

# Fact Sheet: Accelerating progress to make rights and choices a reality for all

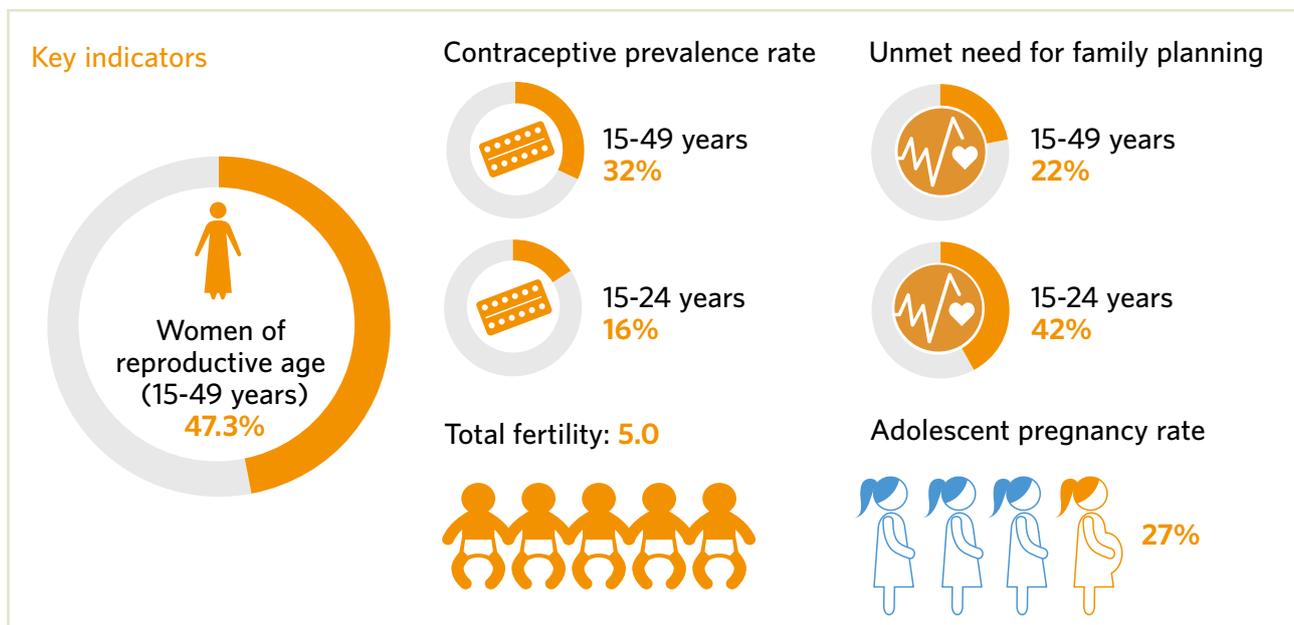
**Mainland Tanzania**

## Background

UNFPA Tanzania collaborates with DFID and other partners, in support of the Government of the United Republic of Tanzania, to deliver a quality-assured, client-oriented, rights-based and integrated package of sexual and reproductive health (SRH) services as part of our comprehensive approach to universal access to sexual and reproductive health and rights (SRHR). This includes the availability of and access to high-quality voluntary family planning services – both contraceptives and counselling.

In 2018, UNFPA committed to ending the unmet need for family planning globally by 2030 – one of three transformative results that promise to change the world

for every man, woman, and young person. In Tanzania, the number of women choosing to exercise their right to use a modern method of contraceptive has steadily increased from 13 per cent to 32 per cent<sup>1</sup> over the last decade, but there are still too many who lack agency, education, and access to critical reproductive health services. The unmet need for family planning for married women (aged 15 to 49) stands at 32 per cent,<sup>2</sup> with wide regional variation, and total fertility is still high at 5.0.<sup>3,4</sup> For younger married women (aged 15 to 24) the contraceptive prevalence rate (CPR) is low at 16 per cent, with an unmet need of 42 per cent. And in a country that has one of the most youthful populations on the African continent, there has been an increasing trend in adolescent pregnancy (15 to 19 years) that now stands at 27 per cent.<sup>5</sup>



<sup>1</sup> Tanzania Demographic and Health Survey (TDHS) 2015/16.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> High fertility generally refers to a fertility rate of greater than four births per woman. In the absence of high mortality or emigration rates, high rates of fertility mean faster population growth. The Power of Choice - Reproductive Rights and the Demographic Transition. State of World Population 2018. UNFPA.

<sup>5</sup> TDHS 2016/16.



Photo: Gonzalo Bell

## Advocating for rights and choices for all

We continue to actively engage, coordinate and collaborate with partners to implement interventions in support of government to ensure the country's commitment to achieving universal access to voluntary human rights-based free family planning services is realized. These commitments are outlined in the Ministry of Health, Community Development, Gender, Elderly and Children's (MOHCDGEC) One Plan II (2016-2020); the Health Sector Strategic Plan IV (2015-2020); the Five-Year Family Planning Costed Implementation Plan (2019-2023); and regional and global commitments, including the African Union 'Extended Maputo Plan of Action on Sexual and Reproductive Health and Rights' (2016-2030) and Family Planning 2020.

