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Management Development Plan
for
Family Planning Management Training
in Zaire

Prepared by:

Management Sciences for Health
Boston, Massachusetts USA
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ZAIRE
TABLE OF CONTENTS

I. Executive Summary: Zaire.....	1
II. Assessment Process.....	4
III. Country Profile: Zaire.....	6
Figure I.....	14
Figure II.....	15
IV. Projet des Services des Naissances Desirables.....	16
Organizational Background.....	16
Organizational Structure.....	17
Organizational Decision Making.....	17
Facilities and Equipment.....	18
Strategic Planning and Goal Setting.....	18
Budgeting, Financial Management, and Control.....	18
Fund Raising and Financial Sustainability.....	19
Policy Formulation.....	19
Coordinating with other Programs.....	20
Strategies for Service Delivery.....	20
Communication/IEC.....	21
Human Resource Development and Management.....	22
Supervision.....	23
Logistics System.....	23
Operations Research.....	24
Monitoring and Evaluation.....	25
Figure III.....	26
Figure IV.....	27
V. Training Resources.....	28
CENACOF.....	28
CPA.....	31
Ecole de Sante Publique.....	33
VI. Strategies for Training and Technical Assistance.....	36
Analysis of Family Planning Organizations.....	36
Analysis of Management Training Resources.....	37
Options for Training and Technical Assistance.....	39
Schedule of Visits.....	40
Persons Contacted.....	42
Attachment A: Memorandum.....	44
Attachment B: Matrix of Activities.....	47
Attachment C: Descriptions.....	51
Attachment D: Budgets.....	71

Appendix I

Appendix II

Appendix III

Appendix IV

Appendix V

Appendix VI

I. EXECUTIVE SUMMARY: ZAIRE

A needs assessment trip to Zaire was carried out by the Family Planning Management Training project from February 17-28, 1986. The FPMT team worked in conjunction with a team from INTRAH to carry out the assessment. The team was composed of Ken Heise and Jim Wolff from Management Sciences for Health, Jim Herrington of INTRAH, and George Walter of Santa Cruz. This approach should be considered for future assessments as it reduces the demands placed on USAID and the family planning organizations and allows for a more comprehensive assessment and training proposal.

The team met with USAID officials, representatives of the Ministry of Health, members of Family Planning Organizations, and the directors of three training institutions. Initial briefings focused on the type of training that could be provided by the FPMT and INTRAH. These were followed by in-depth discussions and interviews with key staff persons of the family planning organizations. Previous reports and documents were discussed, and the internal workings of the various organizations were carefully observed.

There are two organizations in Zaire involved uniquely in family planning. These are the Projet des Services des Naissances Desirables (PSND), an AID funded bilateral with an urban focus; and the Association Zairoise pour le Bien-Etre Familiale (AZBEF), an IPPF affiliate with a country-wide mandate. A third organization, Soins de Sante Primaires en Milieu Rural (SANRU), is an AID-funded Primary Health Care Project with a family planning component. A recently formed women's organization, the Centre d'Encadrement des Femmes en Matiere de Developpement (CEFD) hopes to become involved in family planning motivation work.

The team concentrated its efforts on identifying the training needs of the PSND and AZBEF, as these two organizations currently provide the bulk of family planning services in Zaire. INTRAH examined the training needs from the clinical and motivational perspective, while FPMT looked at each organization's management training needs. Since its creation in 1982, the PSND has struggled to define its role and develop a viable organizational structure. Many of the top-level posts within the PSND are staffed by professionals from AZBEF assigned full- or part-time to the PSND. The integration of these persons has proved difficult and relations between the two organization have often been strained. The resultant lack of coordination and collaboration has had a negative impact on the morale and development of each organization, and has limited the effectiveness of their family planning activities.

One of the objectives of the Family Planning Management Training project is to identify country-institutions capable of providing management training. By working with these institutions to develop a family planning management training capacity there is the prospect for continued training after FPMT project assistance

has ended.

To this end, the FPMT team met with the directors of three training institutions: the Centre National de Coordination de la Formation au Developpement (CENACOF); the Centre de Perfectionnement en Administration (CPA); and the Project Ecole de Sante Publique. Each institution expressed an interest in collaborating with FPMT to develop and undertake management training activities.

In addition, two individuals with strong training skills were identified. Each expressed an interest in collaborating with FPMT, either alone or in conjunction with one of the management training institutions.

The assessment team identified five categories of problems facing the family planning organizations. These can be described as problems of:

1. Internal management;
2. Inter-agency coordination;
3. Integration of family planning into primary health care;
4. Family planning motivation and outreach;
5. Pre-service and in-service training for service providers.

The thrust of FPMT training activities will be on categories 1 and 2 above, while INTRAH will develop proposals to address categories 3, 4 and 5.

To help resolve the problems facing the family planning organizations, and to promote more effective family planning services, a long-term training program has been developed. The team recommends that:

1. CENACOF be chosen as the in-country training institution for FPMT activities. In addition, FPMT should contract with a local American training expert to help build CENACOF's capacity to offer family planning management training.
2. A series of organizational development workshops be organized for the PSND and AZBEF over a two year period. These workshops would stress team building, conflict resolution, human resource development, planning, and other key issues.
3. Special workshops for AZBEF board members be designed. These workshops, carried out regionally, will help board members to clarify their roles, understand the family planning environment and structure their contributions to the family planning programs in their regions.
4. Two organizational development workshops be organized for CEFD central staff. The initial workshop would stress

team building, communication, program planning, and the special needs of a voluntary organization. The second workshop, a year later, would respond to CEFD's evolving management needs.

5. A two week workshop be organized bringing together representatives from all organizations involved in family planning. The purpose of the workshop will be to promote a higher degree of collaboration and cooperation, conduct joint planning exercises, and clarify the role and responsibility of each organization.

USAID and the family planning organizations have expressed their interest in the proposed activities. USAID has indicated that it will be able to finance the local currency costs of some of the proposed training activities. The FPMT team feels there is a strong need for management training in Zaire, and this need is recognized by the family planning organizations themselves. In short, a good climate for training exists in Zaire.

II. ASSESSMENT PROCESS

The USAID/Zaire mission requested that FPMT conduct a needs assessment visit to Zaire to look at the management training needs of the bilateral family planning project and the IPPF-supported Family Planning Association. Aware that INTRAH would also be undertaking a needs assessment of the same organizations, FPMT proposed that a joint visit be made. The proposal was agreeable to all parties, and the visit took place from February 17-28, 1986. The team consisted of Mr. Ken Heise, the FPMT Operations Officer for Africa and Asia, Dr. James Wolff, FPMT Trainer, Mr. James Herrington, INTRAH Program Coordinator, and Dr. George Walter, Training Coordinator for the International Health Program at Santa Cruz.

Working together, the team looked at the training needs (clinical, management, IEC) of several organizations involved in family planning in Zaire. These included the Projet des Services des Naissances Desirables (PSND), the Association Zairoise pour le Bien-Etre Familiale, Soins de Sante Primaires en Milieu Rural (SANRU), and the Centre d'Encadrement des Femmes en Matiere de Developpement (CEFD). The assessment process included preliminary, interim, and final briefings with USAID, the Departement de la Sante Publique, and the parastatal health coordinating organization, FONAMES (Fonds d'Assistance Medico-Sairitaire).

Training needs were identified during discussions and interviews with the leaders, managers, and service providers of the above-mentioned organizations. Discussions centered on problems identified in earlier reports and evaluations in addition to problems identified by the team and members of the family planning organizations themselves. The team was impressed by the openness of the discussions and the interest and cooperative spirit shown by the organizations in resolving the problems identified.

Following the preliminary assessments, the FPMT and INTRAH teams focussed additional time on the training needs most appropriate to their mandate, i.e., management training for FPMT and paramedical training for INTRAH. Findings were shared and discussed and are presented in a single report.

The FPMT team also looked at three institutions with which future collaboration in training might be possible. These were the Centre National de Coordination pour la Formation au Developpement (CENACOF), the Centre de Perfectionnement en Administration (CPA), and the Ecole de Sante Publique. Each institution presents interesting possibilities for collaboration. In addition, the team met with certain individuals who could be used as consultants for eventual training activities.

The team's findings and proposals were presented to USAID, FONAMES, and the family planning organizations. They were favorably received, and it is felt that a strong degree of

commitment will be forthcoming. A copy of the proposed training activities, including a tentative timetable, was given to USAID for review.

III. COUNTRY PROFILE: ZAIRE

Background

The Republic of Zaire (formerly the Belgian Congo) is located in the West/Central African region of the continent, and is the third largest and second most populous country in that region. The nation shares its borders with the Central African Republic and the Sudan to the north; Uganda, Rwanda, and Burundi to the East, the Congo to the West, and Zambia and Angola to the south and southwest, respectively. The country is divided into nine regions: Bas Zaire, Kinshasa (the capital), Bandundu, Equateur, Haut-Zaire, Kivu, Kasai Oriental, Kasai Occidental, and Shaba. The majority of the people are Catholic, Protestant, or Kimbanguiste.

The outside world did not reach the interior of Zaire until a little over a hundred years ago. The central lowlands are hot and humid, clogged with dense rain forests, and traversed by the intricate Zaire river system which extends over 8,000 miles. Zaire has rich mineral resources in the southern highlands, providing more than 50% of the world's cobalt, and large quantities of industrial diamonds, copper, tin, uranium and other minerals.

Zaire is essentially a multi-ethnic nation, diverse in both culture and language. The official languages are French and four regional languages: Lingala, Tshiluba, Kikongo, and Kiswahili. Over 200 dialects are also spoken.

Between 30 and 33 million people live in an area of almost a million square miles, with the population increasing at an annual rate of approximately 2.9%. The population projection for the year 2000 has been estimated at 50 million. According to 1983 figures, the population density per square kilometer is 14. Approximately 46% of the population is under 15 years of age. Two-thirds of the population lives in rural areas.

Economy

Zaire has a highly dualized economy with much room for possible development. Its rich minerals sector is complemented by an unusually high potential for agricultural development, with relatively low population pressure, more than adequate rainfall, and a variety of agricultural environments. Despite this potential, Zaire's income and rural productivity are among the lowest in Africa: per capita income of 190 U.S. dollars (1982) and 26 per cent of the GDP derived from agriculture (1977).

Although the State owns and operates many large commercial enterprises, such as the railroad, river transport, air travel, and communications industries, private enterprise is encouraged by the government and Zairians have a highly developed entrepreneurial spirit. Joint ventures between the State and foreign investors are also common.

The majority of the work force is engaged in subsistence agriculture. Staple crops include cassava, rice, plantains, corn, and sweet potatoes. With the exception of some large coffee, tea, palm oil, and rubber plantations, farm plots tend to be small and the farming techniques rudimentary. Slash and burn field preparation, and the failure to rotate crops, mean that new farm land must be continually sought.

Zaire's development has been slowed by a number of factors, although none more important or wide-reaching than its colonial heritage. Zaire was poorly prepared for independence, and her fragile political and economic structures were severely tested in the year of civil unrest following independence in 1960. With some measure of calm restored by the late 1960's, Zaire borrowed excessively in international capital markets and made politically advantageous but economically non-productive investments and policy decisions. With the fall in the price of copper in 1974, Zaire entered a period of negative growth and high inflation. Since 1983, when the GOZ reached a Standby Agreement with the IMF, the government has initiated economic reforms which have lowered inflation, improved the terms of trade, and could lead to a sustained development effort.

Development efforts in Zaire are hindered by the poor communication and transportation infrastructure. Roads are impassable at certain times of the year, and air travel is expensive and unreliable. The postal system is in disarray, and telephone services outside the capital are essentially nonexistent. The country's geographical vastness and harshness, the colonial heritage, nationalistic conflict, and cultural and linguistic diversity, all conspire against the best development efforts.

Government

Zaire gained its independence from Belgium on June 30, 1960, and was plunged almost immediately into a divisive, bloody internal conflict which lasted much of the decade. The rapid exodus of the Belgians, coupled with the ensuing civil strife, virtually destroyed the country's economic viability. Relative peace and stability were restored with the coming to power of Mobutu Sese Seko in 1965. He remains in power to this day.

During the 20 years of his reign, Mobutu has amassed great power and wealth and effectively eliminated all major challenges to his rule. An astute and pragmatic politician, he has managed to build up national unity while placing his personal stamp on all facets of Zairian life. While pursuing a primarily pro-Western political and economic orientation, he has nonetheless maintained ties and received assistance from the Eastern bloc countries as well. The one political party is the Popular Movement of the Revolution (MPR), to which all Zairians belong from birth. There is no legal opposition to Mobutu or the MPR.

There are presidential elections every seven years, the most recent one in 1984. Voting is mandatory, and Mobutu won over 99% of the vote. There was no opposition candidate. There is also a popularly elected legislative body, or parliament, with little real power. Ministers are appointed by the President and seldom remain in office for more than a year at a time (between 1980 and 1985 there were six different Ministers of Health). Collectively the Ministers form a body called the Conseil Executif which plays an important role in policy formulation and implementation.

Mobutu has not severed his ties with the military. He has risen from the rank of Colonel in 1965 to Field Marshall in under 20 years. The military does not routinely occupy political positions in the government, though their omnipresence is in itself a form of political power. Underpaid, poorly trained, and ill-disciplined, the military is held in low regard by the general public.

Each of the nine regions is run by a governor appointed by the President. As with the Ministers, they are replaced frequently to prevent them from building independent bases of power. Each region is divided into sub-regions and collectivities, with political appointees occupying the top leadership positions. Traditional chiefs are frequently integrated into the system at the level of "Chef de Collectivite".

Social Characteristics

Reliable data on primary, secondary, and post-secondary school enrollment are lacking. However, it is estimated that approximately 90% of the eligible aged children attend primary school, despite relatively high enrollment fees. Enrollment drops off abruptly in secondary school, with an estimated 33% of the eligible males and 13% of the eligible females attending. Post-secondary school education is highly sought after. Regional Teacher Training Institutes, Vocational and Technical Schools, and the National University are able to accommodate only a small percentage of the aspiring students.

Literacy rates vary widely by age, sex, and region. It is estimated that in the 15 and over age group, 74% of the males and 37% of the females are literate.

Women in rural areas, in addition to their domestic responsibilities, are the backbone of the agricultural work force. Men compete for the limited number of professional and commercial positions available. Unemployment and under-employment rates are high, both in rural and urban areas. Professional opportunities for women are limited outside of the nursing profession.

A woman may marry as early as age 14. A married woman must have her husband's permission to seek employment, open a bank account, or engage in legal proceedings of any kind. Technically, the husband's permission must also be granted before a woman may seek contraceptive services, but this convention is frequently ignored or circumvented.

Marriage is nearly universal in Zaire, and the paying of a brideprice is still the rule. Informal, unsanctioned polygamous arrangements are common in both rural and urban areas.

Health Characteristics

The health situation in Zaire, as in much of tropical Africa, is dominated by the presence of several major illnesses: malaria, diarrhea and respiratory infections. A large proportion of the morbidity and mortality, especially in the under five population, can be attributed to malnutrition.

Zaire has adopted the Alma Ata declarations on Primary Health Care, and is actively working to design and implement strategies to meet the country's enormous health challenges. The Departement de la Sante Publique (DSP) is the government ministry charged with this task. An organogram is attached at the end of this section (Figure 2).

Health services in Zaire are currently provided by a bewildering array of groups and institutions. Government-run hospitals, maternities, and clinics are found in every region, often understaffed and in an advanced state of disrepair and financial insolvency. In general, better quality care can be obtained from health facilities run by the Catholic, Protestant, and Kimbanguiste missions. These facilities are quite numerous, relatively well supplied with drugs, and may have expatriate personnel on their staff. Another source of health care is in the work place, as many industries, companies, and agencies offer health care services to their employees. The national labor union (UNTZA) has been active in this regard. In recent years the private sector has become an important part of the health delivery network. Many doctors and nurses, dissatisfied with the low government pay scale, have opened private clinics and practices. Traditional medicine is still widely practiced in rural areas, and is recognized by the Zairian government as a legitimate form of health care practice. Traditional Birth Attendants continue to provide a major portion of child-delivery care in much of rural Zaire.

To coordinate this diverse health care delivery system and to facilitate the provision of services to all areas of the country, the DSP has supported the creation of health zones. The country has been divided into 300 urban and rural health zones, each serving a population of approximately 100,000. About one-third of the zones are considered operational at this time.

When fully operational, each health zone provides promotive, preventive, and curative health care through a tiered system of care: community level health workers and development committees; health centers serving between five and ten thousand inhabitants; a reference hospital for referrals, and access to regional specialty facilities. Each zone will have a Medecin Chef de Zone, a doctor with specialized training in public health and primary health care. Sub-regional and regional medical officers supervise and coordinate the health activities in each region.

The DSP readily recognizes that it does not have the resources to support all 300 health zones. To remedy this problem, donor agencies and projects have been asked to take responsibility for setting up and running a

certain number of zones. The USAID Basic Rural Health Project, SANRU, has been charged with supporting 100 health zones. Other supporters include the Belgians, Italians, UNFPA, and the Catholic Church. The coordination of donor activities in the development of primary health care activities in the zones will be a major preoccupation of the DSP in the predictable future.

To assist the DSP in this task, a pre-existing, though largely defunct coordinating agency, FONAMES (Fonds d'Assistance Medico-Sanitaire) was resurrected in February, 1986. FONAMES, a parastatal organization, will reinforce the capacity of the DSP for all primary health care activities by supporting the creation and management of health zones, coordinating zonal primary health care activities, serving as a clearinghouse for information on primary health care, and by coordinating any disaster relief activities that may be necessary. Four major categories of activities or assistance are envisaged: Training (coordination of programs, curriculum revisions for medical and nursing schools); Supply (medication, medical equipment, vehicles, communication); Supervision and Evaluation; and Information.

It will be some time before all technical staff positions in FONAMES have been filled, and longer still before its capacity can be judged. There does appear to be a high level of commitment to the organization, and an over-riding consensus that the organization has a vital role to play.

USAID and other donors support a variety of health programs and projects in Zaire. In addition to SANRU, USAID supports the Area Nutrition Improvement Project in Bandundu, a project under the direction of the National Nutrition Planning Center. Zaire has a large EPI/CCCD project that is active in many of the country's health zones. USAID has recently signed a bilateral agreement with the Departement d'Enseignement Superieur et Universitaire to create a fully accredited School of Public Health separate from, but affiliated with, the Kinshasa Medical School. The School of Public Health will initially focus on training the Medecins Chef de Zone. A consortium of U.S. Schools of Public Health, headed by Tulane University, is to provide the technical expertise necessary for the creation of the School. The Belgians are a major donor in the health field through their medical cooperants, assistance to the Kinshasa Sante pour Tous project, and support to Leprosy, Tuberculosis, and other vertical programs. The French, Germans, and Italians also provide assistance in the health field, though at lower levels than Belgium and the US. Zaire also benefits from assistance through the World Bank, WHO, UNICEF, UNFPA, and numerous PVOs.

Historical and Current Status of Family Planning

The importance of birth spacing to protect the health of mothers and children has long been accepted in Zaire. Traditionally, birth spacing was achieved by means of a taboo on postpartum sexual relations varying in length from several months to several years. Husband and wife were often physically separated from each other during this time, the wife returning to her parents' home. Great social pressure and disapproval was brought to bear on couples who failed to space their children adequately. The

widespread practice of polygamy certainly facilitated the practice of postpartum abstinence from sexual relations. Other methods practiced to prevent or delay pregnancy include prolonged breastfeeding, withdrawal, medicinal plants, and abortion.

Coupled with the traditional belief in the value of birth spacing was the strong desire for large families. Children were seen as wealth, and a man and woman's esteem and importance rose with increasing numbers of children. Children also built up the strength of the clan, and provided some insurance to parents in their old age.

With modernization and urbanization, many of the traditional means for child spacing have broken down. Urban living conditions force a physical closeness that makes abstinence more difficult to practice. Many couples are no longer willing to undergo long periods of abstinence following the birth of their child. Polygamy is less common today than it was prior to independence.

Numerous studies from Zaire indicate that there are high levels of knowledge about both traditional and modern methods of contraception. Similarly, a large percentage of women of reproductive age practice, or have practiced in the past, some traditional method of birth spacing, mostly abstinence, withdrawal, and rhythm. These studies also indicate that a very small percentage of women use, or have ever used, modern forms of contraception. Prevalence of modern methods of contraception is thought to be as low as 3 to 5 percent. The modern methods most commonly used are oral contraceptives and injectables. Abortions are very widespread despite their illegality.

The tone for family planning in Zaire was set in 1972 with President Mobutu's announcement of the creation of the Comité des Naissances Desirables (CNND). The "desirable births" program was launched for health and humanistic reasons, largely out of concern for the growing number of unwanted pregnancies and illegal abortions occurring in Zaire. Initially, the CNND fell under the administrative responsibility of the Bureau du Président, but has since separated itself from the government. The CNND was to provide couples with the information, and eventually the means, to ensure that they could have the number of children they desired when they wished to have them. The program therefore encompasses the provision of infertility as well as contraceptive services.

A few years after its creation, the CNND began receiving financial assistance from the International Planned Parenthood Federation and gained affiliate status within the Federation. As CNND activities expanded, and as the volunteer support network developed, the CNND's statutes were again revised. The CNND is now the implementing arm of a private voluntary organization known as the Association Zairoise pour le Bien-Etre Familiale (AZBEF).

Throughout the 1970s the CNND worked to gain high-level political support for family planning, provide doctors and nurses with basic family planning training, and provide medical personnel with the means of offering services. The program enjoyed modest growth, reaching a level

of some 60,000 new and 60,000 continuing acceptors by 1983. In an effort to expand services and to involve the DSP to a greater degree in family planning, USAID gained approval for two bilateral projects in 1982; the Basic Rural Health Project (SANRU) which had a family planning component, and the urban Family Planning Services Project (PSND), a joint effort of the DSP and CNND. The CNND, PSND, and SANRU are the major organizations involved in family planning in Zaire. A host of U.S. cooperating agencies, including FHI, JHPIEGO, AVSC, PCS, CEDPA, and ACNM channel their activities through these organizations. Other family planning activities include Tulane University's Operations Research program in Bas-Zaire (PRODEF), services offered in clinics run by the women's arm (BUPROF) of the UNTZA, services offered in various medical facilities (private, industry, military, mission) and the sale of contraceptives in pharmacies.

With the exception of the PRODEF CBD programs and the haphazard, unregulated sale of contraceptives in pharmacies, nearly all family planning services in Zaire are clinic-based. The services offered are integrated with other MCH activities to the extent that the personnel trained to provide family planning services are also involved in providing regular MCH services. This level of integration however rarely translates into coordinated activity, and much remains to be done before services can truly be called integrated. The PSND, in collaboration with Tulane University, is planning to develop CBI programs in several cities in the coming years. The CNND also hopes to develop small pilot CBD programs in Kinshasa.

The PSND, CNND, and SANRU provide a wide range of contraceptives to over 500 clinics across the country. Available contraceptives include orals, condoms, IUDs, foam, and foaming tablets. Sterilization procedures are performed in a number of hospitals, often for medical reasons. JHPIEGO has trained numerous doctors in laparoscopy and has furnished some 20 laparoscopes to hospitals with trained personnel. Demand for services is quite low, and the laparoscopes, when used at all, are frequently used for diagnostic procedures. The Catholic Church, through its Bureau des Oeuvres Medicales (BOM), has taken an interest in Natural Family Planning. The BOM receives modest financial support from the International Federation for Family Life Promotion to provide training in NFP and to supply interested couples with information. NFP is also taught in the PSND, SANRU, and CNND training programs.

While there has never been any organized opposition to family planning, neither has there been any consistent public or government support for it. Fourteen years after the beginning of the Naissances Desirables program, there is still no national policy for family planning, although the provision of family planning services is one of the components of Zaire's primary health care strategy. Colonial era laws prohibiting the importation or distribution of contraceptives are still on the books, though never enforced. The GOZ has yet to include a budget line item for family planning despite annual requests from the PSND. The CNND is totally supported by the IPPF. The GOZ does provide in-kind support to family planning through salaries to PSND staff and by allocating space for family planning activities in DSP health facilities.

Population Policy

Zaire has no stated demographic policy. Family planning is viewed strictly as a health, and not demographic, intervention. There are signs however that the GOZ is beginning to view the country's rapid population growth with concern. Following the recommendations of the 1984 World Population Conference in Mexico City, the Ministry of Plan has proposed the creation of a Comite National de Population. USAID and UNFPA have supported participant training through population and development seminars and workshops. In order to increase awareness and mobilize support for population and family planning activities at the policy-making level, USAID has brought in the resources of the RAPID project to demonstrate the relationship between population growth and socio-economic development. Presentations have been made to Ministers and other top level decision-makers from many of the key Ministries. Building on the success of the RAPID project, a second AID-funded project, INPLAN, has provided computers, software, and training to the Ministry of Plan, National Statistics Institute, and the DSP to aid in analyzing population factors in development planning.

