

the **ACQUIRE** Tanzania project

# Annual Report

October 2008 - September 2009

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## Acronyms

<b>ACQUIRE</b>	<b>Access, Quality, and Use in Reproductive Health Project</b>
<b>AIDS</b>	<b>Acquired Immunodeficiency Syndrome</b>
<b>ANC</b>	<b>Antenatal care</b>
<b>BCC</b>	<b>Behavior change and communication</b>
<b>CCHP</b>	<b>Comprehensive council health plans</b>
<b>CHMT</b>	<b>Council Health Management Team</b>
<b>cPAC</b>	<b>Comprehensive post abortion care</b>
<b>CPR</b>	<b>Contraceptive prevalence rate</b>
<b>CTC</b>	<b>Care and treatment center</b>
<b>CYP</b>	<b>Couple years of protection</b>
<b>DRCHCo</b>	<b>District Reproductive and Child Health coordinator</b>
<b>FO</b>	<b>Field Office</b>
<b>FP</b>	<b>Family planning</b>
<b>FP/RH</b>	<b>Family Planning and Reproductive Health</b>
<b>FS</b>	<b>Facilitative supervision</b>
<b>FY</b>	<b>Fiscal Year</b>
<b>HC</b>	<b>Health center</b>
<b>HIV</b>	<b>Human immunodeficiency virus</b>
<b>HMIS</b>	<b>Health management information system</b>
<b>HSR</b>	<b>Health sector reform</b>
<b>IEC</b>	<b>Information, Education and Communication</b>
<b>IP</b>	<b>Infection prevention</b>
<b>IR</b>	<b>Intermediate result</b>
<b>IUCD</b>	<b>Intra-uterine contraceptive device</b>
<b>LAPM</b>	<b>Long-acting and Permanent Methods</b>
<b>LDP</b>	<b>Leadership development program</b>
<b>M&amp;E</b>	<b>Monitoring and Evaluation</b>
<b>MCH</b>	<b>Maternal and Child Health</b>
<b>ML/LA</b>	<b>Minilaparotomy under Local Anesthesia</b>
<b>MOHSW</b>	<b>Ministry of Health and Social welfare</b>
<b>MSD</b>	<b>Medical Stores Department</b>
<b>MVA</b>	<b>Manual vacuum aspiration</b>

<b>NACP</b>	<b>National AIDS Control Program</b>
<b>NGO</b>	<b>Non-governmental organization</b>
<b>NSV</b>	<b>No-scalpel vasectomy</b>
<b>OJT</b>	<b>On-the-Job Training</b>
<b>PMP</b>	<b>Performance management plan</b>
<b>PMTCT</b>	<b>Prevention of Mother-to-Child Transmission</b>
<b>QI</b>	<b>Quality improvement</b>
<b>RCH</b>	<b>Reproductive and Child Health</b>
<b>RCHS</b>	<b>Reproductive and Child Health Section</b>
<b>RH</b>	<b>Reproductive health</b>
<b>RHMT</b>	<b>Regional Health Management Team</b>
<b>SP</b>	<b>Service providers</b>
<b>STI</b>	<b>Sexually Transmitted Infection</b>
<b>TA</b>	<b>Technical assistance</b>
<b>TFR</b>	<b>Total fertility rate</b>
<b>T-MARC</b>	<b>Tanzania Marketing &amp; Communications: AIDS, Reproductive Health &amp; Child Survival Project</b>
<b>TOT</b>	<b>Trainer of trainers</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>VCT</b>	<b>Voluntary counseling and testing</b>
<b>VHW</b>	<b>Village health worker</b>

## **Acknowledgement**

Year 2 (2008-09) was another successful year for the ACQUIRE Tanzania Project (ATP). The project sincerely acknowledges the support received from the American people through USAID that has made this project and these achievements possible, and the direct support, guidance and close collaboration from USAID/Tanzania.

A variety of factors contributed to this success. The great partnership with the Ministry of Health and Social Welfare and the districts in the entire process of planning, implementation and monitoring is very much acknowledged. This close working relationship is a central strategy of ATP's work and helps to reinforce MOHSW and GRT capacity-building and ownership of the activities.

The project activities were implemented by MOHSW managers, supervisors and service providers, media champions, parliamentarians and other stakeholders, and the ATP staff who worked tirelessly to advocate for family planning and related RH services, sensitize the communities and provide quality services. It is not easy to thank each and every one of them but we congratulate and give a big THANK YOU to all.

Lastly but not least ATP congratulates and thank all the couples and clients who made decision to use family planning services, for without them these achievements would not have been realized. We are also pleased to note that those decisions made by couples and clients to use family planning services will have lasting benefits for Tanzanian families in terms of reduced maternal and child morbidity and mortality, improved quality of life for mothers and children, reduced abortions, and other ways that are too numerous to note here.

## Executive Summary

EngenderHealth has been implementing the five year (2007 – 2012) project on *Access, Quality, and Use in Reproductive Health (ACQUIRE)* that was awarded by USAID Tanzania, beginning in October 2007 under the Associate Award Agreement No. 621-A00-08-00006-00. The project that is known as the ACQUIRE Tanzania Project (ATP) completed its second year on September 30, 2009. The project is designed to support the Ministries of Health and Social Welfare (MOHSW) Mainland and Zanzibar in their efforts to increase access to, the quality of and use of family planning. ATP, in collaboration with the two Ministries also decentralizes comprehensive post-abortion care (cPAC) down to the lower level health facilities and supports the scaling up of quality PMTCT services in the Manyara and Iringa regions to ensure that the PMTCT services are integrated with maternal and child health programs with strong linkages to care and treatment programs, through improved facilities and strengthened referral systems.

ATP implements a model that synchronizes supply, demand and advocacy and is organized into 5 intermediate results of supply, demand creation, advocacy, comprehensive post abortion care (cPAC) and prevention of mother to child transmission of HIV (PMTCT). This report presents progress made in year two (October 2008 –September 2009) of the project.

At the end of the year the ATP had 62 staff, of these 21 were at HQ and 41 in the four zonal offices (Coastal [in Dar es Salaam], Arusha, Mwanza and Iringa). During the year, a total of eight staff were recruited. They include four M&E field program officers for each FO, which are new positions, a finance manager and two FP program officers for Iringa and Arusha and a Human Resource Manager based in Dar es Salaam who is shared between ATP and CHAMPION. Three staff left the organization (financial analyst and finance manager from HQ and accountant from Iringa region) and recruitment was underway to fill their positions at the end of the reporting period.

### **Summary of achievements:**

- A total of 202,345 long acting and permanent methods (LAPM) clients were served during 2008/09 compared to 157,107 clients served in project year 2007/08. This represents a 29% increase. The LAPM clients served during this year generated 1,102,000 CYPs as compared to 784,835 that was generated in year one of the program. When comparing the achievements to the targets for the reporting year, this report reveals that the target achievement was 101%.
- ACQUIRE/Tanzania worked with Council Health Management Teams (CHMTs) and completed renovation of 29 health facilities. Renovations include building waiting bays, Minilap theaters, MVA rooms, family planning rooms, labor wards and postnatal wards.
- 14,676 service providers were trained on LAPM, cPAC and PMTCT skills, advocacy, demand creation, program planning, and data for decision-making, exceeding the annual target of 12,716 by 1,960 trainees. Of these 525 were trained to provide IUCD; 220 on implants; 129 surgeons to perform Minilap; 14 on vasectomy; 546 trained on monitoring and evaluation of FP; 80 trained in leadership through a leadership development program (LDP); 2537 in quality improvement; 216 received updates in contraceptive technology (CTU) and 326 on cPAC skills.
- During this year, comprehensive post abortion care services (cPAC) were scaled up from 10 districts in Mwanza and Shinyanga to 16 districts where the services were introduced in 5

districts of Zanzibar. A total of 6,217 cPAC clients were served in 2008/09, an increase of over 100% compared to the 1,482 clients in 2007/08; out of these 5,202 were counseled for FP and 4,216 (81%) were discharged with the FP method of their choice. This achievement has surpassed the internationally determined standards for cPAC programs, which advocates for an average of 60-70 percent of PAC clients accepting FP methods after the service (WHO, 2005).

- PMTCT services expanded from 159 sites attained last year to 322 outlets, an increase of 102% and surpassing the annual target of 60 outlets by 435%. The total women counseled and received results were 82,248 out of the annual target of 125,880 women; the target fulfillment rate was therefore 65%; and 90% of women attended ANC were tested and given results.
- A total of 1,326 service providers were trained to provide a minimum package of PMTCT services through central training and on the job training (OJT) approaches.
- ATP provided technical and financial assistance to the MOHSW to review and update national training materials that included FP training modules and the procedure manual. Support was also provided to review a curriculum for structured OJT, a Contraceptive Technology Update guide, basic training skills for training trainers, and trainee follow up guidelines were developed. The review process involved soliciting comments from experts at EngenderHealth headquarters.
- ATP continued with its efforts to advocate for inclusion of FP in the Council Comprehensive Council Health Plans (CCHPs). In 2008/09, 72% of the districts under ACQUIRE comprehensive programming (deep districts) had allocated funds for family planning with amounts ranging from 390,000 Tanzanian shillings (Tsh) (about US\$ 300) to 34 million (about US\$25,000). For the first time, the Zanzibar MOHSW allocated 200,000,000 Tshs for reproductive health out of which 60,000,000 Tshs will be used for procuring contraceptives. In 2009/10, almost all the districts have allocated funds for family planning. The full amount will be known after a detailed budget analysis is complete, which is anticipated for the first quarter of the 2009/10 financial year.
- A total of 55 journalists and 3,590 community members were oriented on FP from Arusha, Manyara, Kilimanjaro, Mwanza, Mbeya, Dodoma and Mtwara in order to increase demand for FP. The teams were oriented on the various methods of modern family planning and how to sensitize other members of the community.
- Regular monthly highlights, quarterly reports, and both formal and informal meetings with the USAID mission and the MOHSW ensured that the agencies were in touch and sharing information on implementation progress.

## Introduction

The five-year ACQUIRE Tanzania Project (ATP) - *Access, Quality, and Use in Reproductive Health*, entered its second year in October 2008 under Associate Award No. 621-A00-08-00006-00. The program continued to support the Ministries of Health and Social Welfare (MOHSW) in the Mainland and Zanzibar to increase access to, the quality of and use of family planning, comprehensive post abortion care (cPAC) and prevention of mother to child transmission of HIV (PMTCT). ATP support focuses on long-acting and permanent methods (LAPM) of contraception (in all 26 mainland regions and Zanzibar). The focus of cPAC was to decentralize the services to the lower levels (dispensaries and health centers) through training nurses to perform manual vacuum extraction. The project also supported the MOHSW to scale up quality PMTCT services in the Manyara and Iringa regions to ensure that PMTCT services are integrated within MCH programs with strong linkages to care and treatment programs, through improved facilities and strengthened referral systems.

The implementation of the program continued to adapt the supply, demand and advocacy model that ensures that more services reach more people in more places. Through demand creation the community is provided correct information on FP to clear misconceptions and enable clients to make informed choices about planning their families. Advocacy has played a prominent role in sensitizing community leaders, religious leaders, policy makers, planners and political leaders. In return, there has been an open discussion about increasing budgets for FP at both national and district levels that resulted in the release of national-level FP funding and an increased allocation of FP funding in the districts' comprehensive health plans.

Implementation of the year 2 work plan built on the work that ATP had done in year 1 of the Associate Award which started in October 2007. The program implements a district approach<sup>1</sup>, in which 84 districts were supported with a comprehensive package of services, directly to 3,225 facilities (148 hospitals, 311 health centers and 2,731 dispensaries). This comprehensive programming package includes intensive training of service providers, renovation of health facilities, provision of project equipment to all health facilities providing FP services (IUD and Minilap Kits, HIV test kits, theater beds, infection prevention equipment such as sterilizers, etc); support to outreach activities, support to service days in hospitals and selected health centers; and improved routine FP/RH service provision in all health facilities providing family planning services; and assistance to RHMTs and CHMTs to conduct timely supportive supervision to health facilities.

