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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: TANZANIA

July 2015

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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Submitted to: Scott Stewart, AOR
Jodi Charles, Senior Health Systems Advisor
Office of Health Systems
Bureau for Global Health

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*Photo: Two boys eat lunch together at a Morogoro village in Tanzania.
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Abt Associates Inc. | 4550 Montgomery Avenue, Suite 800 North | Bethesda, Maryland 20814
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI)
| Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D)
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ACRONYMS

EPHS	Essential package of health services
NEHCIP-Tz	National Essential Health Care Interventions Package-Tz
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN TANZANIA

The government of Tanzania first created and published an EPHS in 2000, called the National Health Care Intervention Package or the National Package of Essential Health Interventions. In subsequent years, the 13 areas/programs under the Ministry of Health created area-specific packages that went beyond the more general descriptions under the National Health Care Intervention Package. In the government's *Health Sector Strategic Plan III*, the government acknowledged that the comprehensive National Package of Essential Health Interventions could not be fully provided because of funding and other health systems constraints. In this policy document, the government committed to revising and costing an essential health package.

The government published a revision of the EPHS in 2013, calling it the *National Essential Health Care Interventions Package-Tanzania (NEHCIP-Tz)*. The document intends to consolidate the information from the various area-specific packages as well as update the package to reflect new knowledge. The document aims “to concentrate scarce resources on interventions which provide the best ‘value for money’ thus achieving the following goals: improved efficiency; equity; political empowerment, accountability, and altogether more effective care.”¹

The document states that it should be used in conjunction with the list of services included in Annex 2 of the *National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008–2015*. The relevant selections from both documents are included in Annex A of this country snapshot.

¹ Note, a 2013 report funded by United States Agency for International Development and GIZ made recommendations to the Government of Tanzania for further paring down and prioritizing services from the NEHCIP-Tz to create a costed and realistic “minimum benefit package” that the government could scale up progressively over time towards achievement of universal health care coverage in the country (Ngowi et al. 2013).

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Tanzania's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	47
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	2
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	10

The following three priority RMNCH interventions are excluded from Tanzania's EPHS:

Explicitly excluded:

- ▶ Vitamin A supplementation from six months of age

Implicitly excluded:

- ▶ Home visits for women and children across the continuum of care
- ▶ Women's groups

Use of Selected Priority Services

The table below presents the country's data on common indicators.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2010		46.7	59.3
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2010		83	42.3
BCG immunization coverage among one-year-olds (%)	2013	99		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	91		
Median availability of selected generic medicines (%)—private	2004	47.9		
Median availability of selected generic medicines (%)—public	2004	23.4		

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

The National Health Service delivery structure consists of community level, clinics, public health units, health centers, regional referral hospitals and national referral hospitals. Clinics and the public health units interface with the community, which the government describes as an interface that is well operationalized through outreach services as well as through the Rural Health Motivators program.

The EPHS takes the approach of client-oriented delivery models so as to better integrate different areas of health services relevant for the specific patient. The document also identifies the services to be provided at each delivery level, and outlined intervention components and inputs (Ministry of Health and Social Welfare 2013b).

The *TEHCIP-Tz* document states that all health facilities and community structures must prioritize implementation of the EPHS, and that the government shall appropriately fund the public facilities and build their capacity to provide the NEHCIP-Tz. The document also states that private health facilities should also provide the NEHCIP-Tz to the population if the private facility has a funding contract with the government. The document specifies that the Ministry of Health and Social Welfare at the national and regional levels shall establish mechanisms to ensure regular supervision and monitoring of the provision of the NEHCIP-Tz in both public and private sectors. To this end, the ministry established a Quality Assurance program.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Tanzania based on data from a 2010 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Nearly 100 percent of the eligible population receives at least one antenatal care service, with very little difference across wealth quintiles, education level, and place of residence. However, coverage of births attended by skilled health personnel is strongly associated with these three factors.
- ▶ Immunization coverage is also quite high and relatively equitable across wealth and education levels. Rural populations have slightly lower coverage than urban populations.
- ▶ Urban residence may be a determinant of health-seeking behavior, as 86 percent of children in urban areas with acute respiratory symptoms are taken to a health facility compared to only 65 percent in rural areas.

The government explicitly discusses equity of the EPHS in the *TEHCIP-Tz*. The government considers the following groups to be vulnerable: poor people, women, children, orphans, people with disabilities and the elderly, persons living in hard to staff/serve areas, and displaced persons (including refugees and persons displaced due to natural disasters).

Per the *TEHCIP-Tz*, in order to address the needs of vulnerable groups the Ministry of Health and Social Welfare and stakeholders will:

- ▶ continue conducting outreach/mobile clinics in order to reach hard-to-serve populations; and
- ▶ consider the construction of new health facilities in underserved areas, taking into consideration issues of access by vulnerable groups.

The Ministry of Health and Social Welfare and stakeholders will also conduct sensitization meetings in communities in order to create awareness about available services and the need for these special groups to access them.

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.

Per the cost-sharing policy implemented in the health sector in 1993, households must either make out-of-pocket payments for health services or obtain insurance. This is also true in facilities run by faith-based organizations and the private sector (Ministry of Health and Social Welfare 2013b). The government has introduced exemptions and waivers to reduce the financial burden on poor households. The waiver system is reportedly not working well in practice. It is ineffective due to the poor not gaining access to intended waivers, due to either lack of information or denial of the waiver by a provider. Waived patients also reportedly face stigmatization and other disadvantages while attending health services compared to people who pay for services (Ministry of Health and Social Welfare 2013a).

The National Health Insurance Fund, which covers civil servants and formal sector employees, is the largest insurer in Tanzania, with around 2.5 million beneficiaries. Community Health Funds and their city equivalent TibaKwaKadi provide basic health insurance coverage to low-income households. Covering 593,643 households as of 2012, the schemes provide health insurance coverage to 3.8m beneficiaries. The scheme covers people working in the informal sector, who voluntarily enroll. Enrollee premiums and government subsidies finance the schemes. Private Health Insurance was estimated to have about 450,000 beneficiaries in 2013, accounting for approximately 1 percent of the population. Finally, voluntary Community-Based Health Insurance Schemes stemming from nongovernmental organizations and donor-funded pilot projects cover an additional 1 percent of the population in the informal sector (GTZ 2013). Financial protection for the EPHS through health insurance is not universal at this time.

SOURCES

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ANNEX A. TANZANIA'S EPHS

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL ESSENTIAL HEALTH CARE

INTERVENTIONS PACKAGE – TANZANIA

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(NEHCIP – Tz)

May 2013

Table 1 Age Groups for interventions

Age group (years)	Intervention	Source of Service	Remarks
0 -5 years	New-born Care and Neonatal conditions Prevention and Management of Immunisable Diseases Prevention and Management of Childhood Illness HIV/AIDS and STD Diagnosis and Management Information, Education and Communication Gender-Based Violence (GBV)/VAC -Nutrition Care	-Community -Health centre -Hospital	Exceptional cases have not been considered e.g. girls getting pregnant at 6 years!
6-14 years	-Information, Education and Communication -HIV/AIDS and STD Diagnosis and Management -Prevention and Management of Childhood Illness -Gender-Based Violence (GBV)/VAC -Nutrition Care	-Community -Health centre -Hospital	Exceptional cases have not been considered e.g. girls getting pregnant at 6 years!
15 – 49 years	-Adolescent Sexual and Reproductive Health -Information, Education and Communication -Antenatal Care -Care During Childbirth -Care of Obstetric Emergencies -New-born Care -Postpartum Care -Post-abortion Care -Family Planning -HIV/AIDS and STD Diagnosis and Management	-Community -Health centre -Hospital	

Age group (years)	Intervention	Source of Service	Remarks
	<ul style="list-style-type: none"> -Prevention and Management of Infertility -Prevention and Management of Reproductive Cancer -Gender-Based Violence (GBV)/VAC -Nutrition Care 		
≥50	<ul style="list-style-type: none"> -Information, Education and Communication -HIV/AIDS and STD Diagnosis and Management- Reproductive Health of the Elderly -Prevention and Management of Reproductive Cancer -Gender-Based Violence (GBV) -Nutrition Care 	<ul style="list-style-type: none"> -Community -Health centre -Hospital 	

In each of the eighteen sub-sections of the intervention in the RMNCH, specific details are given and then further information is provided which defines the point of delivery and what must be done.

The age group division is not water tight. It flows and does interdigitate with each other. See Figure 4.

Figure 4 The Continuum of Care

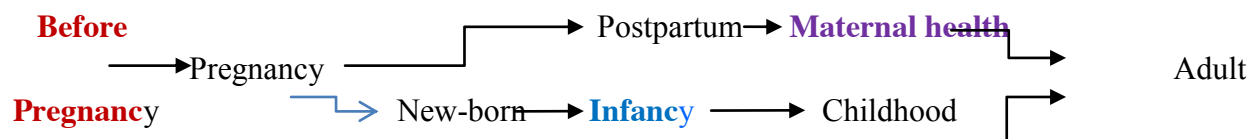


Table 2 The Continuum of Care

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
Pre-pregnancy (Adolescent girls and women of child bearing age)	<ul style="list-style-type: none"> -Youth friendly services -Family planning -Folic acid -Iron tablets -Tetanus toxoid -Prevention, care and treatment of HIV/AIDS 	<ul style="list-style-type: none"> -IEC on sexual and reproductive health (including all the aspects of sexuality before pregnancy, during pregnancy, at the times of giving birth, post-partum, new-born, infancy and maternal health, 	<ul style="list-style-type: none"> -provision of safe abortion services, family planning, HIV/STIs screening services and health education 	<ul style="list-style-type: none"> -Services linked to a health delivery system providing continuity with components of S&RH 	<ul style="list-style-type: none"> <u>-Community level</u> <u>Dispensary and Health Centre levels</u> <u>District Hospitals</u> -When special S&RH needs can be managed appropriately
Pregnancy	<ul style="list-style-type: none"> -Essential preventive and promotive care in pregnancy including PMTC -Management of complications during pregnancy 	<ul style="list-style-type: none"> -Tetanus, anaemia and syphilis prevention -Increased uptake 	<ul style="list-style-type: none"> - Provides opportunities for preventing malaria -Pregnancy care improves uptake of IPT and ITNs 	<ul style="list-style-type: none"> Skilled health professionals -Essential medicines and medical devices -Services linked to a health delivery system providing continuity with childbirth and 	<ul style="list-style-type: none"> <u>Community level</u> <u>-Dispensary and Health Centres,</u> <u>-Referral facility</u>

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
				postnatal care	
In pregnancy at least 4 ANC visits for normal pregnancies, including one visit within the first 3 months of pregnancy	<ul style="list-style-type: none"> -Confirmation of pregnancy -Monitoring of progress of pregnancy and assessment of maternal foetal well-being -Counseling on nutrition , breastfeeding, healthy life style -Screen of protein and anaemia including blood groups -Deworming -Identification and treatment of bacteriuria -Identification of treatment of problems complicating pregnancy; hypertension, 	<ul style="list-style-type: none"> -Increases safety for pregnant women and their babies in the process of labour -Early detection and timely management of complications reduces maternal and perinatal morbidity and mortality 	<ul style="list-style-type: none"> Available, accessible and acceptable services to all women -Health facilities provide 24 hours/7 days a week services -Essential medicines and medical devices -Referral systems -Recording systems -Regular maternal and perinatal death reviews at health facility level to improve care 		<ul style="list-style-type: none"> -Community -<u>Dispensary and Health Centres,</u> -<u>Referral facility</u> Community -Dispensary and Health Centres, -Referral facility

