Trip Report

Travelers: Miss Pauline Muhuhi, INTRAH/ESA Director

Country Visited: ZIMBABWE
Date of Trip: November 1 - 7, 1986
Purpose: To attend Conference on CBD and Alternative Delivery Systems.

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA
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* On file with INTRAH Program Office
EXECUTIVE SUMMARY

INTRAH/ESA Director Miss Pauline Muhuhu visited Zimbabwe from November 1-7, 1986 to participate in a Community-Based Distribution and Alternative Delivery Systems Conference. Miss Muhuhu represented INTRAH at the Conference attended by 120 representatives from 30 sub-Saharan African countries and donor agencies. The Conference endorsed encouragement of policy makers to support innovative alternative family planning delivery systems in order to have family planning services available and accessible to all communities. Representatives from each country developed plans for implementing or expanding Community-Based Distribution/Alternative Delivery Systems programs in their countries using information and lessons learned during the Conference.

In addition to participation at the Conference, Miss Muhuhu contacted several individuals from countries with whom INTRAH has or plans to have collaborative activities. Of special mention is Dr. Esther Boohene, Program Coordinator, Zimbabwe National Family Planning Council and Ms. Frances Giddings, WHO/UNFPA Consultant in Harare.

Discussions with Dr. Boohene resulted in delineation of INTRAH technical assistance required in 1987/88. Ms. Giddings provided useful information to guide INTRAH in coordination with WHO on the Nurses/Midwives Pre-service and In-service Project.
SCHEDULE OF ACTIVITIES

November 1
1:00 p.m. Arrived in Harare.

7:00 - 9:30 p.m. Met with Nigerian and Swazi participants attending Clinical Skills Workshop at Zimbabwe National Family Planning Council.

November 2

November 3 - 7

Attended Community-Based Distribution and Alternative Delivery Systems Conference.

Met with ZNFPC Program Coordinator, Dr. Esther Boohene and Training Unit Head Mrs. Lucy Botsh.

Met with Maternal and Child Health Director, Dr. Janet Banda.

Met with Nigeria Nurse/Family Planning Trainer, Mrs. Grace Delano.

Met with Dr. Boohene and AID/W Office of Population Associate Director, Ms. Barbara Kennedy and REDSO/ESA Population Officer, Mr. Arthur Danart.

Met with WHO/UNFPA Consultant, Ms. Frances Giddings.

November 8
2:00 p.m. Departed for Nairobi.
I. PURPOSE OF TRIP

The purpose of the trip was to participate in a Conference on Community-Based Distribution and Alternative Delivery Systems in Sub-Saharan Africa.

The main objective for the visit was to represent INTRAH at the CBD/ADS Conference following an invitation from the Center for Population and Health, Columbia University and the Zimbabwe National Family Planning Council (ZNFPC).

Additional objectives included:

- Meeting with INTRAH-sponsored Nigerian and Swazi nurses to a ZNFPC family planning clinical service delivery skills workshop in order to obtain their impressions of the course and their anticipated post-training responsibilities.

- Making contacts with representatives from Anglophone Africa countries with whom INTRAH has or plans to have projects.

II. ACCOMPLISHMENTS

A. Conference-Related Activities

The objective related to the CBD/ADS Conference was adequately met. Miss Muhuhu attended all conference sessions as per conference schedule. During the development of country CBD workplans, Miss Muhuhu worked with the Kenya group.

B. Accomplishments related to other objectives

1. On November 1, 1986, Miss Muhuhu met with Ms. Thonkozile Mncina (Swaziland), Mrs. Elizabeth Momudu (Nigeria), and Mrs. Lydia Orpin (Nigeria) at the Jameson Hotel, all of whom had just completed a six-week clinical skills workshop at ZNFPC. Participant Biodata and Reaction forms were collected. The three briefed Miss Muhuhu on their performance at the workshop and Miss Muhuhu advanced the two Nigerians US $100 each as part of their transit allowance to enable them to buy Lagos to Ma'urdi air tickets.
2. On November 6, 1986, Miss Muhuhu met with ZNFPC Program Coordinator Dr. Esther Boohene and Training Unit Head Mrs. Lucy Botsh. The group discussed ZNFPC needs for which INTRAH technical assistance is requested. April 27, 1986 was decided upon as the next INTRAH visit to Harare.

3. During the week, Miss Muhuhu also met with Zambia MCH/MOH Director Dr. Janet Banda. FP training needs were discussed. Miss Muhuhu agreed to provide more information about INTRAH.

4. The status of the Nigerian Clinical Skills Procedures Manual which has been drafted with UNFPA funding was discussed with Mrs. Grace Delano, Nurse Family Planning Trainer, Ibaden Teaching Hospital.

5. The Uganda Multi-sectoral Rural Development Project in Busoga Diocese was discussed with Project Coordinator Dr. Tom Tuma. In this Pathfinder-funded project, the project managers expect INTRAH to train 45 enrolled midwives in clinical family planning skills. These training activities are not included in the INTRAH/MOH project. Suggestions were made to Dr. Tuma which should be discussed with Uganda MOH officials.

6. Miss Muhuhu met and outlined the scope of INTRAH's projected activities in Zimbabwe for the next two years with: Dr. Boohene; Ms. Barbara Kennedy, Associate Director, Office of Population, AID/W; and Mr. Arthur Danart, Population Officer, REDSO/ESA. A request was made to Miss Muhuhu to submit a budget to Ms. Kennedy by November 12, 1986.
III. BACKGROUND

This visit was at the invitation of the Center for Population and Family Health, Columbia University, and the ZNFPC (see Appendix D). The purpose of the Conference was to offer national policy-makers and family planning managers a forum to generate awareness of CBD/ADS programs and the opportunity to formulate plans for adoption and/or expansion of these programs in their respective countries. Although INTRAH has not been actively involved in training for CBD in Africa, INTRAH's representation at the Conference was appropriate in that CBD compliments clinic-based services in which INTRAH is heavily involved in Africa. INTRAH maintains cognizance of the linkage between CBD and clinic-based services, and hence the need for INTRAH to keep pace with other service delivery systems being introduced or carried out in its area of operation. INTRAH provided expertise in the CBD Manual developed in Zimbabwe in 1984.

IV. DESCRIPTION OF ACTIVITIES

A. Miss Muhuhi attended the Conference on Community Based Distribution and Alternative Delivery Systems in Harare from November 3 - 7, 1986. The Conference, which was funded by the Center for Population and Family Health, Columbia University; International Planned Parenthood; and Pathfinder Fund, and hosted by the Zimbabwe National Family Planning Council, was held at the Sheraton Hotel. The Zimbabwe Prime Minister, the Honorable Gabriel Mugabe, officially opened the Conference, which was attended by 120 representatives from 30 countries and donor agencies. (See Appendix B for List of Participants.) In his address, the Prime Minister highlighted the importance of family planning as a fundamental component of social, health and
national development; the need to develop awareness for CBD/ADS strategies among the policy makers; and demonstration and encouragement for community participation.

The Prime Minister outlined the following lessons learned in the Zimbabwe CBD program:

- Clinic-based services have accessibility limitations in both IEC and contraceptive methods.

- The CBD approach is direct and accessible.

- CPA remains low unless local and community leaders are involved.

- Use of non-clinical methods and personnel in CBD require a strong medical back-up, especially in diagnosis and treatment of contra-indications as well as back-up supplies.

- Awareness of cultural social factors that affect contraceptive acceptance must be considered. (See Appendix E1 for text of Prime Minister's speech).

The first day of the Conference was dedicated to major addresses, which focused on a general review of community-based strategies in Africa: their medical rationale, legal and policy issues, key management aspects, and a summary of on-going programs in Africa.

