

Results Oriented
Integrity | Collaboration | Innovation | People
Quality



ANNUAL REPORT | 2019



Foreword

Population Services International (PSI) Tanzania, an INGO registered under the NGO Act 2002, is proud to work in partnership with the Government of Tanzania to help Tanzanians lead healthier lives and plan the families they desire.

Critical in delivering this mission is our ability to measure the health impact created through implemented program activities. In 2018, through implementation of a diverse portfolio of projects and activities, PSI Tanzania generated 782,805 Couple Years of Protection and 743,086 healthy years of life (measured using number of Disability-adjusted Life Years averted metric.) We are particularly excited (and proud) of our close collaboration with local government partners to scale up youth sexual reproductive health (SRH) programming, resulting in 55,849 new contraceptive users aged 15-19. In addition to youth SRH programming, we also support Women of Reproductive Age plan the families they desire through Outreach Service Delivery in partnership with Ministry of Health, Community Development, Gender, Elderly & Children (MoHCDGEC) and local government authorities, as well as supporting 121 private healthcare clinics to deliver Family Planning services under the Familia franchise network.

In partnership with the National Malaria Control Program, through the USAID-funded VectorWorks project, PSI delivered 5,805,497 Long-lasting Insecticide-treated Nets (LLIN) in 2018 through the antenatal health facility program and the school net distribution program.

Through PSI's social enterprise model, that has no donor subsidy and uses a revolving fund to ensure sustainability, 6.1 million WaterGuard water treatment tablets were distributed, an important preventive measure against diarrhea and cholera.

In December 2017, PSI's long-standing condom social marketing program, funded by the Global Fund, ended - coinciding with the Government's transition to free condom distribution. Throughout 2018, PSI engaged with stakeholders to leverage our deep knowledge of the condom market in Tanzania to ensure this cost-effective HIV prevention tool remained accessible. As we look to 2019, we continue to engage with the Government and other stakeholders to ensure a robust condom market thrives in Tanzania.

PSI Tanzania's Annual Operating Budget for 2018 was US\$14,535,363 with funding from UK Department of International Development (DfID), USAID, KfW, Bill & Melinda Gates Foundation (BMGF), Children's Investment Fund Foundation (CIFF), Johns Hopkins University, and the Large Anonymous Donor.

Reproductive Health



Reproductive Health

PSI implements a range of interventions to increase access to high quality Reproductive Health products and services, in support of the Government of Tanzania's efforts to reduce the Maternal Mortality Rate (MMR) and increase the Contraceptive Prevalence Rate (CPR). Under its portfolio, PSI works in Family Planning and Comprehensive Post Abortion Care (CPAC) offering Women of Reproductive Age (WRA) Reproductive Health solutions throughout the course of their lives. Donors for these interventions are currently the UK Department for International Development (DfID), KfW Development Bank, the Bill & Melinda Gates Foundation (BMGF), Children's Investment Foundation Fund (CIF) and a private foundation.

PSI primarily employs two models for Reproductive Health services delivery. The first is through a social franchise network of private facilities branded "*Familia*". Under the Women's Health Project (WHP), PSI works through these facilities to expand the availability of long term Family Planning (FP) methods, and access to CPAC. Facility providers are trained and offered supportive supervision and the facilities supported with equipment. Working with over 120 facilities and PRINMAT in 18 regions of Tanzania, the project supported 105 and 188 providers to provide CPAC and FP services respectively. In 2018, these providers were then able to serve 10,312 women with CPAC and over 109,540 women with contraceptive services.

The second service delivery model is Outreach, a channel that increases access to services through mobile teams that targets, youth, rural and peri-urban clients. Outreach teams work closely with the Government's regional and district Reproductive Health Coordinators in 20 regions to identify priority public health facilities that do not offer long-term FP methods and would benefit from PSI's support. The specific event days and services offered are publicized, and the surrounding communities mobilized to access free services. In a complementary intervention, a youth brand "Kuwa Mjanja" was developed to increase access to adolescent friendly sexual and reproductive health services using a youth engagement approach. In 2018, integrated FP/HIV services delivered through the Outreach channel reached 162,231 WRA with contraceptive services including 55,849 new users between the ages of 15-19.



Familia Network Services

PSI saw impressive progress in 2018 both in terms of contraceptive uptake and uptake of more effective long acting methods. As seen in Figure 1, Intrauterine Contraceptive Device (IUCD), Implant and Injectable are the leading method of choice in PSI's Familia clinics while Injectable remains the dominant method followed by implant and pills in general population.

