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Memorandum

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Subject Foreign Trip Report (AID/RSSA), Zaire: Program Evaluation of The Comite Nationale des Naissances Desirables-CNND (National Committee for Desired Births); January 20-February 10, 1982

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden
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SUMMARY

The purpose of this evaluation was to provide an up to date assessment of the National Committee For Desired Births (Comite Nationale des Naissances Desirable (CNND), the International Planned Parenthood Association (IPPA) associate in Zaire. This evaluation will also serve to provide information regarding the role of this organization in the planned USAID-Government of Zaire (GOZ) Family Planning Services Project (660-0094). The evaluation focused on the role of the CNND to date, its performance in fulfilling that role, and specific recommendations as to what its role should be over the next five years. In performing this task the following specific areas were explored:

1. CNND goals and activities in support of these goals.

2. The CNND's effectiveness as coordinator of family planning activities in Zaire.

3. The quality and usefulness of data collection/reporting.

4. The quality and effectiveness of information and education programs.

5. The relationship between staffing patterns, budgeting and achievement of program objectives.

6. Effectiveness of the overall program in alleviating constraints to expansion of family planning services in Zaire.

7. CNND effectiveness in monitoring and evaluating projects funded through CNND by other family planning donor organizations.

8. CNND's performance in ordering, stocking, and distributing contraceptive supplies.

9. CNND's in-country training capacity.

To address the subtasks listed above, detailed descriptions of CNND activities are included in this report as essential background information. Also, recommendations based on this evaluation are included throughout the report specific to the topic covered in each section of the report. Thus, some readers at USAID/Zaire and consultants working in Zaire may want to review the entire report to have knowledge of the background and observations on which recommendations are based. Since this is a detailed report, the summary is longer than usual and can be used by other readers in combination with Section VI--Future Role of CNND--for a comprehensive summary of recommendations made.

The CNND was created by a presidential decree in 1973 which gave the organization the following responsibilities:

1. Identify all public and private organizations which, as a primary or secondary objective, are involved in advising and educating couples in desired births; i.e., family planning.

2. Inform these organizations as to the principle of desired births and to aid them to more effectively carry out their activities.

3. Coordinate and evaluate the results of their activities.

4. Design and organize, by all possible means, information and education campaigns directed to the population at large.

5. Coordinate relations between national and international organizations interested in the principle of desired births.

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

1. Ordering, stocking and distribution of contraceptive commodities.

2. The planning, implementation and evaluation of certain specific projects financed by external family planning donor organizations. This activity has included, in some cases, direct delivery of family planning services.

3. The training of personnel from various service delivery organizations in family planning information and service delivery techniques.

In order to accomplish the evaluation, the team relied on documents made available by the CNND, USAID, the Eglise du Christ au Zaire, the Armee du Salut and others, in addition to an extensive series of interviews which were held with officials of these organizations, the staff of two family planning clinics, other service providers and logistics organizations.
The major findings of the team are as follows:

1. To date, the CNND has not been able to totally play an effective role as coordinator of family planning services in Zaire. The team found that little systematic coordination existed between CNND and the major service providers.

2. While the CNND collects service statistics, they reflect only a portion of the service providers and the reports required are cumbersome, repetitive and of limited use for evaluation, budgeting and programming. The collection of data has been hampered by CNND's need to provide a separate series of reports to each of their intermediary donor agencies.

3. Information and Education Programs have consumed the largest part of CNND's budget and staff time. It has been effective in reaching target groups and in creating a demand for services that is not currently being met.

4. The staffing pattern and budget allocation is well suited to the emphasis on Information and Education. The activities of training, statistics gathering, evaluation and contraceptive commodity support receive a relatively small allocation of budget and personnel resources, which limits their capability to effectively coordinate activities in these areas.

5. CNND presently assigns a relatively low priority to stocking and distribution of contraceptives. As a result stocks are sometimes insufficient to meet demand. Depo-Provera, the most widely used method, seems to be in chronic short supply.

6. The CNND has not, to date, fully exploited its in-country training capacity and as a result has trained relatively few family planning workers in Zaire. Zairean personnel trained outside of Zaire have not been effectively utilized to train others in-country.

7. The CNND 3-Year Plan (1981-84) emphasizes Information and Education as well as several other activities not directly related to immediate family planning service delivery. Infertility and family life education are examples of these activities.

On the more positive side, the CNND does have a core staff of well trained, willing workers who have been making an important contribution to Family Planning in Zaire. The team makes the following specific recommendations:

1. That the CNND make a programmatic organizational decision to limit the extent of its activities over the next 5 years so as to permit it to devote its limited resources to successfully implementing the activities it does undertake. Based on the observations of the team these activities would be to:

   (a) Actively coordinate all family planning activities in Zaire using other organizations to provide service delivery. To strengthen this function the procedures for affiliation of "antenna" clinics must be systematized in order to more closely monitor their activities. Moreover, Regional Subcommittees should not rely on staff paid by donor agencies. This does not have a positive long-term effect.

   (b) Insure the centralized ordering, reception, stocking and release (at Kinshasa) of contraceptive commodities to service delivery organizations. The objective would be to ensure an uninterrupted supply to all service providers.

   (c) Coordinate and/or implement training for all personnel working in family planning service delivery. To facilitate this, the CNND training service should be separated from the IEC service.

   (d) Gather and disseminate national level service statistics with uniform definitions used at the subnational or agency level.

2. That IPPF conduct an in-depth program evaluation of the CNND at least every 3 years.

3. That IPPF review its total assistance package to CNND with an eye to increasing contraceptive commodities, especially Depo-Provera, and to decreasing allocations for Information and Education activities.

4. That the planned USAID urban Family Planning Services Project or other sources provide CNND with short-term technical consultants in the areas of logistics and service statistics and recordkeeping.

5. That the CNND prepare a comprehensive annual report. Although the CNND is not effectively performing the role of national coordinator of family planning services at the present, the evaluation team feels that if the recommendations set forth in this report are implemented, including a certain re-orientation of priorities, the CNND can assume this role, since it has a core staff of well-trained capable

professionals. Also, there did not seem to be any other Zairean agency capable of performing this function.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Kinshasa, Zaire, January 20-February 10, 1982, at the request of USAID/Zaire, AID/S&T/POP/FPSD, and the International Planned Parenthood Federation (IPPF), to evaluate the Comite Nationale des Naissances Desirables, the IPPF associate in Zaire, as part of a two-person team, along with Dr. Jean LeComte, an AID/American Public Health Association consultant. This travel was in accordance with the Resources Support Service Agreement (RSSA) between AID/POP/W and CDC/CHPE/FPED.

II. PRINCIPAL CONTACTS

(A) USAID/Kinshasa
- (1) N. Sweet, USAID Mission Director
- (2) R. Thornton, Health/Population Officer

(B) Comite Nationale des Naissances Desirables
- (1) Dr. Miatudila, Vice President
- (2) M. Mwamba, Administrator
- (3) L. Mutumbi, Chief of Programme Services
- (4) M. Nkosi, Chief of Finance Service
- (5) P. Kazadi, Chief, IEC/Training
- (6) O. Bongwele, Chief, Evaluation/Record Services
- (7) N. Misamu, Chief, Supply Services
- (8) M. Zawadi, Social Worker
- (9) I. Mulelebwe, Assistant IEC/Training
- (10) S. Kazadi, Nurse
- (11) B. Bangulu, Assistant IEC/Training

III. SCOPE OF WORK

USAID/Kinshasa requested that the Comite Nationale des Naissances Desirables (CNND), an International Planned Parenthood Federation (IPPF) associate, be evaluated in order to produce a comprehensive assessment of CNND's role in family planning in Zaire to date, and to make specific recommendations as to what the organization's role should be over the next 5 years (USAID/Kinshasa cable dated 17 December 1981).

Specific subtasks included:

(a) Determine CNND's effectiveness as coordinator of family planning activities in Zaire;
(b) The quality and usefulness of data collection/reporting;
(c) The quality and effectiveness of I&E programs;
(d) The relationship between staffing patterns/budgeting and achievement of program objectives;
(e) Effectiveness of overall program in alleviating constraints regarding expansion of family planners' services;

(f) Employment of resources;
(g) Effectiveness in monitoring and evaluating projects funded through CNND by other FP organizations;
(h) Undertake assessments of CNND's performance in ordering/stocking and distributing contraceptive commodities and of CNND's in-country training capacity using its own personnel as well as other local personnel.

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

To address the subtasks listed above, detailed descriptions of CNND activities are included in this report as essential background information. Also, recommendations based on this evaluation are included throughout the report specific to the topic covered in each section of the report. Thus, some readers at the USAID Mission and consultants working in Zaire may want to review the entire report to have knowledge of the background and observations on which recommendations are based. Other readers can use the summary of the report in combination with Section VI--Future Role of the CNND--if they want a comprehensive summary of recommendations made.

IV. COMITE NATIONALE DES NAISSANCES DESIRABLES (CNND)

A. Background

Zaire is the largest country in Central Africa. Selected socioeconomic indicators compiled from various Zaire, U.S. and World Bank sources are:

(a) Population (mid-1981 estimate): 30.1 million
(b) Population Growth Rate (includes immigration): 3.2 percent
(c) Percent urban (1975 estimate): 28.7 percent
(d) Migration--rural to urban (1965-1970): 8.4 percent
(e) Vital Rates and other demographic information:
- Crude Birth Rate: 46/1,000 population
- Crude Death Rate: 19/1,000 population
- Natural increase: 2.8 percent
- Number of Years to double population: 25
- Infant Mortality Rate: 171 per 1,000 live births
- Child Mortality Rate (0-5 years): often quoted as high as 500 per 1,000, but regarded as unreliable and probably too high.
- Life expectancy at birth: Male--45.2; Female--47.8

Population under 15 (1979): 11,796,000 (46 percent)
Population over 65 (1979): 642,400 (2.5 percent)
Females 15-44 (1979): 5,444,400
Married Females 15-44: Not available
Literate population: Estimated between 32-65 percent
(General literacy has been estimated as low as 20 percent)

It should be noted that current, accurate population data for Zaire are lacking, although demographers have attempted to construct reasonable estimates from various small-scale surveys conducted since the administrative census of 1970. The Area Handbook for Zaire states that, in 1970, inhabitants of 11 largest towns constituted nearly 15 percent of the total population. Kinshasa, by far the largest city, now has an estimated populaton of 3,000,000. Lubumbashi and Kananga rank next with nearly 500,000 each. (An Assessment of Population/Family Planning Program Activities in Zaire. APHA. 1979. p. 2.)

Until 1973 the demand for modern contraceptive methods in Zaire was met to some extent by the private sector, although the provision of contraceptives was technically illegal. Therefore, in order to provide a de facto legal framework for the delivery of family planning services in both the public and private sectors, the CNND was then created by presidential decree (see Annex 1). Curiously enough, although there are today no de facto legal barriers, contraception has still yet to be officially legalized in Zaire.

The National Committee for Desirable Births (CNND) is a quasi-governmental institution with "associate" status (as differentiated from "affiliate") with the International Planned Parenthood Federation (IPPF). It draws its official status from a presidential decree dated 1973. CNND is composed of 12 members appointed by the presidency. IPPF funds support salaries for nurses at the largest family planning service center (at Kinshasa's Mama Yemo Hospital) and other MCH/FP clinics. CNND has received substantial core support (approximately $250,000/year) from IPPF including salaries and supplies of contraceptives. CNND also has served as a coordinating mechanism for assistance provided through Pathfinder Fund, FPIA, AVS, and others. The CNND is organized into subcommittees to deal with medical matters, technical matters, technical research, education and training, legal, finance, communications, population policy, and sociological aspects. It has a cadre of 25 employees (about 17 professionals)). Most of them are well trained. It is difficult to ascertain the degree to which CNND has stimulated the provision of family planning services in some 100 outlets in Zaire presently associated with it, or whether it merely has responded to demand already existing, particularly in the religious missions' family planning programs. It is clear, however, that the CNND has been part of the process of expanding the legitimization of family planning in Zaire.