Day two presentations focused on specific programs in Ghana, Kenya, Nigeria, Sudan, Tanzania, Zaire and Zimbabwe.

On day three, participants visited Zimbabwean CBD projects in 4 areas where community-based distributors were observed in action. CBD services in these areas
are integrated with other health and development activities. This was a very educational tour.

Days four and five were devoted to the development of specific country CBD workplans and presentations in sub-regions. In these exercises, participants focused on steps which included:

- dissemination of information regarding the medical rationale for CBD programs.

- legal and policy issues/obstacles, including regulations on the import and distribution of contraceptives, spousal consent and literacy.

- key management issues dealing with financing and self sufficiency, logistics, training, motivation of community workers, supervision, linkages between CBD and other health and development programs and community participation.

Participants also examined the aspects of the Zimbabwean CBD program, and other African and regional programs that could be adapted back home.

At the close of the Conference the participants concluded that political commitment is the key to successful national family planning efforts, and that Community Distribution and Alternative Delivery Systems for family planning have been successfully executed in several sub-Saharan countries.

Twenty-four recommendations were made in support of innovative country specific interventions directed towards increasing availability and accessibility of family planning services in order to reduce the enormous fertility-related problems in the region. (See Appendix G for Recommendations.)
B. Other Non-Conference Related Activities

1. ZNFPC

Two meetings were held to discuss INTRAH technical assistance to ZNFPC in FY 1987/88. The first meeting was with Dr. Boohene and Mrs. Botsh. The second meeting included Ms. Kennedy and Mr. Danart. At these meetings, ZNFPC made a request to INTRAH to provide funds and expertise in:

- Review of the current CBD and clinical procedures manual to include IEC.

- Development of IUD insertion, FLE, management of MCH/FP clinics and CBD group leaders' manuals.

- Possible training in Management of MCH/FP clinics.

Miss Muhuhu was requested to prepare a preliminary budget for submission to Ms. Kennedy before her departure for Washington. This was accomplished on November 12, 1986. It was agreed that INTRAH would return to Harare to develop the technical assistance proposal during the week of April 27, 1987.

2. WHO-Sub-Region 3 Personnel

Miss Muhuhu made an initial contact with Dr. Muhango of WHO/Harare, in an effort to discuss the INTRAH-proposed Nurses/Midwives Pre-service and In-service project. Dr. Muhango referred Miss Muhuhu to WHO/UNFPA Nurse Consultant Ms. Frances Giddings. Ms. Giddings provided useful information on the protocol to follow while seeking WHO collaboration in the project. She was of the opinion that the project is timely and compliments WHO's efforts to include the primary health care component into the existing nursing programs.

After initial contact with WHO Regional Director/AFPO Dr. Monekosso, Ms. Giddings identified the following persons as important
INTRAH contacts for Nurses/Midwives Pre-service and In-service project:

Mrs. Aena Konde - Nursing Programs Health Manpower Development Officer, Brazzaville

Dr. U. Shehu - Director, Sub-Region 3, Harare

Mrs. Murigo Kiereine - Chairman, Task Force Committee on Chairperson

The WHO Sub-Region 3 in Harare is responsible for 17 East and South African countries. This meeting formed a base for future consultation and collaboration with this WHO office, especially in the ESA Region.

3. Multisectoral Rural Development Project in Uganda

Dr. Tom Tuma is the project coordinator for the Busoga Diocese Multisectoral Rural Development Project in Uganda funded by Pathfinder. When this project was developed, INTRAH was written in to train 45 enrolled nurse/midwives in family planning service delivery skills (clinic-based) in two years. Unfortunately, INTRAH was not informed of this until September 1986 during the implementation phase of the project. By that time INTRAH had already drawn up a contract with the Uganda Ministry of Health. Under the Ministry of Health project only 40 ENMs are to be trained in service delivery skills.

Dr. Tuma discussed the MSRD project with Miss Muhuhu at the conference and presented a workplan that included two clinical skills courses to be conducted by INTRAH in December 1986 and January 1987.

Following discussions with Dr. Tuma and Dr. Ajayi of Pathfinder Fund, Nairobi, it appears that confusion arose at the project development phase when Pathfinder and Busoga Diocese assumed that the training component of their project would be incorporated into the INTRAH/MOH project; however, neither MOH nor Pathfinder/Busoga discussed this with INTRAH.

Miss Muhuhu suggested that Dr. Tuma take up the issue with MOH and FPAU, specifically, with Mrs. Rachael Rushota and Mrs. Lydia Muranga. Dr. Tuma was however cautioned that the MOH CTT has a very heavy training schedule until 1989 under the MOH/INTRAH contract.
This is a good case where inter-agency coordination is crucial beginning with the needs assessment stage. It is interesting to note that on the Multi-sectoral Rural Development Project document, INTRAH has been identified as the training agency, yet no contract was made with INTRAH until the training dates were set and no mechanism as to how such training was to be conducted was spelled out. Was it to be INTRAH/Pathfinder, or INTRAH/Busoga Diocese, or MOH/INTRAH with Busoga trainees included?

4. Discussions with Dr. Janet Banda:

Dr. Banda is the Zambia Director of MCH/FP at the Ministry of Health. Miss Muhuhu initiated discussions to introduce INTRAH to the Zambia MOH and explore possibilities of Zambia MOH/INTRAH collaboration. Dr. Banda expressed a need for technical assistance in training and delivery of family planning services. Miss Muhuhu agreed to send Dr. Banda more information on INTRAH capability.

Miss Muhuhu further discussed the USAID/Lusaka present stand on population activities in Zambia with Mr. Danart and Ms. Kennedy. It appears the situation has not improved.

5. Discussions with Mrs. Grace Delano:

During the September/October 1986 visits to Nigeria by the INTRAH team of Miss Terry Mirabito and Miss Muhuhu, a request was made to INTRAH to provide technical assistance in development of a clinical procedures manual. On exploring the extent of the need for the manual, Miss Mirabito found that UNFPA had provided funds for development of the manual through the PMOH, which had hired a consultant to develop the manual draft for review by a committee of which Mrs. Grace Delano was a member. Mrs. Delano is a leading nurse in training of nurse/midwives and tutors in family planning at Ibadan University under the Pathfinder Fund and JHPIEGO projects. The review committee made several recommendations for revision.

The objective of the discussion was to obtain updated information on the manual. Miss Muhuhu learned that the consultant still has the draft and it was not clear when the manual would be ready as the consultant is demanding additional payment to produce the final copy. Mrs. Delano
suggested that INTRAH or Pathfinder, through the American College of Nurses and Midwives take over the development of the manual. Mrs. Delano would be willing to take lead in its development through a workshop, rather than on an individual basis, as was the approach used by the FMOH. It was agreed that she should contact Dr. Sago of UNFPA/Lagos for any further development.
V. FINDINGS/CONCLUSIONS

A. CBD/ADS
1. There is a positive climate for CBD/ADS in Anglophone sub-Saharan countries. Many countries have developed workplans that include training of community based workers in their own countries. In countries where CBD projects exist, plans were made for expansion. The implementation of these workplans have implications for INTRAH activity in Anglophone countries in that CBD/ADS support or complement clinic-based services. Clinic-based services need to be linked up with CBD/ADS especially for IEC and referral services where the two service systems co-exist.

B. Other Activities:
2. ZNFPC wishes to coordinate INTRAH and JHPIEGO technical assistance to avoid overlaps and conflicts. JHPIEGO is to concentrate on training of doctors and nurses in contraceptive technology, while INTRAH is to provide assistance in development of various procedures Manuals. Manuals developed with INTRAH's assistance in 1984 have been well received in Zimbabwe as well as in other African countries. ZNFPC also wishes to set the pace in Africa by standardizing practice through regional use of these manuals. There is a possibility of funds being made available to INTRAH from the African Bureau.
3. ZNFPC has 12 places for INTRAH regional participants for 1986.

