



Are Resources Fulfilling Priorities for Family Planning? An Analysis of Allocations for Tanzania's Costed Implementation Plan

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Introduction

Family planning costed implementation plans (CIPs) are multi-year roadmaps aimed to guide governments and stakeholders to execute a unified strategy to achieve national and global goals and commitments. CIPs describe a technical strategy and associated costs to implement results to be achieved, evidence-based interventions to be implemented, and a timeline for implementation. The CIP also describes priority strategic interventions, which represent key areas for financial resource investment and implementation. Resource mobilization, alongside coordinated and efficient use of available finite resources, is important for effective execution of CIPs. Typically, execution of family planning interventions in the CIP is conducted by multiple organizations. Similarly, financial resources for CIPs come from multiple sources, including from different levels and agencies of the government and from international and domestic donors that often have different priorities that may or may not align with strategic CIP priorities. Hence, ensuring these priorities are given precedence or receive optimal funding requires consistent coordination and collaboration among stakeholders, with flexibility to adjust workplans and to redirect funding allocation and use.

In 2015, the Health Policy Project (HPP), funded by the U.S. Agency for International Development (USAID), developed a gap analysis tool to help countries track annual financial allocations to different CIP activities and results and to estimate the financial gap between the costs for implementation and the funding commitment by government and donors. The tool subsequently was updated by USAID's successor Health Policy Plus (HP+) project—as of December 2021 the [Family Planning CIP Costing Tool](#) and has been applied in 11 countries including Tanzania.

This brief describes how well financial resources have been invested in Tanzania to fulfill family planning priorities outlined in the country's second national family planning CIP (NFPCIP 2019–2023) (see Box 1). HP+ conducted three gap analyses for each of the first three years of the NFPCIP (2019 to 2021) using

Box 1. Goals and Priorities of the Tanzania Costed Implementation Plan

The Tanzania National Family Planning Costed Implementation Plan outlines priority interventions to achieve by 2023 a modern contraceptive prevalence rate of 47 percent for married women (up from an estimated 36 percent in 2019) and 40 percent for all women (up from an estimated 30 percent in 2019). The CIP is structured around four thematic areas: service delivery, demand creation, commodity security, and enabling environment. The CIP identifies four strategic priorities for resource investment including:

1. Improving the uptake of postpartum family planning services
2. Addressing social norms
3. Reducing stockouts
4. Reaching young people

the CIP costing tool. These annual gap analyses specifically assessed (a) the financial coverage (i.e., the extent to which CIP results and activities are adequately funded, underfunded, or over-funded), (b) programmatic coverage (i.e., the extent to which CIP activities for a given year are included in funded stakeholder workplans), and (c) geographic coverage of funded activities. Findings of the gap analysis were shared and discussed during semiannual family planning implementer meetings in 2020 and 2021.

Methods

The analysis was based on gap analysis data collected annually on stakeholder-reported funded activities against the CIP over a three-year period, 2019 to 2021. The Reproductive and Child Health Section of the Ministry of Health, Community Development, Gender, Elderly and Children led the request of data from implementing partners, donors, and government partners and HP+ coordinated the data collection, analysis, and review exercises each year. Partners filled out an Excel-based template and linked information—including program targets and geographical coverage—from their funded annual workplans to the appropriate activities. In addition, HP+ collected information on family planning activities not included in the NFPCIP. On average, 63 percent of partners reported annually on their funding allocations to CIP activities. Some partners did not report family planning activities as they either did not have any that were active or their funding had not yet been approved. HP+ aggregated the collected data and conducted analysis to inform the following questions:

1. What is the funding coverage of the CIP, i.e., to what extent are the CIP strategic priorities and thematic areas adequately funded, underfunded, or over-funded?
2. What is the geographical coverage of the funding allocations and to what extent is funding allocated to the targeted geographical areas where strategic priorities are to be implemented?
3. What is the relationship between funding coverage of strategic priorities and performance, measured by key performance indicators?

HP+ extracted data from the DHIS2 platform for two key performance indicators—demand for family planning services, which was assessed by analyzing the number of family planning acceptors, and scale-up of postpartum family planning services, measured by the percentage of health facilities by region that are providing the service.

