

Repositioning Family Planning in Tanzania

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Background

While family planning (FP) remains one of the most cost-effective and high-yielding public health interventions, it often is overshadowed by other pressing global health concerns, such as HIV/AIDS, malaria, and tuberculosis. In addition, many countries lack mechanisms for evaluating the success of their FP efforts. As a result, many countries—particularly in sub-Saharan Africa—are unable to ensure the continued access and availability of affordable FP methods. For instance, in Tanzania, an estimated one-fourth of married women express an unmet need for family planning.

In response, the United States Agency for International Development (USAID), the World Health Organization (WHO), and various other entities joined in 2001 with national governments throughout sub-Saharan Africa in an initiative to raise the priority for FP programmes throughout the region. The initiative, *Repositioning Family Planning*, seeks to increase political and financial commitments to family planning by (1) advocating for policy change, (2) strengthening leadership, and (3) improving capacity to deliver services.

To provide countries with a mechanism for evaluating their efforts to reposition family planning, the MEASURE Evaluation Population and Reproductive Health project developed a results framework—the *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning* (hereafter referred to as the M&E Framework). Applied in nine countries, the M&E Framework offers a strategic objective, five intermediate results, and associated indicators to help countries “assess efforts to reposition family planning” (see Box 1). MEASURE also designed a simple decision support tool to accompany the framework. The tool provides visualisation of the framework’s indicators and feedback regarding progress and serves to make the assessment process more participatory (see Figure 1).

Box 1. Framework for Assessing the Repositioning Family Planning Initiative

The M&E Framework

The M&E Framework aims to measure the success of efforts to reposition family planning by examining five intermediate results (IRs), each of which includes a series of associated indicators. The table below outlines the main objective of the framework and the five IRs.

Strategic Objective	<ul style="list-style-type: none"> Increased stewardship of and strengthened enabling environment for effective, equitable, and sustainable family planning programming.
Intermediate Results	<ul style="list-style-type: none"> IR1: Resources for family planning increased, allocated, and spent more effectively and equitably. IR2: Increased multisectoral coordination in the design, implementation, and financing of family planning policies and programmes. IR3: Policies that improve equitable and affordable access to high-quality family planning services and information adopted and put into place. IR4: Evidence-based data or information used to inform advocacy, policy dialogue, policy development, planning, resource allocation, budgeting, programme design, guidelines, regulations, and programme improvement and management. IR5: Individual or institutional capacity strengthened in the public sector, civil society, and private sector to assume leadership and/or support the family planning agenda.

The Decision Support Tool

The decision support tool provides a series of guiding questions, resulting in a final score for each indicator listed in the M&E Framework. The score is then visually represented by a color: bright green, yellow, orange, or red. Bright green represents strong performance, while red represents a gap in performance that requires attention.

Methods

With the assistance of a select group of stakeholders, USAID’s Health Policy Initiative in Tanzania (HPI/Tanzania) applied the M&E Framework and decision support tool in Tanzania in a participatory workshop to identify policy priorities in family planning and develop recommendations to strengthen FP programmes throughout the country. Workshop participants reviewed policies, strategies, and programme materials; engaged in a series of in-depth discussions; and used the M&E Framework’s decision support tool to score Tanzania’s progress in repositioning family planning (see Figure 1).