RECOMMENDATIONS

1. INTRAH in-country projects should address CBD/ADS programs by insuring that where appropriate, training for service providers links up with CBD workers; for example, how clients are referred from the CBD worker to the nurse at the clinic and the reverse; and the relationship between the community worker and the clinic nurse.

2. a) INTRAH should continue to provide technical assistance in this area of need. The April 27, 1987 visit should concentrate on project development as it appears clear what the ZNFPC needs and would like to have.
   b) INTRAH should follow up the verbal promise made by Ms. Kennedy for funds from AID/W Africa Bureau.

3. INTRAH should continue to sponsor candidates to this course.
V. FINDINGS/CONCLUSIONS

4. Uncoordinated efforts in Uganda on all family planning training activities have led to a situation where the MSRDP implementation may be slowed down. Limited availability of clinical placement sites for trainees would also make it difficult for the INTRAH/MOH project to include MSRDP trainees during clinical skills training activities.

5. The Zambia MCH/FP Director seemed interested in technical assistance for family planning. Though the Zambian government has no population policy, population/fertility-related concerns are now being discussed. The Mission is still not open to having population/FP agencies in Zambia.

6. The situation regarding the Nigerian procedures manual appears unresolved at this time.

Mrs. Delano's suggestion to conduct a workshop for development of the procedures manual is most appropriate.

RECOMMENDATIONS

4. Dr. Tuma and the nurse in the MSRDP should meet with Mrs. Rushota and FPAU in an effort to find a solution to this situation. Although INTRAH has no obligation to the MSRDP, this recommendation is made on the understanding that the MOH is trying to coordinate FP training activities in Uganda.

5. INTRAH should write to MOH/Zambia to provide more information and express willingness to discuss possible collaboration.

6. The decision as to the next step for completing or rewriting the procedures manual should be resolved in Lagos.
APPENDIX A

LIST OF PERSONS CONTACTED/MET

Ms. Barbara KENNEDY, Associate Director, Office of Population, Department of State, Washington, DC 20007
   Telephone: (703) 235-3619

Mr. Arthur DANART, Population Officer, REDSO/ESA, Nairobi, Kenya
   Telephone: 331160

Ms. Frances D. GIDDINGS, WHO/UNFPA Consultant, P.O. Box 4699, Harare, Zimbabwe

Dr. Ester BOOHENE, Program Coordinator, Zimbabwe National Family Planning Council, P. O. Box ST 220, Southerton, Harare, Zimbabwe
   Telephone: 67656/7/8/9

Mrs. Lucy BOTSH, Head, Training Unit, Zimbabwe National Family Planning Council, P. O. Box ST 220, Southerton, Harare, Zimbabwe
   Telephone: 67656/7/8/9

Dr. Janet BANDA, Maternal/Child Health Director, Ministry of Health, P. O. Box 30205, Lusaka, Zambia

Dr. Tom TUMA, Coordinator, Multisectorial Rural Development Project, P. O. Box 1658, Jinja, Uganda
   Telephone: 20999

Mrs. Elizabeth MOMUDU, Community Health Sister, Ankpa, Benue State, Nigeria

Mrs. Lydia ORPIN, Benue State Health Services, Management Board, Makurdi, Benue State, Nigeria

Ms. Thokozile MNCINA, Head Nurse, Pigg's Peak Public Health Unit, P. O. Box 46, Pigg's Peak, Swaziland

Mrs. G. BAGWASI, Princess Marina Hospital, B.P. 258 Gaborone, Botswana
   Telephone: 53221

Ms. Tiny BATISANI, Registered Nurse at Jubilee Hospital, P. O. Box 125, Francistown, Botswana
   Telephone: 233/4/5/6
APPENDIX B

BENIN

Mme. Renee SADELER
Sege Femme Clinique Medicale, EMBPF IPPF
WORK: B.P. Cotonou
Republique Populaine Au BENIN

Mr. BILEDON
Medecin Gynecologue
HOME: B.P. 1048 PORTO Novd.
Republique de BENIN

Dr. YACOBOU
Director Adjointe, Project Bien Entre Familiale
B.P. 999
S/G YAKOBOUR ASSOUPA
Tel: 31 35 38

BOTSWANA

Mrs. G. BAGWASI
Princess Marina Hospital
B.P. 258 GABORONO
Tel: 53221

Ms. TINY BATISANI
Registered Nurse at Jubilee Hospital
P. O. Box 126 Francistown
Tel: 2333/4/5/6

BURKINA FASO

Dr. Traore GERFAIF
Hospital National Bobo Dioulasso
Tel: 9800 78/81

Mrs. B. THIMBIOANA
Co-endinatrice de la CPSF (Clinique pour la Promotion de la
Sante Familiale)
Ministere de la Sante
B. P. 70092 Uoagadougou, BF
Tel: (Work) 3350 76

BURUNDI

Mr. Melchior BAZUBWABO
Consieller Juri Dique
Ministere des Appaines Sociales
B.P. 824 Bojumbura
Tel: 25039
Mme. D. NDAYSHIMIYE  
Directeur Ajoint de Department  
Ministere de la Condition Feminine  
B.P. 2680 Bujumbura  
Tel: 22974

CAMEROON

Mme. Enilienne Ngo BASSE  
Directeur de la Promotion de la Familiale  
Ministere des Affaires Sociales, Yaounde  
Tel: 23 31 71

CENTRAL AFRICAN REPUBLIC

Mrs. Pierrette DOMOLOMA  
Centre de la Mere et l'enfant  
B.P. 917 Bangue  
Tel: 61 43 22

Dr. Pierrette SOKAMBI  
Directrice de la SMI PF  
Ministere de Sante Publique et Affaires Sociales  
Tel: 61 02 88 Bangui  
Telex: 5328 RC

CHAD

Mr. Allafazo Alla TCHIMI  
Directeur du Plan  
B. P. 286  
Tel: 2118 or 2080

Mrs. Roumane ADOUM  
Technicienne Superlere de la Sante  
Directoir de la Sante Publique  
Tel: 34 01

Dr. Djidinia M. ROGER  
Prefet Sanitaire Logone Occidental  
Hospital Central  
RRTEL: 33 3

CONGO

Mr. Moudila ALPHONSE  
Attache des S.A.F. (SOULOGUE)  
B. P. 2720 Brazzaville  
Tel: 81.18.26 81 277
Dr. Antoine MAKITA
Medecin de Sante Publique
direction de la Sante Maternelle et Infantile et de
l'education pour la sante. Project Amelioration de la vie
Familiale
Brazzaville

ETHIOPIA

Sister Asresu MESKIR
Director of MCH/FP programme
Minister of Health
MCH/FP COC.
Addis Ababa 1234
Tel: 155 542

Mr. Befekadu DEMISSIE
Regional Co-ordinator for FGAE (Family Guidance Association
Of Ethiopia)
P.O. Box 5716 Addis Ababa
Tel: 154111
Telex: 21473

Mr. Amakale CHERKOSE
Head, Dept. of Health and Social Services
City Council of Addis Ababa
Tel: 11 2347
Telex: 21473 c/o FGAE

THE GAMBIA

Dr. Masamba JAH
Regional Medical Officer
Medical and Health Dept. Banjul
Mansafonko RHT (C) The Gambia

Mr. Joseph Taylor THOMAS
Executive Director
Family Planning Association of The Gambia
P.O. Box 325 Banjul
Tel: 932463

