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ZAIRE TRIP REPORT

FAMILY PLANNING MANAGEMENT TRAINING
PROJECT

SEPTEMBER 29, 1987

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Ken Heise
Sara Seims

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I. EXECUTIVE SUMMARY

A two person team from the Family Planning Management Training Project (FPMT) visited Zaire in February, 1986 to design a management development plan for the principal family planning organizations in Zaire, the Projet des Services des Naissances Desirables and the Association Zairoise pour le Bien-Etre Familial. The plan proposed for both organizations put priority on organizational development and the strengthening of management systems through technical assistance and training.

As a result of the initial visit, a management and organizational development workshop for PSND and AZBEF was held in August, 1986. Participants were guided through discussions and exercises designed to explore possible solutions to problems facing the PSND and AZBEF. Management tools and skills were discussed and practiced as they related to the problems identified. The workshop was designed to be the first in a series of workshops for both organizations, with subsequent interventions focusing on the priority management problems brought to light during the first workshop. However, with significant changes in the relationship between PSND and AZBEF, the arrival of new USAID personnel, and with modifications to the bilateral project, the decision was made to delay further interventions until a later date.

At the time of the initial FPMT visit many key posts (Chiefs of Division) in the PSND were occupied by AZBEF staff assigned either full- or part-time to the PSND, as called for in the original project design. As has been documented elsewhere, this organizational structure proved untenable despite long and concerted efforts to make it work. In September, 1986 AZBEF recalled its staff from the PSND, thereby creating a serious personnel shortage in the PSND which has taken nearly a year to resolve.

At the request of USAID Zaire, FPMT Deputy Director Sara Seims and Operations Officer Ken Heise visited Zaire in September, 1987 to reassess the potential role FPMT could play in support of family planning efforts in Zaire. The objectives of the mission were to:

(a) hold discussions with USAID, PSND, and AZBEF concerning revised management training and technical assistance needs given the new organizational structures and relationships

(b) review, at USAID's suggestion, the possibility of FPMT providing a long-term resident technical advisor in management to the PSND

(c) discuss with Ministry of Planning officials the role FPMT might play in providing assistance to CONAPOP and the CECAP (CONAPOP Coordinating committee) to help them manage the implementation of the national population policy.

The FPMT visit took place from September 14-29. During the two weeks of work, Seims and Heise met repeatedly with USAID, PSND, and AZBEF staff to discuss the management problems facing the family planning program in Zaire. Visits to clinics and pharmacies offering family planning services were also made to gain a perspective of the service-related obstacles to improved program performance. The extensive documents and reports made available to the team were a source of much valuable information.

The remainder of this report describes the activities that FPMT proposes to undertake with the PSND, AZBEF, and the Ministry of Planning, subject of course to concurrence from USAID Zaire and AID/W. The FPMT team is optimistic about the future of family planning efforts in Zaire, now that most of the critical structures and systems are in place. The political environment for family planning is favorable, perhaps more so than at any previous time. Efforts must now be placed on reaching a larger number of clients with quality services. With a renewed emphasis on IEC, continued efforts to expand the number and type of service delivery systems, and enhanced management support systems, it is the team's impression that large increases in the number of family planning acceptors will occur.

II. GENERAL OBSERVATIONS ON THE PROGRAM

The Zairian family planning program is one of contrasts and does not lend itself easily to generalization. There are many positive aspects pertaining to the program, the service and support systems, and to the policies regarding service delivery. These positive aspects, described below, must however be seen in the context of a program reaching a very small number of clients.

Zaire has moved rapidly in the policy area, first with the creation of a National Population Council (CONAPO) and then with the elaboration of an exhaustive Population Policy Paper. The policy environment for family planning, in fact, has never been better. As the CONAPO and its working committees become operational, support for family planning at all levels of government should increase.

Capitalizing on the generally favorable official attitude towards family planning, the PSND and AZBEEF have launched Community Based Distribution programs in several rural and urban sites, programs which include the distribution of oral contraceptives. Zaire is also starting up a small scale Social Marketing program in Kinshasa pharmacies. The private sector is being encouraged to play a larger role in the provision of family planning services. Major efforts are underway to develop the capacity to provide voluntary surgical contraception in numerous hospitals in Kinshasa and elsewhere. The PSND, with assistance from Tulane

University, has developed an impressive operations research capability.

There are over 300 clinics in the PSND and AZBEF network, each having one or more nurse trained in family planning and the basic commodities and equipment necessary to provide services.

Contraceptive stock-outs are rare, a circumstance explained however more by the low number of clients than by the efficiency of the contraceptive logistics system. Supervisory protocols do exist and are used, although the low frequency of supervisory visits remains a serious problem. PSND and AZBEF conduct regular training for health providers, and have begun the process of decentralizing the training function now that training centers are operational in Kisangani and Lubumbashi.

While IEC materials and activities are woefully lacking, great progress has been made in mobilizing the human and materiel resources necessary to launch a national campaign. USAID and UNFPA will contribute close to \$750,000 to this end.

Despite the great progress made in developing the family planning program and support systems, one is struck by the extremely low number of clients visiting the PSND and AZBEF clinics. Accurate estimation of total client numbers is impossible given the low number of clinics that regularly send in their statistics.

Clinic visits however reveal the low number of clients seeking family planning services. Even by francophone African standards, the prevalence rate for modern methods of contraception is distressingly low.

