PDC/RS

AID 1625-1 (7-71) (FACE SHEET)

NONCAPITAL PROJECT PAPER (PROP)

I. PROJECT IDENTIFICATION

1. PROJECT TITLE

Maternal Child Health/Family Planning Services

PD-AAK-403-A1

APPENDIX ATTACHED: [X] YES [ ] NO

2. PROJECT NO. (M.O. 1095.2) 660-11-531-049 (3)

3. RECIPIENT (specify)

[X] COUNTRY Zaire

[ ] REGIONAL [ ] INTERREGIONAL

4. LIFE OF PROJECT

BEGINS FY 1973

ENDS FY 1976

5. SUBMISSION

[X] ORIGINAL 4/28/72 DATE

[ ] REV. NO. DATE

CONTR./PASA NO.

II. FUNDING ($000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. PASA/CONTR. (1) $	G. PASA/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US 150 (U.S. OWNED) 27p (1) U.S. GRANT LOAN	(2) CODE COUNTRY (A) JOINT	(2) CODE COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY												
2. OPRN FY												
3. BUDGET FY 73	610	384	89	69	87	157		384	89		Z 133	Z 32
4. BUDGET +1 FY 74	448	226	51	24	36	198		226	51		Z 197	Z 150
5. BUDGET +2 FY 75	430	239	52	36	39	155		239	52			Z 201
6. BUDGET +3 FY 76	270	123	25	-	-	147		123	25			Z 150
7. ALL SUBQ. FY	-	-	-	-	-	-		-	-			Z 111
8. GRAND TOTAL	1758	972	217	129	162	657		972	217		Z 330	Z 644

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER JGraham / TTyler	TITLE Asst. Prog. Officer / Asst. Prog. Officer	DATE 4/28/72
2. CLEARANCE OFFICER JKelly / HSDavis	TITLE Asst. Dir. for Prog. / Director, USAID	DATE 4/28/72

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

Note: The Mission and the Government of Zaire are prepared to begin implementation of this project in FY 1972, if approval is granted and funding authorized.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
AFR/CWA	SChristmas	5/12/72	PPC/DF	JHandly	6/8/72
AFR/TAC	JPrince	5/12/72	AFR/DP	EDonoghue	6/8/72
TA/POP	WBoynton	5/12/72			

3. APPROVAL AND OR OFFICE OF DEVELOPMENT

SIGNATURE 6/Jun/72

TITLE

4. APPROVAL AID (For M.O. 1025.1 VI C)

SIGNATURE DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

I. Setting

Although Zaire has the fourth largest population in sub-Sahara Africa, national planners have been unconcerned - until recently - about the country's population growth rate of 2.8% [1] annually. This lack of concern has been understandable if only because of the country's wide open spaces evidenced by Zaire's low population density of 20 per sq. mile. But there have been contributing factors such as: about only 1 per cent of the country's agricultural area is under cultivation, there are huge deposits of various metals which ensure a fairly constant source of foreign exchange;[2] and, the country has one of the world's largest hydroelectric potentials - as yet almost untapped.[3]

During the past two years, however, there has been increasing discussion within government circles about the economy's ability to cope with the doubling of Zaire's population which is foreseen over the next 25 years. The following concerns have prompted more serious focusing on the population situation:

Education. As a result of the country's high fertility rate primary school enrollments have increased at an annual average of [illegible]% since 1967 and secondary enrollments at an 18% level. This growth together with post secondary expansion and price increases caused a doubling of education expenditures during the 1967-70 period. The rapidity of the growth has

1/ Estimates run between 2.1% and 3.2%. Donor planners in Zaire tend to agree on 2.8% as a reasonable estimate.

2/ Approximately half of the government's revenue is derived from exploitation of copper and other minerals by Gecamines.

3/ Inga's potential capacity is 30,000 MW.

contributed to the low efficiency of the school system and consequent wastefulness;1/ an average pupil repeats one grade of three. Only 25% of those who enter primary school complete the course and only 10% progress to the secondary level.

Unemployment: Employment statistics tend to be scanty in Zaire but it appears that the high population growth rate is exacerbating the country's unstable employment situation. In Kinshasa, according to the 1967 Census, male employment reached 27% in the 20-24 age group and 13% in the 25-29 age group. A significant number of jobs were created in the Kinshasa area during 1968-71 but migration to the city has virtually offset these increases. In the rural areas, according to some official estimates, salaried employment may still be only one-third of the 1960 level.

Agricultural Development. The GOZ is attempting to meet the food needs of its rapidly growing population by significantly increasing budget allocations for agricultural production and supply. The 1971 Zaire budget calls for an increase of 230% over 1970's budget allocation in the agricultural sector. Because of budgetary constraints much of this increase had to be accomplished by reductions in other areas. (See Kinshasa A 16 dated Jan. 17, 1972).

1/ Dr. Ernest Stebbins has pointed out, "When the population of the society under 15 years of age is over 40% (Zaire 43%) illiteracy is almost sure to increase rather than diminish no matter how many schools can be built or teachers trained." CLATO Proceedings on Public Health, 1970, p. 67.

National Savings: Zaire's economic development is being slowed because too large a proportion[1] of the population are children old enough to consume but too young to produce. In having to provide for this burgeoning group, GOZ possibilities for increased national savings and investments have become more remote. The corollary result of the high fertility rate is that the country's need to borrow becomes more urgent and its ability to repay in the short term less promising.

Political Effects: Political and administrative stresses have been increased by Zaire's rural-urban migration which has resulted in 21.7% of the population now living in urban areas as contrasted with 7.3% in 1956. This heavy migration, partly induced by the country's rapid population growth, causes much concern among GOZ leaders. They are particularly sensitive to the fact that a large proportion of the migrant group falls in the 10-34 age group[2] and forms a disruptive and potentially explosive, political force - especially those who are unemployed or have little hope for a satisfactory future.