This brief organizes the results of the analysis into three sections: (1) funding coverage for the strategic priorities in the CIP, (2) the geographical coverage of funding for the strategic priorities and the relationship between funding and performance, and (3) the funding coverage for the thematic areas.

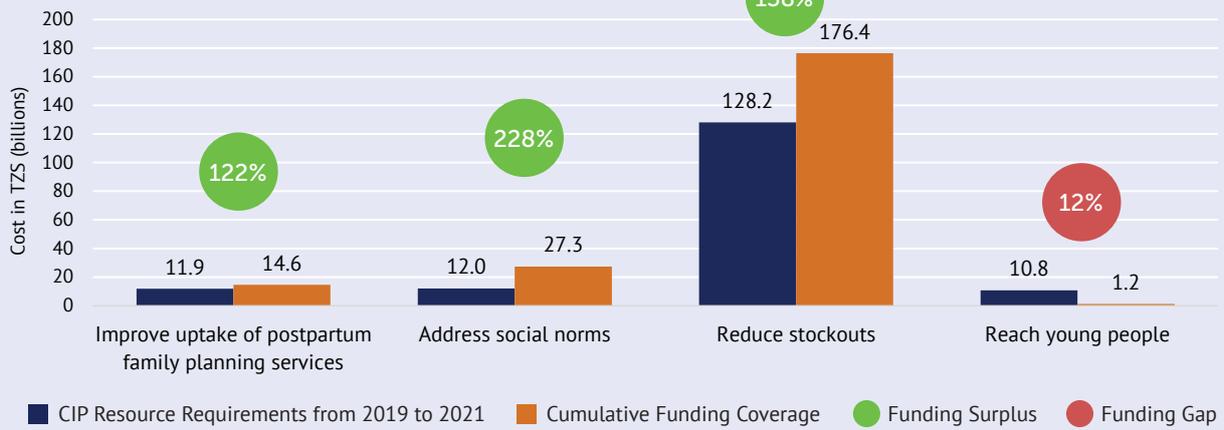
Results

Funding Coverage of Strategic Priorities

As outlined in Box 1, the NFPCIP identifies four strategic priorities for resource allocation: (1) improving the uptake of postpartum family planning services, (2) addressing social norms, (3) reducing stockouts, and (4) reaching young people. Activities span all four thematic areas: service delivery, demand creation, commodity security, and enabling environment. The total five-year resource requirement for the four priorities is TZS 299 billion (USD 130.4 million).¹ The required funding for 2019 to 2021, is TZS 163 billion (USD 71.1 million). Figure 1 shows the resource requirements for each strategic priority across the first three years of the plan compared with the funding coverage.

¹ The exchange rate used when applying the Family Planning CIP Costing Tool and for these cost estimates is 2,292 Tanzanian shillings (TZS) per 1 U.S. dollar (USD).

Figure 1. Funding Coverage Compared to Three-Year CIP Resource Requirements, per Strategic Priority, 2019–2021



