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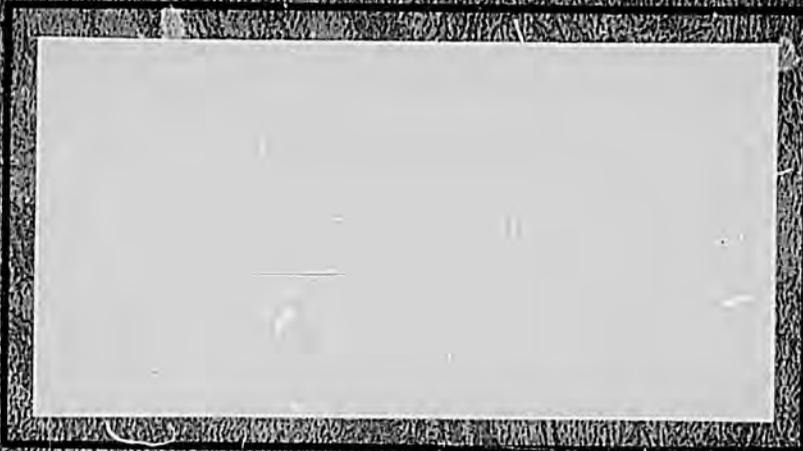
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AN ASSESSMENT OF POPULATION/
FAMILY PLANNING PROGRAM
ACTIVITIES IN ZAIRE

A Report Prepared By:
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PREFACE

Assessment of population/family planning program activities in Zaire required close scheduling of appointments with a large number of resource persons over a period of seven weeks. (See Appendix A for listing of resource persons). We therefore wish to acknowledge the assistance provided by both the Washington-based staff and those in Zaire during the conduct of the needs assessment. Background information provided by the American Public Health Association, USAID/Washington and USAID/Kinshasa staff in Zaire and the Population/Family Planning Program facilitated the review process.

In particular, I wish to acknowledge the contribution of: Rob R. Robertson; Joseph W. Jacobs; Bernice Cartier; and Cityenne Mbalayi wa Mujojo.

The field work, including data gathering and meeting with Zairoise contacts, could not have been carried out on schedule without the assistance of the following:

The Reverend Ralph and Mrs. Florence Galloway, Counselors in Maternal Child Health/Family Planning/ Family Life Education, The Church of Christ in Zaire (ECA), Kinshasa;

Dr. Henry Nelson and Mrs. Kathryn Nelson, Medical Missionaries, Tshikaji, Kasai Occidental; and

Dr. Walter Hull, Medical Director, and the entire staff of the Institut Medical du Chretien, Kananga (IMCK).

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EXECUTIVE SUMMARY

The purpose of this assignment was to assess the current status and future needs of the population/family planning (POP/FP) program in the Republic of Zaire during the period of October 12 - November 30, 1979. In its request for consultation, USAID/Kinshasa requested that the following specific areas be covered:

- o verification of in-country contraceptive supplies and review of future requirements;
- o role of U.S. intermediaries;
- o use of mass media in stimulating awareness of POP/FP activities; and
- o assistance required to promote sex education in the schools.

The consultant was also requested to consider ways of integrating family planning in the Area Nutrition Development Project (ANDP), and, as time permitted, to draft AID inputs for the Maternal Child Health/Family Planning (MCH/FP) Project. These USAID projects are to be implemented in Fiscal Year 1981. 1/

Worsening economic conditions in Zaire have caused severe deterioration of the infrastructure in all sectors of government. 2/ Although financial constraints preclude a substantial budgetary commitment for the health sector, the Government of Zaire/Department of Health (GOZ/DH) will support, to the extent possible, program expansion to the rural populations in which family planning will be integrated with existing MCH services. The government of Zaire officially supports the concept of birth spacing (desired births) as a health measure, but has set no goals for fertility reduction per se.

Delivery of integrated MCH/FP services in an urban setting has been well established with AID assistance. 3/ U.S. intermediaries, particularly Pathfinder Fund and Family Planning International (FPIA) have made substantial contributions in the training of health personnel, in producing educational materials and in extending family planning services to rural areas. The International Planned Parenthood Federation (IPPF) provides administrative and operational budget support for the National Committee for Desired Births (CNND), a quasi-government organization. The CNND distributes contraceptives and works closely with the government and church missions in program development. The U.S. Peace Corps has assigned 30 of its 200 volunteers in Zaire to the health sector and makes its radio network available. An estimated 75 percent of health care in the regions is provided by the church missions. The Eglise du Christ au Zaire (ECZ), an organization representing Protestant missions, serves a network of 64 hospitals and 500 dispensaries, with programs in every region. Perhaps for the next 10 to 15 years, the extension of

integrated MCH/FP services may well be carried out through the ECZ network, in collaboration with the GOZ/DH and CNND.

In-country contraceptive supplies are adequate, based on the present and projected level of usage, except for depo provera injections and intrauterine device (IUD). If services can be extended to meet demands, supplies may need to be increased in the 1981-82 pipeline.

Sex education in the schools has full support of the Department of Education. Courses are now being given in Kinshasa and Bas Zaire. With UNESCO assistance, extension to the other regions is expected within the next two years. However, interim support to help build a cadre of trainers for the regional programs is needed.

Progress in getting family planning services established in Zaire has been slow. However, respondents with whom this subject was discussed all feel that the time is right for rapid expansion of integrated MCH/FP services. Opportunities for programming in the regions exist despite the constraints of transportation and communications, and the severe deterioration of the health infrastructure. In fact, the provision of integrated MCH/FP services may be the best avenue to address the health needs of the rural population.

Donor inputs, bilateral and intermediary, should be designed to help the Department of Health, the CNND and the church missions build on existing resources and services. By upgrading existing dispensaries and maternity centers, and by training nurses and auxiliary personnel in family planning methods, program extension can be relatively inexpensive and cost-effective.

Of special note, AID/W should proceed, without delay, in filling the Population Officer position for the USAID Mission. This assignment constitutes a precondition for implementation of the whole range of POP/FP activities in Zaire.

During the period of consultation, requests were made for technical assistance in a number of program areas. The CNND asks for help in developing a viable logistics and communications system, a data collection/analysis system, operational research and assessment of training and educational material requirements. A need also exists for participant training relevant to program leadership and policy formulation. Also, short-term consultation has been requested to help establish a nurse-midwifery association in Zaire, with international affiliation.

The changing roles of women in the Zaire society deserves further research and documentation. With increasing urbanization and shifting of populations in the regions, traditional cultures and tribal affiliations show signs of accelerating change.

A more complete discussion of specific recommendations appears at the conclusion of each chapter.

I. INTRODUCTION

Scope of Work

The purpose of this assignment was to assist the USAID Mission in Kinshasa to review and update information on family planning activities in the Republic of Zaire. Since August of 1978, the Mission has been without a Population Officer, and AID/W efforts at recruitment have not been successful. Thus, a short-term consultant was hired to assess current family planning activities and to advise on AID's role in program development in FY 81 and beyond.

While the seven-week consultation helped fill the gap, the need to assign a full-time Population Officer to the Mission remains critical. AID/W lists Zaire among the top priority countries in Africa for POP/FP program assistance. USAID/Kinshasa considers the assignment of a Population Officer to be a pre-condition for Mission implementation of POP/FP activities, in particular the proposed MCH/FP Outreach Project scheduled for FY 81.

The in-country consultation period was from October 12 through November 30, 1979. The Mission briefing, coupled with a review of POP/FP files, helped to establish data sources and to identify resource persons to be contacted in each of the areas listed in the scope of work. Introductions were arranged with resource persons and conferences scheduled. Organization and operational procedures for MCH/FP clinics in Kinshasa were observed. Visits were made to supply center at Mama Yemo Hospital (MYH) where the CNND maintains its stock of contraceptives, and to the central medical depot of the Department of Health (DCMP). Due to the unreliability of air travel, field visits to observe family planning programs in the interior regions were limited. Only one visit to the region of Kasai Occidental (West Kasai) was made because of its potential as the site for the proposed MCH/FP Outreach Project.

