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Service Provision Assessment Survey 2014-2015

PRELIMINARY REPORT

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Tanzania Service Provision Assessment Survey 2014-2015

Preliminary Report

Ministry of Health and Social Welfare
Dar es Salaam

Ministry of Health
Zanzibar

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

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
BCG	Bacillus Calmette-Guerin
CAFE	computer assisted field editing
CAPI	computer assisted personal interviewing
CSS	care and support services
ELISA	enzyme-linked immunosorbent assay
HIV	human immunodeficiency virus
IMCI	integrated management of childhood illnesses
IPTp	intermittent prophylactic treatment in pregnancy
ITN	insecticide-treated net
MCH	maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NGO	nongovernmental organisationNBS National Bureau of Statistics
PMTCT	prevention of mother-to-child transmission (of HIV)
SP	sulphadoxine-pyrimethamine
STI	sexually transmitted infection
TT	tetanus toxoid
USAID	United States Agency for International Development
WHO	World Health Organization

1 INTRODUCTION

1.1 Background

The 2014-2015 Tanzania Service Provision Assessment (2014-15 TSPA) is the second survey of its kind and follows the 2006 Tanzania SPA. The survey was undertaken by Tanzania's National Bureau of Statistics (NBS) in collaboration with the Ministry of Health and Social Welfare (MOHSW) – Tanzania Mainland, Ministry of Health (MOH) – Zanzibar, and the office of the Chief Government Statistician, Zanzibar. Technical support for the survey was provided by ICF International under the DHS Program. The United States Agency for International Development (USAID) provided the financial support. A steering committee and a technical working group were formed to oversee all policy and technical aspects of the survey.

The general objective of the 2014-15 TSPA was to collect information on the delivery of health care services in Tanzania and to examine the readiness of facilities for provision of quality health services in Tanzania. These services were in the areas of child health, maternal and newborn care, family planning, sexually transmitted infections, HIV and AIDS, tuberculosis, malaria, and chronic diseases.

This preliminary report presents provisional results on the availability, general preparedness of health facilities to provide maternal and child health, family planning, and other services based on information collected from the different types of health facilities. This information will help health programme managers and policy makers to prioritise interventions that will enhance the provision of quality health services. A comprehensive report on the survey findings is expected to be published later in 2015. The data in the final report are not expected to differ substantially from the findings presented in this preliminary report; however, the results presented here should be regarded as provisional and may be subject to change.

1.2 Specific Survey Objectives

The specific objectives of the 2014-15 TSPA were to:

1) Assess the preparedness of health facilities in Tanzania to provide quality child and maternal health and family planning services;

2) Provide a comprehensive body of information on the performance of different types of facilities that provide essential health care services;

3) Identify gaps in the infrastructure, resources, and processes that are used to provide health services and that may negatively affect the ability of facilities to provide quality services;

4) Describe the processes used to provide essential health care services and the extent to which accepted standards for quality service provision are adhered to;

5) Compare the findings by facility type, management authority, and region; and

6) Describe the extent to which clients understand how to follow up on the service received so that the best health outcome is achieved.

2 SURVEY IMPLEMENTATION

2.1 Sample Design and Implementation

The 2014-15 TSPA was a sample survey of all formal-sector health facilities in Tanzania designed to provide national-level representative results by facility type, that is, hospitals, health centres, clinics, and dispensaries. National-level representative results were also expected by management authority, that is, public, private, faith based, and other. The survey was also designed to provide representative results for each of the 25 regions in Tanzania Mainland and the 5 regions in Tanzania Zanzibar, for a total number of 30 survey regions. A master list of 7,102 formal-sector health facilities in Tanzania was obtained from the Ministry of Health and Social Welfare (MOHSW) in Tanzania Mainland and the Ministry of Health (MOH) in Tanzania Zanzibar. The list included hospitals, health centres, dispensaries, and clinics. These facilities were managed by the government, private sector, faith-based organizations, and others (parastatals and educational institutions).

Table 2.1 presents a breakdown of the sampled facilities and outcome following visits to those facilities. The 2014-15 TSPA had a sample size of 1,200 facilities. Seven sampled facilities refused to be surveyed, 4 had closed down, and one facility could not be reached. The remaining 1,188 facilities in terms of facility type, managing authority, and region were successfully interviewed with a response rate of 99 percent. Among the surveyed facilities, 256 were hospitals, 379 were health centres, 493 were dispensaries, and 60 were clinics.

Table 2.1 Results of facility contact, by background characteristics

Distribution of sampled facilities according to result of visit of the survey team to the facility, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Completed	Refused	Closed/not yet functional	Other	Percentage completed	Number of facilities surveyed
Facility type						
Hospital	256	4	2	1	97	263
Health centre	379	1	0	0	100	380
Dispensary	493	1	2	0	99	496
Clinics	60	1	0	0	98	61
Managing authority						
Government	768	0	0	0	100	768
Private	184	1	2	1	98	188
Mission/faith based	204	0	0	0	100	204
Other	32	6	2	0	80	40
Region						
Dodoma	48	0	0	0	100	48
Arusha	45	0	0	0	100	45
Kilimanjaro	52	0	0	0	100	52
Tanga	47	0	1	0	98	48
Morogoro	49	0	0	0	100	49
Pwani	41	0	0	0	100	41
Dar es Salaam	87	5	2	1	92	95
Lindi	37	0	0	0	100	37
Mtwara	37	0	0	0	100	37
Ruvuma	42	0	0	0	100	42
Iringa	39	0	0	0	100	39
Mbeya	53	0	0	0	100	53
Singida	37	0	0	0	100	37
Tabora	44	0	0	0	100	44
Rukwa	37	0	0	0	100	37
Kigoma	41	0	0	0	100	41
Shinyanga	35	0	0	0	100	35
Kagera	44	0	0	0	100	44
Mwanza	46	2	0	0	96	48
Mara	41	0	0	0	100	41
Manyara	33	0	1	0	97	34
Njombe	39	0	0	0	100	39
Katavi	35	0	0	0	100	35
Simiyu	34	0	0	0	100	34
Geita	35	0	0	0	100	35
Kaskazini Unguja	20	0	0	0	100	20
Kusini Unguja	20	0	0	0	100	20
Mjini Magharibi	30	0	0	0	100	30
Kaskazini Pemba	20	0	0	0	100	20
Kusini Pemba	20	0	0	0	100	20
Total	**1,188**	**7**	**4**	**1**	**99**	**1,200**

Table 2.2 presents the distribution of facilities that were successfully interviewed by facility type and managing authority. As the table shows, the majority of facilities, including hospitals, health centres and dispensaries are managed by the government of the United Republic of Tanzania through the MOHSW – Mainland and MOH – Zanzibar, while almost all clinics are privately owned.

Table 2.2 Distribution of facilities by managing authority (unweighted)

Number of facilities of each type by managing authority, Tanzania SPA 2014-15

	Facility type				
Managing authority	**Hospital**	**Health centre**	**Dispensary**	**Clinics**	**Total**
Government	120	275	372	1	768
Private	35	33	60	56	184
Faith based	90	65	46	3	204
Other	11	6	15	0	32
Total	**256**	**379**	**493**	**60**	**1,188**

Table 2.3 presents the weighted percent distribution, by background characteristics, of the facilities that were successfully assessed. The majority of facilities in the country (using adjusted/weighted proportions to reflect actual facility distribution in Tanzania) are dispensaries (84 percent). Health centres (11 percent), hospitals (4 percent) and clinics (2 percent) are minority. The majority of health facilities in Tanzania (71 percent) are managed by the government; 12 percent are faith-based and 14 percent privately-owned. The other facilities (3 percent) include parastatal facilities (defense and police) and educational institution-based facilities.

Table 2.3 Distribution of surveyed facilities by background characteristics

Percent distribution and number of surveyed facilities by background characteristics, Tanzania SPA 2014-15

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Hospital	3.9	46	256
Health centre	10.8	129	379
Dispensary	83.5	992	493
Clinics	1.8	21	60
Managing authority			
Government	70.7	840	768
Private	13.7	163	184
Faith based	12.4	148	204
Other	3.2	38	32
Region			
Dodoma	5.0	60	48
Arusha	4.4	52	45
Kilimanjaro	5.6	67	52
Tanga	5.0	59	47
Morogoro	5.1	61	49
Pwani	3.8	45	41
Dar es Salaam	8.0	96	87
Lindi	3.0	35	37
Mtwara	3.0	35	37
Ruvuma	4.0	47	42
Iringa	3.3	39	39
Mbeya	6.1	72	53
Singida	2.9	34	37
Tabora	4.2	50	44
Rukwa	2.9	34	37
Kigoma	3.6	43	41
Shinyanga	2.7	32	35
Kagera	4.1	49	44
Mwanza	4.9	59	46
Mara	3.8	45	41
Manyara	2.3	27	33
Njombe	3.2	38	39
Katavi	0.9	11	35
Simiyu	2.5	30	34
Geita	1.9	23	35
Kaskazini Unguja	0.5	6	20
Kusini Unguja	0.6	7	20
Mjini Magharibi	1.4	17	30
Kaskazini Pemba	0.7	8	20
Kusini Pemba	0.6	7	20
Total	**100.0**	**1,188**	**1,188**

2.2 Data Collection Instruments

To achieve the objectives of the assessment and to capture information in different categories, data were collected using a variety of instruments.

- A **Facility Inventory Questionnaire** was used to obtain information on how prepared the facilities are to provide each of the priority services. The questionnaire collects information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, and management), and facility infrastructure, including the service delivery environment). Hence, the person most knowledgeable about the organisation of the facility and/or the most knowledgeable provider of each service was interviewed by the data collectors. If another provider needed to give some specific information, that provider was invited (or visited, when necessary) and asked to provide that information. The inventory questionnaire is organised into the following three modules:

    1) **Module 1** collects information on service availability.

    2) **Module 2** collects information on general facility readiness. Seven sections cover topics such as facility infrastructure (sources of water, electricity, etc.), staffing, health management information systems, health statistics, processing of instruments for re-use, health care waste management, availability of basic supplies and equipment, laboratory diagnostic capacity, and medicines and commodities.

    3) **Module 3** collects information on service-specific readiness. Sections cover child health (child vaccination, growth monitoring, and curative care), family planning, antenatal care, prevention of mother-to-child transmission of HIV (PMTCT), delivery and newborn care, infectious diseases such as tuberculosis, malaria, HIV/AIDS, and noncommunicable diseases, including diabetes, chronic respiratory diseases and cardiovascular diseases.

- A **Health Provider Questionnaire** was used to collect information from a sample of health service providers on their qualifications (training, experience and continuing education), supervision they had received and their perceptions of the service delivery environment.

Table 2.4 shows the number and weighted percent distribution of health providers. A total of 6,866 providers were interviewed, most often in dispensaries (59 percent) and in facilities run by the government (60 percent). Hospitals and health centres contributed 20 percent each to the percentage of interviewed providers. The majority of interviewed providers were nurses (64 percent), with medical doctors accounting for only 3 percent.

Table 2.4 Distribution of interviewed providers

Percent distribution and number of interviewed providers by background characteristics and type of provider, Tanzania SPA 2014-15

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Provider type			
Doctors	3	178	284
Technicians	11	781	838
Nurses	64	4,377	4,169
Other clinicians	21	1,436	1,499
Other	1	95	76
Total	100	6,866	6,866
Facility type			
Hospital	20	1,345	2,975
Health centre	20	1,361	2,378
Dispensary	59	4,062	1,353
Clinics	1	98	160
Total	100	6,866	6,866
Managing authority			
Government	60	4,142	4,154
Private	17	1,162	894
Faith based	20	1,344	1,609
Other	3	218	209
Total	100	6,866	6,866
Region			
Dodoma	5	336	271
Arusha	5	344	299
Kilimanjaro	5	370	333
Tanga	5	368	310
Morogoro	6	427	349
Pwani	3	237	227
Dar es Salaam	13	859	577
Lindi	3	178	220
Mtwara	3	207	221
Ruvuma	4	290	307
Iringa	3	197	222
Mbeya	5	311	355
Singida	3	181	193
Tabora	4	246	223
Rukwa	2	134	152
Kigoma	3	191	195
Shinyanga	2	154	185
Kagera	5	359	278
Mwanza	5	370	354
Mara	3	220	264
Manyara	2	155	195
Njombe	3	177	198
Katavi	1	55	141
Simiyu	2	131	158
Geita	2	120	191
Kaskazini Unguja	0	29	79
Kusini Unguja	0	34	79
Mjini Magharibi	1	99	124
Kaskazini Pemba	1	43	78
Kusini Pemba	1	42	88
Total	100	6,866	6,866

- **Observation protocols** captured key components of consultations and examinations for care of sick children, antenatal care, and family planning. Once in a facility, interviewers attempted to observe a sample of each type of consultation as it occurred. Table 2.5 presents the number and percent distribution of observations of consultations (actual and weighted). Most of the observations, in order of frequency, were of sick children (4,961), antenatal care clients (4,007), and family planning clients (1,746).

