A voice united: How do you raise political priority for family planning?

In early 2010, UMATI partners alerted the network about a slow increase in funding to the national Ministry of Health. Partners were mobilized to create a strategy that resulted in funding being released soon afterwards.

By using the only Millennium Development Goals (MDG) indicator which is reflective of family planning efforts and reproductive health, the networks of the Ministry of Planning and Economic Empowerment. They also created a private voluntary organization to meet the national Planning Commission.

In 2008, UMATI led a planning retreat in July to deliberate on how district level budgets can impact national policies and programs. This provided a platform for key district level advocates and national stakeholders to discuss how district level budgets can improve wider national policies.

To increase the availability of family planning and reproductive health supplies by advocating for increased funding for national budget. UMATI also used its national network to advocate for increased funding for national budget.

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The policy environment at national level is very supportive of family planning and reproductive health supplies by advocating for increased funding for national budget.

By being the only organization that could improve wider national policies, UMATI was able to mobilize a wide range of stakeholders to support the network. They helped UMATI access the ministries of health and finance at the highest level and intensified their advocacy efforts.

In 2009, UMATI built a network of seven national partners. To increase awareness, the network partners worked on creating an advocacy organization for family planning and reproductive health.

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The district level events generated a lot of media attention for family planning and reproductive health supplies. The more district events UMATI was able to mobilize, the more support was garnered for family planning and reproductive health.

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UMATI also convened a national meeting of district level leaders on the importance of family planning as a development and health intervention. The Council Leaders respected UMATI’s credibility as a senior provider and responded positively to the messages. They had not realized that family planning could improve wider development prospects.
Reproductive health supplies
The unmet need for family planning among married women aged 15–49 is notable at 22 per cent. More women have an unmet need for family planning than are using a modern contraceptive method, as the modern contraceptive prevalence rate stands at 20 per cent of married women (DHS 2004). The Tanzania Demographic and Health Survey reported a total fertility rate of 5.7, a slight decrease from 5.8 in 1998. Knowledge of family planning is high – 96.4 per cent of men and women are aware of a method of contraception. The current contraceptive prevalence rate represents a significant increase from 13.3 per cent in 1996. Contraceptive demand is more for spacing than limiting purposes. Of the 33 per cent of women who reported an unmet need for family planning, 15 per cent wish to delay their next pregnancy while seven per cent wish to limit family size; six per cent report six or more children, more than a quarter wish to have their next pregnancy while seven per cent wish to limit family size and three per cent report six or more children, more than a quarter wish to have another child.

Policy and funding environment
Ostfeld, Tanzania’s policy environment is reasonable for securing funding of contraceptives. However, there is a need to strengthen the link between positive language and policy implementation. The systems for financing contraception in Tanzania have changed significantly in recent years. Since 2000, some key donors have shifted support to basket or budget support, and the government has assumed greater responsibility for financing as a significant portion of the contraceptive budget. In line with the Joint Assistance Strategy between donors and the government has assumed greater responsibility for financing as a significant portion of the contraceptive budget. It will take time for the government to absorb the shift away from the temporary practice of complete donor management of contraceptive funding and distribution.

Main results
The Tanzania Member Association aimed to dramatically increase the government’s 2009/10 family planning and reproductive health supplies budget. It achieved the following:
• four out of five district leaders committed to increase resources for family planning in the Comprehensive Council Health Plans;
• district networks act as District Level Contraceptive Security Committees;
• increased in the national network has increased and Pathfinder has agreed to fund advocacy activities related to reproductive health supplies;
• the 2009 allocation of funds to the National Medical Stores was released by the Ministry of Finance after UMAT and Pathfinder advocated for its release;
• the government announced an increase from US$2.65 million to US$7.26 million for the fiscal year 2009/10.

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