In Kinshasa, the two principal sources of information were the National Committee for Desired Births (Comite National des Naissances Desirables - CNND), and the coordinators for the Church of Christ in Zaire (L'Eglise du Christ au Zaire - ECZ). The CNND was created by the President in 1975 to carry out the national program for desired births. The ECZ is the network of Protestant church missions which provides family planning services in some 64 hospitals and 900 maternity centers and dispensaries.

Country Profile

The Republic of Zaire is an almost totally landlocked country straddling the equator in the heart of Central Africa. Through it flows the mighty Zaire River (formerly called the Congo), one of the largest rivers of the world, second only to the Amazon in volume (40,000 cubic meters per second). With this river and its tributaries, Zaire possesses an estimated one-sixth of the world's potential hydroelectric power. The natural resources of the country are among the richest in the world. Its mineral wealth exceeds any other African nation. It is also rich in coal and wood and has vast potential for development of agriculture and industry.

Despite its rich resource base, Zaire is a relatively poor country with current per capita income around \$100-125. Unemployment is substantial and is increasing amidst rapid population growth and large-scale rural-urban migration. ^{5/} The topography is diverse, ranging from the mountains of the East, marshes in the Northwest, savannahs in the North and South Highlands, scattered woodlands in the Southeast, to a dense equatorial rain forest in the central basin. Total area is 2,345,000 square kilometers, or about the size of the United States east of the Mississippi.

Demographic Profile

Rural population density varies from less than six persons per square kilometer in the rain forest and savannah regions to more than 75 per square kilometer. The average density is 11 persons per square kilometer.

Selected socioeconomic indicators have been compiled from various Zaire, U.S. and World Bank sources: ^{6/}; ^{7/}

Size (1979 estimate): 25.5 millions
 Percent urban (1975 estimate): 28.7
 Migration - rural to urban (1965-1970): 8.4%
 Population Growth (Includes immigration): 3.2%
 Vital Rates (Average 1965-1970)
 Crude Birth Rate: 47.8/1,000 population
 Crude Death Rate: 23.8/1,000 population
 Natural increase: 2.4%
 Infant Mortality Rate: 150-200 per 1,000 live births
 Child Mortality Rate (0-5 years): often quoted as high
 as 500 per 1,000, but regarded as unreliable and
 probably too high
 Life expectancy at birth: Male - 45.2; Female - 47.8
 Population under 15 (1979): 11,796,000 (46%)
 Population over 65 (1979): 642,400 (2.5%)
 Females 15-44 (1979): 5,444,400
 Married Females 15-44: Not available
 Literate population: Estimated between 32-65%
 (General literacy has been estimated as low as 20%) ^{8/}

It should be noted that current, accurate population data for Zaire are lacking, although demographers have attempted to construct reasonable estimates from various small-scale surveys conducted since the administrative census of 1970. The Area Handbook for Zaire states that in 1970 inhabitants of 11 largest towns constituted nearly 15 percent of the total population. ^{8/} Kinshasa, by far the largest city, now has an estimated population of 3,000,000. Lubumbashi and Kananga rank next with nearly 500,000 each. Map 2 in Appendix C shows the urban centers of Zaire in 1975. ^{6/}

Zaire has five principal ethnic groups: Bantu - 60 plus percent; Sudanese - 20 percent and the balance - Hamite, Nilote and Pygmy. The country is inhabited by more than 200 tribes speaking as many as 250 dialects.

Health Sector

An excellent source of background information on the Zaire health sector is to be found in the U.S. Department of Health, Education and Welfare document Syncretism: The Dynamics of Health, an analytical series of the interactions of Health and Sociological Development; Vol. XIV: Zaire. 5/ The document was prepared in 1975 at a time when the Zaire government seemed to be making progress toward national development. The country was emerging from a 15-year period of civil upheavals and economic reversals following independence from Belgium in 1960. However, in 1975, Zaire entered a new socioeconomic crisis that has remained largely unresolved. (See Chapter 4: The Economy, p 190, Area Handbook Series on Zaire, 1979). 8/

Prior to 1960, the Belgian government had instituted in Zaire (then called the Belgian Congo) one of the most extensive health systems in Africa. Hospitals and dispensaries made health services accessible throughout the country. Professional staff, however, was almost entirely expatriate Belgians. Not a single Zaire doctor was trained. With the exodus of doctors and nurses in 1960, the comprehensive health delivery system was almost completely destroyed.

Gradual rebuilding of the health infrastructure has had assistance from numerous donor groups. The gap in professional health personnel was filled in the immediate post independence period with doctors and nurses provided by the World Health Organization, church missions, and various countries. A medical school was created in the National University of Zaire. With the help of the Rockefeller Foundation, curricula for the training of doctors and nurses have been revised to more closely fit the needs of Zaire. 9/

A 1977 report of the Department of Health lists 1,723 physicians, of which 1,151 are Zairois and 572 are foreigners. All nurses are Zairois: 3,523 nurses; 871 nurse midwives; 1,044 auxiliary nurses, and 1,905 auxiliary nurse midwives. The quality of medical education has not been uniform. For the training of nurses, curriculum revision, with the help of Dr. Inez Durana of Rockefeller, is credited for the rapid upgrading of nursing graduates in the government-run training institutions in the past four years.

Health resources in Zaire are seriously maldistributed. Existing facilities and manpower are highly skewed to Kinshasa and the regional capitals, to the relative exclusion of the rural areas where approximately 74 percent of the people live. 5/ Lack of adequate and timely statistics impedes assessment of the health situation and the planning of programs. There has been a lack of strong leadership at all levels, with little incentive for health workers to serve in rural areas. Even in urban areas there have been severe shortages of medical supplies. For example, inability of the Zaire economy to generate foreign exchange has made procurement of drugs and pharmaceutical supplies almost impossible, for both the public and private sectors.

Rapid population growth severely handicaps the government in any attempt to establish or maintain a viable health infrastructure. At the current estimated growth rate of three percent, Zaire's population would double in just 23 years. Thus, public services would have to double in 23 years, just to keep

pace with the present levels of service. Inflation of from 40 to 100 percent annually poses another formidable constraint.

It is generally accepted that in Zaire the approach for delivery of health services will require integration of basic curative medicine with a preventive program of MCH services. Mothers coming to clinics for themselves or for their children will bring health problems which they expect personnel to treat. Thus, meeting the basic needs for curative care provides an entree for acceptance of preventive health care.

II. CONTRACEPTIVE SUPPLIES

This chapter focuses on verification of in-country contraceptive supplies and a review of future requirements. It also contains a review of logistics and communications problems as they affect contraceptive supply to outlets in the interior of the country.

Except for depoprovera, which is supplied by the International Planned Parenthood Federation (IPPF), contraceptive supplies for the Zaire family planning program are centrally funded and made available by AID through U.S. intermediaries. FPIA is the main provider, although the Pathfinder Fund includes some contraceptives in projects involving provision of services. Large shipments are usually made by sea, which requires transshipment by rail from Zaire's seaport at Matadi to the capital at Kinshasa. Smaller shipments sent by air are received at the international airport at Kinshasa. Routes to the interior are by air, or by a combination of river and rail transportation.

Up to the present, shipments by sea have been consigned to the Fonds Medical de Coordination (FOMECO), an organization under the Bureau of the President responsible for providing health/medical services for metropolitan area of Kinshasa. Contraceptive supplies are stored in the supply center of Mama Yemo Hospital (MYH), FOMECO's 1800 bed hospital. This supply center is well managed and meticulously clean. Contraceptive supplies are released only on order of CNND, the National Committee for Desired Births.

