

Delivering Inclusive Family Planning Services to Tanzanian Communities

EngenderHealth's Scaling Up Family Planning Program's Adaptations and Successes



Background

The five-year Scaling Up Family Planning (SuFP) Programme (2019 to 2024) works to enhance the capacity of the national health system to deliver inclusive and comprehensive sexual reproductive health services to 2.3 million Tanzanians. This programme is funded by the United Kingdom's Foreign Commonwealth Development Office, led by EngenderHealth in collaboration with the Tanzania Ministry of Health and the President's Office Regional Administration and Local Government, and implemented in partnership with the Comprehensive Community Based Rehabilitation in Tanzania, DKT International, and Pathfinder International. This programme aims to reach all Tanzanians, particularly young people and people living with disabilities (PWD), with quality services. It also aims to strengthen the health system to provide integrated, inclusive family planning (FP) care, comprehensive postabortion care (cPAC), and sexual and gender-based violence (SGBV) care.

SuFP is working in 545 health facilities in eight regions across mainland Tanzania (Arusha, Dar es Salaam, Dodoma, Geita, Kilimanjaro, Morogoro, Pwani, and Tanga) and all five regions of Zanzibar (North, Pemba South, Zanzibar Central/South, Zanzibar North, and Zanzibar Urban/West). In addition to highlighting activities, achievements, and lessons learned from the first two years of the programme, this brief demonstrates how we successfully prioritized FP, cPAC, and SGBV care for underserved populations, including SGBV survivors, young people, and PWD.

Programme Objectives

To deliver inclusive services to the target populations, the SuFP programme supports local public healthcare providers to achieve the following outputs:

- > Increased use of integrated FP services, including postpartum FP services and screening for HIV and other sexually transmitted infections as well as cervical cancer
- > Strengthened cPAC
- > Improved response to SGBV cases at the community, facility, and health system levels
- > Strengthened health systems

To meet these objectives and ensure no one is left behind, the programme applies a gender, youth, and social inclusion approach across all programme strategies and presents data by age and gender disaggregation where possible. SuFP also employs a crosscutting approach to reach more young and marginalized populations—including PWD—with FP services, cPAC, and SGBV care.

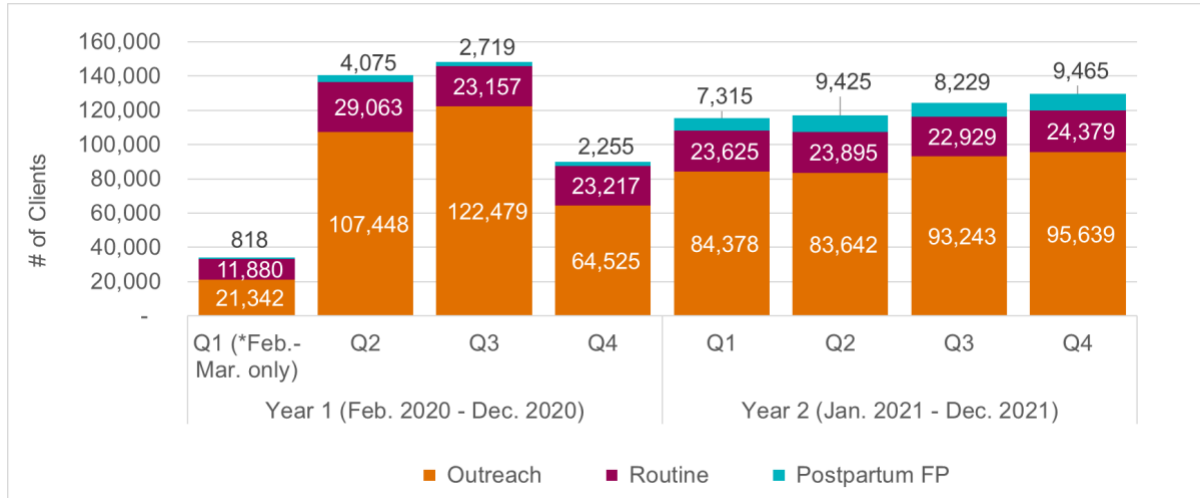
Programme Activities and Achievements

The SuFP programme supports routine, outreach, and postpartum FP services through training healthcare providers, conducting service quality audits, providing technical assistance to regional and council health management teams, and conducting data quality and contraceptive commodity availability assessments to ensure unhindered provision of quality services.

