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Subject Foreign Trip Report (AID/RSSA): Zaire, June 16-28, 1987: Logistics Consultation to Projet de Service des Naissances Desirables (PSND), National Family Planning Program.

To James O. Mason, M.D., Dr.P.H.  
Director, CDCThrough: Acting Assistant Director for Science, CHPE Mason

## SUMMARY

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## SUMMARY

A consultant from CDC and one from JSI traveled to Zaire to work with USAID and the Ministry of Health (MOH) on the family planning contraceptive logistics and information system. For the past 20 years, there has been official, though somewhat passive, support for family planning in Zaire, a support which is often expressed as a means of improving maternal and infant health through childspacing. IPPF has an affiliate which offers services in many parts of Zaire, and the MOH has an AID-supported program which offers services in 72 clinics, located in 14 urban areas of the country. Some missionary groups also offer contraceptive services. In spite of policies and statements supporting family planning and the existence of clinical services, actual service delivery is severely limited by the seemingly intractable problems of poor transportation and communication. Many areas cannot be reached from Kinshasa by road, and air transport is unreliable. Telephonic, telegraphic, and written communications are problematic. Family planning service statistics reports are incomplete, and figures for contraceptive distribution are based on warehouse records which are not completely accurate. Even in the relatively accessible Kinshasa area, only about 50 percent of the reports expected for 1986 have been received.

The principal recommendation from this consultancy is the need for technical assistance to determine the feasibility of adding staff for the MOH family planning program to work at the regional or local level coordinating service, delivery, supply, and reporting. The availability of qualified persons and the estimated cost must be determined. A reliable means of communicating with staff located outside of Kinshasa must also be established. Other recommendations include the need for training field staff (if hired or reassigned), and more extensive training of a replacement for the assistant director for management at the PSND, who is leaving the program. Several changes in warehouse management are also discussed.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Zaire, June 16-28, 1987, at the request of AID/Washington and USAID/Zaire, to consult with the MOH concerning their contraceptive logistics and service statistics systems. This travel was in accordance with the Resource Support Service Agreement between the Office of Population, AID, and DRH/CHPE/CDC, and the FPLMP contract with JSI.

II. PRINCIPAL CONTACTS

A. USAID/Zaire

1. Lois Bradshaw, Population Officer
2. Gael Murphy, HPN IDI
3. Rhonda Smith, Basic Rural Health Project Officer
4. Peter Knebel, Consultant

B. Ministry of Health

1. Mme. Chirwisa, Director, PSND
2. Brad Barker, Assistant Director for Administration
3. M. Bakadi Danga, Statistician
4. M. Kadina, Warehouse Manager
5. Jane Bertrand, Technical Advisor

C. UNFPA

1. Dr. Roger Razafinanja, Assistant Director

D. FPIA

1. Mr. Gayi Bedou, Program Officer

E. Institut National de la Statistique

1. M. Bakutuvwidi Makani, Demographer

F. Association Zairoise de Bien-Etre Familiale

1. Wawa Sakrini, President
2. M. Mutumbi Kuka Dia Bunga, Executive Director

III. BACKGROUND

As in many other developing countries, particularly those in Africa, birth-spacing has been practiced in Zaire through traditional methods such as abstinence and withdrawal, or reliance on the reduced fertility associated with breast-feeding. Although Zaire has no official population policy, three major population objectives were outlined as early as 1967: (a) to protect family welfare; (b) to enhance health status through combating communicable diseases; and (c) to reduce urban migration through rural development projects. The Government of Zaire (GOZ) officially endorsed the idea of childspacing in 1973 with the creation of the CNND-Comite National des Naissances Desirables, or the "Desired Birth Committee," which was established with the legal authority to promote and provide family planning services. This organization later changed its status and became the Association Zairoise pour le Bien-Etre Familiale (AZBEF) in order to receive assistance from IPPF.

In 1982, the MOH officially recognized family planning as an integral part of maternal and child health services. In 1986, the GOZ established a National Population Committee to serve as the principal mechanism for "the conception, coordination, and pursuit of activities and studies in the area of population...". Members of the committee include staff from the MOH and NGO's. Missionary groups have long been active in health programs, including family planning. A population planning unit has been created within the Ministry of Planning and has been given the responsibility for several demographic activities and the incorporation of population considerations into development activities. While the official climate seems right for the expansion of family planning services, the transportation and communication problems confronting Zaire make it very difficult to provide consistent, reliable services for any health program, including family planning. While principal urban areas in the southwestern part of the country can be reached by road, most other areas must be served by air. Unreliable air transport, including cancellations or changed schedules, is compounded by the difficulty of contacting provincial or district localities by telephone or telegram. Reports from provincial health units are often late or missing, and the receipt of written communications from the central level to interior locations is problematic. There is no easy way to resolve these problems.

