USAID/TANZANIA STRATEGIC PLAN FOR REPRODUCTIVE AND CHILD HEALTH INITIATIVES

(STRATEGIC OBJECTIVE 1)

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USAID Tanzania's (USAID/T) five year Country Strategic Plan for 1997 - 2003 includes Strategic Objectives to achieve the goal of **sustainable economic growth and improved human welfare**. Strategic Objective One aims to **increase the use of family planning, maternal and child health, and HIV/AIDS preventive measures**. This document outlines key areas of focus to achieve this objective within the context of national priorities and the reform of the health sector. The three areas for support are:

- Support for the Public Sector;
- Support for the Voluntary Sector; and
- Support for Social Marketing.

I. Priorities in the Tanzanian Health Sector

A. Needs for Reproductive and Child Health and HIV/AIDS preventive measures

Despite modest improvements, reproductive and child health indicators continue to be cause for concern and response. High rates of fertility (5.7) and sexually transmitted infections (STIs), including HIV/AIDS, contribute to elevated adult and infant morbidity and mortality rates in Tanzania. According to the 1996 Demographic and Health Survey (DHS), more than 43 percent of Tanzanian children under age 5 suffer from malnutrition; 30 percent are underweight; approximately 30 percent suffer from fever; and 14 percent suffer from diarrhea diseases. The overall infant mortality rate is 88 per 1,000 births and the child (under age 5) mortality rate is 137 per 1000 live births.

The number of families using family planning has increased, yet there remains much to be done. Since the inception of the national family planning program in 1991, the percentage of women using modern family planning methods has risen from some 7% to 12%. Yet, some 24% of married women continue not to use family planning services even though they report wishes to postpone the next birth or to stop childbearing altogether or experiences of mistimed or unwanted pregnancies.

The HIV/AIDS epidemic continues to worsen, as the efforts to prevent the spread of AIDS have not been adequate to stem the epidemic. The first three AIDS cases were reported in Tanzania in 1983. Since then the HIV/AIDS epidemic in Tanzania has increased alarmingly each year to the point that now approximately 12 percent of the adult population, aged 15 and above, are HIV-positive. The epidemic is being driven by high-risk sexual behavior.
characterized by high levels of STIs. In fact, HIV prevalence rates in selected populations in urban areas ranged from 14 percent in low-risk groups to 50% in higher-risk groups.

The policy and legal environment is not adequately conducive to an effective and appropriately focused response. Political support to address reproductive health issues, including HIV/AIDS, is fragile, and hindered by competing priorities as well as limited resources and information. Civil society is playing an increasing role in advocating for reproductive health rights. This community voice is encouraged through increased advocacy skills within civil society, and through government's increased solicitation of community participation in decision-making.

Despite current challenges, there is progress in the achievement of improved reproductive health through increased use of family planning/maternal child health and HIV/AIDS preventive measures. Contraceptive prevalence increased from 6 percent in 1991 to 12 percent in 1996. Fifty-eight percent of service delivery points have at least one trained family planning/reproductive health provider, a marked increase from 24 percent in 1994. Over 11 million socially marketed condoms were sold in Tanzania in 1998. Knowledge of ways to prevent AIDS transmission is high. Over half of Tanzanian men and over one-third of Tanzanian women can cite two ways to prevent HIV infection. USAID/T has worked towards and intends to continue to build upon this progress.

B. Health Sector Reform

The Government of Tanzania (GOT) has initiated a process to reform its health sector. The Tanzanian agenda for health sector reform calls for both cost sharing and a restructuring of health services away from free delivery largely by the central government to decentralized delivery through district health departments, non-governmental organizations (NGOs) and others in the private sector. While there are eight strategies under the three year Program of Work (POW) for health sector reform, four of these are most important for bringing about substantial change in the role of government. It is within these four strategies that USAID/T intends to focus its efforts:

Strategy One outlines new responsibilities for district governments in the planning, management and delivery of health services.

Strategy Three outlines new roles for the central Ministry of Health (MOH), in defining priorities through policy processes, setting standards for service delivery which ensure quality of care and efficient use of scarce resources, and monitoring health outcomes nationwide.

Strategy Five aims to realign central support systems in support of decentralized management.

Strategy Seven addresses shared implementation of health interventions with voluntary, for-profit and parastatal partners.

