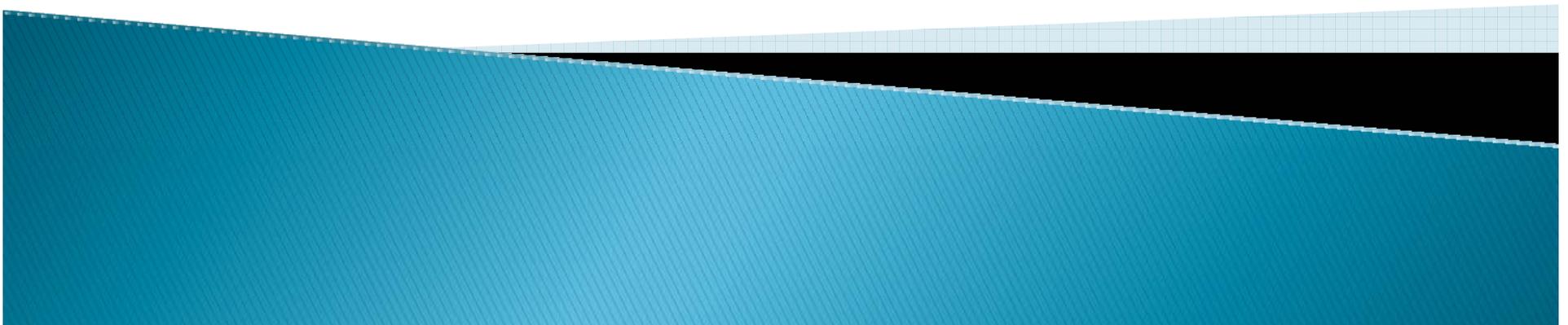


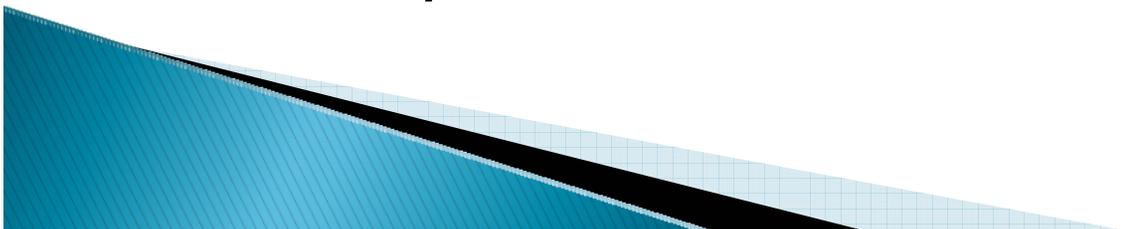
An assessment of pre-service training around 'FAM' family planning methods in Mali

Sarah Castle
January 2011



Pre-service training in Mali

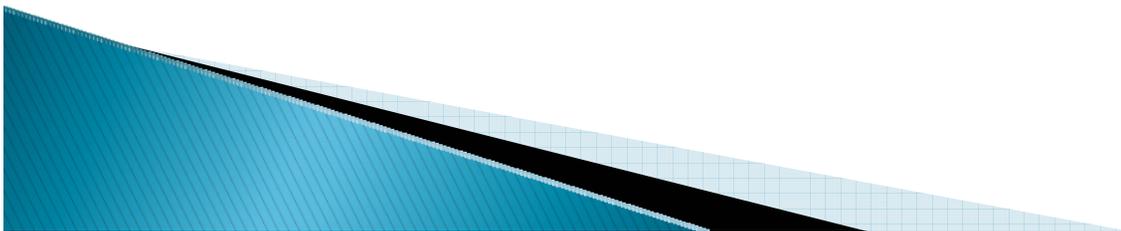
- ▶ Two types of pre-service training institutions exist in Mali
- ▶ INFSS (L'Institut national pour la Formation en Sciences de la Santé) are State-run schools operating in most regions of Mali under auspices of Ministry of Health
- ▶ Private schools (numbering hundreds throughout the country) are set up under agreements with Ministry of Education and are completely deregulated. They have no direct contact with the Ministry of Health.



