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The Enterprise Program

TRIP REPORT

ZIMBABWE: ASSESSMENT REPORT

By The Enterprise Program and Tipps

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John Snow, Inc.
1100 Wilson Boulevard, 9th Floor
Arlington, VA
22202 USA
Telex: 272896 JSIW UR
Telephone: (703) 528-7474

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I. INTRODUCTION

TIPPS (Technical Information on Population for the Private Sector) and Enterprise are projects designed to increase the level of private sector investment in family planning services.

To achieve that goal TIPPS demonstrates to private, for-profit businesses the health and financial benefits of investments in family planning services. This is accomplished by demonstrating to private sector decision makers the cost effectiveness of providing family planning services in their individual organizations.

The Enterprise Program assists commercial firms and Private Voluntary Organizations develop successful family planning programs, develops clinic systems, working with Private Health Care providers and Occupational Medical Service Centers to provide Family Planning Services, and establish an adequate documentation of efforts in the for profit and private voluntary organizations to allow adequate assessment of the initiatives. This assistance includes clinical training as well as the provision of appropriate resources to begin service delivery (i.e. equipment, commodities). Collaborating groups are encouraged to improve or expand their services in ways that enhance the prospect of making their activities self-supporting.

Both TIPPS and Enterprise believe that as the demand for family planning services increases, the private sector can play an important role in financing an increased supply of accessible, quality choices for consumers.

In Zimbabwe TIPPS-Enterprise made a preliminary assessment of the potential for private sector family planning initiatives.

II. EXECUTIVE SUMMARY

At the invitation of the Zimbabwe National Family Planning Council and USAID/Zimbabwe, a team consisting of Nancy P. Harris and William Chester (from the Enterprise Program) and Kevin Kingfield (from the TIPPS Project) visited Zimbabwe, October 13-23, 1986. The purpose of the visit was to determine the feasibility of developing private sector family planning activities in Zimbabwe.

Findings

The findings of the TIPPS-Enterprise assessment are:

- o Current government support for family planning through the Zimbabwe National Family Planning Council (ZNFPC) has resulted in the highest contraceptive prevalence rates in Africa.
- o Future increases in contraceptive prevalence will be difficult to achieve without significant additional resources.
- o An increase in public sector resources for family planning appears unlikely at this time.
- o The Government through the ZNFPC wants to stimulate private sector investments and is supportive of the TIPPS-Enterprise approach.
- o The private sector is interested in and influenced by the Government's position on family planning.
- o The private sector currently finances/delivers a significant level of health services in Zimbabwe.
- o Mining and agricultural leaders indicate a willingness to consider investments in family planning.
- o The private sector is willing to meet Government requirements regarding quality standards, reporting and commodity supplies.
- o Business leaders feel a need for basic research in order to determine the need for family planning investments, the magnitude of demand, the return on investment and a baseline for program evaluation.
- o Private voluntary organizations support a health care delivery infrastructure which could be expanded to include the delivery of more family planning services.

Recommendations

Based on the findings above the assessment team recommends that:

1. The "Private Sector Family Planning Committee" be activated by the ZNFPC. The Committee would be responsible for the design and implementation of individual private sector projects and for the management/coordination of outside donor assistance.
2. An Enterprise and TIPPS team revisit Zimbabwe in early 1987 to identify and develop private sector initiatives. Mining, agriculture and insurance receive priority consideration as private Enterprise sector subprojects.
3. TIPPS begin the design of a business analysis for the commercial farmers.
4. PVOs and NGOs should be included as priority private sector sites and other Cooperating Agencies.

III. ZIMBABWE OVERVIEW

Why Zimbabwe

Zimbabwe is ideally suited for private sector initiatives due to a number of positive factors. The country maintains a high status level among African nations with an estimated 27% contraceptive prevalence, the highest among sub-Sahara countries.

A large and dynamic private sector, combined with a capable and active National Family Planning Council provide a fertile ground for private sector initiatives which are actively supported by USAID/Harare and USAID/REDSO/ESA.

Assessment Framework

The purpose of the visit was to conduct a "pre-assessment" of the potential for private sector family planning activity in Zimbabwe. Team members were to work closely with Dr. Ester Bohene, ZNFPC Coordinator, and representatives of the private sector to set the terms of reference for a more detailed assessment to take place in early 1987.

The team members, Harris, Kingfield and Chester, have experience in policy and the programming aspects of commercial and NGO family planning programs.

The pre-assessment was to provide initial understanding of the environment and a plan for obtaining the following information:

1. Demographic Characteristics/Need:

What are the characteristics and size of unserved or underserved people in the potential "target" population served by the private sector?

To what extent can the burden on the public sector program (ZNFPC and MOH clinics) be relieved by the private sector?

What groups or sectors should be targeted as a priority?

2. Private Sector Environment:

What are the characteristics of the Zimbabwe private sector in general, and specifically health-care networks, which favor or constrain the development of private sector family planning programs?

What is the potential for cost recovery and self-sufficiency in the short or medium term?

What are the attitudes of business, agricultural and labor leaders towards family planning, and how will this affect programming? Do they perceive and understand potential cost savings?

3. Government Involvement:

What are the views of key government policy makers on private sector family planning?

What kinds of coordination oversight mechanisms will be required or desirable and what legal or policy barriers or constraints might be anticipated?

4. Programming Considerations:

What are the health administrative and financial infrastructures of the various subsectors (mining, industry, agriculture, commerce and NGO/PVO)?

To what extent is family planning currently provided and what other kinds of health services and benefits are provided?

What kinds of IE&C and service program inputs are needed?

What policy-related research do decision makers

require? What will be the cost and personnel implications?

Enterprise Workshop - Family Planning in the Private Sector

Prior to the team's pre-assessment visit, three key Zimbabweans (Dr. Ester Bohene, Program Coordinator, ZNFPC, Mr. Peter Frazer-MacKenzie Representative of the Commercial Farmers Union and Mr. Alex Ndulukula Personnel Director with British American Tobacco) attended an Enterprise Program workshop in Kenya on Family Planning in the Commercial Sector. The participants from Zimbabwe were selected to represent both public and private sectors. They were active throughout the workshop on various discussion groups, panels, and as individuals, and provided the other participants with excellent insights into the development of family planning in Zimbabwe. During field visits in Nairobi, key questions were raised that could assist with program development in Zimbabwe. The last day of activities in Nairobi was dedicated to the development of action plans for each participating country.

