ADVANCING PARTNERS & COMMUNITIES

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## ACRONYMS

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<th>Acronym</th>
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<tr>
<td>APC</td>
<td>Advancing Partners &amp; Communities</td>
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<tr>
<td>CBFP</td>
<td>community-based family planning</td>
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<td>CHW</td>
<td>community health worker</td>
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<td>FP</td>
<td>family planning</td>
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<td>M&amp;E</td>
<td>monitoring &amp; evaluation</td>
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<td>m4RH</td>
<td>mobile for reproductive health</td>
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<td>mCPR</td>
<td>modern contraceptive prevalence rate</td>
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<td>MOHCDGEC</td>
<td>Ministry of Health, Community Development, Gender, Elderly, and Children</td>
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<td>NFPCIP</td>
<td>National Family Planning Costed Implementation Plan</td>
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<td>PORALG</td>
<td>President’s Office - Regional Administration and Local Government</td>
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<td>RCHS</td>
<td>Reproductive and Child Health Section</td>
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<td>SRH</td>
<td>sexual and reproductive health</td>
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Background

The Advancing Partners & Communities (APC) project in Tanzania has provided technical and financial support to the Family Planning (FP) Unit of the Reproductive and Child Health Section (RCHS) of the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) since 2014. Activities were guided by Tanzania’s national FP strategies, such as the Health Sector Strategic Plan IV (2015–2020), the National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child, and Adolescent Health in Tanzania (2016–2020), known as One Plan II, and Tanzania’s FP2020 goals. Through collaboration with RCHS and other local stakeholders, we have successfully advanced efforts to reposition FP through advocacy, technical assistance, and capacity building.

TANZANIA’S FP2020 GOALS

By 2020, Tanzania will increase the availability of modern contraceptive methods at all levels of its health system; specifically, the government will:

- **INCREASE** its allocation for FP commodities from $6.1 MILLION in 2017 to $7.4 MILLION BY 2020
- **EXPAND THE AVAILABILITY** of at least 3 modern contraceptive methods at primary level and at least 5 modern contraceptive methods at secondary and tertiary level facilities from 40 percent to **70 PERCENT**
- **SCALE UP THE NUMBER OF HEALTH FACILITIES** providing youth-friendly reproductive health services from 30 percent to **80 PERCENT**

**ANTICIPATED IMPACT**

**NUMBER OF FP USERS INCREASES** from 3.8 million (2017) to **4.3 million by 2020**
Project Overview

The overarching aim of the APC Tanzania project was to support the RCHS to manage, coordinate and monitor implementation of the national FP program. Working in close collaboration with the MOHCDGEC and civil society partners, the APC Project was an essential partner in the coordination, monitoring and assessment of the National Family Planning Costed Implementation Plan ( NFPCIP) 2010–2015. APC seconded a Monitoring & Evaluation (M&E) Officer to the RCHS in partnership with the Track20 Project, which works with FP2020 countries to build their capacity to improve the quality of data being collected and how the data is used to inform regular monitoring and strategic decision making. In Tanzania, the M&E Officer supported the RCHS to conduct quarterly FP data review and validation meetings and annual Track20 data consensus building workshops. The project also assisted in strengthening the web-based platform for reporting and monitoring partner efforts on implementation of the NFPCIP 2010–2015; supported the finalization of the Community Based Family Planning (CBFP) Operational Plan, developed and field tested youth-specific content for the mobile for reproductive health (m4RH) intervention, and facilitated successful semi-annual stakeholder meetings for FP partners.

The APC Project also supported the RCHS to advocate for: community health workers being able to offer an expanded method mix that included injectable contraception; the integration of FP into HIV and reproductive and child health services; and increased sexual and reproductive health (SRH) programming for young people. A flagship activity of the APC Project in Tanzania was to support RCHS to develop and finalize the next NFPCIP 2019–2023. Working hand-in-hand with the FP Unit of the RCHS, the process included participation from the FP Technical Working Group, experts from the MOHCDGEC and from the President’s Office - Regional Administration and Local Government (PORALG), development partners, implementing partners and youth-serving organizations.
National Family Planning Costed Implementation Plan 2019–2023

In 2010, Tanzania became the first country in sub-Saharan Africa to launch a costed implementation plan to guide the national FP program and reposition FP as a national priority. Known as the NFPCIP 2010–2015, the plan served as a roadmap towards achieving global commitments and national goals with regards to FP and fostered a unified technical approach towards implementing the national FP program. Tanzania’s experience implementing the first NFPCIP offered important lessons for the development of the second NFPCIP, moving into 2020 and beyond. Under the APC Project, FHI 360 worked hand-in-hand with the FP Unit of the RCHS to develop the NFPCIP 2019–2023 through a highly participatory, data-driven process with the FP Technical Working Group, the Ministry of Health, PORALG and other partners. The NFPCIP identified four strategic priorities based on their potential to contribute toward growth in mCPR and for their contribution toward rights and equity and alignment to current government FP 2020 commitments:

1. **STRATEGIC PRIORITY 1** Improve uptake of postpartum FP

2. **STRATEGIC PRIORITY 2** Address social norms that hinder individuals from using contraception

3. **STRATEGIC PRIORITY 3** Reduce stock outs at the district and facility levels

4. **STRATEGIC PRIORITY 4** Reach young people ages 10–24 to increase age-appropriate information about, access to, and use of contraceptives
Implementing Tanzania’s NFPCIP 2019–2023 would AVERT more than:

- **7.1 MILLION** unintended pregnancies
- **2.7 MILLION** unsafe abortions
- **22,000** maternal deaths

By 2023, the NFPCIP will also SAVE a total of USD **$346 MILLION** in health care spending.

APC supported the development and finalization of activities, sub-activities, inputs and a timeline for implementation, along with the associated costs and collaborated with Palladium’s HP+ Project to develop outcome and output-level indicators for performance monitoring. At an estimated cost of approximately TZS 470 billion, the NFPCIP 2019–2023 will function as an important tool for mobilizing and monitoring resources. The final NFPCIP 2019–2023 was launched in mid-2019, focusing on dissemination to the subnational level.

**LESSONS LEARNED**

Tanzania’s experience with NFPCIP development and execution illustrates the importance of careful coordination and continuous monitoring of the plan’s resources and results. In recent years, the Government of Tanzania has directed more resources toward FP efforts and is better informed to lead and coordinate the program. The performance monitoring system has also armed the Ministry of Health with data to identify trends (e.g., activities and resources concentrated in areas of high contraceptive prevalence, gaps in availability of youth-friendly services) that can facilitate decisions about how to revise strategies, reprioritize activities, and refocus investments to address disparities.
Scaling up Mobile for Reproductive Health (m4RH) Services

Limited exposure to quality SRH information is a major barrier to FP use in Tanzania. The Tanzania Demographic and Health Survey (2016) shows that 80 percent of women age 15–49 who are not using a contraceptive method said they had not discussed FP with a field worker or health facility staff member in the 12 months preceding the survey. Expanding access to quality information on reproductive health and FP is a crucial step in helping women, men, couples and young people address their FP and contraceptive concerns.

Originally developed and piloted by FHI 360 in 2009 in Kenya and Tanzania, evidence shows that m4RH is an effective strategy for educating Tanzanians on reproductive health and FP options. After the pilot, FHI 360 expanded and improved m4RH in Tanzania to reach more people and provide more content in response to common questions and concerns associated with different FP methods. FHI 360 established close working relationships with key partners in Tanzania, which helped to ensure m4RH’s success, especially through the FP Technical Working Group, convened by the Ministry of Health and including international and national FP partners.

Under the APC project, FHI 360 led a secondary analysis of longitudinal data captured by system logs of participant interactions with the m4RH Tanzania program from September 2013–August 2016. During this period, there were 3,673,702 queries and 409,768 unique visitors. Approximately 67.8 percent of users accessed the system more than once, averaging 5.56 times a month. Unique users requested the most information about natural FP, followed by condoms, the lactational amenorrhea method, and emergency contraception. FHI 360’s analysis of the Tanzanian m4RH data contributed to knowledge about how users engage with text-based health promotion interventions and demonstrated how data generated on user interactions could inform improvements to the design and delivery of a service.

LESSONS LEARNED

From pilot to scale-up, the m4RH program in Tanzania systematically applied the best practices in research utilization and scaling health programs. Evidence-based research utilization strategies and best practices in health communication helped guide the expansion of the m4RH program in Tanzania. At a low cost per-user, the activity provided an example of reaching hundreds of thousands of people, especially youth, with essential information on reproductive health and FP.
Results Summary

SUPPORTING THE RCHS TO MANAGE, IMPLEMENT, AND MONITOR THE NATIONAL FAMILY PLANNING PROGRAM

Over the life of the project, APC convened several semi-annual FP Implementers’ meetings on pressing topics such as achieving NFPCIP 2010–2015 targets, the results of the 2015–2016 Demographic and Health Survey and their implications for the national FP program, and revitalizing efforts to address the FP needs of young people and adolescents. Through the seconded M&E officer, the project also conducted quarterly FP data review and validation meetings with RCHS to support their access and use of routine service statistics to inform programming, and annual Track20 data consensus building workshops.

