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EVALUATION OF THE USAID ZIMBABWE  
CHILD SPACING AND FERTILITY  
PROJECT

by

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GLOSSARY

|        |  |
|--------|--|
| AID    | Agency for International Development                               |
| CA     | Cooperating Agency   |
| CBD    | Community-based distributors                                       |
| CSFA   | Child-Spacing and Fertility Association                            |
| ERU    | Evaluation and Research Unit                                       |
| FHI    | Family Health International  |
| FLE    | Family Life Education  |
| FPIA   | Family Planning International Assistance                           |
| GDR    | Federal Republic of Germany  |
| GOZ    | Government of Zimbabwe   |
| IEC    | Information, education and communication                           |
| IPPF   | International Planned Parenthood Federation                        |
| MCH    | Maternal and child health  |
| MOH    | Ministry of Health   |
| NORAD  | Norwegian Agency for International Development                     |
| ODA    | Overseas Development Administration                                |
| PCS    | Population Communication Services project                          |
| SDSU   | San Diego State University   |
| SOMARC | Social Marketing for Change Project                                |
| TIPPS  | Technical Information on Population for the Private Sector Project |
| UNFPA  | United Nations Fund for Population Activities                      |

|       |   |
|-------|---|
| USAID | United States Agency for International Development (the overseas mission) |
| VHW   | Village Health Workers  |
| YAS   | Youth Advisory Services   |
| ZNFPC | Zimbabwe National Family Planning Council                                 |
| ZRHS  | Zimbabwe Reproductive Health Survey                                       |

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A word should be said about the role played in this evaluation by Dr. Boonene. While her insights were invaluable, the report was written by Messrs. Cernada, Danart, and Gillespie and does not necessarily reflect her views.

## EXECUTIVE SUMMARY

The Zimbabwe Child Spacing and Fertility Project has met or exceeded all objectives outlined in the Project Agreement. The Zimbabwe National Family Planning Council (ZNFPC) has not deviated significantly from the Project's stated objectives and it has done an outstanding job of tracking and documenting project progress. Both program problems and successes have been identified in ZNFPC's own self-assessments and few of this report's recommendations have not already been identified for action by ZNFPC.

A summary of major recommendations follows. Given the increase in donor agency inputs now beginning in Zimbabwe and the likely family planning program changes that will occur, some recommendations range beyond the scope of the original Project being evaluated.

### Recommendations

1) **AID and REDSO must continue to support the work of ZNFPC.** Family planning made a successful start in Zimbabwe but much remains to be done to lower the birth rate to a manageable level. AID has demonstrated its ability to provide the appropriate mix of resources and technical assistance. Funds must be secured to complete the job.

2) ZNFPC will need to establish criteria for accepting donor support. This support should relate to the overall Council objectives without overtaxing its limited management and administrative capacity.

3) Both ZNFPC and the Ministry of Health (MOH) need to develop a sound information, education and communication (IEC) strategy on limiting family size. It should be based upon data related to peoples' perceptions of the cultural, health, social and economic costs to a family of educating and caring for six children (the present ideal number). The cost to social and economic development nationally also should be a focus of re-education, beginning with Government workers, who ought to serve as role models.

4) **Immediate attention should be given to securing funding to support the trained cadre of diligent, competent Community-Based Distributors (CBD) who are the heart of the field program.** Meeting this recurrent cost will be essential for several years before any network of primarily voluntary Village Health Workers is ready to carry out these jobs effectively.

5) The future family planning working relationship between the ZNFPC and the MOH needs clarification and coordination, particularly in the areas of training, of information, education, and communication and of face-to-face fieldwork at the local level.

6) More private sector initiatives are needed. This is an area where the Cooperating Agencies (CA) can be most helpful.

7) The contraceptive mix needs to include both the IUD and voluntary surgical sterilization (i.e., expand beyond the current limited orals and condom program efforts).

8) Follow-up surveys of program dropouts are needed to help guide future program changes.

9) The face-to-face CBD field program could be improved by the following:

- a. increase the involvement of supervision of CBDs, training and IEC at the provincial and district levels;
- b. provide CBDs with simple, inexpensive throwaway educational materials on the why and how of family planning; and
- c. direct CBDs to emphasize new acceptors more and resupply less;
- d. focus CBD in-service training on the need for educating clients about the values of spacing for at least three years;
- e. train CBDs in ways to educate about the advantages of limiting the number of children families have.

10) Prepare a realistic plan for IEC activities and provide external technical assistance that matches program needs.

11) Limit the audience for Youth Advisory Service education to a more manageable one, preferably ages 10-19.

## I. INTRODUCTION AND BACKGROUND

### I.1 Assignment

The evaluation of the Zimbabwe Child Spacing and Fertility Project was undertaken at the request of the United States Agency for International Development (USAID). This is the second of two planned evaluations. The first took place in October 1983.

The team's assignment was straightforward, focusing on the question: Did the project attain the objectives outlined in the project agreement? Making this assessment has been relatively easy because

the Grant Agreement clearly states the project objectives;

the grantee, the Zimbabwe National Family Planning Council (ZNFPC) did not deviate significantly from these objectives; and

the ZNFPC has done an outstanding job of documenting the project.

Indeed, few national family planning efforts can boast so crisp or clean a design or so professional and thorough a tracking system. The ZNFPC's objective self-assessment has highlighted not only its success, but also its problems. Most problem areas noted in the report have already been identified by the ZNFPC, and, in most cases, corrective actions have already been initiated. For those familiar with this excellent program, this report holds few surprises.