We also play a key role in advocating for increased political support and budget allocation for contraceptive procurement, and for market segmentation for the sustainability of family planning programmes, supporting the integration of the action plan from the UNFPA-supported Total Market Approach Feasibility Study into the Family Planning Costed Implementation Plan II (FPCIP II) (2019-2023).

## Ensuring a sustainable supply

We continue to provide both technical and financial support to the Ministry of Health, Tanzania Mainland, to strengthen the procurement and supply chain to ensure commodity security. Our support to establish the electronic Logistics Management and Information System (eLMIS), and its roll out to all regions, has helped to guarantee a more predictable, planned and sustainable approach to a secure

supply and choice of quality contraceptives to meet every person's needs at the right time and in the right place. Impact Teams<sup>6</sup> have been established in Kigoma and Simiyu Regions, in line with Government priorities, and orientation training has been conducted on the impact tool in these regions to improve supply performance and reproductive health commodity availability at the last mile.<sup>7</sup>

Evaluation after training indicates a 4 per cent and 2 per cent increase in family planning commodities in Kigoma and Simiyu Regions, respectively. Nationally, the quality of forecasting and quantification has improved over the last four years through UNFPA's support to MOHCDGEC, reflected in the Service Delivery Points Survey in 2018 where at least three modern methods of contraceptives were available at 85 per cent of health facilities in the three months preceding the survey.<sup>8</sup>

Our support to family planning commodity security and sustainability goes hand-in-hand with strengthening the capacity of healthcare providers to deliver the whole range of the family planning method mix so more people in more places have access to contraceptive information and services.<sup>9</sup>

In 2017/2018 we procured 2,459,042 injectables, 386,200 implants and 157,000 intrauterine contraceptive devices. These commodities provided an estimated 2,804,521 couple-years of protection (CYP), which resulted in the avoidance of 667,734 unintended pregnancies; the aversion of 1,579 maternal deaths; and the prevention of 150,008 unsafe abortions on the Tanzania Mainland and Zanzibar.

<sup>6</sup> UNFPA partners with JSI in support of government to establish Information Mobilized for Performance Analysis and Continuous Transformation (IMPACT) Teams – groups of people harmoniously working together – to analyse performance and make systematic efforts to improve the quality and efficiency of the reproductive health supply chain.

<sup>7</sup> Between 2016 and 2019 UNFPA supported the capacity building of 556 service providers on logistics management and the supply chain on the Tanzania Mainland.

<sup>8</sup> Tanzania Service Delivery Points (SDP) Survey. 2018. National Bureau of Statistics and Office of the Chief Government Statistician.

<sup>9</sup> Four-hundred and forty-eight (448) service providers have received training on family planning methods since 2016 (both Tanzania Mainland and Zanzibar).

## Comprehensive condom programming

Our support to the coordination of a national comprehensive condom programme (CCP) is also a core strategy to ensure that people at risk of sexually transmitted infections (STIs), HIV and unintended pregnancy are motivated to use male and female condoms, have access to quality condoms, get accurate condom information and knowledge, and use condoms correctly and consistently.

## Responding to the diverse needs of young people

Young people make up the largest and fastest-growing proportion of the population in Tanzania; half of the population is below the age of 17.<sup>10</sup> Identifying and scaling up effective strategies to help young people make informed and healthy choices about their SRH is critical. Many face challenges as they navigate their way from adolescence to adulthood including accessing age-appropriate SRH information and services.

We work with partners, including government, civil society, and youth-led organizations to expand the possibilities for young people to live healthy and productive lives and to empower them to know and exercise their rights, with a focus on the last mile. Dedicated adolescent and youth-friendly (AYF) centres have now been established in Shinyanga, Simiyu and Mwanza Regions, which provide comprehensive, age-appropriate, accessible and equitable SRH services for adolescents and young people, including voluntary family planning services, in a supportive and respectful environment.

We also ensure that when young people do seek out services they are met by highly-qualified, non-judgemental providers by supporting extensive training to improve attitudes and build skills and technical knowledge for the delivery of youth-friendly services.<sup>11</sup>

Members of the community, served by the AYF centres, are trained as peer educators and act as a critical link between the community and health facility.<sup>12</sup> They are able to reach traditionally hard-to-reach young people, including those who are out-of-school, and also record feedback from their peers on the quality of SRH services delivered. In addition, 75 members of the African Youth Adolescents Network on Population and Development (AfriYAN) from eight regions of Tanzania have been trained as leaders to promote dialogue on SRHR with young people and to address barriers to accessing family planning services.

## Going to the last mile

Integral to our mission of achieving universal access to SRH, and as part of inter-agency efforts, we work closely with government and partners to support the provision of consistent, comprehensive and quality SRH healthcare – including voluntary family planning – as part of our humanitarian response to displaced populations and local communities in the Kigoma Region. In 2017/18 we supplied 6,308 injectable contraceptives, 1,844 cycles of oral contraceptive pills, 140 intrauterine devices, and 1,676 contraceptive implants to the three refugee camps in Kigoma increasing the CPR from 17 per cent to 29 per cent. These commodities averted an estimated 2,121 unintended pregnancies; avoided five maternal deaths; and prevented 476 unsafe abortions in the camps.

