

FP2020 Commitment 2019 Update Questionnaire TANZANIA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Tanzania by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<http://www.familyplanning2020.org/tanzania>) so in-country and global stakeholders alike can follow Tanzania's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Tanzania is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Tanzania's original commitment that still stand, and 2) seven standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made** and **key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

By 2020, Tanzania will increase the availability of modern contraceptive methods at all levels of its health system; specifically, the government will:

- increase its allocation for FP commodities from Tsh. 14 billion in 2017 to Tsh. 17 by 2020;
- expand the availability of at least three modern contraceptive methods at primary level and at least five modern contraceptive methods at secondary and tertiary level facilities from 40% to 70% (in the last three months from the day of the survey);
- scale-up the number of health facilities providing youth-friendly reproductive health services from 30% to 80%; and
- reduce pregnancy rates among 15 to 19 year-old girls; and
- Increase the number of FP users from 3.8 million in 2017 to 4.3 million in 2020 to reach a modern CPR of 45% by 2020

Anticipated impact:

Number of family planning users increases from 3.8 million (2017) to 4.3 million by 2020

1. **COMMITMENT:**

By 2020, Tanzania will increase the availability of modern contraceptive methods at all levels of the health system; specifically, it will ensure availability of at least three modern contraceptive methods at primary level and at least five modern contraceptive methods at secondary and tertiary levels from 40% to 70% in the last three months.

- 1.1. Allocate/disburse TZS 14 billion (approximately USD 6.2 million) for FP commodities from its 2017-18 budget and continue to make similar budget commitments for FP commodities through 2020.
- 1.2. Apply a total market approach that encompasses improved segmentation to ensure increased access to modern FP methods across public and private sectors.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

a. Condom market researches:

- With the support of USAID Sustaining Health Outcomes through the Private Sector (SHOPS) Plus conducted a rapid validation exercise in November-December 2017 that focused on the findings and recommendations from previously conducted assessments to areas for technical assistance and further research. Through this exercise, SHOPS Plus identified the following a number of high-level issues hindering the advancement of TMAs, one of them being that stakeholders recognized that a TMA was needed to address unsustainability in the condom market, but lacked the data needed to improve program planning.
- To address this gap, two complementary research activities were implemented in the last year:
 - The first consisted of a retail audit to generate updated data on condom brand availability and pricing. This information is intended to help stakeholders to better target condom distribution and promotion to specific market segments and identify potential supply gaps in the market.
 - The second was a qualitative assessment to understand condom users' decision-making. These qualitative findings are intended to help market players make more informed decisions, support better market segmentation, and improve targeting of subsidized condoms.

Summary and recommendations as highlighted in the researches:

- Based on the findings from the two research activities, stakeholders in Tanzania's condom market should re-examine plans for how condom brands and variants are priced and distributed. As the retail audit highlights, heavily-subsidized condom brands have widespread distribution across the country and in a multitude of channels. It is likely, based on the qualitative findings, that this widespread availability has displaced commercial condoms by

priming consumers to expect artificially lower prices for condoms, regardless of their ability to pay.

- Better targeting of subsidized condoms towards consumers with financial limitations could potentially generate space for unsubsidized and commercial condoms in mass market outlets. If donors, government and NGO partners, and social marketing organizations were to implement more targeted distribution strategies – or should donor investments in condom subsidies greatly diminish – the data presented here suggest that cost recovery and commercially-priced condoms could expand to serve urban consumers with fewer financial limitations. Improved market segmentation will ultimately result in a more efficient, equitable, and sustainable condom market in Tanzania.

b. Market segmentation:

- Supported by Avenir Health and SHOPS Plus a tool has been developed that allows users to manipulate inputs from secondary analysis of DHS data to explore potential alternative market scenarios and discuss their potential impact on the market for FP products and services.
- The goal of this analysis was to inform and provide data to shape strategic dialogue and policy around TMAs, especially for FP products in the country. The simulations can be disaggregated by methods, sources, number of visits made within each sector, income level and geographic locations.
- The tool and analysis are being utilized used to advocate for more private sector participation in ensuring contraceptive security as well as to model different situations that could be used to build a case for advocacy or inform programming decisions.

c. FP Market assessment:

- In this year an FP market assessment was conducted. The assessment was conducted by meeting with key suppliers and collecting information on the distribution of short term and LARC FP methods within the private sector.
- The assessment sought to better understand the retail landscape and help FP development partners and programmers realize the opportunities that exist in the FP market.
- The assessment draws out the different challenges being faced by market actors and can serve as a resource to help the GoT support an enabling environment for market actors.
- This activity has realized the need to conduct routine market checks that will inform the government on the market as well as guide market entry efforts for FP actors.

d. Family Planning cross sector consultative meeting to foster the integration of TMAs in FP programs

- RCHS organized a one-day workshop that brought together a broad range of FP stakeholders including Government institutions, Regional and District reproductive health staff, Development Partners, Commercial FP importers and distributors, Implementing partners, Health Provider networks and professional reproductive health associations.
- The main objective of the workshop was to discuss the current FP market landscape, discuss market efforts and contributions by different stakeholders, and align on strategies and efforts

required to attain a rational FP market as well as discuss opportunities and hindrances to implementing Total Market Approach strategies in Tanzania. The meeting put a lens on three key thematic areas drawn from the recently completed FP market assessment which were:

- Limited market data
 - Private sector participation
 - Stewardship, advocacy, and enabling environment for TMAs
- The issues discussed included lack of clarity on the Total FP market steward, need to advocate for a more enabling environment for family planning, no commercial sector inclusion in the commodity security and supply plan meetings, lack of market data to inform commercial players market entry, limited dissemination of available market data and Limited private sector data to inform planning and quantification Limited Public private engagement and collaboration in FP, Limited commercial sector participation in family planning priorities and diminished social marketing products and services impact in the FP market, which has contributed to supply issues of methods such as injectables and implants in the private market.
 - The one-day workshop was able to build consensus around the three thematic areas and align on how best the private sector could be supported to contribute more to the total market. The meeting selected a small group that will act as a core group/private sector group to share updates and issues with the commodity security office of RCHS. This will continue to ensure there is consistent engagement and convening of cross sector forums.
- e. Family Planning Private Sector Core Group meeting:
- MOH/RCHS with the support of SHOPS Plus convened the first private sector core group meeting as one of the resolutions to come out of the FP stakeholders meeting.
 - The group is made up of commercial, social marketing actors, distributors of FP commodities, associations and private providers.
 - This smaller group met with the RCHS team in Dodoma to share recommendations from the FP consultative meeting as well as leverage this platform to further broker a relationship with this group of stakeholders. The meeting was able to agree on an actionable way forward to advance private sector engagement in family planning.
 - The recommendations and way forward have been grouped into short and long term action plans. Over the next year, it has been agreed that in the short term that:
 - RCHS will support the engagement of the private sector FP core group in national programming forums, such as the annual quantification and forecasting, the commodity Security TWG and Quarterly core group meetings.
 - SHOPS Plus will assess the feasibility to support RCHS and the private sector to conduct market research to advance market entry efforts for the private FP market, the researches include:
 - i. Market size for all FP methods, to inform market entry efforts

- ii. Support RCHS and the FP private sector core group to conduct bi-annual market checks
 - iii. Behavioral data for LARCs and injectables to inform programming and promotion
 - Provider networks and associations will share information with the core group when their members are convening, this will avail platforms for market actors to detail and promote their products and services.
 - RCHS with the help of partners will document private sector strides and TMA advancements, in order to contribute them towards national efforts such as CIP II and FP 2020.
- f. TMA manual:
- In collaboration with NACP and technical support from USAID SHOPS Plus, a workshop to produce a guide for Total Market Approaches to help improve the understanding of the concept and ease applicability at different levels of FP and HIV programming.
 - The guide is the final stages of development and is designed to provide basic guidance in using a Total Market Approach to procure, finance and distribute health commodities. It is intended for use by program managers at all levels of government, and by the staff of partner organizations responsible for distributing donated products to the community

g. Commodity security at the service delivery points

In order to meet the FP2020 commitment that requires an increase in the contraceptive prevalence to 45% and reduced unmet need for family planning, the Government of Tanzania will need a strong supply chain system that provides a consistent range of contraceptives in an informed consent and human rights based environment. To ensure a continuous supply of contraceptives at the service delivery points, managers need to use quality data to make decisions and strengthen the system used to deliver contraceptives to their clients. To achieve commodity security and ensure access to quality Sexual and Reproductive Health and Right (SRHR) services including family planning,