### I.2 Project Background

The original Grant Agreement was for a four-year period beginning in September 1982. The agreement was extended for one year and now has a completion date of September 30, 1987. The project has a budget of US\$6,542,000. In addition, the Agency for International Development (AID) has supplied resources to ZNFPC through various centrally and regionally supported Cooperating Agencies (CA). Direct financial support from CAs to the ZNFPC at the time of the evaluation totaled roughly US\$235,000. For every dollar provided by USAID, the Government of Zimbabwe (GOZ) provides roughly two dollars in actual or in-kind equivalent. In 1985, for instance, 60 percent of ZNFPC's expenditures

were GOZ funds. Indirect support, such as technical assistance, amounts to approximately US\$500,000. Lastly, since 1984 AID supplied about US\$2 million worth of contraceptives to ZNFPC.

Major CAs have included:

(1) Margaret Sanger Institute: provided funding and technical assistance for a parent education program. Although the original implementation plan proposed by the Institute was complicated, the Training Unit of ZNFPC incorporated it into the Youth Advisory Services (YAS) Program and it has become a successful program adjunct.

(2) Family Health International (FHI): providing funding for a comparative study of two progestogen-only contraceptives. Results are expected before the end of FY 87. FHI is also funding a study to assess and improve programs targeted for young people.

(3) Family Planning International Assistance (FPIA): provided contraceptives at the request of ZNFPC to supplement AID shipments.

(4) The Population Communication Services (PCS) Project of Johns Hopkins University: provided a great deal of technical assistance and financial support to ZNFPC, specifically to the Information, Education and Communication (IEC) unit.

Three other CAs assuming growing importance include:

(5) Social Marketing for Change (SOMARC): assisting at the early stages with ZNFPC to establish a subsidized contraceptive retail sales program suitable to needs in Zimbabwe.

(6) Enterprise Program and Technical Information on Population for the Private Sector (TIPPS): conducted a preliminary needs assessment of family planning services and sent a team to develop a project to assist the private sector to strengthen and/or initiate family planning programs.

(7) The Pathfinder Fund has been involved in resupplying oral contraceptives and general program support, such as funding the resident advisor to the Evaluation and Research Unit (ERU).

## II. PROJECT PERFORMANCE

### II.1 Project Reputation

The Zimbabwe Family Planning Program has established a reputation as the best national program in Africa and, for that matter, one of the best in the developing world. Nothing emerged during the evaluation to blemish its reputation. The ZNFPC has been the critical factor in this success story and the USAID grant has played a crucial role by providing resources to the Council. ZNFPC's noteworthy project performance, however, cannot be understood without at least a brief discussion of some of the non-project specific factors that have contributed to ZNFPC's execution of its grant.

### II.2 Non-Project Factors Affecting Project Performance

It is not possible to say which of the factors discussed below are the most important. Nor can it be determined with any certainty how they have influenced the program's performance. Still, there is little doubt among those concerned that each has significantly contributed to the program's success.

Political Support: Family planning has very strong political support, starting with the Prime Minister on down through the government and the party structure. Population is viewed as a critical variable in the country's socioeconomic development.

Socioeconomic settings: Relative to many other African countries, Zimbabwe is very high on the development ladder. Its female literacy is over 70 percent. Per capita income approaches US\$800. Twenty-six percent of its population is urban. Infant mortality is estimated to be 77, still too high, but low compared to 123 for the rest of sub-Saharan Africa. These illustrative figures are the product of a well-developed socioeconomic infrastructure, which makes such things as communication and transportation less difficult.

Birth Spacing Norm: The practice of birth spacing is well established in Zimbabwean culture and predates an organized, modern family planning effort. This norm made the population receptive to family planning, at least for spacing.

Program Autonomy: The ZNFPC is a parastatal agency which has a semi-autonomous relationship with the Ministry of Health (MOH). The predecessor to ZNFPC was the Child-Spacing and Fertility Association (CSFA), a private voluntary organization. During the early 1980s, the CSFA had experienced internal strife and was losing political and public favor. These smoldering problems came to a head in 1982 with the mass resignation of CSFA's senior management. The Government reacted wisely to this crisis. It did not let the CSFA continue to suffer this organizational upheaval alone, nor did it simply absorb the organization into the MOH. Instead, it created a parastatal, the ZNFPC, which ensured an organizational flexibility and purpose that would not have been enjoyed in a large bureaucracy. At the same time this move also permitted the establishment of governmental political and financial support. Lastly, it enhanced the re-establishment of the organization's staff esprit de corps.

Project Leadership: The Project Coordinator has brought to the ZNFPC a dynamism and clearness of purpose that has driven the program to its accomplishments.

Utilization of External Assistance: In addition to the USAID grant and funding from CAs, ZNFPC has received modest assistance from the United Nations Fund for Population Activities (UNFPA), International Planned Parenthood Federation (IPPF), and the Ford Foundation. This is a typical mix of support for USAID bilaterally supported programs. What is less typical is ZNFPC's ability to exploit, in a positive sense, these resources. More than most organizations, it has absorbed them into the mainstream of its program. The external assistance fits nicely with the ZNFPC's own priorities and is clearly controlled and managed by ZNFPC. At the same time, the ZNFPC does not hesitate to recognize the CAs' contributions. Its relationships with the CAs reflect ZNFPC's own self-confidence and sophistication.

While the above factors have been important to the project's success, they should not detract from the credit due ZNFPC for its successful leadership.

### II.3 General Project Performance

The USAID grant identified **five broad outputs**. The ZNFPC has achieved these objectives:

- (1) Strengthened management of the ZNFPC, including program planning, orderly execution of programs, and coordination among the various activity units formerly within CSFA.

Management and programming in ZNFPC are by objective. All of its efforts are directly or indirectly designed to achieve specified objectives as spelled out in its various workplans. Successes and failures are openly documented and, when possible, quantified. Headquarters activities correctly emphasize serving the field. The activities of the individual units, in most cases, complement each other. Interaction between units could be improved, but a respectable level of interchange occurs. ZNFPC's management capacity has been increased greatly during the last two years by the computerization of its service statistics, contraceptive distribution, and finances--although the last is not yet fully computerized.

