

PROFIT

Promoting Financial Investments and Transfers
to Involve the Commercial Sector in Family Planning

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PRIVATE SECTOR SUBPROJECT

ZIMBABWE

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Deloitte Touche Tohmatsu International
in association with:
Boston University Center for International Health

Multinational Strategies, Inc.

Development Associates, Inc.

Family Health International

The PROFIT (Promoting Financial Investments and Transfers) Project seeks to mobilize the resources of the commercial sector to expand and improve the delivery of family planning services in selected developing countries. The PROFIT Project is a consortium of five firms, led by the international management consulting firm of Deloitte Touche Tohmatsu and including the Boston University Center for International Health, Multinational Strategies, Inc., Development Associates, Inc., and Family Health International.

This report is part of a series of PROFIT Evaluation Reports, which grow out of PROFIT subprojects within the following three strategic areas: innovative investments, private health care providers, and employer-provided services.

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ACRONYMS

CPR	contraceptive prevalence rate
DHS	Demographic and Health Survey
FP	family planning
GOZ	Government of Zimbabwe
IEC	information, education, and communication
IPC	interpersonal communication
IUD	intrauterine device
MAS	Medical Aid Society
MOH	Ministry of Health
NAMAS	National Association of Medical Aid Societies
PROFIT	Promoting Financial Investments and Transfers Project
RPA	Retail Pharmacists' Association
SEATS	Family Planning Service Expansion and Technical Support Project
STD	sexually transmitted disease
STI	sexually transmitted illness
TOR	terms of reference
USAID	U.S. Agency for International Development
USAID/Harare	USAID Mission in Harare, Zimbabwe
WRA	women of reproductive age (15–49 years)
ZNFPC	Zimbabwe National Family Planning Council
ZOHNA	Zimbabwe Occupational Health Nurses Association

EXECUTIVE SUMMARY

The Promoting Financial Investments and Transfers (PROFIT) Project was contracted by the U.S. Agency for International Development (USAID) Mission in Zimbabwe (USAID/Harare) to develop a comprehensive strategy to increase the number of private providers capable of delivering quality contraceptive services and to increase the number of people using the services of those providers. This report describes the subproject's activities between September 1995 and January 1997.

PROFIT's role in this subproject involves overall project design, planning, and implementation of the subproject's initiatives to train private providers (i.e., doctors, nurse/midwives, and pharmacists) to provide quality contraceptive services. As a complement to the activities that sought to increase the number of private providers, other initiatives were undertaken to help increase client demand for private services. In addition, PROFIT initiated and fostered a dialogue between the public and private sectors to address the issue of availability to the private sector of appropriately priced commodities. As a first step, PROFIT conducted an assessment of the private medical sector in Zimbabwe and organized a workshop with key individuals from both the public and the private sector. The purpose of the workshop was to present the results of the assessment and draft a comprehensive private sector strategy.

Subsequently, PROFIT organized a Coordinating Committee to create a forum for the continued input of key players. The committee was established to assume oversight responsibility for the subproject in Zimbabwe. Its first task was to review, comment on, and approve the implementation plan. The committee has also addressed the issue of whether there is adequate supply of appropriately priced contraceptives for private providers.

The subproject includes four separate initiatives aimed at increasing the role of the private sector in providing contraceptive services:

- # Doctors' Initiative
- # Employer-Based Initiative
- # Nurse/Midwives' Initiative
- # Pharmacy Initiative

The subproject includes two separate initiatives aimed at increasing client demand for private services:

Medical Aid (Insurance) Initiative

Consumers' Initiative

The subproject initiated and fostered a dialogue between the public and private sectors to address the issue of the availability to the private sector of appropriately priced commodities:

Commodities Initiative

PROFIT extended this model of involving key individuals by collaborating with representatives from the providers identified in the implementation plan. For example, the pharmacy initiative was developed in conjunction with the Retail Pharmacists' Association, and the work-based initiative was designed by a working group of occupational nurse/midwives responsible for health services offered by companies. Similarly, a working group comprised of private doctors planned the training program for doctors, and focus group discussions were organized with nurse/midwives to identify the opportunities and obstacles for them to expand or establish private practices.

A nationwide information, education, and communication (IEC) campaign was designed to motivate people who can afford to pay to seek services from private providers. The results of formative research on the attitudes and practices of the target audience will provide the basis for developing the main messages of the campaign as well as for choosing appropriate media channels.

Ensuring the availability and affordability of contraceptive commodities was identified as crucial to the success of the subproject. PROFIT identified the factors that prevent appropriately priced contraceptives from being readily available to private providers and developed a strategy to alleviate those obstacles.

Although this subproject is relatively new, some of the strengths of the approach being used are already evident. PROFIT has systematically involved beneficiaries of the subproject in the design, implementation, and evaluation. Using this participatory method has ensured that appropriate activities were developed to meet the beneficiaries' needs. The target group members' responses to activities designed for their participation have been eager and enthusiastic. For example, the number of applicants for the various training workshops has far exceeded the available spaces, and the participants' evaluations of the workshop repeatedly emphasize the relevance of the topics covered and the fact that holding the courses on the weekend accommodates their work schedules.

