

PN-APL-531  
150-14860



AN ASSESSMENT OF THE  
GOALS, ACTIVITIES, AND PERFORMANCE  
OF THE  
NATIONAL COMMITTEE FOR DESIRED BIRTHS,  
GOVERNMENT OF ZAIRE

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GOVERNMENT OF ZAIRE

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During The Period:

JANUARY 20, 1982 - FEBRUARY 10, 1982.

Supported By The:

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
(ADSS) AID/DSPE-C-0053

9365900

AUTHORIZATION:

Ltr. AID/DS/POP: 5/12/82

Assgn. No. 582135

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## EXECUTIVE SUMMARY

### Responsibilities of the CNND

The National Committee for Desired Births (CNND) was created by a presidential decree in 1973. The organization was given the following responsibilities:

- Identify all public and private organizations which, as a primary or secondary objective, are involved in advising and educating couples in desired births (i.e., family planning).
- Inform the organizations of the principle of desired births and help them to carry out more effectively their activities.
- Coordinate and evaluate the results of the organizations' activities.
- Design and organize, by all possible means, information and education (I&E) campaigns directed at the general population.
- Coordinate relations between national agencies and international organizations interested in the principle of desired births.

In addition to these functions, the organization has assumed the following additional responsibilities:

- Order, stock, and distribute contraceptive commodities.
- Plan, implement, and evaluate certain specific projects financed by external family planning (FP) donor organizations. This activity has included, in some cases, direct delivery of family planning services.
- Train personnel from various service delivery organizations in family planning information and service delivery techniques.

### Purpose of Evaluation

The consultants were recruited to make an up-to-date assessment of the National Committee for Desired Births, the associate of the International Planned Parenthood Association (IPPA). The evaluation was to provide information on the role of the CNND in the planned Family Planning

Services Project (660-0094) of the Government of Zaire (GOZ) and the Agency for International Development (USAID). The evaluators focused on the role of the CNND to date and its performance in fulfilling that role, and they made specific recommendations on what the organization's role should be over the next five years. In performing their tasks the consultants addressed the following specific areas:

- The CNND's goals and activities in support of these goals.
- The CNND's effectiveness as a coordinator of family planning activities in Zaire.
- The quality and usefulness of data collection and reporting.
- The quality and effectiveness of information and education programs.
- The relationship between staffing patterns and budgeting, and achievement of program objectives.
- The effectiveness of the program in alleviating constraints to expansion of family planning services in Zaire.
- The CNND's effectiveness in monitoring and evaluating projects funded through the CNND by other family planning donor organizations.
- The CNND's performance in ordering, stocking, and distributing contraceptive supplies.
- The CNND's in-country training capacity.

### Methodology

For this evaluation, the team relied on documents made available by the CNND, the USAID, the Eglise du Christ au Zaire (ECZ), the Armée du Salut, and others. In addition, the team conducted an extensive series of interviews with officials of these organizations, the staff of two family planning clinics, other service providers, and logistics organizations.

### Major Findings

The major findings of the team are summarized below.

1. To date, the CNND has not been able to play a wholly effective role as the coordinator of family planning services in Zaire.

There is little systematic coordination between the CNND and the major service providers.

2. Although the CNND collects service statistics, only a portion of the service providers is represented, and the required reports are cumbersome, repetitive, and of limited use for evaluation, budgeting, and programming. The collection of data has been hampered by the CNND's need to provide a separate series of reports to each of its intermediary donor agencies.
3. Information and education programs have consumed the largest part of the CNND's budget and staff time. The programs have been effective in reaching target groups and in creating a demand for services that is not being met at this time.
4. The staffing pattern and budget allocation are well-suited to the emphasis on information and education. Training, data collection, evaluation, and contraceptive commodity support receive a relatively small allocation of the budget and personnel resources. Their capability to effectively coordinate activities in these areas is, therefore, limited.
5. At this time, the CNND assigns a relatively low priority to the stocking and distribution of contraceptives. As a result, stocks are sometimes insufficient to meet demand. Depo-Provera, the most widely used contraceptive, seems to be in chronic short supply.
6. The CNND has not, to date, fully exploited its in-country training capacity and, as a result, has trained relatively few family planning workers in Zaire. Zairean personnel trained outside Zaire have not been used effectively to train others in-country.
7. The Three-Year Plan (1981-1984) of the CNND emphasizes information and education, as well as several other activities not directly related to immediate family planning service delivery. Infertility services and family life education (FLE) are examples of these activities.
8. The CNND does have a core staff of well-trained, willing workers who have been making an important contribution to family planning in Zaire.

### Recommendations

The team makes the following specific recommendations:

1. The CNND should make a programmatic, organizational decision to limit the extent of its activities over the next five years so

that it can devote its limited resources to the successful implementation of the activities it does undertake. Based on observations in the field, the following tasks could be undertaken:

- a. Actively coordinate all family planning activities in Zaire, using other organizations to deliver services. To strengthen this function, the procedures for affiliation of "antenna" clinics must be systematized to monitor activities more closely. Regional subcommittees should not rely on staff paid by donor agencies. This approach does not have a positive long-term effect.
  - b. Ensure the centralized ordering, reception, stocking, and release (at Kinshasa) of contraceptive commodities to service delivery organizations. The objective would be to ensure an uninterrupted supply to all service providers.
  - c. Coordinate or implement training for all personnel working in family planning service delivery. To facilitate this, the CNND's training service should be separated from the unit that provides information, education, and communication (IEC) services.
  - d. Gather and disseminate national-level service statistics with uniform definitions used at the subnational or agency level.
2. The International Planned Parenthood Federation (IPPF) should conduct an in-depth program evaluation of the CNND at least every three years.
  3. The IPPF should review its entire assistance package to the CNND, with an eye to increasing contraceptive commodities, especially Depo-Provera, and decreasing allocations for information and education activities.
  4. The USAID's planned urban Family Planning Services Project, or other sources, should provide the CNND with short-term technical consultants in logistics, service statistics, and recordkeeping.
  5. The CNND should prepare a comprehensive annual report. Although the CNND is not performing effectively the role of national coordinator of family planning services at this time, the evaluation team feels that if the recommendations set forth in this report are implemented (including reorientation of priorities), the CNND could assume this role, because it has a core staff of well-trained, capable professionals. Also, there does not seem to be any other Zairean agency that is capable of performing this function.

## Organization of Report

Detailed descriptions of the activities of the CNND are included in the attached report as essential background information. Also, recommendations on specific topics are scattered throughout the report. Some readers at the USAID missions and consultants working in Zaire may want to review the entire report for background and observations on which recommendations are based. Because this is a detailed report, the summary is longer than usual and can be used by other readers in combination with Chapter IV, "The Future Role of the CNND," for a comprehensive list of recommendations.

## ABBREVIATIONS

APHA	American Public Health Association
AVS	Association for Voluntary Sterilization
CDC	Centers for Disease Control
CNND	National Committee for Desired Births (Comité Nationale des Naissances Désirables)
CPS	Contraceptive Prevalence Survey
DCMP	Dépôt Centrale Médicaux Pharmaceutique
DPH	Department of Public Health
E&R	Evaluation and Research
ECZ	Church of Christ of Zaire (Eglise du Christ au Zaire)
FAZ	Armed Forces of Zaire
FLE	Family Life Education
FOMETRO	Fonds Médicals Tropicals
FP	Family Planning
FPIA	Family Planning International Assistance
GOZ	Government of Zaire
I&E	Information and Education
IEC	Information, Education, and Communication
IFRP	International Fertility Research Program
IP-AVS	International Project-Association for Voluntary Sterilization
IPPA	International Planned Parenthood Association
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device

JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MCH	Maternal and Child Health
OB/GYN	Obstetrics and Gynecology
PEV	Expanded Program of Immunization (Programme Elargi de Vaccination)
UNTZA	Union Nationale de Travailleurs Zairois
USAID	United States Agency for International Development

## I. ITINERARY AND SCOPE OF WORK

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### Itinerary

At the request of USAID/Zaire, AID/S&T/POP/FPSD, and the International Planned Parenthood Federation (IPPF), a team of consultants was recruited to evaluate the IPPF's associate, the National Committee for Desired Births (CNND). The two consultants worked in Kinshasa, Zaire, from January 20, 1982, to February 10, 1982.

### Scope of Work

The USAID mission in Kinshasa, Zaire, requested that a comprehensive assessment be made of the CNND's role in family planning in Zaire. The evaluators were to make specific recommendations on what the organization's role should be over the next five years (see USAID/Kinshasa cable, dated 17 December 1981). Specifically, the evaluators were to determine:

- the CNND's effectiveness as the coordinator of family planning (FP) activities in Zaire;
- the quality and usefulness of data collection and reporting;
- the quality and effectiveness of information and education (I&E) programs;
- the relationship between staffing patterns and budgeting, and achievement of program objectives;
- the effectiveness of the program in alleviating constraints to expansion of family planning services;
- the use of resources;
- the effectiveness in monitoring and evaluating projects funded through the CNND by other FP organizations; and
- the CNND's performance in ordering, stocking, and distributing contraceptive commodities and the CNND's in-country training capacity (using its own personnel and other local personnel).

This evaluation was done by Jay S. Friedman, of the Centers for Disease Control (CDC), and Dr. Jean LeComte, a consultant to the American Public Health Association (APHA). The assignment began on January 20, 1982, and ended on February 10, 1982. Discussions were held with all major organizations involved in family planning activities in Zaire, and an extensive review was made of the available records and documents of the CNND, USAID/Kinshasa, and others. It was originally intended that an official of the IPPF's subregional office in Lome, Togo, would participate, as the third member of the team, in the evaluation. Because this was not possible, the writers were requested by USAID/Kinshasa to personally brief officials of the IPPF's headquarters in London upon termination of their assignment. It was felt that this would facilitate implementation and follow-up of any recommendations through the IPPF's administrative structure.

## II. STRUCTURE, OBJECTIVES, AND ACTIVITIES OF THE CNND

although no de facto legal barriers exist today, contraception has yet to be legalized officially in Zaire.

The National Committee for Desired Births is a quasi-governmental institution, with "associate" status (as differentiated from "affiliate") with the International Planned Parenthood Federation. It draws its official status from a presidential decree, dated 1973. The CNND is composed of 12 members appointed by the president. IPPF funds support salaries for nurses at the largest family planning service center, Kinshasa's Mama Yemo Hospital, and other maternal and child health and family planning (MCH/FP) clinics. The CNND has received substantial core support (approximately \$250,000 each year) from the IPPF, including salaries and supplies of contraceptives. It also has served as a coordinating mechanism for assistance provided through the Pathfinder Fund, Family Planning International Assistance (FPIA), the Association for Voluntary Sterilization (AVS), and others.

The CNND is organized into subcommittees to deal with medical matters, technical concerns, technical research, education and training, legal and financial matters, communications, population policy, and sociological aspects. It employs 25 persons (approximately 17 professionals). Most of the staff are well-trained.

It is difficult to ascertain how much the CNND has stimulated the provision of family planning services in the 100 outlets in Zaire that are associated with the organization. One might ask whether it is merely responding to demand that already existed, particularly in the religious missions' family planning programs. It is clear, however, that the CNND has been part of the process to legitimize family planning in Zaire.

Modeled on the structure of the IPPF, the CNND consists of an executive committee, whose members are volunteers, and a paid staff of 25 persons. The committee originally had 12 members, but, over the years, the number was reduced to 7. The president of Zaire named the members in 1973, thus giving the organization a quasi-governmental status. This explains why the CNND is an "associate," rather than an "affiliate," of the IPPF. This status has a major advantage: The CNND has full operational access to all health facilities in the country, both public and private, as well as official status vis-a-vis other governmental agencies. This permits the CNND to assume an effective role as the national family planning coordinating body. A private affiliate of the IPPF might not be able to do this so easily.

In Zaire, unlike in many other countries, the delivery of family planning services is not the sole responsibility of a single agency (usually the Ministry of Health). In addition to the Department of Public Health (DPH), missionary groups, large private enterprises, trade unions, and other organizations play an important part in the delivery of medical care. Because of increasing demand, the medical services of these organizations have recognized the need to begin providing family planning services on their own, using the CNND or their own sources of supply.

