TANZANIA 2009/10 ANNUAL REPORT

Strategic Actions	Activities	Time frame				Responsib	Output indicators	Resources
CTD ATFOLO FOCUS 4. A.	durance and contition building	Q1	Q2	Q3	Q4	le Party		(\$)
	dvocacy and coalition building awareness and support for RH among I	kev po	olicy a	nd de	cisior	n makers.		
SA 1. 1.1. Advocate and promote SRH in the region	Formed a national advocacy working/coalition group for repositioning FP		X			MOHSW	The group was successfully formed and is actively functioning	Futures Group Engender Health
	Adapted Reduce Alive Advocacy Model for maternal, newborn and child health (need to be oriented and updated to the new DHS)		Х			MOHSW	Reduce Alive Advocacy Model adapted	WHO AED ECSA-HC
	Developed advocacy materials on MNCH including FP , ARH (fact sheets, banners, leaflets etc)			X	X	MOHSW	Number and type of advocacy materials in place	UNJP2
SA 1. 1.2. Enhance members' capacity to undertake advocacy	Costing the National Road Map for acceleration of reduction of MNCH morbidity and mortality specifically essential interventions		Х	Х	Х	MOHSW	Some Cost of Essential interventions for reduction of MNCH deaths in place	WHO UNFPA UNICEF
	Tracking Budget allocation in MTEF & CCHP		Х	Х	Х	MOHSW	A template for budgeting developed MNCH budget allocation available	UNFPA Engender Health ATP
	Developed FP champion framework Developed FP champion training guide Developed Advocacy package			Х		MOHSW	The three stated documents were developed	FHI & Engender Health ATP support

Orientation of FP Champions on above three documents				X	MOHSW	Pre-tested and orientation done to 153 FP champions (25 were MPS) 200 Regional and District level champions	Futures Group Internation al
RH advocacy meeting with members of parliament, and district leaders	Х	Х			POPC MOHSW	Two RH and FP Advocacy workshop (s) organized for MPs. One RH and FP Advocacy workshop (s) organized for Regional and district commissioners and she has.	Futures Group Engender Health AT
Conduct advocacy on adolescent health and development to policy / decision makers at regional and district levels	х	Х	X	X	MOHSW	Number of advocacy meetings conducted	FHI/UJANA UNJP2 TGPSH UMATI MST AMREF WAMA DSW
Conduct training for media on advocacy for MNCH including family planning					MOHSW	The training conducted as planned	Futures Group Internation al Engender Health MST UMATI
on linkages and strategic partnershine							

Objective 1.2. To strengthen linkages and strategic partnerships with other international, regional and national institutions and civil society organizations to create synergies, avoid duplication and maximize available resources in furtherance of the implementation of agreements (ICPD, MDGs, Maputo PoA, etc).

SA 1.2.2 Hold regular coordination meetings	Formulate national Family Planning technical working group which will spearhead the process of repositioning FP in Tanzania				X	MOHSW	FP technical group was formulate (Gov and partners)	-
	Inclusion of Family Planning in Global fund Round 10 particularly for FP commodities and CBD revival				Х	MOHSW	Application submitted	WHO NACP UNFPA CDC UNICEF
	Convene monthly meeting of the national FP technical working group	X	Х	X	Х	MOHSW, POPC and partners	Monthly meeting conducted as planned	Pathfinder, FHI
	Establish and operationalize FP/ HIV working group	Х				MOHSW	FP Technical Working Group established with TOR	FHI
	Convene quarterly meeting of the national FP/HIV working group	X	X	X	X	MOHSW	Meeting were held on quarterly bases	FHI
	Hold contraceptive security meeting on quarterly basis	Х	Х	Х	Х	MOHSW	Meeting were held as planned	JSI

	Convene monthly MNCH technical working group- reports to Technical Committee SWAP	Х	X	X	X	MOHSW	Meetings held as planned	WHO UNFPA UNICEF TGPSH USAID
SA 1.2.3: Strengthening internal and external communication	Review and finalize FP training material	X	X	Х		MOHSW	Module I, II & III were finalized	FHI, Engender Health & PSI
mechanisms (e.g. News letters, website) SA 1.2.5. Engage with cultural and traditional	Technical Working Group on advocacy and BCC Preparation for launching and roll-out of	X	X			MOHSW	FP posters 24000 pcs, FP leaf lets (all methods) 30,000, (specific method) 36,000, T-shirts 5000 and Caps 2500	DMT under WHO UNJP2
institutions to address socio-cultural barriers that impede SRHR (e.g. SGBV, FGM/C)	Maternal and New born Campaign Develop messages and materials on		X	X		MOHSW	Preparation for the campaign launching is going on well Messages and materials on FP	UNICEF UN Joint Program
	FP in Radio, TV, Newspapers – Articles in session		X			erieri	in Radio, TV, Newspapers – Articles in session were developed	riogiaiii
	Introduce and operationalize mobile reproductive health services				Х	MOHSW	The process of Introducing and operationalizing mobile reproductive health services is going on well	FHI
	Develop Maternal Newborn and Child Health Communication Strategy with FP components			X		MOHSW	Maternal Newborn and Child Health Communication Strategy with FP components developed	UNJP2
	Developed messages and materials on male involvement in SRH/FP, GBV, FGM,		X			MOHSW	Messages on male involvement in SRH/FP and GBV, FGM	MEWATA Engender Health – Champion AFNET