The desired births (family planning) program was originally placed under FOMECO because program operations were only in Kinshasa. In 1975 CNND was created with responsibility for development of the desired births programs in the eight regions of the interior. Thus, CNND is the responsible organization for distribution of contraceptives to outlets in the interior.

CNND currently lists 97 outlets. These outlets were established in already existing government, church mission, and company medical institutions. As of October 1979, CNND reported outlets as follows: Kinshasa, 19; Bas Zaire, nine; Bandundu, nine; Equateur, 13; Haut Zaire, six; Kasai Oriental, 14; Kasai Occidental, four; Kivu, 17; and Shaba six. 10/

Of the 97 outlets reported, 77 are in government facilities, many of which are operated in cooperation with church missions. These are the 97 outlets recorded by CNND as having requested contraceptive supplies. The list does not reflect satellite service outlets supplied by these outlets. For example, in Kasai Occidental the Institut Medical du Chretien au Kananga (IMCK), a church mission, provides contraceptives for more than 30 satellites. Also, the Reverend Ralph and Mrs. Florence Galloway, ECZ consultants, were adding some 45 more outlets established in their visits to the interior or in Kinshasa.

Essentially, all of these outlets offer pills, IUD's, condoms, and depoprovera injections. Sterilization must often be accomplished on a referral basis. Distribution of contraceptive supplies functions outside the Department of Health distribution system. The Depot for Medical Supplies (DCMP) is not now capable of carrying out its prescribed function, but eventually should do so.

Verification of contraceptives on hand was possible only for the supplies at the MYH supply center. Only a few service outlets report back to CNND concerning stock on hand, or, for that matter, when they receive CNND shipments. This has created a special problem in resupplying the outlets. In clinics visited by this consultant in Kinshasa and in Kasai Occidental, supplies were observed to be adequate and up-to-date records were maintained at the clinics.

Delivery to destination is usually arranged by the requesting agencies, each with its own logistics system. Most of the contraceptive shipments to the interior go by air. Some of the church missions have their own planes, or are served by Mission Aviation Fellowship (MAF), which has recently added a Cessna 404 cargo carrier to its fleet of small planes.

In-Country Supplies and Future Requirements

Table 1 presents CNND's three-year review of contraceptive supplies, as of November 26, 1979. Table 2 presents data on orals and condoms from the AID printout for the period 1979-1983. The drawdown on orals noted in Table 1 for 1979 approximates the anticipated usage shown in the AID analysis. It is noted that 1979 drawdown by CNND is almost triple that for 1978. The pipeline projection allows for increased usage, and would seem to be adequate through 1983. However, with many new outlets in the interior, the drawdown should be carefully monitored in 1980 and 1981.

For condoms, the distribution of 474,000 pieces as of November 26 was already at the level of the 1979 annual projection noted in the AID printout. Pipeline supplies for 1980 would seem to be adequate, even with a moderate increase in distribution. However, if distribution rises sharply in the first two quarters of 1980, an increase in procurement to at least 200,000 would be warranted.

IUD's will soon be in short supply. CNND estimates 1980 requirements for at least 10,000 more, with delivery early in the year. Depoprovera has been a consistently popular method of fertility control. In 1978, when the supply ran out temporarily, the clinics in Kinshasa reported that this method was preferred by 39 percent of the acceptors, as compared with 33 percent for the pill, 15 percent for the IUD and 14 percent for condoms. Many users either shifted to other methods, or dropped out.

Table 3 shows usage by method for 33 clinics responding to a CNND questionnaire, covering 1978.

For the first six months of 1979, clinics of Mama Yemo Hospital and its satellites reported preferences were only 20 percent for depoprovera, as compared with 28 percent for orals, 28 percent for IUD's and 23 percent for condoms. However, CNND believes the popularity of depoprovera will result in a sharp increase in usage if adequate supplies can be assured. CNND places the 1980 requirements at 50,000 units. IPPF reportedly has only 3,000 units in the 1980 pipeline.

Table 1
Contraceptive Supplies 1977-1979

Inventory	1977	1978	1979
<u>Orals (cycles, 000's)</u>			
Beginning of year stock	178	160	201
Received during the year	- 26	78	90
Distributed during year	- 41	37	100*
End-of-year stock	160	201	191*
<u>Condoms (Pieces (000's)</u>			
Beginning of year stock	2,104	1,338	1,153
Received during the year	6	--	737
Distributed during year	772	185	474*
End of year stock	1,338	1,153	1,416*
<u>IUD's (Unit -1)</u>			
Beginning of year stock	6,100	24,000	13,600
Received during year	27,000	--	200
Distributed during year	9,100	10,400	6,603*
End-of-year stock	24,000	13,600	7,197*
<u>Depoprovera (Unit -1 cc)</u>			
Beginning of year stock	61,500	24,500	--
Received during year	--	1,000	35,670
Distributed during year	37,000	25,500	16,670*
End-of-year stock	24,500	--	19,000*

Source: National Committee for Desired Births, inventories reported for 1977, 1978, and 1979, as of November 26, 1979.

Notes: An additional 75,000 cycles of orals will be added to the inventory in 1979.

CNND also has a stock of oral 28's. 56,000 cycles were received in 1977, with 26,398 cycles remaining as of November 26, 1979.

DCMP, the Department of Health supply depot, has a stock of 30,000 cycles of orals received in 1970. DCMP has received no requests for this item for several years.

Table 2

Contraceptive Supplies - Zaire: Program Analysis
of Orals and Condoms, 1979-1983

Inventory	1979	1980	1981	1982	1983
<u>Orals</u> (cycles, 000's)					
Beginning of year stock	190	215	270	400	570
New Supplies (Plus)	150	235	400	570	770
Less Use (Minus)	-125	-180	-270	-400	-570
End-of-year stock	215	270	400	570	770
<u>Condoms</u> (000's)					
Beginning of year stock	1,440	1,680	1,040	1,540	2,190
New Stock (Plus)	720	50	1,540	2,190	2,960
Less Use	- 480	- 690	-1,040	-1,540	-2,190
End-of-year stock	1,680	1,040	1,540	2,190	2,960

Source: AID printout

Table 3
 Acceptors, by Method, for 32 Clinics Responding
 To CNND Questionnaire, 1978

M E T H O D	Rural Clinics (28)		Kinshasa, MYH (4)		Total	
	No.	%	No.	%	No.	%
Orals	4,275	48.4	2,792	32.7	7,067	40.7
Depoprovera	1,213	13.7	3,319	38.9	4,532	26.1
IUD's	1,565	17.7	1,291	15.1	2,856	16.0
Condom	1,327	15.0	1,077	12.6	2,404	13.9
Tubal Ligation	289	3.3	43	0.005	332	0.2
Vasectomies	3	-	-	-	3	-
Other	143		7		150	
T O T A L	8,815		8,529		17,344	

Note: CNND Questionnaires were sent to 90 service outlets.

With further extension of family planning services in the interior regions, drawdown on supplies could increase sharply in 1980 and 1981. CNND, with Pathfinder assistance, is establishing regional branches. Three branches have been organized in Bas Zaire, Shaba and Kivu regions, and others will be established within the next two years. FPIA and PF are assisting the CNND and the church missions with a number of projects extending family planning services to new areas. The AID MCH/FP Outreach Project to be implemented in FY 81 and the Area Nutrition Improvement Project will also substantially increase the areas served.

Logistics and Communications Problems Affecting Distribution to the Interior

All transportation systems -- land, water and air -- have deteriorated in recent years. There are practically no all-weather roads in the interior outside major cities. Land convoys still travel to the interior, but with extreme difficulty, particularly in crossing the many rivers and their tributaries. Ferry services are not dependable. River transportation, once excellent when combined with rail connections, has deteriorated because of shortage of spare parts to maintain equipment and the high cost of fuel. Air transport by the national airlines faces similar problems, pilferage is a problem for river and rail shipments.

