

This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike License](https://creativecommons.org/licenses/by-nc-sa/4.0/). Your use of this material constitutes acceptance of that license and the conditions of use of materials on this site.



Copyright 2006, The Johns Hopkins University and W. Henry Mosley. All rights reserved. Use of these materials permitted only in accordance with license rights granted. Materials provided "AS IS"; no representations or warranties provided. User assumes all responsibility for use, and all liability related thereto, and must independently review all materials for accuracy and efficacy. May contain materials owned by others. User is responsible for obtaining permissions for use from third parties as needed.



PFHS 380-665 FAMILY PLANNING POLICIES AND PROGRAMS

Community-Based Distribution Pakistan, Bangladesh and Africa

Henry Mosley

Introduction

Community-based distribution (CBD) is one method of family planning service provision that has been used for over three decades to reach populations with limited access to information and contraceptives (Huber, et al, 1975; Kols and Wawer, 1982; Wawer, et al., 1985). Most of the early experiences in the 1970's and 1980's in Asia and Latin America were generally successful, primarily because there was a growing demand for smaller families that was not being met with clinic-based services (Ross, et al., 1987).

The article by Shelton, et. al (1999), summarizing recent experiences in Pakistan, is illustrative of how CBD programs can be effective in a setting where there is “dormant demand for actual contraceptive services waiting to be satisfied.” Answer the questions below as you read this article:

1. How would you describe the “design” of the data gathering process for this report? What are its strengths and weakness? How would you improve it?
2. What are the author’s major conclusions? Are they supported by the available data?
3. What is the significance of this study for Pakistan? For other developing countries?

In recent years, there has been a shift away from CBD in well established programs for several reasons, but mostly because of the relatively high monetary and management costs of maintaining a large cadre of field workers. Making this shift has not been easy however, because of concerns that a change in program strategy would result in a fall off in contraceptive acceptors and users. This question was specifically addressed in a study by Routh, et al. in Bangladesh (2001). As you read the article, consider the following questions:

1. What were the hypotheses that the authors were testing?
2. What were the findings of the research, and how do the authors interpret these in terms of program prospects for the future?

More recent experiences with CBD in sub-Saharan Africa have shown a mixed record (see for example, Chege and Askew, 1997). A comprehensive and critical analysis of the experiences with community-based distribution of family planning in Africa has recently been completed by Phillips, Greene and Jackson (1999). The questions below

are provided as a guide for reading the attached article and class discussion.

1. How do the authors define CBD? What kinds of services may be provided? Who are the providers and how are they organized?
2. What are fundamental assumptions underlying CBD programs?
3. In Africa, what is the evidence that CBD programs: increase contraceptive use; reduce fertility; reduce unmet need; increase demand for contraception; or improve the status of women?
4. What is meant by Type I, Type II and Type III CBD programs? What assumptions underlie each of these types, and what are the organizational issues?
5. What are three possible roles for the impact of CBD on reproductive behavior?
6. What are the concerns regarding CBD as they relate to "social costs" and "constrained demand"?
7. What are the principles lessons learned from case studies in: Kenya; Nigeria; Zimbabwe; and Ghana?
8. Elements of successful CBD management are ---
9. Factors contributing to CBD failure are ---

Required reading (attached):

Phillips JF, Greene W, and Jackson EF. Lessons from Community-based Distribution of Family Planning in Africa, *Working Paper No. 121*, Policy Research Division, Population Council, New York 1999.

Routh, S, Ashraf, A, Stoekel, J, and Barkat-e-Khuda. Consequences of the shift from domiciliary distribution to site-based family planning services in Bangladesh. *International Family Planning Perspectives* 27(2): 82-89, 2001

Shelton JD, Bradshaw L, Hussein B, Drexler T, and McKenna MR. Putting unmet need to the test: community-based distribution of family planning in Pakistan. *International Family Planning Perspectives* 25 (4): 191-195, 1999.

Recommended readings:

Bates, LM, Islam, MK, Al-Kabir, A, and Schuler, SR. From home to clinic and from family planning to family health: client and community responses to health sector reforms in Bangladesh. *International Family Planning Perspectives* 29 (2): 88-94, 2003.

