Introduction

Many donor-funded health programs experience challenges sustaining services after donor funding ends. EngenderHealth’s five-year (2019 to 2024) Scaling up Family Planning (SuFP) in Tanzania project, which is funded by the United Kingdom’s Foreign, Commonwealth, and Development Office, works to enhance the capacity of the national health system to deliver inclusive and comprehensive sexual and reproductive health (SRH) services to 2.3 million Tanzanians. The SuFP team posited that reaching marginalized and underserved populations—including young people and people with disabilities (PWD)—with SRH services as a standalone project was unrealistic and unsustainable. Therefore, SuFP established collective impact working groups (CIWGs) in implementation areas to enhance coordination and collaboration among multiple programs across and beyond the health sector. The CIWG in Chakechake district tells a unique story, with partners from different government institutions, the private sector, and faith-based organizations working together in a sustainable manner with a common agenda to reach the same populations.

Chakechake CIWG Inception and Operations

SuFP began working to establish the CIWG in Chakechake in June 2020. SuFP staff collaborated with the District Assistance Director of Health Services in Chakechake to identify potential partners by mapping organizations implementing interventions for young people and PWD. We assessed the potential partners’ areas of interventions, target populations, coverage areas, and willingness to collaborate to address health and non-health challenges facing young people and PWD in the district. This exercise sought to ensure the working group would be sustainable by garnering support from district authorities.

CIWGs usually meet quarterly; however, the Chakechake CIWG members decided to meet monthly. Each CIWG meeting includes a briefing of each partner’s achievements, challenges faced, and responsive solutions since the prior meeting. Through these meetings, the Chakechake CIWG has enhanced collaboration among members, created awareness about areas of expertise of each member, and supported members in

“The network is an effective way to engage youth, sustain their access to services and the means to improve lives of many youths and PWD in Pemba… All we need from them is their commitment.”

Mohamed Jape, Former Chakechake District Medical Officer

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assisting each other on technical issues associated with implementing interventions for young people and PWD. Members of the CIWG and the chairperson of the CIWG are enthusiastic about how this collaboration has supported their work in Chakechake.

Chakechake CIWG Achievements: October 2020 to February 2022

> 1,128 young people received support to continue their education (350 primary education, 703 secondary education, 41 college and university education, 34 vocational education and training).
> 9,489 young people received entrepreneurship training; 300 of these young people received support from CIWG members to start income-generating activities.
> 179 youth groups received loans to start income-generating activities.
> 1,734 youth received life skills training.
> More than 270 youth engaged in social and economic activities in the community.
> 15 sensitization sessions were held for young people and PWD to encourage participation in and engagement on various community issues.
> 40 young people engaged in political activities, including general elections.
> 221 young people received leadership training; 25 of these young people now serve as community leaders and 4 now serve on the youth council.
> 50 young people accessed quality services provided by the stakeholders.
> 8,500 young people received SRH, gender-based violence, and psychosocial support services.
> CIWG members conducted 21 sensitization events to raise awareness about the availability of youth-friendly services.
> 6,100 young people received training on using technology and social media to access information relevant to their well-being.
> 7,531 young people reported receiving youth-friendly health services in local health facilities.
> 1,640 information, education, and communications materials with SRH content were distributed to young people and PWD.
> 8,390 people learned about gender-based violence and violence against children at religious gatherings.
> 40 PWD received sign language education.

Conclusion

With time, the young people and PWD in Chakechake district will continue to benefit from support provided by the network of implementing partners in the CIWG. CIWG leaders from Chakechake may consider sharing their experiences with CIWGs in other regions to support replication of successful approaches and strategies.