



DFID Department for
International
Development

Assessment of Zimbabwe's Community Based Distributor (CBD) Programme

Presented by Sarah Moxon on behalf of:
Dr. Astrid Schwarz
Dr. Lusine Mirzoyan
Prof. Joseph Valadez



Community-Based Distributor



- Community health workers with basic training directed towards providing contraceptives to rural communities
- Originally deployed to deliver oral contraceptive pills and condoms (door to door approach)
- Later the programme integrated FP&RH, STI and HIV/AIDs tasks

CBDs were initially introduced in the 1960s as part of the Community Distributor Programme to promote Family Planning

Community-Based Distributor (CBD) Programme

- Recognized as one of the most successful FP in Africa
- 800 CBDs employed by 1993
- CBDs contributed immensely to acceptance of contraceptives
 - One of the highest Contraceptive Prevalence Rates (CPR) in Africa: CPR=59% (ZDHS 2010-11)

Zimbabwean Problem Statement

- From 2000 Zimbabwe faced crisis situation – hyperinflation, economic deterioration
- little health system support and management
 - Attrition of health workers and resources
- Current interest to evaluate the effectiveness of health programmes, including the CBD programme



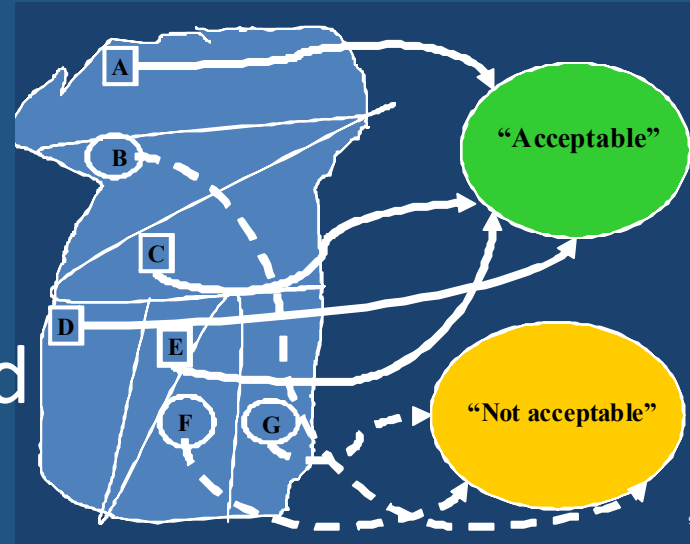
Objectives of this Research

- To assess knowledge and skills of CBDs
- To assess knowledge, attitudes and practices of potential clients in
 - FP, RH, MCH, STI, HIV & AIDS services
- Compare CBD served & non-served areas in 8 provinces
 - Two main Cities (Harare and Bulawayo) were excluded as programme is primarily rural



Methodology

- The LQAS Method was selected for this assessment
- Lot Quality Assurance Sampling Classification method and management tool
 - Based on a small *sample* from a province
 - Using a statistically determined decision rule provinces are classified as performing “acceptably” or “unacceptably” according to a standard
 - Coverage can also be estimated at an aggregate level





