

A conversation with Alden Nougua and Callie Simon, June 8, 2017

Participants

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- Callie Simon – Senior Technical Advisor for Adolescent and Youth Sexual & Reproductive Health, Pathfinder International
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Alden Nougua and Ms. Callie Simon.

Summary

GiveWell spoke with Ms. Nougua and Ms. Simon of Pathfinder International as part of its investigation into potential family planning giving opportunities. Conversation topics included Pathfinder's approach to increasing contraception access and uptake in sub-Saharan Africa and methods of evaluating the impact of these programs, with a particular focus on Pathfinder's programs in Tanzania.

Pathfinder

Background

Pathfinder celebrates its 60th anniversary this year. It operates in over 20 countries, and has been continually working in most of them for 40-60 years. This reflects its tendency to commit deeply to the countries in which it operates.

Funding and room for growth

Many Pathfinder projects are funded by U.S. Government grants, but the current political environment is not favorable to family planning initiatives. Additional funding would allow existing projects to be extended, made more comprehensive, or expanded to other areas.

The organization operates in many countries at a national level, and is very capable of managing large-scale funding; for instance, the Ethiopia program covers about 80 million people.

Contraception support

Contraception programs require consideration of both supply and demand.

- **Supply:** The contraceptive methods must arrive in the community in sufficient quantities, and health care providers at all levels need the skill and capacity to provide high quality, confidential services to women and youth.
- **Demand:** Women and youth need to know about contraception, be able to travel to the facility, and not be inhibited by relatives or other

community members. Social stigma and conservative values often constrain women and adolescents from seeking contraception.

Some organizations focus on specific aspects of the issue. In contrast, Pathfinder often works across all the levels of this framework, based on the view that the various elements work together to achieve outcomes. It would not be appropriate to attribute the effects to any individual aspect, and it would be shortsighted to only address one or two. For instance, if the goal is to increase the overall uptake of contraception, improving provider training and capacity may not be sufficient if demand is low. It is only appropriate to take a narrow focus if other partners are adequately addressing the other elements.

Factors that influence the particular choice of intervention include:

- **Donor priorities:** Some grants are discrete, time-bound, narrowly-focused, and have specific deliverables.
- **Local context:** Each country has particular needs, capacities, and limitations. For example, if the supply chain is strong, resources may go towards improving care quality or generating demand.
- **Target population:** Pathfinder emphasizes increasing access to contraceptives for adolescents and youth. This is a particularly underserved population, and improved contraception in this group can have long-term effects on education, health, fertility, and economic outcomes. Youth-focused projects often involve specially tailored interventions at all levels: supply chain, care quality, demand, and so on.

Evaluation

The best measure of impact for Pathfinder's contraception-focused projects would be changes in contraceptive prevalence rates, tracked by population-based surveys similar to the demographic and health survey (DHS). Unfortunately, donors rarely fund such surveys. There are some exceptions. For example, Pathfinder's Integrated Family Health Program in Ethiopia did have a population-based baseline and endline survey, but this was an especially comprehensive program that addressed all aspects of health (not just contraception). In Niger, the program conducted population-based surveys as part of a cluster-randomized controlled trial focusing on contraceptive uptake among adolescents, but this was only in 48 villages, randomized into four treatment arms, and such opportunities are rare.

Instead, Pathfinder normally uses data from the national health management information system (HMIS). Depending on the country HMIS, data is typically collected and aggregated at facility level, and analysis is possible at facility, district, regional, and national levels. Evaluations focus on two main outcomes:

- **New users:** The number of clients who are newly initiating contraception. (The definition varies among countries.)
- **Continuing users (or revisits):** The number of clients who come to the facility for a resupply of the method, or to switch method. (Again, definitions vary.) Ideally, these data are disaggregated by age and

method, as in Tanzania, but some countries, such as Mozambique, only record method.

Details of the evaluations differ among countries.

- **Niger:** Pathfinder works with the Centre for Gender Equity and Health at the University of California at San Diego to evaluate one of its projects in Niger (referenced above). They are testing different combinations of interventions to identify the most effective and cost-effective methods for increasing the uptake of contraception among married adolescent girls aged 13-19 years. The endline data will be collected in mid-2018.
- **Tanzania:** Unusually for the countries in which Pathfinder works, Tanzania has a fairly sophisticated, digitized HMIS that allows evaluators to track contraceptive uptake over time. For state facilities, data are available for at least a year prior to Pathfinder's intervention. With additional resources, it would also be possible to do a matched comparison looking at trends in intervention and control facilities with similar baseline characteristics.
- **Mozambique:** Evaluation of service uptake using national HMIS is more challenging in Mozambique. The government changed its national HMIS data collection forms two times since 2010, so the data are no longer comparable across years. However, figures could be compared for the same time period; for example, fourth quarter contraceptive uptake in Pathfinder-supported facilities could be compared with equivalent figures in other facilities.

Overall, the programs are strong at all levels of the framework and have demonstrated substantial impact on contraception uptake, especially among adolescents and youth, and especially of long-acting methods.

Tanzania program

Background

Pathfinder has been working in Tanzania since the 1970s, but the program there has evolved considerably. One of the current Pathfinder Tanzania projects, Chaguo la Maisha, focuses on contraception and began with a major grant in January 2015. The project provides support to 95 public health facilities in Dar es Salaam, targeting all women but with special emphasis on adolescents and youth.

