EngenderHealth ICFP 2022 Abstract

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

Significance/background
The United Nations Convention on the Rights of Persons with Disabilities (PWDs) and the Tanzanian PWDs Act recognize the rights of PWDs, including their need for and use of high-quality sexual and reproductive health services. Importantly, the unique needs of PWDs influence their choice and eligibility for some family planning (FP) methods. PWDs constitute approximately 9% of the Tanzanian population (National Census 2012), but appropriate sexual and reproductive health service provision data are unavailable because the national health management information system does not capture this information. The health system is unlikely to respond appropriately to the unique needs of PWDs without robust data about this population. EngenderHealth's Scaling-Up Family Planning (SuFP) programme is a five-year integrated and inclusive FP programme working in 545 health facilities across eight regions in mainland Tanzania and five regions in Zanzibar. A key focus of the programme is "leaving no-one behind," and thus ensuring the provision of inclusive and integrated FP services to PWDs. Since the national health management information system does not capture PWD data, we developed an innovative approach to capture PWD data through our outreach and monitoring activities.

Program intervention/activity tested
A key objective of the SuFP programme is to reach PWDs with inclusive services. 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 also enforced the concept of safeguarding across all levels of service provision. Through monitoring and

evaluation activities, we tracked our PWDs reach over the past two years of implementation, showcasing how SuFP provides inclusive services and identifying success and challenges related to provision and uptake of high-quality services for PWDs.

Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach)

We collected data during outreach service delivery activities between February 2020 and December 2021. We developed a paper-based monitoring tool to collect client data, including client age, previous use of an FP method, and disability. We identified PWDs using a modified version of the Washington Group on Disability Statistics questionnaire. The questionnaire comprises seven questions that reflect advances in the conceptualization of disability and use the World Health Organization's International Classification of Functioning, Disability, and Health as a conceptual framework. To determine if a client was disabled, we applied a stringent classification criterion—specifically, this meant having a lot of difficulty or being unable to do any activity. We analyzed this data using STATA version 12 (StataCorp). We conducted key informant interviews with 40 purposely selected service providers during 133 routine service supportive supervision visits using a semi-structured questionnaire as part of our service implementation monitoring. We then analyzed qualitative data using a thematic-based analysis.

Results/key findings

Between February 2020 and December 2021, SuFP-supported providers reached 672,696 outreach clients, of whom 0.9% (N=6,174) were categorized as PWDs. Adolescents constituted approximately 10% of all PWD clients. We observed that 63.5% of PWDs were "new" FP clients (never used a FP method before); the remaining were FP continuers. Among all PWD clients, physical impairments were most common (28%), followed by hearing impairments (20%) and intellectual impairments (16%). Our project data also showed a higher proportion of PWDs across 4 of the 13 project-supported regions (65% of all PWDs), a trend similar to the proportion of PWDs from the previous national census data (National Census 2012).

Results from the qualitative interviews found that few service providers had been sensitized to the needs of PWDs. Specifically, few service providers are skilled in communicating through sign language and sign language is not part of the general provider pre-service training. Respondents also cited that information, education, and communication materials for PWDs, such as those in Braille, are lacking in most health facilities and most facilities lack supportive infrastructure for PWDs. Additionally, respondents cited that PWDs generally have poorer health, lower education achievements, and higher rates of poverty than people without disabilities and thus may face greater challenges in accessing FP as well as other health services. Respondents cited that pervasive stigmatizing and discriminatory attitudes toward the sexual and reproductive health and rights of PWDs, including misconceptions that PWDs are not sexually active—also negatively affect service accessibility for this population.

Program implications/lessons

The evidence showcased by SuFP emphasizes the need for the government of Tanzania and other implementing partners to develop more equitable and inclusive sexual and reproductive health and rights (SRHR) policies and programmes to propel progress toward the United Nations' Sustainable Development Goal 5.6, which aims to ensure universal access to SRHR. However, the current health system lacks clear guidance on the provision of inclusive services, a central requirement of a strong, responsive, and equitable health system. SuFP activities have demonstrated that reaching PWDs with integrated and inclusive services is possible and our approach has the potential to be expanded and replicated in similar settings. Scaling up these initiatives will be important to addressing inequities in service utilization by PWDs and other marginalized groups. While the national health management information system's inability to capture PWD health service data remains an impediment to understanding the overall service uptake among PWDs, targeted assessments, such as the one completed by SuFP, may help to bridge this evidence gap. Based on findings highlighting continued barriers to reaching PWDs, including a component of inclusive service delivery in pre-service training is imperative to embedding the concept of PWD-friendly services into routine practices. Finally, our data also informed our future programme design, and we will start monitoring FP method choice among PWDs to help us identify and understand any challenges in service utilization and to inform appropriate remedial measures. We shall share any new evidence we gather to further support the evidence base.