

INVESTING IN FAMILY PLANNING

FOR TANZANIA'S HEALTH AND DEVELOPMENT

February 2016



2012-2015

The Government of Tanzania has led the way in developing and implementing a family planning strategy to achieve national goals. The upcoming years are crucial to build on existing results and excel. This report highlights what was achieved and suggests how we can move forward.

WHY FAMILY PLANNING?

1 Simple Answer to 5 Major Global Challenges

Many countries, including Tanzania, struggle to address five major challenges: 1) maternal mortality, 2) infant and child mortality, 3) extreme poverty and slow economic growth, 4) environmental degradation, and 5) gender inequality. Overwhelming evidence shows that family planning offers one solution to these five major challenges.

- 1. Family planning is a cost-effective intervention to reduce poverty and improve economic development.** Families and communities benefit when there are fewer household dependents requiring economic and other resources.
- 2. Family planning use prevents more than one-third of all maternal deaths worldwide** by allowing women to delay or space births, avoid unintended pregnancies and prevent unsafe abortions. In 2008 alone, contraceptive use was estimated to avert 44.3% of all maternal deaths worldwide—32.0% in sub-Saharan Africa and 43.9% in Tanzania.¹
- 3. Family planning saves babies' lives** by enabling women to increase the time between pregnancies. Evidence has long shown that babies born less than two years apart are more likely to die than those born at an interval of at least two years.²
- 4. Family planning protects and preserves the environment** by minimizing problems of environmental

degradation, such as deforestation, drought and flooding, which compound hunger and nutritional issues.

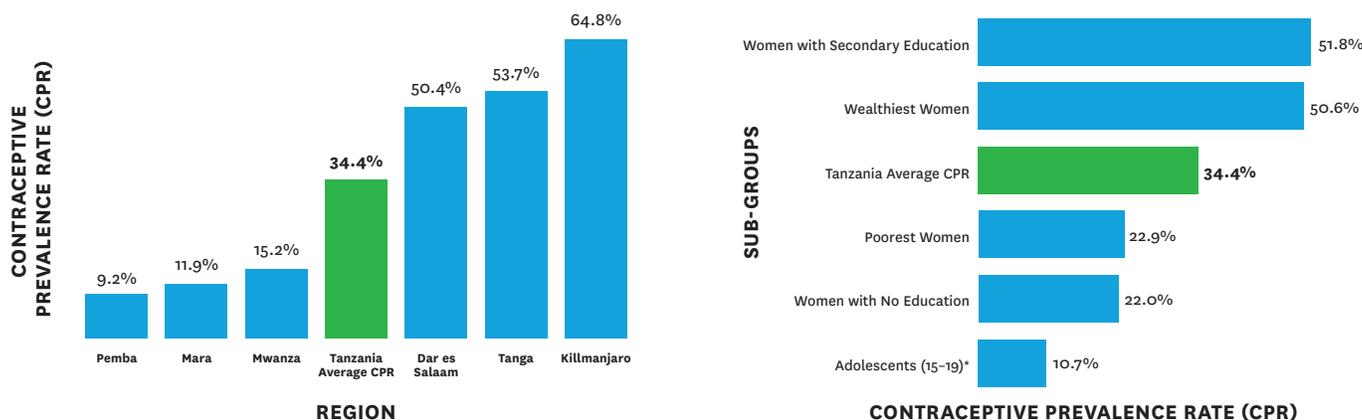
- 5. Family planning promotes women's empowerment and gender equality** by facilitating women's participation in economic development and reducing teenage pregnancies, which promotes more educational opportunities for girls.

