

the **ACQUIRE** project

ANNUAL REPORT

**Fiscal Year 2007
(October 2006 – September 2007)**

Submitted to
USAID/Tanzania
and
**Office of Population and Reproductive Health
Bureau for Global Health
United States Agency for International Development
Washington, D.C.**

by
**The ACQUIRE Project
Tanzania**

under
Cooperative Agreement No. GPO-A-00-03-00006-00



**MINISTRY OF HEALTH
SOCIAL WELFARE**



EngenderHealth
for a better life

the **ACQUIRE** project



©2007 EngenderHealth/The ACQUIRE Project

EngenderHealth Tanzania
P.O Box 78167
Plot Number 4
Ali Hassan Mwinyi Road
Dar Es Salaam
Tel: (255) 22 2772263; (255) 22 2772365;
Fax: (255) 22 2772262,
e-mail: info@acquireproject.org

This publication was made possible through support provided by the Office of Population and Reproductive Health, U.S. Agency for International Development (USAID), under the terms of cooperative Agreement GPO-A-00-03-00006-00. The opinions expressed herein are those of the author and do not necessarily reflect the views of USAID.

TABLE CONTENTS

ACRONYMS	1
SUMMARY	3
INTRODUCTION	4
PROJECT PERFORMANCE	5
IR 1. INCREASED ACCESS TO QUALITY REPRODUCTIVE HEALTH AN FAMILY PLANNING SERVICES	5
<i>IR 1.1 Increased number of service delivery points that offer an appropriate range of family planning methods and services</i>	
<i>IR 1.2 Services promoted among target populations</i>	10
IR 2 IMPROVED PROVIDER PERFORMANCE	12
<i>IR 2.1 Improved provider support systems</i>	12
<i>IR 2.2 Improved client provider interactions</i>	14
IR 3 STRENGTHENED ENVIRONMENT FOR FP/RH SERVICES	14
<i>IR 3.1 Improved leadership and management of RH/FP service delivery</i>	14
<i>IR 3.2 Supportive policies promoted for RH/FP services</i>	16
OPPORTUNITIES AND CHALLENGES	17
APPENDICES	19
APPENDIX A: ACQUIRE FIELD OFFICES –REGIONAL DISTRIBUTION AMONG THE 4 FIELD OFFICES	19
APPENDIX B: PROJECT PERFORMANCE INDICATOR TABLE	20
APPENDIX C: FP SERVICES AND SITES SUPPORTED BY ACQUIRE	21
APPENDIX D: CLIENTS USING LAPMS BY REGION	22
APPENDIX E: TRAININGS	23

ACRONYMS

ACQUIRE	Access, Quality, and Use in Reproductive Health Project
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ARV	Antiretroviral
BCC	Behavior change and communication
CCHP	Comprehensive council health plans
CEDHA	Center for Education Development on Health
CHMT	Council Health Management Team
CHW	Community health workers
CTC	Care and treatment center
cPAC	Comprehensive post abortion care
CPI	Client provider interaction
CPR	Contraceptive prevalence rate
CYP	Couple years of protection
D&C	Drainage and curettage
DRCHCo	District Reproductive and Child Health coordinator
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EH	EngenderHealth
ELCT	Evangelical Lutheran Church of Tanzania
FANC	Focused ante natal care
FBO	Faith based organization
FP	Family planning
FP/RH	Family Planning and Reproductive Health
FS	Facilitative supervision
FY	Fiscal year
HC	Health center
HIV	Human immunodeficiency virus
HMIS	Health management information system
HSR	Health sector reform
IBP	Implementing best practices
IEC	Information, Education and Communication
IP	Infection prevention
IR	Intermediate result
IUCD	Intra-uterine contraceptive device
LAPM	Long-acting and Permanent Methods
LDP	Leadership development program
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
ML/LA	Minilaparotomy under Local Anesthesia
MOHSW	Ministry of Health and Social welfare
MSH	Management Sciences for Health
MVA	Manual vacuum aspiration
MSD	Medical Stores Department
NACP	National AIDS Control Program

NGO	Non-governmental organization
NP	Norplant
NSV	No-scalpel vasectomy
OJT	On the Job Training
OPRH	Office of Population and Reproductive Health
PAC	Postabortion care
PMP	Performance management plan
PMTCT	Prevention of Mother-to-Child Transmission
PRINMAT	Private Nurses and Midwives Association of Tanzania
QI	Quality improvement
RCH	Reproductive and Child Health
RCHS	Reproductive and Child Health Section
RH	Reproductive health
RHMT	Regional Health Management Team
SO	Strategic objective
SP	Service providers
STI	Sexually transmitted infection
TA	Technical assistance
TFR	Total fertility rate
T-MARC	Tanzania Marketing and Communications: AIDS, Reproductive
TOT	Trainer of trainers
TSh	Tanzania Shilling
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VHW	Village health workers

SUMMARY

The ACQUIRE Global project is now in its final year, and the Tanzania ACQUIRE project completed its third year of operation. This report summarizes the achievements of the ACQUIRE/Tanzania project for fiscal year (FY) 2007, from October 2006 through September 2007. During FY '07, ACQUIRE/Tanzania staff worked with the Ministry of Health to expand the project nationally, by using cost effective approaches to expand and strengthen family planning (FP) services for all, including hard to reach populations. There has been a shift in implementation, from coverage of 10 regions to a nationwide strategy, covering all 26 regions, including Zanzibar. Results to date show positive progress.

The project works to support and advance Reproductive Health and Voluntary Family Planning Services, by increasing access to quality family planning and reproductive health services (FP/RH), to improve performance of service delivery providers, and to strengthen the environment for FP/RH service delivery.

Over the past year, the project's major achievements include:

- ACQUIRE expanded the scope of the project from 10 regions in the first year (FY '05), to some work in 17 regions the next year (FY '06), and in the last year (FY '07) to all 26 regions nationwide.
- Service statistics from 136 districts covered under the nationwide strategy show that 128,857 clients accepted a long acting or permanent method (LAPM) during fiscal year 2007. Among LAPMs, the greatest proportion of these was female sterilizations (43%), followed by implants (41%).
- Increased number of trainings of service providers, reinforced by follow up of trainees, has resulted in an improved quality of care and increased use of FP.
- Over half of post-abortion care (PAC) patients accepted a modern contraceptive method. Furthermore, in a pilot of comprehensive post-abortion (cPAC) service in Geita, 71% of the clients accepted a FP method.
- In the past year, ACQUIRE introduced an effective demand creation strategy that employs a comprehensive behavior change and communications (BCC) approach, ranging from multi-media information, education and communications (IEC) to community-based health promotion events.
- Quality improvement exercises resulted in immediate visible changes for both providers and clients, aimed at improving the quality of FP/RH services.
- ACQUIRE in collaboration with key country stakeholders developed a national scale up plan for the revitalization of LAPM. ACQUIRE is assisting the MOH to scale up both the supply and demand for long acting and permanent methods (LAPM) within the context of a full choice of modern methods using advocacy and ensuring a positive policy environment.