LQAS Implementation

➤ Mothers of children 0-11 months

- Additionally, 19 CBD interviews

- Women 25-49 years, not pregnant

- Men 25-54 years

- Mothers of children 0-11 months



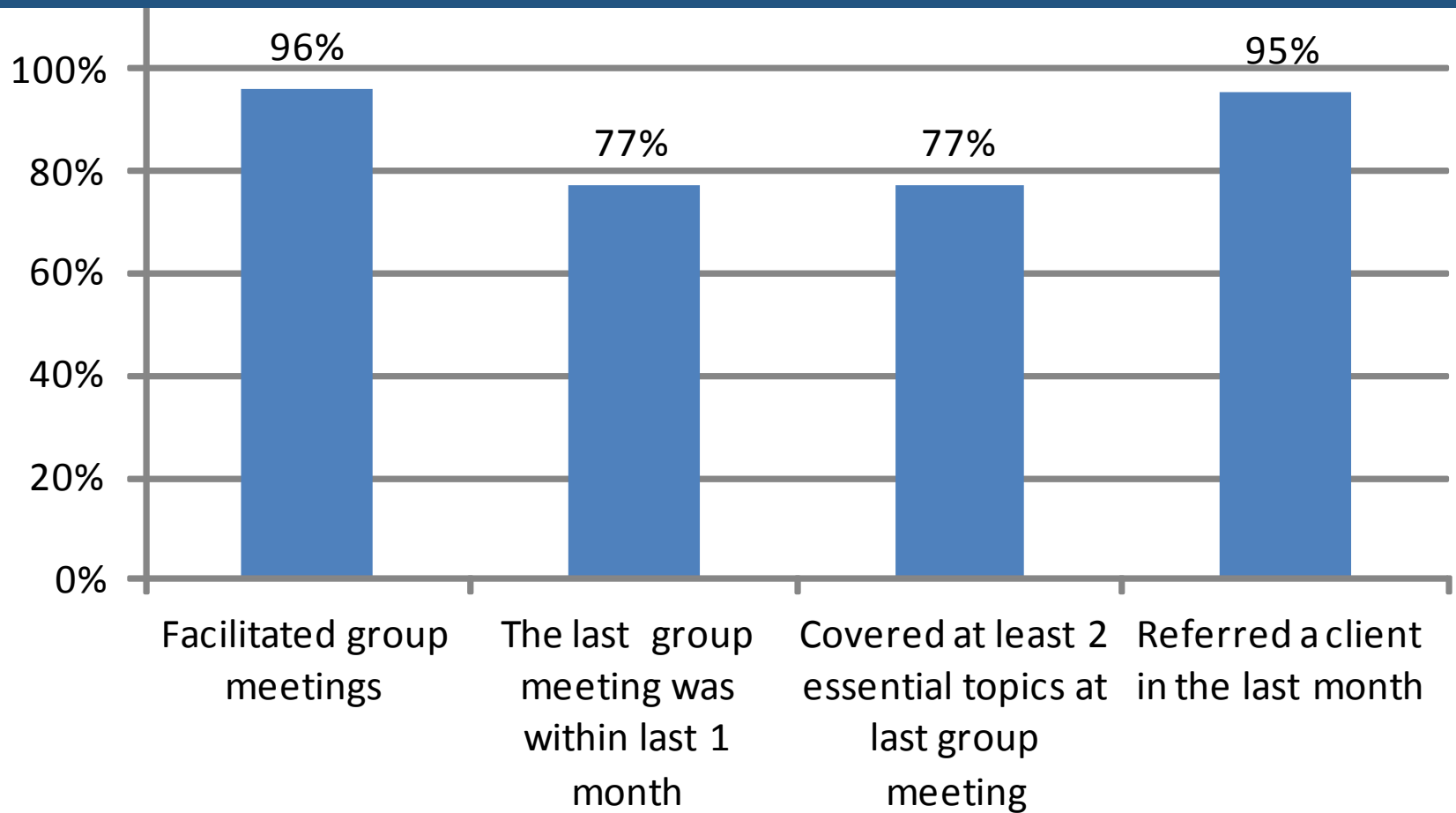
- Additionally, 19 CBD interviews conducted in each province at a central location

A Selection of Key Results:

National aggregate measures rather than provincial LQAS results

1. Services CBDs provided and received by the community
2. Knowledge of Community and CBDs on HIV/AIDS
3. Health Practice: Family Planning and Condom Use

