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BURKINA FASO MANAGEMENT ASSESSMENT

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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EXECUTIVE SUMMARY

During the period July 22-28, 1991 a team from the Family Planning Management Development (FPMD) project was in Burkina Faso to review the work that had been done under the previous Family Planning Management Training (FPMT) project and to develop an implementation plan for new activities proposed by the USAID mission for FPMD.

The work of the FPMT project focused on the area of supervision. With the government, FPMT developed supervisory protocols and a guide to their use for central and provincial level supervisors who perform routine supervisory visits to peripheral family planning service delivery points. In addition, several workshops for these supervisors were conducted by FPMT, and a curriculum for further workshops was developed. An analysis of the effectiveness of these FPMT interventions, done in April 1990, indicated that the quality of supervision had indeed improved, but that there remained many operational issues which prevented regular supervisory visits at the peripheral level. The review also noted a significant turnover rate of staff. Overall, however, the assessment indicated that the interventions had been successful in stimulating a more supportive approach to supervision by supervisory staff. The work proposed under FPMD will build on the work done under FPMT in the area of supervision and will lead to the institutionalization of an effective supervisory system for the national family planning program.

Recommended activities include technical assistance to do the following:

- Organize 2 more workshops in supervision to complete the training of staff at the central and provincial level;
- Test and revise the training curriculum;
- Develop an operations guide to complement the protocol guide in order to assist provincial staff in planning and budgeting supervisory visits, revise the supervision protocols and guide, and provide copies of each to provincial and central level staff;
- Follow-up trainees, and evaluate the effectiveness of the supervisory system and, with the government, plan for a program of ongoing training at the central, provincial, and peripheral levels;
- Evaluate the impact of the overall supervisory system on service delivery through the use of the situational analysis methodology developed by the Population Council.

SOMMAIRE EXECUTIF

Pendant la période du 22 au 28 juillet, 1991, une équipe du Projet du Développement en Matière de Gestion en Planification Familiale (FPMD) a visité le Burkina Faso pour revoir le travail qui a été éffectué sous le Projet de Formation en Matière de Gestion des Programmes de Planification Familiale (FPMT) et pour développer un plan de travail pour de nouvelles activités proposées par l'USAID/Burkina pour le projet FPMD.

Le travail du projet FPMT appuyait sur la supervision. En collaboration avec le gouvernement du Burkina Faso, FPMT a développé des protocoles de supervision et un guide pour l'utilisation des protocoles pour les responsables du niveau central et provincial qui effectuent les visites de supervision aux points de prestation de service à la péripherie. En outre, plusieurs séminaires-ateliers ont étés offerts pour ces responsables et un curriculum pour d'autres séminaires a été développé. Un analyse sur l'efficacité des interventions de FPMT, fait en avril 1990, a indiqué que même si la qualité de supervision avait été améliorée, ils restaient plusieurs contraintes operationnelles qui empêchaient les visites de supervision régulières à la péripherie. De même, l'analyse a noté le taux élèvé d'affectation du personnel. En somme, cependant, l'analyse a indiqué que les interventions ont parvenu à stimuler une approche réceptive envers la supervision de la part du personnel. Le travail proposé par FPMD se basera sur le travail fait sous le projet FPMT dans la domaine de la supervision et consistera en le développement d'un système efficace de supervision pour le programme national en planification familiale.

Les acitivités recommandées comprennent l'assistance technique suivante:

- Organiser 2 séminaires-ateliers pour compléter la formation du personnel du niveau central et provincial;

- Tester et réviser le curriculum de formation;

- Développer un guide opérationnel qui servira de complément au Guide pour l'Utilisation des Fiches de Supervision et qui aidera les responsables provinciaux à mieux cerner tous les aspects de la supervision: la planification, la logistique et l'organisation et l'exécution de la supervision sur le terrain.

- Suivre les participants et évaluer l'efficacité du système de supervision, et planifier, avec le Gouvernement du Burkina Faso, un programme de formation continuelle au niveau central, provincial et périphérique;

- Evaluer l'impact du système entier de supervision sur la prestation des services utilisant la méthodologie d'analyse situationnelle dévéloppée par le Population Council.

I. COUNTRY BACKGROUND AND NATIONAL STRATEGY

Social and Economic Background

A former French colony, Burkina Faso has been independent since 1960. With an estimated population of 9.4 million (mid-1991), only 9% of which lives in urban areas, the vast majority of Burkinabe are unevenly distributed among 30 provinces.[1] Population density ranges from 393 inhabitants per square kilometer (sq. km.) in the central province of Kadiogo to only 11 per sq. km. in the Western province of Gourma.[2] In the Central Mossi Plateau which encompasses Kadiogo and includes the capital city of Ouagadougou, an elevated population density exacerbated by in-migration has grave environmental and economic implications.

