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OVERSEAS HEADQUARTERS  
1, RUE DE VAREMBÉ  
1211 GENEVA 20 - SWITZERLAND  
TEL. 34 34 34 - CABLE: AMORTED

ORGANIZATION FOR REHABILITATION THROUGH SPORT

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Feb - July 1974

SECOND SEMI-ANNUAL REPORT

<u>PROJECT</u>	Development of a Maternal and Child Health/Family Planning Programm in Zaïre
<u>PLACE</u>	Republic of Zaïre
<u>PERIOD</u>	February - July 1974
<u>CONTRACT No</u>	AID/CM pha-c-73-9

PROGRESS REPORT

FEBRUARY - JULY 1974

PROJECT TITLE: Development of a Maternal and Child Health/  
Family Planning Program in Zaire.

CONTRACT NO.: AID/CM pha-c-73-9

INTRODUCTION:

This report discusses the progress made by the ORT Technical Assistance Team in meeting the objectives of this contract during the period noted above. ORT is to assist the Government of Zaire in establishing a model for maternal and child health/family planning programs in urban and rural areas.

ORT technical assistance is being supplied in the context of a larger agreement between the Government of Zaire (represented by the Fonds Medicaux de la Coordination, an executive agency of the "Presidency" responsible for the direction of this program as well as a number of health institutions in the country) and the Agency for International Development, which is funding initial capital investment needs of the project. The agreement encompasses three inter-related objectives:

1. Family Planning: the aim is to set up an MCH infrastructure through which family planning information, counselling and services can be delivered with optimal results.
2. Public Health: the aim is to introduce systematic and comprehensive coverage of basic health needs of the maternal and child population, particularly emphasizing prevention, chiefly through health and nutrition education.

3. Decentralization: the aim is find more effective ways to reach the maternal and child population, and, at the same time, to develop ways of using available resources for health services more efficiently than those used in current mass care health delivery systems.

Within this framework, the following objectives are specified for ORT assistance:

1. Recruitment of a technical assistance team of a public health physician, two public health nurse educators and one management specialist.
2. Development of a relevant curriculum and training program for MCH/FP personnel.
3. Establishment of operational and administrative guidelines for MCH/FP programs.
4. Identification of suitable Zairois for further training abroad.
5. Development of a distribution network for MCH/FP materials.

#### SUMMARY OF ACHIEVEMENTS OF THE FIRST REPORT PERIOD - SEPTEMBER 1973 - JANUARY 1974

1. The basic elements of an integrated MCH/FP service were defined. The first planned MCH Center providing pre-natal, maternity and post-natal care and child care through an Under-5's Clinic was opened.
2. The ORT public health nurse developed guidelines for running the pre-school (Under-5) Clinic and with the assistance of several FOMECO medical staff members, gave a two-week orientation course for the personnel of the first MCH/FP Center.
3. The Management Specialist worked with relevant departments of the Mama Yemo Hospital, of which the Center is a satellite, in assuring the requisite operational logistics.

4. Further assistance in record keeping and statistics was provided by consultants from the Columbia University Institute for the Study of Human Reproduction. For several reasons beyond ORT control, the recommendations for a baseline survey could not be implemented.

#### GOALS SPECIFIED FOR THE PRESENT REPORTING PERIOD

1. Continued development and expansion of public health services in the MCH Center.
2. Opening and integration of a family planning (Desired Births) clinic in the MCH Center.
3. Resolution of outstanding logistical problems.
4. Institution of more comprehensive planning techniques in preparing for the opening of other centers in this program and in the general development of MCH/FP services.
5. Implementation of a baseline community survey in areas served by the Center.

#### SUMMARY OF ACHIEVEMENTS IN MEETING GOALS FOR THIS PERIOD

##### 1.a. Expansion of Services

Progress was made in popularizing the Under-Fives Clinic and in informing and educating the population concerning the concept of regular surveillance of child health and development. Staff made contact with community leaders of the two zones officially served by the Center to further promote goals and services of an MCH Center. Cooking demonstrations in the Under-Fives Clinic, home visits for high risk children, group health education in pre-natal clinic and post-partum wards were introduced and developed as integral on-going services of the Center.

### 1.b. Utilization

Since February, attendance at the Under-Fives Clinic has tripled. In July, an average of 90 children visited the Center daily. Of these more than 50 percent were born in the Center's Maternity, so the majority of children registered fall into the 0 to 12 month age group. If attendance increases at the current rate, capacity of approximately 240 child visits per day will be reached by the end of the year. With an average of 500 new under-five enrollments per month, we expect to cover by the end of the year about ten percent of the under-five population in the two zone target areas in which other social and health centers offer a similar range of services and compete for the same population.