These very real concerns prompted GOZ leaders late in 1971 to consider the desirability of promoting a national lower fertility policy even though strong cultural religious pressures incline against such a move. A government policy statement was drawn up which clearly enunciated the benefits which could accrue to Zairians

1/ Approximately 43% of the population is below the age of 15.

2/ 32% of the population falls into this age group.

once there was a shift away from pronatalist behavior.[1/] And most recently the government through FOMECO (Fonds Medical de Coordination)[2/] has turned to USAID to provide it with a phased plan of operation to get the family planning effort going in Zaire. USAID representatives have worked closely with GOZ health officials on this PROP exercise and drawn heavily on the recommendations of the University of California five-man medical team which visited Zaire during June 1971 for the express purpose of surveying the existing MCH/FP situation in the Kinshasa area.[3/]

II. Rationale

The proposed FP plan of operation for Zaire takes in account the following plus factors:

- While the "lower fertility" policy statement to be issued by the government is not designed to implement an FP program by fiat, it will legitimatize a variety of experimental approaches required during the initial phase.

- A number of urban Zairians are already availing themselves of contraceptive devices. The group is small but influencial and trend-setting because of its socio-economic status. By its example, this group can create a disproportionate pressure in favor of smaller families.

1/ This policy statement has not been released since the GOZ desires to have the wherewithal to respond to needs stimulated by the new policy.

2/ Full background on FOMECO being forwarded in separate package.

3/ See AID/AID Contract Report No. AID/csd 2604 herein referred to as the Berrbarr Study.

There are over forty hospitals and clinics in Zaire which issue contraceptive information and materials on request or referral basis.

- There is a sizeable Zairian radio/TV audience[1/] which could be positively influenced by well researched family planning presentations.

- As in other countries it appears that the most effective dispensing of birth-spacing information takes place in the maternal/child health clinic during the post partum treatment period.

There are also negative factors to be considered:

- Pressures for ongoing services preclude diverting significant GOZ budget resources (over the next two years) to the establishment of a FP program.

- Inadequately trained medical assistants must be fortified in the traditional areas of maternal child care if they are to gain full creditability as family-spacing advisors.

- Little research work has been done by way of establishing motivating approaches which will prove effective in persuading Zairians to accept family spacing techniques.

- It is difficult to gauge at present how quickly a family planning program could move in Zaire and consequently multi year costs estimates (particularly commodities) must remain illustrative.

1/ Telestar Inc. estimates that 80% of the Zairian population has access to a radio. There are over 100,000 TV viewers in Kinshasa and 20,000 in Lubumbashi.

> It is difficult to obtain reliable health statistics and data in Zaire at this time. The Derryberry study team "... found it virtually impossible to verify in an academically acceptable fashion most of the data obtained. The group felt frustrated at almost every turn by the scarcity of "hard" data, by the contradictions in information given them by various informed individuals, and by the time-consuming way in which information had to be obtained through conversations with many different individuals and from scattered written sources." 1/

Key government representatives are quite aware of these severe problems which they face in trying to install an adequate health care delivery system in Zaire. They recognize the urgent need for a comprehensive development plan for the health sector and have requested assistance from the Development Fund of the European Common Market in drawing up such a plan. The plan, due for completion early in 1973, will enable a more rational allocation of GOZ resources than is possible under the current ad hoc approach. However, while awaiting the completion of the plan, GOZ officials intend to undertake a few discrete activities - over-and-above curative requirements - which promise significant pay-off in terms of limiting the need for costly curative facilities and services in the years ahead. One of these activities is an in-depth study of endemic and epidemic diseases which will be undertaken in collaboration with the U.S. Armed Forces Institute of Pathology. Another such activity is the GOZ family planning project.

1/ P. 1 , Derryberry Report

III. Approach

The proposed FP approach consists of a three-pronged effort:

(1) Establishment of a MCH Training Division within FOMECO to insure more effective training of MCH assistants with emphasis on family planning methodology;

(2) subsidizing the efforts of the communication media in preparing and distributing radio/TV programs, films and other FP education materials;

(3) formalization of a distribution network to facilitate systematic dispensing of contraceptive devices.

A. Establishment of a MCH Training Division Within FOMECO

1. Project Training Effort.

The GOZ family planning approach is predicated on evidence from other countries that acceptance of family planning is generally greatest where it is combined with services for the protection of the mother's and child's health. Consequently, high priority is being placed on the establishment of a pervasive training program for existing and new MCH personnel. A new training section will be formed in the MCH Division of FOMECO with three U. S. project-provided personnel forming the nucleus of the new unit: - one Public Health physician to head the Training Unit and oversee Family Planning efforts, a Public Health Pediatric Nurse and a Public Health Midwife. These staff members will coordinate curriculum formation, teaching methodology and on-the-job training. They will be assisted by FOMECO medical personnel in their respective specialty areas.

The on-the-job training provided the first group of trainees will take place in two specially designed clinics which will be constructed by the GOZ from its counterpart budget. Two communes in Kinshasa, now lacking MCH facilities, have been selected as the clinic sites. The Zairian mothers in these communes are presently turning to the hopelessly congested[1/] Mario Madeleine Yemo (MMY) Hospital for MCH services. The pressure placed on the maternity services of MMY interferes with satisfactory delivery/post partum services and makes education of the mothers about care of the new born and about family planning virtually impossible. It also prevents a systematic beginning of immunization essential for the welfare of the child. Thus, the threefold intent in providing these new clinic facilities is: (1) to de-congest Central Hospital facilities by having only complicated maternal cases referred to them in the future; (2) provide a manageable environment where Trainees can be carefully supervised by the two senior and four intermediate staff assigned by POMECO to each clinic, and (3) to insure adequate provision of family planning information to mothers during the postpartum period when motivation for family limitation is high.

