



**ZIMBABWE NATIONAL
FAMILY PLANNING COUNCIL
AND
ADVANCE AFRICA**

**EXPANDED COMMUNITY
BASED DISTRIBUTION
PROGRAMME**

YEAR 1-ANNUAL REPORT

PERIOD COVERED-MAY 2001 to April 2002

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1. Purpose of the Expanded CBD Program

This annual report of the expanded Community Based Distribution project covers the period from May 2001 to April 2002

In 1999, the Zimbabwe National Family Planning Council (ZNFPC) conducted an assessment of its Community Based Distribution (CBD) Program with technical support from Population Council and Family Health International (FHI). The assessment identified a need to: redefine the area covered by the CBD agent, broaden the roles of CBDs beyond family planning, strengthen the supervision skills of the CBDs, devise an effective referral strategy for other reproductive health and HIV/AIDS services, and revise the MIS and Monitoring and Evaluation strategy. The assessment led to the re-direction of the CBD program to ensure that the expanded CBD program effectively responds to the identified needs within the context of the current HIV/AIDS pandemic in Zimbabwe.

United States Agency for International Development (USAID) in response to assist ZNFPC to address the needs invited Advance Africa to come and work with ZNFPC to develop a project/program for Zimbabwe.

Advance Africa is assisting the Zimbabwe National Family Planning Council (ZNFPC) to redirect and implement its CBD program to include expanded reproductive health (RH) agenda, particularly HIV/AIDS/STD, Home Based Care and Voluntary Counseling and Testing over the next five-year period. The goal is to develop the strategic requirements for a successful reorientation and expansion of the functions of CBD agents in Zimbabwe.

Advance Africa's effort will contribute to the achievement of USAID/Harare's three IRs related to the Strategic Objective, "HIV/AIDS Crisis Mitigated." The IRs are:

IR1. Behavior change resulting from increased use of quality services with proven effectiveness to prevent HIV transmission and mitigate impact at household level.

IR2. Enhanced capacity to conduct advocacy and implement policy to prevent HIV transmission and mitigate impact at the national level.

IR3. Enhanced capacity at the regional and local levels to support community responses to children affected by HIV/AIDS.

The objective of this program is to redirect the current CBD strategy toward reproductive health, including the prevention of HIV/AIDS. The first year of this program introduced this approach into 8 districts around the country. In subsequent years, emphasis will be placed on rapidly expanding the new approach throughout the country where the CBD agents can be most effective.

The purpose of the new “redirected” program is to use ZNFPC’s broad based CBD rural infrastructure to relate messages and services regarding reproductive health in general and HIV/AIDS in particular. Under the new ZNFPC approach, greater emphasis will be placed on reaching currently under-served groups such as adolescents, men, and low parity women, groups that are critical to increasing contraceptive prevalence as well as preventing the further transmission of HIV .

Advance Africa considers the ZNFPC initiative to be a high priority in testing the feasibility and effectiveness of integrating Family Planning and HIV/AIDS using community based distribution strategies which have traditionally been major vehicles for rapid expansion of family planning programs. If the planned re-orientation of the ZNFPC CBD program is demonstrated to be effective, the results will be of significant value for addressing issues of integration.

2. Background on the Expanded CBD Program and Area Covered

Areas covered in the expanded CBD program

The expanded CBD is currently being piloted in 8 of the 57 districts in Zimbabwe. One district is chosen from each of the 8 provinces of the country. The selection of the criteria were based on the districts relative closeness to a ZNFPC provincial office for management supervision and support, and a Voluntary Counselling and Testing centre (VCT) for the referral of clients for HIV testing services.

While the first year of the expanded CBD program focuses on 8 districts around Zimbabwe, the plans are to rapidly increase access to the expanded CBD program approach in the remaining districts in the next four years by 2005.

Community based reproductive health model(s) being tested in the expanded CBD program

To identify and test the appropriate cost-effective community based models to provide FP/RH/STI/HIV/AIDS services in the expanded CBD program, two types of models were selected to build on the current CBD ‘door to door’ approach of reaching the community. The two types of models selected are the Depot Holder (DH) and the Satellite model (see below for description of these models). These community-based reproductive health models are expected to play an active role in village and ward level family planning and reproductive health issues with an emphasis on HIV/AIDS.