Tanzania Improved Access to Family Planning Services but Disparities Remain

One in three women currently use contraception in Tanzania (2010).³ This contraceptive prevalence rate (CPR) improved from 20% to 34% from the prior Demographic and Health Survey (DHS) in 2004.⁴ However, as shown in **Figure 1**, there is large variation in contraceptive access geographically and across population sub-groups and nationwide, one in four currently married women have an unmet need for family planning.⁵

Very few sexually active adolescents use a contraceptive method. Eighty-five percent of married adolescents and 60% of unmarried adolescents do not practice family planning. As a result, 44% of 19-year-olds surveyed in 2010 were either mothers or pregnant with their first child⁶ and many others resort to unsafe abortion.⁷ **Increasing access to contraceptive information, services and supplies for everyone would avert tens of thousands of unintended pregnancies, abortions, and maternal and child deaths.**

Figure 1: Contraceptive Prevalence Rates Vary Widely in Tanzania



*CPR calculated for all women. Other sub-groups and regions calculated with married women only.
Source: Tanzania Demographic and Health Survey 2010

WHAT HAVE WE ACHIEVED?

Unprecedented Commitments

July 11th, 2012, marks a key moment in Tanzanian history, when then-President Hon. Dr. Jakaya Mrisho Kikwete joined hands with global leaders at the London Summit on Family Planning, sparking the Family Planning 2020 (FP2020) partnership. Through FP2020, leaders pledged to increase resources for family planning in order to enable 120 million more women and girls to gain access to contraception by 2020.

The Government of Tanzania made six political commitments with the goal of doubling contraceptive users to 4.2 million towards attaining a national CPR target of 60% (see Box 1).

This ambitious target was first set in the *2008-2015 Strategic Plan Towards Accelerating Maternal, Newborn and Child Health (One Plan)*. However, the plan had neither a family planning focus, nor specified how this target would be achieved. The ***National Family Planning Costed Implementation Plan 2010-2015 (NFPCIP)*** details program activities and investments necessary to meet the 60% national CPR target.

Partners Join Forces for the FP2020 Action Plan

In early 2013, the Ministry of Health and Social Welfare, family planning program implementers, and donors developed the **FP2020 Action Plan** to address gaps and explore opportunities to scale up effective interventions at the national and district level. Building on the NFPCIP, the plan identified three focus areas:

1. Strengthening integration of family planning services into post-partum and post-abortion care,
2. Improving youth access to family planning services, and
3. Scaling-up outreach services.

The FP2020 Action Plan also addressed limited family planning access⁸ and low contraceptive use⁹ in seven regions in the Lake and Western Zones (Geita, Kigoma, Mara, Mwanza, Shinyanga, Simiyu, and Tabora). As a result, and thanks to renewed commitments from the government and the dedication of many partners, access to contraceptive services is increasing. **The Mara region, which has the lowest CPR in the country, doubled its number of family planning users over a period of just nine months (October 2013–June 2014).**¹⁰

Box 1: Government of Tanzania's FP2020 Commitments

1. Ensure strong political commitment to family planning at all levels.
2. Increase national financial commitment through appropriate allocation and disbursement for family planning commodities to reduce donor dependence.
3. Strengthen contraceptive commodity security and logistics.
4. Implement new strategies to address regional disparities in family planning coverage as well as inequalities in access to family planning.
5. Expand access to quality family planning services through public and private facilities, outreach, and strengthened community based services.
6. Build community and leadership capacity to support family planning through mobilization and education campaigns following the Green Star re-launch.

Source: www.familyplanning2020.org/commitments

“We, citizens and friends of Tanzania representing different stakeholder groups of family planning, including representatives of the Government of Tanzania, development partners, Members of Parliament, civil societies and non-governmental organizations and private sector corporations... re-affirm our individual commitment... to act towards strengthening the family planning movement.”