- **A Client Exit Interview Questionnaire**, conducted with clients whose consultations had been observed, was designed to assess each client's understanding of the consultation, examination, or both as part of their visit to the facility.

Table 2.5 Distribution of observed consultations

Percent distribution and number of observed consultations for outpatient curative care for sick children, family planning and antenatal care by type of facility, Tanzania SPA 2014-15

Facility type	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	14	680	1,578
Health centre	17	840	1,711
Dispensary	69	3,409	1,594
Clinics	1	33	78
Total	100	4,961	4,961
FAMILY PLANNING			
Hospital	23	410	687
Health centre	23	399	640
Dispensary	53	919	385
Clinics	1	19	34
Total	100	1,746	1,746
ANTENATAL CARE			
Hospital	17	674	1,430
Health centre	18	741	1,462
Dispensary	64	2,578	1,087
Clinics	0	14	28
Total	100	4,007	4,007

2.3 Data Collection Approaches

The inventory questionnaires were loaded onto tablet computers, which were used during interviews to ask questions and also record responses (computer assisted personal interviewing–CAPI). All other types of questionnaires were paper based, but responses were entered into computers and edited in the field (computer assisted field editing–CAFE).

2.4 Training and Data Collection

Pre-Test

The pre-test for the 2014-15 TSPA took place from July 21, 2014, to August 15, 2014, in Morogoro. Eight health providers (nurses and clinicians) from the MOHSW – Mainland and MOH – Zanzibar were trained in the application of the questionnaires and computer programmes as interviewers and as prospective facilitators for the main training. During pre-test data collection, health facilities within Morogoro district were surveyed for three days to test and refine the survey instruments and the computer programmes. After the pre-test, the questionnaires and computer programmes were finalised for the main training.

Main Training

The main training for the 2014-15 TSPA took place in the Kilimanjaro region for approximately four weeks from 15 September to 11 October 2014. ICF International personnel, NBS, and OCGS staff as well as other staff from the MOHSW – Mainland Tanzania and MOH – Zanzibar, conducted the training. The training included classroom lectures and discussions, practical demonstrations, mock interviews, role plays, and field practices. The first two weeks of training were dedicated exclusively to training interviewers on the use of paper questionnaires, and also to field practice. The two days of field practice were devoted to ensuring that the participants understood the content of the paper questionnaires, as well as how to organise themselves once in a health facility.

During the third and fourth weeks of training, participants were first introduced to tablet computers, and then taught how to use the tablet computers for data collection (CAPI) and for data entry and editing (CAFE); this was done using completed paper questionnaires from the facilities visited during the pre-test and from field practice during the first two weeks of main training. During the third week, participants practiced all questionnaire types by using both CAPI and CAFE approaches in teams and in pairs.

The training involved about 90 nurses from all over the country who were trained to be interviewers. However, nurses/interviewers were reduced to 67 by taking those who performed best after a series of practical tests and examinations. After the training, the data collection personnel were divided into 20 teams (2 for Tanzania Zanzibar and 18 for Tanzania Mainland). Each team consisted of a team leader, 3 interviewers, and a driver. Data collection took place from mid-October 2014 to early March 2015, a total of 4.5 months.

Fieldwork supervision was coordinated by NBS. Four NBS staff and three MOHSW representatives were responsible for field supervision and made periodic visits to teams to review work and monitor data quality.

2.5 Data Analysis

Several conventions were observed during the analysis of the 2014-15 TSPA data:

- First, unless otherwise indicated, the 2014-15 TSPA considered only those items observed by the interviewers themselves to be available.

- Second, in a majority of facilities, multiple health workers contribute to the services received by clients. The health worker, who ultimately assesses the client, makes the final diagnosis and prescribes any treatment, if necessary, is identified as the primary provider for the particular service. This health worker is the provider that the survey observes using the observation protocols.

- Third, quite often, certain measurements (e.g., measuring blood pressure and temperature) are routinely done by health workers other than the primary provider, and separate from the actual consultation. Where this system is used and observed by interviewers, and all clients receive these measurements as part of their visit, then clients who are selected for observation are assumed to have received these measurements, even if the primary provider does not take these measurements.

3 RESULTS

3.1 Availability of Basic Client Services

Table 3.1 presents information on the availability of basic maternal and child health services, family planning services and services for adult sexually transmitted diseases, both individually and as a package. Availability of a package of services contributes to ease of access and use of services.

Table 3.1 Availability of basic client services

Percentages of facilities offering indicated basic client services and all basic client services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Services for STI	All basic client services[1]	Number of facilities
Facility type								
Hospital	98	86	87	73	91	98	69	46
Health centre	99	91	89	81	91	100	79	129
Dispensary	98	84	82	81	85	98	75	992
Clinics	68	32	18	33	30	65	13	21
Managing authority								
Government	100	95	95	97	97	98	92	840
Private	91	39	25	35	36	95	24	163
Faith based	97	81	79	41	81	97	36	148
Other	77	41	29	32	29	92	29	38
Region								
Dodoma	100	91	87	86	92	100	82	60
Arusha	100	75	75	72	75	83	55	52
Kilimanjaro	95	75	69	63	75	90	58	67
Tanga	94	84	83	83	84	99	77	59
Morogoro	95	85	84	73	90	100	67	61
Pwani	99	79	79	83	80	99	79	45
Dar es Salaam	94	51	46	45	52	94	43	96
Lindi	100	100	100	98	100	100	98	35
Mtwara	100	99	93	87	98	100	82	35
Ruvuma	100	95	90	82	95	95	72	47
Iringa	100	88	93	76	93	100	69	39
Mbeya	99	99	89	93	94	99	88	72
Singida	100	81	81	87	82	100	80	34
Tabora	96	96	95	91	96	96	86	50
Rukwa	100	94	94	87	94	100	87	34
Kigoma	100	75	90	90	95	100	73	43
Shinyanga	100	81	81	82	81	100	81	32
Kagera	100	88	88	84	88	94	78	49
Mwanza	98	85	78	77	78	98	77	59
Mara	88	87	79	85	87	100	76	45
Manyara	99	92	83	83	93	99	73	27
Njombe	95	93	89	89	94	100	78	38
Katavi	100	95	95	90	91	96	85	11
Simiyu	100	90	90	95	90	95	86	30
Geita	100	87	82	93	82	100	82	23
Kaskazini Unguja	90	86	83	90	83	93	80	6
Kusini Unguja	100	88	88	88	88	100	88	7
Mjini Magharibi	96	43	34	34	43	95	34	17
Kaskazini Pemba	100	80	87	87	87	100	80	8
Kusini Pemba	100	87	87	87	89	100	87	7
Total	98	84	81	80	85	97	74	1,188

[1] Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and services for sexually transmitted infections (STI).

Overall 74 percent of all assessed facilities provide all basic services. Government facilities (92 percent) are by far more likely to provide all basic client services compared with private facilities (24 percent), faith-based facilities (36 percent), and those managed by other managing authorities (29 percent). There is also great variation in the proportion of facilities that provide all basic services to clients by region. For example, less than 60 percent of facilities in Arusha, Kilimanjaro, Dar es Salaam, and Mjini Magharibi provide all basic services, while the majority of facilities in Lindi (98 percent), Mbeya (88 percent), Kusini Unguja (88 percent), Rukwa (87 percent) and Kusini Pemba (87 percent) provide these services. By type of facility, in general, about seven out of ten hospitals (69 percent), eight out of ten health centres (79 percent),

and three out of four dispensaries (75 percent) offer all basic services. Less than 20 percent of clinics offer all basic services.

Results also show that each of the basic services (child curative care, child growth monitoring, child vaccination, modern methods of family planning, antenatal care, and services for STIs) is available in more than eight out of ten facilities. These services are less available in clinics and almost equally available in hospitals, health centres, and dispensaries. Government facilities are the major providers of each basic service. The majority of faith-based facilities also provide each of the basic services except for family planning, available in only 41 percent of faith-based facilities. Private facilities are more likely to provide curative care services (91 percent for sick child, 95 percent for treatment of STIs) and less likely to offer preventive services (39 percent for child growth monitoring, 25 percent for child vaccination, 35 percent for family planning, and 36 percent for antenatal care). This pattern is also observed in major regions, including Dar es Salaam and Mjini Magharibi. For the remaining regions, each of the basic services assessed by the 2014-15 TSPA is available, on average, in 63 percent or more of all Tanzanian facilities.

Basic Amenities for Client Services

Although good services can be provided in minimal service delivery settings, both clients and providers are more likely to be satisfied with a facility that has basic amenities and infrastructure, such as a regular source of electricity, supply of improved water, and basic sanitation. Table 3.2 presents information on availability of basic amenities for client services.

In general, two-thirds of all facilities (67 percent) have regular, uninterrupted electricity (i.e., the facility is connected to a central power grid, or has solar power or both, and power is routinely available during regular service hours), or have a functioning generator with fuel. As expected, hospitals (91 percent) have more access to regular, uninterrupted electricity than health centres (76 percent), clinics (70 percent) and dispensaries (65 percent). Faith-based and private facilities (88 and 77 percent respectively) are more likely to have regular, uninterrupted electricity compared with government facilities and those managed by other authorities (62 percent each).

In general, over 68 percent of all facilities have an improved water source in the facility (i.e., water is piped into the facility or onto facility grounds, or else water is from a public tap or standpipe, a tube well or borehole, a protected dug well, or protected spring or rain water), and the outlet from this source is within 500 metres of the facility. Dispensaries (65 percent) and government facilities (60 percent) are less likely to have access to improved water compared with other types of facilities (84 percent to 89 percent) and other managing authorities (86 percent to 92 percent) respectively.

On average, 44 percent of facilities have a functioning client latrine. Clinics (93 percent) and hospitals (76 percent), as well as health facilities managed by the private sector (91 percent) and other managing authorities (99 percent) are more likely to have a functioning client latrine compared with health centres (56 percent) and dispensaries (40 percent), facilities managed by government (30 percent) and faith-based organisations (58 percent). Across the regions, Mjini Magharibi (97 percent) and Dar es Salaam (91 percent) had the highest percentage of facilities with a functioning client latrine, whereas Tabora (11 percent) and Njombe (14 percent) regions had the lowest percentage of facilities with a functioning client latrine.

Overall, transport for emergencies is available in about six of every ten facilities (i.e., the facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or else the facility has access to an ambulance or other vehicle stationed at, or operating from, another facility). As expected, hospitals (93 percent) and health centres (54 percent) are most likely to have transport for emergencies.

Table 3.2 Availability of basic amenities for client services

Percentage of facilities with indicated amenities considered basic for quality services by background characteristics, Tanzania SPA 2014-15

Background characteristics	Amenities							Number of facilities
	Regular electricity[1]	Improved water source[2]	Visual and auditory privacy[3]	Client latrine[4]	Communi-cation equipment[5]	Computer with Internet[6]	Emergency transport[7]	
Facility type								
Hospital	91	87	95	76	82	68	93	46
Health centre	76	84	96	56	38	26	74	129
Dispensary	65	65	93	40	28	8	54	992
Clinics	70	89	100	93	55	22	29	21
Managing authority								
Government	62	60	94	30	26	6	58	840
Private	77	88	96	91	57	31	46	163
Faith based	88	86	95	58	38	20	66	148
Other	62	92	87	99	38	32	58	38
Region								
Dodoma	70	74	99	21	91	12	66	60
Arusha	62	86	100	37	19	15	72	52
Kilimanjaro	67	84	95	63	20	20	56	67
Tanga	54	53	100	28	30	6	56	59
Morogoro	52	69	99	48	37	12	45	61
Pwani	72	61	61	30	21	3	46	45
Dar es Salaam	70	86	99	91	71	33	46	96
Lindi	68	43	100	47	28	3	34	35
Mtwara	67	80	94	25	15	13	41	35
Ruvuma	54	56	95	43	57	8	68	47
Iringa	62	66	89	30	18	11	49	39
Mbeya	50	44	99	25	8	7	55	72
Singida	56	74	94	37	21	11	93	34
Tabora	81	78	100	11	13	4	58	50
Rukwa	60	47	95	24	47	2	85	34
Kigoma	99	75	95	53	21	13	57	43
Shinyanga	45	48	95	56	34	9	59	32
Kagera	86	87	100	59	29	10	80	49
Mwanza	78	46	86	49	31	19	69	59
Mara	73	77	94	68	28	15	72	45
Manyara	60	53	92	25	52	6	75	27
Njombe	70	80	61	14	4	4	15	38
Katavi	79	70	100	19	24	9	90	11
Simiyu	65	56	95	37	8	22	89	30
Geita	75	52	100	47	34	13	59	23
Kaskazini Unguja	60	93	100	59	17	24	26	6
Kusini Unguja	50	100	88	76	18	15	22	7
Mjini Magharibi	80	91	100	97	17	14	18	17
Kaskazini Pemba	97	80	98	82	0	0	4	8
Kusini Pemba	90	87	86	83	4	0	8	7
Total	**67**	**68**	**94**	**44**	**32**	**12**	**58**	**1,188**

Note: The indicators presented in this table comprise the basic amenities domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

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

3.2 Child Health Services

The 2014-15 TSPA used the Integrated Management of Childhood Illnesses (IMCI) Guidelines as the basis for assessing the provision of child health services. These guidelines are based on two major principles: (1) that all sick children should be routinely assessed for *major symptoms* (fever, cough, or difficult breathing; diarrhoea; ear pain or discharge; nutrition and immunisation status; feeding problems; and other potential problems) and (2) that all children should be examined for *general danger signs* that indicate the need for immediate referral or admission to a hospital. Observations of sick child consultations

provided the information needed to determine whether providers were adhering to standards for providing quality services.

