



intraH

Trip Report

0-411

Travelers: Miss Pauline Muhuhu, INTRAH/ESA Director

Country Visited: ZIMBABWE

Date of Trip: November 1 - 7, 1986

Purpose: To attend Conference on CBD and
Alternative Delivery Systems.

DPE-3031-C-00-4077

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* On file with INTRAH Program Office

EXECUTIVE SUMMARY

INTRAH/ESA Director Miss Pauline Muhuhu visited Zimbabwe from November 1-7, 1986 to participate in a Community-Based Distribution and Alternative Delivery Systems Conference. Miss Muhuhu represented INTRAH at the Conference attended by 120 representatives from 30 sub-Saharan African countries and donor agencies. The Conference endorsed encouragement of policy makers to support innovative alternative family planning delivery systems in order to have family planning services available and accessible to all communities. Representatives from each country developed plans for implementing or expanding Community-Based Distribution/Alternative Delivery Systems programs in their countries using information and lessons learned during the Conference.

In addition to participation at the Conference, Miss Muhuhu contacted several individuals from countries with whom INTRAH has or plans to have collaborative activities. Of special mention is Dr. Esther Boohene, Program Coordinator, Zimbabwe National Family Planning Council and Ms. Frances Giddings, WHO/UNFPA Consultant in Harare.

Discussions with Dr. Boohene resulted in delineation of INTRAH technical assistance required in 1987/88. Ms. Giddings provided useful information to guide INTRAH in coordination with WHO on the Nurses/Midwives Pre-service and In-service Project.

SCHEDULE OF ACTIVITIES

November 1
1:00 p.m. Arrived in Harare.
7:00 - 9:30 p.m. Met with Nigerian and Swazi participants attending Clinical Skills Workshop at Zimbabwe National Family Planning Council.

November 2 Visited Resource Centre.

November 3 - 7
Attended Community-Based Distribution and Alternative Delivery Systems Conference.
Met with ZNFPC Program Coordinator, Dr. Esther Boohene and Training Unit Head Mrs. Lucy Botsh.
Met with Maternal and Child Health Director, Dr. Janet Banda.
Met with Nigeria Nurse/Family Planning Trainer, Mrs. Grace Delano
Met with Dr. Boohene and AID/W Office of Population Associate Director, Ms. Barbara Kennedy and REDSO/ESA Population Officer, Mr. Arthur Danart.
Met with WHO/UNFPA Consultant, Ms. Frances Giddings.

November 8
2:00 p.m. Departed for Nairobi.

I. PURPOSE OF TRIP

The purpose of the trip was to participate in a Conference on Community-Based Distribution and Alternative Delivery Systems in Sub-Saharan Africa.

The main objective for the visit was to represent INTRAH at the CBD/ADS Conference following an invitation from the Center for Population and Health, Columbia University and the Zimbabwe National Family Planning Council (ZNFPC).

Additional objectives included:

- Meeting with INTRAH-sponsored Nigerian and Swazi nurses to a ZNFPC family planning clinical service delivery skills workshop in order to obtain their impressions of the course and their anticipated post-training responsibilities.
- Making contacts with representatives from Anglophone Africa countries with whom INTRAH has or plans to have projects.

II. ACCOMPLISHMENTS

A. Conference-Related Activities

The objective related to the CBD/ADS Conference was adequately met. Miss Muhuhu attended all conference sessions as per conference schedule. During the development of country CBD workplans, Miss Muhuhu worked with the Kenya group.

B. Accomplishments related to other objectives

1. On November 1, 1986, Miss Muhuhu met with Ms. Thonkozile Mncina (Swaziland), Mrs. Elizabeth Momudu (Nigeria), and Mrs. Lydia Orpin (Nigeria) at the Jameson Hotel, all of whom had just completed a six-week clinical skills workshop at ZNFPC. Participant Biodata and Reaction forms were collected. The three briefed Miss Muhuhu on their performance at the workshop and Miss Muhuhu advanced the two Nigerians US \$100 each as part of their transit allowance to enable them to buy Lagos to Ma'urdi air tickets.