Another element that has enhanced the effectiveness of the subproject has been the continuing dialogue between the public and private sectors. Besides the Coordinating Committee, PROFIT has organized other opportunities for continuing this dialogue, including a Commodities Workshop.

INTRODUCTION

I.

The PROFIT (Promoting Financial Investments and Transfers) Project is funded by the U.S. Agency for International Development's Office of Population (USAID/G/PHN/POP). The project is designed to mobilize the resources of the for-profit commercial sector to achieve family planning service delivery objectives. The PROFIT project was contracted by the USAID Mission in Zimbabwe (USAID/Harare) to develop a comprehensive strategy to increase the number of private providers capable of delivering family planning services as well as to increase the number of people using the services of those providers.

A. Brief Description of Zimbabwe Private Sector Subproject

PROFIT was contracted to assist the Government of Zimbabwe (GOZ) to increase the proportion of contraceptive services delivered by the private sector. PROFIT's role involves overall planning, including establishing a project Coordinating Committee and implementing the following initiatives:

Doctors' Initiative

PROFIT staff and members of the doctors' working group designed and implemented a program to train 60 doctors in the most recent contraceptive technology so that they would provide a wider range of contraceptive services as well as a program to train 40 of these doctors in clinical skills for insertion of intrauterine devices (IUDs) and Norplant.

Employer-Based Initiative

PROFIT is working with companies to improve and expand the contraceptive services available through existing company health clinics by training approximately 12 occupational nurses at 10 companies to educate and counsel employees about contraceptive methods and to provide services.

Nurse/Midwives' Initiative

PROFIT is working in coordination with the Family Planning Service Expansion and Technical Support (SEATS) Project. PROFIT will provide financial support to SEATS to train 20 nurse/midwives in contraceptive methods, interpersonal communication (IPC) skills, business skills, and diagnosis and treatment of sexually transmitted diseases (STDs) and will provide funding for purchasing equipment for some private practices.

Pharmacy Initiative

PROFIT's work with pharmacists incorporates the following three activities:

- # training staff from 50 private pharmacies and five model pharmacies in quality of care and management skills and contraceptive methods
- # developing a quick reference guide for pharmacists on contraceptives, communication and counseling skills, and business practices
- # incorporating model elements for providing quality care to contraceptive clients into the services provided by five model pharmacies. (The model elements are a staff person trained to educate clients, a quiet space to do so, and educational materials available for clients.)

Medical Aid Initiative

PROFIT is helping the two largest insurance companies, or Medical Aid Societies (MASs), to educate their members about the available family planning benefits.

Commodities Initiative

PROFIT hired a consultant to conduct a review of sources of appropriately priced contraceptive supplies available to private providers. PROFIT also convened a meeting of key representatives of the private and public sectors to discuss the consultant's findings. PROFIT will work through its Coordinating Committee members to remove regulatory barriers (e.g., taxes/duties on oral contraceptives), and where necessary, will provide support to the group most likely to be able to address the needs of the commercial sector for appropriately priced supplies.

Consumers' Initiative

PROFIT will launch an information, education, and communication (IEC) campaign to motivate consumers to seek contraceptive services from private providers.

B. PROFIT's Role and Participation

PROFIT received approximately \$1.5 million buy-in from USAID/Harare to develop and implement a private sector family planning strategy. In addition, PROFIT was selected as the coordinating agency for all USAID-funded private sector family planning activities in Zimbabwe.

C. Summary of Baseline Information

Although considered to be one of the most successful programs in Africa, with a 42 percent contraceptive prevalence rate,¹ Zimbabwe's family planning program faces challenges. The major challenge is to meet the increasing need for family planning information and services at a time when available public resources for these programs are declining. One of the leading public sector providers of family planning services, the Zimbabwe National Family Planning Council (ZNFPC), suffered a budget decrease of about 30 percent between 1989 and 1994. Because 85 percent of contraceptive users depend on the public sector for family planning supplies and services and only 14 percent utilize private sector services, the GOZ's strategy is to persuade people who can afford to pay to use the private sector and eliminate their dependency on public sector services.

The PROFIT subproject addresses USAID's strategic objective to develop "greater and more effective provision of services by the private sector" as well as ZNFPC's Five-Year Strategy that sets a target of increasing the share of family planning services provided by the private sector by 5 percent. The need for additional private sector efforts is illustrated by the following data:

- # Some private doctors are providing family planning services, but many are limited to dispensing oral contraceptives due to shortages in training and equipment.² Private doctors are integral to the expansion of services in the private sector because they are the only private providers who can offer clinical methods. Currently, they provide less than 4 percent of all family planning services and 6.5 percent of clinical services.
- # Nurse/midwives are the leading providers of family planning services in the public sector, but few of them currently practice in the private sector. Focus group data and individual interviews suggest that this situation is a result of a lack of understanding on the part of both midwives and health authorities about the legal restrictions on running a private medical practice. This is relevant because the health authorities are responsible for granting midwives private licenses. The nurse/midwives are constrained further by policies that prohibit them from prescribing drugs (including oral contraceptives) and MAS policies that limit reimbursements to private physicians.

