



Tanzania

**Service Provision Assessment Survey (TSPA)
2014-15**

Key Findings



This report presents key findings of the 2014-15 Tanzania Service Provision Assessment Survey (TSPA), which was implemented by the National Bureau of Statistics and the Office of Chief Government Statistics, Zanzibar in collaboration with the Ministry of Health and Social Welfare, Mainland; and Ministry of Health, Zanzibar. ICF International provided technical assistance. The 2014-15 TSPA is part of the worldwide DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. The survey was funded by the United States Agency for International Development (USAID).

Additional information about the 2014-15 TSPA may be obtained from the National Bureau of Statistics, General Office, 18 Kivukoni Road, P.O. Box 796, 11992 Dar es Salaam, Tanzania. Telephone: 255-22-212-2722/3; Fax: 255-22-213-0852; Internet: www.nbs.go.tz.

Information about The DHS Program can be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850 USA. Telephone: 301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: <http://www.DHSprogram.com>.

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Icons courtesy of The Noun Project: Baby, Baby Care by Saeed Farrahi; Childbirth by Luis Prado; Mosquito by Monika Ciapala; Health by Christopher Holm-Hansen; Lungs by Brennan Novak; Stethoscope by Olivier Guin; Gloves by TNS; and Microscope by Stuart McCoy

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INTRODUCTION

The 2014-15 Tanzania Service Provision Assessment (TSPA) is the second SPA survey in the country. The first SPA was conducted in 2006. The survey was designed to collect information from a sample of all functioning health facilities in the country on the delivery of health care services and to examine the preparedness of facilities to provide quality health services in child health, family planning, maternal and newborn care, HIV, sexually transmitted infections, non-communicable diseases, and tuberculosis.

The 2014-15 TSPA used four types of questionnaires:

- Facility inventory questionnaire
- Health provider questionnaire
- Observation protocol of consultations of sick children, antenatal care, and family planning
- Client exit interview questionnaires for women attending antenatal care, family planning clients, and caretakers of sick children whose consultations were observed by interviewers

Number of Facilities Surveyed in the 2014-15 TSPA by Background Characteristics:

Facility Type:

- Hospital: N=256
- Health centre: N=379
- Dispensary: N=493
- Clinic: N=60

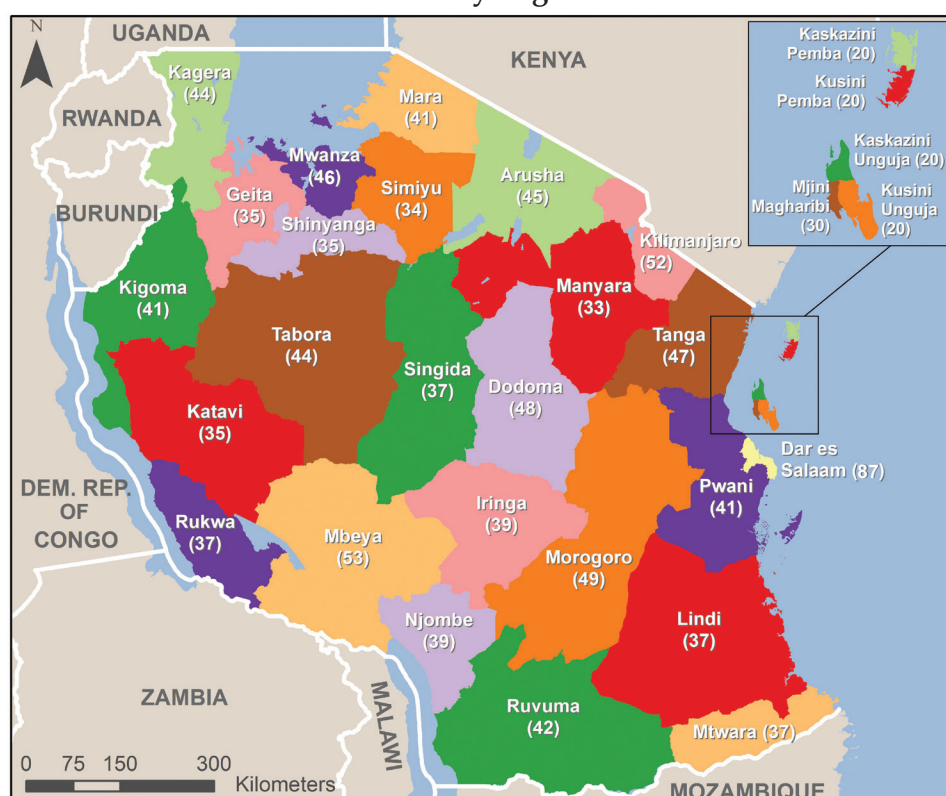
Managing Authority:

- Government: N=780
- Private-for-profit: N=184
- Parastatal: N=20
- Faith-based: N=204

The 2014-15 TSPA sampled 1,200 facilities throughout all regions of Tanzania. Of the 1,200 health facilities in Tanzania that were selected for the assessment, 1,188 were successfully surveyed, 7 refused to participate, and 4 were closed or not yet functional and one facility could not be reached. The results of the assessment are presented by facility type, managing authority, and for the 25 regions in Tanzania Mainland and 5 regions in Zanzibar.

This report presents the key findings of the 2014-15 TSPA. To put these results in context, it also presents some of the results of the 2010 Tanzania Demographic and Health Survey (TDHS) which interviewed more than 10,000 women and 2,500 men. Some of the data in the 2010 TDHS are based on health behaviour in the 5 years prior to that survey. While these DHS data precede the SPA data collection by 4-9 years, they may still provide some context to the health situation at the population level in Tanzania. Also included are results for the 2011-12 Tanzania HIV and Malaria Indicator Survey (THMIS) which interviewed over 10,000 women and 8,000 men and included testing for HIV among adults and malaria among children. The results of the 2010 TDHS and 2011-12 THMIS are presented in yellow boxes.













Number of Facilities Surveyed in the 2014-15 TSPA by Region



Understanding the 2014-15 Tanzania Service Provision Assessment (TSPA)

The 2014-15 TSPA collected data on 1,188 health facilities in Tanzania. The TSPA describes how health facilities provide child health, family planning, maternal health, HIV/AIDS, malaria, non-communicable diseases, and tuberculosis services. This legend provides iconic descriptions of the health service areas, the number of facilities offering the type of service, and if observations or client exit interviews were conducted.

★ Observations ● Client Exit Interview N = Number of Facilities

| | | | | | | | | |
|--|---|-------------------------------------|--|--|---|--|--|--|
| All Health Facilities N=1,188 | <div> Child Health</div> | | | | | | | |
| | <div> Curative Care N=1,160</div> | | <div>Child Growth Monitoring N=997</div> | | <div>Child Vaccination N=968</div> | | | |
| | <div> Family Planning</div> | | | | | | | |
| | <div> Family Planning N=947</div> | | | | | | | |
| | <div> Antenatal Care</div> | | | | | | | |
| | <div> Basic Antenatal Care N=1,005</div> | | | | <div>Prevention of Mother-To-Child-Transmission N=947</div> | | | |
| | <div> Delivery and Newborn Care</div> | | | | | | | |
| | <div> Normal Delivery Care N=905</div> | | | <div>Caesarean Delivery N=53</div> | | | | |
| | <div> HIV/AIDS</div> | | | | | | | |
| | <div>HIV Testing System N=964</div> | | <div>Care and Support N=410</div> | | <div>Antiretroviral Therapy N=315</div> | | <div>Sexually Transmitted Infections N=1,155</div> | |
| | <div> Malaria</div> | | | | | | | |
| | <div>Diagnosis or Treatment N=1,177</div> | | | | | | | |
| <div> Non-communicable Diseases</div> | | | | | | | | |
| <div>Diabetes N=619</div> | | <div>Cardiovascular N=770</div> | | <div>Chronic Respiratory Disease N=723</div> | | | | |
| <div> Tuberculosis</div> | | | | | | | | |
| <div>Tuberculosis Treatment, Diagnosis, or Follow-up N=330</div> | | | | | | | | |

HEALTH FACILITIES IN TANZANIA

Availability of Services

The availability of a basic package of health services and frequency of these services contribute to client utilisation of services at a health facility. However, if a facility does not offer all services, it should not be assumed that the facility is substandard. Three-quarters of health care facilities (74%) offer all basic client services including curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning (FP), antenatal care (ANC), and services for sexually-transmitted infections (STIs). Overall, 91% of government facilities have all of the basic services compared to only 36% or below among the other types. Availability of all basic client services is below 50% in Dar es Salaam (43%) and Mjini Magharibi (34%).

Service availability varies by type of facility. Only 13% of clinics offer all basic client service compared to 79% of health centres. Hospitals, health centres, and dispensaries are similarly able to provide each of the basic services, while clinics are the least likely to provide each of the services.

Availability of basic services has not changed substantially since 2006.

Basic Amenities

Many health facilities in Tanzania lack basic client amenities. One-third of facilities lack regular electricity; the same proportion do not have access to an improved water source. More than half of facilities do not have a client latrine (56%). However, in the vast majority of facilities, consultations may take place with visual and auditory privacy (94%). Just over half of facilities have emergency transport (58%). The availability of emergency transport varies by type of facility, from 29% of clinics to 93% of hospitals.

Availability of basic amenities in Tanzanian facilities has improved since 2006 when only 35% of facilities had electricity or a generator, and only 34% of facilities had regular water on site.

Infection Control



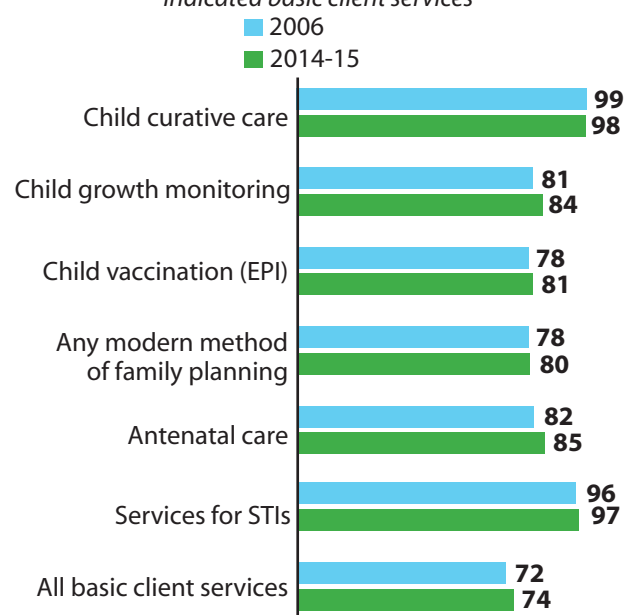
Only about one-quarter of Tanzanian health facilities have sterilisation equipment, but three-quarters have equipment for high-level disinfection. The large majority of hospitals (87%) have sterilisation equipment, while health centres are the most likely to have equipment for high-level disinfection (84%). Overall, only two-thirds of facilities have soap and running water or an alcohol-based hand disinfectant.

TSPA Definition:

Available: Only observed items are classified as available. Items that are reported as being available but not observed or seen by the interviewers are not considered to be available.