But despite these formidable constraints, there are ways to move commodities. Church missions have their own small aircraft which link stations in the interior. Mission Aviation Fellowship (MAF), based in Kinshasa, has recently purchased a Cessna 404 capable of handling a cargo of 1,000 kilos. This service could be used by AID, U.S. intermediaries, or the government to move contraceptive supplies to regional points, if such depots were established.

Telephone and cable communications between Kinshasa and the regions are not reliable, and often not operative. Postal service is slow and unreliable. However, some organizations maintain radio networks. The three most extensive systems are maintained by Catholic Missions, the U.S. Peace Corps and the national airlines. The measles vaccination project and the AID agriculture division operate radio communications with their projects.

The Peace Corps is in touch daily with its volunteers in every regional capital, and in turn with PCV's in rural areas. CNND and the ECZ church missions have been invited by the Peace Corps to use this network. This could reduce the problems CNND has been experiencing in receiving requests for re-supplies and in verifying shipments, as well as for other uses in monitoring the program in the interior.

Recommendations

- o To assure that service outlets in the interior will have a reliable and continuous source of contraceptive supplies, a national network of supply depots should be established, utilizing strategically located church mission or government facilities. This network already exists, but not in an organized way that meets service needs.

- o CNND should be more aggressive in determining the requirements for their service outlets, and routinely make sure that these outlets have at least a six month's supply on hand. Outlets should be advised to reorder early to allow enough lead time for resupplies to reach them, given the problems of logistics and communications.
- o CNND has requested and should receive the technical assistance offered by the Communicable Disease Center (CDC) to improve the logistical supply system. The USAID Mission has requested that this assistance be provided as soon as a Population Officer has been assigned to the Mission.
- o Similarly, CNND has requested and should receive technical assistance to improve the collection and analysis of service statistics and to design appropriate research and evaluation studies. Westinghouse is providing this kind of technical assistance.
- o For the short term, the existing logistical resources must be used to assure that the family planning services can go forward. However, ultimately the logistical system of the Department of Health should be reinstated. This can be accomplished as part of the process now in progress under the Health Systems Development project in building the health infrastructure.
- o Distribution of contraceptives through commercial outlets presently has little impact on the program because of high prices which close the accessibility to the poor. The possibility of subsidizing this channel of distribution, assuring low prices, could be explored.

III. ROLE OF INTERMEDIARIES

This section of the report contains a review of program assistance provided to Zaire through intermediary organizations. Intermediaries include International Planned Parenthood Federation (IPPF), Family Planning International (FPIA), Pathfinder Fund (PF), Population Council, JHPIEGO (Johns Hopkins), and others.

U.S. intermediaries have played a major role in the development of family planning services in Zaire, particularly in the extension of services to the interior regions. Pioneering work, responding principally to interests coming from church missions, was being carried on in the early seventies. Most of the program extension involving increasing intermediary assistance has occurred since 1975.

In 1975 Dr. Sabwa Matanda, then director of the desired births program in Kinshasa, was named to head the National Committee for Desired Births (CNND) and members of a National Desired Births Commission were appointed. In 1976, Dr. Sabwa began implementation of a national program with financial and technical assistance from IPPF, the Population Council and USAID, in collaboration with resources of the government and private voluntary organizations.

Pathfinder and Downstate University assisted in the training of nurse trainers, some at Downstate and some by Downstate trainers in Kinshasa. With continuing Pathfinder Fund assistance, these trainers have now trained over 100 others engaged in the delivery of family planning services in every region of Zaire.

Pathfinder has assisted the CNND and the church missions in various ways. Observation tours were arranged for nurses and other program staff to observe family planning programs outside Zaire. Fact-finding surveys were conducted by CNND in the regions to aid in program planning. An ECZ team studied traditional cultures relating to birth spacing in three regions (the two Kasais and Shaba) in 1976-77. ^{12/} In those visits the ECZ conducted local seminars, stimulating the organization of many of the 100 service outlets now in the program.

Pathfinder and FPIA each have supported small scale projects of training, promotion and services ranging from \$10,000 to \$100,000. Currently, FPIA has six projects totaling \$225,000 which will assist church missions and CNND in the introduction or expansion of motivational and service programs in Bas Zaire, Kasai Occidental, Haut Zaire, Bandundu and Kinshasa. International Project for Voluntary Sterilization is initiating fertility (and infertility) projects in Kinshasa, Lubumbashi and Bukavu. JHPIEGO provides individual grants to physicians for training in sterilization techniques. FPIA now provides centrally funded contraceptive supplies for distribution through CNND. (IFFP supplies depo provera).

The Population Council has provided a total of \$428,000 in sub-grants to the National University of Zaire (UNAZA) since 1972 in support of teaching, research and staff development in the Department of Demography. Some 40 statisticians and demographers now serve in various GOZ departments. Support from Population Council is phasing out. The university has a request pending with UNFPA to continue donor support.

Rockefeller Foundation sent a team of experts to Zaire in 1973 to assess the role of the university with respect to the health needs of the country. ^{9/} Also with Rockefeller assistance, a consultant in nursing education, Dr. Inez Durana, worked with the nursing schools in revision of the nursing curriculum to more adequately meet the needs of Zaire.

Observations

Working relationships between representatives of the various intermediaries, USAID/Kinshasa, CNND, the ECZ and other Zaire recipients appear to be excellent. Although projects assisted by the several intermediaries are conceived separately, each seems to have a special impact for the Zaire family planning program. With the needs as great as they are, there is no overlapping in the support efforts.

In the past, projects were often developed to meet requests from various church missions, with very little coordination in the country. This fragmentation of donor inputs has changed in recent years with the formation of the network of missions under ECZ, with headquarters in Kinshasa. Much of the improvement is due to the untiring work of the Reverend Ralph and Mrs. Florence Galloway. With their Zaire counterparts, they have traveled extensively in the regions, holding seminars and training nurses and nurse auxiliaries. They have served as trouble shooters and expeditors in getting supplies to service outlets, as counselors, trainers and educators, and are highly respected by the GOZ, CNND and their own organization.

There still remains a need for better in-country collaboration in program development. CNND does not have field staff to adequately assess local needs. A firm national plan for development of family planning services has not emerged. Because central staff are not available to serve the new regional branches, these branches are not performing well. CNND expects to employ several field workers in 1980 or 1981 with IPPF support. Pathfinder, which assisted in establishing the branch committees, will also assist in strengthening the branches.

Dr. Marasha Marasha, PF representative posted in Nairobi, in his visit to Zaire in November reported that PF, IPPF and FPIA will begin holding donor conferences in Nairobi in February. This should result in better focus on country needs and improve coordination.

The intermediaries have kept USAID/Kinshasa well informed of their activities. However, the mission is handicapped by being without a Population Officer. This position has been vacant since August 1978, leaving a void in

the mission's capability to help in family planning program development, particularly with respect to coordination of intermediary inputs.

With the increased financial support coming from IPPF, the status of CNND within the government remains unclear. It had been anticipated that CNND, with responsibility for national programming under the Bureau of the Presidency in FOMECO, would become a part of the Department of Health. However, neither FOMECO nor the Department of Health had provided budget support. Now, as an associate of IPPF, the CNND is assured of a firm operating budget. Respective roles of the Department of Health and CNND need clarification, with both taking appropriate responsibility for MCH/FP services. The IPPF support will not meet all of CNND's needs, requiring continued assistance from other intermediaries and USAID.

Recommendations

- o Present programming through U.S. intermediaries should continue. They can respond with relative ease, compared to the time required to implement a bilateral program. Their assistance in motivational and service projects can go forward simultaneously with bilateral programming. In the short-term, assistance of intermediaries may be needed at an even higher level to facilitate program expansion. It is the general view of donors and service providers that conditions are favorable for rapid expansion of integrated MCH/FP services. This will necessitate improvements in logistics and communications, better training of personnel and greater efforts in motivation and education.
- o Several of the original nurse trainers forming the CNND training cadre have left the program. They need to be replaced, which suggests nurses trained by them could be selected for further training at Downstate. A strong cadre of trainers should be maintained at the national level, as well as in the regions. It is recommended that a survey be conducted to find out where nurses trained in the CNND program are now located and whether they are employed in family planning activities. CNND does not have this information at the present time.
- o As noted elsewhere in this report, AID/Washington should give high priority to the recruitment and placement of a Population Officer in the Zaire Mission. This would serve to improve coordination in-country for the programming involving the various U.S. intermediaries.