During the first two years of the programme (February 2020 to December 2021), SuFP supported modern contraceptive service provision for 899,142 clients through three service delivery models (Figure 1):

- > Outreach services (672,696 clients reached)
- > Routine services (182,146 clients reached)
- > Postpartum FP (44,300 clients reached)

Figure 1: SuFP-Supported FP Service Provision (February 2020 to December 2021)

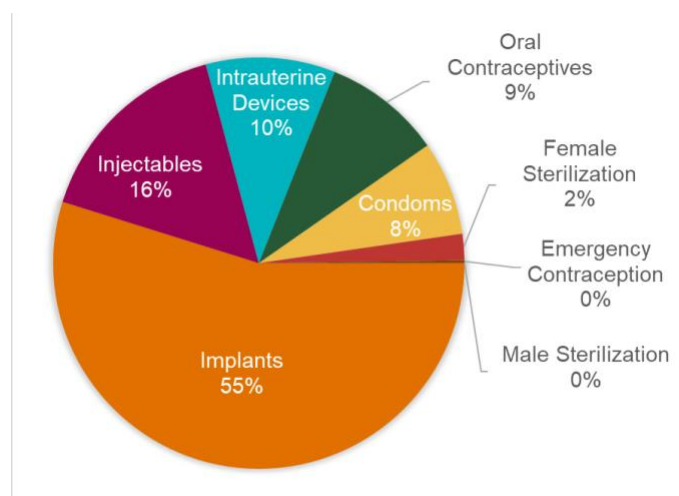


Of the three service delivery models, outreach was especially effective in reaching clients with modern contraceptive methods, with three of four clients reached with contraception through outreach activities (Figure 1). Specific outreach modality descriptions are included in the next section.

The COVID-19 pandemic and general elections in the country were the main reasons for the low number of clients reached in the first and last quarter of the first programme year, as was the abbreviated length of the first quarter, as the programme began in February 2020.

Overall, implants were the main contraceptive method of choice among SuFP-supported clients (55%), followed by injectables (16%) and intrauterine devices (10%) (Figure 2). Of those reached with outreach services, 14% were adolescents ages 10 to 19. Among those adolescents, the younger group (ages 10 to 14) were more likely to choose condoms and less likely to choose implants than older adolescents (ages 15 to 19), with method selection as relatively consistent among other methods.

Figure 2: SuFP-Supported Contraceptive Service Provision, by Method (February 2020 to December 2021) (N=899,142)



