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Nassor Kikumbih, Joyce Ishengoma, Richard Killian, Jaughna Nielsen-Bobbit, Feddy Mwanga, and Abdallah Mwichande
Background

- To meet Millennium Development Goal (MDG) No. 5, Tanzania must reduce its maternal mortality rate by three-quarters by 2015.

- Family planning (FP) is among the key interventions that will help Tanzania to achieve this goal.

- The Ministry of Health and Social Welfare (MOHSW), has given district authorities mandate to plan and allocate resources as per their priorities.

- An increased resource allocation to FP programs among districts through Comprehensive Council Health Plans (CCHP) will facilitate achievement of MDG 5 by 2015.

- Project experience has shown that little attention is given to FP intervention.
About the ACQUIRE Tanzania Project (ATP)

- ATP is a 5-year project implemented by EngenderHealth since 2007 with funding from USAID/Tanzania.
- ATP supports the Tanzanian MOHSW to increase access to quality use of FP and reproductive health (RH) services by working closely with districts.
- The project takes a holistic approach to the design and implementation of activities.
- The project equips facilities and proficient staff (Supply) to work within an environment of strengthened systems and improved social and gender norms (Enabling Environment) to provide services to knowledgeable and empowered clients (Demand).
Advocacy interventions implemented by ATP

- Advocacy interventions were implemented to raise awareness about the need to increase resource allocations for FP in the CCHPs.
- Interventions included:
  - High-level advocacy meetings with district and regional political figures
  - Meetings with CHMTs during budget preparations to discuss levels of FP funding
  - Development of national guidelines on FP activities and associated costs to guide districts’ planning
  - Identification and recruitment of national FP “champions”
Research Questions

- Assessment aim: To determine whether advocacy interventions conducted by ATP with the collaboration of the MOHSW, were effective in increasing district-level budget allocations for FP activities (measured by FP budget allocations in CCHPs).

- Key areas of exploration:
  - How are funds being allocated in CCHPs?
  - Were there changes in fund allocations?
  - How much of the budget is allocated for FP activities, and how much of this is actually spent?
  - What are the major sources of funding for FP interventions at the district level?
Methodology

- A total of 40 districts were selected for the assessment provided they received advocacy interventions for at least 2 years.
- Data collection methods included:
  - Document reviews (CCHPs)
  - Key informant interviews with CHMTs (103)
- CCHPs for fiscal years (FYs) 2007, 2008, and 2009 were collected in the 40 selected districts; and analyzed for budget allocations.
- Data were collected between September and October 2010.
KEY FINDINGS:
Overall Budget Trends

- An annual increase was observed in the overall district budgets between FY 2007 and FY 2009.
- This increase was seen across all “priority areas” including FP

Table 1. Total budget for all 40 districts, FY 2007–2009 (in Tshs 2009 prices)

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall district budget</td>
<td>425,422m</td>
<td>530,125m</td>
<td>739,225m</td>
</tr>
<tr>
<td>Health sector budget</td>
<td>95,498m</td>
<td>126,751m</td>
<td>149,670m</td>
</tr>
<tr>
<td>Reproductive and child health promotion and care</td>
<td>6,944m</td>
<td>8,195m</td>
<td>13,851m</td>
</tr>
<tr>
<td>Family planning budget</td>
<td>316m</td>
<td>572m</td>
<td>1,049m</td>
</tr>
</tbody>
</table>

Source: Council Comprehensive Health Plans
KEY FINDINGS:
Trends in FP Budget Allocations

- The overall FP budget experienced a percentage increase of 232% between FY 2007 and FY 2009.
- The majority of districts assessed increased their FP budget following the intervention period:
  - In FY 2007, 26 out of 40 districts (65%) budgeted for FP.
  - In FY 2009, 33 districts (83%) budgeted for FP.
- Training of service providers under FP had the highest budget, having more than doubled between FY 2008 and FY 2009.
- Budget allocation for the health management information system (HMIS) decreased over times, with no funding allocated in FY 2009.
KEY FINDINGS:
Sources of Funding and Participation in Decision Making

- On average, three quarters of the budgeted amount for FP was expended.
- Government “basket funds” (57%); development partners (20%), and “other” sources (23%) were the primary sources of funding for FP interventions over the three fiscal years.
- There were no contributions from districts’ own, locally generated sources toward FP interventions.
- Interviews with key informants found that a number of actors were involved in the preparations of the CCHPs.
- Lower level health facilities were reported to have limited involvement due to its associated costs.
KEY FINDINGS:

Role of Advocacy Interventions

- Advocacy interventions were effective at increasing district budget allocations for FP

- Interventions reached target audiences: Most of the 103 key informants interviewed had participated in at least one of the advocacy activities jointly sponsored by ATP and the MOHSW.

- Key informants expressed the view that these activities had influenced their decision to increase their district budget allocations for FP.

- The budget allocation for HMIS activities was generally low.
Knowledge Contribution

- District funding for FP increased between FY 2007 and FY 2009 among districts that received advocacy interventions.

- Districts relied largely on government basket funds and development partners instead of own local funds such as local government tax.
General recommendations

- Districts should continue to allocate adequate financial resources for FP, as this action will positively contribute towards meeting Tanzania’s MDG 5.

- Districts should identify their own source (s) of funding to support and sustain FP activities.

- Mechanisms are needed to ensure that allocated funds for FP are utilized efficiently and fully expended at the district level.

- Districts should adhere to CCHP guidelines, which lead to budgeting for all FP action areas and ensuring meaningful participation of lower-level health facilities.