





Progress on Country Commitments

NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH)

October 28th - 29th, 2021

Country: Tanzania
Presented by Hon. Fredy Atupele Mwakibete
Member of Tanzania Parliament
General Secretary for Youth MPs.





2019/2020 Commitments

- 1. To make a follow up on commitments made in year 2018 which have not yet been achieved by 2020
- 2. Follow up on budget allocations and disbursements for Family planning at national level





Progress on 2019/2020 Commitment 1:

To make a follow up on commitments made in year 2018 which have not yet been achieved by 2020: These include:

- Contraceptive use, policy implementation;
- Upgrading health facilities





S/N	Commitment	Status
1.	Implementation of Government Policy to increase modern contraceptive methods use from 32% in 2015 to 45% by 2020.	 There is an increase in the use of modern contraceptive methods from 32% in 2015 to 40% in 2020 Tanzania has family planning Policy Guidelines, and its Second National Family Planning Costed Implementation Plan (2019-2023), RMNCAH III (2021-2025) to be launched soon, FP2030 country commitments (to be launched in November), Draft National Population Policy (2021).
2.	Government to upgrade and construct new health facilities to expand comprehensive emergency obstetric and neonatal care services from 12% to 50% of the 535 facilities by 2020.	 Government's drive to construct 352 new health centers and 67 new Hospitals between 2017 and 2021 accelerated progress; Mothers attending clinics increased from 48% in 2018 to 70.6% in financial year 2019, ongoing efforts promise higher numbers.





2020 Overview of Key Family Planning Indicators

Total Users	5,656,000
Additional Users since 2012*	3,025,000*
mCPR (AW)*	40%*
mCPR (MW)	48%
Unmet Need for Modern FP* (MW)	22%*
Demand Satisfied with Modern FP (MW)*	68*

* FP2020 Indicator will be reported in Annual FP2020 Report





Impacts of our growing mCPR*

In 2020



*FP2020 Indicators on Impact, will be reported in the Annual FP2020 Report





Progress on 2019/2020 Commitment 2:

Follow up on budget allocations and disbursements for family planning at national level





S/N	Commitment	Status
1.	Disbursement of the budget allocated for family planning.	 Annual allocations for family planning have remained at 14 Billion Tshs since 2017/18, falling short of the 17 Billion Tshs target set for 2020. Despite the constant allocations and COVID-19, by March 2020, Tanzania had procured 90% of all its contraceptive needs for the year 2019/2020.
2.	By 2020, Tanzania will increase the availability of modern contraceptive methods at all levels of its health systems (at least 3 methods at primary level and 5 methods at secondary and tertiary levels)	• Ninety nine percent (99.5%) of primary health facilities offer three contraceptive methods; and 91% secondary and tertiary level facilities offer at least five methods
3.	Scale-up the number of health facilities providing youth-friendly reproductive health services from 30% to 80%	• According to Service Availability and Readiness Assessment (SARA) Report, the proportion of facilities offering YFS have increased from 30% in 2015 to 63% by 2017. Access continues to increase and is being tracked.





Impact of ongoing interventions:

Addressing teenage pregnancy and unsafe abortions, Tanzania

- □ Regional Authorities in areas with highest teenage pregnancy rates developed local initiatives to implement a National Campaign Against Teenage Pregnancies launched in 2017; e.g. Katavi Region with highest rate (45%) 2015/16, has reported reduction to 30% (2019/2020).
- ☐ Growth in multi-sectoral engagement in the implementation of the (ICPD+25) resolutions; National Family Planning Costed Implementation Plan (NFPCIP 2019-2023); development of FP2030 Country Commitments all of which focus to improve adolescent, youth, maternal and child health.
- Discussions ongoing on re-entry policy for pregnant schoolgirls.





Challenges

- □ COVID-19 disrupted country efforts, diverted resources (human, financial, and infrastructural) from preventive services such as reproductive health and family planning;
- □ Despite progress in reproductive health, resources are still scarce, and delay in disbursements still a challenge; we, as parliamentarians, continue to advocate for domestic resource mobilization.
- ☐ Low access to, and inadequate use of data limits efforts to hold government accountable in a timely manner.
- ☐ Socio-cultural barriers, e.g., early marriage, limited male involvement, taboos on youth sexual health education;





Lessons learned

- ☐ Political will is key to leadership: when high level leaders are supportive of programs, all other aspects easily fall in place;
- ☐ Equipping Members of Parliament timely with evidence and data to act on pressing issues accelerates government response in reproductive health/ family planning programs.
- ☐ Sustained engagement of sub-national level leaders contributes to increased local resources, and focus on reproductive health and family planning.







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