Pre-service training in Mali

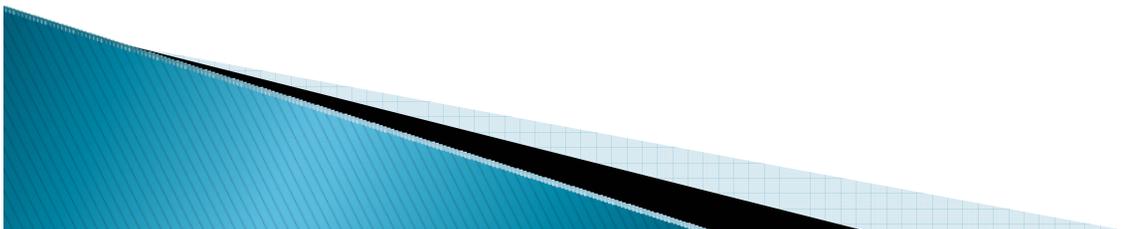
Two main training courses

- ▶ ‘Premier cycle’ (First cycle) requires a secondary school diploma and lasts 3 years (NB this course is being dropped in the State schools but will remain in the Private schools)
- ▶ ‘Seconde cycle’ (Second cycle) requires a baccalaureate and lasts 3 years



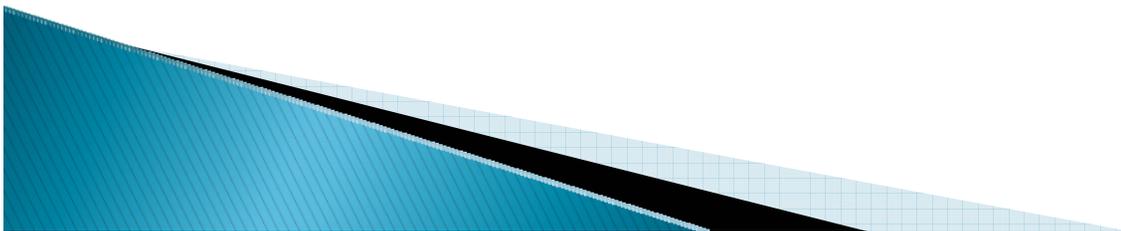
Pre-service training in Mali

- ▶ ‘Premier cycle’ graduates become ‘health technicians’
- ▶ ‘Seconde cycle’ graduates become midwives or State Registered Nurses
- ▶ Family planning is taught in 3rd year of ‘premier cycle’ and 2nd year of ‘seconde cycle’



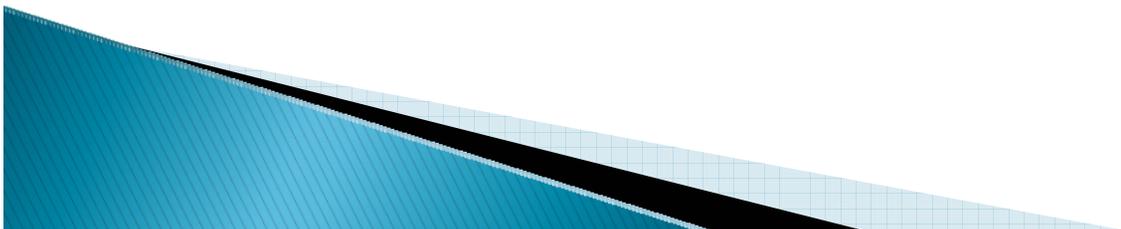
Pre-service training in Mali

- ▶ FP course duration ranges from 90 hours in state schools to just 20 hours in private schools
- ▶ Most students interviewed said that the FP course was very theoretical and they gain most knowledge through their placements
- ▶ FP also features (very marginally) in OBGYN, reproductive health and post-partum care study units.



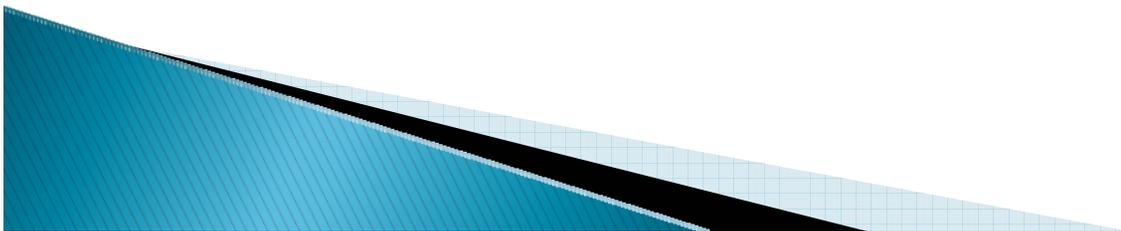
Promotion of FAM methods in Mali

- ▶ IRH has done training on FAM methods in the INFSS schools in Bamako, Mopti, and Segou and in a number of private schools in Bamako including:
 - ▶ Le Bouctou
 - ▶ Issa Paul
 - ▶ Ecole de Bankoni