GHANA

Mr. Ernest KWANSA
Executive Director
Planned Parenthood Association of Ghana
Box 5756
Tel: 226992 (Direct); 227073 (Main line)
Dr. Charlotte GARDNER
Senior Medical Officer In-Charge MCH/FP
P.O. Box 46 Trade Fair Site

Mr. Nsaih AKUETTEH
Programme Coordinator
Danaflo Ltd.
Box 5260
Tel: 228221

IVORY COAST

Mme. Ade Marie CLAIRE
Cage Teresure
B.P. 119 Abidjan
Tel: 36 21 83

Mmes. Delphone YAE
Secrétaire général de L'Assocaition des Femmes Ivoiriennes
09 B.P. 691 Abidjan 09
Tel: 440482

Mme. Kove Lou TIE
Coordinateur National des Programmes AIBEF
01 B.P. 5315
Abidjan 01
Tel: 37 25 77

KENYA

Mrs. Esther MAKINDU
National Nurse
Trainer Muwo
P.O. Box 44412
Nairobi, Kenya
Tel: 23300

Mrs. Millicent ODERA
Deputy Director
Family Planning Private Sector Programme
P.O. Box 46042
Nairobi, Kenya
Tel: 24646/27614

Mr. Johnson HUNGU
Director, NCPD
P.O. Box 30478
Nairobi, Kenya
Tel: 28411
Dr. John KIGONDU  
Director, Division of Family Health  
P.O. Box 43319  
Nairobi, Kenya  
Tel: 721183

Mr. M.S.M. MAKHANU  
Senior Assistant Secretary  
P.O. Box 30478  
Nairobi, Kenya  
Tel: 28411

Dr. John GITHIARI  
Medical Officer  
P.O. Box 27 Njeri  
Tel: 2487

Mrs. Kalimi MWORIA  
Programme Manager  
Family Planning Association  
P.O. Box 73082  
Nairobi, Kenya  
Tel: 582237

Dr. Isaac ACHWAL  
Medical Programme Officer  
P.O. Box 30581  
Nairobi, Kenya

Dr. William Tywcross CHOGORIA  
Doctor  
PCEA Chogoria Hospital  
P. Box 35  
Chogoria Via Meru, Kenya  
Tel: Chigoria 11

Dr. Achwac ISAAC  
Programme Officer (Medicine)  
Box 30581  
Nairobi, Kenya  
Tel: 568422 Nairobi

LESOTHO

Mrs. Limakatso MOKHOTHU  
Maseru  
Assistant Executive Director  
Planned Parenthood Association of Lesotho  
P.O. Box 340  
Maseru, Lesotho
Jr. Mpolai M. MOTEETEE  
Head of Family Health  
Ministry of Health  
P.O. Box 514  
Maseru 100, Lesotho  
Tel: 322501

Mr. Vincent TOLOFI  
P.H.C. Programme Manager  
P.O. Box 7276  
Maseru, Lesotho  
Tel: 322531

LIBERIA

Mr. Gabriel HINA  
Programme Officer EEC  
Family Planning Association of Liberia  
P.O. Box 938  
Monrovia, Liberia  
Tel: 222821

Ms. Edith SCOTT  
Programme Officer Service Delivery  
FPAL  
P.O. Box 938  
Liberia  
Tel: 222 821-224649

Theophilus GOULD  
Legal Adviser FPAL  
Family Planning Association of Liberia  
Tel: 222089

Mrs. Nettie PRALL  
Programme Coordinator  
Family Planning Association of Liberia  
Liberia  
Tel: 222821/224609

MALI

Mr. Abdou TOUNKARA  
Statisticiey Coordination des Programmes  
Association Salicieu Pour la Protection et la Promotion Obela Faucille Bamako, Sali  
Tel: 22 44 94
Mme. Salimata OUATTARA  
Journaliste  
Radio Television Du Mali  
B.P. 171+  
Tel: 224727 224729

Dr. Pal DIARRA  
Medicine Chef Medicin Curative  
Ministere Sante  
Koulouba Bamako  
Republique Mail  
Tel: 22 58 12

Mme. Doucoure Arkia DIALLO  
Docteur du Medicin  
Chef du Centre  
d'application en saute Formiliate  
et Nutritionnel Bamako  
Tel: 22 28 74

NIGER

Dr. Halima MAIDOUKA  
Directrice Nationale Du Centu De Sante  
Familiale Niamey, Niger  
Clinictere de la Sante Publique et du Affaires Sociales  
BP 623 Naimey  
Niger  
Tel: 7346 71

Mme. Bibata DIALLO  
Directive Promotion Feminine  
Ministere Jeunesse  
at Sports Niamey  
B.P. 215  
Niger

Mme. Adamu ZARATOU  
Agent d'Association  
Association des feminine du Niger  
Tel: 73 37 30

NIGERIA

Mrs. Grace DELANO  
Voluntary Market Health Workers  
c/o Committee on Women and Development  
Ibadan, Nigeria  
Tel: 400012 ext: 3187
Mrs. Hadja MASHA  
Project Coordinator  
c/o Sterling Products  
Nigeria, Ltd.  
Lagos  
Tel: 822196

Mrs. Florence AKINTUNDE  
Cowad Health Committee Chairperson  
50 Agbowo Shopping Complex  
Ibadan  
Oyo State

Dr. A. JAGUN  
Political Science Department  
University of Lagos  
Nigeria  
Tel: 800500

Mrs. OKUSETE  
c/o Dept. OB/GYN.  
University College Hospital  
Ibadan, Oyo State  
Nigeria  
Tel: 400012 ext 3187  
Telex: 20311  
IBA TDS BG  
ATTN: Box 251

Mrs. H.A. OMOTOSHO  
Kwara State Deputy Family Planning Coordinator

Ministry of Health  
Kwara State  
Ilorin  
Kwara State  
Nigeria  
Tel: 221874 (Work address)

Dr. Michael ABORDERIN  
Director of Medical Services  
Ministry of Health  
Ibadan  
Oyo State  
Tel: 022 416 031
Mrs. Ayo BELLLO
National Vice President
NCWS Nigeria
44 Niger Road Ilorin
Kwara State
Nigeria
Tel: 031 220948

RWANDA

Mm. Therese SAMAMANVI (Professeur)
Kukamusana
Tresouere de l'ARBEF
P.B. 56 Kigali
Rwanda
Tel: 51 87 Gr. Sc. N. D. Ateaux

M. Rutger HORNIKX
Secreetaire Executif/Ingemeur Gestiol Hospitalit
Bufmar
B.P. 803
Kigali
Tel: 6175

Dr. Evariste HAKIZAMANA
Officer National De La Population
CNPO
B. P. 914
Kigali
Rwanda
Tel: 42.67
Telex ONAPO Kigali

SENEGAL

Mr. Amadu Gueye ASBET
Sectretaire Executif
Rte Front de Terre
B.P. 6084 Dakar-Senegal
Tel: 227602

Mr. Ousmane SAMB
Director du Riset Sahti Familiale et Population
Patte d'oie Villa No: D 70
Dakar, Senegal
Telex: 227213
SOMALIA

Dr. Khaly Bile MAHAMOUXD
Physicial (Univ. Profesony)
Box 2811 Mogadishu
Tel: 80736

Dr. Muhuba Ahmed GUURE
Somali Family Health Care Association
(SFHCA) Model clinic
Tel: 80434

Ms. Norine MARIANO
Boars Member of Somali Family Health Care Association
UNICEF Somalia
P. O. Box 1768 Mogadishu
Tel: 21089/20846

SUDAN

Elkhawad Omer AHMED
Field M. SCBFHP
Shendi Hospital, Shendi, Sudan (work)
Tel: 210 Shendi