II. USAID/T Strategy

In response to changes in the health sector, USAID/Tanzania undertook an extensive, collaborative process to revise its Results Framework to achieve Strategic Objective One. As a result of this process, the Strategic Objective did not change; however, the Intermediate Results (IRs) were restructured to better utilize our comparative advantage in priority areas of need. The revised framework contributes directly to the implementation of the national health and population strategies and policies including the National Reproductive Health and Child Survival Strategy, 1997 – 2001, the Third Medium Term Plan for HIV/AIDS prevention and control, 1998 – 2002, and the Health Sector Reform POW, 1999-2001. In particular, the Mission wished to provide assistance in an integrated manner and to focus on programming that will enhance service provision through decentralized structures.

A. Results Framework and Monitoring

Within the revised Results Framework, USAID/T will continue to provide assistance to the health sector to achieve the Strategic Objective of ***"increased use of family planning, maternal and child health and HIV/AIDS preventive measures."*** Achievement of this Strategic Objective will be measured by the following results to be achieved by June 2003. Increase in the modern contraceptive prevalence rate (CPR) to 20% among all women; Increase in the couple years of protection (CYP) to 1,247,320; Increase in the percentages of men and women who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner to 40%; Increase in the percentage of pregnant women receiving one dose of tetanus toxoid vaccine to 90%; And an increase in percentage of pregnant women receiving presumptive treatment for malaria to 60%.

This Strategic Objective will be met through three intermediate results:

1. Policy and legal environment improved;
2. Availability of quality services increased; and
3. Demand for specific quality services increased.

It is important to note that the three areas for support, public sector, voluntary sector, and social marketing cross over the three IRs. The approach is to have integrated not vertical implementation to achieve results.

Illustrative indicators of achievement of Mission Goals, Strategic Objectives and Intermediate Results are described in the following table.

Mission Objective: Sustainable economic Growth and improved human welfare
Indicators:

- Infant Mortality Rate
- Total Fertility Rate

Strategic Objective 1: Increased use of family planning, maternal and child health, and HIV/AIDS preventive measures.
Indicators:

- Contraceptive Prevalence Rate (CPR)
- Couple Years of Protection (CYP).
- Percentages of men and women who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner in the last 12 months, disaggregated by age and sex.
- Percentage of pregnant women receiving one dose tetanus toxoid vaccine during antenatal visits.
- Percentage of pregnant women who were given malaria medication during antenatal visits.

IR-1: Policy and legal environment improved	*IR-2: Availability of quality services increased*	**IR-3:** *Demand for specific quality services increased*
- Index of political support for RCH and HIV/AIDS at national level and within selected districts. - Index of policies and plans for RCH and HIV/AIDS at national level and within selected districts. - Index of RCH and HIV/AIDS national program organization, management, and monitoring & evaluation.	- Percentage of service delivery points providing long-term and permanent family planning methods that meet or surpass the minimum quality score. - Percentage of eligible facilities offering post abortion care with MVA. - Number of service delivery points participating in antenatal care performance improvement program. - Number of districts engaged in the quality recognition program. - Percentage of service delivery points with at least one trained FP/RH provider. - Percentage of targeted HIV voluntary counseling and testing sites that meet the quality certification standards.	- Number of new acceptors of modern family planning, disaggregated by age and sex. - Number of new HIV voluntary counseling and testing clients, disaggregated by age and sex. - Number of socially marketed condoms distributed to wholesale outlets. - Percentage of pregnant women making 4 visits for antenatal care.

B. On-going Activities

The revised Results Framework builds on the continuing success of initiatives under two, on-going projects Family Planning Support Services (FPSS) and the Tanzanian AIDS Project (TAP). The FPSS project supports strategic planning for RCH services, integration of family planning into a broader package of RCH services and completion of associated behaviour change communication and training activities that will contribute to the achievement of all three new Intermediate Results. Similarly, remaining activities in support of the National AIDS Control Programme funded through TAP will contribute to Intermediate Results 1, 2 and 3. Activities under FPSS and TAP will be completed in June and September 2001 respectively.