Clinic visits revealed that clinic staff have become so accustomed to low client loads that they accept them as the norm. When asked why there were so few clients, clinic and PSND staff gave as response the false rumours of contraceptive side-effects, opposition from husbands, the position of the Catholic church, and the traditional desire for large families. Other possible reasons, noteworthy by their omission, include the lack of signs indicating the availability of family planning services, the relatively high price for services in certain centers, poorly maintained equipment, and lack of warm and enthusiastic welcome on the part of the providers. As mentioned earlier, IEC efforts have been rudimentary. There are virtually no posters, no informational materials, no outreach efforts, and little mass media. Many of these shortcomings will be addressed in the national IEC program with assistance from USAID.

In general, there is little orientation towards the client. Clinics tend not to be open when working women can visit them. No one we spoke to seemed to wonder what they could do to attract more clients. At the PSND headquarters, Division Chiefs were very concerned with those activities which affected them directly, but did not seem to have a clear orientation towards the project as a whole and little sense of mission about serving the very real needs of Zairian families. Proposed FPMT activities with both the PSND and AZBEF will seek to increase staff and volunteer awareness of the client by showing how their activities relate to client needs.

III. PROJET DES SERVICES DES NAISSANCES DESIRABLES

During the 1986 FPMT visit to Zaire a plan for organizational development and management training was proposed for the PSND. This plan called for a series of workshops for PSND staff for the purpose of examining the management problems facing the organization, and to develop the skills necessary to resolve the problems. An initial workshop was held in August, 1986.

For several reasons, FPMT was not able to go forward with the proposed set of training activities. These reasons include important changes in the organizational relationship between PSND and AZBEF as well as changes in USAID's approach to working with centrally funded projects. In addition, there was concern that the initial training had served to uncover many organizational and inter-personal problems, but had not provided the forum necessary for their resolution.

In the year since the initial FPMT training activity, many changes have occurred at PSND and in the family planning environment in general. Perhaps the change of greatest importance is the fact that AZBEF personnel are no longer integrated into the PSND structure, with a few exceptions. The AZBEF pull out caused a temporary personnel shortage at PSND, one which has taken some time to fill. Collaboration between the two organizations still exists, especially in IEC activities and in those regions with AZBEF regional coordinators.

As described earlier, the policy environment for family planning has evolved rapidly in the past year, creating both opportunities and added responsibility for the PSND leadership. The opportunities include representation on policy making committees as the government's voice for family planning, the chance to embark on ambitious and innovative family planning activities such as the national IEC campaign and alternative distribution systems, and the possibility of obtaining regular GOZ funding for family planning programs. With these opportunities comes the responsibility of enhanced performance, particularly in terms of reaching clients. Much attention will be focused in the coming years on family planning, and the PSND will be largely judged on its ability to serve the families needing its services.

A great deal of energy has been devoted to resolving the organizational and management problems facing the PSND, problems which were perhaps inevitable given the initial project design. Although the PSND in its present form bears little resemblance to the original conception, it has become the technical resource for family planning as far as the GOZ is concerned. It will be called upon increasingly to play a larger role in shaping the DSP approach to family planning service delivery, in carrying out the training needed for service providers, in generating effective demand for services, and in providing the management support necessary to ensure effective service delivery. As the number and variety of activities undertaken by the PSND grows, the need for a sense of mission and routinized information sharing becomes more critical.

In the 1986 FPMT report (pages 36-37) a number of issues and problems facing the PSND were summarized. It is the opinion of the present team that the problems of internal management and of motivation and outreach remain troublesome today. To these concerns should be added a new one, implied but unstated in the earlier report: the lack of a client orientation on the part of service providers and among PSND staff. The fact that the PSND was created to serve Zairian families has been partially lost amidst the abundant and detailed tasks each PSND staff person and clinic provider carries out each day. The activities become an end in themselves, rather than part of a complex system whose purpose is to provide a needed service to a large number of families.

If the PSND is to meet the challenges that lie ahead, it must rekindle a common sense of mission among staff and build a client orientation into every aspect of operations. As a first step in addressing these dual needs, FPMT has proposed developing with PSND a one week seminar entitled "Serving the Client: Management Problems facing the PSND". It will be timed to correspond with the writing of the 1988 Annual Work Plan for PSND, and will in fact contribute to its development. Using a potential family planning client as the point of departure, the seminar participants will discuss the programmatic areas and steps required to motivate the client to visit a clinic, ensure that the clinic welcomes her appropriately and is staffed and equipped to serve her, and that her continuing needs as an

acceptor are met. In so doing, the participants will gain a fuller understanding of the family planning system, learn about what their colleagues are doing and how their activities are inter-related, identify those areas for which they are responsible, and identify the problems and issues which they must overcome for their program to be successful. The discussions during the seminar will provide the initial groundwork for the planning process which will follow. A fuller description of the goals and learning objectives of this seminar is attached (Annexes A and B).

Approximately two months after the seminar, a second session will be organized during which PSND staff will present their workplans for general discussion and review, a process which should help foster improved information sharing and lead to the development of more integrated plans. The two seminars have been discussed with PSND and USAID and tentative agreement has been reached to proceed. FPMT will begin the process of identifying an appropriate trainer and will start assembling materials to use in support of the activities. The responsibilities of FPMT and the PSND have been spelled out in a Memorandum of Understanding (Annex C), which has been approved in draft by the Director of the PSND. She will present it to the PSND UACP as soon as it has been translated.