The type of model selected is predetermined by the settlement pattern of the population. The satellite model being ideal in low density and dispersed settlements, while the Depot Holder model suits concentrated population settlement areas.

Previously, the CBD agent was expected to cover a 20-kilometre radius from her residential home that resulted in the coverage of several wards. The program has been

changed to a ward-based coverage in keeping with the administrative districting in Zimbabwe. In both models, the CBD covers a ward which has an expected average population of 6000 people in six villages. The two approaches seek to reduce the CBD area and travel time to allow them to have ample time to function in their expanded roles. The review has shown that in some settings two CBD agents have been located in the same ward but covering different areas.

Description of the Models used for the expanded CBD program

The **'door to door'** approach: the CBDs move from one household to another in their catchment areas. Their role involves informing, educating and motivating women and men about family planning methods and services. The 'door to door' model is considered ideal where there is a low level of awareness as it places emphasis on a one-to-one interaction between the CBD and the client. The CBD is an important member of the community and a change agent who understands the community dynamics, and can elicit community member's collaboration in addressing pressing community reproductive health needs, including HIV/AIDS.

In the **Depot Holder model**, a Depot Holder (DH) is a community-based cadre who is an entry point for FP/RH/STI/HIV/AIDS information. The community selects a DH from community members who are centrally located within a village. As a volunteer, the main role of a DH is to provide information on FP/RH/STI/HIV/AIDS, distribute condoms, re-supply established family planning clients with contraceptives, refer clients with reproductive health problems to the Community Based Distributor and health facility. The DH is static and operates from her home. A DH is selected for each village of the same ward except the village where the CBD resides. One DH services one village. A village has an expected population of about 1,000.

The **Satellite model** has a CBD agent who provides family planning services at designated places within the community, targeting places where people gather or come for services. The Community Based Distributor schedules appointments on selected days for each identified satellite point to re-supply clients with contraceptives so that more time can be allocated to provide 'door to door' FP/RH/STI/HIV/AIDS services, and to reach men and youth.

Expanded CBD program pilot districts

Six districts are implementing the DH model. These are Makoni in Manicaland, Bindura in Mashonaland Central, Zvimba in Mashonaland West, Chirumanzu in Midlands, Umzingwane in Matebeleland South and Gutu in Masvingo. Both the Satellite and Depot Holder models are implemented in Marondera in Mashonaland East. The Satellite model is implemented in Umguza district in Matebeleland North.

(See Appendix 1 with information on the revised distribution of CBDs, GLs and Depot Holders estimated population covered by province and district in the eight pilot districts.

Appendix 2 provides the map of Zimbabwe indicating the location of the pilot districts and the proposed districts for the expansion).

The expanded role of CBD

The Community Based Distributor continues to offer services through the 'door to door model'. The new role of the CBD now includes supervising the DH, recruiting new clients for family planning, addressing reproductive health needs of youth, men and low parity women, managing clients with family planning method problems, referring clients for STI and VCT, and providing technical support on reproductive health related issues at grass roots level.

The CBD agents are also expected to actively participate in ward-level committee meetings to ensure that reproductive health and HIV/AIDS/STI issues are included and addressed in the ward activities. CBD services are offered through interacting with individual clients and engaged couples, and actively reaching out to under-served groups such as youth, men and low parity women to address FP/RH/STI/HIV/AIDS issues. One of the key areas for CBDs includes promoting condom use, motivating communities for VCT, assisting parents to communicate with youth, offering supportive counselling and information on home based care and managing the ageing process e.g. menopause.

In addition, CBDs in the expanded program are to provide detailed information, identify and refer clients for STI, HIV testing in VCT centres, and other reproductive health issues such as sub fertility, post abortion care and reproductive tract cancers.

3. Achievements on the Expected Project Tasks (Scope of Work)

Advance Africa worked with ZNFPC in the following areas in the first year:

3.1 Revision of the Monitoring and Evaluation system tools to collect and analyse data on the expanded CBD performance and reproductive health indicators that can appropriately demonstrate progress.

The Monitoring and Evaluation plan was developed. The plan includes the baseline survey, MIS statistics, referral system, and reporting system.