Following the IPPF pattern the CNND is composed of an executive committee, whose members work on a voluntary basis, and a paid staff of 25 persons. As mentioned above, the committee originally had 12 members, which over the years has been reduced to seven. The members were named in 1973 by the President of Zaire, thus giving the organizaton a quasi-governmental status,

which explains why the CNND is an "associate," rather than an "affiliate," of IPPF. A major advantage of this status is that the CNND has full operational access to all health facilities in the country, both public and private, as well as an official status vis-a-vis other governmental agencies. This would permit the CNND to effectively assume the role of the national family planning coordinating body while a private IPPF affiliate might not so easily.

In Zaire, unlike many other countries, the delivery of family planning services are not the sole responsibility of a single agency (usually the Ministry of Health). Along with the Department of Public Health, organizations such as missionary groups, large private enterprizes, trade unions, and others play an important role in the delivery of medical care. Because of an increasing demand, the medical services of these organizations saw the need to begin providing family planning services on their own using CNND or their own sources of supply. Similarly, certain Department of Public Health facilities also commenced providing family planning on an ad hoc basis by independently requesting affiliation to the CNND without going through official channels.

In addition, various USAID intermediary organizations have also provided support to family planning activities in Zaire through various small scale projects. The CNND has therefore been responsible for the coordination of the activities of these organizations.

Because of the number and diversity of these family planning providers the coordinating role of the CNND is seen as essential to ensure a well organized and controlled expansion of these services. In this context the basic elements of CNND's coordination should be:

1. uninterrupted supply of contraceptive supplies to all family planning outlets;

2. the collection and analysis of reliable service statistics (with uniform definitions) from all family planning outlets in order to supervise and evaluate program progress at all levels; and

3. the training of clinic personnel to ensure a high standard of service delivery.

The CNND has fulfilled its role of national coordinating agency in the above mentioned areas with mixed success, as will be documented in detail later in this report.

B. Objectives

According to the Presidential Decree of February 14, 1973, creating the CNND (see Annex 1), the organization was given the following responsibilities.

(a) "to identify all public and private organizations which, as a primary or secondary objective, are involved in advising and educating couples in desired births, i.e., family planning;

(b) to inform these organizations as to the principle of desired births and to aid them to more effectively carry out their activities;

(c) to centralize and evaluate the results of their activities;

(d) to design and organize, by all possible means, information and education campaigns directed to the population at large; and

(e) to coordinate relations between national and international organizations interested in the principle of desired births."

The Executive Director of CNND, Mr. Mwamba, described the long-term goals of the organization as they appear in its 1981-84 Three-Year-Plan as being:

(1) to promote the health of mothers through birth spacing;
(2) to promote the health of children under 5 years of age; and
(3) to address the problems of infertility and subfecundity.

Mr. Mwamba states that until the present time the CNND has concentrated its efforts towards the achivement of the first of these three goals, primarily by carrying out IEC programs and, secondly, by dealing with the consequences of IEC programs; i.e., the satisfaction of the demand for family planning through the organization of CNND affiliated outlets belonging to service providers. These outlets are known as "antenna."

As for the second long-term goal very little has been done. For example, although the first CNND-supported family planning services at Mama Yemo Hospital, Kinshasa, were integrated with maternal and child health activities, they are no longer integrated. However, they will be once again when the CNND-staffed and supported Family Planning/Maternal-Child Health clinic at Matonge becomes functional in March 1982.

The accomplishment of the third long-term goal has been limited to referring persons with infertility problems to private physicians.
The evaluation team has the following comment on the above:

In the 1973 decree it clearly states that, except for IEC activities, CNND will act largely through other implementing organizations. To an extent this has been done: "antenna" have been created with the Eglise du Christ au Zaire (ECZ), the Department of Public Health and others; efforts have been made to establish distribution and service statistics systems for these organizations, and IEC programs have been developed. However, as will be explained later in the report, IEC activities have been dominant within overall CNND efforts, to the detriment of its coordinating role. Nevertheless, the evaluation team feels that in spite of its present weaknesses the CNND is capable of assuming the role of coordinator of family planning activities in Zaire and is, in fact, the organization which is in the best position to do so. Detailed recommendations will be made later in this report, which should strengthen CNND's coordination capabilities, particularly in the until-now-neglected areas of supply distribution, service statistics, and training.

C. Organizational Structure and Description of Activities

1. Organization Chart

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

However, this problem is presently being resolved. Figure 2 presents the proposed new organizational structure of CNND in which three overall "departments" will be created out of the previous six services. These will coordinate and supervise the activities of the lower level "services." This is a definite improvement over the former structure as responsibility for activities has been consolidated. However, the evaluation team has two specific comments on the reorganization:

(a) Training will rapidly become a more important function in an expanded family planning program (USAID urban and rural service delivery projects as well as the new national training center at the Matonge clinic). IN THIS CONTEXT IT IS RECOMMENDED THAT TRAINING ACTIVITIES BE SEPARATED FROM IEC ACTIVITIES IN ORDER TO BE ORGANIZED AS A SEPARATE "TRAINING SERVICE." THIS WOULD PERMIT TRAINING ACTIVITIES TO BE MORE FLEXIBLE AND RESPONSIVE TO CHANGING TRAINING NEEDS.

(b) In the absence of a comprehensive nationwide reporting and service statistics system, the data generated by the logistics and supply system are the only useful statistical program evaluation tools presently available to CNND. The evaluation service of CNND should be making ongoing use of logistics data in order, for example, to more accurately estimate program growth and contraceptive use by method. Of more immediate importance, these data should provide CNND with the necessary information required to justify requests to IPPF headquarters for contraceptive supplies.

The incomplete service statistics presently available cannot document the need for adequate supplies. IT IS THEREFORE RECOMMENDED THAT THE CNND SUPPLY SERVICE (SERVICE D'APPROVOSIONNEMENT) BE EITHER PLACED UNDER THE PROGRAM DEPARTMENT AS A SEPARATE SERVICE OR THAT A STRONG COLLABORATIVE RELATIONSHIP BE ESTABLISHED BETWEEN THE SUPPLY AND EVALUATION SERVICES, SHOULD THEY REMAIN IN TWO SEPARATE DEPARTMENTS. IN THE LATTER CASE THIS CAN BE REPRESENTED BY A DOTTED LINE BETWEEN THEM ON THE ORGANIGRAM, ALTHOUGH THE EVALUATION TEAM MORE STRONGLY SUGGESTS THE FORMER, I.E., THAT TWO SEPARATE SERVICES BE CREATED.

2. Description of Activities and Duties of Personnel

(a) Program Services (Service du Programme)

The program service has as its only staff member Mr. Mutumbi Kuba Diabunga, who has a graduate degree in demography. His major duties include the following (under the present organizational structure):

(1) to ensure the expansion of the contraceptive distribution system throughout the country;

(2) to coordinate the planning and implementation of all program activities performed by other CNND services in the areas of logistics, reporting, evaluation, IEC, and training; and

(3) to monitor the process by which health facilities providing family planning services become CNND affiliates.

Expansion of organized family planning services in Zaire has been, until now, accomplished by a system in which interested health facilities throughout Zaire officially request affiliation to CNND as "antennas." This evaluation team was informed that there are as many as 10 such requests per month.

Although there will be ways other than through CNND affiliation to become a recognized family planning service provider in Zaire (such as being part of the USAID Basic Rural Health Project and Urban Family Planning Services Project), there will still remain a number of potential service providers who will request affiliation to CNND as an "antenna."

The evaluation team was also told that there were now 120 affiliated "antenna" and 75 other centers awaiting formal affiliation who receive "non-clinical" supplies only (pill, foam, condom). However, when we reviewed the latest existing list of all outlets, 95 "antenna" and 83 other centers were counted. Of this total of 178 family planning outlets, their organizational affiliations were as follows:

Ministry of Health	Eglise du Christ (ECZ)	Catholic Church	Other	Total
130	32	3	13	178

In collecting these figures from various sources within CNND, the evaluation team realized that, in fact, there is no truly accurate count of the number of CNND outlets. There are, in addition, a number of outlets who are "satellites" to ECZ "antenna," who are not recorded in the CNND listing. (See APHA: An Assessment of Population Family Planning Program Activities in Zaire, November 1979, page 5).

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

(1) that there is a stated interest to deliver family planning services by a health facility and/or organization. Individuals are not eligible;

(2) that the personnel of the health facility have appropriate training before they begin providing "clinical" contraceptive methods, which are defined as IUDs and Depo-Provera. The CNND provides other methods, including the pill, immediately upon receiving the original request for affiliation; and

(3) that regular service statistics and supply management reports be submitted to CNND.

These criteria are basically sound. However, from discussions with CNND staff it became apparent that CNND's application of the criteria is somewhat haphazard. The evaluation team, therefore, has two general remarks on the implementation of the affiliation system:

> The first delivery of nonclinical contraceptives is made without detailed information on the size, staffing pattern or patient load of the facility. IT IS RECOMMENDED THAT ALONG WITH THE FIRST CONTRACEPTIVE SUPPLY DELIVERY THE CNND REQUEST THAT A STANDARD INFORMATION SHEET BE FILLED OUT BY THE CLINIC STAFF, WHICH WOULD PROVIDE A PROFILE OF THE CLINIC AND ITS ACTIVITIES. THIS WOULD PROVIDE A SYSTEMATIC BASIS FOR ORGANIZING A FILE OF DETAILED INFORMATION AND REPORTS ON EACH CNND "ANTENNA"--WHICH DOES NOT EXIST AT PRESENT--AND WHICH WOULD FACILITATE THE MONITORING AND EVALUATION OF THE PERFORMANCE OF INDIVIDUAL FAMILY PLANNING CLINICS.

It seemed to the evaluation team that the affiliation process for individual clinics is somewhat ad hoc in nature, is not closely monitored and should require more close collaboration between the CNND Training and Logistics Services. Training and supply needs can be presented on the proposed information sheet; problems identified and relevant information can then be passed along to the other services for inclusion in their respective plans for program assistance. The Program Service should then be in a position to closely monitor the progress of individual clinics after affiliation. The training and supply services will then be able to identify certain regions of Zaire where several clinics can eventually group their personnel for local level training in clinical procedures, supply management and records keeping. Such training could be given by CNND itself or other qualified organizations such as the Eglise du Christ au Zaire (ECZ) or the Department of Public Health (DPH).

A fourth responsibility of the Chief of the CNND program service is:

(4) to assist in the organization of CNND subcommittees in the eight regions of Zaire. There presently are such subcommittees in three regions: Bas-Zaire, Shaba, and Kivu, although only in Kivu is there a paid staff of nine persons through financial assistance from the Pathfinder Fund. Present plans also call for the recruitment of paid staff in the Bas-Zaire region in 1982.

The regional subcommittees, in theory, have the responsibility of receiving shipments of contraceptives, receiving requests for CNND affiliation for onward transmission to Kinshasa, and for selection of candidates for training courses and making local officials aware of family planning. However, in practice this is probably being accomplished only in one region where there is donor-agency paid staff and even in this instance, is probably duplicating what can be done by other personnel.

THE EVALUATION TEAM FEELS THAT IT IS NOT NECESSARY TO EMPLOY PAID STAFF FOR THE SUBREGIONAL COMMITTEES TO AID IN THE PERFORMANCE OF THE ABOVE DUTIES, USING EITHER DONOR AGENCY OR CNND'S OWN FUNDS. SINCE THE EVALUATION TEAM FEELS THAT AT THE PRESENT TIME THESE ACTIVITIES CAN BE CARRIED OUT EITHER BY THE CNND STAFF IN KINSHASA, THE REGIONAL SUBCOMMITTEE VOLUNTEER MEMBERS, OR BY ORGANIZATIONS PROVIDING FAMILY PLANNING SERVICE IN THE REGIONS THEMSELVES, IT IS RECOMMEDNED THAT NO FURTHER PAID STAFF BE EMPLOYED BY REGIONAL SUBCOMMITTEES.

Further duties of the Chief of the Program Service are:

(5) to coordinate the activities of donor agencies. This will be discussed later, and

(6) to act as the Secretary of the CNND Volunteer Legislative Committee. This Committee provides objective information to political leaders on abortion and studies proposed legislative action concerning family planning matters, including de jure legalization of contraception and removal of legal obstacles to free access to contraception, such as the husband's approval. The Secretary follows up the Committee's recommendations with the Department of Justice of the Zaire government.

