



Strengthening community-based family planning services in Shinyanga, Tanzania



staff, and supervisors; and a pay-for-performance scheme that encourages outreach by community health workers. This approach has resulted in many more clients being reached by community health workers with family planning counseling and services and the majority of those reached accepting a family planning method.

Findings

Of the 12,731 clients reached by the 230 community health workers engaged through the project, 95% chose a family planning method, and 43% were new acceptors.

Of those who accepted a contraceptive as a result of a session with a community health worker, around 16% of acceptors chose Standard Days Method®.

5% of clients reported discontinuing their method of choice.

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

www.e2aproject.org

Background

The Shinyanga region of Tanzania is a rural community with a large Catholic community. Sociocultural issues and a weak health infrastructure impede women's access to family planning services. The total fertility rate in the region, at 7.1 children per woman, exceeds the national average, and the contraceptive prevalence rate of 13 percent among married women is less than half the national rate.

Community-based services

To improve access to high-quality family planning services in Shinyanga, E2A and Pathfinder International have engaged 230 community health workers who are supported by the district health system in the areas of supervision, commodity supplies, referrals, and reporting. The approach applied by the E2A team entails these elements: introduction of the Standard Days Method® (SDM) using the Balanced Counseling Strategy through use of a mobile application by community health workers, project

Introduction of the Standard Days Method® through mobile tools

E2A, with field support funding from USAID Tanzania mission, has worked with Pathfinder International in Shinyanga to expand the contraceptive method mix offered by community health workers by introducing SDM using CycleBeads®. The activity has built the capacity of 230 community health workers to counsel on the full range of family planning methods available; offer a range of short-acting family planning methods, including SDM, using the Balanced Counseling Strategy developed by the Population Council; and refer clients to health providers for long-

acting reversible contraceptive methods and injectables.

A mobile application, developed by D-tree International, helps the community health workers to apply the Balanced Counseling Strategy. The strategy guides community health workers through a well-defined protocol to educate the client about all available methods, and draws on the client's fertility intentions and personal preferences to enable her to choose an appropriate method.

Pathfinder International partnered with D-tree International, with support of E2A, to introduce the mobile application. Among the 230 community health workers, the mobile application has supported the introduction of SDM, counseling on all methods, provision of short-acting contraceptives, and referral of clients to health facilities for injectables and long-acting reversible contraceptives. The application sends the community health workers follow-up reminders and referral confirmations, and is used with paper-based job aides. The mobile application also alerts project staff and supervisors about issues the community health workers may be encountering in the field. The project trained 36 health facility supervisors to use tablets to view performance data and send messages to community health workers about contraceptive stocks and planned outreach services. The approach applied to introduce the mobile application also includes:

- Fostering a cadre of “champion” community health workers who mentor and support those who are newly trained.
- Creating a system for the field team to monitor data (such as number of clients, age of clients, duration of counseling sessions, and number and reasons for referrals), and routinely provide feedback to community health workers to improve performance.

The activity places great emphasis on dual protection, in recognition of the high HIV prevalence rates in Tanzania (and in particular Shinyanga) and the importance of providing a wide range of family planning options for clients. When community health workers provide family planning counseling, they

also provide information on the benefits of using condoms alone or in addition to other family planning methods to prevent both pregnancy and sexually transmitted diseases, including HIV.

Pay-for-performance system

The 230 community health workers are volunteers. To encourage their outreach, the project introduced a pay-for-performance scheme, which rewards the community health workers for meeting targets in terms of new client recruitment and referral follow-up. The system pays community health workers through mobile money using D-tree International's mobile application and includes real-time performance tracking. Ten months after introducing this system, there was a 12.5% increase in the number of follow-up visits conducted by community health workers.

This project demonstrates that mobile tools can effectively be used to improve the quality of community-based contraceptive services and, in particular, community health workers' performance. Coupled with community health worker champions and a pay-for-performance scheme, this model has the potential to be implemented at scale.

The next phase of the project will focus on development of supervisory tools to further transfer monitoring and management of the project to the local government.



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