Project plans call for the completion of six clinics, while the U.S. Technicians are in Zaire: 2 newly constructed model structures in Kinshasa, 2 renovated versions also in Kinshasa, and 2 renovated versions in densely-populated areas outside of Kinshasa. Construction of the two model clinics, each designed to serve a population of 20,000, will commence in June 1972 and is scheduled for completion in May 1973. Project personnel are scheduled to arrive in Zaire during January 1973. They will devote their first three months to drawing up training curriculum relevant to the Zairian context and structing a cyclic training program to be followed by each successive group of Trainees. Basically, the initial cycle will consist of a three month classroom course, six months on-the-job training in a MCH/FP clinic, and three additional months on-rotation in a central hospital facility. A second cycle will be developed involving periodic seminars and further

on-the-job training lasting one full year. All trainees will receive adapted instruction in the areas of obstetrics, gynecology, midwifery, child care, disease prevention, health promotion, nutrition and family planning. (For an illustrative outline of training program, see page 19-23 of Derryberry Study.)

A TDY advisor in the area of evaluative methods will be provided during the first two months of the project to assist in the development of measurement criteria for the clinics, arrangements for collection of base-line data, and the training of persons who will assemble the data. Such assistance will also be offered at the end of the first two-year period for the purpose of developing an evaluative report.

2. Post-Project Training Plan

By end-of-project six MCH/FP clinics will have been established, each with an adequate trained staff. More importantly, through the assistance of U.S. personnel, the process of renovating Family Protection Centers, training new staff, operating new clinics, developing measurement criteria, etc. will have been effectively demonstrated. In addition, a total of 10 Zairians now working in the health sector who have demonstrated teaching skills will have been to the U.S. for a year's study in the MCH/FP training field. Another eighteen Zairians will have traveled to the U.S. for 3 month courses in Family Planning practices. These 28 participants will provide the GOZ with a local capability to continue expanding its MCH/FP training effort after phaseout of U.S. Personnel.

Present plans call for the replication of MCH/FP clinics throughout Zaire. To reduce the strain on GOZ finances, most of the "replica clinics" will consist of renovated (and newly equipped) Family Protection Centers.1/ GOZ representatives indicate that as of CY 1974, financing for the renovation of existing clinics - also for new clinics that might be required - will be budgeted for in the regular GOZ health budget currently running about $16 million a year. It is estimated that a total of 13 clinics will be required to meet MCH/FP needs over the next ten years in the Kinshasa 1.2 million area. But firm estimates on the total number of clinics required - both for Kinshasa and other areas of Zaire2/ - will not be decided until early 1973 after the completion of the EEC health sector study.

1/ At present, these are over 180 Family Protection Centers in Zaire.

2/ An examination of the Appendix I charts reveals that the population of towns over 20,000 in Zaire has grown at an average annual rate of 10% from 1956 to 1970, with the growth rate of Kinshasa reaching 10.40%. Urban centers now account for 21.7% of Zaire's population vis-a-vis 7.3% in 1956. Consequently the GOZ's decision to initiate its MCH/FP training center/clinics in the Kinshasa area and then replicate them in large towns seems well founded.

The charts further reveal that the highest concentration of rural populations occur in the Northern and Southern districts of the Kivu Province. Here 2.74 million people, approximately 13% of the country's total population live in 127,000 sq. km., approximately 5% of Zaire's total area. Density figures show dramatic increases after 1958 of 4.3% per annum in North Kivu and 2.8% per annum in South Kivu. Though the former figure includes an undetermined number of refugees and migrants from Rwanda, it is clear that neither area can adequately sustain continued growth rates of its rural population at these levels. Under the proposed scheme the first non-urban "replica" clinic will be situated in the Kivu area.

B. Distribution Network for FP Material

In Zaire, as in most populations there is already a small but influential element of the population prepared to limit births if acceptable contraceptive supplies and information are made readily available. At the same time, the country contains a sizeable number of medical technicians (for the most part non-Zairian) already conversant with family planning techniques and methodology. Significantly better advantage could be taken of these favorable conditions, however, if a distribution network were formally established to permit a more systematic and intense dissemination of contraceptive devices throughout existing public and private health facilities. Local MD's estimate that the number of Zairians taking advantage of contraceptive devices could double during the first year of a formalized distribution system.

Under the direction of POMECO and the Team Training Director, the project provided Management Specialist will coordinate setting up such a network and oversee its expansion as additional numbers of sensitized Zairians become available through the training efforts spelled out in A above. The management specialist, who will be assisted by two Peace Corps Volunteers, will maintain close liaison with Ministry of Health and Social Affairs representatives to ensure efficient utilization of all available resources.

Early in the project a TDY logistical specialist will be furnished to assist the management advisor in drawing up an operational plan to include (a) the most feasible approach to activating the distribution network; (b) realistic estimates on two-year FP commodity requirements and recommended sources, and (c) measurement criteria for establishing end-user statistics.

C. Subsidizing Communication Media

The objective of this project element is to deliver through the existing national radio and TV network, FP presentations which would stimulate family discussion and accelerate behavorial change through persuasion.

Zaire has a modern well run radio and television production facility - TELESTAR1/ - which produces twenty non-formal educative programs per week on a wide range of subjects aimed at adult audiences. TELESTAR has a staff of 35 in the radio and television areas and operates five regional radio production centers (Mbandaka, Kisangani, Kananga, Bukavu and Mbuji Mayi) which present local language programs.

In November 1971, TELESTAR, in collaboration with the Ministries of Social Affairs and Public Health, broadcast a pilot program on the subject of family planning. According to Director General of Telestar, the feedback from the program was mostly favorable and definitely indicated a lively public interest in the subject.

Under this element of the project, AID would finance equipment and commodity related costs involved in producing the following programs on MCH/FP subjects:

	French	Lingala	Fra	Ling	Tsh	Kik	Swa
FY 1973	5	5	10	10	5	5	10
FY 1974	10	10	15	15	10	10	15
FY 1975	10	10	15	15	10	10	15
FY 1976	10	10	15	15	10	10	15

1/ The Telestar studio building was built through AID generated Counterpart Funds at a cost of $800,000.