In order to effectively manage the scale-up the program, and at the same time ensure equitable provision of services in all regions, ATP has adopted a two-tiered implementation approach, namely: “*deep and wide*”. In 90 out of the 136 districts of Tanzania, the project is providing comprehensive, direct support to CHMTs to implement comprehensive family planning and reproductive health services. Districts supported under this arrangement are termed “*deep*” districts. The remaining districts are receiving general indirect support through project assistance at the zonal and regional level that includes training LAPM trainers; training RHMTs on the use of data for decision making; zonal and regional supportive supervision to districts; participating in quarterly contraceptive security meetings; and supporting regional FP advocacy meetings. The districts receiving this support are known as “*wide*” districts. This approach was chosen to ensure that the entire country is receiving FP interventions at all times.

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<sup>1</sup> District approach is defined as the approach that works within the MOHSW decentralized structures and aligns with development, budgeting, reporting and implementation of the comprehensive health plans

While ATP continued to strengthen the provision of FP/LAPM nationwide, cPAC interventions were focused in 16 districts of the Mwanza and Shinyanga regions and 5 districts of Zanzibar. This intervention focuses on decentralizing the services to primary health facilities (dispensaries and health centers). In addition, ATP supported the MOHSW to scale up quality PMTCT services and to ensure that PMTCT services are integrated in MCH programs with strong linkages to care and treatment programs in 12 districts of Manyara (111 sites) and Iringa (211) regions. The interventions include improved facilities and strengthened referral systems.

The ACQUIRE Tanzania Project is organized into five intermediate results to increase the supply of quality FP/LAPMs; increase demand for FP/LAPMs, provide cPAC services to lower health facilities and integrate PMTCT, as shown in Table 1, below.

**TABLE 1: ACQUIRE Tanzania Project Results Framework**

<b>SO:</b>	Improve the health of Tanzanian families and reduce the transmission and impact of HIV/AIDS
<b>IR 1</b>	<b>IR1: Increased supply of quality FP/LAPM</b> IR1.1: Increased use of FP/LAPM IR1.2: Improved quality of FP/ LAPM services IR1.3: Improved contraceptive security
<b>IR 2</b>	<b>IR2: Increased demand for FP/LAPM &amp; Integrated PMTCT</b> R2.1: Increased knowledge of FP/LAPM IR2.2: Increased knowledge about PMTCT
<b>IR 3</b>	<b>IR3: Improved advocacy and policy in support of FP/LAPM</b> R3.1: Strengthen capacity for planning and monitoring FP/LAPM, cPAC and PMTCT IR3.2: Policy change promoted to remove barriers to FP/LAPM
<b>IR4</b>	<b>IR4: Provision of cPAC services at lower level facilities</b> IR4.1: Strengthen FP w/in cPAC services
<b>IR5</b>	<b>IR5: Improved PMTCT services linked to CTCs, FP and other MCH services</b> IR5.1: Improved quality of PMTCT services IR5.2: Increased integrated PMTCT services (# sites, availability)

### Project performance in FY 2008/09

This report summarizes the accomplishments of the ACQUIRE Tanzania Project for FY 2008/20089 (Year 2 of implementation), and outlines the lessons learnt and challenges.

## **IR 1: Increase supply of quality family planning/LAPM**

On the supply side, the project is designed to strengthen access to quality services, ensure contraceptive security, and promote the use of FP/LAPM services. To achieve this, ATP supports and provides technical assistance to the Ministries of Health and Social Welfare Mainland and Zanzibar and the districts, to improve working conditions through renovating health facilities; building the capacity of service providers through training and strengthening planning, management, supervision, and the provision of FP/LAPM services. This has resulted in a more effective and efficient provision of services, and has resulted in the achievements described in this report.

### **IR1.1: Increased use of FP/LAPM**

In order to assure the availability of FP/LAPM services, ATP collaborated with the regions and districts through Regional and district reproductive and child health coordinators (DRCHCO and RRCHCO) to strengthen the three modes of service delivery which include: routine services in static health facilities, outreach services to remote areas and hard-to-reach populations, and service days. During this year, ATP worked with the districts through the field offices to introduce “*family planning weeks*”. These events are organized in the form of special service days in health facilities with the aim of providing FP services to areas with high family planning demand. The events take place in districts with a large backlog of clients on waiting lists. The FP weeks’ events are also used as opportunities for service providers to refresh and strengthen their skills (IUCD, NSV and Minlap), especially for those who had received central training in these highly specialized skills and who may not have been closely supervised. The organization of these events involves mobilizing trainers and service providers from within the district or nearby districts and from the national level to join forces in serving a large number of clients who will have been sensitized through demand creation activities in their respective areas.

The total number of clients served with LAPM contraception—sterilization, IUCD, implants and NSV—increased during the year by 29% (from 157,107 clients served in year one of ATP during FY 2007/08 to 202,345 clients served during this reporting period FY 2008/09). This translates to 1,012,743 CYPs generated compared to 784,835 generated last year.

**Table 2: Total number of LAPM clients served between Oct 2007-Sept 2008 and Oct 2008–September 2009<sup>2</sup> by method.**

Field Office	Mode of service delivery	Total Clients Served				
		ML	NSV	Implant	IUCD	Total
<b>Iringa FO</b>	Routine services	6,351	14	16,116	5,567	28,048
	Service days	796	1	934	282	2,013
	Outreach	1,469	-	1,095	438	3,002
	<b>SUB TOTAL</b>	<b>8,616</b>	<b>15</b>	<b>18,145</b>	<b>6,287</b>	<b>33,063</b>
<b>Mwanza FO</b>	Routine services	7,474	22	6,804	4,121	18,421
	Service days	2,302	-	873	674	3,849
	Outreach	23,848	172	11,433	5,969	41,422
	<b>SUB TOTAL</b>	<b>33,624</b>	<b>194</b>	<b>19,110</b>	<b>10,764</b>	<b>63,692</b>
<b>Arusha FO</b>	Routine services	8,063	3	15,095	6,657	29,817
	Service days	2,190	1	4,948	2,529	9,668
	Outreach	2,828	9	10,045	4,017	16,898
	<b>SUB TOTAL</b>	<b>13,081</b>	<b>13</b>	<b>30,087</b>	<b>13,202</b>	<b>56,383</b>
<b>Coastal FO</b>	Routine services	7,306	9	21,383	3,384	32,082
	Service days	1,544	8	3,310	304	5,166
	Outreach	3,258	6	8,326	369	11,958
	<b>SUB TOTAL</b>	<b>12,109</b>	<b>23</b>	<b>33,018</b>	<b>4,057</b>	<b>49,207</b>
	<b>TOTAL</b>	<b>67,430</b>	<b>245</b>	<b>100,360</b>	<b>34,310</b>	<b>202,345</b>

<sup>2</sup> Table 2 presents data collected from all 26 regions in the period of October 2008 to September 2009 by mode of service delivery and clients served by FP methods.

Table 3 below shows the number of LAPM clients increased by 29% from the last year. The largest increases were in the use of the IUCD in which there was a 108% increase. Implants increased from 78,687 to 100,360. ATP believes that more clients would have adopted implants if it were not for a stock out of Implanon that the country experienced during the year. The increase in IUCD uptake can be attributed primarily to the provision of equipment (IUCD kits) and enhanced training in both skills and counseling that enabled service providers to counsel women who were interested in adopting the IUCD.

**TABLE 3: Contribution of FP Method to the Annual Achievement, Year 1 and Year 2  
(Number of clients per LAPM)**

<b>METHOD</b>	<b>2007/08</b>	<b>2008/09</b>	<b>% CHANGE</b>
Minilap	61,752	67,420	7
Vasectomy	239	245	1
IUCD	16,429	34,310	108
Implant	78,687	100,360	28
<b>Total</b>	<b>157,107</b>	<b>202,345</b>	<b>29</b>

When comparing achievements versus targets (or projections) that were set for this year, by method, ATP reached 101% of the target for LAPM clients served for 2008/09. The target was to reach 200,196 clients and ATP supported a system that served 202,345 clients.

**TABLE 4: Achievements vs. Targets 2008/09 (Number of clients per LAPM)**

<b>Methods</b>	<b>Achievement 2008/09</b>	<b>Projections 08/09</b>	<b>% target fulfillment</b>
ML/LA	67,420	81,073	83
VAS	245	244	100.4
IUCD	34,310	28,619	120
IMPLANT	100,360	90,260	111
<b>TOTAL</b>	<b>202,345</b>	<b>200,196</b>	<b>101</b>

The number of clients accessing the services for all methods showed a steady increase per quarter (see Figure 1 below).

The ATP field offices contributed to the achievements made during the year as shown in Table 5 below. Mwanza (32%) reached supported sites that reached the most clients, as compared to Arusha (28%), Coast (23%) and Iringa (17%).

**TABLE 5: Field Office Contribution to the Achievement of LAMP 2008/2009**

Offices	ML/LA	VAS	IUCD	Implant	Total	% Contributed
Arusha	13,081	13	13,202	30,087	56,383	28
Coast	12,109	32	4,957	33,018	49,207	24
Iringa	8,616	15	6,287	18,145	33,063	17
Mwanza	33,624	194	10,764	19,110	63,692	31
Total	67,240	245	34,310	100,300	202,345	100