The official language of Burkina Faso is French, and two ethnic groups, the Mossis and the Mandes, comprise the majority of the population. There are, however, more than sixty other groups including the Peuhl, Bobo, Lobi and Gournsi and more than 60 tribal languages. The predominant religion is animism (50%), followed by Muslim and Christianity. Less than 15% of the population is literate, and the average life expectancy for the Burkinabe population is 52 years.[3]

Typical of other francophone countries in the region, Burkina's economy is driven by the agricultural sector which provides an average of 40% of the gross domestic product (GDP).[4] Major agricultural commodities include: cotton, peanuts, sesame and livestock. More than eighty percent of the population is engaged in farming of some sort, and in 1989 the average gross national product per capita (GNP) was $310.[5] The growth and concentration of the population in the more fertile areas of the country poses an increasing problem for Burkina's economy which depends on a limited natural resource base.

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[1]Population Reference Bureau, World Population Data Sheet, 1991

[2]GOBF Déclaraltion de Politique, Ministère du Plan et de la Coopération, Secretariat Général du Plan, Direction de la Planification du Développement, Draft 1991

[3]UNDP, Human Development Report, 1991; PRB, World Population Data Sheet, 1991

[4]UNDP, Human Development Report, 1991

[5]PRB, World Population Data Sheet

Population Policy and National Strategy

Burkina Faso's population will double in just over 20 years if it continues to grow at its present rate of 3.3% per annum. From 1985 to 1990 the infant mortality rate dropped from 149 per 1,000 to 126 per 1,000. Over that same period the total fertility rate (TFR) increased from 6.5 to 7.2. This increase, coupled with the fact that 48% of the population is under 15 years of age, implies an accelerated population momentum and a flood of new workers in a labor force that is already unable to provide ample employment opportunities.[6]

Though the Burkinabe people have traditionally been pro-natalist, both individual attitudes and government policies toward population and family planning issues are changing. In 1985 the Government of Burkina Faso (GOBF) officially approved the integration of family planning into the broader public health system. Since 1985, an effort has been made to establish a core of trained family planning specialists and to create a framework for the gradual development of a family planning delivery system.

The evolution of government support for family planning has included the 1986 revocation of a 1920 French anti-contraception law, and a decision in 1988 to allow women to obtain oral contraceptives without submitting to expensive laboratory tests. At present, the contraceptive prevalence rate (CPR) is estimated at below 4%, with oral contraceptives being the most widely distributed and recommended modern method. Demand for contraception and knowledge about different methods have increased slightly, however, an intensified Information, Education, Communication (IEC) campaign is necessary, particularly to reach women in rural areas.

In 1991, the government of Burkina Faso (GOBF) formally adopted a population policy that has among its objectives the promotion of: a more even population distribution across the provinces, an increased awareness of the interrelationship between population growth and socio-economic development, an increase in family planning IEC and availability of contraceptives, involvement of men in family planning, and an increase of the CPR to 60% by 2005. In addition, the policy focuses on the relationship between education and the status of women and their impact on socio-economic development.

The GOBF is committed to the integration of maternal-child health, family planning and nutrition, a process which has already been implemented in Kadiogo with plans for expansion in other provinces. Furthermore, the GOBF plans to decentralize and expand family planning services in rural provinces, with an emphasis on reaching the periphery.

Currently, the three most significant providers of family planning services are the Ministry of Health and Social Action (MOHSA) through the Directorate of Family Health (DFH), The

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[6]PRB, World Population Data Sheet, 1991

Burkinabe Association for the Well-being of the Family (ABBEF), and the Burkinabe Midwives Association (ABSF). The DFH oversees the coordination and planning for the national program, including NGO's. ABBEF, an IPPF affiliate since 1982, trains health staff in family planning service delivery and provides patient care. ASBF, formerly supported by the FPIA project, operates two clinics, one in Ougadougou and another in Bobo Dioulasso. The vast majority of family planning services in the country are provided through the MOHSA.

II. USAID STRATEGY AND CURRENT POPULATION ACTIVITY PORTFOLIO

In 1991, USAID began coordination of the six-year Family Health and Health Financing (FHHF) project with the goal of improving the health of the Burkinabe population through primary health care services, emphasizing maternal and child health. The project is divided into three subprojects; FPMD work falls under the first entitled Child Survival and Maternal Health. Family planning activities during FHHF will build on the ground work set during the Family Planning Support (FPS) Project (1986-1990). The USAID family planning program will focus on 15 provinces which encompass 51% of the total population, and will seek to increase the CPR in the target area to 8%.