- MOHCDGEC with support from UNFPA, led the coordination of quarterly national and bi-annual zonal reproductive Health Commodity security meetings which were instrumental in strengthening the supply chain management and improving communications on stock availability and distribution across the country, and facilitate appropriate measures to address the identified gaps
- With UNFPA's support, the government (Both mainland and Zanzibar) completed an annual forecasting and quantification exercise for 2019/20 to determine family planning commodity needs and in collaboration with USAID and DFID the contraceptive needs for 2019 was fully covered
- With support from UNFPA, the National Bureau of Statistics (NBS) conducted the Service Delivery Point survey which indicated The latest Service Delivery Point survey (SDP, October 2018)) conducted by the National Bureau of Statistics (NBS) with support from UNFPA, indicates 'that all facilities at the tertiary level and most of the facilities in secondary (99 percent) and primary (99 percent) offer at least three modern

contraceptives. 79 per cent of all facilities offer at least five modern contraceptive methods.

Check Points:

Anticipated Impact:

1. Stock-outs will be reduced from 60% to 30%
2. Improved supply chain management, including better forecasting and quantification, strengthened use of eLMIS from national to local level, and close monitoring of commodity distribution

Proposed Actions:

1. Allocate/disburse TZS 14 billion (approximately USD 6.2 million) for FP commodities from its 2017-18 budget and continue to make similar budget commitments for FP commodities through 2020
2. Apply a total market approach that encompasses improved segmentation to ensure increased access to modern FP methods across public and private sectors
3. Improve supply chain management for FP and other RMNCH commodities, including use of the new commodity-monitoring tool, developed by Advance Family Planning (AFP) project.

AFP managed to mobilize its parliamentary champions to track commodity flow in their respective constituencies, with a view to generating policy makers' interest and strengthen their oversight role in family planning. Champions were able to meet twice after using the tool and shared outcomes with respective leadership at constituency level. The challenge has been to sustain use of the tool given the competing demands on parliamentarians' time; they have been shifting in their attention to score cards on RMNCAH, and campaigns to reduce teenage pregnancies, and maternal deaths.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (x) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

2.COMMITMENT:

By 2020, Tanzania will scale-up the number of health facilities providing youth-friendly reproductive health services from 30% to 80%, including 2

- 2.1. Scale-up in access of information and reproductive health services to young people and marginalized populations to ensure equity.
- 2.2. Improving integration of youth-friendly services in all health facilities.
- 2.3. Scale-up of outreach services to youth in hard-to-reach areas, including densely-populated urban areas.
- 2.4. Increasing access to information through comprehensive sexual education that focuses on sexual and reproductive health and rights.
- 2.5. Promoting young men's engagement in FP;
- 2.6. Ensure the revision of Marriage Act of 1971 to end child marriage; and
- 2.7. Reduce barriers to use of FP services through strategic communications and country-wide campaigns at the national and sub-national levels.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Health facilities providing youth-friendly reproductive health services increase from 30% to 63%. They provided with SRH/FP information, counseling and services including HIV testing. HIV services to adolescents is 70 percent, of those, only half were provided ART (36 percent).

Check Points:

Anticipated Impact:

1. Reduction in unintended pregnancy, maternal mortality, and unsafe abortion among young women ages 15-19
2. Change in key policies related to teenage childbearing, such as the age of marriage act and comprehensive sexuality education

Proposed Actions:

1. Scale-up access of information and reproductive health services to young people and marginalized populations to ensure equity
2. Improve integration of youth-friendly services in all health facilities
3. Scale-up outreach services to youth in hard-to-reach areas, including densely-populated urban areas
4. Increase access to information through comprehensive education that focuses on sexual and reproductive health and rights
5. Promote young men's engagement in FP
6. Reduce teen pregnancy among 15-19 years old girls

7. Ensure the revision of Marriage Act of 1971 to end child marriage

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (x) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

3. **COMMITMENT:**

Increase the government allocation for FP services from the current Tsh.14 Billion to Tsh. 17 Billion by 2020.