IV. USE OF MASS MEDIA

Included in this chapter is a review with CNND of the use of mass media in publicizing existing family planning services. The press, radio, and TV services have given the desired births program excellent coverage since inception of CNND in 1975. The CNND has a journalist on its staff, in the section on Information, Education and Communications. She releases articles on availability of family planning services, and arranges press coverage of feature articles and special events. Various CNND staff and community leaders appear on radio and TV. Citoyenne Tshiebue, the CNND nurse trainer at Mama Yemo Hospital clinics, appears weekly on radio and TV, either in person or with recorded messages on family planning (desired births).

The public relations/education officer of ECZ moderates discussion panels on TV twice a month. These panels are made up of leaders from various segments of society. Their discussion of social issues covers such topics as family planning, abortion and the socioeconomic implications of family size and population pressures in the urbanization process.

Observations

Although coverage of family planning activities may not be as extensive as it was at the beginning of the program, CNND provides a regular flow of information to the media. The CNND is cautious concerning emphasis on population control, the primary focus being on child spacing as a health measure for mother and child.

There has been some hesitation to moving too fast with motivational programs until service outlets can be established to meet the demand. However, the conditioning of the general public is progressing. Now that resources are improving for the extension of services, particularly through the church missions, the motivational program is being stepped up.

Although documentation of dissemination of family planning messages to the interior is sparse, there is some evidence to support the contention that radio can be used effectively to reach rural populations. The Galloways reported that in their trip through Equateur in October, villagers in remote areas had heard the family planning messages on radio and wanted birth spacing help.

There is concern that government capability to maintain radio transmitting facilities is deteriorating, affecting the quality of shortwave reception in the interior. There are battery-operated radios in every village. However, reports indicate that many villagers cannot afford to replace batteries, which are comparatively expensive and often of poor quality.

TV stations are being established in population centers outside Kinshasa, but coverage will remain limited to regional cities and to those who can afford a set. TV provides an excellent channel for reaching key people in the Zaire society, whose understanding of population growth and its effects on socioeconomic development is needed for support of the national program.

Programs are prepared in the local language in those areas that have radio stations. Although French is the official language, many villagers do not understand French, even though they may be fluent in several local dialects.

Recommendations

- o It is recommended that the USAID Population Officer, when assigned to Post, confer with CNND, ECZ and radio and TV staff to assess the requirements for financial assistance.
- o Both the CNND and ECZ have inquired about training for their media personnel. They would like to send candidates to the Bogue workshop at the University of Chicago, to attend courses presented in the French language. This was discussed with Griffith Davis, DS/POP/IEC, and a representative from the Bogue Workshop staff in Washington on return of this consultant from Zaire. Courses in French will be offered, either in Chicago or a French speaking country in Africa. Training for the three candidates now qualified to take the course is recommended.

V. SEX EDUCATION IN THE SCHOOLS

Chapter V is concerned with a review of assistance requirement for implementation of GOZ-approved introduction of sex education in the schools. Sex education was introduced into the school curriculum in Kinshasa in September 1977. This formal action by the Minister of Education had been preceded by a series of meetings of a CNND subcommittee with the Department of Health, the Department of Education and Parent-Teacher Associations. This group recommended that sex education be provided to both primary and secondary level students. A policy statement by the Minister of Education in April 1977 gave official sanction to the program. The Minister continues his full support for the program, which this year was introduced in the region of Bas Zaire. With anticipated UNESCO assistance, the program will eventually be extended to all regions.

Observations

The driving force behind the successful introduction of sex education in the schools is Sister Betsy Brock, who is employed by the Minister of Education as Director of Family Life Education. Sister Betsy has authored a series of booklets used as texts in her courses. She has developed teaching manuals and slides to go with texts, used by teachers she has trained to teach six different courses at the secondary level. Sister Betsy is an accomplished photographer and illustrator.

In 1978, the program reached 5,237 boys and girls in the Kinshasa secondary school system. Courses have not yet been introduced in government primary schools, but are being taught to girls in three parochial schools. Programs for young couples 18-20 are being offered in the parishes, stressing responsible parenthood.

The Department of Education has not yet provided adequate budget support for the sex education program. Miss Betsy has kept the program going through use of personal funds, assistance from her diocese and small donations from various sources. One donor, Miserior of West Germany, gave 10,000 deutsche marks in 1979 for the purchase of a camera, projectors and other audiovisual equipment.

Sister Betsy has been meticulously thorough in developing curriculum and in training training teachers to handle the subject. Before courses are introduced in the classroom, meetings are held with church, school, parent and civic groups to obtain their approval. A committee of educators is also formed. Now that sex education courses have been introduced in Kinshasa and Bas Zaire secondary schools, Sister Betsy has developed plans to extend the program to the remaining seven regions. A cadre of ten teacher-trainers and one supervisor will be formed in each region. Plans call for the introduction of courses in the primary schools as well.

UNESCO has offered to assist in developing the national program. Sister Betsy indicates the Department of Education will not be ready for the UNESCO

program until 1981. In the interim, she is building a cadre of about 25 trainers and staff. To accomplish this, she will need donor support of \$25,000-35,000. A formal request for this interim support will be made to FPIA. A regional FPIA representative is scheduled to visit Zaire from Nairobi in January.

Recommendation

It is recommended that USAID/Kinshasa and AID/Washington support the sex education program in Zaire by approving the anticipated FPIA project proposal. Some equipment is also needed, such as battery-operated slide projectors for secondary schools that have no electricity.

VI. FAMILY PLANNING ELEMENTS OF NUTRITION PROJECTS

Chapter VI is intended to provide pertinent information concerning family planning elements of current Nutrition Planning Project and the Area Nutrition Improvement Project under development. Malnutrition, in combination with parasitic and infectious diseases, is reported to be associated with 60 percent of morbidity and mortality among children under five years of age in Zaire. Infant mortality is estimated to be 150-200 deaths per 1,000 live births. Mortality is also high in the second and third years of life, during the post-weaning period. Malnutrition and anemia severely affect pregnant women and mothers as well.

High child mortality causes a substantial upward pressure on national fertility rates. Traditionally, women wanting to have five living children would have ten to 15 pregnancies. The negative effects of excessive pregnancies on the health of the typical rural Zairian woman is clear. (See Syncrisis, Chapter V - Nutrition, pp 71-83, for an excellent overview on nutrition in Zaire). 5/

The AID/Nutrition Planning Project was initiated in January 1978 under contract with Tulane University. Originally planned as a two-year project, it has been extended three months, through March 1980. The Area Nutrition Improvement Project will build on experience gained in the first two years, reaching mothers and children in five rural areas.

Observations

The National Nutrition Planning Project has moved effectively toward project objectives in the two years of its existence. A National Planning Center was established by the President under an ordinance that gives the Center permanency. The Center now has a staff of 120 trained Zairois personnel and five expatriates. Baseline studies on the type, severity and causes of malnutrition have been conducted in three areas, Kinshasa, southern Bandundu and in the famine area of Bas Zaire. Intervention programs have been introduced in the last six months. The project, which has had excellent cooperation from the GOZ, has set up a logistical support system and has trained managerial staff.

Data from the baseline studies are now being tabulated on computers at Tulane University. The studies included questions on family planning practices. In the spring of 1979 some 3,500 women, 80-90 percent in childbearing age, were asked about contraceptive usage. The areas selected for the survey included Lingwala, in the older area of Kinshasa near the grand market; Bumbu, a poor area of the Cite, where an MCH/FP clinic is located, and Kimbanseke, a more rural section of Kinshasa that is receiving large numbers of rural immigrants, many of which are in the younger age brackets.