This bilateral project is implemented largely through buy-ins to centrally funded S&T/POP projects. Among the projects that USAID/Ouagadougou will support are SEATS, PCS, Operations Research in Africa (The Population Council), and Intrah. The SEATS project will work with the Office of Employee Health (OST) to fortify and increase family planning services in OST health care service delivery centers in Ouagadougou and Bobo Dioulasso through IEC, clinical training and management assistance. In addition, SEATS will conduct MIS training for DFH personnel. PCS will work to promote family planning through a comprehensive IEC program including work with the local media, informational conferences, seminars, and a variety of printed materials. The Population Council will finalize its recent situational analysis of family planning in Burkina Faso and will undertake other, as yet unspecified, research activities. Among Intrah's activities will be the provision of technical assistance to the public sector in clinical training for service providers with an emphasis on decentralizing service provision.

In April 1991, a planning meeting was held in Burkina that included several of the key Cooperating Agencies (CAs) for the AID subproject in Burkina. USAID plans to hold periodic meetings, as it feels that the effective coordination and collaboration of the various CAs is tantamount to the project's successful execution. The next such meeting is scheduled for December, 1991.

III. PAST WORK FPMT/FPMD

FPMT began its work in Burkina Faso in 1986 when an FPMT team visited Burkina Faso to do a preliminary needs assessment. Following the development and approval of a work plan, FPMT provided technical assistance in the development of a comprehensive supervisory system for the MOHSA, which together with USAID, had identified the lack of adequate supervision as a key constraint to the delivery of effective family planning services. Assistance focused on training key provincial and central level health personnel in management and supervision. Specific outputs included:

- 9 workshops: 6 in supervision, 1 in family planning, and 2 in management. In supervision, a total of 95 people were trained, 24 at the central level and 71 at the provincial level;

- Supervision tools and training materials designed by FPMT staff in collaboration with the DFH including: a series of supervisory protocols, a complementary Guide for the Utilization of the Supervisory Protocols and a comprehensive supervisory curriculum for use in the training of central and provincial level family planning managers;

- Long and short-term overseas training for Burkinabe family planning officials including: Masters level public health training for one person; and

- Participation of two Burkinabes at a Francophone Regional Advisory Committee (FRAC) meeting.

In April, 1990, FPMT and the MOHSA conducted a follow-up of trainees and an assessment of the supervisory training carried out in Burkina. In general, they found that USAID, the MOHSA and workshop participants were satisfied with the training and technical assistance that they had received, and the tools and training materials that were provided. Problems and constraints identified during the implementation of the FPMT project included:

- Constant turnover of personnel, particularly at the provincial level, which made it more difficult to establish structures and procedures, and diminished sense of ownership of the supervisory system;

- Lack of resources (paper, copying machines, gasoline, vehicles) necessary to reproduce protocols, and carry out supervisory visits;

- Inability to apply practical solutions to problems identified through supervisory visits, thus a need to reinforce the supervisory training through an increased focus on problem solving tools and;

- A sense that the supervisory protocols, though useful, were too detailed, in certain situations did not accurately address the reality of the situation being assessed, and were perceived as a threatening tool by supervisee.

The following activities were recommended by the Director of the FPMT Africa Division for future FPMD work in Burkina Faso:

- Revision, reproduction and distribution of the supervisory protocols to **all** personnel responsible for supervision of MCH/FP activities, particularly at the provincial level;

- Replication and distribution of the Guide for the Utilization of the Supervisory Protocols to **all** personnel responsible for supervision of MCH/FP activities, even those who have not yet been formally trained in supervision;

- Intensification of supervision by the DFH at the provincial level, using this first round of supervisory training "en cascade" as a model to train other personnel;

- Institutionalization of supervision training at the provincial level, particularly necessary due to the high rate of personnel transfer; and

- Refresher training in supervision with a particular focus on post-supervision problem solving and follow-up.

IV. OVERALL COUNTRY STRATEGY-FPMD

Burkina Faso is one of the poorest countries in the world. Yet, despite limited resources, it has tried hard to develop a viable infrastructure through which it provides integrated health and family planning services. The leadership of the family planning program is well trained and motivated and has welcomed advice and assistance for its program. It has focused on key management systems including supervision, IEC, and logistics and has tried hard to implement a comprehensive supervision system at both the central and provincial levels. Furthermore, the program directors have taken an active role in the evaluation of these management systems to assess the impact that they have on service delivery.

In Burkina, the government program accounts for the vast majority of all the family planning services. The GOBF has shown itself both willing and able to implement a national family planning program. For this reason, the strategy of the Family Planning Management Development project is to work with the government in the development of its national program, and in particular to help develop a comprehensive supervision system at all levels of the family planning program.