(b) Finance Service (Service des Finances)

The Finance Service has as its only staff member, Mr. N'Kosi, an accountant, who is responsible for drawing up the annual budget of CNND after consultation with the chiefs of the other services. The budget figures for 1981 and 1982 are presented below in Table 1 by service. Within each service, there are 2 categories--projects and common (administrative/overhead expenses).

TABLE 1
CNND Budget by Service, 1981-82, Zaire
(In Dollars)

Service	1981		1982	
Administration				
Projects	7,000			
Common Expenses*	78,224		115,431	
Total Admin.		85,224		115,431
Information, Education, Communication				
Projects	16,232		24,107	
Common Expenses	27,295		44,543	
Total IEC		43,527		68,650
Clinic				
Projects	9,990		2,806	
Common Expenses	27,719		40,276	
Total Clinic		37,709		43,082
Training				
Projects	11,080		11,415	
Common Expenses	3,491		6,986	
Total Training		14,571		18,401
Evaluation & Research				
Projects	6,600		3,995	
Common Expenses	4,590		9,783	
Total E&R		11,190		13,778
Grand Total		192,221		259,342
Source of Funds:				
IPPF		185,121		272,400
Other		7,100		(Surplus) 13,098
IEC as % of Grand Total		22.6		26.5
Extra Budgetary Projects:			Not Available for 1982	
Pathfinder		11,411		
FPIA		11,655		
IP-AVS		43,000		
Total		66,066		
Commodities from IPPF London:				
Contraceptives		18,197		
Medical Equipment		2,820		
Office Equipment		2,000		
Vehicles		12,000		
Total IPPF London		35,017		

*Common Expenses include: salaries, travel, vehicle maintenance, stationary, medical care, insurance, customs clearance, meetings.

As can be seen in this table, the percentage of the total CNND budget devoted to the IEC service is approximately 25 percent (22.6-26.5%) in both years. The percentage increase in the total IEC budget between 1981 and 1982 is 58 percent ($43,527-$68,650), whereas other budget categories increased by 14 to 35 percent. The total budget increased by 35 percent, and a small surplus is reported for 1982. The project budgets either decreased or remained about the same, but the IEC project budget increased by 49 percent ($16,232-$24,107) . In fact, in 1982 IEC projects will account for 57 percent ($24,107÷$42,323) of all CNND funds devoted to projects, up from 32 percent in 1981. In addition to the budgetary point of view, this can be equally demonstrated by the fact that the IEC service is the only service within the new program and administration/finance departments to have more than one employee.

The above is illustrative of the inordinate emphasis placed on IEC activities within the CNND to the detriment of other important program services. This imbalance will be discussed in the subsequent sections of this report. On the other hand, it should be parenthetically stated that contraceptive supplies provided by IPPF London, whose value in 1981 was $18,197, only represented 9.8 percent of the CNND total budget for that year during which CNND experienced several major stock-outs and was chronically short of Depo-Provera.

(c) Service d'Information, Education, Communication et de Formation (IEC and Training Service)

The Chief of the IEC and Training Service is Mr. Kazadi, who has a graduate degree in education. He is responsible for overall planning and administration and has three subordinates:

Mrs. Mulelebwe--Information and Communications activities;
Mrs. Zawadi--Motivation and Education activities and,
Mrs. Bangula--Training activities.

IEC training programs are divided into what are called "routine" and "project" activities, as well as "special projects," all of which are described below.

(1) Information and Communication

Routine activities include information provided through radio, TV, the press, pamphlets, brochures, and a Bureau of Information:

Radio. Throughout the year CNND presents 25 minute radio programs five times per week in the five national languages (French, Swahili, Lingala, Kieongo, and Tshilula). In 1981 there were 116 broadcasts on various topics, including family planning, hygiene, maternal-child health, etc. The 1982 work plan has been finalized, and the topics to be presented have been selected based on interest shown by listeners through correspondence, visits to the Bureau of Information, reports from field visits, etc. Topics selected for broadcast in 1982 include Modern and Traditional Contraception, Extra-Uterine Pregnancy, Adolescent Pregnancy, Birthspacing, Malnutrition, Menstration, Menopause, Infertility, Venereal Disease, Breastfeeding, Frigidity, Impotency, Masturbation, Family Planning from the Religious Point Of View, Premarital Counselling, and Family Planning and the Welfare of Women.

Until November 1981 the programs were broadcast at 9 a.m., but due to complaints concerning the content and wording of certain programs when children were present, program time has been switched to 11 p.m. CNND radio broadcasts cover the entire country and until now, the radio time was free of charge. However, there is now some question as to whether this will remain so in the near future.

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

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

Brochures, Pamphlets, etc. The CNND publishes a bi-annual magazine, "Famille et Sante" (1,000 copies), which is distributed to political leaders and CNND "antennas." In 1981, 3,032 multinational/informational documents (Population Reports, IPPF material, Famille et Sante...) were distributed, and 104 personal letters from readers and listeners were answered.

Information Bureau. On the CNND premises, Mrs. Mulelebwe is in charge of receiving visitors asking for documentation and advice. In 1981, 168 such persons were received.

All the above mentioned activities are planned to be continued in 1982. They are well organized and appear to be of good quality. The evaluation team has no criticisms to offer and only one broad recommendation: CNND SHOULD DEVELOP SPECIFIC INFORMATIONAL MATERIAL IN ORDER TO ZERO IN ON SPECIFIC TARGET AUDIENCES SUCH AS POLITICAL AND RELIGIOUS LEADERS, AS WELL AS THE MEDICAL PROFESSION, WHILE LEAVING ROUTINE MOTIVIATIONAL ACTIVITIES TO LOCAL FAMILY PLANNING OUTLETS. OVER TIME A MAILING LIST OF APPROPRIATE PERSONALITIES SHOULD BE DEVELOPED. THIS HAS ALREADY BEEN DONE IN THE CASE OF CERTAIN DOCTORS WHO RECEIVE THE IPPF MEDICAL BULLETIN, BUT THE LIST OF PUBLICATIONS AND POTENTIAL RECIPIENTS SHOULD BE EXPANDED. A FURTHER SUGGESTION IS THAT AN IEC SURVEY BE DONE WHICH COULD INCLUDE MODULES ON THE AUDIENCE FOR VARIOUS FORMS OF MASS MEDIA AND THE RELEVANCY OF THE FORM AND CONTENT OF THE FAMILY PLANNING MESSAGES DELIVERED WITHIN THE ZAIRIAN CULTURAL CONTEXT.

(2) Outreach Educational and Motivational Activities

This new activity is the responsibility of Mrs. Zawadi, a graduate social worker, and consists of discussions, speeches and group meetings. These take place in military camps, factories, schools, church groups and youth clubs, in 6 of the 24 zones of Kinshasa and surrounding areas. Coupons are distributed

to potential family planning acceptors in the audience, which refer the person to a nearby family planning facility. The CNND then gathers the coupons at a later date from the family planning facilities in order to evaluate the effectiveness of the program. The data thus generated will be analyzed in March 1982, after the first 6 months of operations. During 1981 Mrs. Zawadi spoke before groups totaling approximately 7,000 persons. In addition she distributed 23,000 condoms. In 1982 the program will be expanded to three more zones of Kinshasa, and the military camps will be revisited.

The evaluation team feels this type of activity has merit and is in keeping with the general mandate of CNND. HOWEVER, IN THE ABSENCE OF CONCRETE DATA AT THE PRESENT TIME TO ASSESS THE RELATIVE EFFECTIVENESS OF CNND'S INFORMATION AND COMMUNICATION MASS-MEDIA ACTIVITIES--AS OPPOSED TO THE OUTREACH EDUCATIONAL/MOTIVATIONAL ACTIVITIES--AND SINCE THE EVALUATION TEAM IS OF THE OPINION THAT THE CNND SHOULD GIVE LESS RELATIVE PRIORITY TO IEC ACTIVITIES, IT IS RECOMMENDED THAT AN IEC SPECIALIST BE CALLED IN AS A SHORT-TERM CONSULTANT TO EVALUTE THE EFFECTIVENESS OF THE VARIOUS CNND APPROACHES TO IEC IN ORDER TO DETERMINE PRIORITIES AND THE MOST COST-EFECTIVE USE OFf CNND'S IEC RESOURCES.

(3) IEC Project Activities

(a) Motivation Campaign--Bas Zaire (Campagne de Sensibilisation de la Population du Bas-Zaire).

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

(b) Family Life Education (Consultation En Matiere d'Education a La Vie Familiale)

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

1. a questionnaire survey carried out in ten "pilot" schools of Kinshasa among parents, students, and teachers;

2. organization of a 4-day seminar for religious leaders and officials of the Ministries of National Education, Public Health, Planning and Social Affairs;

3. designing a curriculum for teaching Family Life Education; and

4. organizing a 1-week training course for 12 educators in 10 schools in December 1981.

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

(4) Training of Social Workers in Family Planning and Family Life Education (Seminaire de 2 Semaines en Planification Familiale et en Education a La Vie Familiale pour les Educateurs des Foyers Sociaux

The objective of this project is to introduce information on family planning into the activities of social workers, and to recruit family planning acceptors among mothers attending social centers (Foyers Sociaux). In 1981, a 2-week seminar had been organized for 20 social workers of the 10 "foyer sociaux" of Kinshasa. In 1982, CNND will followup the implementation of these activities.

THE EVALUATION TEAM RECOMMENDS THAT THE CNND PLACE SOMEWHAT LESS EMPHASIS ON FAMILY LIFE EDUCATION FOR THE FOLLOWING REASONS:

(a) The CNND should withdraw its direct involvement in implementing this type of activity, since there are other resources in Zaire with expertise in this area. However, since other expertise may not always be totally acceptable in the Zairian context, the CNND should act as coordinator with regard to the general orientation of these activities, organize workshops for curriculum development, advise on the content of materials produced, and seek out donor agency support for publication of these materials.

(b) CNND resources would be used in a more cost-effective manner if re-oriented toward other areas of activity.

(c) Although useful, family life education is not a key element of a successful family planning program. The quality, accessibility, and availability of family planning service delivery itself are far more important.

(5) Special Projects

These small projects are "special" in the sense that their funding is not included in the ordinary CNND budget but are funded from a Special IPPF allocation. The underlying idea of these projects is that CNND utilize the existing structure of a handicapped center and a factory in order to introduce family planning services along with a wide range of ancillary social activities, and with only a limited amount of CNND logistical and technical support. However, due to a rapid turnover of personnel in the target organizations, most of those persons whom CNND counted on for participation were no longer available at the time projects were to begin, and CNND/IEC personnel involvement in actual implementation was much greater than expected.

The evaluation team feels that these special projects should not be expanded toward activities that are ancillary to family planning such as market gardens, kindergartens, and home economics education. Rather, future projects of this kind should concentrate on family planning service delivery and should be developed in collaboration with reliable organizations such as the Union Nationale des Travailleurs Zairois (Zaire National Workers Union), including its suborganizations CASOP and BUPROF, who have the desire, the experience and the organizatonal ability to deliver effective family planning services.

AS A GENERAL RECOMMENDATION CONCERNING IEC ACTIVITIES, THE EVALUATION TEAM IS CONCERNED THAT THE RELATIVE OVEREMPHASIS GIVEN IEC IN TERMS OF PERSONNEL, BUDGET AND PROJECT ACTIVITIES AS COMPARED TO OTHER CNND SERVICES WILL PREVENT ADEQUATE COORDINATION OF FAMILY PLANNING ACTIVITIES IN ALL AREAS AS HAS BEEN PROPOSED. SINCE THE ROLE CNND WILL PLAY IN YEARS TO COME IS MORE AND MORE THAT OF THE NATIONAL COORDINATING BODY FOR FAMILY PLANNING SERVICE DELIVERY, THE PRESENT ROLE OF EACH SERVICE SHOULD BE CAREFULLY REASSESSED AND PRIORITIES REALLOCATED IN ORDER THAT CNND BE ABLE TO FULFILL THIS COMMITMENT.

(6) Training Section of IEC Service

Mr. Bangulu, a graduate in sociology (majoring in Family and Population) is responsible for the training activities of the IEC-Training Service of CNND. In this capacity, the duties of Mr. Bangulu include the planning of training programs, the design of the content of the training courses, relations with physicians and other outside manpower for insuring their collaboration in CNND training courses, and active participation in the teaching process itself.