- (2) Increased coverage of child-spacing service programs of the ZNFPC and the MOH, as measured by numbers of families reached and geographic distribution of services.

The delivery of family services, ZNFPC's *raison d'etre*, is the area of its most impressive accomplishments. The 1984 Zimbabwe Reproductive Health Survey (ZRHS) found a contraceptive prevalence of 38 percent (27 percent modern methods and 11 percent traditional), by far the highest in sub-Saharan Africa. This figure is all the more impressive considering that prevalence was estimated to be only 14 percent in 1979, although there is no reference point comparable to the ZRHS.

ZNFPC's own service statistics suggest that the prevalence may be even higher. Underreporting, especially among MOH clinics, is a significant problem. Even taking this into account, ZNFPC's statistics for its and the MOH services indicated a 22 percent modern method prevalence for 1984, rising in 1985 to 27 percent (the same figure the ZRHS had shown a year earlier). In light of the underreporting, the actual prevalence, however, was most likely considerably higher.

As these figures suggest, there is a high level of knowledge about and acceptance of family planning in Zimbabwe. The ZRHS found that

90 percent of married women know of at least one contraceptive method;

84 percent approve of family planning; and

71 percent know where to obtain contraceptives.

There is little doubt that ZNFPC's role in achieving these impressive statistics is significant. Its 600 well-trained, hard-working, effective Community-Based Distributors (CBD) are clearly effective in providing family planning education, oral pills, condoms, and referrals to clients in their homes, primarily in rural areas (see Section III.2.5). It should be noted, however, that the MOH also shares the credit: over 40 percent of users are served by MOH facilities, while an additional 10 percent are served by other sources, such as mission clinics and private facilities. The ZNFPC, however, supplies MOH and other facilities with contraceptives and is, essentially, the sole source of IEC activities on family planning. Furthermore, CBDs refer potential clients to MOH services.

A word of caution is appropriate here. Quarterly ZNFPC reports suggest a leveling off of contraceptive use. While such plateauing is common to all programs, care must be taken to ensure that use does not become static or decline.

Furthermore, the ZRHS survey that places Zimbabwe at the top of the African family planning program accomplishment list, also shows that the average fertility levels in Zimbabwe remain high: those women at the end of their reproductive years have had an average of 7.5 births and if fertility continues at the present levels, even women 15-19 will have an average of 6.5 births before reaching 50. Zimbabwean women still desire about six children on average. The average closed birth interval is approximately two years, the length of time one would expect among a non-contracepting population.

The discrepancy between high contraceptive practice and high fertility is most likely not due to insufficient time for practice to affect fertility. The major reason 90 percent of acceptors in the ZRHS gave for accepting family planning was to space children, not to limit them.

(3) Establishment of a viable research and evaluation capability within ZNFPC.

The ZNFPC has established an Evaluation and Research Unit (ERU) (see Section III.2.2). The ERU did not become fully operational until the project's third year, although many of the reasons for this delay were beyond the control of the ZNFPC. It is now one of the strengths of the program.

- (4) Enhanced capacity of ZNFPC for effective conduct of IEC activities.

The ZNFPC has an active IEC unit (see Section III.2.3). While there is some concern about the thrust of the IEC activities, there is no question that this project objective has been fulfilled.

- (5) Increased and improved capability of the ZNFPC to undertake systematic training of Educator/Distributors, Medical Assistants, Youth Advisors, and Group Leaders.

The training program of ZNFPC is a model for other programs and is clearly one reason for the program's success (see Section III.2.4).

Overall, the ZNFPC has achieved all of the broad objectives delineated in the Grant Agreement and has done so in a commendable fashion.

### III. PROJECT COMPONENT PERFORMANCE

#### III.1 Summary

The Grant Agreement outlined specific outputs, quantified when possible, for ZNFPC. Table 1 contrasts the planned with the achieved objectives.

#### III.2 Project Activities, Accomplishments, and Recommendations

##### III.2.1 Administration and Management

###### Description

The administration of the ZNFPC represents refreshingly lean staffing and generally reflects a division of work based on functional units relevant to the major thrusts and objectives of the program. The ZNFPC headquarters controls disbursements of funds and supplies to the provinces effectively and efficiently and has developed a reliable reporting system for administrative, financial, technical and contraceptive acceptor program results. The computerization of the contraceptive supply system is unique and effective as is the use of the computer for research and evaluation. Reporting is generally accurate and systematic.

###### Achievements/Issues

In general, it appears that the management capacity of ZNFPC, including program planning, orderly execution of programs and coordination among the various activity units has been strengthened considerably by the USAID project inputs. On the other hand, decision making is excessively centralized and the Project Coordinator is overextended. Various changes in the management structure have been suggested by outside consultants. Principal changes suggested in this report relate to the IEC and training units (see Sections III.2.3 and III.2.4).

