

Ensuring Inclusive and Integrated Family Planning Services among Persons with Disabilities in Tanzania: Success and Challenges



Acknowledgments

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Project Name:

Scaling-Up Family Planning (SuFP) in Tanzania

Supporting Organizations:

- Foreign Commonwealth Development Office
- EngenderHealth
- Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT)
- DKT International
- Pathfinder International

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Presentation Outline

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



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Significance/Background

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Family Planning (FP) for Persons with Disabilities (PWD)

- PWD need and have a right to access FP services.
- PWD constitute approximately 9% of the Tanzanian population.
- SuFP is a 5-year project working in 545 health facilities in Tanzania with a focus on ensuring the provision of inclusive and integrated FP services to PWD.
- The national health management information system does not currently capture sexual and reproductive health service provision data for PWD. We are capturing PWD data through project activities.



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Program Intervention / Activity Tested

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Through **discussions with the ministries of health** in mainland Tanzania and Zanzibar:

- We **oriented service providers and community health workers** on the concept of **disability-inclusive services** using a government-approved training curriculum addendum.
- We **enforced the concept of safeguarding** across all levels of service provision.

Through **monitoring and evaluation activities**:

- We **tracked how SuFP provides inclusive services to PWD** over two years
- We identified success and challenges related to service uptake and provision of high-quality services for PWD.



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Methodology

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- We collected **outreach service delivery data** between February 2020 and December 2021 using a paper-based monitoring tool that captured client age, previous use of a contraceptive method, and disability.
- To **determine if a client was disabled**, we applied a stringent classification criterion: having a lot of difficulty or being unable to do any activity.
- We conducted **key informant interviews** with 40 purposely selected service providers during 133 routine service supportive supervision visits using a semi-structured questionnaire.
- We **analyzed qualitative data using a thematic-based analysis approach**. We analyzed data using STATA version 12 (StataCorp).

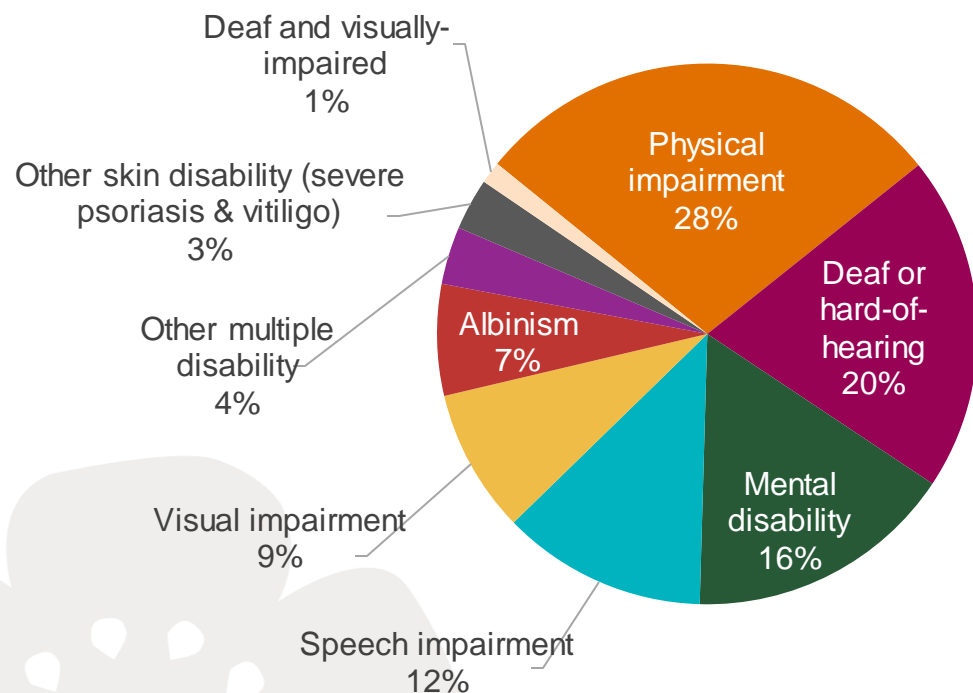


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Results / Key Findings

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PWD Accessing FP Sevices, by Disability Type (Feb 2020 - Dec 2021) N=6,174



Number of PWD reached with FP services



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Results: Successes

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- **Demonstrated increase in sexual and reproductive health service uptake by PWD** through available service delivery channels
- **Amplifying the PWD agenda** across various levels of service provision and oversight, which allowed **resolution of select health system challenges**
- **Addition of a special PWD section** in national FP guidelines and standards, highlighting key issues related to service provision to PWDs

“We can now reach and document PWD during outreach services, it’s possible.”