In Zimbabwe, the plan suggested a multifaceted approach which would include coordination through the ZNFPC, training under an expansion of existing ZNFPC programs, and service delivery through the current healthcare network operated by the commercial farmers, the mines, and other private sector organizations. This workplan became the central point of focus for the follow-up visit by the Enterprise/TIPPS team.

Demographics

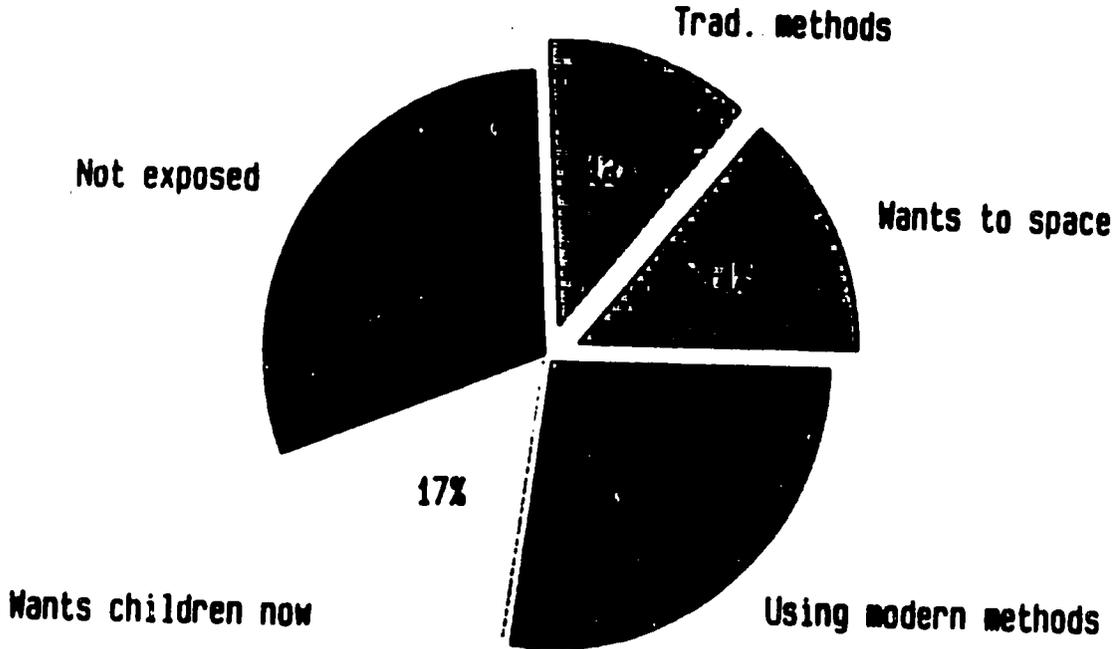
The following background data and charts provide important demographic information used by the TIPPS-Enterprise team in the selection of Zimbabwe, its assessment and in its presentation to selected organizations. In general a favorable environment for private sector initiatives is presented due to a:

- o Rapid rate of population growth;
- o High level of potential demand for family planning;
- o General awareness of the benefits of family planning;

1985 population estimates show a doubling of the then nine million by the year 2005 (United Nations 1984 projection). Health care financing in Zimbabwe show that more than half of all funding comes from the public sector. Insurance and individual financing account for 19% and 17% respectively with mines and industries accounting for 9%. The remaining 6% is derived from "other" sources (World Bank Report 1983). In a 1984 analysis of contraceptive use and methods done by the Zimbabwe National Family Planning Council, 62% of the reproductive females were not using any method. The study also indicated 23% using the Pill, 6% Withdrawal, 4% other modern methods and 5% using other traditional methods. This same study also identified a significant unmet need for Family Planning Services as shown on the following

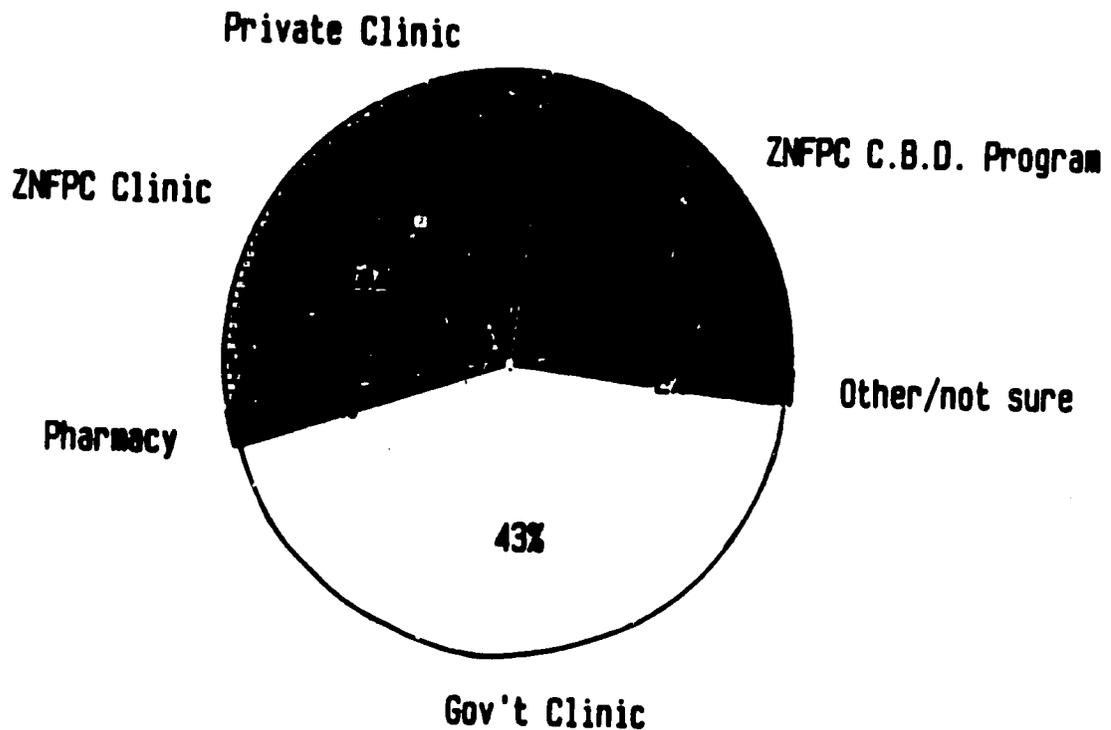
chart.