Programme Outreach Strategy

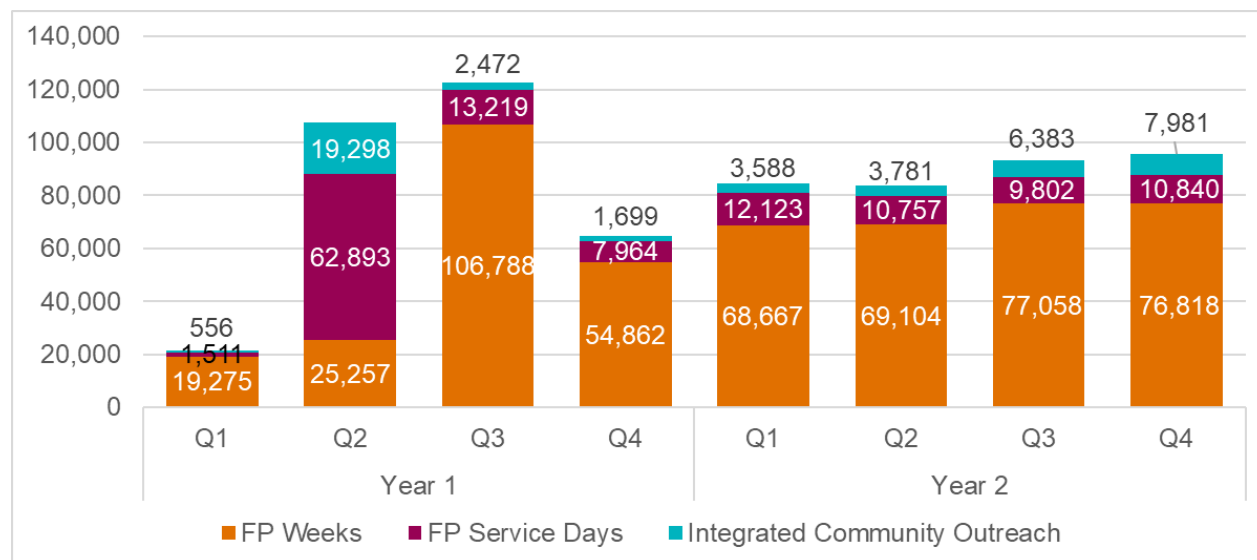
To better reach marginalized populations (such as adolescents, youth, and PWD), in addition to supporting routine and postpartum FP services, SuFP conducts FP outreach activities through three service modalities: FP service days, FP weeks, and integrated community outreach services (Table 1).

Table 1: SuFP Outreach Modalities

Type	Definition
FP Service Days	The provision of additional FP services at pre-identified healthcare facilities for a one-day period, where only long-acting reversible contraceptives and permanent methods are available
FP Weeks	The provision of FP services over five-day periods, by four-person teams, in identified healthcare facilities, located within a district council
Integrated Community Outreach Services	The provision of short-term FP methods and implants through integrated activities (such as immunization and/or HIV testing, counseling, and treatment) during community outreach events organized by the council health management team and delivered by healthcare providers from nearby facilities

The majority of clients received services through FP weeks (497,829 clients), with the exception of second quarter of the first year, where most clients received services via FP service days (Figure 3). During this time, the COVID-19 pandemic led to restrictions around large gatherings and the programme team had shifted to providing services more heavily through FP service days. Based on the large number of clients reached through this modality, the adaptation was successful.

Figure 3: SuFP-Supported Contraceptive Outreach Service Provision, by Quarter (Q) and Modality (February 2020 to December 2021)



While the FP weeks modality consistently generated the highest number of clients reached, rather than investing further resources in this approach at the expense of the two other approaches, the programme chose to maintain balanced support between the three outreach modalities to ensure the sustained delivery of integrated, high-quality FP services. The combination of these activities are all part of the programme’s approach to strengthening health systems in a sustainable way. FP service days and integrated community outreach activities in particular were part of the programme’s sustainability measures, as councils and health facilities will be required to provide these services on their own in future. As such, these approaches have greater sustainability potential without external support as compared with FP weeks, which are more of an interim measure.