At USAID request, FPMT discussed with the PSND the possibility of providing a long term management advisor to work with the

PSND over a period of two years. The Management Advisor would not occupy a line position within the PSND; rather, he or she would be the counterpart of the proposed Medical Advisor, both of whom would report to the PSND Director. The reaction to such an idea was generally favorable, and a job description has been developed and reviewed by USAID and PSND (Annex D). Funding for the Management Advisor will be through a mission buy-in to the Family Planning Management Training Project. The contract of the PSND Division of Administration Director will be extended by USAID, which will allow for an overlap period during which a thorough orientation and briefing may take place. In the meantime, the Administration Director will focus increasingly on putting management and administrative systems into place, and will endeavor to recruit and train a Zairian to take his place as the Director of Administration.

One of the Management Advisor's first tasks will be to develop a strategic plan for the PSND. This plan will take into account the current and expected mandate of the PSND and outline the needs of the PSND in order for it to fulfill its mission. The needs identified will form the basis of a plan for human resources and organizational development. The plan will further identify the opportunities for training and technical assistance, both in Zaire and through U.S. cooperating agencies.

IV. ASSOCIATION ZAIROISE POUR LE BIEN-ETRE FAMILIAL

The FPMT/INTRAH team visited Zaire in February 1987 and developed a proposed set of training activities for AZBEF. The FPMT component focused on the management training needs of AZBEF salaried staff and on training for AZBEF volunteers. For reasons described elsewhere, FPMT involvement with AZBEF to date has been limited to one workshop in August, 1986 conducted for senior staff of both AZBEF and PSND.

At USAID request, FPMT re-visited AZBEF to look again at the possible role FPMT could play in strengthening that organization. From discussions with the AZBEF Administrator and Program Director, it appears that several positive changes have occurred recently. Foremost, AZBEF has decided to reinforce its existing clinics and clinic activities instead of seeking to open new units. Approximately 200 clinics are in the AZBEF network, though many, and perhaps most, fail to send reports to AZBEF. Efforts to reinforce the existing clinics will likely center on refresher training, improved reporting and supervision, and perhaps limited equipment and materiel support. Secondly, AZBEF has diversified somewhat its funding sources, no longer relying exclusively on IPPF and the PSND for funding. Agreements have been worked out with FPIA for CBD activities, FHI for limited research, UNFPA for commodity support, and INTRAH for training. Finally, AZBEF appears to recognize the importance of undertaking expanded IEC activities to promote the use of family planning

services. The Director of IEC for AZBEF will be a key person in the national IEC plan, coordinating closely with PSND and FONAMES to plan for and implement a wide variety of activities.

AZBEF relies heavily on its volunteer network to carry out IEC activities. The approximately 700 volunteers are recruited from a wide variety of professions, but theoretically have in common a commitment to family planning and a willingness to contribute to family planning programs. The volunteers represent an extremely important, though currently under-utilized resource. They suffer from a lack of orientation and focus, and receive relatively little guidance or support from AZBEF. They are often poorly informed about family planning in general and about the family planning program and activities in Zaire in specific. In the absence of a thorough orientation, and without specific family planning knowledge or skills, the volunteers are at best ineffective and, at worst, may be contributing to the apparent confusion and disorganization surrounding family planning in Zaire.

FPMT and AZBEF have discussed the possibility of carrying out a careful analysis of volunteer needs and strengths and developing workshops to enhance the ability of volunteers to contribute to family planning efforts in Zaire. Initial efforts will focus on the elected board members.

It was agreed that, subject to USAID Zaire and AID/W approval, an

FPMT staff person will work with AZBEF (staff and volunteers) to carefully analyze the problems impeding more effective volunteer work, and to design a workshop to address those problems. While similar in purpose and content to the training proposed during the initial FPMT visit, it will differ in one important way. In recognition of the fact that training for volunteers is new and untested, it is proposed that the first workshops be treated as pilot activities. To increase the likelihood of success, the first workshops will be held only in those regions having an AZBEF Coordinator. The decision to conduct similar training in other regions will be made following careful review and evaluation of the pilot activities. FPMT will provide two trainers/facilitators for the design and conduct of the first several workshops, then transfer increasing responsibility to AZBEF staff and volunteers for the remaining workshops. The exact content and timing of the workshops will be worked out during the needs analysis and design phase, which may be able to take place as soon as December, 1987.

In addition to the training of volunteers described above, FPMT will consider sponsoring AZBEF participants to short-term U.S. or regional training. This type of training will be in response to specific management needs identified by AZBEF, FPMT, or others. For example, FPMT feels that it would be appropriate to support the AZBEF Chief of Supplies/Procurement to the MSH course "Gestion de l'Approvisionnement en Medicaments pour les Soins de Sante Primaires" which is planned for February 8-26, 1988 in

Dakar Senegal. FPMT may also be able to provide technical assistance in critical management areas (logistics, statistics, supervision) should these services be requested.

IPPF is conducting an evaluation of AZBEF from September 21 to October 9, 1987. FPMT met with the IPPF team during its work to explain the FPMT project and its possible contributions to AZBEF. It is expected that the IPPF team will identify several training needs in management which FPMT may be able to address. FPMT will explore the possibility of visiting IPPF London after the AZBEF evaluation to discuss these possibilities more thoroughly.

V. MINISTRY OF PLANNING

In the short span of three and one half years Zaire has made major progress in defining and adopting a population policy. With timely assistance from USAID through its RAPID, INPLAN, and OPTIONS projects, and with support from multinational donors (UNFPA, ILO, World Bank) Zaire has taken the lead among sub-saharan francophone countries in developing the structures and climate so important in the pursuit of its population goals. A national population commission, CONAPOPOP, was created by Presidential decree and has held its first meeting. A comprehensive population policy paper has been drawn up and is now awaiting approval by the Prime Minister. To plan for and implement the activities called for in the national population policy, two high level working groups have been established within the CONAPOPOP: 1) the Cellule de Coordination des Activites en Matiere de Population (CECAP), and 2) the Comite Technique Inter-Departemental de Population (CTIP). Both the CECAP and CTIP are in the process of being formed, with most of the members already identified and appointed. For these groups to carry out their tasks, training and technical assistance will be required.