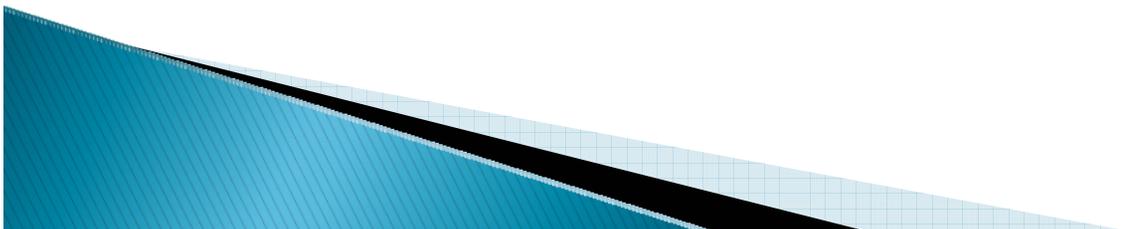
Promotion of FAM methods in Mali

- ▶ IRH also worked with Intrahealth on the development of the curriculum for the nursing school in Gao
- ▶ IRH also collaborated with PSI on the promotion of FAM methods and distribution of cycle beads



Family planning curricula

- ▶ There is no family planning curricula in Mali.
- ▶ INFSS issues a one page guideline with a range of basic themes.
- ▶ See next slide with first part of ‘curriculum’ for INFSS, Mopti. (NB The same one page sheet is used by all INFSSs and by most of the private schools)
- ▶ It contains no real guidance on content, teaching methods, practical experience or evaluation



INFSS / Mopti : programme d'enseign.
P.F.
Planning familiale : (2^{ème} année)

Volume horaire : 12 heures

Coeff. : 2

Volume horaire : 20 heures

Stage : 18 heures ; TD 30 heures

Méthodes d'évaluations :

a) écrite, QCM, QROC

b) pratique : observation

c) Etude de cas.

Objectifs général :

Acquérir des connaissances et les compétences relatives au planning familiale

A) **Historique et concept de la PF au Mali** Volume horaire_ 20 heures

Objectif

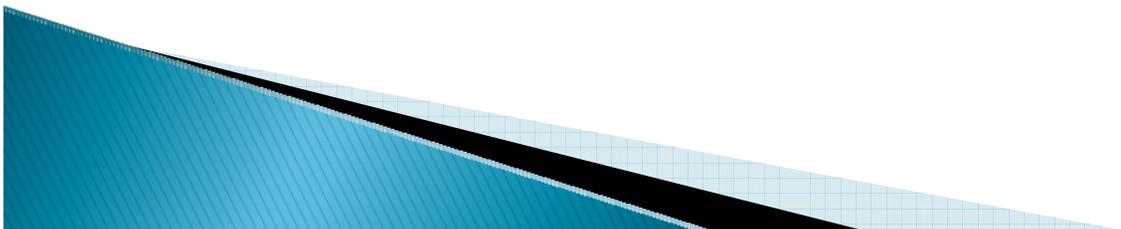
Connaître l'historique et le concept de la PF au Mali

Contenu :

- Historique
- Concept

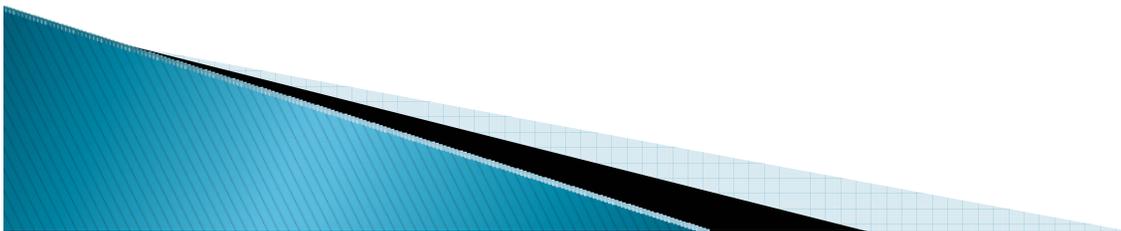
Learning resources

- ▶ In addition to the 'one page' outline, those teaching FP use other material which is often very old such as the 'Guide de Prestation de Service', published by WHO in 1989
- ▶ However, a significant number of those in public and private sectors had the IRH booklets on FAM methods often sourced from INFSS.
- ▶ In many cases they had more information about FAM methods than other contraceptive methods due to the IRH materials