¹The contraceptive prevalence rate (CPR) is the percent of married women of reproductive age (WRA), 15-49 years old, using modern methods of contraception.

²According to the 1994 DHS, just under 4 percent of modern contraceptive method users received their services from private doctors; pills accounted for approximately 70 percent of the contraceptives provided by private doctors.

- # Despite the presence of 217 private pharmacies and 400 practicing private pharmacists in Zimbabwe, only 2.5 percent of consumers who use modern contraceptive methods obtain their supplies from pharmacists.
- # Medical Aid (private insurance) currently covers 730,000 workers and their dependents in Zimbabwe (6 percent of the total population). Nearly all Medical Aid Societies (MASs) provide some level of coverage for family planning services and supplies; however, the amount is small and few consumers use those benefits.
- # Both doctors and pharmacists suffer from the lack of reliable supplies of appropriately priced affordable contraceptives. The large quantity of free contraceptives distributed by the public sector has constrained the development of the commercial market, which is small and focuses on high-priced products. The lack of appropriately priced and ready supplies of products constrains the extent to which private pharmacies and doctors can provide competitively priced family planning services and supplies.

D. Evolution of Subproject

PROFIT received funding to launch the private sector initiative in Zimbabwe over a two-year period from September 1995 through September 1997. In late 1995, PROFIT conducted a baseline needs assessment and began to develop a comprehensive private sector strategy and workplan for a two-year subproject designed to increase private sector provision of contraceptive services.

In January 1996, PROFIT issued an assessment report and held a workshop in Harare with representatives from the private sector and the family planning communities, including officials from ZNFPC and USAID, to share the findings, identify opportunities, and discuss areas for ongoing project development. Based on the results of that meeting, an implementation plan was developed.

In May 1996, PROFIT organized a Coordinating Committee comprised of representatives of both the private and the public sectors. The elected chair is Professor Kasule of the University of Zimbabwe, Department of Ob/Gyn. The other members include Dr. Buhle Ncube, Director Technical Services, ZNFPC; Roxana Rogers, Population Advisor, USAID; Andrew Vaughn, President of the Retail Pharmacists' Association (RPA); Girlie Madyara, Geddes, a large local pharmaceutical distribution company; MacDonald Chaora, National Association of Medical Aid Societies (NAMAS), and Lois Lunga, PROFIT Project staff. Originally, this committee's responsibility was oversight of the PROFIT Project in Zimbabwe. Subsequently, it assumed responsibility for ensuring that the commodities issues are addressed

and that strategies are developed to eliminate the constraints on commercially available contraceptive supplies.

ACHIEVEMENT OF SUBPROJECT GOALS

II.

A. Summary of Goals and Data Collection Methods

The specific goals for this subproject are to:

- # increase the provision of family planning services by private doctors and nurse/midwives
- # encourage pharmacists to more actively educate clients about family planning methods
- # increase the provision of family planning services at work sites
- # increase the use of private medical insurance to pay for family planning services
- # motivate consumers to seek family services from private providers.

Three main data collection methods are being used:

Baseline data

- P Pre-training sales logs (*Pharmacy Initiative*)
- P Assessment of contraceptive services available at work-based clinics (*Employer-Based Initiative*)
- P Service survey assessing pre-training method mix (*Doctors' Initiative*)
- P Needs assessment to provide reproductive health services (*Nurse/Midwives Initiative*)
- P Consumer survey to determine number of beneficiaries making Medical Aid claims for family planning services (*Medical Aid Initiative*)

Training data

- P Pretests of knowledge during training workshops (*Doctors Initiative, Employer-Based Initiative, Nurse/Midwives Initiative, Pharmacy Initiative*)
- P Post-training workshop knowledge tests (*Doctors' Initiative, Employer-Based Initiative, Pharmacy Initiative*)

Follow-up data

- P Post-training sales logs (*Pharmacy Initiative*)
- P Post-training practice logs (*Doctors' Initiative, Pharmacy Initiative*)
- P Consumer survey to measure the effectiveness of the Medical Aid Society Initiative (*Medical Aid Initiative*)
- P Monitoring questionnaire and clinic reporting form to measure the increased number of contraceptive services available at work-based clinics (*Employer-Based Initiative*)

B. Inputs

Table II-1 shows the input goals, indicators, data sources, and results to date.

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
OVERALL PROGRAM PLANNING			
Conduct assessment of the private medical sector in Zimbabwe	Assessment report prepared	Assessment report	Completed January 1996
Organize workshop with key players to develop comprehensive private sector strategy	Workshop conducted	Report	Completed January 1996
Organize Coordinating Committee to oversee the activities of the PROFIT Project in Zimbabwe	Meetings organized at least quarterly; minutes disseminated after each meeting	Meeting minutes	Organized four meetings in 1996; 6 meetings organized in 1997; disseminated minutes to members