###### Recommendation

**A senior-level professional should be hired as a deputy to the Program Coordinator.**

##### III.2.2 Evaluation and Research Unit

###### Description

The ERU consists of five professionals, a secretary-

Table 1

## PROJECT OBJECTIVES AND ACCOMPLISHMENTS

| AREA                                 | OBJECTIVE   | ACCOMPLISHMENT  |   |
|--------------------------------------|---|---|---|
| (1) Administration<br>and Management | Development a Management Plan   | Hired   |   |
|                                      | Hire an Administrator   | Hired   |   |
|                                      | Hire a Secretary  | Completed   |   |
|                                      | An outside management audit   | Completed   |   |
|                                      | Establish logistics system  | Established   |   |
|                                      | Establish computerized MIS  | Established   |   |
|                                      | Facilitate use of research by<br>management                               | Done  |   |
|                                      | Conduct 2 to 3 management/leadership<br>workshops per year                |   |   |
|                                      | Establish: Administrative Advisory<br>Committee                           |   |   |
|                                      | Staff Services Committee  |   |   |
|                                      | Service Delivery Improve-<br>ment Committee                               |   |   |
|                                      | Provincial Offices will hold monthly<br>staff meeting                     | Done  | 1 |
| Logistics expert will be consulted   | Done  | 1   |   |
| <hr/>                                |   |   |   |
| (2) ERU                              | Establish ERU   | Established   |   |
|                                      | Obtain resident advisor   | Obtained  |   |
|                                      | 3 Zimbabwean social scientists receive<br>master's level training in U.S. | Partially<br>completed  |   |
|                                      | Hire and train statistician/programmer                                    |   |   |
|                                      | 7 microcomputers for ERU and 1 for<br>Central Statistical Office          | 5 micros pur-<br>chased (one lap<br>computer), in-<br>cluding one for<br>Contraceptive<br>Logistics and<br>accounts |   |
| Collaborative studies                | Studies com-<br>pleted and on-<br>going                                   |   |   |

| AREA    | OBJECTIVE                                   | ACCOMPLISHMENT  |
|---------|---|---|
| (3) IEC | Reach one million families                  | Million plus thru radio & TV  |
|         | Establish IEC Unit                          | Established   |
|         | Hire IEC specialist                         | Three hired   |
|         | Purchase audio-visual equipment             | 4 method booklets, 5 posters, flipbook, news-letter, one film, one video  |
|         | Produce pamphlet on ZNFPC                   | None  |
|         | Give seminars to community leaders          | Frequent seminars   |
|         | Strengthen IEC element in ZNFPC Program     | Done  |
|         | Give In-service IEC Training to ZNFPC Staff | None  |
|         | Free or hour cost time on ZBC               | Numerous radio shows and spots, 4 free TV documentaries, free radio spots |

|              |   |            |
|--------------|---|------------|
| (4) Training | Conduct 6 CBD training courses per year                               | 6 per year |
|              | Conduct 2 Group Leader courses per year                               | 2 per year |
|              | Train 350 Educator Distributors                                       | 457        |
|              | Train 56 Group Leaders  | 34         |
|              | Train 216 non-ZNFPC Educator Distributors                             | 0          |
|              | Train 35 nurses from other African countries                          | 26         |
|              | Train 50 MPH medical assistants                                       | 693        |
|              | Hire one senior tutor   | Hired      |
|              | Hire two nursing tutors   | Hired      |
|              | Send abroad 26 government and private leaders for observational tours | 26         |

| AREA    | OBJECTIVE  | ACCOMPLISHMENT |
|---------|--|----------------|
| (5) CBD | Increase no. of Educators/Distributors from 308 to 668 | 668*           |
|         | Increase no. of Group Leaders from 34 to 70            | 68             |
|         | Increase no. of Senior Educators from 5 to 8           | 8              |
|         | Purchase motorcycles -- 70                             | 70             |
|         | Purchase bicycles 510                                  | 600            |

\*\* 27 lost to attrition, 11 of which supported by USAID

|         |  |  |
|---------|--|--|
| (6) YAS | Increase No. of advisors from 3 to 33                                    | 30 (additional 4 resigned)                 |
|         | Increase education program to 850 schools                                | 5,000                                      |
|         | Provide educational program from 33,000 students and teachers to 100,000 | 1,500,000 students & 200,000 adults taught |
|         | Establish a youth counseling service in Harare and Bulawayo              | Established; 3,000 youth counseled         |

|                      |                                  |          |
|----------------------|----------------------------------|----------|
| (7) Medical/Clinical | Hire 2 physicians                | Hired    |
|                      | Hire 4 senior nurses             | Hired    |
|                      | Provide family planning services | Provided |

computer assistant, and a resident advisor. The establishment of the ERU was facilitated through a contract with San Diego State University (SDSU), which supported the resident advisor, purchased four microcomputers, and provided a variety of technical assistance. The SDSU contract has expired, and the current resident advisor is supported through the Pathfinder Fund.

The ERU began by recruiting and training staff in research and computer skills. This process is still ongoing, and two of the staff are currently receiving master's level training in the United States. As a result, for the next 18 months, only three of the five professionals will be on the job. With the return of the other two, all professional staff will have received advanced training.

#### Achievements Issues

The accomplishments of the ERU are considerable and have greatly increased the management and programming capabilities of the ZNFPC. Three especially important accomplishments are the development of a computerized

1. contraceptive distribution and inventory system,
2. service statistics system, and
3. payroll program.

Using information generated through these reports, ERU prepares reports on program performance for provincial, district, and headquarters staff. At present, these reports are too long and complex to be really useful.

ERU has trained the staff of the relevant units to operate these systems and continues to improve and refine them. Concerning service statistics, efforts continue to address the problem of underreporting by increasing the percentage of service facilities reporting, especially MOH hospitals and rural health centers. No arrangements have been made as yet to incorporate sales data from the just initiated social marketing program into the ERU system.

The ERU has a number a useful studies that are either ongoing or planned, including

1. pre- and post-test to measure impact of CBD training courses,

2. evaluation of clinical course trainees,
3. assessment of CBD catchment areas,
4. ZNFPC program coverage,
5. patient flow analysis of ZNFPC and non-ZNFPC clinics,
6. cost-effectiveness studies of CBD catchment areas, and
7. time series analysis of SNFPC performance.

These studies are of interest but should not distract the staff from the ongoing need to continue to refine the service statistics, contraceptive inventory, and payroll system.