## II. STRUCTURE, OBJECTIVES, AND ACTIVITIES OF THE CNND

### Background

The evaluators compiled selected socioeconomic indicators from a variety of Zairean, U.S., and World Bank sources. Zaire is the largest country in Central Africa. In mid-1981, its population was estimated to be 30.1 million. That figure is expected to double in 25 years. The population growth rate, which includes immigration, is 3.2 percent. It was estimated in 1975 that 28.7 percent of the population is urban. Migration--rural to urban--reached 8.4 percent between 1965 and 1970.

The crude birth rate for Zaire is 46 per 1,000 population. The crude death rate is 19 per 1,000 population. The natural rate of increase is 2.8 percent. At this rate, the population will double in 25 years. The infant mortality rate is 171 per 1,000 live births. The rate of mortality for children 0-5 years often is quoted as high as 500 per 1,000 population; however, this estimate is considered to be unreliable and is probably too high.

The life expectancy at birth is 45.2 years for males and 47.8 years for females.

In 1979, 11,796,000 persons (46 percent) were under age 15. In that same year, it was estimated that 642,400 persons (2.5 percent) were older than 65 years. The number of females 15-44 in 1979 was 5,444,400. Statistics on the number of married females are not available.

It is estimated that between 32 percent and 65 percent of the population of Zaire is literate. General literacy has been estimated to be as low as 20 percent.

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 Zaire's 11 largest towns constituted nearly 15 percent of the total population. Kinshasa, the largest city, now has an estimated population of 3,000,000. Lubumbashi and Kananga rank next, with nearly 500,000 persons each. (See An Assessment of Population/Family Planning Program Activities in Zaire, APHA, 1979, p. 2.)

Until 1973, the demand in Zaire for modern contraceptive methods was met to some extent by the private sector, although the provision of contraceptives was, technically, illegal. To provide a de facto legal framework for the delivery of family planning services in both the public and private sectors, the CNND was created by presidential decree. Curiously,

Similarly, certain Department of Public Health facilities also have begun to provide ad hoc family planning services by independently requesting affiliation to the CNND without going through official channels.

In addition, various intermediary organizations of the United States Agency for International Development (USAID) have provided support to family planning activities in Zaire through various small-scale projects. The CNND has been responsible for coordinating the activities of these organizations.

Because of the number and diversity of family planning providers, the coordinating role of the CNND is considered to be essential to ensure well-organized and controlled expansion of services. As coordinator, the CNND should ensure:

- uninterrupted supply of contraceptive supplies to all family planning outlets;
- the collection and analysis of reliable service statistics (with uniform definitions) from all family planning outlets to supervise and evaluate program progress at all levels; and
- the training of clinic personnel to ensure a high standard of service delivery.

In all these areas, the CNND has fulfilled its role as national coordinating agency with mixed success.

### Objectives

According to the presidential decree of February 14, 1973, which created the CNND, the organization was given the following responsibilities:

- "(a) to identify all public and private organizations which, as a primary or secondary objective, are involved in advising and educating couples in desired births, i.e., family planning;
- "(b) to inform these organizations as to the principle of desired births and to aid them to more effectively carry out their activities;
- "(c) to centralize and evaluate the results of their activities;

- "(d) to design and organize, by all possible means, information and education campaigns directed to the population at large; and
- "(e) to coordinate relations between national and international organizations interested in the principle of desired births."

The executive director of the CNND, Mr. Mwamba, described the long-term goals of the organization as they appear in the Three-Year Plan (1981-1984). The objectives are:

- to promote the health of mothers through birthspacing;
- to promote the health of children under 5 years of age; and
- to address the problems of infertility and subfecundity.

Mr. Mwamba stated that, to date, the CNND has concentrated its efforts on the achievement of the first of the three goals, primarily by carrying out information, education, and communication (IEC) programs and by dealing with the consequences of IEC programs (i.e., satisfying demand for family planning by establishing a network of CNND-affiliated outlets--"antennae"--belonging to service providers).

Little has been done to fulfill the second goal. Although the first CNND-supported family planning services at Mama Yemo Hospital, Kinshasa, were integrated with maternal and child health activities, they are no longer integrated. However, they will be integrated once again when the CNND-staffed and supported Family Planning/Maternal-Child Health Clinic in Matonge opens in March 1982.

In trying to accomplish the third long-term goal, the CNND limited itself to referring persons with infertility problems to private physicians.

In the 1973 decree it is stated clearly that, except for IEC activities, the CNND will act largely through other implementing organizations. To an extent, this has been done: "Antennae" have been created with the Eglise du Christ au Zaire (ECZ), the Department of Public Health, and others; efforts have been made to establish distribution and service statistics systems for these organizations; and IEC programs have been developed. However, IEC activities have predominated the CNND's efforts, to the detriment of the organization's coordinating role. Nevertheless, the evaluation team feels that, in spite of its current weaknesses in distribution of supplies, service statistics, and training, the CNND is capable of assuming the role of coordinator of family planning activities in Zaire and that it is, in fact, the organization that is in the best position to do so.

## Organizational Structure

Figure 1 in Appendix C shows the current organizational structure of the CNND. Each chief of department (chef de service) at the senior management level has been autonomous to a certain extent. As observed by the writers and as described in the recent IPPF Management Audit, dated September 1981 (see page 11), the lack of effective coordination among the chiefs of the programmatic departments (services) has hindered achievement of maximum results from dispersed efforts in such areas as IEC and distribution.

This problem is being resolved, however. As Figure 2 in Appendix C shows, three "departments" will be created out of the six existing services. These "departments" will coordinate and supervise the activities of the lower-level "services." This proposed new organizational structure is a definite improvement over the former structure, because responsibility for activities has been consolidated. However, as the evaluation team would point out, the reorganization will require serious rethinking about training and data collection.

Training will rapidly become a more important function in an expanded family planning program (USAID urban and rural service delivery projects, as well as the new national training center at the Matonge clinic). *Therefore, training activities should be separated from IEC activities and organized as a separate "training service" to make them more flexible and responsive to changing training needs.*

In the absence of a comprehensive nationwide reporting and service statistics system, the data generated by the logistics and supply system are the only useful statistical tools for program evaluation now available to the CNND. The Evaluation Service of the CNND should be making continuous use of logistics data, for example, to estimate more accurately program growth and contraceptive use by method. More important, the data should provide the CNND with the information it needs to justify its requests to the IPPF headquarters for contraceptive supplies. The incomplete service statistics available at this time do not document the need for adequate supplies. *Therefore, either the CNND's Supply Service (service d'approvisionnement) should be placed under the program department as a separate service or a strong collaborative relationship should be established between the Supply Service and the Evaluation Service, should these remain in two separate departments. (In the latter case, this can be represented by a dotted line on the organigram.) The evaluation team strongly suggests that two separate services be created.*

Description of Activities and Personnel

A. Program Services

The Program Service has as its only staff member Mr. Mutumbi Kubu Diabunga, who has a graduate degree in demography. Mr. Diabunga's major duties under the current organizational structure are:

- to ensure expansion of the contraceptive distribution system throughout the country;
- to coordinate the planning and implementation of all program activities performed by other CNND services in logistics, reporting, evaluation, IEC, and training; and
- to monitor the process by which health facilities that provide family planning services become CNND affiliates.

To date, organized family planning services have been expanded under a system in which interested health facilities throughout Zaire officially request affiliation to the CNND as "antennae." This evaluation team was informed that as many as 10 such requests are received each month.

An organization need not be affiliated to the CNND to become a recognized family planning service provider in Zaire; for example, an agency could be part of the USAID's Basic Rural Health Project and Urban Family Planning Services Project. Still, there will be a number of prospective service providers who will request affiliation to the CNND as an "antenna."

The evaluation team was told that the 120 affiliated "antennae" and 75 other centers that are awaiting formal affiliation receive "non-clinical" supplies only (pills, foam, condoms). However, when the team reviewed the latest list of all outlets, 95 "antennae" and 83 other centers were counted. The organizational affiliations of the 178 family planning outlets are:

<u>Ministry of Health</u>	<u>Eglise du Christ</u>	<u>Catholic Church</u>	<u>Other</u>	<u>TOTAL</u>
130	32	3	13	178

In collecting these figures from various sources within the CNND, the evaluation team realized that, in fact, there is no truly accurate count of the number of CNND outlets. There are, in addition, a number of outlets

that are "satellites" to ECZ "antennae" that are not on the CNND list. (See An Assessment of Population/Family Planning Program Activities in Zaire, APHA, November 1979, p. 5.)

The following criteria must be met by the health facilities that request affiliation:

1. There is a stated interest to deliver family planning services by a health facility or organization. Individuals are not eligible.
2. The personnel of the health facility are trained appropriately before they begin providing "clinical" contraceptive methods, which are defined as intrauterine devices (IUDs) and Depo-Provera. The CNND provides other methods, including the pill, immediately upon receipt of the original request for affiliation.
3. Regular service statistics and supply management reports are submitted to the CNND.

These criteria are basically sound. However, during discussions with CNND staff, it became apparent that the CNND's application of the criteria is somewhat haphazard. The first delivery of non-clinical contraceptives is made without detailed information on the size, staffing pattern, or patient load of the facility. *It is recommended that, in addition to the first delivery of contraceptive supplies, the CNND should request that a standard information sheet be filled out by clinic staff. This information will form a profile of the clinic and its activities. By implementing this recommendation, the CNND will be able to organize systematically a file of detailed information and reports on each CNND "antenna" (no file exists at this time) and facilitate the monitoring and evaluation of the performance of individual family planning clinics.*

The affiliation process for individual clinics seems to be ad hoc; it is not monitored closely, and it should require close collaboration between the CNND's Training Service and Logistics Service. Training and supply needs can be presented on the proposed information sheet; problems can be identified, and relevant information can then be passed along to the other services for inclusion in their respective plans for program assistance. This action should place the Program Service in a position to closely monitor the progress of individual clinics once they become affiliates. The Training Service and Supply Service should then be able to identify certain regions of Zaire where several clinics can eventually group their personnel for local-level training in clinical procedures, supply management, and recordkeeping. Such training could be provided by either the CNND or some other qualified organization, such as the Eglise du Christ au Zaire or the Department of Public Health.

A fourth responsibility of the chief of the CNND's Program Service is to assist in the organization of CNND subcommittees in the eight regions of Zaire. At this time there are subcommittees in three regions, Bas-Zaire, Shaba, and Kivu, although only in Kivu is there a paid staff (nine persons funded with financial assistance from the Pathfinder Fund). Current plans call for the recruitment of paid staff in the Bas-Zaire region in 1982.

Theoretically, the regional subcommittees are responsible for receiving shipments of contraceptives, transmitting requests for CNND affiliation to Kinshasa, and selecting candidates for training courses and making local officials aware of family planning. However, in practice, these functions probably are fulfilled only in one region, where there are paid staff (even in this instance, what can be done by other personnel probably is being duplicated).

*The evaluation team feels that it is not necessary to employ paid staff to enable the subregional committees to perform the above duties, using either donor agency or CNND funds. At this time, the activities can be carried out either by CNND staff in Kinshasa, the volunteers serving on regional subcommittees, or organizations providing family planning services in the regions themselves. No additional paid staff should be employed by the regional subcommittees.*

The chief of the Program Service has several other duties in addition to those described above. He must coordinate the activities of donor agencies and serve as the secretary of the CNND Volunteer Legislative Committee. This committee provides to political leaders objective information on abortion and studies proposed legislative action on family planning matters, including de jure legalization of contraception and removal of legal obstacles (e.g., the husband's approval) to free access to contraception. The secretary follows up the committee's recommendations with the Department of Justice of the Government of Zaire.

## B. Finance Service

The Finance Service has as its only staff member Mr. N'Kosi, an accountant. Mr. N'Kosi is responsible for preparing the CNND's annual budget after consultation with the chiefs of the other services. The budget figures for 1981 and 1982 are presented by service in Table 1. For each service, there are two categories: projects and common expenses (administrative and overhead expenses).