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
DOCTORS' INITIATIVE			
Conduct assessment of private doctors' interest in providing a wider range of FP services	<ul style="list-style-type: none"> • At least 20 doctors interviewed by July 1, 1996 • Prepare report 	Report on private doctors' attitudes about provision of FP services	Report completed in August 1996
Organize working group of private doctors and develop plan	<ul style="list-style-type: none"> • Five doctors selected • Plan developed in August 1, 1996 	<ul style="list-style-type: none"> • PROFIT/Zimbabwe staff monthly reports • Meeting minutes 	Working group convened
Provide contraceptive update (theoretical) training to 60 private doctors in contraceptive methods	Number of doctors trained	Training report	<ul style="list-style-type: none"> • Curriculum developed • Training conducted for 53 doctors (December 1996–January 1997)
Provide clinical training on insertion of IUDs and Norplant for 40 private doctors	Number of doctors trained	Training report	<ul style="list-style-type: none"> • Curriculum developed • Training conducted for 28 doctors (December 1996–January 1997)

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
EMPLOYER-BASED INITIATIVE			
Conduct assessment of work-based FP services	- Assessment report prepared	Assessment report	Completed in October 1996
Sponsor workshop for occupational nurses to develop plan for work-based initiative	First conference for Zimbabwe Occupational Health Nurses Association (ZOHNA) sponsored	<ul style="list-style-type: none"> • Proceedings of conference • Plan developed 	Sponsored ZOHNA's first annual conference (July 1996), with over 70 participants
Train 12 nurse/midwives at 10 companies in contraceptive methods and IPC skills	Number of nurse/midwives trained	Training report	35 occupational nurses from 10 companies and 23 work sites attended four-week Basic Clinical Family Planning Training at ZNFPC (September 1996); 9 trained in IUD insertion at 8 sites (October 1996–July 1997); 6 of the originally selected 10 companies and 2 additional companies implemented male-motivation programs and trained a total of 186 peer educators

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
NURSE/MIDWIVES' INITIATIVE			
Conduct research with nurse/midwives to design appropriate initiative	Assessment Report completed	Study/Report	Assessment completed in September 1996
Conduct regulatory review of nurse/midwives practice guidelines	Regulatory Review completed	Regulation Review	Completed in December 1996
Train 20 private practice nurse/midwives in contraceptive methods, IPC skills, and business skills	Number of nurse/midwives trained	Training report from SEATS staff	Trained 48 nurse/midwives by July 1997

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
PHARMACY INITIATIVE			
Consult with Retail Pharmacists' Association (RPA) on survey of pharmacists' needs and interests	Report requested on results of survey conducted to assess pharmacists' interest	Pharmacist survey report	In July 1996 received report from RPA
Develop guide (with checklist) for pharmacists on contraceptives, counseling, and business practices	<ul style="list-style-type: none"> ☐ Guide developed ☐ Guide distributed to 200 pharmacies ☐ Pharmacists recall receiving booklet 	<ul style="list-style-type: none"> ☐ PROFIT/Zimbabwe staff monthly reports ☐ Survey at pharmacists' annual meeting to recall receiving booklet 	Guide completed in June 1997 and distributed August
Train staff in 50 private pharmacies to use quality client care skills with contraceptive clients	Staff from 50 pharmacies recruited and trained by July 31, 1997	Training reports	Training curriculum completed in January 1997; four 2-day training workshops completed by July 31; 92 staff peoples from 87 private pharmacists trained
Assist five pharmacies to incorporate model elements	<ul style="list-style-type: none"> ☐ Staff trained at selected pharmacies by December 1, 1996 ☐ Equipment purchased; renovation completed by July 31, 1997 	<ul style="list-style-type: none"> ☐ Training reports ☐ Reports from pharmacists 	<ul style="list-style-type: none"> ☐ Six pharmacies identified; six staff trained October 14–19, 1996 ☐ Equipment for 6 pharmacies received ☐ Renovation completed in 2 pharmacies that required it
MEDICAL AID INITIATIVE			
Inform Medical Aid beneficiaries of coverage for family planning (FP) services	100,000 brochures about FP coverage distributed by March 1, 1997	PROFIT/Zimbabwe staff monthly reports	The 2 Medical Aid societies with which the subproject worked declined to provide information about their coverages, and the brochures could not be written or distributed

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
COMMODITIES INITIATIVE			
Initiate dialogue between the public and private sectors to address issues such as high prices of supplies and lack of reliable supply systems	<ul style="list-style-type: none"> C At least five members recruited for a working group by September 1, 1996 C At least four meetings organized C Minutes disseminated to members after each meeting 	<ul style="list-style-type: none"> C PROFIT/Zimbabwe staff C monthly reports C Meeting minutes 	<ul style="list-style-type: none"> C Responsibility of Coordinating Committee C Commodities workshop held November 22, 1996 C Coordinating Committee met 10 times and commodities issues were discussed each time; minutes for each meeting were disseminated C Identified company willing to import products and supply the private sector; facilitated registration of a product C Facilitated the registration of a Wyeth product for supply to the private sector

Table II-1 Results of Inputs			
Goal/Objective	Measurable Indicator	Source of Information	Status
CONSUMERS' INITIATIVE			
Conduct the IEC campaign to motivate consumers to seek contraceptive services and supplies from private providers	<ul style="list-style-type: none"> C Terms of Reference issued C Firm selected to implement C Formative research conducted C Workplan implemented C Effectiveness evaluated 	PROFIT/Zim-babwe staff monthly reports <ul style="list-style-type: none"> • Research reports • Evaluation Report 	<ul style="list-style-type: none"> C Firm selected and contract signed C Formative research conducted C Creative brief developed C Based on research, logo, slogan, advertising copy, radio and TV spots developed C Campaign never launched because items were not acceptable to organization selected by USAID to continue private sector activities

Overall Program Planning

From August through November 1995, a baseline needs assessment was performed to determine the scope of private sector family planning service provision, financing, and opportunities for expansion. The results were presented in a report in January 1996.

