

Fact Sheet: Accelerating progress on rights and choices for all

Zanzibar

Background

The Revolutionary Government of Zanzibar (RGoZ) prioritizes the health and well-being of women and girls. This is evident from the goals outlined in the Zanzibar Health Sector Strategic Plan III (ZHSSPIII) (2013/14-2018/19), the Roadmap to Accelerate the Reduction of Maternal, Newborn and Child Mortality in Zanzibar (2019-2023), and the Zanzibar Family Planning Costed Implementation Plan (FPCIP) (2018-2022) - which specifies an operational goal of increasing the modern contraceptive prevalence rate from 14 per cent to 20 per cent.

Vision 2020 - translated into the Five-Year Zanzibar Strategies for the Growth and Reduction of Poverty (MKUZA I, II, and III) - calls for investment in voluntary family planning to achieve Zanzibar's development aspirations.¹ Moreover, this development plan aims to reduce the maternal mortality ratio through several core cluster strategies, including improving the availability of voluntary family planning information and services for men and women, young people and populations at the last mile.

Notwithstanding the government's commitment, progress towards improving access to and uptake of voluntary family planning information and services in Zanzibar has been slow. The current contraceptive prevalence rate (CPR) (modern methods) among married women (15-49 years) is low at 14 per cent with huge regional variation: Pemba South records a CPR of 7 per cent.² Fertility remains high at 5.1³ and according to the 2015/16 Tanzania Demographic and Health Survey, the unmet need for family planning is 28 per cent.

The RGoZ aspires to transform Zanzibar into a middle-income country by 2020 and eradicate absolute poverty by building a strong and competitive economy; achieving high quality livelihoods for its citizens; and improving good governance and the rule of law without compromising its rich culture.⁴ Better reproductive health care, including voluntary family planning, can bolster economies and contribute to sustainable development by empowering women to complete their education, join the paid labour force, be more productive in their jobs, earn higher incomes and increase savings and investments.

Photo: UNFPA Tanzania

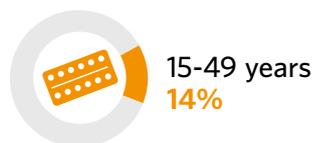


- ¹ Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP III) 2016-2020, MKUZA III. The Revolutionary Government of Zanzibar. March 2017.
- ² Tanzania Demographic and Health Survey (TDHS) 2015/16.
- ³ High fertility generally refers to a fertility rate of greater than four births per woman. In 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.
- ⁴ Zanzibar Development Vision 2020. October 2011.

Key indicators



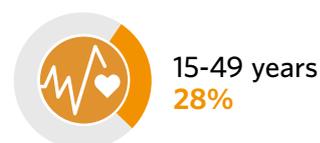
Contraceptive prevalence rate



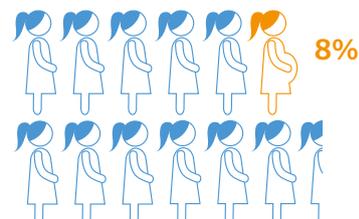
Total fertility: 5.1



Unmet need for family planning



Adolescent pregnancy rate



Accelerating access to rights-based family planning information and services

We continue to advocate for an increase in government investment in broader sexual and reproductive health (SRH) services, including family planning commodities, while supporting efforts to expand the coverage of facilities providing modern methods of contraception and to enhance the quality of services. Together with the RGoZ and partners we assisted in the development and finalization of the Roadmap to Accelerate the Reduction of Maternal, Newborn and Child Mortality in Zanzibar (2019-2023) and the FPCIP 2018-2022. The latter is an advocacy tool that details the high-impact interventions and investment needed to ensure rights-based family planning services and information, together with an adequate and timely supply of a range of contraceptive methods, are available to meet the reproductive health needs of all individuals and couples at all times. The FPCIP will also be used by government as a resource mobilization tool.

Secure and sustainable supplies

Robust and fully-functioning reproductive health (RH) logistics management systems are central to the delivery of universal access to sexual and reproductive health and rights (SRHR). Through the UNFPA Supplies Programme, we provide targeted support to government and non-governmental organizations to strengthen and

operationalize logistic management systems so that there is a predictable, planned and sustainable approach to securing and supplying RH commodities - both contraceptives and life-saving maternal health medicines.

