TANZANIA

Service Provision Assessment Survey 2006

Preliminary Report

This report presents preliminary findings of the 2006 Tanzania Service Provision Assessment Survey (2006 TSPA) which was conducted by the National Bureau of Statistics of the United Republic of Tanzania. Macro International Inc. provided technical assistance. The 2006 TSPA is part of the worldwide Measure DHS project which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programmes. Funding for technical assistance was provided by the United States Agency for International Development (USAID). Local costs of the survey were financed entirely by the pooled fund of the Poverty Eradication Division (PED) in the Ministry of Planning, Economy and Empowerment.

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TANZANIA SERVICE PROVISION ASSESSMENT SURVEY 2006

PRELIMINARY REPORT

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United Republic of Tanzania

ORC Macro
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CONTENTS

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AMDD	Averting Maternal Death and Disability
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCG	Bacille de Calmette et Guerin
CS	Caesarean Section
CSS	Care and Support Services
D&C	Dilation and Curettage
DOT	Direct Observation of Treatment
DOTS	Direct Observed Therapy-Short course
DPT-HB	Diphtheria, pertussis, tetanus and Hepatitis B
FBO	Faith-Based Organization
FP	Family Planning
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
IMCI	Integrated Management of Childhood Illnesses
INH	Isoniazid
IPT	Intermittent Prophylactic Treatment
IUD	Intrauterine (contraceptive) Device
IV	Intravenous
MCH	Maternal and Child Health
MOHSW	Ministry of Health and Social Welfare
NBS	National Bureau of Statistics
NGO	Non-governmental Organization
OI	Opportunistic Infection
ORC	Opinion Research Corporation
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Fund for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
TSPA	Tanzania Service Provision Assessment
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

I. INTRODUCTION

1.1 Background

The 2006 Tanzania Service Provision Assessment Survey (TSPA 2006) was implemented by the National Bureau of Statistics (NBS) in collaboration with the Ministry of Health and Social Welfare (MOHSW) and the Office of the Chief Government Statistician, Zanzibar. The survey received technical support from Macro International Inc. under the MEASURE DHS Project. Financial support for the survey was received from the Poverty Eradication Division (Ministry of Planning, Economy and Empowerment), under the pooled fund arrangement. USAID funded the technical support from Macro International Inc. The survey was fielded between April 22 and August 17, 2006. A TSPA Task Force Team comprising of staff from the NBS, the office of the Chief Government Statistician-Zanzibar, and Ministry of Health and Social Welfare (Mainland and Zanzibar Isles) was formed to oversee all technical issues related to the survey.

The 2006 TSPA is designed to provide detailed information on the availability and quality of facility infrastructure, resources and management systems, and on services for child health, family planning, maternal health (antenatal and delivery care), and selected infectious diseases namely sexually transmitted infections and tuberculosis. The survey also provides information on the capacity of health facilities to provide quality HIV/AIDS services.

This preliminary report presents provisional results with regards to the principal aspects of facility infrastructure and services delivery on which information was collected. A comprehensive report will be published by April 2007.

1.2 Survey Objectives

The objectives of the 2006 TSPA were to:

- Describe the preparedness of the facilities to provide quality reproductive and child health services as well as some infectious diseases (HIV/AIDS, STIs and tuberculosis);
- Provide a comprehensive body of information on the performance of the full range of public and private health care facilities that provide reproductive, child health and HIV/AIDS services;
- Help to pinpoint strengths and weaknesses in the delivery of reproductive, child health and HIV/AIDS services at health care facilities. This information can be used to better target interventions in service delivery improvement programs and to improve ongoing supervisory systems;
- Describe the processes used in providing child, maternal and reproductive health services and the extent to which accepted standards for quality service provision are followed;
- Provide information for periodically monitoring progress in improving the delivery of reproductive, child health and HIV/AIDS services at Tanzania health facilities;
- Provide input into the evolution of a system of accreditation of health facilities in Tanzania;
- Provide baseline information on the capacity of health facilities to provide basic and advanced level HIV/AIDS care and support services, and the record keeping systems in place for monitoring HIV/AIDS preventive, diagnostic, care and support services.

II. SURVEY IMPLEMENTATION

2.1 Sample Design and Implementation

The sample was designed to provide a national and regional representation of all health facilities offering child health, family planning, maternal health (antenatal and delivery care), STI, TB, and HIV/AIDS services. The sample allows for national and regional estimates for key indicators, including key indicators by the 21 Mainland regions and the five regions in Zanzibar.

The final sample of facilities for the survey consisted of **all** national referral hospitals, specialized hospitals, regional hospitals, district hospitals, and district-designated hospitals throughout Tanzania and a sample of other hospitals, health centres, dispensaries and stand-alone (VCT/PMTCT/ART) facilities. Facilities were weighted to compensate for over- or under-sampling and to provide a real representation of facilities within the country[1].