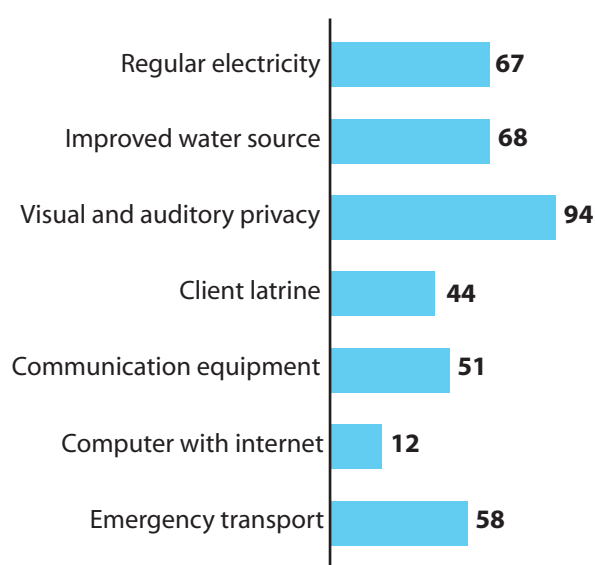
Trends in Availability of Basic Client Services

Among all facilities (N=1,188), percent offering indicated basic client services



Availability of Basic Amenities for Client Services

Among all facilities, percent with indicated amenities considered basic for quality services (N=1,188)





Availability of Child Health Services

Almost all health facilities offer outpatient curative care for sick children (98%), 84% provide child growth monitoring services, and 81% offer child vaccination services. All three basic child health services are available in 80% of facilities. Availability of these services is rare only in clinics, as only 18% of clinics offer vaccination services. Almost all government facilities (93%) and 77% of faith-based facilities provide all three child health services, compared to only 25% of private facilities and 16% of parastatal facilities.

Guidelines and Equipment for Child Curative Care Services

Among health facilities offering outpatient curative care for sick children (N=1,160), 99% provide these services five days or more a week. Just over half (56%) of facilities had visible Integrated Management of Childhood Illness (IMCI) guidelines and only 24% had growth monitoring guidelines.

Management Practices and Training

Of 5,551 interviewed providers of child health services, one-third received any training related to child health during the two years before the survey, but only 8% received training in IMCI during that time. In-service training within the last two years covered a range of topics including malaria diagnosis (22%), malaria treatment (17%), expanded programme on immunisation (EPI) and cold chain (8%), and diarrhoea diagnosis or treatment (7%).

Two-thirds of interviewed providers were supervised in the six months before the survey.

Infection Control

Sixty-five percent of facilities offering outpatient curative care services for sick children have soap and running water or else alcohol-based hand disinfectant. Eighty percent of child health facilities have latex gloves. Hospitals are most likely to have these items (86% and 88%, respectively).

Laboratory Diagnostic Capacity



Among facilities offering outpatient curative care for sick children (N=1,160), 33% have the ability to measure haemoglobin to assess anaemia, 84% can diagnose malaria, and 17% have the capacity to do a stool microscopy. Not surprisingly, hospitals have the highest diagnostic capacity in haemoglobin (89%), malaria (96%), and stool microscopy (52%) compared to all other facility types. Laboratory capacity for haemoglobin assessment is highest among private facilities (66%), while malaria diagnostic capacity is highest among government facilities (86%). Faith-based facilities are most likely to be able to conduct stool microscopy (44%).

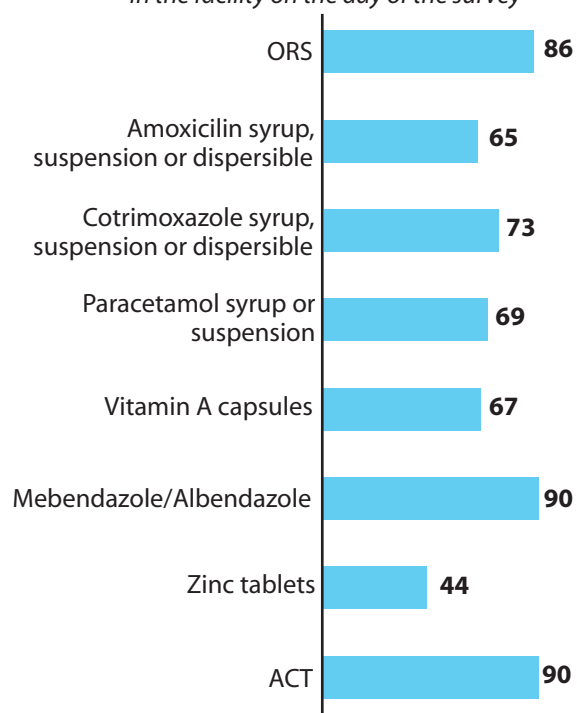
Availability of Essential Medicines



Nine in ten health facilities offering outpatient curative care services for sick children have artemisinin combination therapy (ACT) to treat malaria, and Mebendazole/Albendazole for worm infestation; 86% have oral rehydration salts (ORS) for dehydration. More than 6 in 10 facilities have amoxicillin (65%), cotrimoxazole (73%), vitamin A capsules (67%) and paracetamol (69%). Only 44% of facilities have zinc tablets.

Availability of Essential Medicines and Commodities

Among facilities offering outpatient curative care services for sick children (N=1,160), percent where essential medicines were observed to be available in the facility on the day of the survey



Assessment, Examination, and Treatment of Sick Children

★ A total of 4,961 sick child consultations were observed. Providers checked for all three major danger signs in only 8% of consultations: ability to eat or drink anything (28%), vomiting everything (49%), and convulsions (20%). Providers assessed all three main symptoms in almost half of observed consultations: fever (93%), cough/difficulty breathing (75%), and diarrhoea (59%). Various aspects of the physical examinations were also missing—only 15% of sick children were assessed for dehydration and only 13% of sick children had their respiratory rate assessed. Two-thirds of children had their temperature taken, and 42% were assessed for anaemia.

Caretakers of sick children must be informed of how to take care of their children once they return home. Few providers in Tanzania are advising caretakers how to increase fluids (12%), what symptoms require a return visit (17%), and why to continue feeding the child (13%).

Treatment by Diagnosis

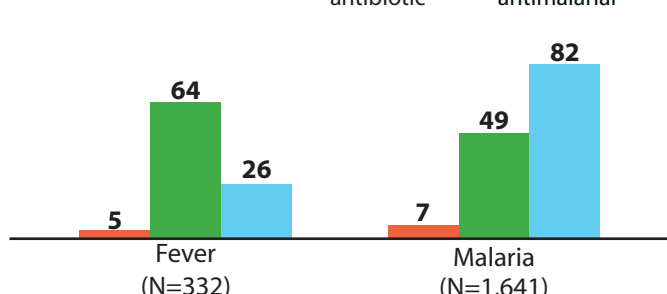
The 2014-15 TSPA findings show that providers do not follow IMCI guidelines for diagnosis and treatment of specific illnesses. Children with a fever should receive a fever-reducing medication and not a dose of antimalarial unless malaria infection is confirmed. While only 26% of children with fever were given an antimalarial, 64% received an antibiotic. Among children diagnosed with malaria, 82% received an antimalarial, but only 32% received ACT, and 49% received an antibiotic.

Almost all children with pneumonia or severe respiratory illnesses were given antibiotics, as were 85% of children with cough or other upper respiratory problems. These findings may indicate overuse of antibiotics, which can result in antibiotic resistance. Very few children with respiratory illnesses had their respiratory rate assessed during the physical examination.

Treatment of Children with Fever or Malaria

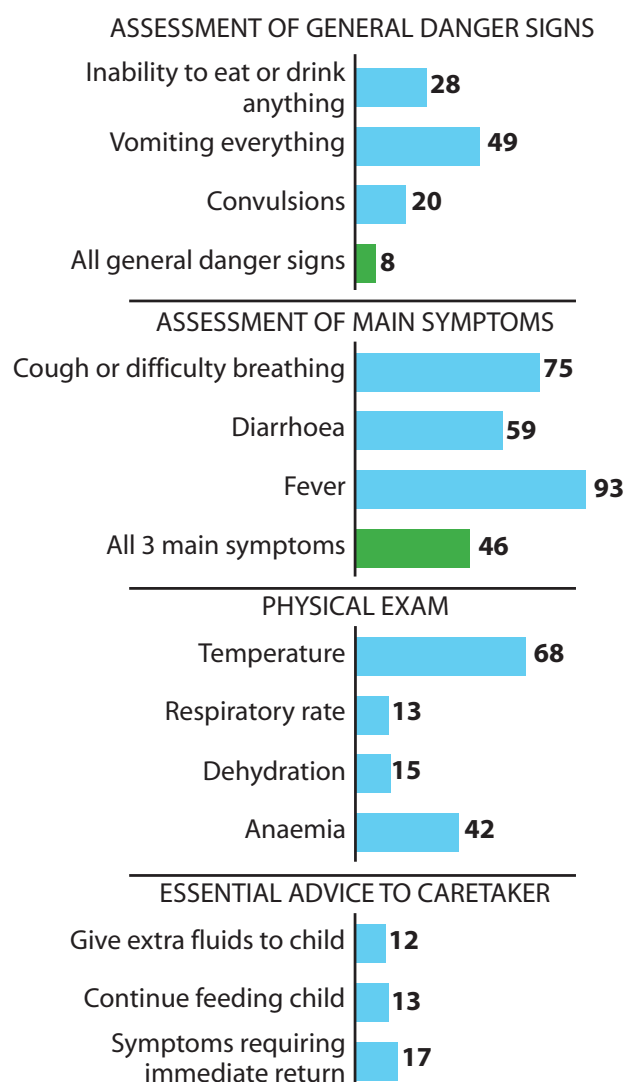
Among observed children, percent diagnosed with illness who received assessment, examination, and/or treatment

Referred/admitted Given any antibiotic Given any antimalarial



Observed Assessments and Examinations

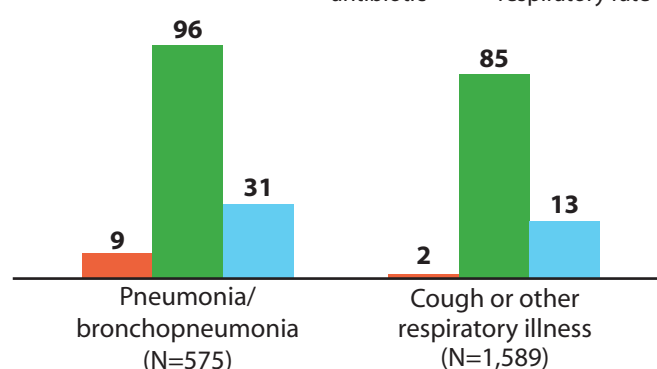
Percent among observed consultations with sick children (N=4,961) that include:



Treatment of Children with Respiratory Illness

Among observed children, percent diagnosed with illness who received assessment, examination, and/or treatment

Referred/admitted Given any antibiotic Assessed respiratory rate





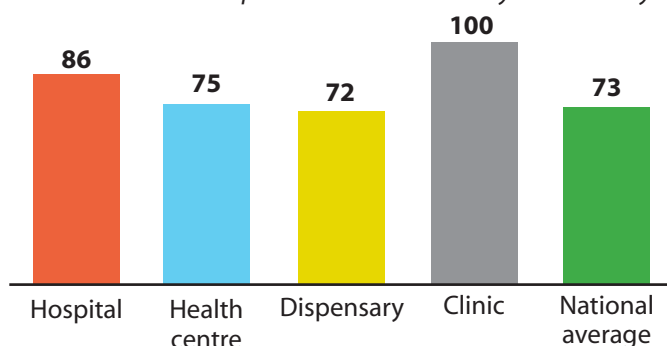
Availability of Child Vaccination Services

The 2014-15 TSPA observed the availability of unexpired vaccines among facilities that offer child vaccination services and routinely store vaccines at the facility (N=881). Overall, 91% of facilities had DPT/pentavalent vaccine available on the day of the survey, 88% had oral polio vaccine, 92% had measles vaccine, and 87% had BCG. Among facilities offering child vaccination services and storing vaccines, 73% of facilities had all basic child vaccines (DPT/pentavalent, polio, measles, BCG, pneumococcal conjugate, and rotavirus) available the day of the survey. All clinics surveyed had all basic vaccines in stock compared to 72% of dispensaries. Among managing authorities, faith-based facilities were most likely to have all the vaccines in stock (83%) while government facilities were least likely to have all the vaccines (71%).