C. Financial Plan

Public Sector Program Support

Direct support for the public sector component will come either through cash advances or cost reimbursement to the Reproductive and Child Health Section, the National AIDS Control Programme, the National Bureau of Statistics, and other appropriate GOT units. Supplemental support to the public sector will be programmed by USAID through USAID/Washington's Global Bureau Field Support mechanism for the provision of contraceptives, other commodities, equipment and technical support. Technical support will be provided in areas such as health policy, surveys, quality improvement, behaviour change communication, disease surveillance, procurement and distribution.

Additional support to the public sector, provided through this amendment, could include institutional support to the National AIDS Control Programme. Illustrative activities that could be supported would be new management structures, strategic planning, policy analysis and formulation, capacity development, design and implementation of a national advocacy and a national behaviour change communication strategy, support to Technical AIDS Committees in the Ministry of Health and other key Ministries and funding for multi-sectoral activities. A new funding mechanism would need to be developed, subject to the establishment of new institutional and management arrangements, satisfactory to USAID.

The U.S. Centers for Disease Control and Prevention (CDC) will work with USAID in a unified U.S. Government response to enhance the current HIV/AIDS, STIs and TB surveillance and laboratory capacity. The CDC will work directly with the Technical AIDS Committee in the MOH, the National AIDS Control Programme and other appropriate agencies to support work in surveillance.

Voluntary Sector Program Support

A single contractor, DATEX Inc., in partnership with AMREF and Margaret Sanger Center International, are coordinating district level grants administration and technical

assistance supporting the Voluntary Sector Health Program. These activities are funded through a contract. The main focus is to build public – private partnerships at district level to improve access to quality family planning, HIV/AIDS, and maternal and child health services.

The additional resources for HIV/AIDS provide opportunities to fund private, voluntary agencies to expand services and programs in support of the National AIDS Control Program. These programs could cover a variety of activities under the Third Medium Term Plan for HIV/AIDS Prevention and Control, such as improving access to sexually transmitted infections and HIV counselling and testing services, care and support to individuals and families affected by AIDS, support for orphans, programs to address HIV/AIDS in the workplace and special programs targeting youth or high risk groups such as sex workers and truck drivers. These activities would be funded outside the DATEX, Inc. contract, through separate agreements, with the approval of appropriate Tanzanian government authorities. Supplemental support may be provided for these additional activities by USAID through USAID/ Washington's Global Bureau Field Support mechanism.

Social Marketing

A U.S. social marketing organization will be supported to carry out this component. Funds will be programmed by USAID through a sub-agreement under this Strategic Objective Agreement.

III. Reproductive and Child Health and HIV/AIDS Prevention Program

A. Support for the Public Sector

1. Program Description

In supporting moves toward a sector-wide Reproductive and Child Health (RCH) program, USAID/T will focus assistance on government priorities to improve quality of care, to decentralize management, to expand public/private partnerships and to promote new roles for government.

With improved quality of care for RCH interventions as a primary focus, USAID/T support to the public sector includes:

a. Improving Quality of Care in RCH Services
b. Strengthening Decentralized Management of RCH Services
c. Improving the Policy Environment for RCH and HIV/AIDS Prevention

a. Improving Quality of Care in RCH Services

Context

Although the Tanzanian health network is exceptionally widespread, there are urgent needs to improve the quality of care in available facilities. To improve quality of care, USAID/T will support demand-driven, quality RCH services. Improved quality of RCH services, including HIV/AIDS prevention and control, and increased demand for them is central to reducing the burden of disease in Tanzania.

The Reproductive and Child Health Section (RCHS) of the MOH will be responsible for setting *national* priorities and establishing minimum standards for health facilities to meet them. They will take the lead in designing the essential reproductive and child health package within the overall Essential Health Package for implementation by district governments. The RCHS will need to advocate for RCH both centrally and with district governments, including district health officials. An essential RCH package will be a primary mechanism for promoting RCH as national and district health priorities. Therefore, it must not only be technically sound, but it must also be relevant to district needs providing sound and affordable strategies for interventions. If it is to improve perceptions of quality and strengthen demand, it must be effective. A similar effort focusing on HIV/AIDS prevention will also be developed.

USAID/T Response:

USAID/T will support a demand-driven, quality RCH services initiative. Defining the essential RCH package and setting minimum standards for quality of care in their implementation will be central, but the success of this initiative depends on creating new incentives specifically for quality.