**Figure 1: Quarterly Performance 2008/09 (LAMP clients by method per quarter)**

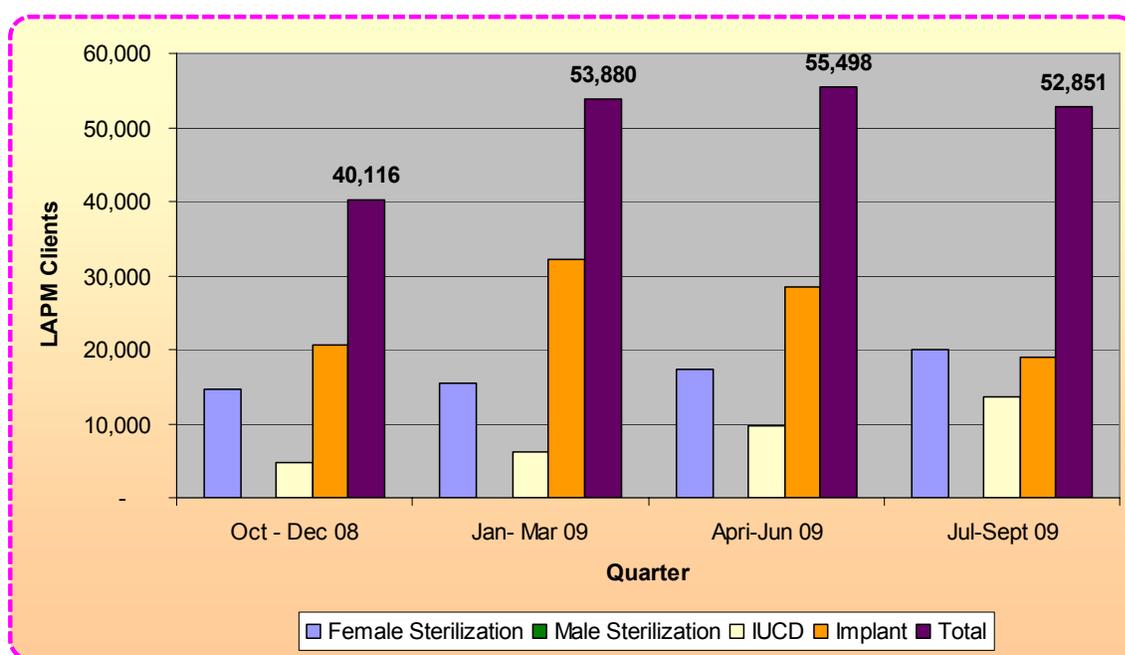
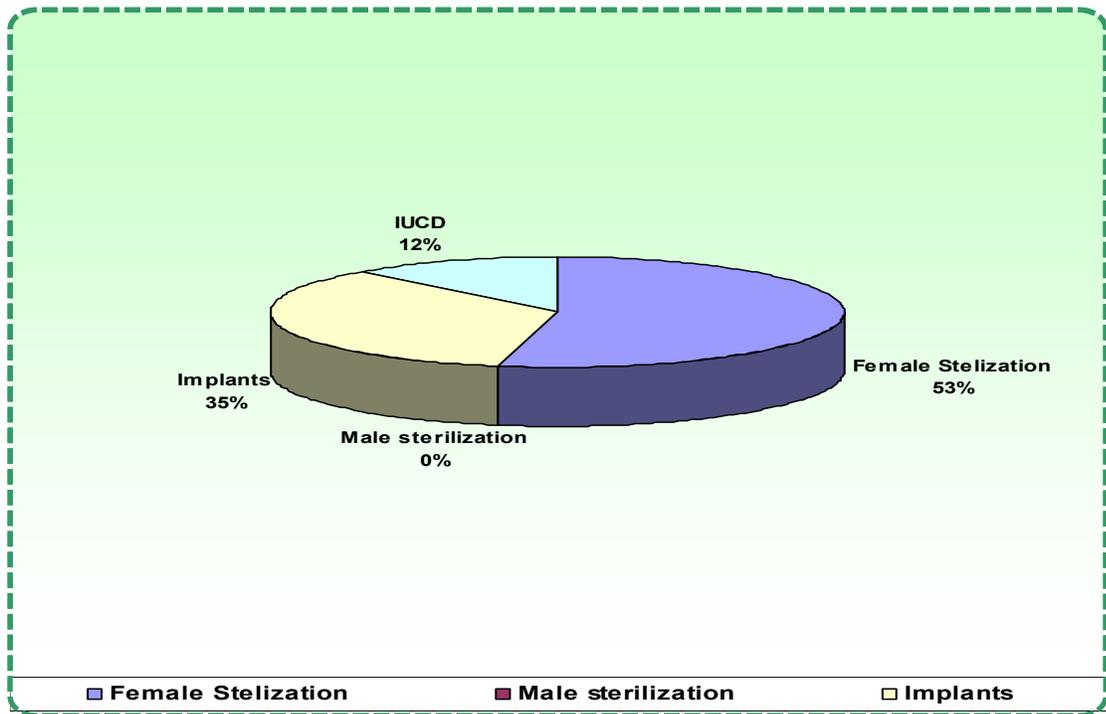


Figure 2 below shows the distribution of CYP coverage by method. The majority of CYP is generated through female sterilization (53%), followed by implants (35%) and IUCDs (12%). Please note that the 0% for vasectomy is due to rounding off and not the actual performance. This resulted from increasing the availability of LAMP services, skilled personnel, and supplies. The number of women accessing IUCD increased significantly this year. Due to a shortage of Implanon, many women seeking a long term method opted for an IUCD. The service providers were able to counsel women who had chosen Implanon to switch to the IUCD. Furthermore, ATP ensured that more service providers were trained on IUCD insertion and ensured that equipment was available in the sites. During the year, 600 IUCD kits were procured and distributed.

**Figure 2: FP Method Contribution to CYP, 2008-09**



Outreach LAPM services

ATP continued to reach clients in remote and hard-to-reach areas through supporting districts' outreach efforts in which a wide range of family planning services were provided by a team of LAPM-trained service providers from the district hospital. Outreach services are usually preceded by demand creation activities that are organized in collaboration with community leaders. Clients previously counseled are encouraged to register for LAPM methods of their choice in advance. During the second year of ATP, 73,280 clients were served via the outreach services, accounting for 36% of all clients served. Although this is a reduction of 21,848 from last year, overall clients reached with LAPM services exceeds the previous year, so this could be an indication that the static facilities are providing more services through routine modes which are more sustainable, when compared to outreach.



*Clients respond for outreach services after mobilization in Karatu district*

### Service days

Family Planning service days were conducted in the static health facilities (hospitals and selected health centers). This service delivery approach compliments routine services in which clients who may not have been served during routine days for one reason or another are listed and attended to in a specific day. Service days involve intense demand creation to sensitize and mobilize the community several days two weeks prior to the activity day. During this year a total of 20,696 (10%) clients were served through service days.

For the first time ATP introduced “*Family Planning Week*” events: special FP service weeks in which FOs support districts to organize the services in quarters three and four. During this year these services were implemented in all the four FOs. A total of 5,478 LAPM clients were served (1,926 ML, 2,349 Implanon and 1,201 IUCD) and over 8,000 clients received short term methods (pills, injectables and condoms). This approach is also used as a means of harmonizing and refreshing the skills of long serving LAPM service providers. The events are further expected to provide opportunities for the service providers to share experiences and to allow peer review of their performance.

### Routine FP service delivery

Routine service provision is the most sustainable mode of FP service delivery in static health facilities. Provision of services on a regular basis requires a commitment from health facility management, trained staff, appropriate infrastructure and the necessary equipment and commodities. During this quarter, 108,368 clients were served in static sites representing 54% of all the clients served. This is a good move towards strengthening FP as a routine service package in health facilities through RCHS clinics. Table 6 below illustrates the number of clients served through each service delivery mode.

**Table 6: LAPM clients served during routine, outreach and service days visits October 2008-September 2009**

Field Office	Mode of service delivery	Total Clients Served				
		ML	NSV	Implant	IUCD	Total
<b>Iringa FO</b>	Outreach	1,469	-	1,095	438	3,002
	Routine services	6,351	14	16,116	5,567	28,048
	Service days	796	1	934	282	2,013
	Outreach	1,469	-	1,095	438	3,002
	<b>SUB TOTAL</b>	<b>8,616</b>	<b>15</b>	<b>18,145</b>	<b>6,287</b>	<b>33,063</b>
<b>Mwanza FO</b>	Routine services	7,474	22	6,804	4,121	18,421
	Service days	2,302	-	873	674	3,849
	Outreach	23,848	172	11,433	5,969	41,422
	<b>SUB TOTAL</b>	<b>33,624</b>	<b>194</b>	<b>19,110</b>	<b>10,764</b>	<b>63,692</b>
<b>Arusha FO</b>	Routine services	8,063	3	15,095	6,657	29,817
	Service days	2,190	1	4,948	2,529	9,668
	Outreach	2,828	9	10,045	4,017	16,898
	<b>SUB TOTAL</b>	<b>13,081</b>	<b>13</b>	<b>30,087</b>	<b>13,202</b>	<b>56,383</b>
<b>Coastal FO</b>	Routine services	7,306	9	21,383	3,384	32,082
	Service days	1,544	8	3,310	304	5,166
	Outreach	3,258	6	8,326	369	11,958
	<b>SUB TOTAL</b>	<b>12,109</b>	<b>23</b>	<b>33,018</b>	<b>4,057</b>	<b>49,207</b>
	<b>TOTAL</b>	<b>67,430</b>	<b>245</b>	<b>100,360</b>	<b>34,310</b>	<b>202,345</b>

#### Renovation of health facilities

In order to improve working conditions for service delivery, ATP supported the Council Health Management Teams (CHMTs) to improve health facilities through minor renovations and procurement of needed equipment. A total of 29 health facilities (71%) were renovated and equipped to provide LAPM, cPAC and PMTCT services out of the annual target of 41 facilities. Renovation of 12 health facilities (29%) was in progress at the end of the reporting period and will be completed in November 2009. Renovations have been reported to attract an increased

number of clients to the facilities; they motivate service providers and have enabled some of the health centers to provide an increased range of services that previously had only been offered at dispensaries. In one renovated health center in the Njombe district of the Iringa region, reports have revealed that deliveries increased from 40 to 120 per month. In one dispensary in the Mbulu Manyara region, the number of deliveries has increased from only one per month to an average of 17 to 20 per month. Report from the Mwanza FO reported that since the Mwawile Health Center in Misasis District of Mwanza region was renovated, deliveries increased from 23 to 102 clients between July and September 2009. The district has increased professional staff from one clinical officer to five including, one who is responsible for all maternal and child health services. The district has also provided accommodation for recruited staff in order to be able to provide ongoing services.

The support to renovation has motivated district administrations to increase the number of staff to the facilities and also to contribute in the cost of the renovation. In one district in the Mwanza Region the District Executive Director contributed 7 million Tshs and the Regional Commissioner contributed 1 million Tshs to the renovation. The District Medical Officer allocated an Assistant Medical Officer to the renovated facility so that Minilap and other minor surgeries could be performed at the facility. Furthermore, renovations have improved client flow in the RCHS clinics and thus facilitated the integration of the services. In other facilities, simple renovations such as creating a waiting bay coupled with COPE exercises has attracted other donors to construct other buildings such as maternity wards and pediatric wards, as was the case of the Usa River Health Center in Meru District of Arusha. Supervisors report that staff are more motivated because of the improvement in their working conditions.

**Figure 4: Mwawile Dispensary in Misungwi District of Mwanza Region before and after renovation**



*Clinic BEFORE*

*Clinic AFTER*

the newly renovated facilities. Communities have been very cooperative in the renovations process by contributing labor, some materials, fetching water and being available throughout the process.

### IR1.2: Improved quality of FP/LAPM

To improve the quality of FP/LAPM services we worked with the Reproductive and Child Health Section (RCHS) and CHMTs to improve the quality of services through: 1) improving the skills of providers through trainings; 2) monitoring provider performance through follow up visits made by trainers; 3) providing technical assistance and training to the MOHSW in facilitative supervision techniques; 4) instituting ongoing facility-based quality improvement systems; and 5) identifying quality FP services and support exchange visits so that less successful districts can learn lessons from more successful ones.

During year 2, field offices (Mwanza and Arusha) were trained in Quality Improvement (QI). The training was designed to update knowledge and skills of EngenderHealth staff to enable them to apply a facilitative approach to supervision in order to improve providers' performance and quality of health services. As a result of the training, the FOs have supported districts to conduct quality monitoring using the EH quality monitoring tool. Results from the assessment will be analyzed and share in future reports.

#### IR 1.2.1: Training

The lack of skilled service providers is a longstanding challenge for all health care services, including FP. During this year, ATP worked with the MOHSW and the districts to conduct in-service trainings based on the districts' demand and assessed needs. The approaches used include central training and on-the-job training (OJT) as well as whole site training. These trainings cover LAPM skills, quality improvement, M&E orientation, PMTCT skills, demand creation, FP and PMTCT counseling skills, advocacy and cPAC skills. A total of 14,676 service providers were trained and this involved trainers, supervisors, community leaders and district key decision makers as shown in Table 5 below. Trainers conducted follow up visits to health facilities to assess how the trainees were performing. These visits were followed by certification in cases where service providers demonstrate competency. In addition, ATP and other partners supported the MOHSW to review the national FP training modules. As part of this review, the 8 modules have been condensed into three (short term, long term and permanent methods). ATP worked on the permanent method module, while FHI focused on the short term module and Pathfinder reviewed the long acting methods module. ATP also led the process to review the national procedure manual and development of an OJT and trainee follow up curriculum. Comments were solicited from the EngenderHealth headquarters technical advisors for all documents and ATP is very grateful for this support.

