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## USE OF THE CITIZEN REPORT CARD TO ASSESS LOCAL FAMILY PLANNING NEED IN TANZANIA

The World Bank defines governance as the capacity of central and local government to effectively manage its resources and implement sound policies for the common good.<sup>1</sup> Good governance has the potential to affect the performance of a health system and directly impact access to and the quality of health care in a country.<sup>2</sup> In Tanzania—where contraceptive prevalence is at 34 percent for all methods and 27 percent for modern methods, unmet need is 25 percent, and maternal mortality is 454 per 100,000 live births—improved governance efforts can play a critical role in assisting the government to address poor health outcomes and better meet the reproductive health needs of its citizens.<sup>3</sup> In 2012, recognizing the need for resource-appropriate mechanisms to support the government in understanding local experience of contraception and family planning (FP) services, Pathfinder International, Sikika, and the Tanzania Ministry of Health partnered to introduce the Citizen Report Card. A participatory method of assessment, the tool has proved useful in supporting civil society organizations to advocate and support district-level governments to conduct evidence-based planning for district FP needs. This update discusses the partners' experience to date.



## Implementing the Citizen Report Card for Increased Accountability of Public Services

In order to address governance challenges at the local level, Pathfinder and its partner Sikika, a local civil society organization that advocates for quality health services through social accountability monitoring, implemented a social accountability tool, the Citizen Report Card (CRC), to inform the design of civil society advocacy plans for increased attention to FP based on FP users' experience on select quality indicators. The CRC is a survey tool designed to provide insights into user perceptions on the access, quality, and reliability of public services, whether there are hidden costs on FP services from public facilities, and the users' level of satisfaction with FP services provided through public channels. The evidence-based information gathered through the survey informs the development of an advocacy strategy for addressing challenges citizens face in accessing reliable and quality FP services. A CRC is more than a data collection exercise; it also provides an opportunity for user perceptions to be conveyed to local and national decision-makers in an organized and systematized manner, and facilitates public accountability through the extensive media coverage and civil society advocacy that usually form part of the CRC strategy<sup>4</sup>. The CRC process creates an enabling environment to facilitate demand mobilization by the general public (service users) in the sense that: 1) the citizens become aware of their



Citizens attending a community meeting

PHOTO: Pathfinder Tanzania

collective opinions, 2) public officials learn about public perception and demand, and 3) media attention applies pressure on officials to be more visibly responsive to citizen's needs.<sup>5</sup>

### Methods

To leverage existing resources, Pathfinder and Sikika implemented the CRC in three regions where one or both organizations currently work: Shinyanga, Dodoma, and Dar es Salaam. Two districts per region were selected, followed by six wards per district.

The survey was administered by 16 enumerators who underwent a day-long training to familiarize them with the study's design, methodology, and data collection methods prior to implementing the survey, followed by pilot testing.

Survey questions were designed to identify reasons FP users were not visiting the nearest facility, user experiences in accessing and utilizing available services, quality and reliability of services, presence of corruption or hidden costs, availability of problem resolution or complaint redressal mechanisms, and user satisfaction.

Eligible survey participants were defined as women of reproductive age (15-49 years) who currently use FP services. This study captured women of 13-48 years old. To identify respondents, enumerators went house-to-house in targeted wards and asked women whether they used FP. The partners aimed to reach between 280 and 350 respondents per district for the study. In total, 1,787 participants met the study criteria and were surveyed. See Table 1 for study sites and

**Table 1: Sample Households by District & Region**

Region	Districts	Sample Size (households)
Dar es Salaam (Pathfinder/Sikika area of work)	Ilala	308
	Kinondoni	270
Dodoma (Sikika area of work)	Kondoa	314
	Mpwapwa	312
Shinyanga (Pathfinder area of work)	Shinyanga Rural	298
	Kahama	285
Total		1,787



sample size per district, as compared to the total number of eligible participants— defined as women of reproductive age— per district.

## Citizen Report Card Findings

### USE AND ACCESS

The survey results showed that 88 percent of respondents access FP services at local public facilities. The 12 percent who did not cited unfriendly services, lack of preferred FP methods, higher charges and lack of support from spouse or partner as the reasons for avoiding the local public facilities.

In the category of people who access FP services from pharmacies and drug shops, most were in the age group of 13–24 years. This preference for pharmacies and drug shops suggests that youth face barriers in accessing contraceptives at public facilities.

Of note, none of the respondents accessed services from community-based distributors (CBDs) even though they were aware of their presence in their localities. The MOHSW has supported community-based distributors with the goal of increasing FP access and demand, but they have achieved limited coverage and are given low priority in district health plans.

Of the respondents who did not visit health facilities to get FP services within the previous six months of the survey, 47 percent cited unfriendly services, 13 percent cited frequent lack of services, and 12 percent cited fear of spouse as the main reasons.

### QUALITY OF SERVICES

Overall, facilities provided good services. Most facilities offering FP services adhered to their hours of operation, minimizing inconveniences to users. Ninety-eight percent of respondents found the facilities to be open when they visited, although 20 percent of respondents had to wait for more than one hour to access services once they were at the facility.

Though 21 percent of respondents reported not having received desired FP services

(where “FP services” was broadly defined as counseling and information regarding FP), 95 percent of those surveyed reported receiving the FP method they were seeking. Stock-outs (64 percent) and lack of skilled provider (15 percent) were the two main reasons cited for not getting the method of choice. Thirty-seven percent did not get clear information about services and methods.

