direction Provincial de la Sante, Province de Houet

Dr. Lanouione, Chef Medical de la Province

Ministry of Planning

M. Mamadou Louge, Secretary General

INSD (Institut National de la Statistique et de la Demographie

M. Lassane Dera, Director

M. M. Dakuyo, Directeur, Demographic Research

M. L. Desire Konate, Chef de service de Statistiques Sociales

Ministry of Education

M. Daba Adrien Sanou, Secretary General

INAFA: Institut National de l'alphabetisation et de la Formation des Adultes

Mme. Y. Kampaore

Ministry of Social Welfare & Solidarity

Mme. Opportune Nikiema, Secretary General

Mme. Fatoumata Batta

Ministry of Information and Culture

M. Yaya Gnessien, Secretary General

M. Prospere Kampaore, Chef, Direction de la Culture

UNFPA

Dr. M. Sabur

Hopital Maternite Ste. Camille

Dr. P. Ruzzi

7th Day Adventist Mission

M. Olivier Guth

Other

Dr. B. Hagerman, anthropologist, Gnoua

H. Distribution List:

John Burdick, S&T/POP/OCS

Anna Quandt, S&T POP/R/USAID Washington.

Oliver Harper, Population Officer, USAID/Ouagadougou.

Leslie Curtin, IDI, USAID Ouagadougou.

Don Lauro, CPFH

Maria Wawer  
Burkina Faso  
10/16 - 11/5/84  
Project Planning

## II. Project Component Summaries:

### A) Project Planning.

The TDY was concerned primarily with developing the Population Project Paper for Burkina Faso. At this stage, it is premature to discuss project planning or design. However, a number of factors which will influence any future project planning should be noted.

I) The GOBF is very eager to investigate family planning within the country's primary health care system. A number of factors are thought to have influenced this attitude: the country's economic difficulties related in large part to poor agricultural yields due to inadequate rainfall; massive out-migration to Ivory Coast and other countries by individuals seeking employment; and high rates of infant and maternal morbidity and mortality. Awareness of the interrelated nature of these factors on the part of the GOBF is due in part to policy related efforts such as the RAPID program.

II) Although the GOBF is very interested in family planning/family health issues, actual program implementation will be hindered by a number of factors. Since the revolution of 1983, many high

Maria Wawer  
Burkina Faso  
10/16 - 11/5/84  
Project Planning

government ministries have undergone major reorganization, and personnel shifts. As yet, roles, job descriptions and guidelines have not been clarified for many ministerial officials, and indeed, for entire Ministries and Directorates. Currently, five Ministries and at least four directorates are to be involved in family planning, with much potential overlap within their functions. See Diagram I for a schematic representation of the bodies involved.