Several meetings have been held in the U.S. and Zaire between the FPMT and OPTIONS senior staff to discuss the possibility of FPMT contributing to the training of CECAP and CTIP members. FPMT helped review the proposed training curriculum for CECAP members in the area of management (planning, supervision, evaluation,

etc.) and aided in the identification of background readings and training materials for the CECAP members. At a future date, FPMT may also help identify and recruit specialists to contribute to resolving the management training needs of CECAP and CTIP.

FPMT Deputy Director Sara Seims and Operations Officer Ken Heise met with the CECAP director and three CECAP members to discuss the FPMT project, to review the current status of CONAPO, CECAP, and CTIP, and to explore the possible contribution FPMT could make to these groups. It was agreed that FPMT would, subject to AID/W and USAID Zaire approval, examine the possibility of organizing one or more study and observation tours for CECAP (and possibly CTIP) members to countries with dynamic and effective national population councils. The two countries discussed were Mexico and Indonesia, both of which have already begun extensive collaboration with FPMT. A given group of participants will visit only one country, with group size limited to 5-8 participants.

The purpose of the study tour program will be to expose the participants to a population council that has played an effective and important role in defining population policy and in coordinating the numerous and diverse programs and activities necessary to bring about the desired changes. Problems faced by the council, especially at the beginning, will be openly discussed, as will successful (and less successful) approaches to their resolution. Participants will gain an appreciation of the

complexities involved in implementing a national population policy, and learn how the diverse elements and programs have been successfully integrated and coordinated.

All aspects of the study tour design will be coordinated with the OPTIONS project staff. The CECAP/CTIP group will be accompanied by a policy expert fluent in French as well as by someone to handle all administrative and logistics arrangements. Translation services will be provided as needed.

Immediately following the study tour, the group will reassemble at Management Sciences for Health in Boston in order to draw out and discuss those elements, strategies, and ideas applicable to the Zairian context. OPTIONS staff and other U.S. experts will be invited to participate in these sessions in synthesis and application. In total, a study tour and debriefing program will last approximately three weeks. FPMT will use central funds to cover all costs.

FPMT understands that the OPTIONS project will organize a short seminar for the purpose of analyzing the training needs of CECAP and CTIP. FPMT hopes that the results and recommendations of this seminar will be shared, as FPMT would like to continue to contribute, through training and/or technical assistance, to the success of the national policy.

VI. CONTRACEPTIVE SALES IN PHARMACIES

During the FPMT debriefing with USAID the issue of contraceptive sales through pharmacies was discussed. Under an agreement with PSND, DKT International has recently begun a limited program of social marketing of contraceptives in Kinshasa pharmacies. Commodities (condoms and foaming tablets) have arrived in-country and repackaging will begin shortly. Baseline research carried out over a year ago indicated a fairly wide availability of contraceptive products in pharmacies, as well as a wide range of prices.

At the suggestion of the USAID Director, FPMT agreed to carry out a spot survey of pharmacies in Kinshasa. The purpose was to get an updated sense of the availability of contraceptives, the range in prices, the volume being sold, and other information. The role of the pharmacist was also a point of interest; ie, did he serve as a source of information as well as a source of contraceptive supplies. 21 pharmacies in five zones of Kinshasa (Bandalungwa, Ngaliema, Lemba, Kasavubu, and Masina) were visited over a two day period beginning September 25. It would not be appropriate to use the results of this mini-survey as a basis for planning or programming, nor would it be safe to extrapolate the findings to a more general level. At best, the results may serve to give a general overview of the situation.

A short survey instrument was designed (see ~~Annex~~^{below}), translated into French, and reviewed with members of the PSND Operations Research staff. One staff member, Cit Mombela Kinuani, agreed to carry out the survey during his free time after hours and over the weekend. He also assisted in compiling and analyzing the information gathered.

The table below summarizes the information gathered during the survey. Of the 21 pharmacies visited, 76% sold condoms, 90% sold oral contraceptives, none (0%) sold spermicidal foam, 52% sold foaming tablets (Neo Sampoo), and 24% sold Depo Provera. All pharmacies visited had at least one type of contraceptive method for sale, 10% carried only one method, 43% had two types of contraceptive methods for sale, and 48% had three or more types of contraceptives.

Prices of contraceptives varied considerably across products and pharmacies, as seen in the table below. In addition, for the oral contraceptives, there was considerable variation among the five or six different brands, most of which were of European manufacture. For comparison purposes, the PSND model clinic has the following price list: 1 cycle pills, 10 Z; 100 condoms for 35 Z; 20 foaming tablets for 10 Z; 1 vial Depo Provera for 150 Z. In addition, the clinic has a 30 Z consultation fee and 10 Z charge for the recording form. The PSND clinic is one of the least expensive in Kinshasa.

Sales of all products are very low, although several pharmacists indicated that condom sales had picked up recently because of concern over AIDS. Although hard to quantify, most pharmacies reported that they did not have repeating clients for contraceptive methods. A high percentage of the pharmacies visited indicated that their clients ask them for information about the contraceptive products. The pharmacies also appear to refer clients to clinics with family planning services when clients complain of side effects.

