

*Expanding family
planning and
reproductive health
services in Africa*



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ANNUAL REPORT FOR FY 2003 (OCTOBER 1, 2002 TO SEPTEMBER, 30 2003)

**ADVANCE AFRICA
ZIMBABWE COUNTRY PROGRAM**

ANNUAL REPORT FOR FY 2003 (1 OCTOBER 2002—30 SEPTEMBER 2003)

1. Selected Performance Indicators

The progress made on the Zimbabwe National Family Planning Council (ZNFPC) Expanded Community-Based Distributor (CBD) Program during the period October 2002 to September 2003 was measured in terms of the following project indicators:

1. Commodity distribution through the ZNFPC Pilot Program on Expanded CBD (with a focus on condom distribution)
2. Confirmed client referrals for health care from CBDs in health centers, voluntary counseling and testing (VCT) centers, and hospitals
3. Number of people receiving information and behavior change messages through group meetings
4. Number of meetings at which different types of reproductive health issues were discussed
5. Number of community home-based care visits by CBDs

The data was collected from eight districts in the eight provinces which comprised the first phase of the Expanded CBD Project.

Table 1. Commodity distribution through the ZNFPC Pilot Program on Expanded CBD for FY 2002 and 2003

Item	Baseline	FY 2002	FY 2003	% Increase
Male condoms	175,100	672,500	721,338	411%
Female condoms	413	1,989	3,274	792%
Oral contraceptives	54,976	199,652	363,706	662%

As seen in the data presented in the table, the number of male condoms distributed increased from baseline by a factor of 4, or 411%.

The number of female condoms distributed also increased by a factor of 8.

Within the new catchment areas, the distribution of oral contraceptives increased by 662%, almost certainly due to the presence of depot holders.

Table 2. Confirmed client referrals for health care from CBDs to health centers, VCT centers, and hospitals

Item	Baseline	FY 2003	% Increase
VCT	121	840	694 %
STIs, HIV/AIDS	202	499	247 %
Family planning	514	1,811	352 %
Other reproductive health	312	656	210 %
Other non-reproductive health	1,656	3727	225 %
All	2,805	7,533	268 %

Table 3. Number of people receiving information and behavior change messages through group meetings for FY 2002 and 2003

Item	Baseline	FY 2003	% Increase
People aged 10 – 24	4,016	15,061	375%
People aged above 25	9,030	28,896	320%
People receiving HIV/AIDS messages	3,261	31,209	957%

Table 4. Number of meetings at which different types of reproductive health issues were discussed during FY 2002 and 2003

BCC/IEC	Baseline	FY 2003	% Increase
Total number of meetings held	866	1302	150 %
Meeting at which STIs, HIV/AIDS, or condom use were discussed or demonstrated	216	937	434 %
Meetings at which family planning, general reproductive health, or adolescent reproductive health (menarche, puberty, peer pressure, abstinence) were discussed	531	728	137 %
Meetings at which other issues were discussed	420	623	148 %
Percentage of meetings in which HIV/AIDS, condoms, and STIs were discussed	25%	71 %	284 %

Table 5. Number of community home-based care visits by CBDs in FY 2002 and 2003

Item	FY 2002	FY 2003	% Increase
People all ages	1,259	1,983	157 %

3. Significant Challenges and Corrective Measures

- The cost of travel to VCT centers, which are predominantly in urban areas, is prohibitive for many of the CBD clients. We are therefore working with Population Services International (PSI) to increase access to mobile VCT services. Currently PSI is providing mobile VCT services in three of the 16 Expanded CBD Program districts.
- The fuel crisis in Zimbabwe made it extremely difficult for relevant ZNFPC staff to travel to the district sites to provide supervision and support. To address this challenge, we procured fuel for field activities.
- The linkages between organizations implementing family planning and HIV/AIDS programs are weak. We have initiated regular meetings with key stakeholders and are now leading the coordination efforts.
- The ZNFPC lacked capacity in management information systems (MIS) and as a result was unable to generate requisite program data. Advance Africa addressed this challenge by hiring an MIS specialist to provide technical support to the ZNFPC.
- To address underreporting by the CBDs in the Expanded CBD Program, the MIS forms were revised to be more user-friendly. In addition, intensive MIS training for all project staff and supervisors has been conducted.

4. Significant Plans for FY 2004

- Continue to strengthen the ZNFPC Expanded CBD Program's ability to provide quality HIV/AIDS and reproductive health information and services.
- Provide technical and financial support to four community-based organizations currently working with the Catholic Relief Services (CRS) project STRIVE to design and implement an adolescent reproductive health life skills program for orphans and vulnerable children.
- Partner with four Mission hospitals to strengthen the integration of family planning services and HIV/AIDS interventions and promote the use of these integrated FP/HIV/AIDS services through community mobilization.
- Provide leadership in coordinating national efforts to develop guidelines on integrating family planning and HIV/AIDS services.

5. Significant Inputs, Outputs, and Activities for FY2005 and Budget for FY 2004 and 2005

Given that FY2005 is the final year of the Advance Africa Project, we propose to consolidate our ongoing activities and formalize our lessons learned, resources used, etc. Therefore, we propose additional funding of \$500,000 to support the documentation process.