An active ERU is unusual for family planning programs. The benefits, however, are very clear. The system enables management to have a solid grasp on how the program is functioning. It is also the main reason for the timely and orderly flow of contraceptives to the field.

#### Recommendations

1. ERU should improve its reports for staff use by making them shorter and more graphic.
2. A special study on drop-outs should be conducted. FHI could collaborate on this effort.
3. A repeat study of the ZRHS in 1988 is very important. Westinghouse could collaborate with ERU. The participation of the Central Statistical Office is critical to the success of this survey.
4. Model wall charts showing total monthly figures for new contraceptive acceptors (by method) and numbers of cycles of pills and dozen condoms distributed should be prepared for display in each of the Provincial ZNFPC offices.

#### III.2.3 Information, Education and Communication (IEC) Unit

##### Description

The IEC Unit of the Council was established in October 1982 as part of the USAID project. The unit has three staff

members and is responsible for developing plans, strategies and materials for public education. IEC strategy was developed in 1983 with assistance from AID's centrally funded PCS project. The strategy emphasizes printed materials, mass media, and press and public relations. Major accomplishments have included considerable radio production and coverage, development of four family planning method booklets, production of posters for male motivation, and a recent film on the ZNFPC.

Findings from the 1984 ZRHS showed that more than half the married women had heard radio programs about family planning, a third had seen materials and 15 percent had watched family planning programs on TV. The IEC strategy is now being reformulated, taking into account the new data from the ZRHS on public family planning awareness, knowledge, attitudes and practice.

#### Achievements/Issues

The project goals for IEC generally have been met in regard to developing a unit and diffusing family planning information to the public. Materials produced, however, are inadequate to meet ZNFPC's needs. The principal weakness is at the field level, at the point of contact between field staff and the public. For example, only a few of the 12,000 copies each of four family planning method booklets developed in 1984 have yet to be distributed. In addition, although field workers have requested handout materials, such as simple leaflets on (1) contraceptive methods and (2) reasons for family planning, nothing has been produced to date.

The IEC unit, which had only two staff people during part of this period, has carried out a wide range of activities, such as extensive mass media (radio and television production) and public relations. These contribute to the well-accepted public image of ZNFPC but do not directly contribute to increased contraceptive prevalence. The IEC unit and the technical assistance provided by PCS have not focused sufficiently on the specific and important IEC needs of the CBD-distributors. These deserve more attention both in the management plan and in technical assistance provided by PCS.

Also of concern is that the IEC materials do not stress strongly enough the themes of the value to a family of limiting the number of children and of spacing children at least three years apart. In view of persistent high parity and short birth intervals, the need for emphasizing these themes is growing increasingly urgent (see Section II.3).

## Recommendations

### o General Comments

ZNFPC needs to develop a sound IEC strategy that would stress limiting family size. ZNFPC should collect information on which to base the strategy, including health and the economic costs to the family of educating six children (the present ideal). The strategy should focus on the advantages to a family of having fewer children as well as the social development gains to the country. The concept of four high-risk groups should be integrated into all IEC output (i.e., pregnant before age 18, after four births, after age 35, and less than two years after last birth). Re-education of government workers on the drawbacks to development of having six children also might begin, as they might serve as role models. Additional contraceptive services and a wider method mix would be needed to provide the means to achieve the ideal family size.

### o Specific Recommendations:

1. **Assess the possibility of providing additional IEC staff at the provincial level to provide technical assistance to Provincial Educators and Group Leaders (Section III.2.5).**

2. **Design, pretest, and distribute in large quantities (1,000 per CBD) simple, inexpensive leaflets (one on contraceptive methods and one on reasons for family planning) for immediate use.**

3. **Assess the educational needs for materials at the provincial, district and CBD level and hire an additional IEC staff member at headquarters to meet these needs;**

4. **Revise the draft IEC strategy and set priorities for realistic, achievable IEC targets (given the small staff available);**

5. **Initiate the theme of the value of a family limiting the number of children in IEC approaches;**

6. **Place stronger emphasis on the concept of spacing at a minimum of three year intervals.**

In order to effect these recommendations, the Council should use the technical assistance expertise of selected CAs.

### III.2.4 Training Unit

#### Description

The ZNFPC Training Unit is a well-organized and highly professional unit with 11 staff (one chief, two senior tutors and eight tutors) in two centers, Harare and Bulawayo. It conducts four courses as well as in-service education for all ZNFPC workers in conjunction with the Provincial Administration. The four courses include:

1. a four-week course for medically trained persons on delivery of all contraceptive methods, management of side effects, management of maternal and child health (MCH) family planning clinics, and population education;
2. a three-week practical course for IUD insertion;
3. a four-week course for training of trainers; and
4. a six-week course for CBDs (who have no basic health training), which covers communication skills, contraceptive methods, and population education. Curriculum content and quality are high. ZNFPC is conducting an evaluation of its training of clinical graduates.

#### Achievements-Issues

Most project goals have been surpassed (see table I), including staff expansion and training. Four high quality manuals for training and working procedures have been developed, two for clinical and two for CBD workers. In addition, in-service training sessions have been conducted for all CBD workers in conjunction with the Provincial Administration. Issues include 1) formulating IUD and sterilization training strategies and increasing trainees at district and rural clinics; 2) reviewing the present training curriculum to bolster the themes of male responsibility in family planning and the reasons for limitation of family size; and 3) ZNFPC's planning a training program for international professionals. Still, it is clear that CBDs and provincial staff do not receive all of their scheduled in-service training much less training in the new areas noted above.