Basic vital statistics gathered from 1983-84 sources are detailed below in Figure I:

Figure I

Urban-rural population		
Urban (%).....	44.17	
Rural (%).....	55.83	
Rate of annual change		
Natural increase(%).....	2.9	
Urban (%).....	5.2	
Rural (%).....	1.3	
Crude birth rate (/1000).....	45.2	
Crude death rate (/1000).....	15.8	
(Rate of urban-rural migration data not available)		
Fertility and mortality		
Total fertility rate.....	6.09	
General fertility rate (/1000).....	198	
Infant mortality rate (/1000).....	107	
Life expectancy: male.....	48.3	
Life expectancy: female.....	51.7	
Life expectancy: total.....	50.0	
Age indicators		
Dependency ratio (populations in the age group "under 15 years" and "65 years and over" divided by the population "15-64 years.").....		91
Females aged 15-44 (millions)		
1980		
Total.....	6.0	
Married.....	4.9	
Literacy rate (%)		
Male.....	74	
Female.....	37	
(Age group 15+)		
Education (% of eligible age group in school)		
(Primary school age group: 6-11)		
Male.....	90	
Female.....	90	
(Secondary school age group: 12-17)		
Male.....	33	
Female.....	13	

Legal minimum marriage age

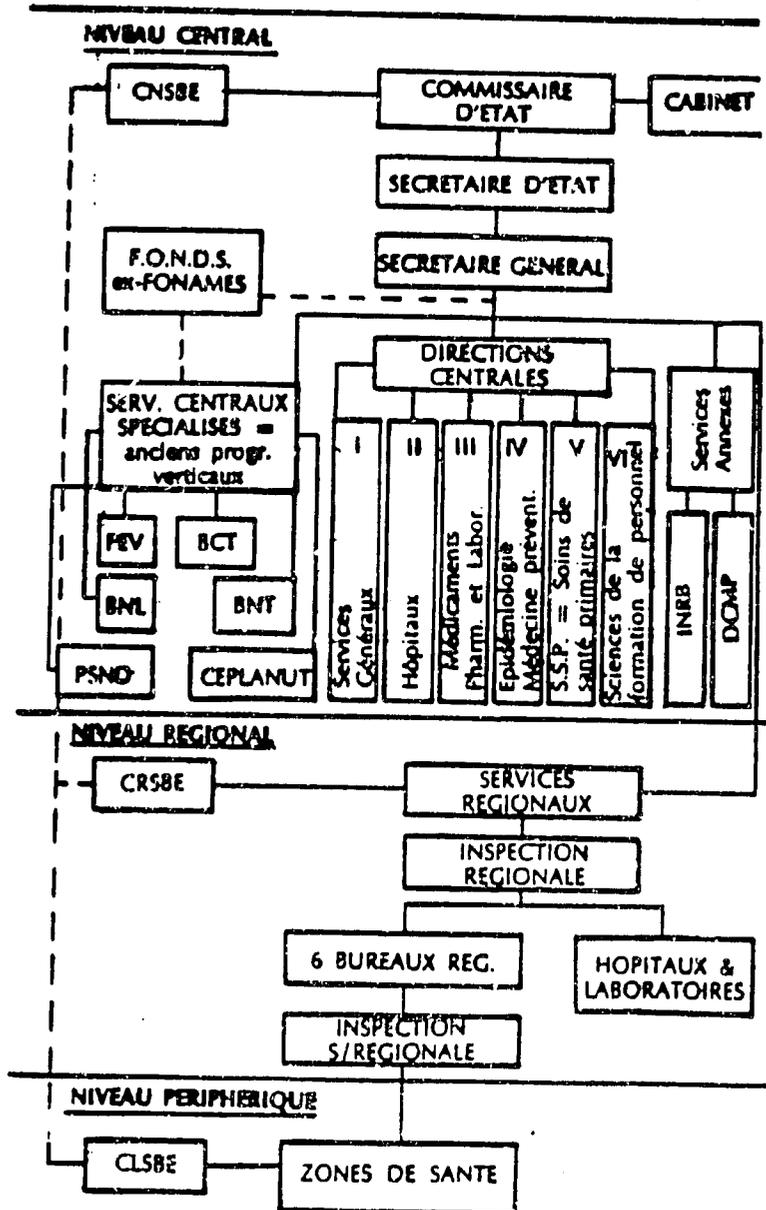
Male.....18

Female.....18

Figure 2

II) STRUCTURES DU DEPARTEMENT DE LA SANTE PUBLIQUE AU ZAIRE

L'organigramme du Département de la Santé Publique au Zaïre se présente comme suit :



IV. PSND

4.1 Organizational Background

The PSND (USAID Project 660-0094) is carried out by staff from the DSP and the CNND. Its administrative offices, a teaching center, a model clinic, and warehouse and garage are located on the grounds of the Kintambo Maternity Hospital in Kinshaa. The stated goal of the project is to "increase the use of voluntary family planning, assisting Zairian families to space their children and have the number of children they desire." Its major objective is to "increase contraceptive usage from 3% to 12% among couples in 14 target cities".

Current major program areas include: 1) coordination of family planning services, 2) family planning training at several levels, 3) production of IEC materials, 4) provision of contraceptives, 5) supervision of service delivery, and 6) collection of statistics and evaluation.

The PSND organogram is attached (Figure 3).

There are nine activities which have been identified as being necessary to achieve the goal of the project:

1. Actions to improve coordination of FP service delivery;
2. Development of technical skills;
3. Provision of training at several levels;
4. Production of didactic and informational materials;
5. Improvement of facilities through refurbishing and provision of basic equipment;
6. Provision of contraceptive commodities;
7. Development of an improved logistical support system;
8. Provision of actual service delivery;
9. Supervision, data collection and evaluation.

These activities are associated with nine outputs described in the project paper:

1. An effective management system;
2. Three training centers;
3. Curricula for medical and nursing schools;
4. 200 trained family planning service providers;
5. An improved and simplified service statistics system;
6. IEC material in French and one local language;
7. Effective systems of logistics and commodity reporting;
8. 75 urban service sites with 15 satellite community based programs;
9. 250,000 new and 125,000 continuing acceptors.

The PSND management team responsible for day-to-day activities is the Project Management and Coordination Unit (UAPC). It consists

of the Project Director, the Technical Advisor, and the Deputy Directors for Administration, Program, and Training. It meets on a weekly basis. There are 10 middle level managers who serve as heads of service for statistics, supervision, special projects, operational research, training, IEC, Clinique Libota Lilamu, administration, and supply.

4.2 Organizational Structure

Several organizational problems impeding effective management have been highlighted in the project's mid-term evaluation report. These are listed as follows:

1. Lack of clear definition of role and responsibility between DSP and CNND for implementing project activities;
2. Need to clarify specific budget and personnel contributions of each organization;
3. DSP and CNND staff isolated in separate facilities;
4. Part time nature of several key management positions impedes effectiveness of the UAPC;
5. CCP (Project Advisory Council) non-functional;
6. Direct hiring raises the question of long-term sustainability

The consequences to the organization are:

1. Duplication of efforts and structures between the CNND and PSND;
2. Weakening of the CNND and its ability to carry out independent functions;
3. Questions sustainability of project structures at end of AID funding;
4. Decreased management effectiveness of UAPC.

4.3 Organizational Decision Making

The PSND decision-making process is largely centralized, with the operational-level staff having very little role in the process. Decisions are made by the UACP and, in the words of one head of service, "imposed on the rest of the organization in the form of menacing, written notices." Very little information is shared among the different services, leading to poor coordination of activities. Very little information is exchanged between the PSND and the service delivery sites in the cities. Decisions affecting service delivery are made by the PSND and sent to the service sites.

The heads of service are responsible for developing annual work

plans which are reviewed and approved by the UACP. The global Plan d'Action is submitted to USAID and DSP for review.

An advisory board, called the Project Advisory Council (CCP), is supposed to provide overall direction and guidance to the PSND. As originally conceived, the CCP would have brought together representatives of all organizations involved in family planning. This proved unworkable, and a stream-lined CCP structure consisting of representatives of the DSP, AZBEF, and USAID has been proposed and accepted. The CCP is to meet at least four times annually to review PSND progress and engage in strategic planning. The CCP has minimal influence over the PSND's day-to-day operations.

4.4 Facilities and Equipment

With the exception of the Clinique Libota Lilamu, the PSND does not own or operate family planning clinics. Instead, the PSND provides existing medical facilities, be they government, military, mission, industry, or private, with the wherewithal to offer services. The PSND has a large fleet of vehicles used for administration, training, and supervision. Basic medical equipment has been ordered and received and distribution to the family planning units is underway. The ordering and distribution of all equipment and supplies is one of the responsibilities of the Service d'Approvisionnement. They also are responsible for maintenance and upkeep of all PSND equipment. Communication with the field is done in a number of ways, including letters, couriers, and through the radio network of the EPI program.

4.5 Strategic Planning and Goal Setting

The PSND has detailed operational goals, objectives, and workplans. In the evaluation report it was mentioned that the report of activities in the annual workplan did not use the same format as the annual report.

4.6 Budgeting, Financial Management, and Control

At the time the project was signed (9/82) the PSND's dollar budget was 3.94 million dollars. The dollar budget covers costs of technical assistance, overseas training, vehicles, medical equipment and supplies, contraceptives, and other items. USAID manages the dollar budget. The PSND also has a counterpart fund budget in local currency equal to approximately 350,000 dollars in 1986. Half of the budget is earmarked for Administration (Personnel, Transportation, Building and Office Expenses) with the remaining funds divided between Program (20%) and Training/IEC (30%). (See below). Additional funds are generated by the Clinique Libota Lilamu at Kintambo and through the sale of IEC materials (T-shirts, hats, etc.). The PSND has complete management responsibility for the counterpart fund budget.

Personnel	3,845,000	
Transportation	2,780,000	
Building/Office	3,376,000	
Program	4,000,000	
Training	3,800,000	
IEC	2,000,000	
<hr/>		
Total	19,800,000	Zaires
	(1 US DOL = 57 Zaires)	

There is no direct GOZ funding for the PSND, or any other family planning program. The PSND has made a budgetary request for the past two years to the GOZ. This request has been approved by the DSP and Ministry of Plan, but has ultimately been blocked at higher levels of the government. It is unclear whether the failure to allocate funds represents opposition to family planning or is simply a statement of GOZ funding priorities.

4.7 Fund Raising and Financial Sustainability

The PSND is currently blessed with abundant financial resources, both in terms of dollars and Zaires. These funds should be more than adequate for the duration of the PSND's project life. The DSP and PSND are aware of the need to reduce dependence on outside sources of funds, but to date have no plan to achieve self-sufficiency. Some cost-recovery is taking place now that user fees are assessed for family planning services (consultation, forms, contraceptives). It is unclear at this point whether these funds will be used at the clinic level or channelled to the health zone structures. USAID considers it likely that the project will be extended and additional dollar funds made available, if necessary.

4.8 Policy Formulation

As a technical unit of the DSP, the PSND must adhere to DSP policies regarding family planning. As the DSP's involvement in family planning basically dates to the inception of the PSND, the PSND has the potential to play a key role in influencing policy. Several factors have largely determined the basic policies and strategies of the PSND:

1. The absence of a population or demographic policy. Family planning is seen strictly as a health intervention, though this may change if the proposed National Population Council becomes operational.
2. Colonial era laws interdicting the importation, sale, distribution, or use of contraceptives. These laws are ignored, but are still on the books.
3. The long-standing conservative medical approach to family planning. To gain credibility and acceptance, the CNND (the oldest actor on the scene), has favored policies that limit service delivery to

medical facilities. Restrictive eligibility criteria have also been established with regard to categories of women served and type of methods dispensed.

Ideally, policy formulation should be the major activity of the Project Advisory Council. To date, the CCP has been more involved in resolving the internal problems of the PSND.

4.9 Coordinating with other Programs

Coordination of family planning activities has long been a topic of concern in Zaire. In fact, the need for a coordinating structure was one of the primary reasons for the creation of the PSND. By making the PSND an integrated effort of the DSP and CNND it was felt that coordination would be guaranteed. Coordination has been more apparent than real, as personality conflicts, management problems, and poorly defined structures have impeded effective coordination between PSND and CNND.

Coordination of cooperating agency activities has improved since the start of PSND activities. The PSND serves as the focal point for cooperating agency activities, guiding their efforts and benefiting from them. This has, however, placed a large administrative burden on the PSND.

One frequent complaint (Mid-term Evaluation Report) has been that since the creation of the PSND there has been a duplication of services, particularly in the area of IEC. Steps are being taken to define more closely the roles and responsibilities of each organization, thereby reducing the duplication of effort.

The PSND has strong ties with SANRU where it has supported training of clinic personnel, supplied contraceptives, collaborated in a study of family planning KAP, and jointly developed a FP flip chart. The PSND, SANRU, CNND, and USAID collaborate in the identification and selection of candidates for overseas training. The PSND may have a training role in the UNFPA financed MCH/FP program planned for rural areas.

The PSND has frequently worked in collaboration with other organizations and ministries in support of FP and population activities. These organizations include BUPROF, la Condition Feminine, the Ministry of Plan, the Tulane University CBD program (PRODEF), and the newly formed Centre d'Encadrement des Femmes en matiere de Developpement (CEFD).

4.10 Strategies for Service Delivery

The major service delivery strategy of the PSND is clinic based provision of family planning services. The PSND identifies and selects clinic sites, trains staff for one month on the delivery of FP services, and supplies contraceptives and equipment. Currently it does not have a CBD or social marketing program, or programs using other groups like TBA's or village health workers

for contraceptive distribution. The PSND supplies a full range of contraceptives, as well as providing instruction in the use of natural family planning.

Review of the data in the mid-term evaluation indicates very low utilization rates for clinic services. (See Evaluation Report, p.20). In that report contraceptive prevalence rates attributable to PSND activities were about 0.5%. Using the figures in the evaluation report the work load for the average clinic is about 136 clients/year or between 2 and 3 client per week. Demand for services could be low for any number of the following reasons:

1. Limited number of service delivery outlets;
2. Restrictive eligibility criteria;
3. Lack of community participation/outreach;
4. Poor continuation rates because of inadequate follow-up;
5. FP services poorly integrated into primary health care.

A copy of the 1985 statistical report for PSND family planning centers is attached as Appendix I. A total of 4772 new and 5674 continuing users were seen in PSND-supported clinics in 1985, over three times the 1984 number. The 1985 report understates the number of new and continuing users as not all centers submitted their reports for the final quarter. It is generally conceded that the PSND will not meet its objective of 250,000 new and 125,000 continuing users by 1987.

PSND trains its service providers in referral procedures. Referrals are made for extreme complications, and tubal ligation, as well as infertility services. There are no incentives for referral.

4.11 Communications/IEC

IEC activities are fairly limited in scope at this time. No specific IEC goals are defined in the project because at the outset of the project demand was thought to be high and thus IEC was thought to be unnecessary. Current IEC activity falls into three areas:

1. Group sessions: held in clinics during MCH consultations, these activities are hampered because of the irregularity with which they are given, and because there is a lack of space and IEC materials. Recently new IEC flip charts for clinical nurse training that can also be used for clients have been designed and should be ready for use shortly. As there is a pressing need for these materials, pre-testing has not been as thorough as necessary.
2. Individual motivational sessions: these emphasize the advantages and disadvantages of different methods given to clients when they seek FP advice in the clinic. These sessions do not seem to be promoted.
3. Outreach: activities are extremely limited. Tulane has

just begun operational research to identify the FP messages for an outreach campaign in the Kintambo section of Kinshasa.

Other problems with the IEC effort include some duplication of the CNND efforts and lack of budgeted resources for community participation.

The PSND and CNND have collaborated in producing radio spots for family planning. The content stresses the voluntary nature of FP, the need to space child births to promote maternal and child health and the low cost and wide availability of FP services. The PSND has financed training for several individuals in the broadcast industry. Reporters from the local newspapers regularly cover PSND training activities and other events. Other promotional activities include participation at the FIKIN (Kinshasa Fair), distribution of FP t-shirts, hats, and brochures, and limited use of television talk shows. The CNND has produced a film, NGAMBO, which has been used extensively to generate discussions about the need for family life education in high schools.

KAP surveys in Bas-Zaire and Kinshasa have shown that there is a high level of knowledge about family planning methods, particularly "traditional methods". The attitude towards family planning (i.e., child-spacing) is generally favorable. Knowledge and attitude do not translate into high rates of contraceptive prevalence, however, at least for modern methods.

4.12 Human Resource Development and Management

The PSND is made up of personnel from the DSP, the CNND, and others hired directly by the PSND. USAID finances two positions in the PSND, those of Technical Advisor and the Assistant Director for Administration. There are a total of 48 persons working in the PSND, 14 of whom are chauffeurs, guards, or cleaners. A break-down of the personnel by service appears in Figure 4.

The mix of personnel from different host organizations has been a source of constant friction during the first three years of PSND activity. A great deal of time and energy have been devoted to setting up a work arrangement agreeable to all parties concerned, and it is expected that these efforts will continue. Problems encountered include:

1. No clear lines of authority over personnel from different host organizations;
2. Part-time status of several key personnel;
3. Difficulties in filling vacant posts, and bringing on of direct hire workers;
4. No uniform pay scale or benefit package;
5. Delays in writing job descriptions;
6. Lack of clarity over institutional roles and responsibilities;

7. Inefficient allocation of human resources (e.g., nurses in C.L.L. are under-utilized at present. They could be more gainfully employed in another capacity, i.e. outreach).

4.13 Supervision

The PSND has a supervisory unit of four persons, three of whom are nurses trained in family planning. Each nurse has responsibility for supervision in one pool, each pool being comprised of three regions. The three nurses are overseen by the head of the unit, who also plays an active role in handling the administrative aspects of supervision.

The PSND works with the regional coordinators of the CNND to carry out supervisory visits. These coordinators have been supplied a PSND vehicle and are relatively well-trained in non-clinical aspects of supervision. At present the Medecins Chef de Zones are not playing an active role in supervising family planning activities, but the outlines of a strategy exist which would prepare these medical officers for the task.

At the level of the individual clinic, family planning services are loosely supervised by a doctor, usually someone with FP training. This form of supervision is extremely sporadic and probably not effective in building morale or support for family planning activities.

Supervision has always been a weak point in PSND activities, due in part to lack of personnel and DSP structures through which to work, absence of a supervisory protocol, the high cost of making supervisory visits, and an uncertainty over the roles and responsibilities of the parties concerned (DSP, CNND/CRND, PSND). The PSND is making efforts to integrate its supervisory tasks into the evolving DSP zonal health structure.

4.14 Logistics System

The PSND receives most of its contraceptive supplies from USAID. These supplies are ordered by USAID and paid for through the PSND dollar budget. In addition to the USAID-supplied contraceptives the PSND receives Depo-provera, Emko foam, and a low dose progesterone pill from IPPF via the CNND. There are other private suppliers of contraceptives but neither PSND nor CNND uses the local market to procure contraceptives. It is, however, possible that some health zones obtain contraceptives through other supply networks.

Contraceptives and other supplies are brought through customs by the U.S. Embassy, then transferred to the PSND warehouse in Kintambo. Inventory records are maintained for in-coming and outgoing supplies. The PSND currently has ample supplies of all contraceptives, and is concerned that many products will expire unless demand for them increases markedly. FIFO procedures are used in the warehouse and at the clinic level.

The PSND has supplied their clinics with an initial stock of contraceptives. However they do not have any ongoing distribution system and no current means of systematically resupplying their clinics. This situation is due in large measure to the difficulty in maintaining any logistics system in Zaire. Road transportation is slow and unreliable for many areas, telephone communication non-existent. Often the only reliable means of transport are airplanes. Moving supplies by airplane is expensive and complicated by the poor communication system. The PSND does not always have contact points at locations in the interior. In moving supplies they must often depend on people over whom they have no authority. In Kananga for example they have 4-5 clinics but almost no contact with staff there. Even if supplies were moved by airplane it would be almost impossible to arrange for someone on the receiving end to assure their delivery to the clinics. The CRND is operational in Bukavu, Lubumbashi, Bandundu and Matadi, and their offices serve as regional warehouses. In other areas the CRND is not operational because its staff are not funded and function only as volunteers. In addition the PSND has no direct authority over the CRND.

Currently it is felt that the best hope for developing a successful logistics system is to use the urban DSP structure. The DSP has regular communication with the Medecin-Chefs de Zone and the PSND could piggy back on this system. This is one reason why the PSND is stressing training for the Medecin-Chefs. They are essential as a liaison between the PSND in Kinshasa and the operations at the field level.

Service providers are given training in stock management and inventory control. Field visits have shown that this training has not been adequate. Service providers are often uncertain as to the procedures for requesting more contraceptives (through the PSND, CRND, or CNND) and need help in estimating amounts to be ordered. In most cases the initial supply of contraceptives has been adequate for a year or longer. The re-supply system could be sorely tested should demand for contraceptives begin to increase.

4.15 Operations Research

Tulane University has recently signed a contract with the DSP to conduct operations research (OR) for the PSND. The team consists of a long-term technical advisor, Dr. Jane Bertrand, and a small staff. The OR is intended to spark activities that will increase utilization of services. Current plans call for four major activities:

1. A market research survey in Kintambo to explore why people in Kintambo do not use the new Libota Lilamu family planning clinic. This survey will also provide baseline KAP data. The survey was completed in late 1985 and analysis is underway;
2. To conduct 200 focus groups to get information on why

people don't seem to use FP services and to motivate/promote people to use FP services. Initially 10 focus groups for men and 10 focus groups for women are planned to gather data, followed by 180 more to motivate people to use FP services;

3. A pilot CBD program in Kisangani;
4. A pilot CBD program in Kivu.

Tulane also contemplates adding 2 or 3 more activities to their current scope of work. These would include:

1. Developing and testing a major mass media campaign (Can you have an impact with just mass media effort alone?)
2. Collaborating with AVSC to establish 6 model clinics (3 rural and 3 urban) for surgical contraception. Tulane would develop the outreach and counselling portion of the program.

Tulane did consider the possibility of doing a price elasticity study but found little interest or support for this kind of research. There were felt to be too many factors beyond price that influenced demand. Most people felt that what was really important was utilization rates.

4.16 Monitoring and Evaluation

The PSND requests that all PSND supported centers furnish quarterly reports showing numbers of new and old acceptors by method and indicating levels of contraceptive supply. These reports are reviewed by the PSND statistician and compiled into quarterly and yearly reports. The service providers send copies of their reports to the health zone as well and sometimes to the CNND.

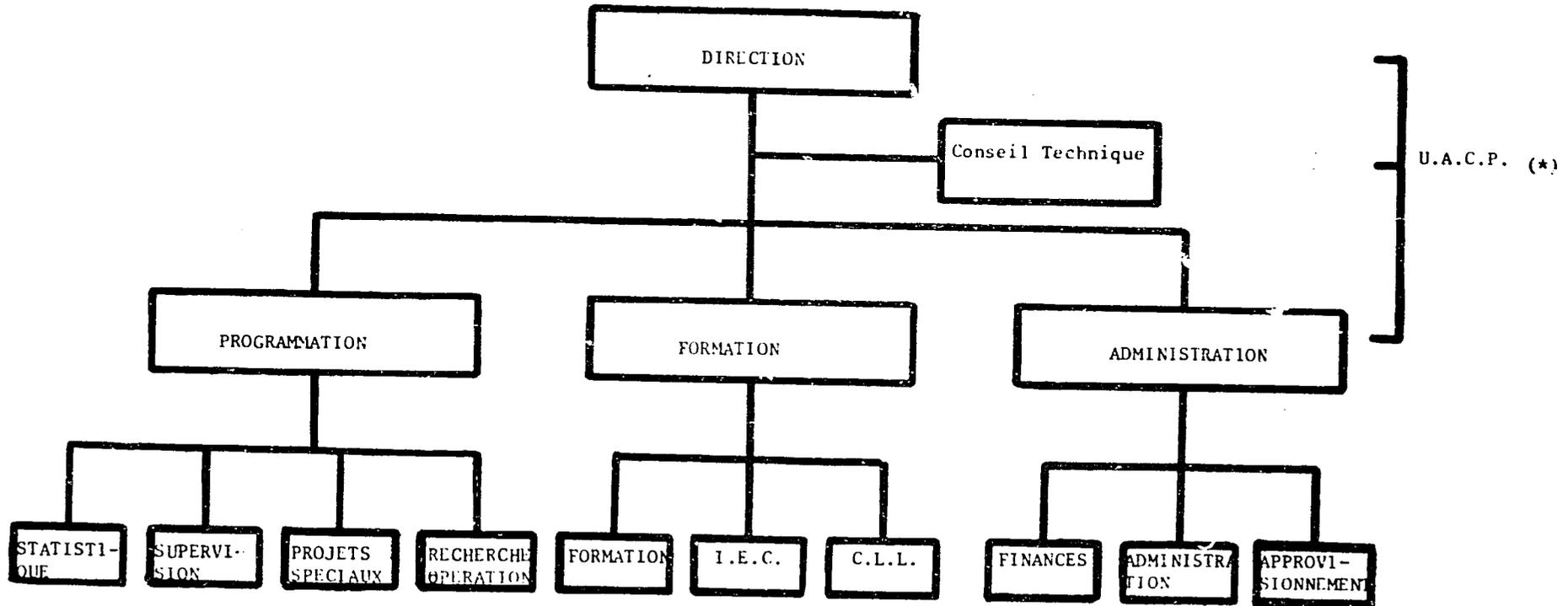
The information gathered is used to gauge the level of program activity, monitor contraceptive supply levels, and chart program progress over time. The information is not generally used to redirect project activities, nor is there a feedback mechanism for providing information to the field. The statistical reports are not circulated within the PSND. The resulting loss of information and communication has a negative impact on the performance of other services, such as supervision, supply, and IEC.