Budget for FY 2004: US\$1,000,000

Proposed Budget for FY 2005: US\$1,500,000

6. Two Success Stories

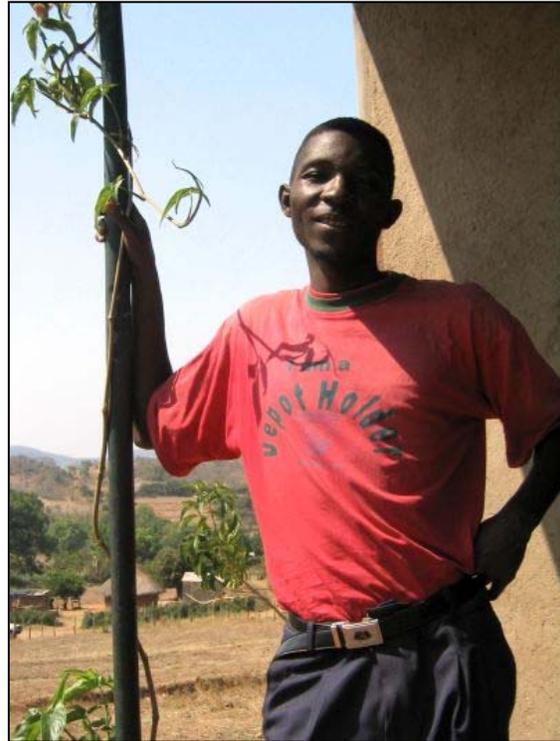
Please see attached.

Forward's Part

By Robert Gringle

Forward Kache greets us at the bottom of a hill in Bindura. He leads us up the steep path to his home, politely answering our questions: he and his wife are both 26. Their two children are 7 and 16. We must look puzzled as we consider Forward and his wife as parents at 10 years of age. A sad smile crosses his face as he clarifies: the children were born to his brother, who died shortly after his wife when the second child was still a baby.

Two years ago Forward became a depot holder, working with a ZNFPC community-based distributor (CBD). Depot holders work out of their homes to resupply CBD clients with condoms and contraceptive pills for protection from sexually transmitted infections (STIs) and unintended pregnancy. Forward eagerly talks about the Expanded CBD Programme training offered through the Advance Africa Project and funded by USAID. The reproductive health training provided depot holders and CBDs with information on STIs, referrals for HIV/AIDS voluntary counseling and testing (VCT), and referrals to prevent mother-to-child transmission of HIV.



Forward's wife set aside reservations about his new role, and now tells friends she is proud of the example he presents to others. Forward says his help extends many directions. For example, a woman he referred for VCT now knows she is HIV-positive. Forward's clients support the woman by sharing food and working next to her in the fields. Forward was also able to give her advice about nutrition when symptoms of AIDS were affecting her strength.

Forward tells us his wife is close to birth. We congratulate him on their first child, but he corrects us: this will be their third child. Forward reflects on his words: "You should know something else. I have my first children because my brother and his wife died of AIDS." Forward looks at each of us: "We must stop this in our communities," he concludes. "I can do my part because I am a depot holder."

Can Men Really Make a Difference?

By Innocent Chofamba-Sithole



Lyton Farm, a community deep in the commercial farming district of Marondera in Zimbabwe, is home to many young men whose sexual behaviours feed the flames of the HIV/AIDS pandemic. Meet Alec Bunhu, a newly-married man who collects condoms on behalf of his shy friends but hardly uses any himself. “I recently got married, and I don’t see why I should use condoms since I do not have any extra sexual partners,” he says. If he doesn’t need them, I ask, then why does he come to Beauty Bhubho, the local community-based distributor (CBD), for the condoms? “Well, some of my friends do not know much about this disease, and I try as much as possible to teach them the benefits of condom use,” Bunhu replies. “They are shy to approach Bhubho for help and so I collect the condoms for them.”

In this deeply traditional rural community, where open discussion of sex and sexuality is often confined to matrimony, Bunhu’s friends are rattled at the prospect of approaching the motherly Bhubho with what they consider a most embarrassing request. As Lyton Farm’s CBD, Bhubho is her community’s main resource for contraceptives and information on family planning, reproductive health and HIV/AIDS. Lyton Farm is one of the sites for the Expanded CBD Programme, which is administered by the Zimbabwe National Family Planning Council (ZNFPC). Advance Africa, a USAID-funded family planning and reproductive health service delivery project, provides technical support. This particular site of the Expanded CBD Programme was designed after a satellite model, in which a trained health worker and the community leaders decide on a central meeting point for the distribution of condoms, contraceptive pills, and information. This programme has integrated HIV/AIDS information and services into the long-established ZNFPC network of CBDs in 16 districts of Zimbabwe.

While Bhubho is her town’s official CBD, Bunhu believes positive peer pressure can change the attitudes of his friends, and he continues to talk with them about HIV/AIDS and the importance of safe sex. Sadly, countless men across Zimbabwe are still ignorant of the dangers of HIV/AIDS; their choices continue to fuel the fire of the HIV/AIDS pandemic. And yet Alec Bunhu and the indefatigable Beauty Bhubho still fight to extinguish the consuming flames. It is in such seemingly small, individual efforts that Zimbabwe’s hope lies.