As Table 1 shows, the percentage of the total CNND budget devoted to the IEC Service was approximately 25 percent (22.6 percent-26.5 percent) for both years. The percentage increase in the total IEC budget between 1981 and 1982 was 58 percent (\$43,527-\$68,650); other budget categories increased between 14 percent and 35 percent. The total budget increased

Table 1  
 CNND BUDGET BY SERVICE, 1981-1982, ZAIRE  
 (In Dollars)

<u>Service</u>	<u>1981</u>	<u>1982</u>
<u>Administration</u>		
Projects	7,000	
Common Expenses*	78,224	115,431
Total, Administration	85,224	115,431
<u>Information, Education, and Communication (IEC)</u>		
Projects	16,232	24,107
Common Expenses	27,295	44,543
Total, IEC	43,527	68,650
<u>Clinic</u>		
Projects	9,990	2,306
Common Expenses	27,719	40,276
Total, Clinic	37,709	43,082
<u>Training</u>		
Projects	11,080	11,415
Common Expenses	3,491	6,986
Total, Training	14,571	18,401
<u>Evaluation and Research (E&amp;R)</u>		
Projects	6,600	3,995
Common Expenses	4,590	9,783
Total, E&R	<u>11,190</u>	<u>13,778</u>
GRAND TOTAL	<u>192,221</u>	<u>259,342</u>
IEC as Percentage of Grand Total	22.6	26.5
<u>Source of Funds</u>		
IPPF	185,121	272,400
Other	7,100	(Surplus) 13,098
<u>Extra Budgetary Projects</u>		
Pathfinder	11,411	Not Available
FPIA	11,655	for 1982
IP-AVS	43,000	
Total, Extra Budgetary Projects	<u>66,066</u>	
<u>Commodities from IPPF, London</u>		
Contraceptives	18,197	
Medical Equipment	2,820	
Office Equipment	2,000	
Vehicles	12,000	
Total, IPPF, London	<u>35,017</u>	

\* Common expenses include salaries, travel, vehicle maintenance, stationery, medical care, insurance, customs clearance, and meetings.

by 35 percent; a small surplus was reported for 1982. The project budgets either decreased or remained about the same, but the IEC project budget increased by 49 percent (\$16,232-\$24,107). In fact, in 1982, IEC projects will account for 57 percent (\$24,107-\$42,323) of all CNND funds devoted to projects, up from 32 percent in 1981. The IEC Service is the only service in the new program and the Departments of Finance and Administration that has more than one employee.

The figures point up, on the one hand, the inordinate emphasis placed on IEC activities in the CNND to the detriment of other important program services. On the other hand, it should be stated parenthetically that the contraceptive supplies provided by IPPF, London (valued in 1981 at \$18,197) represented only 9.8 percent of the CNND's total budget for 1981, when the CNND experienced several major stockouts and was chronically short of Depo-Provera.

### C. IEC and Training Service

The chief of the IEC and Training Service is Mr. Kazadi, who has a graduate degree in education. Mr. Kazadi is responsible for overall planning and administration. He has three subordinates: Mrs. Mulelebwe, in charge of information and communications activities; Mrs. Zawadi, who handles motivation and education activities; and Mrs. Bangula, who oversees training activities.

IEC training programs are divided into "routine" and "project" activities, as well as "special projects."

#### 1. Information and Communication

Routine activities include provision of information on radio, television, in the press, in pamphlets and brochures, and through a Bureau of Information.

##### ● Radio

Throughout the year, the CNND presents 25-minute radio programs, five times per week, in the five national languages (French, Swahili, Lingala, Kieongo, and Tshilula). In 1981, there were 116 broadcasts on various topics, including family planning, hygiene, and maternal and child health. The 1982 work plan has been finalized, and lists topics that were selected on the basis of interest shown by listeners through correspondence, visits to the Bureau of Information, reports from field visits, etc. Topics to be broadcast in 1982 include modern and traditional contraception, extra-uterine pregnancy, adolescent

pregnancy, birthspacing, malnutrition, menstruation, menopause, infertility, venereal disease, breastfeeding, frigidity, impotency, masturbation, family planning from the religious point of view, pre-marital counseling, and family planning and the welfare of women.

Until November 1981, programs were broadcast at 9:00 a.m., but because of complaints about the content and wording of certain programs when children were present, the programs are now aired at 11:00 p.m. The CNND's radio broadcasts cover the entire country and, until recently, radio time was free of charge. There is now some question that free air time will continue to be provided.

- Television

Until 1979-1980, the CNND participated with other organizations in the reproduction of television programs such as the "Regie Nationale de Production Educative" ("National Education Production Network") and "F Comme Femme" ("W as in Women"). Short spot announcements also were produced which had to be paid for. At the beginning of 1981, because of various policy changes by the national television authorities, CNND programming was discontinued. Negotiations are under way to obtain 30 minutes of free time each week.

- Press

In 1981, the CNND produced occasional newspaper articles which appeared in the two major national dailies and were further disseminated by the national press agency. In 1982, a regular article will appear each month. The newspaper space is paid for.

- Brochures, Pamphlets, and Other Documents

The CNND publishes a bi-annual magazine, "Famille et Santé" (1,000 copies), which is distributed to political leaders and the CNND's "antennae." In 1981, 3,032 multi-national and informational documents (Population Reports, IPPF material, "Famille et Santé") were distributed, and 104 personal letters from readers and listeners were answered.

- Information Bureau

On the CNND premises, Mrs. Mulelebwe is in charge of receiving visitors who request documentation and advice. In 1981, 168 persons were received.

All these activities are planned to be continued in 1982. They are well-organized and appear to be of good quality. The evaluation team has no criticisms to offer and only one broad recommendation: *The CNND should develop specific informational material to zero in on specific target audiences, such as political and religious leaders, as well as the medical profession, while leaving routine motivational activities to local family planning outlets. Over time, a mailing list of appropriate personalities should be developed. A list has already been prepared that contains the names of certain doctors who receive the IPPF's medical bulletin, but the list of publications and prospective recipients should be expanded. Also, an IEC survey should be done. The survey could include modules on the audience for various forms of mass media and the relevancy of the form and content of the family planning messages delivered in the Zairean cultural context.*

## 2. Outreach Educational and Motivational Activities

Educational outreach and motivation are the responsibility of Mrs. Zawadi, a graduate social worker, and consist of discussions, speeches, and group meetings. The activities take place in military camps, factories, schools, and church groups and youth clubs in 6 of the 24 zones of Kinshasa and surrounding areas. Coupons are distributed to prospective family planning acceptors in the audience. The coupons refer the persons to a nearby family planning facility. At a later date, the CNND gathers the coupons from the family planning facilities to evaluate the effectiveness of the program. The data that are generated will be analyzed in March 1982, after the first six months of operations.

In 1981, Mrs. Zawadi spoke before approximately 7,000 persons. In addition, she distributed 23,000 condoms. In 1982, the program will be expanded to three more zones in Kinshasa, and the military camps will be revisited.

These activities have merit and are in keeping with the general mandate of the CNND. *However, there are no concrete data to assess the relative effectiveness of the CNND's information and communication mass media activities (as opposed to outreach educational and motivational activities). Moreover, the evaluation team believes that the CNND should give less relative priority to IEC activities. Therefore, an IEC specialist should be called in as a short-term consultant to evaluate the effectiveness of the CNND's various approaches to IEC to determine priorities and the most cost-effective use of IEC resources.*

### 3. IEC Project Activities

Several projects in which IEC activities were an essential component are summarized below. Among the activities described are motivation and education.

- Motivation Campaign, Bas-Zaire

This project was conducted for one month in May 1981, in seven urban areas of Bas-Zaire. The campaign consisted of a series of meetings with religious and political leaders, influential persons, parents, and students in the last year of secondary school. One thousand five hundred (1,500) persons attended the sessions, during which 12,000 condoms, 1,800 cycles of pills, and educational materials were distributed. A similar campaign is being planned for 1982 in the Kivu Region.

- Family Life Education

The objective of this project is to introduce family life and sex education into the final year of secondary school. In 1981, the CNND:

- administered a questionnaire survey in 10 "pilot schools of Kinshasa to parents, students, and teachers;
- organized a four-day seminar for religious leaders and officials of the Ministries of National Education, Public Health, and Planning and Social Affairs;
- designed a curriculum for teaching family life education (FLE); and
- organized a one-week training course for 12 educators in 10 schools in December 1981.

At the time of this writing, 3 of the 10 pilot schools had conducted the training course. In 1982, the course will be implemented in the remaining schools under the supervision of the CNND's IEC personnel, and an additional questionnaire survey will be conducted in the Region of Bas-Zaire.

#### 4. Training of Social Workers in Family Planning and FLE

The objective of this project is to introduce information on family planning into the activities of social workers and to recruit family planning acceptors among mothers attending social centers (foyers sociaux). In 1981, a two-week seminar was organized for 20 social workers of the 10 foyers sociaux of Kinshasa. In 1981, the CNND will follow up the implementation of these activities.

*The evaluation team recommends that the CNND place somewhat less emphasis on family life education, for the following reasons:*

- *The CNND should withdraw from direct involvement in implementing this activity, because there are other resources in Zaire with expertise in this area. However, because other expertise may not always be entirely acceptable in the Zairean context, the CNND should try to coordinate the general orientation of these activities, organize workshops for curriculum development, advise on the content of materials that are produced, and seek donor agency support to publish the materials.*
- *The use of the CNND's resources would be more cost-effective if the CNND reoriented itself to other areas of activity.*
- *Although useful, family life education is not a key element of a successful family planning program. The quality, accessibility, and availability of family planning services are far more important than FLE.*

#### 5. Special Projects

These small projects are "special" in the sense that their funding is not included in the ordinary CNND budget. The projects are funded from a special IPPF allocation. The idea underlying the projects is that the CNND use the existing structure of a handicap center and a factory to introduce family planning services while conducting a wide range of ancillary social activities, and with only limited logistical and technical support from the CNND. Because of the rapid turnover of personnel in the target organizations, most of the persons whom the CNND counted on to participate have not been available when the projects were to begin. Consequently, personnel in IEC have become more involved than they planned in implementation.

The evaluation team feels that these special projects should not be expanded to include activities that are ancillary to family planning (e.g., market gardens, kindergartens, and home economics education. Rather, future projects of this kind should concentrate on family planning service

delivery, and they should be developed in collaboration with reliable organizations, such as the Union Nationale des Travailleurs Zairois (UNTZA; Zaire National Workers Union), including its suborganizations, CASOP and BUPROF, that have the desire, the experience, and the organizational ability to deliver effective family planning services.

*The evaluation team is concerned about the relative overemphasis (reflected in personnel levels, budgeting, and project activities) given to IEC, as compared to other CNND services, believing that it will prevent adequate coordination of family planning activities in all areas, as has been proposed. The role of the CNND in the future will be more and more that of national coordinator for family planning service delivery. Thus, the current role of each service should be reassessed carefully and priorities should be reallocated so that the CNND can fulfill its commitment.*

## 6. Training Section of IEC Service

Mr. Bangulu, a graduate in sociology (majoring in "Family and Population"), is responsible for the training activities of the IEC and Training Service of the CNND. In this capacity, Mr. Bangulu plans training programs, designs the content of training courses, works with physicians and other outside manpower to ensure their collaboration in the CNND's training courses, and actively participates in the teaching process itself.

The training activities organized by the CNND include both clinical training for doctors and paramedical personnel and non-clinical training in family life education and family planning for social workers and other social educators.

From 1976 to 1981, medical and paramedical personnel were trained by the CNND with financial assistance from the Pathfinder Fund. The breakdown by year is:

	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>TOTAL</u>
Doctors	2	5	4	2	2	4	18
Nurses	40	51	6	12	13	16	138

In 1976 and 1977, there were two training sessions per year; since 1978, there has been only one session per year. The training sessions include one week of theory and two weeks of practical training for doctors, and two weeks of theory and four weeks of practical training for nurses. The instructors are physicians who have been trained in the Johns Hopkins Program for International Education in Gynecology and

Obstetrics (JHPIEGO), members of the IEC and Training Service of the CNND, volunteers from the CNND committee, and others.

