

THE UNITED REPUBLIC OF TANZANIA



FP2030

COUNTRY COMMITMENTS

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Foreword

The government of Tanzania is committing to continuously improving family planning services so that more women and girls can make their own decisions on their fertility intentions. The Government is renewing its commitments to the global FP 2030 partnership that is working towards advancing family planning around the world.

The country's FP2030 commitments build on the investments that the government, development partners, civil society organisations (CSOs) and other stakeholders made since this global family planning initiative came to being in 2012 under the name FP2020. Tanzania was among the first countries to announce its global family planning commitments in London, which were later implemented to accelerate the country's family planning program. This was at the time when the implementation of the country's first National Family Planning Costed Implementation Plan (NFPCIP 2010-2015) was going on.

Five years later, the outcomes, challenges and lessons learnt were incorporated into the country's renewed family planning commitments in 2017. We had agreed to focus on an increased national budget for family planning, improved availability of contraceptives across levels of health facilities, and enhanced access to youth-friendly services to the growing number of adolescents and youths in the country. The review of these commitments in 2020 as we began preparing for new FP2030 commitments, revealed encouraging progress in these areas, underscoring the strength in our partnerships for family planning progress.

National and sub-national budgets for family planning have increased steadily, method mix and overall availability of contraceptives has improved at the central level while the availability at the last mile remains a challenge, and adolescents and youth have become active beneficiaries of reproductive health interventions in the country as we work to reduce the high adolescent birth rate. The country launched its second NFPCIP (2019-2023) recording notable growth in the number of additional 5.4 million family planning users. On the other hand, the launch of the National Accelerated Action & Investment Agenda for Adolescent Health & Wellbeing (NAAIA) in April this year, sets the stage for improved results and impact in the coming years.

Therefore, as we launch the country's FP2030 commitments, I would like to thank all our partners and stakeholders for their invaluable contribution to the family planning program. And I urge all health and non-health partners, Ministries, the Donor community, CSOs humanitarian and development communities, multilateral organizations, the private sector, academic institutions and researchers to work collaboratively towards empowering women and girls to make their own decisions on fertility and make contraception choices. We should all work together to ensure men are engaged and that no one is left behind.

Dr. Dorothy Gwajima

Minister of Health, Community Development, Gender, Elderly and Children

VISION STATEMENT

By the end of 2030 healthy, educated and empowered Tanzanians with equitable access to rights-based family planning services to facilitate informed decisions on their fertility needs towards sustainable socio-economic development.

POLICY/PROGRAMMATIC OBJECTIVES

Commitment Objective 1

Increase access and utilization of modern contraceptives among adolescents from 13 % (TDHS 2015) to 20% (HSSP V) by 2025.

Rationale

Data from SARA Report 2017 shows that 63% of health facilities offer adolescent and youth friendly services, yet use of contraceptive has been growing slowly. This trend partly contributes to a rise in teenage pregnancy rate from 23% in 2010 to 27% in 2015. Increasing age-appropriate information, access and use of contraceptives amongst sexually active young people aged 10 – 24 years is one of

strategic priority of the GoT as stipulated in the National FP Costed Implementation Plan 2019 – 2023. Focusing on this age group would also enhance adolescent and youth reproductive health, including education efforts towards the girl child as well as contribute to reducing teenage pregnancy which stands at 27% (TDHS 2015/16) risen from 26% (TDHS 2004/5) and 23% (2010)

Strategies

- 1 Engage Ministry of Education and Po-RALG to fast track integration of CSE.
- 2 Build capacity of teachers to operationalize CSE in schools.
- 3 Track implementation of the CSE program and document lessons learnt for continuous planning.
- 4 Scale up integration of AYSRH with a special focus on PFP services for young mothers in RMNCH clinics and other service outlets.
- 5 Accelerate integration of AYSRH services into other health and non-health interventions e.g., HIV/AIDS, nutrition, youth livelihood activities and in mobile platforms towards increasing knowledge, access and utilization of modern contraceptives.
- 6 Implement integrated social and behavior change communication interventions to address barriers to access AYSRH information and services.
- 7 Build capacity of service providers on provision of integrated AYSRH
- 8 Strengthen Youth Networks with tracking skills and evidence packaging to hold leaders accountable.
- 9 Strengthen implementation of ASRH policies, guidelines and strategies including Capacity Building, Advocacy, Service Delivery, SBCC.
- 10 Strengthen Coordination among Youth Led networks and organizations to empower young people in utilizing AYSRH services.