Learning resources (2)

- ▶ Mali has a document called ‘Norms and Procedures’ in Reproductive Health which could serve as the basis for a comprehensive curriculum. However none of the private schools we visited had seen it .
- ▶ In addition JPIEGO have in the past developed a ‘Reference Guide’ for FP for INFSS. This has not been used or disseminated due to a lack of funds and because of a lack of feeling of ‘ownership’ of the document



Problems with pre-service training (1)

Personnel

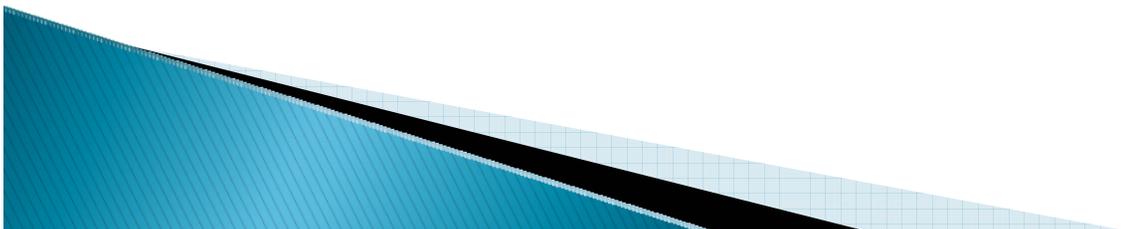
- ▶ Many teachers are retired health care workers and were often trained over 30 years ago (before FAM methods were promoted)
- ▶ Many teachers teach in several different places and so have little institutional commitment
- ▶ There is a high turnover of teachers and those who receive training in FAM and other methods move elsewhere
- ▶ Some FP teachers were not specialists in the subject but rather in other domains eg TB



Problems with pre-service training (1)

Conflicting knowledge

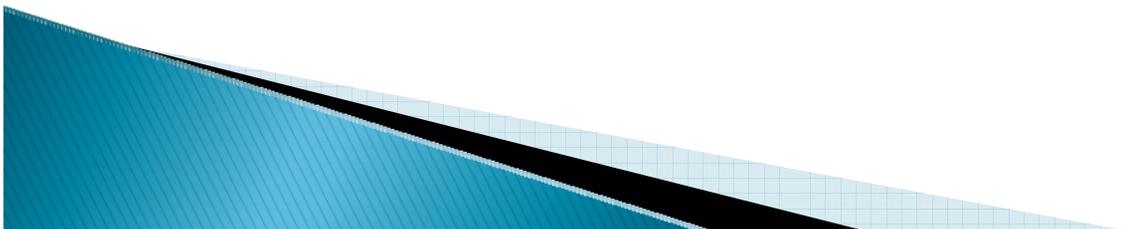
- ▶ In some cases, the students were more aware of the FAM methods than the teachers due to promotion of cycle beads on TV by PSI
- ▶ In one case, a student was asked to list 'natural methods' in his year two exam. S/he wrote 'standard days method' and the exam marker put a red line through his/her reply and deducted a point even though the answer was correct



Problems with pre-service training (2)

Materials

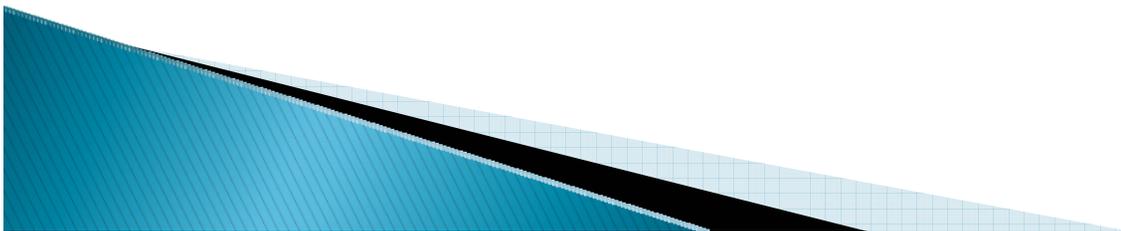
- ▶ Lack of up-to-date information
- ▶ Materials kept by the teacher (in her bag or at her home) – no library or documents for reference, no internet access
- ▶ The one set of notes (owned by the teacher) needs to be photocopied by students (often difficult and expensive to access photocopier, no electricity etc)
- ▶ Lack of examples of methods (including cycle beads)



