UK APPG on Population, Development and Reproductive Health

Tanzania / Zanzibar Study Tour, February 2024

on sexual and reproductive health and rights and international development

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Executive Summary

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) organised a study tour to Tanzania/Zanzibar, 10th – 17th February 2024, for a cross-party UK parliamentary delegation. The study tour delegation was led by Baroness Jenkin and Baroness Hodgson (Conservatives), Officers of the APPG on PDRH, with the following parliamentarians - Kim Johnson MP (Labour), Apsana Begum MP (Labour) and Tommy Sheppard (SNP), Secretary of the APPG on PDRH.

The study tour was hosted by United Nations Population Fund (UNFPA), Tanzania supported by MSI Reproductive Choices (MSI) and affiliate organisation MS Tanzania (MST), International Planned Parenthood Federation (IPPF) and member organisation Chama cha Uzazi na Malezi Bora Tanzania (UMATI) and EngenderHealth. The aim of the study tour was to strengthen UK parliamentarians' knowledge of sexual and reproductive health and rights (SRHR) and International Development and to enhance the membership of the APPG on PDRH.

The study tour delegates were briefed in the UK Parliament prior to departure to prepare them for the forthcoming APPG on PDRH study tour by representatives from the British High Commission Tanzania, UK Foreign, Commonwealth and Development Office (FCDO), UNFPA, MSI, MS Tanzania, IPPF, UMATI and EngenderHealth.

Whilst visiting Tanzania/Zanzibar, the study tour delegates held meetings with David Concar, The British High Commissioner and Kemi Williams, The Deputy High Commissioner's team, Moker/Development Director and staff; members of the Tanzanian Parliament and Zanzibar House of Representatives, Deputy Speaker and Deputy Minister of Health, Tanzania House of Representatives; Mark Bryan Schreiner, UNFPA Country Representative and his team; Mr V. S. Chandrashekar, MST Country Director and his team, Suzana Raphael Mkanzabi, UMATI Executive Director and her team, Moke Magoma, EngenderHealth's Country Representative and his team and met with SRHR peer educators and entrepreneurs. Delegates also met with religious leaders, Tanzanian Government medical doctors, matrons, nurses, midwives, health volunteers and SRHR clients and the Central Medical Store Executive Director and his team. Study tour delegates saw a variety of Government Family Planning (FP), Maternal, SRHR and Gender Based Violence (GBV) activities supported by UNFPA, MST, UMATI and EngenderHealth both in hospital and clinic settings and at outreach and 'pop up' facilities.

The study tour delegates discussed FP, maternal and neonatal health, services for adolescents, HIV/AIDS, menstrual regulation, post-abortion care, cervical cancer, Human Papilloma Virus (HPV) and vaccinations, gynaecological cancers, GBV including domestic violence, child marriage and Female Genital Mutilation (FGM).

Outreach services and demand generation with and for youth populations were prominent in discussions, as were service provisions for vulnerable and often left-behind populations as well as the financing of services including via official development assistance (ODA) from the UK Government and the national budget.

Religion, culture, polygamy, post-abortion care and fertility were prominent in all discussions, as was the country's large 'youth bulge' and the demographic dividend. The Maternal Mortality Rate (MMR) - just above 100 per 100,000 births, the Total Fertility Rate (TFR) - around 4 per woman, high adolescent birth rate - around 140 per 1,000 girls aged 15-19; and GBV were referenced at numerous site visits.

The strict abortion law in Tanzania (i.e. only permitted to save the woman's life) combined with poverty, gender inequality, child marriage and deep-rooted cultural barriers and practices are contributors to the country's maternal morbidity and mortality rates, alongside postpartum haemorrhage (PPH), pre-eclampsia and obstructed labours. A delay in referrals and transport to access emergency obstetric care in a timely manner was often referenced.

Throughout the study tour, the Tanzanian Government officials and health workers, UN-, NGO-officials and clients thanked the UK Government for its long-standing support to the country, with particular emphasis on support to the SRHR sector, with requests for renewed commitments to support women and girls' SRHR in the country.

The British High Commission has been a long-standing partner and collaborator in Tanzania including on SRHR, but the UK ODA cut in Tanzania in 2020 – 2021 at 66-67 % was the largest cut to any country in Africa. The British High Commission reiterated that its work in Tanzania on Women and Girls will remain strong including on SRHR and funding will continue for at least another 2 years and then be scaled up with a focus on youth, contraception, post abortion care and reaching marginalised populations.

Study tour delegates noted good civil society engagement with authorities and leaders and numerous innovative initiatives to educate and engage youth on SRHR to create demand for FP/SRHR services. Various methods of contraceptives were available at sites visits and free at point of delivery, but cultural barriers, stigma, myths, pressure to produce children and a lack of knowledge, often stopped teenagers from accessing services. Condom use was low but HIV prevalence equally low and mainly seen in high-risk groups. Rape and GBV were of concern particularly in Zanzibar and receiving attention with specialised 'one stop' centres for survivors to aid their recovery and through the process of prosecuting the perpetrator. Poverty was often cited as a reason for rape survivors settling out of court.

The aim of the study tour to introduce, broaden and deepen delegates' understanding of core FP, SRHR, GBV and international development in Tanzania/Zanzibar, with a particular reference to FCDO-supported projects was accomplished.

Kim Johnson MP and Apsana Begum MP have joined the APPG on PDRH since the Study Tour and committed to take action on SRHR in the UK Parliament alongside our existing members.

APPG on PDRH Recommendations:

- Increased domestic funding to comprehensive FP/SRHR services as per the Abuja commitment (15 percent of GDP to health) and continued and renewed commitments from UK Government ODA, with particular reference to reducing MMR and supporting the WISH and UNFPA supplies programmes
- New, sustainable UK bilateral SRHR programmes to be delivered in partnership with UN, NGOs, the private sector and the Tanzanian government, including support for improved access to quality adolescent and youth responsive SRH services and demand generating activities SRHR programmes to include Unijet; HPV vaccinations and treatment possibilities for cervical abnormalities, health worker exchange between UK and Tanzania/Zanzibar
- Support evidence-informed social behaviour change communication packages to increase demand for FP/SRHR services to aid the demographic dividend, social and economic progress and sustainable development with a particular focus on male and religious leaders' active participation
- Progressive Tanzania SRHR laws and policies to be agreed and implemented as per the Tanzania Parliament's and populations' wishes, with particular reference to liberalising abortion law to save young girls lives in particular rape survivors, keeping girls in school by addressing period poverty, teenage pregnancies, and preventing child marriages

After initial injection from a healthcare professional, contraceptive Sayana Press (medroxyprogesterone acetate) can be self-injected by a woman every 13 weeks

The APPG on PDRH study tour delegation thanks the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) for its financial support and UNFPA, MSI and MST, IPPF, UMATI, EngenderHealth and all other stakeholders for their collaboration and generous support in making the APPG on PDRH Tanzania/Zanzibar study tour successful and special thanks go to Valentine Debonneville, UNFPA Tanzania and Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH for their attention to detail, advice and organisational skills.

Study Tour delegates' reflections

Baroness Jenkin at Kerege Health Facility

Baroness Jenkin interview at The Central Medical Stores, Dar es Salaam, available here

Baroness Hodgson at Bagamoyo youth club

Baroness Hodgson reflects: "*Tanzania has a population challenge – the population has already doubled in the last 20 years and is projected to double again, when it will become unsustainable. Therefore, the aid that we are sending to help with reproductive health is vital so that women can decide on the number of children that they wish to have. It was interesting to visit projects, both the clinics that deliver this healthcare, but also to see the work on education on contraception being done with youth groups. The cultural 'push' has been to have lots of children, but with time and information people will realise that they will have a better standard of living with a smaller family.*"

"It was particularly interesting to visit Zanzibar and to stay in beautiful historic Stonetown. One of our most interesting meetings was with religious leaders, who understand the reasons for limiting family size and the need for good maternity care."

"It was so encouraging to see the very positive work on SHRH that is enabled by UK Aid."

Tommy Sheppard MP at Yombo Rehabilitation Centre

Tommy Sheppard MP's article in the Sunday National here: *"Don't go that way, there might be snakes", says Mette. We keep to the trampled path that leads to the inflatable white tent. Inside a front room sits a nurse at a desk full of contraceptives and leaflets, through the back a consulting room where women can get an IUD or implant fitted on the spot.*

The set up is part of a festival like event which includes contemporary African dance, a DJ giving sexual health messages through a pulsating sound system, and groups of young people discussing family planning methods under the shade of nearby trees.

We are in Bagamoyo, fifty miles north of Dar es Salaam, Tanzania's largest city. I am here during the parliamentary recess on a five-day trip with Conservative Baronesses Jenkin and Hodgson, and Labour MPs Kim Johnson and Apsana Begum supported by our organiser Mette Kjaerby. All of us from the All-party Parliamentary Group on Population, Development and Reproductive Health. The title is a mouthful, it's basically a cross party campaign to improve women's reproductive health and rights across the world.

For us, that means finding out what the UK government is doing through the Foreign, Commonwealth and Development Office and building pressure to make it do more, better. Today's youth event has been made possible by funding from the FCDO. Future ones are now under threat as funding reduces.

At a global level the link between sexual reproductive health and rights and unintended pregnancies, population growth and demographics was established decades ago. The UN set up a dedicated agency, The United Nations Population Fund (UNFPA), to co-ordinate efforts and it is under their auspices we are here. Tanzania was run by Britain when I was born. In 1960 it became an independent republic and Julius Nyere, the man who had led the independence movement its first president. The country Nyrere established had

ten million people. Today it has 62 million. The population has doubled in the last twenty years and is predicted to double again by 2050. It is the eighth fastest growing population in the world, and a good place to start if we are going to support women and girls with their aspirations for smaller families and reap the benefit of a demographic dividend.

Worth noting the land mass is five times that of Britain, and there are large areas of fertile land yet to be cultivated. Those hostile to contraceptives say that unlike many countries, Tanzania can feed itself even with a growing population. There is some truth in this, but reducing fertility has numerous benefits to women and girls, their communities and countries as a whole. Besides, the continuing influx of young people into urban areas means there are immense pressures on the education system, health services and infrastructure and with many more arrivals from the countryside numbers will swell to crisis point.

Dar es Salaam is a massive urban sprawl. It has grown rapidly with inadequate planning or investment in the infrastructure required to cope with a huge population. The roads are good but already full of traffic and there is minimal public transport. Despite a network of busses and only expressways under construction, it is hard to see how it could double in size without serious collapse. That point is accepted by the government officials and ministers we met, all of whom are now behind the effort to give women choices and access to contraceptives and sexual and reproductive health services.

The current fertility rate is 5.8, far higher in the rural, poorer, areas outside the cities. Admittedly that is down from a high of over eight some years ago. Everyone knows that figure isn't sustainable. No-one will put a figure of what population growth is sustainable for the country and targets are eschewed for fear that it might come across as draconian and lose public confidence in the process. But is has to fall by giving women choices.

So all efforts are now going into scaling up family planning. Key is expanding access to modern methods of contraception. Currently about two in five women of reproductive age (15-49) are using some form of contraception. Probably around ten percent of women will have infertility problems, so that leaves almost half - eight million women - who are not currently planning their pregnancies. Agencies say that almost half of that number have already had some interface with the health system, typically when giving birth and have been offered contraception but many are not using it. Other women are not using contraceptives due to a lack of information and services, partner related factors and myths. UNFPA estimate that 218 million women have an unmet need for modern contraception globally.

Unmet need will have to be met, and that requires a range of approaches. Making sure the distribution and supply of materials is up to scratch and women are able to get the right product at the right time is one. That's the easy bit.

Much harder is trying to overcome the attitudes embedded in communities steeped in a strong culture which keeps myths alive. This is most intense in the more rural areas and amongst nomadic communities where the birth rate is considerably higher.

Many young women still believe that using contraception will make you infertile. We heard stories of women ostracized from their villages because they have chosen to use contraception – the social pressure to not do so is intense.

There is still a strong belief amongst these harder to reach communities that bigger families are better. Many see more mouths to feed as more than offset by more youngsters to work the land. Sometimes this is enforced by more than ideas. Agencies working with women who have suffered domestic violence report how they will be more of a target if they are known to be using contraception. There are stories of men cutting implants out of their wives' arms leaving them to be patched up by mobile clinics.

Until not so long ago these attitudes were tolerated by the government. The former president John Magufuli was well known as a sceptic when it came to family planning, seeming at times to promote procreation as a form of personal and national virility.

That's changed. Serious work is now underway to reach those not already being offered contraception. We saw a range of creative and imaginative approached to both increasing services and encouraging their take-up.

Mary is a retired nurse. She now works as a community outreach volunteer in a village health facility run by Marie Stopes Tanzania (MST). She talked to me about her job knocking on doors and speak directly with women to encourage them to come to facilities like hers. Between the health ministry and the main NGOs there are around twenty thousand Marys and they are reaching hundreds of thousands of women every month.