The data collection for the baseline survey was done in August 2001. The CBD baseline report is being finalised and expected to provide the project with key areas for monitoring project implementation.

The reporting system for project activities has been very slow to take off since the CBD and DH trainings were completed in February – March 2002 and also there were interruptions in some districts because of the country's elections in April 2002.

MIS data entry prior to implementing the expanded CBD program was done for the period 1999, 2000 and 2001 to establish performance/output of the CBDs in the pilot districts. A similar exercise will be done in the impact evaluation to assess the performance of CBDs in family planning after the addition of the new roles. The new roles are not expected to negatively impact on family planning service delivery.

The data collection forms for CBD have been revised to include STI/HIV/AIDS components, referral, home based care and meetings attended by CBDs. While the MIS now captures the CBD main expanded roles there is a concern that the forms are too many, and there is a need to provide one consolidated form to report all CBD expanded activities.

There are eight forms currently being compiled for the CBD program. The forms include: 1) Form 4/CBD 2 'ZNFPC CBD-DH summary data sheet', compiled by the CBD for all the DHs; 2) Program Monthly Stock Monitoring and Revenue Report form (development supported by DELIVER); 3) Form CBD02 - monthly contraceptive stock levels and revenue consolidated by Group Leader; 4) CBD1/Form 01 compiled by CBD from each DH register and kept by CBD; 5) CBD monthly return form compiled by Group Leader indicates the number of new clients, re-supply clients, and types of methods given; 6) CBD referrals summary form; 7) CBD Group meetings summary form; and 8) CBD Home based care visits summary form. Form numbers 2, 6, 7, and 8 above were added following the revision of the MIS for the expanded CBD program.

3.2 Include CDC HIV/AIDS-related Young Adult Survey (YAS) questions on behaviour change to develop the CBD baseline survey. The baseline information will provide essential components to track implementation changes of the expanded CBD program.

The target population used for CBD baseline was the same age group as that for the YAS of 15 to 29 years. The objective of the YAS is to obtain representative data to monitor the HIV epidemic in Zimbabwe and the prevention and care response. The data collection was completed in February 2002 and the preliminary report is expected in July 2002.

3.3 Develop quality assurance processes such as mapping techniques that will ensure appropriate clients are reached. This will entail integration of the CBD with other community health agents and structures, as well as ZNFPC technical capacity in the integration of FP/RH/HIV/AIDS service delivery.

The reporting of CBD involvement in the expanded role has been low. Implementation for most of the training activities was late in the project year as preparatory activities such as the revision of CBD manuals and Advocacy Packages had to be finalised before training. CBDs were trained in October 2001 in the expanded role. After training, CBDs had to conduct a mapping exercise of their catchment areas, delineate the areas they were covering, and prepare for Depot

Holder recruitment. In addition, CBDs were to identify main stakeholders in FP/RH/STI/HIV/AIDS programs. Depot Holders were trained in February to March 2002. During February/March 2002, some CBDs were limited in conducting group meeting/talks due to presidential elections.

3.4 Strengthen strategic support of the mechanism for coordination at central, provincial, district and community level among NGOs and public sector for FP/RH and adolescent reproductive health. (Hire local technical expert on Reproductive Health and HIV/AIDS who will work closely with Training, IEC, Evaluation, and Research Units in collaboration with Service Delivery Unit.)

A local HIV/AIDS consultant was recruited by ZNFPC with technical support from Advance Africa and USAID/Zimbabwe. The Consultant was engaged to conduct an assessment the systems in place for the implementation of the expanded CBD program to support the quantitative data collected at baseline. The role was to conduct a qualitative assessment of systems in place for the implementation of the expanded CBD program. The assessment covered the following areas: training (duration, content, identifying gaps in the training manuals), co-ordination, linkages, referrals, and HIV/AIDS policies. To undertake the exercise, the consultant met with stakeholders in the local authorities, NGOs, Ministry of Health and Child Welfare, and donor partners. The consultant visited all the project sites and interviewed key stakeholders. The report is being finalised.