It is anticipated that Telestar will soon receive through West German assistance a machine which will permit the conversion of video tapes into 16 mm sound films. Telestar's plan is to circulate these MCH/FP films within cinema clubs, mission hospitals, secondary schools, labor unions, etc.

Participation with Telestar Inc. on this communication phase of the project will be coordinated by the Management Specialist under the direction of the Physician Team Chief. Sufficient funds will be made available for three TDY consultants in the communications area to assist in adapting proven technique to the Zairian environment and establishing measurement criteria for evaluating listener reaction in the Family Planning area.

IV. Framework Data

A. Project Goal

To assist the GOZ in its effort to shift from a pro-natalist to a lower fertility policy.

B. Project Purpose

To develop a GOZ family planning delivery system by (1) establishing a capability for providing effective MCH/FP training to Zairian paramedical personnel, and (2) formalizing a distribution network for FP materials and information.

C. Conditions expected at end of Project

1. A clear understanding of which Family Planning methodologies have the best chance of success in the Zarian context.

2. A plan of operation (based on the Sectoral Development Plan) for allocating resources in the MCH/FP area.

3. A GOZ capability to provide effective training for staff required to service MCH/FP clinics.

4. A general receptiveness to the need for family planning on part of those Zairians reached by various communication channels during project effort.

5. An effectively operating national Family Planning distribution network.

D. Significant Outputs and Output Indicators

1. All six MCH/FP centers providing daily health clinic services for mothers and children, including twentyfour hour maternity care.

2. A measurable decrease in birth rate in model clinic communes as a consequence of health center patrons practicing family planning.

3. 100% of maternity patients served by the six centers receiving family health and family planning instruction.

4. Creation of a manageable environment at clinics for MCH care and family planning education by referring women with pregnancy complications to central hospitals.

5. Development and use of records system which provides reliable health and demographic data about the clientele of the health centers.

6. 200 personnel trained in family planning services, preventive medicine, midwifery, and MCH/FP educational techniques.

7. 25-30 MCH/FP trainers who through both formal and on-the-job training will have the technical knowledge and sufficient experience to direct the training MCH/FP effort at the six centers after U.S. personnel depart.

8. Acceptance of contraceptive devices by 20-25% of patrons of six centers, and through the general media network, development of a favorable attitude toward family planning among general population.

9. Approximately 75 TV and 240 radio programs for MCH/FP education programs.

10. Development of family planning delivery system with potential of reaching 70-80% of mothers of child-bearing age in Zaire through all forms of contact.

11. A significant number of hospital and health units in Zaire as receptors on distribution network and users of MCH/FP material.

12. A significant number of institutions (labor unions, secondary schools, technical schools, etc.) having access to FP information.

13. As a result of improved maternal-child health care, better nutrition and family planning, a reduction of infant mortality of 2 per 1,000 per year among patrons of the MCH/FP clinics.

Outputs indicators will be brought into sharper quantitative focus during early stages of project.

Project Inputs & Budget

Item	Unit	Total Life of Project Funding in $000 U.S.	GOZ
1. U.S. Personnel			
Full Time			
(a) Public Health/FP Physician/Team Leader	48 mm	273	84
(b) Public Health/Nurse/Midwife	48 mm	191	69
(c) Public Health/Pediatric Nurse	48 mm	192	69
(d) Management Specialist	48 mm	210	84
(e) Peace Corps Volunteers (2)	96 mm	-	14
TDY			
(f) Logistical Administration Specialist	4 mm	18	-
(g) Nutritionist	6 mm	26	-
(h) Statistician/Evaluator	9 mm	36	-
Sub Total:		946	320
2. Participants/Training			
(a) In-country Training - 180 Trainees (classroom & OJT)	1620 mm		26
(b) U.S.-Downstate N.Y.U.- 18 Trainees	3 mon. ea.	54	16
(c) U.S.-Specialized Trg - 10 Trainees	1 yr. ea.	75	20
Sub Total:		129	62
3. Construction/Commodities			
(a) Construction 2 model clinic trg. centers			

Item	Unit	U.S.	GOZ
1. A & E			20
2. Construction			400
3. Equipment			
a. local			90
b. U.S.		110	
(b) Remodeling 4 "Replica" Centers			
1. Construction			200
2. Equipment			
a. Local			120
b. U.S.		120	
(c) Drugs (primarily for Immunization)		5	134
(d) Population Information & Devices			
1. For use in 6 clinics		75	
2. General network distribution		92	
Sub Total:		402	964
4. Other Services			
Information dissemination network			
TV Programs	70	160	60
Radio Programs	235	60	50
General Education		35	12
Logistic Support (all phases)			476
Sub Total:		255	598
TOTAL		1,732	1,944

5. Required Nutrition Input est. at $342,000 will be provided under Title II. Breakdown to be furnished in ALR.

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F. Basic Assumptions

1. That the GOZ will remain constant in its intent to pursue Family Planning objectives.

2. That project personnel can be recruited and on board in stated timeframe.

3. That the GOZ will meet all local project cost requirements.

4. That project commodities and equipment arrive in a timely fashion.

5. That sufficient numbers of trainable personnel will be available and that subsequent to training they are retained in appropriate jobs.

6. That Zairian mothers and fathers are sufficiently concerned about infant and maternal mortality, excessively large families, malnutrition, high incidence of communicable diseases - that they will be receptive to the need for family planning.