USAID/T will support the development of a facility based award system that will recognize quality provision of RCH services based on the minimum RCH package. Awards will be given to facilities - from the dispensary to the district hospital level - that will publicly recognize providers and managers who provide quality RCH services. Independent bodies that include consumer and community representatives will confer awards. Modern and traditional media will be used to ensure that the public understands that the award indicates quality RCH services. This public recognition will create incentives for health managers within district governments to allocate resources for quality RCH services and for service providers within individual health facilities to use those resources appropriately. This award system will be designed first for public facilities but expansion to private facilities is envisioned.

To ensure client satisfaction, new mechanisms to canvas public opinion and involve clients in the management processes will be promoted. USAID/T will support, for example, initiatives to train service providers to conduct and use customer research for service planning and management and to pilot Patient's Charters or Bill of Rights.

In addition, an expanded behavior change communication (BCC) program to generate demand for quality RCH services will be developed. In the future, USAID/T plans to support national campaigns involving extensive use of modern media that are complemented by local campaigns using traditional media such as drama troupes, story telling, or local music.

Illustrative Activities

- Designing, testing and agreeing an essential reproductive and child health package. This will incorporate a process of setting priorities and considering available resources.
- Formulating and disseminating *facility-level* standards for quality RCH services.
- Designing the award system and planning supporting media campaigns.
- Planning and implementing maternal and child nutrition interventions within the essential RCH package, including consideration of which nutrients to give, their availability and associated costs, and quality assurance requirements.
- Strategic planning to implement treatment for the prevention of malaria among pregnant women.
- Expanding post-abortion services and long-term and permanent contraceptive services in hospitals.
- Providing technical assistance to central and regional officials to adopt new advisory roles and to district and local governments participating in the program as well as bodies set up to grant awards.
- Decentralizing support systems for the provision of quality of care, such as for Behavior Change Communications (BCC), training, logistics supply and RCH information.

b. Strengthening Decentralized Management of RCH Services

Under decentralization, District Health Management Teams (DHMTs) will need to be strengthened to plan and manage resources for the provision of quality RCH services in government facilities. Health workers within facilities will need the skills and motivation to use resources effectively. USAID/T will support efforts to build sustained, effective management of RCH services in three specific areas: procurement and distribution of RCH commodities; information for the management of RCH services; and training health workers for RCH service delivery.

Context:

Procurement and Distribution: Since 1993, USAID/T has supported improvements in the contraceptive supply system. In July 1999, integration of the contraceptive distribution system into the Medical Stores Department (MSD) was completed and MSD is now responsible for supplying contraceptives (and all health commodities) to the districts. In conjunction with this integration, there is a need to strengthen monitoring of

drug supply and use and to support the transition to the new indent system for distribution of essential drugs and supplies.

Information for Management: Reliable information on health and the burden of disease is scarce, especially at local levels. Presently, information comes from large population-based surveys and community-based surveillance projects. The Demographic and Health Surveys, and interim surveys on knowledge, attitudes, practices and service availability, provide detailed information nationally and regionally every 2-3 years. There are at least 10 health information systems within the MOH. An assessment of these systems in 1998 found, however, that they did not satisfy the information needs of managers at the district or national level. Promoting management for results will require that relevant information is available to health service managers. Consequently, the MOH and key donor partners have agreed to examine information needs of health facilities and district governments under decentralization – with a view to streamlined and complementary systems in the future.

The National Bureau of Statistics will continue to organize and implement national and regional surveys on RCH with technical assistance from USAID/T. Within the MOH, the Health Management Information System Unit in the Department of Policy and Planning and the Epidemiology Unit in the Department of Preventive Services will play key roles in planning and managing the agreed upon information systems.

Training: Since the inception of the national family planning program in 1989, the MOH has implemented two training strategies. The first aimed to create a critical mass of family planning service providers within hospital-based clinics that could also form a pool of regional trainers. The second aimed to decentralize training to the districts thereby expanding services at health centers and dispensaries. Both strategies made use of models based on the centralized, hierarchical structures in the health system. While some results have been promising, such as the training of 86% of targeted providers, many facilities still lack trained providers. Moreover, implementation of these national strategies has been costly and systems for training need to be more sustainable in the future.