UNMET NEED FOR FAMILY PLANNING: ZIMBABWE



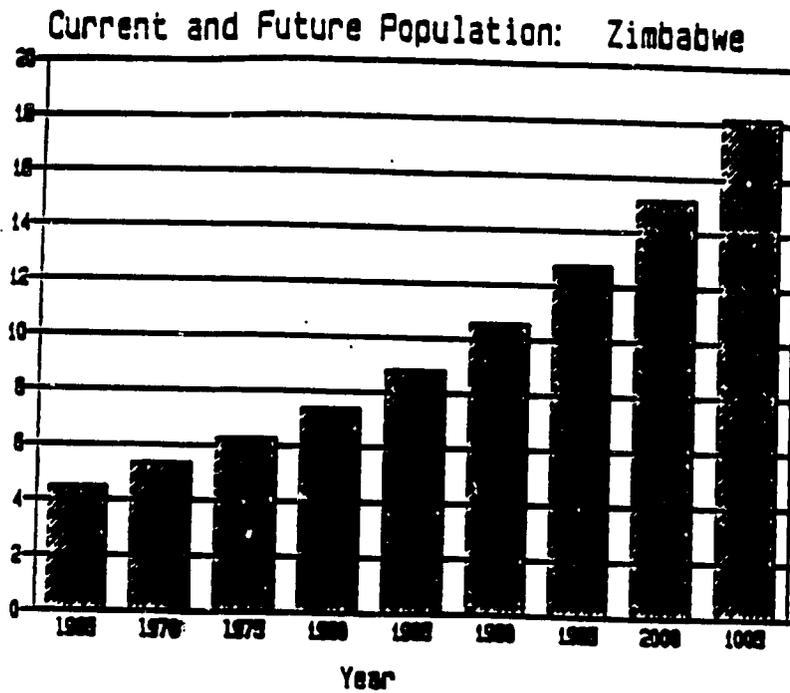
Source: Zimbabwe Reproductive Health Survey, 1984, pg. 145
Zimbabwe National Family Planning Council

DISTRIBUTION OF F.P. USERS BY SOURCE

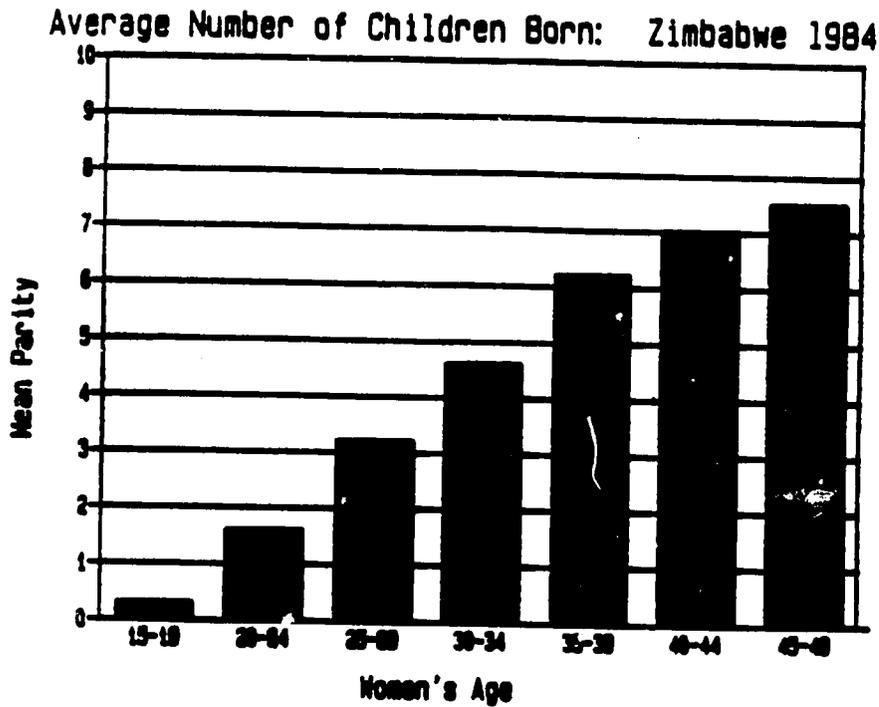


SOURCE: Zimbabwe Reproductive Health Survey, 1984, pg. 150
Zimbabwe National Family Planning Council.

POPULATION



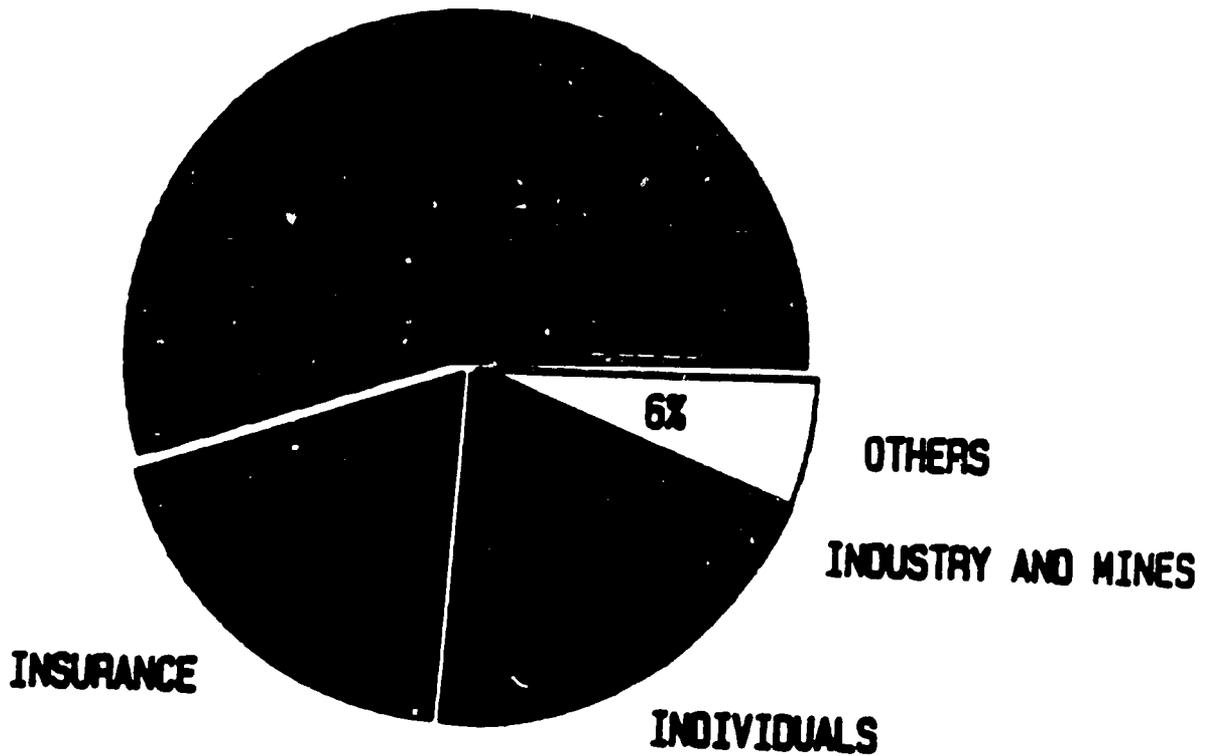
Source: Demographic Indicators of Countries: Estimates and Projections as Assessed in 1982. Department of International Economic and Social Affairs, United Nations, New York, 1984.



