



Costed Implementation Program:

Innovative Approach in Tanzania Helps Revitalize Family Planning Programs

In 2009, a broad coalition of partners and donors in Tanzania led by the Ministry of Health and Social Welfare (MoHSW) began an initiative to mobilize resources for family planning and to strengthen implementation of the national family planning (FP) program. The year-long intensive process involved national and district government leaders, FP implementing partners, and a wide spectrum of donors, resulting in a detailed five-year program called the National Family Planning Costed Implementation Program (NFPCIP). On March 30, 2010, the Minister of Health launched the NFPCIP in a public ceremony. The Government of Tanzania (GoT) has since boosted funding using a new FP line-item addition to the national budget approach, and the MoHSW and partners are monitoring implementation of the program.

The NFPCIP is based on Tanzania's national maternal and child health roadmap strategy known as "One Plan," which includes a call to revitalize family planning and increase contraceptive prevalence to 60 percent by 2015. NFPCIP emphasizes five strategic action areas for implementation, with cost estimates for each area over five years: contraceptive security, capacity building, strengthened service delivery systems, health systems management, and advocacy.

The NFPCIP also sets annual targets for contraceptive prevalence, method mix, and family planning commodities for the next five years for each of the 21 regions within mainland Tanzania using FamPlan modeling software applied to 2004 Demographic and Health Survey data. The development of the NFPCIP was a collaborative, consultative, and participatory process guided by the National Family Planning Working Group under the leadership of the Reproductive and Child Health Services (RCHS) section of the MoHSW (see box at end for funding and partners involved).

Resource mobilization expands

The NFPCIP provides a platform for resource mobilization based on a clear understanding of the costs of implementing the program and achieving contraceptive targets. The largest budget item in the NFPCIP is contraceptive commodities. In 2010, with no line item for FP in the GoT budget, the government allocated zero funds explicitly for FP commodities. But in 2011, with the NFPCIP as a guiding process endorsed by many government partners, the GoT added a specific line item for contraceptive commodities through the MoHSW and allocated 0.5 billion Tanzania shillings (US\$281,000). Also, in 2011, a sharp increase in funding for family planning in the "basket funding" process occurred, where family planning competes with other health priorities. Some donors also made special allocations for FP.

Despite this increased support for FP in the past year, a substantial shortfall remains. Additional increases from both GoT and donors will be needed to approach the levels required for full program implementation and achieve the CPR targets. The commitment of the MoHSW to the NFPCIP helped gain emergency funding from a number of donors outside of the basket to support the purchase of contraceptive commodities in 2010, although the basket mechanism



continues to be used by most donors. The next test of the NFPCIP will be whether the new momentum in resource mobilization can be sustained.

Program implementation monitored

The MoHSW and its advisory committee, the National Family Planning Working Group, are now monitoring implementation of the NFPCIP, tracking accomplishments in the five strategic action areas. In the advocacy area, a new task force reviewed key national policy and strategy documents to ensure inclusion of total fertility and population growth rate reductions. In July 2011, a Parliamentary Family Planning Club was launched, facilitating members of parliament to serve as FP champions. Representatives from regional and district levels have been oriented and engaged in advocacy, with increased public dialogue and visibility of support for FP.

Similar actions in the other key parts of the NFPCIP are underway and being monitored, to help ensure that not only funding increases but also that the actions needed to utilize the funding are implemented to revitalize the country's FP program. In the contraceptive security area, NFPCIP has supported approval to expand access to contraceptive implants, to secure an injectable contraceptive for social marketing, and to initiate a pilot program for post-partum IUD insertion.

Monitoring is also occurring related to human resources, service delivery, and management systems/monitoring and evaluation, the other three strategic action areas that form the basic structure of the CIP. For example, research on task shifting has been initiated to guide policy recommendations that could enable lower level health workers to provide certain methods, and a national directive to scale up integration of FP services into HIV/AIDS care and treatment was issued. The advisory committee meets quarterly to review progress in meeting the implementation targets in each of the strategic action areas and annually to refocus strategic objectives according to implementation targets.

Lessons learned

A number of lessons are emerging from the NFPCIP in terms of how this innovative planning process and modeling with costs can make a difference in a country. Broad stakeholder involvement has been essential, linkages with the broader health system are needed, and access to long-term methods must be expanded. Using data to determine FP prevalence targets – based on a clear understanding of baseline prevalence, underlying factors affecting unmet need, and required annual CPR increase – provides a concrete planning mechanism to link national goals directly with how much it will cost to reach those goals. Without a mechanism to link costs with needed implementation and to monitor the implementation, reaching the goals of the One Plan in Tanzania will be challenging. This process, as it continues to unfold, may provide a model for other counties as they seek more effective ways to set and reach national family planning goals.

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