REACHING THE POOR?
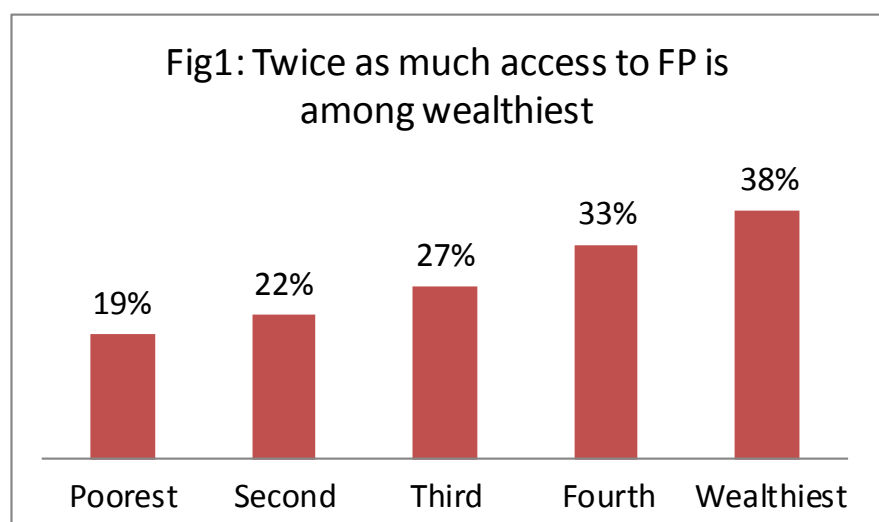## Wide inequities in contraceptive access in Tanzania .....

INTRODUCTION:

The Government of United Republic of Tanzania acknowledges that Family Planning must be prioritized in an efforts to address poverty, that family planning is an economic issue. In its poverty reduction strategy (MKUKUTA II 2010-2015), the government has set to reduce the average number of children per woman in the reproductive age (Total Fertility Rate) from 5.4 to 5.0, and reduce maternal mortality from 454 to 265 per every 100,000 live births, and neonatal mortality from 26 to 19 per 1,000 birth by 2015. The Health Sector Strategic Plan III, July 2009 and the National Family Planning Costed Implementation Plan (NFPCIP 2010) further underscores government's commitment to make family planning services more accessible and equitable to all Tanzanians. The NFP CIP, for example, contains a national contraceptive prevalence target of 60% of all women by 2015, which means it is important to ensure equitable access to family planning services, especially to rural poor women, majority of whom contribute to the country's high total fertility level. A market segmentation[1] analysis on who accesses family planning (based on the 2010 Demographic and Health Survey (DHS)) was done and a CPR projections by 2015; the result shows a glim picture with respect to attaining the national CPR target, if current trends continue.

CONTRACEPTIVE USE HAS INCREASED AMONG WEALTHIEST:

Data show that the contraceotive use in the last 20 years has trippled from 10% (all methods) in 1991 to 34% in 2010. This is commendable. But twice as much use of family planning methods is among the wealthiest (38%) women as compared to those in the poorest (19%.) category. See Figure I.
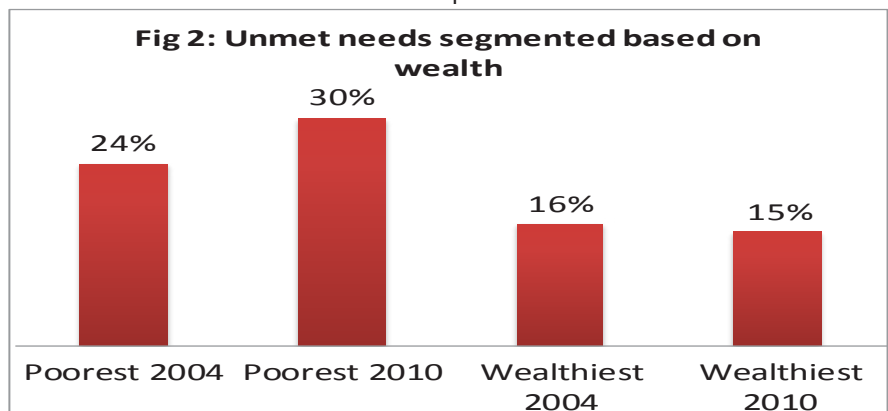
The rural Total Fertility Rate is 6.1 and that of urban is 3.7, which means it is the rural population that drives fertility in Tanzania. Strategic intervention to reduce Total Fertility Rate must therefore address rural women who are the poorest. This will have significant reduction on the national fertility level placing the country on a better footing to attain its national targets by 2015.