INTRODUCTION

The Global ACQUIRE Project is in its fourth year, and in Tanzania the project has completed its third year of full project implementation. ACQUIRE/Tanzania works primarily with the Ministry of Health, as well as NGOs and private sector organizations to support and advance family planning and reproductive health (FP/RH) services by increasing access, strengthening provider performance, increasing demand for, and strengthening the environment through advocacy and supportive policies.

ACQUIRE/Tanzania project contributes to USAID/Tanzania's Health strategic objective one: "health status of Tanzanian families improved". The ACQUIRE/Tanzania project results framework is:

- SO: Reproductive Health and Voluntary Family Planning Services Supported and Advanced** (with a Focus on Facility-Based Services)
- IR 1 Increased Access to Quality Reproductive Health and Family Planning Services**
 - IR 1.1 Increased number of service delivery points that offer an appropriate range of family planning methods and services
 - IR 1.2 Services promoted among target populations
- IR 2 Improved Performance of Service Delivery Providers**
 - IR 2.1 Improved provider support systems
 - IR 2.2 Improved provider-client interactions
- IR 3 Strengthened Environment for RH/FP Service Delivery**
 - IR 3.1 Improved leadership and management for RH/FP service delivery
 - IR 3.2 Supportive policies promoted for RH/FP services

This report summarizes accomplishments for ACQUIRE/Tanzania for FY 2007. The focus of ACQUIRE/Tanzania during the last year was to scale up provision of LAPM services from 10 focus regions to 26 regions nationwide.

Revitalization of family planning services in the country dates back to May 2006, when ACQUIRE/Tanzania, in collaboration with the Ministry of Health and Social Welfare (MOHSW), local NGOs and USAID/Tanzania, started the national scale up plan for the revitalization of long acting and permanent methods (LAPM) of contraception. The strategy is to scale-up access to and the availability of LAPM by focusing on supply, demand, policy and advocacy interventions and providing technical assistance and support at the district, regional and national levels. Other USAID-funded projects supporting this scale up strategy include: DELIVER working on public sector commodity security; and T-MARC working on social marketing and strengthening private sector contraceptive security.

PROJECT PERFORMANCE

IR1. Increased Access to Quality Reproductive Health and Family Planning Services

To report service delivery and FP method use (Appendix B), ACQUIRE uses data that is reported from the health care facilities to the district health offices, then aggregated up to the regional health offices, and reported to the Tanzanian MTUHA health information system. During the past year, ACQUIRE has worked with health care facilities and the District Reproductive Health Coordinators (DRCHCo) to improve the reliability of reported data. As a result, the significant increases in use of FP methods may be truly comparable to previous years, representing better ascertainment with improved reporting. However, we believe these increases are a combination of increased use of a wide range of FP methods, especially LAPM, and better reporting.

IR 1.1 Increased number of service delivery points that offer an appropriate range of family planning methods and services

Nationwide coverage

MOHSW and Council Health Management Teams (CHMT) worked with ACQUIRE staff to expand LAPM services nationally to 26 regions.

Use of Long Acting and Permanent Methods

The use of LAPMs is limited by a number of factors including: few health staff skilled to provide these services, misconceptions and myths, frequent stock out and lack of appropriate equipment. In this reporting period we used various techniques to increase use and adoption of LAPMs, including provider training, access to FP services through outreach health care facilities, strengthening and institutionalizing facilitated supervision, and behavior change and communications (BCC) activities to stimulate and increase demand. This holistic approach has increased the use of LAPMs.

Implanon was introduced by the MOHSW in 2006, replacing Norplant as an implant option. ACQUIRE assisted the MOHSW in getting providers trained (n=150) in the use of this new method. Female sterilization remains the most popular LAPM method in Tanzania. Data extracted from government reports (MTUHA) show over 55,000 women were sterilized nationwide in the past year. IUCD remains an underutilized method, although in the past year there has been a significant increase as a percent of the total LAPM, from 8% in FY '06 to 39% in FY '07 in the 10 original regions (Appendix B). This past year has shown an increase in the number of NSVs—reported through the MTUHA process, nationally, 153 men received a NSV this past year.

Generally, in this year there has been an increase in usage of LAPMs in the original 10 ACQUIRE regions as well as nationwide (26 regions) (Table 1). We believe that some of the increases in our data in FY '07 are attributable to a combination of increased use of a wide range of FP methods and better reporting.

Table 1: Increase use of LAPM services among supported sites in the original 10 regions

	FY '05	FY '06	FY '07
Total LAPM clients	25,055	28,799	46,562

Couple Years of Protection (CYP)

Couple Years of protection (CYP) is estimated as protection provided by FP services during a year period based on the volume of all contraceptives sold or distributed to clients in that period. It is a universal measurement that allows performance comparison across individual methods of family planning. Comparing the 10 original regions where ACQUIRE worked, the total CYP coverage from LAPMs in FY '06 was 161,809, whereas this year (FY '07) is 237,704 (Table 2). Again, we want to be conservative in interpreting this increase as solely due to increased use of LAPM methods, as we believe that improved reporting also contributed to the increase in CYP this year. Nonetheless, we believe there is a true significant increase in LAPMs, and that this increase is due to improved provider performance, improved access, demand creation, and stronger advocacy and policy environment.

Table 2: LAPM Couple years of protection (CYP) among supported sites in 10 regions

	FY '06	FY '07
LAPM CYP	161,809	237,704
Female sterilization	109,304	132,080
Male sterilization	896	784
IUD	8,110	61,646
Implants	43,499	43,194

Figure 1 indicates that female sterilization is the main contributor (40%) to the total CYPs generated from both short acting and long acting methods; followed by injectables and IUDs, each contributing 19% towards CYP. Male sterilization still has a negligible CYP contribution (0.2%). It is important to note that this year, CYPs from long acting and permanent methods contributed 73% to the total CYPs as compared to 27% from all short acting methods. This has been possible as Minilap uptake has grown faster this year, outweighing the impact of injectables. In other words, this year we have seen LAPMs representing a more balanced proportion of the family planning method mix, enabling a wider range of choice for clients.