As evident in Table 3.3, outpatient curative care for sick children is available in almost all facilities in Tanzania (98 percent). Growth monitoring (84 percent) and child vaccination (81 percent), even though provided by the majority of facilities, are less widely available services in clinics. Overall, 8 of every 10 facilities in Tanzania offer all three basic child health services (i.e., growth monitoring, vaccination, and curative care for sick children). Eighty percent or more of hospitals, health centres, and dispensaries provide all three basic child health services, compared with 2 out of 10 clinics. Clinics, as seen in Table 2.2, are mostly privately owned.

Availability of the three child health services is higher in government (94 percent) and in faith-based facilities (77 percent), compared with facilities from the private sector (25 percent) and parastatal and educational institution facilities (29 percent).

Table 3.3 Availability of child health services

Percentages of facilities offering specific child health services at the facility by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities that offer:							
Background characteristics	Outpatient curative care for sick children	Growth monitoring	Child vaccination[1]	All three basic child health services	Child vaccination+[2]	Child health services with all vaccination+[3]	Routine vitamin A supple-mentation	Number of facilities
Facility type								
Hospital	98	86	87	86	87	86	79	46
Health centre	99	91	89	89	88	87	79	129
Dispensary	98	84	82	80	81	79	75	992
Clinics	68	32	18	18	17	17	27	21
Managing authority								
Government	100	95	95	94	94	93	85	840
Private	91	39	25	25	25	25	30	163
Faith based	97	81	79	77	78	76	77	148
Other	77	41	29	29	28	28	35	38
Region								
Dodoma	100	91	87	87	82	82	87	60
Arusha	100	75	75	75	75	75	73	52
Kilimanjaro	95	75	69	69	69	69	80	67
Tanga	94	84	83	83	82	82	71	59
Morogoro	95	85	84	79	78	73	80	61
Pwani	99	79	79	79	79	79	72	45
Dar es Salaam	94	51	46	46	46	46	41	96
Lindi	100	100	100	100	100	100	71	35
Mtwara	100	99	93	93	93	93	87	35
Ruvuma	100	95	90	90	90	90	95	47
Iringa	100	88	93	88	93	88	94	39
Mbeya	99	99	89	89	89	89	83	72
Singida	100	81	81	81	81	81	75	34
Tabora	96	96	95	95	91	91	90	50
Rukwa	100	94	94	94	94	94	95	34
Kigoma	100	75	90	74	90	74	26	43
Shinyanga	100	81	81	81	81	81	86	32
Kagera	100	88	88	88	88	88	88	49
Mwanza	98	85	78	78	78	78	71	59
Mara	88	87	79	79	79	79	81	45
Manyara	99	92	83	83	83	83	90	27
Njombe	95	93	89	83	89	83	84	38
Katavi	100	95	95	95	95	95	91	11
Simiyu	100	90	90	90	90	90	85	30
Geita	100	87	82	82	82	82	60	23
Kaskazini Unguja	90	86	83	80	83	80	60	6
Kusini Unguja	100	88	88	88	82	82	79	7
Mjini Magharibi	96	43	34	34	34	34	23	17
Kaskazini Pemba	100	80	87	80	87	80	18	8
Kusini Pemba	100	87	87	87	87	87	37	7
Total	**98**	**84**	**81**	**80**	**81**	**79**	**75**	**1,188**

[1] Routine provision of DPT/pentavalent, polio, and measles vaccination in the facility to children
[2] Routine provision of DPT/pentavalent, polio, measles, BCG, pneumococcal, and rotavirus vaccination in the facility
[3] Outpatient[3] curative care for sick children, growth monitoring, and all six child vaccinations.

Availability of Guidelines, Trained Staff, and Basic Equipment for Child Curative Care Services

The availability of treatment guidelines for easy reference contributes to the overall quality of services that clients receive. Trained staff and basic equipment are also necessary to assess and examine sick children properly. Table 3.4 shows, among facilities that offer outpatient curative care for sick children, the percentages with (1) IMCI and growth monitoring guidelines, (2) staff who have received recent in-service training, and (3) basic equipment for client assessment and examination.

Table 3.4 Guidelines, trained staff, and equipment for child curative care services

Percentage of facilities offering outpatient curative care for sick children, the percentages having indicated guidelines, trained staff, and equipment, by background characteristics, Tanzania SPA 2014-15

	Guidelines		Trained staff		Equipment							Number of facilities offering outpatient curative care for sick children
Background characteristics	IMCI	Growth moni-toring	IMCI[1]	Growth moni-toring[2]	Child scale[3]	Infant scale[4]	Length or height board	Thermo-meter	Stetho-scope	Growth chart	Timer	
Facility type												
Hospital	58	32	31	31	90	61	80	95	99	66	90	46
Health centre	65	29	29	28	89	58	64	88	97	68	87	128
Dispensary	55	24	18	13	82	51	52	84	93	56	77	972
Clinics	20	0	8	5	49	33	28	97	96	24	73	15
Managing authority												
Government	62	27	21	17	90	59	58	82	92	64	77	839
Private	28	6	16	11	50	22	36	95	99	25	85	149
Mission/faith based	45	29	15	13	79	51	51	95	98	54	83	143
Other	53	23	11	3	64	16	42	99	100	45	91	29
Region												
Dodoma	43	22	12	19	87	65	33	75	88	43	81	60
Arusha	32	28	4	20	69	24	35	87	94	46	81	52
Kilimanjaro	73	39	10	4	79	65	66	95	100	56	95	64
Tanga	59	41	9	3	85	75	71	94	100	61	84	55
Morogoro	78	20	3	4	93	52	60	94	100	74	58	58
Pwani	65	27	11	6	75	47	65	100	95	56	51	45
Dar es Salaam	25	7	12	12	57	32	43	100	100	28	83	90
Lindi	54	38	20	15	100	61	67	61	68	81	94	35
Mtwara	74	37	7	2	99	72	68	72	80	60	100	35
Ruvuma	50	26	11	8	85	73	70	94	95	68	69	47
Iringa	80	58	67	29	87	43	81	100	95	82	95	39
Mbeya	42	48	9	5	99	78	52	88	100	81	76	72
Singida	70	6	54	42	82	21	22	94	88	28	99	34
Tabora	48	2	23	28	92	94	77	72	96	68	43	48
Rukwa	49	15	21	16	89	62	44	84	95	45	70	34
Kigoma	47	0	2	0	86	16	15	68	94	41	90	43
Shinyanga	53	19	50	49	80	62	63	72	95	63	89	32
Kagera	75	13	30	17	60	53	28	77	100	58	81	49
Mwanza	68	9	24	24	93	49	62	86	86	44	79	58
Mara	63	15	19	12	91	60	71	68	84	63	45	40
Manyara	39	24	11	11	92	34	42	90	99	73	97	27
Njombe	44	67	36	30	77	28	82	94	100	94	100	36
Katavi	14	4	5	12	91	60	45	67	91	56	88	11
Simiyu	86	14	51	31	90	42	37	72	95	51	71	30
Geita	52	17	18	18	93	11	36	82	94	50	82	23
Kaskazini Unguja	86	67	59	40	92	43	73	100	100	89	100	5
Kusini Unguja	94	54	55	33	77	44	94	100	100	88	94	7
Mjini Magharibi	37	9	26	5	45	25	35	88	97	27	80	16
Kaskazini Pemba	86	17	21	14	41	65	19	69	65	43	57	8
Kusini Pemba	78	32	20	14	62	56	81	95	94	53	70	7
Total	**56**	**24**	**19**	**15**	**83**	**52**	**54**	**85**	**94**	**57**	**79**	**1,160**

Note: The indicators presented in this table comprise staff and training and equipment domains for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

[1] At least one interviewed provider of child health services in the facility reported receiving in-service training in Integrated Management of Childhood Illness (IMCI) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[2] At least one interviewed provider of child health services in the facility reported receiving in-service training in growth monitoring during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[3] A scale with gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less where an adult can hold a child to be weighed
[4] A scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams where an adult can hold an infant to be weighed

Among facilities providing curative child care, the availability of guidelines on growth monitoring (24 percent), staff with recent training in the integrated management of childhood illness (19 percent) and growth monitoring (15 percent) are low. As for the equipment needed for child curative care services, a child's scale (83 percent), thermometer (85 percent), stethoscope (94 percent) and a timer (79 percent), these

are more available than an infant scale (52 percent), length and height board (54 percent), and growth chart (57 percent).

Child Vaccines

The availability of child vaccines was assessed only in facilities that reported offering vaccination services and that also stored vaccines at the facility for use. Detailed information on vaccine availability on the day of the survey is presented in Table 3.5.

Table 3.5 Availability of vaccines

Among facilities that offer child vaccination services and routinely store vaccines at the facility, the percentage showing unexpired indicated vaccines observed on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering child vaccination services and storing vaccines where the following vaccines were observed:								
Background characteristics	Penta-valent[1]	Oral polio vaccine	Measles vaccine	Routine series of child immuni-sations without BCG	BCG vaccine	Pneumo-coccal conjugate vaccine	Rotavirus vaccine	All basic child vaccines[2]	Number of facilities offering child vaccination services and storing vaccines
Facility type									
Hospital	98	96	97	93	95	95	97	86	39
Health centre	93	92	94	88	87	90	93	75	110
Dispensary	90	87	91	83	87	86	90	72	728
Clinics	100	100	100	100	100	100	100	100	3
Managing authority									
Government	90	86	91	82	86	86	90	71	724
Private	88	100	96	87	89	92	94	79	35
Mission/faith based	96	95	98	95	92	89	93	83	111
Other	94	95	100	88	95	100	100	85	11
Region									
Dodoma	94	85	95	84	88	93	94	75	47
Arusha	90	100	100	90	100	100	90	80	33
Kilimanjaro	100	100	100	99	99	98	99	96	46
Tanga	66	73	73	65	71	67	74	56	45
Morogoro	91	90	91	90	54	90	90	52	39
Pwani	94	93	91	84	91	86	84	74	34
Dar es Salaam	98	100	98	98	98	98	100	98	39
Lindi	78	76	83	69	82	66	72	58	33
Mtwara	89	89	88	88	83	53	89	53	31
Ruvuma	71	65	80	59	78	72	79	52	37
Iringa	100	99	100	99	86	92	100	78	30
Mbeya	99	84	92	83	92	92	100	83	51
Singida	100	92	100	92	93	99	100	85	28
Tabora	73	64	79	63	77	58	68	35	42
Rukwa	82	88	88	76	85	87	87	62	27
Kigoma	100	94	89	83	95	92	95	70	37
Shinyanga	93	93	92	92	93	87	93	86	26
Kagera	100	99	93	92	93	99	92	85	43
Mwanza	100	92	100	92	99	100	100	90	45
Mara	99	91	99	90	99	99	99	90	33
Manyara	100	100	100	100	82	91	91	82	23
Njombe	99	93	94	85	78	92	92	68	32
Katavi	88	80	98	78	77	91	92	63	10
Simiyu	94	95	95	94	90	90	95	84	27
Geita	70	83	84	69	83	67	83	60	19
Kaskazini Unguja	95	34	82	34	100	100	100	34	3
Kusini Unguja	84	0	84	0	62	84	89	0	4
Mjini Magharibi	100	71	100	71	100	100	100	71	4
Kaskazini Pemba	92	100	100	92	92	100	100	92	7
Kusini Pemba	100	100	100	100	100	92	100	92	6
Total	**91**	**88**	**92**	**84**	**87**	**87**	**91**	**73**	**881**

Note: The measures presented in this table comprise the indicators included as part of the medicines and commodities domain for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012)

[1] Pentavalent = DPT + hepatitis B + haemophilus influenza B
[2] At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, measles vaccine, BCG vaccine, pneumococcal conjugate vaccine, and rotavirus vaccine with relevant diluents available.

Individually, pentavalent, polio, measles, and BCG vaccines were available on the day of the survey in more than 80 percent of facilities. However, collectively, only about 7 in 10 facilities had all the basic

child vaccines available in the facility on the day of the survey. Vaccines were less available in health centres (75 percent) and dispensaries (72 percent) compared with hospitals (97 percent) and clinics (100 percent) that offer child vaccination services and also store vaccines. Compared with the other managing authorities the availability of all vaccines is slightly less in government facilities.

3.3 Family Planning Services

Table 3.6.1 provides information on the availability of family planning services among all facilities. Eighty percent of facilities in Tanzania offer services for temporary modern family planning methods. These facilities either provide, prescribe or counsel clients on temporary modern family planning methods.

