Revitalizing the use of Community Based Distributors (CBDs) for improved Family Planning services in Bukiriro Village, Ngara District, Lake Zone – Tanzania

First Community Meeting

Held at Bukiriro Health Centre
28th February 2014

Health Promotion Tanzania (HDT)
and
Ifakara Health Institute Tanzania (IHI)

with the
Training and Research Support Centre (TARSC),
Community of Practitioners in Accountability and Social Action in Health (COPASAH)
and the
Regional Network for Equity in Health in East and Southern Africa (EQUINET)

With support from Open Society Foundations

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1.0 Background

This meeting is part of a larger programme in which the Training and Research Support Centre (TARSC) Zimbabwe is providing technical support to Health Promotion Tanzania (HDT) and Ifakara Health Institute (IHI) as a follow up to a PRA training on Social Accountability in Primary Health Care facilitated by TARSC in cooperation with COPASAH and EQUINET.

On Friday 28th February, 2014, Health Promotion Tanzania (HDT) and Ifakara Health Institute (IHI), with technical input from the Training and Research Support Centre (TARSC) Zimbabwe, held the First Community Meeting as a process towards revitalizing the use of Community Based Distributors (CBDs) for improved Family Planning services in Bukiriro Village, Ngara District, Tanzania. The meeting brought together 13 participants from three groups; community leaders, health workers, and community based distributers (CBDs). The Community Based Distribution Program is regarded as one of the best ways to strengthen primary health care through improved public involvement and health service accountability, especially in communities like Bukiriro where service users walk many kilometers to access health services including family planning. In bringing the service directly into clients' homes, the program also saves time in accessing family planning services and minimizes unnecessary congestion at the health facility.

The meeting specifically aimed at:

- Identifying and prioritizing, from a community perspective, the key FP health needs in Bukiriro and what services (formal and informal) are available to deal with those needs.
- Exploring:
  (i) The strengths and challenges of the CBD programme in Bukiriro Village;
  (ii) What skills, resources, and actions are needed to reinstate the CBD program to meet the identified FP needs.
  (iii) What short term actions, and by whom, can be undertaken to kick start the process of strengthening the CBD programme.
- Developing progress markers.

The meeting schedule and content were developed based on a Field Guide prepared and agreed upon by HDT, IHI and TARSC (see Appendix 1). The Meeting Facilitators came from both HDT and IHI, a majority of whom had attended the PRA Training on Social Accountability Monitoring in Harare, Zimbabwe. The facilitators were also accompanied by an advocate from HDT Head Office in Dar es Salaam.

2.0 Meeting Activities

2.1 Welcome and Introductions

Greysmo Mutashobya, from Health Promotion Tanzania (HDT) welcomed all participants to the meeting and allowed them to introduce themselves. The District Nursing Officer (DNO) then officially opened the meeting on behalf of the Guest of Honor, the District Medical Officer (DMO). In her speech, the DNO commented on the FP service situation in the District in general and in Bukiriro Village in particular showing how the CBD programme can benefit the community and contribute to raising the contraceptive prevalence rate (CPR) in the District. She further explained that unmet needs for family planning (FP) services are caused by poor health systems, distance from facilities, and shortages of health workers. She insisted that the CBD programme can be successful through community involvement and participation. Thus Bukiriro community needs to join hands and ensure each group takes responsibility and plays its role.

Figure 1: Participants during introductions led by the facilitator

2.2 Introduction to FP and its links to development

James Mlali from Health Promotion Tanzania facilitated this session. He made a presentation that aimed at identifying how family planning can save the lives of women and children as well as play a vital role towards socio-economic development. Importantly, he showed how FP is well linked with the achievement of both Tanzania's Development Vision (Vision 2025) and Millennium Development Goals (MDGs 4 and 5). Moreover, the presentation indicated how FP can lead to improved access to social services like education, water, and healthcare, to mention a few. The facilitator concluded by insisting on how the CBD programme can make a huge contribution in achieving the mentioned benefits because of its community-driven nature.

2.3 The PRA process

What do we mean by participatory methods? Greysmo Mutashobya and Jitihada Baraka, facilitators of this session, asked.