In January 1996, an assessment report was issued and a workshop was held in Harare with representatives from the private sector and the family planning community, including officials from Zimbabwe National Family Planning Council (ZNFPC) and USAID, to share the findings, identify opportunities, and discuss areas for ongoing project development. Based on the results of the meeting, an implementation plan was finalized after review by the Coordinating Committee.

The PROFIT Project's Coordinating Committee, representing both the private and public sectors, was established to assume responsibility for oversight of the PROFIT Project in Zimbabwe. The committee also undertook responsibility for addressing the problem of inadequate supplies of affordable contraceptives for private providers.

Doctors' Initiative

In June 1996, PROFIT conducted interviews and focus group discussions with 25 doctors to assess their needs with regard to providing family planning services. Although it was clear that most doctors can provide services involving oral contraceptives, a need was identified for training in the most recent contraceptive technology and clinical IUD and Norplant insertion.

PROFIT sponsored two contraceptive technology update training workshops for 58 doctors (two groups of 29 doctors) in December 1996 and in January 1997. The three-day workshops covered all contraceptive methods, STI diagnosis and treatment, and communication and counseling.

Twenty-eight of the 58 doctors were selected and received clinical training in Norplant, IUDs, and injectables. The doctors were selected to participate in the clinical training based on PROFIT staff visits to their premises meant to ensure that the doctors had the capacity and clientele to provide the services. The participants were provided equipment needed for Norplant and IUD insertion, along with electric sterilizers.

As of this writing comparing the number of methods provided pre- and post-training is disappointing. With a 62 percent response rate from trainees, only 36 percent offer one or more methods than before the training, 44 percent offer the same, and 20 percent offer fewer than before.

Employer-Based Initiative

PROFIT hired a consultant to conduct a study of current employer-based family planning services.³ The final report, completed in October 1996, stated the following key findings:

- # Of the 135 companies included in the database, 73 percent offer family planning services. Of the companies that offer family planning, 100 percent offer condoms, 65 percent provide pills, 44 percent have injectables available, 11 percent insert IUDs, 4 percent perform voluntary surgical contraceptions, mainly tubal ligations, and 5 percent offer other contraceptives like spermicides and diaphragms and insertion/removal of Norplant.
- # The constraints in companies providing family planning services are varied, and they include the following:
 - P cost of commodities to supply clinics
 - P initial conflicts between company health staff and local ZNFPC
 - P lack of training and/or follow-up once trained

³Premila Bartlett, *A Survey of Employer-Based Services in Zimbabwe*, October 1996.

- # The main reasons cited by companies for not offering specific family planning services include lack of trained staff, easy accessibility to public services, and lack of demand for the specific service.
- # Many company clinic managers are unaware that they can submit claims for family planning services to the Medical Aid Societies.

PROFIT sponsored the first annual Zimbabwe Occupational Health Nurses' Association (ZOHNA) conference from July 17–19, 1996, convening over 70 industrial nurses who staff health clinics in companies throughout Zimbabwe. The theme of the conference was *Occupational Health and Safety: A Shared Responsibility for a Healthy Workforce*, with a full day dedicated to family planning issues. A main goal of PROFIT's involvement was to solicit ideas and recommendations for the design of the work-based initiative. By the end of the conference, PROFIT had developed a draft outline of the activities for such an initiative and recruited volunteers for the working group. A report was prepared to outline the resolutions and recommendations of the conference.

Among the accomplishments of this working group was developing the selection criteria for the companies to participate in this initiative. These criteria included that companies selected that provide services to dependents of workers as well as surrounding communities. Additionally, the nurses recommended that peer education programs be part of the initiative in order to increase the coverage of services as well as to ensure that, where men comprised the majority of workers, they would encourage their partners to seek family planning services.

PROFIT visited the 10 companies selected to participate in the Employer-Based Initiative and met with management to solicit support for the subproject and for allowing the staff nurses to attend training. Thirty-five nurses from the companies completed a four-week, Basic Clinical Family Planning Training at ZNFPC. Eight companies' proposals were funded to either establish or expand peer education or "men as partners" programs. A total of 186 peer educators were trained for that purpose and continue to provide such services at the companies.

Nurse/Midwives' Initiative

The SEATS study on the role of the midwives in private practice was completed and presented on September 18, 1996. PROFIT hired a consultant to review and document the regulations that affect nurse/midwives. The review was completed in December 1996 and submitted to SEATS in Zimbabwe for approval of authorities and for printing and distribution.