FP service providers are trained in gathering and recording information, though there appears to be confusion concerning the use of the reporting forms. The data are not of high quality, nor are reports submitted in a timely fashion. The PSND has a computer but it is not yet operational. The statistician has had some training in its use, but requires more.

FIGURE 3

REPUBLIQUE DU ZAIRE
DEPARTEMENT DE LA SANTE PUBLIQUE
PROJET DES SERVICES DES NAISSANCES DESIRABLES
B.P. 100 KINSHASA/14

ORGANIGRAMME



26

(*) U.A.C.P. = UNITE DE L'ADMINISTRATION ET DE LA COORDINATION DU PROJET.-

Figure 4

RECAPITULATION DES POSTES ET DU PERSONNEL

A) - Par service et temps employé :

* Direction	: 1
* Conseil technique	: 1
* Programmation	(Total : 13 dont 1 poste vide actuellement; 2 personnes à mi-temps)
* Directeur-Adjoint	: 1 (mi-temps)
* Statistique	: 1
* Supervision	: 5 (dont 1 poste vide; une personne à mi-temps)
* Projets spéciaux	: 1
* Recherche opérationnelle	: 5
* Formation : Total	: 9
Directeur-Adjoint	: 1
Assistant à la formation	: 1
I.E.C.	: 1
C.L.L.	: 6
Administration : total	: 25 (dont 2 personnes à mi-temps)
Directeur-Adjoint	: 1
Finances	: 2 (dont 1 personne à mi-temps)
Administration	: 19
Approvisionnement	: 3 (dont 1 personne à mi-temps)
- Total des postes	: 49 (dont 1 poste vide actuellement)
- Total des personnes	: 48 (dont 4 personnes à mi-temps)

B) - Par l'organisme d'origine :

- P.S.N.D.	: 27
- D.S.P.	: 11 (dont 1 personne à mi-temps)
- C.N.N.D.	: 8 (dont 3 personnes à mi-temps)
- U.S.A.I.D.	: 2

NOTE : U.A.C.P. (Unité d'Administration et de coordination du Projet)
comprend 5 membres : - Directrice
- Conseiller Technique
- Directeurs-Adjoints : - Programmation
- Formation
- Administration

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V. TRAINING RESOURCES

Family planning training is currently carried out by the PSND, SANRU, and CNND. A high degree of collaboration exists among these institutions as curricula are shared, a common pool of trainers is drawn upon, and the PSND training facilities are used. None of the organizations, however, has a complete or permanent training staff. Instead, doctors, nurses, and administrators from these organizations (and often from others as well) are called upon to teach various parts of the FP curriculum. The assessment team does not feel that these organizations have the human resources or time to develop or teach management training courses, though they would certainly benefit from participating in management training. For this reason, the team contacted three other organizations involved in training: The Centre National de Coordination de la Formation au Developpement (CENACOF); The Centre de Perfectionnement en Administration (CPA); and the Projet Ecole de Sante Publique. Each organization is discussed in turn below.

5.1 CENACOF

CENACOF is an AID-funded bilateral project (660-0068, Development Manpower Training) created in September, 1980 with AID funding scheduled to end in December 1987. CENACOF is administratively placed under the Ministry of Plan.

CENACOF was created to respond to the management training needs of the key sectors of development: Agriculture, Health, Transportation, Communication, and Women in Development. Training has been provided to high and mid-level government cadres, representatives from para-statal and private organizations, research and educational institutions and bilateral and multilateral assistance projects.

During the first four years of its existence CENACOF was very closely tied to the US Department of Agriculture, providing logistical support for USDA training programs in Zaire. With the return of CENACOF leadership from long term (Ph.D) U.S. training, CENACOF has taken on a more active and diverse role in training while maintaining its ties with the USDA. USAID Zaire has played a major role in CENACOF's development. USAID controls the dollar budget, works with CENACOF to develop the Zaire counterpart fund budget, and has input into the type of training offered, the costs of training programs, and the level of outside technical assistance to CENACOF. Increasingly, USAID is trying to shift its administrative responsibilities for CENACOF to the Ministry of Plan. USAID's involvement in CENACOF has caused some tension between the two organizations.

The Director General of CENACOF, Prof. Rudahindwa Chizungu, received his Ph.D. from Stanford in 1972. He and the two other U.S. trained staff, Professors Ngay and Chirume, make up the Comite de Gestion for CENACOF. In addition to their internal

managerial responsibilities, the members of the Comite de Gestion are also management trainers. CENACOF has five other full time trainers, all college graduates trained as trainers in Zaire. Their undergraduate backgrounds are in Psychology (2), French (2), and Sociology (1). CENACOF is trying to orient these trainers to the key development sectors mentioned above, hoping that each trainer will gain some technical expertise in the specific field assigned him. At present, none of the 5 trainers or management team has expertise in family planning management training.

CENACOF currently rents office space in Kinshasa. The building houses the training and support staff and includes a large room where workshops are held. This conference room can easily accommodate 30 people. Basic audio-visual equipment is available (overhead projector, slide projector) as is copying equipment. There are no residential or restaurant facilities at CENACOF, though they can arrange for food and lodging in and around Kinshasa. Transportation can also be arranged. CENACOF has plans to finance the construction of a residential training facility in Kinshasa, but such a project, if approved, would take several years to complete.

CENACOF can offer four categories of technical assistance: Training, Research and Evaluation, Facilitation of Group Discussions, and Consulting in Organizational Development. Each is briefly discussed below. Appendix II gives a more complete description of CENACOF activities.

Training:

At present, CENACOF offers three types of training workshops/seminars: 1) those conceived of entirely by CENACOF; 2) those conceived of by the USDA; and 3) those organized in response to requests from Zairian organizations or projects.

1. CENACOF Seminars: (p. 6-9, Appendix II)
CENACOF has developed training courses in a number of areas, including Training of Trainers, (including a TOT for the PSND) a basic managerial course (Management Tools, Human Resource Management, Financial Management, etc.), Planning and Evaluation, Group Dynamics, and Interpersonal Communication. These courses can be adapted to the specific audience. A list of proposed courses for 1986 appears in Appendix III.
2. CENACOF/USDA: (p. 9-10, Appendix II)
CENACOF takes material prepared by USDA and adapts it to the needs of Zaire's agricultural programs and institutions.
3. Special Courses: (p. 10-11, Appendix II)
At the request of an organization, project, or institution CENACOF can organize special training courses. One example is a course on the Administration

and Management of Cooperatives which was organized at the request of the Condition Feminine for 28 regional secretaries.

Research and Evaluation: (pp. 11-13, Appendix II)

CENACOF evaluates its own training programs and those of other institutions. It does this through pre- and post-tests, progress (interim) evaluations, and impact evaluations. When possible CENACOF tries to follow-up trainees in the workplace to gauge the effectiveness of the training programs. CENACOF is interested in evaluating developmental projects, but has not had experience in this domain.

The Research arm of CENACOF seems minimally developed at this point, though it is an area in which CENACOF has an interest and a stated expertise. The assessment team was not able to identify any specific examples of research activities underway.

Consulting in Organizational Development: (p. 13, Appendix II)

At the request of an organization, CENACOF will undertake activities to assess organizational problems and propose solutions to these problems, often through training programs.

Facilitation of Group Discussions:

CENACOF has frequently hosted workshops and organized short training courses at the request of various Zairian institutions both in Kinshasa and other regions as well. These have included a workshop on developing standardized growth curves for under-five programs and a 2 day seminar at which the results of family planning/population research activities were presented and discussed. Other work in the health field included working to help the MOH restructure FONAMES, and aiding in developing the statute of health zones.

CENACOF uses a highly participatory approach to training including small group discussions and presentations, role playing, field trips, etc. Learning objectives are clearly spelled out in all training sessions. The team did not have a chance to review training materials, but was left with the impression that CENACOF has not produced many materials.

CENACOF is supported by USAID (dollar budget) and through a counterpart fund budget in Zaires. Additional revenues are generated through training and consulting activities. A percentage breakdown of CENACOF'S sources of income was not obtained. Although CENACOF falls under the Ministry of Plan, its personnel are not salaried employees of Plan. Salaries are paid out of counterpart funds. The long-term viability of CENACOF is somewhat in doubt, as its project status will end in December 1987. CENACOF is planning to rely increasingly on revenue generated through training activities and consultancies, but must also respond to pressure from USAID to keep its fees in reach of

the government institutions and projects it was created to serve. Any contract let with CENACOF by FPMT would have to meet USAID approval.

CENACOF has collaborated with numerous other agencies and training institutions over the past 5 years. These include PAID, USDA, USAID, PSND, CEPLANUT, CIDEP/CPA, and the Ministries of Health, Plan and Condition Feminine. They have expressed a strong interest in working with FPMT as well, and feel that their schedule could be modified if necessary to include work with FPMT. Appendix III indicates a busy year already planned for CENACOF, though they did point out that many of the courses they were proposing were contingent upon enough people expressing interest in participating. If CENACOF were chosen to work with FPMT, they would need to be trained in the management aspects of family planning. They would be interested in doing so.

5.2 Centre de Perfectionnement en Administration (CPA)

CPA is an autonomous consulting unit affiliated with the Centre Interdisciplinaire pour le Developpement de l'Education Permanente (CIDEP), which in turn is a specialized service of the Departement de l'Enseignement Superieur et Universitaire. CPA was created in 1967, and became operational four years later. Its activities have been supported in the past by Belgian funds. CPA stressed however that they are not a Belgian project and have functioned for several years completely independently of Belgian assistance.

The director of CPA is Professor Mabilia Sede Diangwala, a U.S. trained Zairian with a Ph.D in adult education. The deputy director is Didier de Lannoy, a long-time resident of Zaire with a law degree from Lovain, Belgium. There are 13 other trainer/consultants who are considered permanent members of CPA. They are all salaried through the Departement de l'Enseignement Superieur et Universitaire, and carry a teaching load in addition to whatever work they do for CPA. An additional 15 experts are associated with CPA on an occasional, consultant basis. Appendix IV lists the names and titles of the CPA permanent and consultant staff.

CPA occupies office space both at CIDEP and in the Institut Superieur de Commerce (both in Kinshasa). It does not have a facility of its own for training or for administrative purposes. Responsibility for running the office is shared on a rotating basis, and regular meetings of the "permanent staff" are held to discuss and plan upcoming activities.

When offering courses, CPA prefers that the recipient organization take care of all logistical arrangements. When pressed, CPA reluctantly stated that they could handle the logistical details of training if they were given the financial means to do so. They have an administrative person who can take on these duties.

CPA does not have standard course offerings; rather, they respond to training requests from government, parastatal, private, and donor organizations. It was difficult to ascertain exactly what types of training courses CPA has organized -- their primary emphasis seems to be more on consulting for organizational management and development and research into rural development strategies. They have conducted a training of trainers course for CENACOF. See Appendix V for a list of organizations with whom CPA has worked.

The Deputy Director informed us that the teaching strategies used increasingly incorporate participatory and experiential methodologies. CPA has been criticized in the past for favoring a lecture-based, non-interactive approach. Training and learning objectives are developed for course materials. CPA has been involved in some case study development.

Many of CPA's activities involve working with organizations to improve their management or strengthen their institutional capacity. They favor an approach called "gestion accompagnée" whereby CPA provides a staff member or consultant to work within an organization over a period of time to assess management problems and propose solutions. They expressed a particular interest in those organizations that include expatriate staff, as their presence often leads to interesting management problems.

CPA receives funds from the Conseil Executif of the GOZ amounting to roughly 80,000Z per month. The majority of its funding comes from training and consulting fees. As mentioned earlier, CPA staff members are salaried through the Departement de l'Enseignement Superieur et Universitaire. Salary supplements are provided from training and consultant revenues. CPA is anticipating a subvention from Belgium (4.5 million BF over 2 years) but this has been blocked for some time.

At the time of our visit CPA was still drawing up its calendar of activities for 1986. Several USAID supported projects have expressed an interest in contracting for CPA's services, and at least one (ECZORT) already has (Appendix VI). CPA has been called in to help coordinate a workshop to develop training modules for training Medecin Chefs de Zones. This is relevant to FPMT, as module development is one activity proposed for inclusion in FPMT assistance to PSND. CPA is interested in collaborating with FPMT, but would need assistance in developing an expertise in FP. No one on their staff has experience or expertise in health or FP. They would welcome FPMT TA in developing this expertise.

CPA and CENACOF are not actively collaborating at this time. The directors and senior managers of each organization are friends and studied together, both in Zaire and the U.S., but this has not lead to collaborative arrangements or joint programs. CPA stated that they had tried to work out joint projects in the past but had been rebuffed by CENACOF. The nature of the organizational differences was not spelled out.

propose any collaborative arrangements at this point given the newness of the SPH project. However, there does exist good potential and a strong interest for future collaboration, and FPMT staff visiting Zaire should contact the SPH and stay abreast of their plans.

5.3 Ecole de Sante Publique

The Ecole de Sante Publique (SPH) is an AID-funded bilateral project under the GOZ's Departement d'Enseignement Superieure et Universitaire. The goal of the project is to create a fully accredited School of Public Health affiliated with the University of Kinshasa Medical School. A five year technical assistance contract has been signed with Tulane University to create the School. Tulane has formed a consortium with several other U.S. Schools of Public Health, including Alabama, Berkeley, Howard, Hawaii, and UCLA. The project is co-directed by Dr. William Bertrand of Tulane and Dr. Tumba Kashala of the University of Kinshasa.

The project is currently setting up its administrative structures, planning and developing curricula, and recruiting professors and students for the start-up of classes in October, 1986. Approximately 15 current faculty of the Kinshasa Medical School have been identified for MPH and Ph.D. training in the U.S. While they are earning their degrees, the Tulane Consortium will provide professors for the School.

The first class of 25 students will consist entirely of Medecins Chef de Zones with two or more years of experience. Their training (MPH) will prepare them to manage the primary health care activities in their health zones. At a later date students who are not doctors will be admitted to the MPH program (A-1 nurses, health administrators and others with the equivalent of a BA). It is anticipated that the SPH will one day serve a regional clientele as well. Dormitory facilities for 60-80 students are under construction.

The SPH will offer course work in MCH and family planning. The MCH/FP curriculum has not been developed yet, and it is not clear whether it will have a management focus in addition to the clinical components. Courses will be taught by Zairian doctors with considerable family planning experience. Several of these doctors are currently used as trainers for the PSND. If an effective series of courses (both clinical and managerial) can be developed, it will lessen the training burden currently placed on the PSND, CNND, and SANRU.

There are several areas of possible collaboration between the SPH and FPMT. FPMT could provide management training to those faculty members responsible for the MCH/FP courses. FPMT could also sponsor students to the SPH, or aid in the development of short training modules appropriate to the management needs of students. The SPH expects to offer short courses in addition to the one year MPH program. They expressed an interest in considering family planning management training as one possible short course.

The assessment team feels that it would be counter-productive to

TRAINING INSTITUTIONS AND FAMILY PLANNING ORGANIZATIONS

REGIONAL		NATIONAL			
		RESOURCE	INSTITUTIONS	DELIVERY INSTIT	
MANAGEMENT TRAINING INSTITUTIONS	MANAGEMENT INSTITUTES	PUBLIC	PRIVATE/AUTONOMOUS	PUBLIC	PRIVATE
	-CESAG -PAID -ESAMI -SIM	-CENACOF -CPA	-CEFD		
HEALTH/FAMILY PLANNING TRAINING INSTITUTIONS	REGIONAL TRAINING CENTERS				
	CAFS/NAIROBI ONAPO (Rwanda)	-PSND -SCH PUB HEALTH -DSP/FONAMES -SANRU	-AZBEF -CEFD	-DSP -PSND -SANRU -MILITARY -BUPROF	-AZBEF -MISSIO

VI. STRATEGIES FOR TRAINING AND TECHNICAL ASSISTANCE

6.1 Analysis of FPO's (Strengths and Weaknesses)

Among the organizations delivering family planning services in Zaire, the PSND and the CNND have been targeted for intensive management development activities. These organizations are the focus of most family planning activities in Zaire, benefit from both donor support and in-kind support from the GOZ, and have high visibility with service providers. They are in a position to benefit from the training activities proposed in this report, and have expressed both the need and desire to participate in a program of sustained management and organizational development.

CEFD provides a vehicle to reach a number of women leaders potentially active in development activities including family planning. Although this organization is new and untested, it has an experienced and highly motivated coordinating committee. The proposed training activities for CEFD are more modest than those for the PSND and the CNND in recognition of CEFD's organizational limits.

SANRU will participate in some of the proposed training activities but has not been targeted for organizational specific development activities. This reflects their relatively advanced state of organizational development, and their limited ability to absorb additional training inputs. Many of the proposed FPMT/INTRAI training activities will aid SANRU in its efforts to integrate family planning activities into the overall system of primary health care.

Following discussions, review of documents, and interviews the assessment team identified a number of management problems and grouped them into five categories. The problems, described below, have been used to define the type of training proposed for the various FPOs.

Problems of Internal Management:

- o Lack of internal communication;
- o Inefficient use of personnel;
- o Low staff morale;
- o Inadequate delegation;
- o Non-use of available information for decision-making;
- o Lack of job descriptions;
- o Ill-defined roles and responsibilities for staff and parent organizations;
- o Lack of uniform personnel policy;
- o Poor integration of planning, implementation, and evaluation cycles.

Problems of Inter-agency Coordination:

- o Lack of communication;
- o Lack of joint planning;
- o Duplication of effort;
- o Poor definition of roles and responsibilities.

Problems of Integrating Family Planning into Primary Health Care:

- o Family planning remains a vertical program within the DSP;
- o Logistics, IEC, service delivery, supervision and training for family planning are not yet fully incorporated into primary health care system.

Problems of Motivation and Outreach:

- o Suspected high discontinuation rates and lack of client follow-up;
- o Low contraceptive utilization rates;
- o Insufficient community outreach;
- o Lack of information for outreach planning;
- o Lack of motivational and educational materials;
- o Lack of community participation in family planning activities;
- o No programs targeted for adolescents.

Problems of Pre-service and In-service Training:

- o Lack of adequate pre-service curriculum for family planning in nursing and medical schools;
- o Need to revise and update in-service training curriculum (initial training and continued education).

6.2 Analysis of Management Training Resources

Several management training institutions and individual management trainers were identified as possible training resources for FPMT/INTRAH activities. The following is a summary of their strengths and weaknesses and their potential to collaborate on proposed training activities.

In many respects CENACOF represents an ideal resource for training activities. It is an AID funded project designed to provide management training to a wide variety of institutions and projects working in various development fields. The top management team is U.S. trained at the Phd level and has several years experience in providing management training to AID supported projects in agriculture and health. CENACOF has provided training of trainers workshops for the PSND. Top management has expressed a keen interest in working with FPMT and in further developing their capacity to work in the area of family planning. The CENACOF management team also expressed interest in collaborating with a regional organization for management training activities in family planning. Discussions with USAID and PSND did, however, reveal certain concerns and potential problems which would need to be resolved before any type of collaborative relationship could be established. These included the relatively high price of contracting for CENACOF'S services, disagreements with USAID over allocation of resources

and the direction of programming for CENACOF training activities, and a rather full schedule of proposed training activities for 1986.

CPA, affiliated with the Departement de l'Engseignement Superieur et Universitaire, has had over fifteen years of training experience in Zaire. Largely self-financed, they appear highly motivated and extremely interested in collaborating with the FPMT project to provide management training for family planning organizations. The director of CPA is a US trained Zairian with a PhD in adult education. To implement consulting or training activities CPA draws on a consulting staff of approximately fifteen university professors. USAID has expressed an interest in developing closer ties with CPA and at least one project has already used its resources. Potential concerns about collaborating with CPA include uncertainty over their teaching methodology, the fact that they have no full time secretary or permanent facilities, and no expertise in health or family planning.

The School of Public Health represents an interesting potential resource for future FPMT activities. The team feels that collaboration at the institutional level is several years away but that possibilities do exist for identifying and training members of the School of Public Health faculty in management aspects of family planning. The School expressed an interest in collaboration of this type with FPMT.

The team also met with two individuals with considerable experience in management training and family planning. These individuals, working alone or in collaboration with CENACOF or CPA, could serve as valuable in-country resources for the organization and implementation of proposed training activities. Both individuals expressed interest in collaborating with FPMT.

6.3 Options for Training and Technical Assistance

Training activities addressing the problems outlined in the five categories above have been proposed and are summarized in Attachment B. These activities are described in greater detail in the Management Development Plan, (Attachment C, Parts 1-4). Three major issues must be discussed and resolved before any program of activities for FPMT can be undertaken. These are:

1. Should all the activities suggested be included in the final program or only selected activities?
2. What is the appropriate sequencing of training activities?
3. Will FPMT undertake these activities alone or in collaboration with regional or in-country training institutions and/or individual, locally hired management trainers?

6.4 Recommendations

The team feels that all of the proposed training activities for FPMT have merit and strong potential to improve management of family planning programs in Zaire. These activities are mutually reinforcing and of a complementary nature and should lead to greater coordination and less duplication of resources among cooperating institutions.

The training activities suggested for FPMT are part of a strategy that:

1. Builds organizational management capabilities for both public and private sector family planning programs through training and organizational development activities spanning several years.
2. Aims to train upper level managers, leaders, and future leaders in family planning to better organize, implement, and manage family planning programs.
3. Attempts to build the management training capability of local management training institutions.

Interest was expressed by the FPO's in all the proposed training activities, although the assessment team and the FPO's were concerned that the large number of activities might conflict with ongoing program responsibilities. The proposed design of training activities has attempted to minimize the disruption of ongoing work. If the proposed training program is to be implemented in its entirety, it would need to be spaced out over several years. Budget estimates for proposed FPMT training activities are in Attachment D.