It is interesting that there is such a wide availability of contraceptives in the pharmacies visited, given that the apparent demand seems so low. Pricing may of course be an issue, as may the possible newness of the product line (this is purely conjecture) and the total absence of advertising for the products. It would be enlightening to find out what type of information is given to clients by the pharmacy personnel and whether it is accurate. This could be ascertained through another mini-survey. In fact, spot surveys of this kind might be useful as well to informally monitor interest in contraceptives through sales information. If the point is reached where significant numbers of people are purchasing their contraceptive supplies through pharmacies, it might be appropriate to provide training for the pharmacy personnel in the area of screening, information, and referrals.

PHARMACY QUESTIONNAIRE

SUMMARY TABLE

STUDY CARRIED OUT IN 21 PHARMACIES IN FIVE ZONES OF KINSHASA

	<u>CNDM</u> 1 unit	<u>PILL</u> 1 cycle	<u>FOAM</u>	<u>NEO S</u> 1 tube	<u>DEPO</u> 1 vial
NUMBER SELLING (n=21)	16	19	0	11	5
PRICE (ZAIRE)					
RANGE	10-50	50-930	-	60-200	250-955
MEAN	24	217	-	110	517
MODE	30	50	-	100	250
SALES/ WEEK					
RANGE	2-90	1-7	-	0-8	0-4
MEAN	15	2.5	-	2	1
SALES/ YSTRDY (% YES)	19	21	-	10	0
SAME CLNTS ? (% YES)	25	32	-	0	0
CLNTS ASK INFO? (% YES)	44	68	-	82	25
ADVICE GIVEN? (% YES)	75	84	-	91	80
CLNT PROB? (% YES) **	31	42	-	18	0
ABLE TO REFER? (% YES)	69	79	-	82	20

** In the five instances where pharmacies indicated that clients had problems with condoms, the problem identified was one of condom breakage. For pills and foaming tablets, side effects were mentioned as the problem.

QUESTIONNAIRE POUR PHARMACIES

NOM

LIEU

TYPE

CNDM

PILL

MOUSSE

COMP

AUTRES

PRIX

VENTES/
SEMAINE

VENTES/
HIER

MEMES
CLIENTS ?

CLIENT
INFO ?

CONSEIL
DONNE ?

PROBS ?

REFERER ?

COMMENTAIRES :

VII. LIST OF PERSONS CONTACTED

USAID

MR. DENNIS CHANDLER, MISSION DIRECTOR
DR. GLENN POST, HPN CHIEF
DR. LOIS BRADSHAW, POPULATION OFFICER
MS. GAEL MURPHY, HPN IDI
MS. RHONDA SMITH, SANRU PROJECT OFFICER
MS. JANA GLENN-NIUMBA, PDO

PROJET DES SERVICES DES NAISSANCES DESIRABLES (PSND)

CNNE CHIRWISA CHIRHAMOLEKWA, DIRECTOR
CIT NGOIE MEUYA, CHIEF OF SUPERVISION
CIT NIUMBA WA NIUMBA, CHIEF OF PROGRAM
CIT MUTOMBO YATSHITA, CHIEF OF TRAINING
DR. NLANDU MANGANI, MEDICAL ADVISOR (PROPOSED)
MR. BRAD BARKER, CHIEF OF ADMINISTRATION
DR. JANE BERTRAND, CHIEF OF OPERATIONS RESEARCH (TULANE)
CIT NSHANGALUME CHIRHULWIRE, HEAD OF SUPPLY SERVICE
CIT BAKADIPANGA TWAKULE, HEAD OF STATISTICS SERVICE
CNNE MUSHIYA LANGANA, SUPPLY SERVICE ASSISTANT
CIT MANGWELO MUNDEWA, IEC SERVICE (PRINT AND AUDIO VISUAL)
CNNE NKUSU MBAKI, SUPERVISION DIVISION
CNNE KANZALA NGENZE, DIRECTOR CLINIQUE LIBOTA LILAMU
CNNE ODIMBA YANGAKE, CLINIQUE LIBOTA LILAMU
CNNE MBINZI SUAKA, CLINIQUE LIBOTA LILAMU CLINIQUE
CIT KASHANGABUYE MAHAMA, OPERATIONS RESEARCH
CIT BALOWA LJUMGU, OPERATIONS RESEARCH
CIT AHUTA M. MOENGE, OPERATIONS RESEARCH
CIT MOMBELA KINUANI, OPERATIONS RESEARCH
CIT MAKANI BAKUTUVWIDI, INS CONSULTANT

ASSOCIATION ZAIROISE POUR LE BIENETRE FAMILIAL (AZBEF)

CIT MUTUMBI KUKU DIA BUNGA, ADMINISTRATOR
CIT BONGWELE ONANGA, CHIEF OF PROGRAM
CNNE MULELEBWE ISSIKI, CHIEF OF IEC
CIT MISAMU KHAM MITONDO, CHIEF OF SUPPLY
CNNE TEMBO BAHELELE, DIRECTOR OF AZBEF MODEL CLINIC
CNNE ZAWADI MWENGE, AZBEF MODEL CLINIC

SOINS DE SANTE PRIMAIRES EN MILIEU RURALE (SANRU)

CIT NLABA NSONA, DIRECTOR
DR. FRANKLIN BAER, PROJECT MANAGER
DR. KAZOZI SANGWA, PROGRAM AND EVALUATION
DR. KALAMBAY KALULA, MOH ADVISOR
MR. STEVEN BREWSTER, PROJECT ADMINISTRATOR
CNNE LODI ESSENA, ASSISTANT DIRECTOR OF TRAINING