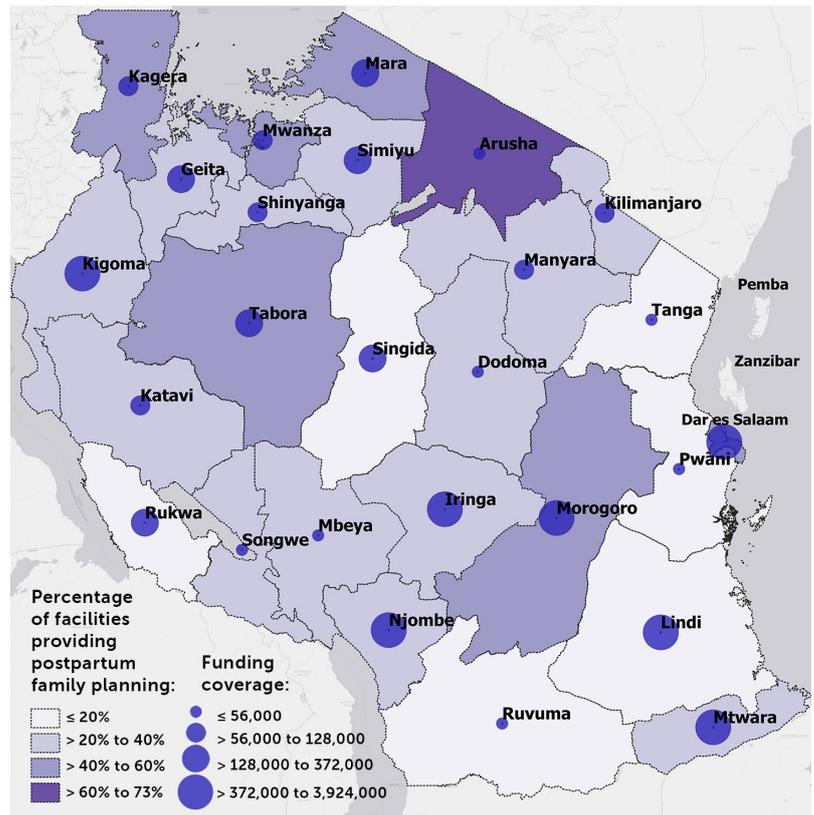
A funding gap is observed for the strategic priority to reach young people (12 percent), and funding surpluses for the other three—122 percent to improve the uptake of postpartum family planning, 228 percent to address social norms, and 138 percent to reduce stockouts. The funding gap for the underfunded strategic priority is estimated at TZS 9.6 billion (USD 4.2 million). The analysis showed that the funding gap occurred every year between 2019 to 2021. For instance, in 2019, efforts to reach young people had a 5 percent deficit; in 2020, it rose to a 7 percent deficit; and in 2021, there was a 9 percent deficit.

Geographical Coverage of Funding Allocations for Strategic Priorities

For each of the four strategic priorities, the NFPCIP established where funding should be geographically allocated, based on need and projected targets. HP+ analyzed this allocation against implementation performance of the four strategic priorities. Maps 1 and 2 show the geographic coverage of funding and the status of performance indicators for two strategic priorities: improving the uptake of postpartum family planning and addressing social norms.

Map 1 shows the percentage of health facilities providing postpartum family planning per region and funding coverage per region for that strategic priority. This analysis shows that more investment is appropriately allocated to regions with a lower percentage of facilities providing postpartum family planning (i.e., Lindi, Singida, and Rukwa), while less investment

Map 1. Percentage of Health Facilities Providing Postpartum Family Planning per Region and Total Funding Coverage (TZS), 2019–2021



is allocated to regions with a higher percentage of facilities providing postpartum family planning (i.e., Arusha and Kagera). However, there are some observed discrepancies in these trends. For example, Pwani, Ruvuma, and Tanga have a low percentage of facilities providing postpartum family planning and low funding coverage from family planning implementing partners.

Map 2 shows the number of new family planning acceptors per woman of reproductive age per region and the total funding coverage per region for demand creation. Based on this analysis, a trend is generally observed: regions such as Lindi and Songwe have less funding and a smaller number of new family planning acceptors while other regions, such as Kigoma and Tabora, have more funding coverage and a larger number of new family planning acceptors. There are some outliers in this trend, such as in regions like Morogoro and Pwani, where there are more new family planning acceptors despite low funding coverage.

Funding Coverage of Thematic Areas

The total five-year resource requirement of the NFPCIP is TZS 446 billion (USD 194.3 million). For the first three years of the plan (from 2019 to 2021), the resource requirement was estimated to be approximately TZS 249 billion (USD 107.8 million). Overall, the cumulative funding coverage across the four thematic areas is more than TZS 237 billion (USD 103.4 million) or 96 percent of the three-year funding requirement. Cumulative funding is defined as the estimated cost of partner-reported activities from their annual funded workplans from 2019 to 2021 (including costs for activities that were planned but might not have been scheduled—see section on limitations and considerations). Figure 2 shows the breakdown of NFPCIP resource requirements for each thematic area across the three years of the plan, compared with cumulative funding reported for 2019 to 2021.