The rate of return visits is significant (more than 75 percent of the total July attendance and about 65 percent of the total registration through June). There has also been a diminution of children who have to be sent to the dispensary at the Center, indicating that return visits are for preventive and surveillance services.

Attendance at the pre-natal clinic is currently about 50 visits per day, or a third of capacity. The Maternity does about 12 deliveries a day, making it the third most active in the city. One cause of concern is that more than a third of the women now seeking maternity or pre-natal services at the Center come from non-target zone areas, and it is likely that this percentage will continue to grow, whereas a stable 80 percent of the under-five clientele comes from the planned service area. It is hoped that this situation will be corrected by the opening of the second and subsequent centers in this program, and, in regard to the pre-natal clinic, by identification of suitable clinics which are being held elsewhere to which extra-area mothers can be referred.

### 2. Family Planning

The Family Planning (Desired Births) clinic opened in April. It is the second in the Naissances Desirables (Desired Births) program promulgated by the Executive in 1973. A Zairois nurse-midwife who received special

training for family planning runs the daily clinic, which noted 108 acceptors in July, an 86 percent increase over June, and equivalent to the number of acceptors the first family clinic had after 10 months of operation.

An attempt is made to motivate all mothers for family planning during their stay in the post-partum ward, as well as mothers bringing children to the Under-Fives Clinic. Information, education and contraceptive services are provided. Interestingly, most motivational success has been achieved to date in the post-partum ward, though the highest percentage referred for family planning during the first month came from the Under-Fives Clinic. This has not yet been satisfactorily explained. Center supervisory personnel in conjunction with the family planning midwife are experimenting with several alternatives in disseminating family planning information to center clientele and the zonal population as well in trying to determine the optimal conditions for motivating clientele to seek out family planning services. For the present, the local team approach to this communications problem is being emphasized. The staff is critically examining the way information dissemination works and is working to strengthen coordination among existing services to enhance communication.

### 3. Logistical Support

The major logistical support, such as transport for personnel and utilization of general service departments of the Mam Yemo Hospital, have been assured. Present arrangements with the Hospital will suffice for the next center as well and minimal operational difficulties in this regard are anticipated. With only one center in operation during this period, it has not yet been possible to test logistical plans for the mobile administrative and supervisory team which will be in charge of the first two centers as well as subsequent ones which enter the program in 1975. The principle of mobile-team supervision has been accepted and transportation will be provided.

#### 4. The Second MCH Center

The second MCH Center, although completed in May, will not be opened until October because of budgetary uncertainties. These delayed decisions regard staffing and engagement of personnel, as well as plans for the staff training. The period of preliminary orientation could also be affected, as budgetary constraints may impose restrictions on permissible training time. However, contingency training program plans which include intensive on-the-job training, under which incoming personnel will be apprenticed to personnel at the first Center, may compensate for telescoped training programs originally planned for four weeks.

The third and fourth Centers for this program have already been designated by FOMECCO. These are already existent structures requiring renovation. On-site assessment of remodelling, equipment and personnel needs is required and will be carried out.

A revised list of equipment necessary for the maternity services has been prepared following an evaluation of suitability, duplicability and long-term utility of the equipment ordered for the first two centers. Consideration has also been given to logistical problems the new expanded network of centers may create for the Mama Yemo Hospital support services.

Program development plans considered during this period included the following:

- a) Staffing Patterns for an Urban MCH/FP Center They included guidelines for numbers of personnel for each grade, broad task distribution and promotion of polyvalent use of personnel, both semi-skilled and professional, in team relationships. The staffing proposals have been agreed to in principle and suggested number of personnel will be hired for the second center. The staffing requirements were arrived at as a result of the following considerations:



- 1) The urban MCH/FP center must contain a core of professional health personnel in order to be competitive with other urban health institutions, i.e., while we offer new things, we can't offer less to a relatively sophisticated population with fairly well-defined "curative" health felt needs. Thus, while lower grade personnel can assume higher responsibilities, they cannot entirely replace the nurse, as the primary care deliverer.
  - 2) The total number of staff depends on the size of the center, particularly on the size of the maternity, and dimension of the population the center is designed to service. Other considerations are availability of personnel, supervisory and administrative capacity. A 50-bed center serving a population of 100,000 for ambulatory maternal and child health and a population of 200,000 for maternity services. was proposed as a model. The staffing requirements worked out for such a center are 25 professional and 25 semi-skilled personnel.
- b) Administration and Supervision: Major emphasis during this period was given to devising an effective system for administration and supervision of the centers to sustain the quality of health services and insure the continued development of individual center as well as network programs. The formation of a Coordination Team composed of an administrator, maternity and pediatric nurse, pharmacist/laboratory technician, and physician was proposed. This team would provide a multi-disciplinary approach to operational requirements of individual MCH/FP centers, and an area MCH/FP program. Each team would be responsible for approximately five MCH/FP centers. The team concept, we hope, will have a triple advantage:
- 1) eliminating the "indispensable" man that often plagues middle-level managements' needs in developing countries, as it will be able to function with one or two members absent and the team as a whole will be able to train any replacements;

- 2) enable the program to expand rapidly without suffering from administrative and supervisory inadequacies. Efforts of the team will be extended to training of new Coordination Teams;
  - 3) allow higher level personnel to be used as efficiently as possible in giving them multi-center responsibilities, while reducing the need for large numbers of such personnel, who are hard to find and difficult to support financially. Such a Coordination Team could provide the model for administering and supervising an urban and rural MCH/FP network.
- c) Urban MCH/FP Network Planning: At the request of the MCH Council, the ORT Technical Assistance Team worked together with FOMEKO on several program proposals for broadening the MCH/FP base in Kinshasa. These proposals covered the establishment of an "Under-Fives" Clinic in the Mama Yemo Outpatient General Dispensary, the integration of General Dispensary services with those of MCH/FP centers, the infrastructural and manpower requirements of an urban MCH network, and standardization and coordination of existing MCH services. These proposals raise fundamental economic, personnel, administrative and training issues that need to be examined critically in assessing the viability of MCH/FP centers as an efficient and effective intervention in health delivery systems.

##### 5. Baseline Community Survey

The question of a baseline community survey is still pending. Several alternative solutions have been proposed, which range from doing a modified survey in the zones served by the first center to implementing a full-scale survey in the area to be served by the second center. The most professional and reliable group in Kinshasa which can undertake surveys of this kind is the National Office for Research and Development (ONRD) and their resources are already stretched to the limit, so it is doubtful whether they can make any commitments in carrying out the survey. One strategy followed for the moment is that of incorporating certain research aspects into on-going

activities. For example, during a recent urban anti-measles campaign, a limited nutrition survey, developed by AID, ORT and the ONRD, was carried out. Preliminary analysis of the results has indicated that the all Kinshasa incidence of malnutrition is about twice that observed among "under-fives" seen at the Burumbu MCH Center. Further analysis by zone will provide clearer indications of the nutritional status of populations of the zones and that of the groups we have succeeded so far in reaching. Impressions gained during home visits suggest that, indeed, the center is reaching a select socio-economic group and that greater effort must be directed to motivating groups at risk or in need of services to make use of the center as well as making services of the center more accessible to these people.

#### SCOPE OF ACTIVITIES OF THE ORT TEAM VIS-A-VIS CONTRACT OBJECTIVES

##### 1. Recruitment of Technical Assistance Teams

The two outstanding members of the technical assistance team were recruited during this period. The second public health nurse, following her arrival in Kinshasa after orientation and language training in Geneva, began working with the center personnel on strengthening the activities of the Under-Fives Clinic. She has instituted a refresher course program and helped the pediatric nurses further expand the home visiting program.

The Government of Zaire approved the third ORT candidate, Dr. W. Van Pelt, presented for the position of public health physician/team leader. He visited Kinshasa in May for consultations with FOMEKO authorities and ORT team members to discuss the program. After a period of language training, he will return to Kinshasa to take up his position on a full-time basis. Until now, the ORT team members have worked closely with a FOMEKO physician, temporarily assigned to the project as medical coordinator, and with the head of the MCH Council, who provided significant leadership in many aspects of program development.

The first public health nurse is now spending full time on curriculum development, organization of training programs and preparation of teaching materials. The management specialist continues to work on the administrative and logistical needs for the MCH/FP network, latterly on the distribution system for family planning materials.