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
	bleeding, malpresentation, multiple pregnancy -Assessment of female genital mutilation				
Sexual and Reproductive Health and Rights	-Include male youths and adult men in the training of S RH&R -Health services are user friendly in S&RH service delivery	-Decisions on S&RH are easily made since both men and woman are equal partners -Family planning enhanced in acceptability	Increased uptake of health services across the spectrum	-Services linked to a health delivery system providing continuity with components of S&RH	-Community -Dispensary and Health Centres, -Referral facility
New-born Care	-Essential preventive interventions for the healthy new-born infant -Early identification and management of new-born problems e.g. care of premature born or low birth weight infants	-Can reduce more than half of neonatal mortality when universally applied -Ensures a good start to life with practices and protections important for health, growth and development later in life.	services organised to ensure sustainable availability, accessibility and acceptability to all mothers -skilled human resources available and of the right mix -trained community	-Skilled health professionals -Essential medicines and medical devices -Services linked to a health delivery system providing continuity with childbirth and	All health facilities where mothers deliver

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
			health workers -a health care financing system	post-natal care	
Postpartum Care	<ul style="list-style-type: none"> -Essential promotive and preventive care following delivery (24 hours – 6 weeks) -Early identification and appropriate management of complications -Family planning -Care and counselling for HIV positive mothers -Support for breastfeeding 	<ul style="list-style-type: none"> - Reduces maternal morbidity and mortality -Improves maternal and infant health by advocacy of child spacing 	<ul style="list-style-type: none"> -Services for all women in the service area are acceptable, accessible and available -Quality post-partum care services are provided to all women by skilled health workers -24 hour services are provided -Essential drugs and medical devices -A functional referral system -A functional 		<p><u>At community level</u></p> <ul style="list-style-type: none"> -IEC plus counselling on self care at home, nutrition, safe sex, breastfeeding, family planning -safe disposal/washing of pads -Resting and a reduced workload to the mother -Prevention and management of malaria -Signs of domestic and sexual violence and referral recognised -Women living with HIV/AIDS including ART are supported

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
			recording system		<ul style="list-style-type: none"> -Births and deaths are reported and recorded -Insecticide treated bed nets are used <u>Dispensaries and Health Centres</u> -all the above plus -complications prevented and/or detected -Management of anaemia -Provision of contraceptive methods <u>Referral Facility Care</u> -all the above -Treatment of all complications e.g. severe anaemia, severe post-partum bleeding, severe post-partum infections, severe post-partum

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
					depression -tubal ligation -contraceptive implants
Family Planning	<ul style="list-style-type: none"> -Family planning services integrate preventive and curative sexual and reproductive health issues -Appropriate education and counselling inform contraception decision making -Available and accessible contraceptive supplies -Family planning within integrated primary health care including the prevention and care for STI/HIV, cancer of cervix and breast 	<ul style="list-style-type: none"> -population growth controlled - Has potential to decrease unwanted pregnancies by 71% -80% of HIV sexual transmission averted and consistent condom use -gender equity promoted and women and Families are empowered 	<ul style="list-style-type: none"> -consistent availability and access of contraceptive supplies -Family planning mainstreamed in primary health care -community health workers provided with proper family planning training and supervision -quality and good mix of skilled health workers 	<ul style="list-style-type: none"> -FP services offered as a package of PHCs -availability of right mix of contraceptive drugs 	<u>Community level</u> <ul style="list-style-type: none"> -Men, women and families offered IEC on FP -All access S&RH services -Awareness of signs of domestic violence <u>Health Centres</u>
HIV/AIDS and STD Diagnosis	-PMTCT	-Reduction of infected babies born out of HIV	-services organised to ensure sustainable	-services mainstreamed to	

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
and Management	<ul style="list-style-type: none"> -STI and Reproductive Tract Infections Male circumcision -HIV testing and counselling -Workplace intervention -Youth friendly services -positive prevention -ART/care and treatment -TB/HIV collaborative programme -Cervical cancer screening -DNA PCR diagnosis for infants -safe blood -Community Home based care 	<ul style="list-style-type: none"> positive mothers -Increased uptake of ARV -Increased awareness of HIV and ways of transmission -Increased use of safer sex practices 	<ul style="list-style-type: none"> availability, accessibility and acceptability to all men and women -services which are culturally sensitive and acceptable to communities -skilled human resources available and of the right mix -trained community health workers -a health care financing system which sustains the programme 	<ul style="list-style-type: none"> all health care services -commodities available and accessible -ART guaranteed availability all the time 	

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
Reproductive Health of the Elderly	<ul style="list-style-type: none"> -IMAI -IEC on nutritional needs of the elderly -health services demands for elderly health needs 	<ul style="list-style-type: none"> -healthy elderly populations -awareness of age-related needs 	-health providers trained to cater for health needs of the sub-population	<ul style="list-style-type: none"> -availability and accessibility of services -mobile health services 	<u>Community level</u> <ul style="list-style-type: none"> -IEC on awareness and health needs of the elderly
Prevention and Management of Infertility	<ul style="list-style-type: none"> -IEC on caused of infertility -diagnosis and management of infertility 	-reduce stigmatisation	-provision of appropriate services	-trained health workers	<u>Community level</u> <ul style="list-style-type: none"> -awareness of the situation -health seeking behaviour to address the problem <u>Health facilities</u> <ul style="list-style-type: none"> -diagnosis and management of infertility
Prevention and Management of Reproductive Cancer	<ul style="list-style-type: none"> -mapping reproductive cancer -defining needs of patients/clients with cancer -IEC on importance of early health services 	<ul style="list-style-type: none"> -improved health-related quality of life -needs of care and support, hygiene, emotional, spiritual and financial addressed -improved accessibility to 	<ul style="list-style-type: none"> -community health workers trained on recognition of early signs and symptoms of reproductive cancers -early referral to 	<ul style="list-style-type: none"> -services mainstreamed to all health care services -commodities available and accessible 	<u>Community level</u> <ul style="list-style-type: none"> -IEC on awareness and health needs of reproductive cancer clients -health seeking behaviour to address the problem

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
	<p>accessibility</p> <p>-targeting on cervical cancer and cancer of the breast</p>	<p>cancer and treatment services</p>	<p>appropriate levels for diagnosis and management of cancer</p> <p>-quality and good mix of skilled health workers</p>		<p>Health facilities</p> <p>-diagnosis and management of infertility</p>
Prevention and Management of Childhood Illness	<p>-Provide IEC to mothers, fathers, families and communities with regard to</p> <p>>breastfeeding</p> <p>>nutrition</p> <p>>use and accessibility of ORS</p> <p>>danger signs of illness</p> <p>>awareness and capacity to recognise childhood illnesses</p>	<p>-promoting early health seeking behaviour</p> <p>-demand for health services increased</p> <p>-increased uptake of immunisation for childhood illnesses</p>	<p>-community health workers trained on of health services</p>	<p>- IMCI integrated primary health care services</p> <p>-availability and accessibility of commodities</p>	
Gender-Based	<p>-IEC on men as equal partners and danger of</p>	<p>-increased community</p>			

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
Violence (GBV)	GBV -signs of GBV -victims of GBV ability to disclose GBV	awareness of GBV -men and women making common decisions on S&RH			
Nutrition Care	IEC for quality food for nutritional benefits and proper use. Ensure food security including use of locally available foodstuff. Specific foods for PLHA.	Nutritional counselling . Management of nutritional disorders. Referral of complicated cases.	As per dispensaries	As per HCs and add training of community volunteers and health care workers and support for PLHA.	Management of complicated nutritional cases and add in-service training of health care workers IEC.

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
Curative services	IMCI; Oral rehydration therapy and Zinc for diarrhoea; antibiotics for dysentery; antibiotics for pneumonia; treatment of malaria with recommended combination therapy; Vitamin A for measles; detection and management of severe and moderate malnutrition; care and treatment of HIV/AIDS; pre-referral management of severe conditions; quality management of seriously sick children.	Standard or basic laboratory services, point of care services, data recording and reporting, biohazard waste disposal and proper management of supplies	All services at dispensary plus collection and refer CD4 and DBS DNA PCR samples, sputum AFB microscopy.	Collect and refer DBS, DNA PCR samples, X-Ray, Ultra sound services before this level plus chemistry, haematological testing,	Viral load estimation, bacterial culture and sensitivity testing, X-Ray, Ultrasound, CT scan, National reference laboratory
Pre-pregnancy (Adolescent girls and women of child bearing age)	Youth friendly services -Family planning -Folic acid -Iron tablets -Tetanus toxoid	-IEC on sexual and reproductive health (including all the aspects of sexuality before pregnancy, during pregnancy, at the times of giving birth, post-partum, new-born, infancy and maternal health,	provision of safe abortion services, family planning, HIV/STIs screening services and health education	- -Services linked to a health delivery system providing continuity with components of S&RH	<u>-Community level</u> <u>Dispensary and Health Centre levels</u> <u>District Hospitals</u> -When special S&RH

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
	-Prevention, care and treatment of HIV/AIDS				needs can be managed appropriately
Pregnancy	Essential preventive and promotive care in pregnancy including PMTC -Management of complications during pregnancy	Tetanus, anaemia and syphilis prevention -Increased uptake	-Provides opportunities for preventing malaria -Pregnancy care improves uptake of IPT and ITNs	Skilled health professionals -Essential medicines and medical devices -Services linked to a health delivery system providing continuity with childbirth and postnatal care	<u>Community level</u> <u>-Dispensary and Health Centres,</u> <u>-Referral facility</u>
In pregnancy at least 4 ANC visits for normal pregnancies, including one visit within the first 3 months of pregnancy	-Confirmation of pregnancy -Monitoring of progress of pregnancy and assessment of maternal foetal well-being -Counselling on nutrition , breastfeeding,				Community <u>-Dispensary and Health Centres,</u> <u>-Referral facility</u>

Targeted SRH sub-population	Intervention components	Benefits	Service delivery	Description of services	Type of facility
	<p>healthy life style</p> <ul style="list-style-type: none"> -Screen of protein and anaemia including blood groups -Deworming -Identification and treatment of bacteriuria -Identification of treatment of problems complicating pregnancy; hypertension, bleeding, malpresentation, multiple pregnancy -Assessment of female genital mutilation 				

At each stage from before pregnancy to the age when they are elderly, different combinations of RMNCH interventions are needed and are provided at various sites. In Tanzania, there are community-based interventions while others are offered at dispensary, Health centre and the various hospitals such as the District, Regional Referral and Consultant facilities. These have been clarified in Table 5.

SEXUAL AND REPRODUCTIVE HEALTH



4.4 Prevention, Management and Control of Communicable Diseases

Summary: Almost all programmes have developed intervention packages which are being implemented. Some e.g. Malaria will be coming to an end as of the coming July 2013 and a new version is in preparation. As such, the current NEHCIP-Tz will be in line with what has been developed and include any changes which have been modified for the purpose of improvement.

4.4.1 HIV/AIDS & STI

HIV/AIDS continue to be one of the most important health problem facing Tanzania today. The Government of Tanzania has developed national policies, strategies, interventions in order to combat the ‘National Disaster’. They include e3fforts to change sexual behaviour and promote wider coverage of HIV testing. The interventions are bearing results since the three prevalence studies carried out to date, 2003/4; 2007/8 and 2011/12 steady declining prevalence figures. For example prevalence for those years shows a decline from 7 per cent (2003-04) to 6 per cent (2007-08) to 5% (2011-12) (HIV/AIDS and Malaria Indicator Survey 2011-12, TACAIDS).