Map 2. Number of New Family Planning Acceptors per Region and Total Funding Coverage (TZS), 2019–2021

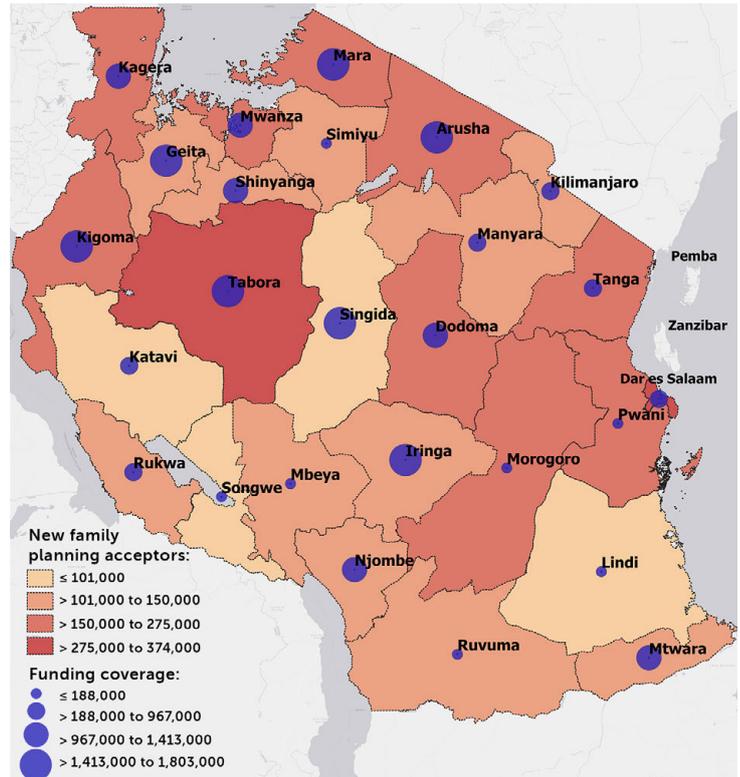
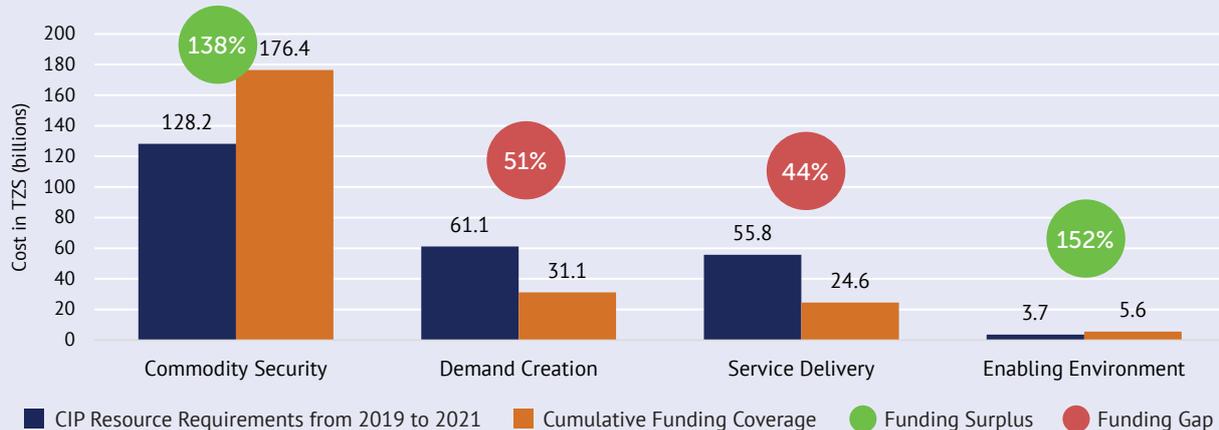


Figure 2. Funding Coverage Compared to Three-Year CIP Resource Requirements, per Thematic Area, 2019–2021



As shown in Figure 2, there are funding gaps observed for the thematic areas of demand creation (51 percent) and service delivery (44 percent), and surpluses for commodity security (138 percent) and the enabling environment (152 percent). The two underfunded thematic areas show a funding gap of about TZS 61 billion (USD 26.6 million). When analyzed in more detail year over year, funding coverage for these areas can fluctuate between deficit and surplus. For example, as shown in Figure 3, the commodity security thematic area was underfunded in the first year, 2019, and had a surplus in the following two years. When examining components of activities for commodity security (see Figure 4) a surplus was observed for commodity procurement (143 percent) and supply chain improvements (140 percent) from 2019 to 2021, and a deficit observed for strengthening leadership and stewardship of commodity security (11 percent).