Polio, pentavalent, pneumococcal, and rotavirus vaccination services are available 5 days a week in at least 70% of facilities. Measles vaccination and BCG vaccination, however, are available 5 days a week in only about 25% of facilities.

Availability of Vaccines by Facility Type

Among facilities offering child vaccination services and routinely store vaccines at facility (N=881), percent that have all basic* child unexpired vaccines on the day of the survey



*All basic child vaccines: at least one unexpired vial or ampoule each of DPT/pentavalent, oral polio, measles, BCG, pneumococcal conjugate, and rotavirus vaccine with relevant diluents available.



© 2013 Jennifer Applegate, Courtesy of Photoshare
A mother prepares her son for weighing at a dispensary in Morogoro village, Tanzania, during an under-five clinic day.

Guidelines and Equipment for Vaccination Services

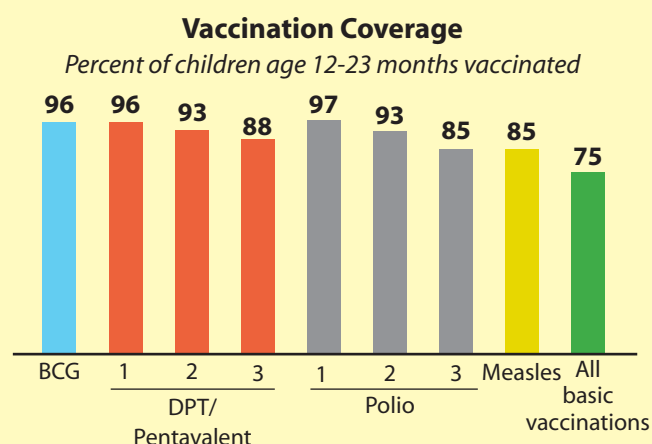
Among all health facilities offering child vaccination services (N=968), less than two-thirds have a vaccine refrigerator. Other items are available as follows: syringes and needles (89%), sharps containers (95%), and vaccine carrier with ice pack (94%).

Infection Control

Among facilities offering child vaccination services (N=968), the availability of items for infection control varies. Seven in ten facilities have latex gloves. Only 58% of facilities have soap and running water or else alcohol-based disinfectant.

Vaccination Coverage: 2010 TDHS Results

At the time of the 2010 Tanzania Demographic and Health Survey (TDHS), 75% of children age 12-23 months had received all basic vaccinations (one dose each of BCG and measles, and three doses each of polio and DPT/pentavalent). Vaccination coverage was highest in the Eastern Zone of Tanzania (87%) and lowest in Western Zone (58%). Vaccination coverage has increased slowly since 1999.





TSPA Definitions:

Provided: Facility reports that it stocks the method and makes it available to clients when they visit the facility. These clients can obtain the method without leaving the facility.

Offer: Facility provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method without actually making the method available to the client in the facility.

Availability of Family Planning (FP) Services

Overall, 80% of all health facilities offer any temporary modern or permanent method of FP such as the pill, progestin-only injectables, implants, intrauterine contraceptive devices (IUCDs), male or female condoms, Cycle Beads, female or male sterilisation, diaphragm, or spermicides. The availability of any modern method of FP is much higher in government facilities (96%) than facilities managed by other authorities (all 42% and below). Of the health facilities offering any FP services (N=947), nearly 92% offer any FP services five or more days a week.

FP Methods Provided

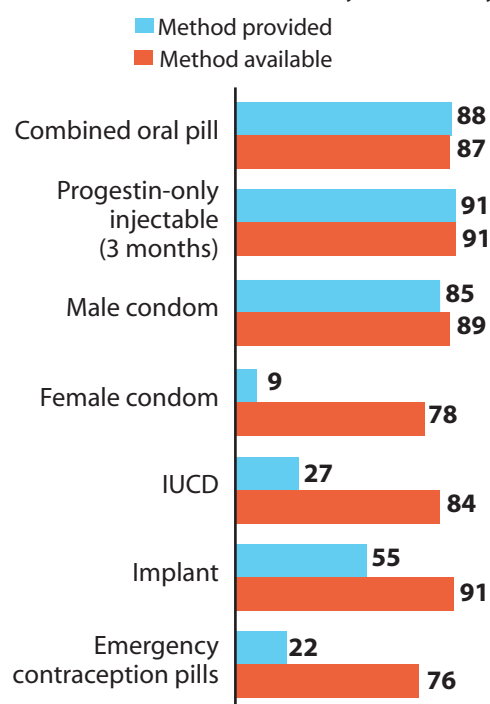
The majority of institutions offering any FP method (N=947) provide the combined oral contraceptive pill (88%), the progestin-only injectable (91%), and the male condom (85%). The combined injectable (16%), female condom (9%), and Cycle Beads (3%) are the least provided modern FP methods. Fifty-five percent of facilities offering any FP method provide implants, and 27% provide IUCDs. Tubal ligation is performed by 3% of facilities, and 2% of facilities offer vasectomies.

Availability of FP Commodities

While many facilities report providing FP methods, not all had the methods available on the day of the survey. Among the facilities that provide FP methods, more than 80% had the following FP commodities available: Progestin-only injectables (91%), implants (91%), male condoms (89%), combined oral contraceptive pills (87%), and IUCDs (84%). Only three-quarters of facilities had emergency contraception available on the day of the survey. Overall, 60% of facilities had every method available on the day of the survey.

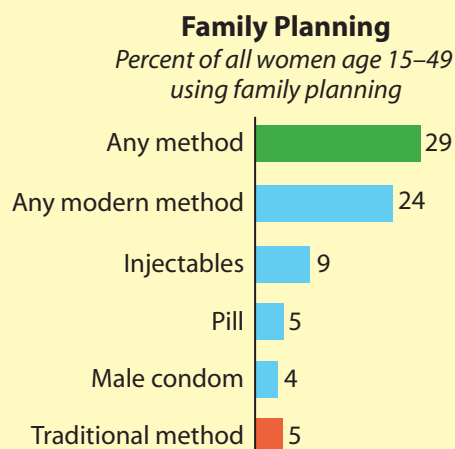
Availability of Provided Family Planning Commodities

Among facilities offering any family planning services, percent of facilities that provide FP methods and had FP methods available on the day of the survey



Family Planning: 2010 TDHS Results

In the three years prior to the 2010 TDHS, Tanzanian women had an average of 5.4 children, a slight decrease from 5.7 children in 2004-05. More than one-quarter of married women (27%) were using a modern method of contraception in 2010, an increase from 20% in 2004-05. The most commonly used modern methods among all women are injectables (9%), the pill (5%), and male condoms (4%). Public sources, such as governmental and parastatal facilities provide the majority of pills, injectables, and implants, while private pharmacies and shops provide the majority of male condoms.





Observations of FP Consultations

★ The TSPA observed FP consultations to assess how closely providers adhered to internationally recognised standards for quality service provision. Interviewers observed 1,743 FP female consultations; including 458 consultations of first-visit clients.

According to the TSPA, FP counselling of new and continuing clients does not include all recommended elements, and providers are missing opportunities to screen for sexually transmitted infections (STIs) and chronic illnesses. Among consultations with new clients (N=458), only 20% had all elements of reproductive history (age, pregnancy history, current pregnancy status, the desired timing for the next or desire for another child, breastfeeding status, and regularity of menstrual cycle) as part of their consultation. Almost none of the new FP clients had all risk history (smoking, STI symptoms, and any chronic disease) assessed which is of major concern. About half of first-visit clients were weighed and had their blood pressure measured.

Most FP consultations with all female FP clients (N=1,743) included discussions of client concerns about her contraceptive method (75%); fewer included discussions about side effects (52%). Only 30% of consultations had any discussion related to STIs. Lack of privacy may account for this. Only 37% of consultations took place under conditions of privacy and confidentiality.

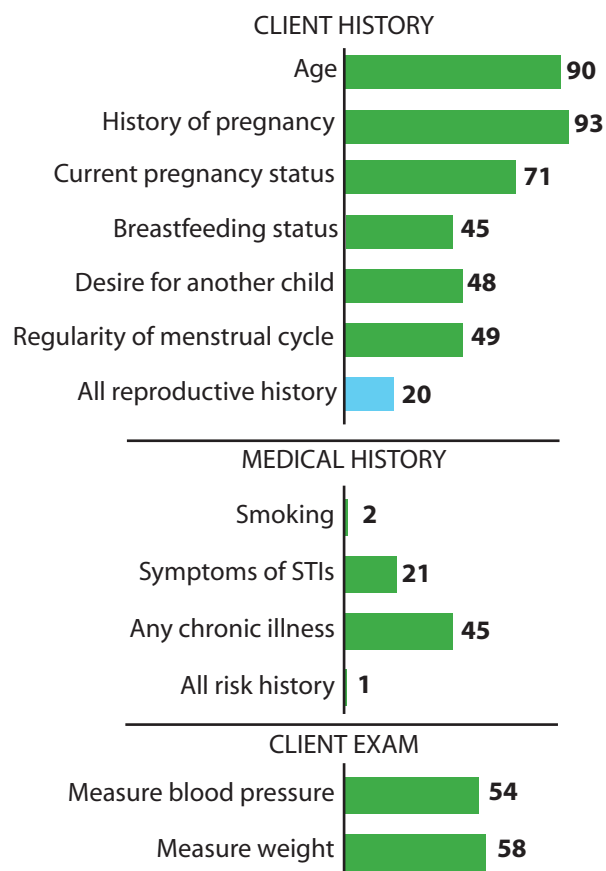
Client Knowledge about Contraceptive Method

● Observed FP clients participated in exit interviews to assess their knowledge about their method.

All clients who use the pill (100%) were able to correctly answer the question “How often do you take the pill?” Almost all injectable users (97%) correctly answered the question “How long does the injection provide protection against pregnancy?” Almost all (92%) condom users knew that a male condom can be used only one time. Only 70% of IUCD users knew what to do to make sure their IUCD was correctly in place.

Observed Elements of Client History for First-Visit Family Planning Clients

Percent of observed first-visit family planning clients (N=458)



Infection Control



Almost all family planning facilities have a sharps container (97%), and the majority have latex gloves (83%). Only 60% of facilities have soap and running water or else alcohol-based hand disinfectant.

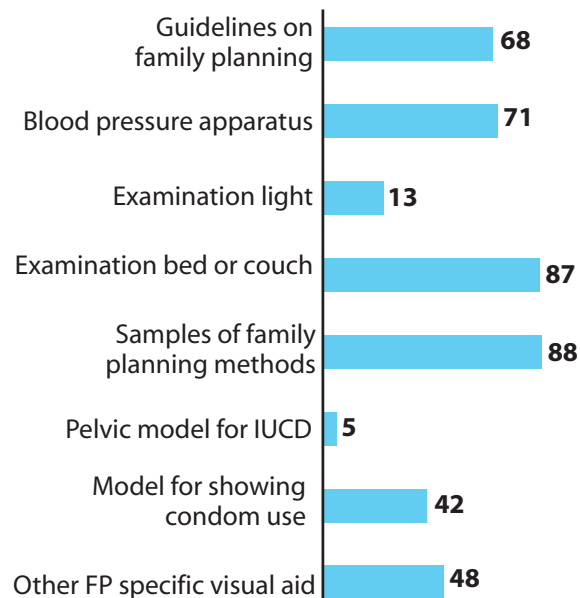
Guidelines and Basic Equipment for FP Services



Key items for the provision of quality FP services are missing from many health facilities in Tanzania. Only 13% of facilities have an examination lamp and 5% have a pelvic model for the IUCD. FP samples (88%) and an examination bed or couch (87%) are widely available. Two-thirds of facilities have guidelines on FP (68%) and 42% have a model for showing condom use. Seven in ten facilities have a blood pressure apparatus.