Services CBDs claim they provide



Community Responses: Services Received

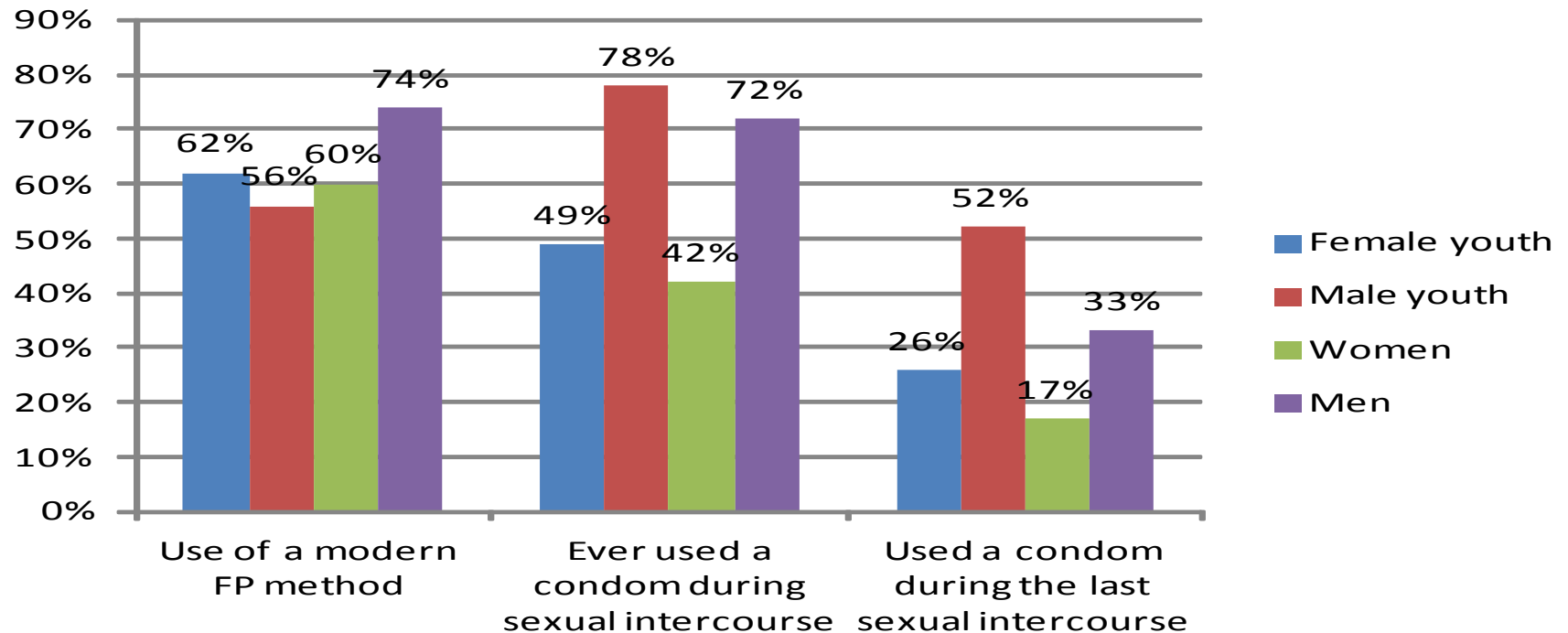
Indicator	Female Youth		Male Youth		Women		Men	
	Serv.	NS	Serv.	NS	Serv.	NS	Serv.	NS
Ever heard of CBD	26%*	9%*	30%*	12%*	63%*	47%*	61%*	44%*
Availability of CBD	19%*	3%*	16%*	7%*	41%*	19%*	43%*	18%*
Ever been visited by CBD at home	5%	2%	4%	2%	18%*	10%*	17%	10%

*Statistically significant difference between served and non served areas using Newcombe's (1998) method to assess the difference between two independent proportions

PMTCT & HIV Knowledge

Indicator	Female Youth		Male Youth		Women		Men		Mothers		CBD
	Serv	NS	Serv	NS	Serv	NS	Serv	NS	Serv	NS	
Aware HIV can be transmitted from mother to child	85%	86%	82%	85%	89%	91%	90%	91%	91%	95%	97%
Aware that risk of MTCT can be reduced	67%	78%	62%	64%	82%	81%	81%	84%	81%	85%	97%

Family Planning and Condom Use



- 61% of all sexually active non-pregnant females reported use of a modern FP method
- Smaller proportions of Girls and Women (49% & 42%) had ever used a condom compared to Boys and Men (78% vs. 72%)
- Girls and Women (26% & 17%) exhibited less use compared to Boys and Men (52% vs. 33%)

Summary and conclusions

Coverage of CBD services

- CBDs report they carry out the required services
- However, small proportions of community members report receiving CBD services
- Youths are less served than adults
- No meaningful difference in coverage between CBD Served and Non-Served Areas
- CBDs are less essential today to satisfy demand for FP services

Health Knowledge

- Adults tended to be more knowledgeable than youths
 - CBDs may be losing contact with the younger generation
- Good general knowledge on broad topics
 - HIV can be transmitted from MTC (87% pop., 97% CBD)
 - Risk of MTC can be reduced (75% pop., 97% CBD)
- Lack of specific knowledge
 - When HIV can be transmitted from MTC (32% pop., 26% CBD)
 - How transmission can be prevented (48% pop., 48% CBD)
 - Ways of preventing the sexual transmission of HIV (24% pop., 22% CBD)
- **Lack of specific knowledge makes CBDs challenged as the cadre to inform the communities on these topics**

Challenges faced by CBDs

- Large Catchment area they are assigned to cover
- Insufficient transport
- Need Job Aids (demonstration kit)
- Inadequate stock management
- Need additional refresher trainings
- Need regular supervision
- Need regular M&E to assess their performance

Recommendations

- Address challenges at the service delivery level
- Assess reproductive health care needs of the population
 - Determine where Zimbabweans want to obtain contraceptive methods
- Identify innovative approaches to satisfy and maintain demand and to reach out to youths and underserved communities
 - Consider expansion of contraceptive services offered at the community level if there is a demand, e.g. injectable contraceptives
- Review the breadth of tasks that CBDs should undertake
 - Consider offering a smaller range of services at a high standard to populations in need



Acknowledgements

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 - Zimbabwe Ministry of Health and Child Welfare (MoHCW)



Thank you for your attention!