Some indicators are presented by eight geographical zones. The zones are the same as those used in the 2004-05 TDHS report. The zones are as follows:

Northern: Kilimanjaro, Tanga, Arusha, Manyara
Central: Dodoma, Singida
Southern Highlands: Mbeya, Iringa, Rukwa
Western: Tabora, Shinyanga, Kigoma
Lake: Kagera, Mwanza, Mara
Eastern: Dar es Salaam, Coast, Morogoro
Southern: Lindi, Mtwara, Ruvuma
Zanzibar: Unguja, Pemba

As evident from Table 1, using adjusted (weighted) proportions reflecting actual facility distribution in the country, the majority of facilities are dispensaries (86 percent), compared to health centres (9 percent), hospitals (4 percent), and stand-alone (VCT/PMTCT/ART) facilities (1 percent). Over 6 in 10 of facilities are governmental, managed mainly by the MOHSW. Jointly, private for-profit and faith-based organizations represent a little under a third of facilities while parastatal facilities, as expected contribute the least. Northern, Eastern and Southern Highlands zones contribute the majority of facilities (18, 17 and 16 percent respectively) while Zanzibar contributes the least (4 percent).

[1] See appendix 1 for more information on weighting.

Table 1 Distribution of facilities by type of facility, managing authority and zone

Percent distribution of facilities (weighted) and number (weighted and unweighted) of facilities, by background characteristics, Tanzania SPA 2006

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	4	25	128
Health centre	9	55	41
Dispensary	86	528	437
Stand-alone (VCT/PMTCT/ART)	1	3	5
Managing authority			
Government	65	399	415
Private for-profit	17	103	91
Parastatal	2	14	10
Faith-based	15	94	94
Other	*	1	1
Regional zones			
Northern	18	110	103
Central	8	47	42
Southern Highlands	16	95	84
Western	13	82	71
Lake	15	89	83
Southern	10	61	58
Eastern	17	102	88
Zanzibar	4	25	82
Total	100	611	611

* The calculated percentage value is less than 1

2.2 Questionnaires

The TSPA 2006 covered a full array of MCH and HIV/AIDS SPA services. The questionnaires were adapted for the Tanzania health service situation during a series of meetings with various stakeholders and consisted of:

- General facility-level audit modules, including laboratory, pharmacy and HMIS modules
- HIV/AIDS modules (VCT, PMTCT, ART)
- MCH and STI modules
- TB module
- Observation protocols for the following consultations: family planning, antenatal care, sick child and sexually transmitted infections
- Client exit interview questionnaires for observed family planning, antenatal care, sick child and sexually transmitted infections
- Health worker interview.

2.3 Training and Data Collection

2.3.1 Pretest

The 2006 TSPA questionnaires were pre-tested from January 12 to February 3, 2006. A total of 20 nurse/clinical officer interviewers were trained in the application of the questionnaires for two weeks prior to pre-test data collection in nine facilities in Tanga region, specifically in Tanga town, Muheza and Pangani districts. The questionnaires were then finalized for main data collection.

2.3.2 Main Training and Survey

A total of 72 nurse/clinical officer interviewers completed a three-week training (April 3 – April 21, 2006) for the main survey. The training was conducted in Arusha region and included classroom lectures/discussion, practical demonstrations, and field practices. A consultant from Macro International Inc., a medical doctor from the Ministry of Health and Social Welfare, and NBS staff conducted the training. At the end of the three-week training, 13 teams were formed, each consisting of a team leader, four interviewers, and a driver.

Data collection began on April 22, 2006, and was completed on August 18, 2006. Fieldwork supervision was coordinated at NBS headquarters; three NBS officers periodically visited the teams to review their work and monitor data quality.

2.4 Data Analysis

The following conventions were observed during the analysis of the 2006 TSPA data:

- **Assessing the availability of items:** unless specifically indicated, the 2006 TSPA considered only observed items to be available. Items that were reported as being available but were not observed or seen by the interviewers were not considered as available;

- **Observations:** Many facilities provide routine services for clients separately from the actual consultations (e.g., taking blood pressure), and there is often a period between these events and the time the primary provider assesses the client. Since it is not logistically always possible to follow a client through the entire system, whenever these services were observed being provided outside the consultation room on the day of the survey, the observed client was assumed to have received these services. Where this system is used, multiple providers contribute to the services received by each client. The provider who ultimately diagnosed and prescribed was defined as the primary provider.

2.4.1 Facility Audit

The facility audit collects information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, management), and facility infrastructure, including the service delivery environment. Hence, the most knowledgeable person as far as organization of the facility was concerned and/or the most knowledgeable provider of each service and area of interest present on the day of the survey was interviewed by TSPA data collectors. If it became necessary for another person to provide some specific information, that person was invited (or visited, whichever is appropriate), and questioned regarding that piece of information.