The RCHS will have a lead role in formulating a new strategy to meet training needs for RCH service delivery. The Training Unit of the Department of Human Resources, however, will continue to be responsible for pre- service training. Health sector reform provides an opportunity to examine strategies to ensure the availability of skilled providers and to revise systems to meet identified needs. The RCHS will define standards for training in RCH, and will assist in monitoring and evaluating the quality of courses offered. There is an urgent need for the RCHS to incorporate RCH in all pre-service training curricula and to assist in building capacity where required. The RCHS will also play a pivotal role in providing in-service training.

The USAID/T Response

Procurement and distribution: USAID/T will continue to support distribution of selected RCH supplies through the development of a streamlined public sector procurement and distribution system that incorporates essential RCH commodities, including contraceptives. Illustrative activities include:

- Ensuring the incorporation of key RCH commodities in the essential drugs package;
- Strengthening planning and management of procurement, distribution and storage of commodities by DHMTs and managers of individual facilities; and
- Monitoring the availability and quality of commodities through regular supervisory visits, independent checks within the logistics system and service availability surveys.

Information for management: USAID/T will continue to support national and regional surveys on RCH. In addition, support for disease surveillance will begin with, and build on, an assessment of information needs of health managers under decentralization. Illustrative activities include:

- Assessing the minimum, essential information needed to manage health services at facility, district and national levels, and then identifying ways in which existing systems can be modified to meet these needs;
- Identifying key indicators to monitor and evaluate implementation of an essential RCH package and mechanisms for their collection;
- Building capacity within RCHS to collaborate with units responsible for managing surveys and routine information systems;
- Strengthening the facility and district focus of disease surveillance, and setting priorities to monitor a limited number of diseases that can be responded to locally; and
- Building capacity of facility, district and national RCH program managers as well as of senior health managers within districts and at national level to use information to manage for results.

Training: USAID/T will support the creation of sustainable, cost-effective systems to ensure health workers are skilled in the delivery of RCH services. This will include strengthening pre- service training and new mechanisms for in-service training of health workers within districts. Particular emphasis will be given to training in support of priority RCH initiatives, such as the delivery of post-abortion care with family planning counseling and the provision of long-term and permanent contraception. Illustrative activities include:

- Formulating new strategies for meeting pre-service and in-service training needs for RCH service delivery;
- Revising pre- service training curricula to incorporate RCH;
- Defining minimum standards for pre- and post-basic training in RCH, and assisting training institutions to meet national standards;

- Defining standards for in-service training and identifying a range of governmental, voluntary and private organizations that can provide in-service training in future; their capacity could be further strengthened if needed;
- Developing new models for in-service training, such as distance learning and facility-based approaches, and supporting implementation; and
- Expanding training for special RCH initiatives, for example post-abortion services and long-term or permanent contraception.

c. Improving the Policy Environment for RCH and HIV/AIDS Prevention

The success of a demand-driven program for quality RCH services, with decentralized systems for BCC, training, logistics supply and information in support of it, depends partly on a supportive policy environment for RCH and HIV/AIDS prevention.

Context:

The Ministry of Health launched the national family planning program in 1989. Policy guidelines, strategies and support systems were established centrally and MCH coordinators were given responsibility for family planning at the regional and district levels. Following the 1994 International Conference on Population and Development (ICPD) in Cairo, the Family Planning Unit expanded to incorporate other reproductive and child health programs. It was renamed the Reproductive and Child Health Section under the Department for Preventive Services.

Despite impressive efforts to introduce and sustain family planning services nation-wide and to expand services for reproductive health, RCH is not viewed as a priority service among some health service managers and political leaders. This is due, in part, to an inadequate policy framework for RCH.

HIV/AIDS continues to be a major reproductive health concern in Tanzania. The first cases of AIDS in Tanzania were reported in 1983 and in 1985 the Government responded with the establishment of a National Task Force and the formulation of the first national plan. Since then, three additional national plans have been formulated and a number of structures have been established to manage implementation.

Over the past 15 years, repeated calls to strengthen political commitment, to implement a multi-pronged approach involving a wide range of sectors and disciplines, and to improve management and coordination nationally have resulted in limited and sporadic efforts to prevent and control the HIV/AIDS epidemic. Decentralization of health services to district governments offers new opportunities and challenges to integrate HIV/AIDS activities in local development plans and the potential for leadership from political and societal leaders at all levels of government.