#### IV. PROGRAM ACTIVITIES

The CDC/JSI consultant team had three principal objectives for the consultation:

- To review and revise contraceptive needs for the PSND program, taking into consideration contraceptive supplies received from sources other than USAID;
- To study the logistics system for contraceptive supplies and make recommendations for improvements;
- To review service statistics to obtain some idea of the level of family planning services in the country and to make recommendations for improving the reporting system.

There are three major providers of family planning services in Zaire:

- AZBEF, or the Zaire Family Planning Association;
- PNBEF, or the National Family Planning Program;
- Missionary groups

AZBEF has facilities throughout the country. Most of these operate in existing MOH facilities, with a small number located in missionary or private facilities. AID funding for PNBEF began in 1982 with creation of the Projet des Services des Naissances Desirables (PSND). This project was designed to increase contraceptive prevalence by establishing services at 75 locations in 14 urban areas in Zaire. A detailed description of the project is on file at CDC and JSI. PSND was established as a vertical program within the MOH, with both MOH staff and AZBEF staff providing services to clients.

However, in 1986, all AZBEF staff left PSND, and PSND--like AZBEF--now operates clinics in existing MOH facilities. Missionary groups have long been active in health programs, although measuring program activity is difficult since reports of any kind are hard to obtain.

PSND receives contraceptives from USAID, UNFPA and FPIA. There is a central warehouse in Kinshasa which stores supplies for all programs. At the time of the consultancy the warehouse was fairly neat, although gasoline was stored in the warehouse along with pharmaceutical products. An inventory of existing products was conducted to compare stock card balances with actual amounts on hand, and several discrepancies were noted. The inventory also revealed a large number of IUD's due to expire later in 1987. Improvements in warehouse management are desirable, but the problems detected do not constitute a major problem in the operation of the PSND program. The inventory was conducted with the help of Brad Barker, the Assistant Director for Administration at PSND. The warehouse manager was not available on the day the inventory was conducted.

PSND supplies contraceptives to several "programs":

- a. AZBEF;
- b. MOH units in the urban areas where PSND emphasis is placed;
- c. a nascent contraceptive retail sales program (CRS), a PSND project;
- d. a community-based distribution program (CBD), also a PSND project;
- e. a primary health care project (Soins de Sante Primaires en Milieu Rural, or SANRU), which also provides support for services in existing MOH and nongovernmental facilities; and
- f. the Professional Women's Bureau (BUPROF).

Because of the reporting and supply problems which PSND has experienced since the project began, AID is considering refocusing the project by developing a model family planning clinic in the Mama Yemo Hospital in Kinshasa and by creating zones for integrated urban/rural activities in the three provinces of Bas-Zaïre, Bandundu, and Shaba. If model family planning clinics are established at the Mama Yemo Hospital and in some of the provinces, the quantities of contraceptives issued should be carefully monitored to determine use and resupply levels. This monitoring should also assure that periodic reports of contraceptives issued and clients served are regularly submitted to PSND headquarters.

#### V. SERVICE STATISTICS AND STOCK LEVELS

Table 1 shows the number of reporting units, number of reports received, and percentage of reports received by the family planning program for 1986. Reporting is best from the Armee du Salut with a reporting rate of 92 percent. Reporting from BUPROF and PSND stands at 33 percent and 53 percent, respectively. Of particular interest is the breakdown of figures for PSND facilities located in the Kinshasa area, and those outside this area. The 60 percent reporting from interior rural areas is better than that in Kinshasa (53 percent), where transport and communications are presumably better than in the rest of the country.

Table 2 shows the quantity of contraceptives distributed from the central warehouse, by year, for the period 1984-1986. This information was taken from stock cards kept in the warehouse. Table 3 shows the number of users and percentage distribution by method of contraception. Orals account for just under half of reported users for the period 1984-1986. Injectables account for another 25-30 percent. Less than 10 percent of family planning users employ condoms.

An analysis of couple-years-of-protection shows a noticeable discrepancy between the number of cycles of pills which were distributed (Table 2) with the number of reported users (Table 3). This difference probably results partly from nonreporting of users by many of the facilities providing services, and partly from delays in consumption of stock which has been distributed from the central warehouse.

## VI. RECOMMENDATIONS

1. Technical assistance should be obtained to estimate the cost and determine organizational responsibilities for additional PSND field staff to work at the regional or other local level. At the present time all PSND staff are located in Kinshasa. The PSND assistant director for management indicated that the PSND has chronic and severe problems communicating with service providers and cannot assure the arrival of contraceptive supplies. Reports of contraceptive users and contraceptive consumption are often late in arriving at PSND headquarters and in some cases are never received. The availability of PSND staff at lower levels should help to alleviate some of these problems.