Table 3.6.1 Availability of family planning services

Percentage of facilities offering temporary methods of family planning, male or female sterilization, modern family planning, and any type of family planning by background characteristics, Tanzania SPA 2014-15

Background characteristics	Temporary methods of family planning (FP)						
	Percentage offering any modern method of FP[1]	Percentage offering counseling on periodic abstinence/rhythm	Percentage offering any temporary method of FP[2]	Percentage offering male or female sterilisation[3]	Percentage offering any modern FP[4]	Percentage offering any FP[5]	Number of facilities
Facility type							
Hospital	73	41	73	57	73	73	46
Health centre	81	36	81	38	81	81	129
Dispensary	81	34	81	25	81	81	992
Clinics	33	18	33	5	33	33	21
Managing authority							
Government	97	42	97	33	97	97	840
Private	35	11	35	14	35	35	163
Faith based	41	21	42	16	41	42	148
Other	32	18	32	9	32	32	38
Region							
Dodoma	86	11	86	20	86	86	60
Arusha	72	33	72	27	72	72	52
Kilimanjaro	63	24	63	36	63	63	67
Tanga	83	43	83	44	83	83	59
Morogoro	73	28	73	45	73	73	61
Pwani	83	50	84	64	83	84	45
Dar es Salaam	45	22	45	28	45	45	96
Lindi	98	70	98	25	98	98	35
Mtwara	87	49	87	33	87	87	35
Ruvuma	82	17	82	2	82	82	47
Iringa	76	32	76	25	76	76	39
Mbeya	93	14	93	4	93	93	72
Singida	87	13	87	33	87	87	34
Tabora	91	8	91	10	91	91	50
Rukwa	87	72	87	46	87	87	34
Kigoma	90	41	90	36	90	90	43
Shinyanga	82	44	82	3	82	82	32
Kagera	84	68	84	36	84	84	49
Mwanza	77	39	77	28	77	77	59
Mara	85	41	85	7	85	85	45
Manyara	83	17	83	6	83	83	27
Njombe	89	58	89	28	89	89	38
Katavi	90	74	90	54	90	90	11
Simiyu	95	46	95	22	95	95	30
Geita	93	50	93	39	93	93	23
Kaskazini Unguja	90	42	90	60	90	90	6
Kusini Unguja	88	63	88	65	88	88	7
Mjini Magharibi	34	5	34	11	34	34	17
Kaskazini Pemba	87	10	87	26	87	87	8
Kusini Pemba	87	10	87	10	87	87	7
Total	80	34	80	27	80	80	1,188

[1] Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condom, female condom, CycleBeads for Standard Days Method, or other modern methods such as the diaphragm or spermicides.
[2] Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, or periodic abstinence.
[3] Providers in the facility perform male or female sterilisation or counsel clients on male or female sterilisation.
[4] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation) or male sterilisation (vasectomy).
[5] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation) or male sterilisation (vasectomy), or periodic abstinence.

Availability of services for temporary (reversible) modern family planning methods varies from a high of 81 percent of health centres and dispensaries to a low of 33 percent of clinics. Practically, all government-managed facilities (97 percent) offer services for temporary (reversible) methods of family

planning; faith based facilities (41 percent), privately-managed facilities (35 percent), and parastatal and school-owned facilities(32 percent) are much less likely to offer services for a temporary modern family planning method.

Overall, only about three of every ten health facilities (27 percent) offer male or female sterilization services; that is, health workers in these facilities actually provide the service in the facility, or else they discuss this option with clients and then refer clients elsewhere to obtain the service.

Methods of Family Planning Offered

Table 3.6.2 presents information on individual methods of family planning offered (provided, prescribed, or counselled), by type of facility and managing authority, among facilities offering any family planning services.

Among facilities that offer any family planning services, combined oral contraceptive pills and progestin-only injectable (each at 94 percent), and male condoms (89 percent) are the most commonly offered temporary methods of family planning. Intrauterine contraceptive devices (IUCDs) (53 percent) and implants (75 percent) are slightly less available. Practically all facilities that offer any family planning services offer at least two temporary methods, while 9 out of 10 offer at least four temporary methods. Permanent methods are offered in fewer facilities; 34 percent offer tubal ligation, while 26 percent offer vasectomy. Emergency contraception IUCD is offered by just 1 out of 10 facilities.

Table 3.6.2 Methods of family planning offered

Among facilities offering any family planning services, the percentage that provides, prescribes, or counsels clients on specific family planning methods, by background characteristics, Tanzania SPA 2014-15

	Facility type				Managing authority				
Methods provided, prescribed, or counselled	Hospital	Health centre	Dispensary	Clinics	Govern-ment	Private	Faith based	Other	Total
Combined oral contraceptive pills	95	95	94	77	95	87	92	90	94
Progestin-only oral pill	88	80	75	61	78	53	70	93	76
Progestin-only injectable (3- months)	94	96	94	94	94	88	96	86	94
Combined injectable	26	25	25	5	24	32	33	14	25
Male condom	94	88	89	78	90	78	92	100	89
Female condom	47	30	23	13	23	36	33	31	25
Intrauterine contraceptive device	92	73	49	83	50	87	56	83	53
Implant	96	88	70	91	72	85	68	99	73
Cycle beads (for Standard Days Method)	24	14	12	12	13	10	15	1	13
Tubal ligation	78	47	31	16	34	39	38	27	34
Vasectomy	41	36	24	13	25	33	28	8	26
At least two temporary modern methods[1]	99	98	99	100	99	99	98	100	99
At least four temporary modern methods[1]	97	92	86	83	87	85	86	88	87
Emergency contraception	57	42	32	22	36	14	22	28	34
Periodic abstinence/rhythm	56	44	42	53	43	31	50	55	43
Emergency contraception IUCD	26	23	12	21	13	21	14	10	14
Number of facilities offering any family planning services	34	104	802	7	817	57	62	12	947

[1] Any methods other than male or female sterilization

Methods of Family Planning Provided

Table 3.6.3 provides information on the individual methods of family planning provided (the facility reports that it stocks the method in the facility and makes it available to clients without the clients having to go elsewhere to obtain it) among facilities that offer any family planning services.

Similar to information presented in Table 3.6.2, oral contraceptive pills (88 percent), progestin-only injectables (91 percent), and male condoms (85 percent) are the most commonly provided temporary modern

methods of family planning. The proportion of facilities that provide (27 percent) is markedly lower than those that offer it (53 percent in Table 3.6.2). Similarly, the proportion of facilities that provide the implant (55 percent) is lower than the proportion that offers the implant (73 percent in Table 3.6.2).

Practically all facilities that offer family planning services provide at least two temporary methods (97 percent). A slightly smaller proportion (77 percent) provides at least four temporary modern methods. The distribution of facilities providing at least two temporary modern methods is quite homogenous across all facility types and managing authorities. However, the distribution of facilities providing at least four temporary modern methods varies based on type of facility and managing authority. For example, the proportion of facilities providing at least four temporary modern methods is higher among hospitals (93 percent) and health centres (89 percent), and lower among clinics (72 percent) and dispensaries (74 percent). Private (82 percent) and Other (parastatal and educational institution facilities) (88 percent) categories have a higher proportion of facilities providing at least four temporary modern methods than government (77 percent) and faith-based (64 percent) facilities.

Table 3.6.3 Methods of family planning provided

Among facilities offering any family planning services, the percentage that provides[1] clients with specific modern family planning methods, by background characteristics, Tanzania SPA 2014-15

	Facility type				Managing authority				
Methods provided	Hospital	Health centre	Dispensary	Clinics	Govern-ment	Private	Faith based	Other	Total
Combined oral contraceptive pills	90	92	88	77	89	86	77	90	88
Progestin-only oral pill	83	72	66	56	69	50	57	93	67
Progestin-only injectable 3- month	90	93	91	94	91	87	94	86	91
Combined injectable	19	17	16	2	16	21	17	13	16
Male condom	90	86	85	75	85	77	83	100	85
Female condom	26	13	8	13	7	32	11	24	9
Intrauterine contraceptive device	80	60	20	72	23	70	35	67	27
Implant	92	83	49	83	53	77	47	83	55
Cycle beads (for Standard Days Method)	6	5	3	6	3	8	6	0	4
Tubal ligation	51	13	0	0	3	10	8	6	3
Vasectomy	26	8	0	0	1	6	3	1	2
At least two temporary modern methods[2]	96	98	97	96	97	98	97	100	97
At least four temporary modern methods[2]	93	89	74	72	77	82	64	88	77
Emergency contraception	42	35	20	22	24	13	12	26	22
Emergency contraception IUCD	20	15	3	15	5	5	5	8	5
Number of facilities offering any family planning services	34	104	802	7	817	57	62	12	947

[1] The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, the facility reports that providers in the facility perform the procedures.
[2] Any methods other than male or female sterilisation

Availability of Family Planning Commodities

Among the facilities that report providing combined oral contraceptives, 87 percent had the pills in stock-meaning that 13 percent did not. Only two-thirds of Other (parastatal and educational institution facilities (66 percent)) that provide combined oral contraceptive pills had the method available on the day of the survey visit, implying that one-third did not. Similarly, an IUCD was available in only 84 percent of facilities that report that they stock this commodity (Table 3.6.4).

Nationwide, only 60 percent of facilities that provide any family planning methods actually had every method that they provide available on the day of the visit.

Table 3.6.4 Availability of family planning commodities

Among facilities that provide[1] the indicated modern family planning method, the percentage where the commodity was observed to be available on the

day of the survey, by background characteristics, Tanzania SPA 2014-15

	Facility type				Managing authority				
Method	Hospital	Health centre	Dispensary	Clinics	Govern-ment	Private	Faith based	Other	Total
Combined oral contraceptive pills	89	86	87	100	87	91	93	66	87
Progestin-only oral pill	76	77	74	96	74	79	73	88	74
Progestin-only injectable (3- month)	94	87	91	91	91	82	97	97	91
Combined injectable	62	77	72	100	76	42	64	43	72
Male condom	86	85	89	83	88	91	96	92	89
Female condom	86	70	79	65	70	97	95	100	78
Intrauterine contraceptive device	95	89	79	100	83	91	83	62	84
Implant	95	91	90	97	91	90	86	92	91
Cycle beads (Standard Days Method)	50	69	44	60	36	96	63	-	48
Every method provided by facility was available on day of survey	60	55	61	71	60	62	71	38	60
Emergency contraception	80	83	74	100	75	92	88	100	76

Notes:

- The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown in Table A1 in the appendix in a working table for reference purposes.
- The combined oral contraceptive pills, injectable contraceptives, and the male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, i.e., within an expiration date.

[1] The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Availability of Guidelines, Trained Staff, and Basic Equipment for Family Planning Services

Some infrastructure and resources need to be in place to ensure that clients get the best possible service when they visit a health facility. These include service guidelines, trained staff, and some basic equipment. About 7 of 10 facilities that offer any modern family planning methods had family planning guidelines available at the service site (Table 3.7); the proportion ranges from 66 percent of dispensaries to 85 percent of hospitals. The availability of family planning guidelines is slightly higher in faith-based facilities (74 percent) and lower in parastatal and educational institution facilities (58 percent).

About 2 out of 5 family planning facilities have staff with recent training. Hospitals (60 percent) and health centres (59 percent) are more likely to have staff with recent training in family planning than dispensaries (35 percent) and clinics (41 percent).

The majority of facilities offering family planning services have basic equipment that supports and enhances the provision of such services. For example, 7 of every 10 family planning facilities had a blood pressure apparatus on the day of the survey visit (71 percent), close to 9 of every 10 facilities had an examination bed (87 percent); a similar proportion had samples of different family planning methods available at the service site on the day of the survey visit (88 percent). However, a pelvic model for an IUCD (5 percent), an examination light (13 percent), and a model for showing condom use (42 percent) were not widely available.

