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Tanzanian Higher Learning Institutions Prioritize Access to Family Planning for Students

CASE STUDY

Beginning in October 2014, several higher learning institutions (HLIs) in Tanzania banded together to improve their students' access to sexual and reproductive health information and services. The effort started modestly—with 13 HLIs in the largely rural regions of Mwanza and Shinyanga. One year later, the initiative is poised to benefit over 18,000 students in the two regions and has contributed to a nationwide policy change to mandate sexual and reproductive health service provision in all 52 HLIs in Tanzania.

HLI students in Tanzania, typically ranging in age from 18-25, lack sexual and reproductive health information and access to services. As a result, female students face high rates of unplanned pregnancies, abortions, and complications—including deaths—arising from unsafe abortion.¹ Local Advance Family Planning (AFP) partners United Nations Association Tanzania (UNA), Johns Hopkins University Center for Communication Programs Tanzania (CCP), and Health Promotion Tanzania (HDT) led advocacy to address the students' family planning information and services gap.

UNA identified 15 relevant institutions in Mwanza and Shinyanga and 13 responded affirmatively to the

advocacy efforts, having witnessed the consequences of unplanned pregnancies among their student population. One of the HLI deans stated, “We are grappling with challenges of sexual activity in our institutions, and in some cases, we are losing our young girls to [unsafe] abortion; we must do something about this.” The HLIs, which included vocational training centers, medical colleges, business schools, and faith-based universities, committed to actively addressing the information and services gap.

After being presented with HLI-focused interventions making an impact across the country, the Tanzania Commission for Universities committed to issue directives and develop guides for making sexual and reproductive health services available to all HLI students.

Why is Family Planning Important for Youth?

Despite the stark need (see **Box 1**), before 2014 the majority of HLIs in Mwanza and Shinyanga did not provide health services other than general diagnostics such as for malaria. Students were referred to local health facilities, none of which provided sexual and

reproductive health information and supplies. The distance between some of the schools and health facilities was too far to access easily. Moreover, stigmatization of sexually active youth by health facility staff often discouraged them from seeking services.

The Lake and Western Zones, where Mwanza and Shinyanga are situated, bear the lowest contraceptive prevalence rates (CPR) in the country: between 10-15%, compared to the national average of 27%. In Mwanza and Shinyanga, contraceptive use among 15- to 24-year-old youth is just 8% and 5%, respectively.²

At HLIs, many students find new and unsupervised freedom for social and sexual activities, which can be damaging without information, counseling, or services.

Evidence strongly indicates that school-based programs can increase knowledge and improve attitudes related to delaying or decreasing risky sexual behaviors and increasing contraceptive use.^{3,4} School-based programs are particularly able to reach a large number of youth and may, in fact, be the only place where youth can access reliable information about sexual and reproductive health issues.

From Advocacy to Results

In 2013, United Nations Association (UNA) gathered evidence on youth needs and how to meet them by reviewing studies and lessons learned from similar approaches in Tanzania and neighboring Kenya, where Jhpiego engaged with young people in HLIs.

In early 2014, UNA conducted a baseline survey of 15 institutions in regions where AFP Tanzania was active. The survey identified types of available sexual and reproductive health services (if any) and investigated the reproductive health-related issues that affected students. UNA noted the types of institutions, the number of students they serve, and interviewed teachers and administrators. In doing so, they established relations with the school officials, which proved helpful in future advocacy.

UNA shared the key findings in one-on-one meetings with student deans or other decisionmakers from the institutions. UNA also organized group meetings with HLI officials to discuss the implications of UNA's findings. They concluded steps needed to be taken to curb unsafe abortions, unsafe sex, and unplanned pregnancies.

TABLE 1: THIRTEEN HLIS IMPROVE 18,000 STUDENTS' FAMILY PLANNING ACCESS

Higher Learning Institution	Region	No. of Students
1. Musoma Utalii College	Shinyanga	120
2. Pasiyasi Wildlife Training Institute	Mwanza	400
3. Tandabui Health Science and Technology	Mwanza	400
4. Vocational Training College - Shinyanga (formerly known as VETA)	Shinyanga	459
5. Moshi University College of Co-operative and Business studies (MUCCOBS)	Shinyanga	500
6. Missungwi Community Development Technical Training Institute	Mwanza	535
7. Kolandoto College of Health Science	Shinyanga	547
8. Butimba Teachers College	Mwanza	600
9. Fisheries Education and Training Agency	Mwanza	600
10. Shinyanga Teachers College	Shinyanga	670
11. Institute of Rural Development and Planning	Mwanza	1,070
12. Bugando College of Medicine	Mwanza	2,200
13. St. Augustine University of Tanzania	Mwanza	10,072
Total:		18,173

Source: UNA Tanzania baseline survey, 2014.