Discussion and Recommendations

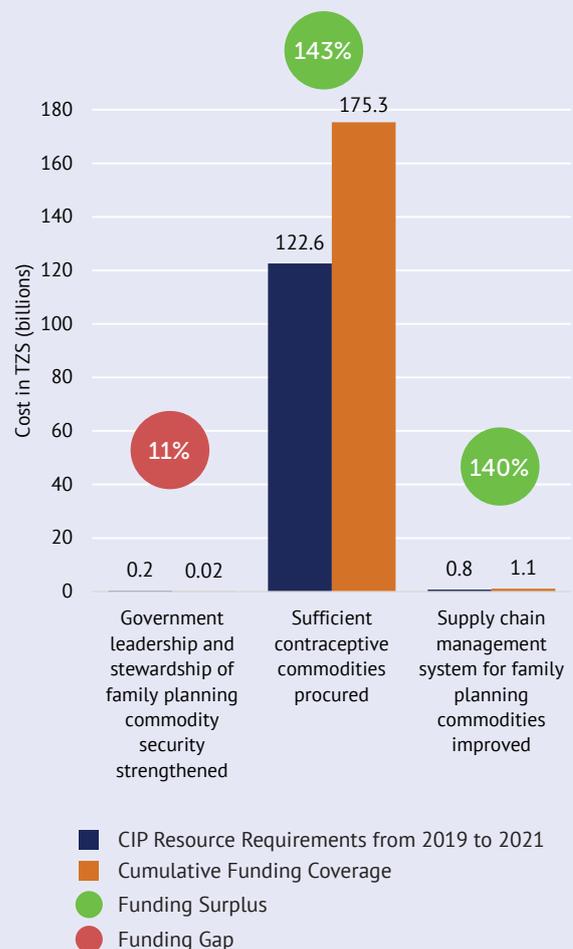
Tracking funding allocations for CIPs to inform mobilization and management of resource investments is a sound way to efficiently execute the plans in a coordinated manner. HP+'s analysis showed a general variation of funding allocations over time and shed some light on where the government and its development and implementing partners are prioritizing their investments. For example, commodity security—which represents 47 percent of the total resource requirement for the CIP—has been prioritized for funding while efforts to improve demand and service delivery have been consistently underfunded year after year.

Similarly, efforts to increase postpartum family planning uptake are considerably underfunded in two of the three years examined (despite showing a cumulative surplus), which could affect achievement of the CIP goals and call for a review in funding allocations. According to Track20 projections, Tanzania has an opportunity to achieve rapid growth from low to high contraceptive prevalence. However, this growth cannot be achieved without significant increases in demand for family planning services, signaling a need to ensure investment in

Figure 3. Funding Trends for Commodity Security from 2019 to 2021



Figure 4. Funding Coverage and CIP Resource Requirements for Commodity Security Components for 2019 to 2021



demand creation (Track20, 2020). Further, through the application of the Family Planning Goals Model, the NFPCIP projected that of the four strategic priorities, investing in increasing postpartum family planning uptake would have the greatest impact on increasing the modern contraceptive prevalence rate (by six percentage points) by 2023. These gains also are dependent on demand creation.

The mapping of geographical coverage of funding allocations against performance indicators further highlights the need for a review of allocations by relevant stakeholders. As described in the results, there were some discrepancies in terms of anticipated levels of coverage/demand and funding. For example, some regions with a low percentage of health facilities providing postpartum family planning had fewer investments put toward addressing this issue, which can potentially hinder efforts to improve service uptake. Stakeholders and implementing partners should discuss and review ongoing postpartum family planning activities and assess where those activities are happening, where there are gaps in regional coverage, and where efforts need to be placed for improved collaboration and coordination to widen the reach of activities.

