

FINANCING AND INTERGRATING FP TOWARDS BETTER MNCH OUTCOMES:

KEY FACTS FROM TDHS ON FAMILY PLANNING AND MNCH

1. Lack of money to pay for health services was reported to be the main bottleneck (24%) for accessing health services followed by distance to health facility (19%).
2. The factors above lead to 48% of all deliveries occurred between 2005 to 2010 to happen at home.
3. Less than half (43%) of pregnant mothers made 4 plus visits to Antenatal Clinics in 2010 as compared to 63% in 2004; with marked rural-urban variation; urban women attending more (55%) and less to rural women (39%).
4. Over half (65%) of mothers did not receive postnatal checkup and only 31% were examined within two days as recommended; most of those who did not receive postnatal services (76%) of women were of lowest wealth quintile.
5. 76% children of the lowest quintile received basic vaccination as compared to 84% of children from wealthiest quintile
6. Child mortality decreases as birth-spacing increase; example under five mortality is halved when birth spacing increases from less than 24 months to 36 months

KEY FACTS ON LINKAGE BETWEEN FP AND MNCH:

The Government has set a target under the (MKUKUTA II) to attain 60% contraceptive prevalence Rate by 2015 and if this is attained it will contribute to:

- Increased access to modern Family Planning services currently at are estimated at 27% among married women,
- Increase access to family planning use among poorest women where unmet needs increased from 24% to 30% between 2005 and 2010,
- Contribute to reduction of maternal deaths from 454 (Year 2010) to at least 193 for every 100,000 live births by 2015. It is estimated that effective use of family planning can prevent up to 1.5million unintended pregnancies, 134,000 unsafe abortions and 5,116 maternal deaths between 2011 and 2015,
- Decrease in child deaths from 112 to 45 for every 1,000 live births by 2015 because it is estimated that effective use of family planning can avert nearly 30% of HIV positive births as it contributes to prevention of parent to child transmission of HIV and AIDS,
- Increase birth-spacing which can prevent 20-35% of all maternal deaths.

KEY FACTS ON FP AND MNCH FINANCING

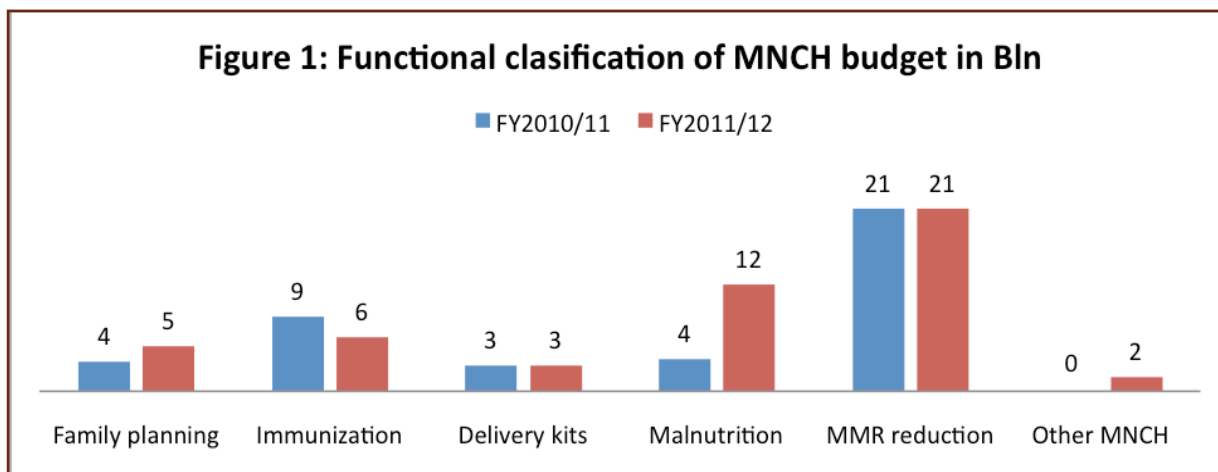
- Health sector financing was highest in year 2007 (10.8%) and now is 8.9% including consolidated Debts Services, (including money servicing national debts).
- A total of 98.7 billion was budgeted for MNCH including FP year 2011/12 which is a decrease from 229.2 billion budgeted for 2010/11, decrease mainly on Malaria spending. In year 2011/12 both donor and government spending on MNCH has decreased.
- MNCH shared 19% of total health budget in 2010/11 and decreased to 8% in year 2011/12.
- Within total MNCH budget, MMR⁴ project shares 43% of total MNCH budget for year 2011/12, but not direct investment to MNCH

¹Family Planning Outreach Programme Tanzania, 2011

²Family Health International (FHI) Analysis, 2006

³Not all malaria spending can be attributed to MNCH since this was for universal coverage of ITN

- The Government own budget for MNCH decreased from 9.5 Bil in 2010/11 to 4.9 Bil (decrease by more than 50%) in year 2011/12 indicating that the area is given less priority
- Government allocation for Family Planning increased from 0.5 Bil in year 2010/11 to 1.2 billion in 2011/12 while actual needs is 20 billion Tshs a year. Still Government did not disburse the money for FP
- Total funds for FP in MTEF (5.2Bl) and DFID contribution through USAID (4.6Ml) makes a total of 9.7Bil for financial year 2011/12.



KEY FACTS ON FP AND MNCH INTERGRATION:

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 activities from Government own and donors seems to be decreasing and MMR is still high.

KEY POLICY ASKS:

1. Government to propose a fixed allocation from basket funds to go to MNCH with possible ring-fencing to ensure MNCH targets are met,
2. Government through the ministry of Health to allocate fair share to health sector to reach 15% as signed in Abuja declaration,
3. The directorate of preventive services to make a proportion of financing to MNCH interventions in health budget to about 25%.

⁴This is a project funded by ADB targeting three regions of Tabora, Mara and Mtwara due to their high MMR. The information available for this analysis indicate that money will be used in improving access through supporting 80 dispensaries, 30 health centers, 8 district hospitals and building medical assistants colleges.

For more information contact:
Health and Development Tanzania
 P.O.Box 65147 Dsm
 Email: advocacy@hdt.or.tz