Problems with pre-service training (3)

Content

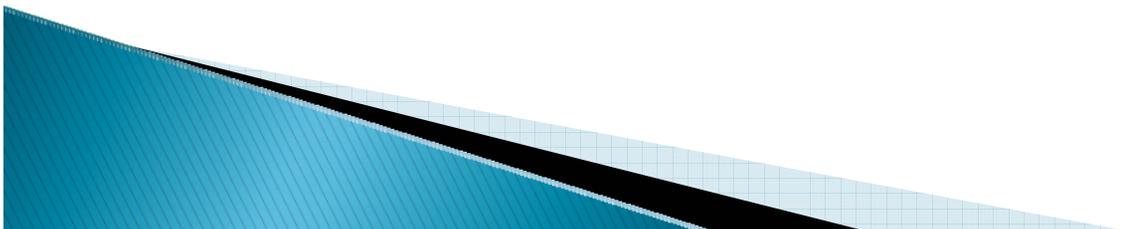
- ▶ FAM methods addressed but often without supporting material eg cycle beads
- ▶ FAM methods and traditional FP methods are mixed up in in the course content giving an unfounded credibility to the latter (eg use of honey, inserting spiders web in the vagina, wearing traditional amulets)
- ▶ Many teachers and students are convinced of the value of traditional methods which are often taught in the FP courses.
- ▶ They articulate notions ‘rational’ and ‘irrational’ scientific evidence



Problems with pre-service training (4)

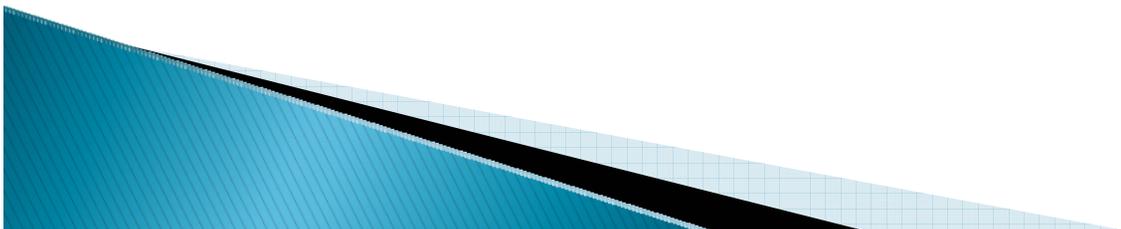
Supervision/evaluation

- ▶ As the private schools are under the Ministry of Education, there is no supervision of curriculum content, teaching methods nor of student performance by the Ministry of Health
- ▶ School directors/Directors of Studies do not look at or seek to update FP curriculum as this would 'annoy' the health professionals teaching it (who are often older and medically qualified)
- ▶ The final State exam has never contained questions on cycle beads, Standard Days Method etc so students do not bother to revise these methods (However an exam question on LAM has appeared virtually every year)



Problems with pre-service training (5)

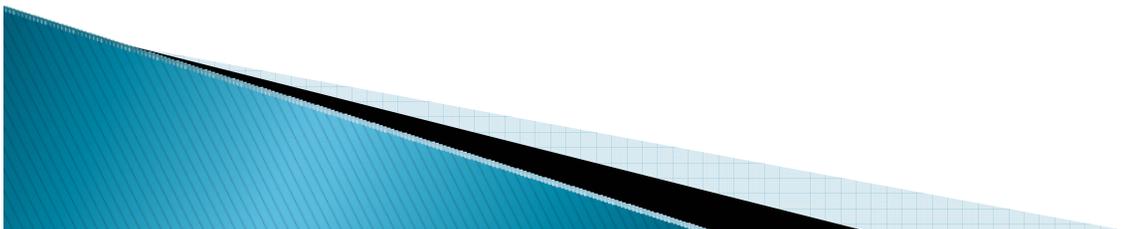
- ▶ Placements
- ▶ Students are placed in State health structures (eg community health centres) for practical training
- ▶ Because of the large numbers of private schools, there are far more students than supervisors
- ▶ However, it is during the placements that students get some exposure to FAM methods and the counselling associated with them
- ▶ Students are supervised by monitors during placements. Most monitors have not been trained in FAM methods.
- ▶ Many students do now show up for their placements because of the scant attention the overworked health professionals can give them