**SCHEDULE OF VISITS
17 FEBRUARY - 28 FEBRUARY**

Monday- 17 February

10:00 Preliminary discussions with USAID, PSND
14:00 Meeting with PSND Head of Administration
21:30 Arrival of Wolff, Herrington, Walter

Tuesday- 18 February

8:30 USAID Briefing
11:00 Financial and Security Arrangements
14:00 Visit to Libota Lilamu FP and Training Clinic
15:00 Meeting with Directeur Adjoint, PSND
19:30 Meeting with PSND Director

Wednesday- 19 February

8:30 Meeting with PSND supervisory Unit
9:30 Meeting with PSND Operations Research Director
10:30 Meeting with PSND Directrice
16:30 Team meeting
20:00 Working Dinner with USAID, PSND OR director

Thursday- 20 February

8:00 Appointments arranged for SANRU, CNND, FONAMES, CNSBE, CEFD
9:30 Meeting with PSND divisions of program, administration, and training
15:00 Meeting with SANRU
18:00 Meeting with Dr. Jane Bertrand

Friday- 21 February

8:00 Meeting with FONAMES
10:00 Meetings at PSND: Approvisionnement, Statistics, Training
15:00 Meeting with CNND
18:00 Team meeting

Saturday- 22 February

8:30-4:30 Team meeting

Monday- 24 February

8:00 USAID logistical arrangements
9:00 PSND
13:00 CNND meeting to discuss training plan
15:00 CEFD
20:30 Team meeting

Tuesday- 25 February

8:30 PSND (Herrington/Walter)
9:00 CENACOF (Wolff/Heise)
10:30 CPA (Wolff/Heise)
14:00 Discussion with AID (Wolff/Heise)
15:30 SANRU (Herrington/Walter)
17:00 ECZORT

Wednesday- 26 February

8:00 Logistical Arrangements
9:00 School of Public Health
11:00 Debriefing with USAID
15:00 Meeting with Secretary General DSP
16:30 PSND Debriefing
18:00 Team Meeting

Thursday- 27 February

8:00 Team Meeting
10:00 Debriefing FONAMES
11:30 Sixieme Direction (Herrington/Walter)
13:00 CPA (Heise)
Report Writing (Team)
19:00 Dinner at PSND director's home

Friday- 28 February

6:00 Departure Wolff
8:00 Final Revision of Report
10:00 Peace Corps (Herrington)
23:59 Departure Heise, Walter, Herrington

PERSONS CONTACTED

USAID

Dr. Glenn Post, PHO
Ms. Gael Murphy, HPN IDI
Mr. John Anderson, HRD Officer
Dr. Sarah Clark, Regional Population Officer, REDSO/WCA
Ms. Carol Payne, IDI Nutrition
Mr. Ray King, Comptroller
Mr. Felix Awantang, Project Officer PEV-CCCD

DEPARTEMENT DE LA SANTE PUBLIQUE (DSP)

Dr. Kapata Luvivila, Acting Secretary General DSP
Marie-Paul Mutombo, Directrice ITEM
Dr. Mbumb Mussong, Directeur Chef de Service, Sixieme Direction
Dr. Kongolo, Directeur Inst. d'Enseignement Medical

FONDS D'ASSISTANCE MEDICO-SANITAIRE (FOMAMES)

Dr. Musinde, Director. Division of supervision and training
Cit. Kiambola, Responsable de Service de la formation

CONSEIL NATIONAL DE LA SANTE ET BIEN ETRE

Dr. Massamba, Secretary General

PROJECT DES SERVICES DES NAISSANCES DESIRABLES (PSND)

Cnne. Chirwisa Chirhamolekwa, Directrice
Dr. Peter Knebel, Conseiller Technique
Dr. Jane Bertrand, Operations research advisor
Cit. Ngoie Mbuya, Head of Supervision
Cit. Omari Kimpaka, Infirmier/Superviseur Pool III
Cnne Kanzala Ngenze, Infirmiere/Superviseur Pool I
Cnne Yabili Malunga, Infirmiere/Superviseur Pool II
Cit. Kazadi Polondo, Director of Training
Cnne Tembo Bahelele, Chef de Service Clinique Libota Lilamu (CLL)
Cit. Misamu Kham Mitondo, Chef de Service Approvisionnement
Cit. Nshangalume Chirhulwire, Assistant aux Approvisionnement
Cnne Mushiya Lungana, Magasiniere
Cit. Bongwele Onanga, Head of Program
Cit. Ntumba-wa-Ntumba, Chef de Service Projets Specieaux
Cit. Bakadipanga Twakule, Statisticien
Cit. Mangwelo Mundewa, Assistant a IEC
Mr. Brad Barker, Deputy Director of Administration
Cnne Odimba Yangake, Infirmiere Clinique Libota Lilamu
Cnne Mbinzi Swaku, Infirmiere Clinique Libota Lilamu
Cit. Mugaruka Muhimanyi, Cassier
Dr. Edjo, ObGyn Consultant CLL
Cnne Mabambu Diatewa, Infirmiere CLL
Cnne Musau Kangigi, Infirmiere CLL

SOINS DE SANTE PRIMAIRES EN MILIEU RURAL (SANRU)

Dr. Kalambay Kalula, DSP Advisor
Dr. Franklin Baer, Project Manager
Mrs. Florence Galloway, Training Coordinator

ECOLE DE SANTE PUBLIQUE

Dr. Kashala Tumba D., Director
Dr. Bill Betrand, Co-director

CENTRE NATIONAL DE COORDINATION DE LA FORMATION POUR LE DEVELOPPEMENT (CENACOF)

Prof. Rudahindwa Chizungu, Director
Prof. Ngay, Director of Research and Evaluation

CENTRE DE PERFECTIONNEMENT EN ADMINISTRATION (CPA)

Prof. Mabilia Sede Diangwala, Project director
Mr. Didier De Lannoy, Asst. Project director

ASSOCIATION ZAIROISE POUR LE BIEN-ETRE FAMILIAL (AZBEF)

Cit. Maneng Ma Kong, Commissaire de Peuple, Volontaire de l'AZBEF
Cit. Wawa-Sakrini, President AZBEF
Cit. Mutumbi Kuku Dia Bunga, Administrator AZBEF
Mr. Ajavon Ayi, Field Representative IPPF Nairobi
Cit. Bangula Buanda, Chef de service d'Evaluation
Dr. Ntabona Bagalwa, Vice President National Assembly AZBEF
Cit. Kazadi Salwa, Nurse Supervisor AZBEF
Cit. Kikassa Mwanalisa, Treasurer AZBEF
Cit. Mwamba Muteba, IPPF Representative, Lome Togo.

CENTRE D'ENCADREMENT DES FEMMES EN MATIERE DE DEVELOPPEMENT (CEFD)

Cnne Tshikwakwa Kongolo, Coordinator
Cnne Kazadi Salwa, Director of Training
Cnne Zawadi Mwenge, Asst. Director of Training

ECZORT

Ms. Laurie Emrich, Health Coordinator

PROGRAMME ELARGI DE VACCINATION (PEV)

Dr. Melinda Moore, Regional field epidemiologist
Mr. Jean Roy, Technical Officer
Ms. Kathy Parker, CDC Atlanta
Mr. Pape Gaye, CCCD Consultant
Ms. Wendy Rosebury, USAID Washington

OTHER CONTACTS

Ms. Jana Glenn, Freelance Trainer
Cit. Mutombo Yatshita, Freelance Trainer
Mr. Jean-Michel Duran, Coord. Energie solaire-sante
Mr. Gary Steele, Associate Peace Corps Director
Mr. David Smith, Citibank Rep., Kinshasa
Mr. Paul de Souza, Head Partner, Coopers and Lybrand, Kinshasa
Cit. Kitenda Ki Mata, Voix du Zaire, Directeur de la Section d'Education et Culture

Attachment A

MEMORANDUM

Date: February 28, 1986

From: Mr. Ken Heise, FPMT Operations Officer *WH*
Mr. James Herrington, INTRAH Program Officer *JH*
Dr. George Walter, IHP Training Coordinator *GW*
Dr. James Wolff, FPMT Staff Associate

Subject: Summary of FPMT/INTRAH Program Development visit and proposed next steps.

To: Dr. Glenn L. Post, Health Officer
Ms. Gael Murphy, FPN IDI

1. The purpose of the joint visit by the Family Planning Management Training (FPMT) and Program for International Training in Health (INTRAH) teams, from February 17 to 28, 1986 was to assess family planning training needs in Zaire through examination of a) current family planning policies, b) extent of family planning services, c) family planning content of pre-service and in-service training curricula, d) training resources in-country (institutions and individuals), e) external donors which provide assistance in family planning (to governmental and/or private sector and f) mechanisms for the transfer of funds into Zaire in order to implement family planning training activities.
2. The team contacted approximately 10 organizations and over 70 individuals in Kinshasa (see Persons Contacted) in order to identify family planning management training needs for family planning leaders and upper-level managers (FPMT) and family planning clinical and non-clinical training needs for family planning service providers (INTRAH). A field visit was scheduled to the Sona Bata rural health zone, but due to logistical problems was not achieved.
3. The family planning training needs identified by the team are extensive, though not exhaustive, and respond to the priorities expressed by the agencies contacted. Given the type and number of training needs identified, it is apparent that they should be addressed over a period of three to four years. This necessitates careful ordering of priorities, scheduling of activities, and analysis of available resources by each agency concerned.

Five major categories of training needs were identified by the team, namely:

- Organizational Development and Management;
- Strengthening of Collaborative Relationships between Family Planning Agencies;
- Integration of Family Planning into Primary Health Care Training and Service Delivery;
- Community Education ("Sensibilisation") for Family Planning; and,
- Integration of Family Planning into the Curriculum of the Nursing Schools

Within each of these five categories several training and technical assistance activities have been outlined to respond to the major training needs identified. Attachment B presents in tabular format the specific activities proposed. Attachment C provides a brief description of each activity, including:

- description of training/technical assistance;
- target participants;
- tentative schedule;
- donor contribution;
- local contribution
- earliest possible starting date;
- action to be taken.

Based on discussions held with staff of USAID/PHO, Projet des Services des Naissances Désirables (PSND), Basic Rural Health Project (SANRU), and the Association Zaïroise pour le Bien-Etre Familiale (AZBEF/CNND), the FPMT/INTRAH team have left USAID/PHO attachments B and C for further review and discussion with the family planning agencies concerned.

4. Next steps. The following is a tentative outline of actions which should occur in order to ensure timely implementation of the activities outlined above:

<u>ACTION</u>	<u>TIMEFRAME</u>
(1) Draft of overall training plan and summary of team visit for USAID review.	upon departure of team
(2) INTRAH proposal for sponsorship of AZBEF and PSND training/technical assistance activities sent to USAID.	no later than April 15, 1986

- (3) FPMT Proposal(s) for sponsorship of PSND and AZBEF training/technical assistance activities sent to USAID. no later than April 15, 1986
- (4) USAID review of proposals with GOZ and agencies concerned and concurrence/comments sent to ST/POP/IT, INTRAH, and FPMT. no later than May 15, 1986
- (5) USAID advises INTRAH and FPMT re availability of counterpart funds for in-country costs of specific training activities. no later than May 15, 1986
- (6) ST/POP/IT, INTRAH, and FPMT review USAID and GOZ comments. ST/POP/IT provides technical concurrence for proposals. no later than June 15, 1986
- (7) If counterpart funds are available for in-country costs, INTRAH and FPMT communicate with USAID re: scheduling for specific training/technical assistance activities. no later than June 15, 1986
- (8) If counterpart funds are not available for in-country costs, INTRAH and FPMT return to Zaire for negotiation of contracts with USAID and GOZ agencies. This will not necessarily demand or preclude a joint INTRAH and FPMT visit. no later than June 30, 1986
- (9) Respective contracts are reviewed and approved by INTRAH and FPMT, and granted financial approval by AID/W contracts office. AID/W concurrence and approval no later than September 30, 1986
- (1) Transfer funds and begin first activity no later than October 15, 1986
5. The INTRAH and FPMT teams are extremely grateful for all the logistical, technical, and moral support accorded them by USAID, PSND, SANRU, AND AZBEF. Special thanks go to Dr. Glenn Post and Ms. Gael Murphy, Citoyenne Chirwisa Chirhamolekwa, Citoyen Mutumbi Kuku dia Bunga, and Dr. Franklin Baer.

cc: Dr. James Lea, Director INTRAH

Attachment A: Persons Contacted

Attachment B: Brouillon des Activites de Formation en Matiere des Naissances Desirables

Attachment C: Draft of Proposed Training Activities - INTRAH/MSH

1986 - 89

ATTACHMENT B

PAGE 1

Activite	A l'intention de qui et nombre a etre forme	Duree	Nombre de Sessions	Assistance Demandee	Lieu	Realise Par	Fas Avant	Commentaire
A. Developpement Organisationnel en Management								
Atelier en Management et Developpement Organisationnel	- PSND 10 -15 personnes en management ou administration	2 semaines	1	2 Facilitateurs	Kinshasa ou les environs	MSH	Juin 1986	Planification Program- nation Evaluation Supervision Devel. des Ressources Humaines Renforcement de l'esprit et du travail d'equipe
		1 semaine	3 aux intervalles de 6 mois	Frais en dollars Coûts locaux*				
Atelier en Management et Developpement Organisationnel	- CEFD 10 membres charges du management	2 Semaines	1	2 Facilitateurs	Kinshasa	MSH	Octobre 1986	
		1 semaine	1 une anee plus tard	frais en dollars Coûts locaux*				
Atelier en Management et Developpement Organisationnel	- AZBEF Admin. Centrale (11) Coord. Regionaux (9)	2 Semaines	1	2 Facilitateurs	Kinshasa	MSH	Jun 1986**	
		1 semaine	3 aux intervalles de 6 mois	frais en dollars Coûts locaux*			Octobre 1986*	
Formations de Conseils Administratifs d'AZBEF	- Conseils Admin. (20)	3 semaines	1	2 Facilitateurs	Kinshasa	MSP	Septembre 1986**	Le premier groupe servira comme les facilitateurs pour les formations subsequentes
Formation de formateurs								
Formation des membres des conseils Administratifs	- Conseils Admin. (120) regionaux	2 semaines	8 pendant 3 ans	2 Facilitateurs pour les premieres deux sessions plus financiere seulement	Regions	MSH	Novembre 1986*	
Provision et Organisa- tion des materiels pour la bibliotheque en M.D./PMI	- PSND - SANRU - AZBEF 1 personne par agence	voir commentaire	voir commentaire	Assistance Techn. 1 consultant-mois Materiel Documentation	Kinshasa	INTRAH	Janvier 1987	Un bibliothecaire en chaque organisation sera forme sur le tous

Activite	A l'intention de qui et nombre a etre forme	Duree	Nombre de Sessions	Assistance Demandee	Lieu	Realise Par	Pas Avant	Commentaire
B. Renforcement de la Collaboration d'entre des Agences de Naissances Desirables								
Atelier en Management coordonne pour Agences executants	- SANRU - PSND - AZBEF - Sante Pour Tout etc. 2-4 personnes/agence maximum 18 personnes	2 semaines	1	2 Facilitateurs Frais en dollars Coûts locaux*	Kinshasa	MSH	Septembre 1986	Voir criteres de selection des candidates dans le document descriptif
C. Integration de Naissances Desirables en Soins de Sante Primaires								
- Atelier pour developper un module en management/ supervision en N.D. pour les medecins-chef de zone	- PSND (2) - SANRU (2) AZBEF (2) - FONAMES - SANTE POUR TOUS (2) - M-C de Zone (2) maximum 18 personnes	2 semaines	1	2 Facilitateurs frais en dollars Coût locaux*	Kinshasa	INTRAH	Aout 1986	PSND et FONAMES prendront charge du pre-test avec l'appui d'un consultant
- Pretest de module	- FONAMES - PSND	?	?	Financiere 1 consultant 2 semaines	Regions (?)	PSND FONAMES	?	
Atelier en supervision de prestation des services	- PSND (5); CRND (4) AZBEF (1); BUPROF (1) superviseurs	2 semaines	1	2 Facilitateurs frais en dollars Coût locaux*	Kinshasa	INTRAH	Aout 1986** Octobre 1986*	
Formation technique de service N.D.	- AZBEF 10-15 participations des zones non couvertes par SANRU, PSND, etc.	4 semaines	3 fois par an Ad Hoc	Financiere	Regions	INTRAH	Octobre 1986	Voir document descriptif
Enquete sur la continuation de la contraception	- AZBEF	-	-	-	-	Unite de Rescherche Operationnelle de PSND	-	Etude speciale
Revision du curriculum pour l'education continue des prestataires de services de N.D.	- PSND (2) - SANRU (2) - AZBEF (2) - Personnel des zones de Sante (4)	2 semaines	1	1 Facilitateur frais en dollars coût locaux*	Kinshasa	INTRAH	Aout 1986** Octobre 1986*	

Activite	A l'intention de qui et nombre a etre forme	Duree	Nombre de Sessions	Assistance Demande	Lieu	Realise Par	Pas Avant	Commentaire
D. Sensibilisation Communautaire en Naissances Desirables								
Atelier pour l'education pour la sante N.D./PMI Suggestion venant de l'AZBEF								
- Developpement d'un module		4 semaines	1	voir commentaire	Kinshasa	voir commentaire	?	Voir document descriptif
- Formation des formateurs	3 animateurs ruraux par region = 27 personnes en 2 sessions	3 semaines	2		Regions			Un volet d'IEC qui atteint la masse est un besoin prioritaire du programme de ND au Zaïre. Afin d'y arriver il faut une structure organisationnelle adéquate qui n'existe pas à ce moment. Il est suggéré que l'USAID sert comme agent catalyseur pour l'établissement d'une telle structure et l'élaboration d'un programme d'IEC. En attendant, l'unité de Recherche Operationnelle du PSND peut étudier la meilleure approche dans le contexte Zaïrois.
- Formation des animateurs ruraux	25 animateurs ruraux par region par an	1 semaines	1-2 par region par an		Regions			
Eduaction a la vie familiale								
- Atelier pour developpement d'un module	voir document descriptif	-	-	-	-	-	-	voir document descriptif
Formation des formateurs								
Formation en gestion et N.D. pour femmes leaders	- CEFD Femmes leaders (24) 2-3 par region	2 semaines	6 1/pool par an 2 ans	2 Facilitateurs premiere session Frais en dollars couts locaux	Regions	CEFDA	Fevrier 1987	1 session par pool par an a partir de la 2eme session appui financier seulement.
Projet pour motivation des hommes en N.D.	- CEFD Hommes ruraux	-	-	?	-	Recherche Operationnelle de PSND	?	Voir document descriptif

Activite	A l'intention de qui et nombre a etre forme	Duree	Nombre de Sessions	Assistance Demandee	Lieu	Realise Par	Pas Avant	Commentaire
E. Integration de Naissances Desirables dans le Curriculum des Ecoles Infirmieres								
1. Formation des enseignants des ecoles infirmieres A2-A3 en matiere de naissances desirables	Enseignants des ecoles infirmieres A2-A3 - au moins 1 par ecole donc 10 enseignants 10-12 participants par session	2 semaines	3 sessions par an pendant 3 ans	Financiere, assistance technique 2 personnes pour les 3 premieres sessions	Kinshasa	INTRAM		Apres la formation on utilisera des enseignants formes comme equipe pour participer a l'elaboration du module en N.E. a etre incorporer au volet sante communautaire dans le curricule standardise des ecoles A2-D Voir document descriptif
(Voir document descriptif)								

* Si les fonds de contrepartie ne sont pas disponibles

** Si les fonds de contrepartie sont disponibles

(Fevrier 1986)

ATTACHMENT C, PART 1 OF 4

DRAFT FOR DISCUSSION OF PROPOSED TRAINING ACTIVITIES FOR PSND
INTRAH-MSH
FEBRUARY 1986

1. ATELIER EN MANAGEMENT ET DEVELOPPEMENT ORGANISATIONNEL

Description of Activity

This training would involve 10-15 senior and mid-level staff in an organizational development effort over a two year period. The initial seminar of two weeks would stress team building, collaboration, communication, time-management, role clarification, internal communication and other management problems using the problem solving approach to plan for their resolution. Participants would be given assignments applying principles learned. At six month intervals a problem solving and management review workshop would be held to assess progress and consider new problems that present themselves as the organizational management style evolves.

Participants

10-15 mid to senior level staff.

Schedule

An initial workshop would be scheduled for eight days over a two week period, thus giving participants time to conduct necessary PSND activities. Three follow-up workshops of one week each would be held at approximately six month intervals.

Donor Contribution

Family Planning Management Training Project (MSH):

1. 2 Facilitators and all dollar costs.
2. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

PSND

1. Release of participants for training.
2. Provide two staff members to work with consultants for the week prior to training.
3. One clerical person to be assigned during the three weeks of preparation and workshop.
4. Logistics
5. Transportation to and from the training site.

Earliest Possible Start Date

June 1986.

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify MSH.
2. Schedule the activity
3. Select the candidates
4. Arrange logistics
5. Program counterpart funds if available for local training costs.
6. USAID to serve as liason between host agency and MSH

2. ATELIER EN MANAGEMENT COORDONNE POUR LES AGENCES EXECUTANTS DE NAISSANCES DESIRABLES.

Description of Training Activity

The fact that several agencies are involved in N.D in Zaire leads to confusion for both service providers and consumers. Organizations responsible for programming, service delivery, or coordination would be asked to send candidates to this two week workshop. Participants should have responsibility for decision making, setting policy, programming, service delivery, supervision and evaluation. Management consultants will help this group of leaders develop a global strategy for N.D. that fits into government policy and fix goals which use each agency's strengths in the most efficient way. The group will identify problems encountered in achieving objectives and determine ways in which they can use their collective resources to solve them. Roles and responsibilities of each organisation will be clarified and an overall plan of coordination will be developed.

Participants

2-4 persons meeting the criteria above will be invited from at least the following organizations: PSND, AZBEF, SANRU, Sante pour Tous, FONAMES. Maximum number of participants will be 18. Other organizations should be included as indicated.

Schedule

A single work shop would be scheduled for eight days over a two week period, thus giving participants time to conduct necessary agency activities.

Donor Contribution

Family Planning Management Training Project (MSH):

1. 2 Facilitators and all dollar costs.
2. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

Each local agency would be requested to release at least two personnel. One local agency should assume responsibility for hosting. It has been suggested that this be AZBEF.

The Hosting Agency:

1. Will provide two staff members to work with consultants for the week prior to training.
2. One clerical person from AZBEF to be assigned during the

- three weeks of preparation and workshop.
3. Release of participants as required by training activities.
 4. Logistics
 5. Transportation to and from the training site.

Earliest Possible Start Date

September 1986.

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify MSH.
2. Schedule the activity
3. Select the candidates
4. Arrange logistics
5. Program counterpart funds if available for local training costs.
6. USAID to serve as liason between host agency and MSH

3. ATELIER EN SUPERVISION DE PRESTATION DES SERVICES

Description of Training Activity

Currently PSND, AZBEF, and BUPROF supervise both clinical and non-clinical family planning activities in clinics not yet incorporated into the DSP supervisory structure. This training activity would begin with a workshop held for PSND, AZBEF, and BUPROF supervisory staff to develop a module on both clinical and non-clinical aspects of supervision. At a later date this supervisory module could be merged into the PEV module on supervision, integrating supervisory activities for naissances desirables into the primary health care structure.

Participants

5 supervisors from PSND, 1 from AZBEF, 1 from BUPROF, 4 from CRND.

Schedule

A single workshop would be scheduled for eight days in a two week period, thus giving participants time to conduct necessary agency activities.

Donor Contribution

INTRAH

1. 2 Facilitators and all dollar costs.
2. If no unprogrammed counterpart funds are available for local costs, will negotiate a sub-contract with PSND to pay local costs.

Local Contribution

Each local agency would make their supervisory staff available full time for the workshop. The PSND would assume responsibility for hosting the workshop.

The Hosting Agency:

1. Will provide two staff members to work with consultants for the week prior to training.
2. One clerical person to be assigned during the three weeks of preparation and workshop.
3. Release of participants as required by training activities.
4. Logistics
5. Transportation to and from the training site.

Earliest Possible Start Date

August 1986 (assuming availability of local counterpart funds).

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify INTRAH
 2. Schedule the activity
 3. Select the candidates
 4. Arrange logistics
 5. Program counterpart funds if available for local training costs.
 6. USAID to serve as liason between host agency and INTRAH
4. ATELIER POUR DEVELOPPER UN MODULE EN MANAGEMENT/SUPERVISION EN NAISSANCES DESIRABLES POUR MEDECINS-CHEF DE ZONE ET PRETEST DE MODULE

This training activity would have two components:

- 1) A workshop to develop a training module and trainers' guide that would stress management aspects of introducing a family planning program into the primary health care service structure of a zone. (How to organize, what resources are available, guidelines for management and supervision, etc.)
- 2) Pretest of the module in two zones and revision as necessary. PSND would be responsible for identifying the manner in which the module will be used by FONAMES to train medecin-chefs, and how it will be adapted for in-service and pre-service training.

Participants

2 persons with both field and training experience will be invited from at least the following organizations: PSND, SANRU, Sante pour Tous, FONAMES, AZBEF. The group should also include at least two medecin-chef de zone. Maximum number of participants will be 18. Other organizations should be included as indicated.

Schedule

A single workshop would be scheduled for two weeks.

Donor Contribution

INTRAH

1. 2 Facilitators and all dollar costs.
2. A consultant for two weeks to help pre-test the module.

3. If no unprogrammed counterpart funds are available for local costs, INTRAH will negotiate a sub-contract to pay local costs.

Local Contribution

Each local agency would be requested to release at least two personnel. One local agency should assume responsibility for hosting. It has been suggested that this be PSND.

The Hosting Agency:

1. Will provide two staff members to work with consultants for the week prior to training.
2. One clerical person from PSND to be assigned during the three weeks of preparation and workshop.
3. Release of participants as required by training activities.
4. Logistics
5. Transportation to and from the training site.
6. Arrangements for pre-testing the module in a health zone.

