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MEMORANDUM

TO : S&T/POP/DIR, J.J. Speidel  
FROM : S&T/POP/R, Elizabeth S. Maguire *esm*  
SUBJECT : Trip Report: Zaire, July 9-17, 1982

I. Purpose

The primary objective of the TDY was to undertake a mid-term review of the Family Planning Operations Research Project in Bas Zaire, under contract AID/DSPE-C-0089 with Tulane University. The trip was the first AID/W site visit in 20 months since my November 1980 TDY to help finalize the project design and the subcontract between Tulane University and the Zairian implementing agency, the Communauté Baptiste du Zaire Ouest (CBZO).

II. Summary of Findings and Observations

Over the past year and a half, there has been a series of comprehensive trip and progress reports on the Bas Zaire OR project. In light of the detailed documentation which already exists on the project, the following report provides only a brief overview of the project design, activities to date, recent field visit observations and important project findings. A more complete account of recent project developments and activities during the July TDY is presented in Appendix A.

A. Study Design

The three and one-half year operations research project, known as PRODEF (Programme d'Education Familiale) is being carried out in the region of Bas Zaire (350 kms southwest of Kinshasa, near the Angolan border) - in the city of Matadi (population 300,000+) and in the neighboring rural zone of Songololo (population 25,000). The principal objectives of the project are to improve the health of women of reproductive age (WRA) by promoting greater use of contraceptives, and to improve the health status of children under five by providing preventive and curative measures for malaria, intestinal worms and diarrhea-related dehydration.

The rural and urban target populations are each divided into an experimental and control group. In the rural experimental area (35 villages), there are three types of activities: (1) household visits by locally recruited and specially trained lay women to distribute contraceptives (pills, foam, Neo-Sampon, condoms, referral for IUD and sterilization) as well as selected drugs for children under five (chloroquine, aspirin, oralyte and mebendazole); (2) group meetings on maternal-child health topics, at the community level; and (3) stocking local health posts - dispensaries and matrones (respected village women) - with contraceptives and drugs for children under five. (For more details on the service delivery model, see Appendix B). In the 21 "control" villages in the zone of Songololo, local dispensaries and matrones

are supplied with the PRODEF commodities but no outreach activities are conducted. The same basic strategies are being tested in the city of Matadi although only family planning information and services are being offered.

### B. Project Activities to Date

The list of activities carried out during the first 20 months of the project is impressive, particularly given the difficult conditions which prevail in both the urban and rural target areas. The achievements are due to the extraordinary dedication and hard work of Dr. Nlandu Mangani, the Project Director, and his staff as well as to the excellent technical assistance provided by Dr. Jane Bertrand, Principal Investigator with Tulane University. The project team has managed to deal effectively with a wide range of problems - delayed arrival of some equipment and supplies, interruptions in the flow of funds between Kinshasa and the project headquarters in Nsona Mpangu, serious gas shortages, scarce resources as well as efforts on the part of several physicians in Matadi (due to political rivalries) to obstruct project implementation.

While the project experienced minor delays during the early phase, activities are now moving ahead remarkably smoothly. Baseline surveys have been completed in the zone of Songololo and in the city of Matadi. There are preliminary results available from the rural survey. A detailed analysis of data from both surveys should be completed within several months. Home visitors (five in the rural area and ten in Matadi) have been recruited and trained, as have nurses from local health posts (rural and urban) and "matrones" who serve as resupply points in villages where there are no dispensaries. Service delivery was initiated in October 1981 in the rural target area and the end of June 1982 in Matadi. The second round of home visits in the 35 experimental villages in Songololo should be completed by the beginning of September. Following retraining sessions for both the home visitors and the matrones, a third round of household visits will be launched in half of the rural target villages; in the remaining villages there will be a series of smaller group meetings.

Support materials developed to date include excellent training manuals in French, colored posters in Kikongo (the local dialect) and a set of 11 reporting forms for program management and evaluation. The forms will provide the basis for a comprehensive cost-effectiveness analysis to be performed at the end of the project. A careful account is being kept of all project expenditures, classified according to type of expense and percentage attributed to services and research. Another strong feature of the project, as noted earlier, is the detailed documentation of the implementation process, including problems encountered, corrective actions taken and accomplishments. There has been a special effort to provide rapid feedback of findings and to introduce modifications as necessary in the project design.

### C. Recent Site Visit Observations

During the course of six very full days in the field, I reviewed all aspects of the OR project with Dr. Nlandu Mangani, Citoyenne Matondo Mansilu (Assistant PRODEF Director) and Jane Bertrand. In both Matadi and

Nsona Mpangu (headquarters of the rural activities), I had an opportunity to assess the adequacy of the training and the performance of the home visitors, through informal discussions, group meetings, role playing, household visits and a review of service statistics. In general, the field workers seem to be well trained and highly motivated. The role playing focused on the correct preparation of oral rehydration solution (using packets of Oralyte) and on family planning - a discussion of the benefits of childspacing and a description of the different contraceptive methods, including possible side effects.