FONAMES

DR. MUSINDE SANGWA, DIRECTOR OF TRAINING

MINISTRY OF PLANNING

CIT BOTSWALI LENGOMO, MACRO ECONOMICS DIVISION
CIT MUKANGA LUSHIMA, CHIEF NUTRITION AND HEALTH
CIT KATUSISAKO DI MALENGA, CHIEF HUMAN RESOURCES AND POPULATION
CIT BITEMA MBUANYA, HUMAN RESOURCES AND POPULATION
CIT BIANGA GHU-GHA, HUMAN RESOURCES AND POPULATION
CNNE YIMBU MABUELA, HUMAN RESOURCES AND POPULATION

UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA)

MR. H.G.P. DE KNOCKE, COUNTRY REPRESENTATIVE

IPPF EVALUATION TEAM

DR. LARSEN TORBEN
DR. BOURAOUI TIDJANI
MR. AYI AJAVON

CENTRE DE SANTE ELONGA, ARMEE DE SALUT

CNNE NDONA, FAMILY PLANNING NURSE

CENTRE DE SANTE MAMAN BOBI LADAWA

DR. MBOTANA MOTANDA, RESIDENT PHYSICIAN
CNNE KUTA, FAMILY PLANNING NURSE

FOYER SOCIAL DE MATONGE

DR. NIUMBA, DIRECTOR

CENTRE DE SANTE, S.E.P. ZAIRE

CNNE FUELO MWANZA, FAMILY PLANNING NURSE

OTHER CONTACTS

DR. WILLIAM BERTRAND, SCHOOL OF PUBLIC HEALTH PROJECT
MR. PAPE GAYE, INTRAH REGIONAL COORDINATOR
CIT TOKO PUKU, MANAGEMENT TRAINER AND AZBEF VOLUNTEER
MS. LAUREN GREENBERGER, PRICOR
DR. DAVE NICHOLAS, PRICOR
MS. LESLIE TRAUB, PRICOR
MR. JOE DEERING, OPTIONS
MR. JAMES YPSILANTIS, FUTURES GROUP
MR. MICHAEL MCQUESTION, ROTARY POLIO PROGRAM
MS. LAURIE EMRICH, PEACE CORPS APCD HEALTH
MR. JEAN GEORGES DEHASSE, CONSULTANT

VIII. SCHEDULE OF VISITS

SEPTEMBER 14-29, 1987

Monday September 14

- 8:00 USAID briefing and logistics
- 14:00 Meeting with USAID and PSND Administration Chief

Tuesday September 15

- 8:30 Trip logistics
- 10:00 Meeting with PSND Administration Chief
- 11:00 Courtesy call on PSND
- 14:00 Meeting with PSND Division Chiefs

Wednesday September 16

- 8:00 Logistics
- 10:00 Ministry of Planning
- 11:00 AZBEF
- 12:00 Lunch with Jana Glenn
- 14:00 Logistics for CEDPA participants
- 15:00 Visit to SANRU
- 19:00 Meeting with Cit Katusisako of Ministry of Planning

Thursday September 17

- 9:00 Departure for clinic visits
- 9:30 Salvation Army Clinic, Masina
- 10:30 Health Center, Maman Bobi Ladawa, Ngaba
- 11:30 Foyer Social de Matonge
- 12:30 Health Center, S.E.P. Zaire, Kasavubu
- 14:00 Team meeting and report writing

Friday September 18

- 8:30 USAID meeting
- 9:30 SANRU meeting
- 10:30 PSND Operations Research meeting
- 14:00 Meeting with AZBEF
- 16:00 FONAMES courtesy call
- 16:30 UNFPA courtesy call
- 18:00 Meeting with management trainer Cit Toko Puku

Saturday September 19

- 10:00 Meeting at Ministry of Planning (CECAP)
- 14:00 Team meeting and report writing

Sunday September 20

12:00 Working lunch with INTRAH Regional Coordinator

Monday September 21

9:00 Meeting with PSND Director
11:00 Meeting with PSND Medical Advisor
12:00 Meeting with PSND Administration Chief
14:00 Meeting with USAID Population Officer
15:30 Meeting with UNFPA Representative
18:00 Meeting with FONAMES Director of Training

Tuesday September 22

8:00 Trip Logistics, Telex
9:00 Meeting with PSND Training Director
11:00 Meeting with PSND Operations Research Staff
13:00 Team meeting
15:00 Meeting with PSND Director
18:00 Meeting with INTRAH Regional Coordinator
19:00 Dinner with PSND Director

Wednesday September 23

9:00 Debriefing with USAID Population Officer
10:00 Debriefing with USAID HPN Chief
11:00 Debriefing with USAID Mission Director
14:00 Team meeting
15:00 Courtesy call, PSND Director
15:30 Meeting with PSND Administration Chief
16:00 Report writing
22:00 Departure Seims

Thursday September 24

9:00 Report writing
11:00 Courtesy call, Ministry of Planning
12:00 Identification of workshop site
13:30 Pharmacy survey design and field test
15:00 Meeting with PSND Statistics Chief
17:30 Meeting with IPPF Team evaluating AZBEF
19:00 Dinner with USAID HPN Chief

Friday September 25

8:00 Report writing
10:30 Meeting with USAID Population Officer
14:00 Meeting with USAID IDI for Population
15:30 Meeting with PSND Director

Saturday September 26

8:00 Meeting with OPTIONS and Ministry of Planning
9:30 Report writing and logistics
12:00 Meeting with IPPF Evaluation team
14:00 Meeting with USAID Population IDI
18:00 Meeting with Ministry of Planning

Sunday September 27

FREE

Monday September 28

7:30 Report writing
10:30 Review and write up of pharmacy study
15:30 Meeting with USAID
19:00 Dinner with PSND Director

Tuesday September 29

10:30 Departure for airport (Heise)
13:30 Departure for Lagos

ANNEX A

Description of a two-part workshop organized by PSND in collaboration with FPMT.