HP+ also observed instances of misalignment. The more common misalignment was seen in the implementation approaches used by partners compared to the implementation approaches outlined in the NFPCIP. This was sometimes due to strategic changes in intervention approaches outlined in the first NFPCIP but changed in the current NFPCIP. Misalignment was also seen as some implementing partner activities for family planning did not contribute to the NFPCIP and thus were not included in the estimated funding coverages used in this analysis.

Based on findings from this exercise, CIP resource mobilization efforts in Tanzania should take into consideration the following recommendations:

1. **The government should establish a more active and consistent effort to mobilize and ensure efficient use of resources for the CIP.** HP+ recommends the government establish and maintain a biannual robust and inclusive work-planning process to generate a cohesive operational plan and identify gaps; determine what stakeholders are doing, and where, to avoid duplication; identify synergies to guide improved collaboration; and encourage better stakeholder engagement for reporting. Funding allocations and expenditures should be monitored against performance to ensure funds are equitably distributed to the regions with the most need. Further, there should be a systematic approach to address resource gaps, link gaps to resource mobilization, and track spending to assess the use of the funds reported during gap analysis exercises.
2. **Development and implementing partners should align workplans to the CIP, while maintaining flexibility for innovation and continued improvement.** The NFPCIP 2019–2023 outlines priority areas for investment, but the analysis showed that partners could improve their alignment to the strategic priorities, including the choice of intervention approaches. For example, the NFPCIP suggests a strategic choice of on-the-job training rather than classroom-based and yet a considerable number of partners continued to implement classroom-based training.
3. **Data to inform the gap analysis exercise should be broadened to include other stakeholders, particularly subnational governments, that also provide funding for family planning.** On average, local government authorities contribute about TZS 16 million (USD 6,986) annually to family planning.

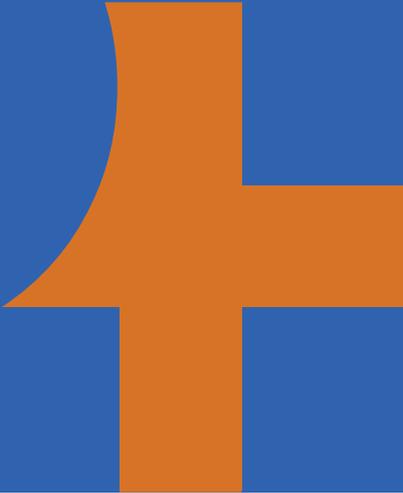
Even with quality data collection and analysis approaches in place, conducting the annual NFPCIP gap analysis comes with some limitations. One of them is the gap analysis timeline is not always in sync with the workplan timelines of implementing partners. The gap analysis and the NFPCIP timeline follow the calendar year but partners' workplans often do not. Therefore, some of the implementing partners' activities were not in current workplans and so those data were not collected and not included in the analysis.

The data that was collected and used for this analysis also needs to be considered. First, the data relates to funding that was planned or committed but it is unknown if the funds were actually spent. Second, estimated funding coverage is based on NFPCIP costs and not on activity budgets of implementing partners, therefore, they may not represent actual activity budgets. Third, similar to how costing data are represented in the NFPCIP, personnel and indirect costs were not included in the data. Fourth, the data are based only on the information shared by the central government and implementing partners through the family planning technical working group; funding provided by subnational governments and councils were not collected. There may be other family planning partners who did not contribute to this analysis and data from donors were not captured, so the figures do not represent the total flow of family planning funding to the country. Lastly, HP+ excluded some partner activities when the activity had missing data on targets, was too project-specific and not relevant to the CIP (even though focused on family planning), occurred outside of the data collection period, or had ended.

References

Ministry of Health, Community Development, Gender, Elderly and Children. 2019. *The National Family Planning Costed Implementation Plan (2019–2023)*. Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly and Children.

Track20. 2020. "Exploring Opportunities for mCPR Growth in Tanzania." Available at <http://www.track20.org/download/pdf/Opportunity%20Briefs/english/Tanzania%20FP%20Opportunity%20Brief.pdf>.



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