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

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

- 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
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 conducted in each province at a central location.
  - Women 25-49 years, non-pregnant
  - Men 25-54 years
  - Mothers of children 0-11 months
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
Facilitated group meetings: 96%
The last group meeting was within last 1 month: 77%
Covered at least 2 essential topics at last group meeting: 77%
Referred a client in the last month: 95%
# Community Responses: Services Received

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Female Youth</th>
<th>Male Youth</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serv.</td>
<td>NS</td>
<td>Serv.</td>
<td>NS</td>
</tr>
<tr>
<td>Ever heard of CBD</td>
<td>26%*</td>
<td>9%*</td>
<td>30%*</td>
<td>12%*</td>
</tr>
<tr>
<td>Availability of CBD</td>
<td>19%*</td>
<td>3%*</td>
<td>16%*</td>
<td>7%*</td>
</tr>
<tr>
<td>Ever been visited by CBD at home</td>
<td>5%</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Female Youth</th>
<th>Male Youth</th>
<th>Women</th>
<th>Men</th>
<th>Mothers</th>
<th>CBD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serv  NS</td>
<td>Serv  NS</td>
<td>Serv  NS</td>
<td>Serv  NS</td>
<td>Serv  NS</td>
<td>Serv  NS</td>
</tr>
<tr>
<td>Aware HIV can be transmitted from mother to child</td>
<td>85%  86%</td>
<td>82%  85%</td>
<td>89%</td>
<td>91%</td>
<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>Aware that risk of MTCT can be reduced</td>
<td>67%  78%</td>
<td>62%  64%</td>
<td>82%</td>
<td>81%</td>
<td>81%</td>
<td>84%</td>
</tr>
</tbody>
</table>
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!