"Serving the Client: Management Challenges facing PSND"

Using case profiles of Zairian women and the FPMT simulation game, the first workshop will:

- o review, from the viewpoint of the women, what steps must take place before they become acceptors and continuing users of family planning.
- o relate these steps to activities which must be undertaken by the PSND.
- o review the role of the PSND manager to plan, monitor and evaluate these activities.
- o assign PSND managers responsibility for major activities and for preparing operational workplans to implement these activities.

By the end of the first part of the workshop the participants will:

- o have a better understanding of the components of the family planning system in general and of the PSND in particular.
- o be more aware of and sympathetic to the needs of the client.
- o have an overview of the tasks which need to be done and their role as managers to see that these tasks are successfully accomplished.
- o plan for ways to increase the involvement of the regions in the delivery of services.
- o assign managers responsibility for specific tasks and with responsibility to prepare operational workplans.
- o be more aware of not only their responsibilities but those of their colleagues.

The workshop will be designed and led by a trainer from PSND and a trainer from FPMT. Approximately 25 participants will attend this workshop which is tentatively scheduled for December 1987.

The second part of the workshop, to occur approximately two months after the first part, will be the group presentations of their workplans and an assessment of how this will have an impact on clients.

ANNEX B
PSND WORKSHOP OUTLINE - "TO BETTER SERVE"

Day 1. Morning - overview by the Director of the Project

Afternoon - simulation game and introduction to the workshop

Day 2. How "to Better Serve"

A. Preliminary Steps to Accepting Family Planning

Program Factors

Role of PSND Manager and
Assignment of
Responsibilities

1. Women must have heard of F.P. and must think of it as a positive thing
2. Women must not have opposition from the family
3. Women must know where and when services are available

1. IEC-mass media outreach
 - production of materials
 - dispelling rumours
 - Special efforts towards men, opinion leaders
 - Signs at clinic
 - dissemination of information concerning location, hours, costs of services

- identification of IEC needs
- selecting & overseeing technical staff to design mass media materials
- selecting & overseeing training of outreach workers
- prioritizing IEC needs
- evaluating approaches
- identifying and overcoming obstacles

Day 3.

B. After the woman has decided to accept family planning-
intermediary steps

1. She must be welcomed and seen promptly
2. Services must not be too expensive
3. She must be counselled about all methods
4. Medical practices must be realistic according to her lifestyle

Program Factors

1. System of welcome must be established
 - morale of clinic staff must be high
 - clinic must be open at times convenient to her
 - clinic must be clean
 - supplies must be available
 - equipment must be functioning
 - study on costs of services
 - informational materials at clinics
 - staff available
 - contraceptive supplies available
 - appropriate tests
 - woman must be informed of possible complications & what she should do if she experiences them
 - method given

Role of PSND Manager and
assignment of responsibilities

- ensure appropriate registration procedures
- develop training and TA plan for clinical staff
- develop supervisory protocols & oversee implementation of supervisory system
- ensure ways of improving team spirit
- ensure functioning inventory control systems
- oversee MIS & feeding information back to the
- identifying & overcoming other obstacles

Day 4.

C. To become a continuing user-ongoing steps

1. Woman must know when she and why she should return
2. Clinic must be prepared for her visit

Program Factors

1. Good medical practices
 - quality control
 - efficient filing system
 - sufficient supplies
 - functioning equipment
 - counselling
 - functioning logistics and MIS
 - awareness of client's experience to date with method

Role of PSND Manager and Assignment of Responsibilities

- establish supervisory syste
- frequent feedback from service sites
- oversee logistics and inventory control
- continue "team-building" approaches
- identify & overcome obstacles

Day 5.

1. The client discontinues - hard decisions for the manager.

-what is a discontinuing user?

-how can service provider know the proportion of clients who discontinue?

-how can service providers know why?

-what can service providers do?

3 For the manager: how can the manager know what is going on?

-what kind of guidance should be provided to the clinics?

-what are the obstacles to be overcome to encourage women who do not wish to have a baby right away to become satisfied users?

Day 6.

Morning - replay simulation game

Afternoon - summary-confirmation of who does what

ANNEX C

MEMORANDUM OF UNDERSTANDING

The purpose of this Memorandum of Understanding is to specify the activities that will be undertaken jointly by the Projet des Services des Naissances Desirables (PSND) and Management Sciences for Health (MSH) and to assign responsibilities to each organization for their successful completion.

PROPOSED INITIAL ACTIVITIES

1. Workshop entitled "Serving the client: Management challenges facing the PSND", tentatively scheduled to take place in December 1987 over a six day period.
2. Follow-up workshop, approximately two months later, to present work plans developed during Workshop (1) above.
3. Subject to USAID and AID/W approval, MSH will recruit and hire a long term advisor for management to work with the PSND. MSH will identify candidates for interview by PSND and USAID. The proposed job description for this position is attached.
4. Following placement of long term advisor and preparation of a strategic plan for PSND, MSH and PSND will collaborate in the design of a plan for management training and technical assistance.

RESPONSIBILITIES FOR WORKSHOPS (ACTIVITIES 1 AND 2)

Management Sciences for Health:

1. provide trainer to work with PSND to prepare and conduct both workshops.
2. provision of workshop supplies and didactic materials.
3. support all costs of workshops subject to USAID and AID/W approval.
4. identify potential workshop sites in Kinshasa for review by PSND.