<b>Table 7: Training Performance 2008-09</b>			
<b>Type of Training</b>	<b>Annual Target</b>	<b>Actual Achievement</b>	<b>% Achievement</b>
Female sterilization	74	129	162
Male sterilization	8	14	175
IUCD	159	525	330
Implants	145	220	152
cPAC	632	336	53
FP Counseling	108	100	92
M & E Orientation	285	546	192
Leadership Development Program	90	80	89
Contraceptive Technology Update (CTU)	155	216	139
Family Planning LAPM OJTs	2,150	1,314	61
Whole site Training/QI	334	667	199
Whole site Training/QI OJT	1,920	1,420	74
TOT	-	96	-
IPC	-	450	-
Demand Creation	2,405	4,497	187
Advocacy	1,424	1,709	120
Program Planning	854	404	47
Data for decision Making	1,011	627	62
<b>Total FP/PAC</b>	<b>11,754</b>	<b>13,350</b>	<b>114</b>
PMTCT Skills	217	567	261
PMTCT OJT	745	759	102
<b>Total PMTCT</b>	<b>962</b>	<b>1,326</b>	<b>138</b>
<b>Grand Total</b>	<b>12,716</b>	<b>14,676</b>	<b>115</b>

### IR1.2.2: Facilitative supervision

Facilitative Supervision is a quality improvement process that is used by EngenderHealth. During this reporting period, the ATP staff consistently supported the MOHSW at the national, zonal and regional levels and the CHMTs at the district levels to ensure that facilitative supervision was conducted quarterly. During the supervision visits the CHMT members, DRCH and RRCH coordinators, discussed progress, and provided on-the-job training to the service providers and the facility level supervisors. As a result it has been reported that data collection has improved and is more complete. However, due to limited funding at the regional levels, RHMTs in most regions were unable to conduct quarterly facilitative supervision visits to districts as required by the MOHSW. During the year, ATP provided funding to the MOHSW through the FOs to conduct supervision at the zonal and regional levels and provided limited funding to the CHMTs to conduct facilitative supervision to lower level facilities on a quarterly basis. Furthermore, ATP continued to advocate for the MOHSW through the DHS to financially support regions in conducting regular facilitative supervision.

### Quality Improvement Activities

ATP utilizes the EngenderHealth quality improvement tools to support health facilities to provide quality services. In December 2008, Rehema Kahando and Joseph Kanama attended a TOT training on QI and facilitative supervision (FS) in Ethiopia organized by EngenderHealth. The two trainers then conducted QI training in March 2009 to project staff in the Arusha and Mwanza FOs. The training was designed to update the knowledge and skills of EngenderHealth ATP staff to enable them to apply a facilitative approach to supervision in order to improve providers' performance and the quality of health services. All the four field offices were updated on the Quality Management Tool (QMT) so that they can support districts and health facilities and assess the quality of LAPM services. Reports from Mwanza FO reveal that QMT tools have been administered and findings from the assessments will be shared in upcoming reports. During this reporting period, ATP collaborated with the MOHSW (RCHS section) and district CHMTs to train 450 service providers on infection prevention and control (IPC) through central training while 2,087 providers were trained through whole site training. Field offices have been training service providers and facility management staff on COPE (Client-oriented, Provider-efficient), a quality improvement process developed by EngenderHealth and which assists health care staff to continuously improve the quality, efficiency, and client responsiveness of the services at their facility. COPE trainings were replicated by all FOs.

The Mwanza field office conducted COPE exercises for 147 service providers in 4 hospitals. Some of areas identified as needing improvement included infrastructure that requires renovation, a lack of space for ensuring clients confidentiality and privacy, client flow in the MCH clinics, and the general cleanliness of the health facility environment.

**Figure 5: COPE exercise**



*Staff in one Mrara Hospital in Babati District of Manyara Region during COPE Exercise*

### IR1.3: Improved contraceptive security

ATP collaborated with the MOHSW to improve contraceptive security through attending the national contraceptive meetings and supporting similar meetings in the zones. The role of ATP has been to track delivery point outlet statistics for both LAPMs and short acting methods. During the year, there was a critical shortage of contraceptives and ATP played a key role in bringing this issue to the agenda of the national family planning working group and FP partners meetings both of which are chaired by the MOHSW/RCHS. As a result of various advocacy activities by FP partners, the government, through the MOHSW, increased the annual FP budget from 1.7 to 9.4 billion Tshs for the year 2009/10 and expedited the release of funding

amounting to Tshs 5.4 billion for the emergency procurement of contraceptives. ATP continued to train service providers on how to complete the reporting and requesting (R&R) forms during the LAPM skills trainings as a means of improving forecasting of contraceptives as well as addressing the problem of stock outs. ATP also collaborated with JSI DELIVER as the Integrated Logistics System is scaled up in the country. During this reporting period each field office supported 4 zonal contraceptive security meetings. Representatives of the Medical Stores Department (MSD), important distributors of FP products, attended all the meetings. Due to the critical shortage of contraceptives, the zonal contraceptive security teams reviewed reports of stock in the facilities and began redistributing contraceptives from low utilizing facilities to the ones that had run out of the commodities.

### **Challenges and Responses**

- Health facilities have inadequate space to provide quality FP services in the sense that counseling and services are provided in the same room. In some facilities, lack of privacy is a significant problem.

*ATP is working very closely with the districts and other partners to assist in renovating facilities to create conducive environment for quality service delivery.*

- Stock out of contraceptives was big hindrance in the provision of the services. Implants and depo-provera were the most affected.

*ATP supported the districts to identify the sites that had stocks of the commodities available and helped to facilitate redistribution to the sites with critical stock outs. Also, counseling skills for service providers were enhanced so that they could counsel clients for IUCD instead of implants. This increased IUCD acceptance to a great extent. At national and zonal levels ATP participated in contraceptive security meetings through which issues with stock outs were discussed and solutions sought.*

- Training needs are still high, especially in IUCD providers .IUCD providers are still inadequate, compared to the number of Health facilities providing FP/ RH services.

*ATP has worked with the districts to develop a trainee inventory that will be used to identify training gaps. Future training will consider the facilities that have no trained staff for various LAPM skills. ATP will also initiate this year a three-year tracking of LAPM trainees to ascertain patterns of continuation of trained providers to better inform the MOHSW on matters related to training, deployment and retention of skilled health service providers.*

- Delay in reporting is a persistent problem.

*ATP has recruited FO M&E program officers who will add force in the FO and districts to strengthen data collection and transmission.*

- Project implementation and monitoring is affected by limited transport in the FOs. Iringa and Coastal FOs have one car each, and although Mwanza and Arusha have two cars each, it is difficult to share among the program officers.

*ATP has procured five cars that were being cleared from the port at the end of the reporting period. These will all go to the FOs, but still they will not be enough. The FOs have been collaborating well with the DRHSCOs and ATP provides fuel for their counterparts' vehicles and use them for outreach and supervision jointly.*

- Districts are faced with inadequate expendables and supplies, and are thus unable to accommodate the increased workload of clients especially during Outreach and Service days.

*ATP has been procuring expendables like gauze and others to ensure that the services are provided according to standards. At the same time advocacy is been done to sensitize the districts to ensure that these expendables are budgeted for to ensure sustainability. Other options are also being explored.*

This year was a very busy one in terms of National Family Planning Task Force activities. The development of the national FP costed implementation plan (CIP), and the review of curriculum and training modules, occurred. The multiple meetings took program staff away from their usual service provision tasks.

*In order to ensure that program activities were not affected, the senior staff strategized such that ATP was represented in the task force meetings sometimes on rotational basis depending on who was available at the time of the meeting.*

### **Next steps**

- Strengthen family planning weeks as these have two fold advantages of refreshing skills of trainers and service providers as well as well increasing access to FP/LAPM.
- Scale-up use of the revised FP training modules, OJT curricula and the trainee follow up guidelines.

- Provide continuous support to districts to ensure that all health facilities delivering FP services report in a timely manner.
- Orient supervisors who have not already received orientation on Quality Improvement (QI) tool.
- Continue to hold Contraceptive security meetings in order to ensure constant availability of the commodities.

### **Lessons learnt**

Demand for FP/LAPM is there, and increasing service availability increases access to clients. This was revealed when ATP introduced *family planning weeks*, in which up to 600 Minilap and over 1,000 implants were inserted in one week in one FO. Many more clients would have been served if contraceptives especially implants were available.

There of numerous other examples of ATP’s interesting and successful work that need to be more fully documented and disseminated. ATP needs to focus on this and accordingly will work with resource persons at EH/NY and locally to ensure that the work is documented and experiences shared.

## **IR 2: Increased demand for FP/LAPM , cPAC & Integrated PMTCT**

### **Activity overview**

ATP demand creation activities focus on behavior change communications (BCC) at the community level. This involves (1) producing information, education and communication (IEC) materials meant to influence positive behavior change and to raise awareness through the dissemination of knowledge about the key benefits of LAPMs, and (2), engaging the news media to provide correct information and to address myths and rumors related to LAPMs, and (3) encouraging community participation in support of FP/LAPMs.

### **Achievements**

#### **IR 2.1 Increased knowledge on FP/LAPM**

A total of 6,344,452 people were reached with FP messages during this year through mass media, men and women forums, clinic forums, and road shows (see Table 8 below). 238 community leaders and journalist were oriented on FP and 5,765 people received information on FP during various national events such as World Population Day, White Ribbon Alliance Day, Fathers Day and International Family Day.

**Table 8: Individuals Reached with FP Messages in FY09**

<b>COMMUNICATION METHODS</b>	<b>FY 09</b>
Mass Media (radio spots, news papers, TV, Billboards, etc	6,300,206
Men and Women Forums	14,563
Clinic Forums	3,500
Road shows	20,180
Orientation of community, Journalist and FBO leaders	238
National Events	5,765
<b>Total</b>	<b>6,344,452</b>

During the FY 2008/09 the ACQUIRE Tanzania Project in collaboration with other partners (Women's Dignity, UMATI, TMARC; Marie Stopes) supported the MOHSW/RCHS to update and revise all "*Jipange Ki-maisha Katika Uzazi wa mpango*" or "Have a Plan in Family Planning" behavior change communication materials. The purpose of these materials is to increase awareness on the importance and the unique benefits associated with the use of modern FP, particularly LAPMs.

The materials include 4 radio spots, 4 different posters (IUCD, Implants, and male and female sterilization) and 4 method-specific leaflets promoting IUCD, Vasectomy, and female sterilization. The messages in the materials emphasize that the methods are effective, safe, and that they have health and economic benefits for the users and the entire family. Other materials produced include T-shirts and banners that encourage the community to visit family planning services and encourage family planning discussions amongst spouses. In addition, one leaflet provides information on all family planning methods, and had been developed to improve awareness, and in turn, informed choice.

The radio spots will be aired in 4 prominent national radio stations: Radio Clouds, Tanzania Broadcasting Cooperation (TBC), Radio Tanzania (through the Health Education Radio program) and Radio Free Africa. Additional local radio stations such as Abood (located in Morogoro/Coastal region), Triple A (In Arusha) and Ebony, a country FM station located in Iringa, will start to air them from November 2009 to May 2010.

These FP materials were pre-tested in 4 regions of Iringa, Mtwara, Kilimanjaro and Mwanza. ATP also supported the MOHSW in Zanzibar to review/adopt IEC materials that were developed in the Mainland to suit the cultural situation in Zanzibar in terms of language and other socio-cultural and environmental needs.

ATP also supported the MOHSW to print the Green Star logo and badge for wider distribution as part of an effort to revitalize FP in Tanzania. During the 1970s when FP utilization was high in the country, the green star was the main symbol and slogan for FP. A national FP repositioning event is tentatively planned for March 2010 in which His Excellency, President Jakaya Kikwete will re-launch the green star and other FP revitalization initiatives.

