INTERNATIONAL PROJECT

Congo

PD-AAU-978

ISN 53762

Date: February 25, 1983

MEMO TO:

Program Office
Financial Office
Data Processing Department
Travel Office
Central Files
Equipment Office
World Federation

Libby Antarsh
Beth Atkins
Hugo Hoogenboom
Douglas Huber
Terry Jezowski

Regional Office, Asia
Regional Office, Africa and Middle East
International Committee
AID/Washington

FROM: Program Office

Attached you will find a summary trip report from

Lynn Bakamjian

Covering site visit to Brazzaville, Congo

made during the period December 9 - 11, 1982.

These are for your information only, and do not require any action.

LB/mr

INTERNATIONAL PROJECT

Lynn Bakamjian
Assistant Director, AVS/NY

Beverly Ben Salem
Program Officer, AVS/Tunis

TRIP REPORT

PURPOSE: To meet with contacts from the Military Hospital, the General Hospital of Brazzaville, and Blanche Gomez Hospital to discuss program development.

CONTACTS:

- Mr. Dave Burnett, Economic/Commercial Officer, American Embassy/Brazzaville.
- Mr. Richard Thornton, Public Health Officer, USAID/Kinshasa
- Mr. Thomas Zopf, Director of CARE-Congo
- Dr. Pierre Mobengo, Director, Military Hospital
- Dr. Claude Locko Mafouta, Ob/Gyn, Blance Gomes Maternity Hospital
- Dr. M. Badinga, General Hospital of Brazzaville.
- Dr. Antoine Makita, Director of Maternal/Child Health, Ministry of Health.

We arrived in Brazzaville on December 9 by ferry from Kinshasa and were accompanied by Richard Thornton of USAID/Kinshasa. Our first stop was the American Embassy to review our proposed itinerary with Dave Burnett. Both Mr. Thornton and Burnett were instrumental in assisting us with logistics during our very brief stay in Brazzaville. We only had scheduled a short stay of 2½ days after a week in Kinshasa and, unfortunately, this was not enough time. Thus, another visit should be programmed for a week in the near future to follow-up in depth the possibilities for program development. The major purpose of this visit was to meet with contacts referred to AVS by JHPIEGO consultant Dr. Liliane Toumi resulting from her visit to the Congo in August 1982. These include physicians from the Military Hospital, Blanche Gomes Hospital and the General Hospital, the three main hospitals in Brazzaville. Moreover, Rick Thornton who oversees population and health activities in the Congo accompanied us on this visit to see whether and how AVS might be able to become involved here. He introduced us to CARE-Congo.

Family planning, formerly a taboo subject in this pro-natalist country, was recently discussed at a conference by the Ministry of Health during which it was announced that the GOC has adapted a policy of encouraging "scientific means of family planning." Furthermore, it is expected that an official pronouncement favoring family planning is to be made at an official party congress in May 1983. Thus, the recent public discussion on family planning seems to be an indicator of liberalizing trends and was borne out by the level of interest in surgical contraception by the people with whom we met.

The Congo has an estimated population of approximately 1.6 million and an annual growth rate of 2.4 percent Approximately 70% of the population is concentrated in the southern part of the country comprising 30% of the Congo's terrain between the capital city Brazzaville and Pointe Noire. The number of early pregnancies and clandestine abortions as a family planning method are increasing as people move into urban areas and away from traditional living situations and birth spacing practices.

Problems arising from increased urbanization have indicated the need for an official stand on family planning issues. The major objective in the health field is to reduce the high rates of infant mortality (180 per 1000 live births) and maternal mortality (estimated at 20 percent in rural areas). Family planning activities in the Congo are at a rudimentary stage and public interest and demand are said to be growing.

Family planning is neglected in the current governmental five year plan; however at the request of the Ministry of Health a UNFPA project was organized in 1980. This is the only organized effort as the Ministry wants to avoid "anarchy" in the family planning field. This program has as its major goal the creation of a pilot MCH family planning center in Brazzaville. This center at the Plateau de 15 ans, provides pediatric consultations, prenatal and family planning services. We made a brief visit and observed that the family planning service is underutilized, with the majority of clients being seen for MCH services.

