

**REPORT OF THE WILLOWS IMPACT EVALUATION (WIE) DISSEMINATION MEETING
HELD IN ARUSHA, TANZANIA (10 DECEMBER 2019)**



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1.0. Background

The Willows Impact Evaluation project (hereafter WIE) is a collaborative evaluation programme between Kilimanjaro Christian Medical University College (hereafter KCMUCo) and the Harvard T.H. Chan School of Public Health (hereafter Harvard). The main objective of the project was to evaluate the implementation and impact of the Willows Reproductive Health Program (hereafter referred to as Willows) among women of reproductive age (16-44 years) in Arusha Region, Tanzania. In order to evaluate the impact of the Willows intervention, the Kilimanjaro Christian Medical Centre (hereafter KCMC) study team in collaboration with Harvard, completed a number of assessments (Household Listing, Baseline Survey, Facility Survey and Exit Interviews) that provided baseline information, before the implementation of the WIE project.

The team conducted assessments in two districts of Arusha Region: (1) the intervention site, Arusha City, where Willows was implemented in three wards; and (2) the control site, Meru District Council, where no intervention was implemented. The KCMC team conducted the baseline community survey from January through March 2018, enrolling 3,938 women (1,956 women from the intervention site and 1,982 from the control area). The team analyzed the baseline data and found information on: the level of modern contraceptive use; types of modern contraceptives commonly used; source of the methods; availability of different contraceptive methods at the health facilities; client satisfaction with the services; and discontinuation rates by type of method. The team wanted to share the results from the study with key stakeholders at each stage of the evaluation, hence the dissemination meeting held on January 10, 2020.

The main objective of the dissemination meeting was to provide feedback and recommendations to key stakeholders in the field of reproductive health and family planning (at the district and national levels) based on the findings from WIE baseline assessments (now cross-sectional survey). Before implementing WIE project, the team had several meetings with representatives from the district and national levels explaining the aim and process of evaluating the Willows intervention. It was an obligation and requirement to share the results with the key users of the results. This final feedback will strengthen the trust that we built with the community, and enforce future research collaboration in the community and with the stakeholders involved. The dissemination meeting was held on 10 December 2019 at Sariko Olasiti Garden in Arusha, Tanzania.

2.0. Meeting Participants

Forty participants attended the dissemination meeting (Appendix 1) including: a representative from family planning unit in the Reproductive and Child Health (RCH) section, Dr. Mutashobya,

representative from the Ministry of Health; Regional Medical Officer (RMO), Dr. Sichalwe Wedson, Regional RCH Coordinator, Regional Family Planning Coordinator, and Regional Hospital Secretary. From the Arusha and Meru districts, attendees included the District Medical Officers, District RCH Coordinators, District Family Planning Coordinators, District Pharmacy Coordinators, and health care providers from one hospital, one health center, and one dispensary level of respective districts. Additionally, three representatives from the Willows International Tanzania (hereafter WIT), including Dr. Shemsanga, Director, attended, as well as representatives from Marie Stopes and Engender Health. The participants represented a diverse team of stakeholders including academics, researchers, clinicians, nurses, and Willows Field Educators (hereafter FEs).

Key invited guests were the Dr. Mutashobya and the RMO who opened the meeting.

3.0. Meeting Presentations

The meeting program (Appendix 2) opened with welcome remarks from the Dr. Wedson, RMO, introductions, and an overview of the Willows program. After a short break, the program continued with an overview of the WIE project and presentation of the cross-sectional findings, followed by a discussion of the findings with the participants. The program concluded with remarks from Dr. Wedson and Dr. Mutashobya.

Participants during sessions





The Regional RCHS Coordinator discussing a point on IUCD



3.1: Overview of Willows International Tanzania

Dr. Shemsanga, Director, WIT presented the structure, aims, and functions of the organization. The Willows FE Coordinator presented the Willows Intervention model, project implementation overview, evaluation process, and tools.

Dr. Shemsanga, Director, WIT, during his presentation



Meeting participants learned that WIT commenced its activities in October 2016 after breaking ground in 2015, covering the highly populated area of Arusha City. The project started in four wards (Arusha I:

October 2016 - Feb 2018) and in 2018 it extended its activities to three other wards (Arusha II: March 2018 – present). By September 2019, WIT served around 42,000 women of reproductive age covering 7 wards and 47 streets.

Progress on performance of key project indicators was also shared during the presentation. WIT reported observing a significant increment on mCPR from 32% at baseline to 55.4% (June-18) and 56.7% (Sept-19) for both Arusha I and Arusha II projects respectively over a period of 19 months. The proportion of mCPR due to long acting contraceptive methods (LAFPM) has increased from 26.6% to 49.4% (Arusha I) and 45.2% to 60.5% (Arusha II). The program expects diffusion effect even after closure of its projects.