There is a particular problem with teenage pregnancies - 22% of young girls pregnant before eighteen. Impressive work is going on at a granular level to reach them. UMATI is an NGO in Tanzania and an IPPF member association which runs a number of youth centres offering recreational activities combined with sexual health education and direct provision of contraception. The clinic we visited sees 35 young people every day. On Saturdays they take over the local health service clinic and run it specially for young people who are in school through the week. Sadly, that's now under threat as a result of our foreign office stopping funding it last December.

Suzana Mkanzabi runs UMATI. "key to success is the empowerment of young women" she tells me, "we know once they reach 18 they have more agency and confidence to make their own decisions, to have choice."

Government policy is now being directed towards that end. In 2015 the law changed to mandate seven years primary and four years secondary education for all. So, although there is no legal school leaving age, since primary usually starts at seven this should keep most in the system to around 18. But it is taking time, parents keep kids home saying they cannot afford the associated costs of uniform and materials and enforcement varies amongst the 25 regions.

Campaigners also hope this year to see the age of marriage consent raised from fourteen to eighteen, a move which many say will push the average age of pregnancy upwards.

Things are moving in the right direction but there is a race to reach, educate and provide services to the country's sixteen million women of reproductive age before it is too late – to build a virtuous cycle instead of a vicious one. And in doing that the many passionate Tanzanians we met need our help.
This is the sharp end of the debate on aid funding. This is where the cut form 0.7% of GDP to 0.5% kicks in. It's time to reverse this Conservative mantra and for this rich country to once again be seen as a leader rather than a shirker when it comes to doing the right thing."

Kim Johnson MP at Kerega Health Facility

Kim Johnson MPs reflects: "*I was invited to join the APPG on PDRH study tour delegation to Tanzania/Zanzibar and was very grateful for the pre-meeting held with the various stakeholders in advance of the visit. This meeting provided a great opportunity to both have an overview of the scale of the problem and the various organisations tasked with working with the Tanzania Government to achieve their objectives. Organisation representatives were from UNFPA, MSI Reproductive Choices , EngenderHealth and UMATI. I learnt that Tanzania has a rapidly growing population which is expected to double in the next 20 years. Over 60% of the population are under the age 24, which is contributing to the scale of the growth.*

I discovered firsthand how local publicity works in practice – I met a young mum who had arrived at an outreach centre after a van travelled through her local area, issuing leaflets on family planning and sexual and reproductive health. She wanted contraceptive advice, as already had a child and didn't want more children straight away. At this drop-in clinic she was able to obtain advice and access a range of contraceptives and medical support immediately. She was able to make informed choices about her own reproductive health. Sadly, this is not the situation for many women, but having access to local initiatives and contraceptives will help improve choices and access to contraception and ultimately help achieve the demographic dividend.

I met lots of young people, medical practitioners and community leaders, who all shared the same objective, to stabilise the population and improve the health of the nation. What became apparent during the visit was that both the UK and the Tanzani, experience very similar problems, particularly in relation to the recruitment and retention of health care professionals to deliver services and changes needed.
These changes are being driven at the highest level of Government, the current President Samia Suluhu Hassan is the first woman to serve as president and her support and encouragement in pushing this agenda has contributed to significant progress, but much more still needs to be done."

Apsana Begum MP reflects: *"The UNFPA, our host organization, provided a varied and detailed overview of the situation and challenges facing Tanzania and their healthcare system. Our visits involved meeting with professionals, NGOs, parliamentarians, ministers and women, youth and children who are clientele of the various projects. We also spoke to many patients at the various clinics, projects and hospitals we visited. An insightful meeting with religious leaders working directly with UNFPA and their partner organisation EngenderHealth, provided food for thought about how misconceptions and myths were being combated in relation to gendered violence – progress is being made, but there is some way to go. There were insightful discussions with parliamentarians in both mainland and Zanzibar islands on the ongoing debates on child marriage, where there has been fierce discussion and disagreement."*

"Visiting health clinics and maternal hospitals in the more rural areas provided us with insight as to the practical challenges in supporting a growing and young population. Presentations for the need for more ambulances came to us frequently, reflecting a desire and dream of the Tanzanian people to reduce maternal deaths, and associated traumas!"

"Tanzania is a country at an important juncture politically. From the many conversations and visits we had, it appeared that having a woman President (an unusual scenario due to the constitutional appointment of the Vice President to this role, following the death of the former President) has shifted the work being able to be done in the area of reproductive rights, to a more progressive direction. Regional elections this year and general elections next year, may help determine the direction of Tanzania's future and whether Tanzania can realise its ambitions towards development that meets demands on population growth."

"The British High Commissioner and his team provided informative view of the past and current challenges for Tanzania, in particular on healthcare policy. The team at the UNFPA and associated partner organisations so openly and willingly answered all of our questions and ensured we had a very safe study tour."

Apsana Begum MP with Mariam Chellangwa, Yombo Principal at Yombo Rehabilitation centre

Tanzania/Zanzibar in brief

Tanzania is located in East Africa and is made up of 26 regions on the Tanzania mainland and 5 on the Zanzibar islands. Tanzania has the fifth largest population in Africa, 62 million people spread across a landmass 4 times the size of the UK.

It is a youthful population with 34 percent of the population aged 15—35, according to the 2022 national Demographic and Health Indicator Survey (DHIS 2022). The mainly rural population has one of the fastest rates of urbanisation in the world. Dar es Salaam is on track to be the world's third largest megacity by 2100.

Modern Tanzania has a long history of political and economic stability and has abundant natural resources, and a strategic location as a gateway to East Africa gives it the potential to become a regional economic powerhouse.

Two decades of steady economic growth has made Tanzania a middle-income country since 2020. Tanzania's macro-economic stability is strong for the region, with relatively low inflation and external debt and a stable currency. Tanzania's economy also weathered COVID-19 well.

Tanzania's tax revenue performance is below the average for Sub-Saharan Africa and many social indicators remain at low-income country levels. Poverty has stagnated since 2012, despite the economy almost doubling in size. Of the population, 45% still live on less than $2.15 a day, a proportion well above the 30% average of other recently graduated middle-income countries. Only 40% of the population have access to electricity, 90% still use charcoal or firewood for cooking and only a third of children complete lower secondary school.
Life expectancy is 64, Total Fertility Rate (TFR) is high at 4.33%; Maternal Mortality Rate (MMR) has declined dramatically to just above 100 per 100,000 live births. Adolescent birth rate is high at 139 per 1000 girls aged 15-19; Female Genital Mutilation (FGM) is around 10% among girls aged 15-19; Child

Marriage is high at around 31%; education net enrolment rate is 84% in primary, 28% in lower secondary and 14% in upper secondary education.

High population growth of over 3% a year continues to outstrip service provision and job creation. Between 2010 - 2020, Tanzania had the fifth highest level of deforestation globally. Tanzania is highly vulnerable to climate change, with increasing floods and droughts and nearly two thirds of the working population relying on vulnerable agriculture jobs.

Christianity is the largest religion in Tanzania, estimated 63% (2020), followed by Islam at 34%. About 99% of the population in Zanzibar are Muslim and around 70% of the population in Dar es Salaam. 42.7% of the population (2021), risen from 8.7% in 2000 had access to electricity. 25% of the population (2022), risen from 6% in 2020 of people are using safe managed sanitation services.

The UK supports Tanzania to deliver its development priorities, as set out in the Tanzanian government's Five Year Development Plan, It builds on the UK and Tanzania's longstanding political, commercial and development partnership.

UK ODA to Tanzania was cut dramatically in 2020 – the country saw the largest cut of all African countries. Although a multi-party democracy since 1992, Tanzania has been continuously governed by the Chama Cha Mapinduzi party. Tanzania's president, Samia Suluhu Hassan, has been in power since 2021 following the sudden and unexpected death of the previous President John Magufuli. The period 2015 - 2021 under the previous administration saw a deterioration in relations between the government and private sector and increased restrictions on freedom of speech and assembly.

Though many of these laws remain, President Samia's administration has lifted the ban on political rallies, reduced attacks on freedom of expression, initiated domestic political reconciliation, and promoted gender equality. She has adopted a more open approach to the private sector, including through promoting more Foreign Direct Investment.

Samia Suluhu Hassan, President of Tanzania

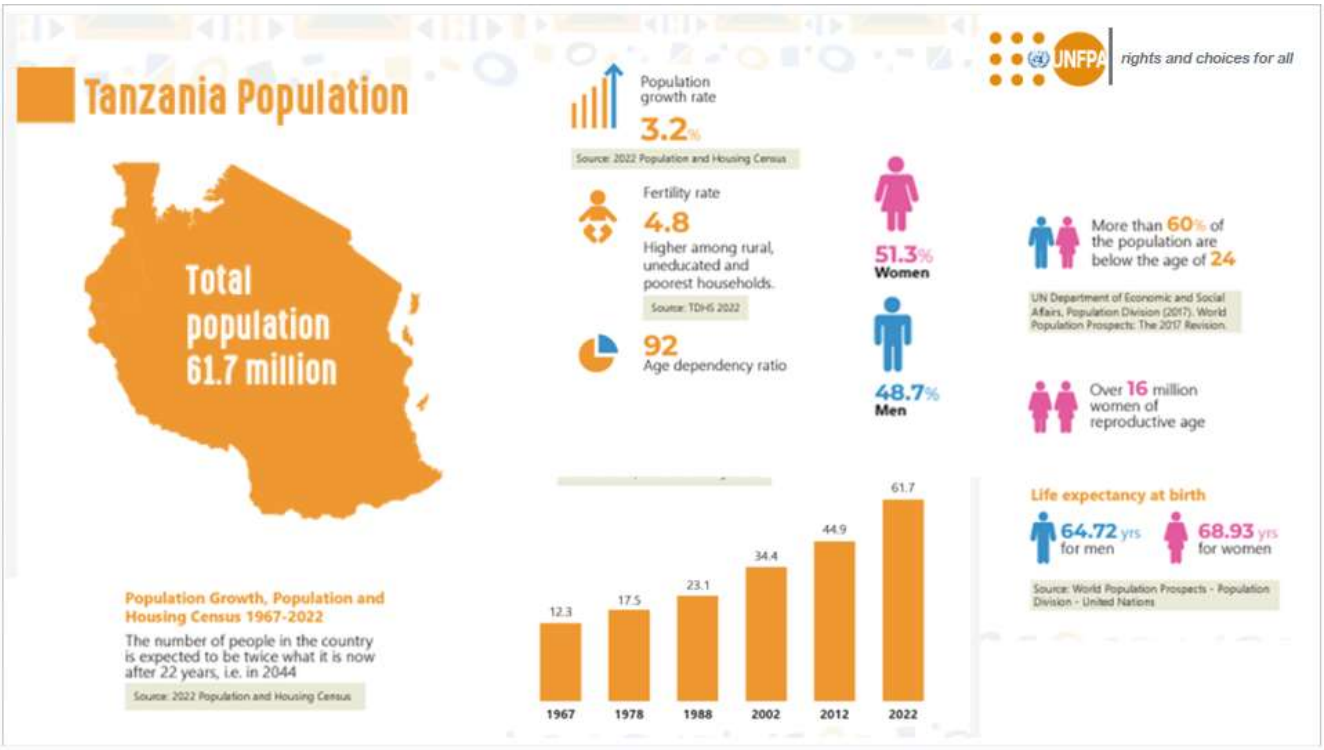
The UK's development work in Tanzania prioritises:

- Economic growth and climate action
- Education and health
- Governance
- Combatting crime and corruption
- Inclusion (including women and girls and refugees)

The UK works in partnership with the Tanzanian government and other numerous development partners including in the area of SRHR.

The UK supports the strengthening of Tanzania's national health system, with a focus on quality maternal, reproductive and sexual health services. There is a focus on women and girls, people with disabilities and other marginalised groups across development work. There is now a National Health Insurance scheme in place which makes FP free of charge.

The UK has 10 active bilateral programmes in Tanzania covering education, health, private sector, humanitarian and governance, all with a focus on women and girls and – when relevant – climate.



Sunday 11th February

UN security briefing

Tyrone Kareem Bovell-Leacock, the United Nations Deputy Security Advisor, briefed study tour delegates on Tanzania and its security situation. United Nations Department of Safety and Security (UNDSS) has two international and five national staff all working from Dar-es-Salaam with one staff member expected to move to the capital Dodoma soon.

UN security staff are in regular communication with the Tanzania Police and Military, but not the Government Intelligence service.

Tanzania, including Zanzibar, is a safe country. There are no terrorism concerns or religious tensions. The only tension seen recently is between farmers in relation to cattle grazing on land. Some minor local crime takes place, with expats rarely targeted except with regards to bag and mobile phone snatching which is a common occurrence. There are occasional house break-ins when people are away from home. The major concern in Tanzania are road traffic accidents, as there are no speed limits. 5 UN personal were killed recently in an automobile accident with others involved and injured. Streetlights are few and far between. There are no restrictions on movements or curfews in-country.

Tanzania has a good relationship with its neighbouring countries, with travel between countries restricted via visas.