Figure 1: CYP Contribution in 10 focus regions - FY 2007

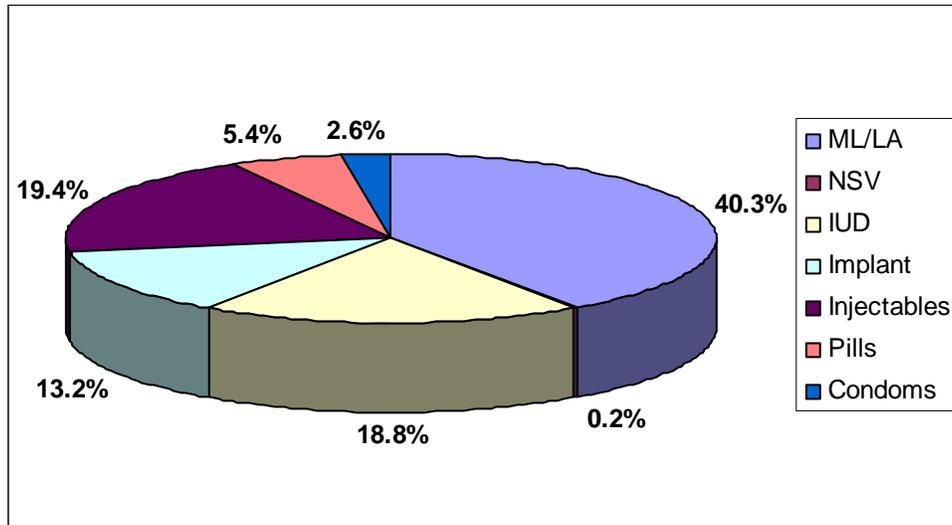
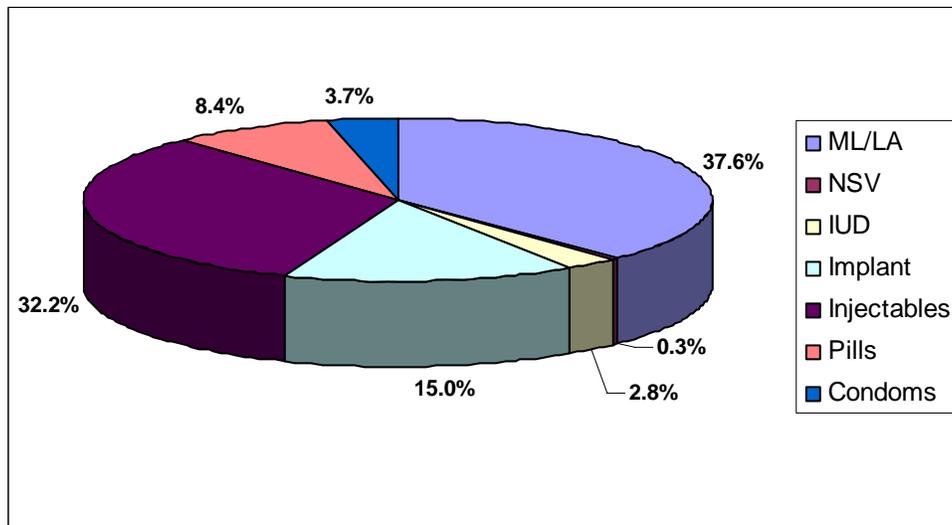


Figure 2 shows that in the previous year, FY '06, female sterilization (38%) was also the main contributing method to CYP in our original 10 regions, with injectables being second (32%). However, in FY '07 there was a significant increase in the contribution of IUD and a decrease in the contribution of injectables to CYP, which also was a factor in the shift from short term FP method to LAPMs.

Figure 2: CYP Contribution in 10 focus regions - FY 2006



Outreach and Routine FP services

Outreach visits are those visits that are made to complement efforts made at static health facilities to provide a wide range of family planning methods. Districts usually make prior arrangements with service providers and clients at remote facilities. In this reporting period, outreach visits were conducted by many districts in various regions nationwide to ensure that people in hard to reach areas and those staying far from health facilities providing family planning services are reached. This activity has contributed to the increase in number of women using FP services. This strategy

was predominately used by districts in the regions of Kagera, Iringa, Arusha and Mwanza. For the regions of Kagera and Arusha, this strategy has been the source of their outstanding achievement recorded this year in terms of number of Minilaps and Implanon insertions (Appendix D).

Strengthening of FP in Post-Abortion Care Services

One of the strategies explored last year was the strengthening of family planning services as part of comprehensive post-abortion care (cPAC) services in one district of Geita. In this district cPAC was introduced in 11 health facilities where ACQUIRE supported training of 15 service providers. The strategy is aimed at providing an opportunity for women seeking post-abortion services to avert future unwanted pregnancies by selecting a family planning method of their choice. The goal is to have family planning offered where post abortion services are taking place, or to at least counsel women on family planning and refer them to the family planning clinic. The advantage of this approach is that women can obtain all services at one place offered by the same health staff

This strategy to make FP methods available directly to cPAC clients has had a great impact in the uptake of FP methods. In the original 10 focus regions, the percent of cPAC clients who accepted a modern FP method increased from 36% in FY '06 to 53% in FY '07. On the other hand, the trend shows a decrease in PAC clients from FY '06 to FY '07 (Appendix B). As more family planning needs are met, there should be fewer abortions, and therefore, fewer cPAC clients.

Geita cPAC Experience

The Geita cPAC pilot involved decentralization of cPAC services at lower level health facilities, mainly health centers and dispensaries. Furthermore, Nurse Midwives were allowed to provide services and FP counseling and related services were integrated into post-abortion care. Comparing the Geita results to those from original 10 regions reported on cPAC (Table 3), 71% of cPAC clients in Geita accepted a FP method versus only 52% in the 10 focus regions, illustrating that by expanding the provision of cPAC services to lower level health facilities and with the use of non-physician health care providers more women are accepting FP.

Table 3: Comprehensive Post-Abortion Care Services in Geita compared to all regions

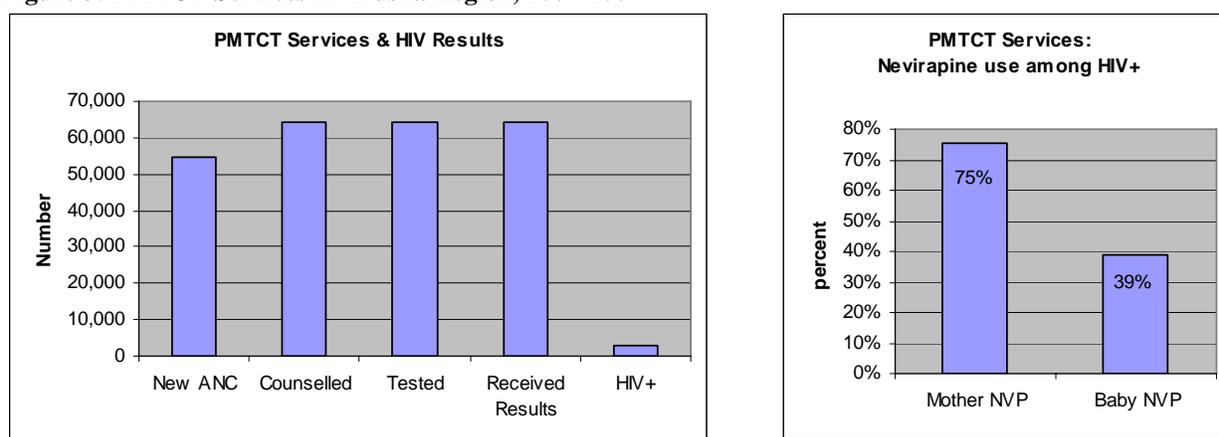
	Geita	Original 10 Regions
# of total PAC clients	796	7,407
# of total PAC clients counseled about FP methods	712	2,647
% of PAC clients counseled on FP	89%	36%
# of total PAC clients accepting a FP method	505	1,385
% of PAC clients accepting a FP method	71%	52%