Prioritizing SGBV Survivors, Young People, and PWD

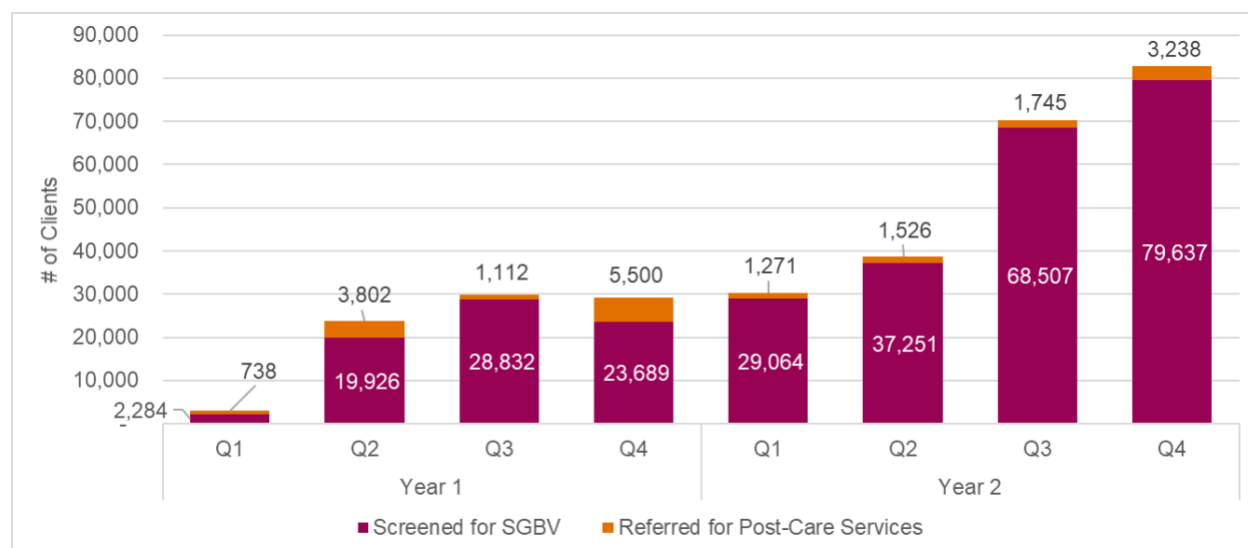
The programme prioritized reaching underserved populations—including SGBV survivors, young people, and PWD. For example, to increase community outreach to more young and marginalized populations, SuFP trained community health workers (CHWs) on COVID-19 prevention and FP promotion, with an emphasis on the provision of services and referrals to underserved groups.

Improving Access to Services for SGBV Survivors

To ensure the availability of SGBV screenings, referrals, and support services, SuFP worked to verify and update SGBV referral pathways and support structures, including mapping points of care and orienting CHWs to track and link survivors to services. With these pathways and support structures in place, SuFP—through outreach and routine services—supported the screening of 289,190 people for SGBV or violence against children in the first 23 months of the program, with the majority of clients screened being female and a total of 18,932 people referred for additional services (Figure 4).¹ Notably, the proportion of FP clients screened for SGBV and violence against children increased from 69,648 in the first year to 214,459 in the second year, reflecting an estimated three-fold increase.

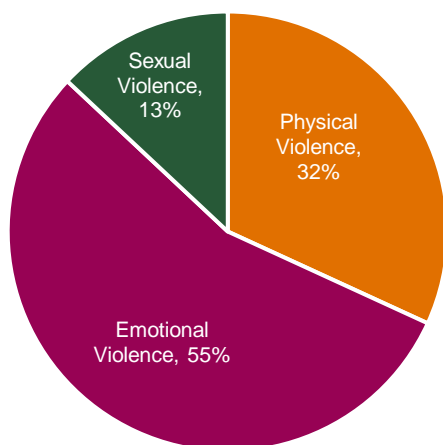
¹ Many facilities, such as one-stop centers, manage SGBV cases without needing to refer clients elsewhere. Post-care referrals specifically include clients who need further support, such as specialized forensic tests or legal support that is not available at the intake facility.

Figure 4: SGBV Screening and Referrals of the SuFP Program (February 2020 to December 2021)



To determine the number of SGBV incidents, providers administer a series of questions (e.g., within the last year, has anyone forced you to have sexual activities? Are you afraid of any of the people who committed the above incidents?). The SuFP team then consolidates information from the health management information system and the outreach services to determine the number of overall programme-specific SGBV incidents. Of the nearly 70,000 incidents of SGBV identified through routine and outreach services during the programme period, most were instances of emotional violence (55%), followed by physical violence (31%), and sexual violence (14%) (Figure 5).

