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## Extending Service Delivery Project: Best Practice Brief # 1



# Integrating HIV Services in Local Family Planning: The Expanded Community-Based Distribution Model and Zimbabwe Experience

## Rationale

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One of the mandates of The Extending Service Delivery (ESD) Project, a reproductive health and family planning (RH/FP) service delivery project funded by USAID's Bureau for Global Health, is to identify, document, and disseminate promising and best practices in RH/FP for application at the community level. The project focuses on RH/FP community-based interventions that reach underserved populations such as urban and rural poor.

Consistent with its mandate, ESD is providing the following brief on a best practice model for improving the quality and accessibility of FP and HIV services in rural communities in Zimbabwe.

## Background

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The Zimbabwe National Family Planning Council (ZNFPC) and Ministry of Health (MOH) created the community-based distribution (CBD) program in 1967 to bring family planning (FP) services to the doorsteps of hard-to-reach rural populations. This community-based approach to FP has provided contraceptives such as condoms, oral contraceptive pills, and intrauterine devices. However, the CBD program's contributions to Zimbabwe's contraceptive prevalence rate of 54% were declining; from 25% in 1988, to 18% in 1994, and 6% in 1999. At the same time, the high HIV prevalence of 24.6% presented a critical public health challenge in the country. A national assessment conducted in 2002 through interviews with men, women and youth, revealed that FP clients were approaching community-based distributors for information about HIV-prevention, treatment, and care services because the current CBD program was inadequately equipped to provide both FP and HIV services.

To respond to the declining agent productivity and Zimbabwe's HIV/AIDS crisis, the *Expanded* CBD Program was developed to provide integrated FP-HIV services.

In partnership with ZNFPC, Advance Africa, a reproductive health family planning service delivery project funded by the United States Agency for International Development (USAID), launched an expanded program that trained community-based distributors and a new cadre of community-based health workers, called depot holders, to integrate HIV-prevention and voluntary counseling and testing into the existing FP program. The *Expanded* CBD Program

succeeded in integrating high-quality HIV/AIDS and FP services in rural and urban areas in 16 health districts.

## **The Expanded Community-Based Distribution Program, an FP-HIV Integration Model**

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The *Expanded* CBD Model focused on: (1) recruiting and training cadres of community health workers to improve the quality of community-based RH/FP services; (2) establishing linkages and building strong relationships between facility-based providers and community-based health workers; and (3) strengthening referral systems and supportive supervision to ensure program effectiveness and sustainability.

### ***Revising community health workers' roles***

The *Expanded* CBD Program strategy incorporated two approaches to improve the quality of community-based services: the depot holder model and the satellite model. In order to help reduce the workload common among community-based distributors, ZNFPC created a new cadre of providers called depot holders. These are volunteers from the villages recruited and selected by community members through community governance structures. Depot holders, supervised by community-based distributors, served as stationary re-supply agents (the satellite approach) with commodities in their homes and as mobile agents who distributed door-to-door in communities. They also supported home-based care activities (HBC) by visiting homes to re-supply people living with HIV/AIDS with contraceptives; providing counseling on healthy behaviors; and referring and often escorting sick clients to health centers and voluntary counseling and testing (VCT) centers. In addition to the door-to-door services traditionally used, community-based distributors provided RH/FP services at sites such as churches, schools, markets, and other places where people gathered and made follow-up visits when requested. Clients could schedule appointments on selected days for each identified satellite point, an option often preferred by men and youth.

### ***Training for community-based distributors and depot holders in FP-HIV integrated services***

The *Expanded* CBD program equipped community health workers with skills to provide up-to-date information on STI/HIV/AIDS prevention; refer clients to VCT/PMTCT centers; counsel and support people living with HIV and community members without access to qualified health personnel. Community-based distributors and depot holders underwent trainings in counseling and group dynamics and took refresher courses on FP methods, HIV prevention and care as well as logistics and reporting. The integrated FP-HIV curriculum included updates on contraceptive techniques, youth-friendly services, and referral forms with information about ways to build good relationships with different service providers. Community-based distributors received additional training in supervision such as use of supervisory checklists, problem-solving strategies, and effective communication. Trainings helped to motivate both groups of health workers, facilitating their acceptance of new responsibilities in the provision of combined FP and HIV services for people living with HIV/AIDS, those at-risk, and the community at large.

### ***Training for facility-based providers***

Facility-based providers are also targeted for training in FP-HIV integration. The training of nurses and other health providers focused on improving FP counseling; expanding the number of methods offered to clients who accessed HIV/AIDS services; and adapting an integrated curriculum to address FP/HIV/AIDS/PMTCT needs, logistics management, supervision and data collection, and management. The willingness of facility-level providers to take ownership of the integration activity in partnership with community-based distributors and depot holders in the overlapping program districts ensured that efforts and approaches were complimentary.