In addition to one clinical training session for physicians and nurses, a two-week training session in family planning and family life education was held in 1981 for 20 social workers. In 1982, it is planned to conduct the usual clinical training sessions and two other non-clinical training sessions as part of two "project activities."

- Training Session in FP for Educators of the Armed Forces of Zaire (FAZ)

The objective of this project is to train 20 educators of the FAZ so that they can include family planning education and motivation in their daily activities and distribute non-clinical family planning methods. The training session will last two weeks.

- Training of Leaders of Women's Groups as Managers of Family Planning and Other Women's Programs

Women will be selected from the ranks of officials of women's groups which are part of the Secretariat General Charge de la Condition Feminine. They will be trained for one week in Kinshasa in the basic principles of management and family planning.

From this short description of past accomplishments and planned training activities, it can be seen that the CNND conducts few clinical and non-clinical training activities. Actual training sessions take up fewer than two months each year.

The training of doctors and nurses, which is critical to ensure the expansion of good-quality family planning service delivery, falls short of demand. This is demonstrated by the number of requests for affiliation received by the CNND (approximately 10 per month) and the time lag between the receipt of such requests, the training of doctors and nurses in the health facilities, and the subsequent granting of affiliation based on the presence of trained personnel (among other criteria). As many as 12 months may be needed to complete the affiliation and training process.

A fully operational pilot clinic is expected to open soon in Matonge. When this occurs, the CNND will have an appropriate setting for strengthening its training capabilities. (See Appendix A.) *The team recommends that the physical and human resources of the CNND's clinic at Matonge be fully used throughout the year for ongoing clinical training in family planning service delivery. Rather than send trainees abroad at higher cost, the CNND should use available Zairean personnel as trainers.*

*Physicians trained at JHPIEGO, in Baltimore, Maryland, and nurses trained at the Downstate Medical Center, in New York, and the Mama Yemo Hospital, in Kinshasa, could be employed as trainers.*

It is stated in the Management Audit Report (see page 11) that there is a lack of "geographical" coordination between IEC projects and training activities, and the result is that "motivational campaigns [are] taking place in areas where there are no clinical family planning services available or where clinical staff are trained and have contraceptives available, but there are very few clients due to a lack of motivational campaigns." *Given this circumstance, the evaluators recommend that candidates for training not be selected ad hoc, but as a priority from areas where special IEC efforts either have been or will be made.*

At this time, 120 "antennae" are affiliated with the CNND which deliver all family planning methods (clinical and non-clinical); 75 centers are supplied with non-clinical methods only. Although the personnel of the "antennae" have been trained in family planning service delivery by the CNND or other organizations (e.g., the ECZ), it is unlikely that logistics or recordkeeping has been included in the training curriculum. Many persons were trained some years ago, and little follow-up on the quality of their work has been done. It seems, therefore, that ongoing inservice training (stages de recyclage) is necessary for personnel involved in family planning service delivery to maintain high standards. Given the size of the country, the cost of domestic travel and per diem in Kinshasa, and the increasing number of persons who will need ongoing training, it seems appropriate to conduct training sessions in the field. To accomplish this, those persons who are trained in Kinshasa should not only acquire technical knowledge, but also learn the pedagogical skills they will need to become trainers themselves.

*The evaluators recommend that technical training in Kinshasa for field staff of service providers include, besides contraceptive technology, basic elements of logistics, supply management, and recordkeeping. This training also should include pedagogical methodology to "train trainers." The trainers should conduct ongoing training courses in their regions for personnel involved in the delivery of family planning services.*

#### D. Medical and Clinical Service

The CNND employs nine nurses for family planning motivation and service delivery. Four are part of, and paid by, a FPIA project, and five are members of the CNND staff. The past and proposed future activities of the five CNND nurses are described below.

Until September 1981, the CNND was managing the family planning clinic in Mama Yemo Hospital, using its own personnel (i.e., the five

nurses). When the Department of Public Health assumed the responsibility for the family planning activities at Mama Yemo Hospital (see Appendix A), the five nurses were expected to be assigned to the CNND pilot clinic at Matonge. Three were assigned to join the group of four nurses for the FPIA project to help the staff conduct family planning education and nutrition activities in four sections of Kinshasa; the two others were placed temporarily in a clinic at N'djili, near Kinshasa, for family planning service delivery.

At the time this report was written, except at the N'djili clinic, no clinical family planning services were being performed directly by CNND personnel. Within two months, the five nurses will be reassigned to the CNND family planning clinic at Matonge, where they will be actively involved in family planning service delivery and clinical training. Numerous family planning outlets that belong to the ECZ, the Department of Health and, it is thought, other organizations are expected to open soon. CNND personnel should not become directly involved in family planning service delivery in these new clinics, though they should continue their work at the clinic at Matonge, which will be a national family planning training center.

#### E. Research and Evaluation Service

The Research and Evaluation Service is headed by Mr. Bongwele, who has a graduate degree in psychology. Mr. Bongwele works alone, but feels he has easy access to members of the volunteer committee and colleagues in other services. He has, nonetheless, divided his service into separate research and evaluation units.

##### 1. Evaluation Unit

Before a CNND program or project can begin, Mr. Bongwele must evaluate the "needs" for personnel, supplies, and budgetary resources, and the "sociomedical needs of the target population." Usually, he does this by making field visits (which are not easily accomplished in Zaire because of geographic and communications problems). In addition to this, the primary responsibility, the Evaluation Unit must evaluate ongoing activities, including the gathering of service statistics and the assessment of projects and programs.

The evaluation team reviewed the CNND's family planning service statistics for the years 1976 through 1981. These figures are fragmentary, covering only the five large family planning clinics in Kinshasa and, in the CNND's own words, "a few antennae in the country's interior."

The figures are not clear, and show variances from year to year in the methods of counting "acceptors" and "number of visits by acceptors."

In some years, all acceptors were counted; in other years, new acceptors were distinguished from old acceptors. The only valid statistical information that can be drawn from these data is the percentage distribution of the method mix, by family clients, for the six years (see Table 2). The most striking conclusions that can be drawn from the data in Table 2 are that use of Depo-Provera and pills is roughly equal and, together, these methods of contraception account for between 60 percent and 70 percent of contraceptive use each year among acceptors. Also, use of condoms seems to be higher in Zaire than in other African countries with which the evaluation team is familiar. It will be interesting to compare these figures with the results of the contraceptive prevalence survey (CPS) which Westinghouse Health Systems is conducting in certain urban areas.

Mr. Bongwele only receives reports from approximately 40 percent of family planning outlets, although follow-up letters requesting reports are sent to those "antennae" that do not report. In addition, certain centers send reports each month. Others send semi-annual or annual reports. Many never send reports. Even within the ECZ system, which groups more than 60 different Protestant missionary organizations of varying degrees of autonomy, the collection of service statistics is not centrally coordinated.

The CNND is neither financially nor logistically equipped to provide blank forms for uniform data collection to all family planning outlets. Consequently, many outlets, particularly in rural areas, use their own ad hoc data collection forms.

The CNND must prepare summary service statistics reports for its multiple donor agencies in different formats and at different intervals.

Currently, the CNND is designing a standard, countrywide recordkeeping system consisting of client record forms and service statistic reports. The client record forms consist of the Fiche de Consultation, or Individual Acceptor Record Form (see Appendix D), the Carte de Visite, or Acceptor Appointment Card (see Appendix E), the Modèle Registre des Utilisateurs, or Chronological Daily Acceptor Record (see Appendix F), and the Rapport Semestriel, or Semi-Annual Report (see Appendix G). In addition, there are other forms that combine data on logistics and services, and a coupon that is used in a survey of the characteristics of new acceptors and the effectiveness of the IEC outreach program (see Appendices H-I).

This recordkeeping system, which is still being studied by Mr. Bongwele and other CNND staff, is conceptually oriented in the right direction, but, practically, it is too complicated and expensive. Although certain forms are well-conceived, the system is too complicated. There are too many forms, and some of them are confusing because they require similar information. And some of the information that is required is of little value. The system is too expensive. The Individual Acceptor Record Form, for example, requires four pages and is made of a thick, very large piece of expensive cardboard, but it has room to record data on only the first

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Table 2  
PERCENTAGE DISTRIBUTION OF FAMILY PLANNING  
ACCEPTORS, BY METHOD,  
CNND, ZAIRE, 1976-1981

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<u>Method</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981*</u>
Pill	34.0	29.8	40.8	67.7	36.6	32.3
Depo-Provera	41.0	37.0	26.1	7.9	25.6	42.9
Condom	4.9	10.1	13.9	13.9	19.0	8.1
IUD	19.5	20.5	16.5	8.6	13.7	12.6
Tubal Ligation	0.6	1.8	1.9	1.5	1.6	2.8
Vasectomy	0.0	0.0	0.9	0.0	0.0	0.0
Other	0.0	0.8	0.0	0.5	3.5	1.2
	100.0	100.0	100.0	100.0	100.0	100.0
Number of Acceptors	8,542	14,088	17,344	23,147	27,028	5,872

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\* January through June only.

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visit and six revisits. A simple format for this kind of record can be designed that will provide room to record data on as many as 20 revisits on a single cardboard form (see Appendix I). Such a form was designed recently for a system in Senegal (see Friedman, Senegal Trip Report, November 16, 1981). Too many forms are required in Zaire, a country where paper and printing costs are very high.

*The evaluation team recommends that the CNND recruit a short-term logistics and recordkeeping consultant to design a simple, low-cost, standardized model recordkeeping and service statistics system which, in keeping with the CNND's role as national family planning coordinator, can be adopted for use throughout the country. This work should be done in collaboration with the CNND and all other major family planning providers, such as the Department of Health and the ECZ. The new system should be based on the IPPF's method of counting acceptors.\* Data also should be summarized for all donors in the same format and at the same time.*

One clinic evaluation was brought to the attention of the evaluation team: an evaluation of family planning activities in the regions of Kivu, Kinshasa, and Shaba. Between June and November, 1979, the Research and Evaluation Service of the CNND evaluated family planning services in four centers in Kinshasa, five centers in the Shaba Region, and seven centers in the Kivu Region. The methodology was to review records and interview clinic personnel and clients, using standard questionnaires. The topics that were reviewed included continuation, dropouts, characteristics of new acceptors, quality of motivational activity, and general opinions about family planning.

It was found that, in Kinshasa, the number of new annual acceptors increased from 730 in 1973 to 5,620 in 1978; the number of continuing acceptors increased from 348 to 2,909. These figures represent an increase from 0.25 percent of women of reproductive age in 1973 to 2.0 percent in 1978. The average number of children born to all acceptors was 5.14. The women sought family planning for three major reasons: birthspacing (65 percent), health (14 percent), and family limitation (20 percent). Ninety-four percent of these women's husbands were aware that their wives were contracepting.

In the other two regions, few statistical data could be gathered because programs had only recently been initiated. Therefore, the results from these regions are principally narrative:

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\* A person visiting a clinic once in a given calendar year is counted only once in that year as a "new acceptor." A person visiting a clinic one or more times in a given calendar year who had earlier visited in a preceding year is counted only once in that year as an "old acceptor." These and all other visits are counted separately and as part of the number of "total acceptor visits."

- Most clients are satisfied with the way they are treated by clinical personnel.
- The presidents of the regional committees do not perform their assigned role as coordinators of general policy.
- Doctors have little time to devote to family planning.
- In many clinics, only a single nurse provides family planning services. When the nurse is absent, service stops. There is a lack of integration.
- There is a lack of IEC aides.

The CNND intends to perform similar evaluations of clinics' performance in the regions of Bas-Zaire, Kasai, and Equateur. This kind of evaluation has useful objectives and should be repeated, but only after the study design has been improved.

## 2. Research Unit

The Research Unit is concerned with surveys and studies. Until now, all CNND surveys have been concerned with morbidity and mortality resulting from abortion. The goals of all the studies are to provide authorities with objective information on the sociomedical characteristics of women who have had illegal abortions, the extent of the problem, and other useful background information. The intention is to aid the decision-making process for the liberalization of legislation on abortion and the legalization of contraception.

In 1978, a study based on clinical records and interviews with hospitalized women was conducted in Kinshasa. In 1981, a questionnaire survey was administered to 180 female final-year secondary students in the six largest cities in the country. In 1982, the International Fertility Research Program (IFRP) will provide assistance to conduct clinical abortion studies in Kinshasa and elsewhere in Zaire. Other studies will cover Depo-Provera, the characteristics of new acceptors, and the effectiveness of outreach IEC activities. Data will be gathered for the latter two studies, using the coupon system. These activities will be centralized in an Operations Control Unit.

*In the coming years, the delivery of family planning services in Zaire will greatly expand, largely because two new USAID projects will be implemented. To effectively assume its role as a national coordinating agency, the CNND must have a comprehensive knowledge of program activities and progress at all times. Therefore, after contraceptive distribution is improved, the second highest priority must be to build an effective,*

*but low-cost, simple service statistics system. This system should make use of data on warehouse distribution to estimate contraceptive prevalence and, in addition, use simple and workable forms to count acceptors routinely. To implement this system, all routine reporting must flow through the CNND, which may then need a statistical clerk in the evaluation unit. The new system will enable Mr. Bongwele to participate in field-training sessions in the use of the service statistics system at regional and sub-regional levels. During the field trips, Mr. Bongwele could organize systematic regional, subregional, and clinic-level evaluation activities as part of the ongoing supervision of family planning outlets.*

Research activities, although necessary, should not detract from evaluation activities. Activities such as the Depo-Provera and abortion studies should be encouraged, but they should not replace routine evaluation activities. Other possible program evaluation-type surveys, such as contraceptive prevalence surveys every three to five years and demographic studies, should be initiated, but not necessarily implemented, by the CNND. If it heeds this advice, the CNND can reinforce its leadership role in promoting changes in population policy.

#### F. Supply Service

The Supply Service is headed by Mr. Misamu, who has several years of experience in supply management. Mr. Misamu works alone. His responsibilities include:

- forecasting needs for contraceptives, equipment, office material, and clinical supplies;
- managing supplies and inventory;
- managing the system of warehouses;
- receiving shipments from overseas, including customs clearance;
- managing office supplies and equipment;
- making local purchases (within Zaire);
- overseeing vehicle management (the CNND owns six vehicles); and
- conducting "public relations" (i.e., receiving visitors at the airport and helping Zairean personnel to obtain passports, airline tickets, etc.).

Mr. Misamu's responsibilities go beyond supply management; in fact, only six of the eight major responsibilities listed above can be said to

fall in this category. Mr. Misamu is extremely bright and capable, but, because he cannot "be in all places at all times," he is not always available when needed to perform his all-important supply functions.

*The evaluation team recommends that Mr. Misamu's duties within the CNND be confined to areas directly related to supply management. Certainly, his "public relations" functions and, perhaps, vehicle management could be performed by others. If his responsibilities are reduced, Mr. Misamu will be free to concentrate on supply management, for which a constant presence is required.*

## Supply and Logistics System

### A. Forecasting

Each year in March, Mr. Misamu forecasts annual contraceptive requirements for the following year. He bases his estimates largely on earlier monthly distribution figures; an allowance for program growth following IEC campaigns; the admission of new "antennae," and reports from "antennae" which are, admittedly, incomplete.

The IPPF's headquarters in London requires that contraceptive deliveries to a country be based on the number of acceptors reported from family planning clinics. However, this requirement poses a problem for three reasons. One, the reports in Zaire are incomplete (because many different agencies which are not under the CNND's administrative control provide services); two, communication is difficult; and three, the CNND has no clear mandate to centralize family planning service statistics. Therefore, the CNND is not able to fully justify its requests to IPPF/London. *The team, therefore, recommends that the IPPF permit the CNND to base its need for contraceptive supplies on past distribution and anticipated program growth, rather than service statistics. The reporting of service statistics, when improved, can be used as supplementary documentation of supply needs.*

Mr. Misamu can efficiently forecast needs in this way; he recently began preparing a monthly running analysis of stock usage and anticipated deliveries from overseas for all contraceptive methods stocked by the CNND. Table 3 presents Mr. Misamu's latest analysis for December 1981. This kind of analysis is excellent; it is based on "the number of months of supply on hand" (the calculation of supplies needed is based on what is on hand and what is felt to be the number of months of "buffer" stock (stock de tampon) needed in a particular country at each supply level--central, regional, and outlet). The evaluation team was impressed with the application of this principle of supply management, because Mr. Misamu's

Table 3  
SUPPLY SITUATION  
CNND, ZAIRE,  
DECEMBER 1981

<u>Contraceptive</u>	<u>Monthly Activities</u>				<u>Forecasts</u>			<u>Date of Probable Receipt</u>
	<u>Stock as of 12/1/81</u>	<u>Distributed</u>	<u>Received</u>	<u>Available 12/31/81</u>	<u>Average Monthly Distribution</u>	<u>Stockout Forecast</u>	<u>Stock Ordered</u>	
Depo-Provera	7,040	4,370	15,000	17,670	3,000	June 82	-	-
Noriday 0.05	96,075	20,805	-	75,270	18,000	April 82	90,000	Jan. 82
Microgynon 28	15,260	1,794	-	13,466	1,500	Sept. 82	-	-
Ovostat 28	25,594	1,527	-	24,067	3,500	June 82	-	-
Copper T	3,704	423	-	3,281	150	-	-	-
Lippes-Loop	6,633	512	-	6,121	700	Aug. 82	-	-
Emko Foam	520	388	-	132	180	Jan. 82	1,800	Jan. 82
Neo-Sampon	3	509	5,000	4,494	500	Sept. 82	-	-
Condom	0	0	-	-	65,000	Nov. 81	650,000	Jan. 82
Diaphragm	0	0	0	0	0		0	

system is the system that logistics advisers to the Family Planning Evaluation Division of the Centers for Disease Control usually recommend.

The number of months of supply of buffer stock required is determined by establishing (a) a minimum supply, to which is added the usual lag time between placement and receipt of orders, and (b) a maximum supply, which ensures that stock is not kept on hand beyond its shelf life (for contraceptives, shelf life is approximately five years). Although the CNND receives all foreign shipments of contraceptives by air, because of communications difficulties and the size of the country, a minimum-national-level supply of one year is probably sufficient; the maximum should not exceed three years. However, as Table 3 shows, except for the Copper T IUD, supplies on hand at the CNND in no case exceed 10 months, even when anticipated foreign shipments are included in the stock. In fact, in many cases, stocks are insufficient to last 10 months and, at this time, condoms are experiencing a stockout (rupture de stock).

*The evaluation team recommends that the buffer stock on hand at the CNND be increased to a minimum of one year and a maximum of three years. This action should solve the problem encountered by family planning service providers in Zaire, who report that they frequently find that the CNND is out-of-stock of contraceptive supplies. (The ECZ, the Armée du Salut, the CASOP, the USAID Health Systems Development Project, and the CNND itself are among these agencies.)*

*Mr. Misamu should monitor more closely the number of months of supply on hand by presenting on a bar graph each month data for each method. In this way, trends over time can be seen at a glance, and oversupply or undersupply at the national level can be corrected within reasonable time.*

## B. Supply and Inventory Management

The evaluation team feels that the most important role of the CNND as the national coordinating agency will be to ensure the distribution of contraceptives at the national level. Without an efficient logistics system for contraceptive storage and distribution in Zaire, all other CNND activities will have little meaning, because in family planning programs, the continuous availability of contraceptives "has a substantial positive effect on acceptance and continuation" (see Logistics Guidelines for Family Planning Programs, Centers for Disease Control, Atlanta, 1981, p. 1).

### 1. Clinic Level

The logistics system of the CNND is a "pull" system (système de requisition) (i.e., family planning facilities throughout

Zaire decide on the timing and amount of contraceptive supplies they need, based on anticipated usage). Mr. Misamu and Mr. Bongwele of the Research and Evaluation Service have developed a model set of forms for use in clinics to generate service statistics and monitor the use of supplies. The forms are illustrated in Appendix J, Exhibits 1, 2, and 3.

Exhibit 1 in Appendix J is a sample of the daily tally sheet of clients seen and quantities distributed by method by a clinic. This form is acceptable. However, it could be reformatted so that the same information for an entire month can be recorded on a single sheet.

Exhibit 2 in Appendix J is a monthly summary of receipts and usage for a single contraceptive method only. On this form can be recorded a running count of contraceptives distributed to "acceptors," according to the IPPF's method of counting clients.

Exhibit 3 in Appendix J is nearly identical to Exhibit 2; it also combines a count of "visits by clients." It is unclear to the evaluation team how the user of these two forms distinguishes between commodities distributed to new and old acceptors and commodities distributed in terms of "visits." More important, it seems that the information gathered can be recorded more easily on standard stock cards for each item stored by a family planning facility. Such stock cards are continuous in time (i.e., monthly summaries can be calculated by simple counting at any point in time); the cards need not be filled out again each month. A monthly, semi-annual, or annual report on all contraceptives stored can be prepared easily from these cards. (See Appendix J, Exhibits 4 and 5.)

*The evaluation team recommends that a logistics and recordkeeping expert be asked to work with the CNND to redesign these forms and, in general, to simplify the system. This must be done in conjunction with Mr. Misamu, who seems to have the right ideas but not enough experience in this area. The CNND could then propose that the new forms be used by all family planning facilities in Zaire, and train personnel to use them.*

## 2. National Level

Mr. Misamu has established an excellent basis for the system of supply management at the national level. Inventories are taken regularly. The evaluation team could find no discrepancies between quantities in the two CNND warehouses and quantities listed on stock cards. Mr. Misamu also performs physical inventories in the family planning facilities in Kinshasa.

Mr. Misamu has developed also a simple, efficient system of forms for use in distributing supplies from the national level to clinics. Exhibit 6 in Appendix J is a clinic requisition form; Exhibit 7 is an

issue voucher (bon de sortie), used at the national warehouse; and Exhibit 8 is a form for shipping advice and receipt. Mr. Misamu has designed other forms for his own use in monitoring national-level inventory.

The evaluation team was impressed with Mr. Misamu's knowledge of logistics and supply management. However, it believes he has too many tasks; moreover, because he must personally oversee each individual issue of commodities from the CNND warehouse, he occasionally cannot fulfill his other duties. Persons who come from the field have not always been able to obtain the items they want. In addition, Mr. Mwamba, the executive director of the CNND, is required to personally approve each issue. A further barrier is that the main CNND storage facility is the warehouse of the Mama Yemo Hospital in Kinshasa, the managerial staff for which are occasionally absent. In these circumstances certain conditions must be met before contraceptive supplies can be supplied--and quickly--to a person who, with limited time and many errands, comes to Kinshasa. One, items must be in stock. Two, both Mr. Misamu and Mr. Mwamba must be present. Three, the warehouseman must be present.

Given current conditions, the frequent difficulty in obtaining contraceptive supplies from the CNND on short notice is understandable. This problem will become more serious once the CNND becomes the national-level coordinator, and as the amount of supplies distributed daily begins to increase. *The evaluation team strongly feels that the supply service should be strengthened by adding a full-time shipping clerk (commis d'expédition), who would be delegated full authority for the daily, routine issuing of commodities from the Mama Yemo warehouse and the smaller storage area in the CNND office. This person should be stationed permanently at the Mama Yemo warehouse and have authority to issue supplies on his own to bona fide family planning service providers, without having to refer to Mr. Misamu or Mr. Mwamba. At the end of each day, he should summarize his activities by, for example, reviewing all issue vouchers (bons de sorties) with Mr. Misamu, who should then concentrate on overall supply management, forecasting, and response to requests for supplies received by mail. Mr. Mwamba should no longer be required to approve all routine issues from the warehouse.*

### C. Warehouse Management

The Mama Yemo warehouse is, physically, one of the best the evaluation team has seen in a developing country. It is clean and well-organized; all goods are stocked on pallets; and forklift trucks are available to ease operations. A minor problem is present, however. Contraceptive supplies are stored at an end of the building where a group of air conditioners exhausts into the interior. This area is slightly warmer than the other areas in the building. The contraceptives should be moved elsewhere.

The CNND should be careful to ensure that it retains administrative control over supplies stored in this facility, which belongs to another organization. Although there have been no problems to date, once the CNND begins to receive and distribute large amounts of supplies, problems of space, access, and relations with the staff of the Mama Yemo warehouse could develop. If this happens, the CNND should obtain its own warehouse facility or consider using the storage facilities of the Dépôt Centrale Médicaux Pharmaceutique (DCMP), the national pharmaceutical supply agency.

#### D. Transport of Commodities

Organizations that offer family planning services, particularly church missionary groups, provide their own air transport from Kinshasa to the field. Transport by surface, except to the Bas-Zaïre Region west of Kinshasa, is, in many cases, unreliable. As the CNND expands its distribution services, it will be called on more and more to arrange or finance the shipping of family planning commodities from Kinshasa to the field. Two major problems will present themselves when this occurs.

The first problem is how to ship the commodities. The river and rail network has become unreliable and thefts are common; air-freight service by the national airline, Air Zaïre, is unpredictable and also subject to theft; air-freight service by charter firms is more reliable, but expensive; and road service is only practical in a few areas where private trucking firms have established regular routes.

These problems have been resolved to some extent by the Expanded Programme of Immunization (Programme Élargi de Vaccination, or PEV) and the Fonds Médicaux Tropicaux (FOMETRO), part of Belgian Medical Technical Assistance. Both organizations ship drugs and vaccines by air-freight. They ensure security by stationing on the day of shipment, at both point of origin and destination, two of their responsible officials, who are in communication with each other by portable radio and telephone. FOMETRO also uses road and river and rail transport in certain cases.

*The short-term logistics consultant and Mr. Misamu should meet with Dr. Kalisa of the PEV and Dr. Rupil of FOMETRO to investigate the different means of shipping to the different regions and subregions of Zaïre.* Both organizations have expressed to the evaluation team a willingness to permit the CNND to make use of their shipping and logistics system, if the CNND is willing to share air-freight costs. A similar offer has been made by the DCMP, a Ministry of Health storage and shipping organization. The DCMP is also willing to store CNND commodities. However, most of the informed persons with whom the evaluation team spoke said that the DCMP is less reliable than the PEV and FOMETRO. Nonetheless, a logistics consultant should be recruited to investigate these possible sources of assistance.

The second major problem is how to finance the transport. This is not a problem for the family planning clinic outlets in the AID-ECZ Basic Rural Health Project areas. And it can be resolved easily for the 13 urban centers that will be covered in the USAID's urban family planning project by including in the project's budget a line-item for air-freight.

*To ensure proper coverage of facilities not supplied by either project, the CNND should receive a small operating budget, which could come from a reallocation of IEC budgetary resources or, if this is impossible in the immediate future, from a small, temporary IPPF or USAID subsidy. The amount should not be more than \$3,000 per year. With this money, the CNND should be able to prevent further breaks in the countrywide contraceptive supply system.*

III. PROJECTS FINANCED BY USAID INTERMEDIARIES

### III. PROJECTS FINANCED BY USAID INTERMEDIARIES

Several agencies are conducting the ongoing, small-scale projects in collaboration with the CNND. Among them are the Pathfinder Fund, FPIA, and the Association for Voluntary Sterilization (AVS).

#### The Pathfinder Fund

The Pathfinder Fund:

- provides funds to train medical and paramedical personnel (1976 to present);
- finances the staff salaries, office expenses, equipment, and operating expenses of the Kivu Regional Committee (1981 to present); and
- finances activities in Shaba Region. (Monies were supplied in 1977; for organizational reasons, the project failed after six months.)

#### Family Planning International Assistance

The FPIA provides funding that has been used to renovate and purchase equipment for the Matonge Clinic Training Center. FPIA funds also cover the salaries of four nurses doing outreach motivational work.

#### International Project-Association for Voluntary Sterilization (IP-AVS)

Monies from the IP-AVS are used for three purposes:

- to renovate, equip, provide staff salaries for, and cover the operational costs of four university-affiliated clinics in Kinshasa that teach and provide services in mini-lap and laparoscopic sterilization;
- to organize two seminars on tubal ligation and vasectomy; and
- to finance the training in sterilization of physicians in Tunisia.

Comments and Recommendations

The major problem with these small-scale projects is that they are not integrated into a definite administrative, financial, and planning structure in the CNND. Nevertheless, the projects which provide, once only, technical assistance or funds for equipment or assistance in renovating a building have a long-term positive effect, as did the FPIA project at the Matonge clinic and the IP-AVS project at the four university clinics. Also, the projects that provide for training are extremely useful. *However, the evaluation team would recommend that, to the extent possible, overseas training be discontinued in favor of more comprehensive training efforts in Zaire.*

*In addition, those projects which provide 100 percent financial support for ongoing program activities (e.g., Pathfinder's support for the staff of CNND's regional committees) should not be continued. They do not have a long-term positive effect, because they are subject to rather sudden termination (an example is the Shaba Regional Committee Project in 1977).*

#### IV. THE FUTURE ROLE OF THE CNND

#### IV. THE FUTURE ROLE OF THE CNND

There is reported, although undocumented, unmet need for family planning services, including female sterilization, in Zaire. Although demand was not quantified methodologically, it was reported by almost all persons contacted by the evaluation team. The contraceptive prevalence survey that is under way at this time should quantify this unmet need, at least for the urban areas being surveyed.

The principal role of the CNND should be to help agencies to meet the demand for FP services. To date, the CNND has not been able to do this, for two major reasons:

1. The CNND has been emphasizing IEC activities, which only tends to *create* rather than *satisfy* demand.
2. The CNND's efforts to meet demand for contraceptive supplies has been impaired because of managerial weaknesses and insufficient emphasis on the provision of trained personnel to oversee distribution at the clinic level.

Nationally, to satisfy most effectively the demand for family planning services, the CNND will have to:

- Ensure, within an expanding program, the effective, nationwide supply of contraceptives to a wide diversity of family planning service providers in difficult geographic and logistical conditions.
- Gather uniform service statistics to provide ongoing program monitoring and evaluation.
- Strengthen the training of personnel in Zaire.
- Organize regular working meetings for all major family service providers, such as the Department of Public Health, the ECZ, the Armée de Salut, the UNTZA, the Condition Féminine, the Catholic Church, and others. The aims should be to coordinate general policy and establish technical and clinical guidelines for service delivery, and to permit the CNND to monitor more closely the family planning activities of these agencies.

In addition, ongoing IEC activities (i.e., concentration on use of national mass media and orientation of messages to specific target groups)

should be continued. At the local level, motivation and education activities, including reliance on interpersonal communication, should be left to family planning service providers. The CNND will have to make some adjustments.

- The CNND's program policies should be brought in line with the organization's original objective and responsibilities, particularly the second, third, and fifth responsibilities, which stress the CNND's role as coordinator of family planning service delivery.
- The organizational structure of the CNND should be strengthened. It should reflect the functional linkage of the Supply Service and Evaluation Service and the separation of training from IEC activities.
- Similarly, existing services should adjust their personnel needs in accordance with the proposed new responsibilities of the CNND. Specifically, clerical personnel will be needed in the Supply Service and Research and Evaluation Service. The decision to reassign existing personnel to these services or to hire new personnel should be made by the CNND.
- The CNND's budget should reflect increased emphasis on supply, evaluation and training, and decreased emphasis on IEC activities that do not use directly national-level mass media.
- Ultimately, the CNND should broaden its role to become the government's major resource and adviser on the formulation of a national population policy. This would require that it go beyond its present role (which, at this time, is rightly confined to family planning activities) to stimulate government awareness of the implications of unchecked population growth on the social and economic development of Zaire.

## APPENDICES

Appendix A  
NOTES ON SITE VISITS

## Appendix A

### NOTES ON SITE VISITS

#### Matonge Clinic, Kinshasa

The Matonge clinic is located in a heavily populated area of Kinshasa, Zaire. The building, which belongs to the Ministry of Social Affairs, has just been renovated. The clinic provides comprehensive maternal and child health (MCH) services, including family planning, pre- and postnatal care, immunizations, nutrition, and social services. The clinic is run by the National Committee for Desired Births (CNND), with financial assistance from Family Planning International Assistance (FPIA). It is to become the pilot center of the CNND for family planning training.

The physical facilities for family planning activities include:

- 1 large room for family planning education and motivation, and examining rooms;
- 2 rooms for insertions of intrauterine devices (IUDs), 1 room for recordkeeping, and 1 large classroom; and
- 1 operating theater for tubal ligations and 1 recovery room.

It is planned to add a 40-bed clinic.

At this time, the clinic is directed by Dr. N'tumba, who will be attending a JHPIEGO (Johns Hopkins Program for International Education in Gynecology and Obstetrics) training course in Baltimore, Maryland, in February 1982. When it becomes fully renovated and equipped in March 1982, the clinic will employ three additional physicians. At that time, all family planning services will be provided, including tubal ligation. A limited amount of services has been provided since June 1981. At this time, approximately 15-20 women per day are served.

At the time of the evaluators' visit on February 2, 1982, more than 100 women--an impressive number--were attending an educational and motivational session on malaria prevention and family planning. The nurse directing the session seemed to be well-equipped with visual teaching aids.

The evaluation team was impressed with the physical facilities and the competence of the personnel, particularly the medical director. It is felt that this kind of facility is ideal to offer the practical kind

of training in family planning service delivery that the CNND needs to fulfill one of its principal objectives.

### Mama Yemo Family Planning Clinic

The Mama Yemo Family Planning Clinic was visited on February 2, 1982. The clinic is located on the grounds of the Mama Yemo Hospital, the largest in Zaire, and is under the direct responsibility of the Department of Obstetrics and Gynecology (OB/GYN). The clinic is run by eight nurses, two of whom have been trained by the CNND. The clinic offers a variety of contraceptive services, ranked--by acceptors' preference--as Depo-Provera, the pill, condoms, IUDs, and foam. The clinic is well-known by the Kinshasa female populace. There are approximately 2,500 visits per month; in 1981 the clinic served 9,133 acceptors. Special cases, such as tubal ligation or IUD complications, are referred to the hospital's Department of Obstetrics and Gynecology. Only family planning services are offered. Between 60 women and 80 women per week are served by daily sessions in family planning education and motivation.

The clinic receives its supplies twice a month from the CNND. Occasional stockouts (ruptures de stock) of Depo-Provera are experienced. A well-conceived recordkeeping system has been developed for service statistics and supply management. The eight nurses are rotated on recordkeeping assignments. Client cards are filed by client number, and acceptors are counted according to the methodology of the International Planned Parenthood Federation (IPPF). Pill acceptors are given one cycle at the first visit and six cycles on subsequent visits. In the chronological clinic register, the nurse in charge of recordkeeping notes in advance of each day's operation the date for the next resupply visit of pill users who have been given one or six cycles. This is calculated on the basis of either 28 or 168 days, minus a seven-day safety margin after the woman's next period begins.

The most striking problem at the clinic is the poor state of the building, which is separated from the main hospital building. It has not been painted for years, and curtains are missing--most importantly, from the IUD insertion rooms. Consequently, IUD insertions can be witnessed by passersby. In addition, drugs are not available to treat side effects. Drugs are not provided by the hospital, because the hospital staff consider the clinic to be supported by the IPPF; the IPPF provides contraceptives, but not backup drugs. There is also a shortage of the record forms that are provided by the CNND, because these are printed in Nairobi. There are almost no visual aids for activities in information, education, and communication (IEC) (three small, outdated flipcharts), and the clinic is running out of filing cabinets.