WIT ended the presentation by sharing some positive implementation issues that help uptake of methods that can be adapted by the city as well as challenges encountered.

The presentation by WIT was very informative for participants as people understood in detail what is going on and effects of the intervention.

3.2: Willows Impact Evaluation Overview and Results

Dr. Michael Mahande presented an overview of the WIE program, including aims/goal of the project, evaluation methodology, criteria for site selections, data collection process, timelines, and expected outputs.

Dr. Mahande explained that the evaluation included an intervention and control site in order to measure the effect of FEs on uptake and sustained use of modern contraceptives in Arusha City. He further explained the household listing and baseline household survey procedures, coverage, and number of women enrolled.

Prof. Sia Msuya presented the key baseline results (Appendix 3).

4.0. Discussion and Meeting Recommendations

There was a session for questions and answers after the presentations were complete.

4.1: Questions from meeting participants

Dr. Mutashobya, was very impressed with the Willows model. However, he wondered about the sustainability of the model after the end of the intervention, and what WIT can do to ensure Tanzania government continue the model. He also wanted ideas on which part of the model can be scaled up while keeping the fidelity and overall cost.

Other participants asked about how community members the acceptance of FEs in the wards where they were work and how to integrate the FE model in the formal health system as community health workers.

Dr. Mutashobya during discussions



Participants also raised questions about the difference between FEs and the current cadre of community health workers, and further, how are the FEs retained and integrated into the health system after their deep training in sexual and reproductive health and family planning.

There were also questions on availability and uptake of IUCD at health facilities by the women. Some participants asked why IUCD is not widely available at health facilities like implants while the request is the same. In addition, a question was raised what is the key bottleneck for IUCD uptake compared to implants by the women. Participants from the health facilities inquired about training of providers on long-term methods of family planning.

Dr. Mutashobya raised a concern with respect to the Payment for Performance model, utilized by WIT, and on whether the system can be adapted.

4.2: Responses to audience questions

Representatives from WIT responded to the question on sustainability of their model stating that they work together with different stakeholders including community leaders, the district RCH coordinator, family planning coordinators, and other service delivery personnel to ensure the technical and organizational skills and knowledge will remain after the project closure. WIT also said by hiring FEs that

live in the same area where the project is implemented ensures local focal points within the community and this is what will contribute to sustainability of the knowledge.

The Regional RCH Coordinator responding to questions



On the question of what percentage of the model can be adapted without losing its effectiveness, the WIT representative said that they have not worked on it, but will discuss with the team. On the question of minimum number of visits that can be made to have an effect on CPR, the representative said this will need in-depth analysis of the data they have and they will share with the CHMT and RHMT in another meeting. The question of retention of FEs was complex and challenging to figure out. Currently, any community health worker needs to have one year training as directed by the MOHCDGEC.

On the question of poor availability and uptake of the IUCD, the MOHCDGEC Representative, and Regional and District RCH coordinators answered the question. They said poor use of IUCD is due to lack of training and skill of providers. The Ministry and Regional coordinators reported that training of health providers in the Northern Zone (Kilimanjaro and Arusha) have not received training on family planning and on long-term family planning methods since 2014 because they had higher CPR than other zones especially the Lake Zone. All efforts went to the Lake Zone where CPR indicators were poor, but after the DHS report of 2016, showing the levels of mCPR was declining in these two regions, training and other interventions were re-introduced in July 2019. One of the trainings was on IUCD insertion, and they hoped this would increase the confidence of providers in offering the method.

District RCH Coordinator responding to questions



There were no clear answers on involvement of pharmacies and other private providers in distribution of contraceptives. People debated the pros and cons of distribution of methods by pharmacies, community health workers, or other stakeholders.

5.0. Closing Remarks

Discussions were followed by closing remarks and recommendations from Dr. Mutashobya and the RMO.

5.1: Closing remarks, recommendations and way forward from the Representative of the Ministry of Health

Dr. Mutashobya highlighted the importance of bridging the gap between health system and the community in order to improve contraceptive uptake. He also mentioned the gap of adolescent use of services especially contraceptives in the health facilities or service delivery points.

He reported that overall, Arusha Region is doing very well on the program activities, such as postpartum family planning, stock outs, information on the adolescents and youth and community, in comparison with other regions in the country. He also stated that the Willows model is good, but needs proper documentation so that the communities can understand it. If the model is documented in a simple way, it could be incorporated in the planning of the Ministry.