— Declaration of Commitment: National Family Planning Conference
October 11, 2013

First National Family Planning Conference Spurs Action

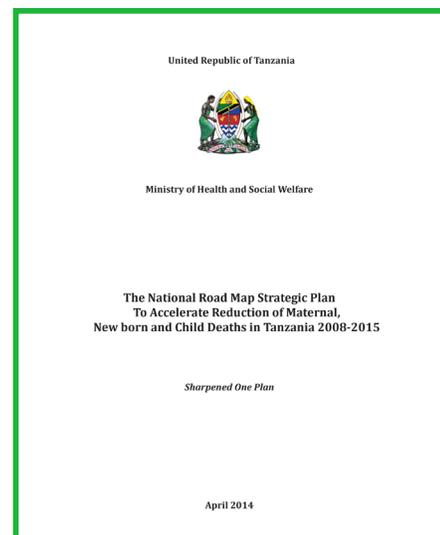
The first Tanzania National Family Planning Conference, held October 9-11, 2013, was dynamic and well attended. About 400 participants from across Tanzania signed the first-ever Declaration of Commitment to Universal Access to Family Planning. A bold statement of action, the declaration reflects key stakeholders’ concerns and determination to strengthen access to family planning information, services, and supplies to women, men, and youth, especially girls of reproductive age.

Green Star Family Planning Campaign Increases Visibility and Impact

The national conference also provided a platform for the Government of Tanzania to re-launch the ‘Green Star’ family planning campaign. First launched in 1993, the campaign spreads positive family planning messages through traditional and new media, as well as community outreach. The campaign rolled out in June 2014 on radio, through electronic and print media, and in health facilities and at the community level. In one month, **Green Star activities reached 28,000 clients with family planning services, with the majority opting for long-acting or permanent methods, the most effective contraceptive methods for preventing pregnancy.** Through the Green Star campaign and other advocacy initiatives, contraceptive access and choice are becoming a reality for thousands across Tanzania, reaching individuals at all levels of society and leading to significant change in perception of family planning.

Family Planning is the #1 Priority in the Sharpened One Plan

In May 2014, then-President Kikwete launched the 2014-2015 National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths (Sharpened One Plan) for the remaining 500 days of 2015— the Millennium Development Goals’ (MDGs) deadline. The Ministry of Health and Social Welfare developed the Plan with support from global partners. **Unlike the original One Plan, which had no focus on family planning, family planning was first on the list of four identified high-impact interventions in the Sharpened One Plan.** (See Figure 2). This shift resulted from strong evidence-based advocacy by partners in Tanzania. The Plan demonstrates how investment from high-level leaders to local government contributes to more sustainable family planning progress.



The “Sharpened One Plan” launched in 2014.

Sharpened One Plan's Score Card Improves Accountability

The Sharpened One Plan introduced a Score Card to strengthen accountability and transparency. The tool monitors progress of RMNCH interventions through a list of indicators. District government authorities and health teams report quarterly against a set of performance indicators. In addition, the government and family planning stakeholders established a sound governance structure:

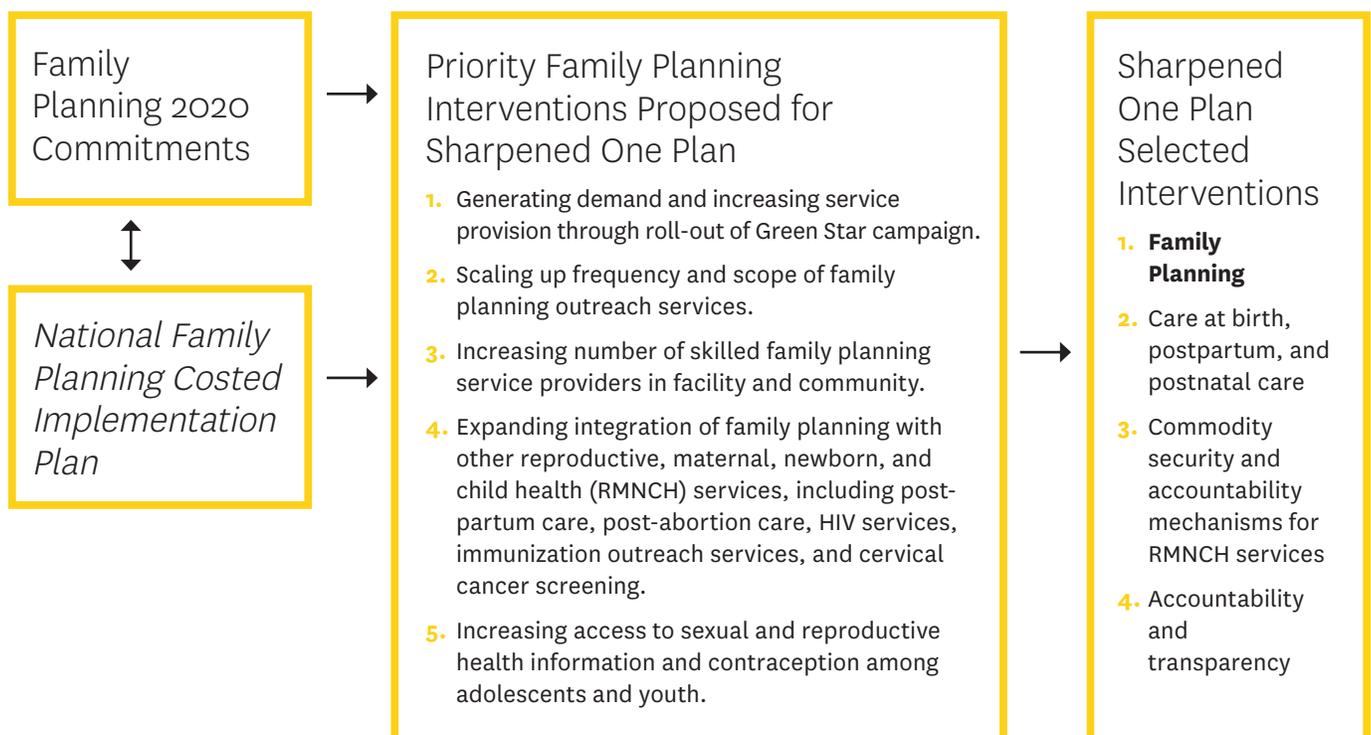
- **The Ministry of Health and Social Welfare (MoHSW)** oversees the FP2020 commitments and Sharpened One Plan.
- **The Reproductive and Child Health Section National Family Planning Coordinator** leads, manages, and coordinates their implementation.
- **The National Family Planning Technical Working Group (NFPTWG)** coordinates the many actors and facilitates joint planning, pooling of resources, decision-making, and sharing of information and responsibilities. The NFPTWG comprises representatives from all family planning partners in Tanzania, including non-governmental organizations (NGOs), civil society organizations, donors, and government officials.

Government Increases Investment

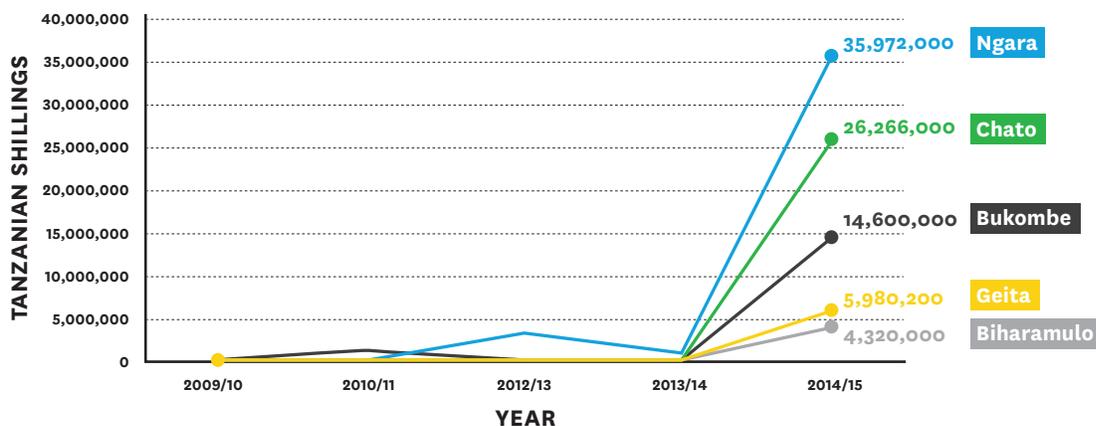
The Government allocated two billion shillings (Tsh) (US \$1.15 million) to family planning for the 2014-2015 fiscal year—the largest allocation since the budget line for family planning was created in 2010 and a 100% increase from the 2013-2014 budget. Following intense advocacy, **the Government has continued to spend more than the allocations: in 2013-14, it spent 3 billion Tshs and in 2014-15, family planning spending was 5 billion Tshs.**