Several elements should be included in the scope of work for the person(s) providing the consultation. Discussions need to be held with the PSND to determine the duties and responsibilities of proposed staff. Although the immediate and perceived reason for employing field staff is to resolve reporting and supply problems, field staff could potentially provide technical advice to clinic staff who serve family planning patients. For example, a qualified nurse could provide such technical advice and could also be trained in the relatively simple procedures used for ordering and distributing contraceptive supplies and sending reports to PSND headquarters.

After qualifications, duties, and responsibilities have been determined, cost estimates need to be made. Salary, per diem, and transport are the major elements to be considered. Depending on the size of the geographic region and number of facilities to be covered, a vehicle may be needed. Training, supplies, and an occasional trip to Kinshasa are additional costs which must be considered. The total number of persons required should also be determined. To estimate annual expenditures, the cost for one person can be multiplied by the number of persons needed. It may be substantial, but the extra expense may be necessary to obtain those program outputs which are needed and are now unavailable. If field personnel are hired, it should be done incrementally, location by location. Problems should be resolved when they occur, and costs should be closely monitored so that the experience can be used when coverage expands to other geographic areas.

The recommendations included above should apply to any person(s) hired to serve as PSND field staff or to any current PSND staff member transferred, if feasible, to a field assignment.

2. A means of communicating with field staff is necessary. The radio system used by the expanded program for immunization (PEV) is said to be effective. It might be possible to use their facilities or establish a similar system for PSND. Reliable communication cannot be overemphasized, since it is a major problem at the present time. Although postal and telegraphic services are often unreliable, their use should be considered if they are working in some parts of the country.
3. Technical assistance (TA) will probably be needed when the PSND assistant director for management, presently an American, completes his tour of duty. The TA should focus on AID procurement procedures, clearances, lead times, etc., particularly for contraceptive supplies. This training should be given to whomever is selected to be assistant director for management. Depending on the qualifications and experience of the person hired, other forms of training will probably be needed, some of which may be appropriate for additional TA. The training which will be needed should be agreed upon by USAID/ZAIRE and PSND and made part of the scope of work for the consultant. The need for special training is almost certain, since it is unlikely a new person can be hired to overlap with the present administrator.
4. Several changes should be made in the PSND warehouse:
  - a. Stock card balances should be reconciled with a physical inventory of each product and maintained on an ongoing basis. In the case of contraceptives, the differences between quantities listed and the quantities on hand were often substantial; in no instance were balances identical. The same reconciliation should also be conducted for other products stored in the warehouse.
  - b. When secure storage space can be located, gasoline presently stored in the warehouse should be removed. Pharmaceuticals should not be stored with toxic chemical or inflammable products.
  - c. Open boxes of contraceptives are presently located on or near other unopened boxes in the bulk storage area. All open boxes should be stored in one location, on shelves, in a separate section of the warehouse. This makes it easier both to conduct inventories and to issue small quantities of supplies. New boxes can be opened as needed. Space is available to relocate open cartons, either by rearranging supplies on existing shelving or installing new shelving. Not much is required, and the expense should be minimal. The recommendations concerning the warehouse were discussed with Brad Barker and, except for removing the gasoline, are considered feasible. Another locked, secured building is not available at the present time for gasoline storage.

5. A number of IUD's in the warehouse will expire before they can be used. PSND and USAID/Zaire are aware of this and will act to dispose of the IUD's when they expire. This has been done in the recent past for some other products, and procedures are established.
6. Different PIO/C numbers should be used when contraceptives are ordered for different programs (CBD, SANRU, CRS, etc.). This will make it easier to keep records and determine from stock cards the quantities distributed to individual programs. Such information is theoretically available from PSND, but, in fact, records and reports are incomplete.
7. If staff are hired or reassigned to work at the regional, municipal, or zonal level, some training in the handling of supplies and associated recordkeeping will be needed. The person in charge of the warehouse at PSND should be included in the training, both to help train new staff and to be present if any changes in procedures are made. Depending on the scope of the training and the availability of experienced local trainers, some technical assistance may be required.
8. Since the assistant director for management at PSND will be leaving, he should prepare a report showing the various "ad hoc" ways in which supplies are sent (or not sent) from PSND to peripheral outlets. This information will be needed by whoever replaces him.
9. PSND staff need to decide how to manage the data which is reported from field units. At the present time, all reports go to the PSND statistician where they are summarized. But the information does not routinely go any further. Feedback procedures need to be developed. In addition, action needs to be taken immediately on those reports which show stock outages or contain written requests for assistance.