Within the National Health Policy, the 'private' sector is mentioned although it is not further defined and strategies for its involvement are not outlined. Similarly, there is a

legal framework within which voluntary and for-profit providers presently render health services. However, the existing policy framework is inadequate for present day challenges, for future expansion and especially for planned reforms. Priorities are therefore to define partnerships between government and other key stakeholders and to create systems to facilitate them

The USAID/T Response

USAID/T will support initiatives: to establish RCH as a policy priority by strengthening national leadership capacity; to strengthen political commitment; and to mainstream RCH in health planning and management processes nationally, in districts and within communities. USAID/T will support initiatives to create a national policy for HIV/AIDS and initiatives to strengthen national bodies to lead and manage Tanzania's fight against the infection.

USAID/T has supported the development of the voluntary or non-profit sector to provide preventative and basic RCH services, especially for HIV/AIDS prevention and family planning. Plans to support an expansion of these efforts to incorporate a package of essential reproductive and child health services, and plans to promote partnerships between district governments and local voluntary agencies, require a more conducive policy environment for governmental-voluntary partnerships.

Illustrative activities

- Formulating advocacy strategies to strengthen political commitment, and building capacity in the NACP, the RCHS and the voluntary sector to implement them.
- Mainstreaming RCH in health planning and management processes. This will entail building capacity within RCHS and other units in the MOH to jointly plan and manage services. New processes for collaboration with other governmental bodies will be established.
- Defining the new roles for the RCHS and building capacity to fulfill them.
- Supporting the definition of the roles, mandates and functions of the NACP, the National AIDS Council, and the National AIDS Advisory Board and clarifying their relationships with each other and to specific governmental bodies.
- Formulating appropriate strategies for the transition to new roles of both the RCHS and the national AIDS coordinating bodies.
- Building executive leadership capacity, organizationally, managerially and individually among our government partners.
- Strengthening program management by building capacity in planning, budgeting, monitoring and quality assurance.
- Establishing regulatory mechanisms to ensure that 'rights' and 'responsibilities' are observed, such as codes of conduct.
- Formulating or modifying health policies and guidelines to facilitate greater participation of voluntary agencies and collaborative relationships with government.

- Building institutional capacity within the government and voluntary organizations to collaborate, work in teams, negotiate, inform/educate partners and conduct advocacy.

2. Key Partners

Key partners within the public sector component are the governmental bodies that have responsibility for RCH and HIV/AIDS. USAID intends to support the transition of these central bodies to their new policy-making and regulatory roles and support their interaction with the district governments who will have the primary responsibility for planning, managing and delivering reproductive and child health services. The success of this program requires the close collaboration of numerous government and non-governmental partners including:

- The Ministry of Health,
  - Reproductive and Child Health Section;
  - National AIDS Control Program Secretariat (NACP);
  - Medical Stores Department;
  - Department of Policy and Planning;
  - Health Management Information System Unit;
  - Epidemiology Unit;
  - Training Unit;
- The National Bureau of Statistics;
- The Prime Minister's Office;
- The National AIDS Council (NAC);
- the National AIDS Advisory Board (NAB);
- District Governments and their District Health Management Teams;
- Consumer and community representatives, and
- Non-governmental organizations and community based organizations.

There are many important donor partners in RCH and HIV/AIDS prevention including UNFPA, The UN Theme Group, GTZ, Royal Netherlands Embassy, DFID, the Royal Norwegian Embassy and the Swedish International Development Agency.

3. Managing For Results

Progress toward achieving the Objective and the intermediate results will be measured using indicators such as those that follow:

- Percentage of service delivery points providing long-term and permanent family planning methods that meet or surpass the minimum quality score.
- New acceptors of modern family planning.
- New HIV counseling and testing clients.
- Percentage of service delivery points with at least one trained FP/RH provider.
- Index of provider's knowledge of reproductive and child health.

- Percentage of public/voluntary service delivery points experiencing stock outs of pills, injectables or condoms in the last 30 days.
- Modified Policy Environment Scores for RCH and HIV/AIDS.

B. Support for the Voluntary Sector

1. Program Description

Context:

The GOT's commitment in the 1960s to more equitable health services was reinforced by policies supportive of health care by non-profit and religious organizations. By 1993, 44% of all registered hospitals and nearly half of all hospital beds were owned by Non-Profit Organizations - primarily religious associations. Clearly, church-based voluntary organizations are important providers of curative care, especially hospital services.