Training activities organized by CNND include both clinical training for doctors and paramedical personnel, and nonclinical training such as in Family Life Education and Family Planning for social workers and other social educators.

From 1976 to 1981, the following number of medical and paramedical personnel have been trained under the sponsorship of CNND with the financial assistance of the Pathfinder Fund:

	1976	1977	1978	1979	1980	1981	TOTAL
MDs	2	5	4	2	2	4	18
Nurses	40	51	6	12	13	16	138

In 1976 and 1977, there were two training sessions per year and since 1978, there has been only one session per year. These training sessions include 1 week of theory and 2 weeks of practical training for doctors, and 2 weeks of theory and 4 weeks of practical training for nurses. The instructors are CHPIEGO-trained physicians, members of the IEC/Training Service of the CNND, volunteers from the CNND Committee and others.

In 1981, in addition to one clinical training session for physicians and nurses, there was a 2-weeks training session for 20 social workers in Family Planning and Family Life Education. For 1982, it is planned to conduct the

the usual clinical training sessions and two other nonclinical training sessions as part of two "project activities."

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

The objective of this project is to train 20 educators of the FAZ so that they can include family planning education and motivation in their daily activities and distribute nonclinical family planning methods. The training session would be for 2 weeks.

(b) Training of Leaders of Women's Groups as Managers of Family Planning and Other Women's Programs

These women will be selected from officials of women's groups which are part of the "Secretariat General Charge de la Condition Feminine" to be trained during 1 week in Kinshasa in basic management principles and family planning.

(c) Conclusions and Recommendations

From this short description of past accomplishment and planned training activities, it can be seen that both clinical and nonclinical training activities of the CNND are minimal. Altogether, there is less than 2 months of actual training sessions per year.

Training of doctors and nurses, which is critical to ensure the expansion of good quality family planning service delivery, falls short of the demand. This is demonstrated by the number of requests for affiliation received by CNND (about 10 per month) and the time lag between the receipt of such requests, the training of doctors and nurses within the applying health facilities and the subsequent granting of affiliation based on the presence of trained personnel, among other criteria. This completion of the affiliation/training process can be as long as 12 months.

With the soon to be fully operational pilot clinic in Matonge, the CNND will have an appropriate setting for strengthening its training capabilities (see Appendix 1 for notes on a field visit to this clinic). IT IS RECOMMENDED THAT THE PHYSICAL AND HUMAN RESOURCES OF THE CNND CLINIC AT MATONGE BE FULLY UTILIZED ALL YEAR LONG FOR ONGOING CLINICAL TRAINING IN FAMILY PLANNING SERVICE DELIVERY. RATHER THAN SENDING TRAINEES ABROAD AT HIGHER COST, AVAILABLE ZAIREAN PERSONNEL SHOULD BE USED AS TRAINERS. THESE INCLUDE PHYSICIANS TRAINED AT JHPIEGO, BALTIMORE, AND NURSES TRAINED AT THE DOWNSTATE MEDICAL CENTER, NEW YORK, AND THE MAWA YEMO HOSPITAL, KINSHASA.

The Management Audit Report (p. 11) noted that there is also a lack of "geographical" coordination between the IEC and training activities of CNND, which results in a situation were "motivational campaigns taking place in areas where there are no clinical family planning services available or where clinical staff are trained and have contraceptives available, but there are very few clients due to a lack of notivational campaigns." IT IS THEREFORE

RECOMMENDED THAT CANDIDATES FOR TRAINING BE SELECTED AS A PRIORITY FROM AREAS WHERE THERE HAS ALREADY BEEN, OR THERE IS PLANNED TO BE, SPECIAL IEC EFFORTS, RATHER THAN TO CHOOSE THEM ON AN AD HOC BASIS.

There are, at the present time, 120 "antenna" affiliated to CNND which deliver all family planning methods (clinical and nonclinical) and 75 centers which are only supplied with nonclinical methods. Although the personnel of the "antenna" have been trained in family planning service delivery through CNND or other organizations such as the ECZ, it is unlikely that logistics or recordkeeping were included as part of the training curriculum. Many of them have been trained some years ago with little followup as to the quality of their work. It seems, therefore, that ongoing in-service training (stages de recyclage) is necessary for personnel involved in family planning service delivery to maintain high standards. Taking into account the geographic size of the country, the cost of domestic travel and per diem in Kinshasa, and the increasing number of persons who will be in need of ongoing training, it would seem appropriate to conduct training sessions in the field. In order to accomplish this, those persons trained in Kinshasa should, besides acquiring technical knowledge, be equipped with the pedagogical skills necessary for them to become trainers themselves.

IT IS THEREFORE RECOMMENDED THAT:

(i) TECHNICAL TRAINING IN KINSHASA FOR FIELD STAFF OF SERVICE PROVIDERS INCLUDE, BESIDES CONTRACEPTIVE TECHNOLOGY, BASIC ELEMENTS OF LOGISTICS, SUPPLY MANAGEMENT, AND RECORDKEEPING.

(ii) THIS TRAINING ALSO INCLUDES PEDAGOGICAL METHODOLOGY IN ORDER TO "TRAIN TRAINERS."

(iii) THESE TRAINERS CONDUCT ONGOING TRAINING COURSES IN THEIR REGIONS FOR PERSONNEL INVOLVED IN FAMILY PLANNING DELIVERY

(7) Medical and Clinical Service

The CNND is utilizing nine nurses for family planning motivation and service delivery. Among them, four are part of and paid by a FPIA project and five are members of the CNND staff (see Section on USAID/Intermediary financial projects). This section will be concerned with the description of past and proposed future activities of the five CNND nurses.

Until September 1981, the CNND was managing the family planning clinic of the Mama Yemo Hospital using its own personnel, i.e., the five nurses. When the Department of Public Health took over the responsibility for the family planning activities at the Mama Yemo Hospital (see Appendix), the five nurses were to be assigned to the CNND pilot clinic at Matonge. In the meantime, three of them were assigned to join the group of four nurses on the FPIA project to help them carry out family planning educational and nutritional activities in four sections of Kinshasa, while two others were temporarily placed in a clinic at N'djili near Kinshasa, for family planning service delivery.

At the time of the writing of this report, and with the exception of the N'djili clinic, there are no clinical family planning services directly performed by CNND personnel. Within 2 months, the five nurses will be reassigned to the CNND family planning clinic at Matonge where they will be actively involved in family planning service delivery as well as in clinical training, as mentioned in the training section. With the forthcoming opening of numerous family planning outlets belonging to the ECZ, the Department of Health and possibly other organizations, it is strongly recommended that the CNND personnel do not get directly involved in family planning service delivery in new family planning clinics other than the clinic at Matonge, which will act as a national family planning training center.

(8) Research and Evaluation Service

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

(a) Evaluation Unit

Mr. Bongwele's first major evaluation responsibility is to evaluate "needs" in terms of personnel, supplies, budgetary resources, and the "sociomedical needs of the target population" before commencing any CNND program or project. This is usually done by field visits (which are not easily accomplished in Zaire because of geographic-communications problems).

The second major responsibility of the Evaluation Unit is the evaluation of on-going activities which include: gathering of service statistics and project and program evaluation

The evaluation team reviewed CNND family planning service statistics for the years 1976 through 1981. These figures were very fragmentary in that they only covered the five large family planning clinics of Kinshasa and, in the CNND's own words, "a few antenna in the country's interior."

The figures were not clear in that they differed from year to year in counting "acceptors" and "number of visits by acceptors" and by counting all acceptors in some years and distinguishing between new and old acceptors in other years. The only valid statistical information that the evaluation team felt could be drawn from those data was a percentage distribution of the method mix by family clients for these 6 years as presented in Table 2 on the next page.

TABLE 2

Percentage Distribution of Family Planning
Acceptors, by Method
CNND, Zaire, 1976-1981

Method	76	77	78	79	80	81*
Pill	34.0	29.8	40.8	67.7	36.6	32.3
Depo-Provera	41.0	37.0	26.1	7.9	25.6	42.9
Condom	4.9	10.1	13.9	13.9	19.0	8.1
IUD	19.5	20.5	16.5	8.6	13.7	12.6
Tubal Ligation	0.6	1.8	1.9	1.5	1.6	2.8
Vasectomy	0.0	0.0	0.9	0.0	0.0	0.0
Other	0.0	0.8	0.0	0.5	3.5	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Acceptors	8,542	14,088	17,344	23,147	27,028	5,872

*January through June only.

The most striking conclusions to be drawn from these data are that Depo-Provera and pill use is roughly equal and between them account for between 60 percent and 70 percent of contraceptive use each year among acceptors. Also, condom use seems to be higher than in other African countries familiar to the evaluation team. It will be interesting to compare these figures with the results of the Contraceptive Prevalence Survey presently being conducted by Westinghouse Health Systems in certain urban areas.

The evaluation team's first comment on service statistics is that Mr. Bongwele only receives reports from about 40 percent of family planning outlets, although followup letters requesting reports are sent to those antenna who do not report. In addition, certain centers send reports monthly, others semi-annually, some annually, and many never. Even within the ECZ system, which groups over 60 different Protestant missionary organizations of varying degrees of autonomy, there is a lack of centrally coordinated service statistics collection.

The second comment is that the CNND is not financially or logistically equipped to provide blank forms for uniform data collection to all family planning outlets. Consequently, many outlets, particularly in rural areas, use their own ad hoc data collection forms.

The third comment is that CNND must prepare summary service statistics reports to its multiple donor agencies in different formats and/or at different intervals.

The CNND is presently designing a standard countrywide recordkeeping system consisting of client record forms and service statistic reports. The client record forms consist of the FICHE DE CONSULTATION (INDIVIDUAL ACCEPTOR RECORD FORM), Figure 3, The CARTE DE VISITE (ACCEPTOR APPOINTMENT CARD); Figure 4, the MODELE REGISTRE DES UTISATEURS (CHRONOLOGICAL DAILY ACCEPTOR RECORD); Figure 5, and The RAPPORT SEMESTRIEL (SEMI-ANNUAL REPORT), Figure 6. In addition, there are other forms combining logistics and service statistics information which are described in the supply section of this report, and a coupon used for a survey of the characteristics of new acceptors and IEC outreach program effectiveness (Figure 7).

This recordkeeping system, which is still under study by Mr. Bongwele and other CNND staff, is conceptually oriented in the right direction, but from the practical point of view is too complicated and expensive. Although certain individual forms standing alone are well conceived, the system is too complicated in that there are too many forms, some are confusing in that they require similar information, and some of the information required is of little program value. The system is too expensive, since the Individual Acceptor Record Form (Figure 3) is made of a thick, very large piece of expensive cardboard and on four pages provides room for only the first visit and six revisits. A simple format of this type of record can provide room for up to 20 revisits on a single front and back cardboard form (see Figures 8 and 9) as designed recently for a system in Senegal (see Friedman's Senegal Trip Report dated November 16, 1981). Furthermore, the number of forms required is too many for a country where paper and printing costs are very high.

THE EVALUATION TEAM RECOMMENDS THAT THE SHORT-TERM LOGISTICS/RECORDKEEPING CONSULTANT, REFERRED TO IN THE SUPPLY SECTION OF THIS REPORT, DESIGN A SIMPLE LOW COST, STANDARDIZED MODEL RECORDKEEPING AND SERVICE STATISTICS SYSTEM WHICH, IN KEEPING WITH ITS ROLE AS NATIONAL FAMILY PLANNING COORDINATOR, THE CNND SHOULD THEN ADOPT AS THE COUNTRYWIDE STANDARD. This should be done collaboratively between the CNND and all other major family planning providers such as the Department of Health and the ECZ. The system should be based upon the IPPF method of counting acceptors* and should be summarized for all donors in the same format and at the same interval.

The only clinic evaluation activity brought to the attention of the evaluation team was an evaluation conducted in 1979 of family planning activities in the regions of Kivu, Kinshasa, and Shaba. The Research and Evaluation Service of CNND evaluated family planning services in four centers of Kinshasa, five centers in the Shaba Region, and seven centers in the Kivu Region between June and November of that year. The methodology was to review records and interview clinic personnel and clients using standard questionnaires. Topics

*A person visiting a clinic once in a given calendar year is counted only once in that year as a "new acceptor." A person visiting a clinic once or more in a given calendar year, who had previously visited in preceding years is counted only once in that year an an "old acceptor." These and all other visits are counted separately in addition as "Total Acceptor Visits."

reviewed in the evaluation included continuation, drop-outs, new acceptor characteristics, quality of motivation activity, and general opinions toward family planning.