A national meeting was held in Harare on June 5, 2002 for key stakeholders in the expanded CBD program. The meeting was used to present the preliminary findings of the CBD baseline survey and the initial assessment of the expanded CBD program by the consultant. National, provincial, and district coordination mechanisms still need to be strengthened as reflected by the consultant's feedback.

3.5 Developing technical capacity in integrating RH and FP with HIV/AIDS, institutionalising an appropriate service delivery model for the expanded CBD Program.

Several training activities have been conducted to develop the technical capacity of all levels of staff in the CBD program. DHs have been recruited and trained while CBDs have been reoriented in their expanded role. The provincial teams have been trained to train CBDs and DHs in their new roles. Eighteen CBD program managers were trained in the first course on Management of Community-Based Reproductive Health programs by CAFS in April-May 2002. There are plans to conduct a second course to train the remaining CBD program managers.

Nine Group Leaders, 55 CBDs and 222 DH have been trained to implement the expanded program activities.

3.6 Creating an effective referral system for long term methods, STI diagnosis and treatment, VCT and other key HIV/AIDS support activities.

The need to create effective referrals for VCT and other key HIV/AIDS activities is considered critical to the success of the expanded CBD program. There is still a need to finalise the referral processes in most of the pilot sites. Drug availability for STI treatment is reported to be a problem in some of the districts. ZNFPC needs to formalise the support of mobile VCT services to the pilot districts and the format for referral, as referral forms are considered to impinge on the confidentiality nature of the service.

3.7 Training, monitoring and evaluation, supervision and logistics (where Advance Africa will collaborate with the DELIVER Project).

The DELIVER Project supported the expanded CBD program in the procurement of support materials, development of a logistics training manual and logistics forms. There is a need to review the forms for two main reasons: 1) to consolidate the data collection forms with existing forms, and 2) to make the forms, particularly the Standard Quarterly Order Form, user-friendly. The review will facilitate continued improvement in the CBD contraceptive and condom supply.

3.8 Development of specific scope of work for technical support in:

- ◆ Strategic analysis to analyse the role and functions of different groups working in HIV/AIDS at district and community level;
- ◆ Training of staff to integrate behaviour change communication strategies into training programmes;
- ◆ Developing monitoring and evaluation systems that can facilitate the analysis of new approaches of the expanded CBD programme;
- ◆ Developing specific plans for co-ordinating district and community referral systems.

While there has been an effort to develop a National Advocacy Package for the expanded CBD in an era of HIV, there has been an additional need to package district data on the prevalence of STI/HIV/AIDS and reproductive health needs. This process has taken longer than expected. Implementation of advocacy workshops in most of the districts has been delayed with the exception of Gutu in Masvingo.

3.9 Implement and revise as appropriate the operational plan.

The implementation plan and budget was revised in January 2002 to accommodate outstanding activities that could not be implemented with the available budget. The increase in costs necessitated an increase in the budget allocated to the project from Z\$15,432,960 to Z\$41,293,074. The activities that had an impact on the budget are training, field support visits to monitor implementation, provincial orientation, district advocacy workshops, and the procurement of support materials.

Implementation was affected by the unavailability of financial resources (cash flow) leading to a delay in the procurement of support materials: of note, bicycles to enhance the mobility of CBDs, client record cards, DH registers, and organ models.

3.10.a. Materials Developed for the Expanded CBD Program

The following materials were revised to encompass HIV/AIDS and Behaviour Change Communication:

- Group Leader procedure and training manual
- CBD procedure and training manual
- Depot Holder procedure and training manual + Depot Holder re-supply checklist

A training logistics manual was developed with support from DELIVER. The logistics component was added to the Group Leader, CBD and Depot Holder procedure manuals.

3.10.b. Support materials procured:

- Group Leader Bags - 10
- Contraceptive Sample Kits - 300
- Depot Holder Bags - 225
- Depot Holder Badges - 225
- Depot Holder Door Stickers - 300
- Male Organ Model - 300
- Depot Holder Register Books - 500
- Depot Holder Referral Books - 225
- Client Calendar Cards - 50000
- Tin Trunk Padlocks - 57
- Ladies Bicycles with Accessories - 39
- Male Bicycles with Accessories - 15
- Group Leader Motor Cycles with Accessories - 8

4. Progress in Year 1 EXPANDED CBD PROJECT Implementation Plan 2001-2002

Progress in Implementing Planned Activities for Year 1 --Expanded CBD Work Plan is provided in Table 1 below.