More recently, Tanzania also has experienced a growing number of NGOs working in preventive reproductive and child health - primarily HIV/AIDS prevention and control. Operating at national, regional, district and community levels, there are varying levels of management capacity, skills, experience, and sophistication among local NGOs. They implement a wide range of activities in HIV/AIDS prevention and family planning, including service and information delivery, education, counseling, clinical care, community mobilization, community-based distribution, advocacy, and outreach initiatives for varied populations. Some programs work autonomously and others work in partnerships with other NGOs, the GOT, and Donor Agencies. Considered together, the collection of preventive NGO activities form a patchwork of services and information, rather than a streamlined, directed, and coordinated program within the Health Sector.

The USAID/T Response

A contract will be awarded for the management of an umbrella grants program. Under the contract, voluntary organizations will receive grants and technical assistance to:

- Deliver quality services.
- Initiate activities to increase demand for priority, quality services.
- Advocate for improved access to reproductive and child health services.
- Promote and protect reproductive and child health rights.

Voluntary sector partners have a comparative advantage in several areas including expanding voluntary testing and counseling for HIV/AIDS, peer education, youth outreach programs, services catering for men and community-based distribution of contraceptives. Voluntary agencies will play a key role in influencing customer knowledge and demand for quality services through locally based behaviour change

communication activities and new approaches to reach specific populations, such as men and youth.

Voluntary Agencies will also contribute to sustained, effective management of RCH services by pioneering and experimenting with new approaches to innovative management, financing, and program development, including cost recovery schemes.

NGOs will also work to raise awareness among political leaders and the general public regarding reproductive and child health issues, including HIV/AIDS prevention and control. At the community level, voluntary agencies play critical roles in raising awareness and initiating dialogue; for example, they can address the high rate of HIV infection and pregnancy among teenage girls and their vulnerable position in Tanzanian society.

Voluntary agencies will need support to build capacity for partnership and to organize themselves to dialogue with district and central governments. There are a number of umbrella organizations to represent and strengthen member agencies, and new initiatives for alliances at district level may provide representative structures on which to build.

Capacity within District Governments, specifically the DHMTs, will also need to be improved to better work with voluntary agencies in tasks such as managing joint planning or evaluation activities or establishing performance-based agreements with voluntary partners. Within the context of decentralization and line management through local government, appropriate legal and managerial relationships with District Councils will also need to be fostered.

Illustrative Activities

- Implementing an integrated, reproductive and child health service package.
- Providing HIV/STD counseling and testing services at selected sites.
- Designing and implementing innovative peer education for RCH.
- Formulating and disseminating behavior change communication messages for reproductive and child health and for special populations: e.g., in and out of school youth and men.
- Expanding post-abortion services and long-term and permanent contraceptive services in hospitals.
- Advocacy initiatives for RCH and HIV/AIDS among individuals, families and communities to change social norms promoting risky behavior; and among political, traditional, religious and government leaders.
- Establishing relationships between the MOH/DHMTs and voluntary agencies in the future, especially those that facilitate partnerships.
- Building institutional capacity to partner within government and the voluntary sector through skills in working in teams, in negotiation, in informing/educating partners and in conducting advocacy.
- Developing new models for in-service training, such as distance learning and facility-based approaches, and supporting implementation.

- Expanding training for special RCH initiatives, for example post-abortion services and long-term or permanent contraception.

2. Key Partners

Key partners within the voluntary sector include a large list of Tanzanian NGOs. Organizing and coordinating these relationships will be the responsibility of the contractor implementing the umbrella grants program. This program will support a range of local Tanzanian voluntary/non-profit providers to deliver cost-effective reproductive and child health and HIV/AIDS services, to stimulate customer demand for these services, and to promote public/voluntary partnerships. Recipients of such support will include NGOs, other not-for-profit groups and community-based organizations such as:

- indigenous and international private voluntary organizations
- professional associations
- trade organizations
- universities and policy/research institutes
- religious organizations
- private foundations/trusts
- umbrella and/or networking organizations

Key donor partners in the voluntary sector include JICA, the European Union and possibly others.