Commitment Objective 2

By 2030, national gender-focused programs and organizations address gender and social norms impeding rights-based family planning services.

Rationale

According to the DHS-MIS 2015/16, knowledge of modern contraceptive method amongst all women is very high i.e. 98.1% but utilization is unproportionally low i.e. 27.1% with unmet need for FP services is still being high at 22%. This is heavily attributed to sociocultural norms and practices entrenched in the patriarchal system that render women powerless in

many aspects including deciding on whether to have children, when, and how many. Engaging the gender movement that strived to address gender inequalities and women empowerment would facilitate transforming gender norms that respect women and girls' decision to use modern contraception

Strategies

1. Strengthen understanding of key national gender-focused networks in family planning RBA to address gender and social norms inhibiting FP uptake.
2. Support selected gender-focused networks to integrate gender-responsive FP interventions in their plans.
3. Facilitate multi-sectoral gender-focused programs to mainstream RBA family planning in their interventions.
4. Advocate with LGAs to allocate and disburse funds to sustain SBCC interventions.
5. Skills building on SBCC for actors at community level including CSOs, CHWs, and youth-led organizations.
6. Engage religious, local community leaders and influential personalities to empower communities to address gender and social norms, which include FP myths and misconceptions.
7. Engage parliamentary associations, caucuses, and standing committees to address gender and social norms that are barriers in the parliament, and their respective constituencies.



Commitment Objective 3

By 2025, Tanzania's modern contraceptive prevalence rate (mCPR) for all women increased from 27% (TDHS 2015/2016) to 42% (One Plan III).

Rationale

Tanzania has a high fertility rate (5.2) of five children per woman (15-45 years) with slow growth in its annual modern Contraceptive Prevalence Rate (mCPR) of 1% reflected in the mCPR trend of 27% (DHS2010) to 32% (2015-16). This signals a great need in accelerating mCPR growth if sustained investments are made in high impact interventions that are integrated to broaden access and utilization of FP services.

Strategies

1. Identify gaps in existing policies & guidelines to determine areas that need to be reviewed and harmonized.
2. Engage decision makers for validation and endorsement.
3. Support roll-out of the reviewed policies and guidelines for enhancing FP service provision.
4. Roll out and strengthen mentorship approach to update service providers' knowledge and skills in PFPF/PAFP service provision.
5. Strengthen availability and supplies for immediate PFPF/PAFP service provision.
6. Strengthen recording and documentation of PFPF/PAFP
7. Strengthen support to NGOs providing social marketing of FP services
8. In collaboration with professional associations (AGOTA, TAMA) build capacity of health care providers in service provision with proper self-care for short-term contraceptive methods, documentation and reporting.
9. Track performance of FP outlets in provision of affordable FP services to marginalized populations.



FINANCIAL OBJECTIVE

Commitment Objective 4

By 2030, the Government of Tanzania increases domestic resources to finance family planning commodities by at least 10% annually from the current annual allocation of 14 billion Tanzania shillings, and disburses fully.

Rationale

Tanzania's family planning program for some contraceptives commodities have been supported by donors, however, this support has been declining. Some donors have announced funding cuts of up to 85% since year 2021. For-example, UNFPA experienced a 35% reduction in its allocation for FP commodity supply in Tanzania. This calls for diversifying sources

of funding such as tapping on the private sector, and the implementation of Total Market Approach (TMA) to generate resources for commodity procurement and supply. The government has made annual allocation of 14 billion Tanzania shillings for the past four financial years however, disbursement has been low.

Strategies

1. Use available models and tools to generate evidence for FP contribution in improving maternal health outcomes
2. Strengthen use of data for decision making towards increasing allocation and disbursement for RMNCAH.
3. Engage champions including members of parliament to sustain advocacy for increased allocation of funds and timely disbursement.
4. Enhance CSOs' advocacy efforts towards accessing FP funds from the GFF, and from the Emergency Preparedness Fund.
5. Engage Tanzania Business Community to commit to the FP2030 country commitments.
6. Mobilize private sector in contributing to FP financing.
7. Engage public and private social marketing actors in implementing Total Market Approach (TMA).
8. Include family planning in public and private health insurance packages.



COMMITMENT CONSULTATION PROCESS

The development of FP 2030 country commitments involved several Stakeholders, Organizations, Groups and Individuals from health and non-health sectors. This was done through different forums, meeting and individual consultations.