Integration of Family Planning with PMTCT Services

In the past three years, ACQUIRE/Tanzania has been supporting implementing partners to put into place an integrated and comprehensive package of maternal and child health services that will include HIV/AIDS services (including voluntary counseling and testing and prevention of mother and child transmission), family planning and reproductive health services. With support from the Elizabeth Glaser Pediatric AIDS Foundation, EngenderHealth implemented PMTCT services at 44

health facilities in Arusha region. With the introduction of quality improvement approaches for PMTCT, the sites are making good progress on integrating FP services into PMTCT. Based on the MOHSW's MTUHA data, during the period 2004-2007 a total of 64,216 women attending ANC, FP and child welfare clinics were counseled and tested for HIV; 3,048 women tested HIV positive (5%). Furthermore, nearly all women who were tested for HIV received their results, of which 5% tested positive. Among the women who tested positive for HIV, 75% received Nevirapine and 39% of the babies also received Nevirapine (Figure 3). In Tanzania 53% of pregnant women deliver at home (DHS, 2005), resulting in fewer babies in need of Nevirapine receiving treatment, or being reported as getting Nevirapine. Other factors contributing to the lower proportion of babies receiving Nevirapine is that some women deliver at health facilities other than those where the mother received PMTCT and antenatal care services. If the child is given Nevirapine at this other delivery facility the tracking system may not capture them. Also, some women were not yet due for delivery. All these issues will be further explored in the ongoing ACQUIRE Associate Award.

Figure 3: PMTCT Services in Arusha Region, 2004-2007



Among the factors that contributed to success of this initiative include:

- Participatory planning with RHMTs and CHMTs right from the beginning.
- Decentralization of the activities at the district level
- Reorganization of the RCH services strengthened all RCH services
- Whole site training
- Integration of RCH services
- Data collection and reporting channels
- Community involvement and participation has improved acceptance for accessing HIV/AIDS services
- Targeting marginalized population through PMTCT outreach services

ACQUIRE/Tanzania is set to use this experience to develop best practices for scaling up this model of ‘one stop services’ for clients to other parts of Tanzania that receive funding for PMTCT in Manyara and Iringa regions under the new ACQUIRE Associate Award.

IR 1.2 Services promoted among target populations

In support of the demand side elements of the scale up model, ACQUIRE/Tanzania is in the process of implementing a national demand creation strategy which aims to integrate community participation with a marketing/communications component. We expect these two components to have a synergetic effect resulting in larger impact/outcomes. The national marketing/communications campaign was officially launched in December 2007 in Arumeru district, Arusha region. The campaign addresses knowledge, attitudes and practices regarding FP/LAPM.

During this reporting period, ACQUIRE Tanzania continued to work with the MOHSW, RCHS, the TMARC project and selected groups at national, district and community level to increase awareness, knowledge and uptake of FP/LAPM services. This was done through intensive preparatory work to provide accurate, gender balanced information about family planning methods. We expected to produce and disseminate 8 radio spots, 30,000 leaflets, 3,100 posters and 11 billboards targeting Men and Women of reproductive age. The radio spots were expected to be aired in 4 major radio stations namely Radio Tanzania, Radio Free Africa, Radio Clouds and Radio One to reach an approximate audience of 2 million people. The IEC materials were

planned to be disseminated in 33 hospitals, 61 Health centers and 39 dispensaries located in 11 regions all offering LAPMs.

As part of its marketing communication approach, ACQUIRE produced 4 different audience specific campaign materials with positive gender messages on IUCD, implants, vasectomy and female sterilization through an advertising agency. The materials produced were for posters, billboards, leaflets and radio spots containing a slogan “Jipange Kimaisha Katika Uzazi” (Have a Plan). These materials were pre tested in 5 regions (Mwanza, Mtwara, Musoma, Manyara and Dar es Salaam). Additionally, they were reviewed by stakeholders from the MOHSW, Department of Community Development and other academic institutions. Furthermore, ACQUIRE worked closely with the MOHSW National Advisory Committee, who is responsible for review and approval of IEC/BCC health materials.

The campaign’s messages promote a broad method mix of FP/LAPM and focus on the benefits, costs effectiveness, convenience of use, and are designed to assist couples to make informed choice by about modern contraceptives methods, including LAPMs when appropriate. In order to ensure consistency and gender sensitivity of messages throughout the project implementation, about 25 participants from advertising agencies and Experiential Marketing firms responsible for community level interventions were invited to participate in a two day workshop in April 2007. The results of this effort in gender programming were materials and messages that were gender neutral and supportive.

As part of a pilot demonstration, in Arumeru District, Arusha Region and Babati District, Manyara Region, ACQUIRE orientated 25 Community Health Care Workers (CBHW), District Community Development Officers (DCDO) and District Cultural Officers (DCO) on FP, LAPM, and gender transformation concepts in May 2007. In September 2007, a similar workshop was held for Ward Executive Officers and heads of Village Health Committees in the same districts. In each workshop a plan of action on how to initiate dialogue between health care providers and the community on FP/LAPM were discussed to ensure that the suggested activities are incorporated within the on-going district plans. Baseline data were collected from Arumeru and Babati Districts with anticipated post-intervention data to be collected for a comparative evaluation of these BCC demand creation efforts.

In the same pace of creating awareness of FP/LAPM services in Zanzibar, 25 Journalists from Radio Zanzibar, Television and print participated in a workshop on FP /LAP/ MAP, a week before the launch of family planning program in Zanzibar. The aim was to increase Journalist’s awareness and to improve coverage about FP/LAPM. The launch was officiated by First Lady Mama Shadya Karume, USAID Mission Director Pamela White, Lynn Bakamjian from EngenderHealth New York and other dignitaries on 19th June, 2007 whereby approximately 8,000 people were reached with FP/LAPMs messages through radio and leaders speeches.

The community, communications, journalist training, print materials distribution and other demand activities will be taken up by the Associate Award mechanism in support of the expansion of FP/LAPMs nation-wide.

IR 2 Improved Provider Performance

IR 2.1 Improved provider support systems

To provide ongoing support to health care providers and to strengthen the quality of care, ACQUIRE takes a multi-pronged approach that includes training, mentoring, facilitated supervision, management strengthening, and facility based quality improvement systems.