Earliest Possible Start Date

August 1986.

Actions to be taken:

1. Review proposed training activity, Modify as appropriate, Approve, Notify INTRAH.
 2. Schedule the activity
 3. Select the candidates
 4. Arrange logistics
 5. Program counterpart funds if available for local training costs.
 6. USAID to serve as liason between host agency and INTRAH
5. FORMATION DES ENSEIGNANTS DES ECOLES INFIRMIERES A2-A3 EN MATIERE DE NAISSANCES DESIRABLES

Description of Activity

There are three A1 level schools training infirmiers gradues (3 years--A1) and infirmiers licencies (2 additional years--L2). These schools, two in Kinshasa and one in Kivu, are under Enseignement Superieur and convey university degrees. Although during this consultation it was not possible to completely assess their curriculum needs in Naissances Desirables, it appears that there are thirty hours of community health in the standard program. The integration of population information into the courses is at the individual discretion of the instructors.

There are approximately 100 additional schools of nursing. Forty-two train at the A2 level (infirmiers diplomes) and the rest train at the A3 level (infirmiers auxiliaires). These schools are under the Departement de Sante Publique. PSND has been asked to take responsibility for integrating Naissances Desirables into the curricula of these schools. They propose to do it in this fashion.

Step One: Obtain all clearances necessary to assure that an integrated curriculum in Naissances Desirables will be accepted and implemented. Preliminary discussion with Dr. Mbumb Mussong, the director Chef De Service de la 6eme

direction de DSP, confirms that he will fully support the implementation of a modified curriculum. He further adds that he has the legislative authority to write the decree dictating its introduction.

Step Two: Give the basic training in Naissances Desirables to two groups of 10-12 participants each, representing both levels of nursing schools. Amongst the 100 nursing schools there are eighteen "Ecoles de Reference," two per region, one urban and one rural. These initial participants would be chosen from this group of schools.

Step Three: Select a sub-group of trained participants to form a working party to integrate both the theoretical and technical aspects of Naissances Desirables into the community health modules of the curricula.

Step Four: Establish an on-going program of training of enseignants so that eventually in each school there would be at least one faculty member capable of teaching the Naissances Desirables module. (It is assumed that responsibility for Step Four will be taken by 6eme Direction. Financial assistance may be necessary.)

Participants

Step Two:

10-12 faculty members, one each from A2-A3 level schools for each of two sessions. See above.

Step Three: 10 participants selected from the first two training groups.

Step Four: Participants for this activity will be identified at an appropriate time in the future.

Schedule

Step One: verbal concurrence has been obtained. It is assumed PSND will take whatever follow-up steps necessary.

Step Two: Four week course for Naissances Desirables followed by a two week training of trainers course. The series would be repeated twice. 6eme Direction suggested July-August and October-November 1986.

Step Three: Two workshops of two to four weeks each. The A2-level group will integrate Naissances Desirables into two-year Infirmiere Auxiliaire community health curriculum. The A3-level group will undertake a similar activity for the three-year Infirmiere Diplome d'Etat curriculum.

Donor Contribution

INTRAH

1. 2 Facilitators for each of the first two courses.
2. All dollar costs.
3. 3 Facilitator months for the curriculum development workshops
4. If no unprogrammed counterpart funds are available for local costs, INTRAH will negotiate a sub-contract to pay

local costs.

Local Contribution

The 6eme Direction in collaboration with the PSND would be responsible for this activity.

The Hosting Agency:

1. Will provide two staff members to work with consultants for one week prior to, and during each workshop.
2. One clerical person to be assigned during the week of preparation and the workshop.
3. 6eme Direction would need to release one participant from each of the 18 "Ecoles de Reference".
4. Logistics
5. Transportation to and from the training site.

Earliest Possible Start Date

August 1986 (if counterpart funds available). Otherwise October 1986.

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify INTRAH.
 2. Schedule the activity
 3. Select the candidates
 4. Arrange logistics
 5. Program counterpart funds if available for local training costs.
 6. USAID to serve as liason between host agency and INTRAH
6. REVISION DU CURRICULUM DE BASE EN NAISSANCES DESIRABLES
POUR LES PRESTATEURS DES SERVICES

Description of Training Activity

PSND has the responsibility for training teams from the health zones from 14 urban centers in Zaire. This training is usually done in teams made up of the medecin-chef de zone and two of his nursing personnel. The module developed by PSND is also used by SANRU and other agencies, and is felt to be out of date. This activity would be a workshop of a minimum of three weeks and would have as its expected output a revised basic curriculum in Naissances Desirables.

Participants

Two staff members each from PSND, AZBEF, SANRU, and four health personnel from the zone level.

Schedule

A three week workshop.

Donor Contribution

INTRAH

1. 1 Facilitator
2. All dollar costs.
3. If no unprogrammed counterpart funds are available for local costs, will negotiate a sub-contract with PSND to

pay local costs.

Local Contribution

PSND

1. Each agency involved should make two staff members available fulltime for the workshop.
2. DSP would provide zonal participants.
3. The PSND would assume responsibility for hosting the workshop.
4. Will provide two staff members to work with consultants for the week prior to training.
5. One clerical person to be assigned during the four weeks of preparation and workshop.
4. Logistics
5. Transportation to and from the training site.

Earliest Possible Start Date

August 1986 (assuming availability of local counterpart funds). Otherwise October 1986.

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify INTRAH
2. Schedule the activity
3. Select the candidates
4. Arrange logistics
5. Program counterpart funds if available for local training costs.
6. USAID to serve as liason between host agency and INTRAH

7. REVISION DU CURRICULUM DE RECYCLAGE EN NAISSANCES DESIRABLES POUR LES PRESTATEURS DES SERVICES

Description of Training Activity

PSND has the responsibility for keeping clinical practitioners up to date in Naissances Desirables. This activity would be a workshop of a minimum of three weeks and would have as its expected output a revised curriculum for the recyclage (in-service) program.

Participants

Two staff members each from PSND, AZBEF, SANRU, and four health personnel from the zone level.

Schedule

A three week workshop.

Donor Contribution

INTRAH

1. 1 Facilitator
2. All dollar costs.
3. If no unprogrammed counterpart funds are available for local costs, will negotiate a sub-contract with PSND to pay local costs.

Local Contribution

PSND

1. Each agency involved should make two staff members available fulltime for the workshop.
2. DSP would provide zonal participants.
3. The PSND would assume responsibility for hosting the workshop.
4. Will provide two staff members to work with consultants for the week prior to training.
5. One clerical person to be assigned during the four weeks of preparation and workshop.
4. Logistics
5. Transportation to and from the training site.

Earliest Possible Start Date

August 1986 (assuming availability of local counterpart funds). Otherwise October 1986.

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify INTRAH
2. Schedule the activity
3. Select the candidates
4. Arrange logistics
5. Program counterpart funds if available for local training costs.
6. USAID to serve as liason between host agency and INTRAH

8. PROVISION ET ORGANISATION DES MATERIELS POUR LA BIBLIOTHEQUE EN NAISSANCES DESIRABLES/PROTECTION MATERNELLE INFANTILE

This activity will provide in-country technical assistance to organize basic resource materials for family planning/MCH. Resource packages will be developed and provided to agencies that offer family planning.

NOTE:

PSND staff have expressed a desire for advanced training in both management and training of trainers of trainers. This is recognized as a reasonable request and it is suggested that USAID help in the exploitation of local resources for this training such as CENACOF or CPA.

In September of 1985 the 6eme Direction created a division of d'Education Continue. As this section defines its role it will ask PSND participation in in-service education in Naissances Desirables. It may well be that technical assistance would be appropriate for this activity.

ATTACHMENT C, PART 2 OF 4

DRAFT FOR DISCUSSION OF PROPOSED TRAINING ACTIVITIES FOR AZBEF
INTRAH-MSH
FEBRUARY 1986

1. ATELIER EN MANAGEMENT ET DEVELOPPEMENT ORGANISATIONNEL

Description of Activity

This training would involve 11 central administrative personnel and 9 regional coordinators of the paid staff of AZBEF in an organizational development effort over a two year period. The initial seminar of two weeks would stress team building, collaboration, communication, time-management, role clarification, internal communication and other management problems using the problem solving approach to plan for their resolution. Participants would be given assignments applying principles learned. At six month intervals a one week problem solving and management review workshop would be held to assess progress and consider new problems that present themselves as the organizational management style evolves.

Participants

- 11 central administrative staff
- 9 regional coordinators

Schedule

An initial workshop would be scheduled for eight days over a two week period, thus giving participants time to conduct necessary agency activities. Three follow-up workshops of one week each would be held at approximately six month intervals.

Donor Contribution

Family Planning Management Training Project (MSH):

1. 2 Facilitators for each of four workshops.
2. All dollar costs.
3. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

AZBEF

1. Release of participants for training.
2. Provide two staff members to work with consultants for the week prior to each training.
3. One clerical person to be assigned during each preparation week and each workshop.
4. Logistics
5. Transportation to and from the training site.

Earliest Possible Start Date

June 1986 (if counterpart funds available). Otherwise October 1986
Actions to be taken:

1. Review proposed training activity,
Modify as appropriate

- Approve
- Notify MSH.
- 2. Schedule the activity
- 3. Select the candidates
- 4. Arrange logistics
- 5. Program counterpart funds if available for local training costs.
- 6. USAID to serve as liason between host agency and MSH

2. FORMATION EN MANAGEMENT POUR LES CONSEILS ADMINISTRATIFS DE L'AZBEF (MANAGEMENT TRAINING FOR AZBEF BOARD MEMBERS)

Description of Activity

AZBEF and its precursor the CNND have been active in Naissances Desirables in Zaire since 1973. They now have chapters in all nine regions. The administrative burden in the organization is carried by volunteer board members with a common interest in family planning. They are expected to make policy for AZBEF and direct program implementation but have not been trained, a fact which seriously influences programming and service delivery. This training activity would focus on the role of a board member and the contribution of the boards in promoting and implementing family planning programs.

The group to be trained consists of seven board members and seven additional volunteers from each of the nine regions plus the national level. The seven board members are the President, Vice-President, Treasurer, and four advisors.

The proposed training has two components:

1. AZBEF will select a group of 20 board members who will receive a combination of the management content and training of trainers during a three week workshop.

2. Members selected from this first group would be used to train all the other board members in the different regions.

Participants

Seven-member board plus seven volunteers for each region plus the national level. (9 + 1 regions times 14 persons = 140 board members to be trained.) Twenty will be trained first from whom trainers will be identified to train the remaining 120.

Schedule

The first workshop would be scheduled to run over a three week period. The remaining 120 people would be trained in approximately eight workshops over the next 2-3 years according to staff availability. As much of the training as possible would be done regionally to reduce costs and to make it more appropriate.

Donor Contribution

Family Planning Management Training Project (MSH):

1. 2 Facilitators for the first three workshops. Financial support thereafter
2. All dollar costs.
3. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

AZBEF

1. Assure that participants are available for training.
2. Provide two staff members to work with consultants for the week prior to each training workshop.
3. One clerical person to be assigned during each preparation week and each workshop.
4. Beginning with the second workshop two counterpart trainers should work with the facilitators.
4. Logistics

Earliest Possible Start Date

September 1986 (if counterpart funds available). Otherwise November 1986.

Actions to be taken:

1. Review proposed training activity
Modify as appropriate
Approve
Notify MSH.
 2. Schedule the activity
 3. Select the candidates
 4. Arrange logistics
 5. Program counterpart funds if available for local training costs.
 6. USAID to serve as liaison between host agency and MSH
3. FORMATION TECHNIQUE DE SERVICES DE NAISSANCES DESIRABLES

Description of Activity

From time to time AZBEF receives requests from the staff of health zones that are not covered by SANRU, PSND, or any other agency for clinical training in Naissances Desirables. Because of their budget limitations they are unable to respond to these requests even though they have the capacity to offer clinical training. AZBEF would like to have the financial backing to offer ad hoc clinical training when enough requests have accumulated to warrant it. This activity would consist of a four week workshop using the basic curriculum already developed by PSND.

Participants

Doctors and nurses from health zones not covered by one of the primary health care/Naissances Desirables agencies. Training would be offered to groups of 10-15.

Schedule

On an ad hoc basis up to three times per year.

Donor Contribution

INTRAH

1. Financial support only.

Local Contribution

AZBEF

1. Assure that participants are available for training.
2. Trainers for the course.

3. One clerical person to be assigned during each preparation week and each workshop.
4. Logistics

Actions to be taken:

1. Review proposed training activity
Modify as appropriate
Approve
2. Secure funding from INTRAH
3. Schedule the activity
4. Select the candidates
5. Arrange logistics
6. USAID to serve as liason between host agency and INTRAH

4. EDUCATION A LA VIE FAMILIALE

AZBEF is requesting technical assistance to respond to a request to develop a family life education program for secondary schools. They need help in developing an appropriate module for each level and in training teachers to use them. This activity would probably consist of workshops in module development, module testing, and teacher training. The consultation team recommends supporting AZBEF in this effort and encourages them to develop a proposal to present to USAID.

5. SENSIBILISATION COMMUNAUTAIRE EN NAISSANCES DESIRABLES

Description of Activity

In the division of labor in the realm of Naissances Desirables AZBEF is being encouraged to take responsibility for informing and motivating the population to use services. To do this they depend upon their network of volunteer-members in their chapters throughout the regions. Many of their volunteers are active in other aspects of community development work. They would also like to involve other community agents having direct contact with the population, thus all development contacts at the community level would have the Naissances Desirables message as an integral component.

Since AZBEF is dependent upon this large pool of people who have not been trained in Naissances Desirables they are in a unique position to organize a training program that cuts across agency boundaries using their volunteer network as a catalyst. They propose to:

1. Develop a training module in Naissances Desirables to be used for community animateurs.

2. Select three animateurs from each region and train them to be trainers of other animateurs using the Naissances Desirables module.

3. Train 25 animateurs per region per year over the next four years.

The consultant team supports AZBEF in this request. Since PSND has recently added an operations research branch it is suggested that AZBEF prepare a proposal and submit it to this unit. USAID/Zaire is urged to seek ways to establish the organizational infrastructure within which a

promotional/motivational program could function. Its presence is critical to the success of N.D.

6. ENQUETE SUR LA CONTINUATION DE LA CONTRACEPTION

AZBEF Kinshasa has proposed a study of contraceptive continuation rates. The consultation team suggests that this protocol be submitted to the PSND operations research unit.

7. PROVISION ET ORGANISATION DES MATERIELS POUR LA BIBLIOTHEQUE EN NAISSANCES DESIRABLES/PROTECTION MATERNELLE INFANTILE

This activity will provide in-country technical assistance to organize basic resource materials for family planning/MCH. Resource packages will be developed and provided to agencies that offer family planning.

ATTACHMENT C, PART 3 OF 4

DRAFT FOR DISCUSSION OF PROPOSED TRAINING ACTIVITIES FOR SANRU INTRAH-MSH FEBRUARY 1986

1. ATELIER EN MANAGEMENT COORDONNE POUR LES AGENCES EXECUTANTS DE NAISSANCES DESIRABLES.

Description of Training Activity

The fact that several agencies are involved in N.D in Zaire leads to confusion for both service providers and consumers. Organizations responsible for programming, service delivery, or coordination would be asked to send candidates to this two week workshop. Participants should have responsibility for decision making, setting policy, programming, service delivery, supervision and evaluation. Management consultants will help this group of leaders develop a global strategy for N.D. that fits into government policy and fix goals which use each agency's strengths in the most efficient way. The group will identify problems encountered in achieving objectives and determine ways in which they can use their collective resources to solve them. Roles and responsibilities of each organisation will be clarified and an overall plan of coordination will be developed.

Participants

2-4 persons meeting the criteria above will be invited from at least the following organizations: PSND, AZBEF, SANRU, Sante pour Tous, FONAMES. Maximum number of participants will be 18. Other organizations should be included as indicated.

Schedule

A single work shop would be scheduled for eight days over a two week period, thus giving participants time to conduct necessary agency activities.

Donor Contribution

Family Planning Management Training Project (MSH):

1. 2 Facilitators and all dollar costs.
2. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

Each local agency would be requested to release at least two personnel. One local agency should assume responsibility for hosting. It has been suggested that this be AZBEF.

The Hosting Agency:

1. Will provide two staff members to work with consultants for the week prior to training.
2. One clerical person from AZBEF to be assigned during the three weeks of preparation and workshop.
3. Release of participants as required by training activities.
4. Logistics

5. Transportation to and from the training site.

Earliest Possible Start Date
September 1986.

Actions to be taken:

1. Review proposed training activity,
Modify as appropriate
Approve
Notify MSH.
 2. Schedule the activity
 3. Select the candidates
 4. Arrange logistics
 5. Program counterpart funds if available for local training costs.
 6. USAID to serve as liason between host agency and MSH
2. PROVISION ET ORGANISATION DES MATERIELS POUR LA BIBLIOTHEQUE EN
NAISSANCES DESIRABLES/PROTECTION MATERNELLE INFANTILE

This activity will provide in-country technical assistance to organize basic resource materials for family planning/MCH. Resources packages will be developed and provided to agencies that offer family planning.

ATTACHMENT C, PART 4 OF 4

DRAFT FOR DISCUSSION OF PROPOSED TRAINING ACTIVITIES FOR CEFD INTRAH-MSH FEBRUARY 1986

1. ATELIER EN MANAGEMENT ET DEVELOPPEMENT ORGANISATIONNEL

Description of Activity

The Centre d'Encadrement des Femmes en Matiere de Developpement, CEFD, is a newly formed organization of CEDPA alumni interested in addressing the developmental needs of women in Zaire. Their general assembly counts 43 members and daily operations are managed by a six member coordinating committee. This training activity would involve a total of ten members from the coordinating committee and general assembly in an organizational development effort spread over a two year period. The initial seminar of two weeks would stress team building, collaboration, communication, goal-setting, program planning and implementation, and special needs of a voluntary organization. A second management review workshop approximately one year later would be held to assess progress and consider new problems that present themselves as the organizational management style evolves.

Participants

10 members CEFD

Schedule

An initial workshop would be scheduled for eight days over a two week period, thus giving participants one day each week to conduct business as usual. The follow-up workshop of one week would be held approximately one year after the initial training.

Donor Contribution

Family Planning Management Training Project (MSH):

1. 2 Facilitators and all dollar costs.
2. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

CEFD

1. Assure that all CEFD members will be able to participate full-time in the training course
2. Provide two staff members to work with consultants for the week prior to training.
3. One clerical person to be assigned during the three weeks of preparation and workshop.
4. Logistics

Earliest Possible Start Date

October 1986.

Actions to be taken:

1. Review proposed training activity
 Modify as appropriate
 Approve
 Notify MSH.
2. Schedule the activity
3. Select the candidates
4. Arrange logistics
5. Program counterpart funds if available for local training costs.
6. USAID to serve as liason between CEFD and MSH

2. FORMATION EN GESTION ET NAISSANCES DESIRABLES POUR FEMMES LEADERS

Description of Training Activity

This workshop will be modeled after the CEDPA Washington Workshop on Women in Development with special emphasis on development and promotion of family planning activities. Topics considered will include identification of resources, building support for programs and elaboration of projects. Participants will develop plans for promoting and implementing Naissances Desirables activities in their own regions.

Participants

A total of 24 women, 2-3 per region. Candidates should be recognized as leaders in their community and have an interest in Naissances Desirables.

Schedule

The workshop would be scheduled for two weeks, and would be repeated as often as three times per year (once per pool) for two years.

Donor Contribution

Family Planning Management Training Project (CEDPA):

1. 2 Facilitators and all dollar costs.
2. If no unprogrammed counterpart funds are available for local costs, FPMT(MSH) will pay local costs.

Local Contribution

CEFD

1. Assure that all CEFD members will be able to participate full time in the training course
2. Provide two staff members to work with consultants for the week prior to training.
3. One clerical person to be assigned during the three weeks of preparation and workshop.
4. Logistics

Earliest Possible Start Date

February 1987.

Actions to be taken:

1. Review proposed training activity
 Modify as appropriate
 Approve

- Notify MSH.
2. Schedule the activity
 3. Select the candidates
 4. Arrange logistics
 5. Program counterpart funds if available for local training costs.
 6. USAID to serve as liason between CEFD and MSH

3. PROJET POUR MOTIVATION DES HOMMES RURAUX/URBAINS EN
NAISSANCES DESIRABLES

Description of Training Activity

This activity would be a pilot project to explore different ways of motivating rural and urban men in Naissances Desirables. In the debriefing meeting with USAID it was suggested that this activity be developed in cooperation with the Tulane Operations Research Project of the PSND.

ACTIVITY	TRAVEL	PER DIEM	MSH SALARIES	ZAIRE SALARIES	OVERHEAD	DDC	LOCAL TRAVEL	LOCAL PER DIEM	TOTAL (WG LOCAL)	TOTAL (W/ LOCAL)
PSND INITIAL TRAINING ORGANIZATIONAL DEVELOPMENT 2 WEEKS, 17 PARTICIPANTS	2600	3108	10962	4200	10870	1000	0	0	32740	32740
PSND FOLLOW UP #1 1 WEEK, 17 PARTICIPANTS	2600	1036	5481	2800	5785	1000	0	0	18702	18702
PSND FOLLOW UP #2 1 WEEK, 17 PARTICIPANTS	0	0	3654	2800	4323	1000	0	0	11777	11777
PSND FOLLOW UP #3 1 WEEK, 17 PARTICIPANTS	0	0	3654	2800	4323	1000	0	0	11777	11777
AZBEF INITIAL TRAINING ORGANIZATION DEVELOPMENT 2 WEEKS, 20 PARTICIPANTS	2600	3108	10962	4200	10870	1000	0	0	32740	32740
AZBEF FOLLOW UP #1 1 WEEK, 20 PARTICIPANTS	2600	1036	5481	2800	5785	1000	0	0	18702	18702
AZBEF FOLLOW UP #2 1 WEEK, 20 PARTICIPANTS	0	0	3654	2800	4323	1000	0	0	11777	11777
AZBEF FOLLOW UP #3 1 WEEK, 20 PARTICIPANTS	0	0	3654	2800	4323	1000	0	0	11777	11777
71 AZBEF BOARD MEMBER TRAINING INITIAL TRAINING 3 WEEKS, 20 PARTICIPANTS	2600	4144	14616	5600	14493	1000	4000	13800	42452	60253
AZBEF REGIONAL TRAINING OF BOARD 2 WEEKS, 14 PARTICIPANTS FIRST REGION	2600	3150	10962	2100	9820	1000	920	8160	29632	38742
AZBEF REGIONAL TRAINING OF BOARD 2 WEEKS, 14 PARTICIPANTS REGIONS 2 THROUGH 9	0	12600	43848	16800	43478	8600	5760	65520	124726	196096
CEFD ORGANIZATIONAL DEVELOPMENT 2 WEEKS, 10 PARTICIPANTS	0	0	5481	2100	5435	1000	700	1400	14016	16116
CEFD ORGANIZATIONAL DEVELOPMENT FOLLOW UP - ONE YEAR LATER 1 WEEK, 10 PARTICIPANTS	0	0	3654	1400	3623	1000	350	700	9677	10727
GRAND TOTAL	15600	28182	126063	53200	127450	20000	11730	89610	370495	471835

NOTES

COST REDUCTIONS WILL OCCUR IF:

- 1) USAID COVERS IN-COUNTRY COSTS
- 2) TRAINING SCHEDULES ARRANGED TO MINIMIZE MSH STAFF TRAVEL
- 3) TRAINING ACTIVITIES FOR PSND AND AZBEF ARE COMBINED

P. S. N. D.
sous-direction du programme
service des statistiques
B F 100
Bushaya-14

STATISTIQUES DES UNITÉS
DES NAISSANCES DESIRABLES
EN 1985

par

BAKADIPANGA TWAKULE
Statisticien du P.S.N.D.

Pôvuer 1986

I Présentation générale des statistiques (1) des Unités des Naissances Désirables en 1985.

Le présent rapport contient 75% d'informations chiffrées. Il a pour objet d'étudier les résultats des activités des Naissances Désirables enregistrées au cours de l'année 1985.

1 Nombre d'unités ayant justifié les rapports
De 1984 à 1985, le nombre d'unités qui ont justifié les rapports trimestriels est passé de 20 à 66, soit un taux d'augmentation de l'ordre de + 200%.

2 Nombre de rapports attendus et fournis
En 1984, le taux de rapports fournis ne représentait à peine que 45%. En 1985, ce taux est passé à 66%. Donc une sensible augmentation de l'ordre de 21%.