For sustained and good quality contraceptive services, PSI in collaboration with the Ministry of Health, Community Development, Gender, Elderly & Children (MoHCDEG) trained 60 additional providers from Familia franchised clinics in comprehensive FP clinical skills. In addition, 223 providers were followed up and 188 were certified as competent FP providers.

To increase demand of services delivered through Familia clinics, PSI works with community-based Interpersonal Communication (IPC) agents, who conduct house-to-house mobilization and neighborhood meetings to raise awareness and create demand for FP services. In 2018, IPC Agents referred 80,023 women with 58% (46,703) of those women completing a referral by visiting a Familia franchise facility.

Limited awareness of availability of and stigma associated with CPAC, have been big barrier to CPAC service utilization in both private and public sector. In collaboration with MoHCDEG Health Promotion department, PSI nationally aired radio spots (*Mpe Sikio*) to help women recognize signs of incomplete abortion, improve PAC-seeking behaviour and promote community support for women in need of PAC services. The radio spots were also used to reassure service providers about MoHCDEG support of PAC services.

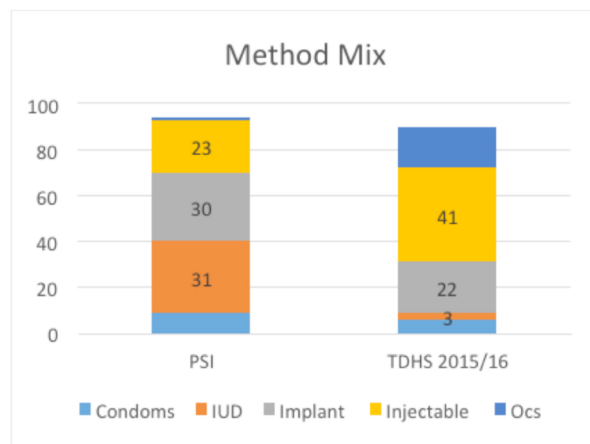


Figure 1: Graph comparing method mix in PSI supported Clinics and General population



¹ The totals don't add to 100% as some methods are not compared including ECP and Permanent Methods

Adolescent Sexual and Reproductive Health Services

PSI is implementing a four-year project called Adolescent 360 (A360). This project aims to reach adolescent girls aged between 15-19 with sexual reproductive health information and services through the “Kuwa Mjanja” brand. Activities are implemented through a combination of bespoke facility (“in clinic pop-up events”) and community (“out of clinic pop-up events”) based events.



The “in clinic pop-up” is a clinic-based learning session that offers adolescent girls an opportunity to interact and learn about menarche and body changes as an entry point to a conversation about contraception. These events provide girls with the opportunity to understand the implication of changes that their bodies are undergoing as they grow up. Each girl is also provided with an opt-out private moment with a youth-friendly health care provider to receive correct ASRH information and services.

The “out of clinic pop-up” event is a community-based event that brings together adolescent girls, inspires them to dream, and offers them the opportunity to learn what is possible in achieving their dreams. This event includes entrepreneurship skills training that is the first step in helping many girls achieve their dreams. At the event, girls are also provided with an opportunity to have an opt-out private moment with a youth-friendly health care provider to access relevant ASRH services. Contraception is positioned as one of the tools to help them achieve their goals.

In 2018, PSI scaled up testing of the in-clinic and community-based service delivery approaches in 18 regions to determine acceptability of these models. Between January and November of 2018, this approach yielded 55,849 new users between the ages of 15-19 with a relatively high conversion rate of event attendees to adopters of modern contraceptive methods of 62%. With these results, PSI in collaboration with the MoHCDGEC and PORALG will scale up activities in five priority regions of Rukwa, Katavi, Ruvuma, Mwanza, and Tabora in 2019.