Binka, FN, Nazzar A, and Phillips JA, The Navrango community health and family planning project, *Studies in Family Planning* 26(3): 121-139, 1995.

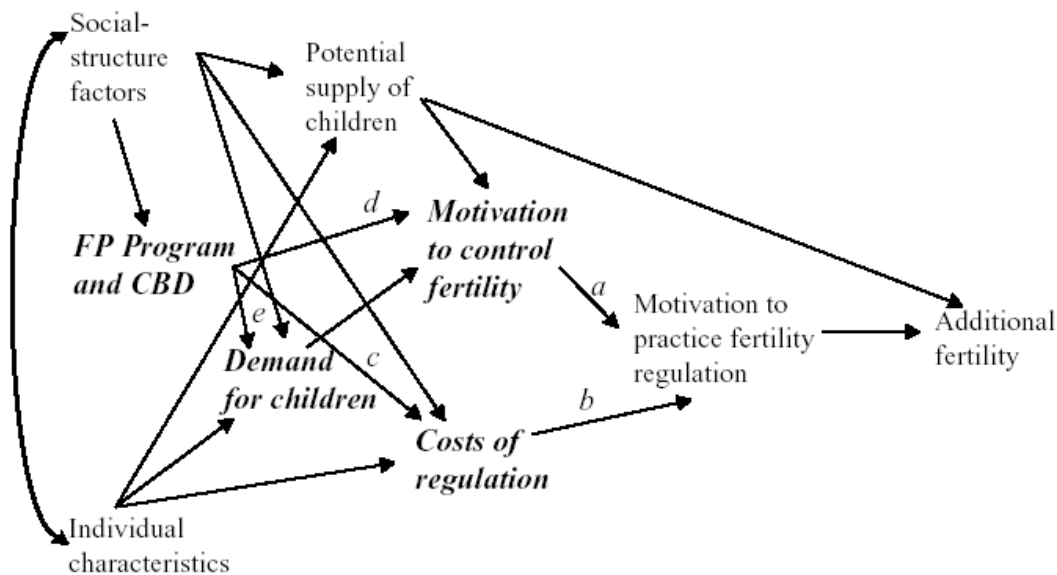
Chege JN, and Askew I, An assessment of community-based family planning programs in Kenya, *Africa Operations Research and Technical Assistance Project II*, The Population Council, Nairobi, 1997.

Huber SC, Piotrow P, Potts M, Isaacs SL and Ravenholt, RT, Contraceptive Distribution: Taking Supplies to Villages and Households, *Population Reports* Series J, No. 5, 1975.

- Kaler, A, Watkins, SC. Disobedient distributors: street-level bureaucrats and would-be patrons in community-based family planning programs in rural Kenya. *Studies in Family Planning* 32(3): 254-269, 2001.
- Kols AJ and Wawer M. Community-based health and family planning. *Population Reports*, Series L, No. 3. Baltimore, MD: Johns Hopkins University Population Information Program, 1982.
- Luck, M, Jarju, E, Nell, MD and George, MO. Mobilizing demand for contraception in rural Gambia. *Studies in Family Planning* 31(4): 325-335, 2000.
- Nazzar A, Adongo PB, Binka FN, Phillips JE, Debpuur C. Developing a culturally appropriate family planning program for the Navrongo experiment. *Studies in Family Planning* 26(7): 307-324, 1995.
- Wawer M, Huffman S, Cebula D, and Orborn, R, eds. *Health and Family Planning in Community-Based Distribution Programs*. Westview Press, Boulder, CO, 1985.
- Ross J, Lauro D, Wray J, and Rosenfield A, "Community based distribution" In *Organizing for Effective Family Planning Programs*, eds RJ Lapham and GB Simmons, National Academy Press, Washington, D.C., 1987.
- Schuler, SR, Bates, LM, and Islam, MK. The persistence of a service delivery 'culture': findings from a qualitative study in Bangladesh. *International Family Planning Perspectives* 27(4): 194-200, 2001.

The Potential Roles of CBD Programs in the Fertility Transition

Figure 4 Basic models of factors determining fertility



Source: Adapted from Hermalin 1983.

(Source: Phillips, et al., 1999)