Reproductive Health and Family Planning in Tanzania: The Pathfinder International Experience

Effective Programming in Reproductive Health: The Pathfinder International Approach

Pathfinder International — now in its fiftieth year — has gained considerable understanding and appreciation of the meaning of partnership over the course of five decades working together with governments, the private sector, and nongovernmental organizations (NGOs), (including Faith-Based and Community-Based Organizations). Pathfinder has learned to listen to local concerns, share technical knowledge, provide and find new resources, and build government and private capacity to meet national needs. With a focus on advancing Reproductive Health and Family Planning (RH/FP) and the prevention, care, and support of HIV/AIDS, Pathfinder approaches these issues according to local realities.

Pathfinder finds it essential to understand the political, social, economic, and traditional conditions of the countries in which we work. For this reason, most of our country offices are staffed by local professionals; local languages and customs are acknowledged and valued.

Pathfinder nurtures strong relationships with government leaders, recognizing that their leadership within a country must be our inspiration. We listen to their concerns, offering ideas, providing training and support where needed. With a focus on strengthening government systems and introducing effective mechanisms and approaches, Pathfinder becomes a silent partner in a long-term growth process.

photo: Richard Lord
Effective results must be community-driven. Family Planning and healthy RH behaviors are personal, individual choices, formed by the community and nurtured and served by health-care institutions. Personal needs and concerns must be understood according to the stages in an individual’s life cycle. Health concerns and priorities, vulnerabilities, and opportunities — all change from infancy through childhood, adolescence and young marriage, parent- and grandparenthood, and old age. Pathfinder programming incorporates these differences in addressing community RH needs.

Hundreds of NGOs work in the health sector beside Pathfinder staff. Nurtured over the years, many small players become major players, through Pathfinder’s intensive approach to Institutional Capacity Building (ICB). Over several decades, strong working relationships have developed with the governments and public healthcare officials of the countries in which we work, built on trust and the promise of respectful, professional, and reliable support. Ministry of Health leaders in many countries voice their appreciation for the collegial atmosphere of joint decision-making they enjoy with Pathfinder, enabling them to learn new skills and adapt them to their needs through a mentoring process.

Pathfinder’s goal is to leave behind sustainable RH/FP systems that will be locally strengthened and made responsive to evolving demands. This collaboration imparts skills and knowledge that allow organizations to grow and evolve, finding their own donors and providing service to their communities for decades to come.

Pathfinder in Tanzania — Initiatives in Reproductive Health

Family Planning (FP) – the ability for a woman and man to control the timing and number of their pregnancies – plays a crucial role in advancing quality health improvements to meet Millennium Development Goals. In Tanzania, 26.4 percent of married women reported use of any method of contraception, while modern methods reached a prevalence of 20 percent. Factors limiting contraceptive prevalence include widespread misconceptions and concerns about side-effects, low acceptance of long–acting methods, erratic supplies and a limited range of choices, gaps in provider knowledge and skills (along with provider bias), and competing priorities pursuing scarce resources. Limited male involvement, poor communication between spouses, and the perceived value of large families also contribute to low use of FP methods. However, the unmet need for contraception among married women is reported at nearly 22 percent. On the positive side, the Government repeatedly budgets annual funding for contraception, confirming their understanding of its importance. However, actual availability remains problematic. The most recent development plan issued by the Government does not include RH/FP among their goals, which may be influenced by the fact that FP was only recently incorporated into the Millennium Development Goals, against which many countries set their priorities.

In the 1990s, quality FP programs excelled in Tanzania; the number of women using modern methods of contraception jumped from 6.6 percent in 1992 to 13.3 percent in 1999. But, by 2000, the escalating HIV/AIDS crisis had overwhelmed the Tanzanian healthcare system. Funding for HIV soared, while other areas, including RH/FP, stalled. The Total Fertility Rate

1. TDHS 2006
2. Ibid.
in 1996 was 5.7 children per woman and remains the same today. On average, rural women bear three more children than those in urban areas. Maternal mortality stands at 578/100,000 live births with skilled assistance at 79 percent of urban deliveries, but at only 34.5 percent of those in rural areas.