PROFIT and SEATS collaborated on a plan of action for this initiative. The plan involved two phases, and PROFIT agreed to support those activities that took place during the PROFIT Project's lifespan (until September 1997). These activities include providing equipment, organizing and testing three different

models of midwife clinics, and training 48 nurse/midwives at 61 delivery sites in contraceptive technology, business skills, and quality client care skills. Six model clinics were developed throughout the country.

Pharmacy Initiative

This initiative was developed by members of the Retail Pharmacists Association. Andrew Vaughn, President of RPA, conducted a survey at the annual meeting, in May 1996, of pharmacists and primary care practitioners to collect information on the pharmacists' interest in ongoing training. PROFIT used the results from this report, completed in July 1996, as a basis for designing the pharmacists' training program.

At the request of the RPA, a quick reference guide on contraceptives and quality client care service delivery, which includes a checklist for prescribing the pill, was prepared for pharmacists. The guide received official endorsement from the Ministry of Health (MOH), Zimbabwe National Family Planning Council (ZNFPC), Retail Pharmacists' Association (RPA), and the University of Zimbabwe Medical School. The guide was distributed to 300 private pharmacists and 100 other interested people throughout the country.

For the pharmacists' training, a trainers' manual and participants' workbook were completed and trainers selected. The four two-day training sessions were held for 92 pharmacists from 87 private pharmacies in March, April, June, and July 1997, and included the following topics:

- # role of pharmacies in family planning
- # overview of all contraceptive methods
- # client assessment in a pharmacy
- # specifics of pharmacy-available methods: condoms, spermicide, and oral contraceptives
- # interpersonal communication skills for providing quality client care
- # "best practice" business management skills for retail pharmacies.

Six pharmacies were selected to become "models" by incorporating certain elements. The model elements are:

- # having a nurse on staff to provide education, counseling, and minimal screening tests (e.g., blood pressure tests)
- # a quiet private space
- # client educational materials.

Pharmacy staff members received a six-day training in family planning methods, counseling, and recordkeeping during October 1996. The content of the training included the male and female reproductive system, benefits of family planning, barrier and chemical methods, and sterilization techniques. Equipment such as blood pressure cuffs, stethoscopes, and scales were purchased and delivered to all these pharmacies. Only two of the pharmacies required renovations to accommodate the elements of the model, and those renovations were completed.

Medical Aid Initiative

Brochures were to have been developed as part of the IEC campaign to inform the beneficiaries of two MAS companies of the availability of coverage for family planning. Unfortunately, neither of the two companies that earlier had been interested in cooperating were willing to provide information about the coverage they provided to be included in a brochure. As a result, brochures were not developed or sent to beneficiaries.

The two medical aid societies (CIMAS and PSMAS) increased the annual allotment for family planning benefits by 60 percent and 30 percent, respectively.

The PROFIT Project doctors' working group had cited the low amount of reimbursement for family planning services as a problem. The scale of fees reimbursable by the medical aid societies is negotiated annually in collaboration with physicians, represented by ZIMA. This tariff code is known as the Zimbabwe Relative Value Schedule (Adamchak, 1996). Information provided by the National Association of Medical Aid Societies relayed that it determines the relative value schedule using service utilization rates, in addition to negotiating with doctors. However, there are no tariff codes for family planning services per se (doctors use "office visit" as the category), and therefore there is no way to track the utilization of such services. Without this data, there is no mechanism for increasing the rates for these services. To address this problem, PROFIT convened a meeting of doctors to develop tariff codes and service definitions for family planning services. These codes and definitions were presented to NAMAS after the meeting. NAMAS requested that they come through an official association of doctors. As of this writing at the close of the PROFIT Project, the Association of OB/GYN Physicians has responsibility for officially presenting this document to NAMAS.

Commodities Initiative

PROFIT organized and conducted a one-day workshop in Harare on November 22, 1996, to facilitate discussion on the issues related to the availability of appropriately priced contraceptives. Participants at the workshop included representatives from pharmaceutical companies such as Geddes, the Zimbabwe National Family Planning Council (ZNFPC), private providers (doctors and pharmacists), and USAID. It was the first time that representatives from all these sectors had come together to discuss the availability

of family planning commodities, and the hope is that this will set a precedent for future face-to-face discussions.

The main recommendation of the workshop was to identify an individual or company that would contact contraceptive product manufacturers, negotiate reasonable prices for the products, and organize in-country distributors for those products.

As a follow-up to that meeting, a company was identified that would implement the recommendations of the workshop participants. In late November, this company contacted Shering and negotiated a five-year agreement that would allow the import of oral contraceptives at appropriate prices. It had been planned that these products would be distributed to the private sector and that initial efforts would focus on the PROFIT-trained doctors and pharmacists. In early August, the company said that one of the products it intended to distribute had not yet been registered with the Zimbabwe government. PROFIT facilitated the submission of this request for registration by putting the company representative in contact with the appropriate authorities. However, as of the end of August, commodities were not available for private sector providers. The company said it planned to have products available on September 1, but since this is the fourth time the company has given a date for product introduction, PROFIT staff members are not optimistic that this will in fact occur. In addition, a Wyeth Pharmaceutical Company representative was contacted to investigate Wyeth's level of interest in making oral contraceptives available to the private sector. At his request, PROFIT facilitated the registration of a new product that they intended to introduce as an option for private sector providers.