DATE

(Number) REVISION

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Time-Frame of Major Steps by FY Quarters

	72 IV	73 I	73 II	73 III	73 IV	74 I	74 II	74 III	74 IV	75 I	75 II	75 III	75 IV	76 I	76 II	76 III	76 IV	77 I	77 II
Contract Activities																			
PROP approved	xx																		
PROAG-PIO/T signed		xx																	
Contract signed			xx																
Team arrives, orientation				xxxx															
Ist class.course: clinic trg centers					xxxx														
Ist OJT course: "						xxxxxxxx													
2nd class course: urban replica centers									xxxx										
2nd OJT course: "										xxxxxxxx									
In-stream evaluation & planning rural centers												xxxxxx							
3rd class course: rural replica centers													xxxx						
3rd OJT course: "														xxxxxxx					
Final evaluation																	xxxx		
Clinic Activities																			
A&E studies: clinic trg centers		xx																	
Bids & selection of contractor: "			xxx																
Construction "				xxxxxxxxx															
Selection & order equipment "			x																
Commence operat:"						xx													
Renovation of urban replica centers							xxxxxxxx												
Centers open								xx											
Renovation of rural replica centers											xxxxxx								
Centers open													xxx						

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	72 IV	73 I	73 II	73 III	73 IV	74 I	74 II	74 III	74 IV	75 I	75 II	75 III	75 IV	76 I	76 II	76 III	76 IV	77 I	77 II
Education & Trg Activities																			
Education study with Telestar		xxx																	
Distribution network begins			xx																
US Trg begins					xx														
Begin procurement of immunization & nutrition supplies			xx																
N.Y.U. Trg begins						xx													

connaissez-vous le ZAIRE?

Tableau 1 – CONNAISSEZ-VOUS LE ZAIRE?

Superficie totale	**2.346.201 km²**
dont:	
– Forêts	1.031.800 km²
– Cultivée (1958)	[illegible] km²
– Réseau fluvial [illegible]	[illegible] km
– Réseau ferroviaire	[illegible] km
– Réseau routier	140.000 km
dont: – routes classées importantes	*22.200 km*
– routes pénétrées	*1.800 km*

Tableau B1 – DECOMPOSITION, CROISSANCE ET DENSITE DE LA POPULATION TOTALE

(en milliers)

		RECENSEMENTS					
		1956			1958		1970
		Population	Pénétration d'enquête: taux annuel	Pénétration d'enquête: popul. 1970	Population	[illegible]	[illegible]
Population totale		[illegible]	[illegible]	17.700	[illegible]	[illegible]	[illegible]
Nationaux		[illegible]			13.540	[illegible]	
Etrangers	Africains					[illegible]	
	Non Africains	[illegible]			[illegible]		
Urbains			[illegible]				[illegible]
– centres de plus de 20.000 habitants		[illegible] (2)				[illegible]	
– en pourcentage de la population		[illegible]				[illegible]	
Ruraux		[illegible]	[illegible]			[illegible]	
Densité (hab/km²)		[illegible]		[illegible]	[illegible]	[illegible]	

(1) Enquête de 1956 a déterminé [illegible] pour la population extracoutumière qu'elle a évalué à 1.276.000 habitants pour les centres de plus de 2.000 [illegible]

(2) Voir tableau B 4.5

(3) Taux de croissance (1956 [illegible]) de plus de 20.000 habitants en 1970. Voir tableau B 4.

Sources: Enquête Démographique 1955-1957. Recensements administratifs de la population 1956, 1958 et 1970.

CONNAISSEZ-VOUS le ZAIRE?

Tableau B2 - SUPERFICIE, POPULATION, DENSITE PAR PROVINCE ET DISTRICT

Subdivisions Administratives	Superficie (millier km²)	1970 Population (millier)	1970 Densité (hab./km²)	1958 Population (millier)	1958 Densité (hab./km²)
Ville de Kinshasa	**10,0**	**1.323,0**	**133**	**368,0**	**37 (4)**
Bas-Zaire	**53,9**	**1.504,4**	**28**	**897,8**	**17**
Ville de Matadi	0,1	110,4	1.004	61,7	561
Discrict du Bas-Zaire	14,3	522,1	36	335,4	23
Discrict des Cataractes	39,5	871,9	22	500,7	13
Bandundu	**295,7**	**2.600,6**	**9**	**1.923,5**	**7**
Ville de Bandundu	0,2	74,5	336		
Ville de Kikwit	inclus Kwilu	112,0			
District du Lac Leopold II	127,2	429,5	3	292,2	2
District du Kwilu	78,2	1.370,5	20 (1)	1.157,5	15 (1)
District du Kwango	90,0	614,2	7	473,8	5
Equateur	**402,1**	**2.431,8**	**6**	**1.801,6**	**4**
Ville de Mbandaka	0,5	107,9	235	56,6	123
District de l'Equateur	102,3	340,8	4 (2)	264,8	3 (2)
District de la Tshuapa	133,0	466,3	4	402,2	3
District de la Mongala	101,5	739,8	7	524,9	5
District de l'Ubangi	64,9	777,0	12	552,9	9
Province du Haut-Zaire	**503,2**	**3.356,4**	**7**	**2.474,6**	**5**
Ville de Kisangani	1,9	229,6	120	109,6	57
District du Haut-Zaire	197,7	714,5	5 (3)	562,0	3 (3)
District du Bas-Uélé	148,3	588,8	4	494,3	3
District du Haut-Uélé	89,7	795,6	9	611,3	7
District de l'Ituri	66,7	1.027,9	16	697,4	11
Province du Kivu	**259,1**	**3.361,9**	**13**	**2.261,8**	**9**
Ville de Bukavu	0,1	134,9	2.248	48,3	805
District du Nord-Kivu	60,5	1.473,4	244	891,7	147
District du Sud-Kivu	66,3	1.130,7	191 (5)	960,8	137 (5)
District du Maniema	132,3	623,0	5	461,1	3
Province du Katanga	**497,0**	**2.753,7**	**6**	**1.654,2**	**3**
Ville de Lubumbashi	0,7	318,0	426	168,8	226
Ville de Likasi	0,2	146,4	623	69,8	297
District du Tanganyika	135,0	696,4	5	442,7	3
District du Haut-Lomami	108,2	602,4	6	363,4	3
District du Haut-Katanga	131,4	394,3	6 (6)	268,9	4 (6)
District de Lualaba	121,3	596,3	5	140,5	3
Kasai Occidental	**157,0**	**2.433,9**	**16**	**1.246,5**	**8**
Ville de Luluabourg	0,4	429,0	1.135	[illegible]	284
District du Kasai	95,6	833,5	9	491,1	5
District de la Lulua	61,0	1.171,4	26 (7)	642,3	12 (7)
Kasai Oriental	**168,2**	**1.872,2**	**11**	**912,7**	**5**
Ville de Miji-Mayi	0,1	255,2	4.002		
District de Kabinda	63,8	1.118,7	22 (8)	504,1	8
District de Sankuru	104	497,4	5	408,0	4
Ensemble de la R. Z	**2.346,2**	**21.637,9**	**9,2**	**13.540,2**	**5,8**