By April 2014, eight HLIs in Mwanza and five in Shinyanga committed to collaborate and take action. In both regions, HLIs are now incorporating sexual and reproductive health information program in their orientations sessions at the beginning of the school year.

UNA and CCP facilitated engagement among the HLIs—providing guidance when the HLIs lacked the infrastructure to address student needs, participating in every meeting, encouraging follow-through, and linking schools with family planning stakeholders. UNA and HDT conducted sensitization visits to the HLIs to reiterate the need for youth-friendly sexual and reproductive health services. Although the institutions in each region took different approaches, the overall outcome is greater access to information and services.

Mwanza’s Approach—Partnering with Family Planning Service Providers

UNA’s baseline survey in Mwanza indicated that some students in the region visited service delivery organizations for contraceptives and post-abortion care, a need that could not be ignored. During meetings of the eight HLIs in Mwanza, officials agreed that outreach services from local health care providers could help prevent unplanned pregnancies and unsafe abortions. Together, the institutions and service organizations worked on a mechanism to provide information and supplies. The approach varied by school. For example, St. Augustine University, a Catholic institution and the largest HLI in Mwanza, did not permit contraceptive supplies on campus. However, the majority of the HLIs agreed to host information and counseling sessions, which included information on where to obtain contraceptives.

Nearly all of the HLIs collaborated with sexual and reproductive health service providers Marie Stopes Tanzania (MST), EngenderHealth, DKT Tanzania, and Population Services International. The Sekou Toure Regional Hospital in Mwanza also expressed willingness to reach out to HLIs periodically. UMATI initiated a memorandum of understanding with St. Augustine University to provide students with relevant information.



Representatives from eight HLIs in Mwanza meet to strategize.

To improve community access to family planning, MST is using a three-wheeled auto-rickshaw to provide community-based mobile outreach services called “Bajaj Campaign.” Between March and June 2015, they conducted 11 of these campaigns for HLIs. MST provides a full-range of services, including emergency contraceptives, oral pills, male and female condoms, and contraceptive injections through this approach. MST data indicates that the number of young people under age 25 who accessed family planning services between the April to June 2015 quarter increased by seven percent compared to the prior quarter.

Based on UNA’s HLI baseline survey, DKT Tanzania also reached out to institutions in Mwanza as part of their plan to establish a local youth-friendly health clinic and expand free services.

Shinyanga’s Strategy—Mobilizing the Resources of an HLI Coalition

In Shinyanga, representatives from the region’s five HLIs worked together to integrate sexual and reproductive health in student curricula and in-service training and extracurricular activities.

They developed a memorandum of understanding (MOU) in October 2014 to outline the nature of their cooperation and the members’ respective roles and responsibilities. The MOU highlighted the interest of HLIs in working with family planning stakeholders to provide information and services to students.



In Shinyanga, representatives from the region's five HLIs work together.

Kolandoto College for Health Sciences—a participating HLI that trains nurses and nurse midwives—volunteered to integrate provision of sexual and reproductive health education to other HLI students into their curriculum as well as offer referral services. In October 2015 the college trained 30 student services officers (primarily deans of students) and 25 student government representatives across the five Shinyanga HLIs to strengthen mentoring and counseling. With Kolandoto College, UNA and HDT will support the training of up to three student services officers from the five HLIs, using Ministry of Health and Social Welfare training materials.

Musoma Utalii College and the Vocational Education Training College are also integrating sexual and reproductive health into their respective curricula for the 2015 school year. All five of the HLIs are mobilizing the students to establish reproductive health clubs. Students in the three schools that already have clubs are leading their sexual and reproductive health orientation activities.

Seeking National Impact

In September 2015, AFP Tanzania partners convened a meeting with the Tanzania Commission for Universities (TCU), which oversees the establishment and monitoring of all HLIs. Also in attendance were HLI leaders from Mwanza, Shinyanga, and Zanzibar; service providers

focusing on HLIs in the Morogoro, Singida, Dodoma, and Rukwa regions; and representatives from Funguo, a Jhpiego Kenya program targeting universities. The meeting aimed to examine the impact of these interventions and what the TCU could do to lead such efforts.