There are two complementary objectives for the work which is proposed by FPMD:

- To assist the government of Burkina Faso to develop an effective supervison system at all levels of the family planning program in order to enhance the quality of services provided and to expand the number of facilities where family planning services are provided; and

- To assess the impact of the supervision system on service delivery.

V. ORGANIZATIONAL ASSESSMENT FOR SUPERVISION

The GOBF has increasingly shown a commitment to family planning, and a willingness to structure and manage it's organization and service delivery system to expand the coverage of family planning. There is excellent leadership in the Ministry of Health and Social Action in the Directorate of Family Health. The vast majority of all family planning services are provided through the MOHSA facilities which are located throughout the country. As in most of Francophone Africa, family planning is integrated with maternal and child health, and provided by both doctors and midwives at Maternal and Child Health clinics which are linked to other health facilities.

The structure of the family planning program is fairly straightforward. Within the Ministry of Health and Social Action (MOHSA), the Directorate of Family Health (DFH) is responsible for family planning services. The DFH serves largely to provide technical assistance and training to the Ministry staff who are located in the provinces. In the province, there is a Provincial Health Director (usually a doctor) and an MCH/FP Chief (usually a nurse-midwife). The logistics system operates through the regular health system. While the logistics system was not reviewed in this management assessment, we were told that, in general, there were sufficient supplies of contraceptive commodities, due, in part, to the low volume of use.

The MOHSA is currently working toward the creation of a standards, procedures and policies manual. FPMD's collaboration with the DFH on the revision of the supervisory protocols and the supervision curriculum will ideally be coordinated with the production of the standards manual to insure continuity. In addition, the MOHSA has identified the need to decentralize training for activities such as family planning and supervision to the provincial level and eventually to the periphery, a goal which FPMD will support through its assistance with the creation of a plan for the institutionalization of supervision training.

At the central level, the DFH has a core group of staff trained in supervision, some of whom have assisted FPMT staff to conduct past supervision workshops. FPMD recommends that it co-teach the first of two scheduled supervision workshops with MOHSA personnel to test the supervisory curriculum developed under FPMT. With the goal that future supervision

training be conducted uniquely by MOHSA trainers, FPMD would not assist in conducting the second workshop.

The supervision system used at the periphery involves a team from the provincial office going out to the health centers and clinics, ideally twice a year. There are many operational problems hindering these supervisory visits including lack of gas for vehicles, lack of vehicles, lack of funds for food while on trips, and even lack of paper for reproduction of supervisory protocols. When supervision does occur, there often lacks a critical evaluation of the visit or a concrete response to problems identified. This again relates largely to a lack of means with which to respond, as many identified problems relate to resources.

Provincial level supervisors themselves sometimes feel inadequately or insufficiently supervised. Furthermore, many spend a substantial portion of their time in direct patient care or responding to requests from the central level, which leaves them less time for supervisory meetings. Another large contributor to the lack of supervision and the lack of continuity among supervisors is the high turnover of staff. One third of the supervisors trained under the FPMT project have changed jobs. It is unclear whether they use their supervisory skills in their current positions, as there is no trainee tracking system. It was recommended that the DFH intensify its supervision of the provincial level to act as a model for supervisors who supervise at the periphery. These factors, and a more comprehensive evaluation of the supervisory system are presented in the report by Ken Heise (April, 1990).

Through the present bilateral, U.S.A.I.D. has committed funds to support supervisory visits and supervision vehicle maintenance in certain provinces. In addition, it is scheduled to finance the purchase of mopeds for each of the provincial health posts supported under the bilateral, excluding Kadiogo, and of certain vehicles to be used by the DFH in carrying out its supervision activities.

VI. RECOMMENDED ACTIVITIES

The recommended activities to be conducted by FPMD buil on both the scope of work for this trip (see appendix 1) and previous recommendations contained in the FPMT report done by Ken Heise in April, 1990.

FIRST PHASE OF 18 MONTHS:

1. Review existing supervision curriculum developed under FPMT and prepare to conduct supervision workshop with Burkinabe co-trainers. (see 2). [LOE: 7 days]

2. Conduct 2 week supervision workshop with Burkinabe co-trainers for provincial health directors and MCH/FP chiefs not previously trained under the FPMT project (approx. 25 participants). Curriculum revised in (1) to be tested during workshop. Technical

assistance to be provided to Burkinabe co-trainers to enable them to conduct subsequent training (4) without FPMD technical assistance. Supervision curriculum revised, as needed, during this workshop. [LOE: 12 days]

3. Review and revise supervision curriculum based on experience of workshop. Final curriculum to be consistent with curriculum format developed by Intrah for clinical services training. Review training methodology with Burkinabe co-trainers in preparation for second workshop. [LOE: 9 days]

4. Conduct 2 week supervision workshop by Burkinabe co-trainers for remainder of provincial health directors and MCH/FP chiefs not previously trained (approx. 25 participants). Outside technical assistance not provided for this activity.

