

15th
GENERAL MEMBERSHIP MEETING
of the **REPRODUCTIVE HEALTH**
SUPPLIES COALITION
20-24 OCTOBER
MEXICO CITY

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2004-2014
REPRODUCTIVE HEALTH
SUPPLIES COALITION

DECENTRALIZED DECISION-MAKING FOR IMPROVING ACCESS TO CONTRACEPTIVE INFORMATION, SERVICES AND SUPPLIES IN TANZANIA

Maurice Hiza, Family Planning Coordinator, Tanzania



Current FP situation in Tanzania

Maurice Hiza, 24th October 2014

- **Total population: 45 million**
- **Population growth rate: 2.7%**
- **Total Fertility Rate (TFR): 5.2**
- **Modern CPR 27%**
- **Unmet need for modern FP: 25%**



Photo credit: S. Lewis/ EngenderHealth

Decentralization

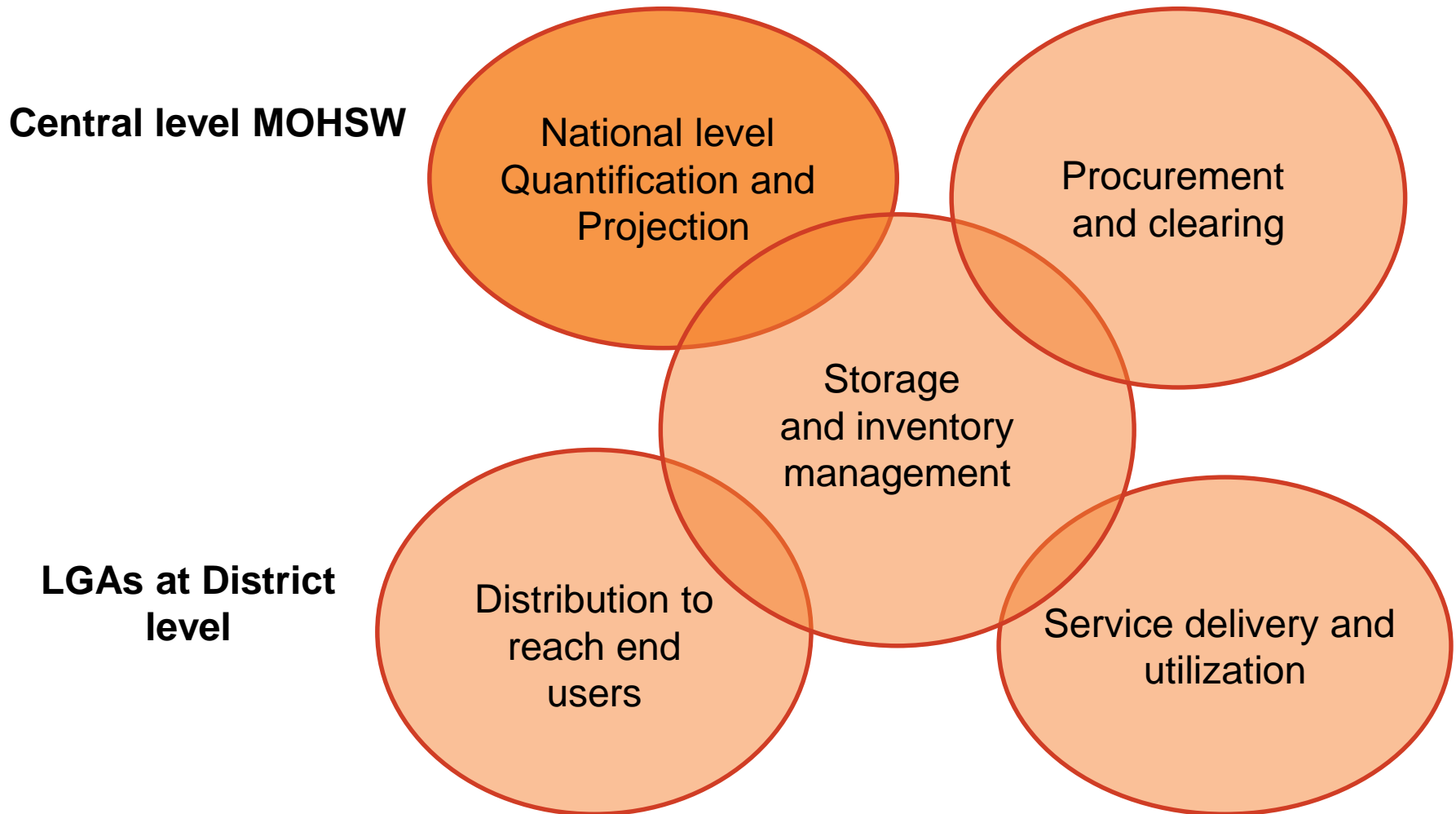
Results, Actions taken and Lessons learned