Problems with pre-service training (6)

Poor results

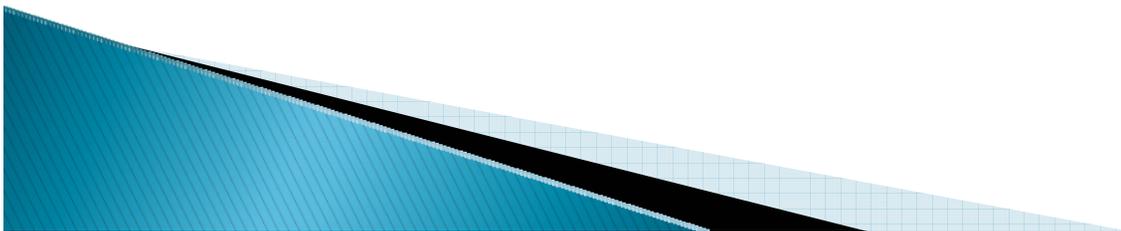
- ▶ Very poor results from private schools (eg in Segou only 8 out of 62 had succeeded in passing the national exam in Public Health and only 7 out of 16 passed the final midwives' exam)
- ▶ Nothing is done to change teaching following poor results. The students are simply told to 'work harder'!
- ▶ The minimum grade for FP is 12/20. This is thought by many to be too high as the students often come with very poor levels of French reflecting overall difficulties in the Malian education system



Addressing the social context of FAM method use (1)

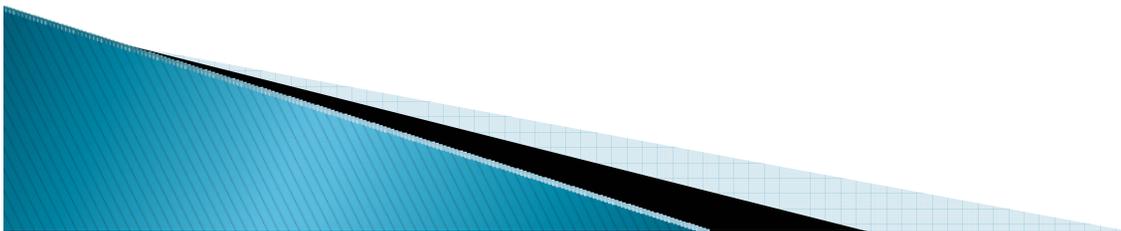
FAM methods require :

- ▶ Spousal/partner communication and often a degree of literacy (eg for SDM)
- ▶ This is not at all guaranteed in Mali and leads to a degree of scepticism among both teachers and students as to the efficacy of the FAM methods. This scepticism is conveyed in the class sessions and/or leads to a perception that they are only for the educated.



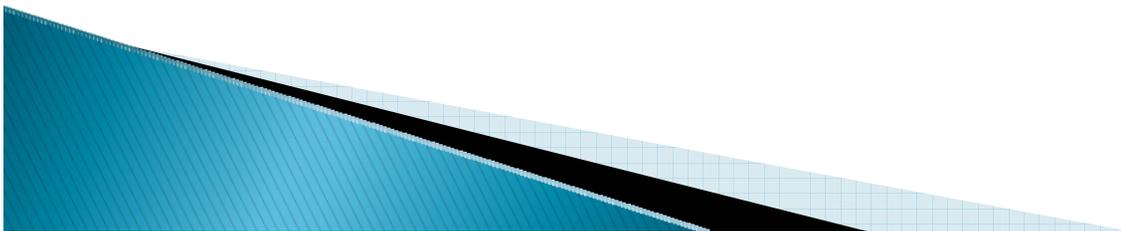
Addressing the social context of FAM method use (2)

- In Mali many women need to use contraception secretly due to partner disapproval
- FAM methods are not conducive to this
- In the FP teaching, little attention is given to the social context of family planning use, and in particular to the social factors needed for successful use of FAM methods



Addressing the social context of FAM method use (2)

- Both students and teachers perceived advantages of FAM methods to be that they are non-hormonal and free.
- However, some students (in Year 2) associated the same advantages with traditional methods and grouped them together