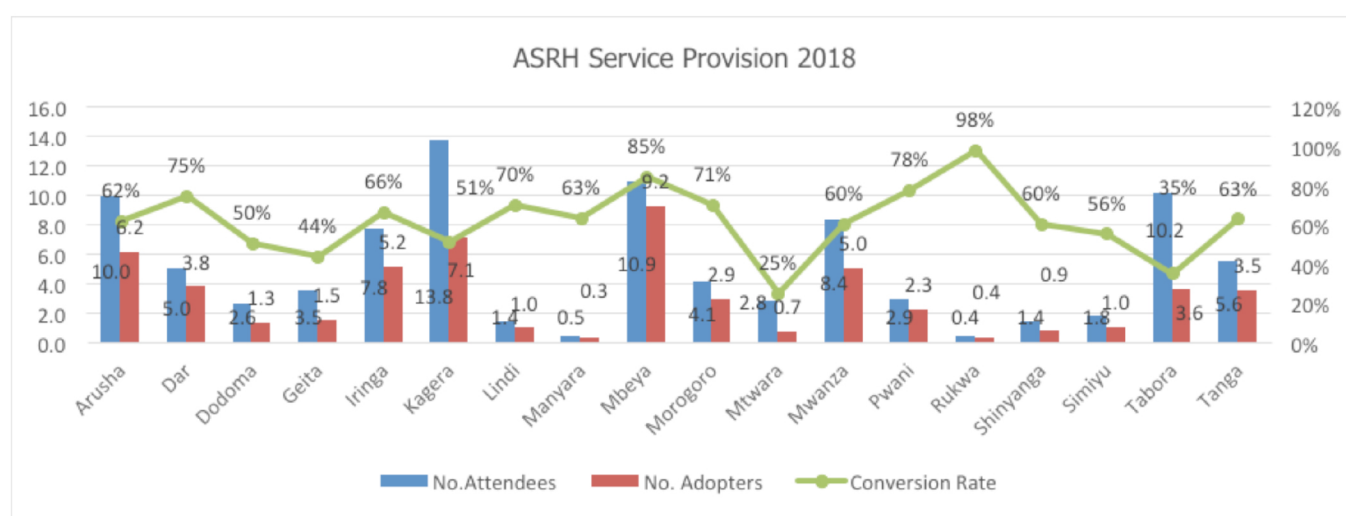


Figure 2: ASRH Conversion Rates (ages 15-19)

Outreach Services

PSI's outreach program aims to strengthen the capacity of public sector providers to meet the demand for modern contraceptives, CPAC and Gender-based Violence (GBV) services for rural and poor women in Tanzania. Events are organized at public health facilities and PSI mobile outreach teams provide mentorship and training support to health providers within communities that lack qualified providers. In 2018, PSI conducted 2,761 event days providing contraception for 106,382 women, CPAC services for 1,598 women, and providing GBV services for 3,928 survivors.

The method mix for outreach events skews towards Long Acting Reversible Contraceptives (LARCs) as the most chosen method since short acting methods are routinely available in the facilities (Figure 3). Many women attending outreach events are coming specifically for LARCs that are not always available routinely due to challenges with availability of skilled staff.



Counselling Session

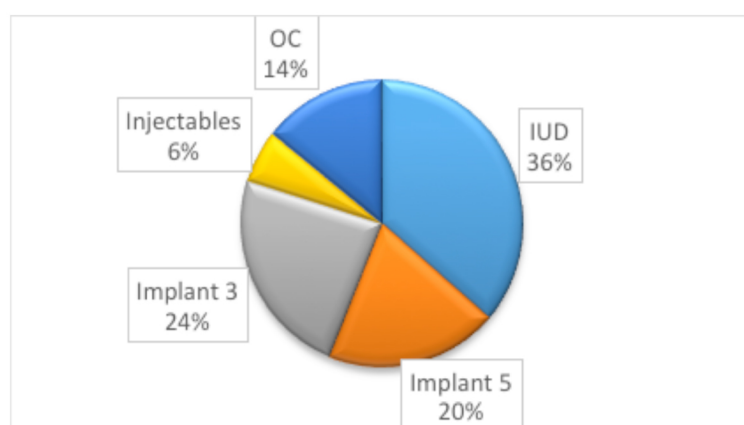


Figure 3: Method Mix 2018

This project has been able to achieve much higher uptake of LARCs among youth than the national LARC use. IUCDs were not found among girls 15-19 in the 2015-2016 Tanzanian DHS, and only 17% of adolescents using modern methods were using implants. By dispelling myths, making contraception relevant to their immediate futures, and offering non-judgmental services, outreach teams were able to help 70% of their youth clients access LARCs.

With effective health education and individualized counselling from providers, clients are able to choose a method that suites her reproductive goals and lifestyle. Younger women most commonly choose implants (Figure 4), whereas women over 25 years old most commonly opt for IUDs (Figure 5). Older women are more likely to choose 5-year implants, whereas younger women tend toward 3-year implants. This reflects a finding from PSI's A360 youth design process that for young women pregnancy is always in the near future, whereas for older women with children a longer duration of protection is desirable for extended spacing or limiting.