4.4.1.2 Levels of interventions

- ✓ LEVELS IN THE HEALTH SECTOR
- ✓ INTERVENTIONS CORE SERVICES FOR EACH LEVEL
- ✓ MATRIX FOR INTERVENTIONS/CORE SERVICES
- Prevention of Mother To Child Transmission (PMTCT)
- Sexual transmission Infections and RTIs

- Male Circumcision
- HIV Testing and Counseling
- Safe Blood
- Workplace Interventions
- Youth Friendly Services
- Positive Health Dignity and Prevention
- Anti-retroviral therapy (Care and Treatment)
- TB/HIV Collaborative Services
- Community Home based care services
- Nutrition
- Diagnostic Services
- Pharmaceutical Services
- IEC/Behavior Change communication
- Stigma and discrimination reduction
- Condom programming

The core interventions are:

- Prevention

Prevention of Mother to Child Transmission

Sexually Transmitted Infections/Reproductive tract Infections

Male Circumcision Core Services

HIV Testing and Counselling (HTC) core services

Safe Blood Core Services

Workplace Interventions Core Services

Targeted Youth Programmes Core Services

Positive Prevention

- Treatment, Care and Support

All the services listed will need to be provided at each level and furthermore to appear in the CCHP planning document.

Facility Based ART Core Services

TB/HIV collaborative Core Services

Nutrition Core Services
 Diagnostic services
 Pharmaceutical services
 Community Home based Care core services

- Cross Cutting Services

I E C and Behaviour Change Communication
 Condom Programming
 Stigma and discrimination reduction

Table 3: Delivery points

Level	Household/ Community	Dispensary	Health Centre	District Hospital	Regional (Referral) Hospital	Zonal/Special/Super-specialised
District	X	X	X	X		
Regional Health Services					X	
National Level						X

The services for prevention, treatment and care as well as cross cutting issues are to be provided under the ‘National Essential Health Sector HIV and AIDS Interventions Package, NACP, First Edition, July 2010. The NACP needs to specify the timeframe which the package covers.

4.4.2 Malaria

The key interventions for Malaria control are divided into prevention, case management and epidemic surveillance and response. The MOHSW Malaria Control Programme had developed a (Malaria Medium Term Strategic Plan 2008 – 2013) and will come to an end in July 2012. Hence a new version is in the making. Furthermore, the US President’s Malaria

initiative (2011) adds value to the control programme. The two documents will be used in parallel.

Table 4: Malaria Interventions

Level Interventions	Household/ Community	Dispensary	Health Centre	District Hospital	Regional (Referral) Hospital	Zonal/Spe cial/ Super specialised
Prevention -Insecticide Treated nets -Indoor residual Spraying -Behaviour Change and Communication	X	X	X			
Case Management -Diagnostics -Case managements		X	X	X	X	X
Epidemic Surveillance and Response - Epidemic Surveillance and Response	X	X	X	X	X	X

4.4.3 TB and TB/HIV

Summary: NTLP is under the Epidemiology and Disease Control section within the department of Preventive Services in the Ministry of Health and Social Welfare. The programme is integrated in the existing primary health care system. All health providers are responsible for early case detection, appropriate treatment and case holding. They are also responsible for proper management of drugs and supplies, keeping accurate records and providing health education to the patient and community. Although the NTLP is integrated within the general health services, it has a managerial and supervisory staff dealing solely with the two diseases, in order to ensure adequate technical competence in TB and leprosy control.

Table 5 Tuberculosis

Level Interventions	Household/ Community	Dispensary	Health Centre	District Hospital	Regional (Referral) Hospital	Zonal/Special/ Super specialised
-Community Tuberculosis care	X	X	X			
-Short-course chemotherapy		X	X	X	X	X
-Direct Observed Treatment		X	X	X	X	
-Patient –centred Treatment						
-Monitoring TB/HIV	X	X	X	X	X	X
-Prevention of drug resistance	X	X		X	X	X

4.4.4 Leprosy including rehabilitative support

Table 6 Leprosy

Level Interventions	Household/ Community	Dispensary	Health Centre	District Hospital	Regional (Referral) Hospital	Zonal/Special / Super specialised
-Raising community awareness on the disease	X	X	X			
-Early case detection						
-Multi-drug therapy available to every health facility where there is a leprosy patient at all times and free of charge	X	X	X	X	X	X
-Prevention disability by early diagnosis and appropriate treatment of leprosy disease, reaction and other complication	X	X	X	X	X	X
-Diagnosis of leprosy	X		X			X

4.4.5 Epidemics (Cholera, Meningitis, Plague, Yellow fever, Measles, Polio, Others (specify)

Summary: Epidemic prone diseases, such as cholera, measles, cerebrospinal meningitis, plague, and bacillary dysentery are also an increasing problem in Tanzania. Only by active disease surveillance and thorough outbreak investigation can you determine if you are achieving your goals for controlling and preventing disease.

4.5 Prevention, Management and Control of Non- Communicable Diseases (NCD)

Summary: The increased contribution of Non-Communicable Diseases (NCDs) to the Burden of Disease (BoD) is being recognised globally. In Tanzania, emerging evidence from empirical studies estimates that NCDs account for 15% plus of our burden of disease (BoD) but this could be a major under-estimate. The health sector will therefore implement enhanced programmes for prevention and treatment of diseases of lifestyle, as well co-ordinated inter-sectoral interventions to reduce intentional and unintentional injury. All the disease conditions mentioned have interventions developed by the NCD department. Service providers are referred to those interventions and must respond to advances when these are made by the various departments.

- 4.5.1 Acute and chronic respiratory diseases
- 4.5.2 Cardiovascular diseases
- 4.5.3 Diabetes
- 4.5.4 Neoplasm/ cancers
- 4.5.5 Injuries/Trauma including rehabilitative support and Counselling for self help
- 4.5.5 Mental Health
- 4.5.6 Substance Abuse
- 4.5.7 Anaemia & Nutritional Deficiencies
- 4.5.8 Congenital Diseases and anomalies

4.6 Treatment and care of other common diseases of local priority within the District Council

Each district council based on data collected from lower level health facilities and communities within the area can determine the relevant priority conditions. These will vary according to the environmental and climatic conditions. For example in high altitude areas malaria may not be the priority condition but respiratory diseases can be especially in younger age groups. Such data can then be used to prioritise interventions as per requirement. The three conditions given here are generic and given just as an example of what can happen.

- 4.6.1 Oral health conditions,
- 4.6.2 Eye disorders
- 4.6.3 Skin diseases

4.7 Neglected Tropical Diseases (NTDs)

Summary: Tanzania is prevalent with eight Neglected Tropical Diseases (NTDs) affecting the poorest of the poor nations. These diseases are Onchocerciasis (river blindness), Lymphatic Filariasis (elephantiasis), Trachoma, plague, Schistosomiasis (bilharzia), human African trypanosomiasis (sleeping sickness), soil transmitted helminthiasis (intestinal worms) and leprosy.

4.7.1: The approach

Whilst Tanzania has made great strides in tackling these diseases, through single disease programmes, a change in approach was necessary to maximize the use of the limited resources available. It was clear that, never before had the global health community focused the attention on this magnitude on the group of such diseases that affect poor communities, thus, aggravating the vicious cycle of poverty and diseases.

Taking all the above mentioned issues into consideration, Tanzania has embarked on an integrated approach to NTD control. The NTD programme was designed to limit duplication, maximize use of resources and work by and with the community, in a holistic approach.

The Ministry of Health and Social Welfare has stated that since 2004, the country had adapted the integrated NTD control approach initially through co-implementation of Lymphatic Filariasis and Onchocerciasis mass drug administration in Tanga and Morogoro regions.

Thereafter in 2009 with the support of USAID and APOC they started to implement the integrated approach of NTD control where by all Mass Drug Administration activities are implemented in an integrated manner in 36 districts of the country.

"In 2012 NTD implementation was up-scaled to 94 districts in 14 regions of Tanzania mainland. This was a great achievement. Currently, Ministry of Health and Social Welfare (MOHSW) through the National Neglected Tropical Diseases Control Programme (NNTDCP) is responsible for coordination of the implementation of interventions stipulated in the Strategic Master Plan for the Neglected Tropical Diseases Control Programme (2012 - 2017).

All health providers are therefore referred to the NNTDCP manual and deliver services accordingly for the following diseases:

- 4.7.2 Trachoma
- 4.7.3 Cataract
- 4.7.4 Schistosomiasis
- 4.7.5 Onchocerciasis
- 4.7.6 Filariasis
- 4.7.7 Plague
- 4.7.8 Rabies
- 4.7.9 Trypanosomiasis
- 4.7.10 Soil Transmitted Helmitesis
- 4.7.11 Others (specify).

4.8 Emergence Preparedness and response

Summary: Profile of Crises and Natural Disasters in the Country. Tanzania's main natural disaster hazards are drought, floods and epidemics. Between 1980 and 2008, Tanzania suffered around 65 natural disasters of which 26 were epidemics, 24 were floods and 6 were droughts. However, no other single natural disaster has affected more people than droughts. These, in fact, are responsible for over 90% of all people affected by natural disasters in the past twenty years (Prevention Web, 2010). In 2006, a severe and prolonged drought caused food shortages and a drop in water levels that led to power rationing. In 2008, the rain period was shorter than average and in 2009 the short rains failed to come.

In addition, the global economic crisis at the end of 2008 had a devastating effect on Tanzania's population and food security. As global food prices rose in 2008, domestic and regional problems kept those prices high into 2009, remaining higher than the 5-year average throughout the year. This situation, together with the typical rise of food prices between September and January, constrained access to food, especially by those who relied on food purchases from the markets.

The drought combined with the effects of the financial, fuel and food crises had severe consequences for poor and vulnerable households and left many people food insecure in 40 districts on the mainland and Zanzibar (Unguja and Pemba).

4.8.1 Immediate Response

When food prices, food insecurity and fear of droughts, combined with shortage of grains in the region, prompted concerns, the first response of the Government of Tanzania was to limit exports of food staples (World Bank, 2009b). The government also developed a strategy based on (i) protecting public investment and infrastructure, (ii) credit guarantees to support employment and (iii) supporting food security by improving a voucher subsidy scheme. The government established a task force to propose measures to deal with potential impacts of the crisis. In addition, the country requested support from the IMF for US\$300 million to help finance the balance of payments and fiscal deficit (World Bank, 2009).

The government also worked with the World Bank to put together the Accelerated Food Security

Program (AFSP), a GFRP financed intervention, with the goal of responding to the multifaceted crisis. The AFSP is a combined package to finance three existing operations: the Accelerated Food Security Project (US\$160.0 million); the Agricultural Sector Development Project (US\$30.0 million); and the Tanzania Second Social Action Fund Project (US\$30.0 million). The AFSP's overall objective is to improve food security in Tanzania and avert a potential food crisis. The specific objectives of the three operations are:

- For the Accelerated Food Security Project, to contribute to higher food production and productivity in targeted areas by improving farmers' access to critical agricultural inputs.
- For the Agricultural Sector Development Project, to enable farmers to have better access to and use of, agricultural knowledge, technologies, marketing systems, and infrastructure, all of which contribute to higher productivity, profitability, and farm income.
- For the Additional Financing to TASAF, to improve access of beneficiary households to enhanced socioeconomic services and income-generating opportunities. Key

indicators of success include the number of beneficiaries of public works by gender and other programs covered under TASA II.

