Integration of Total Fertility and Population Growth Rate Reduction Targets in the Tanzania Poverty Reduction Strategy Paper

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Tanzania is a low-income country with per capita income of $527 (WB, 2011), but with absolute number of the poor growing between 2000/1 and 2007, especially in rural areas and among women (NBS, 2009), despite relatively high GDP growth over the last 7 years.

Population estimated at 44 million in 2011, growing at 2.9 percent per year.

Total fertility rate has remained high over the last 15 years: 5.8 births per woman in 1996 and 5.4 births per woman in 2010, with 6.1 children per woman in rural areas (TDHS, 2010)
• High TFR and associated rapid population growth are known to constitute major barriers to the country’s efforts to achieves its development goals indicators, such as the Vision 2025, MDGs and PRSP.

• As the country developed its second phase of PRSP, one of the documents guiding national development planning, it was important to set out specific targets to reduce TFR and population growth rates in order to reduce poverty in a sustainable manner.

• Data indicate relationship between the distribution of poverty, TFR and use of contraceptives where the poorest (rural, least educated) have least CPR and highest TFR (TDHS, 2010).
Use of Modern Methods by Residence

Percent of married women using any modern method

- Total: 27
- Mainland Urban: 35
- Mainland Rural: 26
- Zanzibar: 12
Use of Modern Contraception by Education

Percent of married women using any modern method

- No education: 18%
- Primary incomplete: 22%
- Primary complete: 32%
- Secondary and higher: 35%
Even unmet need is higher among the poorer
The country is no homogeneous......
Program Intervention Objective:
To persuade the Government of Tanzania to include specific targets and indicators in the new PRSP to address the high total fertility, rapid population growth and associated challenges as a way of reducing poverty
Advocacy Methodology:

How the Program Worked
• Between April 2009 and May 2010 and through invitation by the President’s Office Planning Commission, the Health Policy Project (HPI) participated in four technical meetings to:

(i) review the PRSP I

(ii) establish reduced fertility as an PRSP II goal

(iii) develop Terms of Reference and review the report of the consultant studying the impact of population dynamics on economic growth and reduction of poverty

(iv) Consolidating context and setting priorities for PRSP II, and reviewing its drafts.
• HPI particularly provided technical analysis and reference materials related to the impact of population / RH variables for achieving national development targets, by elaborating the experienced gaps and how are related to the high total fertility rate, and emphasizing on the need to strengthen family planning program to reduce total fertility rate and address poverty.

• In its analysis, HPI largely used the RAPID Model, a program that projects the social and economic consequences of high fertility and rapid population growth on social sectors such as labor and employment, education, healthcare, urbanization, and agriculture. RAPID helps raise policymakers' awareness of the importance of fertility and population growth as factors in social and economic development planning.

• The meetings involved other partners, including UNDP, the World Bank, UNFPA, academicians, various Government of Tanzania ministries, as well as local agencies.
The Advocacy Results
On December 2nd 2010, the Hon. Minister for Finance and Economic Affairs launched the new PRSP II (2010 -2015) with the following Operational Targets:

- **Total fertility rate slowed down from 5.4 (2010) to 5.0 by 2015;**

- **Population growth rate reduced from 2.9% per annum (2002) to 2.7% per annum by 2015**

- **Maternal mortality rate reduced from 454 per 100,000 live births (2010) to 265 per 100,000 live births by 2015;**

- **Neonatal mortality reduced from 26 per 1,000 live births (2010) to 19 per 1,000 live births in 2015.**
Advocacy Results … 2

• The PRSP II, which now guides Tanzania’s public policy from the 2011/12 financial year, specifically points out required interventions to achieve the above targets, to include ‘promoting adequate child spacing by enhancing access to modern contraceptive use for all sexually active persons’.

• One notable consequence of this achievement is creation of specific Family Planning line item in the 2011/12 FY budget of the MoHSW
Lessons Learned from the Intervention
Lessons Learned … 1

• In Tanzania, PRSP priorities and targets are the main drivers for the annual resource allocation by the public sector as well as the development partners.

• The inclusion of population and fertility reduction targets in the PRSP II will strengthen implementation of Tanzania’s family planning program in the future through improved financing. As PRSP II primarily aims to reduce poverty, the resources allocated to its implementation are more likely to reach the poor. This now includes improved access to family planning services for the poor who have the highest total fertility rate and the lowest contraceptives prevalence rate.

• The major lesson is that evidence-based advocacy facilitates policy response.
Intervention Results

Thank You for Your Attention!

Ahsante Sana!