

BRINGING FAMILY PLANNING TO THE PEOPLE



AFRICA

The word 'AFRICA' is rendered in a large, bold, black serif font. The letters are filled with white silhouettes. The 'A' contains a woman sitting on the ground with a child on her back. The 'F' contains a woman standing with a child on her back. The 'R' contains a woman standing with a child on her back. The 'I' contains a woman standing with a child on her back. The 'C' contains a woman standing with a child on her back. The 'A' also contains several small house icons. The 'F' contains several small house icons. The 'R' contains several small house icons. The 'I' contains several small house icons. The 'C' contains several small house icons.

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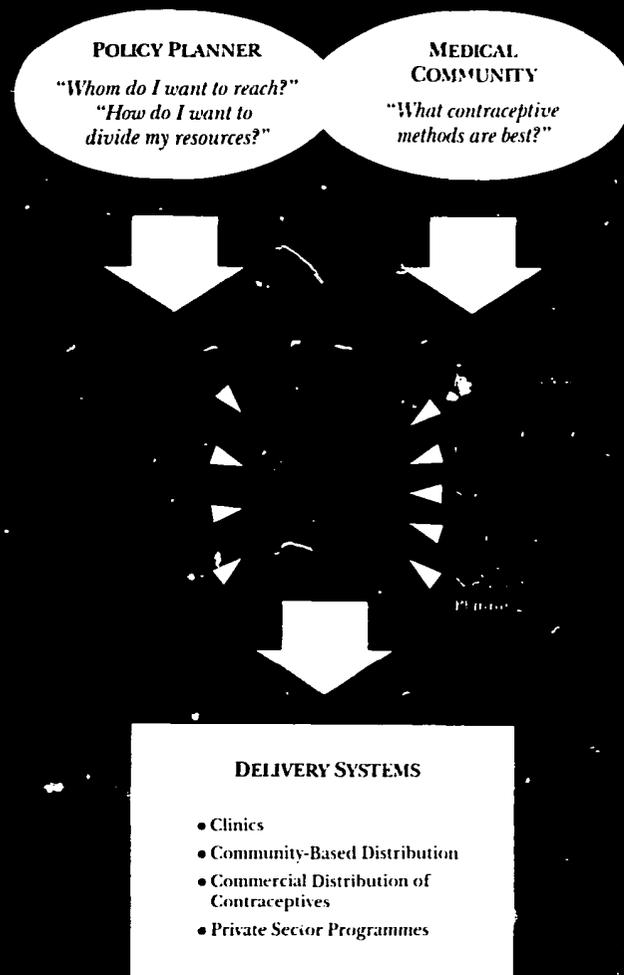
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STRATEGY FOR DESIGNING A FAMILY
PLANNING PROGRAMME



INTRODUCTION

Throughout the developing world there is increasing interest in and commitment to family planning. This dedication is reflected not only by the expansion and improvement of family planning services offered in clinics but also by new programmes to deliver services to clients beyond the reach of the traditional clinic environment. These approaches are especially important for rural areas where most of the developing world's population lives and where social services of all kinds are scarce.

Over the past 15 years, a wide variety of family planning approaches have emerged with such titles as "community-based distribution of contraceptives," "village delivery systems," "household distribution," "contraceptive retail sales," "social marketing," and "commercial distribution." Generally these approaches can be divided into two broad strategies: community-based distribution and commercial distribution.

These new strategies increase the

reach of family planning services beyond those delivered through clinics, hospitals and private physicians. No single approach is best. Family planning programmes will vary according to the characteristics and needs of the clients, the types of contraceptive methods offered, the setting (rural or urban) and the resources available. A comprehensive family planning strategy should include several approaches in order to serve the needs of a varied clientele. (See Figure 1.)

In sub-Saharan Africa most family planning programmes focus on clinic-based services. More and more African governments as well as private agencies and companies include community-based and commercial distribution of contraceptives among the services they offer. This booklet reviews several successful programmes that show how these innovative approaches can be adapted to the needs of African men and women.

COMMUNITY-BASED DISTRIBUTION

Community-based distribution (CBD) programmes bring family planning to people where they live — sometimes directly to their homes. Community-based family planning programmes were initiated in the early 1970s in Latin America, and later in other regions — East Asia, Southeast Asia, South Asia, North Africa and sub-Saharan Africa.

Community-based distribution programmes build on the social structures of the communities they serve. In some projects, services are provided through labor unions and women's cooperatives. In others, prominent community members such as health workers or traditional birth attendants distribute contraceptives. Workers distribute a variety of contraceptive methods including condoms, spermicides

and oral contraceptives. They also refer clients to clinics for IUD insertions or other medical methods.