(1) Kikwit-Bandundu inclus
(2) Mbandaka inclus
(3) Kisangani inclus
(4) En tenant compte de la superficie de Kinshasa en 1958 = 1.977 km² densité ramenée à 186,1
(5) Bukavu inclus
(6) Lubumbashi et Likasi inclus
(7) Luluabourg inclus
(8) Miji-Mayi inclus

Source : R. Z. Le population en chiffres II de St. Moulaert Zaïrenseigne N. 17/1970
Institut Géographique du Zaïre - Répertoire des Superficies - Kinshasa 1/3/1970

Tableau 3.1 – CENTRES URBAINS, POPULATION ZAIROISE (recensements administratifs), SUPERFICIE, DENSITE

Tableau 3.2 – CENTRES URBAINS DE PLUS DE 20 000 HABITANTS

Centres urbains	1956	1970	Indice 1956 = 100	Taux annuel
Kalémie	28			
Manono	27			
Mwene-Ditu	22 (1)			
Tshikapa	25 (1)			
Gandajika	17 (1)			
Kipushi	18			
Lusambo	18			
Kolwezi	48			
Kongolo	14			
Moerbeke	12 (1)			
Kamina	13			
Shinkolobwe	15			
Mushie	12			
Isiro	12			
Aketi	11			
Buta	11			
Total	[illegible]	[illegible] (2)	[illegible] (2)	[illegible] (2)

Tableau B3 3 CENTRES URBAINS DE PLUS DE 10.000 HABITANTS EN 1956 AUTRES QUE COMPRIS DANS LE Tableau B3 2

Données recensées en 1970 pas encore disponibles

(1) Les chiffres ont été estimés sur la base du recensement 1958
(2) Application de l'indice trouvé pour les villes de 20 000 à 100 000 [illegible] voir tableau B 3 2.

Source: Voir tableau B3

(en milliers)

Centres d'une population de	1970 nombre	1970 habitants	Population de ces centres en 1956	[illegible] 1956 (1)	Taux annuel de croissance
1.000.000	1	1.323	332	398,5	10,4
100.000 - 1.000.000	9	1.845	505	365,[illegible]	9,7
20.000 - 100.000	17	618	208	297,1	8,1
a. Total (1) (recensé)	27	3.786	1.045	362,3	[illegible]
b. Total (estimé 1970)	16	909	[illegible]	297,[illegible]	[illegible]
Total (a + b)	43	4.695	1.351	347,5	9,3

Tableau B4
CENTRES URBAINS DE PLUS DE 20.000 HABITANTS EN 1970

Source: Voir tableaux B3/5

Centres d'une population de	1956 nombre	1956 habitants	1970 nombre	1970 habitants	Indice 1956 = 100	Taux annuel	Taux annuel
1.000.000							
100.000 - 1.000.000	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
20.000 - 100.000	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total partiel [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total général	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10.000 - 20.000	[illegible]	[illegible]					
20.000 - [illegible]	[illegible]	[illegible]					

Tableau B5
GROUPEMENT DES CENTRES URBAINS

(en milliers)

(1) Chiffres pour 1970 pas encore disponibles
(2) En plus des 5 villes recensées en 1956 (1958) ce groupe n'est pas complet. Les [illegible] sont d'une [illegible] montant estimé à ajouter 90% voir tableau B4)

AID1020-28(2-71)

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1973 to FY 1976
Total U. S. Funding $1,758,000
Date Prepared: July 2, 1974