4.8.2 Mapping for susceptible areas for emergencies in the council

4.8.3 Advocacy for prevention.

4.8.4 Detection of Vulnerable Communities.

4.8.5 Institutional capacity building

4.9 Social Welfare/Social Protection

4.9.1 Adolescent sexual reproductive health

4.9.2 Women's and girls' reproductive health issues including infertility, rape/ sexual assault and female genital cutting (FGC)

4.9.3 Care and protection for most vulnerable children including orphans, children with disabilities, abused and neglected children, street children and young offenders.

4.9.4 Early childhood development

4.9.5 Rehabilitative support

4.9.6 Injuries/Trauma including rehabilitative support and Counselling for self help

4.9.7 Mental Health

4.9.8 Early identification and intervention of children with disability

4.9.9 Health care to old people

4.9.10 Drug and Substance Abuses

4.9.11 Exemption and waivers of the vulnerable groups (Health Facility -social protection system)

4.9.12 (Family support and counselling to) prevent breakdown and protect children in the home

4.10 Pharmaceuticals, commodities, Infrastructure (MMAM) and Food Safety

Effective management of medical products and pharmaceuticals is critical to high quality service delivery. The MOHSW's HSSP III identifies medicines and supplies as key in implementation of its 13 health strategies (Tanzania Health Systems Assessment 2010 Report, Chapter 7, pg 67). The category of products include: essential medicines; ART; TB medicines; medicines for opportunistic infections; vaccines; contraceptives, condoms, medical supplies, reagents for blood safety.

The infrastructure part of the primary health care services network encompasses dispensaries, health centres and district hospitals. The Health Services Delivery System in Tanzania consists of a network of facilities, which assumes a pyramidal Structure starting from a Dispensary, Health Centre through the District and the Regional Hospitals to the Referral Hospitals. (Primary Health Services Development Programme PHSDP) 2007 – 2017 (MMAM).

In principle the referral system is designed for the dispensary to refer patients to health centers and for the health centers in turn to refer patients into hospitals. Unfortunately this system is not functioning as intended. A number of factors contribute to this situation, among others, under funding, weak management arrangements, inadequate staff and difficulties in transport and communication.

The 2006 Health Policy recognize the importance of accessible and sustainable Primary Health Care services for all citizens through provision of dispensary in every village, a health center in every ward and, a hospital in every district. However, with the given country size, population and, the geographical barriers, the health services are not easily accessible to all.

The more details are shown:

4.10.1 The objective is to strengthen pharmaceutical systems at all levels to support prevention, care and treatment.

4.10.2 The target(s) are:

- Establish pharmaceutical management systems to ensure uninterrupted supply and proper use of pharmaceuticals at all levels
- Establish pharmacovigilance system at all levels

4.10.3 Activities

- Sensitisation of community on rational medicine use
- Procure, order and distribute pharmaceutical supplies timely
- Collect, record and report pharmaceutical data/information in timely manner
- Collect in a timely manner data/information on ADR in a timely manner

4.11 Sanitation, Hygiene, Environmental Health Management and Climate Change

Background

The Health Promotion working group was established to facilitate discussions and analysis on issues pertaining to environmental health, hygiene, sanitation and climate change in Tanzania and comprises of representatives from MoHSW, VPO, MoW, PMO – RALG, MoEVT, NEMC, GCLA, GTZ, T-MARC, UNICEF, WSP and Water Aid. The main objective of the department was to establish an effective group of technical experts to advise and recommend on how to address issues related to health promotion.

The working group has established six priority areas to be worked upon which are:

1. Advocacy for hand washing with soap
2. Waste management in towns or urban areas
3. Latrine improvement at households and institutions (schools and health facilities)
4. Household water treatment and safe storage at point of use
5. Chemical and pesticide management
6. Scaling up financing for school WASH

4.11.1 Achievement

- With regard to advocacy for Hand Washing with Soap, the TWG facilitated the demonstration of hand washing facilities, advocacy on Hand Washing with Soap in 10 Districts of Kiteto, Kondo, Mpwapwa, Iringa, Sumbawanga, Igunga, Musoma, Karagwe, Masasi and Rufiji.
- Waste management in towns and urban areas was strengthened by finalization of the Waste and Human Remains Management Guidelines and the training of 4 City and 16 Municipal Health Officer on appropriate waste management practices. The Waste and Human Remains Guideline have been disseminated to all regions in the financial years 2011/12/13
- Latrine improvement at household and institution was promoted by building capacity on construction of improved toilet facilities in Tanga Region. Similarly, IEC materials on improved toilet and hand washing facilities were printed and disseminated to the public.

- A Draft National Action Plan for household water treatment and safe storage at point of use has been prepared. Furthermore, household surveys have been conducted to assess the water treatment methods and storage means
- A National Sanitation and Hygiene Campaign has also been prepared so as to increase latrine coverage in the country and promote ideal sanitation and hygiene behavior change. The campaign will be supported by African Development Bank. Regional Health Officers have already been oriented on the campaign.
- With regard to chemical and pesticide management, the TWG has trained 19 Regional Health Officers and 4 Port Health Officers on Chemical Inspection. The trainees will be appointed by the Minister for Health and Social Welfare and thereafter gazetted as National Inspectors.

4.11.2 Constraints and Challenges

The Health Promotion TWG encountered the following challenges in the implementation of activities:

- Inadequate up to date and reliable environmental health, hygiene and sanitation data from regional and district level.
- Lack of equipments and facilities for the monitoring of environmental health parameters and levels of pollution.

4.11.3 Way forward

- To launch the National Sanitation and Hygiene Campaign
- To print and disseminate the Waste and Human Remains Management Guidelines
- Promote hand washing with soap behavior at all levels
- Strengthen the sanitation and hygiene information management system

4.12 Health Promotion

4.12.1 Background

The Health Promotion working group was established to facilitate discussions and analysis on issues pertaining to health promotion as a new and technically advancing area in Tanzania.

There are six (6) sub-technical working groups which are working on different priorities areas, e.g.

- Advocacy, Health Communication /Education and Social mobilization
- Community Based Health Care/ Initiatives
- School Health
- Nutritional Health
- Workplace Health / wellness initiatives
- Development of health communication material (i.e. Electronic and Print - audio, visual or both, and for the disabled)
- Documentation of evidence and lessons learnt in health promotion programming

4.12.2 Priority area identified by Health Promotion

The six key priority areas, which have been identified by the group, are:-

- Advocacy, Health Communication /Education and Social mobilization
- Community Based Health Care/ Initiatives
- School Health
- Nutritional Health
- Workplace Health / wellness initiatives
- Development of health communication material (i.e. Electronic and Print - audio, visual or both, and for the disabled)
- Documentation of evidence and lessons learnt in health promotion programming

4.12.3 Achievement

It is aimed at reviewing and updating the following existing documents:-

- Health Education Section Strategic Plan 2003-2007
- National Health Promotion Strategy 2011-2015 (Draft document)
- Community Based Health Management Information System Guide

- Health Promotion in our Schools
- Mwongozo wa Huduma za afya shuleni
- Policy Guidelines on School Health Promotion
- National Tobacco Control Strategic Plan 2010-2015
- How to deworm school age children
- Mwongozo wa wahudumu wa Afya ya Jamii
- Guidelines for Implementation of Community Based Health Initiatives in the context of Health Sector Reform in Tanzania
- National Policy Guidelines for Health Education and Health Promotion 2003

4.12.4 Major constraints

- Lack financial resources and insufficient human capacity for rollout health promotion interventions at district and regional level.
- Lengthy procedures of securing funds for the implementation of health promotion working group activities.
- Lack/inadequate research to inform health promotion interventions.
- Lack/inadequate supervision, monitoring and evaluation to inform further health promotion interventions.
- Lack/inadequate HMIS for health promotion services.

4.12.5 Way Forward

- Prepare Action plans to address issues pertaining to Health Promotion.
- Advice on mechanisms for advocating and promoting healthy lifestyles and behavior at all levels.
- Advise on approaches for community participation and involvement in health promotion initiatives.
- Advise on having an HMIS for health communication and behavior.

United Republic of Tanzania



Ministry of Health and
Social Welfare

The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 - 2015

One Plan



Reproductive and Child Health Section
April, 2008

ANNEX 2

**INPUTS FOR IMPROVING
MATERNAL, NEWBORN AND
CHILD HEALTH AT ALL
LEVELS**

ANTENATAL CARE

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide IEC, health education and counselling to women, men, families and communities about:</p> <ul style="list-style-type: none"> The needs of pregnant women Danger signs and appropriate action Birth preparedness, including local transportation for emergencies Work, rest and nutrition HIV/STD prevention The importance of social support <p>Involve the husband/partner in IEC and counselling sessions</p> <p>Planning for birth and emergencies</p> <p>Adolescent girls encouraged to continue to go to school</p> <p>Promote beneficial traditional practices and advise against harmful ones</p> <p>Promote ITNs Identify pregnant women and refer early to antenatal clinic</p> <p>Provide follow up care and support between scheduled antenatal clinic visits</p> <p>Identify problems and complication and refer</p> <p>Record community-based health information (e.g. number of women referral for antenatal care)</p>	<p>As at community level, plus: Obtain targeted history and perform physical examination, monitor progress of pregnancy and assess maternal and fetal well-being</p> <p>Develop an individualised birth plan (e.g. place of delivery, birth attendant, emergency preparedness)</p> <p>Perform standard testing:</p> <ul style="list-style-type: none"> Syphilis (including treatment as needed) Urinalysis Haemoglobin Pregnancy confirmation <p>Screen for other STDs where applicable and provide appropriate treatment and counselling</p> <p>Assess Female genital mutilation</p> <p>Manage minor complications such as mild anaemia, uncomplicated urinary tract infection and mild vaginal infections, uncomplicated malaria</p> <p>Provide tetanus toxoid immunization</p> <p>Provide intermittent presumptive treatment of malaria</p> <p>Sell/dispense ITNs</p> <p>Treat intestinal parasites as needed</p> <p>Provide iron, folic acid and other micronutrient supplementation</p> <p>Manage certain problems and complications (e.g. anaemia, PIH,</p>	<p>As at dispensary level, plus:</p> <p>Manage certain problems and complications (e.g. mild pre-eclampsia, incomplete abortion); refer more serious complications</p> <p>Offer voluntary counselling and testing for HIV as possible</p> <p>Provide FP and post abortion care</p> <p>Pre-referral treatment of severe complications</p> <ul style="list-style-type: none"> pre-eclampsia eclampsia bleeding infection complicated abortion <p>Support of women with special needs e.g. adolescents and women living with violence</p> <p>Manage or refer for PMTCT</p> <p>Treatment of mild to moderate opportunistic infections in pregnant women with HIV</p>	<p>As at health centre level, plus:</p> <p>Manage major problems and complications</p> <ul style="list-style-type: none"> ectopic pregnancy Anaemia severe pre-eclampsia eclampsia bleeding infection other medical complications <p>Treatment of abortion complications</p> <p>Treatment of severe HIV infection</p> <p>Treatment of severe malaria</p>	<p>Community level IEC messages/materials about:</p> <ul style="list-style-type: none"> The needs of pregnant women Danger signs and appropriate action Birth preparedness, including local transportation for emergencies HIV/STD prevention Insecticide-treated bed nets (ITNs) The importance of male involvement <p>Refresher in-service training for community-level health workers about using IEC messages/materials</p> <p>In-service training for supervisors of community-level health workers to enable them to conduct refresher on job training of community-level workers</p> <p>In-service training for community-level health workers involved in antenatal care, including problem/complication identification and referral; follow up support, recording</p> <p>Dispensary level In-service training for healthcare providers responsible for antenatal care about:</p> <ul style="list-style-type: none"> Content of antenatal care Revised schedule of visits Assessment skills (history taking and physical examination; routine testing) Care provision, including the development of individualized birth plan, health education and counselling <p>Supplies for syphilis testing, urinalysis, haemoglobin, and other STD tests as necessary</p> <p>Consistent supply of TT vaccine, syringes/needles, antihelminthic drugs, basic drugs such as antimalarial drugs (SP), antibiotics and fungicides ((SP) and ITNs, iron, folic acid and other micronutrient supplements</p>