In community-based distribution programmes, workers make house-to-house visits to educate and motivate clients and to distribute contraceptives. The local people recruited to work in community-based programmes usually are not health professionals, and many of them cannot read or write. However, they are taught to follow simple medical protocols to match clients and contraceptive methods. They often work with clinics to provide safe, reliable services.

The local workers receive several weeks of specialized training in how to motivate family planning clients, screen for medical indications against certain methods, recognize complications and calculate the needs for future contraceptive supplies. Research in Asia and Latin America has shown that clients who receive contraceptives, including oral contraceptives, from local workers in community-based programmes experience no greater health risks than clients who receive contraceptives from health professionals.

Research worldwide shows that community-based distribution is a successful way to increase contraceptive prevalence — the percent of women using modern contraception. Involvement of the local community and its leaders in the introduction of new ideas and technologies is very important, especially in rural areas. Success of the programme also depends on a regular system of supervision to guarantee that the local workers maintain the house-to-house rounds and follow the necessary procedures. An effective system to order and receive supplies is also essential so that clients who adopt family planning can get contraceptives when they need them.

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Community-based programmes usually are less expensive than clinic-based programmes. Training costs and workers' salaries are lower and little equipment is needed. Many community-based programmes charge small fees for contraceptives, which can be used to offset programme costs.

In some countries, community-based distribution programmes focus only on the delivery of family planning services. In others they have been effectively integrated with community-based health programmes so that the same local distributors dispense contraceptives as well as aspirin, malaria medicine, oral rehydration salts and other simple health treatments.

Following is an illustrative and descriptive catalogue of the growing number of community-based distribution activities in sub-Saharan Africa. The examples outlined below serve to highlight the broad range of activities which can be employed to bring family planning to the people.

The Zimbabwe National Family Planning Council's Community-Based Distribution Programme

Almost 30 percent of the married women aged 15-45 in Zimbabwe are using modern contraceptive methods: the highest national contraceptive prevalence in sub-Saharan Africa. Family planning, particularly to space births, is becoming an accepted aspect of family life in Zimbabwe. There are three main reasons for this: 1) the socio-economic situation of the country — relatively high per capita GNP, increasing female education, urbanization, and falling infant mortality; 2) the efforts of the Zimbabwe National Family Planning Council (ZNFPC); and 3) private commercial distribution.

The Council carries out about half of the family planning work in Zimbabwe and runs 28 family planning clinics around the country. However, most of ZNFPC's services are provided by 600 community-based distributors, over 90 percent of whom are women. These distributors are selected by their communities to receive four weeks of training before being supplied with a bicycle and contraceptive supplies. Each distributor then regularly visits

households in an area with 5,000 to 20,000 people to provide family planning education, motivation and medical screening as well as oral contraceptives and condoms. In 1984, the programme served 275,000 contraceptive users.

Several factors have contributed to the success of ZNFPC's community-based distribution programme:

1. Close ties between the local workers and ZNFPC family planning clinics;
2. Regular upgrading of workers' skills, including first aid, blood pressure monitoring and hygiene;
3. A strong management and supervisory system in which group leaders at the district level are responsible for ten to twelve distributors;
4. Relatively good pay for the distributors — 135 Zimbabwean dollars (US\$88) per month;
5. Strong central government commitment to family planning including support for a population education curriculum in sec-

ondary schools, a number of broadcasts on local radio stations to cover population topics and support from the women's branch of ZANU, Zimbabwe's main political party.

SOURCES: 1) *Population Growth and Policies in Sub-Saharan Africa*, The World Bank, 1986. 2) Direct communication from Esther Boohene, Director of the Zimbabwe National Family Planning Council.

The Family Education Programme in Bas Zaire

Since 1980, the Baptist Community of West Zaire has operated a community-based distribution project called Le Programme d'Education Familiale (Family Education Programme) in Bas Zaire. The project has both an urban and a rural component. The urban programme focuses only on the distribution of contraceptives while the rural part focuses on distribution of contraceptives, oral rehydration salts, plus drugs to combat intestinal parasites and malaria.

The project, known locally as PRODEF, also conducts research on the effectiveness of community-based distribution. Both the urban and rural areas were divided into two components; one with only increased availability of contraceptives at local outlets, the other with increased availability plus outreach—home visits to potential family planning users. Contraceptive prevalence, initially at 2 to 5 percent, increased throughout all the project areas. However, in both the urban and rural areas the outreach components achieved slightly higher prevalence: urban/outreach—19%; urban/without outreach—16%; rural/outreach—13%; rural/without outreach—10%.