Table 1. Status of Planned Activities

ACTIVITY	EXPECTED OUTCOME	STATUS/PROGRESS
Finalise agreements on funding with USAID	Field support and core funds put in place	Field support funds allocated to support implementation and core

ACTIVITY	EXPECTED OUTCOME	STATUS/PROGRESS
		funds for technical assistance and capacity building.
Develop pre-sub agreement between ZNFPC and Advance Africa	Expenses for start up activities authorised Agreements on technical, management, and financial procedures put in place	Sub-award D1-01 revised in February 2002 to facilitate additional resources to finalise outstanding activities.
Develop and update work plans for continuing technical support from Advance Africa	Technical Assistance tailored to specific issues related to assuring high quality program performance	Technical support provided by Advance Africa for the review of manuals, training, and partner update on the implementation of the expanded CBD. Technical support for M&E needs to be strengthened.
Establish efficient financial system to support the program	Quarterly Reports that respond to USAID and ZNFPC management needs	Procurement of support materials was delayed due to financial cash flow problems.
Assign a full time ZNFPC person as a coordinator of the CBD Program	To coordinate the implementation activities at national level	Two ZNFPC provincial Service Delivery Coordinators were assigned to facilitate the review of manuals, training of CBD agents, and consultant's visits.
Identify an international consultant (HIV/AIDS) expert to assist with start-up process	CBD manuals reviewed, TOT curriculum finalised	Advance Africa HIV/AIDS Specialist provided technical support in the CBD manual review and implementation monitoring.
Define criteria and select 8 pilot sites for the expanded CBD program and tailor referral strategy to district conditions	8 Districts selected 80 CBD agents and 240 Depot Holders identified	8 districts relatively close to ZNFPC provincial offices were selected and accessible to VCT centres were selected. A total of 55 of the 74 CBDs were selected. 19 CBDs were left out to allow time to learn and adapt. 222 DHs identified.
Disseminate findings of the CBD & Time Motion Study & solicit support for the new CBD approach	ZNFPC 559 CBD, 41 GL, 8 SDCs, 8 PM, 8 SICC, MOH-57 DNO, 8 PNO will share lessons learned & endorse expanded CBD approach	Most CBDs managed to attend the dissemination workshops. Attendance by non-ZNFPC staff was limited to the opening ceremony.
Conduct final selection of the districts and the CBDs according to population settlement patterns	The satellite model set up in low density and dispersed settlements, the depot holder model in concentrated areas	The process to select models was supported by ERU to ensure that application was determined by settlement rather than by preference.
Review and establish M & E system and tools	Quarterly reports based on key performance indicators	A Monitoring and Evaluation plan was developed. Activities in the plan

ACTIVITY	EXPECTED OUTCOME	STATUS/PROGRESS
in accordance with goals of the expanded CBD program		include the CBD baseline, MIS, referral, and reporting system. A mid-term is to be done in August/Sept 2002.
Assess existing referral system and update the referral strategy	Policy and guidelines on referral system established for the new CBD roles	The referral to clinics and VCT is formalised by a referral form with a tear off return slip to the CBD. There is need to enhance partnership with referral centres.
Conduct a base line survey for the expanded CBD program	Indicators established to measure CBD progress and impact	The CBD baseline report is still to be finalised and indicators established to monitor progress.
Establish a core team of multidisciplinary trainers for the expanded CBD program	A team composed of ZNFPC, MOH/CW and other partners (PSI, PACT, CDC, NACP, CAFS, etc.) formed	ZNFPC obtained support from PSI, MOH/CW, and NAC for various training activities-TOT, CBD and DH. There is need to follow up and package areas of collaboration with partners.
Review and update CBD and GL procedures and training manuals	Manuals developed to include BCC and HIV/AIDS components	HIV/AIDS and BCC was added to CBD, GL procedure manuals. There is need to improve the networking and coordination component.
Production of procedures and training manuals	300 DH manuals, 120 CBD manuals 40 GL manuals produced	Manuals were produced in time for the training of CBDs. Revision and finalisation of manuals is planned in Year 2.
Conduct the training of trainers both on CBD and logistics	Trainers will be qualified to redirect the expanded program and train CBDs	14 Trainers were trained in August 2001. A turn over of 4 trainers.
Conduct an inventory to assess IEC materials	IEC tools developed and assessment completed	The inventory has reflected that the HIV/AIDS IEC material from partners are in small quantities supporting the need to print CBD specific RH/HIV material.
Conduct an IEC needs assessment	Assessment completed, tools developed	The assessment supports the need for CBD specific material on RH, youth, and HIV/AIDS in addition to FP material.
Identify Capacity Needs for Management Skills	Management capacity of ZNFPC staff assessed	The review indicated a need for training in the management of community-based programs.