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
	<p>slight bleeding); refer other problems</p> <p>Provide additional health education and counselling about:</p> <ul style="list-style-type: none"> • Preparation for breastfeeding • Prevention and recognition of STDs/HIV/AIDS • Prevention of malaria and helminth infestation <p>Mother-to-child transmission of HIV/AIDS</p>			<p>Health Centre level All of the above and:</p> <ul style="list-style-type: none"> • Supplies for HIV testing, IV fluids, parental drugs (antibiotics, MgSO₄, antimalarials) <p>Supplies and training for Manual Vacuum Aspirations</p> <p>In-service training for healthcare providers responsible for antenatal care about:</p> <ul style="list-style-type: none"> • Content of antenatal care and treatment mild complications as well as pre-referral treatment • Revised schedule of visits • Assessment skills (history taking and physical examination; routine testing) • Care provision, including the development of individualised birth plan, health education and counselling <p>Hospital level All of the above and:</p> <p>Competency-based training for doctors in the management of eclampsia, severe anaemia, ectopic pregnancy</p> <p>Supplies, equipment and drugs for the management of complications (blood transfusion, laboratory tests, obstetric care and surgery)</p>



CARE DURING CHILDBIRTH including obstetric emergency situations

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide a warm and caring approach to the woman</p> <p>Monitor progress of labour using simple aide</p> <p>If delivery occurs at community level:</p> <p>Follow clean and safe delivery practices</p> <p>Discuss and reach consensus on the labour and birthing position of mother's choice</p> <p>Recognise problems or complications early and refer</p> <p>Inspect placenta; examine perineum for injuries and refer as needed</p> <p>After deliver, notify maternal and foetal outcomes and report to next level</p> <p>Care for the newborn baby including KMC, recognise danger signs and refer as appropriate</p> <p>Perform obstetric first aid including stabilisation</p> <p>Arrange for transport and accompany mother to the next level</p> <p>Record community-based health information (e.g. number of women with complications referred)</p>	<p>As at community level, plus:</p> <p>Obtain targeted history and perform physical examination</p> <p>Diagnose labour and monitor progress using adapted WHO partograph</p> <p>Provide supportive care and pain relief</p> <p>Perform interventions such as amniotomy and episiotomy, only if necessary</p> <p>Inspect placenta and vagina for injuries</p> <p>Repair minor lacerations and episiotomies</p> <p>Actively manage the third stage of labour (oxytocin, controlled cord traction, fundal massage)</p> <p>Care for the baby after birth incl. KMC, monitor the baby and treat or refer as appropriate</p> <p>Newborn resuscitation</p> <p>Recognize complications early (e.g. malpresentations, prolonged or obstructed labour, hypertension, bleeding and infection) and manage or refer as appropriate</p> <p>Perform emergency obstetric procedures including:</p> <ul style="list-style-type: none"> • Repair of vaginal and cervical lacerations • Vacuum extraction • Manual vacuum aspiration (MVA) <p>Manual removal of the placenta</p>	<p>As at dispensary level, plus:</p> <p>Treatment of abnormalities and complications (prolonged labour, vacuum extraction, breach presentation, episiotomy, repair of genital tears, manual removal of placenta and treatment of moderate post-haemorrhagic anaemia</p> <p>Pre-referral management of serious complications (obstructed labour, fetal distress, preterm labour, severe peri- and postpartum haemorrhage)</p> <p>Emergency management of complications if birth is imminent</p> <p>Support for the family in case of maternal death</p>	<p>As at health centre, plus:</p> <p>Treatment of severe complications in childbirth and the immediate postpartum period, including caesarean section, blood transfusion and hysterectomy)</p> <ul style="list-style-type: none"> - obstructed labour - malpresentations - eclampsia - severe infections - bleeding <p>Induction and augmentation of labour</p> <p>Management of complications related to FGM</p> <p>Prevention of Mother to Child transmission of HIV by mode of delivery, provision of ARV's, guidance and support for chosen infant feeding option.</p>	<p>Community level</p> <p>In-service training for community-level health workers about appropriate interpersonal support for the woman during childbirth; simple labour monitoring; clean and safe delivery practices; early recognition of and response to obstetric complications</p> <p>Basic delivery kits</p> <p>WHO adapted partograph forms</p> <p>Dispensary level</p> <p>As for the community level, plus:</p> <p>In-service training about:</p> <ul style="list-style-type: none"> • Assessment of woman in labour • Clean and safe delivery practices • Use of WHO adapted partograph • Amniotomy/episiotomy • Active management of third stage • Recognition of and response to problems/ complications <ul style="list-style-type: none"> • Essential newborn care • KMC <p>Consistent supply of</p> <p>Gloves, aprons, soap and water, antiseptic solution, basic instruments for amniotomy and episiotomy, oxytocin, Vitamin A basic oral drugs, partograph forms, suture materials/needle holder, Vaginal speculum, suture materials/needle holder, vacuum extractor, MVA equipment, IV fluids and infusion sets</p> <p>In-service training about:</p> <p>Competency-based skills training for clinical officers and nurse-midwives in:</p> <ul style="list-style-type: none"> • Repair of vaginal and cervical lacerations • Vacuum extraction • MVA • Manual removal of the placenta • Emergency management of complications if birth is imminent • Pre-referral management of serious complications • Treatment of minor complication • Essential newborn care <p>Availability of Newborn resuscitation equipment</p>

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
	<p>Initiate management and refer patients with:</p> <ul style="list-style-type: none"> • Haemorrhage • Eclampsia • Obstructed labour <p>Puerperal infections Delivery and immediate care of the newborn including KMC and immediate initiation of breastfeeding</p> <p>Immediate postpartum care of the mother:</p> <ul style="list-style-type: none"> - Assessment of maternal well being and detection of complications (e.g. bleeding, infections, hypertension and anaemia) - Advice on danger signs, emergency preparedness and follow-up <p>Vitamin A administration</p> <p>Recording and reporting on delivery</p>			<p>Health Centre level</p> <p>All of the above plus: Continuous Supply of: Vacuum extraction equipment, IV fluids and IV sets, MGSO4, parental uterotonics and antibiotics, drugs and equipment for essential newborn care.</p> <p>Hospital level</p> <p>All of the above plus:</p> <p>Health workers trained in:</p> <ul style="list-style-type: none"> • Management of obstetric complications and emergencies including Surgery (caesarean section and other abdominal obstetric surgery ectopic pregnancy, hysterectomy) • Providing safe anaesthesia for pregnant women • Safe blood transfusion • PMTCT <p>Stable supply of: Equipment and drugs for anaesthesia, instruments and consumable supplies for obstetric surgery, blood transfusion equipment , Oxygen, laboratory equipment for both biochemical and microbiological assessments and ARV's.</p>



NEWBORN CARE

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide immediate care of the newborn, including the following:</p> <ul style="list-style-type: none"> • KMC stimulate and warm baby • Clear airway if necessary to establish respiration • Tie, cut and care of cord using clean, safe procedures • Establish breastfeeding immediately after birth <p>Avoid contacts with sick family members</p> <p>Extra care for low-birthweight babies including KMC</p> <p>Recognition of danger signs and referral</p> <p>Counselling on homecare, danger signs, safe disposal of baby stools, nutrition, ITN and hygiene for newborn, need for growth monitoring and immunizations</p>	<p>As at community level, plus: Ensure warmth of sick or preterm/low birth weight babies as necessary</p> <p>Perform basic newborn Resuscitation</p> <p>Provide newborn immunizations and administer eye care</p> <p>Provide counselling and support for:</p> <ul style="list-style-type: none"> • Care of the newborn • Care of preterm/low birth weight babies, including skin-to-skin method • Breastfeeding • Counselling and support on feeding fro HIV positive mothers <p>Monitoring and assessment of wellbeing, detection of complications (breathing, infections, prematurely, low birth weight, injury, malformation)</p> <p>Infection prevention, control and rooming-in</p> <p>Immunization according to national guideline</p> <p>Initiate management of newborn illness and refer to appropriate level of care</p> <p>Additional follow-up visits for high risk babies (preterm, after severe complications, low-birthweight babies HIV-exposed babies, babies with feeding problems and babies on replacement feeding</p> <p>Supporting mother if perinatal death</p>	<p>As at dispensary level, plus:</p> <p>Care if moderately preterm, low birth weight or twin; support for breastfeeding, warmth, frequent assessment of wellbeing and detection of complications e.g. feeding difficulties, jaundice or other perinatal problems.</p> <p>Treatment of mild to moderate:</p> <ul style="list-style-type: none"> - local infections (cord, skin, eye, thrush) - birth injuries <p>Pre referral management of infants with severe problems:</p> <ul style="list-style-type: none"> - very preterm babies And/or low birth weight - severe complications - malformations <p>Presumptive treatment of congenital syphilis</p> <p>Management of minor to moderate problems such as feeding difficulties</p> <p>pre-referral management of severe problems such as convulsions and inability to feed</p> <p>Recognize danger signs give appropriate pre-referral treatment and refer as appropriate</p>	<p>As at health centre level, plus:</p> <p>Management of severe newborn problems such as:</p> <ul style="list-style-type: none"> - neonatal sepsis - neonatal Jaundice - neonatal Tetanus - breathing difficulties - severe birth trauma and asphyxia - correctable malformations - Neonatal syphilis - failure to thrive <p>Refer for further care, if necessary</p>	<p>Community level In-service training for community-level health workers in essential newborn care</p> <p>IEC messages/materials about:</p> <ul style="list-style-type: none"> • The danger signs of newborn illness and the need to seek immediate care • The importance of immunizations, growth monitoring and follow up • Infant and young child feeding <p>In-service training for community-level health workers in essential newborn care</p> <p>Dispensary level All of the above plus:</p> <p>Training of health workers in essential newborn care</p> <p>Continuous supply of: Essential drugs and vaccines and equipment for newborn resuscitation (mucous extractor, newborn tube and mask device for newborn resuscitation)</p> <p>Health centre level All of the above plus:</p> <p>Continuous supply of: oxygen, I.V. fluids, parental antibiotics</p> <p>Hospital: All of the above plus:</p> <p>Training of health workers and lab-technicians in:</p> <ul style="list-style-type: none"> - management of the severely sick newborn baby <p>Continuous supply of laboratory test equipment, equipment and supplies for anaesthesia and surgery</p>