Analysis of the Bas Zaire project found that:

1. Use of non-professionals to distribute contraceptives is acceptable to community officials and the general public;
2. Promotion of family planning services in rural areas is facilitated if integrated with child services, but this does not seem to be essential in urban areas;

3. Household distribution of contraceptives achieves levels of awareness and use much more quickly than simply making contraceptives more available;
4. Community workers need regular supervision if they are to serve a productive role in the project;

5. In deciding between merely stocking contraceptives and household visits, a trade-off exists between contraceptive prevalence rates and programme costs. Outreach services are more costly than depots, yet they reap greater benefits in terms of increased contraceptive prevalence.

SOURCES: 1) Jane T. Bertrand, Nlandu Mangani and Matondo Mansilu, "The Acceptability of Household Distribution of Contraceptives in Zaire," *International Family Planning Perspectives*, March 1984. 2) Jane T. Bertrand and Nlandu Mangani, "Family Planning, Operations Research: The Prodef/Tuiane Project in Bas Zaire, Final Report. 3) *Population Growth and Policies in Sub-Saharan Africa*, The World Bank, 1986.

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A Community-Based Distribution Project in Oyo State, Nigeria

In 1980, the Fertility Research Unit of the University of Ibadan's University College Hospital initiated a community-based distribution project in rural Oyo State. The project trained a cadre of village-level volunteers and traditional birth attendants to provide primary health care services, including family planning. A significant benefit of the programme was the emphasis placed on serving the entire population rather than the 25 to 50 percent who had been seeking services at clinics in the area. The first two years of the project were so successful that the Oyo

State Ministry of Health agreed to participate in an expanded programme, which is still going on.

Comparing surveys taken before and after the project's first two years, 50 percent of residents living in project villages approved of family planning, up from 20 percent before the project. In addition, 34 percent of the women said they would like to postpone their next birth beyond the traditional period of postpartum abstinence. This is also an increase from the pre-project period when 15 percent of women said they preferred a longer birth interval. Knowledge of specific modern family planning methods almost doubled, from 24 percent to 45 percent. Contraceptive use also increased.

Family planning services were integrated with a broader community-based distribution programme which provided other basic health services. This led villagers to associate family planning with much valued health services and served as an ideal way to introduce villagers to the maternal and child health benefits of family planning.

SOURCE: E. Weiss, O. Ayuene, O.A. Ladipo and E. Bamgoye, "Nigeria: Community-Based Family Planning," *Salubritas*, Vol. 9, No. 2, July 1986.

The Lay Educators Project in Kenya

In 1978, the Family Planning Association of Kenya launched the experimental Lay Educator Project in the Tetu and Vihaga Divisions of rural Kenya. Influential community members were trained to be volunteer lay educators in family planning. They agreed to devote half a day per week to the project, encouraging community involvement in family planning. The lay educators were supervised by the Family Planning Association's paid field educators.

By October 1979, it was evident that the lay educators, serving communities under 15,000 people, were better at identifying the family planning and health needs of their people than the full-time field educators assigned at that time to areas with 50,000 people. As active members of community groups, lay educators were better able to encourage open discussions about family planning. A follow-up study of two areas served by lay educators

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found that a higher percentage of these villagers accepted family planning than those in villages not served by the project. In the six-month period from January to June 1984, lay educators in the Tetu and Vihaga Divisions referred 3,400 mothers and children to clinics for a range of services including family planning, immunization, ante-natal services and civil birth registration. Overall, lay educators have proved to be an effective and inexpensive means of extending the work of field educators in local communities.

SOURCE: Family Planning Association of Kenya. "Report on the Lay Educator Project," June 1984.



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SPECIALIZED SERVICES

Family planning strategies often include several other specialized services which differ from those described above only because they focus on particular providers or clients. These programmes can play a major role in increasing the number of contraceptive users. They include:

Training Traditional Midwives

Traditional midwives can be trained to include family planning among the services they provide. Traditional midwives deliver most of the babies born in Africa and therefore have direct and often influential contact with village women. Although sometimes reluctant to change their traditional practices, these women have a strong incentive to offer services that will enhance the health of their clients and the babies they deliver, for example encouraging birth spacing of at least

two years. Projects in Asia and Latin America have been successful in encouraging traditional midwives to include family planning among their activities by training them in ways that respect their traditional skills. The potential for traditional midwife programmes in Africa is great because most Africans live in rural areas and rely on traditional health practitioners where other health care services are not available.