Findings and Recommendations

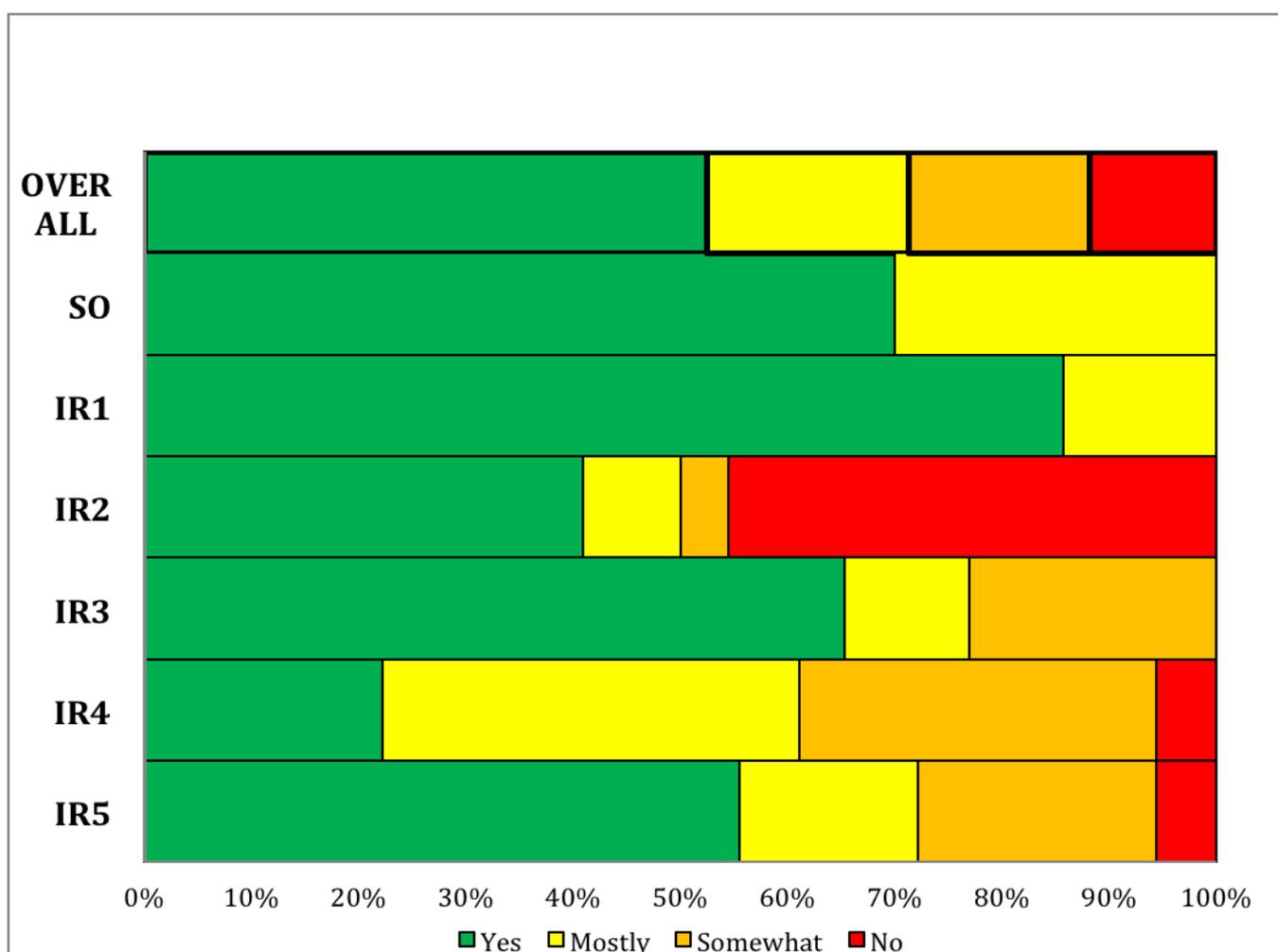
Overall, Tanzania has made some progress in its efforts to reposition family planning in recent years, however, some significant gaps remain in a few key areas (see Figure 1). Specifically, meeting participants identified the following areas for improvement as they

relate to the five intermediate results included in the M&E Framework.

Intermediate Result 1: Resources for family planning increased, allocated, and spent more effectively and equitably

Resources for family planning have increased modestly but remain essentially donor driven. In 2011, the Government of Tanzania created a line item in the national budget for family planning; for the upcoming 2013/14 budget year, the government allocated 1 billion Tanzanian Shillings (approximately US\$611,000) to this line item. In 2012–2013, as part of monitoring the implementation of the NFPCIP, FP partners reported spending more than US\$45 million on commodities, capacity building, service delivery, advocacy, and management/health management information systems. Continued commodity stockouts and a high level of donor dependency suggest that significantly more domestic resources are needed to fund both contraceptive procurement and the FP programme in general.

Figure 1. Quick Assessment of Progress in RH/FP Policy, % of responses in each category



Intermediate Result 2: Increased multisectoral coordination in the design, implementation, and financing of family planning policies and programmes

An assessment of Tanzania's multisectoral coordination of FP policies and programmes found the following:

- A diverse range of stakeholders is being engaged in FP strategies (including the private sector and key government ministries); and
- A diverse, multisectoral structure (the National Family Planning Technical Working Group) has been established and given the necessary government support and authorisation to work in a technical coordination role.

Despite this evidence of coordination among FP partners, *Intermediate Result 2* scored lowest in the overall assessment, making this the area in which Tanzania needs to improve most.

To do so, the government could increase multisectoral coordination in the design, implementation, and financing of policies and programmes pertaining to family planning, including coordination between ministries, the private sector, nongovernmental organisations (NGOs), and faith-based organisations (FBOs). More efforts also could be made to engage a variety of industries, including those working in economic development, rural development, youth, labour, and agriculture.