Overall, respondents reported positive experiences with providers and were satisfied with services, but youth were in general the least satisfied with services, indicating that youth-friendly service provision requires improvement. Providers’ attitudes toward service users were positive overall, with 89 percent of total respondents reporting feeling welcome. When disaggregating by age, a higher percentage of users aged 13–18 years (11 percent) and those over 48 years (7 percent) reported feeling unwelcome than for all other age groups (2–3 percent). Ninety-three percent of total respondents reported feeling assured of confidentiality, again with a higher percentage of those aged 13–18 years (11 percent) reporting concern regarding confidentiality.

### USER SATISFACTION

A majority of service users reported being satisfied with the services offered. Two main reasons for dissatisfaction with services were time spent at facility waiting for services (24 percent) and amount paid for FP services (37 percent). The youth group (13–24 years) ranked lowest in terms of satisfaction, again indicating a need for a more supportive environment for youth FP users at public health facilities.

### CORRUPTION AND HIDDEN COSTS

Corruption and hidden costs remain a problem in accessing FP services. It was found that 29 percent of respondents who accessed FP services had to pay a user fee contrary to the prevailing Tanzanian health policy guaranteeing free FP services at public health facilities. Over 92 percent of respondents reported that a price list was

not visible at the facility. Eleven percent of respondents reported paying kickbacks (defined as a payment in addition to regular costs users incur to access FP services). Of those, 78 percent reported that the kickback was demanded by a service provider, and 22 percent reported giving the kickback voluntarily. Challenges still persist, including shortages of FP commodities in facilities and inconsistencies in whether clients pay costs of necessary equipment (e.g., gloves and syringes) to administer FP services or methods. Over 90 percent of FP users at faith-based NGO facilities reported satisfaction for fees paid for FP services compared to 50 percent at public health facilities, in part due to the more transparent fee system at mission facilities compared to health public facilities.

### PROBLEM RESOLUTION & COMPLAINT REDRESSAL MECHANISMS

FP service users face barriers in lodging service complaints and having complaints redressed. Twenty-seven percent of all respondents had a problem with FP services, and of these, 70 percent did not lodge any complaints. The reasons given for not filing a complaint were not knowing where to complain (38 percent), fearing counter-action by service providers (20 percent), and believing that nothing would be done about the complaint (18 percent).

Promisingly, 90 percent of the respondents who were able to register a complaint reported being treated with respect and only 25 percent of respondents reported that the problem was not solved to a satisfactory level (although this percentage varied between districts), indicating that the majority of complaints lodged when examining all three regions in total resulted in a respectful complaint resolution.

### Recommendations

The majority of the service users visit the public facilities near where they live, because they have no alternatives, or cannot afford available alternatives. The local and

national authorities should take this as an opportunity to meet their health-related goals (e.g., reducing maternal mortality rate) by improving on the service offering (availability of commodities, and trained FP human resources for health).

## Use and Access

Youth ages 13–24 ranked highest in terms of dissatisfaction with services offered, reflecting a need for youth-friendly FP services. FP providers should receive training in provision of youth-friendly services supporting their FP needs rather than discouraging them. FP users over the age of 48 years must also be made to feel welcome when accessing FP services at public health facilities.

Involvement of male partners may help increase FP services uptake; national and local government authorities need to conduct awareness raising campaigns on the benefits of FP targeting couples and particularly married men who are usually not well informed.

## Quality of Services

Improved FP counseling is needed at public health facilities to increase the number of FP clients who access clear information about FP services and methods. National and local

government authorities should improve quality of FP services by ensuring that sufficient resources are allocated to support FP service delivery, including resources for facilities, trained FP health workers, and adequate supply of FP commodities. The government should take steps to reduce FP method stock-outs, and consideration should be given to reducing wait time at public health facilities as this was a leading cause of FP user dissatisfaction.

## Corruption, Hidden Costs, and Complaint Redressal

To ensure that FP services are offered free of charge as the policy stipulates, apart from allocating sufficient resources, the government (national and local) must ensure sufficient sanctions and incentives to moderate behavior of health care workers against asking or expecting kickbacks for services offered as part of their regular paid work. Public facilities should be required to post a price list to improve price transparency. Additionally, there is need for a formal, easy-to-use system for reporting and redressing complaints raised by FP service users.

## Follow-up and Next Steps

Following the completion of the CRC study, the partners conducted feedback meetings with facility and district stakeholders, disseminating findings and facilitating discussion regarding possible means of addressing priority issues. As part of planned activities prior to close of this effort, the partners will convene key identified public officials for a national-level dissemination meeting. At this high-level dissemination meeting, priority interventions to address key national-level issues in FP accessibility and quality will be identified.

## Endnotes

- 1 WHO 2009. Measuring Transparency in the Public Sector p.159 [WHO/EMP/MAR/2009.4]
- 2 WHO 2010. Monitoring the Building Blocks of Health Systems. Available online <http://www.who.int/healthinfo/systems/monitoring/en/index.html> [Accessed on July 5th 2013]
- 3 Tanzania DHS 2010, National Bureau of Statistics Tanzania, ICF Macro, April 2011
- 4 World Bank Website (ND). Citizen Report Card and Community Score Card. Available online <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTPCENG/0,,contentMDK:20507680-pagePK:148956-piPK:216618-theSitePK:410306,00.html> [Accessed on July 5th 2013]
- 5 Public Affairs Foundation (ND). CRC Training Notes for Grantees of Results for Development , 2nd – 8th Feb 2012, Tanzania

**ABOUT THE PROGRAM:** Pathfinder International Tanzania supports several HIV and AIDS, reproductive health, and family planning projects focusing on community- and home-based service delivery, policy and advocacy, and capacity building to improve service quality and availability. Funded by Results For Development (R4D), Pathfinder has partnered with Sikika and the Tanzania Ministry of Health and Social Welfare to introduce the Citizen Report Card method to six districts in the country. Together, the partners are working to empower citizens and strengthen district capacity to improve access and quality of family planning services.

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