Neal Ewen

TABLE 1

## Number and Percent of Reports Received by PSND

1986

<u>PROJECT</u>	<u>1st QUARTER</u>	<u>2nd QUARTER</u>	<u>3rd QUARTER</u>	<u>4th QUARTER</u>	<u>TOTAL</u>
ARMEE DU SALUT					
Number of Units	6	6	6	6	6
Number Reporting	5	6	6	5	5
Percent Reporting	83%	100%	100%	83%	92%
BUPROF					
Number of Units	25	25	25	25	25
Number Reporting	2	10	10	11	8
Percent Reporting	8%	40%	40%	44%	33%
PSND					
1) In Kinshasa					
Number of Units	10	10	10	10	10
Number Reporting	6	6	4	5	5
Percent Reporting	60%	60%	40%	50%	50%
2) Outside Kinshasa					
Number of Units	40	48	54	54	54
Number Reporting	34	29	27	39	32
Percent Reporting	85%	60%	50%	72%	60%
TOTAL					
Number of Units	81	89	95	95	95
Number Reporting	47	51	47	60	51
Percent Reporting	58%	57%	49%	63%	54%

TABLE 2  
Distribution of Contraceptive Supplies  
Central Warehouse  
1984-1986

	PRODUCT									
	Ovostat	Microgynon	Noriday	Ovrette	Total Orals	Condoms	Emko	Conceptrol	IUD	DepoProvera
<u>1984</u>										
BOY Stock	0	0	0	0	0	0	0	0	0	0
Received	3,200	2,400	322,800	145,901	474,301	176,200	2,700	0	52,002	5,600
Balance 12/31/84	1,550	1,110	102,599	143,801	249,060	47,800	516	0	1,620	2,770
Annual Consumption	1,650	1,290	220,201	2,100	225,241	128,400	2,184	0	50,382	2,830
Average Monthly Consumption	413	108	18,350	175	18,770	10,700	182	0	4,199	236
CYP	508	99	22,585	969	17,326	2,568	364	0	151,146	2,830
<u>1985</u>										
BOY Stock	1,550	1,110	102,599	143,801	249,060	47,800	516	0	1,620	2,770
Received	6,650	3,600	101,201	0	111,451	1,205,400	1,136	1,033,484	183,594	11,200
Balance 12/31/85	4,950	1,810	155,900	132,251	294,911	1,156,100	18	1,006,680	182,460	7,720
Annual Consumption	3,250	2,900	47,900	11,550	65,600	97,100	1,634	26,804	2,754	6,250
Average Monthly Consumption	271	242	3,992	963	5,467	8,092	136	2,234	230	521
CYP	250	223	3,685	888	5,046	971	204	268	8,262	1,563
<u>1986</u>										
BOY Stock	4,950	1,810	155,900	182,251	294,911	1,156,100	18	1,006,680	188,460	7,720
Received	8,000	5,280	77,500	0	90,780	0	2,224	0	0	12,800
Balance 12/31/86	6,625	1,392	51,918	106,400	166,335	855,500	827	832,200	176,180	10,850
Annual Consumption	6,325	5,698	181,482	25,851	219,356	300,600	1,415	174,480	6,280	9,670
Average Monthly Consumption	527	475	15,124	2,154	18,280	25,050	118	14,540	523	806
% of Total by Method	3%	3%	83%	12%	100%	100%	9%	91%	100%	100%
CYP	487	438	13,960	1,989	16,874	3,006	177	1,745	18,840	2,418

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TABLE 3

New, Continuing and Total Users by Method  
1984-1986

<u>Year</u>	<u>Orals</u>	<u>Inject.</u>	<u>Condoms</u>	<u>IUDs</u>	<u>Female Steril.</u>	<u>Male Steril.</u>	<u>Total Steril.</u>	<u>Spermic.</u>	<u>Other Methods</u>	<u>TOTAL</u>		
<u>New Users</u>												
1984	836	485	222	222	69	0	69	246	0	2,080		
1985	1,825	1,207	537	402	70	0	70	625	0	4,666		
1986	4,039	2,114	923	851	120	0	120	560	24	8,631		
											<u>% of Total Users</u>	
<u>Continuing Users</u>												
1984	623	249	36	56	0	0	0	57	0	1,021	33%	
1985	3,084	2,368	252	129	69	0	69	286	12	6,200	57%	
1986	5,844	4,618	709	436	139	0	139	919	15	12,680	59%	
											<u>MWRA</u>	<u>Prevalence Rate</u>
<u>Total Users</u>												
1984	1,459	734	258	278	69	0	69	303	0	3,101	5,470,000	0.06%
1985	4,909	3,575	789	531	139	0	139	911	12	10,866	5,603,000	0.19%
1986	9,883	6,732	1,632	1,287	259	0	259	1,479	39	21,311	5,774,000	0.37%
<u>Method Mix</u>												
1984	47%	30%	8%	9%	2%	0%	2%	10%	0.0%	100%		
1985	45%	33%	7%	5%	1%	0%	1%	8%	0.1%	100%		
1986	46%	32%	8%	6%	1%	0%	1%	7%	0.2%	100%		