#### Recommendations

- 1) **Increase the number and frequency of in-service training course, especially for CBDs, particularly at the provincial level.**

- 2) **Develop a child limitation component for courses.**
- 3) **Incorporate into all courses the notion of three years or more as the most appropriate closed birth interval; and**
- 4) **ZNFPC should not now consider establishing an international training program. While international participants could benefit from ZNFPC's expertise, this activity would detract from existing Zimbabwean training needs.**

### III.2.5 Community-Based Distribution

#### Description

The Community-Based Distribution Program began in the early 1970s. It is the ZNFPC's principal means of outreach. Under this program, CBDs visit villages by bicycle on a planned rotation basis equipped with oral contraceptives and condoms, record books and forms, and screening checklists.

CBDs are selected by the community in which they live and receive six weeks training in family planning, primary health care and interpersonal communication. They must be literate and able to speak English and at least one of the major languages, Shona and Ndebele. They are supervised and provided contraceptives by a Group Leader based at the district level, who usually supervises 10-12 CBDs. Each Group Leader is supervised by a Senior Educator based in a provincial ZNFPC office. Medical aspects of the CBDs' work are supervised by the State Certified Nurses, who are supervised by the Provincial Nursing Officer.

#### Achievements/Issues

Virtually all original USAID project goals have been exceeded (see Table 1) with the exception of provision of in-service training. The CBD workers represent the single most important source of new and continuing contraceptive acceptors. For example, during the third quarter of 1986, each worker accounted for a mean number of new clients ranging from 36-60 (depending on province) and made a mean number of revisits to continuing users of from 407-818. A 1986 consultant report estimated that at least 45 percent of the total couple years of protection for all ZNFPC and non-ZNFPC sources were provided by CBDs during 1985.

Some issues of concern regarding the CBDs include:

1) the heavy reliance on CBDs as service providers has meant that oral contraceptives and condoms are the only types of contraceptives that are widely available. Too little effort has been made to provide more long-lasting methods (IUD and sterilization);

2) the tendency of CBDs to emphasize pill and condom resupply rather than the recruiting of new acceptors; and

3) the need to fill CBD vacancies and to find a method of paying for the recurrent costs of CBD salaries at the end of the USAID grant.

Another issue of concern related to the performance of CBDs is their tendency, in dealing with clients, to focus on two years as the ideal closed birth interval. This is a problem that needs to be dealt with by the IEC and Training units, as do two other issues concerning the CBDs: 1) their lack of sufficient IEC materials for clients (see Section III.2.3), and 2) the inadequate amount of time for in-service training (see Section III.2.4). Recommendations on these matters are found in the referenced sections.

#### Recommendations

1) **Change the contraceptive mix to emphasize the IUD and voluntary surgical sterilization.**

2) **Revise the present working procedures to allocate more time for recruiting new acceptors and less on resupply.**

3) **Fill CBD vacancies where this is feasible.**

#### III.2.6 Youth Advisory Services (YAS) Unit

##### Description

The Youth Advisory Services (YAS) program began in 1978 when the Ministry of Education requested the Family Planning Association to provide Family Life Education (FLE) in the schools as part of a national effort to deal with the increasingly significant problem of teenage pregnancy. At present, the unit educates and counsels youth between ages 10 and 25 both in and out of school, mainly providing education sessions at primary and secondary schools. In addition, it has established a Youth

Advisory Center in Harare that provides counseling, has been broadcasting a weekly radio program for youth, and recently began a Parent Education Program using a manual on human sexuality it developed. During 1986, a Reproductive Health Survey of young adults in Harare was conducted to enable ZNFPC to develop, evaluate and improve its programs for youth in reproductive health and family planning. Survey results are expected in mid-1987.

#### Achievements/Issues

Virtually all original USAID project goals have been exceeded (see Table 1). The program started with three Youth Advisors in Harare and Bulawayo and has been strengthened and expanded by USAID assistance to 33 Youth Advisors based at five provincial offices in Harare, Bulawayo, Gweru, Masvingo and Mutare. USAID also has provided funds for vehicles, traveling expenses, and audio visual equipment. The original achievement target of 100,000 students and teachers to be reached over the four-year life of the project has been exceeded by more than ten-fold. During the last quarter of 1986 alone, more than 75,000 students in seven provinces attended FLE sessions.

A question related to establishing longer-term objectives for YAS is whether the major focus for YAS should be reduced to cover only ages 10-19, rather than from 10-30 (which includes 46 percent of the population). Considering that the recent Reproductive Health Survey showed that one of three ever pregnant women had her first pregnancy before 18 and that a third of those ages 15-19 had had at least one pregnancy (70 percent becoming pregnant before the age 18), a strong case can be made for targeting only the population under 20 years of age. Limiting the target group would also enable YAS to make maximum use of its resources.

#### Recommendations:

##### YAS should

- 1) **focus its limited resources primarily on the age group 10-19;**
- 2) **develop some simple posters and handouts for discussion of male and female reproductivity for in-school education and counseling sessions;**
- 3) **the Ministry of Education should develop a formal sexual educational program, including teacher training, cur-**

riculum development, and materials. YAS, in a limited fashion, could provide technical assistance. Such integration of population and human sexuality objectives into the overall primary and secondary curriculum seems essential.

### III.2.7. Transportation

#### Description

ZNFPC received 70 motorcycles and 600 bicycles for CBDs and 33 vehicles. Except for one sedan, assigned to the Project Coordinator, all vehicles were distributed on a pool basis, i.e., requested as needed and assigned by priority. An additional criterion for allocation is condition of the roads and distance to be covered.

#### Achievements/Issues

The Transportation Division is well organized and managed. There is a system for preventive maintenance. Each motorized vehicle is analyzed on a cost per kilometer basis.