Source: Zimbabwe Reproductive Health Survey, 1984, pg. 51
Zimbabwe National Family Planning Council.

HEALTH FINANCING

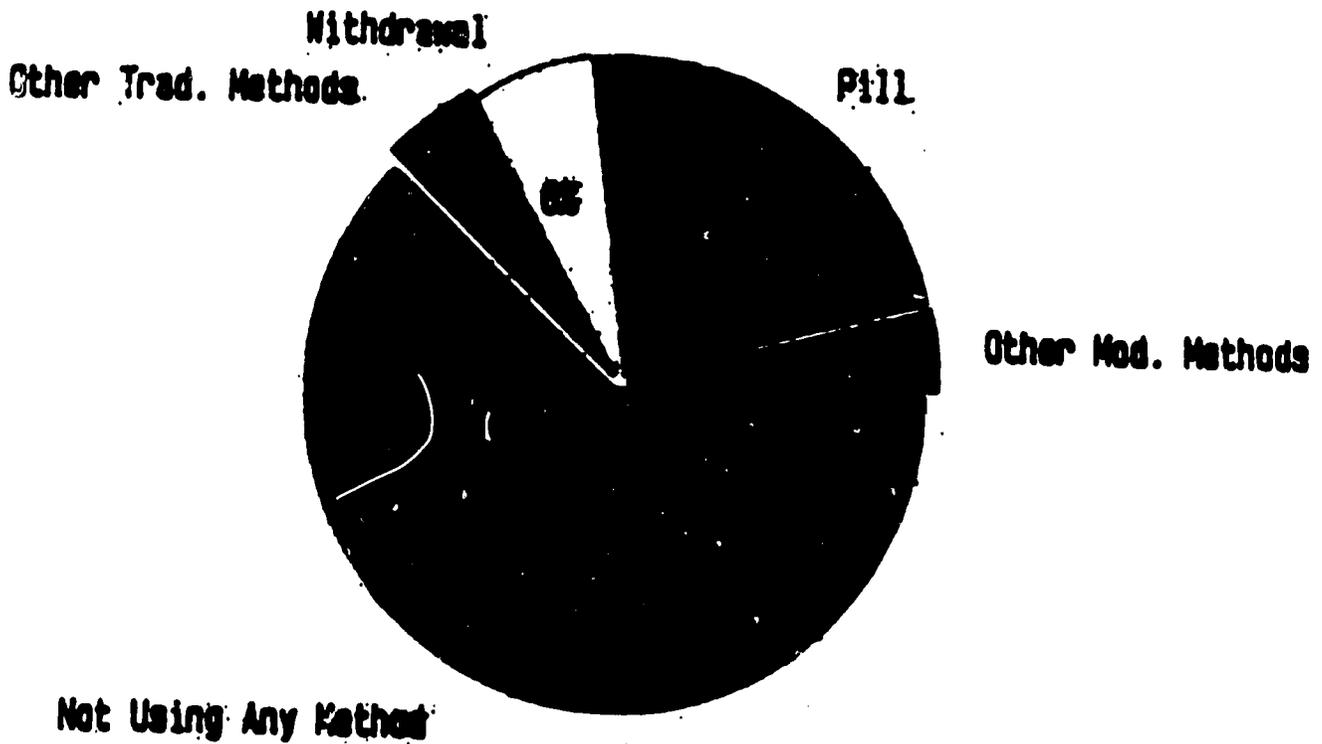
SOURCES OF HEALTH FINANCING - 1980-81
MINISTRIES



ZIMBABWE: Population, Health and Nutrition Sector Review, Vol.1, World Bank Report Mp/ 4214-ZIM, June 17, 1983

CONTRACEPTIVE USE AND METHODS

Current Use by Method: Zimbabwe 1984



Source: Zimbabwe Reproductive Health Survey, 1984, pg. 121
Zimbabwe National Family Planning Council.

IV. DESCRIPTION OF ACTIVITIES

The team made contacts and site visits in the following sectors: (1) agricultural, (including the tobacco industry); (2) industrial sector; (3) mining; (4) insurance; (5) labor; (6) NGO/PVO; (7) ZNFPC and government; (8) USAID and others. Time and scheduling constraints prevented looking into the insurance industry or contacting the Employers Confederation of Zimbabwe (EMCOZ).

(1) AGRICULTURAL SECTOR/COMMERCIAL FARMERS

The commercial farmers represent an important economic sector in Zimbabwe. The sector itself is dominated by a relatively small number of land owners. In 1980 total farm output was valued at \$734 million of which 80% was produced by 5300 commercial farmers. While the total number of commercial farmers is relatively small, the total labor force necessary to produce the output has been averaging over 250,000 not including dependents. A family planning program focusing on the commercial farmer could, therefore, reach over a million workers and dependents.

The commercial farmer is aware of the relatively small number of producers owning the large, productive estates. Population growth, especially among the farmers' work force, poses a potential economic threat. An effective family planning program could have an important financial impact for the commercial farmer by:

- Reducing costs for maternity leave
- Reducing ambulance costs
- Reducing dispensary usage by mothers and children
- Reducing absenteeism
- Reducing housing and education costs
- Improving labor relations
- Improving productivity

Based on conversation with representatives from the Commercial Farmers' Union of Zimbabwe, Rural Councils and the Zimbabwe Agricultural Worker Union as well as individual farmers, the assessment team felt that commitment to family planning was strong. The farmers recognized the need for an expanded family planning program and appeared willing to invest their own resources in the effort.

Identified areas of need include an increase in the number of community-based distributors, which were established by the Zimbabwe National Family Planning Council, an expanded number of contraceptive distribution points and improved local administration of local programs. The farmers indicated that they would be willing to commit their own resources if market research indicated that a demand exists for such a program; that financial benefits could be estimated; that benefits would exceed costs within 3-5 years; and that the program would be administered by the farmers. Initial program costs (e.g., training, equipment)

would be borne by the public sector or the donor community, but there was a strong indication that continuation funding by farmers was likely.