POSTPARTUM CARE

TRAINED HEALTHCARE PROVIDER AT COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide IEC to women, men, families and communities about:</p> <ul style="list-style-type: none"> the needs of postpartum women breastfeeding danger signs for mother and baby the importance of social support <p>- ITN</p> <p>Promote beneficial traditional practices and discourage harmful ones</p> <p>Refer for first postpartum care visit within 48 hours of delivery</p> <p>Provide follow-up care and support between postpartum clinic visits and refer for problems and complications</p> <p>Record community-based health information (e.g., number of women referred for postpartum care)</p>	<p>As at community level plus:</p> <p>Obtain pregnancy/birth history and perform physical examination of mother and baby</p> <p>Recognise problems or complications early (infections, bleeding and anaemia) and manage appropriately or refer for further care</p> <p>Iron and folic acid supplementation</p> <p>Provide vitamin A and Micronutrient supplementation where appropriate</p> <p>Provide counselling about:</p> <ul style="list-style-type: none"> Breastfeeding and baby care Maternal nutrition home care ITN Danger signs and appropriate care seeking Contraception and resumption of sexual activity Other RH concerns (e.g., STDs/HTV) 	<p>As at dispensary level,</p> <p>Manage moderate postpartum problems/complications including:</p> <ul style="list-style-type: none"> mild to moderate anaemia Mild puerperal depression <p>Pre-referral treatment of severe problems such as severe post partum bleeding, puerperal sepsis and severe puerperal depression.</p>	<p>As at health centre level,</p> <p>Manage severe postpartum complications problems</p> <ul style="list-style-type: none"> severe haemorrhage severe post partum infections severe post partum depression female sterilization 	<p>Community Level:</p> <p>IEC messages about:</p> <ul style="list-style-type: none"> the needs of postpartum women breastfeeding immunization danger signs for mother and baby beneficial traditional practices and the importance of avoiding harmful ones <p>In-service training for community-level health workers about the importance of early postpartum referral and follow up care, recording</p> <p>Dispensary level</p> <p>In-service training for healthcare providers responsible for postpartum care about:</p> <ul style="list-style-type: none"> Content of postpartum care Schedule of visits Assessment skills (history taking and physical examination of mother and baby) Care provision, including micronutrient supplementation and counselling about breastfeeding, baby care, maternal nutrition, contraception, and other RH concerns I(e.g. STDs/HIV) Pre-referral treatment and referral of women with complications <p>Consistent supply of vitamin A and other micronutrients and basic oral drugs</p> <p>Health centre level</p> <p>All of the above plus:</p> <p>Consistent supply of IV. Fluids, Parental drugs (antibiotics, antimalarials, MgSO₄), gloves, soap and other equipments for manual removal of placenta</p> <p>Hospital Level</p> <p>All of the above plus:</p> <p>Training of health workers in managing severe complications including surgical, laboratory and anaesthesiological procedures</p> <p>Continuous supply of equipment and utilities for surgery , laboratory tests both microbiology and biochemistry, oxygen, equipment and utilities for blood transfusion.</p>



POSTABORTION CARE

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide IEC to women, men, adolescents and communities about:</p> <ul style="list-style-type: none"> • The dangers of unsafe abortion • The need to seek immediate care at a health facility for complications <p>Recognise signs of abortion early</p> <p>Rapidly assess condition of patient</p> <p>Stabilise and refer immediately</p> <p>Initiate management of shock</p> <p>Initiate treatment of sepsis</p> <p>Refer patient for further care, if necessary</p> <p>Provide post-abortion family planning (FP) counselling and methods and other RH services as necessary (e.g. STDs/HIV)</p>	<p>As at community level, plus:</p> <p>Rapidly assess condition of patient</p> <p>Initiate management of shock</p> <p>Initiate treatment of sepsis</p> <p>Refer patient for further care, if necessary</p> <p>Provide post abortion counselling and family planning methods</p> <p>Provide other RH services as necessary (e.g. treatment of STDs)</p>	<p>As at dispensary level, plus:</p> <p>Perform manual vacuum aspiration (MVA)</p> <p>Refer cases not appropriate for MVA</p> <p>Initiate pre-referral treatment of and refer for further care as needed</p>	<p>As at health centre level, plus:</p> <p>Manage complications, including:</p> <ul style="list-style-type: none"> • Intra-abdominal injury • Uterine perforation • Transfusion for blood loss • Sharp curettage • Infection 	<p>Community level</p> <p>IEC messages/materials about:</p> <ul style="list-style-type: none"> • The dangers of unsafe abortion • The need to seek immediate care at a health facility for complications • Options for family planning and access to FP services <p>In service training for Community health workers about the early recognition of and response to signs of abortion</p> <p>Dispensary level</p> <p>In-service training for healthcare providers about the early recognition of and response to signs of abortion</p> <p>In-service service training for health care providers about post abortion FP counselling and methods</p> <p>Consistent supply of IV fluids and infusion sets, intramuscular(IV/AM) antibiotics, syringes</p> <p>Health centre</p> <p>All of the above plus:</p> <p>Service providers trained in assessment of complications related to post abortion, performance of MVA , early recognition of danger signs, pre-referral, referral management and post abortion counselling of women on FP</p> <p>Consistent supply of IV fluids and infusion sets, intravenous/intramuscular (IV/IM) antibiotics, syringes/needles, contraceptives (oral pills, injectables, condoms), MVA equipment, gloves, soap and water, antiseptic solution</p> <p>Hospital level</p> <p>All of the above plus:</p> <p>Competency-based skills training for doctors in surgical procedures for intra-abdominal injury and uterine perforation</p> <p>Equipment and drugs for anaesthesia, instruments and consumable supplies for obstetric surgery, blood transfusion equipment</p>

FAMILY PLANNING

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide IEC to women, men, adolescents and communities about the health benefits of:</p> <ul style="list-style-type: none"> • Delaying first pregnancy • Spacing births and limiting family size <p>Counsel clients for FP, including all methods</p> <p>Provide contraceptive pills</p> <p>Provide barrier methods (condoms, foams, jellies)</p> <p>Refer clients for other FP services as necessary</p> <p>Record community-based health information (e.g. number of clients recruited for FP)</p>	<p>As at community level, plus:</p> <p>Obtain targeted history; perform physical examination</p> <p>Screen for STDs; treat as necessary</p> <p>Provide counselling about all method and provide method of choice, including IUD and injectables (where skills and supplies are available)</p> <p>Refer as needed</p>	<p>As at dispensary level, plus:</p> <p>Provide Norplant insertion and removal</p> <p>Refer clients who desire surgical sterilization</p>	<p>As at health centre level, plus:</p> <p>Perform surgical sterilization (permanent methods)</p>	<p>Community level IEC messages/materials about the health benefits of:</p> <ul style="list-style-type: none"> • Delaying first pregnancy • Spacing births and limiting family size <p>In-service training for community level health workers about FP counselling for:</p> <ul style="list-style-type: none"> • Condoms and other barrier methods • Spermicides • Oral and injectable contraceptives • IUD • Permanent methods <p>In-service training for community level health workers about</p> <ul style="list-style-type: none"> • Distribution of pills and barrier methods • Referral • Recording <p>Dispensary level All of the above plus:</p> <p>In-service training for healthcare providers responsible for FP services about assessment and screening, including history and physical examination; counselling; STD screening and treatment, method provision; referral</p> <p>Consistent supply of Vaginal speculum, gloves, soap and water, IUD insertion kits, antiseptic solution</p> <p>Health Central level All of the above plus:</p> <p>Continuous supply of oral and injectable contraceptives, IUDs, condoms, foams, jellies, Norplant and equipment for removal.</p> <p>Hospital level All of the above plus:</p> <p>Competency-based skills training for doctors in male and female sterilization procedures and anaesthesiology</p> <p>Continuous supply of Surgical instruments and supplies as well as supplies and drugs for local and general anaesthesia</p>



PREVENTION AND MANAGEMENT OF CHILDHOOD ILLNESS

TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
<p>Provide IEC to mothers, fathers, families and communities about:</p> <ul style="list-style-type: none"> • Recognition of diseases • The danger signs of illnesses • Promotion of key healthcare practices • Availability and use of oral rehydration solution (ORS) • Nutrition • Breastfeeding • Immunization • Insecticide treated bednets • Water and sanitation • Household preparedness for prevention and treatment of illness 	<p>As at community level, plus:</p> <p>Assess and manage according to the IMCI guideline uncomplicated cases of:</p> <ul style="list-style-type: none"> • Diarrhoea • Acute respiratory infection (ARI) • Malaria • Malnutrition • Other childhood illnesses • Paediatric HIV <p>Use of oral and IM antibiotics, medications</p> <p>Recognition of danger sign and pre-referral treatment and referral according to IMCI guideline.</p> <p>Counsel caregiver on appropriate homecare and nutrition</p> <p>Provide growth monitoring, vitamin A supplementation and vaccination services</p> <p>Ensure all children are assessed and managed comprehensively during all points of contact with the health facility including (assessment and treatment of illnesses, growth monitoring and nutritional counselling, immunization status)</p>	<p>As at dispensary level, plus:</p> <p>Use of IV fluids medications</p>	<p>As at health centre level, plus:</p> <p>Laboratory diagnosis of respiratory infections, diarrhoea, malaria, anaemia</p> <p>Treatment of child with complicated illnesses</p> <p>Provision of HIV testing and treatment for Children with HIV</p>	<p>Community level</p> <p>IEC messages/materials about:</p> <ul style="list-style-type: none"> • Recognition of diseases • The danger signs of illnesses • Promotion of key healthcare practices • Availability and use of ORS • Nutrition • Breastfeeding • Immunization • Insecticide treated bednets • Water and sanitation • Household preparedness for prevention and treatment of illness <p>Community-level health workers with improved skills about the prevention, recognition, home care and referral of common childhood diseases</p> <p>Dispensary level</p> <p>In-service training for healthcare providers in The prevention and management of childhood illness, growth monitoring, immunization services, counselling for parents of sick children, recognition of danger signs, pre-referral treatment and timely referral</p> <p>Consistent supply of: Injectable medications, Antimalarials, Antibiotics, Syringes/needles, ORS, Zinc</p> <p>Health centre level</p> <p>As above plus:</p> <p>Training of lab assistant in biochemical and microbiological tests</p> <p>Continuous supply of IV sets, syringes, needles and parental drugs (anticonvulsants, antibiotics, antimalarials, IV fluids), equipment and utilities for biochemical and microbiological laboratory tests</p> <p>Hospital level</p> <p>All of the above plus:</p> <p>Training of health workers in management of severely ill child including triage, evaluation of x-rays</p>

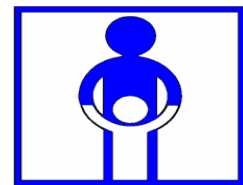
TRAINED HEALTH CARE PROVIDER COMMUNITY	DISPENSARY	HEALTH CENTRE	HOSPITAL	SUGGESTED INPUTS
				Continuous supply of essential drugs for management of the severely sick child, nasogastric tubes, oxygen equipment, self inflating resuscitation bags with masks, foley catheters, Gloves, disinfectants, nebuliser, equipment for lumbar puncture, formulas for management of severe acute malnutrition, equipment for blood transfusion, X-ray facility



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE- TANZANIA MAINLAND

**EXPANDED PROGRAMME ON IMMUNIZATION
2010 - 2015 COMPREHENSIVE MULTI YEAR PLAN**

Version: April 2011



2. IMMUNISATION AND VACCINES PROGRAMME

2.1 Routine Immunization

Table 4 shows the vaccination schedule in Tanzania. This is currently being revised in line with WHO WHO-recommendations. The new schedule is to be implemented by the beginning of 2012 and will provide OPV/Penta at 6, 10, and 14 weeks.