Dr. Mohamed Elfatih Alis AHMED
Dept. Director Sudan CBFH Project
Dept. of Comm. Medicine
Faculty of Medicine
P.O. Box 102
Khartoum, Sudan
Tel: 71326

SWAZILAND

Mr. Jerome SHONGWWE
Community Based Distribution Coordinator
The Family Life Association
P.O. Box 1051
Manzini, Swaziland
Tel: 53586
Sister Elizabeth MNDZEBLE  
Nursing Sister of Public Health  
Ministry of Health  
Public Health Division  
P.O. Box 1119  
Mbane  
Tel: 43506  

*TANZANIA ZANZIBAR*  

Dr. Uledi KISUNKU  
Director Preventive Health Services  
Ministry of Health  
P.O. Box 236  
Zanzibar - Tanzania  
Tel: 32640  

Dr. Rukuongwe ANATOLE  
Director of Programmes  
Umati  
P.O. Box 1372  
Dar es Salaam, Tanzania  
Tel: 284024  

Dr. Godfrey Chamaba ARUSHA  
Medical Director  
S.D.A. Church Health Services  
P.O. Box 1233 - Arusha  
Tanzania  
Tel: 3181 ext: 1398  

Dr. Moshi Edward ELIAKIM  
Medical Officer of Health  
P.O. Box 2084 (DSM) Dar es Salaam  
TEL: 21493  

*TOGO*  

Mr. Senyo Mathe KPEDJI  
Chef des Programmes  
P.B. 5046 - Lome, Togo  
Tel: 21 6429  

Mme. Bitto ATBEF  
Member of Bureau National  
Ecole National Dessages-Femmes  
Tel: 21-46-70 (Work); [Redacted]  
[Redacted]
UGANDA

Dr. Tom TUMA
Coordinator MSRDP
P. O. Box 1658
Uganda
Tel: 20999

Zaire

Mrs. JOHNSON
Director of Tulane C.B.D. Program/Evangelie Hospital of Ngona
Mpangu B.P. 4728
Kinshasa 2

Dr. Nlandu MANGANI
ECZ/CB20
P.O. Box 4728
Kinshasa

Dr. MINUKU
Director of Tugale CBD Programme
Hospital Sana Bata
B. P. 4728
Kin II Zaire
Tel:

Mr. Mpoyi KAZADI
Medicin Chef Du Zone De Matadi
Zone De Sante De Matadi
P. O. Box 12, Matadi 2
Tel: 2472

Cit. Lombale BOTAWATO
Respeosable De Service de Naissanaj Desirables (CRND) B.P. 1235
Kisangani
Republique Du Zaire
Tel:

Maitre Haguma Nkubas ORCHIDEE
Advocate (Lawyer)
Avenue President Mobutu
Zaire
Tel: 143

Cit. Musole Kan KONDE
Medicin
P.B. 1268
Mbujinayi, Zaire
Tel:
ZAMBIA

Mr. Pat MUTESI
Assistant Director
PPAZ Box 32221
Lusaka
Zambia
Tel: 217613

Dr. BANDA
National Vice-Chairman
B.P. Zambia Limited
P.O. Box 20538
Titwe, Zambia
Tel: 211277

ZIMBABWE

Mrs. Lieutenant MUCHENJE
Arcadia Girls' Hostel
Box 17, Harare, Zimbabwe
Tel: 85616

Dr. Chisale MHANGO
World Health Organizer
Box 4699
Harare
Tel: 883358

Fatima BOPOTO
Health Education Officer
24 Speke Mansions
Corner Speke Avenue and SBY Street
Harare, Zimbabwe
Tel: 722148

Mrs. Lynette MAWANDA
Senior Tutor
89 Twickenham Drive
Northwood
Harare, Zimbabwe
Tel: 884567

Mrs. June Rosebud TSODZAI
Chief of Youth Advisory Services
3 Exe Road
P.O. Borrowdale, Vianona
Harare, Zimbabwe
Tel: 883393
Ms. Grace CHIURA
25 Glenconnor Rd.
Mandara
Harare
Tel: 67656

Mr. Rodwell MUZAH

Ms. Frances D. GIDDINGS
WHO/IUNFPA Consultant
c/o Box 4699
Harare, Zimbabwe

Miss S. SAGONDA
Nyanga District Hospital
P.B. 2003
Nyanga
Zimbabwe
Tel: 216 Nyanga

Meharry Medical College

Dr. Emmanuel Adan ODDOYE
Asst. Professor/Nutritionist
Meharry Medical College CHS
P.O. Box 69A
Nashville, TN 37208
Tel: 615-327-6279

Pathfinder

Dr. Ayo AJAYI
Regional Representative
International House
Box 48147
Nairobi, Kenya
Tel: 24154

Mr. Nelson KEYONZO
Assistant Regional Representative
The Pathfinder Fund
Box 48147 Nairobi, Kenya
Tel: 331468/24154

Mr. John PAXMAN
Senior Policy Advisor
The Pathfinder Fund
1330 Boylston Street, Chestnut Hill
Boston, Massachusetts 92167
Tel: 617-731-1700

Mr. Jean KARAMBEZI
Assistant Regional Representative
The Pathfinder Fund
P.O. Box 43147
Nairobi, Kenya
Tel: 24154

THE POPULATION COUNCIL

Dr. Peggy MCEVOY
Associate International Programs
231 East 48th Street
New York, NY 10017
Tel: 212-355-7562

Dr. Maxine WHITTAKER
Doctor Subsataral Africa Resident Advisor & Population Council
CI-Box 32221 Lusaka
Zambia
Tel: 217613

POPULATION SERVICES INTERNATIONAL

Mr. Bill SCHELLSTEDE
5506 Dueban Road
Bethesda, MD

SIDA

Mr. Lars BOBERG
Senior Programme Offices
Swedish Embassy
P.O Box 4110
Harare
Tel: 790651

UNFPA

Mr. Michael HEYN
Deputy Representative
P.O. Box 30218
Nairobi, Kenya
Tel: 338741
USAID

Ms. Barbara KENNEDY  
Associate Director  
Office of Population USAID  
Department of State  
Washington, DC 20007  
Tel: 703-235-3619

Mr. Arthur DANART  
Population Officer, REDSO/ESA  
Nairobi, Kenya  
Tel: 331160

Ms. Laura SLOBEY  
Population Development Officer  
PH USAID  
Box 202 APO  
New York, NY 09675  
Tel: 331160 ext 231

Mr. Alan FOOSE  
Regional Health Population Development Officer  
P.O. Box 750  
Mbabane, Swaziland  
Tel: 22286

WORLD BANK

Mr. Fred SAI

JST

Mutar THEURI  
Clinic Management Specialist  
P.O. Box 20958  
Nairobi, Kenya  
Tel: 725507

NCPD

Mr. Maurice S. M. MAKHANU  
Senior Assistant Secretary  
P.O. Box 30478  
Bungo, Nairobi, Kenya  
Tel: 28411
Mr. J. M. HUNGU  
Director  
23411 Nairobi  
P.O. Box 30478  
Nairobi, Kenya

Citeyen Mutumbi KUKU  
Dia Bunga  
Administrateur De Liagbef  
Azbef  
B.P. 15313 Kinshasa  
Zaire  
Tel: 26375

AMREF  

Dr. Pat YOURI  
Head, Family Health Division AMREF  
AMREF, Wilson Airport  
P.O. Box 30125  
Nairobi, Kenya  
Tel: 501302/3

CEDPA/FPMT  

Ms. Fanny DAUTOH-RUSSELL  
Project Coordinator  
CEPDA 1717 Mass. Avenue, Suite 202  
Washington, DC 20036  
Tel: 703-528-4121