Appendix B

LIST OF PRINCIPAL CONTACTS

Appendix B  
LIST OF PRINCIPAL CONTACTS

USAID/Kinshasa

N. Sweet, Director

R. Thornton, Health and Population Officer

National Committee for Desired Births

Dr. Miatudila, Vice President

M. Mwamba, Administrator

L. Mutumbi, Chief of Program Services

M. Nkosi, Chief of Finance Service

P. Kazadi, Chief, IEC and Training

O. Bongwele, Chief, Evaluation and Record Services

N. Misamu, Chief, Supply Services

M. Zawadi Social Worker

I. Mulelebwe, Assistant, IEC and Training

S. Kazadi, Nurse

B. Bangulu, Assistant, IEC and Training

Appendix C

CURRENT AND PROPOSED STRUCTURES OF THE CNND

Figure 1: Current Structure

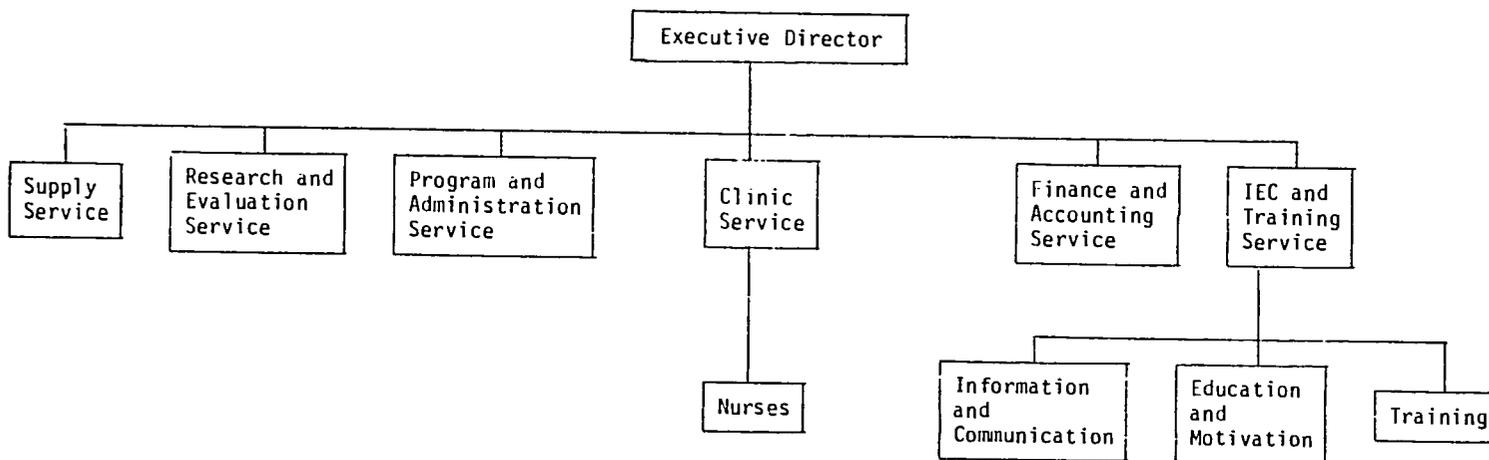
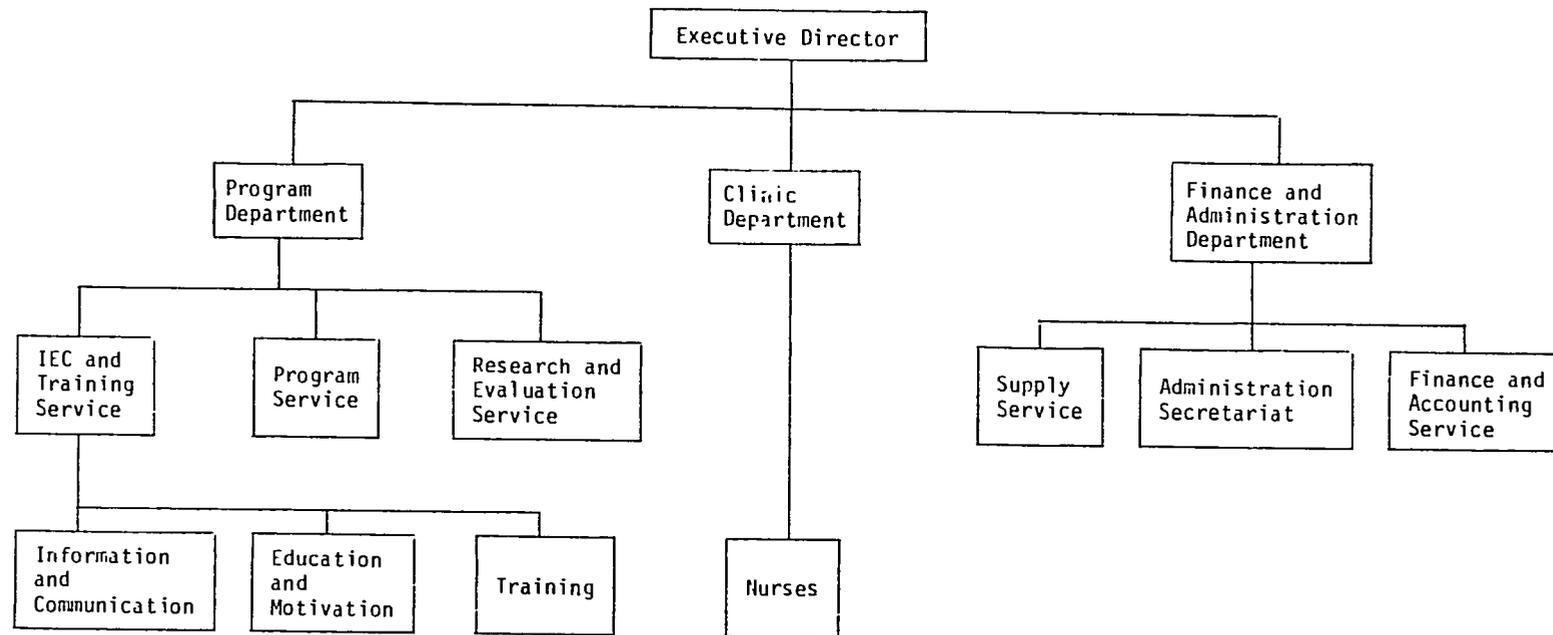


Figure 2: Proposed Structure



Appendix D  
FICHE DE CONSULTATION

Appendix D

COMITE NATIONAL  
DES NAISSANCES DESIRABLES  
B.P. 15313  
KINSHASA/ZAIRE

FICHE DE CONSULTATI

Fiche No. .... / .....

Date. .... / .....

NOM ..... POST-NOM .....

ADRESSE (Zone, Localité, n°) .....

AGE ..... CLINIQUE DE .....

<p><u>NIVEAU D'INSTRUCTION</u></p> <p>Illétré            1            Secondaire    3</p> <p>Primaire        2            Supérieur     4</p>		<p><u>RELIGION</u></p> <p>Catholique    1            Musulmane     4</p> <p>Protetants    2            Autre .....    5</p> <p>Kimbanguiste 3            Sans Religion   6</p>	
<p><u>REGIME MATRIMONIAL</u></p> <p>Maré (e)        1            Divorcé (e)    4</p> <p>Célibataire    2            Union de faits 5</p> <p>Veuve            3</p>		<p><u>SOURCE D'INFORMATION</u></p> <p>Ami ou membre de famille            1</p> <p>Massé Média (T.V., Radio, Journal)    2</p> <p>Staff médical .....                    3</p> <p>Autre .....                                4</p>	
<p><u>STATUT PROFESSIONNEL</u></p> <p>De Mari ..... De la Femme .....</p>		<p><u>RAISON POUR LA CONTRACEPTION</u></p> <p>Espacement                                1</p> <p>Santé de la mère                            2</p> <p>Mettre fin à l'accroissement familial    3</p>	
<p>Nombre d'Enfants vivants ..... Parté ..... Césarienne ..... Date de la dernière grossesse: .....</p>		<p><u>ISSUE DE LA DERNIERE GROSSESSE</u></p> <p>Naissance vivante                            1</p> <p>Mort - né                                      2</p> <p>Avortement provoqué                        3</p> <p>Avortement spontané                        4</p> <p>Grossesse tubaire                            5</p>	

FICHE No. .... / .....

..... RE-VISITE	..... RE-VISITE	..... RE-VISITE
<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>	<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>	<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>
1. Col	1.	1.
2. Utérus	2.	2.
3. Annexes	3.	3.
4. T.A./Poids	4.	4.
5. Contraceptif	5.	5.
6. A changé de	6.	6.
7. Raison	7.	7.
8. Arrêt: Raison	8.	8.
<b>COMPLICATIONS</b>	<b>COMPLICATIONS</b>	<b>COMPLICATIONS</b>
1. Hémorragie	1.	1.
2. Spotting	2.	2.
3. Infection/douleur*	3.	3.
4. Perforation/Blessure*	4.	4.
5. Expulsion/Re-insertion*	5.	5.
6. Augmentation du poids	6.	6.
7. Autre	7.	7.
8. Traitement	8.	8.
Prochaine Visite le .....	Prochaine Visite le .....	Prochaine Visite le .....
Par .....	Par .....	Par .....

\*Biffer la mention inutile

FICHE No. .... / .....

..... RE-VISITE	..... RE-VISITE	..... RE-VISITE
<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>	<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>	<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>
1. Col	1.	1.
2. Utérus	2.	2.
3. Annexes	3.	3.
4. T.A./Poids	4.	4.
5. Contraceptif	5.	5.
6. A changé de	6.	6.
7. Raison	7.	7.
8. Arrêt: Raison	8.	8.
1. Hémorragie	1.	1.
2. Spotting	2.	2.
3. Infection/douleur *	3.	3.
4. Perforation/Blessure *	4.	4.
5. Expulsion/Re-insertion *	5.	5.
6. Augmentation de poids	6.	6.
7. Autre	7.	7.
8. Traitement	8.	8.
Prochaine Visite: le .....	Prochaine Visite: le .....	Prochaine Visite le .....
Par .....	Par .....	Par .....

\*Biffer la mention inutile

..... RE-VISITE	..... RE-VISITE	..... RE-VISITE
<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>	<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>	<b>EXAMENS GYNECOLOGIQUES DE ROUTINE</b>
1. Col	1.	1.
2. Utérus	2.	2.
3. Annexes	3.	3.
4. T.A./Poids	4.	4.
5. Contraceptif	5.	5.
6. A Changé de..... à.....	6. de..... à.....	6. de..... à.....
7. Raison	7.	7.
8. Arrêt: Raison	8.	8.
<b>COMPLICATIONS</b>	<b>COMPLICATIONS</b>	<b>COMPLICATIONS</b>
1. Hémorragie	1.	1.
2. Spotting	2.	2.
3. Infection/douleur*	3.	3.
4. Perforation/Blessure*	4.	4.
5. Expulsion/Re-insertion*	5.	5.
6. Augmentation du poids	6.	6.
7. Autre	7.	7.
8. Traitement	8.	8.
Prochaine Visite.....	Prochaine Visite.....	Prochaine Visite.....
Par.....	Par.....	Par.....

\* Biffer la mention inutile

Appendix E  
CARTE DE VISITE



Appendix F

MODELE REGISTRE DES UTILISATEURS

MODELE REGISTRE DES UTILISATEURS

DATE	N. FICHE	NOM & POSTNOM	CONTRACEPTIF UTILISE					TYPE DE CLIENTS	
			PILULE	DEPO	F.T.U	CONDOM	LIG.T.	N	A
02/01/1981	112/81	A.A.....	X					X	
"	113/81	S.L.....		X				X	
"	83/80	D.K.....	X						X
03/01/1981	79/79	L.M.....		X					X
"	114/81	B.O.....			X			X	
"	52/76	M.M.....			X				X
"	72/78	M.I.....				X			X

F-1

MODELE REGISTRE DES UTILISATEURS

Appendix F

Appendix G  
RAPPORT SEMESTRIEL

Appendix G

RAPPORT SEMESTRIEL

SERVICE DE RECHERCHES  
ET EVALUATION

COMITE NATIONAL DES NAISSANCES DESIRABLES

B.F. 15.313

CONTRIBUTION 14-

RAPPORT SEMESTRIEL

CENTRE DES NAISSANCES DESIRABLES DE .....

REGION DE .....

UTILISATEURS OU ACCEPTANTS

METHODE	Nouveaux utilisateurs ou acceptants (A)	Anciens Utilisateurs ou acceptants (B)	Total utilisateurs ou acceptants (A) + (B)	Total des visites
1. Pilule				
2. Dépo- provera				
3. Stérilet				
4. Condom				
5. Ligature tubaire				
6. Vasecto- mie				
7. Spermico- de				
8. Autres méthodes (1)				
TOTAUX				

(1) Spécifiez la méthode au verso ( en détail).