Table 3.7 Guidelines, trained staff, and basic equipment for family planning services

Among facilities offering any modern family planning methods, the percentage having family planning guidelines, percentage having at least one staff member recently trained on family planning service delivery, and percentage with the indicated equipment observed to be available on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering any modern family planning and having:									Number of facilities offering any modern family planning methods
	Guide-lines on family planning[1]	Staff trained in family planning[2]	Blood pressure appara-tus[3]	Exami-nation light	Exami-nation bed or couch	Samples of family planning methods	Pelvic model for IUCD[4]	Model for showing condom use	Other family planning-specific visual aid[5]	
Facility type										
Hospital	85	60	80	39	96	95	24	76	80	34
Health centre	83	59	72	18	90	92	11	67	65	104
Dispensary	66	35	71	11	86	87	3	38	45	802
Clinics	77	41	77	59	93	91	19	52	54	7
Managing authority										
Government	68	37	71	8	86	87	4	43	47	817
Private	68	45	83	65	92	93	15	41	63	57
Faith based	74	48	66	26	95	92	4	37	61	61
Other	58	77	73	34	99	100	10	53	40	12
Region										
Dodoma	52	23	64	1	75	62	1	26	26	51
Arusha	72	55	96	13	98	100	8	44	46	37
Kilimanjaro	84	41	57	23	93	99	10	53	76	42
Tanga	100	35	83	19	94	100	9	69	52	49
Morogoro	54	23	81	2	91	91	9	53	46	44
Pwani	60	27	57	13	88	88	4	59	59	38
Dar es Salaam	74	18	88	55	81	78	16	54	84	43
Lindi	73	45	59	2	78	83	1	67	55	35
Mtwara	66	56	61	9	87	58	1	46	55	31
Ruvuma	88	60	74	7	87	82	3	41	32	39
Iringa	92	45	76	18	92	100	5	62	60	30
Mbeya	80	28	87	29	87	88	2	86	38	67
Singida	71	19	85	2	86	93	3	17	35	30
Tabora	27	47	81	16	95	100	1	18	30	46
Rukwa	55	65	89	23	76	100	2	18	27	30
Kigoma	51	27	37	1	88	80	2	17	24	39
Shinyanga	64	42	96	1	87	100	1	45	64	26
Kagera	58	47	65	2	86	93	9	35	71	41
Mwanza	38	47	51	20	81	73	1	26	36	45
Mara	61	36	64	12	83	92	10	18	56	38
Manyara	90	69	70	12	99	100	3	30	61	22
Njombe	86	33	75	1	94	100	1	30	36	34
Katavi	64	49	87	0	96	100	3	40	31	10
Simiyu	90	39	72	0	94	71	0	31	70	28
Geita	61	29	47	1	62	80	7	26	45	21
Kaskazini Unguja	66	73	74	11	92	100	37	32	59	5
Kusini Unguja	88	43	86	19	97	100	26	46	76	6
Mjini Magharibi	92	30	22	22	80	92	43	70	62	6
Kaskazini Pemba	62	42	46	4	92	100	0	19	34	7
Kusini Pemba	78	68	42	4	89	85	0	53	42	6
Total	68	39	71	13	87	88	5	42	48	947

Note: The measures presented in the table concerning guidelines for family planning and staff trained in FP comprise the staff and training domains, and blood pressure apparatus comprises the equipment domain, for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] National guidelines or any other guidelines on family planning
[2] The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning during the 24 months preceding the survey. The training must involve structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[3] A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope
[4] IUCD = intrauterine contraceptive device
[5] Flip charts or leaflets

3.4 Antenatal Care, Prevention of Mother-to-Child Transmission of HIV, and Malaria Services

Antenatal Care

Table 3.8 presents information on the availability and frequency of antenatal care (ANC) sand how often these services are offered. The table also provides information on the availability of tetanus toxoid (TT) vaccine in facilities that offer ANC services.

Table 3.8 Availability of antenatal care services

Percentage of facilities offering antenatal care (ANC) services and, among facilities offering ANC services, the percentage offering the service on the indicated number of days per week, and the percentage also offering TT vaccine every day ANC is offered, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Among facilities offering ANC services: Percentage where ANC services are offered the indicated number of days per week[1]			Among facilities offering ANC services: Percentage offering tetanus toxoid vaccine every day ANC is offered	Among facilities offering ANC services: Number of facilities offering ANC
			1-2	3-4	5+		
Facility type							
Hospital	91	46	6	4	90	97	42
Health centre	91	129	14	8	78	95	118
Dispensary	85	992	19	6	74	88	839
Clinics	30	21	13	7	80	65	6
Managing authority							
Government	97	840	18	5	76	89	815
Private	36	163	21	2	76	72	59
Faith based	81	148	16	14	67	95	120
Other	29	38	13	1	85	100	11
Region							
Dodoma	92	60	19	4	77	91	55
Arusha	75	52	10	2	81	100	39
Kilimanjaro	75	67	15	2	76	92	50
Tanga	84	59	18	7	74	94	50
Morogoro	90	61	12	8	80	66	55
Pwani	80	45	24	1	75	99	36
Dar es Salaam	52	96	10	3	86	82	50
Lindi	100	35	15	6	78	93	35
Mtwara	98	35	0	0	100	90	34
Ruvuma	95	47	6	11	78	78	45
Iringa	93	39	2	0	92	100	37
Mbeya	94	72	8	6	86	77	68
Singida	82	34	10	1	88	100	28
Tabora	96	50	37	10	53	82	48
Rukwa	94	34	10	0	90	90	32
Kigoma	95	43	55	17	27	89	41
Shinyanga	81	32	21	1	78	100	26
Kagera	88	49	1	0	99	99	43
Mwanza	78	59	51	8	40	100	46
Mara	87	45	21	18	61	91	39
Manyara	93	27	9	8	83	83	25
Njombe	94	38	19	7	74	88	36
Katavi	91	11	40	14	42	98	10
Simiyu	90	30	26	15	54	95	27
Geita	82	23	38	7	54	97	19
Kaskazini Unguja	83	6	0	4	96	80	5
Kusini Unguja	88	7	19	14	67	58	6
Mjini Magharibi	43	17	18	0	82	66	7
Kaskazini Pemba	87	8	0	0	100	92	7
Kusini Pemba	89	7	0	0	100	97	6
Total	85	1,188	18	6	75	89	1,005

[1] Some facilities offer ANC services less often than one day per week, and so the total percentage may be less than 100 percent.

Overall, 85 percent of all facilities offer ANC services; only 30 percent of clinics (mainly privately owned) offer ANC services compared with hospitals and health centres (91 percent each) and dispensaries (85 percent). Government (97 percent) and faith-based facilities (81 percent) have a higher proportion of facilities offering antenatal care compared with privately owned (36 percent) and parastatal and educational institution (29 percent) facilities.

In general, a large proportion of health facilities offer ANC services 5 or more days a week (75 percent). More hospitals (90 percent) than other facility types (74 percent to 80 percent) and more parastatal and educational institution facilities (85 percent) than facilities of other managing authorities offer ANC services 5 or more days a week.

A significant proportion of facilities that offer ANC services (89 percent) also offer TT vaccines every day that ANC services are offered. Clinics that offer ANC services (65 percent) are slightly less likely than other facility types to also offer TT vaccines every day ANC is offered.

Medicines for Routine ANC

Table 3.9 presents information on the availability of medicines and supplies essential for the provision of routine ANC services. As evident from the table, medicines for the provision of routine ANC are widely available in facilities that offer ANC services. With the exception of TT vaccines (available in 86 percent of facilities), medicines such as iron tablets (94 percent) and folic acid (95 percent) are almost universally available in ANC facilities.

Table 3.9 Availability of medicines for routine antenatal care

Among facilities offering antenatal care (ANC) services, the percentage with essential medicines and tetanus toxoid vaccine for ANC observed to be available on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering ANC that have indicated medicines					Number of facilities offering ANC
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets	Tetanus toxoid vaccine	
Facility type						
Hospital	97	99	96	99	97	42
Health centre	94	95	93	96	92	118
Dispensary	94	95	92	96	85	839
Clinics	88	97	88	97	56	6
Managing authority						
Government	95	96	94	96	86	815
Private	85	87	78	87	77	59
Faith based	96	96	91	97	91	120
Other	96	96	96	96	100	11
Region						
Dodoma	95	99	94	100	90	55
Arusha	83	82	82	83	91	39
Kilimanjaro	100	100	87	100	92	50
Tanga	99	99	99	99	75	50
Morogoro	99	100	94	100	65	55
Pwani	99	100	99	100	94	36
Dar es Salaam	98	100	98	100	89	50
Lindi	95	100	95	100	73	35
Mtwara	90	95	90	95	85	34
Ruvuma	90	95	90	95	78	45
Iringa	100	100	99	100	89	37
Mbeya	94	94	94	94	76	68
Singida	92	92	92	92	100	28
Tabora	77	77	72	81	69	48
Rukwa	100	100	99	100	84	32
Kigoma	95	95	90	95	93	41
Shinyanga	100	100	100	100	93	26
Kagera	98	99	98	99	99	43
Mwanza	100	100	92	100	99	46
Mara	100	100	100	100	90	39
Manyara	98	100	98	100	91	25
Njombe	94	94	94	94	94	36
Katavi	100	100	100	100	94	10
Simiyu	100	100	95	100	100	27
Geita	100	100	100	100	90	19
Kaskazini Unguja	11	11	11	11	76	5
Kusini Unguja	72	72	72	72	72	6
Mjini Magharibi	49	51	49	51	42	7
Kaskazini Pemba	73	73	73	73	92	7
Kusini Pemba	92	92	92	92	97	6
Total	**94**	**95**	**92**	**96**	**86**	**1,005**

Notes:
- The medicines and vaccine presented in the table comprise the medicines and commodities domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).
- Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 3.12.

Infection Control

Infection control is vital to the overall provision of quality services. Table 3.10 presents information on the availability of items for infection control at ANC service sites. Overall, two-thirds (65 percent) of all ANC facilities had soap and running water, or else alcohol-based hand disinfectant, at the ANC service site on the day of the visit. These items for infection control were more likely to be available in hospitals (94 percent) and parastatal and educational institutions (96 percent) than in other facility types and facilities managed by other authorities. Availability of latex gloves and a sharps container was high (82 percent and 96 percent, respectively), with little variation by facility type and managing authority. Availability of a waste receptacle, however, was less common (54 percent).

Table 3.10 Items for infection control during provision of antenatal care

Among facilities offering antenatal care (ANC) services, the percentage with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering ANC that have items for infection control								
Background characteristics	Soap	Running water[1]	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	Number of facilities offering ANC
Facility type									
Hospital	93	93	91	36	94	93	95	62	42
Health centre	72	75	67	24	71	83	95	58	118
Dispensary	61	62	54	21	62	82	96	52	839
Clinics	69	69	69	41	69	84	93	65	6
Managing authority									
Government	59	60	52	18	59	82	96	51	815
Private	74	84	74	26	81	93	90	73	59
Faith based	87	85	83	48	89	83	96	60	120
Other	96	99	96	35	96	58	97	68	11
Region									
Dodoma	38	35	33	5	33	73	91	3	55
Arusha	97	100	97	36	97	85	97	86	39
Kilimanjaro	94	75	75	43	81	98	100	70	50
Tanga	72	88	66	20	66	100	100	40	50
Morogoro	65	58	52	38	76	77	100	36	55
Pwani	71	83	71	22	71	92	100	29	36
Dar es Salaam	89	80	80	7	81	88	97	96	50
Lindi	51	61	50	6	50	80	100	59	35
Mtwara	56	74	51	10	56	73	90	61	34
Ruvuma	83	93	83	20	83	98	99	60	45
Iringa	65	65	65	40	76	81	100	60	37
Mbeya	72	74	72	17	78	98	99	64	68
Singida	69	46	46	42	55	85	92	54	28
Tabora	36	41	35	30	58	63	91	57	48
Rukwa	88	85	83	12	89	47	83	41	32
Kigoma	33	37	26	8	26	69	90	45	41
Shinyanga	42	45	35	33	50	99	99	97	26
Kagera	51	41	34	20	49	59	100	40	43
Mwanza	37	54	28	18	45	74	97	57	46
Mara	48	28	27	31	48	81	83	20	39
Manyara	74	73	73	57	81	98	100	71	25
Njombe	99	99	99	9	99	94	100	69	36
Katavi	65	71	61	6	63	85	94	15	10
Simiyu	48	63	47	8	48	78	94	30	27
Geita	37	36	29	15	38	74	100	75	19
Kaskazini Unguja	84	52	48	64	84	96	96	69	5
Kusini Unguja	88	62	57	36	67	79	90	55	6
Mjini Magharibi	69	69	69	39	69	91	100	74	7
Kaskazini Pemba	48	72	48	8	48	78	86	54	7
Kusini Pemba	48	48	36	6	43	67	97	62	6
Total	**64**	**64**	**57**	**22**	**65**	**82**	**96**	**54**	**1,005**

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher
[2] Non-latex equivalent gloves are acceptable.
[3] Waste receptacle with plastic bin liner

Prevention of Mother-to-Child Transmission of HIV

Prevention of mother-to-child transmission (PMTCT) of HIV usually involves a four-pronged approach: (1) the primary prevention of HIV infection, (2) prevention of unintended pregnancies in HIV-positive women, (3) use of a comprehensive treatment package that includes antiretroviral (ARV) medicines for HIV-positive pregnant women, and (4) provision of comprehensive care to the mother, the newborn, and other family members. PMTCT services are often offered in conjunction with antenatal and delivery services and may include a variety of interventions. The degree to which a facility offers the total package often reflects the level of staffing and whether the facility offers either antenatal care or delivery services, or both.

Table 3.11 first provides a summary of measures assessing the availability of any PMTCT service among facilities that offer ANC services. The table also presents information on the availability of the individual interventions or components of PMTCT at facilities offering ANC and any PMTCT services.