On several home visits in the congested slum areas of Matadi, I was impressed with the warm reception which the canvassers received and the apparent interest on the part of the couples interviewed in learning about modern methods of contraception, for child-spacing purposes. In the rural target zone, I visited one of the 35 "experimental" villages - Landango (meaning "Follow the Leopard" in Kikongo), with an estimated population of 200. The PRODEF team had already completed the second round of home visits in the community, and our trip was designed to assess the work done to date. As in previous visits, the village chief was contacted the day before and asked to convene the members of the community for a group meeting. When we arrived, approximately 70 villagers were seated in the central compound - with the men on one side and the women and children on the other. Dr. Nlandu Mangani spoke to the group for about 30 minutes on the causes and treatment of major health problems in the community - malaria, diarrhea, intestinal parasites, malnutrition - and finally, about the importance of child-spacing for the health of mothers and young children. Much of the discussion was in the form of proverbs.

Following a period of questions and answers, the PRODEF team withdrew so that the villagers could meet briefly in private to discuss their specific health concerns and needs. The chief expressed satisfaction with the PRODEF activities and also an interest in ultimately having a dispensary in the community or at least an expanded number of medicines available through the matrone trained by the project. After the group meeting, the PRODEF team dispersed to conduct home visits. I was able to observe in particular the preparation of Oralyte, both by the canvassers and repeated by the mothers, as well as a discussion of different family planning methods. Both activities were well done. An interesting conversation took place in one of the households where the couple had decided to switch from one contraceptive method to another. The woman had received a supply of condoms during a previous visit by the PRODEF canvasser. This time, however, the husband insisted that she be given a can of foam so that his two wives would then be using the same method.

While I was in Nsona Mpangu, we devoted a substantial amount of time to reviewing service statistics, along with the inventory and accounting systems. The various reporting forms had not as yet proved to be an undue burden on the project staff. The errors identified in the household record forms were, for the most part, minor and ones which could be easily corrected. The brief retraining session scheduled for the canvassers next month should also help to strengthen any weaknesses in their daily reporting. With the recent implementation of a new inventory record system, there now

appears to be closer tracking of commodities received and distributed to the home visitors, dispensaries and matrones. The accounting system, which has been weak in the past, has also shown some improvement. The Project Director and his assistant continue to assure careful management of PRODEF funds and strong overall administration of the project.

#### D. Project Findings and Impact

The following are some of the important findings of the PRODEF operations research project after 20 months of activity:

- Results of the baseline survey reveal an unexpectedly high use of traditional means of contraception, in both the urban and rural target areas, prior to the start of PRODEF services (see Appendix C). In the city of Matadi, the percentage of women aged 15-49 who were currently using a traditional method of fertility control was 58 percent. Of that number, half of the women were using withdrawal; 28 percent, abstinence; and eight percent, rhythm. In the rural target areas, the current use of traditional methods among women of reproductive age was 48 percent, of which 39 percent were reportedly practicing abstinence, 26 percent withdrawal and ten percent rhythm. Use of modern methods was five percent for women aged 15-49 in Matadi and four percent in the rural zone of Songololo.
- According to the baseline survey, there is wide recognition among women in both target areas of the value of family planning, particularly for the purpose of spacing rather than limiting births.
- After nine months of PRODEF service delivery in rural communities, household distribution (by local lay women) of modern methods of contraception has been shown to be highly acceptable, especially when family planning is provided in conjunction with maternal-child health (MCH) services. In villages with a large percentage of Angolan refugees, acceptance of modern contraception has been somewhat lower than in those communities with a predominantly Zairian population.
- During the first round of home visiting in the rural area, approximately one-third of the women interviewed accepted a family planning method, offered free of charge. It should be noted that of those who did not accept, about one-half of the women were either currently pregnant or did not have their husband present at the time of the interview.\*

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\*Home visitors are not authorized to leave contraceptives unless the husband is present or the woman has written permission from her husband.

- Results of the second round of home visiting in the rural area showed that 78.5 percent of the women who had accepted a contraceptive method during the initial visit had actually tried it, and 51 percent were still using it six months later. Continuation rates ranged from 61.3 percent among women who had selected condoms, to 49.7 percent among those who received foam, and 40.0 percent for pill acceptors. (Data from the second round of home visiting are presented in Tables 2 and 3 of Appendix A).
- Based on the initial two weeks of home visiting in the city of Matadi (see Table 1, Appendix A), family planning activities have been well accepted even when offered without other MCH services. Of the 458 women visited, a total of 41 percent accepted free contraceptive supplies or a referral for an IUD or sterilization. Among those who accepted: 37 percent selected Neo-Sampon; 24 percent, foam; 21 percent, pills; 11 percent, condoms; three percent, a combination of condoms with either Neo-Sampon or foam; and three percent, sterilization or IUD referral. The popularity of barrier methods (Neo-Sampon and foam) reflects the high number of breastfeeding women who were not initially offered the pill. Program policy is now being modified to authorize use of the pill among lactating women who are nine months postpartum. Among those who did not accept a method (271), in approximately half of the cases, the women was either pregnant or her husband was absent at the time of the visit.