2. On November 6, 1986, Miss Muhuhu met with ZNFPC Program Coordinator Dr. Esther Boohene and Training Unit Head Mrs. Lucy Botsh. The group discussed ZNFPC needs for which INTRAH technical assistance is requested. April 27, 1986 was decided upon as the next INTRAH visit to Harare.
3. During the week, Miss Muhuhu also met with Zambia MCH/MOH Director Dr. Janet Banda. FP training needs were discussed. Miss Muhuhu agreed to provide more information about INTRAH.
4. The status of the Nigerian Clinical Skills Procedures Manual which has been drafted with UNFPA funding was discussed with Mrs. Grace Delano, Nurse Family Planning Trainer, Ibaden Teaching Hospital.
5. The Uganda Multi-sectoral Rural Development Project in Busoga Diocese was discussed with Project Coordinator Dr. Tom Tuma. In this Pathfinder-funded project, the project managers expect INTRAH to train 45 enrolled midwives in clinical family planning skills. These training activities are not included in the INTRAH/MOH project. Suggestions were made to Dr. Tuma which should be discussed with Uganda MOH officials.
6. Miss Muhuhu met and outlined the scope of INTRAH's projected activities in Zimbabwe for the next two years with: Dr. Boohene; Ms. Barbara Kennedy, Associate Director, Office of Population, AID/W; and Mr. Arthur Danart, Population Officer, REDSO/ESA. A request was made to Miss Muhuhu to submit a budget to Ms. Kennedy by November 12, 1986.

III. BACKGROUND

This visit was at the invitation of the Center for Population and Family Health, Columbia University, and the ZNFPC (see Appendix D). The purpose of the Conference was to offer national policy-makers and family planning managers a forum to generate awareness of CBD/ADS programs and the opportunity to formulate plans for adoption and/or expansion of these programs in their respective countries. Although INTRAH has not been actively involved in training for CBD in Africa, INTRAH's representation at the Conference was appropriate in that CBD compliments clinic-based services in which INTRAH is heavily involved in Africa. INTRAH maintains cognizance of the linkage between CBD and clinic-based services, and hence the need for INTRAH to keep pace with other service delivery systems being introduced or carried out in its area of operation. INTRAH provided expertise in the CBD Manual developed in Zimbabwe in 1984.

IV. DESCRIPTION OF ACTIVITIES

- A. Miss Muhuhu attended the Conference on Community Based Distribution and Alternative Delivery Systems in Harare from November 3 - 7, 1986. The Conference, which was funded by the Center for Population and Family Health, Columbia University; International Planned Parenthood; and Pathfinder Fund, and hosted by the Zimbabwe National Family Planning Council, was held at the Sheraton Hotel. The Zimbabwe Prime Minister, the Honorable Gabriel Mugabe, officially opened the Conference, which was attended by 120 representatives from 30 countries and donor agencies. (See Appendix B for List of Participants.) In his address, the Prime Minister highlighted the importance of family planning as a fundamental component of social, health and

national development; the need to develop awareness for CBD/ADS strategies among the policy makers; and demonstration and encouragement for community participation.

The Prime Minister outlined the following lessons learned in the Zimbabwe CBD program:

- Clinic-based services have accessibility limitations in both IEC and contraceptive methods.
- The CBD approach is direct and accessible.
- CPA remains low unless local and community leaders are involved.
- Use of non-clinical methods and personnel in CBD require a strong medical back-up, especially in diagnosis and treatment of contra-indications as well as back-up supplies.
- Awareness of cultural social factors that affect contraceptive acceptance must be considered. (See Appendix E₁ for text of Prime Minister's speech).

The first day of the Conference was dedicated to major addresses, which focused on a general review of community-based strategies in Africa: their medical rationale, legal and policy issues, key management aspects, and a summary of on-going programs in Africa.

Day two presentations focused on specific programs in Ghana, Kenya, Nigeria, Sudan, Tanzania, Zaire and Zimbabwe.

On day three, participants visited Zimbabwean CBD projects in 4 areas where community-based distributors were observed in action. CBD services in these areas

are integrated with other health and development activities. This was a very educational tour.

Days four and five were devoted to the development of specific country CBD workplans and presentations in sub-regions. In these exercises, participants focused on steps which included:

- dissemination of information regarding the medical rationale for CBD programs.
- legal and policy issues/obstacles, including regulations on the import and distribution of contraceptives, spousal consent and literacy.
- key management issues dealing with financing and self sufficiency, logistics, training, motivation of community workers, supervision, linkages between CBD and other health and development programs and community participation.

Participants also examined the aspects of the Zimbabwean CBD program, and other African and regional programs that could be adapted back home.

At the close of the Conference the participants concluded that political commitment is the key to successful national family planning efforts, and that Community Distribution and Alternative Delivery Systems for family planning have been successfully executed in several sub-Saharan countries.

Twenty-four recommendations were made in support of innovative country specific interventions directed towards increasing availability and accessibility of family planning services in order to reduce the enormous fertility-related problems in the region. (See Appendix G for Recommendations.)

B. Other Non-Conference Related Activities

1. ZNFPC

Two meetings were held to discuss INTRAH technical assistance to ZNFPC in FY 1987/88. The first meeting was with Dr. Boohene and Mrs. Botsh. The second meeting included Ms. Kennedy and Mr. Danart. At these meetings, ZNFPC made a request to INTRAH to provide funds and expertise in:

- Review of the current CBD and clinical procedures manual to include IEC.
- Development of IUD insertion, FLE, management of MCH/FP clinics and CBD group leaders' manuals.
- Possible training in Management of MCH/FP clinics.