CIDA  

Ms. Linda DEMERIS

CPFH: NY  

Dr. Martin GOROSH  
Columbia University  
60 Haven Avenue  
New York, NY 10032  
Tel: 212-305-6960  
Telex: 971913 POPFAMHOTH
Dr. Allen ROSENFIELD  
Dean, School of Public Health  
Columbia University  
600 West 169th Street  
New York, NY  10032

Ms. Laura KAYSER  
Columbia University  
60 Haven Avenue  
New York, NY  10032  
Tel: 212-305-6960  
Telex: 971913 POPFAMHOTH

Dr. Eugene WEISS  
Columbia University  
60 Haven Avenue  
New York, NY  10032  
Tel: 212-305-6960  
Telex: 971913 POPFAMHOTH

Dr. Susan PASQUARIELLA  
Head Librarian  
Center for Population and Family Health  
Columbia University  
New York, NY  10032  
Tel: 212-305-6982

Mr. Richard HANKINSON  
Editor, Population Index  
21 Prospect Avenue  
Princeton, NJ  08544  
Tel: 609-921-8733

Dr. Maria WAWER  
Columbia University  
60 Haven Avenue  
New York, NY  10032  
Tel: 212-305-6960  
Telex: 971913 POPFAMHOTH

CPFH: AFRICA

Dr. Don LAURO

Ms. Therese MCGINN  
Operations Research Staff Association  
06 B.P. 663  
Abidjan, Ivory Coast  
Tel: 41 51 11

M. Benoit YAO
EPIA

Ms. Altrena UKURIA
Associate Regional Director
Family Planning Int'l Assistant
P.O. Box 53538
Nairobi, Kenya
Tel: 336678  336671

INTERNATIONAL FAMILY PERSPECTIVES

Ms. Jeannete H. JOHNSON
Associate Editor, International Family Planning Prospective
118 Benga Street
Brooklyn, NY  11201
Tel: 212-254-5656

INTRAH

Ms. Pauline MUHUHU
Director
INTRAH/ESA
P.O. Box 55699
Norfolk Tower's Phase II
Nairobi, Kenya

IPPF

Mr. Adelke EBO
Assistant Regional Director
IPPF Africa Region
IPPF Africa Bureau
Regent's Park, Inner Circle
London NWE 4NS
Great Britain
Tel: 01-486-0741 ext. 2358

Mr. Marc OKUNNU
Programme Advisor
International Planned Parenthood Federation (IPPF)
Regents Park, Essex, London
Great Britain
Tel: 01-486-0741

Dr. Moses MUKASA
Senior Programme Officer
IPPF Nairobi Field Office
P.O. Box 30234
Nairobi, Kenya
Tel: 720280/2
Dr. Nimrod MANDARA  
Programme Officer - Medical  
IPPF Office  
P.O. Box 30234  
Nairobi, Kenya  
Tel: 720280

Mr. GATHITU  
Regional Supply Coordinating  
IPPF  
P.O. Box 30234  
Nairobi, Kenya  
Tel: 720280

Mr. Mwamba MUTEBA  
Programme Officer  
IPPF  
B.P. 4104  
Lome, Togo  
Tel: 21-07-16

Mr. DIALLO  
Senior Programme Officer  
IPPF  
B.P. 4101  
Lome, Togo  
Tel: 228-21-07-16

TRANSINITORS

Alome RWILIRIZA  
Interpreter  
All Africa Conference of Churches  
Box 14206  
Nairobi, Kenya  
Tel: 61166

Ms. Awinda OLECHE  
Interpreter  
P.O. Box 57922  
Tel: 767852

Ms. Micheline H. Operia EKWARO  
Interpreter  
P.O. Box 20116  
Nairobi, Kenya  
Tel: 721679
Dr. Wanjiku MWOTIA
Subrdpt. French U.O.N.
P.O. Box 30197
Nairobi, Kenya
Tel: 61530
SCHEDULE FOR THE WORKSHOP
On Community Based Distribution and Alternative Delivery Systems
Harare, Zimbabwe 3-7 Nov, 1986

Saturday Nov 1
Arrival and registration (2 - 5 p.m.) of participants.

Sunday Nov 2
Arrival and registration (2 - 5 p.m.) of participants.
Setting up of exhibition.

Monday Nov 3
8.00 a.m. Participants seated in Jacaranda Room.
8.30 a.m. Honourable Ministers and Dignitaries
8.45 a.m. Honourable Sydney Sekeramayi - Minister of Health - Chairman
8.55 a.m. Honourable Prime Minister Robert Mugabe arrives
9.00 a.m. Chairman introduces the Honourable Prime Minister
9.05 a.m. Opening address by Honourable Prime Minister
9.40 a.m. Visit by Honourable Prime Minister to Resource Centre and Exhibition
9.45 a.m. Chairman invites participants to shake hands with the Honourable Prime Minister
10.00 a.m. Invitation to tea
10.15 a.m. Honourable Prime Minister leaves
10.30 - 11.00 a.m. Second session - Chairman, Acting Secretary for Health, Dr. Makuto
Dr. N.O. Mugwagwa, Zimbabwe National Family Planning Council
Dr. Adeleke Ebo, International Planned Parenthood Federation
Dr. Martin Gorosh, Center for Population and Family Health
Ms. Barbara Kennedy, United States Agency for International Development
Dr. Ayo Ajayi, The Pathfinder Fund
11.00 - 11.45 a.m.  Keynote address on Family Planning, Community Based Distribution, Alternative Delivery Systems, Development and Health
Dr. Fred Sai, Senior Advisor, The World Bank

11.45 - 12.30 p.m.  Medical Rationale for CBD Strategies
Dr. Allan Rosenfield, Dean - School of Public Health, Columbia University, Director Center for Population and Family Health

12.30 - 14.00 p.m.  LUNCH - Jacaranda III

14.00 - 15.00 p.m.  African Summary, Ongoing CBD/ADS Programmes, Mr. Adeleke Ebo - International Planned Parenthood Federation

15.00 - 15.00 p.m.  Legal and Policy Implications and Obstacles
The Pathfinder Fund, Mr. Jon Paxman and Mr. Ngumu Nkoba, Mrs. Millicent Odera

16.00 - 16.30 p.m.  Tea/Coffee Break

16.30 - 17.30 p.m.  Film - "Happiness in your Household"
(CBD in Zaire) English - Jacaranda I & II
French - Msasa Room

17.30 - 20.30 p.m.  Reception - Jacaranda Room

Tuesday Nov 6:

8.00 - 8.30 a.m.  Moderator: Dr. Mugwagwa
Introduction to presentations, key management
Aspects of CBD/ADS Programmes, Dr. Martin Gorosh, Center for Population and Family Health

8.30 - 10.00 a.m.  Presentations

NIGERIA
- Oyo State Project - Mrs. Grace Delano
- The Market Traders Project - Mrs. Florence Akintunde
- The Sterling Project - Mrs. Hadja Masha
- Marketing to Market Women in Nigeria - Dr. A. Jagun

10.00 - 10.30 a.m.  Tea/Coffee Break
10.30 - 12 noon

**KENYA**

Moderator: Dr. John Kigondu, Ministry of Health, Kenya

- Family Planning Association of Kenya - Mrs. Kalimi Mworia
- The Family Planning Private Sector Programme - Mrs. Millicent Odera
- Ministry of Health - Dr. John Githiari
- The Mæendeleo Ya Wanawake CBD Programme - Mrs. Esther Malingu
- Chogoria Hospital, Protestant Churches Medical Association - Mr. William

LUNCH - Jacaranda III

Moderator: Ms. Grace Delano

**ZAIRE**

- The Prodef Project - Dr. Minkuku Kinzoni, Dr. Nlandu Mangani

**TANZANIA**

- UMATI - Dr. Anatole Rukuongwe

**SUDAN**

- The Community Based Family Health Project - Dr. Mohammed El Fatih Ali Ahmed

**GHANA**

- Social Marketing Programme - Mr. Nsiah Akuetteh

Tea/Coffee Break

**ZIMBABWE**

- The Zimbabwe National Family Planning Council's CBD Programme - Mr. Timothy Nzuma

Summary, preparation for field visits

Wednesday Nov 5

8.00 a.m.