- 3.1. Advocate for FP financing and accountability at national and local government levels with government decision-makers, parliamentarians, and councillors; the Ministry of Finance, President's Office – Planning Commission, and President's Office – Regional Administration and Local Government, local and international NGOs;
- 3.2. Strengthen the participation of CSOs and community groups in social accountability efforts;
- 3.3. Identify new and innovative public-private partnerships to finance FP programming;
- 3.4. Continue strengthening partnerships to implement the national family planning costed implementation plan.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The Ministry in collaboration with FP stakeholders has conducted a national level dissemination of the National Family Planning Costed Implementation Plan II 2019 - 2023 on 2nd July 2019. This was a collaborative efforts done by all FP partners in Tanzania. The subnational dissemination is expecting to be done before Regional and Districts planning cycle starts (in November), so that LGAs can incorporate FP priority interventions in their CCHPs.

Check Points:

Anticipated Impact:

1. Increase of budget allocation for FP from Tsh. 14 billion to Tsh. 17 billion
2. Increase of the Contraceptive Prevalence Rate (CPR) from 32% to 45% for all women

Proposed Actions:

1. Enhance advocacy for FP financing and accountability at national and local government levels including development partners by targeting government decision-makers, parliamentarians, and councillors; include the Ministry of Finance, President's Office – Planning Commission, and President's Office – Regional Administration and Local Government, local and international NGOs
2. Strengthen the participation of CSOs and community groups in social accountability efforts
3. Identify new ways to finance FP programming through innovative public-private partnerships

*b) Please mark (✓) below how you assess progress toward elements of your commitment:
Achieved OR On-Track () / In-Progress OR Off-Track (X)*

b) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

The allocation for FP services was the same Tsh.14 Billion

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following seven questions:

- 1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

Adolescent groups and youth coalitions including FP 2020 youth focal point are among the members of the technical working group. They participated in monthly meeting presented their views and agenda

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

They assist in moving the youth agenda forward through discussions and actions agreed together in ensuring the achievement of national agendas as well as FP 2020 commitments.

Youth coalitions such as TAYARH working closely with AFP has built coalitions of youth-led CSOs in six mainland regions, and Zanzibar to sustain advocacy for increased access to contraceptive information and supplies to adolescent and youth. These coalitions have been equipped with advocacy as well as accountability skills and are holding sub-national leaders to ensure they increased the number of outlets for youth friendly RH services.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

The youth groups are enthusiastic, and the main challenge would be sustaining technical skills to analyze data periodically and package effective messages when dialoguing with leaders. In the current environment, youth groups would need continuous mentoring to amplify their demands for improved contraceptives services.

- 2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

Family planning (FP) services are offered free of charge and constitute one of the driving social intervention to realize Universal Health Coverage (UHC) in the country. UHC anchors on ensuring affordability and availability of health services, placing emphasis at community level or what we call the last mile. In 2018/19, a total of 305 health facilities were built and 80% provide maternal and child health services (MCH) including family planning.

FP is also a core intervention in the Global Financing Facility (GFF) with the government at the driver's seat. The Ministry of Health, and local government authorities (LGAs) committed since late last year to maintain an annual share of FP in the GFF at 3.24 million dollars annually to July 2020. These funds have been set aside for district and health facilities under Strengthening Primary Health Care for Results Program, and the disbursement are results-based (RBF), meaning non-performers would not be able to access funds. FP is positioned directly and indirectly under Disbursed Linked Indicators (DLI 3 and DLI 4) that focus on women in the reproductive age using family planning; number of users of family planning.

Tuwavushe Salama – a maternal death reduction campaign launched last November is another initiative towards increased access to maternal health services as part of the RMNCAH program under the UHC banner. In a non-state actors meeting a few months ago, Po-RALG and MoH committed to launching a national program to strengthen outreach/mobile services during this financial (2019/2020). The government announced this financial year that it would ensure two community health workers would be deployed in every village, as part of strengthening access to family planning services at the last mile.

3. Has your Government organized the 2019 data consensus workshop?

Yes

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

The data consensus building meeting will be conducted on 24th July 2019

- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

No

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

No

5. **Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work?**

Yes, through Results Based Financing where facilities procure needed supplies and equipment to improve service delivery and infrastructure. Health Facilities at Primary level are capacitated to provide FP services using funds attained from achieved FP indicators.

6. **Have you worked to improve quality of care/rights-based family planning in your programs?**

Yes

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? **Yes**

Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects? **Yes**

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes? **Yes, through suggestion boxes**

- c. Are your clinics open to improve accessibility and availability of services?
Yes

7. **FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

Yes, through meetings

Please provide the following information for the Government's point of contact for this update

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