Guidelines and Basic Equipment for Family Planning Services

Among facilities offering any modern family planning methods (N=947), percent that have:



Management Practices and Training



The TSPA collected data on training and management of 3,725 FP service providers. Twenty percent of FP providers received in-service training related to FP during the two years before the survey. Seven in ten FP personnel had personal supervision or technical support from a facility-based supervisor or visiting supervisor during the six months before the survey.

Among FP providers, in-service training within the last two years covered a range of topics including counselling on FP (17%), FP-related clinical issues (16%), insertion/removal of implant (10%), post-partum FP (10%), and insertion/removal of IUCD (8%). Although 6% of Tanzanian women age 15-49 are HIV-positive (2011-12 THMIS), only 14% of FP providers have received any training in FP for HIV-positive clients.



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A woman's young infant sits patiently with her as she waits to be served during a family planning outreach event at a rural health facility in northern Tanzania.

MATERNAL HEALTH: ANTENATAL CARE



Availability of Antenatal Care (ANC)

Overall, 85% of all health facilities offer ANC services. Among the institutions that offer ANC services (N=1,005), 75% provide ANC services five or more days per week and 89% offer tetanus toxoid vaccinations every day ANC services are offered.

Observations of ANC Consultations

★ TSPA interviewers observed client-provider interactions of 4,007 ANC clients. Forty-six percent of observed clients were visiting for the first time in their pregnancy, while the other 54% were coming for a follow-up visit. For one-quarter of ANC clients, this was their first pregnancy.

ANC providers were not thorough in taking client history or providing routine tests. Although more than 80% of first-visit ANC clients were asked the date of their last menstrual period, age, and any prior pregnancy; only 12% were asked about medicines currently taken, and 8% had all elements of client history assessed. Half of first-visit ANC clients had a haemoglobin test (50%) or a urine protein or glucose test (46%), as recommended.

The components of the basic physical examination were performed in the majority of observed consultations for all ANC clients (N=4,007): 80% of pregnant women had their blood pressure measured, 88% were weighed, and fundal height was measured for 96% of pregnant women. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 75% of consultations. In only 36% of consultations did the provider administer or prescribe the tetanus toxoid vaccine.

ANC providers did not routinely inform women of symptoms related to pregnancy complications. Vaginal bleeding was discussed in only 54% of consultations. Headache or blurred vision as well as loss of, excessive, or normal fetal movement were discussed in about 40% of consultations. Even fewer consultations included discussion of swollen hands or face (35%); fever (28%); excessive tiredness, shortness of breath (22%); and cough or difficulty breathing for three weeks or longer (6%). For two-thirds of the observed consultations (67%) at least one risk symptom was discussed.

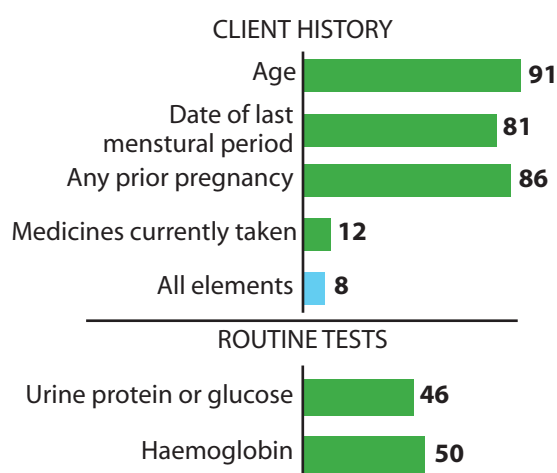
ANC Client Exit Interviews

● Pregnant women attending ANC who were observed were also interviewed when they left the facility about the health education they received.


Over six in ten pregnant women reported that the provider discussed or counselled on any pregnancy-related risk signs and symptoms. More than half of women (58%) reported that the provider discussed vaginal bleeding as dangerous and 32% reported that the provider discussed headaches or blurred vision. More than one-third of pregnant women reported that no advice was given on recommended actions to take if warning signs occurred.

Observed Consultations for First-Visit ANC Clients


Percent of observed first-visit ANC clients (N=1,853)



Availability of Medicines

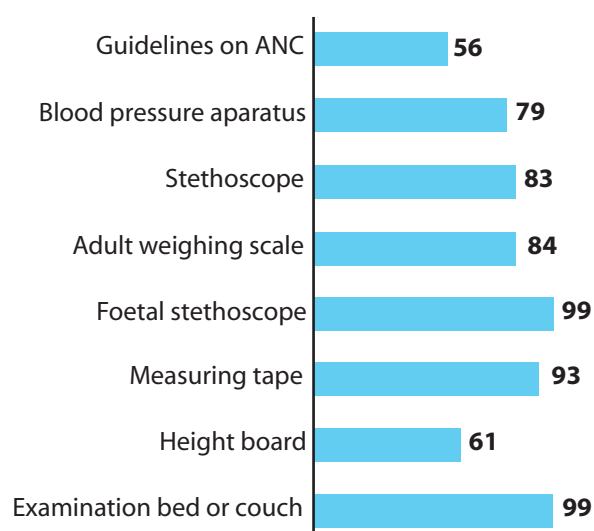
 More than 9 in 10 health facilities offering ANC services have iron tablets, iron or folic acid tablets, folic acid tablets, and combined iron and folic acid. Just under 90% of facilities have the tetanus toxoid vaccine (86%); 90% have deworming drugs.

Guidelines and Basic Equipment for ANC Services


 More than half of facilities (56%) have guidelines on ANC. Almost all facilities offering ANC services have an examination bed (99%) and 99% have a foetal stethoscope. Over 90% have a measuring tape to measure fundal height. Over 80% of facilities have an adult weighing scale, and 83% have a stethoscope. Only 61% of ANC facilities have a height board. Almost 80% have a blood pressure apparatus.

Guidelines and Basic Equipment for Antenatal Care Services


Among facilities offering ANC services, percent that have:




Infection Control

 Less than two-thirds of ANC facilities have soap and running water or else alcohol-based hand disinfectant. Over 80% of ANC facilities have latex gloves and 96% have a sharps container.

Diagnostic Capacity

 Among facilities offering ANC services, 90% of facilities can test for HIV, 52% can conduct a rapid test for syphilis, and 30% have the ability to measure haemoglobin to assess anaemia. About 30% of ANC facilities can test for urine protein and urine glucose.

Management Practices and Training

 The TSPA collected information on training and supervision of 4,252 ANC service providers. Less than half (43%) of ANC providers received training related to ANC in the two years before the survey.

Seven in ten providers received personal supervision during the six months before the survey.

Among ANC providers, in-service training within the last two years covered a range of topics including FP (17%), intermittent preventive treatment of malaria in pregnancy or IPTp (20%), ANC counselling (9%), and complications of pregnancy (8%). Only 3% of ANC providers received in-service training on STIs.



© 2013 Jennifer Applegate, Courtesy of Photoshare
In Tanzania, a Morogoro community health worker (CHW) uses a mobile phone and pictorial flipchart as job aids during an ANC home visit to explain the importance of developing a plan for facility delivery.

MATERNAL HEALTH: ANTENATAL CARE



Prevention of Mother-To-Child Transmission (PMTCT) of HIV in ANC Facilities

The prevention of mother-to-child transmission (PMTCT) programme aims to reduce the risk of HIV transmission during pregnancy, delivery, or breastfeeding. PMTCT services include:

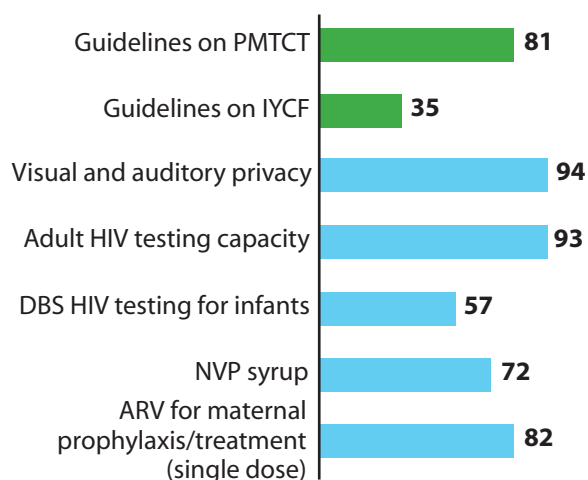
- HIV testing and counselling (HTC) for pregnant women
- HIV testing for infants born to HIV-positive women
- Antiretroviral (ARV) prophylaxis for HIV-positive pregnant women
- ARV prophylaxis for infants born to HIV-positive women
- Infant and young child feeding (IYCF) counselling for PMTCT
- Nutritional counselling for HIV-positive pregnant women and their infants
- FP counselling for HIV-positive pregnant women

Among facilities offering ANC, 94% offer any PMTCT services. Almost 9 in 10 facilities offering ANC and any PMTCT offer ART treatment to HIV-positive pregnant women. ART treatment is lowest in Zanzibar, due to the centralised nature of service provision in that area. Among facilities offering ANC and PMTCT services (N=947), 52% provide all PMTCT services.

Facilities are not consistently equipped to provide PMTCT services. Eight in ten facilities offering ANC and PMTCT services have PMTCT guidelines, while only one-third have IYCF guidelines. Nearly all facilities have adult HIV testing capacity (93%) while only 57% prepare dried blood spot (DBS) for HIV testing among infants. More than 7 in 10 facilities have Nevirapine (NVP) syrup for ARV prophylaxis for infants born to HIV-positive women and 82% have ARV for maternal prophylaxis and/or treatment.

Guidelines, Equipment, Diagnostics, and Medicines for PMTCT

Among facilities offering ANC services and any PMTCT services (N=947), percent that have:



Malaria Prevention and Treatment Services in ANC Facilities

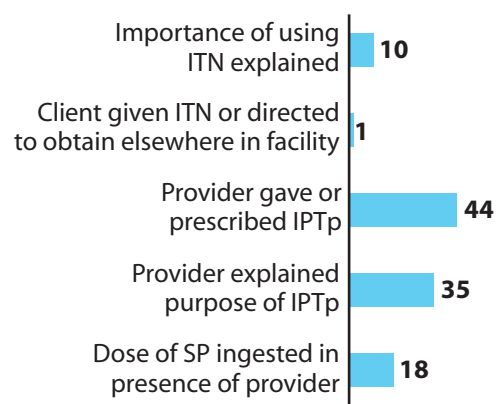
Among facilities offering ANC services (N=1,005), only 12% of facilities distribute insecticide-treated nets (ITNs) to pregnant women attending ANC. Only one-third have IPTp guidelines. Forty-three percent of facilities offering ANC have staff that received in-service training on malaria in pregnancy during the two years before the survey. More than 90% of facilities have the recommended antimalarial medicine ACT available, and 96% have iron or folic acid. More than 4 in 5 facilities have malaria RDT (rapid diagnostic test), and 14% of facilities can perform malaria microscopy.

Malaria Component in ANC Consultations

TSPA interviewers observed 4,007 ANC consultations. Most consultations did not include all recommended elements of malaria prevention counselling. Only 10% of consultations explained the importance of using an ITN and in only 1% of consultations was the client given an ITN or directed the client elsewhere in facility to obtain an ITN. In 44% of observed consultations, the provider gave or prescribed IPTp to the ANC client. The purpose of the IPTp was explained in only 35% of consultations. ANC clients ingested the dose of SP in the presence of the provider during 18% of observed consultations.