3. Managing for Results

The Voluntary Sector Health Program will contribute to the achievement of all three Intermediate Results, as measured by these and other indicators:

- Percentage of district governments in USAID/T supported voluntary sector program allocating resources to support voluntary sector RCH activities.
- Percentage of districts in USAID/T supported voluntary sector program where government and voluntary agencies carry out joint planning of RCH activities.
- Percentage of districts in USAID/T supported voluntary sector program where voluntary agencies conduct RCH advocacy activities.
- Percentage of service delivery points providing long-term and permanent family planning methods that meet or surpass the minimum quality score.
- New acceptors of modern family planning.
- New HIV counseling and testing clients, disaggregated by age and sex.
- Percentage of service delivery points with at least one trained FP/RH provider.

C. Support for Social Marketing

1. Program Description

Context:

Since 1993 USAID/T has supported the social marketing of male condoms. Social marketing is a complement to, rather than a replacement of traditional channels of service provision. The social marketing approach creates a demand for FP/RH products, by marketing of products as desirable and socially acceptable. Social marketing increases access and availability by promoting and selling contraceptive products through both traditional and non-traditional outlets. In addition to service delivery sites, socially marketed condoms are also available in the retail sector, thus reaching an extended client base. Additionally, socially marketed products are sold at an affordable and appropriate price for most potential buyers, thus incorporating an element of cost recovery to the program.

The social marketing program in Tanzania was initiated with a single product line and has since expanded to include insecticide treated bednets and a condom for females. Sales sites have similarly expanded to include a number of service delivery points, retail outlets and community-based distributors. In the future, widespread coverage in Dar es Salaam and other selected urban centers needs to be matched by increased coverage in rural areas. The current focus on social marketing for HIV/STD prevention could be expanded to address broader RCH needs, in particular, family planning.

USAID/T Response:

The social marketing program will continue to complement traditional channels of service provision. Through commercial outlets, this program will promote the use of male and female condoms to prevent HIV/AIDS and the prevention of sexually transmitted diseases (STDs) and to promote prevention of unwanted pregnancies. It will also market contraceptive pills. Social marketing for commercially available impregnated bednets to prevent malaria has also been launched and other RCH commodities could be considered in the future.

The National Social Marketing Program will continue to procure socially marketed commodities, to develop, produce, distribute and market promotional materials and activities, and to distribute commodities to sales sites. Collaboration with the MOH will be essential to ensure that social marketing complements governmental efforts and increases the availability and use of preventive measures.

Illustrative Activities:

- Social marketing of male condoms and oral contraceptive pills, including promotion, distribution, and sales activities through retail outlets, service delivery sites, and community-based distributors.
- Female condom social marketing in limited areas, with complementary operations research.
- Assessing and monitoring the desirability and acceptability of socially marketed products

2. Key Partners

An independent private contractor will conduct social marketing activities, including procurement of social marketing commodities, development, production, and distribution of marketing and promotional materials and activities, and distribution of commodities to sales points. The contractor will work in collaboration with the Reproductive and Child Health Unit/MOH and the National AIDS Control Program to ensure a complementary approach to the GOT RH program. The primary donor partners in social marketing are the Royal Netherlands Embassy who supply the condoms and DFID who supports the marketing of insecticide treated bednets for malaria prevention.

3. Managing for Results

Illustrative indicators of program success include:

- Number of socially marketed male condoms distributed;
- Number of socially marketed female condoms distributed;
- Number of socially marketed oral contraceptive pills distributed; and
- Percentage of costs recovered for selected socially marketed RCH products.

Glossary of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DHMTs	District Health Management Teams
ICPD	International Conference on Population and Development
FPSS	Family Planning Support Services
GOT	Government of Tanzania
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
IR	Intermediate Result
MOH	Ministry of Health
MSD	Medical Stores Department
NAB	National AIDS Advisory Board
NAC	National AIDS Council
NACP	National AIDS Control Program
NGOs	Non-Governmental Organizations
PMP	Performance Monitoring Plan
PAC	Post-abortion Care
POW	Programme of Work (Health Sector Reform)
RCH	Reproductive and Child Health
RCHS	Reproductive and Child Health Section
SO	Strategic Objective
SO-1	Strategic Objective One
STI	Sexually Transmitted Infection
TAP	Tanzanian AIDS Project
TB	Tuberculosis
USAID/T	United States Agency for International Development, Mission to Tanzania
VCT	Voluntary Counseling and Testing