### ***Establishing linkages to build strong relationships between facility-based providers and community-based health workers***

An important component of the *Expanded* CBD model was the formal meetings and follow-up discussions. During these exchanges community-based health workers, clinical providers, and other service delivery organizations established linkages and discussed ways to maintain a continuum of care from the clinic to the home and vice versa. Community-based distributors were introduced to hospital staff and encouraged to sustain communications thereafter. This included routine site visits to hospitals, clinics, and New Start VCT Centres of Population Services International in addition to outreach from mission hospitals with PMTCT/VCT programs to rural communities. Finally, the use of venues for community dialogue—such as village committee meetings and other gatherings—created opportunities for community-based distributors and depot holders to lead group talks, share information about health providers, and normalize the use of services as women, men, and youth grew accustomed to hearing about FP and HIV services and taking action to receive care.

### ***Strengthening referral systems and supportive supervision to ensure program effectiveness and sustainability***

A concurrent activity linked to broadening the roles of community-based distributors beyond FP, was the development and improvement of tools used for client referrals and the introduction of ongoing (rather than time-bound) supportive supervision. The technical assistance provided to ZNFPC by Advance Africa enabled program managers to devise an effective referral system for different HIV services. This included training staff to refer patients to clinics, VCT centers and general hospitals; advanced recording (e.g., forms for writing client needs and information, and notations for follow-up where necessary); and community health management. These were combined with new skill development such as stock keeping and forecasting for contraceptive supplies. The support and oversight provided by group leaders—former community-based distributor workers who had been promoted from within and understood the traditional and expanded responsibilities—helped to ensure learning was transferred to improve services. Group leaders not only met with community-based distributors on a monthly basis to compile reports, dispense supplies, and plan for future activities; they also reviewed problems and checked agents' records for accuracy and validity. As new skills were transferred, supportive supervision helped to ensure that quality of services was maintained. It also reduced burnout as workload could be assessed and managed more effectively.

## Sustainability

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To ensure the sustainability of the integrated services provided by community-based distributors and depot holders, a number of activities were built into the program:

- Communities, including the village health committees, were involved in the CBD program and are mobilized to participate in continuation of activities.
- Links established between community-based and facility-based programs to assist in consistency.
- ZNFPC continues to manage CBD program and work collaboratively with service delivery organizations, despite the economic challenges.
- Mission hospitals in Zimbabwe identified focal persons to deliver services beyond the life of Advance Africa.

## Results

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The ZNFPC *Expanded* CBD Program demonstrates evidence that the new roles of community-based workers can successfully provide integrated family planning and HIV prevention, voluntary counseling, and testing services.

### ***Integrated FP/HIV trainings***

A total of 174 CBD agents were trained in addition to 708 new depot holders, using an integrated curriculum package. Graph 1 (next page) demonstrates how the additional knowledge and skills have resulted in both increased referral to HIV services and to facility-based family planning.

### ***Increase in clients who received both FP and HIV services from CBD***

The work of CBD agents contributed to an increase in clients:

- FP utilization rose from 514 to over 3,400
- Number of male condoms distributed rose from 175,100 to 1,041,958
- Number of oral contraceptive cycles provided multiplied from 54,976 to 888,279
- Reported increase in use of male and female condoms over a 3-year period

These achievements, based on service statistics and confirmed by an independent impact evaluation/end-line, also demonstrated significant improvement in the areas related to HIV/AIDS/STIs education, testing, and referrals. There was a 72% improvement of the study respondents' awareness of at least one risk factor for HIV (from 23% at baseline to 95% at end-line) and 19% of respondents reported at the end-line that they had been tested for HIV/AIDS compared to 11% at the baseline. Referrals to VCT centers increased from a baseline of 121 to over 2,000 and HIV/AIDS/STI referrals from 202 to over 3,500. A total of 48% of the end-line respondents who were tested had been referred by a health system source that included community-based distributors.<sup>1</sup>

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<sup>1</sup> For more information on the program results, read the Advance Africa Zimbabwe Program: Intervention, Achievement and Lessons Learned, September 2005.