This bold act by the Tanzanian government stimulated development partners to likewise increase resources to support family planning. By 2012, the Australian Department of Foreign Affairs and Trade and the UK Department for International Development (DFID) had joined the pool of dominant funders (USAID and UNFPA) for contraceptive commodities in Tanzania, resulting in a sustained support to the procurement of contraceptive commodities and a stable contraceptives stock at the national level from 2013 to date.

Figure 2: National Plans Reflect Local Goals



**Figure 3:
Family
Planning
Budget
Allocations
in 5 Districts
in the Lake
Zone for
2014-2015**



District Governments Commit Funds

The Ministry of Health and Social Welfare continuously urged district councils to set aside funds for reproductive health and family planning and issued a Budget Directive to all Local Government Authorities. Building on the NFPCIP, the directive and planning and monitoring tools made district leadership more supportive to family planning and enhanced their engagement in advancing national goals. After sustained advocacy, several districts committed to increasing family planning allocations in their health budgets (**Figure 3**).

Additional districts have also made allocations of US \$20,000 for family planning in 2015-2016: Serengeti, Tarime Town Council, Musoma Rural District, and 21 more have committed to allocate up to 5% of their health budget to family planning in 2016/17.

Improved Policy Environment for Family Planning

Between 2012-2014 several key policies and strategies were amended and created in line with Tanzania's FP2020 commitments: Approval of inclusion of family planning commodities in Tanzania's Round 10 application to the Global Fund to Fight AIDS, TB, and Malaria; streamlined procedures for purchasing commodities; deployment of resources for family planning commodities to supplement by traditional basket funders; and inclusion of family planning in comprehensive council health planning (CCHP) guidelines. Guidelines supporting family planning in 2012-2015 include:

1. The National Operational Guidelines for Integration of Maternal, Newborn and Child Health (MNCH), and HIV/AIDS Services to improve coordination and collaboration between the Reproductive and Child Health Section (RCHS), including the family planning unit, and the National AIDS Control Programme.

2. The National Community-Based Health Program Policy Guidelines to improve coordination, harmony, and cohesion among a range of key stakeholders, including implementing community-based organizations supporting health care programs (including family planning).
3. The National Costed Operational Plan for Strengthening Community-Based Family Planning Services at Scale 2014-2020 to provide a more comprehensive plan for addressing community-based family planning service key issues and challenges.
4. Big Results Now, a strategy to fast-track Tanzanian development, by incorporating health sector improvements including reproductive health as a priority area for Vision 2025.
5. The Health Sector Strategic Plan (IV 2016-2020) provides a base for health programs and family planning interventions among other sectors.
6. The Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) 2016-2020 sets a solid foundation for enhancing family planning programs in the country by including it as a core program area.

What Does Progress Mean?