### IR 2.2 Media engagement

A total of 55 Press Club members were oriented on family planning issues. These Press Club members hail from the regions of Unguja and Pemba (27), Ruvuma (18), Tanga (15) and 15 from the Lake Zone. This is in an effort to ensure that journalists provide correct family planning information to the public as they write articles in the newspapers or air FP messages on TV or radio. The aim was to address myths and misconceptions associated with modern family planning. During the orientation meetings, the journalists had a chance to attend organized outreach services in 10 health facilities which provide LAPMs in their respective areas. In total, 35 news items were reported in the Tanzania mainland and Zanzibar newspapers. In Zanzibar 4 panel discussions were held and 10 stakeholders from different organizations participated in the discussions. Among them were 5 Muslim leaders, 5 press club members, and 6 influential leaders from Zanzibar. For the Tanzania Mainland panel discussion 10 journalists attended, and this resulted in 15 news items printed in the local newspapers of Nipashe (5), Mtanzania (4),

Habari Leo (3) and in English newspaper of Daily News (4). News items were also aired on Tanzania Broadcasting Company radio and television stations.

After the orientation session, Ruvuma Press Club members shared their gained knowledge on the importance and benefits of FP with 7 women who are often in the media spotlight due to their involvement in beauty pageants. They also organized a study tour for beauticians to visit the maternal and child care unit within the Ruvuma Municipality, where they pledged to use their influential position to raise awareness of FP.

In Kahama, one journalist who had attended the orientation meeting was so motivated that he decided to undergo vasectomy. He also agreed to be a champion who advocates for vasectomy.

Meanwhile, Press Club members in Tanga, Iringa, Kigoma, Mwanza, Coastal and Dar es Salaam continued to air and print family planning news items featured in ATP supported events such as during “*Family Planning Weeks*”. The journalists have raised awareness around the shortage of commodities and have successfully advocated for the involvement of faith-based leaders in promoting modern family planning methods.

In Iringa a five day national commemoration of “Word Tourism Week” took place from September 25<sup>th</sup>-29<sup>th</sup> 2009. The ATP Iringa Field Office collaborated with the Iringa Municipal Department and the EngenderHealth CHAMPION Project through their Community Action Teams (CATs) to commemorate the event through the provision of FP information and services at Samora Stadium. The guest of honor was His Excellency President Jakaya Kikwete. The event was well covered by local radio stations such as EBONY and Radio FM in Iringa. Also, STAR TV and TBC1 provided coverage at the national level. During the 5 days, 150 clients received oral contraceptives, 500 condoms were distributed and 50 clients were referred for IUCD.

### IR 2.3 Community engagement

During FY 2008/09, faith-based organizations (FBOs) contributed to the positive promotion of FP in Kilimanjaro, Kigoma, Arusha and Manyara. In Kilimanjaro, 300 couples from a pentecostal church were oriented on FP/PMTC services. During this event, family planning services provided direct services and 250 clients received short term contraceptive methods such as pills, condoms and injectables.

### **Figure 6: A meeting to orient FBO participants on FP in Kilimanjaro**



In the Arusha Zone, 3 religious champions in Babati and 2 in Arumeru travelled to the Tanga region to facilitate an orientation to 45 Muslim community leaders. The exchange program is based on experiences gained when ATP supported Manyara and Arumeru champions in 2007/8 activities, and the visit was part of the implementation of their actions plans in which they had planned to share the information with other community members.

During this year, the Babati Muslim Women's groups, who have been identified as FP champions, counseled 35 women on using different FP methods. Five of the counseled women opted for female sterilization. The Babati Muslim Women's group partners with ATP to sensitize and mobilize the community on FP/PMTCT during outreach and major events such as the International Women's Day, Saba and nanenane events.

In Zanzibar, community leaders, including 127 Sheikhs from 9 Shehias were oriented on basic FP information and on the importance and unique benefits of family planning methods. Another 45 religious leaders (Moslems, Christians) in Kigoma and 25 in Tanga were oriented on FP. The leaders resolved to include FP in discussions within their congregations on Sundays, Fridays and Saturdays.

During the 2008/09 year, Members of Parliament in the Iringa region and in Babati emerged as significant advocates for family planning within their respective constituencies. For example, the Iringa FO supported the Member of Parliament Special Seat – Hon. Lediana Mafuru Mgo'ngo, who collaborated with the Tanzania Rural Women and Children Development Foundation (TARWOC) and Iringa Municipal Council to organize a three day sensitization meeting to create awareness on FP and PMTCT among 123 Local Women's Leaders groups in Mufindi, Kilolo and Ludewa districts. The three meetings were a follow up of the previously organized International Women's Week that took place a year ago and was chaired by Her Excellency Mama Salma Kikwete, the First Lady of Tanzania. At this event, TARWOC and Hon. Mama Mgo'ngo committed themselves to take the lead in sensitizing the community leaders—specifically local women's group leaders in Iringa—on FP.

In March 2010, meeting follow up will take place in Iringa during the International Women's meeting, where the First Lady, Mama Salma Kikwete will participate, and will be briefed on progress and outcomes of the sensitization meetings.

Honorable Said Kwang, a Member of Parliament representing the Babati constituency and Chairperson of the Social Affairs Committee of the National Parliament, participated with 50 female community leaders' groups from Babati in an orientation on FP/PMTCT services. During the meeting, Honorable Kwang encouraged spousal communication on issues pertaining to FP, from the individual to the national level. During the session, 300 condoms and 50 leaflets on FP information were distributed. Resulting from this orientation, 5 clients reported adopting implants and 150 clients were referred for IUCDs.

Similarly in Unguja and Pemba, more than 1,200 Shehas were oriented on cPAC/FP services. The aim was to educate them on the risk of unsafe abortion so that they could sensitize the community to respond to unplanned pregnancy by utilizing available counseling and services. The focus of this sensitization was to inform participants of where cPAC services are available and thereafter, participants were asked to share this information within their communities.

Each community's active involvement was reflected in its ability to plan and implement FP services for the ongoing sustainability of the program. This was observed when community leaders assumed active roles in sensitizing the community to access FP services during outreach and service days and their participation in the renovation of health facilities. Reports reveal that communities contributed labor, financial resources and materials. For example, in the Mtama and Mwawile communities, health centers participated fully as a gesture of ownership and sustainability by making bricks, fetching water, carrying cement for construction.

**Figure 7: Community participation**



*Community members contribute sand for the renovation of the Mwawile*

Likewise, the orientation of 3,590 Ward Development Committee Members helped increase awareness on FP/PMTCT services in Mwanza, Iringa, Coastal and Arusha. During the reporting year, ATP collaborated with the MOHSW and other partners such as the CHAMPION Project, FHI and Pathfinder to participate in different national and local events such as:

- The White Ribbon Alliance for Safe Motherhood in Tanzania (WRATZ) which was commemorated on April 22, 2009 with the theme: *“Increased human and*

*financial support for health to reduce maternal and newborn mortality.”* At this event, ATP conducted a service day to provide information and FP services.

- ATP also participated in an event for International Family Day which was held in Shinyanga from May 11–15, 2009, in which the Mwanza FO reached 5,000 community members with FP messages that were delivered through cultural group performances, the distribution of IEC materials, and through health talks. 70 clients were provided with various LAPMs during the event.

ATP collaborated with the CHAMPION Project during Father’s Day on June 21, 2009 in the Dar es Salaam region. The theme was *“Wanaume Tuwajibike katika kulinda afya za familia”* (*men, be responsible in guarding the health of the families*). This event attracted more than 5,000 men. An activity that demonstrates the cross-fertilization of the collaboration between ATP and the CHAMPION project is rural Manyara region’s new bylaw inviting men, through the use of invitation letters, to escort their wives to antenatal clinic visits for prenatal and PMTCT services. This has resulted in more men becoming involved in promoting family planning in Babati; male partner participation has increased by is reported to be at 75%.

### **Challenges and Responses:**

- Demand creation activities for FP/RH are often not included in CHMT’s discussions and therefore are not incorporated into comprehensive district plans. Activities are often dependant on external funding, such as support from ATP, and this poses an additional challenge in ensuring that the activities are sustainable.

*ATP is working with the districts to advocate for inclusion of FP budget into the CCHPs. This includes funds for demand creation.*

- During the year, a lack of IEC materials continued to be an issue.

*With support from ATP and other partners, the MOHSW has reviewed and updated FP IEC materials that have been printed for wide distribution in the first quarter of the next FY. The materials include all method leaflets, method specific leaflets, posters and bill boards.*

- Myths and misconceptions about modern FP methods still persist.

*Provision of accurate information on FP continues to be an ongoing effort through the IEC materials, and health education using various avenues such as national events and radio spots. Materials and messages address FP in general and the specific methods, with a particular focus on LAPM.*

### **Next Steps**

- Continue supporting grass root levels from planning stage to sustain FP/MPTCT and cPAC sensitization
- Finalize and produce the IEC /BCC materials, and disseminate them widely
- Support the MOHSW to develop IEC materials on cPAC and PMTCT
- Follow up demand creation activities and ensure that FP is a priority in all community development committee forums
- Collaborate with the CHAMPION project to ensure that demand creation activities include male involvement

### **Lessons learnt:**

- Exchange of experiences among oriented community leaders on FP/LAPM has increased acceptance of FP services which especially observed during outreach services.
- The need to sensitize media to write specific stories promoting LAPM/PMTCT/cPAC using Kiswahili language is paramount for EngenderHealth/ATP and other partners. It has been observed that a majority of FP articles in newspapers are in English and thus not read by majority of the community.
- Male involvement needs to be integrated into demand creation so as to motivate men to access FP services. Currently a majority of those seeking for FP services are women
- Demand creation for FP must go hand in hand with availability of contraceptives, otherwise the community will be motivated to go for the services and if they don't get then they become demoralized and motivating them again when contraceptives are available, is very difficult.

## **IR 3: Improved advocacy and policy in support of FP/LAPM**

### Activity overview

ATP advocates for an improved policy and program environment for FP/RH services, cPAC and integrated PMTCT. This is realized by supporting the MOHSW through regional and district health management teams (RHMTs/CHMTs) to develop policies based on the best available evidence and maximizing resources to meet the needs. The district is the focal point for participatory planning, budgeting, implementation and reporting. Through this approach, ATP is expecting to build a sustainable, institutionalized and enabling environment for FP/LAPM, cPAC, and PMTCT. ATP's activities are designed to improve districts' abilities to provide, plan for, manage and support future investments necessary to ensure the availability of FP/RH, cPAC and integrated PMTCT services by institutionalizing the capacity of local decision-making; using local information to identify needs and set priorities for resource allocation. Using data for decision-

making (e.g. service quality data, and community awareness surveys) will be essential for planning, budgeting and decision-making. Additionally, as the project works on continued building of demand for services, districts need to ensure that sufficient funds are budgeted and systems are in place for contraceptive security and outreach activities to meet the forecasted increase in use of services.

### Achievements

*Feasibility Study on Task shifting of Minilap to Clinical Officers.* As part of its efforts to support MOHSW scale up facility-based family planning services, ATP has been investigating strategies to increase the availability of female sterilization services throughout the country. Task shifting female sterilization services to Clinical Officers (COs) was identified as a potential way to improve access. ATP conducted a review of task shifting female sterilization services to COs, to assess the feasibility and current policies regarding such a strategy. The study design consisted of a policy document review and in-depth interviews with health service providers and key informants. Results from the review indicated stakeholder support for COs to receive training in ML/LA services. Providers felt that there was a major gap in service delivery for female sterilization and a lack of skilled staff was one of the key barriers for clients attempting to access the service. Based on findings from this study it was recommended that ATP work with MOHSW to conduct a demonstration study to provide more evidence based information on the ability of COs to perform ML/LA and engage key stakeholders in policy dialogue about altering the curriculum and clarifying documents regarding the permissibility of CO performing ML/LA, and an eventual strategy for scale-up.

