Synchronizing Supply, Enabling Environment, and Demand Programming Interventions to Scale Up Quality Family Planning and Reproductive Health Services in Tanzania

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In Tanzania, the use of modern contraceptives among currently married women has increased to **27% in 2010** up from **20% in 2004**. Additionally, method choice expanded and the use of long-acting and permanent methods of contraception (LA/PMs) increased from **11.6% in 2004** to **16.4% of the total method mix in 2010**. Despite these gains, the demand for family planning (FP) to either space or limit childbearing has remained high, with one in four currently married women having an unmet need for FP. Commodity security and a severe shortage of qualified health care providers persist as serious challenges to the national health system.
About the ACQUIRE Tanzania Project (ATP)

- A five-year project supported by USAID/Tanzania and implemented by EngenderHealth.
- Supports the Tanzanian Ministry of Health and Social Welfare (MOHSW) to increase access to, quality of, and use of FP, including scaling up and strengthening LA/PMs nationwide.
- Holistic approach to the design and implementation of activities by using a Supply–Enabling Environment–Demand (SEED) program model for FP and reproductive health (RH) service delivery.

Clients waiting for FP outreach services at Mbagala Round Table Health Centre in metropolitan Dar es Salaam.
The SEED Model

**SUPPLY**
Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served

**DEMAND**
Individuals, families, and communities have knowledge and capacity to ensure SRH and seek care

**MEETING CLIENTS’ REPRODUCTIVE INTENTIONS**

**ENABLING ENVIRONMENT**
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors

**Systems Strengthening**

**Transformation of Norms**

**Quality Client-Provider Interaction**

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Program Intervention/Activities Tested

- To address the *Supply* component of the model, ATP:
  - Supported **LA/PM-specific and cross-cutting trainings**
  - **Renovated health facilities** and supported the MOHSW in procuring and distributing **FP equipment and supplies**
  - Helped **integrate** FP and LA/PMs with other services
  - Developed and supported **alternative modes of service delivery** to increase access to services
  - Strengthened the national **health management information system** (MTUHA)
  - Supported curricula and standards development
  - Increased access to quality services
To create an *Enabling Environment*, the project:

- Conducted workshops with MOHSW representatives on how to plan and budget for FP/RH services
- Advocated for policy changes to improve FP service provision
- Participated in coalitions to bring issues related to contraceptive security to national agendas
- Increased the visibility of services during international and national events, and engaged local champions to advocate for FP

To generate *Demand*, the project:

- Developed social and behavior change communication (SBCC) materials to encourage clients to seek FP services
- Engaged the media to report accurate information and address myths
- Encouraged communities to support the use of services.
Methodology

- A project **mid-term review** was conducted between September and November 2010, using the SEED Model to assess achievements, challenges, and lessons learned from October 2007 through September 2010.

- **Methods** included:
  - A **desk review** of project documents and relevant literature
  - Analysis of national service **statistics**
  - 31 **in-depth interviews** with key informants from USAID, the MOHSW mainland and Zanzibar, other nongovernmental organization partners, and project staff
Mama Shadya Karume, former First Lady of Zanzibar, helps generate demand for FP at an advocacy event.

A vasectomy client giving testimony during a public meeting in Temeke District.
Key Findings

- The **number of facilities able to provide at least one LA/PM** nearly doubled, from less than one-third across 56 districts in 2005 to almost 60% of facilities across 90 districts in 2010.

- More than **580,000 clients accepted an LA/PM** from October 2007 through September 2010, generating 2.9 million couple-years of contraceptive protection.
  - An additional **310,000 clients accepted an LA/PM in 2010-11**, raising the overall total to **890,000** over four years

- **Implants** tripled as a percentage of method mix, and **IUD** uptake more than quadrupled, from **9,000 acceptors in 2007** to more than **41,000** in 2010.
Key Findings (2)

- **Condensed and updated training modules** reduced the time that providers spent away from their posts, as well as training costs.
- National and district **guidelines to plan and budget for FP** were developed
  - National FP Costed Implementation Program for 2010-2015
  - National Package of Essential FP Interventions
- **District allocations** for FP increased an overall 232% from 2007 to 2009.
- Support for national and zonal **contraceptive security committees** was paramount, given Tanzania’s ongoing contraceptive security issues.
- **SBCC interventions** provided vital information and communication at the district level, reaching an estimated 21 million people with FP messages.
- **Engaging community and religious leaders** and other groups resulted in increased support for the use of LA/PMs, including outreach services.
Program Implications/Lessons

- The **SEED** programming approach is a **high-impact practice** in Tanzania.

- Synchronizing Supply, Enabling Environment, and Demand interventions **increased client utilization of all FP methods**, and significantly contributed to the uptake of comprehensive postabortion care and PMTCT services that have FP integration.

- **Contraceptive shortages** and **lack of staff** remain the two main impediments to expanding quality FP/RH services in Tanzania, particularly LA/PMs.