Policy and funding achievements have led to a significant increase in access to contraceptives in recent years. **FP2020 Partnership in Progress 2013-2014 ranked Tanzania second in East Africa for increased use of modern family planning methods** through modern contraceptives with 207,000 users.¹¹ The latest score card data show an increase in family planning users since 2013, particularly for long-acting methods. For example, the number of implant recipients increased more than 200% in Tanzania's 25 mainland regions within two years (25,473 in September 2013 to 80,439 in September 2015).¹²

Some gains in contraceptive access resulted from efforts to:

- Increase family planning service delivery points, including youth-friendly services in some areas;
- Integrate family planning into other existing MNCH services, particularly post-partum and post-abortion care and HIV/AIDS care;
- Broaden mobile outreach services provided by the MoHSW and various NGOs, to improve access to quality family planning services (particularly LAPM) for underserved populations;
- Expand on-the-job training of staff to provide a wider range of contraceptive methods; and
- Include the Standard Days Method® (SDM)—also known as cycle beads—as part of the modern contraceptive method mix in health facilities and community-based family planning.

HOW CAN WE MOVE FORWARD?

There has been tremendous progress in increasing access to contraceptives in Tanzania, and yet more is needed to ensure the health and wellbeing of women, young people, and families. **To meet its national family planning targets, Tanzania needs all levels of government, the private sector, and civil society to maintain strong commitments** to ensure that the resources, commodities and systems are in place. As the program enters a new development era under a new government (Oct 2015-2020), there is need for renewed and sustained commitment in increasing allocations and spending on family planning by government and development partners. **Government and partners need to double their own investments in family planning to help Tanzania achieve its broader development goals and prioritize family planning as new funding becomes available** through the Global Financing Facility mechanism. These investments will complement efforts to reduce

poverty, bridge the employment gap, and increase Gross Domestic Product (GDP), while strengthening interventions to reduce fertility.

Next Steps

1. **Fund and implement the new RMNCAH One Plan II (2016-2020)**, which includes:
 - **Supporting community health worker programs**, which have been very effective in tackling the problems of staff shortages and improve access to family planning services at the community level. Family planning partners calls for more support from the Government of Tanzania for community programs to make them more effective and sustainable.
 - **Expanding access to sexual and reproductive health information, services, and supplies to young people from age 15.** Young people (15-25) comprise one-fifth of Tanzania's population, but are ill-equipped to make informed decisions on their reproductive health. Prioritize sexual education in the school system beginning with primary education.
 - **Strengthening public-private partnerships** in order to leverage resources for commodities, skilled service provision, counseling, and logistics management.
2. **Facilitate adoption of emerging contraceptive technologies** and promote innovative entry points for information and services, in reaffirming FP2020 commitments.
3. **Prioritize family planning investments at national and subnational levels** as part of the government's efforts to implement the new Sustainable Development Goals. According to the Copenhagen Consensus, expanding access to contraception is the number two "best buy" for interventions in support of the Goals.¹³
4. **Increase health insurance coverage of family planning** through both private and public insurance providers. Some insurance companies have incorporated family planning in their coverage plans as a cost-saving measure.

References

- 1 Ahmed, S., et al. (2012). "Maternal deaths averted by contraceptive use: an analysis of 172 countries." *The Lancet* 380(9837): 111-125.
- 2 Hobcraft, J., et al. (1983). "Child-spacing effects on infant and early child mortality." *Population Index*: 585-618.
- 3 2010 Tanzania Demographic and Health Survey
- 4 2004/05 Tanzania Demographic and Health Survey
- 5 2010 Tanzania Demographic and Health Survey
- 6 2010 Tanzania Demographic and Health Survey
- 7 Woog V and Pembe AB, Unsafe abortion in Tanzania: a review of the evidence, In Brief, New York: Guttmacher Institute, 2013, No. 1. <http://www.guttmacher.org/pubs/IB_unsafe-abortion-tanzania.pdf>
- 8 NFPCIP monitoring tool (that tracks resources mobilized and implemented activities)
- 9 2010 Tanzania Demographic and Health Survey
- 10 Regional Reproductive and Child Health Reports (2013-14)
- 11 *FP2020 Partnership in Progress 2013-2014*. <http://2012progress.familyplanning2020.org/>
- 12 Tanzania District Health Information System 2
- 13 "The Economics of Optimism." *The Economist*, New York, 2015.



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