Table 3.11 Availability of services for prevention of mother-to-child transmission of HIV in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentage offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities offering PMTCT services, percentages with specific PMTCT programme components by background characteristics, Tanzania SPA 2014-15

			Percentage of ANC facilities offering PMTCT that provide:									
Background characteristics	Percentage of facilities offering ANC that provide any PMTCT[1]	Number of facilities offering ANC	HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ pregnant women	ARV prophylaxis for infants born to HIV+ women	Infant and young child feeding counselling	Nutritional counselling for HIV+ pregnant women and their infants	Family planning counselling for HIV+ pregnant women	Cotrimoxazole to newborns of HIV+ women	ARV treatment to HIV+ pregnant women	Number of facilities offering ANC and any PMTCT services
Facility type												
Hospital	98	42	100	95	79	94	99	97	93	96	96	42
Health centre	99	118	98	91	71	88	98	95	95	92	92	116
Dispensary	93	839	98	78	71	79	96	94	94	88	85	784
Clinics	86	6	89	78	77	80	84	100	100	81	86	6
Managing authority												
Government	95	815	98	80	71	81	97	95	98	90	85	774
Private	81	59	99	92	80	85	91	99	90	87	87	48
Faith based	95	120	99	76	71	79	90	89	71	84	88	114
Other	100	11	100	99	61	92	100	94	100	92	96	11
Region												
Dodoma	87	55	100	48	67	47	100	95	94	78	59	47
Arusha	91	39	100	38	29	30	82	90	89	47	38	35
Kilimanjaro	94	50	100	57	67	83	93	100	92	99	92	47
Tanga	100	50	100	100	82	88	100	94	94	88	88	50
Morogoro	100	55	100	83	66	82	95	95	77	94	78	55
Pwani	100	36	100	94	93	100	100	100	100	100	100	36
Dar es Salaam	98	50	99	89	81	89	90	89	91	97	99	49
Lindi	100	35	100	89	88	85	100	100	99	90	95	35
Mtwara	100	34	100	85	90	90	100	95	95	95	95	34
Ruvuma	95	45	95	84	82	84	95	89	100	95	100	43
Iringa	100	37	100	100	86	89	100	100	94	94	99	37
Mbeya	89	68	100	89	99	99	100	84	99	99	93	60
Singida	64	28	84	65	60	75	100	100	99	100	100	18
Tabora	100	48	100	87	81	83	100	100	96	83	96	48
Rukwa	85	32	100	77	46	88	88	88	88	88	88	27
Kigoma	95	41	95	68	24	72	95	95	89	78	88	39
Shinyanga	93	26	100	93	41	100	100	93	100	86	86	24
Kagera	100	43	100	87	72	93	100	99	98	100	94	43
Mwanza	91	46	100	80	82	73	100	100	100	82	82	41
Mara	93	39	100	92	84	92	100	89	98	100	76	37
Manyara	91	25	77	87	100	100	100	100	100	100	100	23
Njombe	100	36	100	94	89	77	94	94	98	94	100	36
Katavi	100	10	100	96	23	96	100	100	100	100	100	10
Simiyu	90	27	100	78	94	94	100	100	100	93	94	24
Geita	100	19	99	86	39	99	100	93	93	99	99	19
Kaskazini Unguja	92	5	100	42	9	0	92	96	87	38	12	4
Kusini Unguja	93	6	75	57	0	0	92	92	82	42	8	6
Mjini Magharibi	84	7	81	65	3	3	61	87	97	60	6	6
Kaskazini Pemba	92	7	100	32	0	0	58	67	87	0	0	6
Kusini Pemba	100	6	100	13	0	3	47	59	70	11	3	6
Total	**94**	**1,005**	**98**	**80**	**72**	**81**	**96**	**94**	**94**	**89**	**86**	**947**

Note: ARV = antiretroviral

[1] Facility provides any of the following services for the prevention of transmission of HIV from an HIV-positive pregnant woman to her child: HIV testing and counseling for pregnant women, HIV testing for infants born to HIV-positive women, ARV prophylaxis for HIV-positive pregnant women, ARV prophylaxis for infants born to HIV-positive women, infant and young child feeding counseling for prevention of mother-to-child transmission, nutritional counseling for HIV-positive pregnant women and their infants, family planning counseling for HIV-positive pregnant women, cotrimoxazole to newborns of HIV-positive women, and ART prophylaxis to HIV-positive pregnant women.

More than 9 of every 10 ANC facilities (94 percent) offer some form of PMTCT services. These services are universally available in hospitals (98 percent), health centres (98 percent), and dispensaries (93 percent) that offer ANC services. All parastatal and educational institution facilities (100 percent) and almost the totality of government and mission or faith-based facilities (each at 95 percent) that offer ANC services also offer some PMTCT services.

The majority of facilities offering PMTCT services provide each of the individual components of PMTCT. Proportions vary from 98 percent of facilities providing HIV testing for pregnant women to 81 percent providing ARV prophylaxis for infants born to HIV+ women. As expected, the proportion of facilities providing ARV prophylaxis for HIV-positive pregnant women is low compared with other

components of PMTCT services (72 percent), as the country is moving towards providing ARV treatment instead of prophylaxis to HIV-positive pregnant women (86 percent).

Malaria Prevention and Treatment

Table 3.12 presents information on the availability, in facilities offering ANC, of guidelines for intermittent preventive treatment of malaria during pregnancy (IPTp), trained staff, insecticide-treated bed nets (ITNs), and medicines for malaria, as well as supplies and equipment for diagnosis of malaria. Handwritten guidelines were acceptable, provided they clearly outlined relevant information.

Table 3.12 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentage having indicated items for the provision of malaria services available on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering antenatal care services that have:											
	Guidelines and trained staff		Medicines and commodities				Diagnostics					Number of facilities offering ANC
Background characteristics	IPTp guide-lines	Trained staff[1]	ITN[2]	ACT[3]	SP	Quinine	Iron or folic acid	Malaria RDT[4]	Malaria micro-scopy[5]	RDT or micro-scopy	Haemo-globin[6]	
Facility type												
Hospital	43	63	29	91	75	94	99	93	56	97	88	42
Health centre	43	62	27	90	62	90	96	90	44	94	60	118
Dispensary	33	40	9	92	60	90	96	82	8	83	22	839
Clinics	30	29	13	81	84	71	97	76	0	76	50	6
Managing authority												
Government	35	43	12	93	58	90	96	86	9	87	22	815
Private	22	36	11	87	75	92	87	59	18	63	72	59
Faith based	39	47	16	86	74	88	97	77	41	86	58	120
Other	40	42	4	99	90	100	96	76	34	76	59	11
Region												
Dodoma	24	28	2	100	27	99	100	86	13	91	42	55
Arusha	43	40	4	83	51	83	83	92	15	92	29	39
Kilimanjaro	53	29	30	85	77	72	100	99	20	99	17	50
Tanga	31	66	22	99	42	94	99	97	20	99	29	50
Morogoro	41	64	15	98	76	100	100	74	13	80	30	55
Pwani	44	71	8	73	63	98	100	70	13	71	36	36
Dar es Salaam	34	24	4	90	72	98	100	62	16	62	89	50
Lindi	46	53	3	100	70	89	100	90	4	90	30	35
Mtwara	66	59	4	89	69	95	95	49	12	55	13	34
Ruvuma	65	37	15	90	64	89	95	89	16	94	28	45
Iringa	60	37	4	94	100	77	100	83	11	83	24	37
Mbeya	21	21	8	94	69	93	94	94	12	94	16	68
Singida	30	7	13	100	47	100	92	90	8	92	15	28
Tabora	10	56	11	95	35	90	81	94	21	95	58	48
Rukwa	39	73	5	100	66	84	100	97	6	99	27	32
Kigoma	22	10	7	100	41	99	95	80	11	80	9	41
Shinyanga	24	49	9	100	57	100	100	93	8	93	31	26
Kagera	26	72	19	100	91	100	99	74	24	74	19	43
Mwanza	30	48	16	100	67	92	100	65	13	66	28	46
Mara	27	48	3	98	63	100	100	90	17	90	24	39
Manyara	34	21	8	93	50	99	100	67	6	67	35	25
Njombe	48	39	5	99	81	87	94	88	5	89	10	36
Katavi	25	56	8	94	80	96	100	92	13	92	26	10
Simiyu	19	58	1	100	73	100	100	84	13	89	24	27
Geita	22	64	2	93	68	84	100	85	28	93	19	19
Kaskazini Unguja	17	52	100	0	4	4	11	88	7	92	39	5
Kusini Unguja	39	39	100	7	0	10	72	90	5	93	65	6
Mjini Magharibi	0	0	77	0	0	0	51	51	49	75	50	7
Kaskazini Pemba	8	30	92	0	4	0	73	86	8	88	12	7
Kusini Pemba	11	6	85	4	12	8	92	69	9	72	27	6
Total	35	43	12	92	61	90	96	83	14	85	30	1,005

Note: IPTp = Intermittent preventive treatment of malaria during pregnancy; SP = sulfadoxine/pyrimethamine (Fansidar)

[1] At least one interviewed provider of ANC services reports receiving in-service training on malaria in pregnancy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[2] Facility reports that it had ITNs in storage in the facility on the day of the survey.
[3] Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria:artemeter-lumefantrine (LA) or artemeter-amodiaquine (ASAQ)
[4] Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility.
[5] Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.
[6] Facility has capacity to conduct haemoglobin test using any of the following means: haematology analyser, haemoglobinometer or colorimeter, HemoCue, litmus paper, or any rapid test for haemoglobin.

As already observed for other services, the availability of guidelines and trained staff is generally low. Only 35 percent of ANC facilities had IPTp guidelines, 43 percent had staff trained in malaria treatment and 12 percent had insecticide-treated nets (ITNs) available on the day of the survey. Sulphadoxine-pyrimethamine (SP) for the prevention of malaria in pregnancy was available in 61 percent of these facilities. In general, about 8 of every 10 ANC facilities had malaria rapid diagnostic test kits available in the facility on the day of the visit. However, only 14 percent of ANC facilities had a functioning microscope with glass slides and relevant stains for malaria microscopy. As expected, hospitals (56 percent) are more likely than other facility types to have the capacity for malaria microscopy. Faith-based facilities (41 percent) are also more likely than other managing authorities to have capacity for malaria microscopy. Furthermore, only 30 percent of ANC facilities had the capacity to test for haemoglobin.

3.5 Delivery and Newborn Care Services

Table 3.13 provides information on the availability of maternal health services and on providers of delivery and newborn care services.

Normal delivery services are available in about three-quarters of all health facilities. As expected, the availability of delivery services decreases as complexity of type of facilities diminishes. The proportion of facilities offering normal delivery services ranges from 94 percent of all hospitals to 26 percent of clinics. Normal delivery services are also mostly offered by government facilities (90 percent) and faith-based facilities (77 percent).

Table 3.13 Availability of maternal health services

Percentage of facilities offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentage having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering:						Percentage of facilities offering normal delivery services that have:		
Background characteristics	Antenatal care (ANC)	Normal delivery service	Caesarean delivery	ANC and normal delivery service	ANC, normal delivery, and Caesarean delivery	Number of facilities	Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	Number of facilities offering normal delivery services
Facility type									
Hospital	91	94	84	90	80	46	98	99	44
Health centre	91	85	11	84	11	129	83	94	109
Dispensary	85	75	0	74	0	992	16	52	746
Clinics	30	26	0	24	0	21	41	72	5
Managing authority									
Government	97	90	3	89	3	840	24	56	753
Private	36	20	6	18	6	163	70	95	33
Faith based	81	77	12	73	12	148	39	72	113
Other	29	15	3	15	3	38	85	100	6
Region									
Dodoma	92	79	3	79	3	60	11	24	47
Arusha	75	51	6	51	6	52	28	43	26
Kilimanjaro	75	54	4	54	4	67	29	48	36
Tanga	84	80	5	80	5	59	39	94	47
Iringa	93	93	4	93	4	39	26	72	37
Mbeya	94	89	4	89	4	72	22	99	64
Singida	82	94	4	82	4	34	38	50	32
Tabora	96	91	3	91	3	50	14	33	46
Rukwa	94	89	4	88	3	34	30	78	30
Kigoma	95	91	6	91	6	43	27	83	39
Shinyanga	81	88	4	81	4	32	37	68	28
Kagera	88	88	4	88	4	49	68	81	43
Mwanza	78	71	6	70	6	59	46	91	41
Mara	87	88	5	87	5	45	23	33	40
Manyara	93	92	4	85	4	27	32	52	25
Njombe	94	100	3	94	3	38	17	100	38
Katavi	91	84	3	82	2	11	65	91	9
Simiyu	90	95	2	90	2	30	23	48	29
Geita	82	81	5	81	5	23	31	72	19
Kaskazini Unguja	83	28	3	28	3	6	54	65	2
Kusini Unguja	88	16	2	16	2	7	15	15	1
Mjini Magharibi	43	4	4	4	4	17	50	100	1
Kaskazini Pemba	87	31	2	31	2	8	7	14	2
Kusini Pemba	89	22	5	22	5	7	11	21	2
Total	**85**	**76**	**4**	**75**	**4**	**1,188**	**28**	**60**	**905**

Only a small proportion of facilities in Tanzania (4 percent) provide caesarean delivery services. As expected, caesarean delivery services are available mainly in hospitals (84 percent) and in some health centres (11 percent).