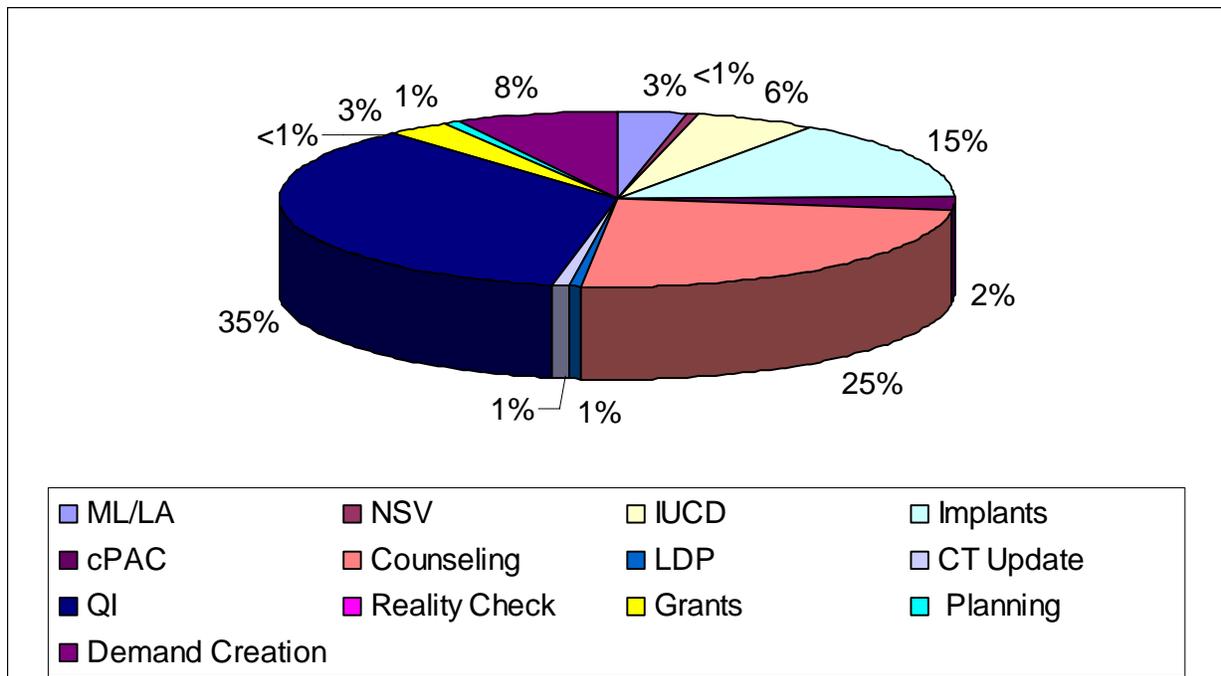
ACQUIRE supports several types of quality improvement activities to strengthen the capacity of health care personnel to provide quality services, and to assure an ongoing system of quality improvement, including Facilitative Supervision (FS), medical site visits, trainee follow up, and quality improvement approaches.

Training

Trainings are comprised of in-service central trainings, on the job trainings, whole site trainings and orientations. In FY '07 ACQUIRE provided training to 6,115 people. These trainings covered a wide range of topics, including LAPM methods, quality improvement, management, Reality Check (a tool for forecasting commodity and other programming needs), planning, grants management, communications, community participation and gender.

The greatest proportion of trainings dealt with quality improvement (35%) followed by 25% on FP counseling (Figure 4). Furthermore, the number of service providers trained on LAPM (1,502; 25% of all trainings) has been increasing over time.

Figure 4: Percent of providers trained by subject, FY '07



Quality Improvement Training/Activities

ACQUIRE supports several types of quality improvement activities to strengthen the capacity of health care personnel to provide quality services—Facilitative Supervision (FS at national,

regional, district and site level; medical site visits (MSV) conducted by national and regional staff; trainee follow up at district and site level; and quality improvement approaches at facility level. In total 2,151 providers received training in quality improvement issues (i.e. performance improvement, infection prevention, quality improvement, and counseling).

- **Facilitative Supervision (FS):** Facilitative supervision helps supervisors at all levels in an institution focus on the needs of the staff they oversee. This approach of supported supervision emphasizes mentoring, joint problem solving, and two-way communication between a supervisor and his/her staff. The role of the facilitative supervisor is to: set goals, motivate health care staff, and lead them through the process of change required to improve quality and meet clients' needs. In FY '07 ACQUIRE staff continued to work with Regional reproductive and child health coordinators and the CHMTs at district levels to coach them in FS skills. During the supervision visits the CHMT members and RCH coordinators, discuss progress, and provide on the job technical support to service providers with a special focus on informed choice, medical safety and quality management. Noticeable improvements were noted in record keeping and use of data for decision making in some districts. Areas that require continued follow up and attention include infection prevention practices, client flow, and lack of commodities at many sites. Not all districts have been able to carry out regular supervision due to lack of transport and limited fuel budgets.
- **Medical Site Visits (MSV):** Medical site visits in this reporting period continued to be coordinated through the ACQUIRE field offices, in collaboration with national level (DHS and RCHS) officials to ensure the delivery of quality services. In the future, this activity will gradually be transferred to RHMT and CHMTs, as their capacity is developed. The EngenderHealth MSV tool is used to assess the routine practices of service providers in LAPM. A team of DRCHCO, FP trainers in LAPM and ACQUIRE staff conducted MSVs in health facilities in Kilimanjaro, Kigoma regions. The teams reviewed and assessed the LAPM skills of 33 providers.
- **Trainee Follow up:** Staff from the four ACQUIRE field offices worked with trainers on how to conduct trainee follow up. A total of 71 trainees were followed up (25 in Arusha, 16 in Iringa, and 30 in Kigoma) to assess their skills in ML/LA, IUCD, FP counseling, and Implanon. In Shinyanga Region, follow up visits were conducted among 30 IUCD trainees working at health centers and dispensaries in Bukombe District. One major concern identified from the follow up visits was that recently trained providers in Implanon and IUCD at the dispensary level are likely to lose their skills because of lack of supplies at these facilities.
- **Quality Improvement (QI) Approaches:** QI approaches continue to be introduced and followed up at a number of supported facilities to help health care staff continuously improve the quality and efficiency of services provided at their facility and make services more responsive to clients' needs. Following training on quality improvement, health care facilities are encouraged to set quality improvement goals, with plans to achieve these goals.

ACQUIRE supported 9 training events in the use of QI methodology, reaching 189 providers. ACQUIRE'S QI efforts in Arusha and Kilimanjaro Regions resulted in: signboards posted with information about services and directions to clinics; patient waiting areas were improved, including the addition of more benches expanding seating for patients; new client flow processes were introduced to reduce congestion and serve clients in a more timely manner; IEC materials were posted; infection control supplies (e.g., buckets) were purchased; and basins and water taps repaired. Other regions involved with QI approaches include Mwanza, Tabora, and Shinyanga Regions.

- **Management Training:** In FY '07, 294 individuals were trained on management skills (data management, leadership and management). In collaboration with Management Sciences for Health, ACQUIRE/Tanzania trained 122 providers under the Leadership and Development Program (LDP); see IR 3.1 for more details about this training.

IR 2.2 Improved client provider interactions

The ACQUIRE Project is supporting its partners to build the capacity of their service providers' client-provider interaction (CPI) skills through refresher and update training on various RH/FP methods. The training is designed to help service providers understand how to create demand for services in a way that enhances access, acceptance, continuity and safety of the services. The training also focuses on improving counseling for informed choice with special attention to LAPMs. During FY '07 1,548 service providers were trained in FP counseling.

IR 3 Strengthened Environment for FP/RH services

IR 3.1 Improved leadership and management of RH/FP service delivery

The ACQUIRE Project, through its field offices, is working to revitalize interest in FP and strengthen its support among the CHMT and policy makers in general. At the district level, ACQUIRE staff are engaged in dialogues with stakeholders at all levels, to ensure that FP is effectively resourced, and barriers to services are minimized. Arusha and Kilimanjaro CHMTs have allocated funds in their annual plans for FP training on HMIS, post abortion care, outreach, infection prevention and facilitative supervision. The Kigoma field office's leadership was effective in advocating for FP, which resulted in the CHMT allocating approximately 46 Million TShs for FP for outreach services and trainings.