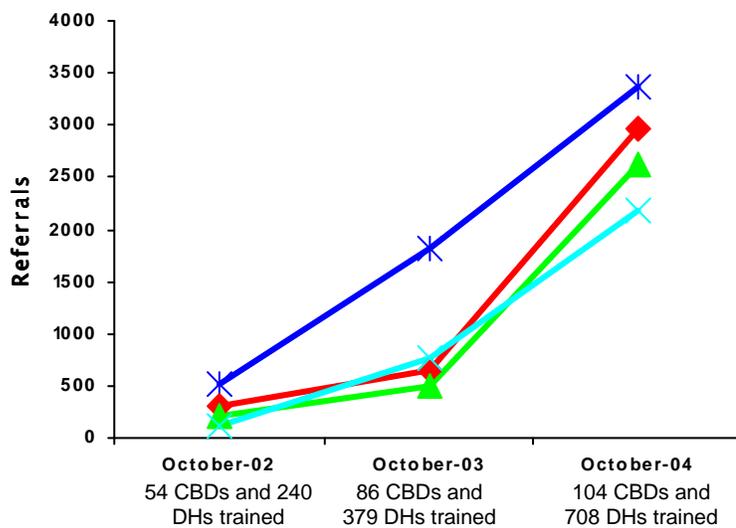
## New users

The service provision by existing and revised health workers' roles generated new FP clients such as men, youth, or people living with HIV/AIDS and increased users of the various methods made available in the VCT centers. Graph II shows the percentage of respondents ever tested for HIV/AIDS which was in the *Expanded CBD Program* districts. New FP users increased by almost 4% each month and represented 68% of all FP users among women tested in the VCT centers.

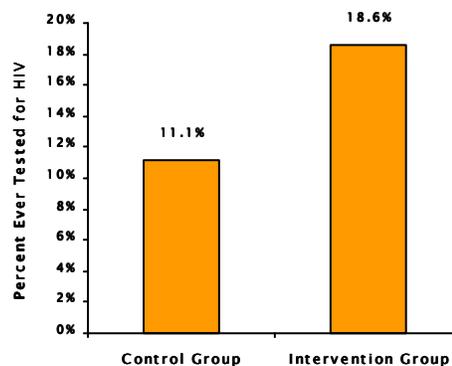
## Greater contraceptive use among HIV-positive women

The use of dual protection methods among women who tested HIV positive was 27% compared to 3% for women who tested HIV negative.

**Graph I**  
**Confirmed Clients Referred by CBDs to VCT Centers, Health Centers, and Hospitals**  
**Zimbabwe 2002-2004**



**Graph II**  
**Endline Survey Percentage of Respondents Who Had Ever Been Tested for HIV/AIDS Zimbabwe, February 2005**



## Lessons Learned

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Given the extent to which the population was affected by the HIV/AIDS epidemic there was a need for a multi-sectoral and multi-dimensional intervention through collaboration with many partners to address the various needs of the populations. The successful results of the *Expanded* CBD Program demonstrate that expanding the roles of community-based distributors and depot holders produced improved results for both FP and HIV. The work of community-based distributors can be expanded to include HIV/AIDS prevention and referral without undermining their good performance in FP method distribution. Modifications to referrals and supervisory systems made tremendous contributions to quality assurance. This intervention illustrates that there is still a possibility of achieving good results in low-resource settings in social sectors such as health, if certain conditions are satisfied. These conditions include financial but primarily technical support.

Community-based distributors and depot holders continue to be highly respected and appreciated by the populations they serve. The recognition from community members, families, and peers helps to motivate CBD agents and depot holders to provide high-quality services. This positive relationship suggests that the community's perception of the community-based health workers helps to spread the word about FP/HIV services and foster an enabling environment for these providers to be known throughout localities.

Currently, ZNFPC maintains the *Expanded* CBD Program, including stipends for the depot holders in the 16 districts. Although there is interest in scaling up the *Expanded* CBD Program to all 61 districts, limited funding, staff attrition, and dwindling resources pose challenges to initiating wider implementation efforts. Program managers will need to address these issues and adapt the model for use in peri-urban areas. Potential donors identified for supporting the expansion of FP-HIV integrated services include The Department for International Development and the United Nations Population Fund. Different strategies for resource mobilization, staff recruitment and retention will need to be explored to ensure the future provision of quality community-based RH/FP services in the country.

To obtain a copy of Zimbabwe's *Expanded* CBD Program Video, please send an email to [esdmail@esdproj.org](mailto:esdmail@esdproj.org).

The Extending Service Delivery (ESD) Project, funded by the United States Agency for International Development (USAID) Bureau for Global Health, is designed to address unmet need for family planning (FP) and increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, in order to improve health and socioeconomic development. To accomplish its mission, ESD strengthens global learning and application of best practices; increases access to community-level RH/FP services; and improves capacity for supporting and sustaining RH/FP services. ESD works closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associates Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

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