ACTIVITY	EXPECTED OUTCOME	STATUS/PROGRESS
Hire and post within ZNFPC a local HIV/AIDS/RH specialist to address issues related to program implementation	Clinical officer with good management and training skills and experiences in HIV policies and programs to ensure that ZNFPC remains focussed on HIV/AIDS activities	Efforts to recruit a local HIV/AIDS specialist were not successful. A local HIV/AIDS consultant was recruited to conduct an initial assessment of systems in place for co-ordination, referral and linkages.
Establish steering Committee for Co-ordination of the expanded CBD program at the national, provincial and district levels	Approach to co-ordination defined and guidelines developed and used at national, provincial and district levels	ZNFPC HQ team meets regularly to review program implementation issues. Guidelines developed for recruitment of DH, advocacy draft retrenchment policy – CBDs who are mature and not able to physically meet the demands for the job.
Review and update DH training manual	DH training manual developed	The DH manuals were updated to add RH/HIV/AIDS component.
Review and revise job aids for all levels of CBD program staff	Cue cards, supervisory checklist and self assessment monitoring tools developed and produced	A supervision and data collection-monitoring checklist for supervisors and self-assessment checklist for CBD agents were developed. FHI checklists were adopted for screening clients for COCs, and to refer for Depo injectable.
Finalise revised training materials for new CBD approach	Training curriculum revised with focus on key integrated FP/RH–HIV/AIDS and STI tasks for CBD	Training curriculum was reviewed and the CBD tasks streamline to facilitate monitoring.
Develop and produce IEC Materials to Support the Redirected CBD Program	IEC materials developed and produced to support the expanded CBD program	The budget for the IEC material was very limited. To meet the demand for IEC material additional funding was availed through the revised sub-award.
Train CBD workers, supervisors, etc.	56 CBDs, 250 DHs and 24 GLs trained and posted in start up districts	55 CBDs and 222 DHs and 9 GLs were trained. Effectively DH model implemented in March 2002.
Develop and adopt a performance based appraisal & remuneration for CBDs	Performance based appraisal and remuneration for CBDs developed and produced and used to evaluate staff performance	There is need to support the process to develop tools that effectively evaluate CBD program staff performance in their expanded role .
Development of an Advocacy Package	Advocacy Package developed and produced	The national Advocacy package is to be finalised in August 2002.
Conduct advocacy meetings at provincial	200 leaders oriented in the 8 pilot districts to support the	Advocacy workshops have not been held in 6 pilot districts.