We are unable to schedule a meeting with Madame Yvonne Obenga, UNFPA Coordinator, whom Beverly Ben Salem met with during the last AVS visit to the Congo. However, contact should be maintained with Dr. Obenga and this program as it could serve as a major source of referrals for any VSC effort if, of course, the family planning service becomes more active.

Voluntary surgical contraception is allowed for medical reasons and has been performed on a limited basis by JHPIEGO-trained physicians. There is more interest in the use of the laparoscopy for the diagnosis for infertility among these physicians; however, with the advent of a favorable official family planning policy VSC services would be more actively provided. JHPIEGO has installed laprocators at the Blanche Gomes Maternity Hospital and the Military Hospital. A laprocator was intended for the General Hospital of Brazzaville; however, the JHPIEGO-trained physician has left the Congo and plans are underway to train another in his place.

CARE-CONGO, MOSSENDJO PRIMARY HEALTH CARE PROJECT

Mr. Thornton accompanied us to the CARE offices in Brazzaville to discuss the possibilities of AVS collaboration with a model primary health care project in the Mossendjo district. This program is being undertaken by CARE at the request of the GOC and is the first district-wide comprehensive primary health program which will complement the GOC's agricultural initiatives in the Mossendjo district. The program is to serve as a model for similar programs across the country and its goals are to decrease infant mortality, maternal mortality and the incidence of communicable diseases by 50 percent in a five-year period (through 1988).

When the project was first written 2 years ago, the government's attitude towards family planning was not favorable and thus CARE did not include the provision of such services in the project's plann so as not to jeopardize official approval for the program. However, now that the situation has evolved, family planning services and training will be included with USAID/ Kinshasa supplying the contraceptive commodities.

Most of the proposed activities will be implemented in a Maternal/Child Health Center. Pre and post-natal and well baby clinics will be held, immunizations will be carried out on a wide scale, and basic medicines will be made available. There is a hospital located 1 km from the MCH Center which is staffed by 2 french physicians and a Congolese Ob/Gyn. It is in this facility that CARE may wish to establish a small VSC program. Although the population of Mossendjo is small, (27,000 people with an estimated 6,300 women of reproductive age), the concept of adding a VSC component to an integrated, well-designed and managed primary health care project to be replicated in other districts is an interesting one which merits further investigation. CARE has been working on-site in the Congo for 3 years and has done much careful foundation-laying during that time and also has elicited both cooperation and financial commitment from the government. A small VSC program here could yield a much larger impact in the long run due to the potential for serving as a model. A visit to Mossendjo (1½ hours by plane from Brazzaville) should be planned for the next AVS site visit.

BLANCHE GOMES MATERNITY HOSPITAL

Blanche Gomes Maternity Hospital is a soviet-built public facility which has 130 beds and attends 4,000 births annually. We met with a JHPIEGO-trained Ob/Gyn, Dr. Locko Mafouta, a contact referred to AVS by Dr. Liliane Toume. He received a laprocator from JHPIEGO last July and since then has performed 10 fertility investigations. He estimated that 7 out of 10 women referred to him by midwives at the Maternity Hospital are seeking cures for infertility and although he himself is not against VSC (he performed 10 during the last year) he feels it is premature to undertake a formal program until such time as the government adopts a more favorable stance toward family planning. A small number of women are interested in receiving tubal ligations and at present he can handle this demand in the available OR facilities without much trouble. He agrees that more women would request the procedure if informed about it, but in the absence of family planning activities at the Maternity and/or a strong government program to refer patients to, it is too early to have an organized VSC effort in this facility.

Since this is the largest maternity hospital in the Congo and Dr. Mafouta is interested in future collaboration given an improved political climate (which is a possibility per our other contacts), AVS should maintain contact with him. He also requested a minilaparotomy kit and an insufflator which will be considered by AVS as a small equipment grant.

Military Hospital

We had originally intended to meet with Dr. Jaques Silou, former head of the Maternity Section of the Military Hospital, but learned that he recently took a position at the Institut Superieur des Sciences de la Sante (INSSS), the Congolese Medical School. Due to a shortage of time, we were unable to track him down, but during the next AVS visit, a meeting should be scheduled with him. Instead, we met with Dr. Pierre Mobengo, the Military Hospital's Director, a surgeon who is now taking care of Dr. Silou's former

responsibilities in addition to his own. As the only surgeon in this 167-bed facility, Dr. Mobengo performs an average of 5 surgery cases per day.