Miss Muhuhu was requested to prepare a preliminary budget for submission to Ms. Kennedy before her departure for Washington. This was accomplished on November 12, 1986. It was agreed that INTRAH would return to Harare to develop the technical assistance proposal during the week of April 27, 1987.

2. WHO-Sub-Region 3 Personnel

Miss Muhuhu made an initial contact with Dr. Muhango of WHO/Harare, in an effort to discuss the INTRAH-proposed Nurses/Midwives Pre-service and In-service project. Dr. Muhango referred Miss Muhuhu to WHO/UNFPA Nurse Consultant Ms. Frances Giddings. Ms. Giddings provided useful information on the protocol to follow while seeking WHO collaboration in the project. She was of the opinion that the project is timely and compliments WHO's efforts to include the primary health care component into the existing nursing programs.

After initial contact with WHO Regional Director/AFPO Dr. Monekosso, Ms. Giddings identified the following persons as important

INTRAH contacts for Nurses/Midwives Pre-service and In-service project:

Mrs. Aena Konde - Nursing Programs Health Manpower Development Officer, Brazzaville

Dr. U. Shehu - Director, Sub-Region 3, Harare

Mrs. Murigo Kiereine - Chairman, Task Force Committee on Chairperson

The WHO Sub-Region 3 in Harare is responsible for 17 East and South African countries. This meeting formed a base for future consultation and collaboration with this WHO office, especially in the ESA Region.

3. Multisectoral Rural Development Project in Uganda

Dr. Tom Tuma is the project coordinator for the Busoga Diocese Multisectoral Rural Development Project in Uganda funded by Pathfinder. When this project was developed, INTRAH was written in to train 45 enrolled nurse/midwives in family planning service delivery skills (clinic-based) in two years. Unfortunately, INTRAH was not informed of this until September 1986 during the implementation phase of the project. By that time INTRAH had already drawn up a contract with the Uganda Ministry of Health. Under the Ministry of Health project only 40 ENMs are to be trained in service delivery skills.

Dr. Tuma discussed the MSRD project with Miss Muhuhu at the conference and presented a workplan that included two clinical skills courses to be conducted by INTRAH in December 1986 and January 1987.

Following discussions with Dr. Tuma and Dr. Ajayi of Pathfinder Fund, Nairobi, it appears that confusion arose at the project development phase when Pathfinder and Busoga Diocese assumed that the training component of their project would be incorporated into the INTRAH/MOH project; however, neither MOH nor Pathfinder/Busoga discussed this with INTRAH.

Miss Muhuhu suggested that Dr. Tuma take up the issue with MOH and FPAU, specifically, with Mrs. Rachael Rushota and Mrs. Lydia Muranga. Dr. Tuma was however cautioned that the MOH CTT has a very heavy training schedule until 1989 under the MOH/INTRAH contract.

This is a good case where inter-agency coordination is crucial beginning with the needs assessment stage. It is interesting to note that on the Multisectorial Rural Development Project document, INTRAH has been identified as the training agency, yet no contract was made with INTRAH until the training dates were set and no mechanism as to how such training was to be conducted was spelled out. Was it to be INTRAH/Pathfinder, or INTRAH/Busoga Diocese, or MOH/INTRAH with Busoga trainees included?

4. Discussions with Dr. Janet Banda:

Dr. Banda is the Zambia Director of MCH/FP at the Ministry of Health. Miss Muhuhu initiated discussions to introduce INTRAH to the Zambia MOH and explore possibilities of Zambia MOH/INTRAH collaboration. Dr. Banda expressed a need for technical assistance in training and delivery of family planning services. Miss Muhuhu agreed to send Dr. Banda more information on INTRAH capability.

Miss Muhuhu further discussed the USAID/Lusaka present stand on population activities in Zambia with Mr. Danart and Ms. Kennedy. It appears the situation has not improved.

5. Discussions with Mrs. Grace Delano:

During the September/October 1986 visits to Nigeria by the INTRAH team of Miss Terry Mirabito and Miss Muhuhu, a request was made to INTRAH to provide technical assistance in development of a clinical procedures manual. On exploring the extent of the need for the manual, Miss Mirabito found that UNFPA had provided funds for development of the manual through the FMOH, which had hired a consultant to develop the manual draft for review by a committee of which Mrs. Grace Delano was a member. Mrs. Delano is a leading nurse in training of nurse/midwives and tutors in family planning at Ibadan University under the Pathfinder Fund and JHPIEGO projects. The review committee made several recommendations for revision.