Each member started brainstorming on this question stating with how they understood it. After everyone's reflection and response the meeting drew the following common understanding as translated from Kiswahili into English;

- Participatory approaches bring the whole community together on socio-economic issues giving all people equal recognition, respect, and value.
- Participatory approaches address social matters by drawing on local experiences to deepen technical knowhow.
- Participatory approaches give room for the community to explore and identify their problems and propose the best methods to address them using available resources.
- Participatory approaches enable marginalized groups to take part in community planning.

Participants then went on to discuss the basic principles of PRA methods, how this approach contributes to strengthening people-centered health systems, and empowers the community by ensuring a bottom–up approach. Also, the meeting discussed how PRA processes pass knowledge and skills from one community group to another. PRA addresses social inequalities related to gender, age, and status. The DRCHCO said, "Participatory approaches remain the only way of collecting people of different origins, education levels, age, gender, and races to share their experiences, opinions, ideas, and thoughts with a great deal of freedom."

The facilitators explained how the PRA process is like a spiral with continual cycles of reflection and action. In this regard, the process can facilitate participant thinking, planning for action, and taking action. With this Reflection-Action–Reflection process communities make important steps towards addressing their problems. Below is the Spiral model which stood as a guide during the session.

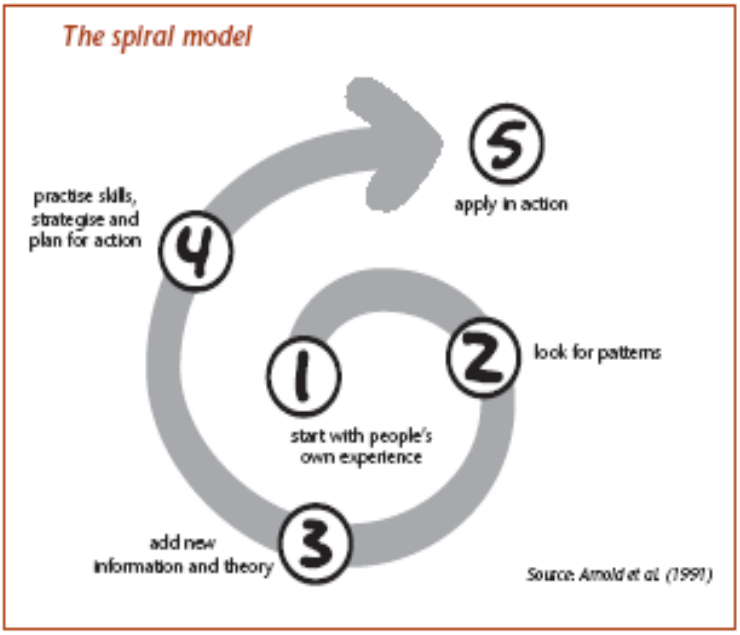


Figure 2: The Spiral Model

2.4 Understanding community

This session is a part of a reflection process for participants to identify social issues, especially focusing on health. This tells to what extent participants understand their community. Building on their understanding, participants were guided to apply Social Mapping skills to map the community and show heterogeneous groups of people, social services like schools, dispensaries, health centres and water and, most important, to identify places where women of reproductive age access FP services. From the sketch map, one could determine population distribution, distance to health facilities offering FP services, and other landmarks. From these findings, one could easily observe that the majority of FP service users walk a very long distance from their homesteads to the facility. Figure 3 shows Bukiriro village sketched map drawn by community members showing various landmarks and places where people receive FP.