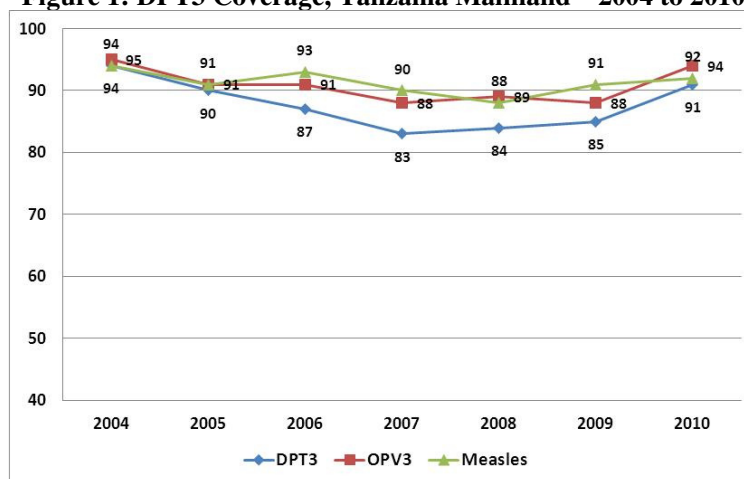
Table 4: Routine Immunization schedule, Tanzania, 2010

S/n	Antigen	Age
1	OPV0	At birth up to 14 days
2	BCG	At birth or first contact
3	OPV1, DTP-HepB-Hib1	4 Weeks of age
4	OPV2, DTP-HepB-Hib 2	8 Weeks of age
5	OPV3, DTP-HepB-Hib 3	12 Weeks of age
6	Measles	9 Months of age
7	Vitamin A – 1st dose	9 Months of age
8	Vitamin A – 2nd dose	15 Months of age
9	Vitamin A – 3rd dose	21 Months of age
10	TT 1	First contact
11	TT 2	1 Month after the 1st dose
12	TT 3	6 Months after the 2nd dose
13	TT 4	1 Year after the 3rd dose
14	TT 5	1 Year after the 4th dose

With Universal Child Immunization (UCI) – a multi-sectoral approach to boost immunization – Tanzania's DPT3 coverage increased from 67% in 1985 to 85% in 1988. Coverage averaged around 80% in the 1990s, with additional support for immunization from DANIDA and other partners; however it dropped after the implementation of Health Sector Reform in 1996 and the creation of the SWAp. In 2001, the country began receiving GAVI support which contributed to increasing coverage from 79% in 2000 to 94% in 2004. However, due to challenges in ensuring dedicated funding for immunization, notably recurrent operational costs, coverage has not reached 90%.

Figure 1. shows the national administrative routine immunization coverage of DPT-Hep-Hib3, OPV3 and measles since 2004 to 2010.

Figure 1: DPT3 Coverage, Tanzania Mainland – 2004 to 2010



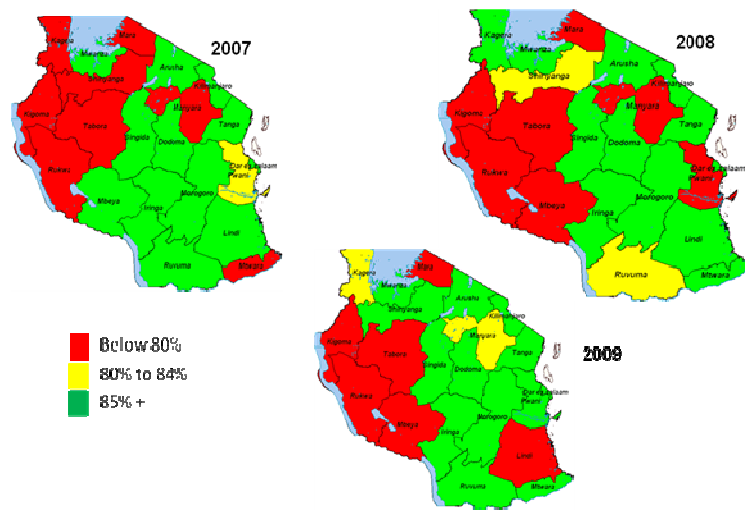
The most recent immunization coverage survey was conducted September 2008 and results indicate that routine immunization by crude coverage (card and history) by antigen showed that the coverage for BCG

was 98.4%, DTP-HepB3 were 94.7% and measles were 84.8%. Valid coverage based on the card only BCG was 96.7%, DPT-HepB3 80.6% and measles 71.3%.

Tanzania Demographic and Health Survey 2010 results indicates that routine immunization coverage by the time of the survey (according to vaccination card and history) by antigen showed that the coverage for BCG was 95.4%, DTP-HepB3 were 87.8% and measles were 84.5%.

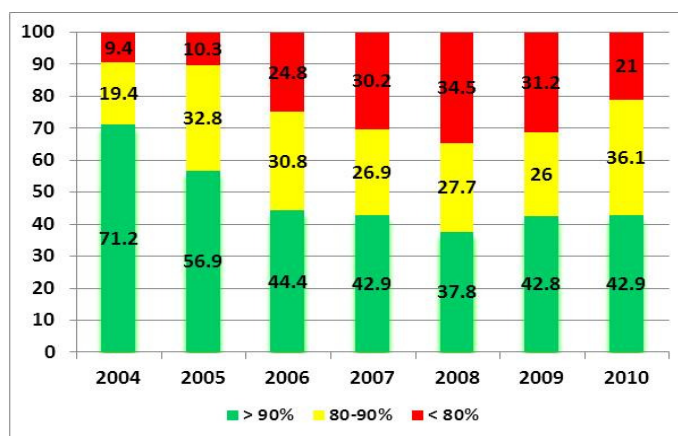
There is a regional performance variation in coverage. The regions of Kigoma, Rukwa, Mbeya, Tabora and Mara have persistently achieved less than 80% coverage since 2007. However the denominators has remain a one of challenges in most the regions.

Figure 2: EPI Coverage Performance by Region, Tanzania, 2007-2009



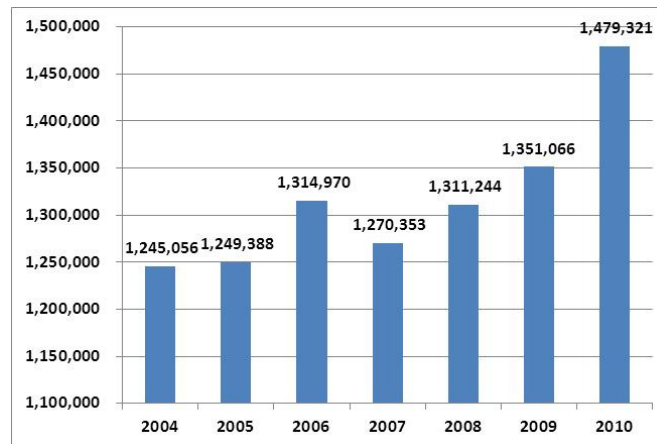
The proportion of districts with DPT3 coverage less than 80% increased from 9.4% in 2004 to 21% in 2010 (Figure 3).

Figure 3: District Performance, Tanzania Mainland, 2004-2010



However, in spite of the decline in coverage in Tanzania Mainland, the number of children vaccinated indicates an upward trend (Figure 4).

Figure 4: Children Vaccinated, Tanzania Mainland, 2004-2010



In 2009, the country introduced the Reaching Every Child (REC) approach to address the large numbers of unvaccinated children. 51 districts in 16 regions were selected for focused support using 2008 data. The 51 districts had 83.4% (216,185) of the unvaccinated children in the country. Cascaded trainings were conducted on the REC approach up the health facility level, following which implementation of planned activities was done in 510 health facilities. All 51 districts included EPI activities in their Comprehensive Council Health Plans (CCHP).

Other districts still have a high number of unvaccinated children and health facilities do not have microplans to reach the unreached children in the community. Lesson learnt in the 51 councils need to be transferred to other councils in the country on the REC approach.

In addition to REC strategy country will be participating in African Immunization week aiming to boost our immunization coverage (see Table 10).

2.2 New Vaccines Introduction

With GAVI support Hepatitis B vaccine was introduced in January 2002 in the DPT-HepB vaccine formulation and April 2009 Hib vaccine was introduced in the DPT-HepB-Hib (pentavalent) vaccine formulation. The main challenge experienced with the new vaccine introduction was inadequate cold storage capacity, particularly at national and sub national vaccine stores. Due to the inadequate capacity, there was no space for buffer stock at all stores; and the number of vaccine shipments at national level increased from 3 to 8 shipments a year. Expansion of cold chain capacity has been elaborated in section 2.4.2 below.

The country submitted a plan for introduction of pneumococcal vaccines and rotavirus vaccines to GAVI in September 2009. Conditional approval was granted for pneumococcal and rotavirus vaccine introduction. The country is in the process of addressing the conditional approval questions and re-apply for pneumococcal vaccine (PVC13). Pneumococcal vaccine (PCV13) is expected to be introduced by June 2012 and rotavirus (RotaRix) of 2 doses schedule by January 2013.

Other under-used vaccines currently provided in the country outside the EPI schedule are Yellow Fever and meningococcal vaccines to international travellers, anti rabies and TT to injured persons. These vaccines also occupy the cold chain storage space and same staffs are used to administer the vaccines. In November 2009, the GoT got an offer of donation from Merck of 2,000,000 doses of Human Papilloma Virus (HPV) vaccine to be given to girls age 10 years (targeting grade 4) which is anticipated to begin in 2011 and be phased in regionally through 2013 (see new vaccine section of Table 9). This donation has brought forward the original plans to introduce HPV vaccine in 2014 and is currently under discussion by the GoT.

Based on the current vaccines given outside the EPI schedule and new vaccines in the pipeline to be provided in Tanzania, it is evident that the EPI Tanzania will no longer target only infants but also wider age groups, which is in line with the Global Immunization Vision Strategy (GIVS).