*Review of Family Planning in Pre-service Curricula.* Toward the end of the 2008/2009 project year, ATP commissioned a consultant to analyze curricula used in pre-service training for different cadres of care providers including doctors, nurses, midwives, clinical officers, assistant clinical officers and other healthcare providers involved in the provision of family planning services in Tanzania. This analysis focused on the content (both theoretical and practical), duration, knowledge, attitude and behavior competencies, and evaluation and certification. This study will be finalized in the beginning of the 2009/10 project year. Findings from this study will provide evidence for advocating for curriculum change to ensure that practical family planning is included in the pre-service training of all cadres of service providers. Strengthening pre-service training on FP is key to the sustainability of services since currently; most of the providers are trained on-the-job.

*Participation in World Population Day.* ATP also participated in the celebration of the World Population Day (WPD). This year's theme was "Fight Poverty – educate Girls". Bearing in mind that family planning has a role to play in helping women and girls realize their education and economic potential. ATP organized a high level advocacy meeting a day before the WPD celebration which took place in Shinyanga region. The event was attended by about 130 participants in roles of leadership. Apart from regional leaders, other people who attended the meeting included the UNFPA Resident Director, the Permanent Secretary from the President's Office, the Planning Commissioner (POPC), representatives from the Ministry of Finance, MOHSW, Ministry of Community Development Gender and Children, and the Country Director of the Futures Group International. This meeting was different from typical meetings as it included discussion of current issues such as the economic crises and its impact to the provision of RH/FP services. The Prime Minister, who was the guest of honor, commended all development partners involved in FP provision, and mentioned USAID and EngenderHealth

specifically. Both UNFPA and the Permanent Secretary (POPC), who are the key organizers of WPD, applauded ATP for sponsoring this meeting, as it gave them a chance to interact and exchange ideas with regional leaders before the culmination of the WPD.

*National public dialogue on Family Planning.* In August 2009 ATP collaborated with the MoHSW to organize a public dialogue in Dodoma. The theme of the debate was “*Family Planning in Tanzania: its importance and challenges in accessing services.*” The debate drew together more than 175 participants from all walks of life in Dodoma and beyond. The dialogue was very interactive and lasted for 4 hours. Three issues were raised under the theme of the dialogue by key speakers; the impact of rapid population growth on national development; the role of family planning in health and development; and the effects of the world economic crises on family planning financing in Tanzania.

After the key speaker’s presentations, participants had time to discuss, question and suggest what topics should be presented. There were both critics and supporters of modern family planning present. Some participants, especially from religious fraternities, were proponents of traditional methods (natural methods) for family planning, rather than the modern ones. However, more than 95 percent of participants who spoke at the dialogue agreed with the need for unreserved promotion of modern family planning methods as a tool for prosperity and sustainable development at both the family and at the national levels. Participants also urged their prospective councils to allocate more funds at the district and ward level budgets for family planning.

#### **Figure 8: High level advocacy meeting in Dodoma**



*Dr. Kivelia from University of Dar Es Salaam, one of the key speakers presenting a paper on “the impact of rapid population growth on national development” during the public dialogue in Dodoma*

*Costed Implementation Plan.* ATP has continued to be active in the development of the FP Costed Implementation Plan (NFPCIP) in a collaborative effort to reposition family planning in Tanzania with the MOHSW, USAID, other implementing partners and other donors. The plan is organized into five strategic actions:

- 1) increased available human resources and strengthened systems
- 2) expanded the availability of contraceptive methods
- 3) increased awareness of and demand for FP,
- 4) Reinvigorated policy and advocacy to increase the visibility and support of FP, and
- 5) Strengthened capacity for management and implementation of the national FP program.

ATP participated in the stakeholder meeting and reviewed a draft of the report and has been active in finalizing the documents. The launching of the NFCIP is tentatively planned for March, 2010.

*Decentralized capacity building and support for FP.* ATP continued to build the capacity of the district planning teams on planning and budgeting for FP and cPAC services. According to decentralization, districts are now expected to plan and budget for family planning activities which had previously been done at the central level within the MOHSW. Unfortunately, in most cases these legislators are not aware of family planning resource needs. Some lack an understanding of the beneficial role that family planning plays in the country's development, which in turn influences their prioritization of family planning (over other competing demands, such as HIV). Technical assistance is essential for those who are responsible for planning and budgeting. Capacity building sessions brought together budgetary authorities and planners at the district level to increase their understanding of family planning and its resource needs. This year, capacity building trainings involved 233 participants from the areas covered by all four field offices. Apart from FP, the training in Mwanza, Shinyanga and Zanzibar focused on planning and budgeting for cPAC to ensure that cPAC is included in the district plans.

During this period, ATP continued to advocate for the inclusion of FP in the Council Comprehensive Council Health Plans (CCHPs). In 2008/09, 72% of the districts under ATP's comprehensive programming had allocated funds for family planning with amounts ranging from 390,000 Tshs (about \$300) to 34 million Tshs (about \$25,000). For example, for the first time the Zanzibar MOHSW allocated 200,000,000 Tshs for reproductive health, of which 60,000,000 Tshs to be used for procuring contraceptives. In 2009/10, almost all the districts had allocated funds for family planning. The full amount will be reported after a detailed budget analysis is complete, which will be done in the first quarter of the 2009/10 financial year.

*FP repositioning and Champions.* In May 2009, ATP launched an FP repositioning campaign in Pemba. The objective of this campaign was to increase awareness of the need for FP and solicit support and commitment from different stakeholders for FP initiatives. Senior government officials, leaders of political parties, FP stakeholders, development partners, journalists and the public at large attended this memorable event which was officially launched by Mama Shadya Karume, the First Lady of Zanzibar. She offered her full support to ensure that Zanzibar reaches the goal of reducing maternal mortality by 75% by 2015. The official launch of the FP repositioning campaign was preceded by a two day high-level meeting. This meeting was planned to ensure that local government leaders understood the need for FP and to secure political commitment and funding to reinvigorate FP in their districts and communities.

The campaign was successful as it created a strong foundation for promoting FP. Several champions emerged after this meeting who were willing to talk positively about FP. There was a request for a these champions to visit a region/district on the Tanzania mainland where men are also accepting family planning. ATP and the MOHSW Zanzibar organized a study tour to Kigoma. This study tour was attended by the Regional Commissioner for South Pemba, one religious leader and one District Medical Officer who all visited the region where acceptance of NSV has been higher than in other regions. In the same meeting, participants requested that ATP support the development of a sensitization booklet for FP in the community, focusing on the Muslim population. This request resulted from a presentation that was given by one Sheikh who is also a lecturer at Zanzibar University. Participants appreciated the way the presenter cited verses in the Quran that supported FP and recommended that the information be shared with a

wider audience. The booklet has been prepared, reviewed by the technical team and is now being finalized.

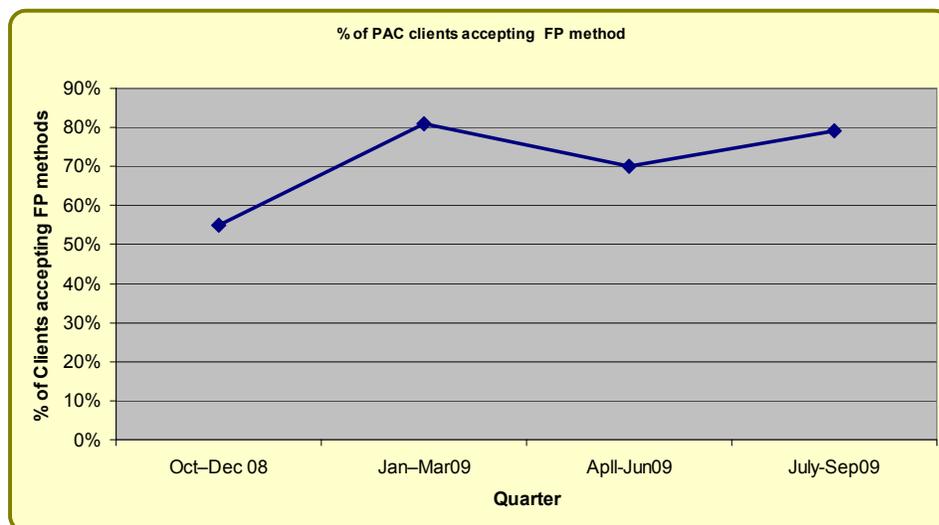
During this period, ATP also pilot tested a guide developed for training FP champions, to confirm the appropriateness of the messages, the content and the duration of the training. Major comments from pre-testing include: a need for more background information, repackaging the topics so that they can fit into three day training, the addition of a group assignment and field visit as part of the training. The pilot test was done in Morogoro, Dodoma, Tabora, Pwani and Tabora regions and it involved 123 participants. The training guide has now been revised to incorporate the pilot test comments. ATP, in collaboration with FHI, is planning a stakeholder's conference in October 2009, to review key documents for the FP champion initiative, generate buy-in from other partners to support this initiative and to discuss how this will be incorporated into ongoing FP repositioning efforts.

#### **IR 4: Provision of cPAC services at lower level facilities**

##### **IR4.1 Services provision**

cPAC services continued to be provided in all 21 districts of the Shinyanga and the Mwanza regions and in Zanzibar. 293 trained health care workers provided cPAC services in 193 sites of Mwanza and Shinyanga and they covered 6,217 clients out of which 5,202 (84.%) were counseled for family planning and 4,216 (81.%) were discharged with FP methods of their choice. In Zanzibar, a facility audit was conducted in 32 facilities and 26 of them were found to be eligible to provide cPAC services. Twenty sites are currently providing the services, the rest have not started due to a lack of MVA kits. 71 new service providers were trained, 30 were refreshed, trainee follow up was done with 20 trained staff, and 100 Shehas (ten cell leaders) in Unguja and Pemba were sensitized on cPAC. Also in Zanzibar, whole site trainings were conducted in 8 health facilities with 80 service providers. Reports in Zanzibar indicate that over 65% of cPAC clients were discharged with an FP method, the majority of whom chose pills or injections. Figure 9 below demonstrates the trend of integrating cPAC and FP per quarter. The ATP cPAC initiative fits into the WHO (2005) criteria of a good program because over 60% of cPAC clients are discharged with an FP method of their choice.

**Figure 9: Percent of cPAC Clients accepting FP methods quarterly**



The cPAC program was visited by Carolyn Curtis, the Senior Clinical Specialist from USAID/Washington and the team Leader for Post Abortion Care, from April 22<sup>nd</sup> to May 4<sup>th</sup> 2009. She visited Zanzibar and Mwanza cPAC sites and held discussions with MOHSW staff as well as service providers. Ms. Curtis gave very valuable comments especially on proper recording and OJT. Her suggestion for creating a curriculum for structured OJT has been adopted and a curriculum is being finalized.

**Figure 10: Visit to project sites**



*Carolyn observing a register book in an MVA room at Magu District Hospital.*

### **Challenges and Responses:**

- Non-availability of contraceptives continues to undermine our advocacy efforts. ATP is working with other FP partners through the national contraceptive security committees to raise the voice on unavailability of contraceptives for action by the government and partners

*As discussed above ATP has been working with other FP implementing partners to raise awareness on this problem and this has resulted into the government releasing funds and ordering contraceptives and development partners supporting the government to procure contraceptives.*

- Delay in release of health basket funds also delayed implementation of FP activities in the districts.

*Please see the action above.*

### **Lessons Learnt:**

- Continued Advocacy efforts targeting high level government officials are still needed to maintain visibility, improve access to services and address normative barriers that restrict provision of family planning services. (This is not a “one off” process.) It is also essential to secure and augment the resource base for the FP program at all levels, a crucial component for maintaining contraceptive security.