Project Title: Maternal Child Health/Family Planning Services

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: GOZ will shift from a pro-natalist to a lower-fertility policy.	Measures of Goal Achievement: GOZ policy statement issued regarding family planning.	Issuance of said document.	Assumptions for achieving goal targets: GOZ will sustain and support economically as well as politically improved MCH/FP services.
Project Purpose: To develop a GOZ FP delivery system for services, training, information, and distribution.	Conditions that will indicate purpose has been achieved: End of project status. 1. Establishment of effective supervisory control under FOMECO. 2. Alleviation of overcrowding in MY Hospital. 3. Demographic data collected and analyzed. 4. Plan of operation for allocating [illegible] 5. GOZ capability to provide effective training for staff required to replace MCH/FP centers. (also) ——> 6. Effective FP distribution network.	These conditions will be evaluated by the evaluator provided for in the project. He will be on site in Kinshasa and will be provided with whatever materials and means necessary to verify the indicators.	Assumptions for achieving purpose: Clear understanding of which MCH/FP methodologies have best chance of success in Zairian context with MCH/FP services concept to be expanded to other parts of country.
Outputs: 1. Verification of appropriateness of MCH center. 2. Establishment of system of data collection. 3. Establishment of media programming for FP/MCH education. 4. Establishment of distribution network for FP/MCH info and devices. 5. Development of supervisory capacity by FOMECO. 6. Acceptance of FP and preventive medicine measures. 7. Alleviation of crowded conditions in MY Hospital.	Magnitude of Outputs: See pages 15-16 for details. Principle outputs are: 1. 6 MCH/FP clinics operating. 2. 100% of clinic clients receiving FP information. 3. Effective data collection system in 6 clinics. 4. 200 trained personnel. 5. 25-30 trainers to continue replication. 6. 70 TV & 240 radio programs developed through TELESTAR. 7. FP info & device distribution network operating to provide material to a significant number of Zaire hospitals & clinics.	(Same as block above)	Assumptions for providing outputs: That the GOZ will be sufficiently satisfied with the outputs indicated as to continue the program & ensure that these outputs become critical inputs in its own replication & expansion of MCH/FP services throughout Zaire.
Inputs: 1. U.S. personnel on contract. 2. Local personnel as participants. 3. Peace Corps volunteers. 4. Nutrition supplement. 5. Immunization material. 6. F.P. information & devices. 7. Assistance to Telestar TV/radio productions	Implementation Target (Type and Quantity) 1. Budget $1,732,000 - local costs in Zaire to be approximately 55% total project or $972,000. 2. Schedules - Project to extend over 48 months. See pages 17-21 for expansion of Budget and Schedule.	(Same as block above)	Assumptions for providing inputs: 1. Salaries of Zairians to be paid by MY Hospital. 2. Appropriate land available. 3. Appropriate renovatable clinics available. 4. Trainable personnel available. 5. GOZ Zaires available. 6. Nutritional supplement distributional facility. 7. Telestar facilities adequate.

AID 1330-1
(6-64)

PRO AG

PROJECT AGREEMENT

BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID), AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND

FOMECO PD-AAK-403-C1

AN AGENCY OF THE GOVERNMENT OF REPUBLIC OF ZAIRE

The above-named parties hereby mutually agree to carry out a project in accordance with the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:

[X] PROJECT DESCRIPTION ANNEX A
[ ] FOREIGN CURRENCY STANDARD PROVISIONS ANNEX
[X] STANDARD PROVISIONS ANNEX
[ ] SPECIAL LOAN PROVISIONS ANNEX

This Project Agreement is further subject to the terms of the following agreement between the two governments, as modified and supplemented:

[ ] GENERAL AGREEMENT FOR TECHNICAL COOPERATION	DATE
[ ] ECONOMIC COOPERATION AGREEMENT	DATE
[ ] (other)	DATE

1. PROJECT/ACTIVITY NO. 660-11-531-049 (4)

PAGE 1 OF 1 PAGES

2. AGREEMENT NO.

3. XX ORIGINAL OR REVISION NO.

4. PROJECT/ACTIVITY TITLE

MATERNAL/CHILD
Health Services

5. PROJECT DESCRIPTION AND EXPLANATION

(See Annex A attached)

6. AID APPROPRIATION SYMBOL: 72-1121007

7. AID ALLOTMENT SYMBOL: 207-50-660-00-44-21

8. AID FINANCING [X] DOLLARS [ ] LOCAL CURRENCY	PREVIOUS TOTAL (A)	INCREASE (B)	DECREASE (C)	TOTAL TO DATE (D)
(a) Total				
(b) Contract Services				
(c) Commodities				
(d) Other Costs	See page 2 for funding breakdown			
9. COOPERATING AGENCY FINANCING - DOLLAR EQUIVALENT £1.00 = Z 0.50				
(a) Total				
(b) Technical and other Services				
(c) Commodities				
(d) Other Costs				

10. SPECIAL PROVISIONS (Use Additional Continuation Sheets, if Necessary)

See Annex A

PROG. JK

CO. JRAL

11. DATE OF ORIGINAL AGREEMENT: June 29, 1972

12. DATE OF THIS REVISION:

13. ESTIMATED FINAL CONTRIBUTION DATE: December 1977

14. FOR THE COOPERATING GOVERNMENT OR AGENCY

SIGNATURE: William T. Cox MD DATE: 29 June 1972

TITLE: Director General of FOMECO

15. FOR THE AGENCY FOR INTERNATIONAL DEVELOPMENT

SIGNATURE: [signature] DATE: 29 June 72

TITLE: USAID Director

USAID CONTRIBUTION

	Previous Total	Increase	Decrease	To Date		
				Contract	Non Contract	Total
Personal Services		384,000	-	384,000	-	384,000
Participants		69,000	-	-	69,000	69,000
Commodities		157,000	-	-	157,000	157,000
Other Costs		-	-	-	-	-
Total		610,000	-	384,000	226,000	610,000

GOZ CONTRIBUTION

	Previous Total	Increase	Decrease	To Date		
				Counterpart Funds	Regular Budget	Total
Personal Services			-	24,000		
Participants			-	-		
Commodities			-	18,000		
Other Costs			-	220,000		
Total			-	262,000*		

* Total funds subject to separate PROAG to be signed by Minister of Finance and USAID Director.

For the Cooperating Government or Agency

SIGNATURE: _____ DATE: _____

TITLE:

For the Agency for International Development

SIGNATURE: _____ DATE: _____

TITLE:

This agreement between the USA and GOZ has as its long-range goal the development of a Maternal Child Health/Family Planning program in Kinshasa and later throughout Zaire. More immediate short range objectives during the life of the project (Five years dependent upon the availability of funds) will be the creation of four Family Health Clinics in Kinshasa and two in the Provinces which will serve as the focal point and model within FOMECO for providing a full range of MCH/FP Services.

I. During the life of the project, activities will be directed toward the following goals:

A. Establishment of a MCH Training Division within FOMECO

A new training section will be formed in the MCH Division of FOMECO with three U.S. project-provided personnel forming the nucleus of the new unit: - one Public Health physician to head the Training Unit and oversee Family Planning efforts under the supervision of Chairman, MCH Council, a Public Health Pediatric Nurse and a Public Health Midwife. These staff members will coordinate curriculum formation, teaching methodology and on-the-job training. They will be assisted by FOMECO medical personnel in their respective specialty areas.