Sixty percent of all facilities that offer normal delivery services reported that they have a provider of delivery care available on-site or on-call 24 hours a day. However, only 28 percent of facilities that offer delivery services had a duty schedule for on-site or on-call 24/7 delivery staff. The proportion of facilities with providers on-site or on-call with an observed duty schedule is the lowest in dispensaries (16 percent) and facilities run by the government (24 percent).

Guidelines, Trained Staff and Equipment for Delivery Services

The quality of delivery services depends on the availability of guidelines, staff with up-to- date training and certain basic equipment. Table 3.14 reports the extent to which these items were available on the day of the survey in facilities that offer normal delivery services.

Availability of guidelines related to delivery and newborn care and of trained staff, is generally low (30 percent and 20 percent respectively) in facilities that offer normal delivery services. However, about 6 in 10facilities have emergency transport. Also, about 9 in 10 facilities had a delivery pack available on the day of the survey visit, (i.e. either the facility had a sterile delivery pack available at the delivery site, or else all of the following individual items of equipment were present: cord clamp, episiotomy scissors, scissors or blade to cut cord, suture material with needle, and needle holder). A suction apparatus (mucus extractor) was less widely available, with only 23 percent of facilities that offer normal delivery services having one available at the service site on the day of visit. A neonatal bag and mask were available in about three-quarters of the facilities.

Table 3.14 Guidelines, trained staff and equipment for delivery services

Among facilities offering normal delivery services, the percentage having guidelines, at least one staff member recently trained in delivery care and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering normal delivery service that have:											
	Guidelines and trained staff		Equipment									Number of facilities offering normal delivery services
Background characteristics	Guide-lines on IMPAC[1]	Staff trained in IMPAC[2]	Emer-gency trans-port[3]	Examin-ation light[4]	Delivery pack[5]	Suction appar-atus (mucus extrac-tor)	Manual vacuum extractor	Vacuum aspirator or D&C kit[6]	Neonatal bag and mask	Parto-graph[7]	Gloves[8]	
Facility type												
Hospital	44	34	93	54	98	79	52	40	97	96	100	44
Health centre	51	37	75	28	90	46	12	24	84	80	89	109
Dispensary	26	16	58	10	86	16	2	3	74	52	85	746
Clinics	15	29	59	73	100	33	6	15	73	41	90	5
Managing authority												
Government	30	20	59	9	85	19	4	6	76	57	85	753
Private	20	14	75	60	100	48	14	16	75	60	98	33
Faith based	33	21	72	35	94	42	12	14	81	59	93	113
Other	17	6	100	30	100	32	12	12	39	42	45	6
Region												
Dodoma	13	22	67	3	77	28	2	3	69	35	94	47
Arusha	44	38	84	20	77	22	7	13	98	53	77	26
Kilimanjaro	55	10	62	35	91	32	4	14	89	90	98	36
Tanga	21	34	63	11	88	24	10	5	100	74	86	47
Morogoro	27	15	43	13	83	20	10	4	87	55	71	54
Pwani	65	20	53	20	89	7	5	14	89	61	100	38
Dar es Salaam	44	14	56	71	100	57	14	13	93	71	100	22
Lindi	50	26	32	8	86	10	2	1	100	76	89	32
Mtwara	17	6	40	13	84	34	2	3	68	77	72	35
Ruvuma	18	15	68	9	83	21	2	5	94	83	100	40
Iringa	52	18	45	6	100	23	2	8	94	76	89	37
Mbeya	4	20	55	20	92	33	2	1	86	41	99	64
Singida	19	10	92	4	100	11	6	8	100	68	93	32
Tabora	56	50	58	13	100	28	2	18	66	81	74	46
Rukwa	61	25	88	48	100	3	3	1	75	73	51	30
Kigoma	25	9	58	1	74	23	6	6	89	37	73	39
Shinyanga	16	7	60	2	75	31	2	9	27	81	87	28
Kagera	15	15	78	5	94	19	14	7	34	61	67	43
Mwanza	33	34	75	22	78	22	16	14	56	31	89	41
Mara	8	2	75	15	71	24	3	12	35	33	99	40
Manyara	28	13	81	15	100	10	5	2	97	31	99	25
Njombe	24	33	15	4	95	24	1	3	94	27	89	38
Katavi	18	23	94	0	100	35	0	0	16	55	77	9
Simiyu	24	9	88	3	69	10	3	12	31	23	90	29
Geita	36	10	63	1	84	23	3	11	71	55	83	19
Kaskazini Unguja	22	11	43	32	100	43	11	22	65	100	100	2
Kusini Unguja	70	15	100	54	100	70	0	54	46	85	100	1
Mjini Magharibi	50	0	100	50	75	75	50	0	75	75	100	1
Kaskazini Pemba	24	0	14	7	17	14	7	7	14	14	90	2
Kusini Pemba	34	0	34	59	23	37	21	46	71	73	100	2
Total	**30**	**20**	**62**	**14**	**87**	**23**	**5**	**7**	**76**	**58**	**86**	**905**

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] IMPAC (Integrated Management of Pregnancy and Childbirth) guidelines, or BEmONC (Basic Emergency Obstetric and Newborn Care) guidelines, or CEmONC (Comprehensive Emergency Obstetric and Newborn Care) guidelines

[2] Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC or CEmOC during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[3] Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

[4] A functioning flashlight is acceptable.

[5] Either the facility had a sterile delivery pack available at the delivery site or else all the following individual items of equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder.

[6] Facility had a functioning vacuum aspirator or else a dilatation and curettage (D&C) kit available.

[7] A blank partograph at the service site

[8] Disposable latex gloves or equivalent available at the service site

3.6 HIV AND AIDS

Given the high prevalence of HIV and AIDS in sub-Saharan Africa, several initiatives have been implemented to ensure appropriate prevention of new HIV infections and to treat people already living with HIV and AIDS. The 2014-15 TSPA collected information on various aspects of facilities' preparedness to provide quality HIV and AIDS services to the people of Tanzania, including HIV testing and counselling,

HIV and AIDS care and support services, and antiretroviral therapy (ART) services. Some of the findings are presented in Table 3.15.

HIV Testing and Counselling

A facility has an HIV testing system if the facility reports (1) conducting HIV testing in the facility or (2) testing in an external testing site and has an agreement with that external site that test results will be returned to the facility. Overall, 8 in 10 of all health facilities in Tanzania have a testing system, including 96 percent of hospitals, 92 percent of health centres, 80 percent of dispensaries and only 42 percent of clinics. Nine of every 10 government and 8 of every 10 faith-based facilities have a testing system. Private facilities are less likely than other facility types to have an HIV testing system.

Among facilities that have an HIV testing system, all had the capacity to test for HIV on the day of the survey (i.e. the facility had an HIV rapid test kit or ELISA testing capacity or other HIV testing capacity on the day of the survey). However, not all facilities had HIV testing and counselling guidelines and trained providers available; HIV testing and counselling guidelines and a trained provider were available in 62 percent and 56 percent of facilities having an HIV testing system respectively.

Only two-thirds of facilities with an HIV testing system had condoms available at the HIV testing and counselling site on the day of the survey.

Table 3.15 Availability of HIV testing and counselling services

Percentage of facilities that report having an HIV testing system and, among facilities with an HIV testing system, the percentage that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counselling services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of all facilities with HIV testing system[1]	Number of facilities	Percentage of facilities with HIV testing system that have:					Number of facilities having HIV testing system
			HIV testing capacity[2]	HIV testing and counselling guidelines	Trained provider[3]	Visual and auditory privacy[4]	Condoms[5]	
Facility type								
Hospital	96	46	100	78	76	98	61	45
Health centre	92	129	99	73	74	95	62	119
Dispensary	80	992	100	59	52	94	68	792
Clinics	42	21	100	54	42	100	43	9
Managing authority								
Government	90	840	100	65	56	94	72	755
Private	41	163	100	45	55	99	44	67
Faith based	82	148	100	52	57	96	44	121
Other	57	38	100	65	50	100	64	22
Region								
Dodoma	91	60	99	67	43	94	64	54
Arusha	76	52	100	55	57	100	76	39
Kilimanjaro	76	67	100	69	65	94	81	51
Tanga	99	59	100	60	74	100	74	58
Morogoro	80	61	100	74	50	99	62	49
Pwani	80	45	100	51	62	56	74	36
Dar es Salaam	51	96	100	48	41	100	60	49
Lindi	95	35	100	65	29	99	68	33
Mtwara	99	35	100	68	52	95	71	35
Ruvuma	90	47	100	52	31	100	52	43
Iringa	95	39	100	82	60	94	68	37
Mbeya	84	72	100	71	37	98	88	60
Singida	89	34	100	32	40	100	44	30
Tabora	92	50	100	37	46	100	81	46
Rukwa	72	34	100	59	71	94	88	25
Kigoma	82	43	100	45	51	94	77	35
Shinyanga	82	32	100	91	66	93	76	26
Kagera	77	49	100	81	69	100	31	38
Mwanza	72	59	100	53	78	91	43	42
Mara	87	45	100	78	79	98	36	39
Manyara	85	27	100	51	70	100	76	23
Njombe	100	38	100	75	59	66	67	38
Katavi	93	11	100	58	81	100	72	10
Simiyu	77	30	98	54	55	93	83	23
Geita	79	23	100	48	53	100	31	18
Kaskazini Unguja	67	6	100	70	64	100	79	4
Kusini Unguja	69	7	100	84	61	100	79	5
Mjini Magharibi	21	17	100	35	91	100	74	4
Kaskazini Pemba	80	8	100	83	66	89	79	6
Kusini Pemba	75	7	100	77	59	89	71	5
Total	**81**	**1,188**	**100**	**62**	**56**	**94**	**66**	**964**

Note: The guidelines and trained staff indicators presented in this table correspond to the staff and training domain for assessing readiness to provide HIV testing and testing services within the health facility assessment methodology proposed by WHO and USAID (2012). Similarly the visual and auditory privacy items comprise the equipment domain, the HIV testing capacity comprises the diagnostic domain, and condoms comprise the medicines and commodities domain for assessing readiness to provide HIV testing and counselling services within the WHO-USAID framework.

[1] Facility reports conducting HIV testing in the facility or else in an external testing site and having an agreement with that external site that test results will be returned to the facility.
[2] Facility reports conducting HIV testing in the facility and had HIV rapid diagnostic test kits or ELISA testing capacity or dynabeads testing capacity or western blot testing capacity observed in the facility.
[3] Facility had at least one interviewed staff member providing HIV testing services who reported receiving in-service training in some aspect of HIV/AIDS testing and counselling during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[4] Private room or screened-off space available in HIV testing and counselling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard, and the client could not be observed by others
[5] Condoms available at the HIV testing and counselling site on the day of the survey

Antiretroviral Therapy (ART)

Table 3.16 presents information on the availability of antiretroviral therapy (ART) services and the components of quality ART services. Elements identified as important for the provision of good ART services include the availability of staff with recent training, guidelines and protocols and a consistent supply of antiretroviral medicines.

Table 3.16 Guidelines, trained staff, and items for antiretroviral therapy services

Percentage of facilities offering antiretroviral therapy (ART) services and among facilities offering ART services, the percentage with indicated items to support the provision of quality ART services by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering ART services[1]	Number of facilities	Among facilities offering ART services, percentage of facilities that have:							Number of facilities offering ART services
						Laboratory diagnostic capacity for:				
			First-line adult ART regimen available[2]	ART guidelines	Trained staff[3]	Complete blood count[4]	CD4 cell count	RNA viral load	Renal or liver function test	
Facility type										
Hospital	85	46	97	97	61	67	67	3	71	40
Health centre	71	129	93	94	61	19	40	0	14	92
Dispensary	20	992	82	82	49	4	7	0	0	201
Clinics	4	21	68	100	68	0	0	0	0	1
Managing authority										
Government	30	840	87	85	55	9	22	0	8	252
Private	11	163	94	98	37	48	33	2	22	18
Faith based	33	148	80	93	58	34	27	1	28	49
Other	36	38	97	80	38	29	19	0	27	14
Region										
Dodoma	10	60	100	94	73	24	54	0	45	6
Arusha	12	52	100	87	77	48	37	3	39	6
Kilimanjaro	19	67	72	99	61	14	26	1	14	13
Tanga	20	59	97	100	67	9	28	0	13	12
Morogoro	13	61	100	96	45	32	43	0	38	8
Pwani	23	45	98	78	59	15	17	0	11	10
Dar es Salaam	22	96	97	99	20	55	54	3	29	21
Lindi	48	35	100	100	69	17	14	0	4	17
Mtwara	40	35	98	100	40	7	20	0	2	14
Ruvuma	41	47	84	88	28	4	11	0	7	19
Iringa	62	39	72	72	80	23	13	1	9	24
Mbeya	14	72	100	94	31	34	34	2	24	10
Singida	10	34	100	100	74	36	39	0	46	3
Tabora	42	50	90	69	66	9	13	0	8	21
Rukwa	20	34	98	97	77	7	21	0	5	7
Kigoma	12	43	89	100	46	34	37	0	18	5
Shinyanga	48	32	55	89	60	8	22	0	6	15
Kagera	49	49	89	87	57	10	14	0	9	24
Mwanza	33	59	97	57	69	10	25	0	11	19
Mara	32	45	100	100	44	9	21	0	10	14
Manyara	25	27	100	96	25	22	60	0	11	7
Njombe	89	38	74	82	48	5	15	0	5	34
Katavi	22	11	100	93	72	7	35	0	7	2
Simiyu	27	30	97	100	68	2	17	0	2	8
Geita	14	23	100	94	41	5	41	0	22	3
Kaskazini Unguja	56	6	5	70	5	5	5	0	5	3
Kusini Unguja	9	7	28	100	100	0	0	0	0	1
Mjini Magharibi	22	17	14	57	48	9	5	0	9	4
Kaskazini Pemba	4	8	100	100	50	0	0	0	0	0
Kusini Pemba	5	7	100	100	50	0	0	0	50	0
Total	**28**	**1,188**	**87**	**87**	**54**	**16**	**23**	**0**	**12**	**333**

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines and commodities domains for assessing readiness to provide ART services within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services.
[2] Facility had the three country-specific first-line ART medicines for adult treatment available in the facility.
[3] Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[4] Facility had a functioning haematology analyser or functioning haematological counter with the necessary reagents available in the facility.