Leadership and Development Program (LDP)

In collaboration with Management Sciences for Health (MSH), ACQUIRE/Tanzania is training providers from selected facilities in the Kigoma Region in the Leadership and Development Program. The pilot training was held in January 2006 with CHMTs and representatives from 6 health facilities in 3 districts. The purpose of the training is to improve provider management skills in selected management systems which will lead to improved performance in service provision. Management issues addressed in the training include: assessing current FP performance, problem identification, determination of root causes of issues targeted for improvement, and developing and implementing team action plans. Following the pilot, 122 providers from 20 sites were trained in this LDP methodology. Preliminary results from 14 sites show that the average number of new clients served has increased by approximately 36% from the baseline period (286 new clients served at these 14 sites in January 2006; an average of 391 new clients seen from February–December 2006).

Decentralization of Management

Decentralization of the management of FP/RH services through a district approach is a key feature of the scale up strategy. ACQUIRE is working directly with the local health authorities, and in some cases is testing an approach to increase local authority, planning and decision-making by issuing sub agreements to local authorities. In June 2006, ACQUIRE field offices and CHMTS identified twenty (20) districts (two from each of the ten focal regions) and helped them to develop proposals for FP interventions (budgets not to exceed \$30,000 USD). ACQUIRE Program Manager and Finance Director gave an orientation about USAID contractual provisions and financial/grants management to these district managers. ACQUIRE EngenderHealth is closely monitoring and documenting the performance of these districts to see how both activities and financial control is practiced. At the end of the sub-agreement period, a review will be undertaken to determine the outcomes of this approach, and results will be shared with USAID.

Contraceptive Security

During the reporting period, ACQUIRE staff contributed technical input and assistance to the monthly meetings with MSD/RCHS and the ACQUIRE Project, to improve the availability of contraceptive commodities in facilities. ACQUIRE staff assisted and improved (through this forum) the flow of supplies for IUCD and Implanon services directed to the zonal MSDs, thereby making it easier for district facilities to access these commodities. Likewise, the Arusha field office in collaboration with the Northern reproductive health zone finalized the roll out plan for the zonal contraceptive security committee which was held end of December 2007.

In addition, ACQUIRE staff collaborated with JSI/DELIVER II in Zanzibar to make contraceptive projections for the MOHSW. In doing so, eight managers and program officers from Zanzibar were trained in Reality \sqrt – ACQUIRE’s forecasting and program planning tool (see IR 3.2).

At the national level, ACQUIRE staff collaborated with JSI/DELIVER II to conduct a Contraceptive Security assessment in Tanzania in March 2007. ACQUIRE helped to design and implement the SPARHCS assessment. As a complement to DELIVER’s focus on ensuring adequate commodities at the national level and on market segmentation, ACQUIRE focused on the particular equipment and supply needs for LAPMs, and on collecting evidence related to causes and effects of gaps in the supply chain between the district and individual service sties. As part of the assessment, ACQUIRE staff conducted two client focus group discussions and a problem identification exercise at a district hospital to demonstrate how to incorporate a participatory methodology into the SPARHCS approach. This assessment experience helped to develop ACQUIRE’s capacity to conduct contraceptive security assessments, and will inform revisions to the SPARHCS framework and assessment tools for global application.

Monitoring and Evaluation

ACQUIRE/Tanzania’s M&E decentralized the project data collection system to the field offices beginning in 2005. ACQUIRE field offices can now process reports and prepare presentations to share with facilities in their regions which has led to improved planning at the district level. The MOHSW is improving its health information systems at the district level with the installation of computers and internet connectivity. All this is part of the MOHSW health management information system (MTUHA). ACQUIRE will continue to strengthen the MTUHA and its use in

the districts and regions. In this reporting period, ACQUIRE supported five training events for 158 providers on data management covering many regions and districts. At regional level, RRCHcos and CMHTs at district level were mainly targeted. As a result of the training and support from ACQUIRE's field office staff, the quality of the data recording has improved, resulting in much better case ascertainment, especially data on users of FP services.

ACQUIRE's M&E team reviewed the data collection tools to ensure they are capturing new variables such as Implanon. The team is also working with the Health Management Information System (HMIS) national technical committee to review HMIS tools, and to integrate other parallel systems into the HMIS, so as to avoid duplicative efforts, especially at the health facility level.

IR 3.2 Supportive policies promoted for RH/FP services

Data for Decision-making

ACQUIRE/Tanzania advocates with local authorities about the need to increase access to FP/LAPMs and works to support local FP champions by giving them the information and data they need to make the argument for additional funding for FP/LAPMs. *Reality √¹* was introduced in Tanzania to give staff and policymakers the tools for estimating the inputs needed to reach FP/LAPM goals at the district level. At the national level, ACQUIRE uses *Reality √* to harmonize district level projections and planning with regional and national projections and costs. Our work in this area will continue to create policies and a supportive environment for LAPMs.

Comprehensive Post-Abortion Care

Abortions are associated with maternal mortality in Tanzania, yet post-abortion care remains largely confined to higher level facilities, and is not always linking to FP services. During FY '07 ACQUIRE/Tanzania continued to advocate to decentralize this service to health centers and dispensaries in order to reach the most needy and vulnerable populations. Additionally, ACQUIRE work with staffs to better integrate FP into post-abortion services. As part of this effort, ACQUIRE collaborated with the Frontiers Project to implement a pilot study in Geita to assess the feasibility, acceptability, and cost of introducing comprehensive post-abortion services (cPAC) to health centers and dispensaries.

Preliminary findings from the study suggest that the introduction of cPAC services requires little investment in infrastructure, and the reorganization of services and procedures. Furthermore, providers were assessed as competent in providing cPAC services (incorporating FP counseling and other care measures). Preliminary data from this activity shows a higher proportion of post-abortion women accepting FP (Table 3). The final report is being finalized; and will be shared with stakeholders, including donors.

In addition to the positive response to the decentralization of cPAC services, the Nurses Council approved a policy to permit nurse midwives to perform cPAC clinical services.

Health Management Teams

ACQUIRE staff worked in close collaboration with the District Executive Director and Council

¹ *Reality √* is a family planning projection tool consisting of a simple Excel Workbook that allows one to assess past CPR trends and test future scenarios for the geographic area in which one's program is operating, and to test whether or not established goals are reasonable.

Health Management Teams (CHMT) to include FP activities in their comprehensive council health plans (CCHP). The activities that have shown greater impact in improving LAPMs uptake were the ones suggested to CHMTs. The activities include training of service providers in LAPM skills; strengthening of service days strategy and expansion of LAPMs outreach services.

Opportunities and Challenges

High demand for LAPM

In this reporting period we have served many clients and yet there is still high unmet need for LAPMs. Multiple strategies, such as improving the quality of services at facilities to meet immediate demands as well as continuing the outreach strategy will help to cope with the current demand.

Training

Training in LAPM contraception will continue to be a priority under the expanded program. There are many providers who will retire in the near future, leaving gaps at many facilities. ACQUIRE uses a variety of approaches in training, based on need, appropriateness of the approach and cost-effectiveness. Approaches include: training of Master Trainers; TOT; limited central training, especially when caseload is a problem; district level training and follow-up on site; whole site training; training during outreaches; and on the job training (OJT). ACQUIRE is finding that OJT is an effective, lower-cost method for getting providers trained without much disruption in services.