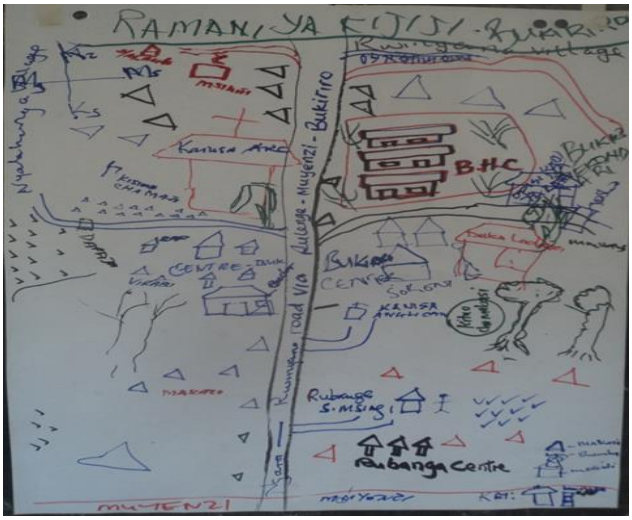
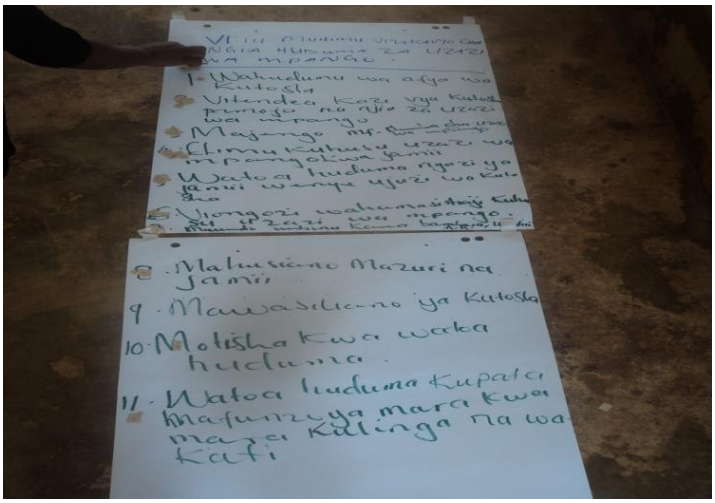


Figure 3: Bukiriro Social Map

2.5 Identifying and prioritizing the top 3 FP needs in Bukiriro



Participants divided into two groups, with each group having a representation of gender, age and locality within Bukiriro. Each group identified their key FP needs. Those needs were later integrated into one list with all needs included, resulting in a list of 11 points related to family planning needs in Bukiriro (as shown in Figure 4). Participants were then given seeds to prioritise which of the 11 needs they thought were the most important, resulting in a ranking of the needs as shown in Table 1 below. Participants agreed that the top 3 needs were: ensuring there were an adequate number of FP service providers, sufficient FP commodities (contraceptives, etc), and mass education on the range of FP methods.

Figure 4: List of FP needs identified by participants

Table 1: List of FP needs in Bukiriro Village

No.	Identified FP needs	Score	Rank
1	Adequate number of FP service providers.	10	1
2	Adequate FP commodities to facilitate the provision of all FP methods.	7	2
3	Mass education among community members on FP services and their benefits.	5	3
4	A special room for FP services	4	4
5	An adequate number of trained CBDs at community level.	4	4
6	Good relations between FP service providers at Bukiriro health centre and CBDs.	3	6
7	Improved infrastructures like roads for easing the mobility of service users.	2	7
8	Local leaders taking lead on FP campaigns.	2	7
9	Motivations to the service providers especially CBDs.	1	9
10	Regular trainings to the service providers.	1	9
11	Improved communication between service users and providers.	0	11

2.6 Identifying Strengths and Challenges of the CBD program in Bukiriro

At this point, all participants were brought into one group to identify the strengths and challenges of the CBD program in Bukiriro village. The facilitator allowed discussion among participants and the following were their suggestions on remedying the situation:

Table 2: List of expected outcomes when CBD programme is reinstated

Expected outcomes
• Programme support from village and Bukiriro Health Centre.
• Easy and adequate access to FP services among users.
• Reduction in time on seeking FP services on lines at the facility.
• Provision of reliable and appropriate FP education and addressing myths and misconceptions on FP services among community members.
• CBDs understand the community better and able to reach everyone in need of the services
• Minimizing the shortage of health services providers.
• Increasing knowledge on use and benefits of FP methods.