5. This activity will have two complementary parts.
   [LOE: 16 days]

   a. Develop operations guide for supervision at the provincial level to assist the supervisors at this level with planning and budgeting of supervisory visits. This would complement the "Guide pour l'Utilisation des Fiches de Supervision pour les Responsables Provinciaux," developed under the FPMT project. These two documents (operations guide and protocol guide) would together form a single supervision manual entitled "Guide de Supervision pour les Responsables Provinciaux."

   b. Revise supervision protocols and manual for the use of these protocols as needed and assist with planning and implementation of reproduction and distribution for use throughout Burkina.

6. Support the participation of 2 representatives of the DFH to the FRAC (Francophone Regional Advisory Committee) meetings, held on an annual basis.

<u>SECOND PHASE OF 18 MONTHS</u>:

7. Follow up trainees of all FPMT/FPMD supervision workshops to evaluate the effectiveness of the training, identify turnover rates of trained staff, and follow-up the current status of trained staff who have left the system. This activity would include the development of a simple data base for the monitoring of ongoing MOH/FP training activities; [LOE: 30 days]

8. Review and revise supervision protocols and supervision guide developed during the first phase of this project. [LOE: 8 days]

9. Plan with MOHSA/FP for institutionalization of ongoing program of supervision training. This activity would include two components:
[LOE: 46 days]

   a. A plan for the basic training in supervision at the central and provincial level for new supervisory staff and a refresher training course for those previously trained.

   b. A plan for the basic training in supervision for supervisory staff at the peripheral level.

EVALUATION:

10. Conduct base-line assessment of service delivery indicators using situational analysis methodology developed by Population Council to be used as part of overall evaluation of effectiveness of supervisory protocols and training. The sampling frame for the situation analysis done by the Population Council would be reviewed to evaluate whether additional service delivery points need to be added to the sample size in order to provide adequate baseline data in the project area. If additional sites were needed, an FPMD consultant would work with the Population Council to learn the data collection methodology and do the study in the additional sites. [LOE: 15 days]

    Conduct follow-up assessment of service delivery indicators using situational analysis methodology developed by Population Council to be used as part of overall evaluation of effectiveness of supervisory protocols and training. [LOE: 15 days]

SUMMARY OF PROPOSED ACTIVITIES

	ACTIVITY	YEAR	LOE	TRIPS	PARTIC
1.	prepare workshop curr.	1	7	1	
2.	workshop	1	12		25
3.	curriculum revision	1	9		
4.	workshop	1	-		25
5.	operations guide	1	16	1	
6.	FRAC	1234			
7.	follow-up trainees	2	30		
8.	revise operations guide	2	8	1	
9.	ongoing training plan	3	46	2	
10.	evaluation	1,4	30	2	
	TOTAL		158	7	50

APPENDIX 1: SCOPE OF WORK

To further elaborate already identified needs and to develop an implementation plan for the following:

A) Two supervision workshops for provincial health directors and MCH/FP Chiefs not trained under the FPMT project. The supervision curriculum developed by FPMT will be pretested during these workshops.

B) Assistance for the revision and reproduction of supervision protocols developed under the FPMT project.

C) Technical assistance in development of a short manual on provincial level supervision systems. The manual would be used by provincial staff to plan, budget and account for supervision visits to be conducted under the bilateral project. This manual would complement the "Guide pour l'Utilisation des Fiches de Supervision" developed under the previous project.

APPENDIX 2: DRAFT MANAGEMENT DEVELOPMENT PLAN

Protocole d'Accord Entre Le Ministère
de la Santé et de l'Action Sociale et
Management Sciences for Health,
Projet du Développement en Matière de Gestion des Programmes
de Planification Familiale (FPMD)

Le présent protocole d'accord traite des activités qui ont fait l'objet de discussions entre le Ministère de la Santé et de l'Action Sociale (MSAS) à travers la Direction de la Santé de la Famille (DSF) et les representants du Projet FPMD, du 22 au 26 juillet, 1991.

Les activités décrites ci-dessous comprennent celles qui sont proposées pour le projet entier entre 1992 et 1995.

RENFORCEMENT DU SYSTEME EN SMI/PF

ACTIVITES PROPOSEES POUR LA PREMIERE PHASE DE DIX-HUIT MOIS:

1. La préparation d'un séminaire-atelier dont le but principal sera de développer les aptitudes techniques en matière de supervision à l'intention des Responsables Provinciaux: les Directeurs Provinciaux de la Santé et de la Famille (DPSF), des Chefs de Centres Medicaux, des Responsables de SMI/PF Provinciaux, et des Responsables de l'Action Sociale qui n'ont pas étés formés lors du premier projet FPMT.