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

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

(i) Most clients are satisfied with the way they are treated by clinical personnel.

(ii) Regional committee presidents do not perform their assigned role of coordinating general policy.

(iii) Doctors have little time to devote to family planning.

(iv) Only a single nurse in many clinics provides family planning services. When they are absent, service stops. Lack of integration.

(v) Lack of IEC aides.

The CNND intends to perform similar evaluations of clinic performance in the regions of Bas-Zaire, Kasai, and Equateur. This type of evaluation has useful objectives and should be repeated but after improving the study design.

(b) Research Unit

The research unit is concerned with surveys and studies. All CNND surveys until now have been concerned with the abortion morbidity and mortality. The goals of all studies were to provide authorities with objective information on the sociomedical characteristics of women who have had illegal abortions, the extent of the problem, and other useful background information. The intention is to aid the decision-making process regarding the liberalization of abortion legislation and the legalization of contraception.

In 1978 a study, based on clinical records and interviews with hospitalized women was conducted in Kinshasa. In 1981 a questionnaire survey was performed among 180 female final year secondary students in the six largest cities in the country. In 1982, the International Fertility Research Program will provide assistance for conducting clinic abortion studies in Kinshasa and elsewhere in the country.

Other studies planned are concerned with Depo-Provera, the characteristics of new acceptors, and the effectiveness of outreach IEC activities. As mentioned in the IEC section of the report, data will be gathered for the latter two using the coupon system. These activities will be centralized in a future "OPERATIONS CONTROL UNIT."

(c) Comments and Recommendations

The evaluation team has the following general comments and recommendations concerning the research and evaluation service.

IN THE COMING YEARS THE DELIVERY OF FAMILY PLANNING SERVICES IN ZAIRE WILL GREATLY EXPAND, LARGELY DUE TO THE IMPLEMENTATION OF THE TWO NEW USAID PROJECTS. IF THE CNND IS TO EFFECTIVELY ASSUME ITS ROLE AS NATIONAL COORDINATING AGENCY, IT MUST HAVE COMPREHENSIVE KNOWLEDGE OF PROGRAM ACTIVITIES AND PROGRESS AT ALL TIMES. THEREFORE, AFTER THE IMPROVEMENT OF CONTRACEPTIVE DISTRIBUTION, THE SECOND HIGHEST PRIORITY MUST BE TO BUILD AN EFFECTIVE BUT LOW-COST, SIMPLE SERVICE STATISTICS SYSTEM. THIS SYSTEM SHOULD MAKE USE OF WAREHOUSE DISTRIBUTION FIGURES TO ESTIMATE CONTRACEPTIVE PREVALENCE IN ADDITION TO USING SIMPLE AND WORKABLE FORMS FOR ROUTINE COUNTING OF ACCEPTORS. IN ORDER TO IMPLEMENT THIS, ALL ROUTINE REPORTING MUST FLOW THROUGH THE CNND, WHO MAY THEN BE IN NEED OF A STATISTICAL CLERK IN THE EVALUATION UNIT. THIS WILL PERMIT MR. BONGWELE TO DEVOTE SOME OF HIS TIME TO PARTICIPATE IN THE FIELD TRAINING SESSIONS IN USE OF THE SERVICE STATISTICS SYSTEM AT THE REGIONAL AND SUBREGIONAL LEVELS. DURING THESE SAME FIELD TRIPS, HE CAN ORGANIZE REGIONAL, SUBREGIONAL, AND CLINIC LEVEL EVALUATION ACTIVITIES AS PART OF ONGOING SUPERVISION OF FAMILY PLANNING OUTLETS IN A REGULAR, SYSTEMATIC WAY.

Research activities, although necessary, should not detract from evaluation activities. Activities being planned, such as the Depo-Provera and abortion studies, should be encouraged but should not replace routine evaluation activities. Other possible program evaluation-type surveys, such as contraceptive prevalence surveys every 3 to 5 years and demographic studies, should be initiated but not necessarily implemented by the CNND. This will reinforce CNND's leadership role in promoting changes in population policy.

(9) Service de Materiel d'Approvisionnement (Supply Service)

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

(a) forecasting needs for contraceptives, equipment, office material, and clinical supplies;
(b) supply and inventory Management;
(c) warehouse management;
(d) receiving shipments from overseas, including customs clearance;
(e) office supplies and equipment management;
(f) local purchases (within Zaire);
(g) vehicle management (the CNND owns six vehicles); and
(h) "public relations," i.e., receiving visitors at the airport and helping Zairean personnel obtain passports, airline tickets, etc.

As can be seen, Mr. Misamu's responsibilities go beyond supply management; in fact, only six of the eight major responsibilities listed above can be said to fall within this area. This is no doubt due to the fact--as the evaluation team noted--that Mr. Misamu is extremely bright and capable, but since he cannot "be in all places at all times" may mean he is not always available when needed to perform his all important supply functions.

THE EVALUATION TEAM THEREFORE RECOMMENDS THAT MR. MISAMU'S DUTIES WITHIN CNND BE CONFINED TO AREAS DIRECTLY RELATED TO SUPPLY MANAGEMENT. CERTAINLY HIS "PUBLIC RELATIONS" FUNCTIONS AND POSSIBLE VEHICLE MANAGEMENT COULD BE PERFORMED BY OTHERS. THIS WILL FREE HIM TO CONCENTRATE ON SUPPLY MANAGEMENT, FOR WHICH A CONSTANT PRESENCE IS REQUIRED, AS WILL BE EXPLAINED IN THE NEXT SECTION.

D. Supply/Logistics System

1. Forecasting

Each year in March Mr. Misamu forecasts annual contraceptive requirements for the following year based largely on: (a) previous monthly distribution figures, (b) an allowance for program growth following IEC campaigns, (c) the admission of new "antenna," and (d) the admittedly incomplete reports from CNND "antenna."

IPPF headquarters in London requires that contraceptive deliveries to a country be based on the number of acceptors reported from family planning clinics. However, since these reports are incomplete in Zaire due to the number of different agencies providing services who are not under CNND administrative control, communications difficulties, and lack of a clear CNND mandate to centralize these family planning service statistics, the CNND is not able to fully justify its requests to IPPF/London in this way. IT IS THEREFORE RECOMMENDED THAT IPPF PERMIT CNND TO BASE ITS NEED FOR CONTRACEPTIVE SUPPLIES ON PAST DISTRIBUTION AND ANTICIPATED PROGRAM GROWTH--RATHER THAN STRICTLY ON SERVICE STATISTICS. THE REPORTING OF SERVICE STATISTICS, WHEN IMPROVED, CAN BE USED AS A SUPPLEMENTARY DOCUMENTATION OF SUPPLY NEEDS.

Mr. Misamu can efficiently forecast needs in this way, since he recently began preparing a monthly running analysis of stock usage and anticipated deliveries from overseas for all contraceptive methods stocked by CNND. Table 3 presents his latest analysis for December 1981. This type of analysis is excellent as it is based on "the number of months supply on hand" principle of supply management, which calculates supplies needed on hand according to what is felt to be the number of months supply of "buffer" stock (stock de tampon) needed in a particular country at each supply level (central, regional, and outlet). The evaluation team was impressed, since this is, in fact, the system of supply management which logistics advisors of the Family Planning Evaluation Division of the Centers for Disease Control usually recommend.

Without entering into great detail, the number of months supply of buffer stock required is determined by 1) establishing a minimum supply to which is added the usual lag time between placing and receiving orders, and 2) a

maximum supply which would ensure that stock is not kept on hand beyond its shelf life, which in the case of contraceptives is about 5 years. Although CNND receives all foreign shipments of contraceptives by air, because of communications difficulties and the geographic size of Zaire, a minimum 1-year national level supply is probably sufficient while the maximum should not exceed 3 years. However, as can be seen in Table 3, with the exception of the Copper T IUD, supply levels kept on hand at CNND, even when anticipated foreign shipments are added, in no case exceeds 10 months.

TABLE 3

Supply Situation
CNND, Zaire
December 1981

	Monthly Activities				Forecasts			
Contraceptive	Stock as of 12/1/81	Distributed	Received	Available 12/31/81	Average Monthly Distribution	Stock Out Forecast	Stock Ordered	Date of Probable Receipt
Depo-Provera	7.040	4.370	15,000	17.670	3.000	June 82	-	-
Noriday 0.05	96.075	20.805	-	75.270	18.000	April 82	90.000	Jan. 82
Microgynon 28	15.260	1.794	-	13.466	1.500	Sept. 82	-	-
Ovostat 28	25.594	1.527	-	24.067	3.500	June 82	-	-
Copper T	3.704	423	-	3.281	150	-	-	-
Lippes-Loop	6.633	512	-	6.121	700	Aug. 82	-	-
Emko Foam	520	388	-	132	180	Jan. 82	1.800	Jan. 82
NeoSampoon	3	509	5,000	4.494	500	Sept. 82	-	-
Condom	0	0	-	-	65,000	Nov. 81	650,000	Jan. 82
Diaphragm	0	0	0	0	0		0	

In fact, in many cases stocks are much less than 10-months supply and in the case of condoms are presently experiencing a stockout (rupture de stock). THE EVALUATION TEAM THEREFORE RECOMMENDS THAT THE BUFFER STOCK KEPT ON HAND AT CNND BE INCREASED TO A MINIMUM OF 1 YEAR AND A MAXIMUM OF 3 YEARS. THIS SHOULD SOLVE THE PROBLEM ENCOUNTERED BY FAMILY PLANNING SERVICE PROVIDERS IN ZAIRE WHO REPORT THAT THEY FREQUENTLY FIND THE CNND IS OUT-OF-STOCK OF CONTRACEPTIVE SUPPLIES (reported by ECZ, Armee du Salut, CASOP, USAID Health Systems Development Project, and CNND itself).

IT WAS FURTHER RECOMMENDED TO MR. MISAMU THAT HE MONITOR THE NUMBER OF MONTHS SUPPLY ON HAND MORE CLOSELY BY PRESENTING THIS DATA FOR EACH METHOD ON A BAR GRAPH ON A MONTHLY BASIS. IN THIS WAY TRENDS OVER TIME CAN BE SEEN AT A GLANCE, AND OVERSUPPLY OR UNDERSUPPLY SITUATIONS AT THE NATIONAL LEVEL CAN BE DEALT WITH ON A MORE TIMELY BASIS.

2. Supply and Inventory Management

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

a. Clinic Level

The logistics system of CNND is a "pull" system (Systeme de Requisition), i.e., family planning facilities throughout Zaire decide on the timing and amount of contraceptive supplies they need, based on anticipated usage. In order to accomplish, this Mr. Misamu and Mr. Bongwele of the Research and Evaluation Service, have developed a model set of forms for use in clinics to generate service statistics and monitor supply usage. They are illustrated in Figures 10, 11 and 12.

Figure 10 shows the daily tally sheet of clients seen and quantities distributed by method at the clinic level. This form is acceptable. However, it could easily be reformatted to gather the same information for an entire month on a single sheet.

Figure 11 shows a monthly summary of receipts and usage for a single contraceptive method only. It also combines a running count of contraceptives distributed to "acceptors," according to the IPPF method of counting clients. The counting system has been discussed in the previous section on the evaluation service.

Figure 12 is a nearly identical form, which also combines a count of "visits by clients." It was unclear to the evaluation team how the user of these two forms would distinguish between commodities distributed to new and old acceptors and commodities distributed in terms of "visits." More importantly, it seems the information gathered can be more easily kept on standard stock

cards for each item stored by a family planning facility. Such stock cards are continuous in time, i.e., monthly summaries can be calculated by a very simple count at any point in time; they need not be filled out again each month and from them, a monthly, semi-annual or annual report on a single sheet for all contraceptives stored can then be easily prepared (see Figures 13 and 14 for examples).

