

WATER AND SANITATION
FOR HEALTH PROJECT



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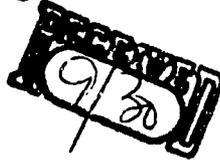
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Final Draft
For Review

**COMMUNITY WATER SUPPLY
AND SANITATION IN ZAIRE:
report of a consultative visit
24 July - 5 August, 1981**

WASH FIELD REPORT NO. 25

SEPTEMBER 1981

**Prepared For:
USAID Mission to Zaire
Order of Technical Direction No. 47**

WASH FIELD REPORT NO. 25

ZAIRE

COMMUNITY WATER SUPPLY AND SANITATION
IN ZAIRE

Report of a Consultative Visit
24 July-5 August, 1981

Prepared for the USAID Mission to Zaire
under Order of Technical Direction No. 47

Prepared by:

Raymond B. Isely, M.D., M.P.H., D.T.M.

Contract No. AID/DSPE-C-0080
Project No. 931-1176

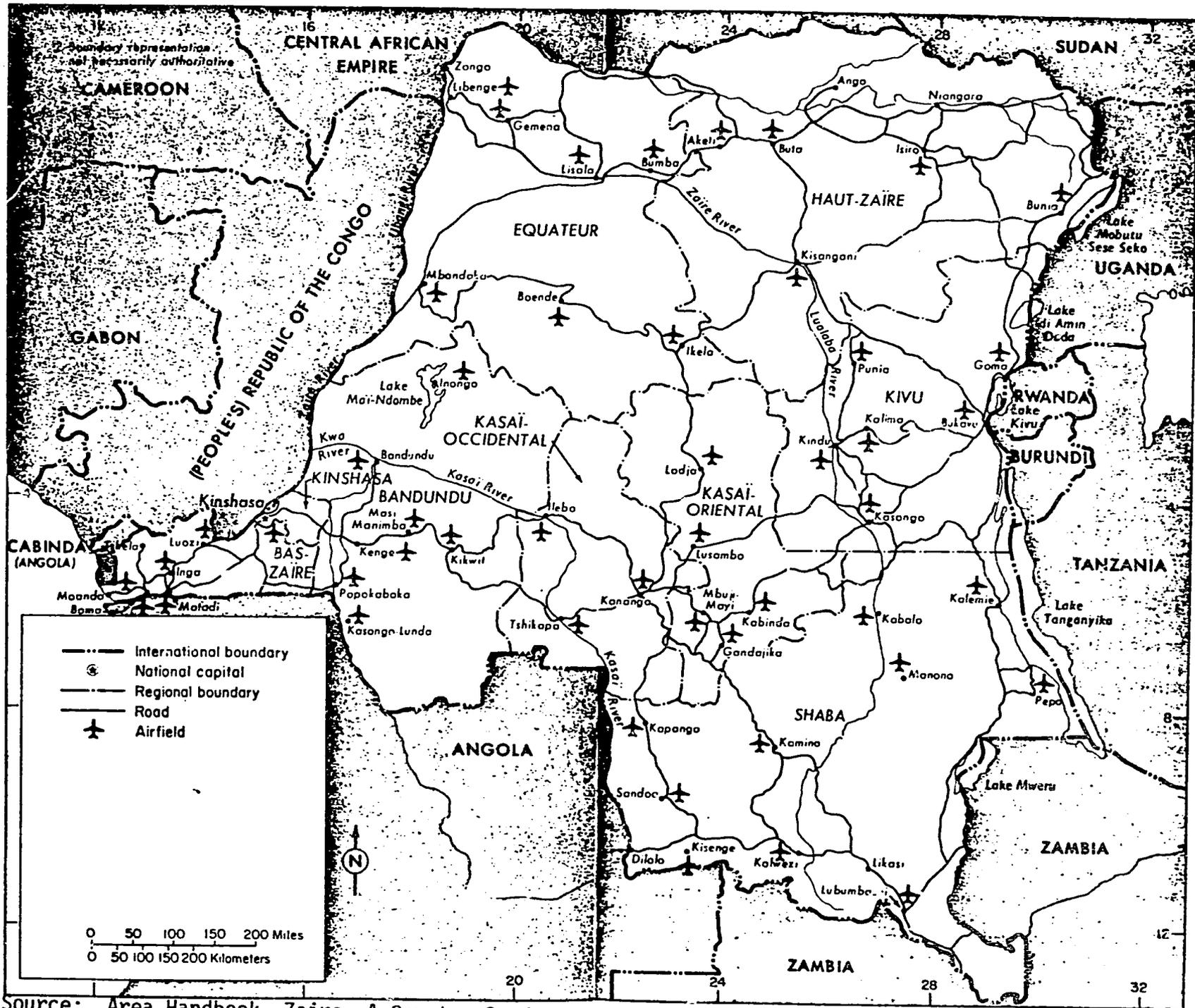
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ACKNOWLEDGEMENTS

This trip to Zaire would not have been possible without the help of pilots Ed Salm of Project Nord Shaba and Fay Smith of the Methodist Church, who made it possible for me to get through the fog from Kalemie to Kinshasa with many stops in between. Jo C. Saprid and Dikoma Shungu at Wembo-Nyama, Chief Kahudi Shungukoy at Opombo, and the Methodist Superintendent at Djalulu provided superb hospitality, and in Kinshasa Cliff Belcher, Utshudi Lumbu, Norman Sweet and the entire AID staff made the visit more than profitable.

Figure 1.
111



Source: Area Handbook, Zaire: A Country Study,
The American University, Washington, D.C. 1979

Chapter 1

BACKGROUND/RATIONALE FOR VISIT

In June 1981 the Africa Bureau of AID Washington suggested to the USAID Mission in Kinshasa that it draw upon the services of the WASH project in the planning of a Basic Rural Health Project. The Mission requested WASH services and Order of Technical Direction No. 47 was issued on July 24 by the AID Office of Health (see Appendix A). Dr. Raymond B. Isely of the WASH Project staff was in Zaire from July 24 to August 5, 1981.

The purpose of this preliminary visit was to assess the relevance of WASH resources for the program needs and objectives of the USAID Mission in Kinshasa and to identify priority program areas in which WASH could effectively serve to supplement, enhance, or otherwise assist Mission or contractor activities. Subsidiary to this overall goal were two objectives of nearly equal importance:

To assess and recommend modifications for water and sanitation components of projects under consideration by the Mission.

To appraise the needs and resources for water and sanitation improvements of a rural area for which of these projects are being planned.

Chapter 2

EVALUATION OF WATER AND SANITATION COMPONENTS OF PROPOSED PROJECTS

Two projects were submitted for review. In both cases the question was one of commenting on the water and sanitation component of a hospital and its extensive network of health centers and dispensaries. According to the Project Paper the "Basic Family Health Project," costing nearly \$5,000,000, will be implemented through an agreement with the Department of Public Health, but with the Church of Christ of Zaire (ECZ) as the executing agency. The Project will focus on enhancing the preventive functions of 50 hospitals and their networks of health centers and dispensaries. Major activities will include conversion of dispensaries to health centers, family planning, maternal and child protection, prevention and treatment of the ten most prevalent diseases, and improved water supply and sanitation. Most of these activities will be fostered through training village health workers and their immediate supervisors, but USAID contributions of commodities and technical assistance are also foreseen.

Two versions of a proposal have been submitted by Africare, Inc. for an integrated rural development project in the Popokabaka area of Bandundu region. The first contained a large component dealing with improved seeds, cultivation methods, grain storage and related activities, but in the second version these activities were dropped at the request of the Mission leaving primary health care, nutrition education, water and sanitation, and domestic science activities tied together in an integrated project.

These services are to be delivered with a strong element of community participation as well as enhancement of local government to the populations of nine villages.

2.1 Water and Sanitation as a Part of the Basic Family Health Project

The family planning theme is emphasized in the paper to the degree that it is out of balance with other preventive activities. In the implementation of the project, care should be taken so that there is a balance among family planning, nutrition promotion, immunizations and other forms of disease prevention services, health education, and improved water and sanitation. In particular, there is a need to avoid a disjointed approach. Village health workers training and village health committees can serve as foci for implementing most if not all programs. Programs should not be permitted which do not at least consider the community participation process.

Church-related institutions deliver a large share of the curative and preventive health services in Zaire. These institutions are therefore in a position to have a major impact on the health of the populations they serve if resources can be provided them to undertake major preventive programs. Since they form a part of the network of services of the Department of Public Health of Zaire, the Department itself stands to benefit from enhanced preventive programs.

Cognizance should also be taken of the churches that operate these institutions. Close personal ties with church leaders is a must for project implementation. Understanding the role of these church-related institutions vis-a-vis the churches themselves is essential: their role as sources of employment and income for church members, as sources of prestige to the church leaders, and as educational outlets for family members. These factors cannot be overlooked in project implementation.

2.1.1 Comments Regarding the Water and Sanitation Component

Water and sanitation concepts and activities are scattered throughout the Project Paper. Although there is no specific objective related to these activities, it is quite apparent that they will be an integral part of the program at most centers of operation.

Water Supply

A large part of the population of Zaire can probably be served with safe water through capping the abundant springs that characterize the huge central plateau as well as the greater part of the Bas-Zaire, Shaba, Haut-Zaire and Kivu Regions (see map Fig. 1). The population within relatively easy reach of springs may in fact be 75 to 80 percent of the total.

Sites visited in the Sankuru sub-region of the Kasai Oriental are probably representative of much of the Central Plateau. All springs visited were unprotected. Typically they were at the base of hills in this generally rolling terrain at a distance of 375 to 500 meters down from the level of the village, but about 0.5 kilometers by footpath. The water drawing site is usually 5 to 100 meters from the spring itself. Because of poor drainage, one must frequently wade through water and mud to reach this site. The area between the water drawing site and the spring is overgrown with underbrush. Often a large tree is growing in the midst of the spring itself.

Protection of these springs will require extensive clearing of vegetation and digging into the hillside to obtain an optimal flow. The design used in the Burundi UNICEF spring capping project is recommended (see Figures 2 and 3). The cost in this project was about \$200 per spring.

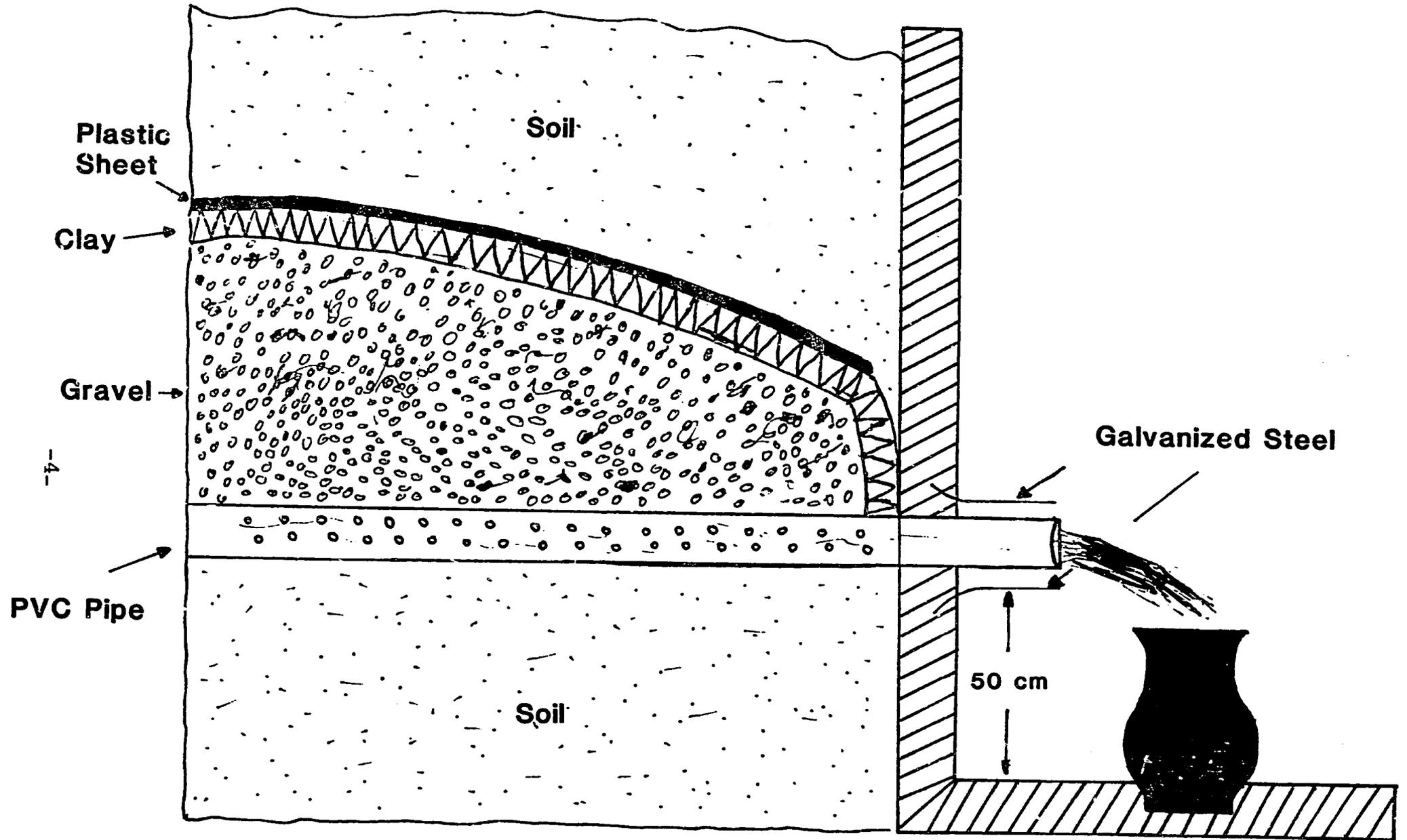


Fig. 2 Spring capping design (lateral view)

(C. Massar, UNICEF/Burundi)

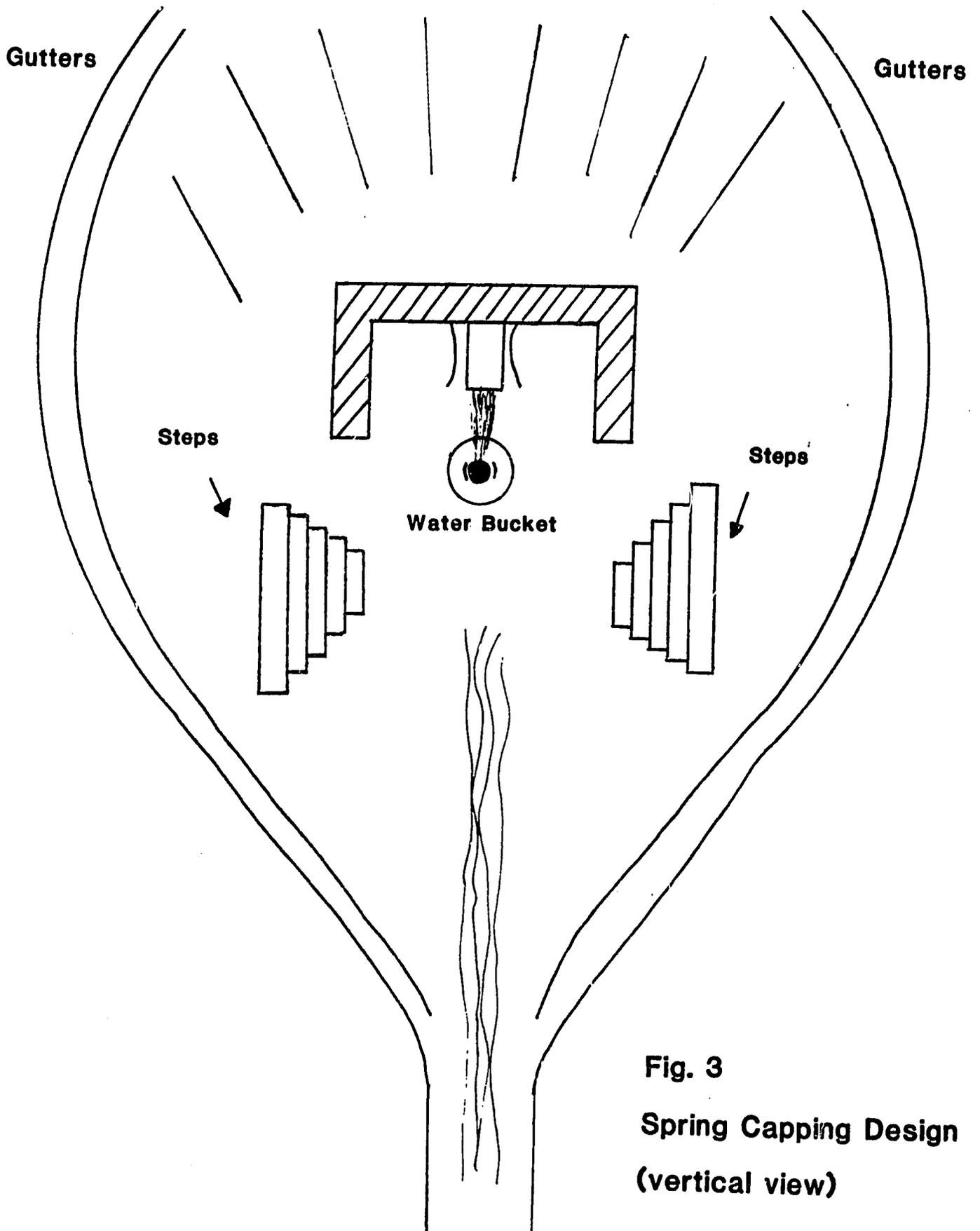


Fig. 3
Spring Capping Design
(vertical view)

In some areas well construction will be necessary. Wherever possible the use of pumps, even handpumps, is to be avoided because of problems of maintenance and repair. In present day Zaire with its difficulties in communication, transport, economic resources, and manpower, these problems are magnified several-fold. Where possible, well-protected bucket and pulley systems may be preferable.

Sanitation

Sanitation should not be viewed merely as excreta disposal. Transport and storage of water, the use of water (for bathing, washing, cooking), wastewater management, the protection of stored and leftover food, the cleanliness of the house and their surroundings and protection against vectors of disease are all important aspects of sanitation. Since most of these matters are the concerns of women, it makes sense to focus sanitation technology and accompanying hygiene education on women. In particular, educational programs should be aimed at young women and others who care for small children, since the stools of these young ones are highly infectious containing several times the number of bacteria per unit weight as those of adults.

In order for sanitation programs to reach women, some of the village health workers seen in the program should themselves be women. It remains to be seen whether the insistence on literacy will bar women from training programs.

Water Supply and Sanitation for Larger Complexes

Where institutions such as hospitals, maternity centers, health centers, missions and administrative units exist, water and sanitation facilities must be conveniently located for the use of the people who use these institutions. It is not sufficient for a hospital to depend on water carried from a spring 0.5 kilometers away, nor a school on shallow latrines with wooden slabs. Systems for piping water to public taps and for creating and maintaining communal block latrines must be established.

At Djalou, for example, there is a 50 bed hospital, a 50 bed maternity unit, three dispensaries, six primary schools, three secondary schools with residential facilities, and an administrative center, all without a convenient source of water. In order to bring water to a convenient location, it would have to be pumped from one of the larger springs, necessitating the purchase of equipment and materials. Before such a system is installed, a careful assessment should be made of local ability to maintain it. WASH could provide engineering consultation for technology selection and system design.

Commodity Inputs

Although some communities and larger complexes may be able to finance purchase of cement, PVC pipe, and other materials and equipment, others will be able to provide only a part of the financing or none at all. For these locations the project should plan on providing commodities. Based on experience in Burundi, an average of one sack of cement per latrine and seven sacks per capped spring should be planned for.

Community Participation

Most of the Mission hospitals included in the project have been long associated with the populations they serve. All should be able to identify dynamic villages in their areas in which project activities, including water and sanitation, have the greatest chance of success. These villages should be selected to begin the program if a spread effect is hoped for. The villages of Ukungu, Shungukoy, and Djalu which were visited in the Sankuru are examples of places to start project activities.

Training

If the water and sanitation component of this project is to succeed, special training in water and sanitation and associated community mobilization techniques for the trainers of animation workers would be desirable. The WASH Project could provide the personnel, curriculum design and training materials for this activity.

2.2 Water and Sanitation Component of the Proposed Africare Integrated Rural Development Project

Three major water and sanitation activities are foreseen in this project: well digging, improvement of existing springs, and latrine construction with accompanying hygiene education. All of these activities are to be carried out in nine villages of the Popokabaka collectivity in the Bandundu Region in the context of an integrated development scheme. Several questions need to be dealt with, however, before this project is implemented:

2.2.1 General Questions

1. Why is the project limited to only nine villages when there are many more in the collectivity?

The size of the budget is such that the cost per capita for any activity including water and sanitation improvements is extraordinarily high. With a \$1,500,000 budget all 45 villages could be covered.

2. What is the overall operational model?

A conceptual model of integrated rural development is presented in the proposal but is not, unfortunately, worked out operationally in the several lines of activity planned.

2.2.2 Questions Related to Water and Sanitation

1. How was the type of water supply improvement decided upon for a given community?

Some communities are slated for well construction, others for spring improvement, but no mention is made of the rationale used for deciding which technology is appropriate in a given situation. Were water table estimates made, for example? Were spring flows measured or water use estimated?

2. What are the plans for maintenance?

If handpumps are to be used, how will community participation serve to assure maintenance workers, active surveillance, and supply of spare parts?

3. How will government well teams operate in the community context?

Who are these well teams? How will they relate to community structures? In many countries well drilling teams are concerned only with putting in the well and getting out as quickly as possible. They can be used to advantage, however, in training villagers in the techniques of both well installation and maintenance?

2.3 Water Supply and Sanitation as a Nutritional Intervention

In discussing approaches to improving the nutritional status of rural populations of Zaire, both project documents overlook the influence of infections, particularly diarrhea, on the nutritional status of infants and children. The synergism of infection and undernutrition is well known but recent evidence tends to indict diarrhea as responsible for most of the weight loss experience by young children in the age group 6-30 months. Studies in Bangladesh and the Gambia offer evidence that in this age group it is the intestinal malabsorption set up by the bacterial overgrowth of the small intestine that is responsible. Rehydration apparently prevents death from dehydration but fails to reverse weight faltering.

By implication, then, improvements in water supply and sanitation because of their potential for lowering the incidence of diarrhea and reducing fecal-oral transmission of intestinal pathogens can be viewed as positive interventions in the infection/nutrition cycle.

Considerable interest is therefore warranted in water and sanitation components of the several nutrition projects underway in Zaire.

Chapter 3

POTENTIAL FUTURE WASH SERVICES

There are three WASH services with potential for Zaire: training of trainers, engineering, and evaluation.

3.1 Training of Trainers

A three-member WASH team composed of a trainer and technical experts in water supply/sanitation and community participation could be detailed for a period of weeks to help conduct training courses for trainers of village workers.

Wembo-Nyama might be a first site since the Filipino Public Health Nurse who is there is scheduled to leave in early November. This will leave a single Zairois public health nurse with responsibility for the entire public health program.

3.2 Engineering

As mentioned earlier, the water supply and sanitation of larger social complexes such as missions, hospitals, schools, etc., will require technical solutions where serious cost, installation, and maintenance issues must be addressed. WASH could provide engineering expertise to the Church of Christ of Zaire project to help guide decisions regarding technical options.

3.3 Evaluation

Because of the direct relationship between water quality/quantity, sanitation, and hygiene education and a host of the health problems addressed in both projects, WASH could be called on to provide one or two members of the teams for the periodic evaluation of the projects.

Chapter 4

CONCLUSION

The results of the above investigations and the recommendations were discussed in two meetings at the Mission: one on August 3, 1981 with Cliff Belcher, the Health Population and Nutrition Officer, and the other on 4 August, 1981 with the Mission Director and senior staff members. Substantial agreement was reached on most points. Finally the visit resulted in what may be a new way of conceiving of water and sanitation interventions in a policy sense, namely as a form of nutritional intervention.

WATER AND SANITATION FOR HEALTH (WASH) PROJECT
ORDER OF TECHNICAL DIRECTION NUMBER 47
July 24, 1981

TO: Mr. Dennis Warner, P.E.
WASH Project Director (Acting)

FROM: Victor W. R. Wehman, Jr., P.E., R.S. *VWR*
A.I.D. WASH Project Manager

SUBJECT: Provision of Technical Assistance Under WASH Project Scope of Work
for U.S. A.I.D./Zaire

REF: ✓ A) State 144685, June 3, 1981
✓ B) Kinshasa 6327, June 16, 1981
✓ C) State 178143, July 8, 1981
✓ D) Kinshasa 7404, July 15, 1981
✓ E) WASH/Zaire 90, July 22, 1981
✓ F) WASH/Burundi 89, July 22, 1981

1. WASH contractor requested to provide technical assistance to U.S. A.I.D./Zaire as per reference D, paragraph two, assuming Dr. Isely is still available to spend the two (2) days as planned in Kinshasa for meetings.
2. WASH contractor authorized to expend up to five (5) person days of effort over the period of July 25, 1981 through August 30, 1981 to accomplish this technical assistance effort and follow-up as required.
3. Contractor to provide detailed debriefing of visit within one (1) week of return from field and provide formal report and conclusions/recommendations of trip to Africa Bureau and U.S. A.I.D./Zaire within thirty (30) days of return from visit.
4. Contractor to coordinate directly with and keep informed AFR Desk Officer, AFR/DR/ENG (Mr. Gould) and AFR/DR/HN, Dr. Shepperd. Advise U.S. A.I.D. and above ~~ETA~~ *of* of Dr. Isely and other information as appropriate.
5. Contractor authorized up to four (4) person days of international per diem during this effort.
6. WASH contractor authorized to transport Dr. Isely from Burundi to Kinshasa, Zaire and pay local travel as necessary. Transport costs from Zaire to Washington, D.C. should be under OTD 36 on Burundi scope of work, i.e., return air fare from Burundi to Washington, D.C.
7. Miscellaneous costs NTE \$300 are authorized.

8. Contractor authorized to rent vehicle, but Mission is encouraged to support consultants local travel in Zaire to the extent possible and reasonable with Mission vehicles.
9. Mission and Dr. Isely should be contacted immediately and technical assistance initiated as soon as possible and convenient to U.S. A.I.D./Zaire.
10. Appreciate your prompt attention to this matter. Good luck!

ZAIRE

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DR/H/I: GDELUCA
DR/CCMAP: LEONH (DRAFT)
AFR/DP: DWILSON (DRAFT)
PPG/PDPR: ABLOOM (DRAFT)
AFR/CA: HILSTEVERSON (DRAFT)

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E.O. 12065: N/A

TAGS:

SUBJECT: BASIC RURAL HEALTH (660-0986) - PID REVIEW

REFS: (A) STATE 71258, (B) KINSHASA 5024

1. PID REVIEW MEETING, CHAIRED BY DIRECTOR, AFR/CA, WAS HELD ON MAY 28TH TO REVIEW EARLIER AID/W DECISION TO WITHHOLD PID APPROVAL IN LIGHT OF INFORMATION PROVIDED BY REF B. BASED ON THAT REVIEW THE PID IS APPROVED, SUBJECT TO THE FOLLOWING RECOMMENDATIONS.

A. THE PP SHOULD PROVIDE FOR THE STRONGEST POSSIBLE INVOLVEMENT OF THE GOZ. AID/W VERY CONCERNED THAT THE PROJECT PROVIDES SO LITTLE ASSISTANCE TO INSTITUTION BUILDING WITHIN THE MINISTRY OF HEALTH, PARTICULARLY IN HEALTH PLANNING, MONITORING AND EVALUATION. WE MUST CONTINUE TO PROVIDE FOR GOVERNMENT CAPABILITY TO PERFORM THOSE FUNCTIONS, ESPECIALLY WHERE, AS HERE, THE PRIVATE, VOLUNTARY SECTOR IS TO DELIVER THE HEALTH SERVICES. OUR PROPOSED ASSISTANCE IN PARTICIPANT TRAINING AND IN INFORMATION GATHERING AND DISTRIBUTION ARE SEEN AS THE PRIME AREAS WITHIN THE PROJECT TO PROVIDE SOME ASSISTANCE TO ZAIRE'S HEALTH PLANNERS. IT WOULD BE

ESPECIALLY PERSUASIVE TO AID/W IF PP COULD PROVIDE GOZ WITH THE CAPABILITY TO CONTINUE TRAINING ON THEIR OWN. THE PP MUST BE ESPECIALLY STRONG IN THE AREAS. THE FACT THAT WE WILL HAVE A BILATERAL AGREEMENT, RATHER THAN AN AID/PVO AGREEMENT, WAS VIEWED FAVORABLY.

B. RECURRENT COSTS SHOULD BE MORE FULLY CONSIDERED. REF B CONCLUDES THAT THESE COSTS ARE MINIMAL, BUT FAILS TO PROVIDE EVEN THE ROUGHEST ESTIMATE OF WHAT THE COSTS TO GOZ OR ECZ WILL BE. REF B DISCUSSION IS CENTERED ON FUEL COSTS AND DOES NOT CONSIDER MAINTENANCE OR REPLACEMENT OF THE 20 FOUR-WHEEL DRIVE, 5 TWELVE-TON TRUCKS OR 500 BICYCLES. CONSIDERING THE GOZ BUDGET CUTS IN HEALTH CARE, WE QUESTION THE ASSERTION THAT GOZ COSTS OF SUPERVISION AND RETRAINING ARE "A NORMAL PART OF THEIR PLANNED EXPANSION." ALL EVIDENCE POINTS TO A DECREASE RATHER THAN AN EXPANSION. THE ANALYSIS SHOULD SHOW COSTS TO BOTH GOZ AND ECZ. THE FINAN-

C. THE ESTABLISHMENT AND OPERATION OF VIABLE, SELF-FINANCING PRO-PHARMACIES, THE FINANCIAL CRUX OF THE HEALTH SYSTEM, IS EXTREMELY COMPLEX, AND WILL REQUIRE CAREFUL ANALYSIS, DESIGN AND MONITORING. THIS PORTION OF THE PROJECT SHOULD BEGIN ON A PILOT BASIS, WITH OUTSIDE ASSISTANCE IN DESIGN AND CAREFUL MONITORING DURING THE INITIAL PERIOD OF OPERATION TO ASSURE CONTINUITY OF THE SYSTEM. AID/W SUGGESTS THAT USAID UTILIZE ASSISTANCE OF SUCH CENTRALLY-FUNDED MACHANISMS GROUPS AS APHA TO LOCATE EXPERTISE IN DESIGNING AND OPERATING THE PRO-PHARMACIES;

D. THE OUTPUT OF 30,000 LATRINES AND 1,500 WATER SOURCES FOR DOLS 300,000 STRIKES AID/W AS OPTIMISTIC, BOTH IN THE NUMBERS TO BE INSTALLED AND IN THE AMOUNT OF FUNDS REQUIRED TO ACCOMPLISH THIS PURPOSE. TO HELP ASSURE SUCCESS OF THIS COMPONENT WE SUGGEST THAT USAID INCORPORATE THE ASSISTANCE OF THE CENTRALLY-FUNDED WATER FOR SANITATION AND HEALTH (WASH) PROJECT INTO THE PP. THE WASH PROJECT CAN PROVIDE SHORT-TERM CONSULTANTS, AT NO COST TO THE PROJECT, TO HELP PLAN AND IMPLEMENT THIS PORTION OF THE PROJECT.

2. USAID/KINSHASA MAY AUTHORIZE THE PROJECT IN ACCORDANCE WITH APPROPRIATE DELEGATIONS OF AUTHORITY. THE AUTHORIZATION MAY NOT EXCEED DOLS 5,000,000. HAIG

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O. W. Johnson
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Department of State

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FOR RAY ISLEY, DSB

E. O. 12065: N/A
SUBJECT: AFRICARE PROPOSAL

REF: KINSHASA 5804

1. BASED ON RECENT KINSHASA DISCUSSIONS WITH DR. JAMES SHEPPERD, USAID UNDERSTANDS THAT REGIONAL RESOURCES MAY BE AVAILABLE FROM WASH PROJECT WHICH WOULD HELP SUPPORT FURTHER DEVELOPMENT OF SUBJECT PROPOSAL.
2. IF SO, USAID SUGGESTS AFRICARE MIGHT BE AIDED IN DEVELOPING ADDITIONAL PROGRAM INFORMATION CALLED FOR IN REFTEL BY CALLING ON WASH PROJECT FOR ASSISTANCE. SUCH ASSISTANCE MIGHT BE PARTICULARLY HELPFUL IN VIEW OF AFRICARE'S MOST RECENT EMPHASIS ON WATER SUPPLY AND SANITATION.
3. REQUEST PRIORITY REPLY. OAKLEY

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AFR/DR/CCWAP/ANDERSON

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APPROVED BY AID/AFR/DR/CCWAP: LBOND
AID/AFR/CA: OLUSTIG (PHONE)
AID/DR/HN: GDELUCA
AID/P /P PR B OOM (INFO)
AID/DS/HEA: VWEHMAN (PHONE)
AIDF / R: N N

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INFO AMEMBASSY BUJUMBURA

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E. O. 12065: N/A

TAGS:

SUBJECT: ZAIRE - RURAL PRIMARY HEALTH (660-2233)

1. AFR/DR, IN PID REVIEW MEETING, SUGGESTED THAT DS/HEA FUNDED PROJECT QUOTE WATER AND SANITATION FOR HEALTH UNQUOTE (WASH) BE CONSIDERED AS A SOURCE OF S-007 TERM TA IN WATER AND SANITATION SEGMENTS OF THIS PROJECT. WE HAVE LEARNED THAT WASH PROJECT ASSOCIATE DIRECTOR, DR. RAY ISLEY, IS CURRENTLY IN BURUNDI, AND, IF USAID APPROVES, COULD VISIT KINSHASA O/A JULY 28, WITH NO COST TO USAID AND LITTLE EXTRA COST TO WASH PROJECT. PLEASE ADVISE AID/W, WITH INFO BUJUMBURA, OF USAID'S INTEREST AND PROVIDE SCOPE OF ACTIVITIES FOR TWO TO THREE DAY TOY, IF INTERESTED.
2. PLEASE SLUG RETURN TO ANDERSON, DR AND WEHMAN. DS/HEA. HAIG

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INFO AMEMBASSY BUJUMBURA

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AIDAC
FOR ANDERSON, AFR/DR; WEHMAN, DS/HEA

E.O. 12065 N/A
SUBJECT ZAIRE - RURAL PRIMARY HEALTH (660-0086)

REF STATE 178143

1. MISSION CONCURS WITH VISIT O/A JULY 28 OF WASH PROJECT ASSOCIATE DIRECTOR, DR. RAY ISLEY.
2. SCOPE OF ACTIVITIES WOULD INCLUDE MEETINGS WITH ECZ MEDICAL ADVISORS MR. AND MRS. RALPH GALLOWAY AND MINISTRY OF HEALTH OFFICIALS, AS WELL AS STUDYING AND COMMENTING ON THE PROJECT PAPER. USAID BELIEVES TWO DAY TDY TO BE SUFFICIENT. PLEASE ADVISE EXACT ETA ASAP SO PREPARATIONS CAN BE MADE. OAKLEY

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Mr. Vic Wehmen

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FR
PUBLIC HEALTH OFFICER
USAID MISSION
AMEMBASSY
KINSHASA, ZAIRE

FROM: DENNIS WARNER, WASH PROJECT

REF: KINSHASA 07407 OF JULY 15: VISIT OF ISELY O/A 28 JULY

OUR CABLE 090

ISELY ADVISED THAT ZAIRE VISIT APPROVED AND GIVEN SUMMARY OF EXPECTED ACTIVITIES. ISELY INSTRUCTED TO ADVISE KINSHASA EXACT ETA.

WASHAID 64552
NNNN*
ACCEPTED TMN930 BEING PROCESSED

OTD #36

WUI GA
11123

TELUS 003 1340 07/22
FR

TO: ABBIE FESSENDEN
USAID MISSION
AMEMBASSY
BUJUMBURA, BURUNDI

FROM: DENNIS WARNER
WASH PROJECT

FOR ATTENTION OF RAY ISLEY, WASH CONSULTANT

USAID ZAIRE (REF. KINSHASHA 07404 OF 15 JULY) CONCURS WITH ISLEY VISIT O/A 28 JULY. SCOPE OF ACTIVITIES WOULD INCLUDE MEETINGS WITH ECZ MEDICAL ADVISORS MR. AND MRS. RALPH GALLOWAY AND MINISTRY OF HEALTH OFFICIALS, AS WELL AS STUDYING AND COMMENTING ON THE PROJECT PAPER. USAID BELIEVES TWO DAY TDY TO BE SUFFICIENT. PLEASE ADVISE USAID KINSHASHA EXACT ETA ASAP SO PREPARATIONS CAN BE MADE.

OUR CABLE: 089

NNNN*

ACCEPTED TMJD45 BEING PROCESSED

Western Union International, Inc.



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APPENDIX B

Officials Interviewed

USAID Mission/Kinshasa, 1-4 August, 1981

Cliff Belcher, Health Population and Nutrition Officer

Utchudi Lumbu, Assistant Health Population and Nutrition Officer

Norman Sweet, Mission Director

Walter Boehm, Agricultural Development Officer

Lee Braddock, Program Officer

Department of Public Health, Government of Zaire, 1 August, 1981

Dr. Kankenza Muamaimbo, Director of Preventive Medicine

Church of Christ of Zaire, 1 August, 1981

Citoyen M'Benga, Director of Programs

Kongolo, 24-25 July, 1981

Merritt Sargent, Chief-of-Party, North Shaba Project (Development Alternatives, Inc.)

Robbie Ackerman, Administrator, North Shaba Project

Wembo-Nyama, 26-28 July, 1981

Josephine C. Saprid, Public Health Nurse

Dikoma Shungu, Director of Public Health

Kahudi Shungukoy, Chef de Collectivite

Djalu, 29-30 July, 1981

Mboo Mwimba, Chef de Collectivite

District Superintendant, Methodist Church

APPENDIX C

Sites Visited

Wembo Nyama 26-27 July, 1981

Reviewed reports from village health committees in 8/25 target villages.

Visited one spring scheduled for early capping.

Ukungu 27 July, 1981

Visited two uncapped springs scheduled for capping and a sample of fourteen household latrines.

Opombo 27-28 July, 1981

Visited three uncapped springs.

Djalu 29-30 July, 1981

Visited one uncapped spring (Katcha Honda) proposed for early capping.