The current President, Samia Suluhu Hassan, became President in 2021 by default due to the previous President's sudden death. The next Presidential and Parliamentary Elections are expected in 2025 with opposition leaders now allowed and the country is more open with no violence expected - but possibly some civil unrest. Zanzibar has a one-party rule.

GBV remains a problem in Tanzania and is especially high in Zanzibar.

There is no tribal unrest between the 120 tribes and 62 million population, nor piracy in-country. Refugees travel from Burundi and the Democratic Republic of Congo (DRC) to Tanzania and the country is friendly with all its neighbours.

UNFPA, MST, UMATI and EngenderHealth briefing meeting

Host and co-host organisations UNFPA, MST, UMATI and EngenderHealth outlined their programmes and what to expect during the week's site visits in and around Dar es Salaam and in Zanzibar (presentations attached as appendix 1) .

UNFPA

Dr Jarrie Kabba-Kebbay, UNFPA SRHR Technical Specialist

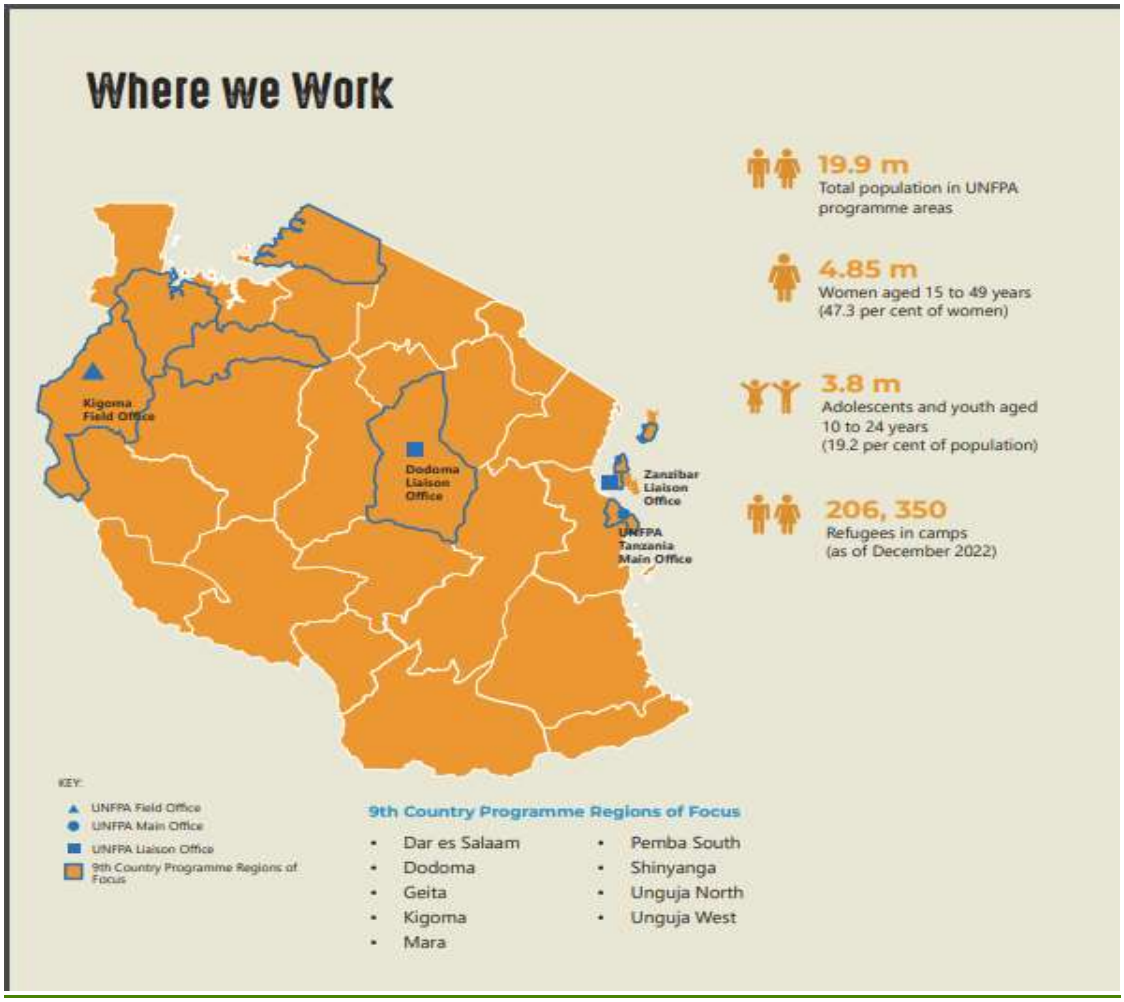
Dr Jarrie Kabba-Kebbay, SRH Technical Specialist, UNFPA Tanzania and host organisation, welcomed study tour delegates to Tanzania and outlined the organisation's country support.

Tanzania has 26 regions. In 2015 eight countries accounted for the largest population growth globally, five of those countries being in Africa and one being Tanzania. The others being Nigeria, Ethiopia, Egypt and DRC. With the correct investment and policies this population growth can be turned into something positive.

The 9th UNFPA Tanzania Country Programme currently implemented is aligned to the Tanzanian national Five-Year Development Plan for mainland Tanzania, the Zanzibar Development Plan; and the UNFPA Strategic Plan, 2022 - 2025.

The programme priorities are directly derived from three outcomes of the United Nations Sustainable Development Cooperation Framework (UNSDCF): (a) people; (b) prosperity; and (c) an enabling environment.

UNFPA programmes mobilise efforts to achieve transformative results, in both development and humanitarian contexts, by supporting the Tanzanian Government and national partners to accelerate actions to enhance universal access to SRH services.



UNFPA work on laws, policies and plans, and accountability frameworks are developed, harmonised and strengthened to address reproductive health and rights, including prevention and response to GBV for all people, in particular women, adolescents and youth, persons with disability and those in humanitarian contexts.

UNFPA support Tanzanian government systems, institutions and communities to provide people-centred, high-quality and comprehensive SRH information and services, including supplies and services to address HIV and GBV in humanitarian and development contexts. Women, girls, young people and vulnerable population groups are empowered through gender-transformative approaches to exercise their reproductive health rights and utilise SRH and GBV prevention and response services in a safe and supportive environment. UNFPA strengthen skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership, voice and participation and to build human capital. National data systems are also strengthened to account for population dynamics and population groups left behind in development and humanitarian policies and programmes, as they relate to ending unmet needs for FP, ending preventable maternal deaths and ending GBV and harmful practices in Tanzania

Tanzania has done well in reducing MMR to just above 100 per 100 000 live births. The unmet need for FP is around 21%, teenage pregnancy around 22%. Ending preventable maternal deaths and making motherhood safer and every pregnancy wanted is a country priority. GBV remains a problem in-country including child marriage and the FGM rate is around 8%.

Mark Bryan Schreiner, UNFPA representative, joined the briefing and thanked delates for visiting Tanzania and noted that the UK has been a long-standing partner and supporter of UNFPA, including the supplies partnership programme where the UK is the 4th largest donor.

Support to UNFPA from FCDO has enabled UNFPA to contribute 53% of Tanzania's national requirement for maternal health life-saving commodities between 2015 - 2023. This has helped prevent 10,606,806 unintended pregnancies, avert 959,640 maternal deaths and prevented 2,971,000 unsafe abortions. Despite these strides, the unmet demand for FP commodities in Tanzania is still 21%. Bridging this gap is crucial to ensure that every child is wanted and behind every act of FP are the commodities that facilitate it.

Between 2015 - 2023 FCDO helped procure 68.3 million commodities. Commodities are essential to programmes and help reach the women and girls most left behind. FP commodities prevent unwanted pregnancies, unsafe abortions and maternal deaths. UK FCDO support to the supplies initiative ends in 2024 and a new investment is being discussed. Currently the FCDO, in collaboration with UNFPA, is implementing a GBP 22,064,000 million multi-year 2017 - 2024 scaling-up FP project in Tanzania.

Study tour delegates will visit a UNFPA-supported vocational and rehabilitation centre for youth with disabilities, the Ministry of Health 1993 central medical stores and a youth project in Zanzibar (this visit was later amended and instead delegates met youth representatives at the Zanzibar Department of Education, Sport and Culture and visited Zanzibar's House of Representatives).

MS Tanzania

Mr V.S. Chandrashekar, MST Country Director, Baroness Jenkin and Baroness Hodgson

Mr V.S. Chandrashekar, MS Tanzania Country Director, and team members welcomed delegates as a co-host and noted that MST is part of MSI and Tanzania's largest specialists in FP, comprehensive post-abortion care and reproductive health service provision. The organisation works to improve access to contraception to people in all the regions of the country, especially the underserved and marginalised. MST pride themselves on providing 30% of the modern method contraceptives used by women in Tanzania and approximately 70% of the long acting and permanent (LAPM) methods., emergency contraception is

available, as are condoms at all sites. The organisation also provides general health screening, maternal health care, cervical cancer screening, primary healthcare, ante-natal care and maternity services, STI and HIV screening and referral, malaria screening and treatment and immunizations and child health checks. MST support and work with and in government institutions and facilities and empowers young people and adolescents by engaging them in youth-friendly communication and activities, designed to educate and inform about SRH both in and out of school and girls as well as boys.

MST deliver services in hard-to-reach rural locations and urban slums through clinical outreach teams in 40 different sites and have numerous clinics/centres. MST strengthen local government institutions with capacity building, mentorship, date management and advocacy to improve policies, guidelines and national curricula in the area of SRHR. MST compliment the government's efforts and the core promise is to ensure that 70% of contraceptive users reached by MST are those living in poverty. MST has fees attached to its social marketing products, clinics and the maternity hospital services with surplus being reinvested. All outreach and public sector strengthening interventions are provided for free. It was noted that main challenges in country remain stigma, myths and policy barriers to create demand.

MST thanked FCDO for its support to their WISH programme, which ended in December 2023 and the ongoing Scale Up Family Planning (SUFP).

Study tour delegates will not visit FCDO-supported MST projects due to logistics and time constraints but will visit MST projects near Dar es Salaam that are identical to FCDO supported projects further afield.

UMATI

Suzana Raphael Mkanzabi, UMATI Executive Director

UMATI, IPPF's member association in Tanzania was founded in 1959 by a group of female doctors. The main thrust of these pioneers of FP in Tanzania was to enable parents to have small families that they were able to support and accord a reasonable standard of living. For more than 60 years, UMATI have driven positive public health development across every part of Tanzania, from FP to SRHR. UMATI works with young people to help them achieve their SRHR education and services and connect this with job creation, wellbeing, education, governance and a brighter future as a result of demographic dividend.

UMATI works in 17 regions under government guidelines and combine evidence with on-the-ground experience to deliver innovative SRHR, FP and other health related solutions with maximum efficiency and impact.

UMATI also conduct advocacy and research and creates new partnerships to innovate and provide scalable, sustainable solutions for the most challenging SRHR problems facing young people in the country. It enables provision of SRHR services through public and private health providers in the 17 regions and has been receiving funding from UK FCDO WISH programme. Future funding is currently under discussion. Study tour delegates will visit one of UMATI's youth projects in Dar es Salaam.

EngenderHealth

Moke Magoma, EngenderHealth Country Representative

Moke Magoma, EngenderHealth's Country Representative, welcomed delegates and noted that EngenderHealth has been working in Tanzania in partnership with the government and other organisations since 1983. It is implementing five programmes across 22 regions in mainland Tanzania and 5 regions in Zanzibar. Their programme focusses primarily on FP, SRH, comprehensive abortion care (CAC), including postabortion care (PAC); HIV and AIDS prevention and care; and health systems strengthening—while also integrating social and behaviour change communications and gender, youth and social inclusion. EngenderHealth, with funding from the UK FCDO work in partnership with the Tanzania government to strengthen the public sector response to increasing access to comprehensive and integrated SRH services through the Scaling Up FP programme. This programme targets Tanzania's most vulnerable and at-risk populations—particularly young people and persons living with disabilities—with comprehensive, high-quality, inclusive, and integrated FP and SRH services. They work in eight regions across the mainland of Tanzania and the five regions of Zanzibar. From February 2020 - March 2023, the programme helped 1,877,901 clients access contraceptive care. Of these, the programme reached 1,433,837 clients through outreach services, such as service days, FP weeks, and integrated community outreach, 14% of whom were young people ages 10–19. In addition, 844,011 clients received GBV screening, and 25,064 received referrals for post-care services. The programme also supported over 14,900 people with disabilities to adopt a contraceptive method of their choice.

Study tour delegates will visit GBV and youth-supported projects in Zanzibar.
A discussion followed the presentations on the topics of health workforce and distribution, human resources, health insurance, courts and laws, FCDO ODA decline - future funding cycles and impact, coalitions and impact, population growth projections and government policies, child marriages, youth work and labour market, HIV testing, coordination among organisations, FGM, religion and stigma.