Funding and room for growth

Of the approximately \$3 million annual budget of Chaguo la Maisha, approximately one-fifth is spent on staff salaries and training. Other major costs include equipment and facility refurbishment. Community health workers are paid a small incentive, which does not constitute a significant proportion of the total budget. As in the majority of countries in which Pathfinder operates, contraceptives are provided by USAID, the United Nations Population Fund, or the national government, but the

program does have to purchase other supplies, such as intrauterine device (IUD) insertion kits.

This project works in Dar es Salaam and there is substantial opportunity for expansion. Pathfinder implements other projects across seven regions in Tanzania.

Supply-side activities

Under the Chaguo la Maisha project in Tanzania, Pathfinder supports a number of interventions. On the supply side, interventions include:

1. **Systems level:** Pathfinder works in partnership with Tanzania's Ministry of Health to improve the health system elements of contraception provision. For example:
 - It supports national-level policy and contraception plan implementation.
 - It supports facility renovation, ensuring there is a private room for women to seek and use services.
 - It helps improve supervision efforts. Routine supervision by district health staff is required to monitor and provide support for quality contraception provision. The health staff member gathers information on, and provides advice regarding, the quality of service provision, stockouts, cleanliness of the facility, supplies such as gloves and gauze, and so on. Pathfinder provides assistance to achieve this, including transporting the supervisors to the facilities when necessary.
 - It monitors supply levels. If necessary, it facilitates transport of contraceptive methods to facilities that are experiencing shortages, and assists those in charge of ensuring adequate supplies at the district level to understand method demand and make accurate projections. However, there is not a major need for this in Tanzania as the commodity supply system is relatively strong in Dar es Salaam.
2. **Training:** The health workers (usually nurses) who are responsible for providing contraception in health facilities have typically received little or no training on how to provide appropriate contraceptive service delivery, including giving accurate and appropriate counseling, screening for medical eligibility, and inserting and removing an IUD or contraceptive implant. To address this, Pathfinder supports the government to provide in-service training to health care providers on contraception. This includes supporting national curriculum development and updates, giving technical assistance to the trainers, paying for the training, organizing the logistics (including practicums), and bringing providers together. The trainings include a strong component on how best to serve adolescents and youth, in addition to other women.
3. **Mentorship:** Government supervision is important and Pathfinder does not seek to replace it. However, there is not adequate support for

providers learning new techniques, such as safely inserting an IUD. Providers may therefore lack confidence in applying these skills despite receiving training. The mentorship program, which is not employed in many other countries, uses a tablet application to guide mentors through supporting providers in carrying out more challenging tasks, such as complex clinical procedures and contraceptive counseling. This takes place approximately quarterly, but is based on need. The app keeps records of each visit so that mentors can build on previous sessions.

Demand-side activities

In this project, Pathfinder uses two means of increasing demand for contraceptives.

1. **Community mobilizers:** Pathfinder’s network of community health workers (called “community mobilizers” in Tanzania) is the primary demand-generation element of the program. These are lay individuals from the communities served by the program, selected using relevant criteria. They are trained in providing contraceptive counseling using an algorithm on a smartphone application. They conduct scheduled home visits to women and adolescents: first to introduce the project, then later to provide contraceptive counseling and, if the client wishes, a referral to a facility. The mobilizer’s phone app gives notifications for follow-up visits after 7, 30, 60, and 90 days so that they can support the client to use the method correctly, troubleshoot any side effects, and address any other concerns.
2. **Citizen Report Card:** Each client completes a questionnaire about her health facility experience during the 7-day follow-up visit. This information is used to inform the mentorship program, thereby creating a cycle of quality improvement. Such feedback mechanisms are rare in contraceptive programming, and are especially important for young people, who often experience discrimination.

Evaluation

As population-based surveys are not funded through the Chaguo la Maisha project, the number of new clients over time at Pathfinder-supported facilities is the primary metric used to determine whether the program increased contraceptive uptake. Pathfinder compares baseline estimates of new users to the number of new users following its intervention; it did not have resources to make comparisons with facilities that were not supported by Pathfinder.

The community mobilizers’ smartphones gather additional data, including what method the client was referred for, client age, and the client feedback on facility services. However, this is not a representative sample: mobilizers are encouraged to reach younger women in particular and visits take place in a challenging urban context where women are selected for visits based on certain criteria rather than at random.

One key metric that Pathfinder reviews to assess the quality of care and to ensure that women are not being pressured into using contraceptives is to evaluate the mix of contraceptive methods being used before and after the introduction of the program. Overall, the data suggest a shift to a more balanced mix of methods. It is difficult to say whether the method mix is ideal, but a broader spread of methods is a reasonable indicator that women are choosing from a range of options. The data also show that women generally leave the facilities with the method they said they wanted before they arrived, which is an indicator of quality care.

In addition, the mentorship app records information on the service quality of every provider in the program, using criteria determined by the World Health Organization.

Other actors

Many other organizations work on family planning in Dar es Salaam. For example, EngenderHealth also works in the public sector, but focuses on outreach. PSI and Marie Stopes International (MSI) work in the private sector. MSI runs highly-subsidized or free private facilities that often serve a different kind of clientele from Pathfinder's. The various groups collaborate effectively to ensure there is no duplication of efforts, and in Tanzania, the health service delivery data collected by the project (through the HMIS) reflects the work of providers supported by Pathfinder.

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