14.00 p.m.

15.00 p.m.

Departure. Field visits in four vehicles to sites within 60 km of Harare.

Luncheon at Goromonzi, Hosted by the Zimbabwe Ministry of Health

Return to Hotel
Thursday Nov 6

8.00 - 9.30 a.m.
Discussion of previous day's visits

9.30 - 10.00 a.m.
Tea/Coffee Break

10.00 - 12 noon
Presentations in plenary room.
Moderator: Dr. Nlandu Mangani

12 noon
LUNCH - Jacaranda III

12 noon - 14.00 p.m.
Introduction to work groups - Dr. Martin Gorosh

14.00 - 15.00 p.m.
Each country group will draw up an implementation plan for the introduction/expansion of CBD/ADS programmes in their country. (Certain countries may opt to work in regional groupings). Groups may work into the evening hours as well.

15.00 p.m.
Tea/Coffee Break

16.00 - 16.30 p.m.
Outdoor dinner, poolside

20.30 p.m.

Friday Nov 7

8.00 a.m.
Presentation of country plans by delegations

10.30 - 11.00 a.m.
Tea/Coffee Break

11.00 - 12.00 noon
Recommendations

12.00 noon - 14.00 p.m.
LUNCH - Jacarenda III

14.00 - 15.00 p.m.
Adoption of recommendations
Official close

Saturday Nov 8

Departure
Resource Centre to remain open
Dear Dr. Lea:

The Center for Population and Family Health and The Zimbabwe National Family Planning Council, in collaboration with The International Planned Parenthood Federation and the Pathfinder Fund, invite you to participate in a workshop on Community-Based Distribution (CBD) and Alternative Delivery Systems (ADS) in Sub-Saharan Africa. The workshop will be held Nov 3-7 1986 at the Harare Sheraton Hotel in Harare, Zimbabwe.

Approximately 120 participants from some 40 African nations will be invited to attend, including representatives from government MCH-PP activities, Family Planning Associations, and PVO's/NGO's involved in family planning.

The workshop is designed to offer national policy-makers and family planning managers a forum to generate awareness of CBD and ADS programs and the opportunity to formulate plans for the adoption and/or expansion of these programs in their respective countries.

Specifically, during the workshop participants will:

- Observe program operations in the field
- Learn from the experience of others in Africa
- Discuss contraceptive safety issues
- Discuss legal and policy issues and obstacles
- Discuss key management issues
- Formulate country-specific implementation plans for CBD/ADS programs

A copy of the tentative schedule for the workshop is enclosed. Monday will be devoted to a general review of community based strategies in Africa, their medical rationale, legal and policy issues, and key management aspects, followed by a summary of ongoing CBD-ADS programs in Africa. Tuesday the focus will shift to specific CBD/ADS programs, highlighting the salient management components of programs in Kenya, Nigeria, Ghana, Zaire, Sudan, and Zimbabwe. On Wednesday, participants will visit rural field sites of the Zimbabwe National Family Planning Council CBD program. Participants will discuss their
observations on Thursday and in the afternoon will begin working in small teams to develop plans for the implementation or expansion of CBD/ADS programs in their own countries. These plans will be presented and critiqued in larger groups on Friday.

During the workshop, an exhibition area will be set up for the display and distribution of brochures, posters, and other project information to workshop participants. In addition, a Resource Centre will be set up which will include publications, manuals, and project documentation donated by population institutions worldwide. Reference services will be provided to participants in both English and French. We hope this service will be of use in the development of country plans and in the identification of information sources in the field of CBD/ADS and family planning programs in general. If your organization is interested in contributing materials to an exhibition or to the Resource Centre, please see the attached enclosure.

We would be delighted to have a representative from your organization attend this workshop. Please confirm to Dr. Gorosh if you plan to send someone and if so, whether you wish to set up an exhibit of your organization's activities. We will assume that your representative's participation (travel, per diem) and the costs of your exhibit will be financed by your organization and that all travel arrangements and mission clearance (where applicable) will be handled by your organization.

Thank you for your interest in this very important activity and we look forward to your response.

Sincerely,

Dr. Martin Gorosh
Deputy Director
Center for Population and Family Health
(212) 305-6975

Dr. Esther Boohene
Programme Coordinator
Zimbabwe National Family Planning Council
Development demands family planning: PM

References to family planning programmes were made directly relevant to the seminar. The first lesson was that the main problems facing the delivery and use of clinic-based family planning services were limited access to family planning information, supplies and services; and limited motivation, communication and participation by the public and those who provided the services.

"We in Zimbabwe have learnt that unless the local community members and their leaders are mobilized to participate actively in these community-based programmes, the expected increases in contraceptive use will not be attained, nor, if attained, sustained," said C.B. Mugabe.

While the implementation of an effective community-based contraceptive distribution programme seemed an easy task, it had been found that in a feasible situation "this was not the case," it called for careful planning.

C.B. Mugabe said the planning entailed the preparation of local armoury and the provision of a strong leadership and management, training, supervision of personnel, the establishment of contraceptive supplies, distribution networks and the analysis of data for programme evaluation.

C.B. Mugabe also urged use of contraceptives, C.B. Mugabe said it had been found essential to establish a strong medical back-up and elite referral systems to support the community-based programmes.

"In addition, it was necessary to improve the services of the family planning clinics and upgrade the knowledge and performance of medical personnel, particularly in the diagnosis and treatment of side-effects and the provision of contraceptive methods."
Better status for women 'is aim of new strategy'

Sunday Mail Reporter

THE first conference to be held on the African continent to examine Community-Based Distribution Strategies and other alternative delivery systems for family planning services kicks off in Harare tomorrow morning.

The programme co-ordinator of the Zimbabwe National Family Planning Council, Dr Esther Bochene, has told The Sunday Mail that by Alternative Delivery Systems for family planning the council was trying to define other ways of bringing family planning services within reach of the community, especially in the rural areas.

'These innovative strategies attempt to extend the reach of family planning services by making them more accessible to the community, especially in the rural areas. Their expansion has been primarily a response to the demonstrated inability of the current, or clinic-based services to adequately respond to the needs of African populations',

Community-based distribution programmes have increased the availability and accessibility of family planning services in many countries including Zimbabwe and have done so with a greater degree of community participation and at a lower cost than clinic-based services.

The purpose of the conference is, therefore, to share Zimbabwe's and other countries experiences in the field of community-based distribution to promote and improve the use of these approaches throughout the continent.

Dr Bochene has said that the delegations attending the conference will learn from the examples presented at this conference and will thus be able to initiate or improve the use of CBDS approaches on their return to their respective countries. Each country is expected to formulate an action plan during the workshop to guide them in implementing their long-standing track record as one of the most successful implementers of the CBDS programmes in the world.

Some of the salient features of Zimbabwe's programme include the highest contraceptive prevalence rate in sub-Saharan Africa. Zimbabwe also has the highest percentage of women who use modern means of contraception.

Thirty-eight percent of women in Zimbabwe currently use contraceptives. The real success of the programme, however, is made evident when one examines the rural contraceptive prevalence rate. In 1984, this figure was 30 percent, against the highest in the world.