WITHOUT GOING INTO FURTHER DETAIL IN THIS REPORT AS TO THE DEFICIENCIES OF THESE FORMS, THE EVALUATION TEAM RECOMMENDS THAT A LOGISTICS/RECORDKEEPING EXPERT BE ASKED TO WORK WITH CNND IN THE REDESIGN OF THESE FORMS AND, IN GENERAL, SIMPLIFY THE SYSTEM. THIS MUST BE IN CONJUNCTION WITH MR. MISAMU, WHO SEEMS TO HAVE THE RIGHT IDEAS BUT NOT ENOUGH EXPERIENCE IN THIS AREA. THE NEW FORMS COULD THEN BE PROPOSED BY CNND FOR USE BY ALL FAMILY PLANNING FACILITIES IN ZAIRE AND PERSONNEL TRAINED TO USE THEM.

b. National Level

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

Moreover, Mr. Misamu has developed a simple, efficient system of forms for use in distributing supplies from the national level to clinics: Figure 15 is a clinic requisition form, Figure 16 an issue voucher (Bon de Sortie) for use at the national warehouse, and Figure 17 is a shipping advice and receipt form. He has also designed additional forms for his own use to monitor national level inventory (not shown).

The evaluation team was impressed with Mr. Misamu's knowledge of logistics and supply management. However, his assigned tasks are many, and since he must personally oversee each individual issue of commodities from the CNND warehouse, his occasional absences for other duties have meant that persons coming from the field have not always been able to obtain wanted items. In addition, Mr. Mwamba, the Executive Director of CNND, is also required to personally approve each issue. A further potential barrier is that the main CNND storage facility is the warehouse of the Mama Yemo Hospital in Kinshasa whose managerial staff is occasionally absent. Therefore, though each one by itself is not a major barrier, all of the following must be in place for a busy person with limited time, who has come to Kinshasa to quickly attend to a variety of errands to obtain contraceptive supplies:

Item in stock
Mr. Misamu present
Mr. Mwamba present
Warehouseman present

It is therefore understandable that it is frequently difficult to obtain contraceptive supplies from CNND on short notice. This problem will become even greater once CNND becomes the national level coordinator, and the amount of supplies distributed on a daily basis becomes much larger than at present. THE EVALUATION TEAM STRONGLY FEELS THAT THE SUPPLY SERVICE SHOULD BE STRENGTHENED BY ADDING A FULL-TIME SHIPPING CLERK (COMMIS D'EXPEDITION) WHO WOULD BE DELEGATED FULL AUTHORITY FOR DAILY, ROUTINE ISSUING OF COMMODITIES FROM THE MAMA YEMO WAREHOUSE AND THE SMALLER STORAGE AREA IN THE CNND OFFICE. HE SHOULD BE PERMANENTLY STATIONED AT THE MAMA YEMO WAREHOUSE WITH AUTHORITY TO ISSUE SUPPLIES ON HIS OWN TO BONA FAMILY PLANNING SERVICE PROVIDERS WITHOUT ROUTINELY REFERRING TO MR. MISAMU OR MR. MWAMBA. AT THE END OF EACH DAY HE CAN SUMMARIZE HIS ACTIVITIES BY, FOR EXAMPLE, REVIEWING ALL ISSUE VOUCHERS (CONS DE SORTIES) WITH MR. MISAMU, WHO SHOULD THEN CONCENTRATE ON OVERALL SUPPLY MANAGEMENT, FORECASTING AND RESPONDING TO REQUESTS FOR SUPPLIES RECEIVED BY MAIL. MR. MWAMBA SHOULD NO LONGER BE REQUIRED TO APPROVE ALL ROUTINE ISSUES FROM THE WAREHOUSE.

3. Warehouse Management

The Mama Yemo warehouse is physically one of the best the evaluation team has seen in a developing country; it is clean, wellorganized, all goods are stocked on pallets, and it is equipped with forklift trucks. A minor comment is that contraceptive supplies are stored at one end of the building which is slightly warmer than the other end, since a group of air conditioners exhaust into the building interior at this point. The contraceptives should be moved elsewhere.

The CNND should be careful to ensure that they retain administrative control over supplies stored in this facility, which belongs to another organizaton. Although problems have not yet occurred, once CNND is receiving and distributing large amounts of supplies in its expanded role as national supply coordinator, problems of space, access, and relations with the Mama Yemo warehouse staff could develop. If this happens CNND should obtain its own warehouse facility or consider using the storage facilities of the DCMP, the national pharmaceutical supply agency.

4. Transport of Commodities

Organizations providing family planning services, particularly church missionary groups, provide their own air transport from Kinshasa to the field. Transport by surface, except to the Bas-Zaire Region west of Kinshasa, is in many cases unreliable. However, as CNND expands its distribution services, it will be called upon more and more to arrange and/or finance the shipping of family planning commodities from Kinshasa to the field. Two major problems will then arise.

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

The evaluation team found that these problems have been resolved to some extent by the Expanded Programme of Immunization (Programme Elargi de Vaccination-PEV) and Fonds Medicals Tropicals (FOMETRO), part of Belgian Medical Technical Assistance. Both organizations ship drugs and vaccines by air freight and ensure security by stationing on the day of shipment at the origin and destination airports two of their responsible officials, who are in communication with each other by portable radio/telephone. FOMETRO also uses road and river/rail transport in certain cases.

It is recommended that the short-term logistics consultant, together with Mr. Misamu, meet with Dr. Kalisa of PEV and Dr. Rupol of FOMETRO to investigate the different means of shipping to the different regions and subregions of Zaire. Both organizations expressed to the evaluation team a willingness to permit CNND shipments to make use of their shipping and logistics system if CNND shared air freight costs. A similar offer was made by the DCMP, the Ministry of Health storage and shipping organization which, in addition, said it could store CNND commodities. However, most of the informed persons the evaluation team spoke with said the DCMP is less reliable than the PEV or FOMETRO organizations. Nonetheless, a logistics consultant could also investigate this further possibility.

The second major problem is financing transport. This problem does not present itself for the family planning clinic outlets in the AID-ECZ Basic Rural Health Project areas. Similarly, it could be easily resolved for the 13 urban centers to be covered in the USAID urban family planning project by making a small line item provision for air freight in this project's budget.

The evaluation team feels the best solution to ensure proper coverage of facilities not supplied by the above two projects is to provide CNND with a small operating budget, either from a reallocation of IEC budgetary resources or, if this is impossible in the immediate future, from a small, temporary IPPF or USAID subsidy. This amount should not be more than $3,000 per year, yet it would insure that there are no further breaks in the countrywide contraceptive supply system.

V. USAID INTERMEDIARY-FINANCED PROJECTS

The following agencies are conducting the following ongoing small-scale projects in collaboration with CNND:

1. <u>The Pathfinder Fund</u>:

   a. Providing funds for training of medical and paramedical personnel--1976 to present.

   b. Financing of staff salaries, office expenses, equipment and operating expenses--CNND-Kivu Regional Committee--1981 to present.

   c. Similar to (2) above in Shaba Region--1977 (project failed for organizational reasons after 6 months).

2. Family Planning International Assistance (FPIA)

   a. Renovation and equipment--Matonge Clinic Training Center.
   b. Provision of salaries of four nurses doing outreach motivational work.

3. International Project--Association for Voluntary Sterilization (IP-AVS)

   a. Renovation, equipment, salaries, and operational costs for four university-affiliated clinics in Kinshasa for teaching and provision of mini-lap and laparoscopic sterilization services.
   b. Organization of two seminars on tubal ligation and vasectomy.
   c. Financing of training of physicians in Tunisia in sterilization.

The major problem related to these small-scale projects is that they are not integrated into a definite administrative, financial and planning structure within the CNND. Nevertheles, those projects which provide for one-time equipment or building renovation assistance, in fact, have a long-term positive effect. This is the case with the FPIA project at the Matonge clinic and the IP-AVS project at the four university clinics. Also, those projects providing for training are extremely useful. HOWEVER, THE EVALUATION TEAM RECOMMENDS THAT, TO THE EXTENT POSSIBLE, TRAINING ABROAD SHOULD BE DISCONTINUED IN FAVOR OF MORE COMPREHENSIVE TRAINING EFFORTS WITHIN ZAIRE.

IN ADDITION, THOSE PROJECTS WHICH ARE CONCERNED WITH 100 PERCENT FINANCIAL SUPPORT FOR ONGOING PROGRAM ACTIVITIES, SUCH AS THE PATHFINDER FUND'S SUPPORT FOR THE STAFF OF CNND'S REGIONAL COMMITTEES, ARE NOT RECOMMENDED. THEY DO NOT HAVE A LONG-TERM POSITIVE EFFECT, SINCE THEY ARE SUBJECT TO RATHER SUDDEN TERMINATION AS IN THE CASE OF THE SHABA REGIONAL COMMITTEE PROJECT IN 1977.

VI. FUTURE ROLE OF CNND

There is reported, though undocumented, unmet need for family planning services, including female sterilization in Zaire. Although not methodologically quantitated, this was reported by almost all persons contacted by the evaluation team. The Contraceptive Prevalence Survey presently being conducted should quantify this unmet need at least for the urban areas being surveyed.

Consequently, the principal role of CNND should be to assist agencies meet this demand. However, the CNND has not fully accomplished this until now for two major reasons:

(1) The CNND has been putting its program emphasis on IEC activities, which only tend to create rather than satisfy demand.

(2) CNND's efforts to meet this demand, in terms of providing contraceptive supplies, has been impaired because of managerial weaknesses and insufficient emphasis on providing trained personnel to oversee distribution at the clinic level.

On a national scale, in order to most effectively satisfy the demand for family planning services, the most immediate role of the CNND should be to provide coordination in the following areas:

(1) Ensuring effective nationwide contraceptive supply within an expanding program to a wide diversity of family planning service providers in a difficult geographic/logistics context.

(2) Gathering of uniform service statistics to provide ongoing program monitoring and evaluation.

(3) Strengthening the training of personnel within Zaire.

(4) Organizing regular working meetings between all major family service providers such as the Department of Public Health, ECZ, the Armee de Salut, UNTZA, Condition Feminine, the Catholic Church and others to (a) coordinate general policy and establish technical-clinical guidelines for service delivery, and (b) to permit CNND to more closely monitor family planning activities of these agencies.

In addition, ongoing IEC activities should continue as recommended in the body of this report, i.e., with concentration on utilizing the national mass media and orienting messages toward specific target groups. At the local level, motivation and education activities should be left to family planning service providers, including reliance on interpersonal communication. This will call for the CNND to make the following adjustments:

(1) CNND's program policies should be made more in line with its original objective and responsibilities, particularly the second, third, and fifth stated responsibilities which stresses the coordination role of the CNND in family planning service delivery.

(2) The organizational structure of the CNND should be strengthened as recommended in the body of the report, and should reflect a functional linkage between the supply and evaluation services and separation of training from IEC activities.

(3) Similarly, the existing services should adjust their personnel needs in keeping with the proposed new responsibilities of the CNND. Specifically, clerical level personnel will be needed in the Supply and Research/Evaluation Services. Whether these persons will be provided by reassignment of existing personnel or the hiring of new personnel is to be decided by the CNND.

(4) In the same sense, the CNND budget should reflect the greater emphasis to be placed on supply, evaluation and training, and a lesser emphasis on IEC activities not directly concerned with national level mass media.

In the long run, the CNND should broaden its role to include acting as the Government's major resource and adviser on formulating a National Population Policy. This would mean going beyond its present role (which for the moment is rightly confined to family planning activities) in order to stimulate government awareness of the implications of unchecked population growth on the social and economic development of the country.

Jay S. Friedman

Jay S. Friedman, M.A.

APPENDIX

A. Notes on a Visit to the Matonge Clinic, Kinshasa

The Matonge clinic is located in a heavily populated area of Kinshasa. The building, which belongs to the Ministry of Social Affaires has just been renovated, and it provides comprehensive MCH services, including family planning, pre- and postnatal care, immunizations, nutrition, and social services. The clinic is run by CNND with financial assistance from FPIA and is geared to become the pilot center of CNND for family planning training. Physical facilities devoted to family planning activities include:

> 1 large room for family planning education/motivation, examining rooms, 2 rooms for IUD insertions, 1 room for recordkeeping, 1 large class room, 1 operating theater for tubal ligations, and 1 recovery room. It is planned to add a 40-bed clinic.