The on-the-job training provided the first group of trainers will take place in two specialty designed clinics which will be constructed and financed by the GOZ. The threefold intent in providing these new clinic facilities is: (1) to de-congest Maternity Service of the M.M.Y. Hospital by having only complicated maternal cases referred to them in the future; (2) provide a manageable environment where trainers can be carefully supervised by the senior and intermediate staff assigned by FOMECO to each clinic, and (3) to insure adequate provision of MCH/FP information to mothers during the post-partum period when motivation for family limitation is high.

Project personnel are scheduled to arrive in Zaire during January 1973. They will devote their first three months to drawing up training curriculum relevant to the Zairian context and structuring a cyclic training program to be followed by each successive group of trainers. Basically, the initial cycle will consist of three months classroom course,

six months on-the-job training in a MCH/FP clinic and three additional months on rotation in a central hospital facility. A second cycle will be developed involving periodic seminars and further on-the-job training lasting one full year. All trainers will receive adapted instruction in the areas of obstetrics, gynecology, midwifery, child care, disease prevention, health promotion, nutrition and family planning.

By end-of-project six MCH/FP clinics will have been established, each with an adequate trained staff. More importantly, through the assistance of U.S. personnel, the process of renovating existing medical facilities, training new staff, operating new clinics, developing measurement criteria, etc. will have been effectively demonstrated. In addition, a total of 10 Zairians now working in the health sector who demonstrated teaching skills will have been to the U.S. for a year's study in the MCH/FP training field. Another eighteen Zairians will have traveled to the U.S. for 3 month courses in MCH/FP practices. These 28 participants will provide the GOZ with a local capability to continue expanding its MCH/FP training effort after phaseout of U.S. Personnel.

B. Distribution Network for MCH/FP Material

Under the direction of FOMECO and the Team Training Director, the project provided Management Specialist will coordinate setting up a network for the distribution of MCH/FP materials and oversee its expansion as additional numbers of sensitized Zairians become available through the training effort spelled out in A above. The management specialist will maintain close liaison through FOMECO with Ministry of Health and Social Affairs representatives to ensure efficient utilization of all available resources.

C. Subsidizing Communication Media

The objective of this project element is to deliver through the existing national radio and TV network-Telestar-MCH/FP presentations which would stimulate family discussion and accelerate behavorial change through persuasion. AID will assist in financing equipment and commodity related costs involved in producing programs in French, Lingala, Kikongo, Swahili and Tshiluba.

II. First year implementation plans will call for the following contribution on the part of the USAID and the GOZ:

USAID Contribution

1) U.S. Personnel:

To assist FOMECO in the implementation and supervision of this project, the U.S. will provide 4 full-time staff: a Public Health Physician (also team leader), Public Health Nurse/Midwife, Public Health Pediatric Nurse, and a Management Specialist. In addition, short-term consultants will be provided. [illegible] 2 full-time Peace Corps Volunteers will be assigned and supported as described below. A total of $384,000 will be made available to cover this first year of implementation.

2) Participants/Training

Training of MCH/FP personnel will be conducted both within Zaire and the United States. Total funds obligated for the U.S. portion of training under this PROAG is $69,000. It is anticipated that this will provide one year academic training for three individuals in public health and specialized three month training for six to nine more.

3) Commodities

Under the Agreement, the USAID will agree to provide $157,000 in project supported materials of U.S. origin. This will be limited to medical equipment for the clinics, vehicles, MCH/FP information and supplies, and the partial costs connected with the production of films and documentaries by Telestar.

Government of Zaire Contribution

The GOZ will be directly involved in both field and administrative duties in all phases of the project. Besides providing both financial and in-kind services as outlined below, related support activities will include backstopping facilities of the M.M.Y. Hospital and administrative and logistic support by FOMECO.

1) Personnel

In support of the four U.S. staff, the GOZ will provide adequate housing, utilities, in-country and local travel, [illegible] provided support assistance as outlined in the basic agreement between the Peace Corps and the GOZ.

For the staffing of the six Health Clinics-counterpart personnel will be assigned to the U.S. staff in addition to the operational personnel required to adequately run the clinics. These costs will be funded from the regular GOZ budget.

2) Participants

All participants chosen for U.S. training will be jointly selected by the GOZ and USAID. In support of their training, the GOZ in addition to the continuation of the regular salary, will provide funds for air transportation to and from the U.S. The allowing of dependents to accompany the participant will be jointly approved by the GOZ and USAID.

3) Contribution/Commodities

The GOZ under this agreement willmmake available approx. Z 110,000 for the construction of the first two Health Clinics to be built in Kinshasa. The work to be performed under the supervision of FONTCO, is anticipated to be completed by May, 1973. Commodities in the form of immunization equipment and health and administrative supplies adequate for the needs of the clinics will be purchased by the GOZ.

4) Other Support Activities

a) It is agreed that the GOZ shall provide funds for the maintenance operation (including gasoline and oil), and repair of all USAID equipment purchased under this agreement.

b) The GOZ shall arrange for the entry of USAID purchased equipment into Zaire without payment of customs, tariffs, duties, port charges, etc., and shall provide adequate administrative personnel to prepare the necessary documentation and other tasks connected with the work. The GOZ will also provide the funds for the inland transportation of all USAID equipment purchased under this agreement.

c) The GOZ shall receive the U.S. technicians mentioned above, and such other advisors or technicians of the USAID or its contractors mutually agreed upon by the GOZ and USAID as may be necessary for the program. The GOZ through FOMECO, will extend full cooperation and active support to these advisors and technicians in carrying out their duties. Such cooperation and support will include but will not be limited to provision of suitable office space, provision of necessary credentials, personnel, drivers, and vehicles adequate to facilitate this work.

For the Cooperating Government or Agency	For the Agency for International Development
SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____
TITLE:	TITLE: