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Project 660-0055

ZAIRE

Nutrition Planning

Contractor Report

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660-0055
EVALUATION REPORT

NUTRITION PLANNING

GOVERNMENT OF ZAIRE

PROJECT # 660-0055

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SECTION A: EXECUTIVE SUMMARY

This project began as a global exercise in nutrition planning. However, since 3 years passed between the approval of the original project proposal and the implementation of project activities, the scope of this project design narrowed so much that even if all project objectives had been met, Zaire would not have been given the capability for multisectoral nutrition planning.

The major accomplishment of this project was the creation of a nutrition planning center, CEPLANUT, that has done much to promote a consciousness for nutritional concerns in Zaire. Due to studies carried out by CEPLANUT, malnutrition has been recognized to be a serious problem in the country.

A famine occurred in Zaire during the life of this project and CEPLANUT, with assistance from USAID, assessed the extent and severity of the situation. CEPLANUT was instrumental in convincing the Government of Zaire to permit food aid into the country. CEPLANUT later supervised food distribution and evaluated relief efforts.

Most of the interventions undertaken by this project, however, were haphazard and focused on data collection. This data was never used to orient interventions. No attempts were made to undertake activities in the agricultural sector.

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The nutrition planning center created by this project continues to exist after the termination of project activities. The government of Zaire now supports CEPLANUT with a considerable sum of money from its operating budget. This is an outstanding project achievement, given the bankrupt state of Zaire's fiscal affairs.

Continued assistance is recommended to the nutrition planning center. CEPLANUT should not undertake intervention activities in the future. Rather, it should seek to define an agency that defines cost effective measures to solve nutritional problems. CEPLANUT should then contract with other organizations to implement desired interventions.

The nutrition planning center is devoid of trained staff following the completion of this project. Technical assistance will be required to undertake future project activities.

SECTION B: INTRODUCTION

This evaluation serves as the final step in the life of USAID Project 660-0055, Assistance in Nutrition Planning to the Government of Zaire. Lessons learned from this project will serve as a guide for future USAID efforts in Zaire's nutrition planning sector.

At the request of USAID/Zaire, Dr. Tomas Uribe, Dr. Heather Goldman, and David Eckerson visited Zaire in late February and early March of 1981 to assess the results of project activities. Shirley Barnes Kalunda assisted this team at the request of USAID/Washington to evaluate project components relating to mass media.

Due to conflicting travel schedules of the evaluators, however, this report is written without the benefit of final consensus amongst team members. The views herein are those of David Eckerson, drawn from discussions the team had while together, but expanded after further investigation.

This evaluation has been a process with a beginning and an end. Individual reports from Dr. Uribe and Dr. Goldman, written at the time of their respective departures, are attached to this document. Ms. Kalunda's report is submitted separately.

SECTION C: EVALUATION METHODOLOGY

USAID projects are normally evaluated upon their ability to accomplish specific purposes set forth in

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"project papers." These "project papers" detail specific objectives the project will accomplish and outputs that will derive from given sets of activities and inputs. A time frame is established within which all will take place.

Due to the long history of this project, which will be treated in the next section, revisions were made to the original project papers that changed the original nature and scope of activities. A revised project paper does not exist, nor does a revised "logical framework" upon which to judge the project's implementation over a given period of time.

Therefore, this project will be evaluated according to the purpose and stated objectives contained in the contract signed between USAID and Tulane University, as amended on April 6, 1979.

This evaluation report is based on interview with USAID mission staff in Zaire, officials within the Government of Zaire, technical assistance personnel from Tulane University, project employees of the Nutrition Planning Center and various representatives from private and international development assistance agencies in Zaire.

This evaluation is also based upon a systematic review of project documents found at USAID/Zaire, reports published and unpublished from the Nutrition Planning Center and Tulane University and other relevant documents that describe the development situation in Zaire.

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Project operations were evaluated from site visits to nearly every intervention area in Kinshasa. A cursory field visit was also made to Popokabaka to assess operations carried out there.

Due, however, to the changing composition of the evaluation team, the constraints of limited time and the immense size of Zaire, this evaluation does not purport to know all. Rather, it is but a critical glance, perhaps a bit myopic, by a trained observer.

SECTION D: PROJECT HISTORY

This project was initially designed in 1974 and approved in 1975. Originally it was entitled Nutrition Planning Project 560-054.

The initial project paper allocated \$4.4 million over a five-year period of time to be spent on a global nutrition planning effort in Zaire. This project had as its stated goal the reduction of the mortality rate in Zaire from twenty persons per thousand to ten persons per thousand by 1980. The essence of this project was the formation of a nutrition planning unit under the auspices of FOMECO (Fonds Medicaux au Coordination), an office of the Presidency of Zaire that coordinates medical programs in the country. The nutrition planning unit was to collect food and nutrition data in five demonstration zones throughout the country and later design interventions within the zones based on "nutrient gap" analysis.

This initial project also called for the design

and implementation of a nationwide nutritional status survey. Food balance sheets were to be constructed for the entire country.

Overall coordination of project activities was to have been directed by a proposed inter-ministerial committee chaired by the Commissioner of Health in Zaire and having amongst its membership the President of Zaire, the Commissioner of Social Affairs, the Dean of the University and the Director of FOMECO, amongst others. ^{1/}

This project had a delay of three years before being implemented. This delay resulted from disagreement within USAID over whether to let the technical assistance portion of the contract out for bidding or let it out as a sole source contract to the firm that designed the project paper.

Eventually the project went out for bids and Tulane University was chosen to provide technical assistance. Tulane was not the same firm that designed the original project.

When Tulane signed a contract with UDAID in 1978 for technical assistance, the nature and scope of the original project changed. The project was amended and given a new number, 600-0055. ^{2/} The new project was scaled down to \$1.6 million and had an implementation period of two years. The new project called for activities

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1. Original Project Paper: Nutrition Planning in Zaire (660/0055).
 2. This revised Project Paper doesn't exist. I was told by Tulane staff that they wrote a draft document for USAID, but they never saw it again.

in two demonstration areas, Kinshasa and Popokabaka. No longer did the project center on national networks of food and nutrition surveillance. Nutrient gap analysis and food balance sheets were discarded as project objectives. Rather, the whole paper boiled down to six precise objectives. ^{3/} They were:

- 1) A central nutrition planning unit, consisting of both Zairian and expatriate technicians, will be established and operating on a full-time basis;
- 2) A program for training Zairians in fields related to nutrition will be established and in process of being implemented;
- 3) A nutrition intervention program will be fully operative in at least one demonstration test area with a well-established nutrition evaluation/monitoring system in place;
- 4) Preliminary quantitative results from the first demonstration area will have been analysed and trends towards reduction in malnutrition rates demonstrable;
- 5) A plan of action for the second demonstration area will be established and all preparations will be completed to start a nutrition intervention program in a second

3. Contract between Tulane University and USAID, April 6, 1979, amended version.

area, and

- 6) A joint overall evaluation of two years of project activities will be completed with overall findings that generate success with similar nutrition intervention programs in other areas.

Before the arrival of the Tulane team, USAID/Zaire allocated some project commodity monies to FOMECO in order to speed up project progress. This money was misused, however, and FOMECO and the initial Zairois designated to be director of the proposed nutrition planning center were implicated. USAID/Zaire then chose to channel project monies directly through the Department of Health and chose as the Zairian project director Dr. Victor Kabamba, who was then heading up the DOH incipient Bureau of Nutrition.

When the Tulane technical assistance team arrived in Zaire, their first task was recuperating the commodities bought before their arrival. They then prepared an Inception Report that described their plan of action for the next two years.

Kinshasa and Popokabaka were chosen as intervention sites and baseline studies were begun in the two areas. The initial studies consisted of choosing and censusing the populations to be surveyed. Socio-economic and anthropometric data were collected at the same time. These studies were undertaken by personnel trained by the Tulane and Zairois central staff

of the Nutrition Planning Center.

In 1978, the President of Zaire signed a decree creating the Nutrition Planning Center. The Center, through the life of the project, obtained office space and materials such as vehicles, office supplies, a biochemical laboratory, a library, and data processing equipment.

Project activities centered upon baseline studies in Kinshasa and Popokabaka. In both areas food consumption studies, hospital records studies, clinical and biological examinations of sample populations were undertaken. In Kinshasa an infant feeding survey was also carried out, as well as a baseline study for a mass media intervention. Continual nutrition surveillance in Kinshasa and Popokabaka lasted for the life of the project.

In late 1978, acting on information gained from USAID/Zaire, the Center investigated a perceived drought situation in Bas Zaire. Teams were mobilized and a rapid assessment of nutritional status in the area was carried out with the aid of a consultant sent from the Center for Disease Control.

The Center then concentrated its activities on analysing data they had collected in Bas Zaire. The Center declared a drought situation existed in Bas Zaire and recommended food distribution to be undertaken in the area. The Center later worked with relief agencies

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and supervised food distribution activities both in Bas Zaire and Kinshasa. Finally, the Center conducted a survey in Bas Zaire to ascertain the effects of the relief effort.

Because of the unplanned activities the Center carried out in Bas Zaire, the contract for technical assistance on this project was extended for a year until December 1980. In this period of time interventions were begun both in Kinshasa and Popokabaka that consisted of nutritional surveillance combined with a primary health care component. Agents of CEPLANUT worked in the same zones where they had previously been doing nutrition surveillance. They expanded their activities by distributing medicines such as anti-malarial tablets, de-worming tablets, and aspirin. In every intervention site, children less than five years of age received medicines and malnourished children were referred to local hospitals for treatment.

In Kinshasa a mass media intervention was designed following a baseline study. Working with a local agency, RENAPEC, nutrition education programs were created and diffused over radio and television networks.

During the life of the project three high-level technicians were sent to America for training. A staff of field agents were trained in nutrition education

and survey techniques. The Center worked with private enterprise, private voluntary agencies and labor unions to train their respective staff members in nutritional education and surveillance activities. The Center also worked with the University of Zaire, training students by employing them in the Center's field work. Finally, the Center developed a training program for nutritional surveillance that was used by Peace Corps/Zaire.

The Center has also held two conferences. One conference treated the subject of famine. The other concerned the betterment of nutritional status in Zaire.

The Center has published 18 reports detailing its activities and survey results. The Center has also produced a film about malnutrition in the Kivu area of Zaire.

At the time of this evaluation, the Tulane technical assistance contract has ended. The Center continues in its efforts and has received considerable monetary support from the Government of Zaire.

The Center hopes to establish field offices in other parts of the country in the near future.

SECTION E: PROJECT ACHIEVEMENT

This section will first evaluate achievement of the specific objectives set forth at the onset of project activities. Next, an assessment will be made upon this project's contributions to overall development goals

outside the realm of specific project objectives.

Finally, an attempt will be made to ascertain the cost per beneficiary of certain operations undertaken by this project.

E/1 Achievement of Project Objectives

Objective (1): "A central nutrition planning unit, consisting of both Zairian and expatriate technicians, will be established and operating on a full-time basis."

A nutritional planning center, CEPLANUT (Centre National de Planification de la Nutrition Humaine), was created by presidential decree on the 6th of September, 1978. ^{4/} CEPLANUT is mandated to:

- 1) Coordinate agencies working in the nutrition sector to achieve multisectoral solutions to nutritional problems
- 2) Program nutritional activities and intervene where necessary to control the nutritional status of the country
- 3) Centralize and diffuse information relating to nutrition in the country
- 4) Evaluate and control nutritional activities operative in the country
- 5) Advise and formulate nutritional strategies for the country under the authority of the Executive Council

4. Ordinance No. 78-386 dated 6 September, 1978.



- 6) Undertake studies relating to nutrition that go beyond the capabilities of the Department of Health.

The nutrition planning center, as reflected above, has a broad mandate. It is established under the Department of Health but has a significant multisectoral base from which to effect nutrition planning.

It is important to note that CEPLANUT is responsible to the Executive Council. In Zaire, the Executive Council is a powerful body, responsible for practically all decision-making in the country. It is significant that CEPLANUT, through its director, has access to this entity. Not many agencies in Zaire hold claim to this.

On paper, then, the Nutrition Planning Center exists. It also exists in physical fact. CEPLANUT has a building and an address. It hosts a variety of material goods, amongst which are vehicles that run, data processing equipment, a library, office supplies, a bio-chemical laboratory, nutrition assessment tools such as scales and height calculators and nutrition education materials.

CEPLANUT has a staff of technicians and field agents employed on a daily basis. The Director, Dr. Kabamba Nkamany, has headed operations of CEPLANUT since its inception. Three Division Chiefs assist in the administration of CEPLANTU activities. Within the

respective divisions of CEPLANUT (Interventions, Studies and Administrative Services) there are a total of 18 technicians. All the above administrative staff hold university degrees in nutrition-related fields.

At the time of this evaluation, CEPLANUT has no expatriate staff. This is due to the fact that the Tulane contract has ended. During the life of the project, however, expatriates were on the staff of CEPLANUT.

Finally, CEPLANUT is engaged in a variety of activities. Nutritional surveillance, begun with the technical assistance of Tulane's departure. CEPLANUT is producing nutrition education programs for diffusion over radio and television networks in Zaire. Work is also in progress editing a film CEPLANUT made depicting malnutrition in Kivu. CEPLANUT is also programming for an extension of activities in other regions of Zaire.

Objective (2): "A program for training Zairians in fields related to nutrition will be established and in process of being implemented."

One major component of project activities has been training in nutrition-related fields. Unfortunately, most of this training was done before this evaluation and a valid assessment of the quality and quantity of training done for or by CEPLANUT is difficult. From available documentation and interviews

with people who fell under the training umbrella of CEPLANUT activities, however, one can assume that this objective was partially achieved. A complete list of training activities appears in Annex I.

One aspect of this project was the training of the CEPLANUT staff. The first people trained were the field agents. Their training was oriented towards data collection techniques, anthropometric measurement techniques, nutrition screening, nutrition education and treatment of certain basic diseases. From observations in the field, agents seem to perform their tasks adequately. Height measurement in Africa is always difficult. In this domain CEPLANUT staff on the whole seem to perform admirably.

Upper level training for the CEPLANUT staff did not fare as well. Of three candidates sent to the United States for long-term training only one will finish course work. Factors that influenced early termination of studies by the other two are nebulous. It appears their mastery of the English language was one salient factor. Another, more difficult to ascertain, was the impression that the two candidates didn't really intend on staying in America for the length of their studies. It is fair to say, however, that the remaining candidate studying at Tulane will be a valuable asset to CEPLANUT upon his return.

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CEPLANUT has also carried out "in-house" training in areas such as nutrition education, measurement techniques, data analysis and other fields. This has been done on a fairly regular basis to continually upgrade the knowledge of CEPLANUT staff.

On another level, CEPLANUT has used its staff to train other Zairians in nutrition-related fields. In Kinshasa, Popokabaka, Bas Zaire, and Ngidinga, CEPLANUT has held short seminars and training programs for a variety of agencies in areas of nutrition surveillance, food distribution, and nutrition education.

On a more formal level, CEPLANUT staff have given courses at the University of Zaire. They have also been involved in the training of Peace Corps volunteers, who in turn have taught other Zairians. Students from the University of Zaire have done field work at CEPLANUT, assisting on a variety of activities such as the food consumption survey carried out in Kinshasa.

CEPLANUT has sponsored conferences where Zairian technicians were invited from around the country to discuss nutritional concerns. The Zairian Conference in 1980 and the Conference on the Bettering of Nutritional Status in Zaire are well documented examples of this type of activity.

CEPLANUT staff have also assisted at other seminars in Zaire and around the world. These activities should also be credited to comply with the training

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objectives of this project.

CEPLANUT has worked with private enterprise in Zaire, training employees of the General Motors and Goodyear plants in Kinshasa in aspects of nutrition education, nutritional surveillance and screening. While the Goodyear program has since been terminated, the General Motors program continues after the departure of CEPLANUT staff. While the numbers may be insignificant (only 350 children are covered by this program), the program begun by CEPLANUT is admirable. GM is transporting employees' children to their medical facilities every month and each child is weighed, measured, and given a consultation. Children who are malnourished or sick are treated with medicine free of charge. Children found to be seriously ill are transported directly to a hospital.

In conclusion, one can say that training activities did occur under this project. ^{5/} It is noteworthy that so many diverse activities did take place. Many activities have been imaginative and carried out wherever possible, but there remains to be a fixed program of activities. With the departure of the Tulane team, most training activities have stopped.

Objective (3): "A nutrition intervention program will be fully operational in at least one demonstration test area with a well established nutrition evaluation/monitoring system in place."

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5. Training of CEPLANUT staff will also be discussed under technical assistance aspects of this project.
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This project has begun interventions in two demonstration test areas of Zaire. In both Popkabaka and Kinshasa these interventions are taking place. In another area, Bas Zaire, one can also consider the activities undertaken by CEPLANUT during the famine as an intervention. Basically, the nature of project interventions have been in the areas of:

- 1) Nutritional surveillance, screening and distribution of medicines
- 2) Nutrition education (face-to-face/mass media)
- 3) Nutritional assessment
- 4) Food distribution.

Before entering into an evaluation of interventions undertaken in demonstration test areas, however, certain terms must be defined. ^{6/} Surveillance is taken to mean the collection of nutritional information at a given point in time. Assessment is appraisal of information to offer a preliminary description of the nutrition situation in an area. Evaluation is the process of reaching a judgment, on the basis of clearly defined criteria, about the success of any operation. Monitor implies an ongoing activity that is more specific than surveillance (e.g., monitoring of rainfall or hospital records date). Screening is selecting out for special treatment.

6. Taken from Methodology of Nutritional Surveillance, WHO Document 593, Geneva, 1976.

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Ideally, nutritional surveillance takes place at two levels in any given system. On the community level, reliable information is routinely collected by personnel who are provided with adequate supervision and training.

On a more aggregate level, information collected from communities on both an ongoing and extraordinary basis is tabulated, processed and used efficiently by nutrition planners and program administrators in their decision-making.

Surveillance must always be linked with an effective process to alleviate problems uncovered by the surveillance system.

Demonstration Test Area 1: Popokabaka

In the spring of 1978, project activities began in Popokabaka by selecting out a sample population within which project activities would be undertaken. This area included the "cité" of Popokabaka and fifty surrounding villages within a twenty-kilometer radius from town. Initial baseline studies were carried out, including a census of the total population in the test zone. Anthropometric measurements, biochemical, clinical and socio-economic surveys were also undertaken.

On the basis of this information, agricultural interventions were called for but never undertaken. ^{7/} Rather, CEPLANUT decided that given its limited technological manpower, activities would orient towards contin-

ual nutritional surveillance, screening, face-to-face nutritional education and the distribution of a pill package consisting of de-worming, anti-malarial and aspirin tablets.

All operations in Popokabaka are carried out by five teams of interviewer/health agents who walk wherever they go. Their sphere of activities covers nearly $\frac{8}{10}$ every family with children less than five years of age in a twenty-kilometer radius of Popokabaka. Of the 2,586 children registered in the sample in October of 1980, 1879 were seen by CEPLANUT agents. Thus, 65% of the site sample and 76% of the village sample were seen by agents.

Agents visit households and perform anthropometric measurements on children less than five years of age. Children are screened for malnutrition from these measurements (e.g., less than 80% of the Harvard standard of weight for age) and the mothers of children found to be malnourished are counseled to take their infants to the hospital in town. Other data on feeding practices, weaning, diarrhea, fever, births, deaths of children less than five years of age and measles is also collected. In some cases where recognizable nutritional problems can be determined, agents give face to face nutrition education to mothers while in the field.

In each household de-worming pills are periodically distributed to children less than 5 years of age.

8. Three villages were missed in the original census.

When children suffer from fever, either aspirin or an antimalarial tablets are distributed. In some cases these pills are also given to adults in the household. At the time of this evaluation, however, field agents run out of pills.

Children who are screened and arrive at the hospital are treated for diseases they might have. In cases of malnutrition, children are given supplemental food by hospital staff. Nutrition education materials and food demonstrations are used to provide mothers nutritional knowledge.

The following points can be made about interventions carried out in Popokabaka by CEPLANUT.

Point 1: The screening process is totally ineffective. there is no way to tell how many mothers do take their children to the hospital for treatment. The subjective opinion of interviewers is that only 2 out of 10 women arrive at the hospital with their children. Most of these are from the cite. In the villages, most mothers don't want to walk 20 kms. to the hospital.

Point 2: Any surveillance process must be linked with assessment and intervention. Surveillance activities in Popokabaka collect data for data's sake. Reports are sent to Kinshasa but no analysis is being undertaken other than some snythesis. In Popokabaka the supervisor of the survey teams has done an admirable job on his own to orient interventions. Further, all analysis is being done as to weight for age criteria and not for acute undernutrition

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(measured by weight for height), which is a better parameter to measure severe undernutrition. In fact, measurements such as arm circumference, head circumference and height might just as well not be taken since no one is using the information.

The survey population in Popokabaka has never been analysed for ecological differences. The zone in Popokabaka covers both the high plains surrounding the city and the forest valley along the river. From a rough field analysis it becomes apparent that people on the plains are far worse off nutritionally than those in the forest. In a cluster of three villages on the plains from October to December of 1980, roughly 88% of the children were chronically malnourished. This was compared to an average rate of 40-50% in the forest areas.

Point 3: Since the beginning of CEPLANUT activities in Popokabaka, the hospital has neglected vaccination coverage in CEPLANUT zones. It is unfortunate that CEPLANUT collects data on infant mortality and measles but never analyses any of it. From a rough analysis in the field it was determined that deaths in Popokabaka of children less than 5 years old from October to December of 1980 totaled 90 children out of a sample of 2,000 children seen. Extrapolated this is roughly 180 deaths per 1000 per year, an incredibly high figure. Most of these deaths were attributed to measles.

Point 4: It is difficult to assess the effects of nutrition education and pill distribution interventions in Popokabaka. At the time of the evaluation, interviewers had no pills. One can say that probably the pills were given out in the past. This is basically due to the pills being the entry card for agents into households.

Face to face nutrition education is being given by agents in the field. It is also being taught at the hospital in town.

With both these interventions, however, there has been little change in the nutritional status of the sample population. This may be due to other factors that will be discussed later in this report.

Point 5: The percentage of the survey population seen by agents on each round is admirable. This attests to their dedication to their work.

DEMONSTRATION TEST AREA (2): KINSHASA

In Kinshasa, Project intervention activities have been in the areas of nutritional surveillance, screening, and medicine distribution. CEPLANUT does some face-to-face nutrition education and has also begun a nutrition education campaign via mass media. Finally, for a short period of time CEPLANUT coordinated and operated food distribution centers.

The surveillance, screening and medicine distribution interventions in Kinshasa operate in the same fashion as those of Popokabaka.

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In the case of Kinshasa, four zones of action were initially chosen but one has been dropped since agents in the zone were found to be making up data without going into the field. The zones retained are Lingwala, Kimbanseke and Kingasani. These zones were determined to represent 85 percent of Kinshasa's nutritionally at risk population. Surveillance activities were geared so that at any one point in time the nutritional status of the sample could be measured.

In visits to every operative zone in Kinshasa it was determined that 40 percent of the survey population was not seen on each round of surveillance. This was due to mothers or children not being present in households after two efforts were made by the survey teams to find them. In some cases families had moved away. In other cases, families refused to be interviewed.

Concerning screening, there is no way to determine how many children who are screened eventually go to the hospital to which they are referred. In Lingwala, the subjective estimate is 5/10. This is essentially due to the fact that the Kalembe-Lembe hospital is located in the zone and is the referral point. This hospital is well supplied with medicines and operates efficiently. CEPLANUT staff are responsible for the nutrition education and rehabilitation activities at the hospital.

In other zones of Kinshasa where screening interventions take place, Kingasani and Kimbanseke, mothers are also referred to the Kalembe-Lembe hospital.

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In each zone there were other viable referral points much closer to the survey population.

Due to the distance involved in going to the Kalembe-Lembe center, very few of the children screened in the other Kinshasa zones ever arrive at the hospital.

It is difficult to assess the distribution of medicines in the demonstration zones of Kinshasa. The medicines seem to have been given out regularly but at the time of this evaluation the agents had no pills.

The nutrition education interventions in Kinshasa involve face-to-face education as described in Popokabaka, delivered by the agents themselves. There is also a nutrition education program carried out at the Kalembe-Lembe hospital by center staff.

The nutrition education administered at the Kalembe-Lembe hospital reaches approximately 30 mothers per day. Some of these mothers are at the hospital for more than one day, however, since upon presentation of their children to the hospital specific schedules are assigned for each child.

Attendance at nutrition education sessions is determined by the severity of malnutrition. The greater the degree of malnutrition, the more frequent the mother and child must attend.

Children are treated at the hospital for whatever diseases they might have. Food is used to rehabilitate at the hospital.

A cooking demonstration is given by CEPLANUT staff and flip charts designed in Zaire are utilized in nutrition education classes.)

CEPLANUT has also been involved in a nutrition education mass media campaign via radio and television networks throughout Zaire. A detailed analysis of this program is the subject of Ms. Shirley Barnes Kalunda's report found as an attachment to this document.

Finally, CEPLANUT was involved with food distribution within the project zones in Kinshasa in early 1980. It is difficult to assess the affect this program had as an intervention since evaluative data is not yet available.

The following points can be made about the interventions carried out in Kinshasa:

POINT 1: As in Popokabaka, screening activities in Kinshasa do not seem to be affecting many people. Data does not exist to qualify this. Subjectively, the best zone for screening activities appears to be Lingwala.

POINT 2: There is only cursory analysis of data collected from surveillance in the Kinshasa zone. Many of the parameters used in the surveillance process are disregarded.

POINT 3: Nutrition education and pill distributions have shown little effect on the betterment of nutritional status in the Kinshasa zones. The rates of undernutrition found through the surveillance process have increased and then leveled off since the beginning of this project. This may be due to factors that will be discussed later in this report.

DEMONSTRATION TEST AREA (3): BAS-ZAIRE

In late fall of 1978 the Nutrition Planning Center, acting on USAID reports of famine conditions in Bas-Zaire, undertook a rapid assessment of nutritional status in the region. This assessment entailed a variety of means. Anthropometric data was collected in a representative sample population. Hospital records were monitored. Agricultural data was collected.

Six weeks after data was collected the results had been analysed and an assessment of the situation was made.^{9/} CEPLANUT recommended food and seed distributions in the most severely affected areas of the region, based on the information they had gained. The center also advocated how food distribution should be carried out.

USAID/ZAIRE then orchestrated many international agencies to either give food immediately or send shipments of food to the region. CEPLANUT aided in distributing food, training health personnel in food distribution and supervising logistical operations in the area.

Later, CEPLANUT assessed the effects of food relief efforts on the nutritional status in the region by undertaking anthropometric surveys every month for a half year.^{10/} They also did follow-up collection of agricultural data. These efforts were made possible by assistance from USAID/ZAIRE

The following points can be made about CEPLANUT's intervention in Bas-Zaire:

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9. Report 8, NPC
 10. Report 14, NPC
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POINT 1: Activities were multi-sectoral and encompassed both the health and agricultural components of nutrition planning.

POINT 2: A true nutritional assessment was done in the region. This assessment led to interventions based on results from the assessment. This process took very little time.

POINT 3: Interventions were evaluated according to a fixed set of criteria. This evaluation showed that the interventions chosen may have had some affect to better the nutritional status of the population in the demonstration test area.

To conclude this section one must say that there is a nutrition intervention program that is operational in two demonstration test areas. There is an established evaluation system in place, excepting one that can measure the numbers of people treated at hospitals from the screening intervention.

But this system of evaluation is ineffective. There is no feedback of data collected to agents in the field. There is no analysis of data in the central office of CEPLANUT.

Although no longer operational, the intervention carried out by CEPLANUT in Bas-Zaire was an example that clearly met this objective in an effective way.

Objective 4: "Preliminary quantitative results from the first demonstration area will have been analysed and trends toward reduction in malnutrition will be demonstrable."

This project has undertaken many studies in the demonstration areas within which it worked. Most of these studies were partially analysed in a relatively short period of time. Some in-depth analysis has been done.

In the final report of CEPLANUT,^{11/} the demonstration area of Kinshasa was selected for preliminary quantitative analysis. As an analysis of action taken within the demonstration area, however, this data only concerns the period of time from September, 1978 to October, 1979. Data exists and has been collected in the zone throughout 1980, but this data has not been analysed.

It is apparent from unanalysed data^{12/} at CEPLANUT that the malnutrition rates have not shown a demonstrable reduction in Kinshasa or Popokabaka. This is not essentially due to a failure of the interventions carried out. The political, social and economic factors that may have affected the worsening conditions of malnutrition in Zaire are treated in another section of this report.

This evaluation has been considering Bas Zaire a demonstration area. As such, the final report on the improvement of nutritional status in Bas Zaire following relief efforts would satisfy the achievement of this objective.^{13/}

In the Bas Zaire report, surveillance activities showed that following interventions recommended by CEPLANUT, malnutrition rates have been significantly reduced.

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11. CEPLANUT Final Report, 1978-1980, December 1980.
 12. Monthly supervisor reports, Jan.-Dec., 1980. from Kinsha zones.
 13. Report 14. CEPLANUT
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Objective 5: "A plan of action for a second demonstration area will be established and all preparations will be completed to start nutrition intervention programs in a second area."

This project has worked in three areas of Zaire. Thus, this objective has been more than fulfilled.

One should note, however, that the stated demonstration test areas, Kinshasa and Popokabaka, have essentially the same intervention programs. Kinshasa has an added component of mass media. One could question the similar nature of the intervention programs, especially if lessons learned from the first area were to be used in the first area were to be used in the design of a later program.

Objective 6: "Joint overall evaluation of two years of project activities will be completed with overall findings that generate success with similar nutrition intervention programs in other areas."

In the final report of CEPLANUT, data collected from various studies carried out during the life of the project have been analysed. Recommendations have been made as to future strategies to follow to better the nutritional status of the Zairian people. Basically, these recommendations are oriented towards family planning and nutrition education via the mass media and health clinics. Food aid is recommended to health clinics as an instrument to be used in the treatment of acutely malnourished children under the age of 5 years. Food for Work is advocated to improve potable water supplies and transport networks.

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This evaluation report also serves to satisfy this final objective.

Some studies done by CEPLANUT, however, have not yet been analysed. CEPLANUT recommendations for future interventions are theoretical and not based on past successes from this project.

E/2 CONTRIBUTION TO OVERALL DEVELOPMENT GOALS

This project has contributed in various ways to overall development goals beyond the limited scope of stated project objectives. In this sense, the following points can be made:

1) CEPLANUT has collected baseline data for Zaire that never existed before. This data shows that there is a problem of malnutrition in the country. Three years ago Zaire was not viewed as having a malnutrition problem. CEPLANUT's activities, in concert with efforts by WHO and USAID officials in Zaire, documented this fact in the international community for the first time. From this documentation, international food aide was justified during the famine in Bas-Zaire.

2) The Bas-Zaire emergency showed CEPLANUT's capability to respond in a crisis. CEPLANUT was instrumental in the coordination and evaluation of relief efforts during the famine in Bas-Zaire.

3) Through the outspoken Director of CEPLANUT and the activities CEPLANUT has undertaken in the past three years, nutrition in Zaire has been given much needed publicity. Actions taken by CEPLANUT overcame governmental bureaucratic hurdles to proclaim a drought situation in Bas-Zaire. CEPLANUT was also responsible for actions that led to the issuance of a Zairian Presidential decree that enabled food aide to enter into the country during the Bas-Zaire famine.

4) CEPLANUT has established itself as a contracting agent of the Zairian government for nutrition activities. As such, CEPLANUT hosted the Conference on Famine (with monies from USAID/Washington) and the conference on the Nutritional Status in Zaire (monies from WHO).

5) As an institution sympathetic to USAID/Zaire needs, CEPLANUT has often facilitated USAID's actions within the government of Zaire. This was the case with the International Rescue Committee's arrival in the country, the Harvard Itouri project and others.

E/3 INTERVENTION COST ANALYSIS

The following analysis is completely ballpark. Financial data for this project does not exist in manner or form to permit a valid cost benefit or cost effective analysis. Many operations were funded from monies under the Tulane budget. Others stemmed from special USAID monies or outside sources. The fiscal data used in this "guesstimate" was provided by the Nutrition Planning Center and reflects expenses from the CEPLANUT operating budget. This money is partially counterpart funds and partially funds given to the center by the Government of Zaire.

This analysis is limited only to the surveillance, screening and medicine distribution activities carried out by the center. These activities are defined to mean the door-to-door visits by center staff to households in the intervention zones. One assumes that for each household visited with a child less than 5 years of age, some type of medicine was given out.

This was either a de-worming pill (0.8 Zaires), aspirin (0.03 Zaires) or an anti-malarial tablet (0.7 Zaires). The children seen in these households were weighed and measured and information was collected on sicknesses, deaths and weaning practices. Some face-to-face nutrition education was given and a screening process occurred whereby malnourished children were referred to hospitals or dispensaries.

There is no way to compute the cost incurred by the dispensaries who treated the referred children. Unfortunately, there are no statistics that show how many children referred to dispensaries even went. Thus, the following analysis only reflects the operation of surveillance, screening and medicine distribution in the field. A partial cost of data treatment is represented but the salaries of the central CEPLANUT staff who aided in data analysis does not figure in nor do the salaries of the Tulane technical assistance team.

In Popokabaka, interviewers had made eight complete rounds of the survey population at the time of the evaluation. Total costs for the maintenance of the Popokabaka center from the beginning of the project came to approximately 174,000 Zaires. This includes the purchase of medicines, personnel salaries, gasoline, computer time, equipment and diverse expenses. The actual number of children seen per round hovered around 2,000 children less than 5 years of age. Thus, the cost per beneficiary for each project year (3) is approximately 30 Zaires. The cost per round of surveillance is approximately 21,750 Zaires. The cost per beneficiary for each round of surveillance is 10.9 Zaires.

Date for the Kinshasa intervention zones is not totally up to date. Therefore, one zone where information exists, Kingasani, will be taken as a model to reflect costs per beneficiary in the capital. In the zone of Kingasani, interviewers had made three complete rounds of the survey of population at the time of the evaluation. Total costs for the maintenance of activities in the zone since the beginning of the project were approximately 68,000 dollars. These costs include medicines, personnel salaries, gasoline, computer time, equipment and diverse expenses. The actual number of children seen per round was roughly 4,000 children less than 5 years of age. Thus, the cost per beneficiary for each project year (3) is approximately 51 Zaires. The cost per round of surveillance is approximately 68,000 Zaires. The cost per beneficiary for each round of surveillance is approximately 17 Zaires.

It should be noted that Kinshasa only had three rounds of surveillance due to other studies that the center carried out in the Kinshasa zones. These studies included the food consumption survey, the mass media baseline survey and the infant-feeding practices survey. Zone personnel were used on these surveys and costs per zone in Kinshasa would reflect the added cost of the baseline studies.

(Please note that one Zaire equals roughly 33 cents)

SECTION F: CONDITIONING FACTORS

The overall purpose of this project was to create an institutional capacity for nutrition planning in Zaire and to pilot interventions within selected areas of the country. To this end, certain constraints and conditioning factors influenced the attainment of these goals. This section will attempt to describe these conditions, specifically in the areas of the project's scope and formal requirements; the technical assistance provided by Tulane and the social, political and economic forces operant in Zaire during the life of this project.

F/1 PROJECT SCOPE AND FORMAL REQUIREMENTS

The history of this project has shown how a global design for nutrition planning in Zaire turned into a narrowly focused project geared towards health oriented nutrition planning. Even if the objectives that remained in this project had been fully met, a capacity for nutrition planning would not have been established in Zaire.

The test demonstration areas were chosen before the project began, thus eliminating a more rational choice of intervention areas. Much of this had to do with the initial project design which had counted on agricultural interventions in Popokabaka, for example, that never came to fore.^{14/}

The formal requirements of USAID/Zaire to control the activities of this project were not fully met.

14. IBID; original Project Paper (1975).

During the life of this project the HPO officer in charge of supervising project activities changed four times. From this, the project sometimes lacked cohesive direction. On a higher level, however, the USAID/Zaire Mission Director did provide significant overall project guidance.

F/2 TECHNICAL ASSISTANCE

In many ways, Tulane University did an admirable job in meeting the demands of their contract. Faced with the difficulties inherent in any project that takes place in the milieu of Zaire, what this team of technical assistants accomplished is very commendable. They worked in tight collaboration with their Zairian counterparts and were sensitive to the felt needs of the Zairian government. They were "se debrillards," making due whenever possible to get things done. A perfect example of this was when they were faced with a lack of vehicles. They approached General Motors Zaire and with the help of the USAID/Zaire Mission, they struck a deal with GM whereby in exchange for spare parts (which GM/Zaire desperately needed) they received the only two trucks produced in Zaire in 1978. In the process they convinced GM Zaire to begin a nutritional surveillance system for children of GM employees which still continues today.

These are small but significant accomplishments. In another instance, Tulane was able to integrate CEPLANUT field agents into the Salvation Army Health clinics in Kinshasa. This is not an easy task in Zaire. The Salvation Army in Zaire tends to want to do things their own way. But Tulane succeeded in this effort, and in others with various PVO's and church groups, to involve CEPLANUT wherever possible in nutritional activities.

Tulane and Dr. Kabamba, the director of CEPLANUT, were instrumental in the passage of the decrees and Presidential ordinances that defined the role of CEPLANUT and permitted food aid into the country during the Bas-Zaire famine. This ability to work in a "political" sense is the mark of effective technical assistance.

Obviously there were shortfalls. But, one must bear in mind that Zaire is a very difficult country in which to promote nutrition planning. Tulane got the ball rolling in a commendable way. But there is much left to do.

The following critical remarks can be made about the technical assistance provided by Tulane:

1) Training: CEPLANUT does not have the ability to undertake the sophisticated surveys that were carried out in Zaire under the Tulane contract. This is due to many reasons. The first, and perhaps foremost reason is that people that Tulane worked with have constantly left CEPLANUT. Departures were for personal and political reasons beyond the nature of this evaluation.

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The upper level training program was fraught with problems and two candidates returned to Zaire after a few months at Tulane. It is impossible to rationally assess why this happened. The end result has been a technical vacuum at the upper administrative level at CEPLANUT.

2) Baseline Studies and Surveys: Tulane was in a double bind situation. On the one hand, it had to satisfy University requirements for research. On another, Tulane had to comply with USAID/Zaire desires that the work they did be simple and practicable. This was further complicated by the fact that while USAID/Zaire desired simple procedures, there was a "catch fact that while USAID/Zaire desired simple procedures, there was a catch-22.^{15/} The Mission in Zaire also needed data to justify other USAID actions.

There was a lot of research work done in Zaire. Some studies, like the initial food consumption survey, were poorly undertaken.^{16/}

The study done in Popokabaka by a Tulane consultant was simply a repeat of a study once done in Tanzania. This study, which concerned de-worming and anti-malarial profilaxis on a trial basis was never carried out according to protocol since the consultant chose a sample that was impossible for the field agents to visit on foot. With no supervision, the agents simply chose their own villages and did the survey their own way.

15. Term used by Derek Singer in file notes concerning this problem.

16. Confirmed by Dr. Bertrand, personal communication.

Some studies were repetitious. The original Socio-Economic Survey and the Mass Media Baseline survey contained the same elements. It appears that information was many times gathered that had no import to what one eventually wanted to do with the information.

3) Choice of Interventions: Ideally, nutrition planning is a process whereby baseline data is collected in a simple and efficient way that permits analysis and assessment of a situation with regards to both food and health aspects of the nutrition situation. From this assessment, one chooses a strategy to follow that is politically, economically and practicably feasible. Within this strategy one can undertake "applied research" to measure the effectiveness of different interventions. Tulane never formulated a strategy for nutrition planning. Hence, their interventions were haphazard, geared towards satisfying an intervention requirement of their contract. The pill package they passed out seems to have evolved from the fact that field agents had always given out these medicines to gain access to households they were interviewing. This "intervention" later became part of their program. There

4) Supervision: In any program, supervision of activities is essential. Kinshasa and Popokabaka demonstration areas did not receive the same treatment. Kinshasa was adequately supervised, it seems. Popokabaka, however, was pretty much left on its own to interpret what CEPLANUT wanted. In many cases this led to inadequate data collection (as in the case of the de-worming and anti-malarial study). In all fairness, however, one has to commend the level of training the Popokabaka field agents received and their ability to work in an unstructured environment. For example, field agents were given bicycles to get to their villages to perform their interviews. CEPLANUT thought that these bicycles would enable agents to go back and forth to their villages each day. No one from CEPLANUT, however, considered how hard it was to bicycle in sand. The agents have come up with their own system, where they stay in survey villages for a week, walking to the furthest first and then doubling back. They lodge with friends they have made in the various villages, offering bars of soap and inci-

offshoot that happened from project activities. The project supplied a motorized canoe to the field staff in order to cross the river that separates part of Popokabaka from its suburbs. This boat enabled the field agents to obtain project operating money. They hired a ferryman and charged inhabitants a reasonable rate to cross the river every day. Profits from this venture are in a trust account in the name of CEPLANUT. The boat, which was just stolen last month, was the talk of the town. The civil servants in Popokabaka used the boat often. In turn, CEPLANUT has the most integrated program in the area . . . thanks to the boat.

5) Data Analysis and Evaluation: Since Tulane was involved in a variety of activities at the same time and constantly collecting data without a viable focus, there has not been a continual analysis and evaluation of project intervention efforts. Many of Tulane's efforts will bear fruit when their scientific papers are published. Some of the studies Tulane has undertaken do not appear in their final report (e.g., an infant feeding practices survey and a second food consumption survey they have done).

Tulane did not heed the advice and direction proposed in the USAID evaluation report of June 1979. This report advocated the collection of cost effectiveness data in demonstration intervention zones; the reassessment of CEPLANUT's role as an implementor and a re-alignment of

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project activities to enable CEPLANUT to evolve into a more global nutrition planning body. These suggestions were never addressed by the Tulane team.

In the conclusion to their final report, Tulane mentions areas of future interventions in the nutrition sector of Zaire. These are oriented towards family planning, food distribution and nutrition education via the mass media. These intervention areas were chosen after extensive analysis of the data collected in the Kinshasa zone. In this same report they mention that socio-economic variables are also important from their findings. ^{17/}

Yet these are dismissed as interventions best left to others. A valid food and nutrition strategy would by its very nature consider socio-economic status to be a viable justification for a host of practicable interventions. ^{18/}

In conclusion, one has to view Tulane's technical assistance as a whole. While some of the studies can be criticized, Tulane did provide valid baseline data on the nutritional status of Zaire for the first time in the country's history. With the production of documents in the Zairian milieu, nutrition gained a status in the country that it never had before the arrival of the Tulane team. The interventions chosen by Tulane can be criticized for their effectiveness and relevance to a global

17. Tulane draft final report, December 1980.

18. Another analysis appears in Dr. Goldman's report in Annex IV to this document.

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nutrition strategy. This strategy has not been designed by the Tulane technical assistance team. In many ways they and the project they undertook lacked a global nutrition planning outlook. But the door has been opened. This process took much dedication and hard work.

F/3 External Factors

Achievement of project goals has been seriously affected by social, political and economic constraints inherent in Zaire both before and throughout the life of this project. This section will touch on some of these factors. For a more macro analysis, please refer to Dr. Uribe's section on external factors in Annex III of this document.

Social and Political Constraints:

It is difficult to describe the Zairian milieu within which this project took place. Zaire is like no other country in Africa; a rich nation imbued with tremendous potential, a nation exploited and a nation in chaos.

Government in Zaire is a process of musical chairs. Key government officials are constantly removed, replaced or shuffled to other functions. In many cases they take their files with them, leaving nothing for their successors to find to help them administer their new posts.

It is not surprising, then, that when this project made several attempts to call a meeting of the "Counsel on Health

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and Well Being,"^{20/} the organ ostensibly responsible for global nutrition coordination in Zaire, no one showed up. This committee has never met. CEPLANUT was forced to attempt multi-sectoral nutrition planning on its' own.

The political quagmire in Zaire has had other effects. Very little is being done in any governmental ministry. Government workers are frequently not paid. Forced into a situation of sink or swim, many officials have resorted to sideline businesses, some of which involve the selling of gas quotas, vehicles and other items given to them by their own government. Absenteeism in government offices is high and sometimes just to find an official to collaborate with is difficult.

Given this situation, integration of CEPLANUT activities into any governmental system was difficult.

Finally, during the life of this project an insurrection occurred in the Shaba region of Zaire. Travel throughout the country was curtailed. Project operations had to stop.

Economic Constraints:

Since independence, the economic situation in Zaire has disintegrated. With Zairianation in 1974, all private enterprises were expropriated by the government. This led to a mass exodus of Greeks; Portuguese and Belgian traders that were the bedrock of the country's economic base.

Zaire went from a net exporter of food at the onset of Independence to a point where in 1980 it is expected to import one third of its consumption needs.

20. See History section of this report.

During the life of this project, inflation in Zaire averaged 100%/year. Thus, project expenses were far higher than budgeted allocations. With nearly 100% inflation per year, American vehicles that consumed enormous amounts of gas, any travel had to be seriously considered. Just to keep CEPLANUT staff coming to work, the project had to supply transport. The city transport in Kinshasa frequently never ran, buses were out of gas or rising fares meant buses were beyond employees means. In the three years of project activities, the price per rount ticket for the Tulane technical assistants from Kinshasa to New Orleans went from 1300 dollars to 2100 dollars. The per diem rate in Zaire went from 65 dollars to 130 dollars a day.

With inflation, food prices in Kinshasa have risen dramatically during the life of this project. At the time of this evaluation, an average government worker has a salary of around 200 Zaires a month. If he go he/she goes to the market to buy just one sack of manioc, enough to feed a family of five for the month's time, the price will be between 125 and 150 zaires. No one seems to know how folks in Kinshasa survive. From subjective and anecdotal reports, Kinshasa residents have decreased their average intake of food to one meal a day. They also rely on family members outside the city to supply them with food.

Coupled with this, the transport system in Zaire has continually broken down since Independence.

In 1960 there were 140,500 kilometers of roads deemed in "satisfactory condition". In 1980 there are but 25,000 kilometers of roads considered satisfactory. This had led to a decrease in food available to the cities in Zaire. Farmers in the countryside only produce for themselves given no marketing structures.

Finally, Zaire has been faced with a severe balance of payments deficit since Independence. Exports of all major trade items have diminished, thus reducing Zaire's ability to import both food and other items. This situation has been exacerbated by the imposition of greater and greater taxation of imports to sustain governmental revenues.

Thus, private investment has ground to a standstill as companies cannot afford to import materials necessary for production. The private sector has also begun to concentrate investments on assets that can be liquidated quickly in case of a governmental overthrow. There is little, if any, long term capital investment being undertaken in the private sector in Zaire at present.

In view of the above economic situation in Zaire, the country's nutritional status has obviously been affected far more than project interventions could ameliorate.



SECTION G: CONCLUSIONS

The following conclusions can be drawn from this project:

- 1) The original project design would have permitted a systems approach to nutrition planning in Zaire. However, the scope of this project narrowed in the long period of time between the approval of the project paper and its eventual implementation. The project objectives that were eventually retained, even if completely met, would not have constituted nutrition planning in a global sense.
- 2) This project, through a dynamic Zairian Director of the Nutrition Planning Center and through the resourcefulness of a technical assistance team, has raised nutritional consciousness throughout Zaire and documented a serious nutrition problem in the country.
- 3) Many project activities, however, were oriented towards a needless and repetitious collection of data that served no logical or practical purpose. A global and multi-sectoral strategy does not exist for dealing with the nutrition problem in Zaire.
- 4) Lacking a systematic focus, most interventions undertaken by this project were poorly planned, were haphazard and ineffective. From this it is clear that the Nutrition Planning Center is better in the role of coordinator, rather than implementor of actions.
- 5) The Nutrition Planning Center rose to glory during the famine

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in Bas Zaire. Given added technical assistance from the Center for Disease Control and the U. S. Department of Agriculture, both the health and agricultural aspects of a famine situation were examined. Data was collected and a nutritional assessment of the region was undertaken in a very short period of time. The Nutrition Planning Center assisted in an international food relief effort to avert disaster and later evaluated the effects. This was nutrition planning in a true sense.

6) The Nutrition Planning Center has the ability to collect data through well trained field agents. But it is still an embryo, devoid of trained administrative staff and incapable of repeating technical operations previously carried out under project assistance.

7) The Nutrition Planning Center has an outspoken Director who is well connected politically. The Center continues to function, after the departure of the technical assistance team. The Government of Zaire now supports Center activities with 918,000 Zaires per year from the central administrative budget. Given the social, political, and economic milieu of Zaire, this is an outstanding project achievement.

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SECTION H: RECOMMENDATIONS FOR FUTURE PROJECT ASSISTANCE

- 1) Given the increasingly limited resources, both in the development assistance community and Zaire, any future efforts in the nutrition sector must be cost-effective and able to be justified as such.
- 2) The major factors affecting nutritional status in Zaire concern the food system: the production, transport and marketing of food. Concurrently, the fact that Zairians, especially those in the major cities, are faced with decreasing purchasing power has also led to a deterioration of the country's nutritional status. Major efforts are required to remedy this situation.
- 3) Given the reliance in Zaire on USAID counterpart funds, USAID can play a major role in supporting projects which affect the above mentioned factors. USAID can also play a major coordinating role within the Zairian development community through the frequent meetings it has with donors in Zaire. USAID/Zaire should emphasize nutritional concerns in all developmental projects undertaken by the donor community.
- 4) Due to the serious nutritional situation in Zaire, food aid can be encouraged as a short term solution, especially in Kinshasa. Efforts by Catholic Relief Service now underway in Zaire should be carefully monitored by the USAID/Zaire mission. Catholic Relief has shown a willingness to use food aid as an instrument to promote local food production. They should be called upon at

the inception of their program activities to provide a detailed plan as to how they hope to achieve this. CRS should be encouraged to model their activities after the Salvation Army's food distribution program operating in Kinshasa. This program depends heavily upon food grown in Salvation Army projects in Bas Zaire.

5) Future nutrition planning efforts in Zaire should concentrate upon developing a food and nutrition strategy for Zaire. CEPLANUT could conceivably work with the Ministries of Planning, Agriculture, Health and Social Affairs to accomplish this. The Ministry of Planning will soon receive a nutrition planner under an FAO technical assistance grant. Given the task of developing a food and nutrition strategy, these somewhat combative agencies could come together to hopefully work in harmony towards a mutually shared goal. This in turn would strengthen the institutionalization of nutrition planning in Zaire. This process could be aided by funds provided to CEPLANUT by USAID to second technicians to CEPLANUT on a part-time basis.

6) At the same time, CEPLANUT should extend its operations into one region of Zaire outside of Kinshasa. In this region it could also work with other governmental agencies to develop a regional food and nutrition strategy. While regional planning has been curtailed by the President of Zaire, CEPLANUT might be able to begin this process under the guise of nutritional activities. In Zaire, given the diversity of regional problems, regional approaches to combating malnutrition are essential.

7) The purpose of these strategies will be to describe the nutritional situation existant in the country and a region; to evaluate measures undertaken by government and non-governmental agencies and to propose interventions that would be effective and practical, given the social, political and economic factors that exist. Emphasis should be given to diverse micro-interventions, probably carried out by non-governmental agencies. In this sense, CEPLANUT could take on the role of a contracting agency, delineating interventions that are needed and then contracting with private voluntary organizations or other agencies operant in Zaire to actually implement interventions. Experience in Chile has shown this to be an effective function of a nutrition planning center. Contractual agencies, however, must be organizations that have the capability to undertake interventions on an on-going basis. Obviously, CEPLANUT will have to be monitored so that monies entrusted to them are not diverted into Zairian pockets. This could be achieved through technical assistance by assigning a permanent nutrition planner to the CEPLUNT staff. This planner would be skilled in both multisectoral nutrition planning and cost benefit analysis. In this way, CEPLANUT could carry out a number of low cost, micro-interventions that normally would be too small of a scale for USAID consideration.

8) It should be noted that a minimum of investment should be undertaken to develop food and nutrition strategies. The strategies will be but a means to an end; that of implementing cost effective interventions to better the nutritional status of vulnerable groups.

9) Working with the Peace Corps or through the proposed ECZ primary health care project, CEPLANUT can develop nutritional surveillance models that are simple and cheap. Morley tapes can be considered. Simple processing of health clinic data can also be used to define the nutritional problems of a region. Agricultural data will also need to be collected. This model may later be developed for the entire country, on a region by region basis. This surveillance, however, must lead to interventions. CEPLANUT can assist in surveillance design and training of front line workers. It can also render assessments from data collected.

10) CEPLANUT is not an implementing body. It should only be seen as a coordinator of actions and as an evaluative agency. It can undertake applied research to measure the effectiveness of interventions. It can provide training to other agencies in nutrition surveillance.

11) Mass media can also be used by CEPLANUT to administer nutrition education. This activity must be coupled with face to face nutrition education provided through extension workers. CEPLANUT could coordinate these efforts in an approach similar to that used in Tanzania.

12) Future project activities should consider giving CEPLANUT the ability to develop food and nutrition strategies and contract for cost effective interventions. CEPLANUT will also need assistance in developing mass media programs. To this end, technical assistance can be envisioned. Training will be needed for

CEPLANUT staff. This training should be essentially short term in nature. It should preferably be undertaken in Africa or Latin America, where environments exist that are akin to that of Zaire. While some long term technical assistance will be required for a nutrition planner, other external staff requirements should be provided on a short term, project specific basis.

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October 6, 1980

- Report 1 Rapport initial
- Report 2 Selection des zones pour les etudes et interventions specifiques a Kinshasa
- Reports 3 & 4 Recrutement et processus de formation pour les infermiers auxiliaires pour une surveillance et interventions nutritionnelles au niveau de la communaute pour Kinshasa et Popokabaka
- Report 5 Resume des resultats preliminaires de l'etude des archives des malades, service general pediatrique de l'hopital Mama Yemo, 1971, 73, 77
- Report 6 Resume du programme de formation pour le cadre superieur et intermediaire
- Report 7 Rapport de mission du Dr. KABAMBA NKAMANY
- Report 8 Investigation sur les consequences nutritionnelles de la famine au Bas-Zaire (Sous-Region du Bas-Fleuve et des Cataractes)
- Report 9 Rapport annuel 1978
- Report 10 Resultats preliminaires des etudes nutritionnelles realisees a Popokabaka
- Report 11 Resultats preliminaires des etudes nutritionnelles realisees a Kinshasa avec recommandation pour les interventions
- Report 12 Quelques aspects de l'alimentation et de la nutrition au Zaire
- Report 13 Les resultats des etudes nutritionnelles approfondies de Popokabaka avec recommandation pour les interventions
- Report 14 L'amelioration de l'etat nutritionnel de la population du Bas-Zaire suite aux efforts de secours pendant et apres la secheresse (Sous-Region du Bas-Fleuve et des Cataractes)
- Report 15 Rapport sur les interventions et les activites relatives au Centre National de Planification de Nutrition Humaine

Report 16 Rapport sur le Kivu, spécialement dans la ville de Bukavu et dans les zones de Kabare, Kalehe et Walungu

Report 17 La surveillance nutritionnelle a Vanga (Region de Bandundu)

Rapport spécialement prepare par le CEPLANUT

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ANNEX I

CEPLANUT TRAINING ACTIVITIES

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I. Health Personnel

1. Peace Corps Volunteers

Earlier Co-director of the NPC, Robert Franklin, conducted 2 training sessions with incoming volunteers.

a. June 1978, Bukavu.

18 volunteers were trained for 10 days.

Topic: Introduction to Tropical Health in general.

b. June 1979, Kinshasa.

12 volunteers were trained for 10 days.

Topics: Nutritional situation in Zaire, including political, economic and social aspects;

Maternal and child health; Nutrition surveillance.

c. From September 1978, 2 volunteers received formal nutrition education with the NPC for 2 months, and since April 1979 volunteers come to the NPC on a regular basis for consultation in matters related to nutrition.

2. Eglise du Christ au Zaire (Association of Protestant Churches in Zaire).

a. Assemblée de Dieu.

Training of 2 laboratory technicians, 3 nurses and a team supervisor for the Kingasani nutrition rehabilitation clinic in the zone of Kimbanseke.

Length of training: 1 month (August-September 1980)

b. Eglise Kimbanguiste.

Organizing of their maternal and child health care system, including the nutrition and sanitation education training of 5 nurses.

Length of training: The training took place in 2 periods December 1979 and March 1980.

3. Institut Supérieur Théologique de Kinshasa.

A course in nutrition is given to the wives of the theology students every year. Lectures are given once a week by one of the NPC's nutritionists. Their nutrition education materials have been given by the NPC.

4. CIPEC (Centre Interscholaire de Promotion Educative et Culturel)

Open seminar for Zairian students.

Topic: Malnutrition and its consequences.

Duration: 2 days.

5. Red Cross in Zaire.

Seminar on nutrition and primary health care for Red Cross personnel, September 1980.

6. Health personnel in Popkabaka, Bandundu.

December 1980: Training of 11 nurses in nutrition and primary health care for 1 week.

7. Other organizations.

a. Goodyear, Zaire.

Nutrition rehabilitation and education within employee families for 3 months (October, November, December 1979).

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b. General Motors, Zaire.

Nutrition rehabilitation and education within employee families for 2 months during the second trimester of 1979.

II. CEPLANUT Nutrition Education Activities at the University of Kinshasa.

1. Annual general nutrition course for nutrition students.
2. A seminar on nutrition survey system analysis.
3. A seminar on clinical aspects of nutrition.
4. A seminar on principles of communications in nutrition education. (6 hours, December 1980)

III. Other seminars.

1. Red Cross in Zaire (August 1980)

Seminar on the urgent need for primary health care.
Presentation by CEPLANUT representative on nutrition surveillance.

Participants: Medical doctors, nurses and other authorities in the community.

2. Organisation Internationale du Travail (OIT)

- a. November 1980.

Presentation by 2 CEPLANUT representatives on:
the social aspects of nutrition,
the role of nutrition education in the Zairian
community for the OIT project on the Well Being of
the Family in Organized Sectors of the Community.

b. March 1980.

Discussion and planning of insect eradication programs for the control of malaria. 1 CEPLANUT representative. Arranged by the Zairian Ministry of the Environment and USAID/Zaire.

c. June 1980.

1 CEPLANUT representative presented at the 1 week seminar on nutrition and sanitary education problems in Kinshasa; coordination of efforts.

3. Centre Interscholaire de Promotion Educative et Culturel (CIPEC)

3 representatives from CEPLANUT participated in this seminar held in the zone of Gombe in August 1980. They presented:

- Malnutrition and its consequences;
- The role of nutrition education,
- The composition of Zairian meals.

l. Washington, D.C., USA

1 CEPLANUT representative at the seminar on Women, Development, and Nutrition, 1978 (6 weeks).

Presentation on CEPLANUT and nutritional problems in Zaire.

IV. Student Projects at the NPC

From April to August 1980, approximately 30 students from ISTM, Institut Supérieur de Sciences et Techniques Médicales from the medical, nutrition, economy, and other faculties participated in the CEPLANUT Food Consumption Study as part of their education.

They were trained in:

Nutrition education activities,

Nutrition survey methodology,

Methods for evaluation of nutritional status.

V. Conferences

1. The Famine Conference

Arranged by CEPLANUT at the Intercontinental Hotel in Kinshasa from January 1980 to February 1980 (2 weeks).

2. The Conference on the Amelioration of Nutrition as a Primordial Factor for the Well-Being of Zairian Families.

Arranged by the CEPLANUT at Centre Nganda in Kinshasa from November 10 to November 15, 1980.

3. Conference on agricultural and nutritional problems in the Shaba region.

Lubumbuashi, Shaba, October 1980. 1 representative from CEPLANUT.

4. Conference arranged by the Centre d'Etudes pour l'Action Sociale (CEPAS), Zaire November 1980.

1 representative from CEPLANUT presented CEPLANUT and its view of the malnutrition problem in Zaire.

5. Conference on the Condition of the Zairian Woman and its Importance to the Well-Being of Children.

Organized by UNTZA/The American Workers Syndicate/Le Bureau por la Promotion de la Femme Zairoise (3-5 December 1980)

- 1 representative from CEPLANUT presenting the evolution of the woman's condition and its influence on the well-being of children.
6. Nutrition Conference in Nashville, Tennessee, USA
1 representative from CEPLANUT
7. World Congress on Pediatrics, New Delhi India, 1978
1 representative from CEPLANUT.
8. Nutrition Conference in Cameroun
2 representatives from CEPLANUT; July 1979 (2 weeks)
Presentations: The use of mass media in nutrition education.
9. Conference on Breast Feeding
1 representative from CEPLANUT, February 1980.
Presentation: Breast feeding and its effect on low birth weight children in Kinshasa.
10. Conferences arranged by the World Health Organization in Brazzaville and Geneva
March, May, June, & September 1980.
1 representative from CEPLANUT.

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ANNEX II
CEPLANUT FISCAL
DATA

Le Centre National de Planification de Nutrition Humaine, depuis sa création le 06 Septembre 1978, a fonctionné d'une manière satisfaisante grâce aux fonds de Contrepartie (USAID), et des subventions du Gouvernement Zaïrois dont le montant total des dépenses engagées pour ces trois années d'activités s'élève à Z. 3.286.900,794.

Les principales rubriques de toutes ces dépenses se résument de la manière suivante :

NATURE DES DEPENSES	1978	1979	1980	TOTAL
1. Personnel	113.071,74	438.211,94	830.629,31	1.381.912,72
2. Bâtiment	24.964,64	167.085,61	74.931,71	266.981,96
3. Fournitures diverses	13.109,34	126.589,17	223.384,52	363.083,03
4. Equipements	26.804,96	123.104,23	148.628,69	298.537,88
5. Carburant & lubrifiant	8.441,30	122.646,88	290.853,28	421.941,46
6. Ordinateur (louages des services)	8.717,32	106.284,51	117.179,23	232.181,06
7. Voyages et Missions	4.952,15	55.213,20	78.020,65	138.186,00
8. Autres dépenses	26.839,66	25.740,42	131.496,604	184.076,684
TOTAUX	226.900,84	1.164.875,96	1.895.123,994	
TOTAL GENERAL				3.286.900,794

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TABLEAU RECAPITULATIF DES COÛTS DE FONCTIONNEMENT DU CERIAHPT
PAR BUREAU

(DES MAI 1978 A DÉCEMBRE 1980)

NATURES DES DÉPENSES	VENTILATION DES COÛTS							TOTAL GÉNÉRAL
	DIRECTION	LIKUALA	BUREAU	L.L.S.S./KINB.	KIKASANI	POPOKABAKA	BAS-ZAIRE	
1. Personnel	829.147,64	77.387,11	98.970,06	132.663,61	110.553,01	64.657,80	68.533,49	1.381.912,72
2. Bâtiments	266.931,96	-	-	-	-	50,00	-	266.981,96
3. Fournitures divers	272.312,28	13.707,90	16.431,02	22.784,98	19.154,15	9.797,54	8.895,16	363.083,93
4. Equipements	224.153,41	8.926,13	10.413,82	14.133,04	11.901,51	21.905,00	7.104,97	298.537,88
5. Carburant & lubrifiant	337.813,37	3.797,47	5.485,23	7.594,94	8.438,82	30.963,50	27.848,13	421.941,46
6. Ordinateur (louage des services)	3.218,10	30.183,53	44.114,40	53.401,64	48.758,02	18.574,48	13.930,86	232.181,06
7. Voyages & Missions	89.820,90	-	-	-	-	25.963,35	22.401,75	138.186,00
8. Autres dépenses	138.057,513	2.331,53	4.141,72	6.442,68	5.062,10	2.300,95	25.740,191	184.076,694
TOTAL	2.181.455,173	136.333,67	179.556,25	237.020,89	203.867,61	174.212,62	174.454,551	3.266.900,794

CONSTATATIONS :

Dans le tableau ci-dessus, on notera que le coût de fonctionnement de la direction a été le plus élevé et représente 66 % du coût total. Ceci se justifie du fait que le coût de la direction comprend non seulement le coût occasionné par la direction elle-même, mais aussi les coûts relevant des divisions administrative et des Interventions qu'on n'a pas imputés aux différents bureaux relevant de la division d'études.

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TABLEAU RESUME DE LA SITUATION FINANCIERE
AU 31 FEVRIER 1981

1. BUDGET DE L'EXERCICE 1981 :

SOURCES	FONDS PREVUS	FONDS LIBERES	FONDS ATTENDUS
AID/F.C.P.	4.172.162,52 Z - 918.160,00 Z 3.254.002,52 Z	-	3.254.002,52 Z
B.O.Z.	918.160,00 Z	76.513,00 Z	841.647,00 Z

2. RELICAT DU BUDGET DE L'EXERCICE 1980 :

SOURCES	SOLDES EN BANQUE	SOLDE A RECUPERER	TOTAL SOLDES
AID/F.C.P.	164.751,38	518.750,00	316.014,15 - 70.000,00
B.O.Z.	151.252,77	-	246.014,15 Z

3. FONCTIONNEMENT DE L'EXERCICE 1981 (11 MOIS) :

. Rélicat du budget 1980 disponible	:	316.014,15 Z
. " du " " attendu/FCP	:	518.750,00 Z
. Versement du 1er 1/12 du B.O.Z 1981	:	76.513,00 Z
. Solde du B.O.Z. attendu	:	841.647,00 Z
TOTAL.	:	1.752.924,00 Z dont :
		1) 392.527,15 de disponible
		2) 1360.396,00 d'attendu

. Si F.C.P. libère les 3.254.002,52 Z
l'exercice 1981 pourra fonctionner avec un budget de 5.006.926,52 Z

PREVISION DES DEPENSES :

En moyenne : 165.000,00 F par mois

Si on donne tous les fonds attendus : $\frac{5.006.926,52}{165.000,00} = 30$ mois

Si le F.C.P. ne libère pas son budget : $\frac{1.752.924,00}{165.000,00} = 10$ mois

MESURES A PRECONISER :

1. Instauration et renforcement d'une politique austère dans le système des dépenses et cela :
 - . Préparation et présentation par chaque Division d'un planning trimestriel et, voire même . semestriel des dépenses au Comité de Gestion.
 - . Analyse financière du planning par le Comité de Gestion et préparation d'un état des besoins par priorité pour approbation par le Commissaire d'Etat.
 - . Contrôle par le Comité de Gestion du niveau d'exécution de chaque programme de dépenses arrêtées.
2. Expansion des activités extra nutritionnelles auto-financement :

EXEMPLE :

- . Création d'une ferme
- . Utilisation rationnelle - pirogue
- . Couverture du Laboratoire au monde extérieur
- . Vente de certains rapports

SOURCES DE FINANCEMENT DU GEPLANUT
DE MARS 1978 A DECEMBRE 1981

SOURCES	1978	1979	1980	1981		TOTAL (1)
				Fonds Attendus	Fonds Libérés	
USAID	342.709,456	1.305.440,00	2.337.500,00	3.254.002,52	-	7.239.651,976
CONSEIL EXECUTIF	-	303.564,091		918.168,00	153.028,00	1.221.732,091
TOTAUX	342.709,456	1.569.004,091	2.337.500,00	4.172.170,52	153.028,00	8.461.384,067
TOTAL REEL :						(2) 4.402.241,547

COMMENTAIRES

(1) et (2) : Le tableau général de financement du GEPLANUT pendant 4 ans prévoit un budget global de l'ordre 8.461.384,067 Z. Mais cependant, il faut noter que les trois premiers exercices du GEPLANUT (1978, 1979 et 1980) ont été financés avec un budget total de 4.289.213,547 Z dont : 3.985.649,456 de l'USAID et 303.564,091 du CONSEIL EXECUTIF.

Quant à l'exercice 1981, le budget de financement prévu est de l'ordre de 4.172.162,52 Z dont : 3.254.002,52 Z pour l'USAID et 918.168,00 Z pour le CONSEIL EXECUTIF.

Sur ces fonds, seuls 153.028,00 Z ont déjà libérés par le CONSEIL EXECUTIF pour les 2 premiers mois de l'exercice (c'est-à-dire Janvier et Février 1981) et les 4.019.134,52 Z sont attendus de l'USAID : 3.253.994,52 Z et du CONSEIL EXECUTIF : 765.140,00 Z.

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ANNEX III

Submitted By

Partial Report Dr. Tomas Uribe:

1. Project Achievements
2. Indications of Worsening Situation in Zaire
3. External Factors That Affected the Project
4. Current Developments in Zaire
5. Conclusions
6. Recommendations

EVALUATION PROJECT 66Q-0055, NUTRITION PLANNING REPORT OF TOMAS URIBE

PROJECT ACHIEVEMENTS

Contribution to Project Objectives

Project achievements will be assessed critically against the sum of activities, specific outputs and goals which were to take place in order for the final objectives to be met:

- a) The setting-up of a central planning unit.
- b) The design and implementation, by that unit and on a pilot basis, of various nutritional interventions:
 - Nutritional monitoring and surveillance;
 - Nutrition education, including the training of field and supervisory personnel in health and nutrition;
 - Other interventions pertaining to health-integrated nutrition.
- c) The integrated delivery of such services in one demonstration area, or a "nutrition intervention program."
- d) The carrying out of various forms of evaluation and monitoring, including an overall end-of-project evaluation.
- e) The development of an institutional capability for nutrition planning, subject to the adoption and partial implementation of a training program for the central unit's upper and middle management.
- f) The establishment of a plan of action for a second demonstration zone and the taking of all steps needed for its inception.

Central Planning Unit

The central planning unit exists and is the most tangible achievement of the project thus far: The Centre de Planification de la Nutrition Humaine (CEPLANUT) or Human Nutrition Planning Center was formally created in September, 1978 as a special directorship under the Ministry of Health^{1/} and has been operating since on a full-time basis with an appointed director (Dr. Kabamba N'Kamany) and with a clear mandate for inter-departmental coordination, programming, and control of nutritional matters, as well as the dissemination of nutrition information and advisory functions at the policy level. While most of its financing comes from so-called "counterpart funds" (derived from the sale of PL 48Q commodities), CEPLANUT received an additional 183,000 zaires from the government in 1979, as well as an undocumented 100,000 zaires contribution.^{2/} (No money transfers from ordinary government budget sources were made in 1980 or are provided for during the current year.)

1/ Presidential Ordinance 73-386/78.

2/ Cf. the M. Duffy/M. Tanamly evaluation report of June 1979.

The Center's permanency received further credence in July 1980, when a resolution was passed, which established CEPLANUT's organization chart and reinforced the powers entrusted to its appointed director, Dr. Kabamba N'Kamany.^{3/} The latter's unusual position in the government hierarchy allows him to be invited to the Executive Council—Zaire's highest executive body—even while he remains technically subordinated to the Minister of Health.

CEPLANUT's staff at the national level is made up of 21 technicians and 17 administrative employees or clerks. All technicians are university graduates, mostly in such health-related professions as medicine and nutrition or health administration but also in other fields of study such as sociology and economics. One of Dr. Kabamba's three division chiefs^{4/} has the French equivalent of two Masters degrees (in Socio-Economic Development and in Public Health/Nutrition). Another staff member is currently following a graduate program in social science, which he is soon due to complete, as a supplement to his formal university education and experience in medicine and public health.

There is no dispute as to the staff's being fully operative, as they have been carrying out an impressive array of documented activities both ordinary and extraordinary. They are also obviously dedicated and able, and show a willingness to start experimental actions at the same time as they learn from the corresponding experience. No "expatriate technicians" are currently at CEPLANUT but quite a few were in the past and could be, again, in the future. At any rate, that particular clause of the project objectives, as worded, must probably not be taken literally, as it is both the government's intention and USAID's to encourage the greatest possible Zairian participation and self-reliance.

A qualitative critique of the Center's abilities and outlook will emerge from subsequent discussion herein. Important though they undoubtedly are, however, such qualifying considerations do not alter the fact that a formal objective has been met under the revised terms of the Project Agreement.

Nutrition Education and Field Personnel Training

The basic components successively involved in the design and implementation of a nutrition education program can be simply stated when such a program purports to be of an integrated nature, as appears to be the case from the many references thereto which can be found in the CEPLANUT documents. Those components are:

- i/ A diagram of the nutritional situation of the beneficiary population, including all the relevant determining factors.
- ii/ On the basis of the available diagnosis, the identification of priority areas (themes) and specific objectives for nutrition education, as well as the subsequent refining and breakdown of such objectives into educational contents of even greater specificity.

^{3/} "Arrêté DS 1250/021/80 from the Health Minister ("Commissaire d'Etat

- iii/ The graphic or audiovisual translation of the chosen contents into the final messages, from a clear communications perspective^{5/} and the production of the educational material which is to be used to convey those messages, depending on the overall strategy and specific medium selected (e.g., mass media and face-to-face communication in a formal education context) and on the respective target audience: beneficiary population, educational agents, supervisory personnel, higher-level administrators and technical staff, public opinion, etc.
- iv/ The setting up of coordination mechanisms for the integrated programming and implementation, under consistent conceptual criteria and with a view to attaining the earlier-stated common objectives of all the media involved and of the training required at various levels to that end.
- v/ The establishment of an evaluation system for nutrition education, taking the original diagnosis as a reference baseline, or, if nutrition education is to be a part of a broader intervention "package," the identification and setting-up of an educational component (subsystem) within the evaluation system to be defined for the package as a whole.

Additionally, a number of provisions can be made both for getting continuous feedback-into-operations (from a comprehensive evaluation system or subsystem) and thus periodically adjusting or updating them in four components, and for maximizing community participation in all four, as they evolve over time.

In the case of CEPLANUT, it seems clear that, even when seen against its own definitions and choices--as resulted from its constant interaction with the University of Tulane consultants--such a step-by-step approach was never conceptualized as a whole. To the minimal extent it was sometimes announced to be in connection with specific and obvious operational links, e.g., the training of supervisory and field personnel who would carry out face-to-face education and support, the ongoing mass media campaign, or the identification of campaign objectives against a "mass media baseline." But the evidence of such links did not materialize. Indeed, available evidence consistently points to the contrary.

Baseline: The original 1979 baselines, in the Kinshasa and Popokabaka demonstration zones, were used to justify the "behavioral approach" to which the project evidently subscribes--and of which nutrition education is an inseparable part. While much of the resulting analysis can probably be disputed, what is of greater interest here is the relevance

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- 4/ The officer in charge of all research studies ("Divisionnaire Technique du Service d'Etudes"). The division chiefs for Interventions and Administration also come directly under the director's authority.
 - 5/ i.e., From the systematic standpoint of such people as will get (hear, see, read) the messages and must be able to both understand them and to respond to them in the desired direction, subject to their own economic, environmental and socio-cultural constraints.

of its conclusions, when taken at face value, to nutrition education in a broad sense: they basically point to the need for an induced change in the mother's knowledge (of diarrhea and nutrition) and behavior (as regards her use of family planning and health services), inasmuch as the latter are indeed available. All but one of these broad nutrition education objectives would conceivably be expected, if met, to improve the nutritional status of the acutely malnourished, as defined by Tulane, i.e., that group which is not immediately sensitive to food and nutrition interventions of a predominantly preventive nature. The sole objective which cannot fulfill that expectation (greater use of family planning services) is, however, deemed effective in the long run, through its impact on the reduction of clinical malnutrition--as also would be the greater use of health services, from the aforementioned analysis.

Additionally, the original surveys included a great number of questions on child feeding (breast and bottle feeding; weaning food and practices), until after six years of age. When duly processed and taken with the "correlations," the replies to such questions amounted to a highly useful body of information on some of the most fundamental aspects of nutrition-related knowledge and behavior. A base was thus laid for the identification of specific nutrition education objectives and contents. The remainder of the questionnaires--and, therefore, of the baseline information collected--mostly aimed at the characterization of the health status and nutrition situation of the children as well as, to a rather more limited extent, of the socio-economic and living conditions of the family. Inasmuch as a "second point" could be subsequently obtained^{5/}, a comparative analysis then became feasible, for impact evaluation purposes or any other consistent goal, e.g., to improve the underlying assumptions--and accordingly adjust the design or implementation methodology--of actual interventions.

Because the "first point" (baseline) information also included the areas of knowledge and behavior, such an evaluation could also be seen as an ongoing process rather than a one-shot affair, the way was open for successive periodic evaluation (and surveys).

6/ e.g., Through a later survey of like nature, to be conducted after a sufficient time interval and during a coincident or compatible calendar period, e.g., around the yearly mid-point.

Indications of Worsening Situation

Others:

War (Shaba) 1977

Drought (Bas-Zaïre) 1977-78

Demonetization - December, 1979

Foreign Trade:

1970

Net food exporter

1980

1/3 food consumed is imported; food imports unable to fill food gap due to foreign exchange restrictions since 1975-76.

Real Income and Food Purchasing Power

42.4 percent of Kinshasa children under five years of age malnourished. three zones. Major cause: "foodstuffs not effectively available due to higher food prices".

35 percent of population urban in 1980

Percentage of inflation: 1978 - 90 percent; 1979 - 98 percent;

1980 - 50 percent

Total budget reduced 1980 (IMF)

Health and Nutrition Indications

Weight for Age Malnutrition in Kinshasa's three zones

<u>9/78</u> - <u>2/79</u>	<u>6/79</u> - <u>8/79</u>	<u>3/80</u>	<u>4/80</u>
42.4	40.5	37.9	39.3

Mortality due to Malnutrition:

<u>1971</u>	<u>1973</u>	<u>1977</u>
23.1	29.2	50.9

Acute Malnutrition in Kinshasa and Popokabaka (three zones)

<u>9/78</u>	<u>12/78</u>	<u>7/78</u>
	greater	25
	than 25	

Mortality for all children less than five years of age

<u>1971</u>	<u>1973</u>	<u>1979</u>
14.8	20.3	35.7
percent	percent	percent

b) Real Income and Economic Activity

The country's real income declined by 10 percent from 1972 to 1979. Thus bringing about an even sharper decline in real income per capita.

During the same period, inflation went from 15 percent in 1972 to 30 percent in 1974, 60 percent in 1977, 90 percent in 1978, 93 percent in 1979, and an estimated 50 percent in 1980. Food prices can be estimated to have gone up even more sharply, as total and per capita food availability declined, especially in the cities. Transportation costs also played a highly inflationary role, with a 500 percent increase in rail and river tariffs and a sometimes sharper increase for road transport.

Against that background, the only conclusion that can be made is that household real income went down steeply, particularly when measured in terms of food purchasing power.

From such a bleak set of circumstances, the worst could be feared as to the physiological well-being and, particularly, the health and nutrition states of the poorer population. The Kinshasa baseline bears out this assumption.

K.3 External Factors

Two main types of external factors were to bear forcefully on project results and processes. On the one hand, the continuously shifting "environmental" conditions (at an organizational and political level) led to much confusion, and no little conflict on the part of the various individuals and agencies involved until a clear definition was arrived at, and CEPLANUT became the responsible agency.

Even after such definition was achieved, however, it is worth noting that at no point did CEPLANUT count on a permanent "counterpart" staff. Indeed, the group of Tulane consultants, more often than not, found themselves without any "valid counterparts" whom they could share their work with and transfer their technology to. To a very large extent this helps to explain the lack of any explicit objectives of definite systems approach which the analysis above has evidenced several times.

The other fundamental constraint involved is simply the dramatic change which food supply and prices, as well as real incomes, underwent during the life of the project - and are still facing at the present time. Indeed,

such a situation can be best understood if a review is made of the consistently negative trends in:

- a/ food sector indicators
- b/ real income and economic activity
- c/ health and nutrition indicators

Food Sector

While Zaire was a net importer of food at the time of independence, by 1980 it had to import one-third of its overall consumption. During the same time, its agricultural exports - essentially made of foodstuffs - dramatically declined in both real and absolute terms. It is noteworthy that this was a general evolution which concurrently affected corn, rice, sugar, and even palm oil to a considerable extent. Indeed, the corn trade balance took a sharply negative turn from its formerly net export position to a point where, in 1977, close to one-third had to be imported (180,000 MT). The rice gap (42,000 MT) was being filled, until 1981, by PL 480 sales. Sugar production left was 36,000 MT short of consumption in 1977 (36 percent) and palm oil exports trickled down to 10,000 tons in 1980^{1/}, from a 1955-59 average of 160,000 tons.

The inference to be gained from declining exports and increasing imports is not only one of ever-diminishing production. The net supply available for internal consumption also went down, as a result of the foreign exchange restrictions which began in 1975-76, and reflected a net reduction in the percentage share of food imports with respect to overall imports: from 20 percent in 1977 to 16 percent in 1978 and a presumed lower quantity in 1979.

The unavoidable conclusion is that, in the face of sharply curtailed production and a foreign exchange constraint on imports, the net food balance left for the Zairian population decreased in absolute terms during the last five years.

Even the latter assessment, however, does not reveal the dimensions of a yet more serious situation: the truth is that the transportation network just broke down across the country, thus making it virtually

1/ No exports were made in 1979.

impossible for the food produced in many areas to be moved out to the consuming centers. Indeed, the many disruptions which affected agricultural production during the last decade (1973-77: zairianization; 1974 onwards: nationalization; 1977-78: Shaba wars and Bas-Zaire drought; December, 1979: demonetization) probably affected output to a lesser extent than the sheer neglect of roads and transportation equipment through inexistence or inadequate maintenance and repair. It is little surprise, then, that the network of roads in satisfactory conditions went from 140,500 km at independence to an estimated 25,000 km today.

Two essential lessons must be retained: on the one hand, net food availability declined globally and on a per capita basis. Secondly, the resulting situation is bound to have had a much more severe impact on the urban dwellers, whose cities received a sharply reduced total volume of food, than on the countryside population who often stopped producing the food which it could no longer sell and basically went back, in many cases, to a subsistence system. This is reflected, as one should expect, by an increasing share of traditional agricultural product (from 40 percent in 1959 to 60 percent in 1980).

F. Current Developments

Government Policy and Development Assistance

A number of convergent policy signals point to the increasing possibility of agriculture - and particularly food production - at last benefiting from a firm government commitment.

Government policies of interest include the role given to the "production sector" of agriculture; the "support sector" of transportation (and water supply), and the "social sector" of health by the Mobutu Plan's Public Investment Program for 1979-81.

The Minimum Agricultural Program (PAM), and the new orientations for agricultural development currently under discussion, supplement that consistent set of priorities. To the extent they materialize, the corresponding investments ought to result in greater availability of basic staples and essential services to the Zairian population. While actual implementation tends to lag far behind formal priorities, it is interesting to note that specific food production marketing programs, like the National Corn and Manioc Program (PNM and PRONAM), and ancillary projects, e.g., the

Smallholder Corn Production and Cassava Outreach Projects, are largely dependent on external aid from such sources as AID, UNDP/FAC, the World Bank and the Belgian and French governments, and consequently, amount to much firmer commitments than ordinary budget investment plans. The same remark applies to other projects involving rice, sugar, and palm oil, which can be regarded as both cash crops and food crops, subject to regional food consumption patterns. It also extends to the monitoring of agricultural production (through donor-supported sectoral studies) which could evolve into a food surveillance system at some time in the future.

Conclusions

Six major conclusions emerge from the analysis which has been conducted:

1. From the time of its original conception, in 1974, a number of successive changes brought about a substantive reduction in the scope and objectives of the Project. While such changes aimed at accounting, in more realistic fashion, for various environmental and institutional constraints, there is little doubt that the reduced scope and objectives, as eventually agreed to and applied, only allowed for the partial attainment of a nutrition planning capability. Indeed, socio-economic and food system considerations were largely excluded, and the resulting limitation has affected the breadth and depth of Project achievements - as it still would have if all planned output requirements had been met - at the same time that it tended to restrict the vision and scope of work of many individual participants and of the responsible Government agency, CEPLANUT.

2. As it happened, Project objectives failed to be achieved in most cases, even in their reduced form. Only one - the setting-up of a central planning unit - was fully met, through the creation and enduring operation of CEPLANUT, no small deed in the shifting organizational context of Zaïre. On the other hand, the piecemeal nutritional monitoring and evaluation actions which are taking place do not make up for the absence of nutritional surveillance and evaluation systems as such.

Much the same can be said of nutrition, of which the various components, including face-to-face and mass media communication, as well as field personnel training, appear to be as much uncorrelated among themselves as they

are with the nutritional diagnosis available from the Project itself. A token food distribution intervention briefly took place in 1980, thanks to the remaining food balance of the Bas Zaire famine relief. Some food is also being made available for demonstration purposes (face-to-face education) and within the framework of nutritional rehabilitation. Unfortunately, the latter is made to apply both to the nutritional recovery of the severely malnourished, a form of curative care which includes re-hydration and something akin to hospital treatment, and to health-integrated nutrition for the less malnourished and healthy but vulnerable children - an essentially preventive strategy. This may explain why the integration of CEPLANUT's activities with health care provided by private and State institutions has not occurred, even though the revised terms of the Project Agreement called for such a result. That is probably one of the main shortcomings of Project Implementation.

3. When the sum of all individual nutritional interventions which CEPLANUT is implementing or carried out in the recent past is regarded as a whole, both locally (in demonstration zones) and at a more aggregate "planning" level, the picture that emerges cannot but reflect the earlier noted constraint. It is no more possible to term CEPLANUT's actions in Kinshasa a "nutrition program" than it is to confirm an overall planning capability assuredly not evidenced by the existing "action plan" for expansion into other areas of Zaire and, as yet, not very much in process.

4. Besides the oft-quoted political and organizational constraints of the environment wherein CEPLANUT must operate, other factors help to explain the situation which has just been analyzed. The already narrow definition of the Project scope seems to have been interpreted even more narrowly by USAID - and particularly by its Public Health Office - in the starting stages of implementation. This seems to have created additional confusion. At the same time, and exposed to such confusion, the technical assistance contractor - University of Tulane - was not provided the kind of fundamental orientation and control it probably needed. In turn, Tulane's relatively young experience in the field of nutrition planning, together with the lack of permanent counterpart technicians at CEPLANUT with whom it could interact, limited both their clarity of purpose and CEPLANUT's.

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It now seems clear that many things were done, including surveys, of which the objectives were ill-defined and for which not all possible uses had been adequately explored. This, in turn, led to redundancy and confusion.

5. The former critical statements do not reflect the entire reality of CEPLANUT and of its technical advisers - and, in particular, does not account for the many positive things which were done outside the Project toward the broader food and nutrition objectives. One was the leadership role assumed by CEPLANUT in the obtainment and dissemination of important diagnostic information, for which the Tulane group deserves special credit. Another one was the promotion of a higher priority for nutrition, through a continuous flow of documents and services, as well as through a few highly publicized events, such as the Famine Conference and that on the Importance of Nutritional Well-Being for Health Care.

Finally, CEPLANUT's ability to respond to emergency situations in a prompt and effective way was demonstrated by its Bas-Zaïre intervention, which soon led to the declaration of a national emergency (January, 1979) and subsequently to the outpouring of relief aid from the international community, which CEPLANUT helped to organize. A major disaster was thus averted.

6. Much is now taking place, both within the Government of Zaïre and on the part of the development community (but outside CEPLANUT) in the way of food and nutrition policy and programs and of the corresponding planning process. On the one hand, formal priorities for food production appear to be evolving, in the face of the deteriorated situation of food supply and prices, as well as real incomes of the Zaïrian population, and under the continued prodding of foreign and international donors, into real commitments within the Mobutu Plan's Public Investment Program and the new orientations for agricultural development which are currently being discussed. Indeed development assistance is firmly tied to specific programs and projects involving basic staples (corn, manioc, and rice) but also some cash crops of potentially strategic importance for food consumption (sugar, palm oil), integrated rural development, and the monitoring of agricultural production through various means.

Such assistance is becoming increasingly interlocked, as the organiza-

tions and countries which provide it (USAID, UNDP/FAO, The World Bank, Belgian and French Governments, etc.) tend to agree on the more pressing priorities, both among themselves and in conjunction with the Government, though the various coordination mechanisms which are available to that end. At the same time, the emergency situation of the Government budget makes it ever more desirable for the other cooperating entities to try to insure the allocation of USAID counterpart funds to their own assistance projects, thus providing the ground for even closer concert on food and agricultural planning. The latter is also encouraged to take place within the Government, and to receive some aid to that effect, in the Ministries of Agriculture and Planning.

Finally, the latter entity has been affirming its role on the food and nutrition scene for some time, and has formally requested development assistance from UNDP/FAO for the purpose of setting up a central food and nutrition planning unit which would coordinate the "central" planning units in Health (CEPLANUT) and Agriculture. Because the effective power wielded by Planning has tended to increase sharply as the budget situation worsened, and its authority to clear budgeted expenses became necessary for the effective allocation of scarce budget resources, such an interest must not be taken lightly. It is also in line with the general development planning functions at that agency and can be seen as an opportunity to integrate separate food and nutrition planning efforts into an integrated whole - which CEPLANUT has proven unable to cover except fractionally.

RECOMMENDATIONS

Recommendations flow naturally from the conclusions and can be broken down into three main headings:

1. Policy Criteria

Future AID assistance for nutrition planning would pay a high price in terms of cost-efficiency and impact if it disregarded the food component at a time when the corresponding situation clearly determines to a large extent the nutritional balance and status of most Zairians. Such a situation is not about to improve soon and may indeed worsen before it gets better. Thus, not broadening the scope which characterizes the Project here evaluated may lead to inefficiency, even though non-food interventions,

and particularly those pertaining ideally to health integrated nutrition, nutrition education, nutritional surveillance, and other services delivered in conjunction with primary health care can be most effective as "liaison" components. Bringing them into an overall system which also includes the health and food dimensions therefore makes more sense than leaving them as sole nutrition interventions with little relevance and meaning. Obviously, if that is going to happen, some kind of overall planning should take place for the purpose of formulating appropriate and compatible strategies, and carrying out the necessary functions of programming, coordination, evaluation and control. The organizational consequences, in turn, must be looked at together with the need to preserve the more basic policy objectives.

Bringing in a food component can be done in various ways and so can, as well, the integration of food, health and human nutrition.

That food production and marketing should be involved is quite clear, insofar as much of the current food problem (and the resulting nutritional impact) can be traced back to decreasing food supplies or to the ineffective transportation and movement of such supplies from producing to consuming areas. Most agricultural and integrated rural development projects supported by AID and other external entities are consistent with the goal of greater food availability for the Zairian population.

At the same time, diminishing real incomes and the sharply curtailed food purchasing capacity of households amount to a serious and growing limitation on the demand side. While increased food availability may bring about more stable food prices, and the general thrust of the macro-economic policy measures currently envisaged by the Government of Zaire would tend to place overall inflation under greater control, no upward impact on real incomes could be realistically expected, all the same, in the foreseeable future. Therefore, partial food consumption subsidies for the needier population groups are probably in order. Those subsidies are most easily transferred through food distribution programs, such as the foods which are channelled by Private Voluntary Organizations like CARE and CRS, or by the World Food Program.

It is noteworthy, however, that such food aid usually entails risks or potential costs, unless very carefully designed^{1/}: an economic cost, through the de-stimulation of local food production; a nutritional one, inasmuch as existing food habits are not normally respected, although there is a growing consensus that they can be regarded as adequate, in most instances, under existing socio-economic or environmental constraints; and perhaps a degree of social inefficiency, to the extent donated foods are habitually given away, except for a small periodic contribution on the beneficiaries' part, and long-term self-reliance is thus hardly encouraged. These risks are potentially, not inevitable, and gradual changes of an adequate magnitude and orientation can largely avert these, even in the case of the poorest families: substantial participation of local foods, preferred urban orientation, significant community participation in the cost of the foods and - if none of the above is feasible - preferred curative use for nutritional rehabilitation in the accustomed sense. As these points have become increasingly recognized by food and nutrition specialists the world over, donor governments and Private Voluntary Organizations have shown a willingness to effect such changes. CRS has been less amenable, however, and, since they are soon to begin operating in Zaire, and their participation needs also to be planned from a broad food and nutrition planning perspective, it is here recommended that the possibility of substantive design changes should be discussed with this organization through the appropriate channels. Further possibilities can be inferred from the discussion under this section on food-health integration modes.

The integration of human nutrition and health, perhaps one of the clearest mandates that CEPLANUT has received, must be sought forcefully and would be tied, ideally, to the expansion of primary health care under a national health system. Because such a system does not exist as yet, however, and is not about to start, novel organizational requirements must be faced. These are also discussed in the section below. Let it only be said at this stage that all nutritional activities of a preventive nature

1/ For a reference on all the following points, please see the World Food Conference's "World Hunger and Nutrition" (WIC, Rome, April, 1979).

which are carried out at the community level and aim at the entire household or specific household members can usually be made to occur in conjunction with primary health services and probably should be in most cases. Curative nutrition interventions, e.g., nutritional rehabilitation in the accustomed sense, can also be integrated at the community level, for referral purposes, and at a higher level of care (hospitalization) for remedial action.

As food distribution to the community can serve both a preventive and a curative purpose, there is no doubt that it can also become a supplementary and attractive part of health-integrated nutrition in a broader sense. The integration of such distribution with health services can then be regarded, too, as a very useful policy criteria.

Finally, the integration of food production and human nutrition, while less easily visualized, can also be achieved with time. Three very practical ways are available, about which there is little literature and few reliable precedents: food and nutrition surveillance, community-level food security, and economically sound food security of a more aggregate sort.

2. Organizational Criteria

If the notion is accepted to support a comprehensive food and nutrition planning system rather than clinically-oriented human nutrition or even the broader perspective of health-integrated nutrition, the organizational set up must be such that it does not entail a lesser priority for any of the individual objectives which were earlier involved. They should also make sense within the context of Zaire, be currently agreeable to the country's government, and have at least a fighting chance of survival under long-term trends and with AID's full support.

Clearly, the health sector ought to be a crucial part of such a system, as also must its formal delegate on nutritional matters, i.e. CEPLANUT. The Ministry of Agriculture and perhaps a few important state and private organizations which care for transportation maintenance and repair, new construction (sometimes), and agricultural marketing or extension must also be associated as they are already applying food policy and somehow planning for it. Subject to the Government's determination, other implementing and coordinating agencies either of food production-



support components or of community services (e.g., education, social affairs) can be made to participate, too. Finally, the Planning Ministry's participation is, by definition, a "must" because of its function to plan, coordinate, evaluate, and control overall socio-economic development and, as was earlier noted, the worsening situation of state finances gives it an increasing power on budget matters, including counterpart funds, and recognized weight on food and nutrition policy and programs.

The former preliminary scheme, in turn, is very much on the Government's mind, as it became one of the major conclusions of the Famine Conference - in the form of an interdepartmental food and nutrition committee which either the Ministry of Health or that of Planning (or perhaps Social Affairs) should coordinate. As was also reported, Planning is anxious to work within a concerted framework (with CEPLANUT and other "sectoral planning units").

Rather than an undue imposition, organizational assistance to one alternative or another would, therefore, support a spontaneous initiative of Zaire - an altogether different situation. The question would of course arise as to who would coordinate such a group (or, from a broader perspective, such a system) and, while AID must support the Government's final choice, interim consideration can still be given usefully to the "comparative advantages" of the various candidate organizations. The very strong points which were outlined for Planning in the Conclusion would still hold for the purpose of such analysis - and so would the weakness detected in CEPLANUT. These would somehow have to be corrected.

Indeed, if such a system ever sees the light of day, a strong training and technical assistance component - as strong as the Government will accept - is most certainly needed, both to insure its cohesion ("hold it together") and to upgrade the technical and planning capability of its various components. The investment which has been made in CEPLANUT would thus not be lost but, to the contrary, used as a basis for a higher social return to the country. Such a return would be dependent on CEPLANUT's formally integrating its activities with the building blocks of the future Zairian health system - including such Private Voluntary Organizations as the Catholic and Protestant Churches, as well as many others - and acting

as a multiplier (through training, programming, technical counselling, etc.) rather than as a community-level implementor. Much smaller investments could be made in the Ministries of Agriculture and Planning, to support the very few technical consultants who would initially be needed.

Finally, and because no technical institution is probably capable of providing all the assistance that is needed in the food and nutrition planning field, identifying the specific types and areas of assistance needed should probably be included as the first required output.

3. Specific Project Activities

a. Health-Integrated Nutrition

The extension of nutritional surveillance to a much broader spectrum of the Zairian population could be done efficiently and cheaply if CEPLANUT reaches the necessary formal agreement with such Private Voluntary Organizations as are providing primary health care and shall some day be included in a national health system. Only such spot surveys as are strictly necessary would also be conducted to collect periodic information as opposed to the continuous flow expected from health services. The latter information could be used immediately at the community level, so as to bring nutritional needs and wants to the attention of field personnel and of the community itself, and allow them to provide a more adequate response. A sample of the overall information collected through the health services could be consolidated, tabulated, and processed for the benefit of nutritional planners and nutrition program administrators.

Face-to-face nutrition education could expand alongside nutritional surveillance and in conjunction with health care, as long as a cogent and systematic approach can be followed to define precisely its objectives, contents and messages, as well as the overall strategy and concerted programming to be followed. Again, technical assistance and training would be indispensable to that end.

Mass-media educational benefits can certainly be derived with appropriate coordination, in terms of both cost-efficiency and impact. Mass media education must start from the same basic premises (diagnosis) and objectives as face-to-face education - and, for that matter, as the overall food and nutrition strategy involved.

For the short term, a deep and thorough revision of the messages effectively used, and the explicit objectives or implicit premises which support them, is clearly called for and should be done without delay, subject to the proper technical assistance being available.

Nutrition rehabilitation and some components of food distribution, e.g. beneficiaries identification and health control, as well as food demonstrations, would also gain from their integration with health services.

a. Integration of Food and Human Nutrition

These are somewhat longer-term components.

With time, and as agricultural monitoring proceeds, its processes and outputs can be used as a basis for food surveillance, with the likely help of general statistical information from other sources, and particularly from the Ministries of Economy and Finance. A systematic look could then be taken of (health-integrated) nutritional surveillance, in order to set up a food and nutrition surveillance system or, at least, a simplified scheme which can evolve gradually into such a system. This would be immensely useful to the country's managers, as much as it would be to food and nutrition planning as such.

Properly understood, food security is nothing else than a guarantee that economic development and social and environmental changes, as they take place, will not entail an unacceptable risk to any population group at any time or place, due to the deprivation of food. Naturally, food security tends to center, like nutritional surveillance, on the weaker and more vulnerable population groups.

At the community level, food security can best be achieved within the framework of integrated rural development projects, through the combined encouragement of food and cash crop production. That part of production which is auto-concerned in a broad sense (at the level of a household, village, or zone) contributes to such a guarantee or insurance, inasmuch as other less important source of food remain available to the minimum extent which nutritional supplementation requires. What is produced for the market, in turn, contributes to both income security and - to the extent commercial foods can be "imported" into the zone from the remainder of the country or universe, as the market starts working both ways - a measure

of food security as well.

Finally, food security at an aggregate level only makes economic sense if it entails no additional use of real resources, i.e., no opportunity cost. That can generally not be avoided with "buffer" stocks.

ANNEX IV

Dr. Heather Goldmans' Observations
on Project Activities

memorandum

DATE: March 9, 1981

REPLY TO
ATTN OF: H. Goldman, USAID Cameroon

SUBJECT: Evaluation of the Nutrition Planning Project (055)

TO: H. L. Braddock, DEO

The following remarks are based on my impression after nine action-packed days of discussions in Kinshasa with our evaluation team, CEPLANUT directors and field staff in Kinshasa, USAID staff, representatives of the World Health Organization, FAO, CRS and the World Bank, Bill Bertrand of Tulane University, and with Zairian officials in the Ministries of Plan, Health, and Social Affairs.

I. ASSESSMENT OF PROJECT ACHIEVEMENTS

A. Positive

1. CEPLANUT is a functioning institution and is staffed by some dedicated and motivated technicians. This is a considerable achievement when compared to many other African countries.
2. CEPLANUT played a major role in initiating government action on the Bas-Zaire famine.
3. The Tulane staff, along with their Zairian counterparts, did determine statistically that there is a very high rate of malnutrition in Kinshasa children. They have established base line data.
4. Protein-calorie malnutrition is being publicized by CEPLANUT as a major problem in Zaire, with a particular emphasis on Kinshasa at the moment. In this context, CEPLANUT staff have begun the process of raising the malnutrition consciousness of decision-makers in the Zairian government.



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5. CEPLANUT has hosted conferences in Kinshasa to begin dissemination of research results. The CEPLANUT director has also requested that other government and non-governmental agencies consider that CEPLANUT will play a major coordinating role in the design and execution of nutrition programs. We have some indication that several of these agencies and government departments do envision CEPLANUT having a coordinating role.

B. Shortfalls (from the benefit of hindsight)

1. CEPLANUT has only partially attained a nutrition planning capability. Their nutrition planning has not included an analysis of the food production and distribution system nor of consumer demand for different foods. The health-oriented planning approach is partly because of the reduction in the scope and objectives of Project 055. It is also partly due to the fact that Tulane's nutrition department does not have ties with an international agriculture or agricultural economics department, and to the lack of permanent counterpart technicians with whom the Tulane long-term technicians could work.
2. CEPLANUT has also not developed a logically-written nutrition strategy which defines priority nutrition problems in Zaire on some rational basis. This basis should include consideration of their feasibility of prevention at a reasonable cost. No systematic plan of action on how to attack these problems exists. For example, the three major nutritional problems in Zaire are probably protein-calorie malnutrition, iron-deficiency anemia and, in certain areas of the country, iodine deficiency. All three deficiencies can be reduced by either highly-specific nutrition interventions or by broader health, agricultural, environmental or economic programs. The feasibility of these "interventions" varies widely in the Zairian setting and, therefore, so does their cost-effectiveness. Applied research has to be done to determine which interventions are most appropriate. One outcome of a strategy based on testing hypothesis should be a statistical, political, or administrative justification for why one or two of the nutritional deficiencies mentioned are not being addressed by CEPLANUT.
3. The lack of a systematic analysis on which to base the choice of pilot interventions in Kinshasa (and Popokabaka) resulted in a piecemeal approach to attacking malnutrition--a small amount of nutrition screening and rehabilitation. Some disconnected primary health care, some food distribution until stocks of famine relief food were finished, a functioning nutrition monitoring system, and a poorly coordinated and occasionally technically-incorrect nutrition education program.

4. An insufficient number of higher-level CEPLANUT staff have had adequate exposure to nutrition issues and survey data analysis to say that CEPLANUT has complete technical competence in even health and nutrition program planning. To me, this happened for several reasons:
 - a) there is a chronic shortage of public health nutritionists or nutritionists who are concerned with the broader aspects of economic development. Hence, it is very difficult to get them employed.
 - b) This, plus some political and personality factors, led to a high turnover of CEPLANUT management staff.
 - c) Tulane did not completely transfer their research technology to CEPLANUT counterparts. Tulane's choice of such sophisticated data analysis techniques that, for expediency, the data needed to be analyzed at Tulane, means that Zairians at CEPLANUT do not understand the methodology completely enough (having not worked on the day-to-day development) to fully explain the conclusions from the results of the survey or to duplicate the research methodology.

5. Following on from No. 4c, I also do not understand completely what was the process that led to the choice of non-parametric statistical analysis (i.e., the choice that attitudinally scaled variables were more appropriate to measure than certain behavioral variables) and then to the choice of logistic regression as a multivariate analysis technique since the "weight-to-height" variable was dichotomized to say that a child was either malnourished or not. Bill has patiently explained to me that this approach was taken because the group of children who were most severely malnourished (less than 75 percent W/H) were the group which Tulane was interested in studying. In this group, they wanted to understand what were the important variables which predict malnutrition. Not being a statistician and not having had a great deal of time to think this approach through, my reaction is still that if you measure enough attitudes, yes, some of them will be statistically significant. But you might have found different variables were important if you had measured behavior. All this is to say, that the draft report that Tulane has submitted does not explain the steps that were analyzed to make these research methodology decisions. The draft report also does not clearly present the anthropometric findings, according to international standards and definitions of acute and chronic malnutrition. I am sure that Bill will now correct some of these confusing points in the final report.

6. USAID/Zaire could have taken a more questioning role towards the Orientation of Tulane University. Asking for submission of reports without giving feedback on their content did lead to CEPLANUT and Tulane feeling that USAID was more interested in receiving a report by a certain date than in what they were doing.
7. Even though there is also a turnover of USAID personnel, issues raised in the previous evaluations could have been pursued, particularly those raised on Pages 8, 13, and 14 of the Duffy et. al. evaluation report. For example, this report raised the question of whether CEPLANUT should be an implementing body or not and suggested that there should have been a report describing in simple English the planning process that resulted in choosing to focus on the respective areas of intervention. The report also suggests that performance could be measured by cost-effective indicators. Yet no adjustments in data collection and analysis were made so that these indicators are available for evaluation.

II. RECOMMENDATIONS FOR FUTURE NUTRITION ACTIVITIES BASED ON LESSONS LEARNED IN THIS PROJECT

A. Nutrition Consciousness Still Needs to be Raised Among Government Authorities

There are several mechanisms for raising consciousness levels:

1. well-designed mass media messages;
2. repeated philosophical discussions with CEPLANUT and USAID staff, consultants, university professors, etc.;
3. placing nutrition advisors in selected ministries or institutes to work side-by-side with their counterparts on the multisectoral nutrition planning process; and
4. training as many Zairians as possible in health, agricultural, and economic aspects of nutrition planning with the hope that they will have a "multiplier effect" no matter in what sector they work.

B. The Scope of Nutrition Planning must be Broadened

1. The concept of nutrition planning must be broadened to account for all the environmental and socio-economic forces that affect both food supply and nutrition.
2. CEPLANUT probably should not try to achieve capability in this broader planning concept at the moment. Building some type of nutrition planning unit in Ministry of Plan is a logical although perhaps unrealistic (again, at the moment) choice. My impression is that while Plan is willing to explore this possibility, they are not initiating the request. On the other hand, if nothing is tried, nothing will be gained.

C. Nutrition Should be Better Integrated Within the Many Health Delivery Systems that Exist in Zaire

1. CEPLANUT could play a major coordinating and policy-making role here.
2. The establishment of a "national" nutrition surveillance system where there are primary health care personnel genuinely willing to participate would serve several functions:
 - a) most important, as an early warning of increased malnutrition rates in a country where malnutrition is a serious problem;
 - b) with proper dissemination of survey results, as a means of making government authorities and health workers sensitive to nutrition problems in the country; and
 - c) a means of reaching more of the rural population with nutrition-related interventions.

Whether such a system is feasible, logistically and economically would have to be studied. To really be valid, some sampling techniques would have to be considered. Certainly, CEPLANUT should not have their staff collecting the data but rather should identify health workers who can collect reliable data.

D. CEPLANUT Could Benefit from Continued Technical Assistance to Help Them Define a Rational Public Health Nutrition Strategy for Both Kinshasa and the Rural Areas

Eventually, CEPLANUT will want to promote decreased rates of anemia and goiter in Zaire. From a humanitarian point of view, intervention programs towards that goal are required as "future nutrition activities." CEPLANUT does not have the resources to do everything now and will do better to concentrate on one or two key problems.

E. Nutrition Education Intervention can Support Major Efforts in Other Areas: Environmental (e.g., clean water supplies), economic (e.g., increasing family purchasing power), agricultural (increased availability of foods), or health (e.g., vaccinations).