Fig1: Twice as much access to FP is among wealthiest

Poorest	Second	Third	Fourth	Wealthiest
19%	22%	27%	33%	38%

[1] Examination of Socioeconomic and demographic profile of public and private sector users
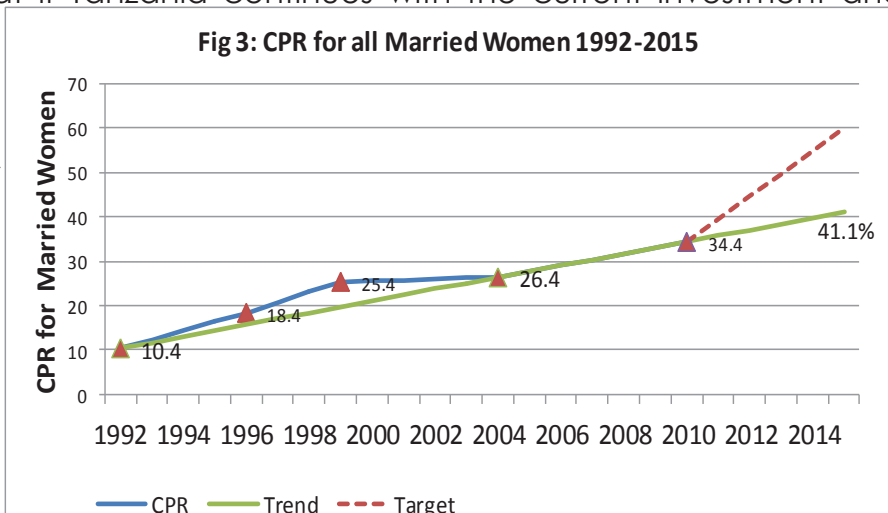
FAMILY PLANNING SERVICES: WHO IS ACCESSING?:

We determine the service user by looking at those who wish to use but did not have access (unmet needs). Figure II shows that 24% of poorest women had unmet needs in 2004 and this increased to 30% in 2010. This means that there are more poorest women who need to use family planning, but can not access. In 2004, 16% of wealthiest women had unmeet needs and this decreased to 15% in 2010, indicating increased access among wealthiest women. This implies that when there is increased access among wealthiest, there is decreased access among poorest women.

Fig 2: Unmet needs segmented based on wealth

24%	30%	16%	15%
Poorest 2004	Poorest 2010	Wealthiest 2004	Wealthiest 2010

WILL TANZANIA MEET ITS COMMITTED 60% CPR BY YEAR 2015?:

Unlikely! The analysis shows that if Tanzania continues with the current investment and efforts. See (Figure III), it will only hit a CPR of 41% for married women. While evidence shows that reaching the CPR of 60% for married women will be difficult, it will even be impossible to do so for all women of reproductive age. For this group of women the CPR in 2010 was at 29% and based on the current trend, it is projected to reach 34% by 2015.

Fig 3: CPR for all Married Women 1992-2015

CPR for Married Women

Values shown: 10.4, 18.4, 25.4, 26.4, 34.4, 41.1%

Legend: CPR — Trend --- Target

WHAT POLICY ACTIONS THE GOVERNMENT CAN TAKE?:

1. Enforce a policy that ensures access to contraceptives to poorest women in the rural areas,
2. Issue a directive to local government authorities to prioritize family planning services in their respective development plans and budget through the planRep (a tool used for planning and budgeting),
3. Government should strengthen community-based family planning outreach services.

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ADVANCE
FAMILY PLANNING

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