## 2. Development and Implementation of MCH Training Programs

As noted above, work is continuing on the preparation of training syllabi and course contents for staff of the MCHLFP centers. The most practical form of preparation for staff of MCH clinics continues to be short-term (approximately one month) orientation courses for nurses who have recently graduated or who have had previous experience working in hospitals, as well as persons engaged for non-nursing tasks. Emphasis is placed on shaping positive attitudes toward public health, objectives of the center and its integrated services, health education and motivation, and improvement of relevant diagnostic and treatment techniques.

Concurrent efforts are made to identify capable non-nursing personnel who can assume responsibility for higher level para-medical tasks, which can be performed under nursing supervision. These persons are now chiefly drawn from graduates of non-accredited nursing schools who are engaged for domestic support tasks. If para-medical education reforms permit these persons to be phased into nursing ranks, simple specialized task training for infant weighing, vaccination, cookery demonstration and health education could be given to all junior personnel, thereby greatly enlarging the available pool of staff for major MCH activities.

The upcoming training program, planned for the end of September, will prepare 25 nurses and 25 junior staff for the second center. A four-week syllabus, lesson plans and lesson summaries, along with recommendations for teaching methods and performance evaluation have been produced. The ORT public health nurse, coordinating the training program, is working closely with the local nursing supervisory personnel so as to impart

skills in organizing orientation for staff of other centers in this program and for periodic in-service refresher programs at the centers.

Because of certain constraints which may frequently necessitate modifications of the course schedules, a flexible approach with several alternative training modalities is needed. The center is viewed as a potential training ground for a broad spectrum of new and existing personnel from a variety of organizations hosting current MCH services or capable of initiating them. In this regard, the ORT public health nurse is working with nurse supervisors on refresher course cycles for present staff which can also provide internship opportunities for nursing, administrative personnel or individuals interested in public health in general or in MCH/FP programs in particular. Local nursing students and graduates as well as many foreign nurses who come to Zaire do a short internship at the center. The University Nursing School has also begun to send students for between semester in-service training. Of interest as well is the fact that other university faculties have encouraged students to analyze certain facets of the center. Two graduate students of the Faculty of Economics have done cost benefit studies in public health programs using the center as a model.

### 3. Establishment of Operational Guidelines

Operational guidelines are necessary for administration and supervision, staffing, equipment needs, integration of services, role of the physician, and logistics in addition to operational costs, for an MCH/FP program in an urban setting. During this period, operational areas which require unique urban solutions were defined, and tentative proposals, alluded to in other sections of this report, were formulated based on the first six months experience of the center. These are generally viewed as working hypotheses which will be substantiated, modified or found unsuitable over the next period as they are tested in relation to running more than one center at a time. One of the results in testing their practicality should be the development of simplified systems models. Local staff participating in planning activities will have an opportunity

to develop skills necessary for these activities. A major goal is to decrease fragmentation and duplication in overlapping health programs.

#### 4. Candidates for Overseas Training

In view of the team approach to nursing supervision and administration, possibilities for organizing overseas training programs for a group are being considered. One proposal has been a study tour of various MCH/FP projects in other African countries, which are at different stages of development. This would be a useful and balanced training, which would strengthen the multi-disciplinary team approach and increase the potential benefits of longer, more specialized training outside of Africa.

#### 5. Distribution Network for MCH/FP Materials and Information

There is a fairly dense infrastructure of health centers in Zaire, many of which could be suitable environments for the Desired Births program. Kinshasa, particularly, benefits from networks of MCH-oriented institutions run or supported by state, international and private organizations, which could integrate family planning activities into their services in the near future if nursing personnel could receive proper training. Standardization of services could be assured through effective supervision and, if the support could be mustered, among the leadership of the various institutions.

With the opening of the second MCH/FP center in October, there will be three functioning Naissances Desirables clinics in Kinshasa. In the following months, two more will probably be added to the network with the inclusion of the two other MCH/FP centers planned for this project. It is possible, if the above conditions can be met, that more centers could host the family planning clinics. Experience gained in the present centers on optimal means of integrating family planning into existing health programs should facilitate the process of expansion as well as help us determine the most favorable location for family planning clinics.

With these possibilities in the offing, ORT was asked to assist in developing a basis for a distribution system which would be :

- 1) applicable both to small and large networks;
- 2) fit into the current structure for planning and directing the program; and
- 3) provide local personnel with administrative experience in running the distribution system.

Distribution of contraceptives, to be centered in the Mama Yemo Hospital, will be based on a system that anticipates needs by calculating utilization trends over three-month periods. Distributions will be made every three months, and a series of special records designed for this system will allow the program director and administrator to continually assess the inventory, utilization and requirements of each participating clinic and the entire program. For the moment, transport of contraceptive materials will not be a problem, and it is hoped that it can be avoided in the future by having each center assure its own transport facilities.

