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Government of Tanzania Allocates 2 Billion Shillings to Family Planning for 2014-2015

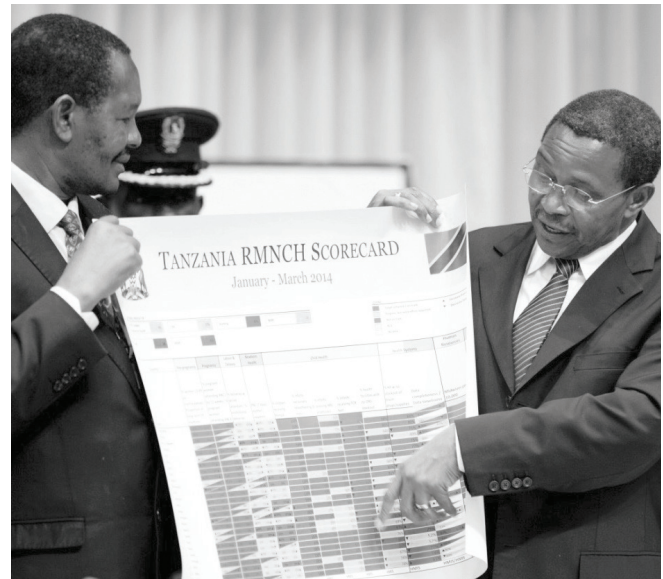
CASE STUDY

For the 2014-2015 fiscal year, the Government of Tanzania allocated two billion shillings (Tsh) (US \$1.15 million) to family planning—the largest allocation since the budget line for family planning was created in 2010 and a 100% increase from the 2013-2014 budget.

Advance Family Planning (AFP) initiative’s local partners: the Johns Hopkins Center for Communication Programs Tanzania (CCP), Health Promotion Tanzania (HDT), and United Nations Association (UNA) of Tanzania applied strategic, evidence-based advocacy with the support of non-governmental organizations, parliamentarians, and other government leaders to request the allocation.

The budget increase followed unprecedented political commitment by Tanzania’s President Jakaya Kikwete at the London Summit on Family Planning in July 2012 and in the launch of the Sharpened One Plan 2014-2015, a revised National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths.¹

The committed funds contribute to national goals and policies aimed at:



President Kikwete shows the Score Card at the Sharpened One Plan launch.

- Reducing the unmet need for family planning (25% in 2010)² by strengthening public sector outreach services, particularly in the regions and districts with low contraceptive prevalence rates;
- Increasing the number of skilled family planning providers;

- Enhancing community and leadership knowledge in the benefits of family planning in health and development; and
- Expanding access and utilization of family planning services, which will contribute to reducing the high fertility rate of 5.4 as well as the high maternal mortality rate (454 deaths per 100,000 births), one of the highest in Africa.³

Need for Sustainable Family Planning Funding

In 2010-2011, Tanzania introduced a budget line for family planning (mainly contraceptives), a move that qualified success in advocacy efforts to reposition family planning. However, despite having a National Family Planning Costed Implementation Program (NFCIP 2010-2015) and a budget line item, family planning was not among key priorities in government plans and budgets.

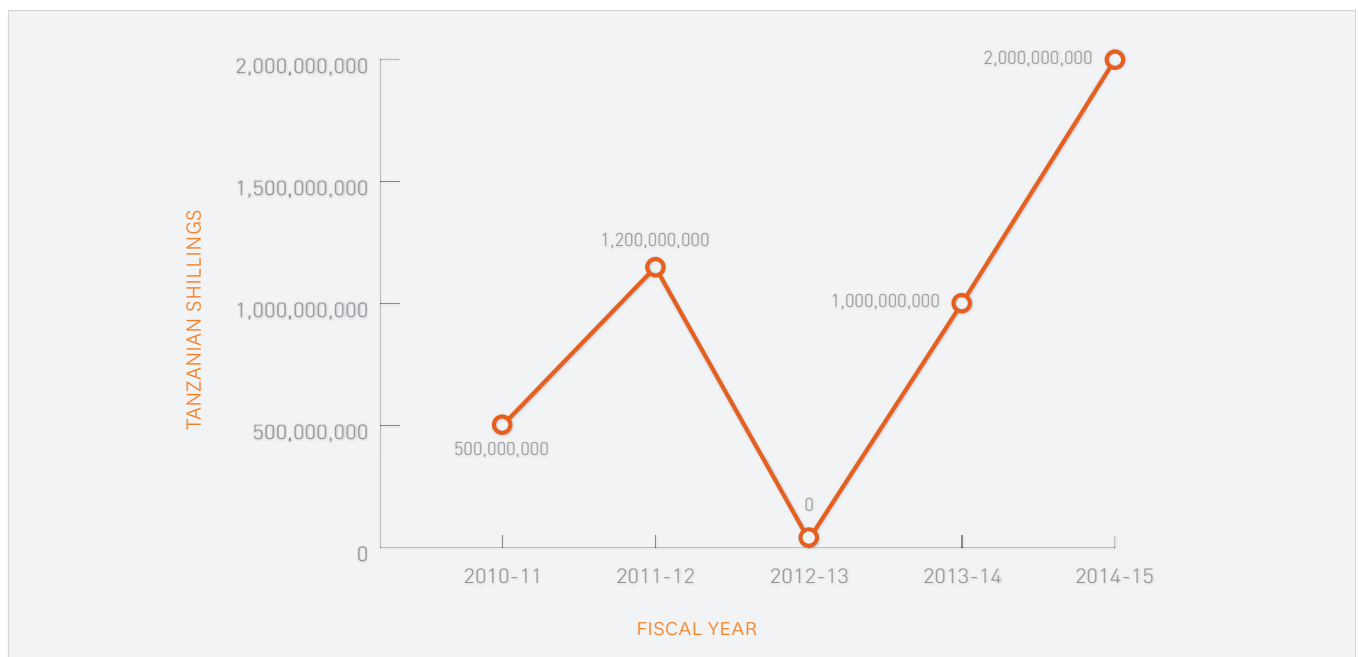
In 2012-2013, despite continued advocacy efforts, the government did not make any allocation to family planning due to competing interests among policymakers and the anticipation of donated funds from the 2012 London Summit. Tanzania relies heavily

on donors in its provision of family planning and reproductive health services, especially with respect to procurement of contraceptives and other maternal health commodities. However, prevailing political commitment following the Summit moved the government to release 1.5 billion Tshs (US\$864,315) that was not originally budgeted.