   Cette préparation consistera en:

   - la préparation des formateurs à l'utilisation du curriculum élaboré lors du premier projet, FPMT;

   - l'organisation du séminaire-atelier.

   La préparation du séminaire-atelier durera une semaine.

2. Un séminaire-atelier dont le but principal sera de développer les aptitudes techniques en matière de supervision, à l'intention des Responsables Provinciaux: les Directeurs Provinciaux de la Santé et de la Famille (DPSF), des Chefs de Centres Medicaux, des Responsables de SMI/PF Provinciaux, et des Responsables de l'Action Sociale qui n'ont pas étés formés lors du premier projet FPMT. Au cours de cette formation, le curriculum élaboré lors du premier projet FPMT, sera testé. Le nombre de participants ne devra pas depasser vingt-cinq (25). Le séminaire-atelier est programmé pour deux semaines.

3. Le curriculum de formation en supervision, développé lors du premier projet, FPMT et testé pendant le premier séminaire-atelier sera révisé. Une équipe composée d'un consultant FPMD, du personnel de la DSF, du personnel de la Direction de la Formation Professionnelle (DFP) et du personnel du Centre de Formation Professionelle pour le Développement Socio-sanitaire (CFPDS) révisera le curriculum selon les problèmes identifiés et les suggestions et recommendations faites lors du premier atelier. Cette révision durera une semaine.

4. Un deuxième séminaire-atelier dont le but principal sera de développer les aptitudes techniques en matière de supervision à l'intention des Responsables Provinciaux: les Directeurs Provinciaux de la Santé et de la Famille (DPSF), des Chefs des Centres Medicaux, des Responsables de SMI/PF Provinciaux, et des Responsables de l'Action Sociale qui n'ont pas encore étés formés. Le nombre de participants ne devra pas dépasser vingt-cinq (25). Il n'y aura pas de consultant extérieur pour cette activité. Le séminaire-atelier est programmé pour deux semaines.

5. L'activité suivante, le développement des instruments de supervision, sera divisée en deux parties complémentaires:

   a. L'élaboration et mulitplication d'un complément au Guide pour l'Utilisation des Fiches de Supervision pour les Responsables Provinciaux, développé lors du premier projet FPMT. Ce complément permettra d'obtenir un Guide de Supervision pour les Responsables Provinciaux. Ce nouveau document opérationnel aidera les responsables provinciaux à mieux cerner tous les aspects de la supervision: la planification, la logistique, l'organisation et l'execution de la supervision sur le terrain, et l'utilisation des fiches de supervision, entre autres.

   b. La révision et la reproduction des protocoles (fiches) de supervision à l'intention des équipes provinciales de supervision, developpés lors du premier projet FPMT.

   Cette activité durera deux semaines et sera executé par un represéntant de la DSF, un représentant du projet FPMD et des représentants d'autres organisations qui seront précisées par le Directeur de la DSF.

6. Participation de deux membres de la DSF à la Réunion du Comité Consultatif du Projet FPMD (FRAC), organisé annuellement.

ACTIVITES PROPOSEES POUR LA DEUXIEME PHASE DE DIX-HUIT MOIS:

7. La visite d'une équipe FPMD/DSF/DFP/CFPDS sur le terrain pour suivre les participants, afin de mesurer l'efficacité de la formation, évaluer l'utilisation des instruments de supervision, et identifier et suivre les participants qui ont quittés leurs postes après la formation. En outre, cette activité comprenrdra le développement d'une base de donnée (data base) qui permettra à la DSF de suivre les participants formés en supervision. Cette activité durera trois semaines.

8. Révision et reproduction des protocoles (fiches) de supervision et du Guide de Supervision Pour les Responsables Provinciaux, élaborés lors de la première phase du présent projet FPMD. Cette activité durera une semaine.

9. Le développement et l'institutionalisation d'un programme de formation et de recyclage en supervision pour les responsables provinciaux de differents niveaux. Cette activité durera deux semaines.

EVALUATION DU PROJET

10. L'évaluation de l'impact des multiples formations antérieures en supervision sur la prestation des services en planification familiale à la périphérie sera éffectuée. Cette évaluation sera divisée en deux parties:

    a. l'examen des données de base déjà collectées par le Population Council. Si cela s'avère nécessaire, il sera procédé à une collecte de données en utilisant la même méthodologie au niveau d'autres sites.

    b. Vers la fin du projet, une équipe FPMD/DSF/ DFP/CFPDS éffectuera une visite sur le terrain afin de faire une enquête de suivi, utilisant la méthodologie d'analyse situationnelle développé par le Population Council.

    En utilisant toute l'information à sa disposition, l'équipe déterminera l'impact de la supervision sur la prestation des services dans les provinces, surtout à la périphérie.