Dissemination of information is still handled on a person-to-person basis through special motivation sessions in the MCH/FP center or by word of mouth transmission in the community. The mass media have not yet begun to play a role in the systematic production of programs for health education awareness and motivation, though a number of initial steps have been taken following the visit of President Mobutu to the Center on 2 July to broadcast a number of programs about the MCH activities, particularly the nutrition demonstrations, on local television. Several televised discussions about the Naissances Desirables program are planned for the immediate future; however, the potential of using mass media for more purposeful, directed national health education campaigns needs study.

### TARGETS FOR THE NEXT SIX-MONTH PERIOD

1. Establish training and operational guidelines for Coordination Teams in supervising several centers simultaneously.
2. Refine operational guidelines for MCH/FP centers and test adaptability to extension of activities in additional institutional situations.
3. Continue work of current phase in development of curricula and organization of in-service and internship training programs.
4. Study feasibility and means of using mass media in public health in graded education programs.
5. Implement a modified baseline survey.
6. Draw up plans for the second phase of program expansion.

### CONCLUSION

A suitable urban structure for delivery of integrated MCH/FP services is being developed. The President's visit to the center gave considerable impetus to public health programming. It is hoped that it will soon be possible to apply the model developed at the center to a broad spectrum of health institutions. Some of the requirements for sound administration and supervision to guarantee continuity and quality of services have been identified. These must now be applied for decision making as well as for daily operational activities.

The activities in the center must respond to the felt needs of the community and must attempt to make the community aware of other vital factors in its well-being which the services in the center can help ameliorate. If these programs can be run in conjunction with those in other institutions and can be reinforced and supplemented by the educational programs in the schools, the mass media and other community-based institutions, the MCH/FP center can be a more effective intervention in improving general community health standards as well as the health of the maternal-child group.



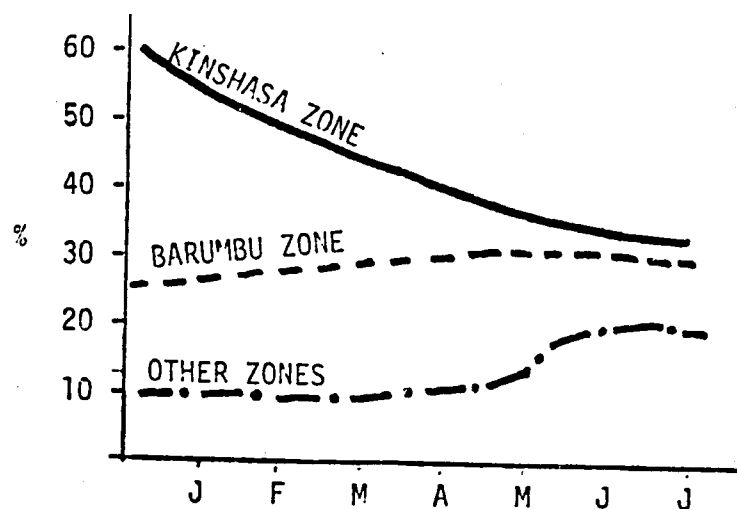
FAMILY PLANNING CLINIC

Month	Total No. Women Motivated	Total No. Women Acceptors	Place of Contact			Contraceptives Selected				
			Under Five Clinic	Post Partum Ward	Outside Clinic	IUD	Pill	Depo-Provera	Condom	Tubal Ligation
APRIL	54	50	29	14	11	30	2	16	-	2
MAY	47	40	15	15	17	22	3	14	-	7
JUNE	58	58	7	39	12	40	4	13	7	-
JULY	108	108	2	67	39	49	4	53	-	7

UNDER FIVE CLINIC UTILIZATION

Month	Total Attendance	Born at Center	Biweekly Daily Average		First Visit	Return Visit	Vaccinations Total
JAN	409	35	14	18	360	49	161
FEB	640	148	25	29	340	64	296
MARCH	903	298	35	38	420	483	535
APRIL	1262	565	57	46	480	782	785
MAY	1639	829	66	65	603	1036	991
JUNE	1756	946	65	82	505	1257	1028
JULY	2344	1340	84	90	537	1607	1139

