

Renewed Momentum for Family Planning in Tanzania (2008 - 2014): Successes, Challenges and Way Forward

FP Situation in Tanzania (DHS 2010)

- ❖ Only 27% of married women were using modern family planning (FP) in 2010.
- ❖ About 25% of women wanted to avoid pregnancy but were not using any FP method.
- ❖ Use of any contraceptive method among all adolescents aged 15-19 was only 10.7%; of which 6.1% was attributed by male condoms.
- ❖ 23% of all adolescents aged 15-19 have begun childbearing.

Family Planning Milestones in Tanzania

Family Planning (FP) services were introduced in Tanzania in 1959 by IPPF through UMATI. In 1974, the Government of Tanzania (GoT) allowed UMATI to expand FP services to the public sector through its Maternal and Child Health (MCH) clinics.

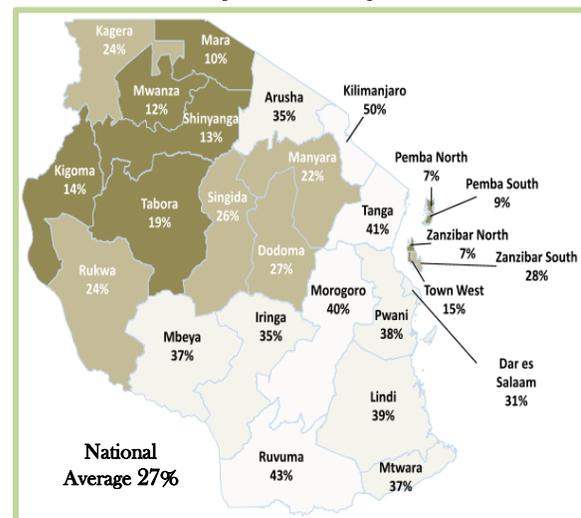
In 1989, the GoT launched its first National FP program. In the 1990's the program performance was excellent where the Contraceptive Prevalence Rate (CPR) doubled from 6.6% in 1992 to 13.3% in 1996. Within the same period, in 1993, the National FP Green Star was launched for the first time by the second president of Tanzania, Ali Hassan Mwinyi.

In 2000 however, the program slowed down significantly due to equally important competing demands, including HIV/AIDS. In the same year (2000), the Millennium Development Goals (MDGs) were released, and which had no focused attention on FP.

In 2007, a new target was added under MDG goal no.5, (5b); that called for providing universal access to reproductive health services and which included Contraceptive Prevalence

Rate (CPR) and unmet need for family planning as key indicators for meeting this target.

Use of Modern Methods by Region [DHS 2010]



Year 2008 to-date marks a renewed momentum to FP in Tanzania, in which period the GoT had launched several strategies aiming at making FP services accessible to and equitable for all of Tanzania's people.

Why Invest in Family Planning?

In 2008 Alone, Contraceptive Use was Estimated Having Averted About 44.3%, 32.0% and 43.9% of All Maternal Deaths Worldwide, in sub-Saharan Africa and in Tanzania Respectively.

[S. Ahmed et al. Lancet 2012]

Key Program Achievements: Family Planning Strategies & Guidelines 2008 - 2014

❖ Year 2008

The MOH launched the “*National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, 2008–2015 (One Plan)*”.

One Plan Strategy had set a goal to increase the CPR from 20 percent to 60 percent by 2015.

❖ Year 2010

The MOH launched the “*National FP Costed Implementation Plan (NFPCIP)*”; A strategic Framework detailing the program activities necessary to meet the One Plan CPR target of 60% and their cost estimates between 2010 and 2015.

In the same year (2010), partners developed the “*National Package of Essential Family Planning Interventions*” guidelines i.e. a summary of key interventions recommended as essential and appropriate for improving FP at the district level.

❖ Year 2012

President Jakaya Mrisho Kikwete attended the “*London Summit*” on FP and made “*six commitments*” that would double contraceptive users to 4.2 million towards attaining the national CPR target of 60% by 2015.

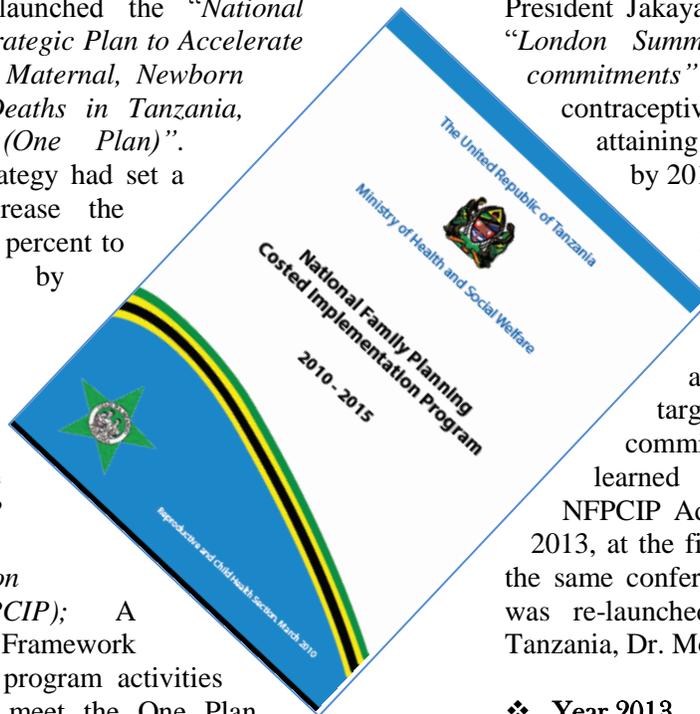
In the same year (2012), FP stakeholders, working with the MOH, amended the NFPCIP in order to accommodate additional activities and new targets in response to the FP2020 commitments as well as the lessons learned and emerging issues. The NFPCIP Addendum was launched in Oct, 2013, at the first National FP Conference. At the same conference, the Green-Star campaign was re-launched by the Vice President of Tanzania, Dr. Mohammed Gharib Bilal.