	ogramme Development and Expansion e capacity of partner organizations to of	fer int	tegrat	ed SR	HR p	rogrammes		
SA2.1.1: Share good practices and information	Site visit for preparation of FP/HIV intergartion in Iringa and Morogoro regions	X				MOHSW	12 facilities were visited in Iringa (6) na Morogoro (6)	FHI support
SA2.1.2: Formulate an annual WORK PLAN and monitor and evaluate EARHN activities	Developed and Launched the National Family Planning Costed Implementation Plan		X	X		MOHSW	The participants were the RMOs , DMOs and FP stakeholders and other Ministries	FHI support
	Develop GBV management Guidelines			X		MOHSW	Draft National Guideline on GBV in place	FUTURES ECSA-HC MEWATA
	Monitor contraceptive procurement and distribution pipeline	Х	Х	Х	Х	MOHSW	Procurement and distribution of contraceptives monitored	JSI
	Conduct follow up of service providers trained in family planning	Х				MOHSW	Number of Service providers supervised	USAID- Engender Health
Objective 2.2 To facilitate distribution	the strengthening of health systems, in	parti	cular	with r	egard	l to provision	of RH supplies and their procure	ment and
SA2.2.1: Facilitate information sharing among mem ber and	Participated in International Coalition members meeting on Contraceptive security				X	MOHSW	Consensus on ensuring FP commodity security in the country strengthened	JSI
collaborating countries on RH supplies (provision, procurement, distribution) SA2.2.2: Documentation	Procurement and distribution of contraceptives: Injectables Depo provera, Implants- Implanon,Oral pills, Microval, Microgynon and Lofemenal	Х	X	X	X	MOHSW & MSD	Amount of Contraceptives procured and distributed	Govt. & Partners(USAID, UNFPA, KFW)
and dissemination of good practices	Develop National Package of Essential FP Interventions in Council Health Plans		Х		X	MOHSW	Draft National Package of Essential FP Interventions in Council Health Plans Developed and pre-tested	USAID through EngenderH ealth ATP

	Participated in Fostering Change in Health to Scale- up Best Practices in RH/FP - National ARH Technical Working Group in informed and in the process of organizing an orientation workshop Strengthen HIMS and M& E on MNCH including FP	х	x	X	MOHSW	A Plan of Action on IBP on SRH/FP in place Disaggregated tools on HIMS and M&E in place	WHO ECSA-HC UNJP2
Total							

ADDITIONAL INFORMATION ON TANZANIA COUNTRY REPORT

ON REPOSITIONING OF FAMILY PLANNING

2010 Statistics: Population = 41.9 millions; IMR = 51 / 1,000 live birth; CMR = 81 / 1,000 live birth; TFR = 5.4 per WRA; CPR = 27.4%;

Since November 2008 the President's Office Planning Commission, MOHSW in collaboration partners of development has reached several audiences, including:

- (i) The Directors and Senior Policy and Planning Officers from all sectoral ministries of the Government of Tanzania
- (ii) The Budget, Planning and Health Officers as well as their respective regional secretariats in 6 regions and their 34 districts of Tanzania Mainland
- (iii) Members of Parliament (members of the Tanzania Parliamentary Association on Population and Development TPAPD)
- (iv) The Supreme Clerical Council of Muslims in Tanzania (the Ulamaa)
- (v) The Council of Bishops under the Christian Council of Tanzania (CCT) and
- (vi) Media houses through the Association of Journalists Against AIDS in Tanzania (AJAAT).

Some Achievements

- (a) Issuance of an Official Statement in Support of Family Planning by the CCT Council of Bishops
- (b) Issuance of an Official Statement (Fatwa) in Support of Family Planning by the Ulamaa
- (c) Placing of some population variables (e.g growth and fertility) targets and indicators in the new MKUKUTA II (Country's Poverty Reduction Strategy Paper 2010 2015).

The project has also used the **FP/MDG Analysis**, which shows the Cost-Benefit Analysis of how meeting the family planning unmet need could progressively reduce the cost of meeting the Millennium Development Goals (MDGs).

This analysis Family of Planning Contribution to Achieving Millennium Development Goals has been used during (i) The final reviews of MKUKUTA II (PRSP) 2010 – 2015 (ii) Presented to the ECSA Health Ministers Conference in February 2010 in Kampala; where also it made part of the Tanzania Minister for Health and Social Welfare presentation as he talked about the process and justification for his ministry developing the NFP CIP.

Some Planned Advocacy Activities in the Coming Year

(a) Production of Documentary on Population, Reproductive Health and Development

- (b) Disseminating the population and fertility targets in the new MKUKUTA II for policy response
- c) Profiling of Family Planning significance for national development in the coming Budget Guidelines document
- (d) Creation of appropriate targets and line items for Family Planning in the MoHSW budget.

Challenges

The following challenges are obstacles to the governments' efforts:

- i. Inadequate fund for procurement of contraceptive supplies despite the fact that government has increased its contribution to contraceptive procurement
- ii. Inadequate resources for effective implementation of FP activities at central level including Coordination at all levels, capacity building and service provision
- iii. Inadequate awareness among community members especially rural communities on the importance of utilizing the existing FP services, resulting to high unmet needs
- iv. Outdated knowledge and skills among frontline FP service providers/inadequate technical know-how on contraceptive technology, and on HIV/AIDS
- v. Inadequate fund for strengthening FP data management at all levels including for coordinating and building the capacity of data collectors and data managers
- vi. Verticalism in service provision that results to lack of expected integration of services, particularly integration of FP with post abortion, postnatal, and HIV prevention services.
- vii. Inadequate involvement of community members in planning for FP services and participation in implementation, monitoring and evaluating the services