The State of MNCH/ATM Integration in Tanzania

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THE INTEGRATION PARTNERSHIP

The Integration Partnership (TIP) is a project of Population Action International

SUMMARY

MNCH/ATM integration is important:

Recent global economic trends have affected every area of life, including provision of services for improving maternal and child health and to People Living with Hi/AIDS (PLHA). In light of such effects, Integration serves the best use of low resources, provides more comprehensive and convenient care, addresses the unmet need for family planning and reproductive health services among all women regardless of their HIV status. For the PLHA, family planning contributes by preventing unintended pregnancies, diminishing the spread of HIV, reducing MTCT and infant and child mortality, eliminating HIV-related stigma. Furthermore, HIV/AIDS, TB and Malaria have a very close link. Separation of the services causes patients to receive only one or a few services instead of receiving comprehensive treatment. However, these services are being provided separately with separate budget lines at national and local levels.

Integration of the services is needed as it reduces the inconveniences for the patients, makes record keeping and reporting easier, enables the patients to save time, reduces maternal and child deaths, enables many TB patients to know their health and HIV/AIDS status, reduces stigma and enables patients with multiple cases to easily access the various services at once.

The current state of MNCH-ATM integration in Tanzania: At policy level, integration is well spelled out showing that Tanzania prioritizes MNCH in its policies and strategies to meet MDGs 4 and 5. A number of policies, guidelines and strategies provide a base for integration, including the National Family Planning Costed Implementation Plan, the One Plan, the HIV and AIDS Policy, the National Strategy for Growth and Poverty Reduction, and the National Health Policy. Financing for MNCH indicates that the health sector share has been constant for years; peaked in 2007 (to about 10.8%), then declined to 8.9% of the total national budget in 2011, affecting attainment of national targets for MNCH. However, guidelines are poorly communicated and financial resources do not match the needs towards achieving MDGs.

What is working and not working and what needs to be strengthened or changed: Apart from the favorable policy environment and commonly known advantages of integration, practice shows that integration serves to address the critical shortage of health workers in Tanzania. Therefore, policies need to be communicated and enforced, health care providers need to be trained and given guidance on providing integrated services. In 2011/12, the Government of Tanzania budgeted 13,525 billion shillings, a 16.6% increase from 11,600 billion for 2010/11. Within the same budget the government expects to spend 8,600.3 billion shillings for recurrent expenditures which is 27% more than its domestic collection of 6,775.9 billion shillings. This low budget for MNCH needs to be constantly increased to meet actual needs In order to reduce Maternal and Child deaths in Tanzania.

Progress to-date in MNCH/ATM integration in the country including advocacy efforts:

A TWG for integration is operational since 2009 and development of an Integration Framework is in progress. The review of NMSF has started, during the first review meeting the component of MNCH/ATM integration was suggested to be included in the draft III.

MNCH spending and financing in Tanzania (Billion Tshs)

Issues associated with MNCH/ATM integration:
Limited communication of policies and strategies on MNCH/ATM among service provider and who is charged to do what at what level of service delivery
comes is the main issue. Secondly, the shortage of human resources estimated at 62% of the actual need along with inadequate technical skills at facility level makes it difficult to implement integration. Thirdly, budget limitations for MNCH; the budget is high for Malaria but the focus is not for Maternal, Newborn, and Child Health only but for the entire population distracts the needed emphasis on MNCH. Lastly, lack of guidelines in health facilities makes the service providers work as they see it fit; they do not get updated to go with what is happening in the rest of the world.

Consequences of those problems and issues:
Unmet need in the population has remained high at 25% among married women, maternal mortality rate is 454 per 100,000 live births, about 25% of new infections are due to mother to child transmission, and unwanted pregnancies and abortions continue to increase (1.4 million and 1 million respectively by 2015).

Opportunities for advocacy on integration:
Currently, opportunities for advocacy on integration are open through the Technical Working Group, gaps have already been identified, the government is supportive and open for integration; the ongoing review of NMSF is a chance for insisting on embracing integration.

RECOMMENDATIONS
Given that the policy environment supports MNCH/ATM, there is a strong ground for advocacy for increased resources for MNCH. To ensure that MNCH is integrated in AIDS, TB and Malaria services is one of the ways to achieve that. The following recommendations need to be taken into consideration:

- Advocacy with the Ministry of Health and Social Welfare to ensure that there is consistence in the targets that are set for the country and see how it is achieving them.

- Targeted high level advocacy (with selected Members of Parliament) and Development partners in health to ensure the Government increases its allocations and for donors to increase their resources and possibly ring-fencing MNCH finances are necessary.

- Designing and implementing a service-user feedback system that can inform advocacy teams when pregnant mothers are subjected to pay or bring materials to the health facilities

- Advocating funds for community based interventions that build the capacity of community systems to increase demand of MNCH services through health promotion towards health seeking behavior.

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