Pathfinder International has an established presence as a provider of RH/FP in Tanzania, built upon decades of clinical and community networking and partnering, while developing lasting collaborative relationships with the Ministry of Health and Social Welfare (MOHSW) and a variety of public and private sector partners. In 1960, the Pathfinder Fund supported the founding of the Tanzanian Family Planning Association (UMATTI). Pathfinder’s successful community-based approach was particularly effective in establishing an enabling environment for FP. For example, in the late 1990s, Pathfinder began its long association with religious leaders, helping them to contribute to and advocate for a population policy that would address Tanzania’s urgent needs and be accepted.

**Community-Based Distribution**

In the early 1980s, Pathfinder began long-term partnerships with a broad cross-section of groups focused on RH/FP, including government ministries and NGOs. In 1985, together with UMATI, Pathfinder introduced the concept of Community-Based Distribution (CBD) to Tanzania and supported the MOH to pioneer a National CBD Plan, providing contraceptives through a community-based approach linked to health facilities. In 1989, in close collaboration with the MOH, Pathfinder assisted in the development of a progressive national population policy.

The CBD program prospered throughout the 1990s, and a Pathfinder country office was opened in Dar es Salaam in 1995. Pathfinder supported development of national CBD standards and supervisory protocols, a national CBD training curriculum, and a Management Information System (MIS) for CBD activities. The model was set and the way paved for CBD to increase both demand for and availability of contraceptives, while Pathfinder also provided improvements and equipment for clinical facilities. At this time, Tanzania was the first Pathfinder country to integrate child survival with RH services, which has become a model for other programs.

By 1998, a major normative change was being achieved through Behavior Change Communication (BCC) activities by Pathfinder and partners creating an environment receptive to the acceptance of FP. In that year alone, Pathfinder and its partners informed more than 1.2 million people about RH issues and its programs provided services to nearly 100,000 new users of modern FP methods.

In 2000, under the SEATS Project Urban Initiative, Pathfinder established community partnerships in Arusha that focused on improving RH information and services for urban communities. This project engaged shop owners, pharmacists, private practitioners, school officials and social groups to provide information about RH, STIs, and HIV/AIDS, distribute condoms, and counsel clients and make referrals to facilities. Again, a focus on the needs of adolescents was part of Pathfinder’s signature approach.

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3. Ibid.
4. Ibid.
5. Ibid.

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African Youth Alliance

Beginning in 2000, Pathfinder reiterated its commitment to expanding RH services to adolescents as a partner in the *African Youth Alliance* (AYA). Funded by the Bill and Melinda Gates Foundation, AYA sought to improve Adolescent Sexual and Reproductive Health (ASRH) and reduce the spread of HIV and Sexually Transmitted Infections (STIs) in four African countries, including Tanzania. During AYA, Pathfinder’s *Reproductive Health Services for Adolescent’s Training Curriculum* was adapted for Tanzania and adopted by the MOH for national use, as was the Pathfinder YFS clinical assessment tool and curriculum for training YFS supervisors. In addition, Pathfinder supported the MOH in developing training modules for peer educators and lay counselors on ASRH. YFS was integrated into 65 clinics, where considerable work went into clarifying what FP methods could be given to youth and in training providers on youth-friendly approaches and effective counseling. In 2004 alone, 41,920 youth visits for RH/FP were recorded at 9 selected sites. An external evaluation showed significant behavior change in youth exposed to AYA versus those who were not; 56 percent of females aged 17-22 used a modern method at first sex as opposed to 37 percent in the control group, and 64 percent used a modern method at last sex versus 39 percent, while 44 percent of males aged 17-22 reported using a condom at first sex versus 24 percent in the control group.⁶

During the AYA project, Pathfinder and other international organizations assisted MOH efforts to introduce YFS guidelines and standards for eventual national implementation. Pathfinder also trained an extensive network of peer providers who provided RH information, condoms, and referrals for other methods and services. More than 96,500 youth contacts were made in 2004 alone through this effort.