Of the 33 vehicles purchased and delivered in 1983 and 1985, seven were Nissan 1500 sedans. Experience has shown that these cars are too light and too low for the actual field conditions. The motorcycles purchased were Suzuki 80 ccs, and in some cases have proven to be underpowered. The motorcycles were budgeted at U.S.\$2,100 each. The actual cost was Z\$900 per motorcycle. It appears that no spare parts were purchased for either the motorcycles or the vehicles. All transportation equipment was purchased under waiver.

The argument for local purchase over purchase from the U.S. when available was largely based on availability of maintenance and spare parts. Although the past four years have demonstrated the truth of this argument, nevertheless the failure to acquire spare parts has been a serious problem for the project. The ZNFPC petitioned the GOZ more than two years ago for sufficient foreign currency to purchase the badly needed spare parts. To date, GOZ has not responded.

USAID Harare has already completed the purchase of 12 new vehicles to replace sedans procured in the 1970s with more practical 4 wheel drive vehicles. USAID has received a request for spare parts but it is uncertain if the Mission can do more than the ZNFPC in securing permission of the GOZ to utilize foreign currency for this purpose.

Recommendations

1) If additional motorcycles are requested or purchased, careful consideration should be given to acquiring some larger motorcycles (125 ccs) for the district level workers.

2) Any additional transportation purchases should include a minimum of 10 percent of the purchase price for spare parts.

## IV. A PROGRAM IN TRANSITION

### IV.1 Introduction

The ZNFPC has a dynamic program, one that continuously addresses the changing population situation. For a national effort, however, it has a relatively small staff. Moreover, its sources of funds and technical support are limited--essentially to the MOH and USAID. This lack of complexity has been one of the program's strengths.

In the near future, however, managing the ZNFPC will become more complicated. The program has reached a point of maturity at which more vigorous interventions are called for. Simultaneously, the convenient one-donor arrangement is going to be replaced with a more complex and administratively demanding multi-donor situation. ZNFPC is at the crossroads, and how well it can adjust will test its mettle as an organization.

### IV.2 Factors Affecting ZNFPC's Future

#### IV.2.1 Issues of Primary Importance

Of the various problems with which ZNFPC has been dealing, six stand out as most urgent for the immediate future. Three are demographic, one is in the field of health, and the last two relate to administration. Addressing these problems will require some major shifts in ZNFPC's program emphasis.

##### o Demographic Issues

These have already been discussed, particularly in Section II.3, but can be summarized as follows:

- (1) The plateauing of contraceptive use,
- (2) The public's use of family planning primarily for spacing births, and for only a short interval, and
- (3) The apparent limited effect on fertility.

The implications of these facts have recently received national attention with the Prime Minister noting the need to balance population growth with existing resources for future national development. At its present growth rate of 2.9 percent, the population could quadruple to 30 million in 30-40 years.

o Health-Related

This issue has not been explored in this report, but as the program evolves (see Section IV.3), health issues will begin to move center-stage. The specific issue is this:

- (1) Limited program impact on infant and maternal mortality.

It is well-established that family planning can have a dramatic impact on health by reducing infant mortality and, to a lesser extent, maternal mortality. Presently, the ZNFPC is not having much, if any, health impact. In fact, the ZRHS found that 80 percent of women fell in one or more of the following high risk groups:

- pregnant before age 18
- pregnant after age 35
- pregnant after four births
- pregnant less than two years after the last birth

o Program-Related

The two problems here are

- (1) An incomplete picture of program performance (particularly on program dropouts) resulting from underreporting of service statistics and from limited survey data (see Section III.2.2);
- (2) Recurrent costs of salaries of the CBDs which need to be covered through other sources after the USAID contract expires (See Section III.2.5).

#### IV.2.2 Major Recommendations

Among the recommendations contained in this report, several assume primacy in light of the foregoing analysis of priority problems. Specifically, to enable ZNFPC to meet demographic targets, it is recommended that --

- o Stronger emphasis be put in all CBD training and IEC program inputs on promoting three or more years for spacing;
- o Likewise, stronger emphasis be placed on introducing the values of limiting the number of children;
- o The contraceptive mix be changed, to emphasize the IUD and voluntary surgical sterilization;
- o CBDs focus their attention more on attracting new acceptors and less on resupplying current users;
- o The available sources for contraceptives be increased to include the private sector, as planned through the SOMARC and TIPPS projects.

To improve the quality of information on program performance, it is recommended that

- o The ZRHS be repeated in 1988;
- o The problem on underreporting in service statistics be addressed; and
- o Drop-outs be surveyed to identify weaknesses in the delivery system.

#### IV.3 External Factors

The external funding picture is currently in flux. The outlook is for considerably increased resources, coupled with the need for more complicated arrangements to administer those resources.

Three major changes are in the offing:

- (1) Termination of the USAID Bilateral Program.

With the termination of this project, the ZNFPC will no longer be able to look to a USAID bilateral project for its major support.<sup>1</sup> To date, the availability of major funding from USAID

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1 All U.S. bilateral funding was terminated in 1986 as a consequence of political disagreement between the GOZ and the U.S. Government.

has spared ZNFPC from the often complicated task of donor coordination. Henceforth, both because the bilateral is terminating and because ZNFPC's excellent reputation is attracting outside donors, it is certain USAID will be replaced by a variety of external donors. Moreover, to meet the programmatic challenges outlined in Section IV.2.1, funding levels will need to increase.

(2) Changing Role of Cooperating Agencies.

Although the picture is still unclear, it is probable that funding for AID CAs will increase. AID/Washington, REDSO/Nairobi and USAID Harare will work closely with the CAs to develop a coordinated effort.

(3) Initiation of the World Bank Project.

The World Bank has launched a \$52 million 5-year project with the GZ. The funding for this project will be in loan form from the Bank--\$9.9 million, and grants from the Overseas Development Administration (ODA)--\$1,814,000; Norwegian Agency for International Development (NORAD)--\$10,043,000; the Netherlands--\$1,607,000; the Federal Republic of Germany (GDR)--\$1,385,000; and the remaining \$27,664,000 to be provided in kind by the GZ.