Apart from individual commercial farmers and their infrastructure, interest was expressed by Triangle Sugar Corporation, a sugar estate serving some 54,000 employees and dependents. Dr. B. J. Kaveembura, the Medical Director, is actively interested in family planning and has submitted a proposal for support to the council (See Appendix I). He expressed interest in Enterprise Program Support.

The Commercial Farmers' Union keeps extensive data on its members. A copy of the "Commercial Farmers' Union - Confidential Survey Form" is in Appendix C. This data has been collected annually for over 10 years by the Commercial Farmers' Union. This survey is distributed to the 5000+ Union members and asks a number of questions regarding farm laborers. Of special interest are those relating to number of employees and dependents, type of housing provided to workers, employment and financing of health workers and educational services provided. This information will give Enterprise and TIPPS an excellent perspective of the types of services offered to workers and the trends over time in those services as well as number of individuals affected. The survey could also be a valuable future tool as new questions are added to measure the impact of new services such as family planning.

In addition to representatives of the Commercial Farmers' Union the team met with the President of the Tobacco Growers' Association, Mr. J. J. Webb-Martin and visited their ultra modern sales facility outside Harare. Most tobacco growers also participated in the Commercial Farmers' Union, but Mr. Webb-Martin indicated that this association is supportive of family planning and was willing to lend support to any private sector initiatives.

(2) INDUSTRIAL SECTOR

The industrial sector represents approximately 35% of Zimbabwe's GDP and 15% of the country's labor force. After visiting a number of companies and individuals several common aspects of the business community became evident to the visiting team members. Virtually every business representative was interested in the Government's position on the family planning program. They were pleased to learn that the Government is strongly supportive through the ZNFPC and other health care networks; a strong policy will be essential to a successful program.

Business leaders contacted believed that the commercial sector was in an excellent position to provide family planning services to a large segment of the population. At the same time they felt that the establishment of standards was a responsibility of a government agency. This observation is reflected in the way health care is generally financed and delivered by the private

sector.

Almost every major industry provides health care benefits to their workforce; yet, business generally desires and accepts government participation in the establishment of quality standards and delivery guidelines. Thus, a positive and well-defined relationship already exists between the public and private sectors. Upon that relationship public and private sector roles in a family planning program context may be developed.

Support for family planning in the commercial and industrial sectors is found on all levels. The Managing Director of LONRHO Zimbabwe, Ltd., for example, expressed support and indicated that his company would be willing to finance such efforts. LONRHO is one of the largest holding companies in Zimbabwe. They provide excellent, comprehensive benefits to employees and even run a small inpatient facility, which the team visited.

TA Holdings, Ltd. is another large group of companies with extensive holdings in industry, mining, transportation, property, food processing, insurance, and others. Health services for the group's personnel (but not dependents) are provided through the health division.

Their senior medical officer, Dr. P. Nairo, was very interested in family planning and indicated a willingness to purchase commodities. He noted that individuals (particularly women) could receive counseling at the time of their annual physical exam. TA Holdings overall, employs mainly men. The Chief Nursing Officer,

Sister N. Nanlema, said the Council has given a few talks at the factories, but she would welcome more.

A printout from ZNFPC (see sample in Appendix K) indicates that approximately 80 major companies have one or more nurses who have been trained by the Council. These individuals could form the core of an expanded family planning program which focused on IEC and demand creation.

Virtually all the medical personnel the team met were interested in involving their companies in family planning; they receive the requests and are the "first line" dealing with health problems. Sexually transmitted diseases are seen as a major medical problem, and industries spend a considerable amount of time and money treating them. Because of this expense and the fact that health related costs are high and rising should help convince many businesses that the costs of providing family planning services would be easily recovered in a few years.

(3) MINING SECTOR

Mining accounts for over one third of all foreign currency income for Zimbabwe. The largest 12 companies, which account for over 70% of total production, have a combined labor force of over 30,000. These mining concerns are mainly located in the same rural areas as the principal commercial farmers. In general, mines provide comprehensive health services to at least employees and often to dependents as well. The nursing staffs at most mines include at least one nurse trained by the ZNFPC (See Appendix K). However, Family Planning Services provided are usually very limited or non-existent.

The assessment team visited Union Carbide headquarters in Harare as well as one of its hospitals in Maturoshanga. The company has approximately 5,000 employees. Employee health benefits are generous and include costs associated with employee and dependent pregnancy. Family planning services are offered at the company hospital in Maturoshanga, but demand for services appeared low. Little effort was made by the company to inform or motivate workers to use the services. The nurses and staff interviewed had received ZNFPC training and were up-to-date and knowledgeable on family planning methods. They talked about the need for IEC materials. Company management indicated an interest in using its own resources to expand the program. Interest was expressed in seeing the results of a TIPPS business analysis before investing in an expanded program. Management also expressed a desire for Enterprise Program support.

(4) INSURANCE AND BENEFITS

The medical insurance industry in Zimbabwe was initially targeted as a potential private sector initiative for the TIPPS-Enterprise assessment team. Unfortunately, visits to individual insurance

companies were not possible. During a future visit, however, companies offering health insurance coverage should be approached to determine the feasibility of adding family planning services to their benefits package. During a subsequent visit the assessment team should determine the numbers of people covered by medical insurance, types of coverage offered and some of major companies in the business.

The economic rationale for adding family planning services would be that as a preventive health measure insurance companies could reduce the number and size of claims related to pregnancies and maternal and child health. Assuming that the medical insurance is a growth industry, the addition of family planning today could reap substantial benefits in terms of future contraceptive use. Further, individual companies could potentially increase market

share by offering a unique service. The new benefit could be offered at no increase in premium due to the expected savings from reduced savings from reduced medical claims.

(5) LABOR

Although Zimbabwe does not have a strong labor movement, most workers belong to some sort of union and the Confederation of Zimbabwe Trade Unions (CZTU) exerts influence over its workers and conducts a wide variety of educational activities.

While in Nairobi, team members met with the ILO's regional population representative, Adam Sembeye, who attended the Enterprise Program Workshop. He provided a copy of a 1985 UNFPA proposal for a US \$324,800 ILO worker education program through the Ministry of Labour and Development. The ILO representative in Harare was unable to provide the status of the proposal, which reportedly has not yet been approved by the government.

The Enterprise Program, working through the CZTU, could complement this program. Should the program be implemented, labor input would provide 'grass roots' support and be highly acceptable to the industrial sector. One Chamber of Commerce leader said that industry would support factory or workplace family planning only if it were seen as a joint effort with labor and government.