Study tour delegates were informed that Tanzania was a good choice as a study tour destination, because the country is in the process of developing its coming 25-year vision and having a UK parliamentary visit and input is important. A large youth cohort brings challenges, but also opportunities. With correct investments, particularly in the area of FP/SRHR and policies including in education and job creation the demographic dividend and prosperity can be achieved. Continued UK FCDO political and financial support is important. Samia Suluhu Hassan, Tanzania's President recognises the importance of investing in education and FP/SRHR including choices for the young people to achieve development and leaving no one behind.

Data is important, in particular data relating to adolescent girls is lacking, finance ministers having access to this data, with investment cases presented on economic and social benefits, would help. Activities must be targeted to reach people including in city slums.

Partnerships, integration and collaboration on FP/SRHR are strong in-country amongst stakeholders including with religious leaders and meetings are held regularly with government officials. The country now has national health insurance and certain basic services are free at the point of contact including FP. Human resources in the health system remain a challenge and vary amongst regions, FGM is around 8% and declining with Massai advocacy, child marriage rates remain high as marriage is allowed at the age of 14 and teenage pregnancies and GBV are also high, in particular in Zanzibar. HIV is fairly low in Tanzania in comparison to neighbouring countries and mainly seen in high-risk populations i.e. Men who have Sex with Men (MSM), drug users and sex workers.

Numerous governments have reduced ODA to Tanzania post COVID with UK ODA decreasing dramatically and new funding is needed from 2025 as numerous project cycles are finishing in 2024. Inequity remains an issue and needs addressing - investment needs are high.

Tanzania has comprehensive sexuality education in schools; however education is patchy and often of poor quality. Access to information remains difficult, especially for individuals out of school. The issue of keeping teenage girls in school when pregnant is receiving attention and Tanzania's Parliament is currently discussing raising the age of marriage to 18. Formal employment remains low, so there is large informal employment in country, so opportunities are limited for many.

The lively questions and discussions continued informally at the evening reception and dinner which saw representation from Tanzania Ministries, President's Office, Regional Administration and Local Government Tanzania (PO-RALG), African Youth and Adolescents Network (AfriYAN), WHO, MoPC, Anti-FGM champions, C-SEMA, Child Marriage bill champion, Sahara Sparks, Tanzanian Men as Equal Partners in Development (TMEPID), TRCS, KIWOHEDE and the Police Children and Gender Desk.

SRHR stakeholder dinner

Tommy Sheppard MP and Mark Bryan Schreiner, UNFPA Country Representative

Baroness Hodgson and Dr Jarrie Kabba-Kebbay, UNFPA SRHR Technical Specialist

Kim Johnson MP and Tanzania SRHR stakeholders

Apsana Begum MP, Moke Magoma, EngenderHealth Country Representative and Mr V.S. Chandrashekar, MST Country Director

Monday 12th February

British High Commission briefing

David Concar, British High Commissioner and team with APPG on PDRH study tour delegates

David Concar, The British High Commissioner in Tanzania, welcomed UK Parliamentarians to Tanzania and introduced his team - Kemi Williams, Deputy High Commissioner/Development Director, Suse Matamwa, Health Policy Advisor and Colin Bangay, Senior Education Advisor.

David Concar presented an overview and context to British High Commission (BHC) activities in Tanzania with specific reference to SRHR programme activities.

The BHC has 100 staff in country with 50% Foreign Office staff and 50% Development staff from the old DFID. Britain has been a long-standing partner and collaborator in Tanzania including in the area of SRHR. UK ODA cuts in Tanzania in 2020 – 2021 were 66-67% and the largest cuts for any country in Africa. A lot of work has taken place to minimise the impact of these cuts to the population of Tanzania.

Tanzania's President, Samia Suluhu Hassan, who came into power in 2021, is seen as progressive and as pulling back from an authoritarian regime. There has been a transition into a new political space which has been welcomed by many. If she is re-elected in 2025 more political reform may occur as she will be given the power to act.

Tanzania is a peaceful country, but there has been some local concerns and tension about inflation, food security, as well as tension between parties and some disappointment around health welfare in recent times.

FCDO's work in Tanzania on women and girls is strong and ODA in this area has been protected, however there has been a 66% reduction in SRHR-specific ODA. Priority work areas up to 2026 in SRHR are - contraceptive programmes for 18 – 26-year-olds, youth activities, post abortion care and reaching marginalised populations. The plan is to extend this work for another two years and then to scale up.

FCDO supports UNFPA, MST and EngenderHealth at present with 68 million over this year. The TFR is high in Tanzania between 2.6 – 4.8 depending on the region, there is a high unmet need of 1/3 for FP, 22% teenage pregnancy rate, MMR is going in the right direction, but there is more to be done. Extreme poverty is still felt for 44 – 48% of the population and has not shifted for the past 10 - 12 years.

Plots of land are getting smaller due to population growth, especially for the small farmers in rural areas with keeping up food production being an issue of concern.

A discussion followed on the topics of population growth, the health and education system and schooling, climate change, jobs, infrastructure, commodities, public-private partnerships, military, religion, outside influence, social media, General Elections (GE), GBV and general SRHR programmatic activities.

It was noted that Tanzania struggles with its teacher-to- pupil ratio in schools in part due to population growth, but also due to space and training. Per capita investment in education and spending is low at 17.6% as opposed to 20% - this being 3.5% of GDP as opposed to the 6% as generally recommended. Only 3% of young people obtain A-levels in Tanzania. Attendance at school does correlate to distance to schools and poor traffic infrastructure in such a large country. More investment is needed in infrastructure. Comprehensive Sexuality Education is taught at secondary school. Development partners support the demographic transition in-country including via the Ministry of Health (MoH) and Ministry of Education (MoE). Climate change is often discussed in connection with population and subsistence farming. Vaccination uptake is comparable to neighbouring countries.

Tanzania is strong in agriculture and rich in natural resources and has one of the highest areas of forest coverage in East and Southern Africa. The wildlife is rich, and the tourism sector is growing rapidly, currently contributing 18% of the country's GDP. Tanzania has gold and indeed continued to export gold during COVID. There are some public – private partnerships in country but privatisation is struggling.

Choices are not adding up for the majority of citizens. The new 2025 vision recognises the opportunities of fertility and youth and the demographic dividend, but choices are still to be made with the 2050 plan and linked to economic growth. There is a passion for education, agriculture and infrastructure in country.

China has a history and strong footprint in Tanzania. Many projects have Chinese advisors in-country and Tanzania works with neighbouring countries including Kenya in relation to military training and the country is not risk-averse. Kenya has some tribal tension but Tanzania does not have this, neither does it have any religious tension and there is one language in the country.

Tanzania however remains a patriarchal society and it is difficult for women to make choices. Polygamy is widespread as is GBV. Shifting social norms is very difficult and will take time. The majority of people do not have smart phones, so the radio is the most common communication channel.

David Concur, British High Commissioner with APPG on PDRH study tour delegation

Yombo Vocational and Rehabilitation Centre site visit

Yombo vocational and rehabilitation centre youth and staff with APPG on PDRH study tour delegation

The study tour delegates were welcomed and introduced to the Yombo Vocational and Rehabilitation Centre for Youth with Disabilities by Mr Yohana Madadi - Director of National Institute of Productivity Unit, President's office, Mariam Chellagwa - Principal of the Centre, Joy Maongey - Centre Director, George Mahembo - Centre Medical Doctor, Juma Samora - Social Welfare Officer and UNFPA staff.

This centre offers a 2-year vocational training programme for young people with physical and mental disabilities in various trades or professions. If offers educational support to help individuals attain academic qualifications, life skills training to promote independence in daily activities and rehabilitation programmes to enhance physical and mental well-being. The centre is under the Prime Minister's Office Labor Employment, Youth, and Disabled Persons (PMO-LYED) department. 4 similar centres can be found in other regions.

In 2022, UNFPA undertook to support the centre by refurbishing a waiting lounge and procuring medical equipment and supplies for the health facility, which is within the centre for the purpose of strengthening SRH service provision. The centre is also supported by the Swiss Embassy through the Safeguard Young People (SYP) project, which has constructed a waiting area and provided medical equipment.

The Yombo – UNFPA initiative aims to address the specific healthcare needs of young people with disabilities attending the college and the communities around the college. The project has improved access to quality healthcare services for students with disabilities and the nearby communities, ensuring that they receive timely and appropriate medical care when needed.

Yombo students

The study tour delegates were escorted around the centre and interacted with both health care providers and young people.

Yombo outpatient area

Study tour delegates visited the outpatient waiting area, the laboratory and a consultation room. The laboratory technician proudly presented his registration book, new laboratory machine which had the capacity to test for STIs including HIV, do full blood counts and many other important tests.

Yombo laboratory technician with HIV test kit

The study tour delegates received a presentation from Mr. Yohana Madadi from the President's office and Mariam Chellangwa, the Yombo Principal, together with the students. A lady providing translation into sign language was noted in the room.

Yombo students and sign language translator

The Yombo centre welcomes around 110 students per year with various disabilities 50% physical and 50% mental. This includes students with albino, deafness, downs syndrome, polio and numerous other physical and mental disabilities. Students generally reside at the centre for 2 full years to gain education, training and life skills and then return home to their communities. Students arrive at the centre from around the country after having been through a selection process with agreement of the individual students, parents and community leaders. As part of the programme youth receive comprehensive sexuality education and have access to SRHR services on site.

All in attendance were reminded by Yohana Madadi from the President's Office that "*we may be healthy today but not tomorrow!"*

Mr Yohana Madadi - President's office speaking at Yombo Centre

Yombo students listening to speakers

APPG on PDRH study tour delegates at Yombo youth rehabilitation centre

As part of the visit Melissa McNeil-Barret, UNFPA Deputy Executive Officer, outlined UNFPA's support to the centre. UNFPA aims to support all students to reach their full potential, see positive results and wellbeing and bring youth into employment.

Baroness Jenkin, Mellisa McNeil-Barret, UNFPA Deputy Executive Director and Mr Yohana Madadi - President's office

Baroness Jenkin outlined the aim of the APPG on PDRH study tour as requested by students and thanked Mariam Chellangwa, the Yombo Principal, the students and Yohana Madadi from the President's office for welcoming the study tour delegates to their centre.

Baroness Jenkin speaking at Yombo youth centre

A discussion followed on students returning home to their communities after the 2-year residency, mental health support available at the centre, FP provisions, application and selection criteria and processes for entry to the centre, students' input into activities and equity and disabilities.

Yombo student

The visit outlined the limited access to a full range of quality contraceptive services for adolescents and young people with disabilities in many communities and the biases from health care providers that can occur and their reluctancy to serve youth with disabilities.

Central Medical Stores visit

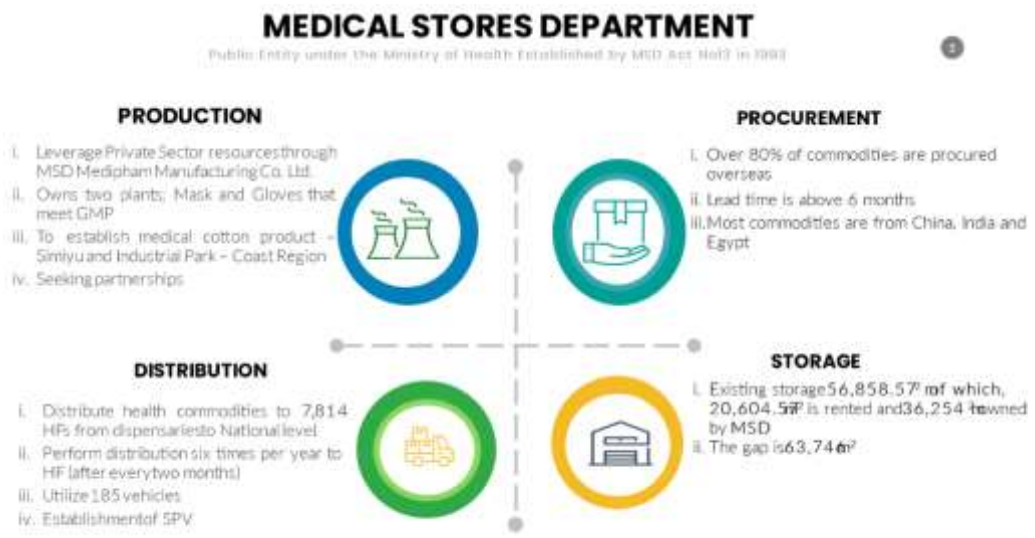
Central Medial Store team, MoH officials, UNFPA team and APPG on PDRH study tour delegates

Mr Mavere Tukai, Director of the General Medical Stores Department (GMD), welcomed study tour delegates and introduced his team as Dr Felix Bundala - Assistant Director for Child and Adolescent Health, Hassna Ally - Planning, Monitoring and Evaluation Manager, Etty Kusiluka - Public Relations and Communications Manager at the Central Medical Stores .