DISTRIBUTION BY ZONE



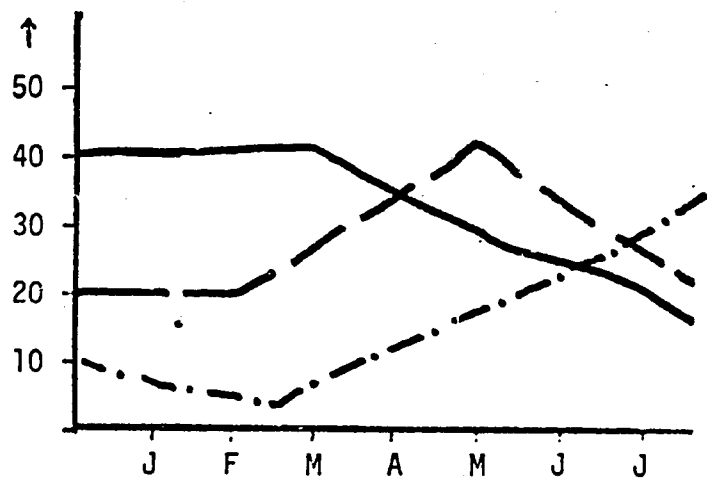
MATERNITY UTILIZATION

Month	Deliveries Total	Biweekly Daily Average	
JAN	122	2.87	5.44
FEB	208	6.43	8.42
MARCH	279	8.83	9.43
APRIL	324	9.93	11.5
MAY	357	11.5	11.5
JUNE	387	12.0	13.5
JULY	356	12.0	12.0

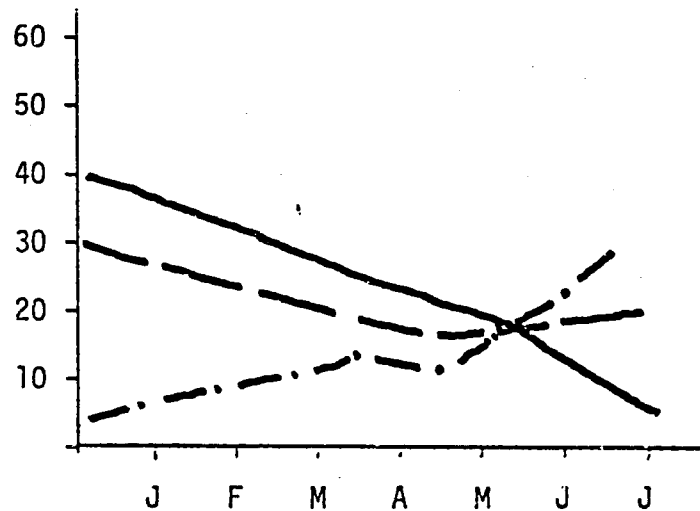
THE NATAL CLINIC UTILIZATION

Total	Biweekly Daily Average	First Visit	Return Visit
586	20	30	507
848	29	42	419
908	37	47	437
1.072	36	46	500
1.332	49	57	502
1.154	49	47	349
1.390	54	50	540

DISTRIBUTION BY ZONE



DISTRIBUTION BY ZONE



CONTRACT NO. AID/CM/PHA-C-73-9ORT - MATERNAL AND CHILD HEALTH/FAMILY PLANNING PROJECTADMINISTRATIVE REPORTI. Expenditures under Contract, April 17, 1973 - June 30, 1974

Salaries	\$	81,956.05
Consultants		6,345.00
Fringe Benefits		19,145.03
Travel and Transportation		13,813.53
Allowances		15,973.44
Other Direct Costs		8,954.37
Overhead		8,941.41
		<hr/>
	Sub-Total	\$ 155,128.83
Fixed Fee		1,551.29
		<hr/>
	Total	\$ 156,680.12

II. Personnel Employed under ContractA. Field Staff

Saul Helfenbein, Management Specialist  
 Frances Rutledge, Public Health Nurse  
 Immetje Nieboer, Public Health Nurse

B. Geneva Backstopping Staff

Susi Kessler, M.D., Technical Coordinator  
 Abraham Ahav-El Goldstein, Pedagogical Coordinator  
 Eugene B. Abrams, Ann Gooch, Management  
 André Levy, Bookkeeper  
 Mauricette Feller, Secretary-Bookkeeper  
 Marjorie Agabekov, Florence Koechlin, Other Administrative

C. New York Backstopping Staff

Hyman Wachtel, Management  
 Donald Wein, Procurement Officer  
 Tsipora Dichter, Secretary