The objective of the discussion was to obtain updated information on the manual. Miss Muhuhu learned that the consultant still has the draft and it was not clear when the manual would be ready as the consultant is demanding additional payment to produce the final copy. Mrs. Delano

suggested that INTRAH or Pathfinder, through the American College of Nurses and Midwives take over the development of the manual. Mrs. Delano would be willing to take lead in its development through a workshop, rather than on an individual basis, as was the approach used by the FMOH. It was agreed that she should contact Dr. Sago of UNFPA/Lagos for any further development.

V. FINDINGS/CONCLUSIONS

A. CBD/ADS

1. There is a positive climate for CBD/ADS in Anglophone sub-Saharan countries. Many countries have developed workplans that include training of community based workers in their own countries. In countries where CBD projects exist, plans were made for expansion. The implementation of these workplans have implications for INTRAH activity in Anglophone countries in that CBD/ADS support or complement clinic-based services. Clinic-based services need to be linked up with CBD/ADS especially for IEC and referral services where the two service systems co-exist.

B. Other Activities:

2. ZNFPC wishes to coordinate INTRAH and JHPIEGO technical assistance to avoid overlaps and conflicts. JHPIEGO is to concentrate on training of doctors and nurses in contraceptive technology, while INTRAH is to provide assistance in development of various procedures Manuals. Manuals developed with INTRAH's assistance in 1984 have been well received in Zimbabwe as well as in other African countries. ZNFPC also wishes to set the pace in Africa by standardizing practice through regional use of these manuals. There is a possibility of funds being made available to INTRAH from the African Bureau.

3. ZNFPC has 12 places for INTRAH regional participants for 1986.

RECOMMENDATIONS

1. INTRAH in-country projects should address CBD/ADS programs by insuring that where appropriate, training for service providers links up with CBD workers; for example, how clients are referred from the CBD worker to the nurse at the clinic and the reverse; and the relationship between the community worker and the clinic nurse.

2. a) INTRAH should continue to provide technical assistance in this area of need. The April 27, 1987 visit should concentrate on project development as it appears clear what the ZNFPC needs and would like to have.

b) INTRAH should follow up the verbal promise made by Ms. Kennedy for funds from AID/W Africa Bureau.

3. INTRAH should continue to sponsor candidates to this course.

V. FINDINGS/CONCLUSIONS

4. Uncoordinated efforts in Uganda on all family planning training activities have led to a situation where the MSRDP implementation may be slowed down. Limited availability of clinical placement sites for trainees would also make it difficult for the INTRAH/MOH project to include MSRDP trainees during clinical skills training activities.
5. The Zambia MCH/FP Director seemed interested in technical assistance for family planning. Though the Zambian government has no population policy, population/fertility-related concerns are now being discussed. The Mission is still not open to having population/FP agencies in Zambia.
6. The situation regarding the Nigerian procedures manual appears unresolved at this time.

Mrs. Delano's suggestion to conduct a workshop for development of the procedures manual is most appropriate.

RECOMMENDATIONS

4. Dr. Tuma and the nurse in the MSRDP should meet with Mrs. Rushota and FPAU in an effort to find a solution this situation. Although INTRAH has no obligation to the MSRDP, this recommendation is made on the understanding that the MOH is trying to coordinate FP training activities in Uganda.
5. INTRAH should write to MOH/Zambia to provide more information and express willingness to discuss possible collaboration.
6. The decision as to the next step for completing or rewriting the procedures manual should be resolved in Lagos.

APPENDIX A

LIST OF PERSONS CONTACTED/MET

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APPENDIX B

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SCHEDULE FOR THE WORKSHOP

On Community Based Distribution and Alternative Delivery Systems

Harare, Zimbabwe 3 7 Nov, 1986

Saturday Nov 1

Arrival and registration (2 - 5 p.m.) of participants.

Sunday Nov 2

Arrival and registration (2 - 5 p.m.) of participants.

Setting up of exhibition.

Monday Nov 3

8.00 a.m.

Participants seated in Jacaranda Room.

8.30 a.m.

Honourable Ministers and Dignitaries

8.45 a.m.

Honourable Sydney Sekeramayi - Minister of Health - Chairman

8.55 a.m.

Honourable Prime Minister Robert Mugabe arrives

9.00 a.m.

Chairman introduces the Honourable Prime Minister

9.05 a.m.

Opening address by Honourable Prime Minister

9.40 a.m.

Visit by Honourable Prime Minister to Resource Centre and exhibition

9.45 a.m.

Chairman invites participants to shake hands with the Honourable Prime Minister

10.00 a.m.

Invitation to tea

10.15 a.m.

Honourable Prime Minister leaves

10.30 - 11.00 a.m.