The convening resulted in several commitments:

- The TCU will issue guidance and directives to ensure sexual and reproductive health information is available in HLI settings across the country through training manuals, health service protocols, and mandate administrations to make family planning and other sexual and reproductive health services available to the students.
- Family planning partners will further coordinate their efforts to improve communication and share expertise and lessons learned in order to better reach HLIs.
- The HLIs will collaborate to introduce sexual and reproductive health content in curricula and provide information and services.

Fully implemented, these commitments would expand access to all 52 of Tanzania's HLIs.

Partners at the September 2015 dialogue with Tanzania Commission for Universities:

- AFP Tanzania
- HLI representatives from Shinyanga, Mwanza and Zanzibar
- Funguo, Jhpiego Kenya
- Service Providers: EngenderHealth, MST, Population Services International, UMATI, Tanzanian Men as Equal Partners
- Youth organizations: Restless Development, Tanzania Youth Alliance, The Youth of United Nations Association of Tanzania

Lessons Learned

- **Reaching students at HLIs is an opportunity to build individual and national capacity:** Two- to

four-year HLI programs are a critical time to support youth in making informed and responsible health decisions that could have life-long benefits.

- **Sharing evidence paves the way for dialogue and action:** The baseline survey findings gathered and shared by UNA resonated with HLI officials. The evidence confirmed their fears that students were ignorant and disempowered about sexual and reproductive health issues and services, while unwanted pregnancies, early childbearing, and abortions characterized the lives of young women in these institutions. The findings, paired with evidence on successful interventions, spurred them to address the issues through constructive dialogue.

Next Steps

AFP Tanzania will continue working with the TCU to ensure that directives mandating family planning improvements in HLIs are drawn up, circulated, and promoted nationwide among HLIs.

References

- ¹ Williams, Elspeth. Increasing Access to Youth Sexual & Reproductive Health Services in Tanzania: Recommendations to Higher Learning Institutions. Johns Hopkins Bloomberg School of Public Health Capstone. May 2015
- ² 2010 Tanzania Demographic and Health Survey.
- ³ Wellings, Kaye, et al. "Sexual behaviour in context: a global perspective." *The Lancet* 368.9548 (2006): 1706-1728.
- ⁴ Alford, Sue, Nicole Cheetham, and Debra Hauser. "Science and success in developing countries: holistic programs that work to prevent teen pregnancy HIV and sexually transmitted infections." (2005).

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Box 1: The Family Planning Need Among Youth

Source: Williams, Elspeth. *Increasing Access to Youth Sexual & Reproductive Health Services in Tanzania: Recommendations to Higher Learning Institutions*. Johns Hopkins Bloomberg School of Public Health Capstone. May 2015

- Investing in Tanzania's next generation is a smart investment for the country's future prosperity. Youth aged 10-25 make up one of the largest groups in the country, constituting one-third of Tanzania's total population.¹
- As is the case globally, Tanzanian youth are disproportionately affected by the risks associated with early and unprotected sex. Many young people become sexually active without planning their sexual relationship nor with full knowledge of potential health consequences. Moreover, in many cases, early sexual experience experienced by adolescents in developing countries is unwanted and the result of coercion or pressure.²
- A high rate of unmet need for contraceptives often results in unintended pregnancies, which in turn results in higher abortion rates. Abortion is illegal in Tanzania and women who wish to terminate their pregnancies often seek out unsafe abortion. In fact, unsafe abortion accounts for an estimated 16% of maternal deaths in Tanzania, contributing to its having one of the highest maternal mortality rates in the world.³
- Nearly 44% of women were either mothers or were pregnant with their first child by age 19. Almost all females aged 24 (91%) had ever been pregnant.⁴ Tanzania's high adolescent birth rate is likely associated with the low use of modern contraceptives. Although the majority of Tanzanian youth have had sex by the age of 18, very few are using contraceptives.⁵

¹ Tanzania. Ofisi ya Taifa ya Takwimu. Tanzania Demographic and Health Survey, 2010. National Bureau of Statistics, 2011.

² World Health Organization. "Adolescent friendly health services: an agenda for change." (2003).

³ United Republic of Tanzania Ministry of Health and Social Welfare, National Family Planning Costed Implementation Program, 2010-2015, Dar es Salaam, Tanzania: Reproductive and Child Health Section, 2010.

⁴ Population Council, Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), and UNICEF Tanzania. *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People, Tanzania 2009-2012*. (2015)

⁵ Tanzania. Ofisi ya Taifa ya Takwimu. Tanzania Demographic and Health Survey, 2010. National Bureau of Statistics, 2011.



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