Malaria-related Interventions during Antenatal Care Visits

Percent of observed ANC clients (N=4,007)



MATERNAL HEALTH: DELIVERY AND NEWBORN CARE



Availability of Normal Delivery and Caesarean Delivery Services

Among all facilities, 76% offer normal delivery services and 4% offer Caesarean delivery. The majority of hospitals, health centres, and dispensaries offer normal delivery services. More than 8 in 10 hospitals and 11% of health centres offer Caesarean delivery services.

Among facilities offering normal delivery services (N=905), only 28% have a provider of delivery care available on-site or on-call 24 hours per day with an observed duty schedule. Almost all hospitals (98%) and 83% of health centres have a provider available on-duty or on-call with a duty schedule compared to only 16% of dispensaries. Parastatal facilities are most likely to have a provider on call.

Signal Functions for Emergency Obstetric Care

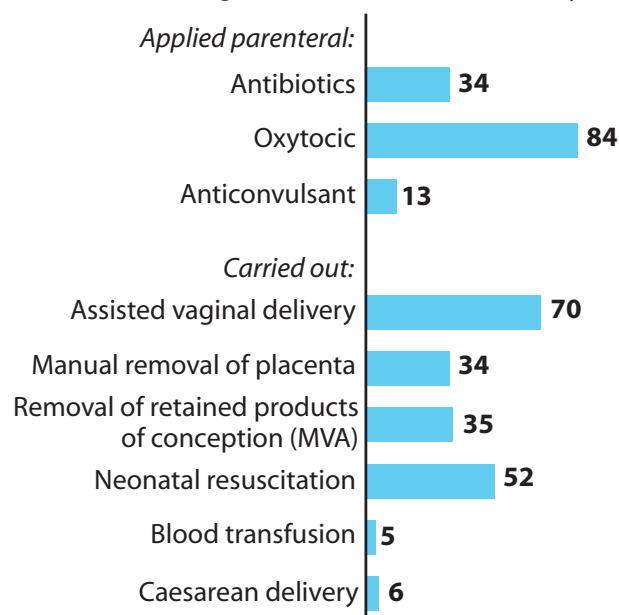
Among signal functions, the most commonly practised is the administration of parenteral oxytocic at least once during the past three months (84%). Only one-third of facilities administered parenteral antibiotics at least once during the same time period and 13% administered parenteral anticonvulsants.

Seventy percent of facilities providing normal delivery services carried out assisted vaginal deliveries at least once in the previous three months. Hospitals are most likely to conduct assisted vaginal deliveries (89%) and clinics are least likely (65%). Half of facilities conducted neonatal resuscitation. About one-third of facilities removed retained products of conception (MVA) or performed a manual removal of the placenta.

Only 5% of facilities offering normal delivery services had performed a blood transfusion at least once during the three months preceding the survey. Six percent of facilities conducted a Caesarean delivery at least once in the three months before the survey. All signal functions for emergency obstetric care are more common in hospitals than health centres or clinics.

Signal Functions for Emergency Obstetric Care

Among facilities offering normal delivery services, percent that performed the following services at least once during the 3 months before the survey



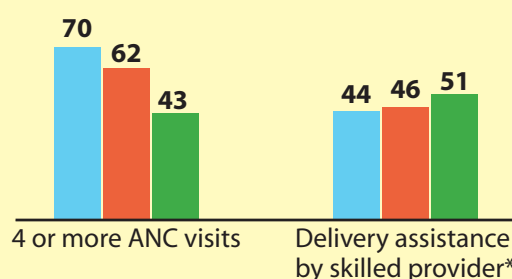
Maternal Health: 2010 TDHS Results

Progress in maternal health care is uneven in Tanzania. In the 5 years before the 2010 TDHS, 96% of women received antenatal care by a trained provider (doctor/AMO, clinical officer, nurse, midwife, or MCH aide). The proportion of women who made at least four antenatal visits decreased from 70% in 1999 to 43% in 2010. Half of births took place in a health facility; 41% in public sector facilities. Half of births were delivered by a skilled provider. Delivery assistance by a skilled provider has increased slightly in Tanzania from 44% in 1999 to 51% in 2010. Less than one-third of Tanzanian women (31%) received postnatal care within the first two days after birth, as recommended.

Trends in Maternal Health

Percent of women age 15-49 with a live birth in the 5 years before the survey

■ 1999 DHS ■ 2004-05 DHS ■ 2010 DHS



*Skilled provider includes doctor/AMO, clinical officer or assistant clinical officer, nurse, midwife, and MCH aide.

MATERNAL HEALTH: DELIVERY AND NEWBORN CARE



Newborn Care Practices

Among facilities offering normal delivery services (N=905), more than 90% report the following routine components of newborn care: drying and wrapping newborns to keep warm, initiation of breastfeeding within the first hour, delivery to the abdomen (skin-to-skin), and routine complete examination of newborns before discharge. Slightly fewer (84%) report weighing the newborn immediately upon delivery. Eighty percent of facilities report giving the newborn the oral polio vaccine, but only 53% give the BCG vaccine prior to discharge. Only one-third of facilities report applying tetracycline eye ointment to both eyes. Almost half of facilities report that they routinely suction the newborn with suction bulb (46%). Giving a full bath to the newborn and providing a prelacteal feed are not recommended practices; fewer than 2% of facilities routinely provide these components.

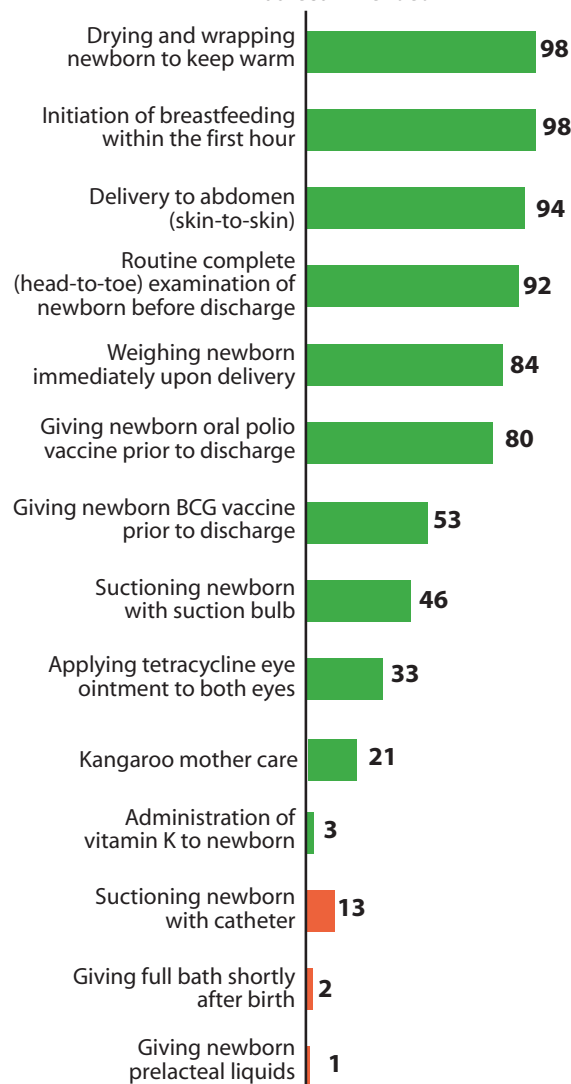


© 2014 Megan Ivankovich/WI-HER LLC, Courtesy of Photoshare; A 16-year-old girl holds her first child at a district health facility in Tanzania.

Newborn Care Practices

Among facilities offering normal delivery services (N=905), percent reporting the indicated practice is routine component of newborn care

■ Recommended
■ Not recommended



Availability of Medicine for Deliveries and Newborns



Among facilities offering normal delivery services, many facilities do not have the essential medicines for delivery. Almost 80% of facilities have injectable uterotonic (79%) to reduce/manage haemorrhages, but only 41% have injectable magnesium sulphate, about half have injectable diazepam (55%), 48% have IV fluids with infusion set, 32% have an injectable antibiotic, and 61% have skin disinfectant. Only 28% of facilities offering normal delivery care have antibiotic eye ointment for the newborn, and 12% have 4% chlorhexidine.

Guidelines and Equipment for Delivery Services



Among facilities offering normal delivery services, 30% have guidelines on Basic Emergency Obstetric Care (BEmONC) or Comprehensive Emergency Obstetric Care (CEmOC). Just over 60% of facilities have emergency transport. The availability of emergency transport is higher in hospitals (93%) than in health centres (75%) or dispensaries (58%).

The availability of equipment for routine delivery is very inconsistent. Almost all facilities (87%) providing normal delivery services have a delivery pack containing cord clamp, episiotomy scissors, scissors or blade to cut cord, suture material with needle, and needle holder. Three-quarters of facilities have a neonatal bag and mask and 58% have a partograph. Fewer facilities have a suction apparatus (23%), manual vacuum extractor (5%), examination light (14%), and vacuum aspirator or a dilatation and curettage (D&C) kit (7%).

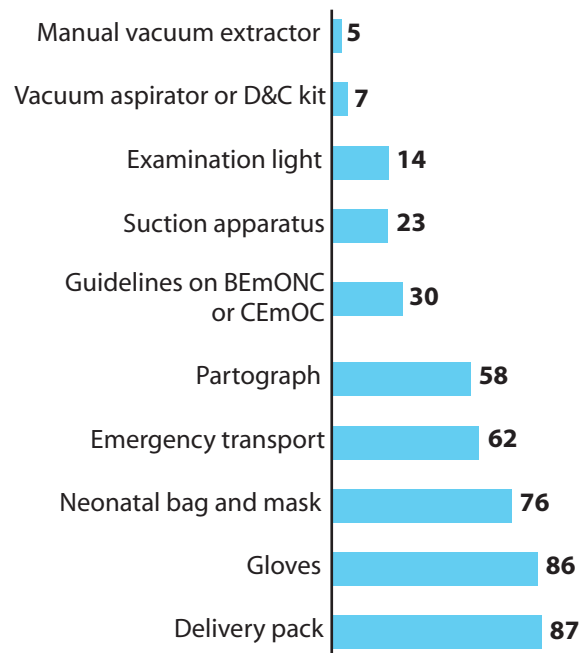
Infection Control



Overall, two-thirds of delivery facilities have soap and running water or else alcohol-based disinfectant. Almost all delivery facilities have gloves (86%) and a sharps container (93%).

Guidelines and Equipment for Delivery Services

Among facilities offering normal delivery services (N=905), percent that have:



Management Practices and Training



The TSPA collected information on training and supervision of 3,958 providers of normal delivery or newborn care services. More than one-third (38%) of providers received training related to delivery and/or newborn care in the two years before the survey. Seven in ten providers received personal supervision during the six months before the survey.

Among delivery care providers, in-service training within the last two years covered a range of topics including neonatal resuscitation (33%), active management of third stage of labour (10%), routine care for labour and delivery (10%), emergency obstetric care/lifesaving skills (10%), post-abortion care (7%), and Integrated Management of Pregnancy and Childbirth (IMPAC) (7%).

Among newborn care providers, in-service training within the last two years covered a range of topics including neonatal resuscitation using bag and mask (33%), sterile cord cutting and care (27%), thermal care (26%), early and exclusive breastfeeding (25%), kangaroo mother care for low birth weight babies (20%), and newborn infection management (19%).

HIV/AIDS

Availability of HIV Services

Most hospitals in Tanzania offer all elements of HIV services including HIV testing, HIV care and support services, antiretroviral therapy (ART) services, and STI services. While HIV testing and STI care are available at most health centres and dispensaries, HIV care and support services and ART services are not commonly available in these facilities. Clinics are not major providers of HIV-related services.