Dr. Mutashobya liked the method of using a control site. He said he and the Ministry are eagerly waiting for the results of assessment after the Willows intervention. He said there are other community models to improve modern contraceptive uptake, but they did not have such a strong design of evaluating the effect of intervention like WIE. He said this evaluation could be key in informing the Ministry on uptake and behavior change. At this point, the KCMC team informed him on the decision by the Foundation to end

the WIE project and the reasons behind their decision. He urged the KCMC team to look for other funds and try to see the effects of the intervention.

Lastly, Dr. Mutashobya stressed the importance of the dissemination and proper documentation of the implementation approaches. In comparison with other countries like Kenya, Tanzania is very poor on documentation, so the District and the Region has to document the implementation in detail for future references.

5.2: Closing remarks, recommendations and way forward from the Arusha RMO

The Arusha RMO explained the need for data or information on various issues, and welcomed the KCMUCo in Arusha Region to collaborate further. He expressed his concern on the sustainability of these projects after the program or project has ended. For instance, Arusha City has several stakeholders but the indicators are still very low in the scorecard. The RMO plans to meet with various stakeholders between the 15 and 20 of January 2020 to see a way forward to increase indicators including family planning.

The RMO also highlighted his concern on the low usage of the IUCD in both the intervention and control areas. He has given a silent warning to the service delivery health workers who were trained by the Ministry on insertion of the IUCD, that he expects immediate improvement in the near future.

The RMO recommended the Willows model but highlighted its high expense. Like the Ministry Representative, he wants an understanding on the minimum number of home visits needed to get the desired effect. He wished Willows could suggest ways to adapt the model while keeping its efficiency and effect. He welcomes various MNCH stakeholders in the region to join hands in order to make this a success, and see how they can adapt the model and scale-it up in their local areas.

RMO giving closing remarks



The RMO also highlighted the lack of connectivity between the local government authority and the “health sector.” The citizens must own the health facility activities. He stressed community engagement in every activity at the health facility or service delivery programs. He highlighted to the health facilities that he needs results-based financing, and that currently the facility level budgeting or finance is based at the facility level. The RMO also wants to know the effectiveness of the Willows intervention. He wants results from the WIE evaluation to inform the region if the Willows model works, because he will support its scale-up in other districts.

The RMO informed the audience that his department has introduced the News Bulletin in the region. Thus, he recommended that stakeholders give feedback to the community through these dissemination meetings, and include R/CHMT members in various publications and disseminations at various meetings.

Finally, Sia Msuya, WIE Principal Investigator, thanked all the participants for their active participation in the meeting.

6.0. Conclusions

This dissemination meeting provided a platform for the WIE project to present the cross-sectional results with different stakeholders and discuss findings of the project. Presenters provided a broad range of results with a focus on new findings from Arusha region. The findings were discussed by all participants who asked questions, which were clearly answered by the presenters. Members from the WIE project team and key stakeholders commented on different aspects of the project.

7.0. Acknowledgements

The organizing committee would like to thank the guests of honor who agreed and set aside time to open and close the meeting. Members of the WIE project are highly acknowledged for facilitating the meeting and for their participation.

The researchers who agreed to present research findings and participate in discussion and social events made this meeting possible. The staff of this event at Sariko Olasiti Garden added to the success of the meeting by providing technical support, meals, and refreshments to the participants. The financial support provided by the Foundation is highly acknowledged.

8.0. Appendices

8.1: Appendix 1: List of the participants



WILLOWS IMPACT EVALUATION

Dissemination Workshop Baseline Data - 10th December 2019



Registration Sheet

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Dissemination Workshop Baseline Data - 10th December 2019



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Dissemination Workshop Baseline Data - 10th December 2019



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8.2: Appendix 2: Dissemination Meeting Programme, 10 December 2019

Time	Agenda items	Facilitator
08:30 – 09:00	Registration	Administration
09:00 – 09:15	Welcoming Remarks	RMO, RMO/Representative
09:15 – 09:35	Introduction	Dr. Mahande, WIE Co-PI
09:35 – 10:00	Overview of the Willows program	Dr. Shemsanga, Country Director Willows Tanzania
10:00 – 10:30	Tea Break	
10:30 – 11:00	Overview of Willows Impact Evaluation (WIE)	Dr. Mahande, WIE Co-PI
11:00 – 12:00	Sharing of cross-sectional data results and discussion	Prof. Msuya, WIE PI
12:00 – 12:15	Remarks from the RMO/representative	RMO, RMO/Representative
12:15 – 12:30	Remarks from the MOHCDGEC	Representative of the Department of Sexual and reproductive Health
12:30 – 12:45	Closing Remarks	Prof. Msuya

8.3: Appendix 3: Presentation from the evaluation team
See attached powerpoint