## Integrating the delivery of services

We prioritize the integration of voluntary family planning services into maternal health, HIV prevention, and gender-based violence services so that information and contraceptives are readily available and accessible in one place, and recognize the importance of skilled healthcare providers in the delivery of these services.<sup>13</sup> Voluntary family planning is now an integral part of services delivered at selected HIV Care and Treatment Centres (CTCs) in Geita Region and Zanzibar, and this approach will be scaled up moving forward. Information on family planning is also now integrated into the midwifery curriculum.

## Innovating for change

We understand the power of innovation to deliver on global development aspirations and that technology offers promising new confidential ways to reach young people.

Young people are a diverse group with varying constraints, choices, and preferences, and need to be at the centre of developing solutions for delivering SRH services. The first round of our Innovator's Accelerator gave young entrepreneurs an opportunity to develop solutions to meet their SRH needs with a focus on teenage pregnancy. eShangazi, one of the funded accelerators, allows young people to access age-appropriate information on SRH via social media platforms and answers some of the questions they may find it difficult or uncomfortable to ask in a normal clinic setting. In the second round of the accelerator – launched in April 2019 – the young entrepreneurs of Tanzania and Zanzibar will generate innovative solutions to meet the SRH needs of young people living with disabilities, some of the furthest behind.

<sup>10</sup> Population and Housing Census 2012.

<sup>11</sup> Between 2016 to 2018, one hundred and forty (140) healthcare workers were trained in adolescent and sexual and reproductive health in Simiyu Region and Zanzibar.

<sup>12</sup> Between 2016 to 2018 one hundred and eleven (111) young people were trained as peer educators in Tanzania Mainland and Zanzibar.

<sup>13</sup> Fifty four (54) service providers from CTCs (20 in Unguja and 16 in Pemba (Zanzibar) and 18 in Geita Region) have received training in the provision of voluntary family planning services.



Another innovation is iPlan, a microinsurance scheme that delivers high-quality, comprehensive SRH services – primarily targeting young people (aged 18 to 25) at higher learning institutions – for a subsidized annual fee of Tsh20,000 (\$US9). Annual services include four counselling sessions on contraception; one year’s supply of a contraceptive method of choice; 100 to 150 condoms; and quarterly HIV/AIDS testing and counselling services. The scheme is implemented in partnership with DKT Tanzania and will be launched at two higher learning institutions in Zanzibar later in 2019. Since the inception of this initiative in 2015 – and as of June 2019 – 11,615 young people have signed up to iPlan and 22,412 have been reached through digital platforms and outreach. iPlan addresses many of the barriers that young people cite in accessing SRH services, including stigma and a lack of satisfaction with or the availability of services.

## Success story from the field

### Delivering on reproductive health and rights at the last mile

In Kasulu, a town in Kigoma Region in the north-western part of Tanzania, a training, tailored to the unique needs of young people, is taking place to equip 25 young people (aged 10 to 24) with age-appropriate information about their sexual and reproductive health (SRH). Rehema\* is among those present. At 15-years-old she is nine months pregnant, and has dropped out of secondary school. It’s her first time at such a workshop and she says that the training has helped clarify misperceptions she has about her SRH.

The information shared on sexually transmitted infections and HIV, gender-based violence, the changes young people should expect to their bodies during puberty as well as the session on life skills is not the kind of information generally covered in school or at home.

Motivated and empowered by what she has learned, Rehema promises to share the information with the girls in her village. As for her pregnancy Rehema prays to God that she will give birth safely and be able to return to school. “I want to be a teacher” she says, that’s all I think about for now.” Rehema missed the last day of training and two days later gave birth to a baby boy.

About 150 kilometres from Kasulu, in Kibondo District, Kigoma, another group of 25 young people are attending the same training. Janet,\* a participant, expresses the

same opinion as Rehema – that the UNFPA-supported training is an eye-opener! Janet is 22 and has a five-year old child. Like Rehema she dropped out of school in Form 11: only 6.3 per cent of girls and 10.4 per cent of boys complete secondary education in Kigoma Region.<sup>14</sup>

Janet ran away to live with the father of her child but returned home to give birth when the relationship became abusive. Following entrepreneurship training, she currently earns a living as a tailor and is also training to be a peer educator in Kakonko District, Kigoma Region.

UNFPA is responding to the enormous SRH challenges and needs of young people – both in the community and in refugee camps – in Kigoma Region, where 67 per cent of the population is below the age of 24. As part of the four-year Ujana Wangu Nguvu Yangu Project, funded by Irish Aid, UNFPA is expanding the possibilities for young people to live healthy and productive lives in Kigoma Region through increased access to age-appropriate and equitable SRH services, including voluntary family planning services; and by empowering young people to participate in decisions that affect them and to advance human rights, in particular gender equality. Adolescent and sexual and reproductive health and entrepreneurship trainings, organized by Kiota Women’s Health and Development (KIWOHEDE) in support of young people in the local community, are part of activities implemented under the project.

<sup>14</sup> TDHS 2015/16.

\* Name has been changed