


# Case Study Tanzania

## Government Perspective


**International Dialogue on Population and  
Development**

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United Republic of Tanzania 1 Ministry of Health & Social Welfare



## Presentation Outline

- Introduction
- Question 1: Individual leadership and contextual factors leading to action.
- Question 2: Obstacles to Action? How to overcome them.
- Question 3: Has action improved health has it been sustained
- Question 4: What are the lessons learnt?

Recommendations



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## Introduction



- Tanzania has a population of 42 mill
- 31% of population is youth
- Women in child bearing age constitute 20%
- TFR 5.4, Modern CPR 28%
- Tanzania has ratified international and regional conventions that promote sexual reproductive health and rights
- Translated into national policies and laws



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## Introduction



- The Ministry coordinates sexual reproductive health through the Reproductive and Child Health section and National AIDS Control Programme
  - Safe motherhood
  - Family planning
  - Adolescent Reproductive health
  - Reproductive health Cancers
  - Gender in Reproductive health (GBV)
  - STI and HIV/AIDS



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## Leadership and Contextual Factors leading to Action

### Leadership

- International level
- Regional level
  - AU, ECSAHC, SADC, WHO/AFRO, EAC
- Country level ;
  - Focus on scale up of effective interventions
  - Focus on systematic programming
  - Ensuring coordination of partners
  - Use of data in programming to address equity
  - Human rights as a guiding principle



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## Obstacles to Action and How to Overcome

- Limited resources (financial, human)
  - Costed strategic/Action plans
  - Advocacy
  - Integration with other programmes eg. HIV/AIDS
  - Effective coordination of partners
- Social cultural factors;
  - Traditional moral/religious beliefs
  - Gender inequality- Male dominated society
  - IEC/BCC intervention
  - Women empowerment intervention



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## Obstacles to Action and How to Overcome

- Male involvement interventions
- Inadequate knowledge/information on health issues
  - IEC/BCC interventions
- Inadequate information on services as a right
  - Community involvement in health services governing structures
- Conflicting policies/ laws
  - Advocacy for amendment



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## Has Action Improved Health

- Improved access to adolescent friendly reproductive health services
- Improved access information on sexual reproductive health for youth
- Increased awareness on importance of family planning at all levels
- Contraceptive prevalence rate has increased from 20% to 28%
- Maternal mortality beginning to decline
- Other programmes still in early phases



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## What are lessons learnt? Recommendations to Others

- Governments should ensure coordination and systematic scale of effective interventions to ensure equity and focus on universal coverage
- Rights based approach to programming has been practiced in some instances however further capacity needs to be built at country levels
- Community involvement in governing health services is increasing community awareness and demand for services



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## What are lessons learnt and recommendations to others

- IEC/BCC interventions and campaigns have a major role in awareness raising on reproductive health rights including right to services
- Financial resources mobilization
  - resource mobilization from multiple sources is important for sustainability
  - Costing Services/Strategic plans is a key step in financial resource mobilization



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## What are lessons learnt? Recommendations to Others

- Acknowledging the role of civil society and work in partnership with them to deliver services helps to reach out to more vulnerable groups
- Work with other sectors Understanding that solutions to ensuring SRHR are multi-sectoral.
- Advocacy to policy and political leaders has supported progress



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## THANK YOU

## FOR LISTENING



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