The Impact of the Targeted District Approach in Reducing Unmet Need for Family Planning: The Case of the RESPOND Tanzania Project
Acknowledgments

Authors:
Emmanuel Tluway, Edwin Ernest, Yisambi Mwanshemele, Feddy Mwanga, Prudence Masako, and Jane Schueller

Project Name:
Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services (RESPOND) Tanzania Project (RTP)

Supporting Organizations:
Presentation Outline

- Significance/Background
- Program Intervention/Activity Tested
- Methodology
- Results/Key Findings
- Program Implications/Lessons Learned
Significance/Background

Scaling-Up Services to Reduce Unmet Need

Tanzania has notably increased family planning (FP) uptake and contraceptive prevalence over the past 25 years. However, unmet need for FP remains high, particularly in rural and hard-to-reach areas. EngenderHealth partnered with the Government of Tanzania to reach underserved populations.
EngenderHealth categorized districts into levels of existing FP uptake and provided varying levels of support. This support included strengthening local health systems, facilitating in-service trainings, conducting outreach activities and mobilizing communities, and fostering partnerships for improved service delivery.
Methodology

- Used data from the national health management information system (HMIS) to calculate FP uptake per 10,000 women of reproductive age
- Categorized districts into three levels—Level 1 comprising districts with the lowest FP uptake, Level 3 comprising districts with the highest FP uptake
- Provided varying levels of support to districts based on the established category levels
- Collected data through the HMIS to measure FP uptake
- Analyzed data and estimated impact using the Impact2 calculator
Results/Key Findings

- Based on impact estimates, FP services provided through project-supported activities averted more than 2.5 million unintended pregnancies and more than 750,000 unsafe abortions.

- Over the course of project implementation, the number of districts in the Level 1 category continuously decreased as FP uptake shifted those districts to the Level 2 category. Similarly, Level 2 districts continuously shifted to become Level 3 districts.
Results/Key Findings

Trends in District Categorization over Life of Project

Baseline: 49% Level 1, 34% Level 2, 17% Level 3
Year 1: 44% Level 1, 32% Level 2, 25% Level 3
Year 2: 42% Level 1, 38% Level 2, 20% Level 3
Year 3: 42% Level 1, 39% Level 2, 19% Level 3
Year 4: 51% Level 1, 29% Level 2, 20% Level 3
Year 5: 51% Level 1, 29% Level 2, 20% Level 3

Levels:
- Level 1
- Level 2
- Level 3
Results/Key Findings

FP Uptake by Method

**Year 1**
- Injectable: 57%
- Oral Contraceptive: 21%
- Condom: 9%
- Intrauterine Device: 3%
- Implant: 8%
- Male Sterilization: 0%
- Female Sterilization: 2%

**Year 5**
- Injectable: 27%
- Oral Contraceptive: 41%
- Condom: 9%
- Intrauterine Device: 8%
- Implant: 0%
- Male Sterilization: 4%
- Female Sterilization: 0%
Program Implications/Lessons Learned

- A targeted district approach, where the intensity of program intervention is based on unmet need, can increase FP uptake.
- The project demonstrated success in increasing FP uptake—including specifically uptake of long-acting and permanent methods—through the targeted district approach.
- Partnering with host-country governments to leverage data available through existing health management information systems can help projects quickly identify areas of need and prioritize activities that will maximize results.
For more information:

Contact me: Emmanuel Tluway at etluway@engenderhealth.org

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Thank you!