“During the AYA project, Pathfinder was especially helpful by always including the partners in every step, building our capacity and ownership through partnership. They brought partners together to share their problems and lessons learned, which was especially helpful. We continue to use these lessons and approaches and apply them to current youth programs.”

— Mr. Simon Mbele, Youth Program Manager, UMATI

To strengthen provision of services, Pathfinder provided institutional capacity building (ICB) support to the 14 partner organizations working on YFS. Partner skills were strengthened in proposal development, strategic and financial management, and management information systems. Skills development training was supplemented with intense, on-site follow-up support, and six NGOs developed 5 year strategic plans, leading to a more focused approach to their work.

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With these skills, the Tarime district council staff collected data at the district hospital and six rural health centers, which were used to lobby for resources to meet youth needs, as well as to plan for ASRH and HIV/AIDS interventions in secondary schools. The MOH Zanzibar segregated data for youth for the first time, which informed lobbying sensitization meetings. Tools that disaggregate visits by sex, age, and type of visit enabled the sexual abuse section to prioritize its interventions after realizing that females 15 to 19 years old were seeking health services for rape more than any other age group.

Postabortion Care

Tanzania’s high incidence of youth seeking abortions signals a serious need to strengthen access to a full range of FP method choices to prevent unintended pregnancies in the first place, as well as access to life-saving Postabortion Care (PAC). With direct support from Pathfinder, three public-sector facilities in Dar es Salaam have introduced Youth-Friendly Postabortion Care (YFPAC), where high quality counseling and provision of postabortion family planning are emphasized to prevent future unwanted pregnancies and unsafe abortions. The Municipal Council allocated funds to sustain YFPAC services in these three facilities and supported expansion to others in Ilala and Mwananyamala Hospitals and Magomeni Health Centre.

Engaging the Public and Private Sectors

Pathfinder’s strong partnering approach starts with the building of relationships with government health officials at every level. Training and health services, as well as BCC and social development, are implemented through supportive partnerships with other NGOs. Private practitioners are encouraged to improve RH services in their facilities, while for-profit enterprises are helped to introduce work-based RH services. In collaboration with the Tanzania Organization of Trade Unions, we introduced FP into the health services of Tanzania Harbors, sugar companies, and the Tanzania Occupational Health Services. Through the Pathfinder-managed Extended Services Delivery (ESD) Project, staff members of the Unilever Tea Tanzania (UTT) Corporation are currently being trained as peer health educators in RH/FP and HIV/AIDS. They encourage clients to seek facility-based care provided by UTT and help them understand and teach others about the effects of gender norms and stereotypes on men’s and women’s health-seeking behavior. Training is also given to UTT clinical staff to improve their abilities to counsel and provide RH/FP services.

Community-Driven Family Planning

In response to current pressing demands for FP services, early in 2008 Pathfinder obtained private funding to launch the Community-Based Family Planning Program in Tanzania focused on revitalizing community-based FP services. This new program is designed to integrate effectively with Pathfinder’s highly successful Community Home-Based Care program, Tutunzane. With nearly 1,800 Community Home-Based Care Providers (CHBCPs), this program reaches more
than 29,800 People Living with HIV (PLWH) in the northern regions of es Salaam, Kilimanjaro, Arusha, Tanga, and Manyara, (soon to expand into Shinyanga and Mara). In a first phase, through the *Tutunzane* program, quality FP counseling, referrals, and non-clinical method distribution take place at the community level, coupled with training of service providers and investment in selected clinic improvements, infection prevention, and improved facility management and supervision. Additionally, new training will upgrade the capacity of facilities to provide Long-Acting and Permanent Methods (LAPM) from district hospitals down to community Health Centers.