Figure 5: Type of SGBV Incidents Identified through Routine and Outreach Services (February 2020 to December 2021) (N= 69,338)

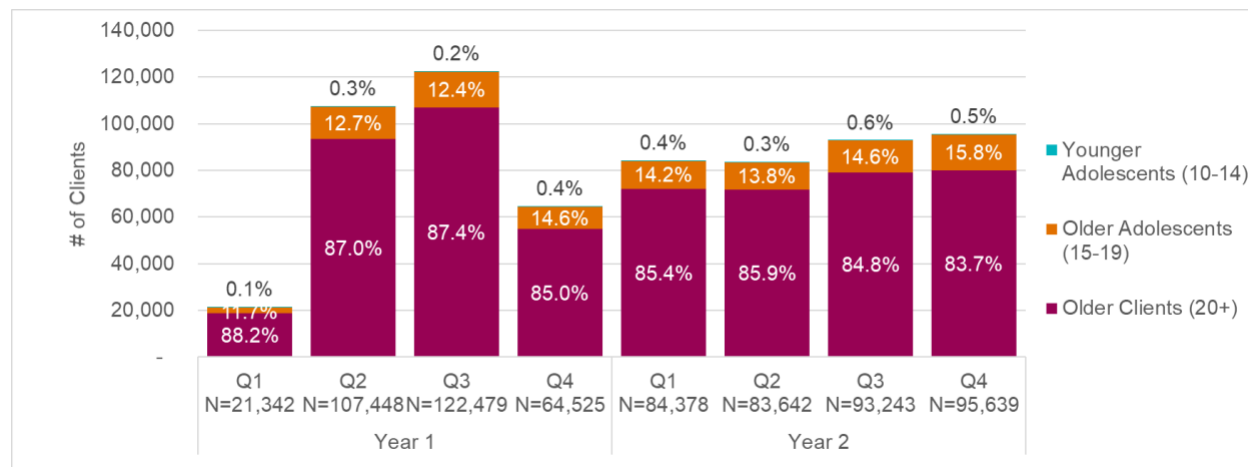


Reaching Adolescents and Youth

SuFP applied different strategies—including engaging CHWs to mobilize young people, selecting specific days (i.e., Fridays and Saturdays) to conduct adolescent and youth-specific FP outreach, and identifying facilities with youth-friendly corners for youth-specific outreach events and community sensitization through CHWs—to ensure that young people received information on the availability of FP services in their communities. In addition, the programme reached in-school adolescents with age-appropriate information and services and linked these adolescents with nearby health facilities offering adolescent-friendly health services. As a result, SuFP-supported outreach services reached 95,409

adolescents (14.2% of total clients reached), and maintained the provision of services to this priority population even during COVID-19. Among all clients reached, 0.3% were younger adolescents ages 10 to 14 and 13.9% were older adolescents ages 15 to 19. We also documented similar quarterly trends in the number of adolescents and youth served from February 2020 to September 2021 (Figure 6).

Figure 6: Adolescents Reached by Contraceptive Outreach Services (February 2020 to September 2021)