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	Level: Community Primary Referral		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that management of HIV is provided at primary care level and above
	Folic acid fortification/supplementation to prevent neural tube defects	Yes	Source: TEHCIP-Tz; however, note that iron and folic acid supplementation is provided at primary care level and above
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
Pregnancy (antenatal)	Level: Community Primary Referral		
	Iron and folic acid supplementation	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that iron and folic acid supplementation is provided at primary care level and above
	Tetanus vaccination	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that tetanus vaccination is provided at primary care level and above
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that malaria treatment is provided at primary care level and above

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that ARVs are only provisioned at referral level
	Calcium supplementation to prevent hypertension (high blood pressure)	Yes	Source: TEHCIP-Tz mentions identification and treatment of hypertension during antenatal care visits; National Road Map only mentions id and treatment of hypertension during childbirth
	Interventions for cessation of smoking	Yes	Source: TEHCIP-Tz
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Low-dose aspirin to prevent pre-eclampsia	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015 “management or referral of pre-eclampsia and eclampsia”
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: TEHCIP-Tz mentions identification and treatment of hypertension during antenatal care visits; National Road Map only mentions id and treatment of hypertension during childbirth
	Magnesium sulphate for eclampsia	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015 “management or referral of pre-eclampsia and eclampsia”
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	Yes	Source: TEHCIP-Tz
	Post abortion care	Yes	Source: TEHCIP-Tz
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015 "Treatment of severe complications in childbirth and the immediate postpartum period...malpresentations"; External Cephalic Version not specified
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015

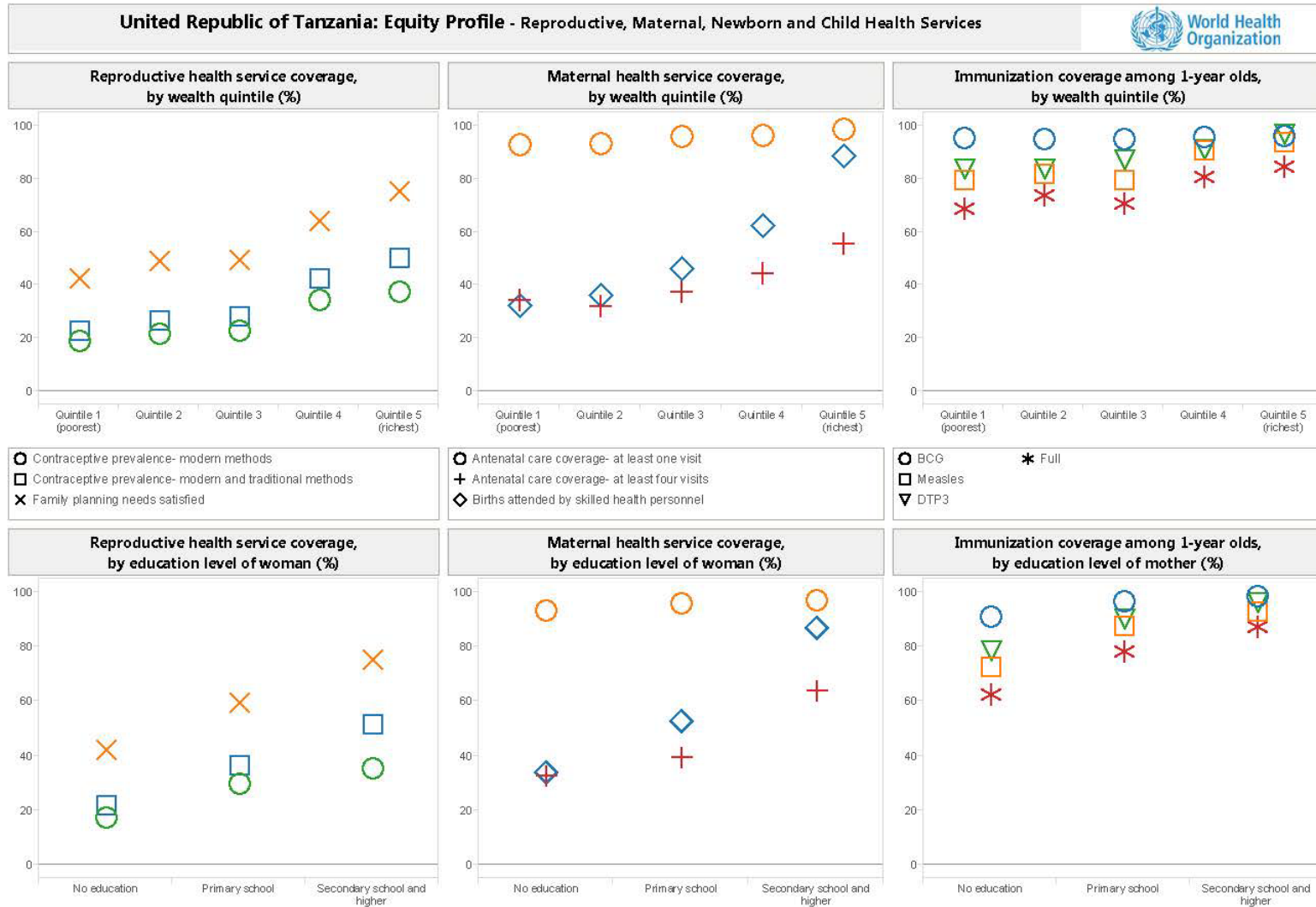
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Childbirth	Level: Community Primary Referral		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that uterotonics provided at primary care level and above
	Manage postpartum haemorrhage using uterine massage and uterotonics	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that uterotonics provided at primary care level and above; uterine massage not specified.
	Social support during childbirth	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (<i>as above plus controlled cord traction</i>)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Management of postpartum haemorrhage (<i>as above plus manual removal of placenta</i>)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Screen and manage HIV (if not already tested)	Unspecified	This service was not specified as a service provided during childbirth phase
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents	
Induction of labour for prolonged pregnancy (initiate labour)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015	
Management of postpartum haemorrhage (<i>as above plus surgical procedures</i>)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015	
Postnatal (Mother)	Level: Community Primary Referral		
	Family planning advice and contraceptives	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Nutrition counselling	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Treat maternal anaemia	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
Postnatal (Newborn)	Level: Community Primary Referral		
	Immediate thermal care (to keep the baby warm)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Initiation of early breastfeeding (within the first hour)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Hygienic cord and skin care	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Extra support for feeding small and preterm babies	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Management of newborns with jaundice ("yellow" newborns)	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that ARVs provided at referral level only
	Level: Referral		
Presumptive antibiotic therapy for newborns at risk of bacterial infection	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; specifies "Infection prevention, control and rooming-in"	

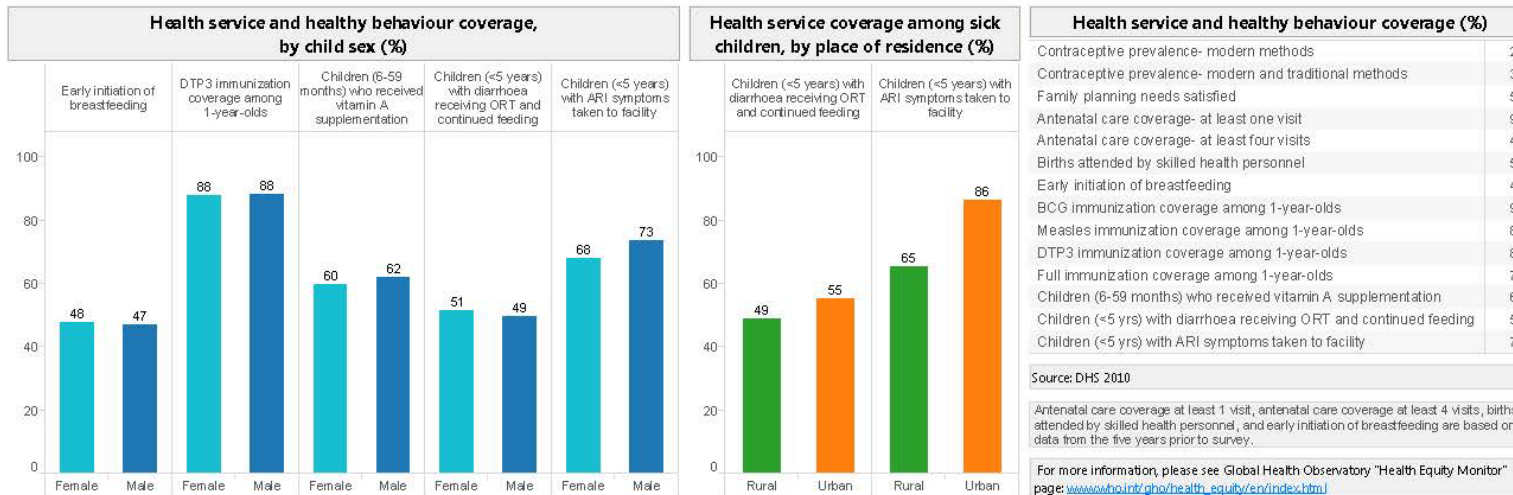
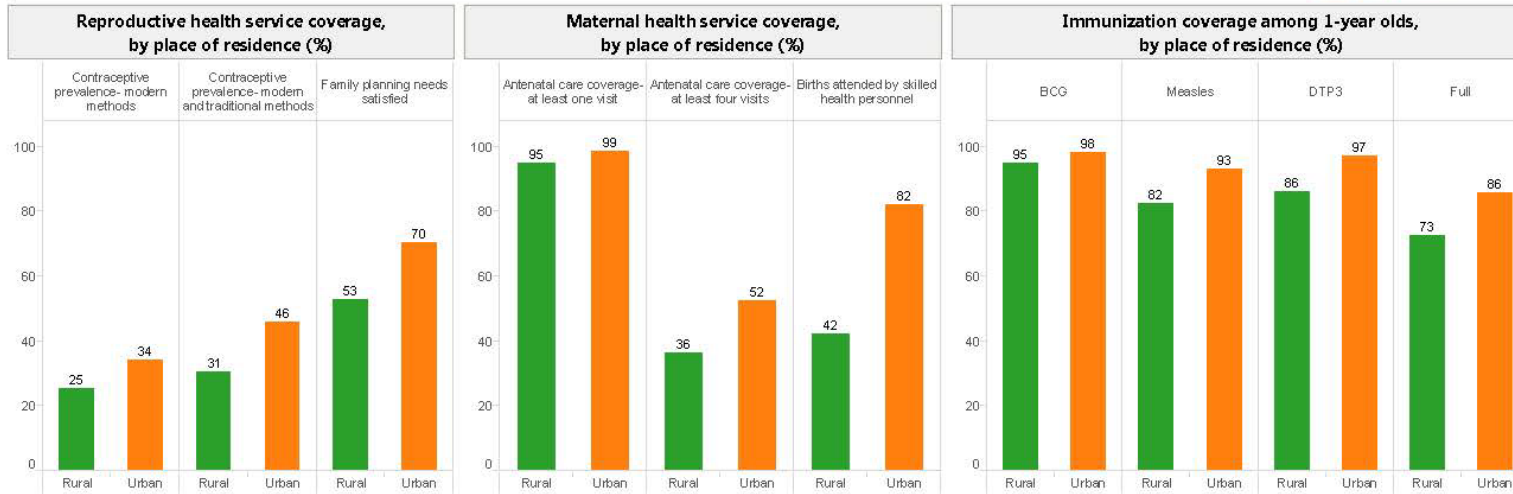
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; specifies “management of severe newborn problems such as, neonatal sepsis...”. meningitis and pneumonia not mentioned at this stage
Infancy and Childhood	Level: Community Primary Referral		
	Exclusive breastfeeding for 6 months	Unspecified	This service was not specified in reviewed documents; “counselling about breastfeeding” mentioned generically
	Continued breastfeeding and complementary feeding from 6 months	Unspecified	This service was not specified in reviewed documents; “counselling about breastfeeding” mentioned generically
	Prevention and case management of childhood malaria	Yes	Source: TEHCIP-Tz; National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Vitamin A supplementation from 6 months of age	No	Source: Expanded Program on Immunization 2010-2015 Comprehensive Multi Year Plan; includes Vit A supplementation from 9 months
	Routine immunization plus <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	Unspecified	Source: Expanded Program on Immunization 2010-2015 Comprehensive Multi Year Plan; note that pneumococcal and rotavirus presumed to be introduced in 2012 and 2013 respectively; meningococcal outside of EPI programme; <i>H. influenzae</i> not specified.
	Management of severe acute malnutrition	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015
	Case management of childhood pneumonia	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015 specifies IMCI for “other childhood illness” but childhood pneumonia not specified
	Case management of diarrhoea	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; IMCI for diarrhoea specified

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania 2008-2015; however note that ARVs provided at referral level only
	Level: Referral		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents
Across the continuum of care	Level: Community Strategies		
	Home visits for women and children across the continuum of care	No	Home based care only specified for HIV/AIDS patients
	Women's groups	No	This service was not specified in reviewed documents and is not clinically related to other specified services

ANNEX C: TANZANIA HEALTH EQUITY PROFILE



United Republic of Tanzania: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services





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