#### IV. Recommendations and Conclusions

##### A. Future Project Activities

While the PRODEF project has made remarkable progress, certain problems and weaknesses were identified during the site visit and corrective actions proposed. Recommended areas for special attention in the months ahead include the following:

- Retrain the existing matrones and strengthen their role as village resupply agents for contraceptives and selected medicines for young children.
- Recruit new matrones in villages currently without a dispensary or local resupply point.
- Expand the number of group meetings in selected villages to address the problem of reluctance on the part of some women to obtain contraceptive supplies from the matrone.
- Ensure better follow-up (and transportation whenever possible) of IUD and sterilization candidates.
- Examine the possibility of lowering the price of tubal ligations, currently 50 zaires (approximately US\$9).
- Establish effective mechanisms for resupplying and monitoring on a regular basis, dispensary nurses and home visitors in Matadi.

- Set up a series of group meetings in Matadi.
- Send a new shipment of contraceptive foam (the initial stock has an expiration date of 4/82) as well as additional supplies of Neo-Sampon to meet the unexpected high demand for the product in both the urban and rural target areas.

Project activities scheduled during the remainder of 1982 and 1983 include:

- A third round of home visits in the rural experimental area, following a brief retraining session for project staff.
- Production of a 25-minute, 16 mm educational film on family planning with French and Kikongo soundtracks.
- An indepth analysis of data from the rural and urban baseline surveys.
- Completion of the first and second rounds of household visits in the city of Matadi, with periodic in-service training.
- Translation into Kikongo and distribution of the family planning pamphlet, "Etre Maman, Etre Papa".
- Expanded use of radio in Matadi to promote family planning.
- Design and implementation of post-intervention surveys in the zone of Songololo (March-May 1983) and Matadi (December 1983-March 1984).

To compensate for the initial delays in the implementation of service delivery and to allow sufficient time for a comprehensive evaluation of the project, a twelve-month no-cost extension of the contract with Tulane University is currently planned, through January 1985. During this final period, there will be a detailed analysis of data from the pre- and post-intervention surveys, service statistics, a cost-effectiveness analysis and a qualitative evaluation.

#### B. Program Implications

There are a number of features of the Bas Zaire project worth noting and which make it a particularly interesting and important activity in the Operations Research Program portfolio.

It is the first maternal-child health/family planning operations research project to be launched in subSaharan Francophone Africa. The other OR projects currently underway are in Nigeria, Sudan, Tanzania and Kenya. By the end of 1982, we expect to launch new projects in two other Francophone countries - Togo and Burundi.

- It provides a broader range of family planning methods than do other OR projects in the region - offering at the household level pills, condoms, foam, Neo-Sampon, IUD and sterilization referrals.
- It offers the challenge of working in two contrasting and very difficult environments - congested slum areas of a port city and a remote rural area - as well as the opportunity to measure the relative impact of an outreach vs. a clinic-based FP/MCH program.
- It has been well received by the rural and urban target populations. Results to date indicate widespread support of project activities and substantially higher levels of acceptance of modern methods of family planning than those found in the Nigeria and Sudan OR projects.
- It has developed an excellent set of training manuals which can be used on a broader scale in Zaire as well as in other Francophone countries to help meet the growing demand for appropriate MCH/FP training materials in French.
- The scheduled production of an education film in Kikongo and French on maternal-child health and the benefits of child-spacing will be of value to programs in Zaire and throughout the region.
- It is one of the few OR projects developed to date with a solid framework for conducting a detailed cost-effectiveness analysis.
- It is also among the best documented of the ongoing OR projects, with a wealth of data already available from the baseline surveys and the monthly reporting systems.
- Finally, unlike many OR projects, it does not have a resident expatriate advisor, relying instead on local personnel and quarterly technical assistance trips by the Tulane Principal Investigator.

Bolstered by a strong record to date, the PRODEF project faces a number of challenges ahead and a full agenda of activities over the next two and one-half years. Dr. Nlandu Mangani and his staff must continue to cope with major communications and logistical problems as well as with a serious national economic crisis and growing scarcity of essential goods and services. Central issues for the remainder of the project are: (1) whether the relatively high contraceptive acceptance and use rates achieved to date can be sustained, through continued information and education activities and through the establishment of effective contraceptive resupply and referral mechanisms; and (2) whether essential FP/MCH services and supplies can remain available, at a reasonable cost, beyond the termination of the project.

The experience of the pilot community-based distribution project in Bas Zaire promises to have important implications for the strengthening and expansion of non-clinical distribution of maternal-child health and family planning services in other parts of Zaire. Already some of the staff from the

Bas Zaire project have been asked to provide technical assistance to other FP/MCH programs. Given the early success of PRODEF, USAID/Kinshasa has recently expressed an interest in launching similar operations research projects in one or two other regions. It is hoped that the Bas Zaire experiment can also provide important lessons for other Francophone African countries - such as Burundi, Rwanda, Senegal and Togo - where the possibility of introducing child-spacing information and services as part of primary health care and other community-based programs is only now being discussed.

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