A: Contraceptive Uptake Increase
The contraceptive prevalence rate of regions such as Kigoma, Tabora, Dar es Salaam and Pwani has tremendously increased over the past three years since the introduction of a Results Based Financing under The Global Financing Facility (GFF). See table 1 below.

![Contraceptive Prevalence Rate](image)

Regional Reproductive and Child Health Coordinator (RRCHCo) of Tabora says the inclusion of the region in GFF program has triggered LGAs to think strategically on ways to increase uptake of family planning. For instance, Tabora Region has been conducting community outreach in the hard to reach areas, which has largely contributed to increase of contraceptive uptake, hence the region’s Contraceptive Prevalence Rate (CPR). The increase in the CPR in Kigoma, Tabora, Pwani and Dar es Salaam regions also seen the improvement of provision of maternal child health services at health facilities. In regions such as Kigoma one health facility increased contraceptive uptake from 10 to 700, and in Tabora and 16 to 800.

"Over the past few years, there has been an increase in family planning clients to a point of exceeding the capacity of our health facility" – Said Ms. Sarah Simama-healthcare provider at Malamba Mawili health facility in Mbezi – Dar es Salam. Ms. Simama explained that their health facility has one RCH room that serves nearly 900 family planning clients monthly. She further highlighted on a much-needed support to increase the number of RCH rooms at the facility in order to accommodate more family planning clients.

"I am happy with maternal child health services to a point that I have been convincing my friends to also come to the health facilities" said Ms. Amina a mother of two from Kigoma.
GFF and the Pay for Performance system has increased resources at health facility level for every disbursement-linked indicator that has been met. About 75% of the resources disbursed are for health facility strengthening and 25% for healthcare providers incentives. This has improved not only health providers’ productivity and quality of services, but also infrastructure such as construction of service waiting areas, and other needs including procuring chairs, tables, fans, stationeries, and printing of RCH cards, which usually were out of stock.

Ms. Amina Omary (24) from Kigoma says “I'm happy with the services to a point that I have been convincing my friends to also come to the health facility”. Ms. Amina further explains that in the previous years, her friends and herself did not like seeking care due to healthcare providers’ lack of courteous behavior leading to poor customer service. Currently, the situation has changed, Ms Amina noted, adding that they are now motivated to seek for services.

“[The Government has improved and renovated 10 health centers and has additionally constructed modern theatres]” says Dr. Yudas Ndungile – Dar es Salaam’s Regional Medical Officer who explained that the introduction of Direct Health Facility Financing has enabled Health Facility Management to set aside resources for improvement of health facilities including the increasing demand for family planning services.

Direct Health Facility Financing is impactful

The Regional Medical Officer who explained that the introduction of Direct Health Facility Financing has enabled Health Facility Management to set aside resources for improvement of health facilities including expansion of RCH rooms to accommodate the increasing demand for family planning services.

Ms. Amina speaks on behalf of thousands of women who have been airing out concerns regarding bad ANC service quality. In a study by Johns Hopkins University Centre for Communication Programs (CCP), which HDT was part of, concluded that both clients and...
providers attributed increased utilization of health services and improved health outcomes to good quality of services characterized by good communication, active listening, keeping confidentiality, and service providers’ courtesy when speaking with clients.

**B: About Global Financing Facility**

The Global Financing Facility by the World Bank is an initiative that complements the UN secretary General efforts to end preventable maternal, newborn and child deaths. The GFF leverages resources from the World Bank in form of IDA and other grants from donors to support countries in improving the general status of RMNCAH+N and yielding positive RMNCAH+N impact.

Tanzania started implementing the GFF at the end of 2015 through Strengthening Primary Healthcare for Results (SPHC4R), where the country receives a total of USD 300 million to support the implementation of the five years project in the eight regions namely Pwani, Kigoma, Tabora, Mara, Simiyu, Kigoma, Geita and Mwanza. The chart below shows the distribution of the USD 300 million per thematic area.

![GFF - SPHC4R component allocations.](image)

To optimize the function of GFF, Health Promotion Tanzania with the support of Advance Family Planning (AFP) and other donors, mobilized and organized over 30 CSOs from the eight regions to form CSO-GFF coalition. The main objective of the CSOs coalition is to hold the Government and the World Bank to account, and to undertake monitoring and accountability for GFF.