In addition, the Ministry of Health and Social Welfare (MOHSW) and the Ministry of Education need to strengthen collaboration and engagement on the issues of family life education, contraception, and young people. Apart from a memorandum of understanding, meeting participants recommended that the ministries engage in dialogue to develop the following:

- Joint guidelines that will allow pregnant girls to continue their education and cover the provision of contraceptives to youth;
- An approach to advocating for the revision of Tanzania's Law of Marriage Act to raise the legal age of marriage for girls to at least 18.¹

Intermediate Result 3: Policies that improve equitable and affordable access to high-quality family planning services and information adopted and put into place

Tanzania has several key national policies, plans, and programmes that promote access to FP services and information. In addition, a number of recent efforts have focused on improving existing services. For example, the National Family Planning Technical Working Group—the body charged with monitoring the implementation of national policies and plans related to the provision of FP services and chaired by the MOHSW—developed a *National Family Planning Costed Implementation Program* (NFPCIP) for 2010–2015, which is aimed at repositioning and reinvigorating access to and use of FP services in Tanzania. However, there remains room for improvement. There is a need to focus on the country's most under-served populations—including youth—and several policy barriers still remain.

To address some of these gaps, the Government of Tanzania could explore ways to better ensure that the necessary guidelines, standards, and finances are in place for implementing good policies. For instance, to implement a strong programme for community-based distribution of injectables, the MOHSW needs to revise existing policies and guidelines or develop new ones on task shifting / task sharing, community-based provision of oral contraceptives and injectables, and standards for training and employing community health workers. These issues all are currently under discussion within the MOHSW and National Family Planning Technical Working Group.

Intermediate Result 4: Evidence-based data or information used to inform policy dialogue, policy development, planning, resource allocation, budgeting, advocacy, programme design, guidelines, regulations, and programme improvement and management

While data are being used in policymaking and the development of implementation guidelines, public and private agencies working in family planning could improve their use of reliable data to inform planning, resource allocation, budgets, advocacy, and FP programme management. To increase the use of evidence-based data and information, the government and development partners could consider developing, funding, and implementing an FP research agenda. This will ensure the collection of data that respond to the needs of policymakers,

¹ Under the 1971 Law of Marriage, the current legal age of marriage is 18 (boys) and 15 (girls), but courts can provide special permission to either sex to marry at age 14 if there are "special circumstances."

planners, and service providers. In addition, public and private sector organisations working in family planning could more actively engage in capacity-building initiatives focused on research, analysis, data communication, and data use. A National Family Planning Conference is being organised for October 2013, one anticipated outcome of which is an FP research agenda for the country.

Intermediate Result 5: Individual or institutional capacity strengthened in the public sector, civil society, and private sector to assume leadership and/or support the family planning agenda

Individual and institutional capacity is essential to sustaining a country's progress in FP policies and programming. Without strong local capacity, governments and NGOs may not continue to promote family planning once donor support has shifted to competing priorities or left the country. Through discussion facilitated by the M&E Framework and decision support tool, meeting participants found that relatively few local NGOs in Tanzania are working on family planning, especially FP policy and finance. In addition, the culture of advocacy is still maturing among many NGOs, and messages around family planning by religious leaders are both inconsistent and not widely disseminated. Finally, while several research centres and departments at universities provide training and information on family planning, Tanzania currently lacks a central reference centre focused solely on this subject.

To begin addressing some of these deficiencies, public and private agencies working in family planning must look for ways to strengthen individual and institutional capacity within the public sector, civil society, and private sector to build the next generation of leaders/champions and broaden support for FP programmes.

Summary

Using the M&E Framework and decision support tool developed by the MEASURE Evaluation Population and Reproductive Health project, HPI/Tanzania found that, while Tanzania has made marked progress in its efforts to raise the priority of FP programmes and policy, some significant gaps in its FP structure still exist. To address these shortcomings and further strengthen FP efforts, key stakeholders in Tanzania identified the following as policy priorities:

- Diversify funding sources for FP programming, and increase government allocations to the FP line item in the national budget;
- Increase multisectoral coordination, including the involvement and coordination of various ministries, the private sector, and indigenous NGOs;
- Focus increased attention on the country's most under-served populations, including youth;
- Ensure that evidence-based guidelines, standards, and finances are in place for implementing FP policies;
- Improve the use of evidence to inform FP programmes and management;
- Develop, fund, and implement an FP research agenda to ensure the collection of data that respond to the needs of policymakers, planners, and service providers; and
- Strengthen individual and institutional capacity within the public sector, civil society, and private sector to engage in FP policy, programming, and advocacy.

For more details, please refer to the full report: Judice, N., E. Snyder. 2013. *Measuring Progress on Repositioning Family Planning in Tanzania*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 5.

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