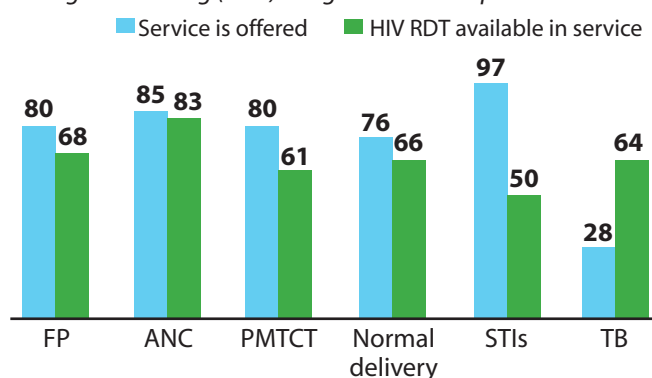
Integration of HIV Testing into Facilities

The TSPA assessed the availability of HIV rapid diagnostic testing (RDT) at different service sites within the facility. Integration of HIV RDT into health services makes it easier for Tanzanians to access a wide range of services and get tested for HIV. A sizable proportion of health services nationwide have integrated HIV RDT. Availability of HIV RDT integration is highest in facilities offering ANC services (83%). About two-thirds of facilities offering family planning services, PMTCT, normal delivery, and TB services have HIV rapid diagnostic testing in the relevant service sites.

While almost all facilities (97%) offer STI services, only half of STI facilities have RDT at the STI service sites. Failure to integrate HIV testing within services, especially STI services, is a missed opportunity to offer HIV testing to clients.

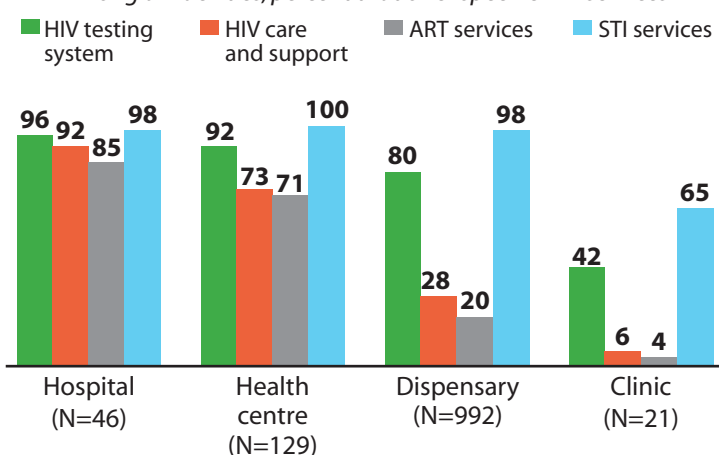
Integration of HIV Testing into Facilities

Among all facilities (N=1,188), percent with HIV rapid diagnosis testing (RDT) integrated within specific services



Availability of HIV Services by Facility Type

Among all facilities, percent that offer specific HIV services



Guidelines and Basic Equipment for HIV Services

Among facilities offering HIV/AIDS care and support services (N=410), most facilities have IV solution with infusion set (83%), cotrimoxazole tablets (80%), male condoms (78%), and pain management medication (73%). Facilities are less likely to have first-line treatment for TB (41%) or flucanazole/IV treatment for fungal infections (34%).

Three in five facilities providing HIV care and support services have guidelines for the clinical management of HIV, and just over half have a system for screening and testing HIV+ clients for TB. This is a major cause of concern because people living with HIV/AIDS are at high risk for contracting TB.

Among facilities offering ART services (N=333), 87% have ART guidelines and 54% have staff who have received in-service training within the last two years before the survey. Nine in ten facilities have the first line adult ART regimen available.

Management Practices and Training

The TSPA interviewed 4,915 HIV testing and counselling (HTC) service providers about their training and supervision. Only about one-quarter of providers (27%) received training related to HTC in the two years before the survey. Seven in ten providers received personal supervision during the six months before the survey.

HIV Care and Support Services

Most facilities providing HIV care and support services (N=410) offer prevention and treatment services for opportunistic infections. Three-quarters of facilities offer paediatric HIV client care and just over half provide palliative care. Only one in four facilities provides preventive treatment for TB. Only 28% of facilities offer systemic IV treatment for fungal diseases and 15% offer treatment for Kaposi's sarcoma, which are highly specialised treatments mainly expected to be available at hospitals. More than half of facilities offer palliative care services.

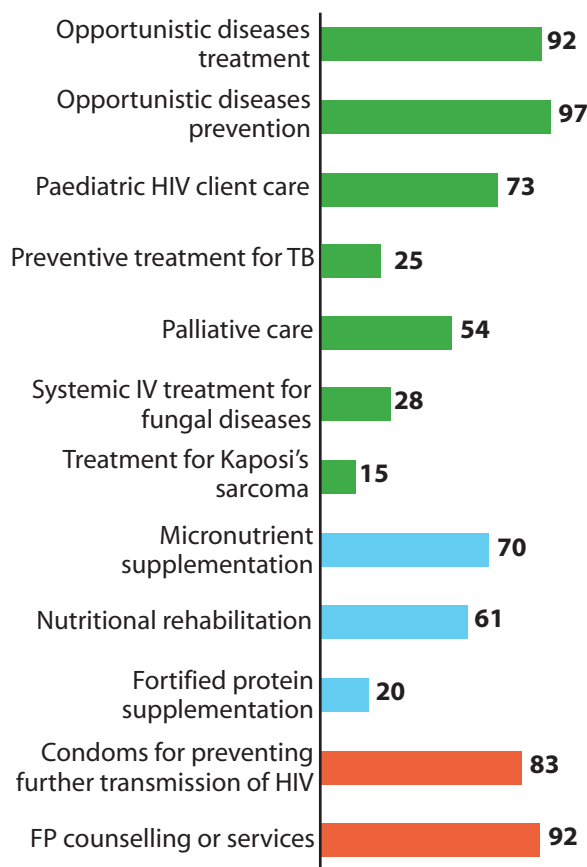
Seventy percent of HIV care and support services (CSS) facilities offer micronutrient supplementation and 61% offer nutritional rehabilitation, but only 20% offer fortified protein supplementation. Nine in ten facilities offer FP counselling or services and 83% offer condoms for preventing further transmission of HIV.

Infection Control

Just over half of HIV testing facilities (57%) have soap and running water or else alcohol-based disinfectant. Three-quarters of HIV testing facilities have latex gloves, and 84% have a sharps container.

Infection control items are more available in the laboratory sites: 84% of facilities had soap and running water or else alcohol-based disinfectant at the laboratory on the day of the survey and 95% had gloves.

HIV Care and Support Services Offered
Among facilities offering care and support services for HIV clients (N=410), percent that offer specific services



HIV in Tanzania: 2011-12 THMIS Results

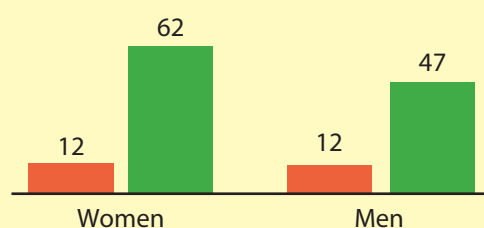
According to the 2011-12 THMIS, 6.2% of women and 3.8% of men age 15-49 were HIV-positive. HIV prevalence ranged from less than 1% in parts of Zanzibar to almost 15% in Njombe.

The 2011-12 THMIS also collected data on prior HIV testing. As of 2011-12, 62% of women and 47% of men had ever been tested and received their results, which is a dramatic increase from 2004-05.

Trends in HIV Testing

Percent of men and women age 15-49 who had ever been tested for HIV and received the results of the last test

2004-05 TDHS 2011-12 THMIS



MALARIA

Availability of Malaria Services

Overall, 99% of all health facilities in Tanzania offer malaria diagnosis and/or treatment services. All health centres and dispensaries and 99% of hospitals offer malaria diagnosis and/or treatment services compared to 72% of clinics.

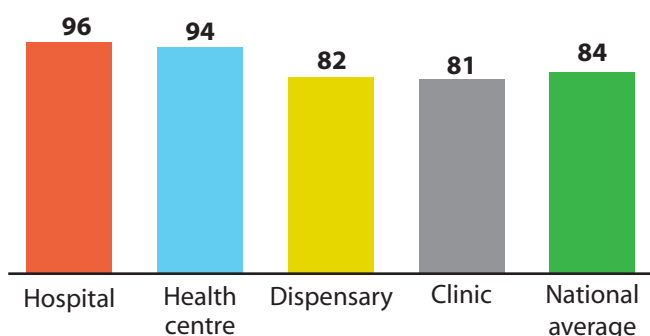
Malaria Diagnostic Capacity



More than 8 in 10 facilities offering curative care for sick children (N = 1,160) have the capacity to diagnose malaria by having unexpired malaria RDT kits or a functioning microscope as well as staff member recently trained and malaria RDT protocol available in the facility. More than 90% of hospitals and health centres have malaria diagnostic capacity compared to about 80% of dispensaries and clinics. Government run facilities are more likely to have malaria diagnostic capacity than any other managing authority.

Malaria Diagnostic Capacity by Facility Type

Among facilities offering curative care for sick children (N=1,160), percent that have malaria diagnostic capacity on the day of the survey



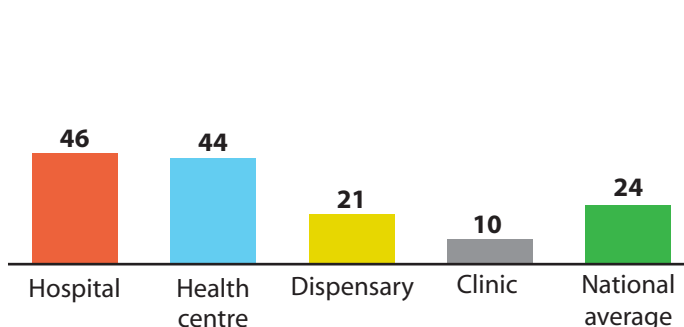
Malaria Service Readiness

Among facilities offering curative care for sick children, 78% have guidelines for malaria diagnosis or treatment. Nine in ten facilities have the first-line treatment medicine, ACT. Just under half of facilities have staff trained in malaria diagnosis and/or treatment in the last two years.

The malaria service readiness index combines these indicators into one index, resulting in only one-quarter of facilities that have malaria diagnostic capacity, malaria treatment guidelines, first-line medicine, as well as recently trained personnel. Malaria service readiness is highest in hospitals (46%) and lowest in clinics (10%). Twenty-eight percent of government facilities are malaria service ready compared to only 15% of privately managed facilities and 6% of parastatal facilities.

Malaria Service Readiness Index by Facility Type

Among facilities offering curative care for sick children (N=1,160), percent that have malaria diagnostic capacity, malaria treatment guidelines, 1st line medicine, and trained personnel

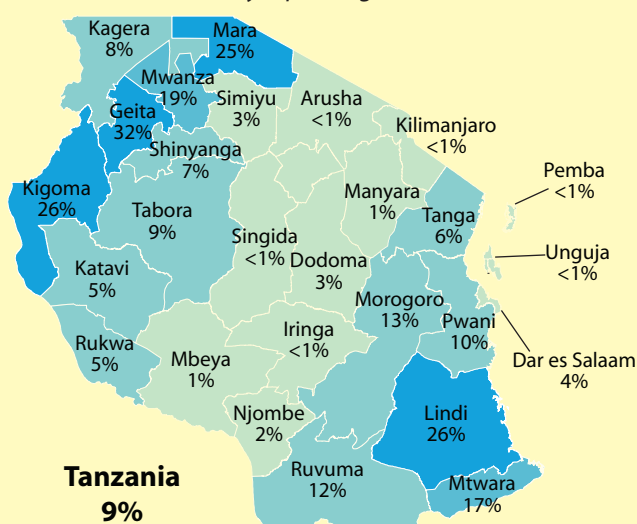


Malaria Prevalence: 2011-12 THMIS Results


According to the 2011-12 Tanzania HIV and Malaria Indicator Survey (THMIS), 9% of children under five tested positive for malaria by rapid test. Regionally, malaria prevalence is lowest in the central and more elevated regions of Arusha, Kilimanjaro, Singida, Iringa (less than 1%), and in Zanzibar (less than 1%). Malaria prevalence is highest in Geita (32%), Kigoma (26%), and Lindi (26%). In Tanzania, 9 in 10 households have at least one ITN. About three-quarters of children under age 5 and pregnant women slept under an ITN the night before the survey. In addition, 14% of households in Tanzania had their interior walls sprayed against mosquitoes (IRS) in the year before the 2011-12 survey.

