

Mainstreaming youth friendly services in public health facilities in urban Tanzania

AUTHORS: Joseph Komwihangiro, MD, MPH, MBA, PGD, Isihaka Mwandalima, MD, MPH, Benjamin Stephens, MA, Anna Temba, MPH
CONTACT: Dr. Joseph Komwihangiro, jkomwihangiro@pathfinder.org, Dr. Isihaka Mwandalima - IJosseyMwandalima@pathfinder.org



Introduction/Background

Access to and use of contraception among adolescents and youth (ages 10–24) is critical for preventing unintended pregnancies. Yet, in Tanzania, contraception use among these age groups remains low (18%), while the total unmet need for contraception remains high (22.8%).¹ The percentage of adolescent (15–19) childbearing has increased from 23% (2010) to 27% (2015).² Adolescent and youth face many barriers to accessing contraception, particularly long-acting reversible contraception (LARCs).

Despite investment in youth-friendly services (YFS) through national and multinational programs, experience shows that models adopting stand-alone youth clinics and separate-space YFS provision demonstrate mixed results and can be often unsustainable. Integration of YFS with existing contraceptive and health service delivery units is a recognized high impact enhancement with high potential for sustainability and scale up.³

Health systems should be responsive to adolescent and youth needs and should recognize that privacy, confidentiality, and respectful care are high priorities.

Program Intervention/Activity Tested

Pathfinder International implements the Chaguo la Maisha (CLM) project in public sector facilities in urban Tanzania. CLM mainstreams YFS in various service delivery units including contraception, labor and delivery, and post-abortion care. Providers receive training and continuous onsite mentorship in YFS, while selected facilities received infrastructure improvements and equipment to increase privacy and confidentiality of services. They use age-disaggregated service registers. Community-based mobilizers target young people using a digital application with an embedded contraception counseling algorithm during demand generation activities (including home visits and follow-up).

^{1,2} Tanzania DHS 2015–16
³ Family Planning High Impact Practices

Methods/Approach

Implemented by Pathfinder International since 2015, CLM collaborates with the Ministry of Health and supports 96 public facilities in four districts of Dar es Salaam, Tanzania. CLM's objective is to increase access to and quality of contraception (including LARCs and permanent methods) and post-abortion care services for women of reproductive age, with focus on youth, post-partum, and post-abortion women.

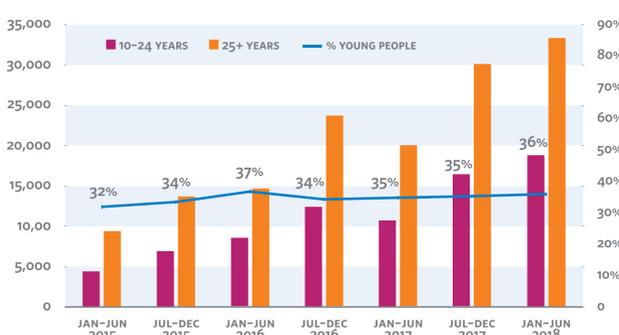
The project uses the Ministry of Health's DHIS2 system to monitor site-level service delivery data, which is analyzed by age and contraceptive methods. A mobile-based digital health platform, CommCare, collects service data at the community level. Results are from January 2015–June 2018. Facility providers' competencies are monitored via Pathfinder International's mentorship app, which includes quality standards and competency-based checklists hosted by CommCare.

At the community level, mobilizers use CommCare to track real-time client recruitment, counseling, completion of referrals, and follow-up. Mobilizers are supported by facility-based supervisors.

Results/Findings

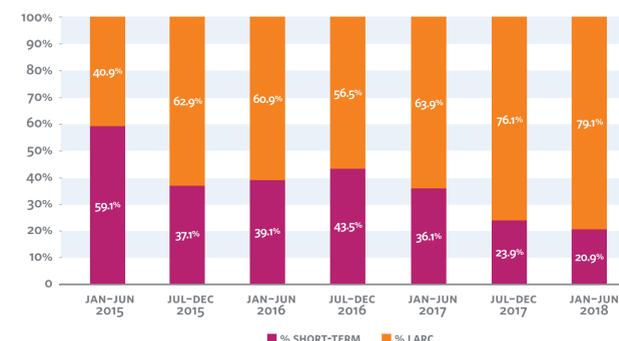
From January 2015–June 2018, CLM served 223,795 clients with contraceptive services (including pills, injectables, implants, IUDs, and permanent methods), of which 35% (n=78,578) were young people (ages 10–24 years). As the project scaled up, the pace at which young people accessed contraceptive services increased at a consistent and comparable pace to that of adults (graph 1).

GRAPH 1: Young vs. adult client uptake of contraceptive services



Over time, young people (10–24 years) increased their access to LARCs from 40.9% (Jan–Jun 2015) to 79.1% (Jan–Jun 2018), signaling improved access to the full method mix (graph 2).

GRAPH 2: Changes in LARC access among young clients (10–14 years)



Community mobilizers referred 187,020 clients for contraceptive services (pills, injectables, implants, IUDs, and permanent methods), of which 48.8% were young people. Overall, young people completed referrals for services at a comparable rate to adults: 85.8% and 85.2% respectively (graph 3).

GRAPH 3: Young vs. adult client completed referrals for contraceptive services



Program Implications/Lessons

- Mainstreaming youth-friendly contraceptive services is important for increasing service uptake and quality for young people in a sustainable manner. A youth focus should be explicit within programs that service other age groups or population segments.
- Programs should take a multi-pronged approach to mainstreaming youth-friendly contraceptive services, strengthening provider capacities through training and ongoing mentorship support, improving facility space and equipment to better service young people discretely and with a full range of contraceptive services, and engaging communities to generate demand.
- Age-disaggregated data is critical for performance monitoring with all levels (providers, facility management, and the Ministry of Health).
- When young people have access to the full contraceptive mix, they are more likely to choose longer acting, more effective, contraceptive methods. However, options should be presented in an unbiased manner to encourage informed choice.
- User-friendly mobile applications are helpful tools for increasing access to quality contraceptive services by strengthening providers' skills and competencies and linking communities to facility-based services.