ACTIVITY	EXPECTED OUTCOME	STATUS/PROGRESS
and district levels	expanded CBD program	
Prepare the Community Health Management Course	Curriculum designed and finalised according to ZNFPC needs	A three day preparatory meeting was held between ZNFPC and CAFS core-trainers.
Conduct a community Health Management Course	20 Health managers trained in CBD health management to support the CBD program	18 CBD program managers trained in the management of community based RH programs in April/May 2002.
Strengthen the development committees at all levels	RH/HIV/AIDS integrated in the overall plans of the different committees	A feedback process is to be developed on progress in integrating plans at provincial/district level.
Conduct provincial orientation workshops	160 stakeholders oriented	7 pilot districts are still to implement this activity.
Conduct field visits to monitor activities in the 8 pilot districts	Reports on CBD program implementation progress produced and necessary action taken to support the program	Field visits to monitor implementation are ongoing, although reporting is slow. There are concern on the difficulty to access VCT centres and possible population movements with the land reform.
Monitoring visits to provinces by Program Coordinator	Activities implementation monitored and correction made as necessary	The attachment of provincial SDC enhanced capacity but was limited in that the attachment was not continuous but focused on key activities.
Identify opportunities for additional support to the program	Strengthened sustainability of the expanded CBD program	The partners update meeting revealed that there is still a lot of untapped opportunity to gather support in M&E, VCT referral, ASO linkages, and supplies.
Review results of Monitoring and supervisory visits	Identification of strategic and operational issues	The expanded CBD program strategy is well supported by partners in both public and NGO sector. Issues arising in the monitoring visits indicate a need to address age of CBDs, user-friendly training approaches for logistics and regular review of models in place.
Conduct monthly coordination meetings at the provincial and district levels	Identification of success, weakness to address and better co-ordination at the community level	Although monthly meetings are recommended, the consultant's feedback reflects a need to strengthen meetings at provincial/district levels.
Prepare and submit the quarterly reports	Technical and financial quarterly reports sent to AA	To respond to project cash flow challenges financial reports are now

ACTIVITY	EXPECTED OUTCOME	STATUS/PROGRESS
		sent on a monthly basis.
Develop the expansion plan of the second year	Plan for second year support approved	An expansion plan developed for Year 2. The project will expand to 8 additional districts.
Update work plan and budget of the CBD program	Work plan and budget updated every 6 months	Work plan was updated in January to facilitate implementation.
Purchase of 110 Blood Pressure Readers	Support materials in place to support smooth implementation of activities	55 Blood Pressure readers procured. 1 CBD BP machine to was stolen. The BP machine will be replaced.
Purchase of 110 Calculators	“	40 Calculators were purchased for 40 CBDs. 15 CBDs and 9 GL benefited from the DELIVER supplies left over for DH. NB. 222 of target 240 DH trained.
Purchase of 110 Cash Boxes	“	Cash boxes were not purchased for CBDs DELIVER supplied DH.
Purchase of 110 CBD Bags	“	55 DH, 9 GL, and 230 DH bags have been procured and await delivery.
Purchase of 1 Computer	“	1 Computer and printer were procured. ZNFPC ERU uses the computer. There is a need for a computer for Service Delivery Unit.
Purchase of 80 bicycles	“	14 male bicycles and 40 female bicycles were procured. Male bicycles have since been received and distributed.
Purchase of Support Materials	“	Only a few of the CBD support materials were procured i.e. client registers and referral books. DH support materials are awaiting delivery: client registers, male organ models, contraceptive sample kits, client calendar cards.
Purchase of 600 Trunks	“	240 trunks were procured by DELIVER for DHs.

Table 2. Distribution of CBD and Depot Holders by Province for the Pilot Districts Year 1 and Expanded CBD Project

PROVINCE	DISTRICT	NO. OF GROUP LEADERS	TOTAL CBDS BY DISTRICT	NO. OF CBD IN THE EXPANDED PROGRAM	NO.OF DH for the expanded CBD program	COMMENTS
MANICALAND	MAKONI NORTH	1	9 (2males and 6 females)	6 (2 males and 4 females)	24 (4 males 20 females)	1 CBD died December 01 1 CBD suspended Jan 02
MANICALAND	MAKONI SOUTH	1	8(2males and 6 females)	8(2males and 6 females)	39 (2 males 37 females)	1 female DH died post delivery in February 2002
MASHONALAND CENTRAL	BINDURA	1	6 (5 females)	5(5 females)	25 (3 males 22 females)	1 CBD in an urban setting was not trained
MASHONALAND EAST	MARONDERA	1appointed with effect 1/6/02	8(2 male and 6 females)	8(2 males and 6 females)	28 (1 male and 27 females)	2 CBDs are piloting the satellite model
MASHONALAND WEST	ZVIMBA	1	11 (3 males and 8 females)	5(2males and 3 females)	25 (all females)	7 CBDs in the communal area were not trained
MIDLANDS	CHIRUMANZU	1	5(2 males and 3 females)	5(2 males and 3 females)	20 (8 males and 12 females)	
MATEBELELAND NORTH	UMGUZA	1	5(2 males and 3 females)	5(2 males and 3 females)	No DHs in satellite model	5 CBDs are implement Satellite model
MATEBELELAND SOUTH	UMZINGWANE	1	7(3 males and 4 females)	7(3 males and 4 females)	32 (3 males and 29 females)	
MASVINGO	GUTU	1	15 (1male and 5 females)	6 (1 male and 5 females)	30 (All females)	9 CBDs within the district not close to VCT not trained. 1 female DH died in