Analysis of the data must await the computer printouts. However, a preliminary scanning of the responses would indicate the number of women with a contraceptive method is very low. The younger group in the Kimbanseke area

showed a higher percentage of sterility -- 4.8 compared with 0.5 and 0.2 in the older areas of Kinshasa. This would bear out the contention that sterility due to venereal infections in the rural areas may go untreated. Pere Joseph Boute, head of the demography department of the National University, is of the opinion that the birthrate in Kinshasa has increased rather than decreased with urbanization because rural women are treated when they move to the city, and become fertile again.

The National Nutrition Planning Project (NNPP) has tested the methodology for interventions to be applied as services are extended to other areas. The follow-on Area Nutrition Improvement Project will extend to at least five rural areas over the next three years.

There already exists strong linkages between the nutrition and MCH/FP programs. The National Nutrition Planning Center staff supports the concepts of integrated services and realizes the impact each program has on the other. Dr. Miatudila, a member of the CNND board of directors, also serves as a consultant to the NNPP. He has broad experience in MCH/FP program development. As director of outpatient services at Mama Yemo Hospital during the years of the ORT MCH/FP project, Dr. Miatudila organized the MCH/FP project clinics at Barumbu and Bumbu.

The NNPP now has an arrangement with TV-Radio Zaire to conduct/present programs on nutrition, and including the subject of family planning. The project will also use mass media. Programming will also be done in local languages. As suggested above, there is a natural linkage between the nutrition and MCH/FP programs in any operational research that may be carried out.

Recommendations

- o To assure closer coordination between the NNPP and the CNND, a more formal linkage should be established. A liaison committee might also include representatives from the church missions and the GOZ/DH. This would serve as a regular communications channel to keep each abreast of program activities and alerted to look for ways to strengthen services through better integration.
- o There are several points where cross-fertilization of ideas and actions would have synergetic effects. The cross training of personnel to improve the counseling services for mothers is one very important area. The siting of services, many of which are rendered in MCH/FP clinics, should be planned jointly. Conferences involving staff of the two programs would have very positive spin-offs. Lessons learned in delivery of services in areas covered by the nutrition intervention program are applicable to delivery of MCH/FP services in other areas and vice versa. The bottom line should probably be that all health services provided for mothers and children should be integrated MCH/FP and nutrition education services.

VII. MATERNAL CHILD HEALTH/FAMILY PLANNING OUTREACH

The following is a discussion of inputs for a Project Implementation Design (PID) for the MCH/FP Outreach Project to be implemented in FY 81. This program area was to be addressed, time permitting, after the other program areas were covered. Time did not permit the drafting of the PID, but considerable information relevant to MCH/FP Outreach project was gathered. The one field trip possible during the visit was made to Kasai Occidental region because that area meets most criteria for the siting of the proposed MCH/FP Project.

As noted in the previous chapters on distribution of contraceptive supplies and on the role of intermediaries, MCH/FP services are being extended to every region of the country. Most of the projects supported by U.S. intermediaries are small scale, responding to local interest in family planning services. Church missions particularly are initiating new services or are expanding the service areas.

The general acceptance of family planning services integrated with maternal and child health services has encouraged the CNND and the ECZ to extend services to new areas as rapidly as possible. This expansion is still on an ad hoc basis. What has been lacking in program extension is a national plan and a better mechanism for coordination among the various service providers. Logistical support is not adequately assured for the remote service outlets. CNND is not yet staffed to provide technical backstop services to their branches. Data on program operations and contraceptive usage are not available. Yet, despite these constraints, much progress has been made.

The MCH/FP Outreach Project will be a successor to the MCH/FP Project carried out in Kinshasa between 1973 and 1977 by AID contract with the Organization for Rehabilitation Through Training. Under the ORT project two pilot MCH/FP centers were established as forerunners to GOZ development of a national delivery system for integrated MCH/FP services. The demonstration, although urban based, developed an organizational structure and operational procedures which should be replicable in a rural setting. Training of a cadre of nurse trainers under the ORT program has established the training base for program expansion.

Observations

MCH/FP Project, Kinshasa

A visit to the project clinics at Mama Yemo Hospital, Barumbu and Bumbu found these clinics functioning smoothly, at near capacity, two years after the project was completed. The four basic services -- prenatal, maternal and postnatal care, family planning, and services to children under five -- were being carried out in orderly fashion. Group sessions on family planning motivation and nutrition education were in progress. The clinics are providing practical training for medical and nursing students.

In this program nurses perform almost 100 percent of the clinic services, referring to hospital physicians only those patients with medical complications. Nurses sent here for practical training from the CNND courses assisted by Pathfinder return to hospitals and clinics in all sections of the country. The training at Mama Yemo Hospital can be utilized in preparing staff for the rural program of the MCH/FP Outreach Project.

MCH/FP Outreach Project

The original design for this project called for 16 new MCH/FP centers to be established, two in each of eight major population centers in the interior of the country. Each clinic would replicate, with appropriate modifications, the organizational structure and operational procedures of the ORT program. Each center would serve as a hub for satellite facilities, reaching a population of about 100,000.

To avoid undue dilution of effort, it is recommended that the program be phased, starting in one area to demonstrate various approaches that can be improved under controlled conditions before replication in other rural areas. Criteria for selection of a suitable Phase 1 site were considered. The site should be reasonably accessible and the project should have the sanction and participation of both the Department of Health and Regional Director of Medical Inspections. There should be existing facilities and staff on which to build. An existing MCH/FP program, although limited in scope, would be an advantage.

Kasai Occidental, approximately 800 kilometers east of Kinshasa, meets those criteria. It is accessible by air. The Mission Aviation Fellowship can transport supplies for the program. Both the Department of Health and the Regional Medical Inspector would support the project. This was discussed with Dr. Nkondi, head of the Fourth Directorate, Department of Health, who is responsible for rural health programs. In Kananga the siting was discussed with Citoyen Bazingi, Regional Director of Medical Inspections, and Dr. Tshihamba, General Secretary, Presbyterian Mission of Zaire, Kananga, and Chairman of the Board, Medical Institute at Tshikaji, a church mission hospital. The project was also discussed with Dr. Walter Hull, Medical Director of IMCK, Dr. Henry and Mrs. Kathryn Nelson, and others at the Institute.

Dr. Hull would like to see the project located in Kasai Occidental. The polyclinic he directs in Kananga has 30 satellite clinics offering integrated MCH/FP services. Mrs. Nelson, who has a doctorate in sociology and did her thesis in the region, and speaks Tshiluba, would be interested in staffing the project. Both she and Dr. Nelson have held a strong interest in primary health care and could be brought into the project on condition IMCK can replace them.

Kananga provides an excellent setting for the proposed project. It has a population of nearly 500,000, with some 200,000 forming the inner city. Beyond the inner city, the population lives in population clusters with all the characteristics of rural villages, yet easily accessible for program

services. The hub and satellite approach is practical for the larger towns and surrounding villages which stretch along the rail line north and south. Those towns could be reached as an early extension of the program.

If the project were sited in Kasai Occidental it could be extended in Phase 2 to Kasai Oriental, where a church mission is currently introducing MCH/FP services in the capital, Mouji Mayi. The Kasai site could also be used by the Department of Health for field operations for its planning section now being developed under the AID Health Systems Development project. The process now being developed by HSD should not be allowed to lapse when the project ends in August 1980.