A cornerstone of the APC Tanzania project was to support the RCHS to monitor the implementation of the NFPCIP 2010–2015 and develop the country’s second NFPCIP. To this end, APC provided technical assistance to strengthen a web-based NFPCIP performance-monitoring database. This system now tracks and reports the amount of resources expended, activity implementation, and results against the indicators and targets set forth in the NFPCIP. Service-delivery data are also captured from the health management information system. APC also conducted a review of the NFPCIP 2010–2015 implementation period to identify the factors that facilitated and hindered progress toward achieving key indicators, describe the extent to which NFPCIP implementation contributed to national FP goals, provide baseline information to assist with target estimation for the next NFPCIP, and generate actionable recommendations and considerations to inform the development of the NFPCIP 2019–2023. Lastly, APC provided technical assistance to the RCHS to develop and launch the NFPCIP 2019–2023, providing the government with a formalized roadmap of how Tanzania intends to increase the country’s modern contraceptive prevalence rate (mCPR) to 47 percent among married women and 40 percent among all women by 2023.

The NFPCIP 2019–2023

is designed to enable the country to attain an mCPR of

47% for **married women** and 40% for **all women**

by **2023**

by identifying high-impact practices and articulating related activities and associated costs necessary to achieve that goal.

Winfrida Visulo: Health Facility Midwife and In-charge, Mbozi District, Tanzania.

Advancing Partners & Communities
STRENGTHENING COMMUNITY-BASED FAMILY PLANNING GUIDANCE AND TOOLS

CBFP is instrumental to increasing access to FP services, yet the CBFP effort in Tanzania has faced many challenges over the years. While national policy guidelines call for a formalized, paid community health worker (CHW) cadre to provide primary health care services including FP, delays in the approval of subsequent guidance materials contributed to a stalled CBFP effort. To help strengthen CBFP in Tanzania, APC provided technical assistance to the RCHS to develop a National Operational Plan for Strengthening Community Based Family Planning 2014–2020, intended to (1) set the direction of and vision for CBFP and (2) provide a joint action plan for stakeholders at all levels to implement and achieve national objectives set forth in the NFPCIP. Parallel to this effort, FHI 360 became active in the CHW policy arena to ensure adequate inclusion of FP within community-based health services. Under the APC project, FHI 360 was a co-chair of the CHW Technical Advisory Group and provided technical assistance to RCHS to ensure FP and reproductive health services are adequately reflected in the CHW Scheme of Services, which outlines their scope of work, and the curriculum for nationally trained CHWs. APC also reviewed, updated, and field-tested the national refresher training package for CBFP, including (a) Facilitators’ Guide for Trainers, (b) CHW FP Service Protocols, and (c) handouts for CHW FP trainees, (d) the CBFP Operational Plan, and (e) the national CBFP guidelines and standards and supported RCHS to design and print the updated National FP Procedure Manual and the Comprehensive Skills Curriculum. APC also developed materials for a 2-week refresher course for CHWs, which is now used for all new CHWs and existing FP community-based volunteers. To support the broader advocacy effort around offering an expanded method mix at the community level, APC worked with the Tanzania Communication and Development Center to conduct a landscape assessment on the attitudes, and perceptions of key stakeholders with regards to expanding community-based access to injectable contraception through CHWs. A costed advocacy plan was then developed to help RCHS maximize the opportunities and address the barriers identified by the assessment.
SCALING UP MOBILE FOR REPRODUCTIVE HEALTH (M4RH) SERVICES

The m4RH service is a menu-driven, on-demand short message service health communication program that provides FP information to current and potential contraceptive users through mobile phones. Active in Tanzania since 2010, m4RH is an effective, evidence-based strategy for educating Tanzanians on reproductive health and FP options. Under the APC project, FHI 360 has been working to expand the content of the m4RH platform to address SRH information needs for young people since 2014. FHI 360 led a secondary analysis of longitudinal data captured by system logs of participant interactions with the m4RH Tanzania program from 2013–2016, which contributed to knowledge about how users engage with text-based health promotion interventions and demonstrated how data generated on user interactions could inform improvements to the design and delivery of a service.

More than 400,000 UNIQUE USERS

System users accessed M4RH more than 3.5 MILLION times

Reached users in 127 of 129 DISTRICTS

Source: m4RH Toolkit.
https://www.fhi360.org/resource/mobile-4-reproductive-health-m4rh-toolkit/
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Women wait for consultation at a health center in Buhigwe, Tanzania.

Magali Rochat/VectorWorks, Courtesy of Photoshare