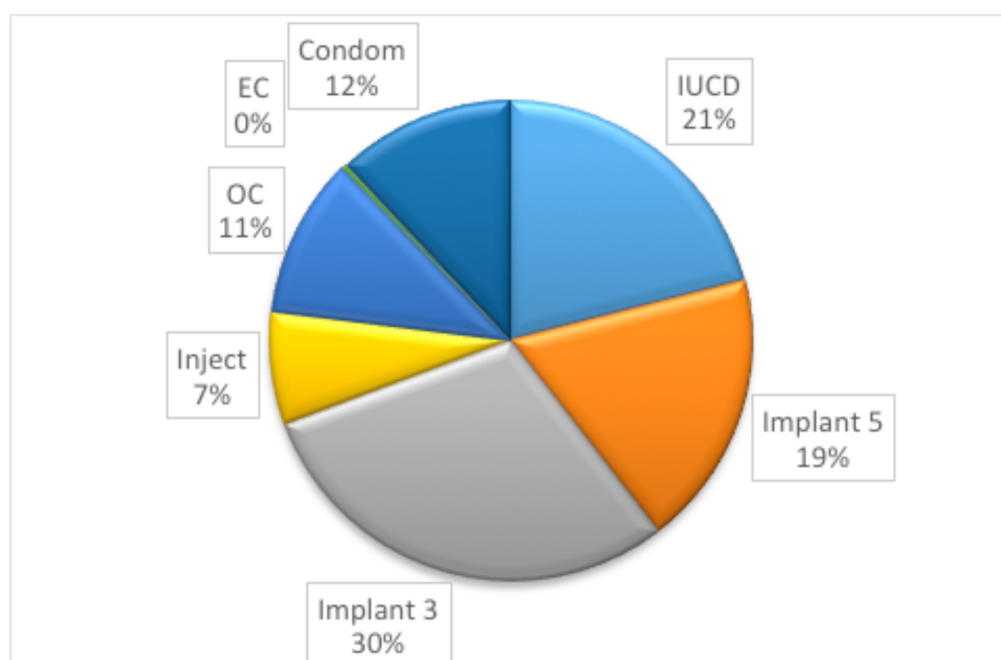


Figure 4: Method Mix Youth (age < 20)