Consumers' Initiative

Terms of reference (TOR) were developed for the IEC campaign and distributed to four advertising firms from which PROFIT requested proposals. Three proposals were received, all from Zimbabwean firms. The proposals were reviewed and evaluated based on three main criteria: method, cost, and experience. PROFIT met with the staff of the selected contractor in early December to develop a timeframe for the formative research and a workplan for the campaign.

Unfortunately, the formative research was not completed until July 1997, and without it, a creative brief could not be developed. The campaign was woefully behind schedule, and it was doubtful that anything would be started before the end of the PROFIT Project in September. In July, PROFIT sent a consultant to work with the advertising firm to assess whether or not it was worthwhile to continue with any part of the campaign. During July and early August, with the consultant's assistance the advertising firm developed a logo, slogan, by-line, ad copy, and radio and TV spots based on the audience research. It pretested these materials with audience members. Subsequent to that work, a plan was developed that would launch the campaign in mid-August and implement the campaign in three phases. According to the plan, the launch

and first phase would have been completed by the end of the PROFIT Project. However, the organization that USAID chose to continue the private sector activities after PROFIT had reservations about the products that were developed and decided to continue to develop and pretest ideas. With USAID's agreement, the PROFIT Project minimized their work on the IEC campaign at that point, and the other organization took the lead. At the end of August, no logo, slogan, or by-line for the campaign had been decided upon, and the campaign had not been launched.

C. Short-Term Outcomes

Table II-2 shows the goals, indicators, data sources, and results for short-term outcomes.

Table II-2 Short-Term Outcomes			
Goal/Objective	Measurable Indicator	Source of Information	Status
DOCTORS' INITIATIVE			
Increase 60 doctors' knowledge of contraception methods and practice of (IPC) skills	<ul style="list-style-type: none"> ⊘ Increased knowledge and skills to provide at least one method not previously provided ⊘ Doctors report adoption of new practices regarding client interactions 	<ul style="list-style-type: none"> ⊘ Pre- and post-workshop knowledge tests ⊘ Pre- and post-workshop competency examination ⊘ Pre- and post-practice logs 	<ul style="list-style-type: none"> ⊘ Pre-test mean knowledge score: 50.47 percent ⊘ Pre- and post-mean score: 68.87 percent ⊘ Post-test mean increase: 18.4 percent
Increased number of private doctors providing a wider range of FP services	Provide at least one additional method	Service survey	<ul style="list-style-type: none"> ⊘ 62 percent response rate; even geographic distribution ⊘ 36 percent provide more services
Increase clinical skills of 40 private doctors to provide IUD and Norplant insertions	<ul style="list-style-type: none"> ⊘ Increased knowledge and skills to provide at least one method not previously provided ⊘ Doctors report adoption of new practices regarding client interactions 	Pre- and post-workshop competency examination	<ul style="list-style-type: none"> ⊘ Curriculum developed; 28 doctors completed training at competency level in January 1997 ⊘ 70 percent report adoption of new policies

Table II-2 Short-Term Outcomes			
Goal/Objective	Measurable Indicator	Source of Information	Status
EMPLOYER-BASED INITIATIVE			
Improve/expand the contraceptive services available through work-based clinics at 10 sites	Increased number of contraceptive services available at work-based clinics	Monitoring questionnaire	100 percent of 23 work sites provide at least one additional method; the majority offer at least two more
Increase nurse/midwives' knowledge of contraception and practice of interpersonal (IPC) skills at work-based clinics	<ul style="list-style-type: none"> ⊆ Nurse/midwives have increased knowledge of contraception ⊆ Nurse/midwives report adoption of new practices regarding client interaction 	<ul style="list-style-type: none"> ⊆ Pre- and/or post-workshop knowledge test ⊆ Results of FGDs 	<ul style="list-style-type: none"> ⊆ Scores for post-workshop test showed mean increase of 18 percent ⊆ 71 percent of those trained indicated they had adopted new practices that were learned during training
NURSE/MIDWIVES' INITIATIVE			
Increase nurse/midwives' knowledge of reproductive health and business skills	Increased knowledge of reproductive health and business skills	Pre- and post-workshop knowledge tests from SEATS	<ul style="list-style-type: none"> ⊆ Pre- test mean score = 36.83 ⊆ Post- test mean score = 91.00 ⊆ Mean increase = 54.17

Table II-2 Short-Term Outcomes			
Goal/Objective	Measurable Indicator	Source of Information	Status
PHARMACY INITIATIVE			
Staff of 55 private pharmacies provide quality client care to contraceptive clients	<ul style="list-style-type: none"> ☐ Staff at 55 pharmacies show increased knowledge about contraceptives ☐ Staff report adoption of new practices regarding client interactions 	<ul style="list-style-type: none"> ☐ Pre- and post-knowledge tests and practice logs ☐ Pre- and post- pharmacist/client discussion log ☐ Pre- and post- pharmacist practice log 	<ul style="list-style-type: none"> • Training for six model pharmacy staff members: <ul style="list-style-type: none"> ☐ Pre-test mean score: 65.83 percent ☐ Post-test mean score: 79.3 percent ☐ Mean increase: 13.5 percent • Data for 50 pharmacists from 87 pharmacies: <ul style="list-style-type: none"> ☐ Pre-test mean score: 61.4 percent ☐ Post-test mean score: 79.2 percent ☐ Mean increase: 17.8 percent
Incorporate model elements into at least five model pharmacies	Presence of model elements	Completed checklist of model pharmacy elements	Completed checklists for pharmacies indicates 5 of 6 had incorporated 100 percent of the elements and one had incorporated 87 percent