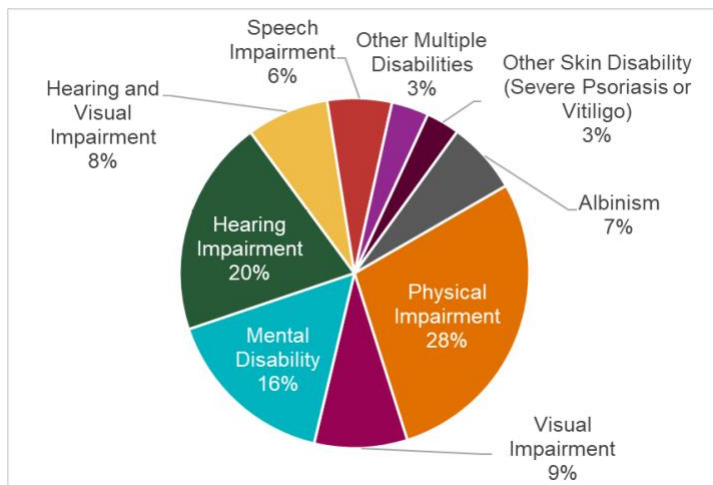


Prioritizing PWD

SuFP prioritized reaching PWD with FP services, as PWD have unique needs that may influence method choice and eligibility. Key approaches for reaching PWD included community mobilization through CHW- and PWD-led organizations (such as our local partner, Comprehensive Community Based Rehabilitation in Tanzania); sensitization of community, political, and administrative leaders to champion the sexual and reproductive health rights of PWD; advocacy for a multisectoral approach to address challenges faced by PWD when accessing available health services; and training and orientation of service providers on inclusive services. In addition, since the national health management information system tools do not capture PWD data, we developed an innovative approach to capture such data through programme outreach activities. We developed a paper-based, programme-specific monitoring tool that enabled the collection of client data on age, previous use of an FP method, and disability. We identified PWD using a modified version of the Washington Group on Disability Statistics’ Short Set on Functioning questionnaire.² The questionnaire comprises seven questions that reflect advances in the conceptualization of disability and uses the World Health Organization’s International Classification of Functioning, Disability, and Health as a conceptual framework. To determine if a client would be classified as disabled, we applied a stringent criterion: having a lot of difficulty or unable to do any activity. Following data collection, the SuFP team completed a descriptive analysis of programme implementation outreach service data and found that of the 672,696 clients reached through outreach services from February 2020 to December 2021, 0.9% (N=6,174) were PWD. The most common disability reported was physical impairment (Figure 7). SuFP results from the first two years illustrate the feasibility of reaching PWD with FP services and highlight the need to reach more PWD in Tanzania to ensure equitable health service utilization.

² Washington Group on Disability Statistics. 2020. *The Washington Group Short Set on Functioning (WG-SS)*. Hyattsville, MD: Washington Group on Disability Statistics. <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>.

Figure 7: PWD Accessing FP Services, by Disability Type (February 2020 to December 2021) (N=6,174)



Monitoring and Evaluation

From November to December 2021, EngenderHealth conducted a cross-sectional, client exit interview, quantitative study among 55 randomly selected health facilities across programme-supported regions—including eight regions in mainland Tanzania and five regions in Zanzibar. The study population comprised 845 consenting clients ages 15 to 49 participating in routine and outreach activities. The study team selected every 10th client who had engaged with a provider. The survey assessed the proportion of respondents who received quality FP counseling according to a composite set of FP2020 criteria. We classified participants as having received comprehensive counseling if they responded in the affirmative to at least 12 of the 15 questions. The team assessed client satisfaction based on client rights as highlighted in the National FP Guidelines and Standards. We determined that a client was satisfied with services if they responded in the affirmative to at least 9 of the 10 survey questions. We assessed wealth quintiles using Metrics for Management's Equity Tool.³ We carried out a descriptive analysis by estimating proportions and means for the indicators on clients' sociodemographic characteristics and measures of perceived quality and satisfaction. We conducted a multivariate logistic regression model to determine associations between the independent variables and our outcome variable (overall satisfaction).

Of the 894 respondents, 43.2% received care through routine services, 32.0% through outreach services, and 24.8% through postpartum FP services. Additionally, 54.5% of respondents had completed pre or primary education. Youth aged 15 to 24 comprised 33.6% of the sample. Of all clients surveyed, implants were the most preferred method (selected by 55.3% of clients), followed by injectable contraceptives (22.3%), oral contraceptives (12.4%), intrauterine devices (5.5%), external condoms (3.5%), and permanent methods (1.0%). Our data show that 95.2% of respondents received high-quality counseling according to FP2020 criteria and 91.7% were satisfied with the services. We did not observe any significant differences by age (youth versus older clients), areas of residence (rural versus urban), or economic status (lowest two quintiles versus upper quintiles). Our data showed that 42% of the participants were in the lowest two wealth quintiles (subsequently referred to as "poor"). We note marked regional wealth disparities across Mainland Tanzania and Zanzibar—14% of

³ Metrics for Management. 2017. "Tanzania Equity Tool." Last modified April 2017. <https://www.equitytool.org/tanzania/>.

respondents were classified as poor in Dar es Salaam compared to 74% in Geita. Respondents who received high-quality counseling in accordance with FP2020 criteria were 86 times more likely to be satisfied with services than those who did not (adjusted odds ratio: 86.4; confidence interval: 40.75-183.15; p-value: <0.001). Respondents with lower educational attainment (primary school or less) were almost twice as likely to be satisfied with care as compared to those with higher educational attainment (adjusted odds ratio: 1.87; confidence interval: 1.07-3.28; p-value: <0.03).