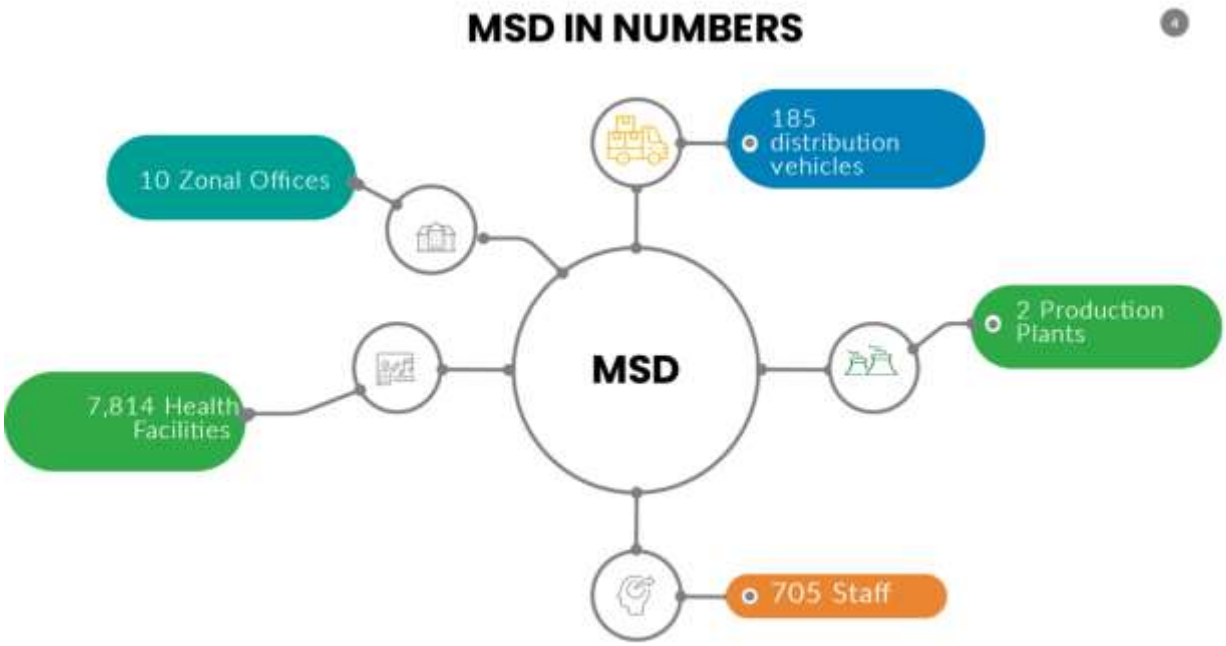
The meeting also saw representation from the MoH including Dr Ahmad Makuwani - Director, Department of Reproductive, Maternal and Child Health, MoH, RHCS focal point, PO-RALG, Dar es Salaam Regional Health Management Team, Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSG), Regional Medical Officer (CMD).

A presentation followed on the running and management of the GMD which included its production, procurement, distribution and storage capacity.

The GMD is under the MoH and was established in 1993. It is supported by several external donors including UNFPA, WHO, PEPFAR, USAID, UNICEP and The Global Fund. Support includes procurement of anti-malaria drugs, antiretrovirals, TB, vaccinations, nutritional supplements, contraceptives, bloods and many other essential commodities.



MSD has 705 staff working from 10 offices/sites around Tanzania and support a total of 7814 health facilities which is more than 70% of the country. Tanzania has two local production plants so 80% of commodities and equipment are imported from India, China and Egypt with a 6-month lag-time. Logistics is via 184 vehicles plus boats, motorbikes and bicycles.



The CMD is thought of as out-of-date and in need of modernisation. At present there is insufficient storage space, inadequate cold chain vehicles, inconsistent supply of commodities and stockout including such as oxytocin, oral contraceptives and implants. Manual form filling is cumbersome and inefficient.

CMD is therefore currently in the process of modernising and reforming the organisation. Five major reforms have been agreed 1) CMD needs to grow and become more efficient 2) Infrastructure needs to be increased and include more storage centres around the country and decentralisation 3) Digitalising its

systems 4) Increase local manufacturing including cotton buds, gloves etc. 5) More joint ventures with new partners.

26 million USD has already been agreed in support of the modernisation and 55 million USD are expected to follow.

Tommy Sheppard MP with Mark Bryan Schreiner, UNFPA Country Representative

Study tour delegates were escorted around the central medical store warehouse and used the visit to interact with the staff to understand Tanzania's procurement, logistics, and supply chain management further.

The cold chain fridge was full in the corner of the warehouse where oxytocin was seen in boxes alongside vaccinations.

CMS communications staff used the opportunity to interview and film Baroness Jenkin for marketing purposes, interview available here.

UNFPA presented their support to CMS during lunch. UNFPA is collaborating with CMS on SRHR commodities through the MoH. UNFPA procures lifesaving maternal health and FP commodities and hands them over to CMS for storage and distribution to service delivery points. From 2015 - 2023, the Global UNFPA supplies programme, with several donors, including the UK and FCDO Tanzania, procured SRHR commodities worth USD 68.3 million.

Tanzania's MMR has significantly reduced from 556/100,000 livebirths in 2016 to 104/100,000 livebirths in 2022. Tanzania's health workforce remains a challenge and there is an urgent need for further investment in staff training and commodities. The UK is a valued partner in Tanzania from a financial perspective, but also from an advisory and political perspective. In 2022 the UK was the 4th largest donor to UNFPA and the largest donor to the supplies initiative linked to CMS. UNFPA Supplies is in its third phase, which will last ten years, from 2020 to 2030. The current FP project, supported by FCDO (22 million Pounds), ends in November 2024. There is a need for FCDO to continue its support of family planning, which currently has a gap of USD 31 million for 2024.

Sahara Sparks site visit

Sahara Spark youth team and APPG on PDRH study tour delegates

Jumanne Mtambalike, Sahara Spark CEO outlining its mission

Jumanne Mtambalike, Sahara Spark CEO, outlined Sahara Spark's vision which extends beyond mere inspiration and ideation. The organisation was established in 2015 with the vision to empower young people with practical knowledge, tangible tools, and meaningful connections to navigate and thrive in a disruptive era. Sahara Spark inspires vibrant start-ups and gives young people unique opportunities to showcase their innovative products and services. They bring together aspiring entrepreneurs, investors, experts, potential customers, partners and industry leaders to explore and embrace the potential of digital transformation in Tanzania. Sahara Spark is a venture to prevent unemployment, which is a problem in Tanzania with currently 1.2 million young people unemployed.

Sahara Ventures

Since 2017, UNFPA is collaborating with Sahara Ventures to implement AMUA – a six-nine month mentorship driven acceleration program supporting young entrepreneurs with seed funding, training and skills development to generate innovative solutions in response to challenges related to SRHR and other population development issues in line with UNFPA's mandate.

Four rounds (cohorts) have been conducted that generated 16 innovative solutions (start-ups). These cohorts focused on:

01 – Innovate for sexuality – focusing on teenage pregnancy
02 – Innovate for PWD – addressing SRHR issues of PWD
03 – Innovate for Data – addressing challenges on SRHR data
04 – Innovate for Zanzibar – focusing on adolescent girls SRHR in ZNZ

* AMUA - Accelerated Initiative, Modern Technology, Universal access to SRH for, Adolescent and Young.

Since 2017, UNFPA has been collaborating with Sahara Ventures and has implemented a 6 - 9-month mentorship-driven acceleration programme supporting young entrepreneurs with seed funding, training and skills development to generate innovative solutions in response to challenges related to SRHR and other population development issues in line with UNFPA's mandate.

Four cohorts have been conducted that generated 16 innovative solutions (start-ups). These cohorts focused on:

- Innovate for Sexuality – focusing on teenage pregnancy
- Innovate for Persons with Disabilities (PWD)– addressing SRHR issues of PWD
- Innovate for Data – addressing challenges on SRHR data
- Innovate for Zanzibar – focusing on adolescent girls SRHR in ZNZ

Young entrepreneurs presented their innovative ideas on SRHR.

APPG on PDRH study tour delegates listening to SRHR innovations

The first presentation was a YouTube video on SRHR. This particular initiative originated from the backdrop of Tanzania having a very high teenage pregnancy rate and young people receiving their SRHR information/knowledge mainly from the TV and Radio. Universities had been visited and discussions held with students by the entrepreneur to aid the messaging in videos. Students and other partnerships came together to create chat boards on sex education and safe boxes and discussion around SRHR and teenage pregnancies. The YouTube clip showcased was innovative, relevant and had captivating SRHR education. The young girl presenting was planning to upscale her innovation by using social media and youth pods to capture and educate young people on SRHR to prevent teenage pregnancies.

UNFPA-supported Sahara Spark entrepreneur

The second presentation was on Menstrual Health Hygiene and its importance for the wellbeing of girls, especially in schools and often a neglected area. The entrepreneur had developed education animation material on menstrual health that was shared on social media. She estimated that material had already reached 4 million via social media. Similar work was ongoing on GBV and FP which has been approved by the MoH as deemed relevant and impactful.

The third presenter outlined his personal story of losing his younger teenage sister in childbirth from PPH. Through research he had invented an abdominal blood pressure cuff to help stop the bleeding. The production cost of the cuff was $40 and it would sell at $68. He was looking for investors to help market and sell the item globally.

UNFPA supported Sahara Spark entrepreneur

Baroness Hodgson and Jumanne Mtambalike, Sahara Spark CEO

Study tour delegates had the opportunity to interact with Sahara Spark entrepreneurs after presentations which left them inspired.

Parliamentary dinner, Dar-es-Salaam

APPG on PDRH study tour delegates with Tanzanian MPs

APPG on PDRH study tour delegates with Tanzanian MPs

A dinner was organised at the Mediterraneo Hotel with Tanzania Parliamentary Association on Population and Development representatives to discuss SRHR legislative and policy challenges. In attendance were Hon. Sebastian Kapufi - MP from Katavi constituency and member of committee of Local Government and Administration; Hon. Dr Faustine Ndugulile - MP from Kigamboni constituency and Vice Chairperson of the Parliamentary Committee on HIV/AIDS and Brown Gideon Mwangoka - Coordinator of the Tanzania Parliamentary Association on Population and Development (TPAPD).

Discussions were wide-ranging and included the Tanzanian parliamentary system and processes and female quota, government SRHR data collection and funding, MMR, GBV, Child Marriage, FGM, unsafe abortion and teenage pregnancies, partnerships, UK ODA and UK parliamentary processes.

According to Article 66 of Tanzania's Constitution, a quota system defines 30% of the seats in parliament as “special seats”, which are allocated to women who are nominated by those political parties that gain at least 5% of the votes in the GE. Women also run for election in the normal way in the constituencies. In the current Tanzanian Parliament there is a total of 339 MPs, out of which 125 are women, of whom 20 were elected from constituencies.

The revised Election Act of 2010 shows male bias and class bias in the language, composition of electoral commission, and the exorbitant expenses required for contesting seats.

In a context where marginalised women own few resources, everything to do with money has a gender and class implication. The issue of election deposits, for example, is a barrier for many women candidates. Women candidates are more likely to be unable to raise the required sum, and therefore unable to go forward than their male counterparts. For those women who manage to go through the deposit steps, they will then incur costs to deploy people to monitor, protect and count their votes during Election Day in different polling stations within wards or in the constituencies they are contesting.

It was noted during conversation that financial support for women contestants both in capacity building and during campaigning is of importance to address women candidates’ relative lack of access to resources due to their low economic status and lack of economically powerful networks to support them accessing campaign resources.

Tuesday 13th February

Mwenge Maternity Hospital and MST Call Centre visits

APPG on PDRH study tour delegation and Mwenge Maternity Hospital and MST team

Dr Mshingo Lerise, Hospital Manager, Mwenge Maternity Hospital welcomed study tour delegates to the hospital alongside the MST team.

Marie Stopes Mwenge Maternity Hospital in Dar es Salaam was established in 1997. The maternity hospital places clients' needs at the heart of its operations by providing affordable, quality assured, non-judgmental contraception, maternity, comprehensive post abortion care and general health services. It is a 24/7 fully equipped facility with 56 staff, including 9 medical doctors and 15 trained nurses. The facility offers outpatient and inpatient services and has a laboratory and pharmacy.

On average the facility sees 3,500 clients per month providing a diverse range of services, including 250 antenatal care, 26 deliveries, 650 FP, 330 child immunizations and 200 HIV tests. In 2023, services provided to National Health Insurance Fund (NHIF) and private health insurance clients generated 50% of the MST Maternity Hospital's income.

In 2023, the MST Maternity Hospital became financially self-sufficient, fully covering its operational costs. The plan is for all MST supported clinics and maternity centres to become financially self-sufficient so that surplus can be used to cross subsidise and enhance donor funded programmes and extend its reach.

APPG on PDRH study tour delegates at Mwenge Maternity Hospital entrance

APPG on PDRH Study tour delegates at Mwenge Maternity Hospital entrance

Mwenge Maternity Hospital play area

Study tour delegates were escorted around the maternity hospital and visited the labour ward reception area and delivery area, the post-natal ward and the laboratory. They met with the onsite anaesthetist, matron, maternity staff and laboratory technician. Maternal mortality and morbidity at the facility was discussed as was staff training, tests offered and pricing. A lady agreed to meet to discuss her care after having had a caesarean section that morning. She was sitting up in bed breastfeeding her baby with family around her. She was very content with the care she had received. The ward appeared welcoming, clean and calm.