RESPONSABILITES DU GOUVERNEMENT DU BURKINA FASO:

1. En ce qui concerne les deux séminaires-atéliers de supervision (activités 2 et 4) le Gouvernement du Burkina Faso, Ministère de la Santé et de l'Action Sociale, à travers la Direction de la Santé et de la Famille s'engage à:

    a. Garantir toute les autorisations et approbations requises.

b. Garantir que le personnel provincial et national approprié sera disponible pour la durée des ateliers.

c. Identifier et faire les arrangements qui s'imposent pour l'organisation pratique des séminaires et pour la réservation d'une salle de conférence.

d. Elaborer, pour les séminiaristes, un programme de visites dans des formation sanitaires, en vue de tester les instruments de supervision et de mettre en pratique les compétences acquises au cours du séminaire.

e. Désigner une personne qui sera chargée de l'administration et des aspects logistiques des séminaires, deux formateurs nationaux qui participeront au premier séminaire, lesquels seront chargés de diriger le deuxième séminiare.

2. En ce qui concerne la réunion, FRAC, (activité 6), le MSAS/DSF identifiera en temps opportune des candidats appropriés et soumettra les noms à l'USAID pour leur accord.

3. En ce qui concerne la visite de suivi et l'évaluation de l'impact de la formation antérieure (activités 7 et 10) il sera nécessaire que le MSAS/DSF désigne, pour une période de deux semaines pour l'activité 7 et une période de trois semaines pour l'activité 10, un spécialiste en matière SMI/PF qui collaborera à plein temps avec l'équipe du FPMD. Le MSAS fournira un véhicule tout terrain et un chauffeur pour éxecuter les visites en province. La DSF aura aussi la responsabilité d'avertir à temps, les responsables au niveau des provinces pour ce qui est des objectifs de la visite, et l'élaboration de l'itinéraire de l'équipe.

RESPONSABILITES DE MSH/FPMD:

1. Préparer le matériel de formation et la documentation nécessaire pour le premier séminaire-atelier.

2. Fournir un formateur pour les activités 1, 2, et 3.

3. Fournir des consultants pour les activités 5, 6, 7, 8, 9, et 10.

4. Fournir l'appui financier nécessaire pour l'exécution des séminaires-ateliers, pour les visites de suivi et d'évaluation y compris le carburant et le per diem du spécialiste de la DSF et de son chauffeur, et pour la réunion annuelle du FRAC.

5. Financier le matériel pour la reproduction de 20 stencils de chaque protocole (fiche) de supervision élaboré pendant le projet.

6. Financier la reproduction de cent (100) Guide de Supervision Pour les Responsables Provinciaux.

7. Ecrire et distribuer les rapports, en français, sur chaque activité réalisée avec la présence d'un consultant.

ANNEXE III:

SOMMAIRE DES ACTIVITES DE FPMT AU BURKINA FASO, 1986 – 1990

ACTIVITES 1986	LIEU	PARTICIPANTS	JAN 86	FEV 86	MARS 86	AVR 86	MAI 86	JUIN 86	JUIL 86	AOUT 86	SEP 86	OCT 86	NOV 86	DEC 86
			1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
1. Mission d'évaluation des besoins	Burkina Faso	Sara Seims J.G. DeHasse										■ ■ ■ ■		
2. Visite d'Etude	Boston Washington USA	Mme. Opportune Nitiema, Sec. General MEF&SN											■ ■ ■ ■	
ACTIVITES 1987	**LIEU**	**PARTICIPANTS**	**JAN 87**	**FEV 87**	**MARS 87**	**AVR 87**	**MAI 87**	**JUIN 87**	**JUIL 87**	**AOUT 87**	**SEP 87**	**OCT 87**	**NOV 87**	**DEC 87**
			1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
3. Assistance Technique au MEF&SN et MSP	Burkina Faso	J.G. DeHasse	■ ■ ■ ■	■ ■ ■ ■										
4. Atelier sur la Planification	Burkina Faso	12 Cadres MEF&SN, MSP, ONG				■ ■								
5. Participant au CEDPA	Washington	Marie-Louise Ouedraogo, MEF&SN										■ ■ ■ ■		
6. Premier Séminaire-Atelier sur la Supervision	Burkina Faso	9 Directeurs Provinciaux; 11 Cadres Nationaux											■ ■ ■ ■	
ACTIVITES 1988	**LIEU**	**PARTICIPANTS**	**JAN 88**	**FEV 88**	**MARS 88**	**AVR 88**	**MAI 88**	**JUIN 88**	**JUIL 88**	**AOUT 88**	**SEP 88**	**OCT 88**	**NOV 88**	**DEC 88**
			1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
7. Participation au FRAC II	Moroc	Legma Fatimata Dimtounda Benoit				■ ■								
8. Etude Diagnostique des Problèmes en Matière de Gestion	Burkina Faso	J.G. DeHasse P. Chaponnière		■ ■ ■	■ ■									
9. Séminaire-Atelier sur la Gestion	Burkina Faso	19 Directeurs Provinciaux; 1 Cadre National			■									
10. Deuxième Séminaire-Atelier sur la Supervision	Burkina Faso	17 Directeurs Provinciaux; 1 Cadre National									■ ■			
11. Visite de Programmation	Burkina Faso	Ken Heise										■		
12. MSH Cours en Systèmes d'Information pour la Gestion	Boston, USA	Charles Yameogo Karim Zan									■ ■	■ ■ ■		
13. Participant à la Formation à Long-terme	Tulane Univ. USA	Fatoumata Batta										matriculation 30 mai 1990		