Dr. Mobengo has a Wolf laparoscope which he has been using since 1973 and uses this and the JHPIEGO-donated laprocator mainly for infertility cases/ (an estimated 30% of his total patient caseload). The facility is well equipped and attends over 2,000 births annually. Dr. Mobengo does a few tubal ligations and feels he has the blessings of the authorities as Director of the Military Hospital. It can be said that he has more leeway than his counterparts in other governmental facilities because the Military traditionally has more freedom than other branches of the government.

As a case in point, Dr. Mobengo has initiated a small family planning clinic at the Military Hospital once a week and is training a resident of his in laparoscopy to assist with the caseload. After his return from the October JHPIEGO course on Sexually Transmitted Diseases, he has launched into his work at the Maternity with renewed vigor. He is interested in a possible service program with AVS to serve cases referred from his own family planning clinic and perhaps from the Plateau de 16 ans.

General Hospital of Brazzaville

Dr. M'badinga Mupanga had contacted AVS in 1981 about the possibility of establishing a voluntary surgical contraception program at the General Hospital. Dr. M'badinga is a specialist in endocrinology and is very interested in family planning and voluntary surgical contraception. Although he would not be involved in conducting services he is the one who initiated contact with AVS about a program. The General Hospital is described in detail in Beverly Ben Salem's March 1982 trip report and at that time it was recommended that AVS should proceed in the development of a service program proposal. However, since then the physician who was going to be the operating surgeon, Dr. Gregoire Dirath, has left the country and there isn't anyone trained to implement services. It was agreed that now is not the time to proceed in the development of a service program. In fact, prospects for a successful program seem better at the Military Hospital where facilities are better and seemingly more organized.

Dr. M'badinga is very interested in organizing a seminar on the health rationale for family planning (including VSC) and requested AVS support for same. This seminar would be for medical chiefs of the 9 provinces and for Ob/Gyns and physicians in Maternity Clinics (approximately 25 participants in all). This seminar would be sponsored and co-funded by the Maternal/Child Health Division of the Ministry of Health. Dr. Antoine Makita is the new Director of the MCH division (replacing Mme Manyima who is now a counsellor to the President). The majority of expenses (travel, per diem for participants would be paid for by the Ministry while AVS is requested to provide a small amount of support for supplies and materials. A small grant will be developed for this purpose. AVS was also requested to attend as a speaker on VSC worldwide. The seminar is planned for early March 1983. This would precede the pro-family announcement by the National Party Congress which is expected to be made

in Spring 1983 and a proposed outcome of this seminar is to add positive support from the Ministry for such an announcement.

SUMMARY/RECOMMENDATIONS

The Government of the People's Republic of the Congo (GRPC) authorities are becoming increasingly aware of the need to make family planning services available, especially in view of the high health risks for mothers and infants and the alarming rise of clandestine abortions. The governmental decree said to be in the pipeline may mean increased financial support for such activities, but donor support is needed for "seed" programs.

The American Ambassador and his staff are sensitive to the needs and challenges in the population field in the Congo and have indicated their interest in the development of well-designed programs. The Congo is listed as one of USAID's low priority countries and is monitored by the Public Health Officer in Kinshasa. Even so, the level of USAID assistance to the Congo is expected to increase in the near future given the improving relationship between the two countries.

Through frequent visits, AVS should maintain contact with the MOH and the major facilities in Brazzaville with potential for conducting small programs, eg., Blanche Gomes Maternity Hospital and the Military Hospital. If the prediction about a favorable family planning policy comes true then prospects for active program development would seem very good based on this visit. In the meantime, AVS should support small efforts such as the conference small grant and small grants for equipment to Blanche Gomes Hospital to maintain the interest of medical professionals. Another interesting prospect would be the initiation of a small VSC program in conjunction with CARE's primary health care project in Mossendjo, especially given its potential for replication to other areas. AVS' financial investment in the short term, therefore, is expected to be small but would be a beginning towards integrating VSC into possible family planning/MCH efforts by the government.

LB/mr