Appendix H

MINI-ETUDE CARACTERISTIQUES NOUVELLES ACCEPTANTES

## Appendix H

### MINI-ETUDE CARACTERISTIQUES NOUVELLES ACCEPTANTES

PRONT

<p style="text-align: center;">REPUBLIQUE DU ZAIRE COMITE NATIONAL DES NAISSANCES DESIRABLES B.P. 15.313 KINSHASA</p> <p>COMITE REGIONAL DE .....</p> <p style="text-align: center;"><b>PARTIE I</b> A Utiliser Lors du Premier Contact</p> <p>1. Nom et Post-Nom .....</p> <p>2. Age .....</p> <p>3. Adresse complète .....</p> <p>4. Nombre d'enfants en vie .....</p> <p>5. Niveau d'instruction .....</p> <p>6. Etat Civil .....</p> <p>7. Profession du Conjoint .....</p> <p>8. Date de remise du coupon .....</p> <p>9. Type de contact: Visite à domicile <input type="checkbox"/> Séance de cinéma <input type="checkbox"/> Discussion en groupe <input type="checkbox"/> à la clinique <input type="checkbox"/></p> <p>10. Nom de l'Assistante sociale*** .....</p> <p style="text-align: center;">*** ou de l'infirmière</p> <p style="text-align: center;">No</p>	<p style="text-align: center;">REPUBLIQUE DU ZAIRE COMITE NATIONAL DES NAISSANCES DESIRABLES B.P. 15.313 KINSHASA</p> <p>COMITE REGIONAL DE .....</p> <p style="text-align: center;"><b>PARTIE III</b> A Remplir Lors de la Seconde Visite</p> <p>1. Nom et Post-Nom .....</p> <p>2. D.I.U. <input type="checkbox"/> En place <input type="checkbox"/> Rentre <input type="checkbox"/> Expulse <input type="checkbox"/> Jamais en place <input type="checkbox"/></p> <p>3. Pilule <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> prend toujours <input type="checkbox"/> commence à prendre <input type="checkbox"/></p> <p>4. Autre méthode <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> commence à utiliser la méthode <input type="checkbox"/></p> <p>5. Probleme particulier (plaintes)** .....</p> <p>6. Nom de l'Assistante Sociale*** .....</p> <p>* Expliquez pourquoi au verso du coupon ** Spécifiez la plainte *** Ou de l'infirmière</p> <p style="text-align: center;">No</p>	<p style="text-align: center;">REPUBLIQUE DU ZAIRE COMITE NATIONAL DES NAISSANCES DESIRABLES B.P. 15.313 KINSHASA</p> <p>COMITE REGIONAL DE .....</p> <p style="text-align: center;"><b>PARTIE II</b> Ce Coupon vous Donne Acces à La Clinique du CNND *Clinique ou hôpital de .....</p> <p>1. Nom et Post-Nom .....</p> <p>2. Age .....</p> <p>3. Adresse complète .....</p> <p>4. Nombre d'enfants en vie .....</p> <p>5. Niveau d'instruction .....</p> <p>6. Etat Civil .....</p> <p>7. Profession du Conjoint .....</p> <p>8. Date de la remise du coupon .....</p> <p>9. Type de contact: Visite à domicile <input type="checkbox"/> Séance de cinéma <input type="checkbox"/> Discussion en groupe <input type="checkbox"/> à la clinique <input type="checkbox"/> Autre précisez: .....</p> <p>10. Nom de l'Assistante sociale ou l'infirmière .....</p> <p style="text-align: center;">No</p>
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A REMPLIR PAR L'ASSISTANTE

PARTIE FACULTATIVE

A REMPLIR LORS DU PREMIER CONTACT

<p><u>BACI</u> <u>INFORMATIONS SUPPLEMENTAIRES</u></p>	<p><u>INFORMATIONS SUPPLEMENTAIRES</u></p>	<p><u>INFORMATIONS SUPPLEMENTAIRES</u></p>
<p style="text-align: center;"><b>RESERVE A L'USAGE CLINIQUE</b></p> <p>1. Methode acceptee</p> <p>D.I.U. <input type="checkbox"/> PILULE <input type="checkbox"/> DEPO <input type="checkbox"/> LIGATURE <input type="checkbox"/> Autre précisez: .....</p> <p>2. Methode deja utilisée</p> <p>Non <input type="checkbox"/> Oui <input type="checkbox"/> laquelle: .....</p> <p>3. Date d'acceptation .....</p> <p>4. No de fiche médicale .....</p> <p>5. Nom de l'infirmier (ère) ou du médecin .....</p>		

A ENVOYER A LA SECTION EVALUATION

A ENVOYER A LA SECTION EVALUATION

A GARDER DANS LE LIVRE-COLPON  
PAR L'ASSISTANTE SOCIALE

Appendix I

FICHE DE CONSULTANTE,  
PLANIFICATION FAMILIALE

Appendix I

FICHE DE CONSULTANTE, PLANIFICATION FAMILIALE

PLANIFICATION FAMILIALE

FICHE DE CONSULTANTE

NO. \_\_\_\_\_

Nom et prénoms \_\_\_\_\_ Adresse professionnelle du mari \_\_\_\_\_

Age \_\_\_\_\_ Date Actuelle \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Adresse (Domicile) \_\_\_\_\_

Situation Matrimoniale \_\_\_\_\_

Grossesses \_\_\_\_ Avortements \_\_\_\_ Mort-Nés \_\_\_\_ Enfants Décédés \_\_\_\_ Enfants Vivants \_\_\_\_

1. Antécédents Physiologiques: Menarche \_\_\_\_ Régularité \_\_\_\_ Abondance \_\_\_\_  
Durée \_\_\_\_ Date des dernières réglés \_\_\_\_ Dysménorrhée \_\_\_\_ Métorrhagie \_\_\_\_
2. Antécédentes: Pathologiques \_\_\_\_ Chirurgicaux \_\_\_\_ Héritaire \_\_\_\_
3. Examen Clinique: Tension Artérielle \_\_\_\_ Coeur \_\_\_\_ Poumone \_\_\_\_  
Seins \_\_\_\_ Abdomen \_\_\_\_ Thyroïde \_\_\_\_ Varices \_\_\_\_  
Oedèmes \_\_\_\_ Recherche de Ganglions \_\_\_\_
4. Examens Complémentaires: Albumine \_\_\_\_ Sucre \_\_\_\_  
Hématocrite \_\_\_\_ BW \_\_\_\_ GS Rh \_\_\_\_
5. Examen Gynécologique:
  - (A) Organes des Annexes \_\_\_\_\_
  - (B) Spéculum:
    - (1) Vagin: Lésions \_\_\_\_ Pertes \_\_\_\_
    - (2) Col: Couleur \_\_\_\_ Position \_\_\_\_  
Lésions (Erosion, Kystes, Lacérations) \_\_\_\_\_
  - (C) Le Toucher
    - (1) Utérus: Taille \_\_\_\_ Forme \_\_\_\_ Position \_\_\_\_  
Mobilité \_\_\_\_ Sensibilité \_\_\_\_
    - (2) Annexes: Ovaries (Droit) \_\_\_\_ Ovaries (Gauche) \_\_\_\_  
Recto-Vaginal \_\_\_\_\_
  - (D) Prélèvements: Frottis Vaginal \_\_\_\_ Frottis de Pap \_\_\_\_ Gonnocoque \_\_\_\_
6. Méthode Contraceptive: Pilule \_\_\_\_ DIU \_\_\_\_ Diaphragme \_\_\_\_  
Injectable \_\_\_\_ Condom \_\_\_\_ Autre \_\_\_\_
7. Observations: \_\_\_\_\_



Appendix J  
SAMPLE CLINIC FORMS

Exhibit 1

Comité National des Naissances Désirables  
 B.P. 15.313  
Kinshasa I

UTILISATION JOURNALIERE DES CONTRACEPTIFS DANS LES CENTRES

Date \_\_\_\_\_

Centre \_\_\_\_\_

Examen par \_\_\_\_\_

Méthode	Quantité Utilisée	
	Nouveaux Cas	Anciens Cas
1. Noriday 0,05		
2. Depo-Provera		
3. Ovostat		
4. DIU		
5. Microgynon		
6. Neo-Sampoon		
7. Condom		
8. Diaphragm		

N.C.: \_\_\_\_\_

A.C.: \_\_\_\_\_

Total: \_\_\_\_\_



Exhibit 3

RESUME DE CONTRACEPTIFS ET VISITES ENREGISTREES

Centre de \_\_\_\_\_ Type de Contraceptif \_\_\_\_\_

Mois de \_\_\_\_\_

Entrée	Date	Ancienne Balance	Reçu	N° de Bon ou Réquisition	Distribué aux Acceptants	Nouvelle Balance	Visites Enregistrées
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
Total							

Nouvelle Balance = /((Ancienne Balance) + Reçu/ - Distribué

- Depo-Provera —————> en dose
- Pilule —————> en cycles
- Stérilet (DIU) —————> en pièces
- Condom —————> en pièces



## Exhibit 5

PR-3

RAPPORT D'ACTIVITES POUR LE MOIS DE \_\_\_\_\_ 1<sup>o</sup>  
 CENTRE DE \_\_\_\_\_  
 RESPONSABLE \_\_\_\_\_

### PLANIFICATION FAMILIALE

#### A. VISITES DE CONSULTATION

	PILULE	DIU	INJECT- ABLE	AUTRES METHODES	CONDOMS HOMMES	REMS.	AUTRES VISITES	TOTAL
NOUVEAUX								
ANCIENS								
TOTAL								

#### B. NOMBRE DE CONSULTANTS ACTIFS

PILULE	DIU	INJECTABLE	AUTRES	CONDOM HOMMES	TOTAL

#### C. APPROVISIONNEMENT ET CONSOMMATION

METHODE	CONDITIONNEMENT	SOLDE AU DEBUT DU MOIS	RECU PENDANT LE MOIS	CONSOMMATION PENDANT LE MOIS	SOLDE A LA FIN DU MOIS
NORINYL 1 + 50	PLAQUETTE (CYCLE)				
NORINYL 1 + 80	PLAQUETTE (CYCLE)				
MINIPILULE	PLAQUETTE (CYCLE)				
BOUCLE DE LIPPES	UNITE				
T EN CUIVRE	UNITE				
SEPT EN CUIVRE	UNITE				
DEFO-PROVERA	FLACON DE 10 DOSES				
NORISTERAT	AMPOULE 1 DOSE				
DIAPHRAGME	UNITE				
NEQ-SAMPOON	TUBE DE 20 TABLETTES				
CONDOMS	UNITE				





SERVICE DE MATERIEL ET  
APPROVISIONNEMENT

COMITE NATIONAL DES  
NAISSANCES DESIRABLES,-

AVIS D'ENVOI DU MATERIEL ET ACCUSE DE RECEPTION.

NOTRE ADRESSE  COMITE NATIONAL DES NAISSANCES DESIRABLES B.P. 15.313 KINSHASA I	DESTINATAIRE	ENVOI N°  DATE :	SUIVANT VOTRE COMMANDE Références : .....
Le matériel décrit ci-dessous vous arrive très bientôt par avion, poste, route, bateau, porteur ( Nom ..... ) A la réception de ce matériel, prière de retourner à l'adresse sus-mentionnée l'un des formulaires dûment signé et de nous signaler immédiatement dans quelle condition ce matériel vous est arrivé en mettant une croix dans le case approprié.			
DESCRIPTION DU MATE RIEL	QUANTITE	ACCUSE DE RECEPTION	
		<input type="checkbox"/> Le matériel nous est arrivé en très bonne condition.  <input type="checkbox"/> Nous avons <del>accepté</del> la perte ou l'endommagement de (1) ..... .....  <input type="checkbox"/> Le matériel ne nous est pas parvenu	

(1) biffer la mention inutile.

NOM ET SIGNATURE DU BENEFICIAIRE.

Exhibit 8