ACTIVITES 1989	LIEU	PARTICIPANTS	JAN 89				FEV 89				MARS 89				AVR 89				MAI 89				JUIN 89				JUIL 89				AOUT 89				SEP 89				OCT 89				NOV 89				DEC 89			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
14. Troisième Séminaire-Atelier sur la Supervision	Burkina Faso	16 Directeurs Provinciaux; 3 Cadres Nationaux																																																
15. Participation au FRAC III	Senegal	Legma Fatimata Pascaline Sebgo																																																
16. Conférence-Atelier sur la Gestion des programmes de PF	Burkina Faso	14 Directeurs Provinciaux; 9 Resp. SMI/PF; 3 Cadres Nationaux																																																
17. Quatrième Séminaire-Atelier sur la Supervision	Burkina Faso	15 Reps. SMI/PF; 6 Cadres Nationaux																																																
18. Visite de Programmation	Burkina Faso	Ken Heise																																																
ACTIVITES 1990	LIEU	PARTICIPANTS	JAN 90				FEV 90				MARS 90				AVR 90				MAI 90				JUIN 90				JUIL 90				AOUT 90				SEP 90				OCT 90				NOV 90				DEC 90			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
19. Cinquième Séminaire-Atelier sur la Supervision (IEC)	Burkina Faso	16 Agents Sociaux Provinciaux; 6 Cadres Nationaux																																																
20. Guide de Supervision	Burkina Faso	Ralph Stone Hervé Diata Staff National																																																
21. Sixième Séminaire-Atelier sur la Supervision	Burkina Faso	14 Resp. SMI/PF; 3 Cadres Nationaux																																																
22. Développment de Manuel de Formation	Burkina Faso	Jana Ntumba Cadres Nationaux																																																
23. Suivi des Participants et Evaluation	Burkina Faso	Ken Heise Pascaline Sebgo Awa Dipama																																																

APPENDIX 4: PERSONS CONTACTED

USAID

Ms. Jatindar Cheema, Health and Population Officer

Ms. Roxana DeSole, Family Planning Project Manager

Ms. Perle Combary, Family Planning Project Assistant

Directorate of Family Health, Ministry of Health and Social Action

Dr. Didier Bakouan, Director

Ms. Pascaline Sebgo, Head of Family Planning Services

Mr. Karim Zan, Division of MCH

Ms. Félicité Bassolet, Division of Family Planning

Mr. Jean Parfait Douamba, Head of Nutrition Services

N'Gourma Province

Dr. Alexandre Tiendrebeogo, Provincial Health Director

Ms. Léa Pépin Bationo, MCH/FP Chief

APPENDIX 5: DOCUMENTS REVIEWED

USAID FHHF project Paper, 1991-1996 (excerpts)

GOBF Declaration de Politique de Population, Ministère du Plan et de la Coopération, Secreteriat Général du Plan, Direction de la Planification du Développement, Draft 1991

A Situational Analysis of the Family Planning Program of Burkina Faso, Division of Family Health, Population Council, Draft 1991

Burkina Faso Needs Assessment FPMT Project, Sara Seims, George Dehasse, October 1986

Rapport sur le Suivi des Participants et sur l'Evaluation des Activités du Projet FPMT au Burkina Faso, Ken Heise, April 1990

Proposal for FPMT Activities in 1989, Ken Heise, October 1988

Report on the Supervisory Workshop and Technical Assistance in Supervision for Government of Burkina Faso Family Planning Officers, Jean-Georges Dehasse and Thomas Leonhardt, December 1987

Rapport sur l'Etude-Diagnostic Concernant les Problèmes de Gestion dans les Directions Provinciales de la Santé et sur l'Atelier-Séminiare pour Directeurs Provinciaux de la Santé au Burkina Faso, Paulette Chaponnière et Jean-Georges Dehasse, March 1988