Table 3: List of Challenges of the CBD programme and proposed actions

Challenges	Proposed actions
• Lack of community support on the program especially from the village government.	• HDT to hold a one-on-one meeting with village leaders (VEO, VC) to persuade them to support the CBD programme and to make it one of their agenda items during the next general village meeting. • HDT to hold a one-on-one meeting with Bukiriro Health Centre authorities to persuade them to support CBDs by providing incentives to the CBDs.
• Little knowledge of FP methods and their side effects.	• Health workers from Bukiriro Health Centre to mentor CBDs on various issues related to FP services and their side effects.
• Low level of FP practices adherence among women of reproductive age	• Local leaders and health workers to lead FP campaigns among community members.
• Lack of motivation for CBDs.	• Both the village government and Bukiriro Health Centre to look into how the CBDs can be motivated.
• Inadequate supply of FP commodities.	• The District Health Management Team to provide fuel for the Medical Store Department (MSD) to supply an adequate number of FP commodities and Bukiriro Health Workers to make their orders to MSD in an appropriate and timely manner.
• Lack of regular training on FP services provision	• HDT, IHI and the District Health Management Team to look for training opportunities for CBDs.
• Traditional and religious beliefs which oppose FP services.	• All parties to provide mass education to both religious and traditional leaders on FP services and their benefits.

3.0 General Overview, Analysis and Findings

3.1 Accomplishments

- Meeting activities were conducted as planned and 95% of invited participants attended and fully participated in the meeting. All participants were very interested in the project and could easily identify challenges that need to be addressed.
- Initially, participants found the description of PRA methods too theoretical but, when put into practice, they found this approach very useful in generating discussion and analysis of issues, leading to a deeper understanding of the problems and possible actions.
- Community members appreciated the bottom-up approach to dealing with community matters, asserting that this approach had a much greater chance of success.
- Unlike many other villages, Bukiriro administrative organs - ie the village and ward government authorities - have a good relationship with community leaders and health workers. This improves the chances for successful implementation and documentation of this project. It also partially explains why improving communication between service users and providers was so low on the list of FP needs.

3.2 Challenges

- Motivation for CBDs is a key component to the sustainability of the programme. This issue needs to be addressed before the next meeting. It also explains why it is so important to hold discussions with the village government and health facility personnel.
- Family Planning education is still low among community members with many local beliefs and misleading rumours about contraceptives undermining successful uptake of these services. Health education is required.
- Only the matron at Bukiriro health facility has training in the provision of FP services to the community. This reinforces the need to provide services through CBDs as a way to meet this service gap.
- There is a lack of leadership and champions for FP in the community. When the first community meeting was held, none of the community leaders knew how significant FP is in supporting community development. Lack of male involvement is another roadblock.
- There was a problem with community representation at this first meeting since we did not have any FP service users attending. We plan to overcome this problem at the second meeting
- PRA is time consuming. We did not manage to complete our programme, especially in developing progress markers.
- A small project budget remains a source of stress among implementing staff since it impacts on our capacity to take part in the programme.

3.3 Lessons Learnt

- Community workers, such as the CBDs, require recognition and support to improve morale and gain confidence in undertaking any community responsibility.
- Reinstating the CBD programme is an important step in strengthening a community based and people centred health system – it will improve the ratio between service providers and clients, lessen dependence on government-enrolled health personnel, and give voice to community representatives at district level.

- PRA processes help to build a sense of ownership among the people involved in any given intervention. Thus, it is hoped that over time, community members will be able to overcome complex and touchy issues in the community with very little outside support.

3.4 Next Steps

- Hold a meeting with Bukiriro village government and Bukiriro Health Centre authorities to resolve the issue of how CBDs can be supported.
- Conduct a one day CBD Refresher Training course
- Meet other partners especially local CSOs to discuss the programme and especially to address issues of sustainability.
- Re-introduce CBDs to the community members especially the FP services users for their recognition and acceptability.
- Plan and facilitate two further community meetings with village leaders, health workers and CBDs in late March and mid-May.

3.5 Facilitators' Remarks

We facilitated well and meeting activities were covered as per the program with the exception of one component 'setting progress markers'. We plan to include this activity in the CBD Refresher training. In retrospect, we see that we included less important issues in the program such as the discussion on the PRA process – this consumed too much meeting time, leaving less time for community-focused work. We are looking forward to the second community meeting.

Appendix 1: Meeting Programme

Friday, 28th February, 2014.