APPG on PDRH study tour delegates at the labour ward at Mwenge Maternity Hospital

Maternity staff at the labour ward, Mwenge Maternity Hospital

APPG on PDRH study tour delegates in the delivery suite

APPG on PDRH study tour delegates in the laboratory

In the laboratory the study tour delegates saw the register and equipment available. The technician proudly showed the tools he had at his disposal at the laboratory and said he was able to conduct rudimentary tests such as screening for STI and HIV, Urine infections, Full Blood Count etc.

APPG on PDRH study tour delegates at Mwenge Maternity Hospital call centre

At the top of the Mwenge Maternity Hospital was the MST-supported SRHR call centre. Gloria Minja, the call centre manager, welcomed study tour delegates and outlined the call centre's work. Importantly, similar call centres are established in other MST supported hospitals around the country. The call centres are all open 7 days a week and this particular centre has 6 staff available to answer questions and offer support and advise on STIs, contraception and pregnancies, menstrual hygiene and menstruation, sexuality and body changes, healthy pregnancies etc. Staff work in rotas with the schedule showcased on the wall alongside triage questions and SRHR flowchart advice.

The majority of calls at this call centre were from young people and often increased around specific campaign weeks/days. The centre was publicised and marketed via radio and social media and 'word of mouth'.

Apsana Begum MP and Gloria Minja, MST call centre manager

Kerege Health Centre and outreach visits

APPG on PDRH study tour delegates and Dr Job Kusenah, Kerege Health Facility Acting Director

Dr Job Kusenah, Kerege Health Centre Acting Facility In-charge, welcomed study tour delegates and the MST team to the Hospital.

Kerege Health Facility is a primary public healthcare facility covering a population of 7063 and a referral centre for four smaller health centres in the district. Kerege offers a wide range of outpatient primary healthcare services including Voluntary Counselling and Testing (VCT) for HIV, cervical cancer screening, antenatal care, labour and postnatal care, growth and monitoring for under-fives, vaccinations and treatment of TB, dental work and minor health ailments. MST complements the government's efforts by deploying its outreach team periodically in the district. Apart from providing counselling and choice of all forms of contraceptive methods, the team also supports training of staff, the provision of HIV and STIs counselling and testing, cervical cancer screening, and other youth-friendly services. The centre also provides emergency obstetric care including caesarean sections.

At present the hospital has a variety of FP commodities, although the majority of clients opt for long-term methods rather than short acting methods. Vasectomy is not popular and condom use is low at 7%. Commodities are requested quarterly from CMS.

The hospital also provides GBV support and services, but at present only one health care worker is trained on GBV and has an average of 35 clients per month. Stigma around GBV remains problematic. All referral cases are managed at Bagamoyo District Hospital.

MMR in the region is 123/100.000, district MMR is 71/100.000 with the 2 main causes of maternal death being PPH and eclampsia.

MST outreach work happens periodically in the district and today outreach work was being showcased at the facility after a guided tour around the hospital. Importantly outreach activities generate demand as despite FP being free of charge the demand is low.

Baroness Hodgson on postnatal ward

Maternity staff on the postnatal ward

Family planning methods available in clinic

Ante natal consultation room with staff showcasing WHO diagnostic tool

Study tour delegates were escorted around the premises and visited the antenatal clinic, postnatal ward, FP clinic, outpatient clinic for minor ailments and held a discussion with Dr Julius Best Kambaragwe, MST Outreach Surgeon outside the operating theatre. He outlined his role as the MST surgeon and said that most of his work at this particular facility related to the insertion and removal of IUDs, caesarean sections and sterilisation. Unlike other facilities where he worked, this particular hospital had no staff trained in IUDs. Vasectomies were seldom performed as not popular in Tanzania as a FP method in contrast to female sterilisation.

Baroness Jenkin & Baroness Hodgson in outpatients area

Study tour delegates had the opportunity to speak to health workers and volunteers and clients at the hospital, however there was a language barrier, in that the majority of clients spoke Kswahali only.

Numerous clients were sitting outside the consultation rooms waiting their turn with their numbers on display.

Baroness Jenkin, Kim Johnson MP and Dr Julius Best Kambaragwe, MST surgeon

MST outreach poster

MST outreach health worker

MST outreach activities

APPG on PDRH study tour delegates, Kerege staff and district officials

A large poster was noted upon entry to the hospital advertising outreach activities and a large congregation of women and girls were noted sitting under a tree in the centre of the Kerege Health Facility premises.

Outreach workers were engaged with their clients discussing FP/SRHR. The outreach channel aims to reach clients with the greatest needs, particularly those in the lowest economic quintile, and with no other options to access services. By working closely with the government to improve access to high quality

contraception and SRHR information and services, the MST outreach approach avoids duplication and instead contributes to filling service delivery gaps.

MST's outreach teams are operational in all regions of the country and provide services in 49% of public health facilities in the country.

In 2023, MST's outreach teams provided choice and high-quality FP services to 1,390,451 clients. 18% of clients being under the age of 20, with nearly 43% living in either poverty (27%) or extreme poverty (15%). Over half of MST outreach clients have no other access to FP services if not for MST and 95% state MSI services exceeded their expectations.

Clients sitting under the tree were asked about their optimum fertility and the majority of clients said 3 – 4 children with the occasional person saying 1. After some discussion the reason for wanting 1 was economics i.e. it is too expensive to have many children a client said.

Tommy Sheppard MP, Kim Johnson MP and volunteer

Tommy Sheppard MP and Kim Johnson MP spoke to one of the health volunteers in the corner of the hospital grounds. This particular lady was a retired health worker but had decided to return to work as a volunteer to educate youth on FP/SRHR and generate demand in her community.

Bagamoyo youth outreach visit

Bagamoyo peer educator

Mr Denice Simeo and Ms Tuponege Donald, MST Youth Coordinators, welcomed study tour delegates to Bagamoyo youth culture centre with dancers and musicians all engaged in FP/SRHR outreach broadcasting activities.

To reach adolescents and young people, MST organise youth events around the country. SRHR information and services are provided in a non-health facility setting to ensure anonymity, confidentiality and avoid stigmatisation. These youth events are organised based on the needs, preferences and context of the youth (Human Centred Design principles) resulting in youth-friendly and context-specific interventions to provide SRHR education and services for in and out of school adolescents and young people. Events are organised in consultation with community leaders and parents to ensure buy-in and support for participation in the events.

Delivering health talks integrated with livelihood/entrepreneurship activities and educational games contributes to a safe space for discussion about SRHR and discreet service provision for those who chose to take up a method and has proven to be a successful method of reaching adolescent and young people in Tanzania.

The youth dancers and singers were rapping SRHR message via a microphone to their peers and a comedian was seen entertaining the young people.

After the performance, delegates visited the various youth activities and the ‘pop up’ SRHR clinic. Study tour delegates spoke to staff and engaged with the young people at the various activities.

Tommy Sheppard MP and Apsana Begum MP at outreach 'pop up' FP/SRHR clinic

Health workers at FP/SRHR 'pop up' clinic

The ‘pop up’ tents can be erected and taken down within 5 minutes as they are all inflatable and easily transported between sites.

Textile colouring and games activities for youth

Contraceptive methods discussed in small groups of male youths with outreach worker

Baroness Hodgson discussing peer education with MST staff

Tommy Sheppard MP published an article which outlined his impressions, thoughts and reflections on the ‘pop up’ youth friendly SRHR facilities and general SRHR in Tanzania, available here.

Wednesday 14th February

Temeke UMATI Youth Centre visit

Temeke UMATI staff and peer educators with APPG on PDRH study tour delegates

Temeke UMATI youth centre

Suzana Raphael Mkanzabi, UMATI Executive Director, welcomed study tour delegates to the Temeke UMATI youth centre alongside her team Daniel Kirhima - Head of Programmes; Revocatus Kitteka - Head of Operations; Mwasham Mrisho - Clinical Service Manager, Radhia Mamboleo - National Youth Coordinator and Dr Elisha Makarabo - Clinician (UMATI) and peer educators.

UMATI peer educators

UMATI is part of Planned Parenthood Federation (IPPF), and the youth centre visited was established in 1983 to provide sexual health resources and services to both in and out of school youth. The centre has a library, music room, classroom, game area, doctor's room and a laboratory. The Temeke UMATI centre provides a friendly environment for young people to convene. At the centre young people receive SRHR education and services in HIV and STIs, FP and GBV. It has a library, classroom for peer education, dancing room, recreational areas for games activities, daycare and a kitchen (currently being renovated). The centre has routine youth activities that are facilitated by trained peer educators. UMATI empowers teenage mothers with skills development in cooking and sewing, while their children are being taken care of in the centre's daycare.

APPG on PDRH study tour delegates enjoying dancing at UMATI youth centre

UMATI has fives similar centres in other areas. This centre has 100 peer educators between the age of 10 and 24 and 60% of young people visiting the clinic are below 24 years of age. The centre has numerous collaborators including Swiss ODA and is open on Saturdays as well as weekdays for young people in and out of schools. The centre sees on average 500 young people per month. Drug use was listed as a problem in the area as was teenage pregnancy.

Study tour delegates were escorted around the youth centre and met with youth beneficiaries and UMATI staff members overseeing operations.

The first stop was the library where young people were seen reading and using the computers available. A FP nurse was busy in one of the consultation rooms; teenagers were seen playing table football on the top floor and in a side building a group of boys were playing music, which was soon to be exhibited in Switzerland.

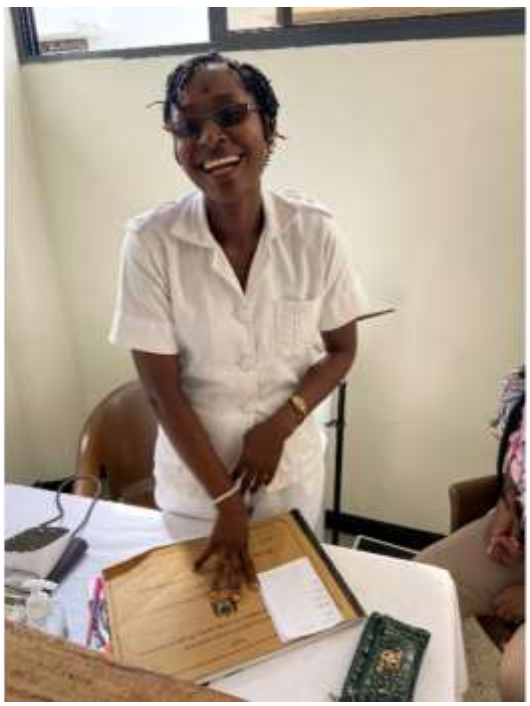
Temeke UMATI youth centre library

Kim Johnson MP and UMATI staff in library

Activities in UMATI youth centre

Tommy Sheppard MP in library

UMATI library and youth on computers



UMATI FP/SRHR nurse

Magirisi health facility visit

Peer educators, Magarisi health facility

UNFPA staff with peer educators at Magarisi health facility

Peer educators at Magarisi health facility

After a 2-hour ferry ride from Tanzania mainland to Zanzibar the study tour delegates went directly to visit the Magirisi health facility on the outskirt of Stonetown. The Government District Medical Officer in charge and UNFPA Technical staff including Ms Azzah Nofly - Programme Specialist, SRH/HIV, Ms Amina Kheri - Program Analyst, RH and Youth and Mr Ali Hamad - Programme Analyst welcomed the study tour delegates.

This youth centre was set up in September 2021 following the renovation of the site and serves five communities, 34 villages with a population of 22000. UNFPA supported by FCDO is training peer educators and healthcare workers at the centre. This particular community has challenges with a high unmet need for SRHR and limited access to a full range of quality contraceptive services with providers' bias towards services to adolescents and young people. Child marriage and teenage pregnancies are common as is polygamy. Health workers and young people gain skills and knowledge training for clinic and outreach services. General health system strengthening is also provided. Cultural and social norms, stock out and demand generation are high on the agenda.

APPG on PDRH study tour delegates at Magarisi health centre

Peer educators outlining main concerns in their community

The Magarisi health centre works closely with community leaders to combat myths and improve knowledge and service provisions. Delegates met with peer educators at the centre – all volunteers. A few days training is provided before the young people get involved in community outreach.

A discussion was held with peer educators and young people in the centre around the training of health workers and volunteers. General nursing training was noted as a 3-year training programme and bachelor nursing training as a 4-year programme. Midwives and counsellors training were both 3 years training.

Young people present said that the biggest challenges were gaps in services for youth, ensuring confidential youth friendly services, stock out of STI/HIV tests kits but low prevalence from tests provided, and that outreach needed to be scaled up to create demand. A lack of transport was also highlighted as a problem as were teenage pregnancies and the high fertility rate of 7-8 children. FGM is low and HIV/AIDS is seen only in high-risk populations. Many myths existed in the community including OCP depleting sex-drive, one peer educator said. Another peer educator said that male domination exist in their community and post abortion care requires 3 signatures.