- Although FP is covered under the Maternal and Child health section of the CCHP, there is a need to advocate for a separate budget line for FP. To implement this, the central government has to be involved because the template that guides budget planning at district levels comes from the MOHSW and the Prime Minister's Office Regional Administrative and Local Government (PMORALG).
- Further advocacy is still needed to allow districts purchase contraceptive commodities. ATP will bring this issue to the attention of the National Family planning Working Group and MOHSW for consideration and further action.

### **Next steps/the way forward**

- ATP will continue with policy dialogue to advocate for task shifting of female sterilization to Clinical Officers. The next step is to develop a proposal for a demonstration study that will include elements to inform an eventual scale-up strategy.
- ATP will continue to advocate for increased budget allocation for family planning, particularly to support the MOHSW to develop a template of activities and costs to inform inclusion of FP in the CCHP and to advocate for a separate budget line for FP in the CCHP.
- ATP will conduct budget analysis to determine the level and trend of inclusion of family planning in the CCHPs.
- ATP will facilitate operationalization of FP champions in the field offices.

### **IR5: Improved PMTCT services linked to CTC's, FP and other MCH services**

ATP, in collaboration with the MOHSW, has continued to ensure that PMTCT services are made accessible to all pregnant women attending antenatal clinics in the regions of Iringa and Manyara. Working closely with Regional Health Management and Council Health Management Teams (RHMT & CHMT's) in both regions, ATP has continued to improve and increase access to HIV counseling and testing services for pregnant women and their partners, ensuring that PMTCT clients are given opportunity to access family planning and ensuring treatment for pregnant women, their infants and partners. Working closely with FHI and AIDS Relief, ATP links HIV-positive mothers, infants and their partners to nearby Care and Treatment Clinics for care, ARVs for those who are eligible and prophylaxis for those who are not eligible for ARVs.

#### **IR5.1: Improved quality of PMTCT services**

In collaboration with respective CHMTs the project was able to conducted facility audits and renovated 4 facilities in Iringa and 6 facilities in Manyara focusing on RCHC and labor and delivery so as to create more space to provide integrated PMTCT services. This has attracted more clients to come to the RCH clinic for antenatal care and has increased institutional deliveries. ATP has also continued to procure necessary equipment that was needed after renovation, and has supplied reagents including test kits whenever there is shortage. In order to provide quality PMTCT services in both regions, the project has built provider capacity through appropriate PMTCT trainings (refresher, core, OJT), jointly conducting supportive supervision and providing continuous technical assistance. ATP has trained 1,187 service providers on PMTCT out of the 700 annual target translating to 167% target fulfillment for training targets. The training includes core, refresher trainings and OJT. 444 service providers were trained on how to complete M&E tools for PMTCT. Among these services providers that ATP has collaborated with, the University Research Company (URC) trained 16 trainers in infant feeding (8 from each region from the Manyara and Iringa regions). This was followed by training 30 service providers in

each region. These service providers are based in reproductive and child health clinics, labor and pediatric wards.

ATP has assisted MOHSW to introduce a new, efficacious regimen, to 93 sites which provide PMTCT services and has been able to scale up PMTCT services from 159 sites last year to 322 sites this year, which is a 102% increase. ATP has surpassed the annual target of number of sites by 435%. Among the total 322 sites, 111 sites are in Manyara and 211 are in Iringa. Therefore, out of all the facilities that are providing RCH services in each region, ATP has reached 66% in Iringa and 76% in Manyara. This being the case, ATP intends to spend the next year intensifying the program activities in the current facilities, to eventually cover 80% in both regions. Our annual target for pregnant women to be counseled, tested and given results was 125,880 women; and this year 82,248 women were tested and provided results. The target fulfillment rate is 65%. Furthermore, the program served 5,331 HIV positive women by giving ARV prophylaxis, which is a 61% target achievement. The 61% achievement rate is based on some circumstances that include the fact that some positive women are not eligible for ARVs since they have gestations less than 28 weeks, and some deliveries take place at home, and are therefore lost to follow up. Finally, in Manyara the HIV prevalence is very low, below 1%.

ATP was able to establish early infant diagnosis (EID) services in 19 sites in regions, 13 in Manyara and 6 in Iringa regions. For sites in Iringa, a total of 2,702 infants have been enrolled in program. Of those, 1,842 infants born to HIV positive mothers were tested for HIV; and 296 (16%) were found to be HIV positive and were then referred to the nearby Care and Treatment Clinics. For ATP-supported sites in Manyara, 322 infants have been enrolled in the EID programme, of which 168 were tested for HIV and among them 17 (10%) were HIV positive and referred for care. The reasons why not all of those enrolled were tested has to do with some of them who were enrolled before 4 weeks of age and others were lost to follow up.

ATP has continued to conduct integrated outreach services in hard-to-reach areas in order to increase access to PMTCT services. The EngenderHealth STI/HIV Director from NY, Paul Perchal visited Tanzania in December 2008 to give technical assistance to ATP PMTCT activities, to strategize with the team on how to address challenges and improve the efficiency of implementation, and also to identify STTA needs for both ATP Project's PMTCT activities and the CHAMPION project for the next six months. During his visit, he was accompanied by Dr. Regina Mbayaki who is the EngenderHealth Regional Senior HIV Medical Associate based in Kenya. They had the opportunity to visit the Iringa Region and then to conduct a field visit to the Makambako Health Centre on a service day and the Njombe district hospital. At ATP's HQ office, they met senior staff of the ATP and CHAMPION projects.

On January 16, 2009, the Iringa region held an annual PMTCT review meeting. The meeting involved all the District Reproductive and Child Health PMTCT programs and facilities which have been providing PMTCT services for more than 1 year. The meeting was facilitated by the Regional Reproductive and Child Health Coordinator. The main objective of the meeting was to provide feedback on the last year's progress, discuss challenges, and lessons learnt from the implementation of PMTCT in the region. At the end of the meeting participants were able to identify possible solutions and prepare plans of actions for implementing them.

ATP met with the coordinator of the Mother to Mothers (M2M) program and discussed opportunities for collaboration to improve nutrition, adherence and follow-up within the PMTCT program. M2M is seeking to collaborate with EngenderHealth with a focus on nutrition, social

support and follow up of those enrolled in PMTCT, and to increase adherence to drugs and retention to care. The collaboration will be conducted in the Iringa region.

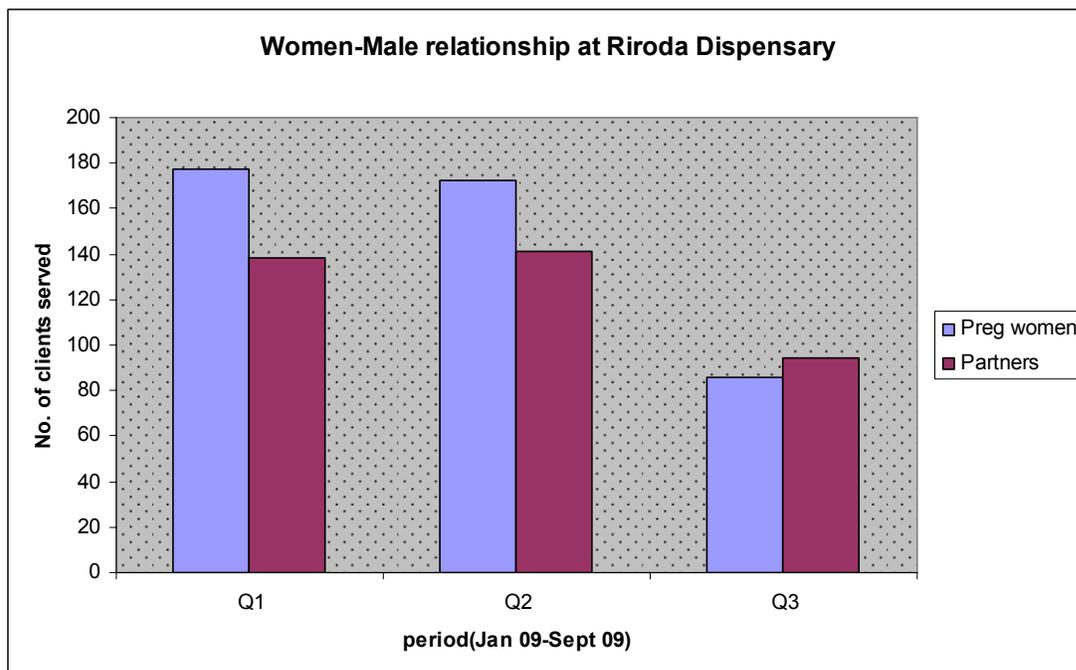
In order to improve data collection, ATP supported the MOHSW in printing registers and monthly summary forms for 250 sites in both Iringa and Manyara regions at a total cost of 13 million Tanzania shillings. The registers were distributed to 169 sites in Iringa and 81 sites in Manyara. This included training of service providers on how to properly fill them out. During this reporting period, 444 service providers were trained on how to complete M&E tools for PMTCT, and occurred either during central trainings or refresher trainings.

ATP has supported a special initiative to offer RH/PMTCT services in the Manyara region in collaboration with the RMO's office, who engineered the process. ATP supported six retired nurses to increase the number of skilled providers in RCH services in the Manyara region. In the coming year, this number will increase to 10.

In collaboration with the MOH, ATP has been able to conduct biannual national supportive supervision for PMTCT sites in both regions. Sites providing the new efficacious regimen, and/or EID, were also visited. During this period ATP had an opportunity to conduct a meeting with the MOHSW and members of the Regional Health Management Team in Manyara, and agreed to establish a task force led by the Regional Reproductive and Child Health Coordinator (RRCHCo) to oversee the PMTCT implementation progress for the entire region. The task force will begin to meet regularly every quarter and the RRCHCo office will be the secretariat.

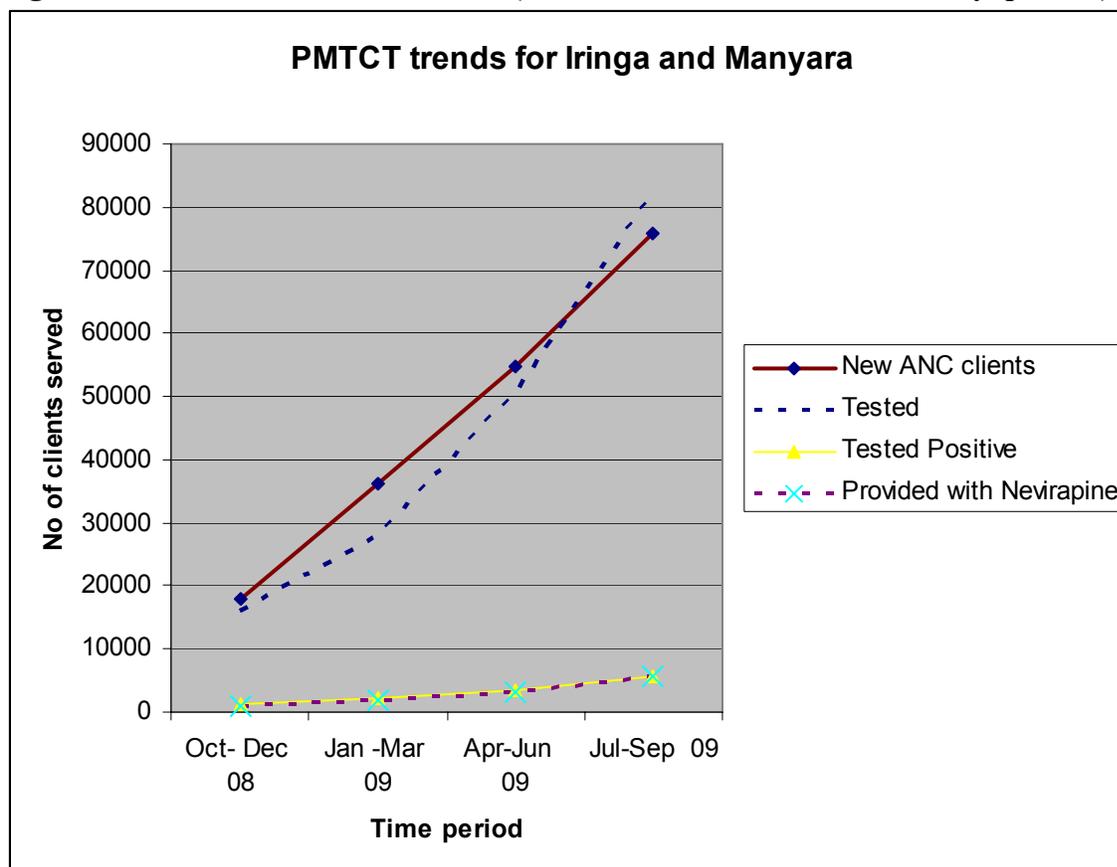
Efforts surrounding advocacy, community sensitization, and involving men in RCH services have increased in some areas of Manyara where the community interventions have occurred. For instance, the Riroda Government Dispensary in Manyara has succeeded to involve men in more than 75% of their prenatal visits. Figure 11 below illustrates involvement of men in antenatal and PMTCT services for three quarters. The number of men in quarter three exceeded that of women because some men who had been sensitized and motivated to access HIV counseling and testing in the antenatal clinics in quarter two reported for the services in quarter three. See achievements below.