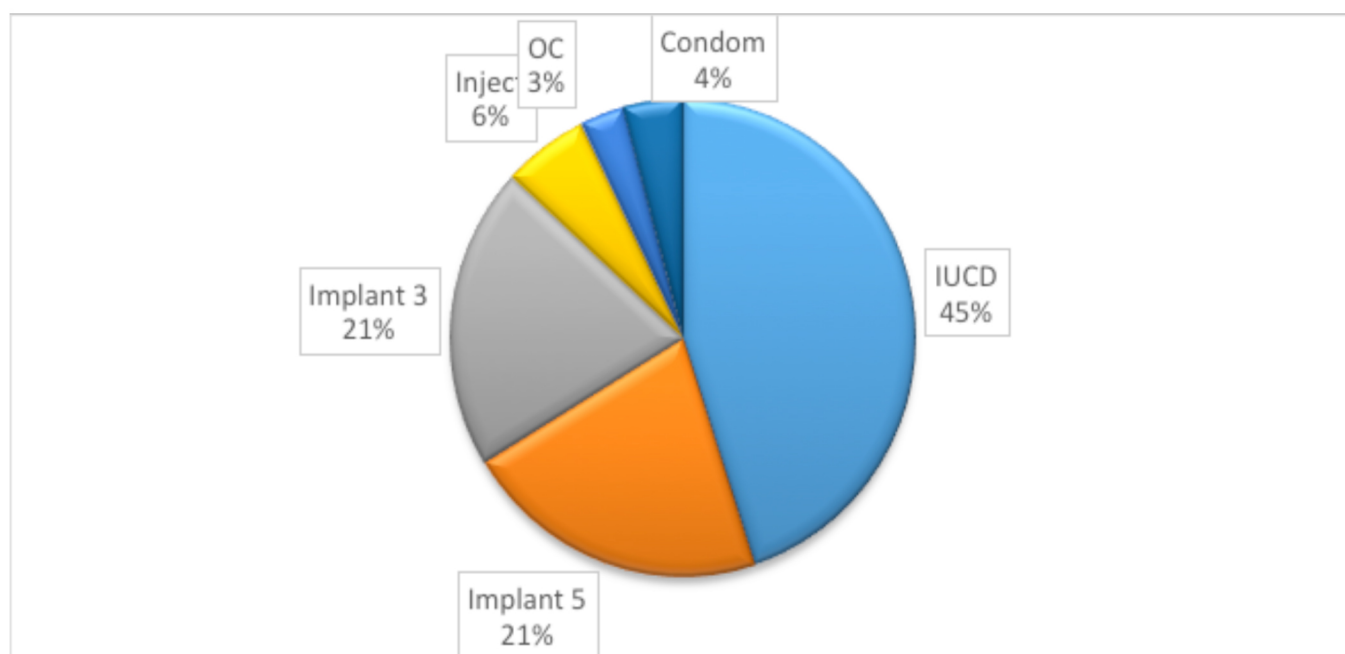


Figure 5 Method Mix WRA (age 25+)

Malaria



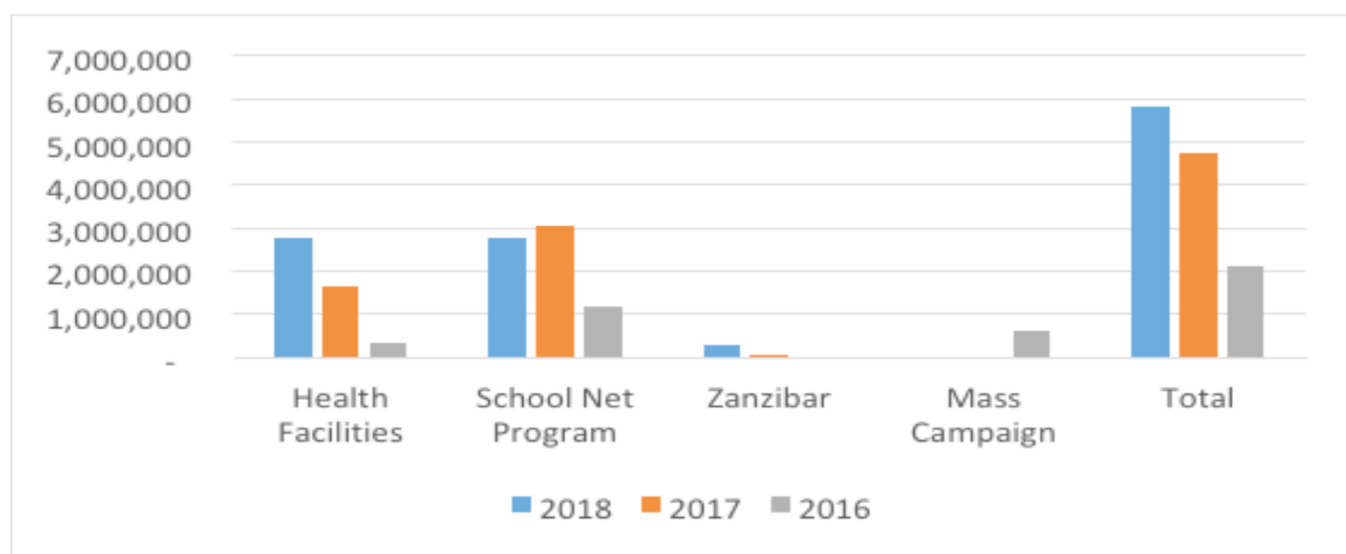
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Vector Control

Ninety-three percent of the population in Tanzania live in areas where malaria is transmitted. The 2017 Tanzania Malaria Indicator Survey reported more than 26% of all outpatient visits are attributed to malaria, resulting in an estimated 7.7 million confirmed and clinical outpatient malaria cases annually – with 3.4 million of these cases attributed to children under the age of 5.

PSI, through a partnership with the PMI-funded VectorWorks Project² is distributing ITNs free of charge through all public health facilities in 14 high prevalence malaria regions of mainland Tanzania and Zanzibar. ITNs are provided to pregnant women at the first antenatal care clinic visit and to infants at the first measles vaccination. In addition, on mainland Tanzania, ITNs are delivered annually to primary school children in selected grades in all public schools in 14 regions of the country that were reported to have a malaria prevalence >10% in the Tanzania Demographic Health Survey 2015/16.

In 2018 PSI distributed 5,805,497 ITNs; an increase of 22% from 2017.