Integration

In Arusha zone, integration of PMTCT and VCT activities into FP clinics has increased both availability of the wide range of services and number of clients visiting health facilities to seek for these services.

Quality and Performance at Facilities.

Interventions such as quality improvement trainings and the LDP training have resulted in immediate, visible changes at health facilities. Empowering providers to use these tools and work as a team has improved attitudes and their commitment to provide quality care to clients. Introducing these tools and others that the MOHSW has approved to new regions in the expansion phase next year will be important.

Commodity stock outs

Many facilities still experience shortages of long acting methods/commodities: either stock outs, or irregular and inadequate supplies, particularly for Implanon and IUCD. There is demonstrated demand for implant services; however, many sites lack the supplies and commodities to meet the demand. Implanon allocation to the zones is limited, thereby affecting its distribution in the regions. ACQUIRE project staff will continue to work with MSD, JSI/DELIVER and the contraceptive security committee to resolve stock out problems. The ACQUIRE project team will work with the MOH to review projections for Implanon.

Monitoring and supervision

Overall coordination of activities with the CHMTs and RHMTs presents an on going challenge due to the large geographic scope of the project activities. The RHMT's do not have a regular budget

allocated for supervision; likewise, the CHMTS are constrained by lack of fuel and transport and competing activities in the district. The MOHSW efforts to streamline data collection are still an issue; service providers still struggle with proper recording of data in the health registers. The presence of multiple registers hampers the quality of data collection. Furthermore, transportation to pick up or send monthly reports to the DRHCo remains a problem, resulting in delays and/or incomplete reports. ACQUIRE will continue to provide as much support as possible to strengthen supervision and monitoring skills, and has a plan of action proposed in the Associate Award to strengthen the MTUHA system at the district and regional levels, and improve M&E overall.

Local Ownership and Coordination

Leaders at all levels play a crucial role in the implementation of all activities. Involving the CHMTs members in all phases of project activities in their districts has resulted in ownership, confidence in the project and improved quality of services, and supervision at districts level. ACQUIRE will continue to work closely with the CHMTs and RMTs as decentralization continues.

Approval for sub agreements

The development of sub agreements is a multi-step process that takes time which needs to be factored into planning. In some instances, districts requested funds for activities that would not be supported by USAID funding. These activities and budget lines needed to be reallocated. Other steps in the approval process include: clearances from the MOHSW, USAID/Tanzania, New York contract officer and USAID/Washington CTO reviews. With the Associate Award, there will be no USAID/Washington approvals required; however, this remains complex process. The positive feature of the sub-agreements is that the districts have direct implementation authority and funding, giving them ownership of the program and coordinating activities with their other CCHP plans. A review of the benefits and limitations of this experience will be conducted in 2008.

Power of communities

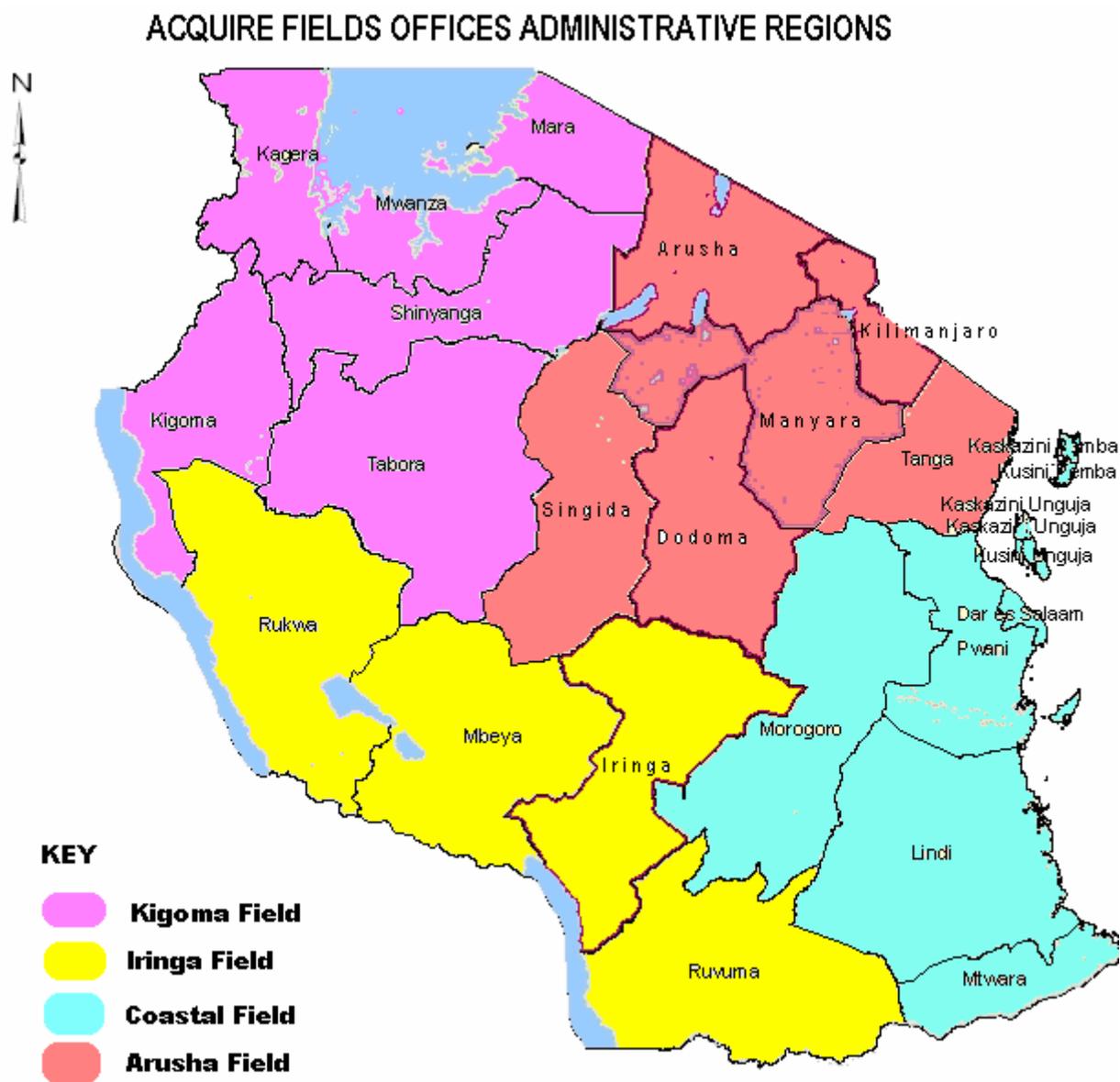
Community level leaders provide invaluable guidance on social-political and cultural matters that affect the acceptance of FP. It is crucial that these leaders have basic knowledge of family planning so they can advocate effectively. Information about family planning must be extended to the community to increase demand, involve families and partners in decision making, and ensure follow-up. Village and community health workers (VHW and CHW) need basic knowledge about FP and their role in referring people to the facilities for services. These issues will be addressed with the on-going integrated communications and community participation strategy aimed at increasing demand for FP and LAPMs.