At the present time, the clinic is directed by Dr. N'tumba, who will be attending a JHPIEGO training course in Baltimore in February 1982. When it becomes fully renovated and equipped in March 1982, three additional physicians will be assigned to the clinic. At that time all family planning services will be provided, including tubal ligation. A limited amount of services have been provided since June 1981. At the present time, about 15-20 women per day are served.

At the time of our visit on February 2, 1982, we were impressed by the number of women (100 plus) who were attending an educational/motivational session on malaria prevention and family planning. The nurse directing the session seemed to be wellequipped with visual teaching aids.

The evaluation team was impressed with the physical facilities and the competence of the personnel working in this facility, particularly the Medical Director. It is felt that this type of facility is ideal to offer the practical type of training in family planning service delivery necessary for CNND to fulfill one of its principal objectives.

B. Notes on a Visit to the Mama Yemo Family Planning Clinic, Februry 2, 1982

Description:

The Mama Yemo Family Planning clinic is located on the grounds of the Mama Yemo Hospital, the largest in Zaire, and is under the direct responsibility of the OB-GYN Department of the Hospital. The clinic is run by eight nurses, among whom two have been trained by the CNND. The clinic offers a variety of contraceptive services ranking--by acceptors' preference--as follows: Depo-Provera, the pill, condom, IUDs, and foam. The clinic is well known by the Kinshasa female populace. There are about 2,500 visits/months, and in 1981 the clinic served a total of 9,133 acceptors. Special cases such as tubal ligation or IUD complications are referred to the hospital OB-GYN Department. Only family planning services are offered. About 60-80 women per week are served by daily family planning education/motivation sessions.

The clinic receives its supplies twice per month from CNND. Occasional stockouts (ruptures de stock) of Depo-Provera have been experienced. A well

conceived recordkeeping system has been developed for service statistics and supply management. One of the eight nurses is assigned to recordkeeping on a rotating basis. Client cards were filed by client number, and acceptors are counted according to the IPPF methodology. Pill acceptors are given one cycle at the first visit and six cycles on subsequent visits. In the chronological clinic register, the recordkeeping nurse notes in advance of each day's operation the date for the next resupply visit of pill users who have been given one or six cycles. This is calculated on the basis of 28 or 168 days, less a 7-day safety margin after the beginning of her next period.

Problems Encountered

The most striking problem encountered at the clinic was the poor state of the building, which is separated from the main hospital building. It has not been painted for years, and curtains are missing--most importantly from the IUD insertion rooms. As a consequence, IUD insertions can be witnessed by passers-by. In addition, there were no drugs available to treat side effects. These are not provided by the hospital, since the hospital staff considers the clinic as being supported by IPPF whereas IPPF provides contraceptives but no backup drugs. There is also a shortage of the record forms that are provided by CNND, since these are printed in Nairobi. There are almost no visual aids for IEC activities (three very small, out-dated flip-charts), and the clinic is running out of filing cabinets.

FIGURE 1

ORGANOGRAM
CNND-ZAIRE

Present System

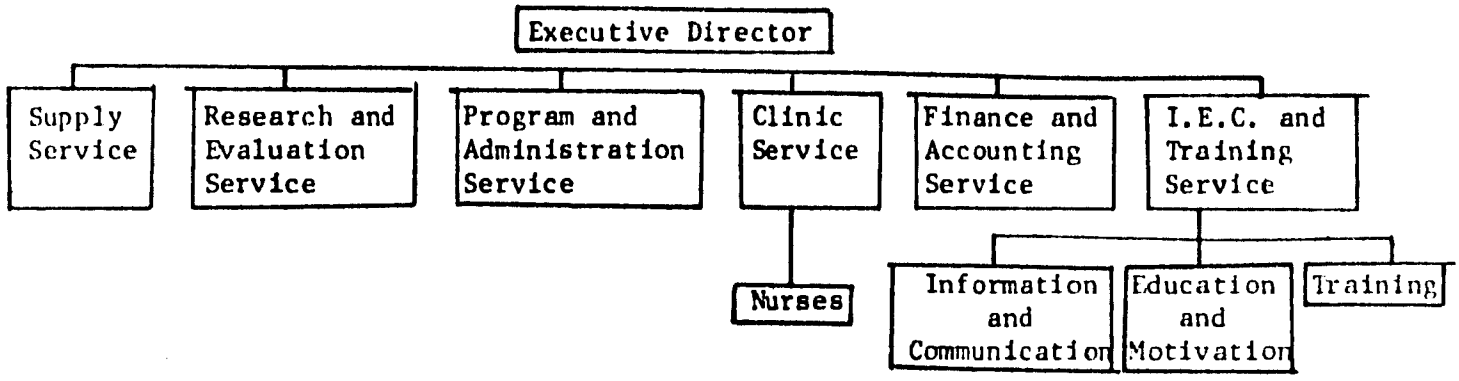


FIGURE 2

ORGANOGRAM
CNND-ZAIRE

Proposed Structure

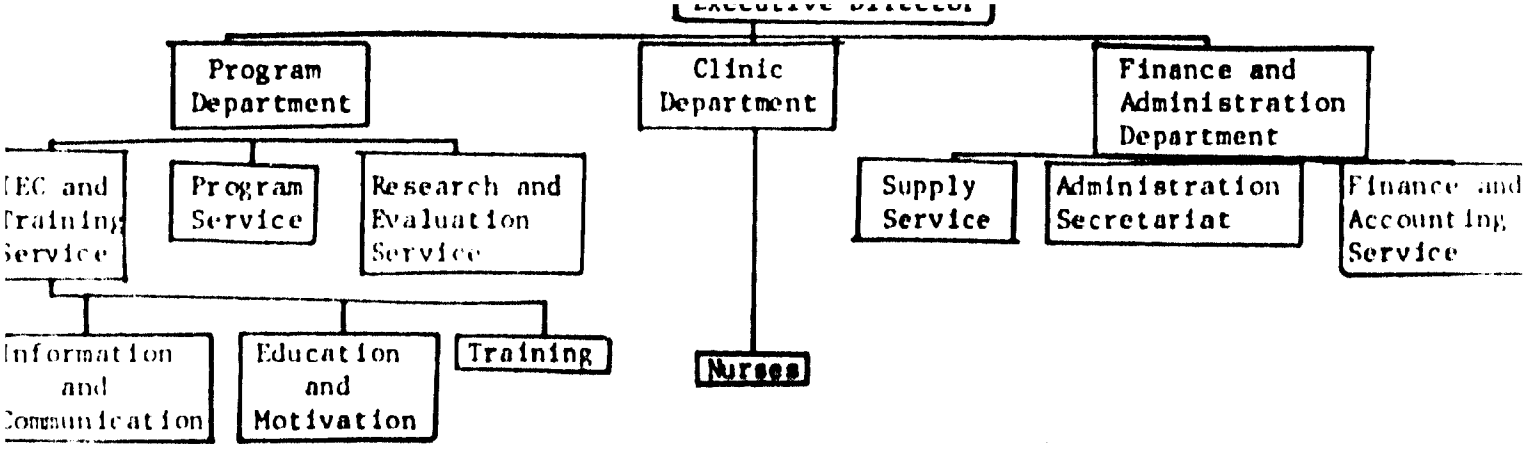


FIGURE 3

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

FICHE DE CONSULTATION.

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

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

ADDRESSE (Zone, Localité, n°).....

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

NIVEAU D'INSTRUCTION

Illettré	1	Secondaire	3
Primaire	2	Supérieur	4

RELIGION

Catholique	1	Musulmane	4
Protestante	2	Autre.....	5
Kimbanguiste	3	Sans Religion	6

REGIME MATRIMONIAL

Marié (e)	1	Divorcé (e)	4
Célibataire	2	Union de fait	5
Veuve	3		

SOURCE D'INFORMATION

Ami ou membre de famille	1
Mass Média (T.V., Radio, Journal)	2
Staff médical	3
Autre.....	4

STATUT PROFESSIONNEL

Du Mari.....

De la Femme.....

RAISON POUR LA CONTRACEPTION

Espacement	1
Santé de la mère	2
Mettre fin à l'accroissement familial	3

Nombre d'Enfants vivants.....

Parité.....

Césariennes.....

Date de la dernière grossesse.....

ISSUE DE LA DERNIERE GROSSESSE

Naissances vivantes	1
Mort – né	2
Avortement provoqué	3
Avortement spontané	4
Grossesse intégrée	5

FIGURE 3 (Continued)

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

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

*Biffer la mention inutile

FIGURE 3 (Continued)

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

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

*Biffer la mention inutile

FIGURE 3 (Continued)

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

* Biffer la mention inutile

FIGURE 4

FRONT

ABEF / ZAIRE

No. . . . . /. . . . . .

CARTE DE VISITE

Esengeli Mama apemisa nzotu yambo te azwa zemi mosusu. Wana akotombola bokolongonu bwa yee mpe bwa libota mobimba.

NOM: . . . . . .

POST NOMS: . . . . . .

EPOUSE DE: . . . . . .

ADRESSE: . . . . . .

: . . . . . .

Date . . . . . .

Omema yango mbal' 'nso okoya visite

BACK

Date	Pilule	D.I.U.	Depo-prov	Creme	Condom	Autre	Observation	Rendez-vous

N B Cochez da a case la methode reçue à la visite

FIGURE 5

MODELE REGISTRE DES UTILISATEURS

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

FIGURE 6

SERVICE DE RECHERCHES
ET EVALUATION
COMITE NATIONAL DES NAISSANCES DESIRABLES
B.P. 15.313
KINSHASA I.-

RAPPORT SEMESTRIEL

CENTRE DES NAISSANCES DESIRABLES DE .....
REGION DE .....

UTILISATEURS OU ACCEPTANTS

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

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

FIGURE 7
Study of Characteristics of New Acceptors
Mini-Etude Caracteristiques Nouvelles Acceptantes

FRONT

REPUBLIQUE DU ZAIRE
COMITE NATIONAL DES NAISSANCES DESIRABLES
B.P 15.313 KINSHASA

COMITE REGIONAL DE .....

PARTIE I
A Utiliser Lors du Premier Contact

1 Nom et Post Nom .....
2 Age .....
3 Adresse (complète) .....
4 Nombre d'enfants en vie .....
5 Niveau d'instruction .....
6 Etat Civil .....
7 Profession du Conjoint .....
8 Date de remise du coupon .....
9 Type de contact
Visite à domicile ☐ Séance de cinéma ☐
Discussion en groupe ☐ à la clinique ☐
10 Nom de l'Assistante sociale*** .....

*** ou de l'infirmière

N°

A REMPLIR PAR L'ASSISTANTE

REPUBLIQUE DU ZAIRE
COMITE NATIONAL DES NAISSANCES DESIRABLES
B.P 15.313 KINSHASA

COMITE REGIONAL DE .....

PARTIE III
A Remplir Lors de la Seconde Visite

1 Nom et Post Nom .....
2 DIU
En place ☐ Retiré ☐ *
Expulsé ☐ Jamaise en place ☐ *
3 Pilule Oui Non
prend toujours ☐ ☐ *
commence à prendre ☐ ☐ *
4 Autre méthode .....
Oui Non
commence à utiliser la méthode ☐ ☐
5 Problème particulier (plaintes)** .....
6. Nom de l'Assistante Sociale*** .....

* Expliques pourquoi au verso du coupon
** Spécifiez la plainte
***Ou de l'infirmière

N°

PARTIE FACULTATIVE

REPUBLIQUE DU ZAIRE
COMITE NATIONAL DES NAISSANCES DESIRABLES
B.P 15.313 KINSHASA

COMITE REGIONAL DE .....

PARTIE II
Ce Coupon vous Donne Acces à la Clinique du CNND
*Clinique ou hôpital de .....
1. Nom et Post Nom .....
2 Age .....
3 Adresse (complète) .....
4 Nombre d'enfants en vie .....
5. Niveau d'instruction .....
6. Etat Civil .....
7 Profession du Conjoint .....
8. Date de la remise du coupon .....
9 Type de contact
Visite à domicile ☐ Séance de cinéma ☐ Discussion en groupe ☐ à la clinique ☐
Autre (precises) .....
10 Nom de l'Assistante sociale ou l'infirmière .....