Second session - Chairman, Acting Secretary for Health, Dr. Makoto

Dr. N.O. Mugwagwa, Zimbabwe National Family Planning Council

Dr. Adeleke Ebo, International Planned Parenthood Federation

Dr. Martin Gorosh, Center for Population and Family Health

Ms. Barbara Kennedy, United States Agency for International Development

Dr. Ayo Ajayi, The Pathfinder Fund

- 11.00 - 11.45 a.m. Keynote address on Family Planning, Community Based Distribution, Alternative Delivery Systems, Development and Health
Dr. Fred Sai, Senior Advisor, The World Bank
- 11.45 - 12.30 p.m. Medical Rationale for CBD Strategies
Dr. Allan Rosenfield, Dean - School of Public Health, Columbia University, Director Center for Population and Family Health
- 12.30 - 14.00 p.m. LUNCH - Jacaranda III
- 14.00 - 15.00 p.m. Moderator: K.E. degraft-Johnson
Introduction - Dr. Martin Gorosh and Mr. Timothy Nzuma
- African Summary, Ongoing CBD/ADS Programmes,
Mr. Adeleke Ebo - International Planned Parenthood Federation
- 15.00 - 16.00 p.m. Legal and Policy Implications and Obstacles
The Pathfinder Fund, Mr. Jon Paxman and Mr. Nguma Nkoba, Mrs. Millicent Odera
- 16.00 - 16.30 p.m. Tea/Coffee Break
- 16.30 - 17.30 p.m. Film - "Happiness in your Household"
(CBD in Zaire) English - Jacaranda I & II
French - Msasa Room
- ^{19:30}
~~17:30~~ - 20.30 p.m. Reception - Jacaranda Room

Tuesday Nov 4

- 8.00 - 8.30 a.m. Moderator: Dr. Mugwaga
Introduction to presentations, key management
Aspects of CBD/ADS Programmes,
Dr. Martin Gorosh, Center for Population and Family Health
- 8.30 - 10.00 a.m. Presentations
- NIGERIA
- Oyo State Project - Mrs. Grace Delano
 - The Market Traders Project - Mrs. Florence Akintunde
 - The Sterling Project - Mrs. Hadja Masha
 - Marketing to Market Women in Nigeria - Dr. A. Jagun
- 10.00 - 10.30 a.m. Tea/Coffee Break

10.30 - 12 noon

KENYA

Moderator: Dr. John Kigundu, Ministry of Health, Kenya

- Family Planning Association of Kenya - Mrs. Kalimi Mworio
- The Family Planning Private Sector Programme - Mrs. Millicent Odera
- Ministry of Health - Dr. John Githiari
- The Maendeleo Ya Wanawake CBD Programme - Mrs. Esther Makindu
- Chogoria Hospital, Protestant Churches Medical Association - Mr. William

12 noon - 14.00 p.m.

LUNCH - Jacaranda III

14.00 - 15.30 p.m.

Moderator: Ms. Grace Delano

ZAIRE

- The Prodef Project - Dr. Minkuku Kinzoni, Dr. Nlandu Mangani

TANZANIA

- UMATI - Dr. Anatole Rukuongwe

SUDAN

- The Community Based Family Health Project - Dr. Mohammed El Fatih Ali Ahmed

GHANA

- Social Marketing Programme - Mr. Nsiah Akuetteh

15.30 - 16.00 p.m.

Tea/Coffee Break

16.00 - 17.00 p.m.

ZIMBABWE

- The Zimbabwe National Family Planning Council's CBD Programme - Mr. Timothy Nzuma

17.00 - 17.30 p.m.

Summary, preparation for field visits

Wednesday Nov 5

8.00 a.m.

Departure. Field visits in four vehicles to sites within 60 km of Harare.

14.00 p.m.

Luncheon at Goromonzi, Hosted by the Zimbabwe Ministry of Health

15.00 p.m.

Return to Hotel

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Thursday Nov 6

8.00 - 9.30 a.m.	Discussion of previous day's visits
9.30 - 10.00 a.m.	Tea/Coffee Break
10.00 - 12 noon	Presentations in plenary room. Moderator: Dr. Nlandu Mangani
12 noon	
12 noon - 14.00 p.m.	LUNCH - Jacaranda III
14.00 - 15.00 p.m.	Introduction to work groups - Dr. Martin Gorosh
15.00 p.m.	Each country group will draw up an implementation plan for the introduction/ expansion of CBD/ADS programmes in their country. (Certain countries may opt to work in regional groupings). Groups may work into the evening hours as well.
16.00 - 16.30 p.m.	Tea/Coffee Break
20.30 p.m.	Outdoor dinner, poolside

Friday Nov 7

8.00 a.m.	Presentation of country plans by delegations
10.30 - 11.00 a.m.	Tea/Coffee Break
11.00 - 12.00 noon	Recommendations
12.00 noon - 14.00 p.m.	LUNCH - Jacaranda III
14.00 - 15.00 p.m.	Adoption of recommendations Official close

