

## EFFICIENT ACCESS TO FAMILY PLANNING IS KEY TO IMPROVING MATERNAL AND CHILD HEALTH

### Contraceptive Supply is Essential for Efficient Access

Tanzania is one of the countries whose maternal and child mortality rates are still high. The nation aims to reduce these rates from 454 maternal deaths per 100,000 live births in 2010 to 193 in 2015 and under-five mortality rates from 81 infant deaths per 1,000 live births in 2010 to 54 in 2015. For these targets to be achieved, efficient access to family planning services is key.

### Irregular and Late Disbursements have been affecting Efficient Access

Tanzania aims to increase the use of family planning services to 60% by 2015 from the 27% recorded in 2010 while 22% of the people who need the services cannot access them. By addressing those needs it is estimated that 1.4 million unintended pregnancies; 1 million abortions; 2.9 million unintended births; 18,000 maternal deaths; and 500,000 child deaths can be prevented if access to family planning services is granted. However, allocations of funds for family planning services in Tanzania have not been meeting the estimated annual needs for the services. Furthermore, releases of the funds have also been low and irregular, affecting the provision of services. The chart beside shows the disbursement trend for seven years between 2004/05 and 2010/11.

Therefore, it is necessary to ensure that family planning services efficiently reach those who need them most.

MTEF Year	Estimated need	Amount Allocated	Amount Released	Percent of need Released
2004/05	7.7 bn	7.7 bn	7.7 bn	100
2005/06	6.9 bn	6.9 bn	6.9 bn	100
2006/07	6.9 bn	4.8 bn	8.7 bn	126
2007/08	6.4 bn	4.3 bn	2.2 bn	34
2008/09	9.2 bn	3.4 bn	5.0 bn	54
2009/10	9.6 bn	3.5 bn	7.5 bn	78
2010/11	24.0 bn	3.5 bn	14.6 bn	61
2011/12	20.0 bn	5.2 bn	4.0 bn	20

### Efficient Disbursement of Family Planning Funds will Accelerate Access

Disbursement of family planning funds in Tanzania is affected by a number of factors including slow flow of government revenue, competing priorities, low political commitment, time consuming bureaucracies, and economic factors, just to mention a few. As a result, there have been frequent stock-outs of services at facility levels leading to interruptions of services to end users. At times, due to dependency on donor funding and delays in disbursements of available funds, the government releases large sums of funds at the end of the financial year when services have already delayed to reach the users. It is necessary to find innovative ways such as the use of a Pledge Guarantee as well as allowing Civil Society Organizations (CSOs) to access commodities directly from the Medical Stores Department (MSD) to ensure that the services easily reach the users.

The Pledge Guarantee is a system that allows the government to procure needed commodities on time with a guarantee to pay at the end of the year when the funds are available, without interest. The system works through the government signing special agreements with suppliers, using donor commitments which then become the collateral, along with the Pledge Guarantee.

### Policy Recommendations

- Adopt the Pledge Guarantee system to ensure that commodities reach users without interruptions
- Allow CSOs in the quantification process
- Ensure CSOs access commodities directly from the MSD

### Sources

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- iii. Kibassa, B. and Muwonge, M. (June, 2012). Technical Assistance Report. Access to Contraceptive by CSOs and Public Sector Contraceptive Finance Tracking.

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