Recommendations

- o The MCH/FP Outreach Project should be implemented as early as possible in FY '81. The USAID Mission will need assistance in program documentation. Again, the priority need is for assignment of a Population Officer to the mission.
- o Kasai Occidental should be considered as a Phase 1 site.
- o Centrally-funded program resources, such as the Family Health Initiatives Project, should be considered, to support POP/FP activities not covered by the MCH/FP Outreach Project. Training of paramedical, auxiliary and community personnel is another major area of need which could utilize centrally-funded support.
- o AID should view the Zaire needs as long term, i.e., 10 to 15 years, and be flexible enough to modify assistance to meet changing needs. What happens in other sectors, such as education, transportation, and agriculture may have as much impact in changing fertility rates as the delivery of health services.

APPENDIX A

List of Resource Persons

A. Washington

1. American Public Health Association - October 8, 1979

Suzanne Olds, Technical Assistance Director, International Health Programs
Barry Karlin, Project Director, Evaluation of Health Services

2. AID/Washington - October 9, 1979

Clifford Belcher, AFR/DR/POP
Michael Wiseman, Desk Officer, Rwanda (Background on Visit to Zaire)
Leonard Robinson, DS/POP/AFR
Harald Pedersen, Chief, POP/FPSD
Gerald Bowers, DS/POP/FPSD
Robert Haladay, DS/POP/FPSD
Anthony Boni, DS/POP/FPSD

AID/Washington - December 3, 1979

Joseph Speidel, DS/POP/DIR, and the Population Task Force
Carol Dabbs, AFR/DR/POP
Richard Metcalf, DS/POP/FPSD
Dallas Voran, DS/POP/fpsd
Griffith Davis, DS/POP/IEC
Barbara Kennedy, DS/POP/TI
Miriam Labbock, DS/POP/OR

International Conference of Midwives - December 3, 1979

Barbara Patterson, Program Director
Bui Quang Hue, Consultant

B. Zaire - October 12 through November 30, 1979

1. USAID/Kinshasa

Norman Sweet, Director
Rob R. Robertson, Public Health Officer
Joseph W. Jacobs, Public Health Advisor
Citoyenne Mbalayi wa Mujojo, Interpreter

2. USAID Contract/Project Personnel

William Guy, Project Director, Health Services Development (HSD)
Robert Franklin, Project Director, Nutrition Planning Center (NPC)
Jesus Rico-Velasco, Demographer, NPC
Samuel P. Perry, Project Officer, Measles Vaccination Program

3. National Committee for Desired Births (CNND)

Professor Mundere Sebuntu, President
Dr. Miatudila, member of the CNND board of directors
Citoyen Mwamba Muteba, Administrator/Director
Citoyen Mutumbi Kuku dia Bunga, Senior Program and Management Officer
Citoyen Musambu kan Mutango, Logistics and Supply Officer
Citoyen Bongwele Onanga, Chief, Evaluation and Research Section
Citoyen Nkosi Mbenga, Finance Officer
Citoyen Kazadi Polono, Chief, Information, Education and Communications Services (IE&C)
Citoyenne Mulelebue Issiki, Journalist, IE&C
Citoyenne Zawadi Mwenge, Social Worker, IE&C

4. Mama Yema Hospital Outpatient MCH/FP Clinics - MYH, Barumbu and Bumbu

Mrs. Troger, Director of Nurses, MYH
Citoyenne Tshiebue Mutomo, Nurse/Midwife Training Officer (CNND)

5. MYH Supply Center (Used by CNND to store contraceptives)

Citoyen Ntoya Mbwata, Chief, Supply Services

6. Central Medical Depot - Department of Health

Emile Braud, Pharmacist and General Director
Marcel Nelis, Coordinator

7. Department of Health

Dr. Nkondi Minkola Ndosimau - Chief, Fourth Directorate, Medical and Social Services

8. Department of Education
Sister Betsy Brock, Director of Family Life Education
9. University of Zaire
Pere Joseph M. Boute, Head, Department of Demography
10. Christian Churches of Zaire (ECZ)
The Reverend Ralph and Mrs. Florence Galloway,
Technical Consultants/Counsellors, MCH/FP/Education
Citoyen Nlaba Nsona, Director of Medical Services
Citoyen Diasotuka, Medical Officer, Yolo-Sud MCH/FP
Clinic
11. Methodist Mission Health Center - Mbuji Mayi (Kasai
Oriental Region)
Frank Dimmock)
Tom Wayman) Contact in Kinshasa
12. Church Mission Hospital -- Insitute Medical Chretien,
Kananga(IMCK) and Kananga(Kasai Occidental) Presby-
terian Mission
Dr. Walter Hull, Medical Director, IMCK
Dr. Henry and Mrs. Kathryn Nelson, Presbyterian Health
Project
Donald Johnstone, Hospital Administrator
Mrs. Mildred Washborn, Illustrator, Presbyterian Mission
Dr. Tshihamba Mukome, General Secretary, Presbyterian
Committee of Zaire, Kananga, and Chairman, IMCK Board
13. Regional Health Officials - Kasai Occidental
Citoyen Bazingi, Direcor, Regional Medical Inspections
Dr. Kinge, Medical Director, Kananga General Hospital
14. Donor Agencies - U.S. Intermediaries
Dr. Marasha Marasha, Pathfinder Fund, Sub-Sahara
Region, Nairobi
Dr. Claude J. Aguiillaume, Regional Director for Africa
and the Middle East, International Projects (IP)
Dr. Marilyn Schima, Director of International Pro-
grams, IP, New York
15. Donor Agencies - UNFPA
Dr. C.P. Malik, Assistant Country Representative, UNDP

16. US, Peace Corps

Timothy Manchester, Public Health Section (staff)
Maureen Delaney, PCV, Measles Vaccination Program,
Kinshasa

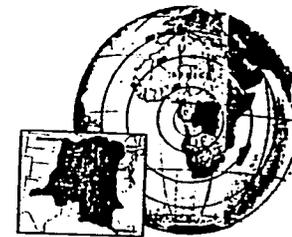
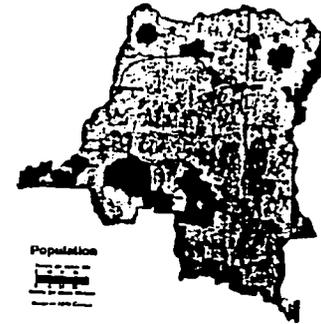
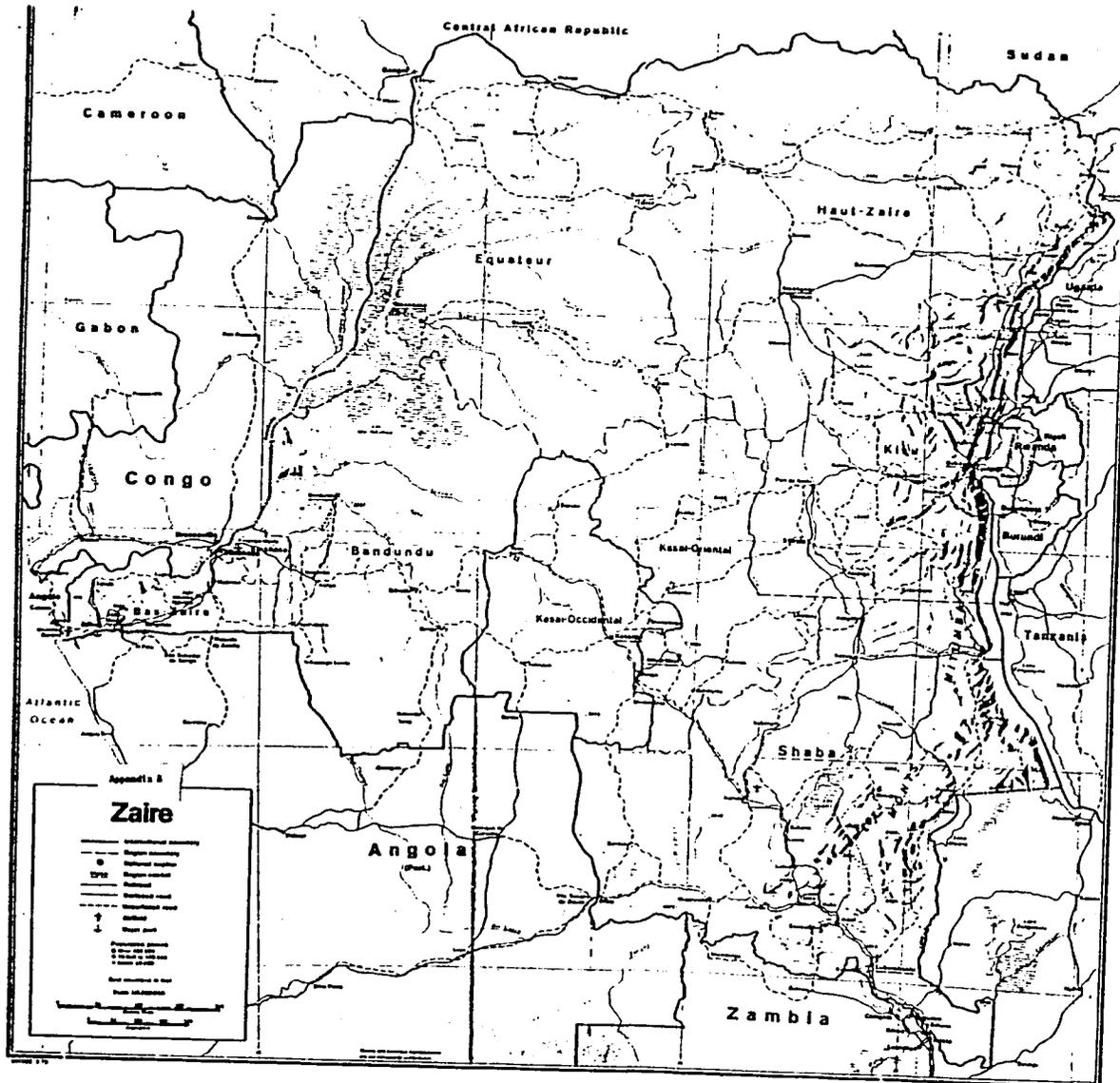
Linda Machado, PCV, Measles Vaccination Program, Bas
Zaire