1. FP Sub TWG meeting was conducted on 15th June 2021 to introduce FP 2030 development process, where members went through the FP2030 development process requirements (Guide) and identified themes and four focus areas for the commitments for further deliberations with other partners and stakeholders. The selected four areas were FP integration, Youths and Adolescents, FP Financing, and Addressing Social Norms, and were selected through online voting process after thorough discussions.
2. Four task force teams were identified that worked on the four areas and came up with the commitment objectives.
3. Task force teams worked with members from health and non-health sectors such as gender, human rights organizations and youth networks in the commitment development process. A plan/schedule for these meetings was put in place and adhered in FP sub TWG, RMNCAH TWG, and representatives of gender organizations, as well as in RCH Zonal coordination capacity building meetings, to capture inputs to the proposed draft commitments.
4. FP focal points and selected key FP partners and stakeholders' meetings were conducted to incorporate inputs from all the meetings, individuals and FP 2030 secretariat.
5. Final and approved FP2030 country commitments shared officially with FP stakeholders and non-FP stakeholders.

COMMITMENT ACCOUNTABILITY APPROACH

Tanzania accountability approach for FP2030 commitments

The existing platforms used to track progress of commitments are DHIS 2, eLMIS, TDHS, and SDP surveys. The new platform that will be included in tracking the commitments is HRHIS. The progress will then be shared in Family Planning Sub Technical Working Group (FP Sub-TWG), data consensus building meeting and in FP semi-annual meeting.

The Motion Tracker accountability tracking mechanism will be used to track progress on commitments. This mechanism is a customized, dynamic framework for strengthening accountability that focuses on developing local ownership, strong relationships between all stakeholders, and transparent agreement on commitments and the action required to meet them.

Community Action for prevention of teenage pregnancies accountability mechanisms will be used at the sub-national level. Implementation of this social accountability mechanism will increase parents, guardians and teenagers understanding of the dangers of teen pregnancies. This will increase the level of trust between community and health

service providers, and also the community's contribution to teenage pregnancy prevention campaigns. The existing coalitions will work with communities and campaign groups to provide key messages on teenage pregnancy prevention up to the national level.

CSOs and other partners will have a role of tracking the commitments through reporting their implementation in the existing platforms. There will be a focused and concurrent stakeholders' engagement and harmonizing efforts that will harness CSOs' collective power and emphasize collective ownership to address the bottlenecks

To ensure visibility and transparency in sharing information on country progress towards meeting the commitments, data will be collected and uploaded in HMIS systems (DHIS2, eLMIS, HRHIS) and stakeholder meetings held to review progress, updating the online tool and FP dash board

Our country FP2030 accountability process is aligned with our national strategies and plans such as HSSP V, One Plan III, NFPCIP and ICPD25.

Data Review and Sharing of Progress

1. Program annual data review meetings where the government and stakeholders will review annual program progress will be conducted.
2. Semi-annual data review meetings organized by the Government and engaging stakeholders to review the semi-annual program progress.
3. Monthly data cleaning and audit for updating Family Planning dashboard. This is done centrally in collaboration with sub national levels.

Remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights

If there is lack of progress, a bottleneck analysis is conducted to identify the obstacles and revised the implementation plan. Monitor and evaluate implementation of the commitments. Report regularly on progress in the implementation work, plan an evaluation to highlight the progress on the commitments' implementation, and address recommendations from the evaluation.

If there are outright violations of sexual and reproductive health and rights. The following measure are taken;

1. To ensure women and girls have equal access to sexual and reproductive health services without discrimination
2. To ensure that sexual and reproductive health services, commodities and facilities are available to all women and girls
3. Respect women and girls' dignity and autonomy.
4. Provide age-appropriate, accurate comprehensive SRH information to youths and adolescents
5. Remove barriers to contraceptive access for all women and girls, including emergency contraception
6. Ensure informed choice and quality contraceptive services are provided.

How the above accountability approach will be funded:

The above accountability approach will be funded by the Government in collaboration with other stakeholders.

The technical assistance needed to fully implement the above accountability approach:

1. To create a unified commitments tracking system that can link our existing systems for easy monitoring of progress of commitments.
2. Capacity building on application of the selected accountability tracking mechanism i.e., Motion tracker.
3. Capacity building to focal points and other key stakeholders on modeling systems that used in analyzing data for Core Indicators of FP 2030, outcome and impact indicators.

COMMITMENT LAUNCH TIMELINE

1. Announcing national launch to different media from 1st November 2021
2. National launch of FP 2030 commitments on 17th Nov 2021 during RMNCAH scientific conference.
3. Posting the commitments to FP 2030 Tanzania web page after global launch.
4. Sub national level dissemination from January 2022 using different forums

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