Time	Session Content	Session Process	Role
9:00 am	Registration		All
9:30 am-10:00 am	Opening the session	Welcome and introductions Objectives of the workshop and programme	All
INTRODUCTION TO FAMILY PLANNING, CBD PROGRAM & PRA			
10am-11:00am	What do participants understand about Family Planning and Development?	PP presentation on FP in take in Ngara District and how it is related to Development. Little description on CBD program and its importance	JM/JB
11:00am-11:30am	TEA BREAK		All
11:30am-12:30am	What do we mean by PRA?	Activity 1: What do we mean by participatory methods? Guided discussion on PRA and why PRA methods are central to people-centred health systems. The spiral model	JB/GM
UNDERSTANDING COMMUNITY			
12:30am-1:30pm	Do members understand their community?	Activity 2: Community mapping to identify social groups, where people go for FP in the Community and which social groups are most affected.	GM
1:30pm-2:00pm	What are the FP needs in Bukiriro?	Activity 3: To identify and prioritize the top 3 FP needs in Bukiriro.	GM
2:00pm-3:00pm	LUNCH AND RELAX		All
3:00pm-3:30pm	What are services needed and which among them do exist?	Activity 4: A Spider diagram identifying what services are needed (both formal and Informal) and which of these already exist in dealing with the 3 problems identified.	JB
3:30pm-4:00pm	Tools for drawing or drama strategy to identify strengths and challenges of the CBD program in Bukiriro.	Activity 5: A group work and drama identifying strengths and challenges of the CBD program in Bukiriro.	GM
4:00pm-4:20pm	What does it take to reinstate the CBD programme?	Market Place and action planning to reflect on what skills, resources and actions are needed to reinstate the CBD Program.	JB
4:20pm-5:00pm	What do participants understand about Progress markers?	Activity 6: Little description on Progress markers and set markers on progress between now and May, 2014.	GM&JB
5:00 pm	CLOSING		DMO/ DNO

Appendix 2: List of Participants

No.	Name	Village/CSO, Contact address and phone number	Title
1	James Mlali *	Health Promotion Tanzania, P.O.Box 65147, Dar es Salaam. advocacy@hdt.or.tz +255755247428	HDT-Advocacy Manager.
2	Paschal Kamugisha	Health Promotion Tanzania, P.O.Box 108, Ngara. pkamugisha@hdt.or.tz +255784483192	HDT-Transport and Logistics Officer.
3	Jitihada Baraka *	Ifakara Health Institute, P.O.Box 65147, Dar es Salaam. jbaraka@ihi.or.tz +255716525478.	IHI-Program Officer
4	Greysmo Mutashobya *	Health Promotion Tanzania, P.O.Box 108, Ngara. gmutashobya@hdt.or.tz +255756279319.	HDT-Program Officer
5	Josephine Sinzimwe	Bukiriro Health Centre. +255684162586	Matron at BHC
6	Revina Julius	Bukiriro Health Centre. +255787884673	Nurse at BHC
7	Peter C. Muoji	Bukiriro Health Centre. +255687983801	Clinical Officer
8	Mastidia Apianus	Bukiriro-Kati	CBD
9	Josepha Calist	Bukiriro-Rubanga	CBD
10	Suzana Maisha	Bukiriro-Rubanga	CBD
11	Mechtilda Byambwenu	Ngara District Council, P.O.BOX 30, Ngara-Kagera. +255787403530	DRCHCo-Ngara District.
12	Triphonia Rusiribana	Ngara District Council, P.O.BOX 30, Ngara-Kagera. +255784988670	DNO-Ngara District
13	Cosmas J. Ngoroye	Bukiriro Village. +255786410991	VEO- Bukiriro
14	Bahati Byamungu	Bukiriro Village. +2556227872	Village Chair
15	Novati Kazingo	Bukiriro Village.	Chancellor-Bukiriro
16	Juma Athuman	Bukiriro ward.	WEO-Bukiriro.

***** Facilitators.

Appendix 3: Acronyms

BHC	Bukiriro Health Centre
CBDs	Community Based Distributors
COPASAH	Community of Practitioners in Accountability and Social Action in Health
DNO	District Nursing Officer
DMO	District Medical Officer
DRCHCO	District Reproductive and Child Health Coordinator
EQUINET	Regional Network for Equity in Health in east and southern Africa
FP	Family Planning
HDT	Health Promotion Tanzania
IHI	Ifakara Health Institute
MSD	Medical Store Department
PHC	Primary Health Care
PRA	Participatory Reflection and Action
TARSC	Training and Research Support Centre
VEO	Village Executive Officer
VC	Village Chair
WEO	Ward Executive Officer