PROVINCE	DISTRICT	NO. OF GROUP LEADERS	TOTAL CBDS BY DISTRICT	NO. OF CBD IN THE EXPANDED PROGRAM	NO.OF DH for the expanded CBD program	COMMENTS
						April 02 after an illness.
TOTAL	-	9	74	55 (14 M & 40 F)	222 (21 M & 201F)	-

NB there are 54 CBDs and 220 DHs remaining in the 8 pilot districts. Four of the pilot districts still have 19 CBDs to be trained in the expanded roles (Bindura, Gutu, Makoni North and Zvimba). The CBDs are to be trained together with those from the 8 expansion districts. Manicaland- Makoni district has lost two CBDs, 1 died in November 2001 and 1 was dismissed for misconduct in December 2001. Makoni North has 1 CBD who is supervising 35 DH recruited in 1993 was not trained. The former Acting Group for Marondera has reverted to a CBD position with effect from the 1st of June 2002 after the appointment of a Group Leader. The new Group Leader will be trained in the expanded roles on the job and join the expansion districts for a formal re-orientation.

AA Technical Support to the expanded CBD program

In addition to the regular support visits made by the AA to provide technical assistance in both management and technical areas, ZNFPC has been benefited from the visits made by two Advance Africa Directors. During the two visits the AA Director met with stakeholders in the public, NGO and UN agencies. The visits explored opportunities for collaboration and to strengthen linkages in the delivery of integrated FP/HV/AIDS services using community based strategies.

CBD Program Co-ordination Observations/Issues and Recommendations

The expanded CBD program recruited 220DHs as volunteers. It was observed that there were deviations in the selection from 35 to 60 years to 21 to 50 years. Academic background varied from Standard 2 to four years of secondary education. While the younger DH is more accessible to youth for FP/RH/HIV/AIDS information they are also seeking for job opportunities and expect a higher remuneration. The training reports are all reflecting that the logistics session took longer than planned and the participants needed more time as they found the Standard Quarterly Order forms difficult. There is need to review the form and make it user friendly. Post training follow up is revealing that some DHs are expressing a need to be mobile to respond to client needs during village operations. Availability of cash resources had an impact on timely implementation of activities delaying district advocacy and orientation meetings. There was a concern raised on the mature age of some of the CBDs who needed more time to assimilate.

Some provinces have recommended that future CBDs are recruited from trained DHs and to retire CBDs to function as DHs. There is need to formalise and strengthen referral networks for RH/STI/HIV/AIDS services. There is still an

outstanding request for training support materials- 8 additional Ortho-McNeil pelvic models. The IEC unit will be providing on site support to facilitate the completion of site specific data on RH/HIV/AIDS data in the pilot and expansion districts. The few districts that have implemented advocacy meeting have alluded to a demand by local communities for site specific information to enhance understanding of local RH/HIV/AIDS needs.

HIV/AIDS Consultant Feedback

A meeting was held with approximately 50 stakeholders involved in RH/HIV/AIDS programs on the 5th June 2002 to disseminate preliminary baseline findings and the report back of the initial assessment of the expanded CBD program. The participants included public and NGO sectors, local authorities, academic institutions and donor partners. The assessment alludes to the significant impact DHs are contributing in increasing access and availability of RH/HIV/AIDS information and FP services at community level. Youth issues and STI/HIV input have been singled out to be useful in enhancing implementation of expanded roles. Supervision of DH is emerging as a challenge for CBDs since there are volunteers with varied operational times. Report writing and provision of support materials has been highlighted as some of the key areas for strengthening, as well as the involvement of other key stakeholders to enhance effective referrals. ZNFPC will need to expedite the retrenchment policy to support recruitment of new CBDs.

Appendix 1. Map of Zimbabwe showing the location of 8 pilot districts and additional districts for the expanded CBD Program