The assessment team found little uniformity in the types of health benefits provided to workers, spouses or dependents, apart from those mandated by a labor law. A new labor code, increasing the length of maternity leave has just been passed. In general, the tendency is for employers to be under pressure from the government to provide ever increasing health care benefits; companies and commercial farmers are very much aware of this. A future area for study would be a review of health care financing in general in Zimbabwe.

(6) NGO/PVO SECTOR

The focus of this assessment visit was the for-profit sector rather than the NGO/PVO sector. Nevertheless, meetings were held with ZACH (Zimbabwe Association of Church-related Hospitals), VOICF and ADRA (Adventist Development and Relief Agency). As in the for-profit sector, the prospects for expanding family planning services are excellent. A limiting factor for TIPPS or Enterprise Program input may be the ability of these organizations to recover costs.

The Church-related hospitals illustrate the potential and limitations of the NGO/PVO sector. According to the Executive Director of ZACH, most mission hospitals, even Catholic ones (about 40% of the total), provide some family planning although not as a priority activity. ZNFPC records show that 150 mission clinics

and hospitals have received contraceptives at least once from the Council (See Appendix E). Church-related hospitals receive subsidies from the Government, and most of their workers are paid by the Government. However, they are not allowed to charge for medicines or services. As a result they have limited ability to generate income. Many mission hospitals find themselves relying on foreign donors and the public sector for capital as well as operational budgets.

The Adventist Church runs twelve health and maternity centers; they are very interested in incorporating family planning. Currently, they rely mainly on community distributors who work out of their clinics.

VOICE is the coordinating agency for all NGOs in Zimbabwe, including church-related hospitals. VOICE recently produced a complete inventory of Primary Health Care programs run by NGOs in Zimbabwe (See Appendix H). Their Director, Rebbedish Gamanya, serves on ZNFPC's board and would be interested in seeking funding for a 'task force' to introduce or enhance family planning in NGO sector. Gamanya envisioned service programs with health-related NGOs as well as IEC or motivational programs with non-health PVOs. VOICE has word-processing and research capability. VOICE indicated a willingness to conduct a survey of member's family planning activities.

(7) ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL - ZNFPC

The assessment team devoted a day and a half at the Zimbabwe National Family Planning Council (ZNFPC) and received an orientation to the ZNFPC philosophy, programs and future plans. This allowed the team to understand the ZNFPC position on private sector family planning initiative and to develop a framework which could complement ZNFPC priorities with private sector efforts.

Many of the Councils 28 clinics and 600 CBD workers, as well as training staff, are working at or near capacity. The ZNFPC faces a tremendous challenge, therefore, if it wishes to increase contraceptive prevalence, or even maintain current prevalence as more women enter the childbearing age. The national family planning program will need to make maximal use of existing infrastructures, in including mission hospitals, mine health facilities, NGO networks and industrial and farm clinics, in order to keep pace with the needs of a growing population.

An additional benefit of expansion within the private sector, particularly the for-profit sector, is the likelihood of cost recovery and cost sharing. As noted above, most commercial organizations contacted indicated a willingness to contribute financial and other resources towards expanding family planning programs in their industries, mines or farms. With variable and generally decreasing outside donor assistance, this private participation could well be significant in the future.

Conclusions from the ZNFPC discussions include the following:

- * Potential demand for family planning services is high.
- * In order to significantly increase the demand for family planning services, private sector support is required.
- * In order to encourage private sector investments, some ZNFPC central control would have to be relinquished.
- * Quality assurance, data reporting formats and commodity supplies would be areas of continued ZNFPC responsibility under a private sector initiative.

Community-Based Distribution Program

The ZNFPC has almost reached its target of sponsoring approximately 600 community based distributors (CBDs) nationally. These workers, chosen by local leaders, are trained, supplied and report to the Council. While the Council is aware of the advantages of additional CBDs, current plans are to allocate Council resources to other priority areas.

The possibility of private sector sponsorship of additional CBDs was discussed. The ZNFPC feels that its training program is successful and would continue its program if financing were available. The principal limitation to direct Council participation is the projected growth and the public sector demand for its other training programs:

- 1) Family Planning Health Course
- 2) IUCD Clinical Training
- 3) Training of Trainers
- 4) Logistics Management
- 5) I.E.C. Skills

Although the Council could not commit space and/or training personnel to an expanded CBD training program, it was interested in exploring private sector alternatives. The basic concern was that the Council maintain quality standards for CBD training. The Council also would continue to supply contraceptives and would require standard periodic reporting.

Based on ZNFPC experience the cost of training one CBD was approximately US\$450 . The estimated current cost is as high as US\$1000 .

Information, Education and Communication

The ZNFPC established an I.E.C. department in 1982. It consists of three divisions: mass media, print and public relations. Pamphlets, posters and other materials are being produced and

distributed. Distribution of I.E.C. materials to the private sector could be expanded if payment mechanisms were developed. Private sector I.E.C. efforts could be particularly effective in reaching males. According to ZNFPC research a significant percentage of females (40%) indicate that males should make family planning decisions. An I.E.C. campaign in the private sector could effectively reach an important segment of the male population and thereby, increase contraceptive prevalence.

Contraceptive Pricing

Current ZNFPC experience indicates that a Couple Year Protection costs approximately US\$10. ZNFPC indicated that contraceptive prices are as follows:

| METHOD | ZNFPC CHARGE TO PUBLIC | ZNFPC CHARGE TO PRIVATE SECTOR | MARKET PRICE |
|------------------|-------------------------|--------------------------------|--------------|
| Condoms | Free | Free | 50-75 |
| Orals \$3.70+ | \$.20-40 | \$. 4 0 | - 8 0 |
| IUCD \$ 20+ | \$ 1-2 \$5 insertion | \$ \$10 insertion | 2 - 4 |

NOTE: Charges stated in Zimbabwe dollars

Appendix D provides a copy of the contraceptive distribution data form. Contraceptive distribution is regionalized. Some adjustments may need to be made if large scale private sector distribution is anticipated.

(8) USAID AND OTHERS

The team had entry and exit briefings with Allison Herrick, the USAID Mission Director and Lucretia Taylor, Program Officer, who oversees population programs in Zimbabwe. Taylor emphasized the importance of working closely with the ZNFPC. She indicated that some buy in funds are available for the 1987 fiscal year. Both Taylor and Herrick were supportive and indicated that the suspension of bilateral programming will not affect the Mission's interest in private sector family planning.

A meeting was held with the World Bank Representative, Mr. M. Burney. He described the multi-donor Primary Health Care (PHC) program, other Bank activities and the general economic situation. His view was that the private sector will be successful if they pursue family planning.