Other activities

EngenderHealth was invited to attend a male circumcision meeting in September 2007, organized by National AIDS Control Program (NACP) with participants coming from NIMR, and WHO. The aim of the meeting was to reach an agreement on how to carry out a nationwide situational analysis. Following WHO protocols, this analysis will give insights on how to proceed with providing voluntary male circumcision at health facilities as one of the HIV prevention strategies. NACP is now leading this effort in collaboration with WHO.

APPENDICES

Appendix A: ACQUIRE field offices –regional distribution among the 4 field offices



APPENDIX B: Project Performance Indicator Table

Performance Management Indicators

	FY '06	FY '07		
		10 Original Regions	17 Regions (10 + 7)	All 26 Regions
Indicators				
# of supported service delivery sites	406	372	467	512
# of supported service delivery sites reporting FP service statistics	376	361	439	482
% of supported sites reporting FP service statistics	93%	97%	94%	94%
# of supported sites reporting service statistics for 4 or more FP methods	295	295	329	354
% of supported sites reporting service statistics for at least 4 FP methods	73%	79%	70%	69%
Total LAPM clients	28,799	46,562	94,095	128,857
Female sterilization	13,663	16,510	41,978	55,550
% of LAPM	47.4%	35.5%	44.6%	43.1%
Male sterilization	112	98	152	153
% of LAPM	0.4%	0.2%	0.2%	0.1%
IUD	2,317	17,613	19,849	20,230
% of LAPM	8.0%	37.8%	21.1%	15.7%
Implant	12,707	12,341	32,116	52,924
% of LAPM	44.1%	26.5%	34.1%	41.1%
Short term methods	2,027,276	1,535,194	1,711,380	1,974,386
Injectables	374,151	254,515	299,279	323,165
Pills	364,539	264,380	326,481	414,197
Condoms (pieces distributed)	1,288,586	1,016,299	1,085,620	1,237,024
Total CYP	290,388	327,427	624,550	820,376
Female sterilization	109,304	132,080	335,824	444,400
Male sterilization	896	784	1,216	1,224
IUD	8,110	61,646	69,472	70,805
Implant	43,499	43,194	112,406	185,234
CYP- LAPM	161,809	237,704	518,918	701,663
Injectables	93,538	63,629	74,820	80,791
Pills	24,303	17,625	21,765	27,613
Condoms	10,738	8,469	9,047	10,309
CYP- short term methods	128,579	89,723	105,632	118,713
PAC				
# of total PAC clients	8,895	5,844	6,712	7,407
# of total PAC clients counseled about FP methods	4,251	2,156	2,589	2,647
% of PAC clients counseled on FP	47.8%	36.9%	38.6%	35.7%
# of total PAC clients accepting a FP method	3,209	1,106	1,371	1,385
% of PAC clients accepting a FP method	36.1%	51%	53%	52%

APPENDIX C: FP Services and Sites supported by ACQUIRE

Region	FY '06			FY '07			# of Sites Reporting 4 or more FP methods	% of Sites Reporting 4 or more FP methods
	# Supported Sites	# Sites Reporting FP Service Stats	% of Supported Sites Reporting FP Data	# Supported Sites	# Sites Reporting FP Service Data	% of Supported Sites Reporting FP Data		
Arusha	30	28	93%	30	29	97%	23	77%
Manyara	23	21	91%	23	23	100%	20	87%
Kilimanjaro	52	47	90%	51	49	96%	43	84%
Dodoma	42	39	93%	42	37	88%	30	71%
Iringa	47	46	98%	48	48	100%	40	83%
Rukwa	30	25	83%	32	30	94%	24	75%
Tabora	31	31	100%	31	31	100%	24	77%
Kigoma	27	27	100%	27	27	100%	25	93%
Mwanza	46	44	96%	47	46	98%	35	74%
Shinyanga	41	40	98%	41	41	100%	31	76%
Total Original 10 Regions	370	349	94%	372	361	97%	295	79%
Tanga	1	1	100%	4	4	100%	3	75%
Mbeya	9	8	89%	42	33	79%	9	21%
Singida	5	2	40%	4	4	100%	4	100%
Morogoro	2	1	50%	6	5	83%	0	0%
Dar Es Salaam	9	7	78%	9	9	100%	1	11%
Mara	8	6	75%	16	8	50%	5	31%
Kagera	3	3	100%	15	15	100%	11	73%
Total 17 Regions				468	439	94%	328	70%
Ruvuma				16	15	94%	8	50%
Pwani				7	7	100%	5	71%
Lindi				6	6	100%	4	67%
Mtwara				6	6	100%	4	67%
Zanzibar (3 Regions)				5	5	100%	3	60%
Pemba ((2 Regions)				4	4	100%	2	50%
Total All 26 Regions	406	376	93%	512	482	94%	354	69%

APPENDIX D: Clients Using LAPMs by region

LAPM Method by Region

Region	FY 06				FY '07			
	Female Sterilization	Male Sterilization	IUD	Implant	Female Sterilization	Male Sterilization	IUD	Implant
Arusha	1,012	4	585	2,302	932	2	5809	1905
Manyara	834	2	246	1,465	470	0	182	1365
Kilimanjaro	977	2	571	2,283	5065	4	4726	1114
Dodoma	1,108	2	119	2,227	5409	4	5877	1659
Iringa	1008	2	90	826	990	0	135	2772
Rukwa	443	4	240	862	151	1	214	810
Tabora	1,931	15	64	408	960	2	157	394
Kigoma	779	72	124	877	602	73	71	1217
Mwanza	2,592	26	219	1,539	973	12	225	434
Shinyanga	2,589	1	160	1,320	958	0	217	671
Total Original 10 Regions	13,273	130	2,418	14,109	16,510	98	17,613	12,341
Tanga					278	0	196	380
Mbeya					11733	0	219	14475
Singida					432	0	25	221
Morogoro					576	1	31	1188
Dar Es Salaam					275	1	1304	2125
Mara					474	16	21	156
Kagera					11700	36	440	1230
Ruvuma					5418	0	36	1313
Pwani					645	0	158	2072
Lindi					597	0	16	945
Mtwara					5910	0	12	15421
Zanzibar (3 Regions)					42	1	27	623
Pemba ((2 Regions)					960	0	132	434
Total All 26 Regions					55,550	153	20,230	52,924

APPENDIX E: Trainings

Number of Trainees by Topic and Sex

Training Type	Female	Male	TOTAL
ML/LA skills	39	163	202
NSV skills	0	28	28
IUCD skills	332	28	360
Implants skills	654	258	912
cPAC skills	55	89	144
Counseling	1077	444	1521
LDP	12	19	31
CT Update	45	3	48
QI	1222	929	2151
Reality Check ²	6	2	8
Grants Management	94	90	184
Programme Planning	36	18	54
Demand Creation	199	273	472
TOTAL	3,771	2,344	6,115

² The 8 trainees in Reality Check last year were from Zanzibar RCHS. They included FP program Managers and officers in charge of FP at the Ministry level.