Saturday Nov 8

Departure
Resource Centre to remain open

Faculty of Medicine of Columbia University

CENTER for POPULATION and FAMILY HEALTH

Associated with:
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8 SEP 1986

August 14, 1986

Dr. James Lea
 PROGRAM FOR INTERNATIONAL TRAINING IN HEALTH (INTRAH)
 208 North Columbia Street
 Chapel Hill, North Carolina 27514

Dear Dr. Lea:

The Center for Population and Family Health and The Zimbabwe National Family Planning Council, in collaboration with The International Planned Parenthood Federation and the Pathfinder Fund, invite you to participate in a workshop on Community-Based Distribution (CBD) and Alternative Delivery Systems (ADS) in Sub-Saharan Africa. The workshop will be held Nov 3-7 1986 at the Harare Sheraton Hotel in Harare, Zimbabwe.

Approximately 120 participants from some 40 African nations will be invited to attend, including representatives from government MCH-FP activities, Family Planning Associations, and PVO's/NGO's involved in family planning.

The workshop is designed to offer national policy-makers and family planning managers a forum to generate awareness of CBD and ADS programs and the opportunity to formulate plans for the adoption and/or expansion of these programs in their respective countries.

Specifically, during the workshop participants will:

- Observe program operations in the field
- Learn from the experience of others in Africa
- Discuss contraceptive safety issues
- Discuss legal and policy issues and obstacles
- Discuss key management issues
- Formulate country-specific implementation plans for CBD/ADS programs

A copy of the tentative schedule for the workshop is enclosed. Monday will be devoted to a general review of community based strategies in Africa, their medical rationale, legal and policy issues, and key management aspects, followed by a summary of ongoing CBD-ADS programs in Africa. Tuesday the focus will shift to specific CBD/ADS programs, highlighting the salient management components of programs in Kenya, Nigeria, Ghana, Zaire, Sudan, and Zimbabwe. On Wednesday, participants will visit rural field sites of the Zimbabwe National Family Planning Council CBD program. Participants will discuss their

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observations on Thursday and in the afternoon will begin working in small teams to develop plans for the implementation or expansion of CBD/ADS programs in their own countries. These plans will be presented and critiqued in larger groups on Friday.

During the workshop, an exhibition area will be set up for the display and distribution of brochures, posters, and other project information to workshop participants. In addition, a Resource Centre will be set up which will include publications, manuals, and project documentation donated by population institutions worldwide. Reference services will be provided to participants in both English and French. We hope this service will be of use in the development of country plans and in the identification of information sources in the field of CBD/ADS and family planning programs in general. If your organization is interested in contributing materials to an exhibition or to the Resource Centre, please see the attached enclosure.

We would be delighted to have a representative from your organization attend this workshop. Please confirm to Dr. Gorosh if you plan to send someone and if so, whether you wish to set up an exhibit of your organization's activities. We will assume that your representative's participation (travel, per diem) and the costs of your exhibit will be financed by your organization and that all travel arrangements and mission clearance (where applicable) will be handled by your organization.

Thank you for your interest in this very important activity and we look forward to your response.

Sincerely,



Dr. Martin Gorosh
Deputy Director
Center for Population
and Family Health
(212) 305-6975



Dr. Esther Boohene
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Zimbabwe National Family Planning
Council

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Development demands family planning: PM

Herald Reporter
FAMILY planning is a pivotal component of national health programmes and socio-economic development, the Prime Minister, Cde Mugabe, said when he opened a five-day family planning seminar in Harare yesterday.

He told more than 300 delegates from 25 countries in sub-Saharan Africa attending the seminar, that in recognition of the importance of the Government attached to family planning, it had decided to hold this seminar in conjunction with the Zimbabwe National Family Planning Council and international organisations.

The seminar would give national policy-makers and family planning managers of participant countries a chance to examine family planning programmes and related subjects, with a view to improving such services in their respective countries.

"This seminar is important for several reasons. Firstly, the decision to hold this workshop is a clear testimony to the importance that my Government attaches to family planning, as a pivotal component of national health programmes and social and economic development," said the Prime Minister.

He commended the participation in the seminar of representatives from many African countries and said this was "clear evidence" that family planning services were being accorded their rightful place in national development strategies.

Zimbabwe, he told the delegates, had over the years, learnt "a few

valuable lessons" in family planning programmes and five major issues were directly relevant to the seminar.

The first lesson was that the two main problems facing the delivery and use of clinic-based family planning services were limited access to family planning information, supplies and services; and limited motivation, communication and participation by the public and those who provided the services.

"We, in Zimbabwe have learnt that unless the local community members and their leaders are mobilised to participate actively in these community-based programmes, the expected increase in contraceptive use will not be attained, nor, if attained, sustained," said Cde Mugabe.

While the implementation of an effective community-based contraceptive distribution programme seemed an easy task, it had been found that in a real-life situation "this was not the case"; it called for careful planning.