The Midwives Community-Based Distribution Programme in the Sudan — Starting in 1980 as part of a programme to improve the availability of family planning and maternal and child health services, 103 village midwives from rural areas near Khartoum were selected for two-week training courses to introduce three simple health interventions: oral rehydration therapy, family planning and nutrition education. These services were delivered during home visits linked to a mass immunization campaign. Family planning proved to be acceptable to the conservative villagers and the project showed that family planning services could be successfully delivered by traditional health practitioners, not just

physicians, in the Sudan. Contraceptive prevalence increased 30 percent to a level of 13.9 percent, during the first year of the project and preliminary evidence from a more recent survey indicates contraceptive prevalence has continued to increase.

SOURCE: John Ross, "Family Planning Pilot Projects in Africa: Review and Synthesis," *PHN Technical Note 85-7* The World Bank, July 1985.

Programmes Sponsored by Women's Groups

Throughout Africa, women have established self-help organizations and women's clubs. These groups, which build on communal traditions of cooperation, serve many functions. They not only help individuals obtain assistance from governmental agencies (for example, agricultural credit) but also provide a setting for educational programmes and social services. Because family planning is an important health intervention for women and children, it is one of the services women's organizations are beginning to provide.

Maendeleo ya Wanawake, Kenya — Almost 22 percent of Kenya's women belong to its largest women's organization, Maendeleo ya Wanawake. With some 7,500 local groups, Maendaleo sponsors projects which assist in raising the living standards of its members. Fifty percent of the projects generate income, such as raising poultry; 25 percent are self-help projects such as digging wells; 15 percent involve credit; and 10 percent are health projects which include family planning. Maendeleo has been working in the area of family planning since 1979.

To emphasize the health benefits of family planning, Maendeleo enlists village volunteers to provide health and family planning education in a programme which now reaches most of its members. The volunteers receive two weeks of training after which they hold regular village meetings to discuss family planning issues. Women interested in practicing family planning are given information on all methods and then

referred to nearby government or private clinics. The success of this educational effort is clear since 40 percent of Maendeleo members report using some form of contraception.

More recently the Maendeleo volunteers have also begun to provide family planning services directly in close collaboration with clinics. The organization has ongoing community-based distribution projects in two of Kenya's rural districts, Kakamega and Murang'a and is training village distributors in four additional districts.

SOURCE: *Population Growth and Policies in Sub-Saharan Africa*, The World Bank, 1986.

Programmes Sponsored By Church Groups

Throughout Africa, churches provide a large proportion of health care services. Some have developed innovative strategies for family planning that can be applied to large-scale programmes, whether offered by the government or non-government organizations.

CORAT/Kenya — Since 1982, CORAT (Christian Organization Research Advisory Trust)/Africa, a

church-oriented management organization, has collaborated with four church-run community-based distribution projects in rural Kenya. The projects are in 1) the Anglican Diocese of Mount Kenya East, 2) The Anglican Diocese of Maseno South, 3) the African Gospel Church's outpatient program at Tenwek, and 4) The Catholic Diocese Project at Nyahururu. The goals of the first three projects are to train community health workers in family planning, integrate family planning into health services and improve logistics and evaluation. The fourth project focuses on providing natural family planning training. CORAT/Africa has provided assistance in the areas of cost-effective program management and simple research techniques to improve planning and evaluation.

While each of the projects was designed to meet the unique needs of the community in which it operated, there are lessons to be learned from examining the common elements:

1. Their strong tradition of offering services to their people and their established ties within the communities enhanced the churches' success with experimental approaches.
2. CORAT introduced management and evaluation techniques which improved the projects.

SOURCES: 1) M. H. Labbok and E. Shah, "Trip Report, Site Visit JHU/CORAT Projects, Kenya, November 1985. 2) R. L. Parker, M. H. Labbok, M. J. Jacobson, W.R. Temu, "Primary Health Care and Family Planning Operations in Church-sponsored Community Programs in Kenya," 1986.

Private Sector Initiatives

Workers' unions and businesses—factories, service industries, parastatal organizations and plantations—can play a major role as family planning service providers. Services can be offered to workers either in clinics at the workplace or through health care provided elsewhere. Although this type of programme is not yet widespread in Africa, such private sector initiatives do account for much of the contraceptive distribution in other parts of the developing world, especially in Asia. The potential for rapid expansion of family planning services through private initiatives is great in African countries where the private sector is beginning to provide a variety of health services for its workers.