The CHBCPs have a powerful presence in their communities and neighborhoods, visiting the homes of PLWH and providing guidance and support to their families and friends. Their presence in virtually every home and household presents an opportunity to scale up FP mobilization and education within existing mechanisms. In 2006, Pathfinder launched an innovative Home-Based Counseling and Testing program, training CHBCPs and some supervisors to provide HIV counseling and testing in the home. Their extensive house-to-house contact with entire communities on a regular basis is a logical environment for the integration of FP counseling and referrals, as such services are already being requested and discussed in these encounters. The influence of CHBCPs is felt throughout neighborhoods and villages; they speak regularly at community meetings, churches and mosques, raising awareness of HIV/AIDS. Folding in awareness on and referrals for FP, as well as re-supplies of condoms and oral contraceptives is an obvious synergy.

With new training and direction, the CHBCPs will counsel the broader community on FP, method use, and the healthy timing and spacing of pregnancies. Although 88 percent of Tanzanian women attend at least one prenatal visit, facility-based deliveries remain low and few follow up with post-natal care. With their new training in FP, the CHBCPs can help women and their families understand the importance of ante- and postnatal care, as well as planning for facility delivery for postnatal contraception use.

**VICOBA – Village Community Banking**

Beginning in 2006, Pathfinder launched an innovative Village Community Banking (VICOBA) Project, in response to the burgeoning need among CHBCPs, PLWH and their families for income-earning opportunities. Through a revolving fund system that builds independent Self-Governing Savings Groups (SIGs) of 15-30 members, broken down into subgroups of five, community members are trained in small business skills, management, and the basic finances for operating a small business. By December 2007, about 1,530 individuals affected and infected by HIV were able to conduct successful income-generating activities; a total of 51 SIGs were created, and they, in turn, have generated over US$180,000 in capital funds; and loan repayment rates have been as high as 98 percent in some groups.

This new income is of extraordinary importance to purchasing the necessary food to sustain PLWH on ARTs, as well as to provide for their families and keep children in school. More importantly, the VICOBA initiative helps to sustain the motivation and commitment of the community volunteers involved in the program.
Elinda Salim Senkoro is the director of Pathfinder partner, the Matumaini Counseling Care and Support center in Dar Es Salaam, where she has been working at the heart of her community since 1990. Today, her center offers counseling and support to more than 200 PLWH. Elinda reports an enormous shift in the lives of her clients. Only a few years ago, the HIV virus heralded certain death, but today, with ARVs, none of her clients are currently bed-ridden. Now they are seeking jobs, training, and planning for the future — and they urgently need family planning.

Clients attend group counseling sessions at Matumaini, sharing concerns, problems, and victories. About eighty-percent of them are women, and family planning is a major concern, as most are either married, or in a relationship. In Tanzania, a man or woman speaks in terms of “needing” children; this is a strong cultural expectation and children are essential caregivers in old age. With the development of more effective drugs to prevent transfer of HIV to the child, many sero-positive men and women are deciding to have children. FP becomes essential to to delay conception if she is currently sick from the virus. Others do not want to have children and seek FP to prevent pregnancies. “In our community,” relates Elinda, “we discuss family planning with all of the women and we refer them to the clinic.” Of approximately ten women in her program who have given birth, Elinda reports that all ten babies were HIV-negative, because their mothers were healthy, received comprehensive PMTCT, had a healthy diet, and followed the necessary protocols for nursing their babies. They were fortunate to receive support and guidance to make this possible.

Photo: Jennifer Wilder/Pathfinder International

Going Forward

Today, Tanzania is in critical need of investment and comprehensive programming in RH and FP. Growing evidence points to the efficiency and effectiveness of integrated FP/HIV/AIDS services, and as the HIV/AIDS crisis evolves and more people survive the virus, FP services are crucial to their overall healthcare. While considerable attention is being paid to the prevention of HIV/AIDS among youth, the full scope of their lifelong reproductive behavior demands attention as well, including skills in decision-making about when to have children.

Pathfinder has played a leading international role in developing integration program models and research evidence. In Tanzania, the neglected status of FP in recent years makes the roll-out of integrated programs and technical guidelines particularly urgent.

Pathfinder brings important expertise to this effort and expects to be a long-term, significant partner with the Government of Tanzania, healthcare providers, and other organizations in pulling together a comprehensive healthcare approach that will address all of these challenges effectively.