**Figure 11: Male involvement in antenatal and PMTCT services**



ATP participated in a two day national PMTCT coordination meeting, which was organized by the MOHSW. At the meeting updates were provided on PMTCT, EID, and the scale-up plan were presented. Figure 12, below, shows the cumulative performance of PMTCT for the FY 08/09.

**Figure 12: Trend of PMTCT 2008/09 (cumulative no. of clients served by quarter)**



ATP is a member of the national FP/HIV technical working group. ATP has been actively participating in this group and has been involved in adopting the guidelines for national FP HIV integration and promoting these guidelines with partners.

**IR5.2: Increased integrated PMTCT services**

ATP assisted the MOHSW in integrating PMTCT into 12 districts of the Iringa and Manyara regions since 2007. All women who presented at MCH clinics were targeted to receive PMTCT and FP services. 436 service providers were trained on counseling skills for both FP and PMTCT. Service providers were trained and equipped with skills necessary to provide family planning counseling, to initiate contraceptive methods, to manage possible side effects, and to understand when and where to refer clients who required additional services. Pregnant women were counseled and tested for HIV. In addition, women were counseled on safe sex and the importance of using FP services, and they were given condoms for dual protection. During delivery, mothers were also counseled reminded of the importance of attending postpartum visits at FP clinics. Service providers at RCH clinics escort every woman who presents for a postpartum visit to the FP clinic; this has been possible because all services are provided within the single facility and it allows each woman an opportunity to access all the services in a single visit.. Before integration, women were required to plan for a separate visit to obtain each service.

Information on FP and PMTCT service utilization at mother and child health clinics is collected prospectively using the MTUHA books and PMTCT data collection tools.

During the reporting period, a total of 77,339 women attended MCH clinics and of these 99% (73,566) were voluntarily tested and received their HIV test results. A total of 5,331 (6%) were found to be HIV positive; and 2,870 (87%) of those testing positive were given ARV prophylaxis and counseled for FP. 74% (2,124) of those who tested HIV positive chose injectables as their FP method. All patients were discharged with male condoms for dual protection and referrals were made for those who preferred LAPMs.

**Table 8: PMTCT and FP uptake in the first 16 months of the services integration**

District	Women tested	Tested HIV positive	Given ARV prophylaxis	FP uptake
Babati	12,965	185	146	85
Hanang	4,337	48	42	44
Iringa Municipal	6,363	440	307	383
Iringa Rural	4,856	403	358	290
Kilolo	2,358	338	305	258
Kiteto	4,590	86	53	71
Ludewa	3,639	347	289	160
Makete	2,691	320	317	223
Mbulu	14,583	63	42	47
Mufindi	5,765	533	442	460
Njombe	9,332	998	989	773
Simanjiro	2,462	14	9	5
<b>Total</b>	<b>73,941</b>	<b>3,775 (5%)</b>	<b>3,299 (87%)</b>	<b>2,794 (74%)</b>

#### Challenges and Responses:

- A majority of women in Iringa and Manyara, like other regions in Tanzania, deliver at home. This poses a challenge particularly in ensuring that the women and infants get a complete dose of antiretroviral prophylaxis.

*ATP supports districts to renovate and equip health facilities so as to improve delivery conditions and thus attract more women to deliver in health facilities.*

- Irregular supply of HIV test kits affects provision of the services because sometimes the sites run out of the kits and it may take a few days before they stocked.

*ATP procures supplementary HIV test kits and distributes them to the sites. This has been a great relief to the sites.*

- Transport is a problem especially for Iringa FO where there is only one car.

*The FOs have been buying fuel for DRHCO's transports when they are available for joint activities. However, this has been unreliable. ATP has ordered five cars and each FO is expected to get one additional car.*

### **Next Steps**

- In the next FY, ATP will expand PMTCT services to cover more sites and this will also include training more service providers.
- Strengthen community linkages with the facility service delivery units for continuum of care through collaboration with Mother2Mother organization in Iringa.
- Support districts to perform a continuous facilitative supervision and trainee follow up as a part of OJTs.
- Improve delivery services through improved infrastructures and improved infection prevention standards.
- Develop Standard Operating Procedures on documentation, record keeping, data collection and reporting in relation to MoHSW.
- Support mobile services in order to reach un met needs in remote areas.
- Support DBS transportation from KCMC zonal lab to the districts and their respective facilities.
- Most of the facilities have inadequate space for the provision of the services. ATP is supporting districts to renovate selected facilities that are in very bad shape.
- Community sensitization through village and religious leaders will continue to be a key component for combating the problem of stigma in the communities that hinders people from accessing services..
- Poor facility delivery rates: Only 38% of deliveries in Manyara occur in health facilities (Regional statistics, 2007/08). This calls for improved delivery services and community sensitization in order to reduce the number of home deliveries.

### APPENDIX A: Project Performance Indicator Table<sup>3</sup>

	TOTAL FY 08	Oct-Dec 2008	Jan-March 2009	Apr-June 2009	Jul –Sept 2009	TOTAL FY 09	Percentage Change
<b>Total LAPM clients</b>	<b>157,107</b>	<b>40,116</b>	<b>53,880</b>	<b>55,498</b>	<b>52,851</b>	<b>202,345</b>	29
Female sterilization	61,752	14,597	15,461	17,274	20,098	67,430	9.2
Male sterilization	239	29	79	84	53	245	2.5
IUD	16,429	4,769	6,148	9,764	13,629	34,310	109
Implant	78,687	20,721	32,192	28,376	19,071	100,360	28
<b>Total LAPM CYP</b>	<b>828,833</b>	<b>206,221</b>	<b>258,510</b>	<b>272,354</b>	<b>275,658</b>	<b>1,012,743</b>	<b>22.</b>
Female sterilization	494,016	116,766	123,688	138,192	160,784	539,440	9
Male sterilization	1,912	232	632	672	424	1,960	3
IUD	57,502	16,691	21,518	34,174	47,702	120,085	109
Implant	275,403	72,523	112,672	99,316	66,749	351,260	28
<b>Rehabilitation of Health Facilities</b>							
Number of health facilities rehabilitated	26	4	12	12	13	41	57
<b>PMTCT</b>							
# Number of service outlets providing a minimum package of PMTCT services according to National and International standards	159	159	159	321	321	321	101
# Number of health workers trained in provision of PMTCT services according to national and international standards	582	87	219	718	163	1187	104
# Number of pregnant women received HIV counseling, tested and received their results	60,545	15,915	12,168	22,473	31692	82248	36

<sup>3</sup> The data presented in this table were collected through the MTUHA system. ATP has been supporting CHMTs through facilitative supervision to train service providers how to identify errors in their reports before submission to DRCHCOs. Also, the M&E Team from ATP has conducted M&E training during LAPM and PMTCT skills training on how to complete respective data collection tools; and detecting data discrepancies at facility level and take appropriate action.

	<b>TOTAL FY 08</b>	<b>Oct-Dec 2008</b>	<b>Jan-March 2009</b>	<b>Apri-June 2009</b>	<b>Jul –Sept 2009</b>	<b>TOTAL FY 09</b>	<b>Percentage Change</b>
# Number of pregnant women tested HIV positive	4872	1,208	919	1,428	1835	5390	11
# Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT	3,622	995	956	1,276	2104	5331	46
# of infants enrolled on EID	-	305	860	698	1161	3046	-
# of infants tested for HIV	-	151	460	551	833	1995	-
# of infants found HIV (+)	-	25	92	169	32	318	-
<b>PAC</b>							
# of Sites providing PAC services	71	91	112	218	218	218	207
# of total PAC clients	1,482	1,350	1,049	2,151	1,667	4,550	207
# of total PAC clients counseled about FP methods	1,482	842	935	1,893	1,532	3,670	148
% of PAC clients counseled on FP	100	62%	89%	88%	92%	83%	-17
# of total PAC clients accepting a FP method	1,289	739	761	1,503	1,213	3,003	133
% of PAC clients accepting FP methods	87%	55%	81%	70%	79 %	71%	-18

## Appendix B: List of renovated health facilities 2008/09

S/N	Facility Name	District located	Region
1	Magu District Hospital	Magu	Mwanza
2	Kisesa Health Center	Magu	Mwanza
3	Misasi Health Center	Misungwi	Mwanza
4	Mwawile Dispensary	Misungwi	Mwanza
5	Sekou Teule Hospital	Mwanza City	Mwanza
6	Kahama District Hospital	Kahama	Shinyanga
7	Mahembe Dispensary	Kigoma DC	Kigoma
8	Kharumwa Health Center	Geita	Mwanza
9	Geita District Hospital	Geita	Mwanza
10	*Lwamgasa Dispensary	Geita	Mwanza
11	*Nyambiti	Kwimba	Mwanza
12	*Ngudu Hospital	Kwimba	Mwanza
13	Mrara Hospital	Babati	Manyara
14	*Kisosora Dispensary	Tanga City	Tanga
15	*Masqaroda dispensary	Mbulu	Manyara
16	Dawar Dispensary	Hanang	Manyara
17	Katesh	Hanang	Manyara
18	*Gallapo Health Center	Babati Rural	Manyara
19	Manyoni District Hospital	Singida	Singida
20	*Mbuguni Health Center	Meru	Arusha
21	Magugu Health Center	Babati Rural	Manyara
22	Maramba Health Center	Mkinga	Tanga
23	Micheweni District Hospital	Micheweni	Pemba-North
24	Chake Chake Hospital	Pemba South	South
25	Chumbuni PHCU	Urban District	Urban
26	Mkoani Hospital	Pemba South	South
27	Ligula Hospital	Lindi Urban	Lindi
28	Chanika Dispensary	Temeke	Dar es Salaam
29	*Mtama Dispensary	Lindi Rural	Lindi
30	Mbagala round table	Temeke	Dar es Salaam
31	Kilosa District hospital	Kilosa	Morogoro
32	*Masaki Health Center	Kisarawe	Pwani
33	Kibaoni Dispensary	Mpanda	Rukwa
34	Njombe Health Center (Urban)	Njombe	Iringa
35	Makambako Health Center	Njombe	Iringa
36	Lupembe Health Center	Njombe	Iringa
37	Msia Dispensary	DC S'wanga	Rukwa
38	Mpui Dispensary	DC S'wanga	Rukwa
39	Makete District Hospital	Makete	Iringa
40	Ipogolo Health Center	Iringa Municipal	Iringa
41	Iringa Regional Hospital	Iringa Municipal	Iringa
*	<b>On progress</b>		