An extensive delivery network with over 600 community-based distributors operates throughout Zimbabwe in all of its eight provinces. More than 85 percent of the country's population is served by the ENFPC.

The country also places high priority on community participation in the programme, which has been one of the key constraints facing the family planning programme in Zimbabwe. To address this problem, the ENFPC has initiated two demonstration projects in the communal areas. In Goromonzi, the pilot project on family planning education has been coupled with female literacy and income-generating projects. The aim of the programme is to help women take decisions which affect their lives and to increase the status and quality of women's life.

Twenty-seven CBDS treasurers have undergone 10 weeks of intensive training in family planning, literacy and income-generating projects. They, in turn, are expected to train about 10 women from their communities. A total of 1,000 women are expected to have gained from the programme by the time the project comes to an end. Subsequently, the programme would be expected to include other areas in the country. The women will also be given credit to establish income-generating projects now that a demographic objective has been added to the first Five-Year Development Plan. The council finds it imperative to initiate activities which will motivate community members to become active partners in the national family planning programmes. The second project directly addresses this objective.

This project involves the establishment of an open dialogue with the community in a workshop format with each workshop lasting a day, and discussing issues such as national demographic trends, the importance of birth spacing as it relates to mortality and morbidity, contraceptive methods and the relationship between family planning and overall development.

Participants at the seminars would include agricultural extension officers, members of non-governmental organisations, religious groups and party members.

'To date, this programme has proved more popular than previously imagined and it has given the council valuable insights into how to improve family planning service delivery,' Dr Bochene said.
MATERIALS COLLECTED


22. UNICEF. Action For Children Vol. 1, No. 5 1986, NY.

23. GSMP. Ghana Social Marketing Programme

24. CPFH. Operations Research Program Columbia University, NY.

25. MSH. Family Planning Management Training (FPMT) Project Management Sciences for Health, Boston.

26. Paxman J.M. Introducing Policy Change on the use of Nonplupocians

* English and French Publications


7. Makindu, E. Maendeleo Ya Wanawake Organization Programme on Community Based Distribution of Contraceptives (CBD) Kenya.


English and French copies.
FRENCH MATERIALS NOT INCLUDED IN THE LIST

1. Revson, J E
   Le Planning Familial: Son Effect
   Sur La Sante' de la Femme et
   l'enfant CPFH, Columbia University,
   NY.

2. Waife, R et Burkhart, M
   L'Agent de Sante' et Sante'
   Familiale de l'Afrique Sous-
   Sahariene.

3. UNICEF

4. UNICEF
   La Vascination Universelle de
   enfan tes d'ici 1990. Les carnets

5. Population Reports
   Sterilisation Masculine La Vasectomie
   - Simple et san danger. Series D No 4
   Nov. 1984.

6. Oyo State
   Curriculum des Agents Distribueurs
   Communautaires, Nigeria.
RECOMMENDATIONS

The Conference on Community-based Distribution and Alternative Family Planning Delivery Systems (CBD/ADS) in Sub-Saharan Africa was held in Harare, Zimbabwe from 3 to 7 November, 1986. It brought together 120 participants from 30 countries and representatives of several donor agencies.

The objectives of the Conference were:

1) Create awareness of CBD/ADS
2) Stimulate acceptance and adaptations of CBD/ADS approaches

To achieve these objectives:
- Observe program operations in the field
- Learn from and share the experience of others
- Discuss contraceptive safety issues
- Discuss legal and policy issues and obstacles
- Discuss key management issues
- Formulate a CBD/ADS strategy for your country and programme
- Produce a set of recommendations

The deliberations revealed the following:

1) Political commitment is the key to successful national family planning efforts.
2) Community-based distribution and alternative delivery systems for family planning have been successfully executed in several countries in the region.

Given that family planning has been endorsed by all Sub-Saharan African Governments as a basic human right, participants agreed that the region faces dramatic fertility-related problems (e.g., high fertility rates, high maternal and infant mortality rates, especially high adolescent fertility and high morbidity due to the sequelae of illegal abortions and STD), it was agreed that the clinic-based family planning services could not deal
with the enormity of the problem. Innovative, country-specific interventions must be sought to increase availability and accessibility of family planning services. It is in this light that participants made the following recommendations.

1. Major legal and policy issues pertaining to country specific family planning programmes should be assessed, obstacles identified, and appropriate strategies developed for resolving these issues.

2. The support of key policy makers must be sought, particularly through the use of the "pilot" or demonstration projects which can serve as a model on which the acceptance of family planning programmes can be based.

3. Both leaders and the general public should be educated about the maternal and child health risks related to pregnancies by the very young and older women of high parity, and shown how family planning can reduce these risks.

4. Governments should be encouraged to pursue and intensify efforts to enhance the status of women as they are integral participants in socio-economic development.

5. Efforts should be intensified to educate the general public (public and private sectors, service providers and family planning users, policy makers, etc.) about the safety of contraceptives, their possible side effects, and that the benefits to be derived by their use far outweigh the risks inherent in unwanted pregnancies.

6. Serious efforts should be made to explore alternative strategies of making family planning services available and accessible to all in order to bridge the gap that presently exists between need and services.

7. CBD has been proven to be a safe and viable approach to the delivery of family planning services. African countries are therefore encouraged to consider the introduction and expansion of this approach in their efforts to make family planning services available and accessible to their populations.

8. Alternative strategies relevant to specific country settings need to be developed (e.g., use of market women, commercial distribution, social marketing, outreach in industrial and commercial settings.)

9. Pilot projects and operations research programmes should be developed to test these new strategies before expansion on a national level.
10. Programme managers should ensure that the administrative and logistic aspects of their CBD programmes are tailored to their countries social and cultural norms and realities.

11. CBD and other non-clinical family planning programmes should have adequate medical back-up and clinical referral support systems.

12. Recognizing that all health workers should be participants in the promotion of family planning, training for family planning should be included in the curricula of health institutions at all levels.

13. Family planning tasks should be carefully analysed and allocated to the appropriate cadre of workers trained specifically for such tasks, including community workers and volunteers.

14. Information, education and communication (IEC) about family planning should be integrated into all educational and development programmes, where appropriate, e.g., agriculture, community development, youth and sports programmes.

15. IEC strategies and programmes for family planning must be developed in the context of socially and culturally accepted norms. Accordingly the implementers of IEC programmes should be very knowledgeable and sensitive to the communities in which they are operating.

16. The delivery of family planning services should always be accompanied with appropriate IEC support services and activities for both the providers and users.

17. The development, planning and implementation of CBD and other complementary approaches for the delivery of family planning services should be tailored to the local environments of the specific communities.

18. The communities and target populations to be served by CBD and other complementary programmes should be involved in the development, planning, and implementation of those programmes.

19. All aspects of the CBD programme should be given critical attention and appropriate training for each task provided. This includes management, supervision, monitoring and evaluation. To this end, CBD programme managers should be well versed in the collection and analysis of data.
20. Governments are urged to allocate adequate resources (funds, material and personnel) for family planning activities in their own countries. NGOs as well as other international organisations are encouraged to supplement government efforts in this regard.

21. Self-sufficiency and self-reliance should be the ultimate aim of CBD and other family planning programmes undertaken in the respective countries. It is therefore crucial that the private sector should be considered an essential partner.

22. Exchange of ideas and experiences in family planning delivery systems such as was afforded in this conference should be continued. For example, study tours, workshops and dissemination of information on programme findings.

23. Participants are urged to follow up the discussions and recommendations of this conference with concrete actions in their own countries.

24. Governments and donor agencies are urged to provide appropriate assistance in the implementation of these action plans.