The project proposes strengthening of the MOH at the national, provincial, and district levels; training of village health workers (VHW) in family planning and midwifery; and improvement and expansion of hospital facilities for MCH in eight districts. These eight districts include about 12 percent of the country's population.

As part of the move to increase the MOH's involvement in family planning, the Bank project will combine the Health Education Unit of the MOH and the IEC Unit of the ZNFPC in a new facility to be built on the ZNFPC grounds. Questions of scheduling, use of resources, management, etc., loom large in the future of the ZNFPC.

Longer-term implications concern defining the relative roles of the ZNFPC and the MOH in the expanded and decentralized peripheral health and family planning services proposed. It seems vital that the present cadre of CBD workers be continued at least until the time the VHWs are experienced enough to carry out the task of providing family planning education and services adequately.

#### IV.4 New Demands on ZNFPC

Tremendous new demands will be placed on ZNFPC if it is to adjust to the changing situation described in Section IV.2. Specifically,

o As the national policy shifts from child spacing to specific demographic targets, the government will place more demands on the Council.

o The expected repeat of the ZRHS in 1988 will assist the ZNFPC to meet these demands by increasing understanding of such critical issues as whether fertility levels are being affected by the program. While ZNFPC will not be directly involved in carrying out this study, execution of the study will place significant demands on ZNFPC staff.

o The expanded role of the MOH implied in the World Bank project will increase field and headquarters coordination problems for ZNFPC and make its decision-making and programmatic actions more complex. More liaison between agencies will be necessary.

o The incorporation of the 7,000 VHWs will change the program direction and require considerable coordination.

o Multi-donor support from CAs and through the World Bank project will require more complex funding and reporting relationships.

o The increase in private sector participation in family planning expected as a result of the TIPPS and SOMARC projects also will have implications for ZNFPC as the central coordinator of the nation's family planning activities.

#### IV.5 Recommendations (with specific reference to AID)

(1) AID/W and REDSO must continue to support the work of the Council. Family planning has made a successful start in Zimbabwe, but much needs to be done if the birth rate is to be brought to a manageable level. AID has demonstrated its ability to provide the correct mix of resources and technical assistance. Funds must be secured to finish the job.

(2) The Council needs to establish criteria for accepting donor support. This support must relate to the overall objectives of the Council without overburdening the management

and administrative capacity of the Council to carry out its objectives.

(3) The number of CAs to be involved in the program should be limited to reduce the coordination burden on the Council and other local organizations.

(4) Under the sponsorship of REDSO/ESA, a coordinating meeting should be called for CAs involved in current and future activities.

Appendix A  
PRINCIPAL CONTACTS

Appendix A

PRINCIPAL CONTACTS

Ministry of Health

Dr. O. S. Chidede, Permanent Secretary  
Dr. G. Washaya, Head, Management Unit and Project Coordination  
Mr. A. Rutsate, Assistant Secretary, AID Programming  
Mr. L. Zinyemba, Assistant Secretary, Health Planning  
Dr. Hlangabeza, Provincial Medical Director, Matabeleland North  
Dr. Nyanthi, Medical Officer, Bulawayo City  
Dr. Mason, Provincial Medical Officer, Gweru Province  
Dr. Pugh, Regional Medical Officer, Mataberland  
Dr. Nkomo, Regional Medical Officer, Mataberland  
Sister Pam Easton, Chief Nursing Officer, Bulawayo City

Ministry of Community Development and Women's Affairs

Mr. Mubi, Under Secretary

Central Statistics Office

Dr. G. Mandishona, Director

University of Zimbabwe

Dr. Gwavava Dean, Medical School  
Dr. Chimhira, Chairperson, Department of Obstetrics and Gynecology  
Dr. Kasule, Professor Department of Obstetrics and Gynecology

United Nations Fund for Population Activities

Mr. Tsitsi, Senior Program Officer

World Bank

Mr. P. Pohland, Country Agricultural Officer

World Health Organization

Professor Shehu, Director, Sub-Regional Officer

Ms. F. Giddings, Nurse Educator

Dr. C. Kateregga, Health Educator

Zimbabwe National Family Planning Council

Dr. N. O. Mugwagwa, Executive Director

Dr. E. S. Boonene, Project Coordinator

Mr. T. Nzuma, Head, CBD

Dr. Zinyande, Medical Director

Mr. Musakwa, Parents Education Program

Sr. Kadzirange, Training

Ms. Chikara, Head, IEC

Dr. Londono, Head, Evaluation and Research

Mr. Katsande, Finance

Mr. Msimbo, Vehicles

Mr. Gwatidzo, Stores

Mr. Chikwanha, Administration

Mr. Ndenda, Provincial Manager, Midlands Province

Ms. Emilda Mudarikir, Senior Medical Assistant General

Ms. Songanile, Provincial Manager, Bulawayo

Mrs. Edna Mdawarima, Provincial Nursing Officer, Glueau

Mr. Frank Mdgee, CBD, Supervisor Glueau

Mrs. Ellah Mhlanga, Senior Youth Advisor, Midlands Province

In addition to the above, numerous staff members in Harare and in the field.

USAID/Zimbabwe

Ms. Allison B. Herrick, Director

Ms. Lucretia Taylor, Program Officer

Ms. Mercia Davids, Assistant

San Diego State University (interviewed in Washington)

Dr. Samuel Wishik

Dr. Saad Gadalla

AID Washington

Ms. Barbara Kennedy, Associate Director, Office of Population

Dr. James Heiby, Medical Officer, Office of Health

Appendix B

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Appendix B

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