Recommendations

Training

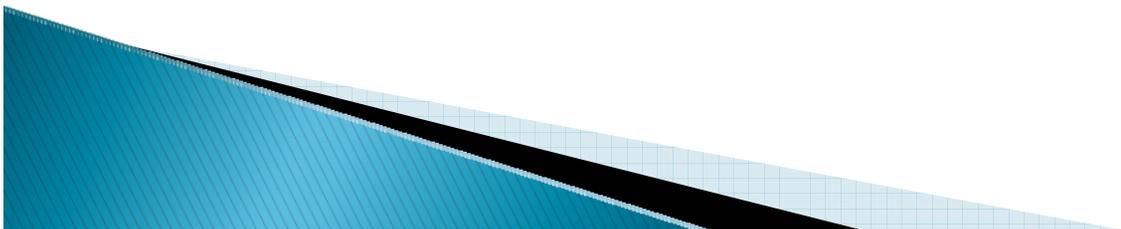
- ▶ Include INFSS staff in FP trainings usually given to health workers (INFSS staff complain they are excluded)

Dissemination of IRH FAM materials

- ▶ Expand dissemination to include regional INFSSs, private schools and high schools (where many students are taught about menstrual cycle in biology)

Curricula development

- ▶ Work with INFSS to disseminate the Gao nursing school curriculum and the 'Norms and Procedures' document



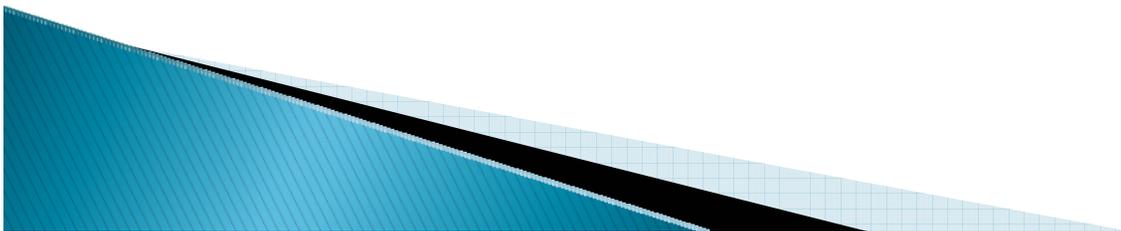
Recommendations

Curriculum content

- ▶ Ensure that curriculum content is up-to-date and accurate – for example that natural methods and traditional methods are not lumped together giving the latter unfounded credibility.
- ▶ Ensure that the social context of FAM method use is addressed (eg partner/spousal communication)

Lesson planning

- ▶ Train health school directors as well as teachers in lesson planning and participatory teaching methods.



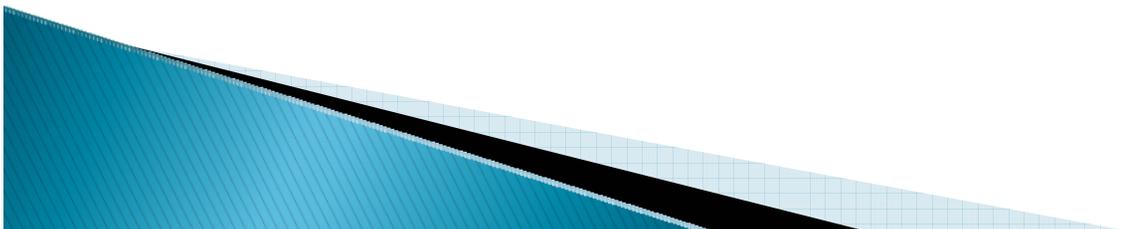
Recommendations

Placements

- ▶ Ensure health care providers have access to FAM methods especially cycle beads and that students observe counselling sessions with regard to these methods.
- ▶ Increase and diversify placement locations to include NGOs and other FP providers (currently too many students and too few placement opportunities).
- ▶ Make sure the monitors who supervise the placements are trained in FAM methods (currently not the case)

Examinations

- ▶ Advocate with INFSS to encourage the inclusion of a question on FAM methods in the national final exam for nurses and midwives.



Recommendations

New opportunities for disseminating FAM learning materials

- ▶ Include FAM information in other INFSS and private school curricula eg in anatomy, physiology, reproductive health, obgyn and post-partum care
- ▶ In high school biology lessons (see above)