Projet des Services des Naissances Desirables

1. identify and release participants (<25) for the workshop.
2. ensure that PSND Training Director is available to collaborate with MSH consultant in preparation and conduct of both workshops.
3. prepare opening and closing sessions of workshops.
4. assure transport for participants from workshop location to PSND headquarters.
5. provide secretarial support during the preparation and implementation phases of both workshops.
6. administer local costs associated with the training.

ANNEX D

JOB DESCRIPTION FOR THE TECHNICAL ADVISOR IN MANAGEMENT TO THE PSND, ZAIRE

The Technical Advisor for Management will be the counterpart of the PSND Medical Advisor and will work out of the PSND office in Kintambo, Kinshasa. The incumbent will be an employee of Management Sciences for Health (MSH), and will be evaluated by same. Within the PSND, the Technical Advisor will serve in an advisory capacity, exercising no line authority. He or she will report to the Director of the PSND, and be an active member of the Project Advisory Council and the Project Coordination and Management Unit.

The role of the Technical Advisor is to work with the Director of the PSND, the PSND Medical Advisor, and senior staff to develop the PSND's organizational structure and management systems, thus helping the PSND to carry out its mandate.

In collaboration with the Director of the PSND, the Technical Advisor will:

- 1) prepare a strategic plan for the PSND in light of the revised objectives for the project. This plan will provide guidance to effect any necessary organizational changes within the PSND.
- 2) at request of PSND Director, provide assistance and advice to PSND staff in areas of program management.
- 3) collaborate with PSND in the design of a training and technical assistance plan for PSND staff in order to help achieve objectives outlined in the work plans.
- 4) oversee revisions of PSND job descriptions as necessary.
- 5) work with the PSND Medical Advisor to incorporate management factors into the protocols for family planning service delivery.
- 6) coordinate centrally funded population activities as they relate to PSND.
- 7) serve as the PSND liaison to the USAID Zaire Population Officer.
- 8) establish and/or reinforce collaborative working relationships with multi-national and/or other bilateral donors to help PSND diversify its sources of funding and support.
- 9) determine the off-shore procurement which remains to be undertaken for the PSND and determine whether sufficient dollar funds are available.

QUALIFICATIONS

- 1) at least five years management experience with developing country health/population programs
- 2) demonstrated expertise in organizational development
- 3) graduate degree in management, public health, or related field
- 4) minimum level of written and spoken French of FSI 3
- 5) extensive hands on field experience (two or more years) in health and family planning programs in a francophone African country
- 6) proven ability to work effectively in a culturally sensitive environment
- 7) strong inter-personal, negotiation, and communication skills

DESCRIPTION DES FONCTIONS DU CONSEILLER TECHNIQUE
EN GESTION AU PSND, ZAIRE.

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Le Conseiller Technique en Gestion sera l'homologue du Conseiller Technique Médical au PSND et sera basé au bureau du PSND à Kintambo, Kinshasa. Le titulaire de ce poste sera un employé de "Management Sciences for Health" (MSH) et sera évalué par ce dernier. Au sein du PSND le Conseiller Technique servira à titre consultatif et n'exercera aucune autorité hiérarchique. Il ou elle relèvera du Directeur du PSND et sera un membre actif du Conseil Consultatif du Projet et de l'Unité d'Administration et Coordination du Projet.

Le rôle du Conseiller Technique est de travailler avec le Directeur du PSND, le Conseiller Technique Médical et les cadres du PSND pour développer la structure organisationnelle et les systèmes de gestion afin d'aider le PSND à exécuter son mandat.

En collaboration avec le Directeur du PSND, le Conseiller Technique :

- 1) élaborera un plan global d'organisation pour le PSND à la lumière des objectifs révisés du projet. Ce plan servira de gouverne pour toute modification nécessaire de l'organisation du PSND.
- 2) fournira au personnel du PSND à la demande du Directeur du PSND, une assistance et des conseils dans le domaine de la gestion de programmes.
- 3) collaborera avec le PSND à l'élaboration d'un plan de formation du personnel et d'assistance technique en gestion en vue de l'application du plan global de l'organisation.
- 4) surveillera les révisions éventuelles des descriptions des fonctions du PSND.
- 5) travaillera avec le Conseiller Technique Médical au PSND pour incorporer des facteurs de gestion aux protocoles établis pour la prestation de services de naissances désirables.
- 6) coordonnera les activités en matière de population financées par l'AID/Washington, dans la mesure où elles se rapportent au PSND.
- 7) servira de liaison entre le PSND et le responsable de la population à l'USAID/Zaire.

8) établira et/ou renforcera les rapports de collaboration avec les bailleurs de fonds multinationaux et/ou bilatéraux, en vue d'aider le PSND à diversifier ses sources de financement et de soutien.

9) déterminera les articles qui restent à acheter à l'étranger pour le PSND et déterminera si des fonds suffisants en dollars sont disponibles à cette fin.

QUALIFICATIONS

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1) au moins cinq ans d'expérience de gestion de programmes de population et de santé pour les pays en voie de développement.

2) haute compétence démontrée en développement d'organisations.

3) Maîtrise ou Doctorat en management, santé publique ou un domaine connexe.

4) niveau minimum de français écrit et parlé - FSI 3.

5) expérience pratique de deux ans sur le terrain de programmes de santé et de naissances désirables dans un pays africain francophone.

6) capacité prouvée de travailler efficacement dans un environnement où il faut faire preuve de sensibilité du point de vue culturel.

7) compétences solides en communication, négociation et relations interpersonnelles.