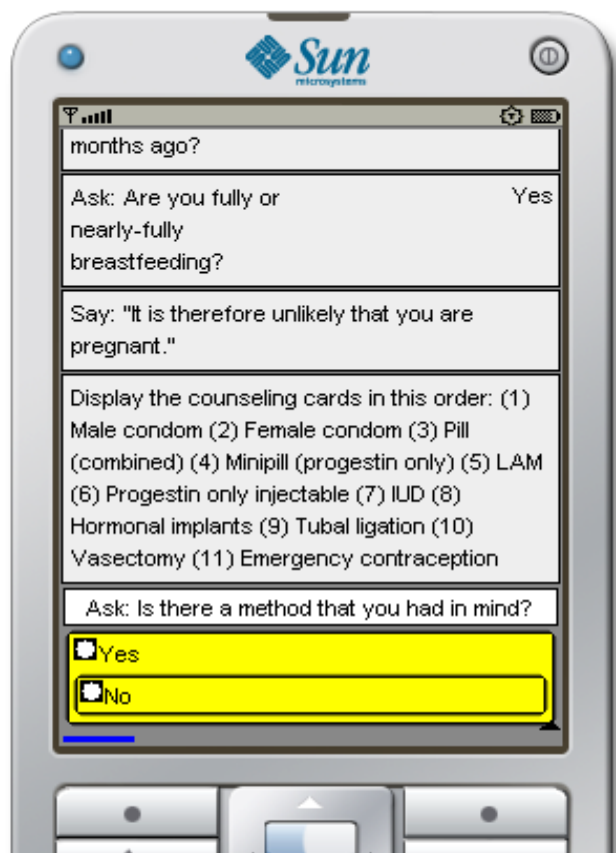


eFamily Planning (e-FP)

Brief Overview

Family planning saves lives, improves the health of both mother and child, strengthens communities, and stimulates economic growth. Despite the evidence, a quarter of Tanzanian women have an unmet need for family planning services, and only 27 percent reported using a modern contraceptive method in 2010. Community-based Family Planning is a fundamental approach to increase access to Family Planning services. In order to strengthen community-based family planning services, D-tree, in collaboration with FHI 360 and Pathfinder International, developed and is implementing an open-source mobile phone-based family planning application. The electronic family planning (e-FP) application is expected to improve counseling on FP, and hence increase access to and the uptake of family planning methods. The e-FP job aid is a new module for the home-based care (HBC) system that is currently being scaled up by community health workers (CHWs) in Dar es Salaam, Tanzania.



The tool provides each CHW with an algorithm to enable the CHW to effectively counsel, screen, provide and refer clients for FP, HIV, and STIs services. The e-FP application also allows for the collection and reporting of data that will help to monitor and evaluate the program. The project runs from February 2011 to March 2013 and is currently being used by 20-30 CHWs in Dar es Salaam, Tanzania.

■ Geographic Coverage:

Dar es Salaam, Tanzania

■ Implementation Partners:

FHI 360, under the PROGRESS Project, is leading a team of partners which includes:
D-tree International | Pathfinder International | Tanzania Ministry of Health RCHS Unit

■ Funder:

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About e-FP

D-tree, in partnership with FHI 360, Pathfinder, and the Ministry of Health, has developed the e-FP job aid based on a combination of proven evidence-based tools including the balanced counseling strategy plus (BCS), the pregnancy checklist, the provider screening checklist for oral contraceptives, and the decision-making toolkit. The development of this application therefore builds on what has already been developed and will continually be tested and further refined.

The BCS is a family planning counseling framework developed and refined over a number of years by the Population Council. It was originally developed for use in a clinical setting rather than by community health workers. The heart of the BCS is an 11-step algorithm which choreographs a specific dialogue between provider and client, and which is supported by two kinds of materials for each method: a counseling card and a brochure.

The provider screening checklists help providers determine if a woman is medically eligible to initiate use of any of four popular contraceptive methods: combined oral contraceptives (COCs), injectables (DMPA and NET-EN), the copper intrauterine device (IUD), and implants. A fifth checklist helps to rule out pregnancy among non-menstruating women.

The Decision Making Toolkit includes a decision-making aid for clients, a job-aid and reference manual for providers, and a training resource. Its format allows easy interaction with clients – one page faces the client (with simple information on key issues for the client to consider) and a corresponding page faces the provider (with key points and detailed reference information). Health-care providers can use it step-by-step to help clients make informed choices that suit their needs.

The e-FP application consists of an algorithm (the e-FP job aid) and an SMS-based management tool. The application also supports the following:

- registration of clients;
- collection of follow-up data on clients; and
- monitoring of referral status.

It guides the CHWs to effectively counsel, screen, provide and refer clients for FP, HIV, and STIs services.

Evaluation and Results

Evaluation of this project, planned for 2013, will examine the acceptability and feasibility of the mobile job aid using a randomized control design, and will compare quality of FP service provision, including screening and referrals, and efficiency of data reporting, to a paper-based tool. Six health facilities in the Dar es Salaam region of Tanzania were randomized to use either the mobile phone-based application (intervention group) or paper-based tools (control group). The post-test only control group design includes structured surveys with clients, in-depth interviews with CHWs and their supervisors, data abstraction from client records, field reports, and cost-effectiveness analysis.

Lessons Learned

- Close partnership with the government is essential for effective program implementation.

Conclusion

Although it is too early to assess the results of the program, the team anticipates seeing positive impacts from the implementation of the program as far as quality of the family planning counseling given and in the efficiency of managing the program, due to the improved timeliness of data.

Information was excerpted from:

<http://healthmarketinnovations.org/program/d-tree-international-0>
<http://d-tree.org/wp-content/uploads/2010/05/Yaounde-March-2010-Family-Planning1.pdf>
http://www.fhi360.org/en/Research/Projects/Progress/GTL/mobile_tech.htm