The Family Planning Private Sector Programme in Kenya—In November 1983, the Family Planning Private Sector Programme was initiated to encourage Kenyan plantations, factories and parastatal organizations to include family planning services among the health services offered to their employees. The project has been very successful and at present is the second largest provider of family planning services in Kenya.

Initially, the project did not include an information and education component. However, management and medical personnel noted that factory and plantation workers did not have ready access to family planning information. Therefore, creating materials such as posters, slide presentations and taped messages has become a vital aspect of the project and a focus for community involvement.

As the Family Planning Private Sector Project developed, the staff has observed the complicated relations among private and public sector service providers. For example, programmes sponsored by private sector businesses, non-governmental organizations, church groups or trade unions sometimes fear government interference. Conversely, the government's programme may feel threatened by successful private programmes. The Family Planning Private Sector Programme staff points out that because innovative

private sector schemes often require intensive training and other kinds of assistance before they can stand on their own, both innovative private sector and traditional public sector programmes are needed in a comprehensive family planning strategy.

SOURCE: John Snow, Inc., "The Kenya Family Planning Private Sector Programme," draft report, 1986.

COMMUNITY-BASED DISTRIBUTION: COMMON ELEMENTS

In general, community-based distribution efforts in sub-Saharan Africa have been successful in serving the family planning needs of a variety of communities. While much of the suc-

cess of these programmes lies in their diversity and responsiveness, there are common threads among them:

1. Distributors are selected locally and usually receive short but intensive practical training;
2. The programmes deliver services to each community or each household and sometimes do not depend on clinic attendance;
3. Programme workers operate relatively independently in their communities but are supervised regularly;
4. Simple diagnostic, screening and record-keeping systems are developed for the community distributors who may not have the time or skill for more elaborate procedures;
5. The whole community cooperates and is involved with the programme;
6. Distributors are trained to refer clients to clinics for clinical contraceptive methods or to treat complications.



COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES

Commercial distribution, also commonly called contraceptive social marketing (CSM), uses marketing techniques to promote and distribute family planning products at relatively low prices. The salient feature of commercial distribution is its use of existing marketing channels. Contraceptive products are offered to clients in retail outlets at the same time that advertising creates a mass market for their use. In many countries, commercial distribution programmes dramatically increase the availability of contraceptives.

To be successful, social marketing programmes must be perceived as beneficial by both the retailer and consumer. The retailer, provided with good products at low subsidized costs and the means to promote them, hopes to make additional profit for his or her business—usually a pharmacy although it may be another kind of shop, stall or kiosk. The consumer has ready access

to high quality, inexpensive products in an atmosphere of relative anonymity and without having to wait for scheduled clinic hours or home visits.

Clients who might not be reached by other programmes may take advantage of contraceptive social marketing programmes—in particular young men and women or villagers who live far from clinics. Inexpensive, “non-clinical” contraceptives—condoms and spermicides—are appropriate choices for social marketing programmes. However, pills may be included in the contraceptive marketing network in countries without legal restrictions.

The success of contraceptive commercial distribution programmes depends on sound marketing principles: identifying the appropriate customers, advertising, packaging, and establishing a reliable source of supply. In countries without existing commercial

distribution systems for other basic pharmaceuticals, introduction of contraceptive marketing may be premature. In some countries, public advertising of contraceptive products may violate cultural norms. However, where acceptable, commercial distribution is an effective, inexpensive addition to family planning services offered by clinics and community-based distribution programmes. In Africa, more experience is necessary to determine under which circumstances commercial social marketing will be most successful. The following examples illustrate the potential for commercial distribution of contraceptives in various African settings.

Ghana Social Marketing Programme

The Ghana Social Marketing Programme, launched in the spring of 1986 is designed to make low-cost, modern contraceptives available to Ghana's urban population. Danafco LTD., a private Ghanaian firm which manufactures and distributes pharmaceutical products, directs the programme under contract to the Ghanaian Ministry of Finance and Eco-

conomic Planning and the sponsorship of the Ministry of Health. In the first step, condoms have been introduced into retail outlets in Accra. As the programme develops, three contraceptive methods — foaming tablets and oral contraceptives in addition to condoms — will be sold throughout the country. The Ghana Social Marketing Programme has two other important features. First, the pharmacists and chemical sellers receive training in family planning, the correct use of contraceptives and customer screening for oral contraceptives. Second, the Programme plans a carefully researched, culturally sensitive advertising campaign run by a local advertising company. The advertisements, which are scheduled to show on television, radio, in print and at point of purchase, stress the health benefits of family planning, contraceptive safety and personal choice.