The UNFPA was conducting a regional training seminar during this visit, so the representative was not available.

Trade, professional and company-specific newsletters and journals are distributed widely in Zimbabwe (See samples in Appendix J 1-5). Team members met with the editor of Commercial Farmer, M. Fahwy Von-Hoffen, the largest publication in the agriculture.

With the President of Chamber of Zimbabwe Industries, they discussed the CZI Review. These trade journals and company newsletters represent a large, untapped resource for the promotion of family planning and dissemination of information on methods and programs. Individuals representing the publication were willing, and even enthusiastic, about printing articles on family planning.

V. FINDINGS AND RECOMMENDATIONS

A. FINDINGS

1. The team's main conclusion is that the potential for private sector family planning initiatives in Zimbabwe is great. Despite hard economic times and notwithstanding Zimbabwe's socialist government, the private sector is diverse and strong. Moreover, the individuals and organizations contacted by the team were almost uniformly enthusiastic and supportive of the potential efforts.
2. Evidence of the need for private sector investments in family planning is strong. Zimbabwe has perhaps the highest contraceptive prevalence in Africa. The ZNFPC with Government, AID, World Bank and other donor assistance is rapidly expanding its services to some 800 clinics and PHC programs. However, because more women are entering reproductive age and increasing percentages of women are requesting services, Zimbabwe's demand for family planning services will be difficult to meet without greater private sector involvement.
3. Government support is critical to the success of any private sector activity. Through the ZNFPC the Government of Zimbabwe is responsible for overseeing quality of training, clinical and CBD services. Any potential project design must take this Government oversight role into account. Also, although it appears that key government officials understand and support private sector efforts, it is not clear to what extent they are willing to allow these activities complete autonomy or whether such autonomy would be political or programatically desirable. In order to strike a balance between government control and private sector autonomy, a coordinating mechanism through the ZNFPC was proposed. This would operate through a ZNFPC Private Sector Family Planning Committee, with representatives from major sectors. (See Appendix B, letter of 6/12/85 establishing Private Sector Family Planning Committee).
4. As noted previously, ZNFPC's excellent program faces a number of constraints which will affect its ability to meet expanding demand and to grow both in management

and organizational terms. Even with additional funding, ZNFPC may not be able to run additional clinical family planning training courses for the private sector due to lack of space, personnel and materials. This activity may have to be contracted out. Also, the level of contraceptive supplies and ordering patterns have to be carefully reviewed in case of a potential dramatic upsurge in demand from private sector entities. A two-tiered system, whereby private sector agencies are asked to pay a subsidized price for contraceptives (except condoms) was described to the team. This system needs to be reviewed carefully, given a potential for significant income generation and increased volume. Finally, the exact role of 'Private Sector Committee' and ZNFPC oversight of private sector activities must be addressed.

5. TIPPS business analyses can provide information useful for private sector decision makers. Commercial farmers, for example, feel pressured by rising costs and expectations that they pay for traditionally public sector expenses such as schools and clinical facilities. An analysis of potential family planning demand, program costs, benefits and return on investment would, therefore, be very useful to farmers as they consider committing their own resources. Commercial farmers are also concerned with maintaining control of efforts, particularly those financed directly by farmers, the Farmers' Union or through farmer-supported Rural Councils.
6. The team found that the private sector was diverse, in terms of the level of health benefits and services offered, employee profiles and accessibility to potential family planning clients. Commercial farmers represent an essentially rural environment, where CBD programs are the most practical method of reaching people, and where intensive motivation and education, of both men and women appears necessary. Most mining and church-related groups offer some degree of family planning service and have some trained staff. These could greatly expanded with appropriate IEC clinical training and staff motivational inputs. The industrial and commercial sector varies in organization and benefits, but many factories employ mainly men. Workers live dispersed in urban areas. Dependents of junior employees do not generally receive health benefits. In this sector IEC and condom distribution efforts would be the most successful. In summary, no one model applies to private sector family planning in Zimbabwe. Rather, programs will need to be tailored for each sector or subsector.
7. Based on discussions with family planning providers and clients, the team found that the focus of IEC efforts,

particularly in the industrial sector, will have to be on men, at least initially. Zimbabwe men often feel left out of the family planning decision making. This combined with traditional values favoring many children, has made them resistant to accept family planning services.

8. Because private sector family planning initiatives have been discussed for over two years in Zimbabwe, interest in family planning is strong. This is evidenced by the readiness of such groups as the Commercial Farmers Union, Triagle Sugar, TA Holdings and others to initiate programs. Based on this the team concluded that the most urgent need is to initiate a series of smaller-scale efforts tailored to each sector. They would be coordinated through the ZNFPC, in lieu of, or in advance of a more detailed survey or sector assessment. Such a survey would likely discourage rather than encourage the growth of private sector family planning by delaying the time of actual program implementation. Being results-oriented, the private sector is anxious to start.
9. The team felt that the potential for cost recovery in the private sector was good. Mining, industry and commercial farmer groups indicated a willingness to pay program costs after initial periods. In some cases they were willing to pay for training, which is not a continuous expense but, nonetheless, the largest single cost item. For those private sector entities discouraged by the high costs of training, the Enterprise Program could be the deciding factor in the investment decision.
10. The NGO/PVO network is extensive. Their client population is generally poor and often located in geographically dispersed areas not served by the commercial sector. These organizations are interested in doing more in family planning. However, the potential for cost recovery is poor, especially in view of the fact that these agencies do not generate significant income.

B. RECOMMENDATIONS

The teams recommendations are:

1. That the 'Private Sector Family Planning Committee' constituted by the ZNFPC begin meeting regularly to discuss specific ways to individual private sector projects could be designed/ implemented and mechanisms for mangement/coordination of outside donor assistance.
2. That an Enterprise Program and TIPPS team revisit Zimbabwe in January or early February to follow-up on several existing requests for programs and/or expressions of interest. This visit should focus on activities which will result in action programs and initiate studies, in order to build upon existing enthusiasm.
3. That mining, agriculture and insurance receive priority consideration for private sector subprojects.
4. That TIPPS begin the design of a business analysis for the commercial farmers.
5. That PVOs and NGOs be included as priority private sector initiatives for the Enterprise Program and/or other Cooperating Agencies.

A follow-up letter will be sent to Dr. O. Chedede, the Permanent Secretary, Ministry of Health who was unavailable during the team's visit. Also Milicent Odera, from the Kenya Private Sector Family Planning Program will represent Enterprise at a CBD conference in early November. At that time, she will follow-up on this visit.

