Background
An underfunded health sector that does not adequately finance decentralized health care services continues to affect the health of women and their families in Tanzania. As a result, maternal and newborn mortalities remain high, and 25 percent of women continue to experience unmet demand for family planning. 1 With current fertility and mortality rates remaining stable, according to a 2013 national census, Tanzania’s population is projected to reach 66.8 million by 2025—which could have detrimental effects on the economy and health of the population.

The Tanzanian government, like many others in sub-Saharan Africa, has pledged to curb maternal and newborn death rates, expand the use of contraceptives, and reduce the average number of children borne by each woman. To meet these national and international goals, however, the government will need to back its political commitments with increased financial investments in family planning and maternal, newborn and child health (MNCH). To date, funding from donors has helped the country improve in these areas, yet there is great concern among advocates that progress will not be sustained without ensuring increased government resources.

A New Approach to Advocacy (National)
Working with Pathfinder International and with support from the US Agency for International Development Tanzania Mission and the UK Department for International Development, E2A is instituting a new approach to advocacy, which is designed to ensure the Government of Tanzania’s investments in family planning and MNCH services have the greatest possible impact. Through this approach, the E2A/Pathfinder team is gaining greater understanding of the reasons why advocacy efforts to date have not yielded desired results and is developing a program that includes specific and appropriate advocacy asks for key stakeholder groups. These groups include policy makers, influential and religious leaders, civil society advocates (including the media), and Council Health Management Teams. The ultimate aim of these efforts is to increase national and district commitments to contraceptive services regardless of external funding.

Targeted Advocacy Goals: Four Stakeholder Groups

Policymakers: Increase understanding of the Demographic Dividend and its benefits.

Influential and religious leaders: Increase understanding of the benefits of family planning/maternity, newborn and child health (FP/MNCH) services to family health and the need for greater accountability for service delivery.

Civil society groups: Increase involvement in advocating to the Government of Tanzania to increase accountability and coverage of FP/MNCH service delivery.

Council Health Management Teams: Increase district-level commitment to allocating more resources to FP/MNCH services.

About E2A
The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID’s global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

www.e2aproject.org

1 National Bureau of Statistics (NBS) [Tanzania] and ICF Macro, Tanzania Demographic and Health Survey 2010 (Dar es Salaam, Tanzania: NBS and ICF Macro, 2011).
As another way to strengthen the platform for advocacy, the E2A/Pathfinder team commissioned a research policy paper on the Demographic Dividend based on an economic analysis of the situation in Tanzania. That paper, written by the University of Dar es Salaam Economics Department, highlights the impact of rapid population growth on education, employment, the health sector, and the economy. In addition to these activities, other efforts to develop an effective approach to advocacy include:

- Building the advocacy skills of civil society advocates.
- Developing and maintaining a website with relevant advocacy tools and resources.
- Convening meetings of an established advocacy network of civil society organizations to identify, articulate, and establish consensus on concrete advocacy asks that are appropriate for each of the four stakeholder groups mentioned on the previous page.
- Holding quarterly forums with family planning/MNCH advocacy organizations to review successes and setbacks, and to determine ways of addressing the challenges and advancing family planning and MNCH issues.

Expanding Method Mix through the Community-Based Provision of Standard Days Method® (Shinyanga Region)

E2A is also working with Pathfinder International in the Shinyanga region of Tanzania to introduce the Standard Days Method® (SDM) as part of the national response to reducing unmet need for family planning. Shinyanga is a rural community with inadequate health infrastructure, significant challenges to family planning service delivery, and socio-cultural issues that impede women’s access to family planning services. The total fertility rate in the region, at 7.1 children per woman, exceeds the national average, and the contraceptive prevalence rate of 13 percent among married women is less than half the national rate.

The activity engages and builds the capacity of more than 200 community-based volunteers to offer a range of family planning methods, including SDM, using the Balanced Counseling Strategy developed by the Population Council. More broadly, the activity strengthens family planning service delivery by ensuring that the community-based volunteers are well integrated and supported by the district health system in the areas of supervision, commodity supplies, referrals, and reporting. More than 60 public health service providers and managers will be oriented on the Balanced Counseling Strategy, refreshed on counseling for all methods and provision of clinical methods to all clients, including those referred by community-based volunteers.

The activity places great emphasis on dual protection, in recognition of the high HIV prevalence rates in Tanzania (and in particular Shinyanga) and the importance of providing a wide range of family planning options for clients. When community-based volunteers provide family planning counseling, they also provide information on the benefits of using condoms alone or in addition to other family planning methods to prevent both pregnancy and sexually transmitted diseases, including HIV.

Upon successful introduction of SDM in Shinyanga, Pathfinder and E2A intend to support the scale-up of SDM nationally. The scale-up component will draw on the multi-country experience and expertise of E2A’s core partner Expandnet, while documenting the process and results.

This effort leverages over a decade of continuing investment by the Tanzanian government in community-based programs led by Pathfinder International under Tutunzane II (“Let’s take care of one another” in Kiswahili), with support from the Centers for Disease Control and Prevention and private funding.

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2 The Balanced Counseling Strategy is an interactive, client-friendly counseling strategy that uses three key job aids to guide comprehensive and high-quality family planning counseling to clients.