Cde Mugabe said the planning entailed the preparation of local communities, the provision of a strong leadership and management, training, supervision of personnel, the establishment of contraceptive supply and distribution networks and the analysis of data for programme evaluation.

On safe use of contraceptives, Cde Mugabe said it had been found essential to establish a strong medical back-up and clinic referral systems to support the community-based programmes.

"In addition, it was necessary to improve the services of the family planning clinics and upgrade the knowledge and performance of medical personnel, particularly in the diagnosis and treatment of side-effects and the provision of contraceptive methods."

The Prime Minister said the fifth and last lesson Zimbabwe had learnt

in its implementation of family planning programmes was that in sub-Saharan Africa there were several socio-cultural and economic factors that influenced fertility and family planning behaviour.

"These factors included early marriages and considerable pressures on married couples to have large families."

"Unless these pressures are changed or reduced, family planning programmes are likely to have a limited impact on lowering fertility levels and slowing down the rapid rate of population growth."

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THE SUNDAY MAIL, NOVEMBER 2 1986

Better status for women 'is aim of new strategy'

Sunday Mail Reporter
THE first conference to be held on the African continent to examine Community-Based Distribution Strategies and other alternative delivery systems for family planning services kicks off in Harare tomorrow morning.

The programme co-ordinator of the Zimbabwe National Family Planning Council, Dr Esther Boohene, has told The Sunday Mail that by Alternative Delivery Systems for family planning the council was trying to define other ways of bringing family planning services within reach of the community, especially in the rural areas.

"These innovative strategies attempt to extend the reach of family planning services by making them more accessible to the community, especially in the communal areas. Their expansion has been primarily a response to the demonstrated inability of static, or clinic-based services to adequately respond to the needs of African populations."

Community-based distribution programmes have increased the availability and accessibility

of family planning services in many countries including Zimbabwe and have done so with a greater degree of com-

ponents in their home countries."

Harare was chosen as the workshop's venue because of the country's

with women in mind

munity participation and at a lesser cost than clinic-based services.

These new service delivery strategies have been tested over the past 10 years in Africa. Currently there are approximately 70 programmes operating in sub-Saharan Africa.

Zimbabwe's CBD programmes provide the most illustrative example of how successful these programmes can be.

The purpose of the conference is, therefore, to share Zimbabwe's and other countries' experiences in the field of community-based distribution to promote and improve the use of these approaches throughout the continent.

"Our hope is that the delegations attending the conference will learn from the examples presented at this conference and will thus be able to initiate or improve the use of CBD approaches on their return to their respective countries. Each country is expected to formulate an action plan during the workshop to guide them in implementing their

long-standing track record as one of the most successful implementors of the CBD programmes in the developing world.

Some of the salient features of Zimbabwe's programmes include the highest contraceptive prevalence rate in sub-Saharan Africa. Zimbabwe also has the highest percentage of women who use modern means of contraception.

Thirty-eight percent of women in Zimbabwe currently use contraceptives. The real success of the programme, however, is made evident when one examines the rural contraceptive prevalence rate. In 1984, this figure was 20 percent, again the highest in sub-Saharan Africa.

An extensive delivery network with over 600 community-based distributors operates throughout Zimbabwe in all of its eight provinces. More than 85 percent of the country's population is served by the ZNFPC.

The country also places high priority on community participation in the programme, which has been one of the big-



DR ESTHER BOOHENE

gest constraints facing the family planning programme in Zimbabwe.

To address this problem, the ZNFPC has initiated two demonstration projects in the communal areas. In Goromonzi where the pilot project has been launched, family planning education has been coupled with female literacy and income-generating projects. The aim of the programme is to help women take decisions which affect their lives and to increase the status and quality of women's life.

Twenty-seven CBD trainers have undergone 10 weeks of intensive training in family planning, literacy and income-generating projects. They, in turn, are expected to train about 70 women from their communities. A total of 1 500 women are expected to have gained from the programme by the time the project comes to an end. Subsequently, the programme would be ex-

pected to include other areas in the country. The women will also be given credit to establish income-generating projects.

Now that a demographic objective has been added to the first Five-Year Development Plan, the council finds it imperative to initiate activities which will motivate community members to become active partners in the national family planning programme. The second project directly addresses this objective.

This project involves the establishment of an open dialogue with the community in a workshop format with each workshop lasting a day, and discussing issues such as national demographic trends, the importance of birth spacing as it relates to mortality and morbidity, contraceptive methods and the relationship between family planning and overall development.

Participants at the seminars would include agricultural extension workers, members of non-governmental organisations, religious groups and party members.

"To date, this programme has proved more popular than previously imagined and it has given the council valuable insights into how to improve family planning service delivery," Dr Boohene said.

