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BRINGING FAMILY PLANNING TO THE PEOPLE
OF SUB SAHARA AFRICA

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Distinguished delegates and guests, on behalf of the United States Agency for International Development it is indeed a great pleasure to welcome you to this important conference on Community Based Distribution and Alternative Delivery Systems in Sub-Sahara Africa.

I personally look forward to hearing about some of the ways that you have organized community-based services in your countries and in sharing your results with others about to embark on such efforts. It will be interesting to review the various strategies that have been tried, to reach rural communities with important health and family planning services. Based on the results of some of these approaches, it will be important to determine what aspects of these programmes can be applied in similar situations in other countries. It will also be interesting to learn about the extremely successful and well-established community-based distribution programme here in Zimbabwe.

From a donor perspective I would like to briefly talk about the increasing demand for family planning assistance in Africa, how community-based distribution (CBD) can be an important component in health and family planning programmes, and summarize some of the important findings of CBD studies that have been conducted worldwide for you to think about this week as you attend this conference.

Over the past few years more and more countries in the Africa region have adopted policies which include managing population growth as an integral part of development efforts. Most countries now support family planning to improve the health of mothers and children and to enable couples to choose the number and spacing of their children.

Recent regional and international events such as the African Population Conference in Tanzania in January 1984, The International Conference on Population in Mexico in August 1984 and more recently, the African Parliamentarians Conference here in Zimbabwe in May 1986, all reaffirmed strong commitments by African leaders as to the importance of population planning. Making family planning information and services available and accessible as a basic human right was also strongly endorsed.

However, at present, fertility rates are still extremely high for African women. Many births are high risk or are occurring to women under age twenty, following a prior birth by less than two years, or following a fourth child. As we all know, births under these conditions increase the likelihood of death and illness among mothers and children.

Also, abandonment of traditional child spacing practices such as prolonged breast-feeding and postpartum abstinence are also affecting fertility - especially where easy access to safe and reliable modern family planning methods are not yet available. Even though many countries are beginning to introduce and expand family planning services to deal with these problems, with a few notable exceptions, the number of couples using modern family planning methods is still quite low.

Some of the reasons that contraceptive prevalence is so low are:

1. Family Planning programmes are still relatively new in many countries - or have only recently begun wide scale expansion. African countries do not yet have the years of experience that countries in Asia or Latin America have - and it takes time to develop strong programmes.

2. Another problem is that many countries lack the established health infrastructure to distribute supplies and deliver services. Also, many of these health care systems are concentrated in urban areas and do not adequately reach rural communities. Sometimes these services are not easily accessible as clients are required to see a medical practitioner and come for frequent and repeated visits in overcrowded clinics to receive their supplies.

3. Therefore, even if services are provided in fixed health facilities, they are not always convenient nor do they reach rural communities, families and individuals.

Bringing services to the people is not an easy task. A major challenge for health and family planning programme managers is to find ways to reach people, who either do not have convenient access to clinics or health centers, or who do not use these services regularly.

However at the same time, experience has shown that in places where family planning information and services have been made available, there have also been high rates of contraceptive acceptance and use. Our host country Zimbabwe is a striking example of this. By combining both clinic-based services with community-based distribution, the numbers of couples using these services has been increasing steadily. Other worldwide studies from other countries have also shown this to be true.

Community Based Distribution or CBD is one approach to expanding services and extending them to the community. But what exactly is Community Based Distribution? CBD programmes use local residents who have been trained to provide basic and simple health and family planning services to their own

communities. These trained workers are frequently selected by the communities themselves and may visit door to door or stock supplies in their homes or in some central location. In the case of family planning, CBD workers, using checklists, have also distributed family planning methods such as oral contraceptives and condoms.

In all cases, CBD workers work very closely with health personnel who deliver services in fixed health facilities. Often these health personnel are involved in training CBD workers, supervising their work, or restocking them with supplies. On the other hand, CBD workers also refer clients to health care personnel for follow-up or to handle problems.

These various approaches to CBD or other innovative services delivery models are often tested through large demonstration efforts or in small pilot projects. In fact, these operations research studies have become a major tool to study new approaches to delivery of health care.

The results of operations research studies can assist programme managers in making important policy and programme decisions. It provides the opportunity to test out a new approach, such as CBD, on a pilot scale before adopting such a programme on a larger scale. The lessons learned from such studies can help make improvements in a separate CBD system or can be incorporated into the services delivery programme on a larger scale.

Some of the results of these operations research studies to test CBD have already shown that CBD can be an extremely effective approach for supplementing clinic services especially in rural areas. For family planning, they have also shown significant and rapid increases in contraceptive usage in rural areas. Findings have also provided useful information on selection and training of field workers, contraceptive mix, the number and type of health interventions that should be offered and programme design and management issues.

General review of some of the important findings of operations research projects that have tested CBD worldwide, -- including a number of African programmes, show that:

1. Non-literates can be trained to deliver basic health and family planning services as well as keep simple records;
2. Providing selected MCH services along with family planning is more acceptable in certain settings;

3. Levels of contraceptive acceptance and use will be higher if a variety of family planning methods are offered;
4. However, the number of different services that workers are expected to provide should be limited to avoid overburdening the worker and delivery system; and last
5. Workers can perform multiple tasks more effectively when training and implementation of skills is phased over time.

We will be hearing from a number of delegates this week on the various CBD strategies and innovative approaches you are using in your countries. It will be extremely important to learn about some of these programmes within the context of the special needs of Africa.

Clearly, strategies to improve and expand the delivery of health and family planning services, especially to rural populations, are urgently needed:

- to increase services;
- to increase individual choices; and
- to tackle current high rates of maternal and infant mortality.

CBD and other alternative approaches for the delivery of services to and for communities need to be seriously considered and tried.

USAID is prepared to assist countries in your efforts in order to assure that the goal of reaching services to the people is not only a topic of this conference - but is a goal that can be achieved in the not too distant future.

Thank you very much.