Bonnie Wright, PCV, Paramedic Training in Community
Health, Kananga

Connie George, PCV, Paramedic Training, Laboratory
Technician, (IMCK), Tshikaji

17. Rural Health Development Project - Kongolo

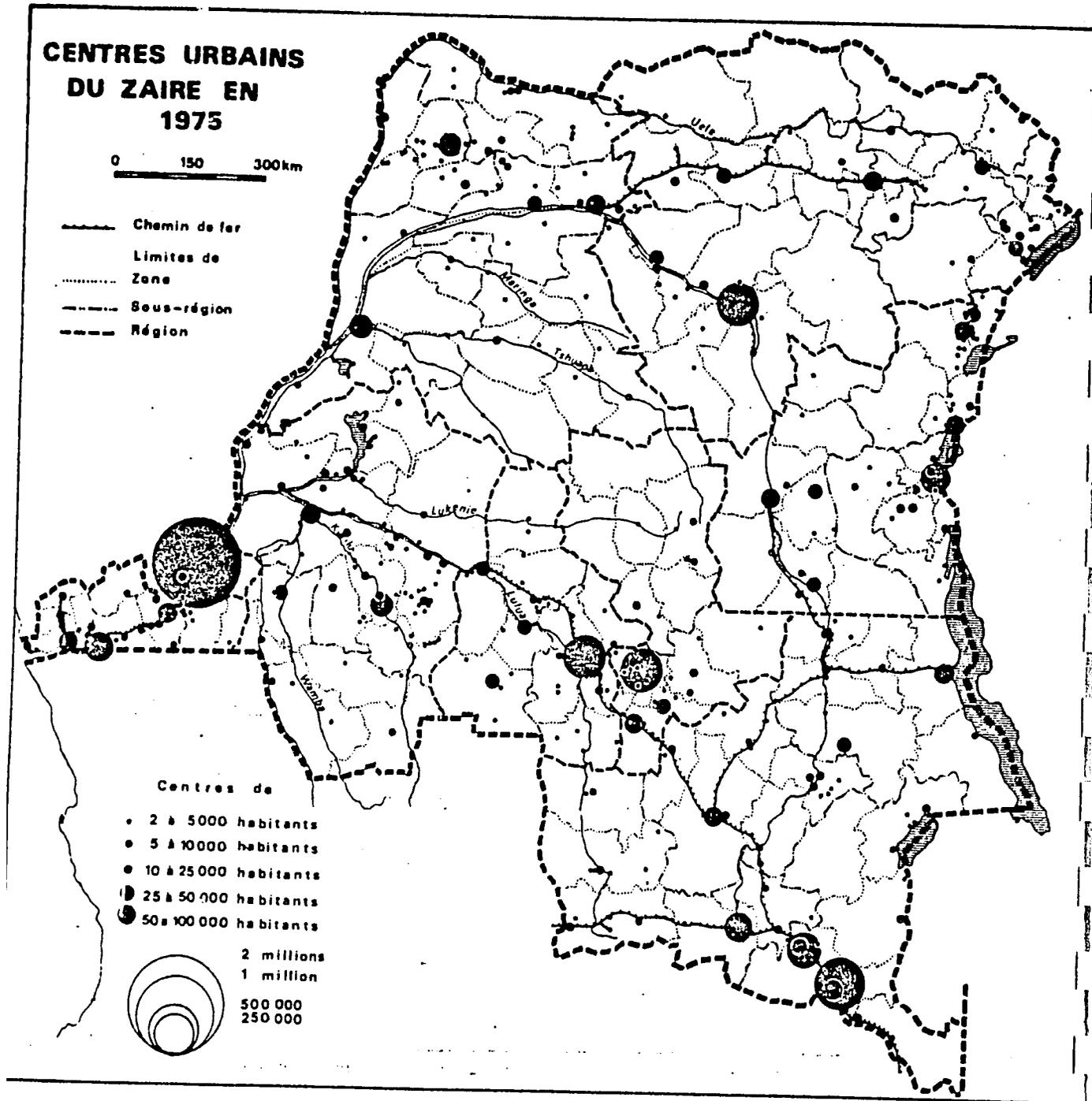
Diane Koehn, Project Coordinator, Health Systems
Development Project, Shaba Region (Contact in Kinshasa)



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APPENDIX B -2

Urban Centers of Zaire



Source: Perspectives Demographiques Regionales, 1975-1985,
Departement du Plan, Republique du Zaire.

APPENDIX C

References

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4. Public Health Division Files, USAID/Kinshasa
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6. Perspectives Demographiques Regionales, 1975-1985; Departement du Plan, Republic du Zaire; prepared by Joseph Boute and Leon de Saint Moulin, professors. Demography Department, University of Zaire (UNAZA), 1978
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9. The Role of the National University of Zaire with Respect to the Health Needs of Zaire; Report of a Consultative Group to the Rockefeller Foundation, May, 1973.
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APPENDIX D

List of Abbreviations

ANIP	Area Nutrition Improvement Project
CNND	National Committee for Desired Births
DCMP	Central Medical Depot
ECZ	Church of Christ of Zaire (Network of Protestant Churches)
FOMECO	Fund for Medical Cooperation, Office of the Presidency
FPIA	Family Planning International
GOZ/DH	Government of Zaire, Department of Health
HSD	Health Services Development
IMCK	Christian Medical Institute, Kananga
IPPF	International Planned Parenthood Federation
JHpiégo	PIEGO (Johns Hopkins)
MAF	Mission Aviation Fellowship
MCH/FP	Maternal and Child Health/Family Planning
MYH	Mama Yemo Hospital
NNPP	National Nutrition Planning Project
ORT	Organization for Rehabilitation Through Training
POP/FP	Population/Family Planning
USAID/K	United States Agency for International Development/ Kinshasa