Malaria Prevalence in Children by Region

Percent of children 6-59 months testing positive for malaria by rapid diagnostic test (RDT)



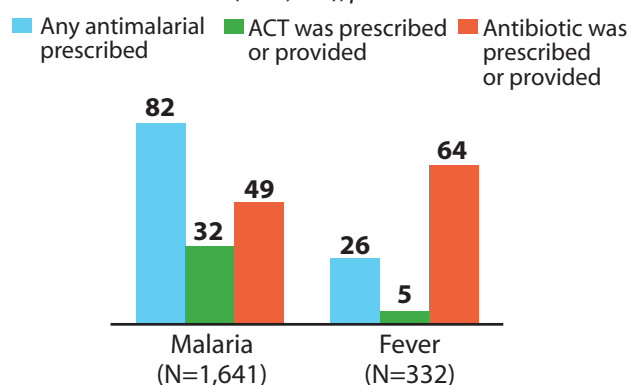
Malaria Treatment among Children

 In Tanzania, only confirmed cases of malaria should be treated with the first line treatment ACT. Interviewers observed 4,961 consultations for sick children. One-third of these sick children were diagnosed with malaria and 7% were diagnosed with fever.

Among children diagnosed with malaria (N=1,641), 82% were prescribed or provided an antimalarial, but only 32% received the recommended ACT. Half of children with malaria were given an antibiotic. Among children with fever, 26% were given an antimalarial and 5% were prescribed or given ACT. Almost two-thirds of children with fever were given an antibiotic.

Treatment of Malaria in Children

Among sick children whose consultations were observed (N=4,961), percent treated



© 2007 Bonnie Gillespie, Courtesy of Photoshare
A health worker at a rural health clinic in Tanzania tests for presence of malaria.

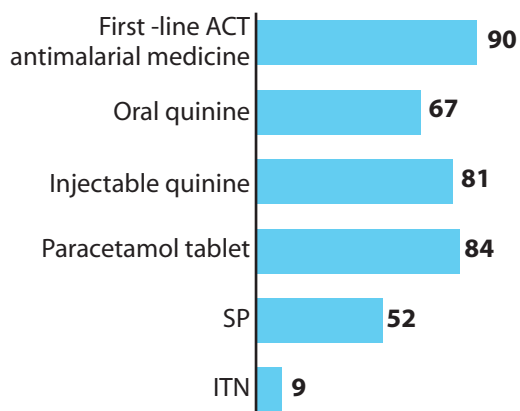
Availability of Malaria Medicines and Commodities

Nine in ten facilities offering curative care for sick children have ACT to treat malaria. ACT is least available at clinics (53%) and most available in government-run facilities (95%).

The 2014-15 TSPA assessed the availability of antimalarials and commodities in the facilities offering the malaria diagnosis and/or treatment services (N=1,177). Nine in ten facilities have the first-line ACT antimalarial available. Similarly, 81% of facilities have injectable quinine and 67% have oral quinine. The availability of artesunate, either injectable or rectal, is quite low (27% and 2%, respectively). Half of facilities have SP for preventive treatment of pregnant women. Only 9% facilities have ITNs available for distribution to clients.

Availability of Malaria Medicines and Commodities

Among facilities offering malaria diagnosis and/or treatment services (N=1,177), percent that have:



Non-communicable Diseases

Sub-Saharan African countries are experiencing growing rates of diabetes, cardiovascular disease (CVD), and chronic respiratory disease. It is important that the Tanzania health care system have the capacity to appropriately diagnose and treat non-communicable diseases (NCDs).

Diabetes Services

Half of all health facilities offer services for diabetes that include diagnosis, prescription of treatment, or management of diabetic patients. More than 90% of hospitals and 81% of health centres offer diabetes services. Among facilities that provide services for diabetes (N=619), diagnostic capacity and availability of medicines are generally low. Only 4 out of 10 facilities have the capacity to test for blood glucose, 43% have capacity to test urine protein, and 41% have capacity to test for urine glucose. Diabetes medicines are less available. Overall, only 14% of facilities have injectable glucose solution, 22% have glibenclamide, 26% have Metformin, and only 10% have injectable insulin.

Cardiovascular Disease Services

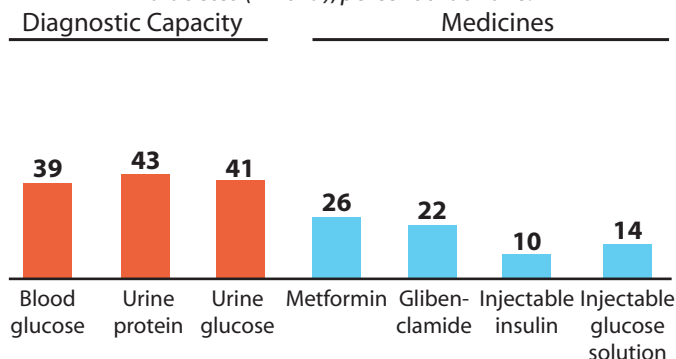
Among all facilities, 65% provide services for cardiovascular diseases, including diagnosis, prescription of treatment, and management of patients with CVD. While three-quarters of facilities that offer CVD services (N=770) have aspirin, only 5% have Thiazide for reducing high blood pressure. One-third of facilities have calcium channel blockers (Amlodipine/Nifedipine), 19% have beta blockers (Atenolol) for angina or hypertension, 10% have oxygen, and only 10% have any ACE inhibitor. Among facility types, hospitals are most likely to have CVD medicines and commodities.

Chronic Respiratory Disease Services

Six in ten facilities in Tanzania provide support services for chronic respiratory diseases, which include diagnosis, prescription of treatment, or management of patients with chronic respiratory diseases. Availability of essential medicines and commodities in facilities that provide chronic respiratory disease services (N=723) is relatively low with the exception of injectable epinephrine (64%). Only 19% of facilities have a salbutamol inhaler, and about half have hydrocortisone tablets.

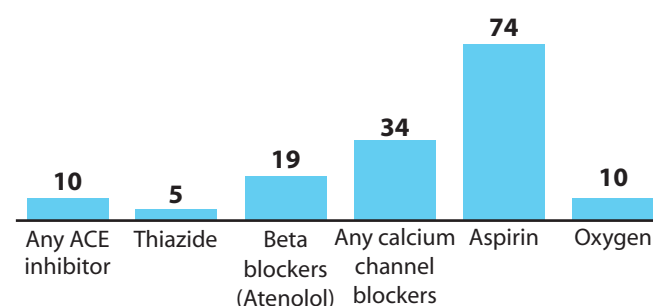
Diagnostic Capacity and Essential Medicines for Diabetes

Among facilities offering services for diabetes (N=619), percent that have:



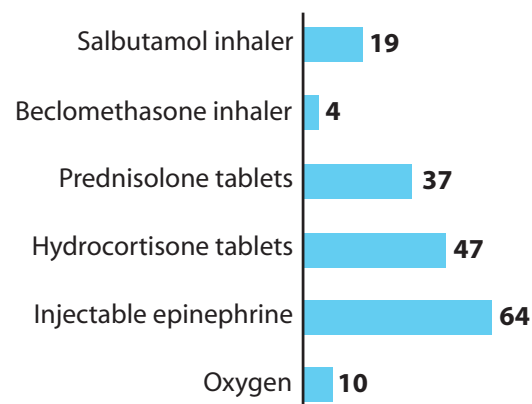
Availability of Essential Medicines and Commodities for Cardiovascular Diseases

Among facilities offering services for cardiovascular diseases (N=770), percent that have:



Availability of Essential Medicines and Commodities for Chronic Respiratory Diseases

Among facilities offering services for chronic respiratory diseases (N=723), percent that have:



TUBERCULOSIS

Tuberculosis Services

Overall, 29% of all health facilities offer TB diagnosis or treatment services. Among these facilities (N=341), 36% have staff who received in-service training on TB within the last two years.

Six in ten facilities have guidelines on the diagnosis and treatment of TB, 52% have guidelines on HIV and TB co-infection, 27% have guidelines on TB infection control, and 15% have guidelines on diagnosis and treatment of multi-drug resistance (MDR-TB).

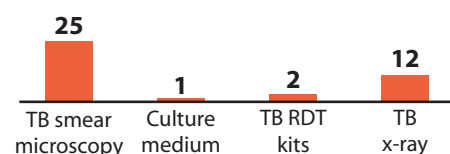
Few facilities offering TB services have the equipment to diagnose TB. Among facilities that offer any TB diagnostic services (N=324), only 25% have TB smear microscopy which includes a functioning microscope, slides, and all stains for the Ziehl-Neelson test. Twelve percent of facilities have the capacity to conduct TB x-rays. Only 2% of facilities have TB RDT test kits and 1% can test culture medium. Hospitals are more likely than other facility types to have these capacities.

More than 90% of facilities offering any TB services have HIV diagnostic capacity, and two-thirds have a system for diagnosing HIV among TB clients. This system includes a record or register indicating TB clients who have been tested for HIV.

Among facilities offering TB treatment and/or treatment follow-up services (N=250), 83% have the first-line treatment for TB. One-quarter of facilities have injectable streptomycin.

