2023 CLA CASE COMPETITION

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Case Title:

Using CLA to reach more family planning clients in Tanzania

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Summary:

The MOMENTUM Integrated Health Resilience project in Tanzania aims to improve access to quality reproductive health services and strengthen community and health facility systems. The project observed challenges in the provision of family planning (FP) services due to shortages of providers, equipment, and supplies. To address this, the project implemented a Collaborating, Learning, and Adapting (CLA) approach.

The CLA approach involved analyzing data on FP services, conducting site observations, and engaging key stakeholders, including health care providers and managers. The project identified the limitations in comprehensive counseling and the provision of a full range of FP methods, particularly long-acting reversible contraceptives (LARCs) and permanent methods (PMs).

As a result, the project initiated facility-based FP special service days (FP-SSD) at selected health facilities with high client numbers and limited competent providers. Trained providers from higher-level facilities were brought to these remote areas to offer services, while demand generation activities were conducted to raise awareness. The project also provided on-site mentorship to enhance collaboration and peer learning among providers.

The implementation of the FP-SSD model improved the quality of FP services. The method mix shifted to include a higher proportion of LARCs and permanent methods. The number of clients served and couple years of protection generated at project-supported health facilities also increased significantly.

Enabling conditions, such as a clear mandate for adaptive learning, project leadership support, and capacity building efforts, facilitated the CLA approach. However, challenges included a shortage of trained surgeons for voluntary surgical contraception and limited budget for scaling up the approach in remote areas.

Overall, the CLA approach contributed to the project's development outcomes by improving FP service quality and increasing access to a wider range of methods. The project advises others to address challenges through capacity building, resource allocation, and continuous learning and collaboration.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

MOMENTUM Integrated Health Resilience is a global U.S. Agency for International Development (USAID) cooperative agreement designed to strengthen quality voluntary family planning and reproductive, maternal, newborn, child, and adolescent health (FP/RMNCAH) service delivery in fragile settings. In Tanzania, MOMENTUM Integrated Health Resilience aims to increase access to quality reproductive health (RH), FP, and maternal, MNCH services; strengthen the sustainability of the community and health facility systems; improve the capacity of local governments and civil society organizations to facilitate integrated population, health, and environment (PHE) programming; and increase the economic empowerment and civic engagement of women and youth.
MOMENTUM delivers family planning services in Tanzania through fixed service delivery points (health facilities), outreach events at lower-level facilities or in communities in hard-to-reach areas, and community health workers (CHWs). The national policy in Tanzania only allows for short-acting methods (condoms, and pills) through CHWs. In order to receive injectables, long-acting reversible contraceptives (LARCs), and permanent methods (PMs), clients must visit a health facility or outreach clinic through self or CHWs referral. Since outreach events are periodic, and there are high unmet needs for FP particularly in rural hard to reach communities, the health facilities are expected to provide further comprehensive counselling, a full range of FP methods, and management of side effects to the clients to ensure continuity of care. However, the project observed challenges on the provision of quality FP services at the health facilities and missed opportunities for LARCs and PMs clients due to shortage of competent providers, equipment and recurrent stockout of supplies and commodities.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

Adaptive Management

M&E for Learning

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

In Tanzania, MOMENTUM Integrated Health Resilience holds routine meetings to review program performance. These meetings include a review of data collected from community health workers, outreach events, and health facilities. The team analyzes trends in the number of new and repeat FP clients, the method mixes and resulting couple-years of protection, and other key FP indicators. During data review meeting in early 2022, the team discovered that the project supported health facilities, while reaching large numbers of clients, the majority of them were officered short term methods. These observations raise a question on whether fixed service delivery points offer comprehensive counselling on a full range of FP methods to the clients. To learn more about this question, during supportive supervisions, the MIHR team in Tanzania conducted site observation and conversations with health care providers and managers at health facilities. Some of key findings included:

1) During site observation on the provision of FP services several issues were noted, especially the shortage of staff, multitasking of health care providers, and long queues of clients waiting for FP services.
2) The health care providers and managers at health facilities reported various challenges on provision of FP services including, lack of enough time and skills to provide some FP methods, specifically long-acting reversible contraceptive methods (LARCs) and permanent methods (PMs).

From these findings, the MIHR team learned that the observed and reported challenges may pose a limitation to health care providers to offer comprehensive counseling and provide a full range of FP methods. This limitation was a contributing factor on the high uptake of short-acting FP methods compared to LARCs and PMs among FP clients. This is also because the short-acting methods are easy to provide, require less time, and do not need advanced skills by the provider.
Additionally, during performance review meetings with Regional/Council Health Management Teams (R/CHMTs) the project received similar feedback from the R/CHMTs members. The project engaged USAID during Joint Planning and Program Meetings (JPPMs) to discuss the findings and proposed innovative approaches to address the challenges in the third project year (October 2022 – September 2023).
Through further discussions, the team decided to initiate facility-based family planning special service days at selected health facilities (FP-SSD) that receive high number of clients and have fewer competent providers compared to other health facilities. In this approach, the project brings trained, competent providers from higher level facilities to facilities in the more remote areas. This is preceded by demand generation activities through CHWs and community leaders to ensure clients are aware of the available services on the FP special service days. Moreover, the team uses this opportunity to provide on-site mentorship to providers at these lower-level facilities and build the culture of team work, collaboration and continuous peer-to-peer learning.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

The use of CLA approach in implementation of the FP-SSD model has contributed to the improvement of the quality of FP services at project supported health facilities. The FP-SSD allows for the provision of comprehensive counselling and a full range of FP methods, follow up, management of side effects and addressing clients concerns at project supported health facilities. This improvement can be noticed when comparing the results of the corresponding quarters before and after the CLA (i.e., January – March 2022 vs. January – March 2023). In January -March 2022 (PY2Q2), there was a considerable difference between clients who opted short-acting methods (62%) and those who opted LARCs (38%), and only 6 clients opted for permanent FP methods. On the other hand, in January – March 2023 (PY3Q2), there was a significant improvement in method mix with almost equal proportion of clients who opted short-acting methods (51%) and LARCs (49%), and the clients who chose permanent methods increased from 6 in PY2Q2 to 40. These results are contributed by the FP-SSD through the use of skilled providers from high level facilities and provision of enough time for providers to offer comprehensive counselling, respond to clients ’ questions/concerns, and provide a full range of FP methods to clients, including LARCs and PMs. Additionally, the number of clients served at project supported health facilities increased by 53% from 8,214 in PY2Q2 to 12,607 in PY3Q2. Also, the couple years of protection generated at these health facilities increased by 84% from 11,668 in PY2Q2 to 21,563 in PY3Q2.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

One of MOMENTUM's four global intermediate results is related to adaptive learning so the Tanzania team has a clear mandate from USAID to learn and adapt programs. The project leadership has also signaled support for adaptation, and the project has taken steps to build capacity on adaptive learning through in-country workshops and remote technical assistance. Pathfinder International, the lead MOMENTUM IHR implementing partner in Tanzania, conducts regular program reviews and other opportunities for learning between programs, providing additional support for program adaptation. However, during the implementation of the FP-SSD approach the project faces some challenges, including shortage of trained voluntary surgical contraception (VSC) surgeons and limited budget to scale this approach to more project supported health facilities in the remote hard to reach areas where unmet need for FP and missed opportunities are higher.