Analysis and advocacy by HDT documented that family planning is embedded in Disbursement linked indicator 3 and 4 worth about $16.2 million for five years. Effective delivery of Family Planning services would therefore bring additional annual resources for FP of about USD 3.24 million.

**C: The Advocacy Issue**

Local Government Authorities and Health facilities in the eight regions where GFF is being implemented were not performing well to meet target indicators and did not know about additional resources that were available. CSOs from the regions had limited

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1 Health Promotion Tanzania is a Secretariat to the CSO-GFF platform
analytical and advocacy capacity on RMNAH+N.

**D: Advocacy methods and processes undertaken.**

Health Promotion Tanzania identified potential CSOs from the regions to engage with. It then organized a regional and national level based CSOs (30) to advocate towards improved provision of MNCH health services to realize GFF resources. A series of training and capacity building sessions were undertaken to members of the CSOs coalition including but not limited to budget analysis, budget interpretation, Government planning, expenditure tracking, score card analysis and data interpretation.

In that same regard, members of the coalition were trained on undertaking advocacy by using the AFP SMART Advocacy approach. With the use of the advocacy technique CSO members were supported on developing regional advocacy strategies and plans guided by SMART objectives to influence LGAs to oversee that health facilities exceed the expectations of the GFF Disbursement-Linked Indicators.

CSOs coalitions in the eight regions embarked on awareness creation and leadership sensitization on GFF’s Results-Based Financing approach at LGAs level and in Health Facility Governing Board. This helped increase understanding among GFF implementers on how it strengthens primary health systems to yield more outcomes on RMNCAH+N. Coalition members and HDT joined efforts to advocate for improved performance of service delivery by increasing number of skilled healthcare providers. The advocacy efforts were also aimed at increasing health facility deliveries as well as encourage more attend 4+ANC visits during pregnancy.

HDT advocated for the inclusion of Post-Partum Family Planning (PPFP) as an innovative way to boost contraceptive prevalence in Pwani, Dar es Salaam, Kigoma and Tabora regions.

Such advocacy initiative involved influencing decision makers such as those from Regional Health Management Teams (RHMTs) and Council Health Management Team (CHMTs) including RMOs and DMOs of the regions mentioned above. As such, RMOs committed to prioritize PPFP in the regions with such commitment, follow up will be done to ensure that regions record maximum results with prioritization of PPFP as an innovative way to increase contraceptive uptake.

At national level, GFF advocacy meetings targeted the Ministry of Health, President Office Regional Administration and Local Government (PO-RALG) and the World Bank.

**E: A long way to go– Missing gaps**

The Tabora Regional Reproductive and Child Health Coordinator (RRCHCo), Ms. Mpandachalo says that despite the increase of family planning uptake, more clients are missed due to long distances to the health facilities, poor infrastructures especially during rainy seasons, and the cost of travel to the health facility. Ms. Mpandachalo calls
for partners’ support to scale up family planning outreach services, especially in hard to reach areas.

Her counterpart in Pwani Region, Joyce Gordon said: “With the increase in family planning uptake, there is a great need of for on-the-job training to build competent healthcare providers.” Ms. Gordon further says that healthcare providers need to be capacitated on administering long acting family planning methods and Post-Partum Family Planning to be able to meet the demand and needs of all types of clients.

On her part, the RRCHCo for Dar es Salaam Ms. Ziadi pointed out that long waiting hours at the RCH unit was a challenge, adding that the government should strengthen integration of FP services in other reproductive health services in order to improve service accessibility. “Family Planning shouldn’t be treated as a standalone but should rather be integrated in all health facility departments” says Ms. Ziada.

F: Conclusion

This case study has demonstrated that SMART advocacy efforts can galvanize program efficiency. Targeted advocacy at every level of service such as increasing the number of service providers, training of services providers, and the benefit in implementing results-based financing, has generated outcomes that regions could continue building on. Collective advocacy efforts by capacitated CSOs ensures sustained efforts especially with respect to advocacy and accountability. Leaders have demonstrated eagerness to excel in their performance in order to access resources. Regions are more likely to continue registering successes in GFF implementation and especially with respect to FP service provision as they work in partnership with CSO coalitions.

“Every Life of Mother and Child Counts”

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