APPG on PDRH study tour delegates with Magarisi health facility staff and peer educators

Parliamentary dinner, Zanzibar

A dinner was organised at the Maru Maru Hotel for UK delegates and UNFPA staff to have informal discussions with Zanzibar's House of Representatives on challenges facing legislators and women and girls in Zanzibar. In attendance from the Zanzibar House of Representatives were Hon. Prof. Omar Fakih Hamad, Hon Dkt. Mohamed Said Sulemna MP, Hon Hudhaimah Mbarak Tahir MP, Hon Azza Januar Joseph MP, Hon Sabiha Filfil Thani MP, and Mr Abdulbaki Mwalim Haji, Secretariat.

Discussions were wide-ranging but many relating to the Zanzibar parliamentary system, processes and female participation – women shortlists in particular, legislative processes, support to SRHR including financial, data and budget lines, youth, equity, abortion, GBV including child marriage and FGM, partnerships, investment in country and taxation.

Kim Johnson MP and members of Zanzibar House of Representatives

APPG on PDRH study tour delegates and members of Zanzibar House of Representatives

Thursday 15th February

Religious leaders briefing

Apsana Begum MP and religious leader

Study tour delegates held a dialogue with religious leaders working with UNFPA, EngenderHealth and other partners who had been working in Zanzibar for more than a decade. Leaders in attendance included Issa H. Ziddy, Professor State University Zanzibar; Abdulla Talib Abdulla, WAKF and ED Trust Commission, Sheikh H. Idd, Office of Mufti, Rev. and Priest Mebert Ally, ADZ; Rev and Priest Fr. Ernest Frenk, ADZ; Amina Salum Khalfan from the Ministry of Education and Vocational Training and Teacher, Mashauri Shehe Khamis, NGO Chairman; Shaaban Salum Humud, Grand Mufti's Office, Board of Muslims; Juma Suleiman Juma, from the Ministry of Community Development, Elders, Women and Children; Shk. Ahmed Mziwanda Ngwali and Grand Imam and Fatma Mbaraj Hashim, from the Ministry of Education and Vocational Training.

Religious leaders, Zanzibar

UNFPA and EngenderHealth representatives opened up the discussion saying that religious leaders are important gatekeepers and have significant potential to influence the achievement of Zanzibar's development aspirations, as well as national and global health commitments and are well-placed to advocate for voluntary FP in the community to ensure that all Zanzibaris can exercise their reproductive rights and choices.

Zanzibar is a religious society. Almost everybody has a religion on the island. The dominant ones being Muslim, followed by Christian and Hindu.

Prof. Issa Haji Ziddy, the moderator, noted that the religious leaders are supported to talk with followers in Mosques, Madrassa, Churches, Sunday Schools, ordinary and schools, faith and non-faith gatherings and they participate in media programmes and work together and conduct collective activities on SRHR and GBV to promote choices and prevent harmful practices in their communities to achieve the SDGs. All leaders follow GBV guidelines prepared in collaboration with UNFPA in 2012 and revised in 2023.

The religious leaders each had five minutes to present their background, reasons and interests on SRHR. It was noted that TV, radio and social media are the best mechanisms for raising awareness in the community to generate demand and knowledge on SRHR and GBV. GBV was highlighted as a particular problem for women and girls in communities. The importance of peace and happiness, rights and community action were raised as paramount, as was teaching women and children where to get help when needed. One religious leader said that the whole society needs to be mobilised to change and survive the problem.

Prof. Issa Haji Ziddy noted that GBV happens to women and men, old and young, rural and urban and is a global problem.

Another leader noted that GBV leaves children paralysed and teaching children from an early age that GBV is unacceptable is important and good, caring parenting.

A third leader and Imam said that the religious leaders work closely with the government to combat GBV. He had written a book on GBV and made strong reference to fathers' roles and duties to care for their children for them to not go astray. He found a loving environment during upbringing important and said that single motherhood can be problematic, as can domineering fathers and some cultures, which are not conducive to a good and caring upbringing of children.

UNFPA staff highlighted the fact that poverty is a driver of GBV as is negative masculinity in Zanzibar.

A leader of the Muslim faith, a preacher and lecturer said that it is important to talk about equality and awareness-raising on this topic and that working with High Court judges, public prosecutors and special committees on this is important. He also said that a decrease in faith, morals and ethics causes problems and some parents do not know how to care for their children and economic poverty with insufficient food and protein causes aggression and social media can cause problems.

Prof. Issa Haji Ziddy highlighted the link between poverty and continued abuse. Rape cases being high in Zanzibar and few going to court due to poverty, as people settled out of courts because of the need to save money. The poor are victimised and bribed. One leader noted that murder has capital punishment in Tanzania.

EngenderHealth staff highlighted that fact that structural and systematic problems exist which cause delays in processing rape cases. Youth and disabled populations are more vulnerable to GBV and working in this area can be a risky job. "*Caring within and at home is important."* National plans to combat GBV exist and UK FCDO support both the government and NGOs in this area and meetings are held quarterly amongst stakeholders to discuss issues which aid planning and implementation of GBV programme activities.

APPG on PDRH study tour delegates with religious leaders

A discussion was held on the upcoming GE and mass media activity on GBV via social media. UNFPA staff noted that a recent survey in Zanzibar showed that 65% of young people use WhatsApp, 21% use Twitter, 12% YouTube and 6% Instagram, which is important for campaign work.

The issue of anal sex and rape was discussed as a problem, despite religious teaching stating it to be a sin. Children in Zanzibar are taught that GBV is illegal but despite this GBV is on the increase, one leader reiterated! The 2021 demographic survey showed that 48% women experience GBV whereas a 2015 survey showed only 39%. 27% of women reported physical GBV; 18%-12% sexual GBV and 38% - 31% other reasons.

This issue of parenting and parental support and skills around GBV reappeared. One leader said that authorities offer parenting skills via a special marriage diploma for husbands and wives. Short courses are also offered during marriage via pastoral teaching.

GBV was noted as a common problem within marriages and the issue of polygamy was discussed briefly, it being commonplace in Zanzibar.

Current laws and beliefs around GBV were discussed and the definition of GBV being clear. A national plan of action and numerous laws exist on child marriage, honour-based killing, FGM etc. but some women think GBV is justified, which complicates matters one leader said.

Religious leader highlighting work on GBV, Zanzibar

APPG on PDRH study tour delegates with religious leaders, Zanzibar

Sebleni Primary Health Care Centre Visit, Sebleni, Zanzibar

Sebleni PHC mother and baby clinic

Study tour delegates visited the Seblini Government Primary Health Facility (PHC) facility in an urban district of Zanzibar 3.5 km from Sandstone. This facility opened in 1964 and offers a range of maternal and child health services including antenatal, delivery and postnatal care, post abortion care, child health services, FP, STI/HIV and GBV screening, as well as some general outpatient services.

This PHC facility covers a population just above 39,000. It has 61 staff and 16 support staff. The centre appeared very busy upon arrival with women lining up with their children for vaccinations and the medical doctor was completing an operation before joining the delegation.

Mother and baby waiting for vaccinations

The study tour delegates were escorted around the PHC facilities and given the opportunity to observe services and interact with clients.

APPG on PDRH study tour delegates visiting the post abortion room

Baroness Jenkin and Kim Johnson MP, Seblini PHC outpatients

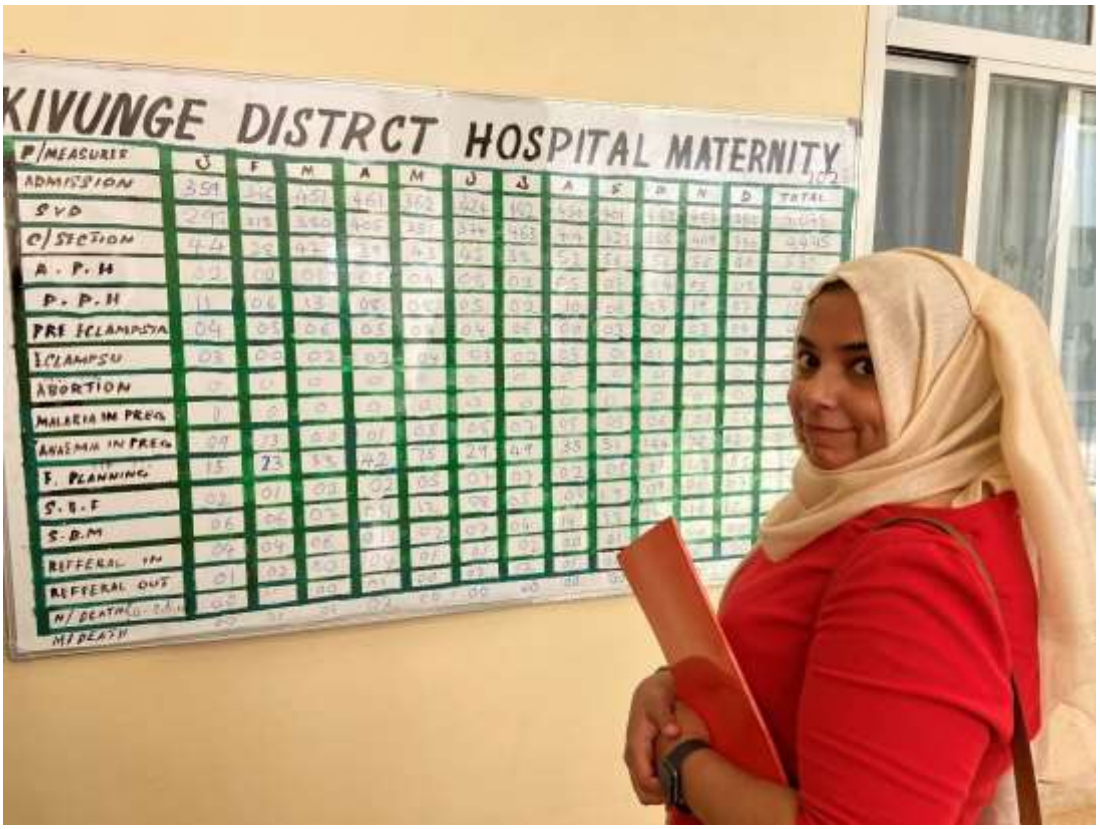
Study tour delegates explored the availability and challenges of ensuring adequate supplies of FP and maternity commodities. They discussed how FP and other reproductive health services were integrated at the facility. They explored sociocultural factors towards utilisation of the facility, including FP and GBV services and data and maternal deaths were discussed alongside financing of services.

A sign was noted on the wall outlining morbidities and mortalities with one maternal death noted some months prior. PPH was the cause of death and a delay in transport to the referral hospital, study tour

delegates were informed. Capacity building and staff in-service training and quality of care were discussed at the facility.

APPG on PDRH study tour delegates with Sebleni PHC staff

Kivunge District Hospital and GBV clinic visits



Apsana Begum MP views Kivunge District Hospital's monthly maternity statistics

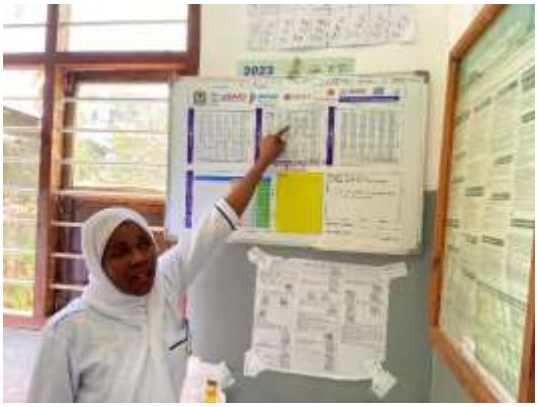
Dr. Haji Machano Haji, The Hospital Obstetrician and Gynaecologist and Medical Director, alongside MoH officials welcomed study tour delegates to Kivunge hospital.

Kivunge hospital was established in 1985 and upgraded to a district hospital in 2018. It provides 24/7 services and has a bed capacity of 210, with 152 staff including 1 specialist obstetrician and gynaecologist, 13 medical doctors, 1 assistant medical officer, 11 clinical officers, 2 midwives, 14 nurse officers and 35 general nurses. The hospital offers all maternal health services including post-abortion care and comprehensive obstetric care i.e. caesarean sections, blood transfusions etc.

The hospital is linked to community health programmes and outreach activities including peer educator programmes and has a GBV 'one stop clinic'.

Study tour delegates were escorted around the antenatal, FP consultation rooms, the post-abortion room and general hospital grounds. The FP nurse outlined the various contraceptive methods at her disposal and noted that the main problem being myths in the community about contraception and a low uptake at 4% – one of the lowest in the country. Demand generation was important and on the agenda with outreach workers linked to the hospital.