Expected Results of Decentralization

Maurice Hiza, 24th October 2014

- Improved **service delivery** through available resources, good governance and restructuring LGAs
- **Devolution of powers** to achieve a more democratic and autonomous institution
- LGA role of **building capacity** of district level managers to coordinate, support and ensure effective implementation of health interventions, including FP, in the districts

Roles of MOHSW and LGAs in Contraceptive Security



Decentralization: Shift from Central level to LGAs

- Shift of decision ownership, decision making, planning and budgeting for the health sector
- Annually, funds are directed to LGAs
- Shift from central level done without adequate preparation
- FP less of a priority for LGAs
- LGAs lack planning capacity and awareness on FP interventions

Impact of Decentralization

Pros

Increased local authority ownership and accountability

More effective way for supporting and monitoring the lower levels

Active engagement of local lower level authorities in planning

Increased community ownership and participation

Cons

Low awareness on the importance of increasing resource allocations for FP

Inadequate capacity on Planning for FP interventions

Inadequate experience for building capacity of FP providers

Lack of capacity to manage FP commodities pipeline and service data

Actions to Improve the Situation

2010 assessment, results used to:

Strengthen LGA capacity on planning and budgeting for FP/RH at district level

Raise LGA awareness to increase resource allocations for FP

Include contraceptive budget line item in the national plan

Ensure inclusion of FP and in district plans and budget

Interventions undertaken include:

Advocacy meetings with LGAs on the need to reposition FP

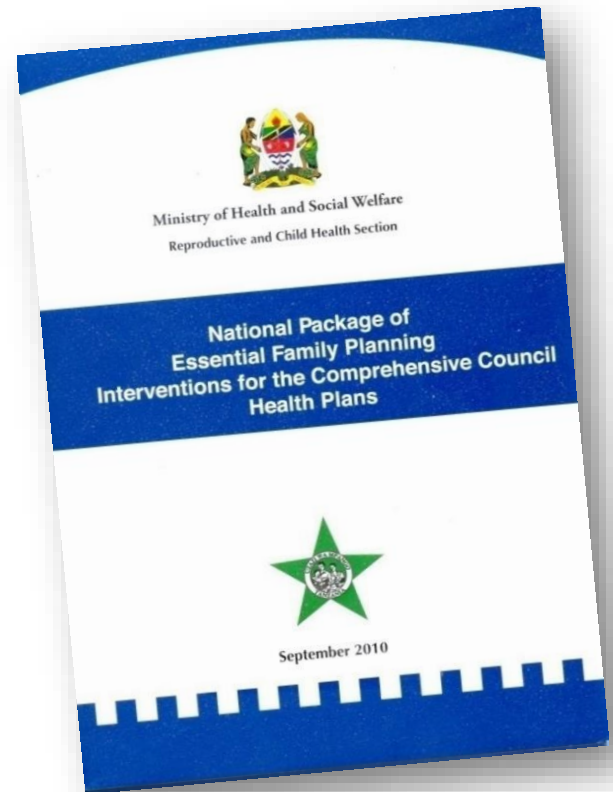
Engage with LGAs during budget preparations on FP funding

Develop “Essential Package of FP interventions” to guide district planning”

Engage national FP “champions” for district level change

Actions Taken

- Champions to advocate for increased FP resource allocation
- In 2010, Tanzania created a budget line item for contraceptives
- Development of the National Package of Essential FP interventions for LGA planning



“Package of Essential FP Interventions for LGA Planning”

- Developed in 2010 by MOHSW and FP partners for district planning
- Includes FP interventions with unit costs for LGA use in budgeting for FP
- Increased the number of LGAs incorporating FP interventions in their plans
 - **Increase from 65% in 2008, to 83% in 2013 of districts allocating funds for FP in their annual budgets (Council Comprehensive Health Plans), with even higher increases in the amounts budgeted and spent.**



Lessons Learned

- Supporting LGAs in planning and budget tracking contributes to increased budget allocations for FP interventions
- Sustained advocacy through partnerships is critical in increasing the number of districts which allocate funds for FP interventions
- With increased capacity and sustained commitment and awareness to FP interventions, LGAs will invest in FP as a priority strategy for sustainable development

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Thank you !!!