N°

A REMPLIR LORS DU PREMIER CONTACT

BACK

INFORMATIONS SUPPLEMENTAIRES

RESERVE A L'USAGE CLINIQUE

1. Méthode acceptée
DIU ☐ PILULE ☐
DEPO ☐ LIGATURE ☐
Autre précises .....
2 Méthode déjà utilisée
Non ☐
Oui ☐ laquelle .....
3 Date d'acceptation .....
4 No de fiche médicale .....
5 Nom de l'infirmier(ière) ou du médecin .....

A ENVOYER A LA SECTION EVALUATION

INFORMATIONS SUPPLEMENTAIRES

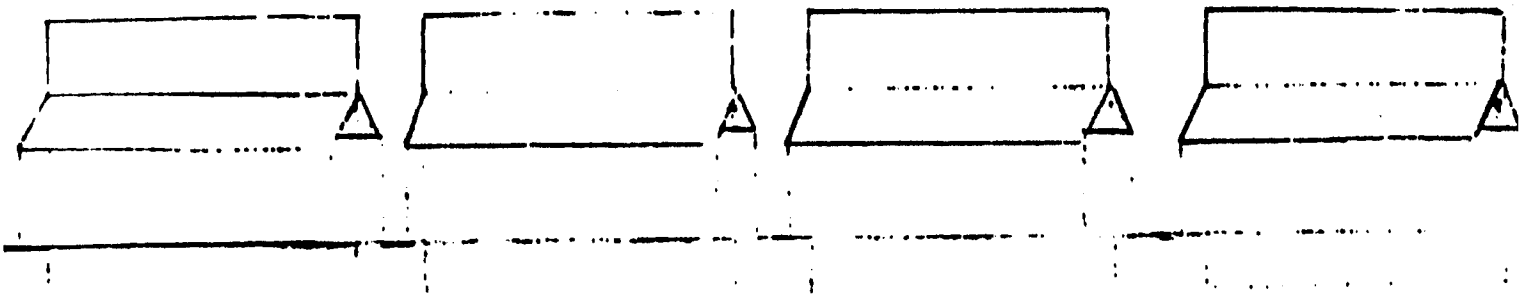
A ENVOYER A LA SECTION EVALUATION

INFORMATIONS SUPPLEMENTAIRES

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

FIGURE 8

RECTO



PLANIFICATION FAMILIALE FICHE DE CONSULTANTE NO._____

ADRESSE PROFESSIONELLE DU MARI_____

NOM ET PRENOMS_____ ADRESSE (DOMICILE)_____

AGE_____ DATE ACTUELLE___/___/___ SITUATION MATRIMONIALE_____

GROSSESSES_____ AVORTMENTS_____ MORT-NES_____ ENFANTS DECEDES_____ ENFANTS VIVANTS_____

(1) ANTÉCEDENTS PHYSIOLOGIQUES: MENARCHE_____ REGULARITE_____ ABONDANCE_____

DUREE_____ DATE DES DERNIERES REGLES_____ DYSMENORRHEE_____ METORRHAGIE_____

(2) ANTECEDENTES: PATHOLOGIQUES_____ CHIRUGICAUX_____ HEREDITAIRE_____

(3) EXAMEN CLINIQUE: TENSION ARTERIELLE_____ COEUR_____ POUMONE_____

SEINS_____ ABDOMEN_____ THYROIDE_____ VARICES_____

OEDEMES_____ RECHERCHE DE GANGLIONS_____

(4) EXAMENS COMPLEMENTAIRES: ALBUMINE_____ SUCRE_____

HEMATOCRITE_____ BW_____ GS Rh_____

(5) EXAMEN GYNECOLOGIQUE:

(A) ORGANES DES ANNEXES_____

(B) SPECULUM: (1) VAGIN: LESIONS_____ PERTES_____

(2) COL: COULEUR_____ POSITION_____ LESIONS (EROSION, KYSTES, LACERATIO

(C) LE TOUCHER

(1) UTERUS: TAILLE_____ ORME_____ POSITION_____

MOBILITE_____ SENSIBILITE_____

(2) ANNEXES: OVAIRES (DROIT)_____ OVAIRES (GAUCHE)_____ RECTO-VAGINAL

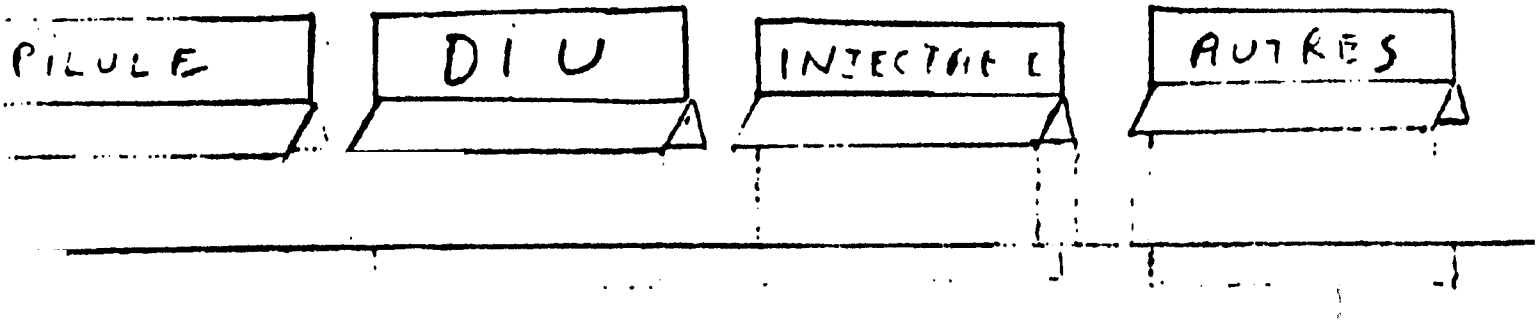
(D) PRELEVEMENTS: FROTTIS VAGINAL_____ FROTTIS DE PAP_____ GONNOCOQUE_____

(6) METHODE CONTRACEPTIVE: PILULE_____ DIU_____ DIAPHRAGME_____

INJECTABLE_____ CONDOM_____ AUTRE_____

FIGURE 9

VERSO



CENTRE DE _____ NOM _____ NO. _____

VISITES							
DATE	UNITES FOURNIES	POIDS	T.A.	DATE DERN. REGS.	DATE FIN DERN. GROS.	OBSERVATIONS	DATE DE PROCHAIN RENDEZ-VOUS

FIGURE 10

COMITE NATIONAL DES NAISSANCES DESIRABLES
B.P. 15.313
KINSHASA I

UTILISATION JOURNALIERE DES CONTRACEPTIFS DANS LES CENTRES

DATE .....31.12.82.....
CENTRE .....MAMA Yetu.....
REMPLI PAR .....

METHODE	QUANTITE UTILISEE		OBS
	NOUVEAUX CAS	ANCIENS CAS	
1. NORIDAY 0,05		6 6 6 1 6 6 6 1 6 6 6 6 1 6 6 6 6 6 1 6 6 6 6 6 6 6 6 6 6 6 6 6	
2. DEPO-PROVERA	1-1 ?	HH HH HH HH 1 HH HH HH HH 1	
3. OVOSTAT	1	6 - 3 - 3 6 - 5 - 4	
4. DIU	TC TL 1 1	TC TL III 2	
5. MICROGYNON	1 1		
6. NEO-SAMPOON	1	1	
7. CONDOM			
8. DIAPHRAGM			

N.C. : .....9.....
A.C. : .....14.....
TOTAL : .....23.....

FIGURE 11

COMITE NATIONAL DES NAISSANCES DESIRABLES
B.P. 15.313
KINSHASA I

RESUME DES CONTRACEPTIFS UTILISES PAR CHAQUE CENTRE

Chaque centre garde une fiche d'utilisation pour chaque CONTRACEPTIF se trouvant dans le stock. A la fin du mois une copie est envoyée au DISTRIBUTEUR PRINCIPAL.
Les quantités seront toujours notées en UNITES DISTRIBUEES AUX CLIENTS.
CENTRE .....101..... CONTRACEPTIF .....DCP-Lavage ~~[illegible]~~ X

	ENTREE	DATE	ANCIENNE BALANCE	RECU	N° BON DE SORTIE	DISTRIBUES	NOUVELLE BALANCE	ACCEPTES 1 N	ACCEPTES 2 A
	1	5/1/70						+	+
		31/1/70							
TOTAL MOIS								+	+

POUR VERIFIER LA DERNIERE NOUVELLE BALANCE :
Première Ancienne Balance + Total Reçu - Total Distribué = Dernière Balance.

1. Nouvelle
2. Ancienne

FIGURE 12

Annexe 3

RESUME DE CONTRACEPTIFS ET VISITES ENREGISTREES

Centre de ..... Type de contraceptif .....

Mois de .....

Entrée	Date	Ancienne Balance	Reçu	N° de Bon ou Réquisition	Distribué aux Acceptants	Nouvelle Balance	Visites Enregistrées
1.							
2.							
3.							
4							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
Ad							

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

Dépo-provera → en dose
Pilule → en cycles
Stérilet (DIU) → en pièces
Condom → en pièces

FIGURE 13

CARTE DE STOCK

SOLDE MINIMUM ..... SOLDE MAXIMUM .....

PRODUIT : ..... ~~FICHE~~ N° .....

CONDITIONNEMENT : .....

Imp. Gutenberg Dakar

ENTRÉES			SORTIES			STOCK
DATE	PROVENANCE	QUANTITÉ	DATE	DESTINATAIRE	QUANTITÉ	

FIGURE 14

PR-3

RAPPORT D'ACTIVITES POUR LE MOIS DE _____ 19__

CENTRE DE _____

RESPONSABLE _____

PLANIFICATION FAMILIALE

A. VISITES DE CONSULTATION

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

B. NOMBRE DE CONSULTANTS ACTIFS

PILULE	DIU	INJECTABLE	AUTRES	CONDOM HOMMES	TOTAL

C. APPROVISIONNEMENT ET CONSOMMATION

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

FIGURE 15

COMITE NATIONAL
DES NAISSANCES DESIRABLES

SERVICE du MATERIEL et
APPROVISIONNEMENT

FICHE D'ETAT DE BESOIN à L'USAGE
des CLINIQUES

CENTRE : ..... DATE : .....

Description du Matériel	Quantité demandée	Quantité fournie	Observations
NORINYL 0.05			
NORINYL 0.08			
Sterilet A B C D (1)		-	
Diaphragme			
Condom			
Depo-Provera			
Crème spermicide			
Orasiat - 28			
AUTRES DEMANDES (2)			
a)			
b)			
c)			
d)			
e)			

(1) Biffer la mention inutile.
(2) Souscrire les autres besoins sous-rubrique a) b) c) et d)

Pour Réception conforme — Chef de Service de Nursing — Chef de Service du Matériel et Approvisionnement

FIGURE 16

COMITE NATIONAL
DES
NAISSANCES DESIRABLES
B.P. 15313 Kin I

Bon de Sortie - Magasin

N°

CENTRE

ARTICLES	Quantité demandée	Quantité fournie	Observations

Sndimco 155537

Date

Pour réception conforme

SIGNATURES

du demandeur	de l'Administrateur	du magasinier

FIGURE 17

SERVICE DE MATERIEL ET APPROVISIONNEMENT

COMITE NATIONAL DES NAISSANCES DESIRABLES.-

AVIS D'ENVOI DU MATERIEL ET ACCUSE DE RECEPTION.

VOTRE ADRESSE	DESTINATAIRE	ENVOI N°	SUIVANT VOTRE COMMANDE
COMITE NATIONAL DES NAISSANCES DESIRABLES B.P. 15.313 KINSHASA I		DATE :	Référence: .....

Le matériel decrit ci-dessous vous arrive très bientôt par avion, poste, route, bateau, porteur (Nom .....)
A la reception de ce matériel, prière de retourner à l'adresse su-mentionnée l'un des formulaires dûment signé et de nous signaler immédiatement dans quelle condition ce matériel vous est arrivé en mettant une croix dans le cage approprié.

DESCRIPTION DU MATERIEL	QUANTITE	ACCUSE DE RECEPTION
		[ ] Le matériel nous est arrivé en très bonne condition. [ ] Nous avons ~~constaté~~ la perte ou l'endommagement de (1) ..... /..... [ ] Le matériel ne nous est pas parvenu

(1) Biffer la mention inutile.

NOM ET SIGNATURE DU BENEFICIAIRE.