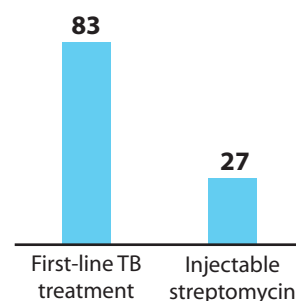
Tuberculosis Diagnostic Capacity

Among facilities offering diagnostic services for TB (N=324), percent that have:



Availability of Medicines for Tuberculosis

Among facilities offering TB treatment and/or treatment follow-up services (N=250), percent with:



GENERAL SERVICE READINESS INDICATORS

* the full list of general service readiness indicators is found tables 3.3, 3.4, and 3.5 of the final report

| | Facility Type | | | |
|--|---------------|---------------|------------|--------|
| | Hospital | Health Centre | Dispensary | Clinic |
| Availability of Basic Amenities for Client Services | | | | |
| Regular electricity ¹ (%) | 91 | 76 | 65 | 70 |
| Improved water source ² (%) | 87 | 84 | 65 | 89 |
| Visual and auditory privacy ³ (%) | 95 | 96 | 93 | 100 |
| Client latrine ⁴ (%) | 76 | 56 | 40 | 93 |
| Communication equipment ⁵ (%) | 94 | 62 | 47 | 62 |
| Emergency transport ⁶ (%) | 93 | 74 | 54 | 29 |
| Availability of Basic Equipment | | | | |
| Adult scale (%) | 92 | 83 | 74 | 71 |
| Child scale ⁷ (%) | 51 | 58 | 62 | 33 |
| Infant scale ⁸ (%) | 33 | 42 | 38 | 23 |
| Thermometer(%) | 88 | 85 | 82 | 81 |
| Stethoscope (%) | 96 | 95 | 90 | 87 |
| Blood pressure apparatus ⁹ (%) | 92 | 90 | 81 | 89 |
| Light source ¹⁰ (%) | 41 | 27 | 12 | 48 |
| Standard Precautions for Infection Control | | | | |
| Sterilisation equipment ¹¹ (%) | 87 | 52 | 20 | 61 |
| Equipment for high level disinfection ¹² | 78 | 84 | 77 | 54 |
| Syringes and needles ¹³ (%) | 82 | 68 | 77 | 73 |
| Soap and running water or alcohol-based hand disinfectant (%) | 89 | 71 | 63 | 83 |
| Latex gloves ¹⁴ (%) | 92 | 81 | 81 | 82 |
| Guidelines for standard precautions ¹⁵ (%) | 44 | 35 | 21 | 14 |
| Laboratory Diagnostic Capacity | | | | |
| Haemoglobin | 89 | 62 | 26 | 43 |
| Blood glucose | 72 | 49 | 16 | 36 |
| Malaria diagnostic test | 95 | 94 | 82 | 59 |
| Urine protein | 83 | 65 | 20 | 29 |
| HIV diagnostic test | 96 | 92 | 80 | 42 |
| DBS collection | 74 | 70 | 41 | 14 |
| TB microscopy | 43 | 31 | 2 | 0 |
| Availability of Essential Medications | | | | |
| Amoxicillin tablets/capsules (1st line antibiotic for adults) (%) | 90 | 79 | 72 | 59 |
| Cotrimoxazole oral suspension (oral antibiotic for children) (%) | 85 | 80 | 71 | 50 |
| Paracetamol oral suspension (fever-reduction and analgesic for children) (%) | 76 | 72 | 68 | 55 |

¹Facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey. ²Water is piped into facility or piped onto facility grounds, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water and the outlet from this source is within 500 metres of the facility. ³A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others. ⁴The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet. ⁵The facility had a functioning landline telephone, functioning facility-owned cellular phone, a private cellular phone that is supported by the facility or a functioning short wave radio available at the facility. ⁶The facility had a functioning ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility. ⁷A scale with gradation of 250 grams, or a digital standing scale with a gradation

Managing Authority

| Government | Private-for-profit | Parastatal | Faith-based | Mainland Average | Zanzibar Average | National Average |
|------------|--------------------|------------|-------------|------------------|------------------|------------------|
| 61 | 77 | 86 | 88 | 67 | 77 | 67 |
| 61 | 88 | 85 | 86 | 67 | 90 | 68 |
| 94 | 96 | 90 | 95 | 94 | 95 | 94 |
| 31 | 91 | 98 | 58 | 42 | 84 | 44 |
| 47 | 65 | 44 | 56 | 51 | 43 | 51 |
| 58 | 46 | 59 | 66 | 59 | 16 | 58 |
| 72 | 87 | 59 | 88 | 76 | 63 | 76 |
| 66 | 32 | 33 | 61 | 62 | 35 | 61 |
| 44 | 18 | 10 | 31 | 39 | 17 | 38 |
| 79 | 92 | 85 | 94 | 83 | 87 | 83 |
| 89 | 98 | 85 | 94 | 91 | 89 | 91 |
| 79 | 93 | 85 | 88 | 82 | 84 | 82 |
| 10 | 32 | 27 | 26 | 15 | 37 | 16 |
| 15 | 62 | 53 | 54 | 27 | 44 | 27 |
| 80 | 65 | 81 | 73 | 78 | 46 | 77 |
| 77 | 74 | 63 | 74 | 76 | 64 | 76 |
| 58 | 82 | 62 | 90 | 65 | 69 | 65 |
| 83 | 79 | 63 | 78 | 82 | 70 | 82 |
| 23 | 22 | 33 | 26 | 23 | 26 | 23 |
| 23 | 65 | 20 | 59 | 33 | 43 | 33 |
| 9 | 71 | 37 | 49 | 22 | 33 | 23 |
| 86 | 71 | 51 | 82 | 83 | 79 | 83 |
| 17 | 58 | 32 | 55 | 27 | 38 | 27 |
| 89 | 41 | 48 | 82 | 82 | 54 | 81 |
| 52 | 19 | 14 | 38 | 47 | 7 | 45 |
| 6 | 2 | 5 | 15 | 7 | 5 | 7 |
| 72 | 78 | 46 | 82 | 74 | 65 | 73 |
| 73 | 71 | 35 | 77 | 72 | 67 | 72 |
| 67 | 79 | 39 | 71 | 70 | 38 | 69 |

of 250 grams or lower where an adult can hold a child to be weighed.⁸A scale with gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed.⁹A digital blood pressure machine or a manual sphygmomanometre with a stethoscope.¹⁰A spotlight source that can be used for client exam or a functioning flashlight.¹¹Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available.¹²Facility reports that some instruments are processed in the facility and facility has an electric pot or other pot with heat source for high-level disinfection by boiling or steaming or else facility has chlorine, formaldehyde, CIDEK, or glutaraldehyde for chemical high-level disinfection available in facility.¹³Single-use standard disposable syringes with needles or else auto-disable syringes with needles.¹⁴Non-latex equivalent gloves acceptable.¹⁵Any guideline for infection control in health facilities available.

SERVICE SPECIFIC READINESS INDICATORS

* the full list of service specific readiness indicators is found in the service-specific chapters of the final report

| Family Planning (percent of facilities with) | Facility Type | | | |
|--|---------------|---------------|------------|--------|
| | Hospital | Health Centre | Dispensary | Clinic |
| Guidelines on family planning | 85 | 83 | 66 | 77 |
| Staff trained in FP | 20 | 20 | 17 | 24 |
| Blood pressure apparatus | 80 | 72 | 71 | 77 |
| Combined estrogen progesterone oral contraceptive pills | 89 | 86 | 87 | 100 |
| Injectable contraceptives (Progestin-only) | 94 | 87 | 91 | 91 |
| Condoms | 86 | 85 | 89 | 83 |
| ANC (percent of facilities with) | | | | |
| Guidelines on ANC | 65 | 71 | 53 | 61 |
| Staff trained in ANC | 90 | 85 | 69 | 73 |
| Blood pressure apparatus | 93 | 86 | 77 | 100 |
| Haemoglobin diagnostics | 88 | 60 | 22 | 50 |
| Urine dipstick for protein diagnostics | 86 | 73 | 25 | 84 |
| Urine dipstick for glucose diagnostics | 85 | 70 | 19 | 80 |
| Delivery (percent of facilities with) | | | | |
| Guidelines on Basic Emergency Obstetric Care or Comprehensive Emergency Obstetric Care (BEmONC or CEmOC) | 44 | 51 | 26 | 15 |
| Guidelines on newborn care | 69 | 65 | 59 | 44 |
| Staff trained in newborn resuscitation in the 2 years before the survey | 29 | 34 | 34 | 12 |
| Delivery pack | 98 | 90 | 86 | 100 |
| Suction apparatus | 79 | 46 | 16 | 33 |
| Vacuum aspirator or D&C kit | 40 | 24 | 3 | 15 |
| Antibiotic eye ointment for newborn | 46 | 34 | 26 | 65 |
| Caesarean section | 84 | 11 | 0 | 0 |
| Immunization and Child Health (percent of facilities with) | | | | |
| Guidelines for child immunization (EPI) | 90 | 87 | 83 | 83 |
| Staff trained in child immunization | 32 | 28 | 22 | 31 |
| Cold box/vaccine carrier with ice packs | 98 | 97 | 93 | 94 |
| Vaccine refrigerator | 72 | 71 | 63 | 41 |
| Guidelines for IMCI | 58 | 65 | 55 | 20 |
| Guidelines for growth monitoring | 32 | 29 | 24 | 0 |
| Staff trained in IMCI | 31 | 29 | 18 | 8 |
| Staff trained in growth monitoring | 31 | 28 | 13 | 5 |
| Malaria (percent of facilities with) | | | | |
| Guidelines for diagnosis of malaria | 62 | 78 | 71 | 47 |
| Guidelines for treatment of malaria | 67 | 82 | 71 | 50 |
| Guidelines for IPT | 39 | 39 | 28 | 12 |
| Staff trained in malaria diagnosis and/or treatment | 79 | 80 | 53 | 40 |
| Staff trained in IPT | 57 | 54 | 29 | 10 |
| Malaria diagnostic capacity (malaria RDT or microscopy) | 97 | 94 | 82 | 82 |
| First line antimalarial in stock | 91 | 91 | 90 | 53 |

| | Managing Authority | | | | | Mainland Average | Zanzibar Average | National Average |
|--|--------------------|--------------------|------------|-------------|--|------------------|------------------|------------------|
| | Government | Private-for-profit | Parastatal | Faith-based | | | | |
| | 68 | 68 | 40 | 74 | | 68 | 77 | 68 |
| | 16 | 23 | 23 | 35 | | 17 | 34 | 18 |
| | 71 | 83 | 91 | 66 | | 72 | 54 | 71 |
| | 87 | 91 | 51 | 93 | | 87 | 98 | 87 |
| | 91 | 82 | 100 | 97 | | 91 | 86 | 91 |
| | 88 | 91 | 81 | 96 | | 89 | 75 | 89 |
| | | | | | | | | |
| | 55 | 46 | 73 | 62 | | 56 | 52 | 56 |
| | 72 | 62 | 80 | 72 | | 72 | 62 | 72 |
| | 78 | 94 | 83 | 81 | | 79 | 79 | 79 |
| | 22 | 72 | 100 | 58 | | 29 | 38 | 30 |
| | 27 | 74 | 83 | 57 | | 33 | 53 | 33 |
| | 22 | 57 | 88 | 56 | | 28 | 43 | 29 |
| | | | | | | | | |
| | 30 | 20 | 29 | 33 | | 30 | 35 | 30 |
| | 60 | 39 | 74 | 66 | | 60 | 53 | 60 |
| | 34 | 15 | 25 | 32 | | 33 | 30 | 33 |
| | 85 | 100 | 100 | 94 | | 87 | 54 | 87 |
| | 19 | 48 | 51 | 42 | | 23 | 39 | 23 |
| | 6 | 16 | 22 | 14 | | 7 | 25 | 7 |
| | 24 | 49 | 55 | 47 | | 28 | 7 | 28 |
| | 3 | 6 | 4 | 12 | | 5 | 3 | 4 |
| | | | | | | | | |
| | 83 | 93 | 95 | 85 | | 84 | 94 | 84 |
| | 24 | 21 | 24 | 21 | | 22 | 59 | 23 |
| | 94 | 90 | 100 | 97 | | 94 | 95 | 94 |
| | 63 | 48 | 82 | 74 | | 64 | 55 | 64 |
| | 63 | 28 | 38 | 45 | | 55 | 68 | 56 |
| | 27 | 6 | 27 | 29 | | 24 | 28 | 24 |
| | 21 | 16 | 7 | 15 | | 19 | 33 | 19 |
| | 17 | 11 | 5 | 13 | | 15 | 17 | 15 |
| | | | | | | | | |
| | 77 | 49 | 49 | 67 | | 72 | 69 | 71 |
| | 76 | 55 | 57 | 64 | | 71 | 75 | 72 |
| | 34 | 8 | 11 | 31 | | 31 | 10 | 30 |
| | 58 | 48 | 25 | 59 | | 56 | 76 | 57 |
| | 36 | 13 | 9 | 35 | | 33 | 13 | 33 |
| | 86 | 74 | 60 | 82 | | 84 | 81 | 84 |
| | 95 | 73 | 38 | 84 | | 91 | 50 | 90 |

