Increasing Family Planning Resources by Engaging Members of Parliament in Tanzania

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- Population Size: Estimated at 44 million in 2011, growing at 2.9 percent per year

- High TFR: 5.6 births per woman between 1994 and 1999, 5.7 in 2004/5 and dropped only marginally to 5.4 births in 2010, with 6.1 children per woman in rural areas (TDHS, 2010)

- The population has a huge momentum associated with high concentration of people in the childbearing years.

- Low-income country with per capita income of $527 (WB, 2011), but with absolute numbers of the poor growing (HBS, 2007), especially in rural areas and among women.
• Maternal mortality rate is at 454 per 100,000 live births (TDHS, 2010)

• Modern CPR among married women is 27 percent in 2010, up from 20 percent in 2004/5 but also unmet need grew to 25 from 22 percent in the same years.

• High TFR and associated rapid population growth are known to constitute major barriers to the country’s efforts to achieve its development goals, such as the MDGs, PRSP and eradication of poverty.

• This calls for a stronger Family Planning program. For years, FP scale – up has been hindered by insufficiency of resources injected into the program.
Tanzania: Only slight reduction in TFR 1996 - 2010
Use of Modern FP Methods by Region

Percent of married women currently using any modern method

Tanzania 27%

Kagera 24%
Mara 10%
Mwanza 12%
Shinyanga 13%
Arusha 35%
Kilimanjaro 50%
Tanga 41%
Pwani 38%
Morogoro 40%
Mbeya 37%
Ruvuma 43%
Mtwara 37%
Dar es Salaam 31%
Pemba North 7%
Pemba South 9%
Zanzibar North 7%
Zanzibar South 28%
Tabora 19%
Singida 26%
Dodoma 27%
Manyara 22%
Kigoma 14%
Tabora 19%
Rukwa 24%

How Does Tanzania Compare?

Percent of currently married women who are using any modern method:

- Zimbabwe 2005-06: 58%
- Namibia 2006-07: 53%
- Kenya 2008-09: 39%
- Zambia 2007: 33%
- Rwanda Interim 2007-08: 27%
- Tanzania 2004-05: 27%
- Uganda 2006: 18%
- Ethiopia 2005: 14%
- DRC 2007: 6%
Program Intervention Objective:

The advocacy intervention aimed to increase amount of public financial resources allocated to Family Planning commodities
Summary of Advocacy Methodology:

*How the Program Worked*
In collaboration with the Tanzania Parliamentary Association on Population and Development, the Ministry of Health and Social Welfare (MoHSW), Ministry of Finance and Economic Affairs (MoFEA) and the President’s Office Planning Commission (POPC), conducted the following activities:

• Training 25 MPs on modern Family Planning methods in November 2009 and 25 MPs as Champions of Family Planning in April 2010.

• In April and May 2010, presented the newly developed National Family Planning Costed Implementation Program 2010 – 2015 to the MoFEA, the POPC, and MPs Family Planning Champions, highlighting the rationale and amount of resources needed for the Family Planning program.
Advocacy Intervention Methodology…2

- Producing a Policy Brief in June 2010 to help MPs organize key advocacy issues for financing of Family Planning when debating the MoHSW’s 2010/11 budget.

- Organizing an advocacy meeting involving 75 MPs (including the Champions) on June 27th 2010, where the Policy Brief was disseminated and technical presentations made, highlighting the role of Family Planning in achieving the national development goals; and how the public financing of Family Planning was low compared to needs, and declining over years.

- This workshop was strategically organized one day before the MoHSW’s 2010/11 budget was tabled before the Parliament. On June 28th 2010, when debating the MoHSW budget, six MPs asked specific questions and demanded that the budget for Family Planning is increased.
MPs orientation meeting in session
The Advocacy Results
Advocacy Results … 1

• To wind up the debate in the Parliament, in responding to the issues raised by MPs, the Deputy Minister for Health and Social Welfare announced allocation of Tsh 14.3 billion (about USD 9.6 m) for contraceptives for the 2010 / 11 FY.

• This was a very significant increase compared to allocations in the previous years.

• With some additional follow ups, by end of February 2011, the MoHSW had released all the resources announced to have been allocated.
Lessons Learned from the Intervention
Lessons Learned … 1

• Gathering evidence and proper analysis of information helped to make a compelling case to both the MPs and the Government decision makers.

• Government ministries involvement helped to bring about transparency, accountability and leadership, and minimized the potential of pointing figures at each between the Government and the MPs.

• Involvement of MPs helped to mobilize and exert pressure on the Government to act and relieve contraceptives shortages.

• Timing of the intervention to be concurrent with the Parliamentary budget session as well as happening before the MoHSW annual budget was tabled helped to raise attention on the problem at the appropriate time.
Thank You for Your Attention!

Ahsante Sana!