Our results suggest that maintaining high-quality FP counseling is critical to ensuring that all Tanzanians, and particularly young people and PWD, have the ability to make full, free, and informed choices about contraception. Further, our emphasis on client perspectives constitutes an important piece of the monitoring and evaluation of the public sector FP programme and offers insights around client-centered strategies and how to improve services to meet clients' needs, including for the poorest segments of the population. Our results also indicate that with high-quality counseling, poor clients can be satisfied with available FP services and likely to utilize them.

Adapting to the Impact of COVID-19

The launch of the SuFP programme in Tanzania coincided with the onset of COVID-19. The first peak of COVID-19 in the country occurred from March to June of 2020, one month after the start of the programme. The SuFP team was able to support providers and adapt outreach services accordingly, enabling clients to access FP services safely and in a timely manner.

Supporting Providers and Training CHWs

Most health facilities were ill-prepared to deal with the pandemic initially, including having inadequate infection prevention and control measures in place, such as a lack of provider skill competencies, personal protective equipment, and other important items. As a result, service providers anecdotally reported fears of contracting the disease while serving clients. To help address this, EngenderHealth successfully advocated with the Foreign Commonwealth Development Office to use existing programme funds to provide personal protective equipment to SuFP-supported facilities.

Additionally, the programme supported integration of COVID-19 vaccination services into routine, outreach, and postpartum FP services. For example, SuFP trained CHWs on COVID-19 prevention and conducted community sensitization sessions to support the provision of information on COVID-19 safety and to help clients feel safe in accessing services at facilities. Service uptake increased slowly after the provision of this support, and while we cannot conclude the relationship between our work and the increased service uptake was directly causal, it is clear there is a need for timely health system support to ensure resilience from natural disasters, including disease pandemics.

The programme also provided virtual support to the district reproductive and child health coordinators in all supported regions to ensure that service providers in their respective councils were able to continue providing key FP, PAC, and SGBV services during the pandemic. As a result, these services continued uninterrupted through the pandemic in all supported facilities.

Adjusting Outreach Services

In April 2020, the Ministry of Health, Community Development, Gender, Elderly, and Children suspended all activities involving community mobilization and large gatherings due to the COVID-19 pandemic. These restrictions primarily affected programme outreach activities, including the FP weeks. Based on recommendations from facilities and providers, the SuFP team took measures to prioritize FP service days and integrated community outreach services. For instance, facilities extended normal working hours to help expand the reach of service days.

National COVID-19 restrictions on gatherings eased toward the end of June 2020, and normal programme activities resumed, while taking all necessary precautions to prevent staff and providers from contracting the disease. Despite the reinstatement of FP weeks, the return to regular working hours may have impacted the ability of clients to access care through outreach activities and resulted in the decrease in outreach clients seen in the last quarter of programme year one (Figure 1).

Conclusion

The SuFP programme met the FP needs of Tanzanians through a mix of service modalities despite multiple challenges. To help combat barriers to care, EngenderHealth supported health facilities, service providers, and CHWs. Throughout the programme period, EngenderHealth prioritized underserved populations, successfully adapting activities to reach SGBV survivors, young people, and PWD. Our programme has demonstrated that reaching these populations with integrated and inclusive services is possible and our approach has the potential for replication in similar settings. Scaling up these initiatives will be important to addressing inequity. Programme lessons demonstrate that with high levels of programme and staff adaptability, it is possible to increase access to inclusive FP, PAC, and SGBV services through a multi-pronged approach. Finally, the positive results showcased through this brief are indicative of the delivery of high-quality services supported through the SuFP programming model. Other implementing partners and government actors may draw on these findings and our strategy to contribute to a model for strengthening FP services nationally.

Acknowledgements and Suggested Citation

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