In June 2019, we supported capacity building on the Logistics Management and Information System (LMIS) for 25 service providers in Zanzibar.⁵ In addition to skills building on forecasting and quantification of RH supplies, service providers are oriented on supply chain tools including the maturity model and baseline costing. The training - which will be extended to additional health facility staff later in 2019 - improves supply chain visibility - tracking RH commodities from the manufacturer to their final destination - as well as transparency over the availability of products at the last mile. Quarterly meetings are also held to discuss commodity security and status. As part of our on-going support to improve reproductive health commodity security, we will continue, with our partners, to scale up the establishment of IMPACT Teams⁶ in Unguja and Pemba.

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 - 150 healthcare providers have received follow-up, mentoring and supportive supervision over the last three years - so more people in more places have access to contraceptive information and services.

⁵ From 2016 to 2019, UNFPA supported the capacity building of 50 service providers in the logistics management and information system in Zanzibar.

⁶ 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.



Photo: Amalie Boge

Empowering gatekeepers

We use an evidence-informed approach to increase demand for voluntary family planning services in Zanzibar, recognizing that there may be influences at multiple levels – from male partners, parents, peers and family members to the broader community – that affect a woman’s health-seeking behaviour. We continue to work with gatekeepers – religious leaders, community leaders (Shehias) and men – to demystify misconceptions and misinformation around voluntary family planning in a culturally sensitive way – and empower them as agents of change within their communities.⁷

We also support the Zanzibar Nursing Association (ZANA) who, through outreach, provide quarterly family planning services to all districts of Zanzibar, including at the last mile. ZANA, and Community Health Volunteers who have a key role to play in community mobilization, reach, on average, 1,000 clients per quarter.

Delivering on young people’s sexual and reproductive health needs

Social and cultural norms make open discussions about sex and sexuality between caregivers and adolescents challenging generally. And while teenage pregnancy in Zanzibar has fallen in recent years – it now stands at 8 per cent⁸ – young people need access to age-appropriate SRH services and information that support their unique needs.

We work with partners, including government, civil society, and youth-led organizations to empower adolescents and young people to know and exercise their SRHR, with a focus on the last mile. Six adolescent and youth-friendly (AYF) clinics have now been established in Zanzibar; two in Unguja and Pemba respectively, in addition to clinics at Bwejuu and Zanzibar State University Health Facilities.⁹ These clinics 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 shape attitudes and build technical knowledge and skills for the delivery of youth-friendly services.¹⁰

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.¹¹

⁷ Three hundred (300) religious leaders and service providers have received training on family planning from an Islamic perspective over the last three years.

⁸ TDHS 2015/16.

⁹ The AYF clinics at the University Health Facilities are fully renovated, but not yet operational. The Ministry of Health (MoH)/ Reproductive Health Programme expects to start provision of youth-friendly services at Zanzibar State University in September 2019. The MoH is currently working on an agreement with Bwejuu State University Health Facility.

¹⁰ Fifty (50) service providers have received training on youth-friendly SRH services over the past three years.

¹¹ Twenty-five (25) peer educators have been trained.

Photo: Amalie Boge



“Matemwe is a poor community and that is why as an Imam I am trying to change this situation by engaging with my community through different forums so that they are able to plan their families.”

- Sheikh Khamis

Story from the field

Religious leaders as advocates of voluntary family planning

After receiving training in voluntary family planning from an Islamic perspective, and having gained new knowledge and confidence to speak about women’s health, Sheikh Khamis has joined forces with the health facility in Matemwe. Every week he talks to pregnant women and mothers with children under five about the benefits of voluntary family planning for the timing and spacing of pregnancies. He bolsters his messages with evidence from the Quran and Hadith. “Slowly they are beginning to understand”, he says.

He also uses his platform at the mosque to talk with men about voluntary family planning from a religious perspective, realizing from his conversations with women at the health facility that they are often the decision-makers and must be involved in voluntary family planning activities.

Together with his colleagues, he held a meeting with men from the community to talk about family planning. “It was not without its difficulties, but it was a good start” he says, adding that he plans to have more meetings in the future.

The Sheikh believes that there are still many misperceptions around voluntary family planning in his community, but is sure with time this will change.