Dr. Haji Machano Haji, Medical Director and nurse in consultation room

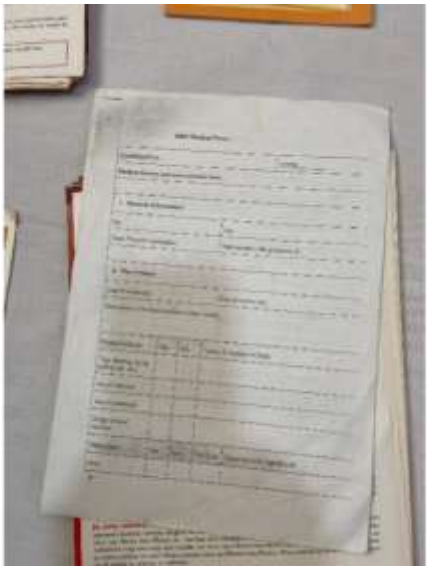


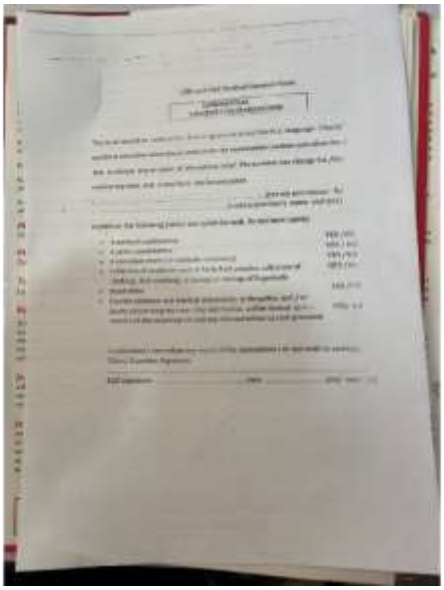
Health worker showing statistics in consultation room

The Kueng hospital had large green spaces and, under a tree, peer educators were showcasing games and peer education programmes performed in communities to educate young girls and boys on consent and GBV. The young people were dancing and calling out 'do not touch this, do not touch this – this is mine' whilst covering breasts, genitalia and the anus with their hands.

Peer educators showcasing games used in communities to teach girls about consent and GBV

At the 'one stop' GBV clinic visit, delegates received a short presentation on GBV clinical management and prevention activities. The process and collaboration between clients, health workers, counsellors, the police and the judiciary were outlined. Forms completed as part of this process, alongside leaflets on GBV were available on the tables. Staff in the unit had all been trained in GBV counselling, privacy, dignity, sensitivity and procedures. The unit sees on average 23 survivors per month.





GBV medical and examination forms

For a five-year period 2019-2024, the UK FCDO has funded the Scaling Up FP programme at Kivunga hospital supported by EngenderHealth. The programme provides integrated and inclusive FP, including the integration of preventive and responsive services on GBV and Violence Against Children, as well as ensuring inclusive services for people with disabilities and young people.

Having a 'one stop centre' had been introduced to strengthen multisectoral coordination and response to GBV. Similar 'one stop' GBV health response services are now offered at seven primary health facilities. It is hoped that this will highlight the problem, end stigma and ensure an increase in incident reporting, better awareness and access to care and judiciary processes for survivors.

Staff were questioned about processes by study tour delegates and proudly explained their collaborative work to combat GBV and support survivors.

A round table meeting was held with Dr. Haji Machano Haji,the Medical Director and he outlined hospital statistics and support by UK FCDO, Pathfinder, China and numerous other partners – all greatly appreciated and aiding the running of the hospital. He noted that deep-rooted negative social-cultural and gender norms and inequality, poverty, weak economic safety nets and inadequate enforced laws, policies and guidelines remain, but the 'one stop' GBV service is a step in the right direction.

He noted that the Government of Zanzibar strives to enhance efforts towards achieving zero preventable maternal morbidities and deaths through strengthening quality of care as a result of investment in Human Resources for Health, including post-graduate training of obstetricians, paediatricians and midwifery specialists, and the establishment of a national midwifery programme with pre- and in-service training, mentorship and supportive supervision. However more specialist consultants are needed as, for example, at Kivunge hospital he was the only obstetrician and gynaecologist specialist, other doctors at the hospital were more generalist practitioners.

Infrastructure has improved and there is an improvement in availability, accessibility, acceptability and quality of life-saving maternal health commodities, study tour delegates were informed. Outreach, sensitisation and mobilisation of women and men in the communities by Community Health Workers is important to generate demand for FP/SRHR/ GBV services and the government is committed to supporting sustainable financing for reproductive health, including FP and implementation of universal health insurance.

All FP, normal deliveries and maternity services are free at point of delivery at the Kivunge hospital. The hospital conducts 500 caesarean sections per year with the majority done by generalist surgeons. HPV programmes have good coverage on Zanzibar and very little cervical cancer is seen.

Kivunge hospital clients waiting to take local transport home

Friday 16th February

Zanzibar House of Representatives visit

APPG on PDRH study tour delegates and Deputy Speaker, Mgeni Hassan Juma, House of Representatives, Zanzibar

The study tour delegates made a courtesy call to the House of Representatives, Zanzibar and had a brief conversation with The Hon. Mgeni Hassan Juma, Deputy Speaker and The Hon. Ali Abdulgulum Hussein, Deputy Minister of Health. A short visit was made also to the Chamber and Hansard office.

Baroness Jenkin briefly outlined the aim of the APPG on PDRH study tour and visits made in Zanzibar to the Deputy Speaker, The Deputy MoH and Hansard staff.

The Hon. Mgeni Hassan Juma, The Deputy Speaker highlighted her support for FP/SRHR as did The Hon. Ali Abdulgulum Hussein, Deputy MoH. The Deputy MoH noted that he used to live and work in the UK so knew the system and country well and emphasised his support to FP/SRHR.

APPG on PDRH study tour delegates with The Hon. Mgeni Hassan Juma, Deputy MoH, Zanzibar House of Representatives

Apsana Begum MP with The Hon. Mgeni Hassan Juma, Deputy MoH, Zanzibar House of Representatives

Baroness Jenkin with Hansard office, House of Representatives, Zanzibar

Baroness Hodgson and Apsana Begum MP at Hansard office, House of Representatives, Zanzibar

Baroness Jenkin with Hansard, Zanzibar House of Representatives

Ministry of Youth, Culture and Sport and Youth Representatives briefing

APPG on PDRH study tour delegates with youth leaders and Ministry of Youth, Culture and Sport officials

Fatma Hamad Rajab, Principal Secretary and ? Executive Director, The Ministry of Youth, Culture and Sports welcomed study tour delegates and youth representatives to a round table discussion. This was an opportunity for youth representatives to introduce themselves and outline their priority concerns and activities to the study tour delegation.

The youth representatives were as follows: Safia Mkubwa Abdall, Sazani; Juma Hemed, KVP Zanzibar Forum; Hija Shamte, Centre for Youth Dialogue; Kombo Juma Maalim, Migombani Botanic Garden; Azmina Ased Jabir, Youth Representative; Aziza J. Ismail, Zafayio; Rashid Mwinyi Rashid, Pamoja Youth Initiative; Yumna Mmanga Omar, All about Albinism; and Ahlam Abdalla Azzan, Down Syndrome Initiative.

Fatma Hamad Rajab, Principal Secretary and Shaib Ibrahim, Executive Director, The Ministry of Youth, Culture and Sports and APPG on PDRH study tour delegates

Fatma Hamad Rajab, Principal Secretary and Shaib Ibrahim, Executive Director, The Ministry of Youth, Culture and Sports and APPG on PDRH study tour delegates

Apsana Begum MP and Kim Johnson MP and youth delegates

Areas of concern highlighted by youth representatives included stigma, social exclusion for youth with disabilities, general health issues being exacerbated by certain health conditions, lack of empowerment for youth, exclusion in the workforce if disabled, difficulty of entering mainstream education with physical disabilities, high youth unemployment, the need for support with youth entrepreneurship, lack of youth-friendly SRHR services, equity varying enormously depending on where you live, mental health problems, post abortion care, quality of services, environmental concerns, lack of regional strategies to accommodate and reach youth, data and its protection, youth wellbeing, vulnerable populations, life skills for youth, livelihood and creativity, waste management and recycling, restoration, beach cleaning, vocational training and employment and leadership training.

Youth delegates had access to authorities and could raise concerns, however financing was highlighted as a big concern for youth and youth organisations to exist and participate.

A discussion followed on the topics of voting in country and youth participation, cultural norms, the 'youth bulge' and the demographic dividend, internships to empower youth, returning back home to villages to work following education, the 2% of youth employed in Government sector, extremism and gangs, space for civil society organisations, demand generation and commodities, liaising between different Ministries such as Ministry of Education and MoH and youth, social media and its power, including radio, especially in Zanzibar.

The study tour delegation outlined its mission as requested by youth delegates and thanked youth for their input to the APPG on PDRH study tour.

En route to the ferry for mainland Tanzania and the debriefing meeting at the British High Commission, the study tour delegates visited a spice farm and enjoyed the local fruit, spices, plants and environment.

APPG on PDRH study tour delegates with co-hosts at spice farm

British High Commission debriefing

APPG on PDRH study tour delegates at British High Commission de-briefing meeting

A debriefing dinner was held at the British High Commission for UK Parliamentarians to share their perspectives and experiences from the APPG on PDRH study tour in Tanzania/Zanzibar. This was also an opportunity for host organisation UNFPA and co-host organisations MST, UMATI and EngenderHealth to outline their activities and contributions to FP/SRHR and future needs to improve welfare and wellbeing of the Tanzanian population.

David Concar, The British High Commissioner and Kemi Williams, Deputy High Commissioner/Development Director welcomed the study tour delegates, host and co-host organisations to the debriefing dinner and after a round table introduction requested Baroness Jenkin, Leader of the APPG on PDRH study tour delegation to outline study tour findings.

Baroness Jenkin thanked the British High Commissioner for hosting the debriefing and the host and co-host organisations for hosting the UK Parliamentarians. The study tour delegates had seen a variety of FP and SRHR programme activities in and around Dar es Salaam and Zanzibar supported by UNFPA, MST, UMATI and EngenderHealth in part supported by UK taxpayers' money.

Study tour delegates had met with legislators and numerous innovative peer educators and FP/SRHR clients – however they had only scratched the surface, so were unsure how representative their findings were.

The majority of activities seen supported the existing Tanzania health infrastructure, staff and logistics, which was reassuring for sustainability. Women and girls and in particular youth and vulnerable populations were prominent as a target audience and as recipients of support and UK ODA.

Delegates had met and seen innovative projects and messaging for demand generation, which seemed necessary with the large youth bulge, lack of jobs, lack of land and funds to sustain current population growth.

Politically, female emancipation was questionable despite female short lists, as funding differed, however civil society appeared to have a good space.

The issue of UK ODA cuts and funding cycles about to finish were referenced several times at site visits, as expected, as was the need for vehicles for referrals to save women's lives.

Male and religious leaders' involvement appeared important to change cultural and social norms and specialist training was discussed at Kivunga hospital as there was only one obstetrician and gynaecologist. The Central Medical Store visited was interesting and its plans to modernise, decentralise and bring production closer to home was encouraging.

Tanzania is indeed transitioning into a new space and has great potential, including in the area of FP/SRHR and the APPG on PDRH delegation hope the British High Commissioner and FCDO will continue supporting the good work done by the organisations present.

Mark Bryan Schreiner, UNFPA country representative, was given the opportunity to highlight his concerns and thoughts. He thanked the UK Government for its support to UNFPA and in particular its Global Partnership Supplies programme. He noted that proceeding in partnership and collectively in the area of SRHR was a smart investment. The Tanzanian new 25-year development plan was highlighted as very important and something to be engaged with to progress on FP/SRHR in Tanzania.

Moke Magoma, EngenderHealth Country Representative, noted that the UK is a strong supporter of FP/SRHR and that the current Tanzanian Government and female representation in Parliament should be utilised. He also referenced the forthcoming 25-year development plan as an important document to progress on women and girls and indeed FP/SRHR.

Dr. Geoffrey Sigalla, MST, highlighted the importance of continued UK support to FP/SRHR in Tanzania and noted that MST has learned a lot with UK Government support. Human resource shortages remain a challenge as does quality of care, so capacity training must continue.

Suzana Raphael Mkanzabi, UMATI Executive Director, noted that this is the moment to progress on women's empowerment in country and more space is needed for youth to be involved. Capacity building and technical support is needed within Ministries, including the Treasury, to move on domestic financing for health to support the country's business plan and health system strengthening. Tanzania GDP has increased and ODA decreased whilst health system clients have changed. More local manufacturing is needed, as well as private sector investment including for FP/SRHR commodities. Tanzania needs modernising and more partnerships.

A discussion followed on the high fertility in Tanzania and demographics and the effects it has on youth, schooling, land, jobs and climate adaptation. There was a general consensus on supporting religious leaders of all faiths to have the tools to aid demand generation, whilst noting that culture change is a slow process and pushing too hard is ill-advised. The issue of masculinity was discussed as was youth ambitions, education and the British Council, COP skills, and GBV and the judiciary system.

APPG on PDRH study tour debriefing meeting, British High Commission Tanzania

Apsana Begum MP and Suse Matamwa, Health Policy Advisor, BHC

For further details please contact
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