ITN Distribution 2016 - 2018

² PSI is a partner on the John Hopkins University led VectorWorks Project and is responsible for developing the supply chain and implementing distribution for ITNs in Tanzania

Cross Cutting Work Streams & interventions

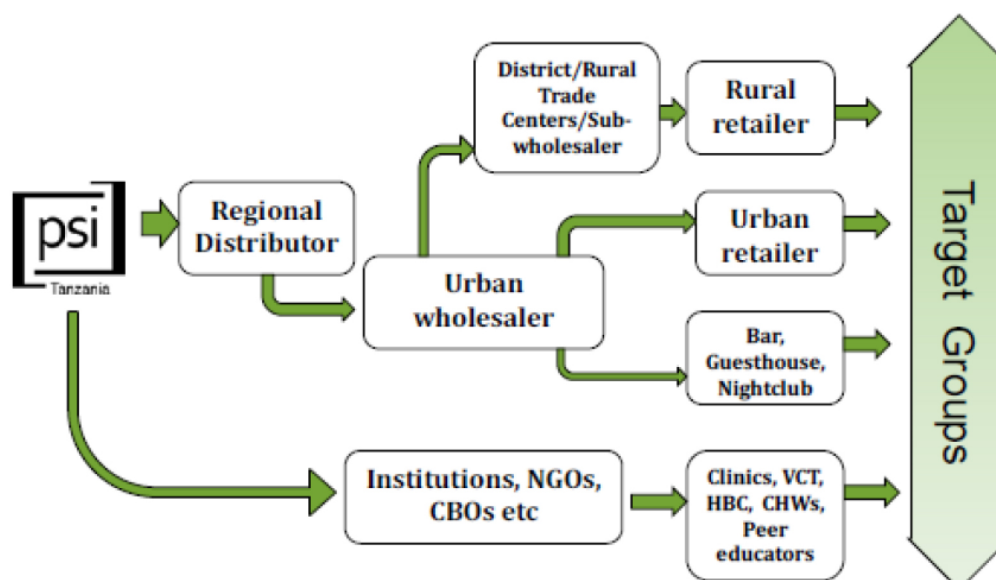


Sales & Distribution

PSI Tanzania uses existing commercial distribution networks to get products to the final consumer. Commodities are either subsidized by a donor (Global Fund to Fight AIDS, Tuberculosis, and Malaria and KfW Development Bank) to ensure affordability to the final consumers or are self-sustaining through a social enterprise model.

Commodities are sold directly to both Fast Moving Consumer Goods (FMCG) and Pharmaceutical Regional Distributors (RDs), who in turn sell products to wholesalers who then sell to retailers. The movement of products is facilitated by profit margins at each point in the chain.

In addition to commercial distribution, PSI/TZ also supports the government and other partners through the highly targeted distribution of free product. This specifically targets high-risk groups for whom price is a barrier to access.



PSI Distribution Model

Achievements

Male Condoms	9,719,136
Familia Oral Contraceptives (cycles)	295,056
Familia Injectables	241,911
Familia IUCD	12,820
MVA Kits	6,674
Misoprostol Pills	1,207,224
WaterGuard Tablets	6,112,242

Includes free distribution

Technology

PSI is exploring ways to better use technology to reach women and girls with information about contraception and provide linkages to care. Increasingly, PSI's consumers are interested in accessing information through social media and mobile phones, and PSI country programs are innovating to modernize their communication strategies.

PSI Tanzania has successfully piloted different technologies to enhance the client experience, manage sales agents, quality assurance application and track referrals through IPC Agents. PSI Tanzania is at the forefront of using PSI's "Connecting with Sara" (CwS) system. CwS is a flexible technology platform that has two unique characteristics: it facilitates interactive communication with users, and it is housed in PSI's MIS to allow for data consolidation and visualization. As part of PSI's MIS, CwS has the capability to track unique users over time and link client feedback to quality monitoring dashboards.

While CwS can be adapted for use with a variety of technologies—smart phones, feature phones, Facebook, Whatsapp, websites—in Tanzania it is primarily used by IPC Agents to register users and issue referrals. PSI Tanzania piloted CwS with funding from USAID and has now scaled up the technology through funding from the Vodafone Foundation and Vodacom Tanzania.

PSI Tanzania has also developed "Mjanja Connect," an interactive app targeted at reaching girls, with funding from the Vodafone Foundation that includes sexual and menstrual health education, pre-counselling, and links to CwS for referrals.

In 2018, the CwS pilot moved to scale, and Mjanja Connect was launched in July; redeemed referrals from clients under the age of 20 have increased from 6% to 11%. These innovations are expected to increase youth referrals and improve how PSI monitors the client experience going forward.



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