Service Provider, Mpwapwa District

“Our voices are heard when we advise on service improvement.”

PWD Organization, Bukombe District

“It’s a good step to see that the national standards and guidelines have a PWD section.”

Ministry Official



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Results: Challenges

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- **National health management information system** tools are unable to monitor PWD service uptake
- **Few service providers trained in PWD-inclusive services** and understanding of PWD sexual and reproductive health and rights
- **Costs are prohibitive**, for example costs related to access, especially for routine services, prevent PWD from accessing care

“More investment is required...national HMIS tools are still not able to monitor service uptake by PWD.”

Service Provider, Arusha

“We need more service providers—few are trained in PWD inclusive services.”

Health Center In-Charge, Dar es Salaam

“We still face transport costs to reach services, some PWD cannot afford this.”

PWD, Chato District Hospital



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Program Implications / Lessons

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- Our evidence emphasizes the need for the government and other implementers to develop **more equitable and inclusive sexual and reproductive health and rights** policies and programs.
- SuFP activities showed that **reaching PWD with integrated and inclusive services is possible** and our approach could be expanded and replicated in similar settings to help address inequities in sexual and reproductive health service uptake by PWD.
- Targeted assessments may help **fill evidence gaps** related to PWD health service use.
- Including a component of inclusive service delivery in **preservice training is imperative** to embedding the concept of PWD-friendly services into routine practices.
- We now **monitor method choice among PWD** to help identify challenges in service utilization and to inform remedial measures and shall share evidence.



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Learn More!

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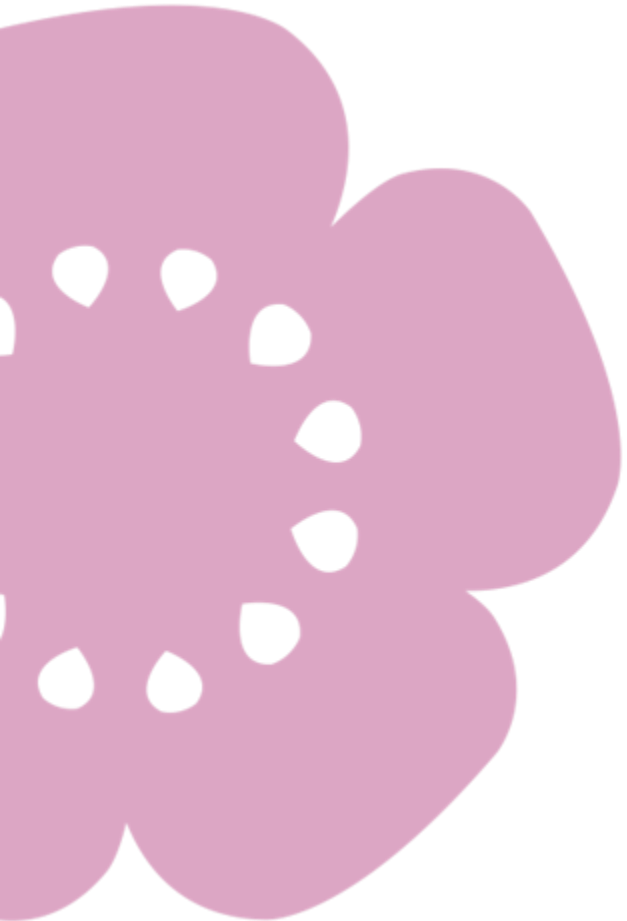
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Thank you!



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