Only 28 percent of all facilities offer ART services, including 85 percent of hospitals, 71 percent of health centres, 20 percent of dispensaries, and only 4 percent of clinics. Moreover, only a small proportion of dispensaries and clinics offer ART services; the private sector is less likely than other sectors to provide ART services.

Among facilities offering ART services, 87 percent had the first-line adult ART regimen available in the facility on the day of the survey. The availability of a first-line adult ART regimen is highest in hospitals (97 percent) and lowest in clinics (68 percent). Facilities from the private sector (94 percent) and the parastatal and educational institutions (97 percent) are more likely to have a first-line adult ART regimen than government (87 percent) and faith-based (80 percent) facilities.

Among those offering ART services, 87 percent had ART guidelines available on the day of the survey visit.

Slightly more than half of ART facilities had a recently trained staff for ART services (i.e. at least one interviewed provider of ART in the facility reported having received in service training in some aspect of ART during the 24 months preceding the survey).

Laboratory capacity for the monitoring of clients under ART is very low; for example, about 2 facilities in 10 had the laboratory capacity to do a complete blood count.

3.7 Malaria

Table 3.17 provides an overview of the availability of malaria services. In addition, the table provides information on the availability of service guidelines, recently trained staff, and diagnostic capacity. Malaria diagnosis and/or treatment services are universally available in Tanzania health facilities (99 percent); however, only 7 in 10 clinics offer malaria services.

Among facilities that offer malaria diagnosis and/or treatment services, more than two-thirds (71 percent) had guidelines for the diagnosis and treatment of malaria available in the facility. However, fewer (30 percent) had guidelines for IPT available. Capacity to confirm a malaria infection is not universally available in facilities that offer malaria diagnosis and/or treatment services. Eighty-four percent of these facilities had malaria diagnostic capacity (i.e. the facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility or else an unexpired malaria rapid diagnostic test kit available somewhere in the facility). As shown in table 3.17, only a small proportion of facilities (18 percent) had malaria microscopy capacity, mainly hospitals (56 percent).

Table 3.17 Availability of malaria services and availability of guidelines, trained staff and diagnostic capacity in facilities offering malaria services

Percentage of facilities offering malaria diagnosis and/or treatment services and, among facilities offering malaria diagnosis and/or treatment services, the percentage that have guidelines, trained staff and diagnostic capacity to support the provision of quality service for malaria by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of all facilities offering malaria diagnosis and/or treatment services[1]	Number of facilities	Guidelines			Trained staff		Diagnostics			Number of facilities offering malaria diagnosis and/or treatment services
			Guidelines for diagnosis of malaria	Guidelines for treatment of malaria	Guidelines for IPT[2]	Staff trained in malaria diagnosis and/or treatment	Staff trained in IPT[4]	Malaria RDT[5]	Malaria microscopy[6]	Any malaria diagnostics[7]	
Facility type											
Hospital	99	46	62	67	39	79	57	93	56	97	46
Health Centre	100	129	78	82	39	80	54	89	45	94	128
Dispensary	100	992	71	71	28	53	29	79	12	82	988
Clinics	72	21	47	50	12	40	10	69	28	82	15
Managing authority											
Government	100	857	77	76	34	58	36	86	10	86	857
Private-for-profit	96	163	49	55	8	48	13	63	38	74	156
Parastatal	85	21	49	57	11	25	9	60	21	60	18
Faith-based	100	148	67	64	31	59	35	72	38	82	147
Tanzania location											
Total Urban	98	324	61	61	21	52	23	70	34	79	317
Total Rural	100	864	75	75	33	58	36	84	11	85	860
Mainland/Zanzibar location											
Mainland urban	98	306	62	62	23	52	24	72	33	79	299
Mainland rural	100	838	75	75	33	57	37	84	12	86	835
Zanzibar urban	96	18	44	53	0	54	1	43	48	78	18
Zanzibar rural	99	26	86	90	17	91	22	81	7	82	26
Region											
Total Mainland	99	1,144	72	71	31	56	33	81	17	84	1,134
Dodoma	100	60	74	66	22	38	25	79	12	84	60
Arusha	100	52	43	41	32	57	29	83	17	83	52
Kilimanjaro	95	67	75	77	41	52	17	94	21	94	64
Tanga	99	59	87	89	27	70	36	88	22	90	58
Morogoro	99	61	77	73	37	68	52	77	22	83	61
Pwani	99	45	76	71	35	76	56	66	16	68	45
Dar es Salaam	96	96	51	43	19	36	13	63	25	73	92
Lindi	100	35	77	93	46	63	48	90	4	90	35
Mtwara	100	35	99	98	65	83	57	49	12	55	35
Ruvuma	100	47	89	74	62	48	26	85	15	90	47
Iringa	100	39	83	87	56	54	30	84	11	84	39
Mbeya	100	72	66	66	20	30	20	95	17	95	72
Singida	100	34	67	79	24	57	6	92	7	94	34
Tabora	100	50	59	48	10	54	53	94	24	95	50
Rukwa	100	34	54	44	37	71	64	93	11	99	34
Kigoma	100	43	51	65	21	19	10	76	15	81	43
Shinyanga	100	32	76	76	20	65	29	88	7	88	32
Kagera	100	49	87	92	23	89	50	77	27	77	49
Mwanza	98	59	63	63	24	61	38	71	24	73	58
Mara	100	45	77	84	23	71	35	91	22	91	45
Manyara	99	27	68	82	31	36	20	62	5	62	27
Njombe	100	38	87	81	46	38	36	83	4	84	38
Katavi	100	11	80	88	23	61	24	89	16	93	11
Simiyu	100	30	84	89	17	80	47	86	16	90	30
Geita	100	23	85	98	18	68	46	82	29	89	23
Total Zanzibar	97	44	69	75	10	76	13	66	24	81	43
Total Unguja	96	29	64	71	11	71	14	60	32	81	28
Kaskazini Unguja	93	6	72	93	15	89	31	89	17	93	5
Kusini Unguja	100	7	100	91	34	94	34	85	5	88	7
Mjini Magharibi	95	17	45	55	0	55	0	39	50	75	16
Total Pemba	100	15	78	82	8	85	12	76	9	79	15
Kaskazini Pemba	100	8	72	79	7	79	19	82	9	86	8
Kusini Pemba	100	7	85	85	10	93	3	69	8	71	7
Tanzania	99	1,188	71	72	30	57	33	81	18	84	1,177

Note: The indicators presented in this table comprise the staff and training and diagnostic domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] This is based on facilities self-reporting that they offer malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria rapid diagnosis tests (RDT) or were found on the day of the survey visit to be conducting such tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services.
[2] Guidelines on intermittent preventive treatment (IPT) of malaria
[3] Facility has at least one interviewed provider of malaria services who reports receiving in-service training on malaria diagnosis and/or treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[4] Facility had at least one interviewed provider of ANC services who reports receiving in-service training on some aspects of IPT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[5] Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility.
[6] Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.
[7] Facility had either malaria RDT capacity or malaria microscopy capacity.

Table 3.18 builds on information presented in Table 3.17. It offers information on the availability of malaria medicines at the facility. Among facilities offering malaria diagnosis and/or treatment services, 88 percent had first-line antimalarial medicine available in the facility on the day of the visit. Ninety-one percent of hospitals, 89 percent of dispensaries, and 87 percent of health centres had the first-line medicine available, compared with 53 percent of clinics. Four percent of facilities had other artemisinin-combination therapy (ACT) medicines available, while even a smaller proportion had rectal artesunate (2 percent).

Paracetamol, a common fever-reducing medicine, was available in 84 percent of facilities. Only 9 percent of malaria facilities had insecticide-treated mosquito bed nets (ITNs) available in the facility for distribution to clients.

Table 3.18 Availability of malaria medicines and commodities in facilities offering malaria services

Among facilities offering malaria diagnosis and/or treatment services, percentage that have malaria medicines, sulfadoxine/pyrimethamine, paracetamol and insecticide-treated bed nets (ITN) available in the facility on the day of the survey by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering malaria diagnosis and/or treatment services that have:										Number of facilities offering malaria diagnosis and/or treatment services
	Antimalarial medicines							Other medicines and commodities			
Background characteristics	First-line ACT anti-malarial medicine	Other ACT	Other non-arte-misinin mono-therapy	Injectable arte-sunate	Rectal arte-sunate	Oral quinine	Injectable quinine	SP[1]	Para-cetamol tablet	ITN[2]	
Facility type											
Hospital	91	6	24	52	3	80	92	64	92	25	s
Health centre	87	7	14	40	3	66	85	48	91	22	128
Dispensary	89	4	8	25	2	67	80	53	82	7	988
Clinics	53	4	33	29	0	19	26	44	81	6	15
Managing authority											
Government	93	3	4	27	1	70	83	50	81	10	839
Private	71	13	31	34	5	52	67	54	87	7	156
Faith based	84	4	19	25	4	64	77	65	95	10	147
Other	70	1	9	22	6	82	88	46	88	2	35
Region											
Dodoma	96	0	5	18	4	82	91	33	80	1	60
Arusha	74	6	17	10	6	69	68	40	86	8	52
Kilimanjaro	78	8	9	15	5	48	58	58	95	18	64
Tanga	95	0	6	29	1	71	94	35	90	18	58
Morogoro	94	0	11	29	0	94	89	55	99	9	61
Pwani	74	10	7	35	5	48	93	49	74	5	45
Dar es Salaam	77	12	32	45	2	63	73	60	80	7	92
Lindi	100	1	1	24	0	51	83	64	58	2	35
Mtwara	89	0	5	57	1	29	93	67	54	4	35
Ruvuma	90	1	1	45	5	49	70	65	86	9	47
Iringa	89	0	7	11	0	39	72	87	65	4	39
Mbeya	89	0	1	3	0	79	83	53	88	7	72
Singida	94	0	8	2	0	98	94	42	99	10	34
Tabora	95	1	1	55	0	82	87	27	82	11	50
Rukwa	100	0	0	29	0	62	80	53	81	5	34
Kigoma	100	5	5	70	0	81	99	37	80	6	43
Shinyanga	100	0	7	39	1	76	99	37	99	7	32
Kagera	99	6	2	8	0	90	88	80	93	17	49
Mwanza	100	1	16	31	7	69	93	64	92	7	58
Mara	98	0	1	36	1	100	85	59	87	0	45
Manyara	95	1	3	24	0	77	92	46	99	4	27
Njombe	99	1	2	3	0	48	71	74	61	6	38
Katavi	95	0	0	9	0	68	93	73	93	9	11
Simiyu	100	0	0	23	1	95	90	69	77	1	30
Geita	89	0	6	50	1	51	75	55	86	2	23
Kaskazini Unguja	7	68	79	33	7	0	3	0	89	86	5
Kusini Unguja	12	67	57	17	6	6	9	0	94	85	7
Mjini Magharibi	8	36	54	7	0	0	6	3	78	25	16
Kaskazini Pemba	2	31	49	4	0	0	0	3	70	64	8
Kusini Pemba	7	74	23	6	0	0	7	7	73	63	7
Total	**88**	**4**	**9**	**27**	**2**	**67**	**81**	**52**	**84**	**9**	**1,177**

Notes:
- The indicators for first-line antimalaria medicines, sulphadoxine/pyrimethamine (SP), paracetamol, and ITNs presented in this table correspond to the medicines and commodities domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (2012).
- ACT = Artemisinin combination therapy; SP = sulphadoxine/pyrimethamine (Fansidar)

[1] Facility had SP for intermittent preventive treatment of malaria in pregnancy (IPTp).
[2] Facility had ITNs or vouchers for ITNs available in the facility for distribution to clients.