SOURCE: "Ghana SCM Programme Launched," SOMARC: Social Marketing for Change. (Newsletter from the Futures Group, Washington, D.C.), Summer 1986.

The Market Traders Project in Ibadan, Nigeria

This project, begun in July 1985, is a cooperative effort carried out by the University of Ibadan's University College Hospital and the Committee on Women and Development, a local voluntary organization.

The project asks this question: Can market traders, of whom there are some 33,000 in Ibadan, successfully provide selected family planning commodities to the communities they serve. In addition, the project aims to increase treatment of children under five for malaria and dehydration due to diarrhea and to refer women to clinics for clinical family planning methods or maternal/child health services including immunization.

The project also has a research component to help identify the characteristics of the market traders and stalls that are most effective. Initial findings indicate that 1) female agents were significantly more successful than male agents, although the participation of male traders "legitimized" the project; 2) age was not a factor for female agents but younger men were more suc-

cessful than men over 56 years old; 3) educational status was not a significant factor; 4) female agents who had never lost a child and had four or more children were most successful with treatments for children under five; 5) whether or not sellers had ever used contraception was not a performance factor, given a thorough training of all agents; and 6) traders with covered, lockable stalls and such items as canned goods and plastic items were generally more successful than those with open stalls and such products as cassava, meat and fish.

SOURCES: 1) Eugene Weiss, "Market-Based CBD Project," draft report, March 1986. 2) Don Weeden, "Ibadan Market-Based Health/Family Planning Project," draft report, April 1986.

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The Private Sector Family Planning Project in Nigeria

Since June 1985, Sterling Products (Nigeria) Ltd., a pharmaceutical manufacturer affiliated with Sterling International Group, has been coordinating this two-pronged project.

One part of the project provides family planning education and low-cost contraceptives in factory health clinics in Lagos. Sterling has trained 40 company educators and 20 company nurses

and helped initiate family planning education programmes in 20 factories. The health clinics sponsored by these factories also sell condoms and oral contraceptives at subsidized prices.

The second part of the project, which began in November 1985, provides low-cost contraceptives to retail stores throughout Nigeria. During the first four months of operation, a monthly average of 1.25 million condoms and 125,000 cycles of oral contraceptives were sold to Sterling's existing network of 115 distributors and 9,000 sales outlets. These contraceptive sales earned US\$700,000 for the project, 20 percent of which reverted to Sterling to cover operating costs. The remainder was recycled into project development. For example, a mass advertising campaign was initiated in February of 1986 including posters, pamphlets and television advertisements.

SOURCE: Draft summary of FPIA Nigeria-18 Project, FPIA, 1986.

INNOVATIVE APPROACHES FOR CLINIC-BASED SERVICES

Family planning in Africa began with services offered at clinics, particularly maternal and child health clinics. Clinics continue to be important, providing needed medical back-up and access to contraceptive methods such as the intra-uterine device (IUD). Many clinics in Africa have initiated efforts to improve both the quantity and quality of their services, including expanded days and hours, more reliance on paramedics for screening, and innovative funding approaches.

Chogoria Hospital, Kenya

Chogoria Hospital operates 27 daily clinics in Central Kenya. At each clinic one nurse, assisted by one or two helpers, offers all services every day, so

that a mother could have her child immunized, have her sore throat treated and be given her family planning pills — all by one nurse at one visit.

Clients pay small service charges and an additional charge for drugs. Overall, the clinics are entirely self-supporting; the clinics in the more prosperous zones make a modest profit which is used to subsidize the clinics in the poorer areas. Curative services are deliberately priced higher so that their profits can be used to subsidize the lower fees charged for preventive services.

According to the Chogoria Hospital, "The common wisdom on primary health care is that it is very expensive to operate and that it must make heavy losses to the service provider. At Chogoria we feel that we have proved that this need not necessarily be the case. When preventive services are well integrated with other services, it is possible to offer comprehensive services without bankrupting the institution."

SOURCE: "P.C.E.A. Chogoria Hospital Annual Report," 1985.

CONCLUSION

The examples cited in this study are all effective in their own settings and therefore offer valuable concepts for planners. But bringing family planning to the people is a continuous process of experimentation and innovation. African leaders must search out for themselves those systems that are effective and appropriate for their people.

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