Fluctuations in allocations (see Figure 1) are partly attributed to the political sensitivity attached to family planning, generally associated with the perception that contraceptives are intended to limit the number of children that one could have. In a society that places preference and value to having big families,⁵ socio-cultural attitudes and practices generally discourage the use of modern contraceptives. In addition, inadequate understanding among some policymakers, political leaders, and the public on the benefits of family planning in enhancing family welfare and socio-economic development also contributes to amplifying prevailing negative perceptions on the side effects of contraceptives.

This funding environment has required sustained advocacy targeting key decisionmakers in the government and parliament who can apply pressure to

FIGURE 1: FAMILY PLANNING BUDGET ALLOCATIONS FROM GOVERNMENT FUNDS (2010-2015)



ensure budget allocation and increased prioritization of family planning in development plans. For this reason, AFP partners, in collaboration with other partners have continued to engage the Parliamentary Family Planning Club (PFPC) as a key mechanism for budget advocacy.

The PFPC is a family planning champions group established in 2011 with support from AFP to dialogue with the government for increased resources for family planning. Club members have used various strategies such as one-on-one meetings with national leaders including the Prime Minister, petitioning government officials through signed letters, as well as making bold and passionate statements during parliamentary sessions. Legislators and civil society organizations have nurtured a growing political climate favorable to family planning, showing that it is a critical and cost-effective intervention to saving women's lives and in promoting development.

Increased Budget and Improved Policy Environment

In January 2014, the PFPC; AFP partners HDT, UNA, and CCP Tanzania; and other key stakeholders wanted to ensure that Tanzania's commitments to family planning translated into an increased national family planning budget allocation from the government's own sources by August 2014. AFP partners conducted a landscape analysis to determine funding and policy constraints and opportunities, which informed the development of an advocacy strategy guided by the AFP SMART approach.

HDT led efforts to meet one-on-one with key government officials in the Ministry of Health and Social Welfare (MoHSW), Ministry of Finance, and Prime Minister's Office of Regional Administration and Local Governments. UNA concurrently engaged the PFPC to discuss their integral role in convincing the government to increase the budget allocation for family planning. UNA also consulted the Parliamentary Social Services Committee, which is responsible for making policy and budgetary recommendations to the MoHSW and other ministries.





As the budget decisions neared, in May 2014, President Dr. Jakaya Mrisho Kikwete launched the Sharpened One Plan for the remaining 500 days of 2015 Millennium Development Goals. Family planning is first on the list of four identified high impact interventions to accelerate reduction of maternal, newborn, and child deaths. The plan, developed by the MoHSW with support from local and international health partners, is intended to strengthen accountability and transparency through the Score Card, a tool used for monitoring progress of all interventions through a list of indicators. Local (district) government authorities and health teams report quarterly against a set of performance indicators. The launch provided another opportunity to demonstrate how investment from high-level leaders to local government contributes to more sustainable family planning progress.

By June 2014, four months after advocacy efforts began, the government (MoHSW) announced a 2

billion Tshs allocation for family planning in the 2014-2015 fiscal year. Chief Medical Officer Dr. Donnan Mbando, then the acting MoHSW Permanent Secretary, said, “The government has seen the importance of setting aside funds for reproductive health of young people and it would continue to increase allocations every year” for this purpose. He also emphasized that district councils should begin to set aside funds for reproductive health and family planning as a way to improve people’s health.

Lessons Learned

Strengthened partner relations improve access to data: Advocacy partners not only strategized together, but also shared information critical to building the necessary evidence. Some family planning partners work closely with donors, while others have more access to government officials and budget information. Therefore, through their

networks, there was less difficulty in accessing data to support advocacy asks.

Sustained orientation of government officials is critical for advocacy: Key officials at MoHSW and others at the district level changed positions at different times—a challenge that advocates overcame through quick and sustained orientation of incoming officials and decisionmakers through one-on-one meetings, information-sharing meetings, and workshops.

Simplifying data with policymakers facilitates advocacy: It was useful to package data in policy briefs using simple language, with specific asks in line with decisionmakers' core concerns. Presenting information in the Kiswahili language has also been key and broadens decisionmakers' understanding, commitment, and action to support family planning.

Next Steps

AFP partners CCP Tanzania, HDT, and UNA will engage key stakeholders in tracking the spending of funds from the current budget allocation, as well as government commitments for increased allocations toward meeting the unmet need for family planning. They will also work to strengthen local partners' ability to sustain advocacy efforts.

References

- ¹ United Republic of Tanzania - Ministry of Health and Social Welfare (MOHSW): The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths 2008 - 2015 (Sharpened One Plan). In. Dar es salaam, Tanzania: MOHSW; 2014
- ² Tanzania Demographic and Health Survey (DHS) 2010
- ³ DHS 2010
- ⁴ Tanzania Medium Term Expenditure Framework
- ⁵ DHS 2010

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