❖ Year 2013

MOH and implementing partners embarked on developing an “*FP2020 Action Plan*” detailing strategic actions for implementing the FP2020 commitments.

❖ Year 2014

MOH launched the “*RMNCH Sharpened Plan 2014-2015*” that includes priority interventions for improving access to quality FP services.



Key Program Achievements 2008-2014

- ❖ The Tanzania’s FP program period 2008 - 2014 is marked by strong partners’ collaboration and better coordination of FP activities, leading to a reduction in duplication of efforts.
- ❖ The program has observed a reasonable increase in resources mobilization for FP commodities and activities in line with the NFPCIP implementation and FP2020 commitments.
- ❖ Contraceptive security, a major challenge prior to the launch of the NFPCIP and FP2020 initiative, has improved considerably with sufficient funding available for commodities resulting in contraceptive security at the National level and fewer stock-outs at various levels.
- ❖ Establishment of a specific budget line item for family planning (FP) in the Medium Term Expenditure Framework (MTEF) in 2011.
- ❖ Inclusion of FP among key interventions in government strategies e.g. MKUKUTA II and National RMNCH Sharpened Plan 2014-2015.

Tanzania’s Action Plan for Implementing the FP2020 Commitments / RMNCH Sharpened Plan 2014-2015.



In Jul, 2012, the Tanzanian President, Hon. Jakaya Mrisho Kikwete, was among leaders from more than 150 countries worldwide who endorsed a global movement to give an additional 120 million women in the world’s poorest countries access to lifesaving FP information, services and supplies by 2020 at the groundbreaking “London Summit on FP (FP2020)”. At that summit, the President made six political commitments (all informed by the NFPCIP) that would double contraceptive users to 4.2 million towards attaining the national CPR target of 60% by 2015.

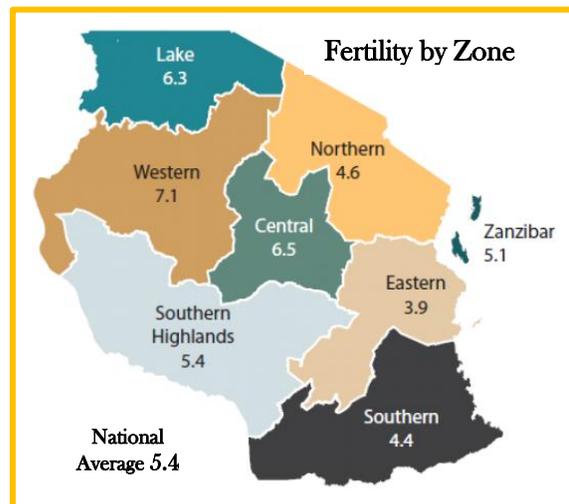
In early 2013, MOH working with partners embarked on developing an “Action Plan” for implementing the FP2020 commitments. The Action Plan was prepared with a view to complimenting on-going efforts at the national and district level which means scaling-up and intensifying proven successful interventions, with a focus on ; 1) strengthening integration of FP services into post-partum, post-abortion care, and HIV/AIDS, 2) improving adolescents and youth access to FP services, and 3) scaling-up outreach services.

On the other hand, the One Plan Midterm review noted a marked shortfall of the above key interventions in the Lake and Western Zones compared to other regions, which led to a focus to this region both for the RMNCH Sharpened

Tanzania’s FP 2020 Commitments

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

Plan 2014-2015 and the FP2020 Action Plan for the period of 2014/16.



Along with the above mentioned three key interventional areas, the RMNCH Sharped Plan as well include activities for; 4) demand creation through rolling out of the green star campaign and 5) increasing the number of skilled FP service providers. The Lake and Western Zone, includes the following regions; Mwanza, Tabora, Shinyanga, Mara, Geita, Simiyu and Kigoma.

The Critical Challenge Still Facing the Tanzania National FP Program is the Recurrent Stock-Out of Commodities at the Facility Level, Despite Adequate Stocks in Medical Store Department (MSD) at the National level.

Way Forward

As the Tanzania’s FP program seeks to achieve the president’s FP2020 commitment of doubling contraceptive users to 4.2 million towards attaining the national CPR target of 60% by 2015, the critical challenge facing the program is the recurrent stock-out of commodities at the facility level, despite adequate stocks in Medical Store Department (MSD) at the National level.

Partners have come up with a potential solution for this problem i.e. institutionalizing an accountability mechanism at the national and Local Government Authority (LGA) levels that would be responsible for facility level stock-outs auditing. The LGAs’ committees will seek to document and investigate each reported facility-level stock-out. LGA committees will then work with the national level committee to find sustainable solutions to tackle the reported root causes of stock-outs at the facility level.

A commodity security and accountability mechanism on RMNCH services is among the **four** selected priority interventions of the Sharpened Plan 2014-2015.

By institutionalizing an accountability mechanism towards facility level stock-outs, partners believe this would as well take care of; 1) issues of poor documentation of service delivery data 2) misuse of commodities, and 3) late submission of Report and Requisition (R&R) forms.

The FP program calls for the MOH to officially endorse this mechanism to be implemented immediately throughout the country.

Summary of Family Planning Strategies and Guidelines in Tanzania 2008 - 2014