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RECOMMENDATIONS

The Conference on Community-based Distribution and Alternative Family Planning Delivery Systems (CBD/ADS) in Sub-Saharan Africa was held in Harare, Zimbabwe from 3 to 7 November, 1986. It brought together 120 participants from 30 countries and representatives of several donor agencies.

The objectives of the Conference were:

- 1) Create awareness of CBD/ADS
- 2) Stimulate acceptance and adaptations of CBD/ADS approaches

To achieve these objectives

- Observe program operations in the field
- Learn from and share the experience of others
- Discuss contraceptive safety issues
- Discuss legal and policy issues and obstacles
- Discuss key management issues
- Formulate a CBD/ADS strategy for your country and programme
- Produce a set of recommendations

The deliberations revealed the following:

- 1) Political commitment is the key to successful national family planning efforts.
- 2) Community based distribution and alternative delivery systems for family planning have been successfully executed in several countries in the region.

Given that family planning has been endorsed by all Sub-Saharan African Governments as a basic human right, participants agreed that the region faces dramatic fertility-related problems (e.g., high fertility rates, high maternal and infant mortality rates, especially high adolescent fertility and high morbidity due to the sequelae of illegal abortions and STD), it was agreed that the clinic based family planning services could not deal

with the enormity of the problem. Innovative, country-specific interventions must be sought to increase availability and accessibility of family planning services. It is in this light that participants made the following recommendations.

1. Major legal and policy issues pertaining to country specific family planning programmes should be assessed, obstacles identified, and appropriate strategies developed for resolving these issues.

Community leaders

2. The support of key policy makers, must be sought, particularly through the use of the "pilot" or demonstration projects which can serve as a model on which the acceptance of family planning programmes can be based.

3. Both leaders and the general public should be educated about the maternal and child health risks related to pregnancies by the very young and older women of high parity, and shown how family planning can reduce these risks.

4. Governments should be encouraged to pursue and intensify efforts to enhance the status of women as they are integral participants in socio-economic development.

5. Efforts should be intensified to educate the general public (public and private sectors, service providers and family planning users, policy makers, etc.) about the safety of contraceptives, their possible side effects, and that the benefits to be derived by their use far outweigh the risks inherent in unwanted pregnancies.

6. Serious efforts should be made to explore alternative strategies of making family planning services available and accessible to all in order to bridge the gap that presently exists between need and services.

7. CBD has been proven to be a safe and viable approach to the delivery of family planning services. African countries are therefore encouraged to consider the introduction and expansion of this approach in their efforts to make family planning services available and accessible to their populations.

8. Alternative strategies relevant to specific country settings need to be developed (e.g., use of market women, commercial distribution, social marketing, outreach in industrial and commercial settings.)

9. Pilot projects and operations research programmes should be developed to test these new strategies before expansion on a national level.

10. Programme managers should ensure that the administrative and logistic aspects of their CBD programmes are tailored to their countries social and cultural norms and realities.

11. CBD and other non-clinical family planning programmes should have adequate medical back-up and clinical referral support systems.

12. Recognizing that all health workers should be participants in the promotion of family planning, training for family planning should be included in the curricula of health institutions at all levels.

13. Family planning tasks should be carefully analysed and allocated to the appropriate cadre of workers trained specifically for such tasks, including community workers and volunteers.

14. Information, education and communication (IEC) about family planning should be integrated into all educational and development programmes, where appropriate, e.g., agriculture, community development, youth and sports programmes.

15. IEC strategies and programmes for family planning must be developed in the context of socially and culturally accepted norms. Accordingly the implementers of IEC programmes should be very knowledgeable and sensitive to the communities in which they are operating.

16. The delivery of family planning services should always be accompanied with appropriate IEC support services and activities for both the providers and users.

17. The development, planning and implementation of CBD and other complementary approaches for the delivery of family planning services should be tailored to the local environments of the specific communities.

18. The communities and target populations to be served by CBD and other complementary programmes should be involved in the development, planning, and implementation of those programmes.

19. All aspects of the CBD programme should be given critical attention and appropriate training for each task provided. This includes management, supervision, monitoring and evaluation. To this end, CBD programme managers should be well versed in the collection and analysis of data.

20. Governments are urged to allocate adequate resources (funds, material and personnel) for family planning activities in their own countries. NGOs as well as other international organisations are encouraged to supplement government efforts in this regard.

21. Self-sufficiency and self reliance should be the ultimate aim of CBD and other family planning programmes undertaken in the respective countries. It is therefore crucial that the private sector should be considered an essential partner.

22. Exchange of ideas and experiences in family planning delivery systems such as was afforded in this conference should be continued. For example, study tours, workshops and dissemination of information on programme findings.

23. Participants are urged to follow up the discussions and recommendations of this conference with concrete actions in their own countries.

24. Governments and donor agencies are urged to provide appropriate assistance in the implementation of these action plans.