1. By themselves, they expect people to change behavior that is adapted to the macro-economic forces which are in play at the time. They also can make planners feel like they are "doing something" for the people (after all, the mothers just do not know what to do) rather than making them deal with economic conditions.
2. PL 480 foods, which cannot be purchased locally by rural and poor urban people, should not be used in nutrition education programs.

7. What Could be USAID's Role in Future Nutrition Activities?

1. Malnutrition is a major problem in Zaire and, therefore of attention.
2. Whether USAID feels that aid towards increasing food availability (either at production or distribution level) has more on nutritional status than increasing a planning capability is the issue. Unless indicators are measured we will not be sure. In Zaire, the implementation of agricultural programs will not be national in scope whereas a nutrition program would have a national orientation. On the other hand whether any of the plans would be implemented is a question.
3. USAID has considerable experience in assisting governments to build a food and nutrition planning capability. USAID made a considerable investment in CEPLANUT. A project was continued to support CEPLANUT in a coordinating and policy making role (implying some applied research in public health and nutrition), while at the same time which provides assistance to build an institutional capability in the Ministry of Planning for food and nutrition planning, might seem to have small visible returns. But such a project could begin to build a permanent structure which would be permanent. Such a project could also be designed to accomplish all of the above recommendations.
4. If CEPLANUT is to continue with their monitoring and balance systems, they will certainly need more technical and financial assistance.

cc: PHO:CBelcher
DEckerson

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ANNEX V

MEMO TO USAID/ZAIRE
ON POPOKABAKA

10/1

MEMORANDUM

TO : Walter Boehm, PRM
Derek Singer, GDO
Lee Braddock, DEO
Clifford Belcher, PHO

DATE: March 16, 1981

FROM : David Eckerson (D.E.)

SUBJECT: Concerning My Voyage to Popokabaka Via Kasinsi and Return Via Nkambe

As requested by USAID, my recent voyage to Popokabaka was also used to investigate missionary activities in both Bandundu and Bas Zaire relating to health care. I visited a Catholic health center in Kasinsi, 40 kilometers east of Popo in the Bandundu region. I investigated health care activities in Popokabaka undertaken by the Catholic mission and CEPLANUT. I then continued into Bas Zaire visiting a state run and mission supported hospital in Kimvula, halfway between Popo and Kisantu. I also visited an American run mission in Ngidinga along the same road, 80 kilometers east of Kisantu. Finally, I entered the sacred city of the Kimbanguists at Nkambe and met with the spiritual leader of the Kimbanguist church. I in turn visited a Kimbanguist health center in Nkambe and then returned to Kinshasa.

Due to the onset of the rainy season, travel was difficult. Most of my time was spent digging out our truck. I did have one full day in Popo and perhaps a half day in Nkambe. The rest of my visits lasted no more than an hour. I left Kinshasa on the 11th of March and returned late at night on the 14th.

In Kasinsi, just east of Popo and situated on high plains, the health care situation is serious. I talked with Soeur Anne Marie of the Congregation de missionnaires Clarataines. Their mission runs the only dispensary with a continual supply of medicines in an area of 40,000 people. They are treating 100-150 cases of kwashiorkor a month.

A Protestant mission is also in the town. This mission used to be run by American missionaries of the ECZ. Since the departure of the Americans, however, they have received no medicines and the health care facility the Americans set up remains largely unused. I tried to get up to the Protestant mission, but the road was impassable and I wanted to get to Popo before the rain fell again.

In Popokabaka health care is provided by the Catholic run hospital in town. CEPLANUT used to be doing a sort of primary health care, but they no longer

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have any medicines to give out. The activities of CEPLANUT will be discussed in my evaluation report, but suffice it to say here that the data they are collecting is not being used. Further, the hospital has left all vaccination coverage in the CEPLANUT zone to CEPLANUT. Consequently, since CELPANUT doesn't vaccinate and works by referring people to the hospital (and no one goes), there were 90 deaths from measles in their sample of 2,000 children under 5 years of age from October to December, 1980. Extrapolated, this is roughly 180 deaths per 1000 per year, an incredibly high figure.

A state operated hospital in Kimvula, halfway between Popo and the tarred road that extends from Kinshasa to Matadi, has just begun health activities after a long period of neglect. A Catholic mission supports some of the hospital's efforts and UNICEF is providing medicines. PMI's are being established in 4 villages around Kimvula. But the hospital has no means of transport and everything is done on foot. This zone seems to be in the middle of nowhere, the road to it infrequently traveled. I would suspect high rates of malnutrition but no figures are available.

Further along the road to Nguidinga, 80 kilometers from the Kinshasa/Matadi axis, an American run Catholic mission has developed a primary health care system. CEPLANUT has trained their nurses in nutritional surveillance. As far as I could judge, these efforts are effective. The dispensary/hospital in Nguidinga has a large supply of medicines and stocks surrounding clinics.

Nkambe, the sacred city of the Kimbanguists is a hub of activity as they prepare for the opening of their new temple. A health facility exists, constructed by volunteer labor. An outreach program is underway with funding from UNICEF. Children are weighed and treated for malaria, worms and diarrhea. These activities are incipient but could be enlarged. Agricultural extension is also being carried out by the Kimbanguists. This may be due to the fact that the Kimbanguists are feeding 1,000 to 5,000 volunteers a day who work on their temple.

My impressions from these visits can be summarized by the following points I wish to make:

Point 1: The nutritional problems around Kasinsi and Popokabaka are those of inadequate quality and quantities of food. Superficial relief can come from beefing up health integrated nutritional efforts of the medical facilities in the area. The USAID project that aims at working through the ECZ may be able to set something up in the Protestant mission in Kasinsi. Both the Protestants and the Catholics have collaborated together there before and would probably do so in the future. Something needs to be done. As it stands now, even food distribution can be

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considered via Catholic Relief. It must be emphasized, however, that food aide has to be geared to provide more agricultural production. The sisters in Kasinsi are short staffed and would accept Zairois staff to help them out. They have little time for training and this must be taken care of, perhaps by CEPLANUT. Some food, particularly soya and powdered milk, is being given out by the Catholics in Kasinsi. This food is purchased locally in Kinshasa.

Point 2: Popokabaka is nestled along the Kwango river. The Belgians who came before used the rivers in Zaire as means of transport. From Popo one can take the river to Kinshasa. A series of rapids that extend for 30 kilometers bars any heavy barge transport. These rapids, however, are circumvented by a road built by the Portuguese 20 years ago. All the bridges along the road are in good shape, but the road needs some work. Initially, the Belgians wanted the Portuguese to transport materials up to the rapids by barge and then haul them overland the other side of the white water. Stocks would then be loaded onto boats bound for Kinshasa. The system never worked because the Portuguese said they needed a depot at each end of the road to store stocks while awaiting transport. The warehouses were never built and the road never used.

It is my opinion that with a little effort this transport route could be reopened. This would do more than anything else to develop the region. Obviously, two warehouses would have to be built and some boat transport provided. But this effort could be largely subsidized by the beer companies in Zaire. They gave out seeds in Popo last year and folks grew corn for them. The beer companies couldn't get into the region after the harvest and all the corn rotted since people in Popo don't eat corn.

Point 3: Any agricultural production intervention in both Kasinsi and Popokabaka as well as the other areas I visited should take heed of the fact that women and not men are the people one should deal with. It is true that with cash crops, men seem to take charge. But the over-riding aspect of agricultural production in this area is that food is grown by women. Actions should be taken to help them. Any health integrated nutrition project or food distribution treats women as beneficiaries. Efforts should be made to couple all this with agricultural assistance to the same beneficiaries.

Point 4: UNICEF and CEPLANUT could work hand and hand in the areas I visited. UNICEF wants to begin a project in Kimvula that will orient

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towards agricultural production, specifically soya. CEPLANUT could assess the effects of this project and maybe find a way to bring in more agricultural assistance. In areas where UNICEF is giving out balances and motorcycles to assist in primary health care, CEPLANUT is the natural choice to provide training and evaluation. Data can be gathered to this end, but it must be simple and easy to collect.

Point 5: The Kimbanguists seem to be the Mormons of Zaire. They are hard working and venerated with spirit. They are well organized and unlike the ECZ, they are all of the same denomination. I feel strongly that some "seed" money could be given to the Kimbanguists to assist them with health care efforts. Perhaps some of this money could be funneled from the ECZ project. In any case, the Kimbanguists are working in agriculture in a way that seems integrated with their health care projects. I would also advise that the Ambassador and the Director of USAID attend the innaugral of the Kimbanguist temple on April 16th of this year. If not only to see their temple, which measures 100 meters long by 50 meters wide and 13 meters in height, but also to see the motivation of a people that do everything from scratch on volunteer labor.

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WARREN W. WIGGINS, PRESIDENT

660-0055
EVALUATION REPORT

EVALUATION OF ZAIRIAN NUTRITION PLANNING PROJECT

USAID #600-0055

Conclusions and Recommendations

April 9, 1981



SECTION G: CONCLUSIONS

The following conclusions can be drawn from this project:

- 1) The original project design would have permitted a systems approach to nutrition planning in Zaire. However, the scope of this project narrowed in the long period of time between the approval of the project paper and its eventual implementation. The project objectives that were eventually retained, even if completely met, would not have constituted nutrition planning in a global sense.
- 2) This project, through a dynamic Zairian Director of the Nutrition Planning Center and through the resourcefulness of a technical assistance team, has raised nutritional consciousness throughout Zaire and documented a serious nutrition problem in the country.
- 3) Many project activities, however, were oriented towards a needless and repetitious collection of data that served no logical or practical purpose. A global and multi-sectoral strategy does not exist for dealing with the nutrition problem in Zaire.
- 4) Lacking a systematic focus, most interventions undertaken by this project were poorly planned, were haphazard and ineffective. From this it is clear that the Nutrition Planning Center is better in the role of coordinator, rather than implementor of actions.
- 5) The Nutrition Planning Center rose to glory during the famine

in Bas Zaire. Given added technical assistance from the Center for Disease Control and the U. S. Department of Agriculture, both the health and agricultural aspects of a famine situation were examined. Data was collected and a nutritional assessment of the region was undertaken in a very short period of time. The Nutrition Planning Center assisted in an international food relief effort to avert disaster and later evaluated the effects. This was nutrition planning in a true sense.

6) The Nutrition Planning Center has the ability to collect data through well trained field agents. But it is still an embryo, devoid of trained administrative staff and incapable of repeating technical operations previously carried out under project assistance.

7) The Nutrition Planning Center has an outspoken Director who is well connected politically. The Center continues to function, after the departure of the technical assistance team. The Government of Zaire now supports Center activities with 918,000 Zaires per year from the central administrative budget. Given the social, political, and economic milieu of Zaire, this is an outstanding project achievement.

SECTION H: RECOMMENDATIONS FOR FUTURE PROJECT ASSISTANCE

- 1) Given the increasingly limited resources, both in the development assistance community and Zaire, any future efforts in the nutrition sector must be cost-effective and able to be justified as such.
- 2) The major factors affecting nutritional status in Zaire concern the food system: the production, transport and marketing of food. Concurrently, the fact that Zairians, especially those in the major cities, are faced with decreasing purchasing power has also led to a deterioration of the country's nutritional status. Major efforts are required to remedy this situation.
- 3) Given the reliance in Zaire on USAID counterpart funds, USAID can play a major role in supporting projects which affect the above mentioned factors. USAID can also play a major coordinating role within the Zairian development community through the frequent meetings it has with donors in Zaire. USAID/Zaire should emphasize nutritional concerns in all developmental projects undertaken by the donor community.
- 4) Due to the serious nutritional situation in Zaire, food aid can be encouraged as a short term solution, especially in Kinshasa. Efforts by Catholic Relief Service now underway in Zaire should be carefully monitored by the USAID/Zaire mission. Catholic Relief has shown a willingness to use food aid as an instrument to promote local food production. They should be called upon at

the inception of their program activities to provide a detailed plan as to how they hope to achieve this. CRS should be encouraged to model their activities after the Salvation Army's food distribution program operating in Kinshasa. This program depends heavily upon food grown in Salvation Army projects in Bas Zaire.

5) Future nutrition planning efforts in Zaire should concentrate upon developing a food and nutrition strategy for Zaire. CEPLANUT could conceivably work with the Ministries of Planning, Agriculture, Health and Social Affairs to accomplish this. The Ministry of Planning will soon receive a nutrition planner under an FAO technical assistance grant. Given the task of developing a food and nutrition strategy, these somewhat combative agencies could come together to hopefully work in harmony towards a mutually shared goal. This in turn would strengthen the institutionalization of nutrition planning in Zaire. This process could be aided by funds provided to CEPLANUT by USAID to second technicians to CEPLANUT on a part-time basis.

6) At the same time, CEPLANUT should extend its operations into one region of Zaire outside of Kinshasa. In this region it could also work with other governmental agencies to develop a regional food and nutrition strategy. While regional planning has been curtailed by the President of Zaire, CEPLANUT might be able to begin this process under the guise of nutritional activities. In Zaire, given the diversity of regional problems, regional approaches to combating malnutrition are essential.

7) The purpose of these strategies will be to describe the nutritional situation existant in the country and a region; to evaluate measures undertaken by government and non-governmental agencies and to propose interventions that would be effective and practical, given the social, political and economic factors that exist. Emphasis should be given to diverse micro-interventions, probably carried out by non-governmental agencies. In this sense, CEPLANUT could take on the role of a contracting agency, delineating interventions that are needed and then contracting with private voluntary organizations or other agencies operant in Zaire to actually implement interventions. Experience in Chile has shown this to be an effective function of a nutrition planning center. Contractual agencies, however, must be organizations that have the capability to undertake interventions on an on-going basis. Obviously, CEPLANUT will have to be monitored so that monies entrusted to them are not diverted into Zairian pockets. This could be achieved through technical assistance by assigning a permanent nutrition planner to the CEPLUNT staff. This planner would be skilled in both multisectoral nutrition planning and cost benefit analysis. In this way, CEPLANUT could carry out a number of low cost, micro-interventions that normally would be too small of a scale for USAID consideration.

8) It should be noted that a minimum of investment should be undertaken to develop food and nutrition strategies. The strategies will be but a means to an end; that of implementing cost effective interventions to better the nutritional status of vulnerable groups.

9) Working with the Peace Corps or through the proposed ECZ primary health care project, CEPLANUT can develop nutritional surveillance models that are simple and cheap. Morley tapes can be considered. Simple processing of health clinic data can also be used to define the nutritional problems of a region. Agricultural data will also need to be collected. This model may later be developed for the entire country, on a region by region basis. This surveillance, however, must lead to interventions. CEPLANUT can assist in surveillance design and training of front line workers. It can also render assessments from data collected.

10) CEPLANUT is not an implementing body. It should only be seen as a coordinator of actions and as an evaluative agency. It can undertake applied research to measure the effectiveness of interventions. It can provide training to other agencies in nutrition surveillance.

11) Mass media can also be used by CEPLANUT to administer nutrition education. This activity must be coupled with face to face nutrition education provided through extension workers. CEPLANUT could coordinate these efforts in an approach similar to that used in Tanzania.

12) Future project activities should consider giving CEPLANUT the ability to develop food and nutrition strategies and contract for cost effective interventions. CEPLANUT will also need assistance in developing mass media programs. To this end, technical assistance can be envisioned. Training will be needed for

CEPLANUT staff. This training should be essentially short term in nature. It should preferably be undertaken in Africa or Latin America, where environments exist that are akin to that of Zaire. While some long term technical assistance will be required for a nutrition planner, other external staff requirements should be provided on a short term, project specific basis.