Table II-2 Short-Term Outcomes			
Goal/Objective	Measurable Indicator	Source of Information	Status
MEDICAL AID INITIATIVE			
Increase the claims for FP benefits among Medical Aid Society beneficiaries at two companies	Number of beneficiaries making claims for FP benefits before and after campaign	Consumer survey	<ul style="list-style-type: none"> C Baseline survey indicates that 17 percent pay for contraceptive services with medical aid C There was no intervention for this initiative and therefore no evaluation data was collected
COMMODITIES INITIATIVE			
Develop strategy and recommendations for addressing the main obstacles	Written strategy document prepared	Not applicable	Completed
CONSUMERS' INITIATIVE			
Motivate consumers to seek FP services through private providers	Number of consumers who receive FP services from private providers	Pre- and post-project survey of attitudes and practices	IEC campaign never initiated

The initiative objective of increasing the knowledge and skills of the nurse/midwives who will staff the model pharmacies was met. A comparison of pre- and post-test results shows that the training participants' knowledge of family planning increased an average of 13.5 percent.

In January 1997, the essential elements for a model pharmacy were delineated to make a checklist that can be used for follow-up and evaluation purposes. Five pharmacies had incorporated the model elements by the end of August.

The objective of increasing the knowledge and skills of doctors to provide at least one method not previously provided were met. A comparison of pre- and post-test results shows that participants'

knowledge increased an average of 18.4 percent. Monitoring visits to the trained doctors showed that 40 percent of doctors were providing at least one more method than they had before training.

D. Long-Term Outcomes

Table II-3 shows the goals, indicators, data sources, and results of the long-term outcomes.

Table II-3 Long-Term Outcomes			
Goal/Objective	Measurable Indicators	Source of Information	Status
EMPLOYER-BASED INITIATIVE			
Increase number of clients who receive contraceptive services at the clinic	The number of clients who receive contraceptive services	Clinic reporting forms	Not yet available
PHARMACY INITIATIVE			
Increase sales of contraceptives in private pharmacies	Sales from contraceptive products increase over time at private pharmacies	Data from pharmacy sales logs	Not yet available
ALL INITIATIVES			
Contribute to ZNFPC's goal of shifting 5 percent of family planning service provision to the private sector	Number and percent of consumers who receive their contraceptive services from private providers	Demographic and Health Survey (DHS)	Not yet available

CONCLUSIONS AND LESSONS LEARNED

III.

A. Conclusions

- # A key element of the success of the PROFIT Project in Zimbabwe has been involving beneficiaries of the program in its design, implementation, and evaluation. This has resulted in their enthusiastic participation in project activities.
Having working groups made up of members of the target group who plan the initiative has ensured that appropriate activities were developed that met the beneficiaries' needs. For example, the doctors' working group planned the initiative and training workshops, and, consequently, the workshops met participants' needs in terms of time and topics (e.g., the contraceptive technology update workshop was held over the weekend to minimize the doctors' time away from their practices).
- # The subproject Coordinating Committee has also been a key element of the process. The committee meetings have been a forum for members to remain aware of the subproject activities, and also to contribute to the subproject in meaningful ways. For example, there are doctors from both the public and private sectors on the Coordinating Committee. These doctors volunteered to be on the doctors' working group and also to be trainers or resources for the doctors' training program. Recently, the members of the Coordinating Committee have assumed the role and responsibility for ensuring that the commodities issues are addressed and that strategies are developed to solve the problem areas.
- # Another important element of the subproject is an ongoing dialogue with the public sector. PROFIT initiated this by organizing a workshop where the results of their assessment were presented to and recommendations were solicited from representatives of the public sector (ZNFPC), the private sector, and USAID.
- # Acknowledging the medical hierarchy is an important consideration to ensure successful outcomes. Working with doctors proved important not only to expanding service delivery, but also to the success of the initiatives with other providers. Having representatives of doctors, pharmacists, and nurse/midwives on the Coordinating Committee as well as being trainers facilitated communication among the groups. This communication served to reinforce a team approach to health care and minimized conflicts over territory.

Creating partnerships with professional associations contributes to the sustainability of the activities.

The transfer of technical skills can be accomplished effectively during small, group training programs. Participants learn at least as much from each other as they do from the trainers.

B. Lessons Learned

Involvement of beneficiaries in the design, implementation, and evaluation of activities can have a very positive effect on outcomes.

It is important to create an advisory board that includes influential members in the community.

Private sector projects need to include dialogue with public sector participants.

It is important to communicate with doctors and to solicit their support concerning activities with other health professionals.

Developing partnerships with professional associations can contribute to the sustainability of project activities.