APPENDIX A
CONTACT LIST

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CONTACT LIST

U.S. EMBASSY

Mr. Robert P. Konrath
Commercial Officer

5th Floor, Century House
36 Baker Avenue
Harare, Zimbabwe

USAID

Mrs. Allison Herrick
Mission Director

Ms. Lucretia Taylor
Program Director

ZNFPC

(Zimbabwe National Family Planning Council)

Dr. N.O. Mugwagwa
Executive Director

Dr. Esther Boohene
Program Coordinator

Mr. T.M. Nzuma
CBD Program Director (Chief)

Mrs. K. Kasabira
Chief, IE&C Division

Mrs. Bosch
Chief, Training Division

Mrs. Marianga Makomua
Nurse Tutor

Mr. Gwitsitsu
Manager of Central Stores

Mr. Hluye
Education Officer

Mr. T.B. Katsande
Financial Controller

Mrs. June Rosebud Tsodzai
Chief, Youth Division

Saad Gadalla, Ph.D.
Acting Resident Advisor ZNFPC
San Diego State University

PRIVATE (FOR-PROFIT) SECTOR CONTACTS

Mr. J.J. Webb-Martin
President
Zimbabwe Tobacco Association

Mr. Peter Fraser-MacKenzie
Commercial Farmer
Representative of ZNFPC

Mr. John Evans
Statistical Officer
Commercial Farmers Union

Mr. Turner
Executive Secretary
Chamber of Zimbabwe Industries

Ms. Linda Moss
Administrative Assistant
Chamber of Zimbabwe Industries

LABOR

Mr. Donald Jones
Representative
African American
Labour Center (AFL/CIO)

Mr. Francis Cook
Labor Representative
Local Zimbabwe Agricultural
Workers Union

PVO/NGO CONTACTS

Mr. Rebbediah Gamanya
Director
Voluntary Organization in
Community Enterprise
(VOICE)

Ms. Christine Masango
Training Specialist
Save the Children U.S.A.

Mr. R.D. Nyenya
Executive Secretary
Zimbabwe Association of
Church Related Hospitals

Mr. Cliff Patterson
Regional Director
Adventist Development and
Relief Organization

OTHERS

Mr. Alex Ndulukula
Personnel Director
British American Tobacco

Dr. P. Mavros
Senior Medical Officer
TA Holdings

Dr. L. Binnie
Medical Officer
TA Holdings

Sr. M.P. Miriro Pswarai
Women's Affairs
ZCTU (Zimbabwe)

Dr. Kubvumirra
Medical Director
Triangle Sugar Estates

Ms. Clare Sankey
Triangle Sugar Estates

Mr. John M. Fox
Financial Director
Union Carbide Management
Services (Pvt) Ltd.

Mr. Jeremy R. Rutherford
President
Commercial Farmers Union
of Zimbabwe

Ms. Myfanny van Hoffen
Editor,
Modern Farming

Dr. Chellappa
Medical Officer
AC&M Hospital and Clinic

Sr. Rolayen Lang
Nursing Sister
AC&M Hospital & Clinic

Ms. Elizabeth Tekeshe
Family Planning
AC&M Hospital & Clinic

Sr. Charingira
Nursing Sister
Mhangula Mine Hospital

Sr. Ndoda
Nursing Sister
Mhangula Mine Hospital

Mr. Murangandi
Medical Assistant
Mhangula Mine Hospital

Ms. Maggie Mazingaizo
Provincial Nursing Officer
Mashunaland West Province

Mr. Anthony Manning
Regional Director
Makondi Branch
Commercial Farmers Union

Mr. David V. Rockingham-Gill
Director
UMBOE Rural Council

Mr. Patrick Ashton
Chairman
Landfall Farms
Matharashengo

Mr. A.C.L. Parvin
Managing Director
LONRHO, Zimbabwe, Ltd.

Mrs. Agnes Musikavanhle
Nursing Sister
St. Clements Nursing Home
LONRHO

Mr. Mahmud A. Burney
The World Bank Representative

Dr. Zotovic
ILO Representative
(for Rehabilitation)

APPENDIX B

ZACH (Zimbabwe Association of Church-Related Hospitals) Brochure

- C. Repatriation of Capital: New capital investment may be repatriated after 2 years. Any capital in excess of the initial investment may be transferred through government bonds paying 4 percent interest. Fifty percent of after-tax profits may be remitted less a withholding tax of 20 percent.
- D. General Attitude: While welcoming foreign investment, the Government offers few incentives to attract it.
- E. U.S. Investment: There are approximately 50 U.S. subsidiaries operating in Zimbabwe. Union Carbide is the largest. The major U.S. investment since independence has been the Heinz joint venture agricultural project.
- F. Principal Foreign Investment: At independence, U.K., \$2 billion; South Africa, \$1.3 billion; U.S., \$100 million.

| 3. <u>Economy</u> | <u>1982</u> | <u>1983</u> | <u>1984</u> |
|--------------------------------------|-------------|-------------|-------------|
| A. GNP | \$6.35 bil. | \$5.65 bil. | N/A |
| B. <u>Govt. Spending</u> as % GNP | 41.8% | 46.0% | N/A |
| C. GNP Growth Rates | -6.0% | -3.0% | N/A |
| D. GNP Per Capita | \$807 | \$694 | N/A |
| E. Inflation | 12.0% | 19.4% | N/A |
| F. Imports | \$1.42 bil. | \$1.04 bil. | N/A |
| G. Exports | \$1.27 bil. | \$1.12 bil. | N/A |
| H. Foreign Exchange Reserves | \$283 mil. | \$203 mil. | N/A |
| I. Foreign Debt. | \$1.1 bil. | \$.9 bil. | N/A |
| J. Balance of Payments | -\$91 mil. | -\$300 mil. | N/A |
| K. Labor Force Unemployment | 20-30% | 20-30% | 20-30% |
| L. U.S. Economic Assistance | \$75 mil. | \$75 mil. | \$40 mil. |
| M. Currency Z\$1 = | U.S. \$1.32 | U.S. \$.99 | U.S. \$.77 |

4. Profile

- A. Population: 9 million in 1985.
- B. Religion: 25 percent are Christian; 75% percent, various indigenous religions.

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- C. Government: Parliamentary democracy based on Westminster model. The constitution, as the Republic's basic law, guarantees civil rights and gives the Prime Minister de facto appointive power over departments and the military.
- D. Language: English is the official and commercial language.
- E. Area: 150,333 square miles, approximately the same size as Montana.
- F. Code of Law: Based on the Roman-Dutch law of South Africa. Most business law modeled after the English system.