3 Nombre total des utilisateurs
3101 utilisateurs ont été enregistrés dans les 20 unités des Naissances Désirables en 1984, soit une moyenne de 155 clients par clinique.
En 1985, les 66 unités ont dû en enregistrer 10446 personnes. De ce fait, la moyenne d'utilisateurs par

Clinique devant 158 clients. (2)

4. Méthodes adoptées

La pilule et l'injectable demeurent les deux méthodes les plus utilisées dans les centres des Naissances Désirables. Elles représentent à elles seules les 65% de nouvelles utilisatrices (années 1984 et 1985).

5. Nombre de visites

Le personnel médical travaillant dans les unités des Naissances Désirables a reçu en 1985, 20059 visites dont 15.417 visites de contraception, soit 77%.

II. Evolution du nombre de nouveaux utilisateurs en 1985

T.1. Nombre de nouveaux utilisateurs reparti par région et par trimestre en 1984 et 1985 (total cumulé)

Région	1er trimestre		2ème trimestre		3ème trimestre		4ème trimestre		Total cumulé	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Lushaka	-	663	30	1513	59	2170	812	2473*	812	2473
Bandaundu	-	212	107	422	267	621	403	---	403	621
Bas-Laire	-	331	-	583	322	661	594	---	594	661
Haut-Laire	-	149	222	383	---	517	---	---	222	517
Haba	-	103	-	283	-	500	-	---	-	500
Total (toutes régions)	-	1453	359	2184	840	4469	2031	4772	2031	4772

source: Rapports trimestriels des Unités des Contraceptions Desirables en 1984 et 1985

* La Province Luwoise ainsi que le Burundi/Lushaka n'ont pas encore justifié leurs rapports du même trimestre 1985

--- Les données ne nous sont pas encore parvenues.

Constatations (T1)

Le nombre total de de contraception est en hausse entre 1984 et 1985. Il est de l'ordre de 1985 (base 100 = 25

recus utilisateurs usage continue indice d'évolution 9 au 31 décembre trimestre 1984)

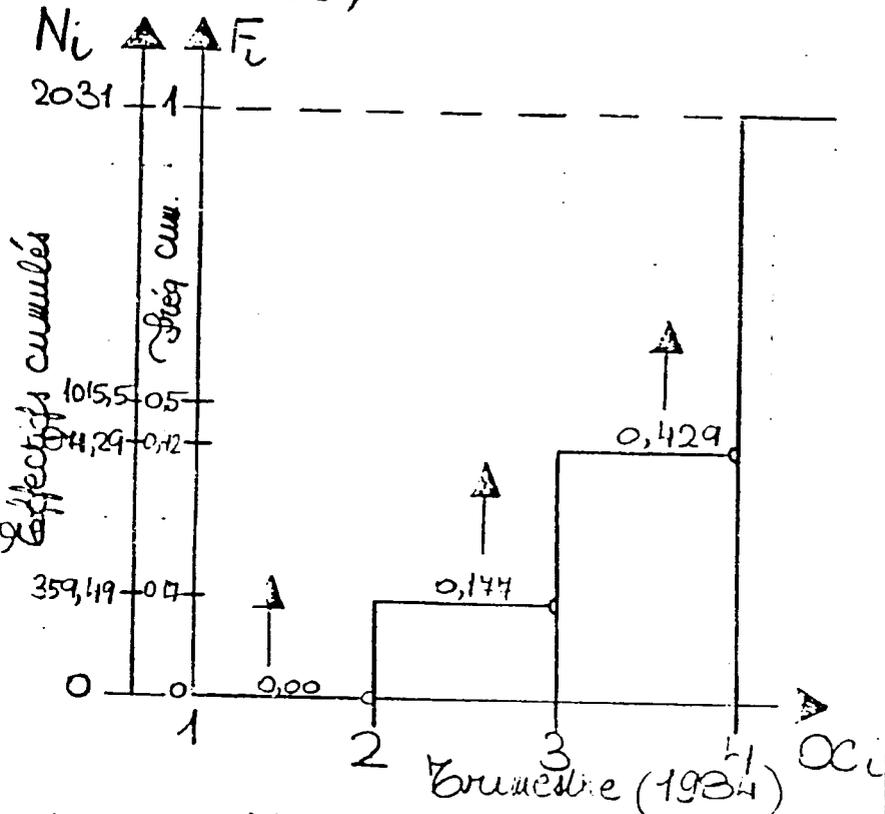
(4)

Étant donné que les rapports du 4^{ème} trimestre 1985 des unités de Lushaka, Baudundu, Bas-Zaire, Bas-Zaire et Shaba nous font défaut, nous nous croirons que le point d'indice se situerait autour de 1280 et 1300 pour l'année 1985.

Les abaques 1 et 2 étalent l'accroissement de nouveaux utilisateurs en 1984 et 1985. Nous remarquons qu'en 1985, la hauteur de la courbe cumulative vaut trois fois les fréquences de celle de 1984. Ce qui en d'autres termes, signifie que le taux de variation (85/84) était positif respectivement aux 2^{ème} et 3^{ème} trimestres 1985, soit +381% et +152%. Au 4^{ème} trimestre il devient négatif (soit -283%) compte tenu du manque des données pour la période ci-dessus mentionnée. Mais dans l'ensemble la variation est absolument positive. Elle est de l'ordre de +135%. Ce qui denote une progression de nouveaux utilisateurs et la contraception en 1985.

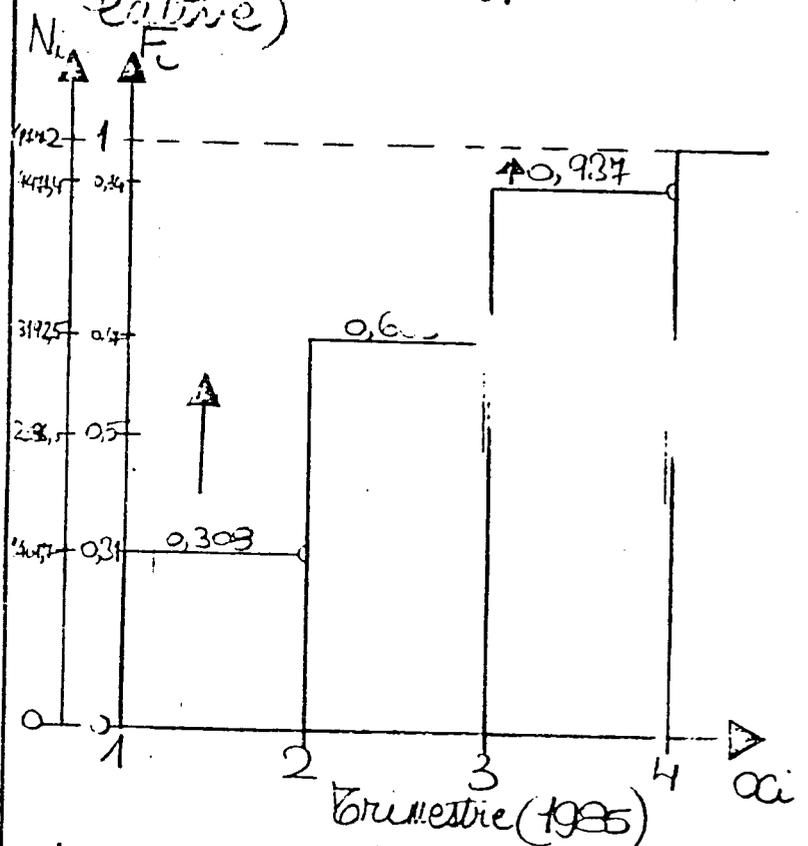
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G.1. Nombre de nouveaux utilisateurs en 1984 (fonction cumulative)



source: statistiques des UNDE en 1984

G.2. Nombre de nouveaux utilisateurs en 1985 (fonction cumulative)



source: statistiques des UNDE en 1985

(6)

T.2 Répartition en % de nouveaux utili-
sateurs par pool et par trimestre
en 1984 et 1985.

Pools	1er trimestre		2ème trimestre		3ème trimestre		4ème trimestre		Total annuel	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
1er pool (Kinshasa, Baudouin, Bas-Zaire)	-	25,3	6,8	27,4	25,2	19,5	57,1	6,3	84,1	48,5
2ème pool (Shaba)	-	2,3	-	3,8	-	4,5	-	---	-	10,6
3ème pool (Bas-Zaire)	-	3,2	10,9	4,9	---	2,8	---	---	10,9	10,9
Total (1er+2ème + 3ème) + Bas-Zaire	..	30,8	17,7	26,1	25,2	26,8	57,1	6,3	100,0	100,0

Source: Rapports trimestriels des unités des
Circulaires Belvaies en 1984 et 1985

Constatations (T.2).

Le tableau de répartition de nouveaux utili-
sateurs par pool en 1984 et 1985 situe le
premier pool comme celui qui a enregistré
plus de 3/4 du total de nouveaux utilisateurs
en 1984 et 1985 (soit 84,1% en 1984 et 48,5%
en 1985)

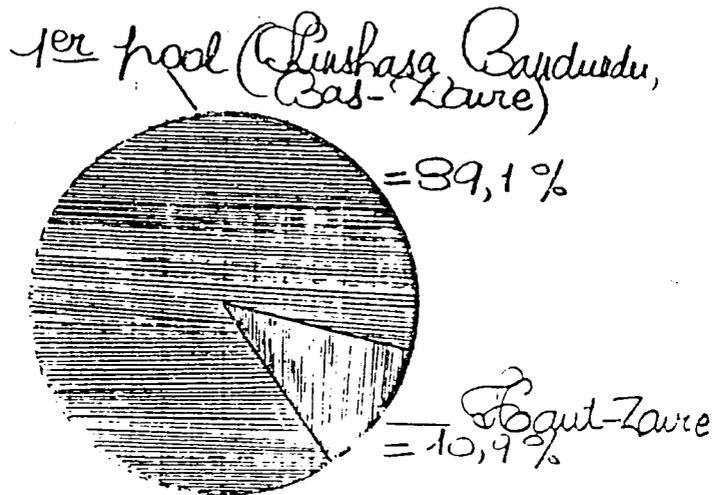
En ce qui concerne le nombre de nouveaux
utilisateurs qui a été enregistré sur les unités des
Naissances des vivables, nous tenons à remarquer
que c'est au 1^{er} trimestre de l'année 1984, soit
58,1% et au 2^{ème} trimestre de l'année 1985, soit
36,1%. A ce propos, nous devons souligner

(4)
que les pourcentages de l'année 1985 sont
dehors de la moyenne puisque les données du 4^{ème}
trimestre sont incomplètes. (Cfr T. 1). Les
graphiques 3 et 4 indiquent les proportions
de nouveaux utilisateurs répartis par pays.
Les pourcentages des utilisateurs du 1^{er} trimestre
semblent figer en 1985. Cette situation
est due aux raisons ci-dessus évoquées.
Il en est de même pour le Haut-Zaire
où la tendance nous paraît stationnaire

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*

(8)

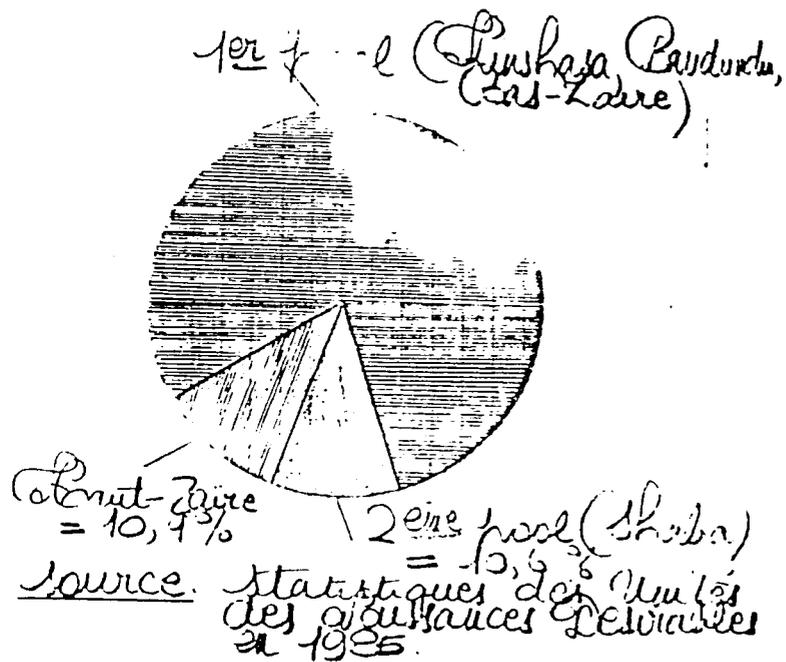
G.3 Répartition en % de nouveaux utilisateurs par pool en 1984.



source: Statistiques des Unités des communications Téléphoniques en 1984

95

G.4 Répartition en % de nouveaux utilisateurs par pool en 1985.



(9)

T.3. Répartition en % de nouveaux utilisateurs
par méthode de contraception et par
trimestre en 1984 et 1985

Méthode	1er trimestre		2ème trimestre		3ème trimestre		4ème trimestre		Total annuel	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Pilule	-	13,4	8,7	14,3	12,3	10,5	20,2	2,0	11,2	14,2
Injectable	-	7,9	2,0	3,7	6,8	6,7	14,5	2,0	23,9	25,3
Stérilet	-	2,2	3,7	2,9	1,1	2,5	4,7	0,8	3,5	8,4
Coudon	-	3,3	2,1	4,4	1,6	2,9	4,3	0,6	11,0	11,2
Préservatif	-	2,4	0,1	3,6	1,9	2,8	5,6	0,6	7,6	9,7
Clausse sperm	-	0,9	0,5	1,1	0,8	1,1	3,2	0,3	4,5	3,4
Stéril chim	-	0,3	1,0	0,9	0,7	0,3	1,6	0,0	3,3	1,5
Autres	-	0,1	-	0,2	-	-	-	-	-	0,3
Total (toutes méthodes en %)	-	30,8	11,4	36,1	25,2	24,8	57,1	6,3	100,0	100,0

Source : statistiques des unités de naissance des vivables en 1984 et 1985.

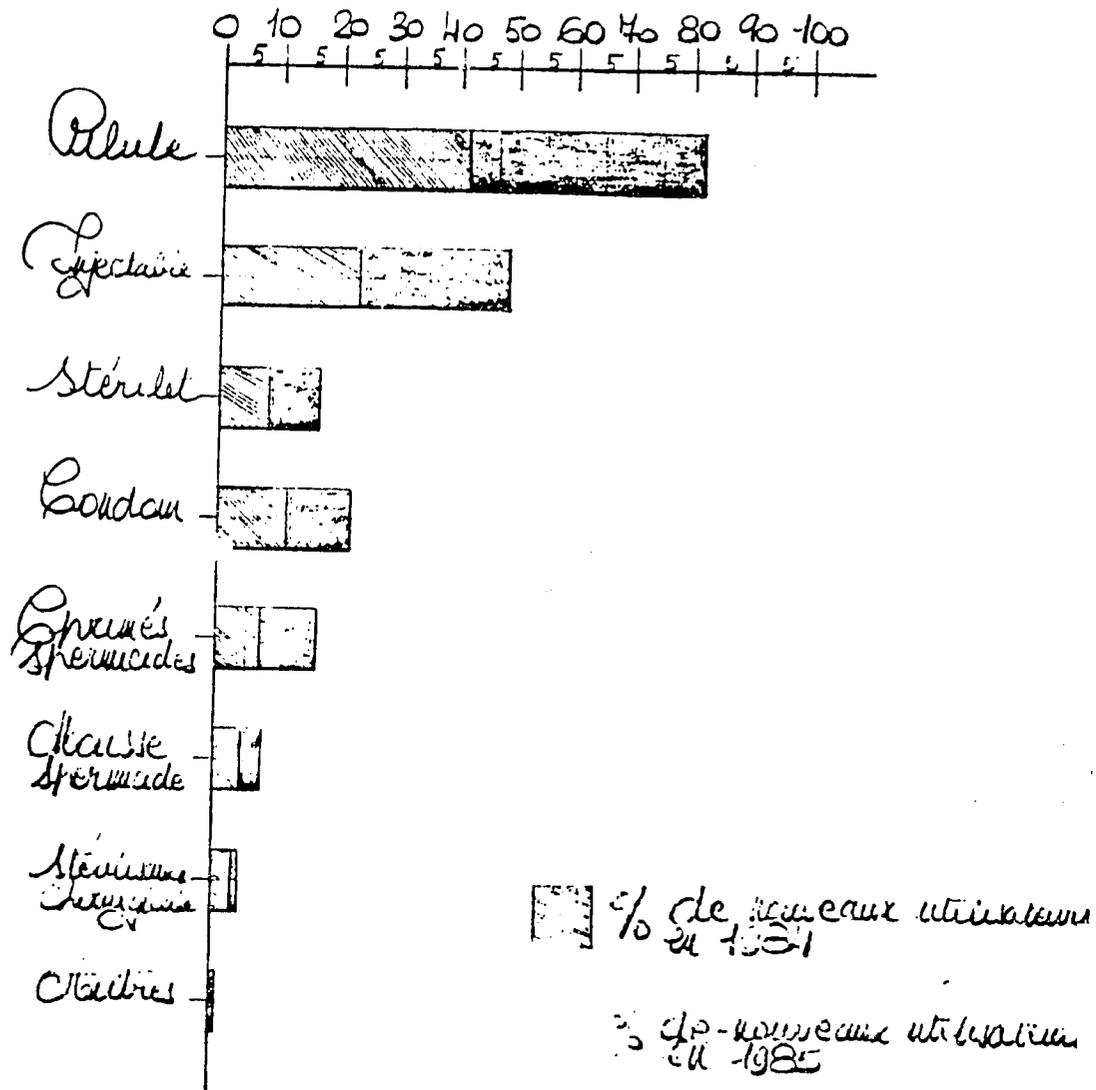
Constatations (T3).

Les pourcentages de nouveaux utilisateurs au 1er trimestre de 1985 (pour la même période) dépassent de loin ceux de 1984 (pour la même période). Cette situation est due au manque de statistiques du 4ème trimestre 1985 (cf. T.1) mais dans l'ensemble, un grand pourcentage

de nouveaux utilisateurs enregistrés au (10)
2^{ème} trimestre 1985 (soit 36,1%) vient équi-
librer l'ordre de grandeur des chiffres:
la différence (par méthode) entre les
deux années respectives est très minime.
Elle varie de 0,1 à 2,1 %. L'c. peut,
à partir du graphique n° 5, constater
cette variation et aussi une grande propor-
tion des utilisatrices de la pilule (41,2%
en 1984 et 40,2% en 1985) et de l'injectable
(23,9% en 1984 et 25,3% en 1985)

* *
*

G.5. Répartition en % de nouveaux utilisateurs par méthode en 1984 et 1985.



source: statistiques sources D.S.

et Unités des statistiques en 1984 et 1985

(12) T11. Répartition de nouveaux utilisateurs par pool et par méthode en 1984 et 1985

Pool \ méthode	Caut		Coutable		Méthode		Post-con		Général		Méthode		Caut		Coutable		Méthode	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
1er pool (Caut, Coutable, Post-con)	36,1	30,3	22,6	22,6	5,9	5,9	9,2	7,8	4,6	4,2	4,3	2,5	3,3	1,3	-	9,3	37,1	48,5
2ème (Shaba)	-	4,6	-	1,0	-	1,0	-	1,8	-	1,6	-	0,6	-	0,0	-	-	-	10,6
Caut-Zaire	5,1	5,3	1,3	1,7	2,6	1,5	1,8	1,6	-	0,3	0,2	0,3	-	0,2	-	-	-	-
Total (1er + 2ème pools) + Caut-Zaire	41,2	40,2	23,9	25,3	8,5	8,4	11,0	11,2	7,6	9,7	4,5	3,4	3,3	1,5	-	0,3	100,0	112,1

Source: statistiques des unités des naissances dévotées en 1984 et 1985.

Constatations (T1).

Plus de 3/4 de nouveaux utilisateurs de contraception sont concentrés au premier pool (soit 39,1% en 1984 et 48,5% en 1985). Le 2ème pool présente un coefficient de concentration à cause d'un nombre relativement élevé des unités qui n'ont ^{pas} justifié les rapports trimestriels en 1985. C'est le cas de dona Zaire.

Lorsque l'on se réfère au graphique nous remarquons que la pilule et l'injection occupent une place de choix dans les désinfectants et aussi dans le Saut-Laire. D'autres méthodes telles que le Condens, le stéril et les comprimés spermicides viennent respectivement en 3^{ème}, 4^{ème} et 5^{ème} position. La mousse spermicide, la stérilisation chimicaire et autres méthodes (non citées) arrivent en dernière position.

1
2

Annexes.

- Tableau I : Evolution de nouveaux utilisateurs répartis par région et par trimestre (24/85)
- Tableau II : Evolution de nouveaux utilisateurs répartis par méthode et par trimestre (24/85)
- Tableau III : Evolution de nouveaux utilisateurs répartis par méthode et par région (24/85)
- Tableau IV : Evolution des anciens utilisateurs répartis par région et par trimestre (24/85)
- Tableau V : Evolution du nombre de visites (toutes les méthodes) réparties par région et par trimestre (24/85)
- Liste des unités qui rappor- - justifié les trimestriels en 1985

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*

T. I. Evolution de nouveaux utilisateurs
répartis par région et par trimestre
(E1/85) (15)

Région	1er trimestre		2eme trimestre		3eme trimestre		4eme trimestre		Total annuel	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Lushaka	-	663	30	850	29	657	753	303	812	2473
Bandundu	-	212	107	210	160	199	136	---	403	621
Bas-Zaire	-	331	-	252	322	78	272	---	594	661
Haut-Zaire	-	149	222	234	-	134	-	---	222	517
Shaba	-	103	-	180	-	217	-	---		500
Total (tous régions) en 1985	-	1458	359	1726	511	1285	1161	303	2031	4742
Taux de var (Δ%) 85/84	-		+381		+152		-233		+135	

(16)

T. II. Evolution de nouveaux utilisateurs répartis par méthode et par trimestre (84/85)

Méthode	1er trimestre		2e trimestre		3e trimestre		4e trimestre		Total		Evolution par %
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	
Titule	-	638	177	683	249	501	410	91	836	1919	+129
Glycétaline	-	375	52	417	133	318	295	67	485	1257	+149
Stérilet	-	104	55	139	23	120	95	39	143	402	+132
Coudam	-	156	42	211	32	141	148	29	222	5	
Opés sperm	-	129	2	170	33	133	111	30	154	162	+200
Chouste sperm	-	42	10	55	16	55	66	13	92	163	+114
Stéril chirurg	-	13	21	12	15	14	33	1	69	70	+1
Autres	-	1	-	11	-	-	-	-	-	12	-
Total (des méth) en 84 et 85.	-	1458	359	1726	511	1285	1161	303	2031	4772	+135

99

Annuaire de l'Université de Yaoundé
Méthode et par région (20185)

Région Chéthale	Ghala		Gardoum		Bakoum		Fond-Zou		Shala		Total (1981-84)	Total (1985-88)	Taux de var. (%)
	1991	1995	1981	1985	1981	1985	1981	1985	1981	1985			
Pilule	236	848	195	334	301	270	104	255	-	209	1919	836	+129
Injectable	190	705	99	166	170	210	26	49	-	47	1207	485	+149
Stérilet	78	235	24	9	18	42	53	69	-	114	02	143	+132
Coindom	130	310	31	24	26	38	35	47	-	3	-	-	+142
Ches 1/era	87	265	18	47	49	58	-	15	-	7	-	-	+200
Chouille 1/era	62	31	7	21	19	14	4	14	-	30	16	77	-
Stérilis deux	23	20	29	17	17	23	-	8	-	2	16	-	-
Autres	-	6	-	-	-	6	-	-	-	2	16	-	-
Total (tous méthodes) 34/85	306	2113	403	621	600	661	222	517	-	500	4142	2031	+135
Taux de var. (%) 85/84	+207		+54		+10		+133		-		+135		-

T. IV. Evolution des anciens utilisateurs
répartis par région et par trimestre
(84 / 85)

Région \ Période	1 ^{er} trim 1985	2 ^{ème} trim 1985	3 ^{ème} trim 1985	4 ^{ème} trim 1985	Total Annuel 1985
P. shasa	1030	906	455	419	3110
Ban-Lundu	629	371	258	---	1258
Bas-Zaire	466	165	49	---	680
Cent-Zaire	64	69	46	---	149
Shaba	154	126	157	---	447
Total (des régions) en 1985	2343	1637	1245	419	5644
Total (des régions) en 1984	-	139	163	768	1070
Total de var. (%) 85/84	-	+1048	+682	-83	+480

(19)

réparties par région et par trimestre (34/85)

Région	1 ^{er} trimestre		2 ^e trimestre		3 ^e trimestre		4 ^e trimestre		Total annuel		Écart de var (A%) 85/84
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	
Liassas	-	2307	69	2680	63	2448	2991	1375	3123	8316	+182
Baudouin	-	1056	616	1104	748	1130	1001	-	2365	3293	+39
Bas-Zaire	-	1848	-	1642	804	845	601	-	1405	4365	
Haut-Zaire	-	472	1223	799	-	596	-	-	1223	1867	+53
Shaba	-	471	-	546	-	707	-	-	-	1724	-
Total (toutes régions) 34/85	-	6154	1903	6474	1615	5456	4593	1375	8116	20059	+144
Écart de var (A%) 85/84	-		+255		+256		-70		+144		-

16

(20)

Liste des unités qui ont justifié les
rapports bimestriels au cours de 1985

I. Région urbaine de Lusaka

1. Clinique Luise
2. Camp. Hoboko
3. Clinique Libata Likamu
4. Clinique de l'Ambassade américaine
5. Centre d'ophtalmologie Lumbanguiste
6. Zaire / sep
7. C. S. Likumi II
8. Obalunits de Butambo.
9. Armée du salut (Chachimba)
10. Armée du salut (Lasanguin)
11. Armée du salut (Butambo)
12. Armée du salut (Moasina)
13. Armée du salut (Lasai)
14. Couvroz PMI
15. " Chamuelai
16. " Peugeot / Souto-Zaire
17. " SHEL
18. " Umbra
19. " Chimiza
20. " U.Z.B.
21. " Ave-Zaire
22. " Anshena
23. " C. 2 / Obarsarvo

24	Bupraf	Regidero	(2)
25	"	Oracaj	
26	"	Hôtel Intercontinental	
27	"	Lozas	
28	"	B.C.Z	
29	"	ONPTZ	
30	"	F. d' P. de. de.	
31	"	Aggetraj	
32	"	Garçon / Nutria	
33	"	African - Lux	
34	"	Sotraj	
35	"	B. L.	
36	"	CFMM sese seho	
37	"	Omedis - Lemvo	

* * *

II. Région de Bandundu

1. Garçon / Nutria (Bdd)
2. CBZO (Bdd)
3. C. s. Obateiro (Bdd)
4. CBB (Bdd)
5. Obateiro de Ob. Obawete (Lht)
6. Obateiro de Ob. Obobutu (Lht)
7. Hôpital Général (Bdd)
8. Hôpital Gen (Lht)
9. Obateiro de Ob. Ob. - Cœur (Lht)
10. C. s. Lox...

III. Région du Bas-Zaire

1. Amuzza / Obatadi
2. Clinique de Boma
3. Clinique de Obuanda
4. RVM / Boma
5. Hôpital Central / Boma
6. Obatoire Lilauro (Obatadi)
7. Dist. scolaire stop (Obatadi)
8. Hôpital Onatra (Obatadi)
9. Clinique Lunkanda
10. Hôpital Onatra (Boma)
11. Hôpital Lunkanda
12. Hôpital Obutaire / Bani

* *

IV. Région du Haut-Zaire

1. Hôpital de Yakusu
2. C.S. de Obuanda

* *

V. Région de Kaba

1. Clinique versitaires
2. C.S. R.
3. PMI / Hôpital sud
4. Inspection de la santé
5. PMI / amba



Centre National

de

Coordination

de la Formation

au Développement

" CENACOF "

INFORMATIONS GENERALES

I. - POURQUOI LE CENACOF ?

1.1. - Création.

Depuis plusieurs années, les pouvoirs publics ont observé à maints égards le manque de capacités et de compétences en management chez les cadres œuvrant dans les domaines prioritaires du développement national.

Cette situation est imputable dans une large mesure à l'insuffisance de la formation des cadres aux nouvelles méthodes de gestion.

C'est dans le but de pallier à cette insuffisance qu'est intervenu l'accord signé le 30 septembre 1980 entre le Gouvernement des Etats-Unis d'Amérique par l'intermédiaire de l'Agence Américaine pour le Développement International (USAID) et le Conseil Exécutif; accord qui a conduit à la création du Centre National de Coordination de la Formation au Développement "CENACOF".

Le CENACOF a fonctionné au niveau du Bureau du Premier Commissaire d'Etat avant d'être placé sous la tutelle du Département du Plan le 1er juin 1984.

1.2. - Objectifs.

Le CENACOF vise à améliorer et à développer les capacités en management des cadres dans les secteurs clefs du développement. Ainsi s'adresse-t-il principalement :

- * aux cadres des divers Départements du Conseil Exécutif,
- * aux organismes para-étatiques, confessionnels et privés,
- * aux institutions d'éducation et de recherche, et
- * aux projets de développement financés sur base des accords bilatéraux et multilatéraux.

II. - DOMAINES D'INTERVENTION

Le CENACOF compte quatre domaines principaux d'intervention :

- la formation
- la recherche et l'évaluation
- la facilitation des discussions en groupes, et enfin,
- la consultation en développement organisationnel.

2.1. Formation

La formation au CENACOF est assurée sous forme de séminaires et ateliers dont la durée peut varier entre quelques jours et plusieurs semaines.

L'on distingue trois types de séminaires (ou ateliers) :

- * Le premier type est celui initié par le CENACOF lui-même et auquel ce dernier invite les institutions clientes à participer. Le curriculum est conçu par le CENACOF en fonction d'une analyse des besoins préalablement menée sur le marché afin de mieux répondre aux exigences de divers milieux de travail.
- * Le deuxième type de séminaire est assuré en collaboration avec le Département Américain de l'Agriculture (USDA). Ces séminaires dont le contenu est conçu par les experts de l'USDA est réadapté aux réalités et aux besoins des cadres de différents départements et secteurs ayant trait à l'agriculture. Ce type de collaboration sera aussi amorcé avec d'autres organismes internationaux et pays amis désireux de contribuer au développement du ZAIRE.
- * Le troisième type de séminaire est fait sur commande : l'institution cliente demande une action de formation sur un thème; utilisant ses propres experts ou des experts extérieurs, le CENACOF conçoit et exécute la formation en faveur de l'institution. Ce type de formation peut résulter d'un effort de consultation auprès de l'institution plutôt que d'une

demande directe de formation.

PREMIER TYPE : SEMINAIRES CENACOF

En ce qui concerne le premier type de séminaire, le CENACOF couvre cinq domaines principaux.

2.1.1. La formation des Formateurs.

Objectif :

Ce séminaire vise à recycler ou à former les cadres formateurs en techniques modernes de formation des adultes en cours d'emploi. L'objectif est de développer ou renforcer chez les responsables de la formation dans les entreprises publiques et privées, les capacités à concevoir, exécuter et évaluer les programmes de formation.

Eléments du contenu :

- Analyse des besoins en formation
- Communication interpersonnelle
- Dynamique de groupe
- Conception d'un programme de formation
- Exécution d'un programme de formation
- Evaluation d'un programme de formation
- Gestion d'un séminaire de formation.

2.1.2. Le management

Dans la série management, le CENACOF offre des séminaires touchant aux diverses ressources d'une organisation.

Objectif :

Faire acquérir aux cadres les compétences essentielles en management : comment utiliser au mieux les ressources humaines, financières et matérielles pour atteindre les objectifs d'une organisation.

Eléments du contenu :

- * **Les objectifs et la portée du management**
 - définition
 - objectifs
 - fonctions du manager
- * **Les outils du management :**
 - formulation des objectifs et des politiques
 - prévisions, plans, contrôle
 - production et marketing
- * **Le management des ressources financières matérielles**
 - Comptabilité générale
 - Dimensions temporelles de l'argent (actualisation)
 - Rentabilité Financière
 - Analyse Economique
 - Programmation et Budgétisation
 - Contrôle Financier
 - Approvisionnement
 - Stocks
- * **Le management des ressources humaines :**
 - Processus de résolution des problèmes et des conflits
 - Recrutement, sélection et orientation professionnelles
 - Evaluation et standards de performance
 - Communication effective
 - Compréhension du comportement humain
 - Comment développer et aider les subordonnés à se développer professionnellement et humainement.
 - Formation et perfectionnement du personnel.
 - Organisation des effectifs
- * **Le management des institutions :**
 - Diagnostic d'une organisation
 - Processus du développement organisationnel
 - Comment faire face à la résistance au changement

- Formulation de la mission d'une organisation.

Chacun de ces éléments du contenu peut constituer l'objet d'un module ou mini-séminaire de courte durée selon les besoins de l'institution qui en formule la demande.

2.1.3. La Planification, La Gestion et L'Évaluation des Projets de développement.

Objectif :

Aider les cadres à concevoir, exécuter et évaluer des projets de développement.

Éléments du contenu :

- Cycle de vie d'un projet
- Étude du milieu et problématique du projet
- Comment impliquer et intéresser les bénéficiaires du projet
- Structuration d'un projet (ex : utilisation du cadre logique)
- Étude du marché
- Étude de faisabilité et de rentabilité d'un projet
- Programmation et Budgétisation
- Gestion des ressources humaines, financières et matérielles
- Évaluation d'un projet (en cours et après exécution).

2.1.4. La Communication interpersonnelle.

Objectif :

Développer les capacités d'un bon communicateur capable de faire rayonner la communication efficace dans son milieu professionnel.

Éléments du contenu :

- Problématique de la communication interpersonnelle
- Technique de communication efficace
- Feedback

N.B. : Illustration au vidéo.

2.1.5. La Dynamique et la facilitation de décision de groupe.

Objectif :

Développer les capacités à saisir les phénomènes de groupe afin d'intervenir de manière efficace dans le groupe et de canaliser les efforts de ses membres vers l'atteinte des objectifs communs.

Éléments du contenu :

- Observation et diagnostic de groupe
- Relations interpersonnelles
- Théorie de groupe
- Développement de groupe
- Processus de prise de décision en groupe
- Dynamique intergroupe

DEUXIEME TYPE : SEMINAIRES USDA—CENACOF.

Les séminaires USDA—CENACOF se répartissent en quatre types dont nous présentons ici quelques titres pour illustration.

A.— Zoologie et ressources naturelles

- Systèmes de production de petits ruminants
- Systèmes de production intensive de la volaille
- Analyse écologique pour la gestion des forêts tropicales et des ressources naturelles.

B.— Economie et politique

- Analyse des projets de Développement Agricole et Rural
- Politique et administration de crédits pour les petits fermiers
- Implantation et gestion des coopératives agricoles
- Prévisions économiques pour la politique et la planification agricoles

- Développement des ressources régionales agricoles
- Gestion de la recherche agricole
- Gestion d'un système de Statistiques Agricoles
- Méthodes d'enquêtes et Statistiques Agricoles

C.- Management, Education et Développement des Ressources Humaines.

- Application et diffusion des résultats de la Recherche Agricole au niveau de la communauté.
- Formation des Formateurs pour le Développement Agricole et Rural
- Management des changements au sein des organisations
- Management et Rôle des femmes dans le Développement
- Management de la Recherche Agricole
- Développement Rural Intégré.

D.- Production et technologie,

- Méthodologie de la recherche agricole
- Stockage et vente des graines
- Réduction de la perte des récoltes
- Amélioration des graines.

La liste des cours USDA - CENACOF n'est pas exhaustive. Pour plus de détails sur ces cours, le lecteur pourra contacter le CENACOF. Pour chacun des cours USDA-CENACOF, les objectifs et le contenu sont ceux préparés par l'USDA; mais le CENACOF adapte le contenu pour mieux répondre aux besoins exprimés par les participants Zaïrois.

TROISIEME TYPE : SEMINAIRE SUR COMMANDE.

Comme nous l'avons fait savoir précédemment, pour cette série de séminaires, les thèmes varient en fonction de la demande formulée par les institutions clientes. Les experts du

CENACOF ou ceux qu'il engage de l'extérieur à titre de consultants confectionnent le cours selon les besoins exprimés. Par exemple, un séminaire réalisé sur commande a porté sur le thème : «Administration et Gestion des Coopératives» dont voici le but et quelques éléments du contenu.

Objectif :

Rendre les encadreurs des femmes habitant en milieux ruraux capables non seulement d'inspirer les mamans à se regrouper en coopérative mais aussi de les aider à administrer et gérer ces coopératives selon les principes coopératifs modernes.

Eléments du contenu :

- Création et organisation d'une coopérative
- Administration coopérative
- Fonctions et mécanismes de l'administration
- Tenue du livre de caisse
- Connaissance et suivi des résultats d'exploitation
- Techniques de contrôle comptable l'inventaire, le bilan
- Gestion du personnel, des stocks, de crédit et de l'équipement.

2.2. Evaluation et Recherche.

2.2.1. Evaluation

Outre les évaluations qu'il mène pour ses propres programmes de formation, le CENACOF peut effectuer quatre types d'évaluation pour les programmes de formation conçus par d'autres institutions :

- L'évaluation ex-ante qui vise à connaître le niveau des participants avant une session de formation.
- L'évaluation formative dont le but est de mesurer le progrès réalisé en cours de forma-

tion, de déceler les failles éventuelles et suggérer une nouvelle ligne d'action.

- **L'évaluation sommative** qui mesure la somme des connaissances, compétences, habiletés acquises après une session de formation.
- **L'évaluation de l'impact** qui vise à mesurer l'impact d'une session de formation sur le participant et sur son milieu de travail. Ce type d'évaluation nous permet de nous rendre compte de la pertinence d'une formation et d'éviter de faire la formation pour la formation.

2.2.2. Recherche

Les domaines de recherche auxquels le CENACOF s'attaque en priorité sont :

- **Problèmes de management dans le contexte Zaïrois :**
Outre la possibilité de poser un diagnostic au sein d'une organisation donnée, et de proposer éventuellement une action de formation, le CENACOF compte réaliser des recherches à un niveau plus global, c'est-à-dire sur des organisations Zaïroises prises dans leur ensemble. A titre purement illustratif, quelques questions que la recherche au CENACOF examinera sont :
 - Harmonie et conflits entre Zaïrois et leurs homologues expatriés
 - La tradition bantoue et Zaïroise face aux exigences du management moderne.
 - L'emploi des instruments psychotechniques occidentaux dans la sélection, l'orientation professionnelle et l'évaluation des performances au sein des organisations Zaïroises.
- **Evaluation des projets de Développement**
Le CENACOF s'intéresse particulièrement à épingler les facteurs de réussite et d'échec de projets de développement bilatéraux ou multilatéraux.

En outre, le CENACOF peut évaluer dans quelle mesure un projet de développement a atteint ses objectifs.

- **Education et Marché de l'Emploi**

Dans ce secteur, la recherche au CENACOF vise à :

- examiner le rapport entre la formation reçue au sein des divers types d'institutions d'enseignement formel et/ou non-formel d'une part et le marché de l'emploi, d'autre part. Quels sont les possibilités et les taux d'absorption par le marché de l'emploi, des jeunes formés dans ces divers types d'institutions de formation ? Quelles sont les attentes de ces jeunes et celles du patronnat, et quelles sont les réalités auxquelles les uns et les autres s'affrontent-ils ?
- établir des prévisions en main-d'oeuvre qualifiée par catégorie d'emploi.

2.3 Consultation en Développement organisationnel,

Sur la demande d'une institution cliente, le CENACOF peut poser un diagnostic des problèmes d'organisation qui handicapent la bonne marche de l'institution. Un tel diagnostic peut aboutir à une action de formation ou à la redéfinition des objectifs, des attributions et la réorganisation de l'institution.

2.4. Facilitation des discussions de groupes.

Comme pour le Développement organisationnel, cette intervention se fait sur la demande d'une institution.

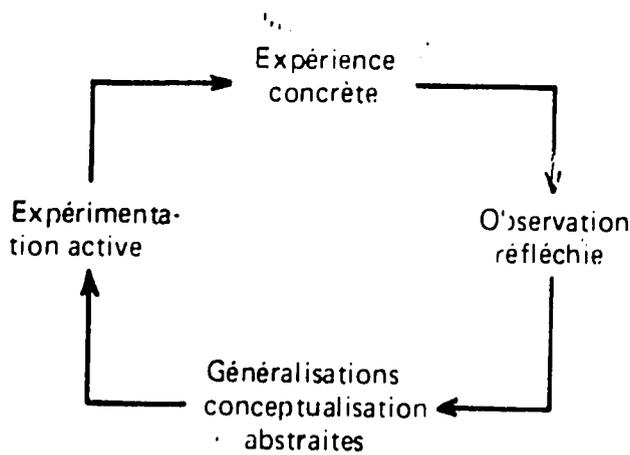
Plusieurs problèmes qui se posent au sein des institutions exigent que le personnel concerné se réunisse en forum afin de rechercher les solutions à envisager. De tels forums donnent généralement lieu à des discussions houleuses, à un surchauffement des esprits et à des blocages. Le CENACOF possède l'expérience pour aider à planifier les discussions, à les diriger, à dépister les mécanismes de blocage et conduire les parti-

participants à clairement identifier le problème, à les évaluer et à adopter la solution la plus appropriée.

III. - ORIENTATION PEDAGOGIQUE.

L'apprentissage au CENACOF se fonde sur l'utilisation judicieuse de la METHODOLOGIE EXPERIMENTIELLE qu'il veut introduire et asseoir au ZAIRE, compte tenu de son efficacité éprouvée dans la formation à travers le monde.

Celle-ci est basée sur les expériences des participants et s'exécute selon le modèle que voici :



Commentaire :

Ce modèle vise à bâtir les apprentissages des participants sur les expériences concrètes et les réalités journalières de leurs milieux professionnels.

Ces expériences font ensuite l'objet de réflexion individuelle ou en groupe, en vue d'en dégager des observations qui, elles, doivent conduire vers un niveau de généralisation en vue de se constituer en concepts. Ces concepts sous forme d'hypothèses sont soumis à l'essai, à l'épreuve par une expérience

mentation active qui peut déboucher soit sur des résultats utilisables ou encore sur d'autres expériences concrètes permettant ainsi la continuité de l'apprentissage.

L'adulte apprenant du CENACOF est au centre de son apprentissage dans la mesure où nous considérons qu'il est pourvu d'un degré considérable d'aptitudes et de compétences déjà acquises qu'un bon formateur doit s'efforcer de canaliser et enrichir en vue de maximiser son rendement.

Aussi, faut-il souligner que le CENACOF dispense un enseignement par objectifs et que les compétences à impartir à ses participants sont toujours préalablement définies en termes d'OBJECTIFS PEDAGOGIQUES COMPORTEMENTAUX.

Pour ce, nous privilégions les principes d'apprentissage suivants :

- la **pratique appropriée** : chaque stagiaire accomplit l'action spécifique que requiert l'objectif comportemental ;
- la **connaissance des résultats** : pour chaque activité, au fur et à mesure que l'on progresse, le participant obtient toute l'information nécessaire sur les progrès qu'il réalise.
- la **séquence graduelle** : la démarche consiste à commencer par ce qui est facile ou connu du participant pour aboutir à ce qui est plus difficile pour lui.
- le **but perçu** : l'adulte apprenant doit comprendre la raison d'étudier un sujet donné.
- la **différenciation individuelle** : il est donné au participant l'occasion d'apprendre de la manière qui lui convient le mieux (qui lui est beaucoup plus profitable).

Enfin, en vue d'assurer l'efficacité de ces actions de formation, le CENACOF met un accent

particulier sur le suivi, par une évaluation de l'impact et par un appui théorique et pratique à ses anciens participants dans leur milieu de travail.

IV. EXPERIENCES : ACTIONS DEJA REALISEES ET INSTITUTIONS BENEFICIAIRES.

4.1. La Formation.

1982 – 1983 :

Compte tenu des recommandations du Conseil Exécutif, un accent particulier a été mis, pour cette période, sur l'Agriculture et le Développement Rural, priorité des priorités. Aussi, en conjonction avec l'USDA, le CENACOF a-t-il organisé cinq séminaires adressés à des participants qui sont venus du BURUNDI, du CONGO, du RUANDA et du ZAIRE. Ces séminaires avaient pour thèmes :

- La Planification et l'Analyse des Projets Agricoles
- La Gestion de la Recherche Agricole
- Les Statistiques Agricoles
- L'Exécution et l'Evaluation des Projets Agricoles
- Le Développement des Ressources Agricoles Régionales.

En plus de l'USDA, le CENACOF a bénéficié de la collaboration d'autres institutions telles que :

- Le CIDEP-CPA (le Centre Interdisciplinaire pour le Développement de l'Education Permanente – Centre de Perfectionnement de l'Administration) pour la réalisation d'un séminaire de formation des Formateurs et pour l'organisation d'un colloque sur la décentralisation administrative et son impact sur la formation des cadres régionaux.
- L'I.P.D. (Institut Panafricain de Développement) de DOUALA/Cameroun pour un autre séminaire de formation

des Formateurs.

1984 :

- * Le CENACOF a principalement concentré son action sur la formation, l'évaluation et la sélection de sa propre équipe des Formateurs, avec le concours des experts internationaux et l'appui de l'USDA et l'USAID.

Ce processus s'est étalé sur environ 12 mois (avec des interruptions); soit de novembre 1983 à novembre 1984.

Ensuite, les cinq sélectionnés ont été conviés à une pratique, supervisée, par des experts en vue d'une initiation à leur profession de Formateur que requiert un centre important comme le CENACOF. C'est dans ce contexte que fut organisé d'abord un séminaire sur le management pour douze participants des secteurs divers et ensuite deux séminaires de formation des Formateurs de neuf semaines chacun, à l'intention des cadres de Santé et de l'Agriculture. Les autres interventions de formation qui ont eu lieu au cours de cette année sont :

- un atelier sur la planification et le cadre logique organisé du 13 au 17 février à l'intention des cadres du CEPLANUT (Centre National de Planification et de Nutrition Humaine), et
- un séminaire USDA – CENACOF sur le Développement Rural Intégré organisé du 26 novembre au 14 décembre à KIKWIT dans le BANDUNDU.

1985 :

- Le premier trimestre a vu se dérouler la suite des séminaires de formation des Formateurs pour les secteurs de la Santé et de l'Agriculture. Par ailleurs, un séminaire CENACOF-USA sur le Management du Changement Organisationnel a réuni du 28 janvier au 15

Février, des participants venus de nombreux projets agricoles et du Département du Plan.

Du 13 au 31 mai 1985, un autre séminaire CENACOF-USDA sur le «Stockage des graines» a réuni 27 participants de plusieurs projets et compagnies du Shaba, notamment le Projet Nord Shaba (PNS) et l'Estagrico.

Un séminaire portant sur «l'Administration et la Gestion des Coopératives» a été commandé par le MULPOC et a été réalisé à l'intention du Département de la Condition Féminine. Le CENACOF a animé quelques modules de ce séminaire qui a réuni vingt-deux femmes dont neuf Secrétaires Régionales de la Condition Féminine.

Du 1er au 19 juillet, un séminaire CENACOF-USDA sur la gestion des infrastructures de Recherche Agricole s'est tenu à Mbanza-Ngungu (Bas-Zaïre) à l'intention des chercheurs et chefs de Station de Recherche Agricole. Les participants sont venus du Zaïre et de la République Populaire du Congo.

4.2. La Recherche et l'Évaluation

1981 :—Évaluation du programme de formation des cadres administratifs et techniques de ZONE, dispensé par le CIDEP/CPA.

1984 :—Le CENACOF a débuté la mise au point de la recherche sur l'évaluation du suivi des séminaires USDA. Cette recherche porte sur la mesure de l'impact de ces séminaires et l'utilisation par les participants des techniques apprises.

—Une recherche a été menée à la demande de l'USAID/ZAIRE en vue de l'évaluation de la situation actuelle des établissements d'enseignement (formel ou non formel) agricole dans la région de Bandundu.

— Sur demande du Département du plan, le CENACOF a réalisé une étude des besoins en formation chez les cadres du Conseil Exécutif dans le contexte de la préparation du plan quinquennal 1986-1990 et dans les autres secteurs publics.

4.3. La Facilitation des discussions et de prise de décision en groupe

1984 : — Le CENACOF est intervenu en faveur du CEPLANUT pour l'analyse du problème de choix d'une courbe de croissance de l'enfant.

— Au Département de la Santé Publique l'intervention du CENACOF a porté sur la détermination des rôles et des champs d'action de la 5ème direction et des autres organismes qui s'occupent des soins de santé primaires.

— Le CEPLANUT a aussi bénéficié des services du CENACOF pour définir son rôle et sa mission pendant les cinq ans à venir.

1985 : — Jusqu'au moment de l'impression de ce document, quatre interventions ont été réalisées en faveur du Département de la Santé Publique.

— D'abord il était question d'aider les hauts cadres du Département, de redéfinir la mission et les attributions du Fonds National Médico-Sanitaire «FONAMES».

— Ensuite, le CENACOF a assisté ces mêmes cadres dans l'élaboration du Plan quinquennal 1986-1989 et du Plan d'Action 1985. Cette session était bien plus une action de formation qu'une facilitation des discussions. En effet, les participants ont travaillé en s'initiant aux méthodes de planification par objectifs et en se basant sur des problèmes réels du Département.

- La troisième intervention a consisté à aider ces mêmes cadres à élaborer le statut de la Zone de santé, unité de base de l'organisation de la santé au Zaïre.
- Enfin, le CENACOF a aidé le Département de la Santé Publique à délimiter les Zones de Santé rurales à travers le Zaïre.

4.4. Consultation en Développement organisationnel.

1985 : L'expérience du CENACOF en ce domaine a démarré en juin 1985 en faveur du CEPLANUT et aboutira vraisemblablement sur une action de formation vers décembre de la même année.

V. - FACTURATION

Pour l'organisation de ses différentes actions, le CENACOF fait participer ses partenaires aux frais qu'il encourt.

La procédure d'usage consiste en ce que le CENACOF établisse un budget qu'il fait approuver par l'institution cliente. Jusqu'alors, le CENACOF a adopté la politique de couvrir lesdits frais; de ne facturer les clients qu'en fonction des coûts réels consentis qui, bien entendu, demeurent à l'intérieur des lignes budgétaires arrêtées et approuvées par les deux parties.

Il est à noter qu'en ce qui concerne les séminaires USDA-CENACOF, les participants provenant des organismes étatiques et para-étatiques financés par le Conseil Exécutif et les institutions de Recherche et d'Education bénéficient d'une bourse de l'USAID couvrant quelques catégories de dépenses. Le tableau ci-contre donne les détails nécessaires à ce propos.

Quant aux séminaires CENACOF et ceux sur commande, tous les frais sont à charge des institutions bénéficiaires de l'intervention.

CATEGORIES D'INSTITUTIONS D'ORIGINE DES PARTICIPANTS	COUTS COUVERTS PAR UNE BOURSE USAID	COUTS SUPPORTES PAR L'INSTITUTION D'ORIGINE DES PARTICIPANTS
I. INSTITUTIONS IMPLANTEES A L'ETRANGER INSTITUTIONS IMPLANTEES PAR UNE COOPERATION ETRANGERE ENTREPRISES PRIVEES		<ul style="list-style-type: none"> - Matériel de Formation - Honoraires et per diem des Formateurs - Location de la salle de formation - Soins médicaux (cas mineurs) - Argent de poche - Logement - Restauration - Déplacements locaux - Voyage aller-retour au site de la formation
II. ORGANISMES ETATIQUES ET PAR-ETATIQUES FINANCES PAR LE CONSEIL EXECUTIF DU ZAIRE	<ul style="list-style-type: none"> - Matériel de Formation - Honoraires et per diem des formateurs - Location de la salle - Déplacements locaux - Voyage aller-retour au site de la formation 	<ul style="list-style-type: none"> - Logement - Restauration - Argent de poche
INSTITUTIONS DE RECHERCHE ET D'EDUCATION	<ul style="list-style-type: none"> - Tous les frais, à l'exception de l'argent de poche et des déplacements locaux 	<ul style="list-style-type: none"> - Argent de poche - Déplacements locaux

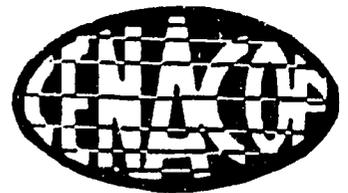
EN GUISE DE CONCLUSION

Certes, le CENACOF a vu le jour grâce à la volonté de deux gouvernements, celui des Etats-Unis d'Amérique et le Conseil Exécutif. Mais aussi précieux qu'il soit, le CENACOF ne deviendra un outil de développement, entre les mains du public Zaïrois et autres que dans la mesure où ceux-ci y font recours et l'utilisent judicieusement pour produire les changements nécessaires.

En effet, au vu de la capacité des services offerts par le CENACOF, tel que décrits dans les pages qui précèdent, l'on s'attendra à ce que les hauts responsables et cadres supérieurs des institutions publiques et privées, soucieux d'améliorer la gestion, le rendement, l'efficacité au sein de leurs entreprises se réfèrent à ce nouvel instrument que le Conseil Exécutif met à leur disposition.

La nouvelle approche à la formation qui consiste à replacer tout effort d'amélioration des compétences dans un cadre institutionnel requiert d'abord l'engagement des hauts responsables au changement institutionnel. Le dirigeant d'entreprise ou de Département public qui envoie ses agents en formation, devra d'abord savoir ce qu'il attend de cette formation et comment il utilisera les acquis de celle-ci.

Le CENACOF est prêt à aider ces responsables à répondre à ce genre de questions et bien d'autres encore dans le cadre du diagnostic organisationnel. Sur base des résultats d'un tel exercice mené conjointement par l'institution cliente et experts du CENACOF, la formation peut répondre de manière plus satisfaisante aux besoins de l'institution.



**CENTRE NATIONAL DE COORDINATION
DE LA FORMATION AU DEVELOPPEMENT
"CENACOF"**

**22, Rue Mwene-Ditu – B.P. 3719 – Tél. : 32316
KINSHASA/GOMBE – REPUBLIQUE DU ZAIRE**



**CENACOF : UN CENTRE POUR
LE DEVELOPPEMENT DES COMPETENCES
DES CADRES EN MANAGEMENT**

161

REPARTITION SELON LES TYPES DE SEMINAIRE

	JAN.	FEV.	MARS	AVRIL	MAI	JUIN	JUILLET	AOUT	SEPT.	OCT.	NOV.	DEC.	OBSERVATIONS
CENACOF/USDA			3-21 ①	14-21 ②	13-16 ③		14-16 ④	1-5 ⑤	6-10 ⑥				
CENACOF/USAID			21-30 ⑦			16-19 ⑧		1-23 ⑨	23-12 ⑩	3-22 ⑪	1-19 ⑫		
CENACOF			24-5 ⑬		11-13 ⑭		16-19 ⑮	1-15 ⑯	15-17 ⑰	21-24 ⑱	10-11 ⑳		

* INTITULES DES SEMINAIRS NUMEROTES.

A. CENACOF/USDA

1. STATISTIQUES AGRICOLES
2. MGT DES ORGANISATIONS RURALES INTEGREE
3. MGT DES ORGANISATIONS A BASE DE DECISION
4. GESTION DES DONNEES DE BASE
5. MGT DE LA RECHERCHE AGRICOLE
6. VULGARISATION AGRICOLE

B. CENACOF/USAID

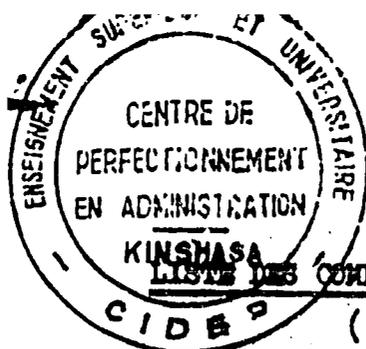
7. MGT EN GENERAL: ROLES ACT
8. FORMATION DES FORMATEURS
9. GESTION INTEGREE DES R.H
10. GESTION DES ORGANISATIONS COOPERATIVES
11. EVALUATION DE LA FORMATION
12. TECHNIQUES AUDIO-VISUELLES

C. CENACOF

13. ANALYSE A PLANIF DE P.R.
14. TECHNIQUES DE TENUE DES REUNIONS
15. ESPRIT D'EQUIPE A D.J.G.
16. ANALYSE A PLANIF (CA)
17. MGT DES SERVICES SANTE
18. SYMPOSIUM DES RESP. DES R.H
19. LEADERSHIP PROBLE SOLUT
20. INITIATION A LA GESTION DES P.P.E.

CENACOF

1986 TRAINING PLAN



Appendix IV

LISTE DES COMPETENCES AUXQUELLES LE C.P.A. PEUT RECOURIR
(Liste non exhaustive).

1. FORMATEURS-CONSULTANTS, MEMBRES PERMANENTS DE L'EQUIPE SCIENTIFIQUE DU C.P.A.

- Prof. MABIALA SEDE DIANGWALA, Directeur du Projet C.P.A., Docteur en Andragogie (Floride, USA).
- Didier DE LANNOY, Directeur-Adjoint du Projet C.P.A., Docteur en Droit (Louvain, Belgique).
- BARUTI AMISI, Licencié en Anthropologie (UNAZA, Zaïre).
- Prof. BONGELI YEIKELO YA ATO, Docteur en Sociologie (UNAZA, Lubumbashi).
- BULU BOBINA, Licencié en Sciences Politiques & Administratives (UNAZA, Lubumbashi).
- GASANA NDOBA, Doctorant en Lettres (Louvain, Belgique).
- Françoise LAMBINET, Docteur en Droit (Liège, Belgique).
- LUHAHL, Doctorante en Psychologie (U.L.B., Belgique).
- LUNGOSI NTIMA, Maître en Psychologie (Lyon, France).
- LUTELE NSEKA, Licencié en Sciences Politiques & Administratives (UNAZA, Lubumbashi).
- MULENDA KALEMA, Licencié en Sciences Politiques & Administratives (UNAZA, Lubumbashi).
- MUTOMBO TSHIPANZULA, Licencié en Sociologie (Lovanium, Kinshasa).
- NDAM KASONGO, Agrégé de Lettres et de Littérature Africaine (IPN, Kinshasa).
- WEMBONYAMA KABOTHA, Licencié en Psychologie (UNAZA, Kisangani).
- WENDJO OKITANDJIKA, Licencié en Philosophie et Lettres (UNAZA, Lubumbashi).

2. EXPERTS ASSOCIES (membres d'organismes ayant passé un accord de collaboration avec le C.P.A., experts individuels) auxquels le CPA peut recourir dans la mesure de leur disponibilité :

- GASIBIREGE RUGEMA, membre du LASK, Doctorant en Psychologie (Louvain, Belgique)
- GATARAYIHA MAJINYA, Président de F.M.C. ancien Directeur du C.P.A., Licencié en Sociologie (Louvain, Belgique).
- KABEYA NYONGA, membre du LASK, Délégué Commercial du CEPETEDE, ancien Directeur du C.P.A., Licencié en Sciences Commerciales (U.O.C., Lubumbashi)
- KANDA LONSA, Responsable des Relations Extérieures au Département de l'Agriculture et du Développement Rural, Docteur 3^{me} Cycle en Relations Internationales (Yaoundé, Cameroun).

- KANKONDE MUKADI, IRSA Kisangani, Docteur en Agronomie (Gembloux, Belgique).
- KANKWENDA MBAYA, Secrétaire d'Etat à l'Economie, Directeur du LASK, Docteur en Sciences Economiques (UNAZA, Kinshasa).
- KATUNDA WA NKAMBUA, Adjoint au Chef des Programmes des Ressources Humaines, USAID, Kinshasa.
- KISANKANI ENDANDA, IRSA, Licencié en Pédagogie (UNAZA, Kisangani).
- LUKALANSONI NGUMBU, ancien Directeur de la Cellule de Formation du Département du Plan, Licenciée en Sciences de l'Education (UNAZA, Kisangani).
- MPASI A TEZO, Commissaire du Peuple, membre de F.M.C., Docteur en Psycho-Pédagogie (Fribourg, Suisse).
- NZEZA BILAKIZA, membre de F.M.C., Directeur pour l'Afrique de l'AUFELF, Licencié en Economie (Louvain, Kinshasa), Maîtrise en Administration (Québec, Canada).
- NKELENDE, Spécialiste en Organisation et Méthodes, Département du Travail et de la Prévoyance Sociale.
- NKULUNTU, membre de F.M.C., Licencié en Psychologie.
- NTUMBA LUKANGA, Licencié en Sociologie (UNAZA, Lubumbashi).
- Benoît VERHAEGEN, membre du CEDAF et de l'IRSA Kisangani, Docteur en Droit (Cand, Belgique) et en Sciences Economiques (Louvain, Belgique).



Appendix V

PRESENTATION GENERALE DU PROJET C.P.A.

I. HISTORIQUE.

Le Centre de Perfectionnement en Administration (C.P.A.) a été créé, au départ, dans le cadre de l'Ecole Nationale d'Administration, par l'Ordonnance-Loi n° 67/317 du 17 août 1967. Il est devenu opérationnel en 1971 après la signature, le 30 avril de cette année, d'un Arrangement Particulier entre le Zaïre et la Belgique.

Depuis 1972, le C.P.A. constitue une "unité opérationnelle autonome" rattachée au CIDEP, service spécialisé de l'Enseignement Supérieur et Universitaire

II. EXPERTISES.

Le C.P.A. peut se prévaloir d'une expérience de 15 années au Zaïre en matière de :

1) Formation :

- formation à la dimension relationnelle des fonctions de cadres (communication, autorité, commandement, contrôle) ; aux techniques de travail en groupe, à la conduite de réunion, à la délégation des tâches, à la gestion par objectif, à la relation avec les clients (réceptionnistes, secrétaires de direction) ;
- formation de formateurs ;
- organisation de sessions de formation ;
- dimension psycho-sociale de toute formation technique, etc.

2) Consultation en gestion organisationnelle :

- diagnostic de la structure et du fonctionnement de divers services ;
- animation et diagnostic de réunion ;
- assistance à l'élaboration de règlement d'ordre intérieur ;
- analyse de postes de travail ;
- organisation et fonctionnement de services de formation intra-organisation, etc.

3) Consultation en gestion de développement :

- aspects administratifs du développement rural ;
- gestion de coopératives ;
- stratégie de développement rural ;
- étude de faisabilité et évaluation de projets ;
- élaboration de dossiers pour demande de financement ;
- formation à la communication des animateurs et vulgarisateurs ruraux ;
- systématisation du budget d'un programme, etc.

4) Informations, Recherches, Publications :

- . Banque de données sur le Zaïre, fonctionnant depuis 1977, disposant d'informations sur les problèmes de développement (Agriculture, Santé, Enseignement, Territoriale, Terres, Routes, etc..) de chacune des entités administratives de la République (de la Région à la Collectivité) et sur les problèmes de formation et de management d'organisations de toute nature oeuvrant au Zaïre (entreprises, Administrations, établissements d'enseignement et de recherche, institutions de santé, cultes, associations, organismes de coopération, etc.) ;
- . conventions de collaboration passées avec le Laboratoire d'Analyses Sociales de Kinshasa (LASK), l'Institut de Recherches Sociales Appliquées (IRSA) de l'Université de Kisangani, etc.
- . correspondants extérieurs : Centres d'Etudes et de Documentation Africaines (CEDAF), Université de Pittsburgh, Université de Montréal, Texas Techn. University, U.L.B., Institut International des Sciences Administratives, AUFELF, etc.
- . co-édition des revues ANALYSES SOCIALES et CAHIERS DE L'IRSA et différentes publications internes.

III. REFERENCES.

Le C.P.A. a notamment travaillé pour (ou en collaboration avec) des :

1) Administrations départementales :

- . Fonction Publique
- . Plan
- . Administration du Territoire
- . Santé Publique
- . Affaires foncières
- . Condition féminine
- . Agriculture et développement rural.

2) Services spécialisés du M.P.R. :

- . ancien Secrétariat Exécutif
- . Institut Makanda Kabobi

3) Organismes d'Etat :

- . Office des Routes
- . O.N.L.
- . OPEZ
- . ancien Office National de Pêche
- . Programme Elargi de Vaccination
- . Hôpital Mama Yemo
- . Clinique Kinoise
- . Intendance Générale de l'F.S.U.
- . ancien Rectorat de l'UNIZA.

4) Entités territoriales :

- . Ville de Kinshasa
- . Régions du Bas-Zaïre, du Bandundu, de l'Equateur, du Haut-Zaïre, du Kivu, du Kasai-Occidental, du Kasai-Oriental, etc.

5) Entreprises privées :

- . Banque Commerciale Zaïroise
- . Charimetal
- . Banque du Peuple, etc.

6) Organes de formation :

- . CEN/COF
- . CEFETEDS
- . Ecole Nationale du Cadastre
- . Centre de Formation des Techniciens Urbains (CFTU)
- . Centre de Formation des Agents Voyers (CEAV)
- . Ex-Centre Belge de Coopération de Mbanza-Ngungu
- . Ex-Ecole Nationale de Formation Territoriale de LIKASI (ENFT).

7) Bureaux d'études et centres de recherche :

- . Ancien Service du Plan
- . SICAI
- . CEDAF, Centre d'Etudes Africaines (Bruxelles)
- . Laboratoire d'Analyses Sociales de Kinshasa (L/SA)
- . American ORT Federation
- . Formation Management Consultants (FMC)
- . CRIDE (Kisangani)
- . Institut de Recherches Sociales Appliquées de l'Université de Kisangani (IRSA)

8) Organismes internationaux :

- . PNUD
- . UNICEF
- . B.I.T.
- . F.A.O.
- . B/SE
- . AUFELF
- . I.I.S.A.

9) Organisations d'autres pays africains et, particulièrement, de la République Populaire du Congo (Hôpital Général de Brazzaville), de la République Rwandaise et de la République du Burkina Faso.

10) Organismes de coopération bilatérale :

- . USAID (Programme "Administration locale et développement rural")
- . A.G.C.D. (Séminaire "Équipes Polyvalentes")
- . S.B.C. et Bureau de Coordination des Programmes de Développement Rural
- . Fondation Friedrich Naumann
- . Fondation Hanns Seidel.

IV. COORDONNEES.

Le C.F.A. peut être contacté aux adresses suivantes :

1) Adresses postales :

- C.F.A., B.P. 16.596, Kinshasa I.
- Publication du C.F.A., B.P. 3631, Kinshasa/Gombe.

2) Bureaux :

- Direction du projet, Secrétariat, Bibliothèque, Permanence des cellules 2 (conduite du changement dans les organisations) et 3 (technologie éducative) Bâtiments administratifs du Campus de l'I.S.C., locaux 24 à 28 Avenue du 24 Novembre, tél. : 32.779 Kinshasa-Gombe.

- Banque de données et permanence des cellules 1 (Appui aux projets, organismes et administrations de développement) et 4 (développement des capacités scientifiques) : Siège du Bureau de Coordination des Programmes de Développement du Milieu Rural. Avenue Vangu (ex-Comité Urbain), n° 27 Kinshasa-Gombe.

ENTRE LES SOUSSIGNES

1) L'AMERICAN ORT FEDERATION, ayant son siège 817 Broadway, New York, désigne l'ORT, d'une part ;

ET

2) Le Projet CENTRE DE PERFECTIONNEMENT EN ADMINISTRATION fonctionnant au sein du CIDEP (Département de l'Enseignement Supérieur et Universitaire), B.P. 16.596 Kinshasa I, ci-après désigné le consultant, d'autre part ;

IL A ETE CONVENU ET ARRÊTÉ CE QUI SUIT :

ARTICLE 1 : OBJET DU CONTRAT

Le consultant mènera une mission d'identification des principaux problèmes, dysfonctions du D.P.P. et besoins en formation de ses gestionnaires.

Cette mission ne traitera pas des questions déjà étudiées par les précédentes missions d'évaluation conduites par ORT en avril et juin 1985.

Au terme de sa présente mission, le CPA proposera des orientations pour la formation des gestionnaires et le traitement des problèmes identifiés. Ces propositions seront dans une seconde étape, en 1986, discutées avec ORT et les responsables de D.P.P. avant d'être transcrites, s'il y a lieu, en propositions de procédures de gestion et ou programmes de formation.

Pour cette mission le consultant mettra à la disposition de l'O.R.T. les services des personnes suivantes, ci-après désignées les agents du consultant :

- Madame Françoise LAMBINET, superviseur CPA
- Citoyen NDAM KASONGO, chef d'équipe CPA
- Citoyen LUNGOSI NTIMA
- Citoyen LUTELE NSEKA.

Le superviseur et le chef d'équipe CPA travaillent en collaboration avec le représentant de l'ORT.

Les agents du consultant auront, plus particulièrement, à :

- participer à Kinshasa aux travaux préparatoires de la mission :
- élaboration d'un calendrier de travail, analyse de la documentation, rédaction et discussion de différents documents, etc...

participer à Kinshasa à l'élaboration d'un rapport de mission : dépouillement et analyse des informations recueillies sur le terrain, rédaction etc ;

et, sauf le superviseur CPA, visiter le D.P.P. à Idiofa ; voyager aller et retour, entretiens, administration d'un questionnaire, interviews collectives ou individuelles vis-à-vis des lieux, etc.

ARTICLE 2 : DUREE DE LA MISSION

La mission d'évaluation aura une durée globale de 16 jours comprenant :

- 3 journées de préparation
- 10 journées sur le terrain (en ce compris 3 jours de voyage)
- 3 journées d'analyse et de rédaction

Elle se terminera, en principe, le 20 décembre 1985 par la remise d'un rapport de mission.

ARTICLE 3 : REMUNERATION DU CONSULTANT

La rémunération du consultant est calculée sur les bases suivantes :

- la durée de la mission évaluée à 16 jours dont 3 journées de préparation et 3 journées d'analyse et de rédaction
- des émoluments de US \$ 200,00 (deux cent dollars) par jour pour le superviseur et de Z 2.000 (deux mille zaires) par jour pour les autres agents du consultant.

Sur ces bases, le consultant recevra pour toute rémunération des honoraires s'élevant :

- pour la mise à disposition des services d'un superviseur (6 H/J), à US \$ 1.200 (mille deux cent dollars)
- pour la mise à disposition des services de trois autres agents (3 agents x 16 jours = 48 H/J), à Z 96.000 (quatre-vingt seize mille zaires).

Les honoraires seront payés par l'O.R.T. au Consultant sur présentation de la facture de ce dernier, après la remise du rapport de mission.

ARTICLE 4 : FRAIS DE SEJOUR DU CONSULTANT HORS KINSHASA

L'O.R.T. paiera à chaque agent du consultant participant à la visite du D.P.P. à Idiofa une indemnité forfaitaire de Z. 1.100 (mille cent zaires) par jour passé hors de Kinshasa pour couvrir leurs frais de séjour.

TRANSPORT

L'O.R.T. organisera et couvrira à ses frais le transport des agents du consultant pour la visite du D.P.P. à Idioba.

ARTICLE 6: ASSURANCE ET RESPONSABILITE

Los agents du Consultant sont sensés soigner, payer et supporter eux-mêmes et à leurs frais toutes assurances complémentaires qu'ils estimeront nécessaires pour leur santé, contre la maladie et l'accident, pour leur responsabilité civile et tous risques divers.

En aucun cas l'ORT ne pourra être tenu pour responsable d'un dommage ou préjudice quelconque causé directement ou indirectement à un agent du Consultant, résulterait-il même du fait d'un employé de l'ORT.

En aucun cas l'ORT ne pourra être considérée comme coconsultant du Consultant qui, indépendant, agit selon les règles de son art.

En revanche l'ORT ne pourra pas invoquer un préjudice, ni élever une prétention du fait des recommandations du Consultant, pour autant que le Consultant aura informé complètement et de bonne foi l'ORT de ce qu'il sait.

ARTICLE 7: ENTREE EN VIGUEUR

Le présent contrat entrera en vigueur au moment précis du commencement de la mission d'évaluation; il se trouvera suspendu par toute interruption de cette mission.

ARTICLE 8: RESILIATION UNILATERALE

Sans avoir à invoquer de motif, l'Américain ORT Federation pourra mettre fin à n'importe quel moment à la mission du Consultant; dans ce cas les honoraires de ce dernier seront calculés selon la proportion des travaux réalisés.

ARTICLE 2. LITIGES

Tout litige non réglé à l'amiable sera soumis à la compétence des seuls tribunaux de Kinshasa, à moins que les parties n'aient convenu d'un arbitrage.

Fait à Kinshasa, le 29 novembre 1985 en quatre exemplaires dont deux retirés par chacune des parties.

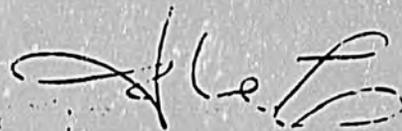
POUR LE PROJET CIDEP/CPA

Didier DE LANNOY
Directeur-Adjoint

Prof. MABIALA SEDA DIANGHALA

Directeur du Projet

POUR L'AMERICAN O & T FEDERATION



LESLIE FOX
Directeur du Projet OIT-PUO