2.4.2 Observation of Client Services

Once in a facility, interviewers observed consultations for each service of interest (ANC, FP, STI and Sick Child) as they occurred. Hence, the sample here is more opportunistic, and numbers do not always reflect the proportions of facilities visited. Table 2 presents the number and percent distribution of observations of consultations of the services of interest.

Table 2 Distribution of observed consultations

Percent distribution of observed consultations (weighted) and number (weighted and unweighted) of observed consultations for outpatient curative care for sick children, family planning, antenatal care, and sexually transmitted infections, by type of facility, Tanzania SPA 2006

Type of facility	Percent distribution of observed consultations (weighted)	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	6	142	810
Health centre	12	262	195
Dispensary	82	1,867	1,555
Stand-alone (VCT/PMTCT/ART)	*	2	5
Total	100	2,273	2,565
FAMILY PLANNING			
Hospital	9	66	469
Health centre	17	121	92
Dispensary	73	519	439
Stand-alone	*	2	5
Total	100	708	1,005
ANTENATAL CARE			
Hospital	10	127	643
Health centre	13	174	134
Dispensary	77	1,000	830
Stand-alone	0	0	0
Total	100	1,301	1,607
SEXUALLY TRANSMITTED INFECTIONS			
Hospital	12	23	128
Health centre	17	32	21
Dispensary	71	136	104
Stand-alone	0	0	0
Total	100	191	253

* The calculated percentage value is less than 1.

III. RESULTS

3.1 Availability of Basic Services

The availability of a basic package of maternal, child, and reproductive health services and the frequency with which the services are offered are key elements influencing client utilization. The basic services of interest are curative care for children, any services for STIs, temporary methods of family planning, antenatal care (ANC), child immunization and growth monitoring. Table 3 provides both detailed and aggregate information on the availability of basic services by type of facility.[2]

Table 3 Availability of basic services by type of facility

Percentage of facilities offering the indicated services, and the indicated packages of services, with the frequency and staffing indicated, by type of facility, (excluding stand-alone) Tanzania SPA 2006

Background characteristic	Type of facility: Hospital	Health centre	Dispensary	Total percentage
Services				
Curative care for children	100	100	99	100
Any service for sexually transmitted infections	99	100	96	97
Temporary methods of family planning	81	85	77	78
Antenatal care	95	93	80	82
Child immunization	91	85	78	79
Growth monitoring	91	90	80	81
Packages of services available				
All basic services at any frequency	77	78	71	72
Facility-based 24-hour delivery services	96	78	35	42
At least one qualified staff	99	95	79	81
All services, minimum frequency	65	54	42	44
All services, minimum frequency and 24-hour delivery services	65	52	19	24
All services, minimum frequency, and 24-hour delivery services, and at least one qualified staff	65	49	16	21
Number of facilities (weighted)	25	55	528	608

The basic services assessed by the TSPA, namely curative care for sick children, child immunization and growth monitoring, as well as STI, family planning and antenatal care services, are each available in over 75 percent of facilities. Curative care for sick children and STI services are, on average, available in all facilities, whereas the other services are available in approximately 8 in 10 facilities.

Whereas curative care for children and services for STIs are nearly universally available across all facility types, child immunization and growth monitoring services are offered mostly in hospitals and health centres. Similarly, a larger proportion of hospitals and health centres offer antenatal care services, and to a smaller extent, temporary methods of family planning services, compared to dispensaries. These findings are a little surprising since the expectation is that a higher proportion of dispensaries will be offering child immunization, growth monitoring, antenatal care and temporary methods of family planning.

[2] The availability of the basic services in stand-alone (VCT/PMTCT/ART) facilities is generally low, since these facilities are very specialized service delivery points hence they are not included in this analysis.

In terms of packages of services, almost all hospitals and health centres have at least one qualified provider assigned. In general, approximately three-fourths of hospitals, health centres and dispensaries offer all the basic services mentioned above. When minimum frequency of services and the availability of 24-hour delivery services are brought into the picture, two-thirds of hospitals and only half of health centres are able to offer this full package. Obviously, because of the nature of their specialized services (e.g. stand-alone VCT/ART/PMTCT facilities), or the lack of complexity of their systems (e.g. dispensaries) fewer of these facilities offer the full packages of services by TSPA definitions.

3.2 Staffing Patterns

Every facility is expected to have a minimum number of staff assigned, based on the level of complexity of services available at that level. Tables 4 and 5 provide information on the staffing patterns reported at facilities, showing the median number of health care providers assigned to a facility, by staff qualification.

Table 4 Staffing patterns for SPA facilities

Median number[1] of health care providers assigned to facility by type of provider and type of facility, Tanzania SPA 2006

Type of facility	Total staff	Consultant/ specialists	Physicians/ clinical officers	AMOs/ clinical assistants	Nurses/ midwives	Other speciality	Other clinical	Other support staff	Number of facilities (weighted)
Referral hospital	990	14	27	2	305	12	258	293	1
Regional hospital	287	2	13	11	96	3	104	20	2
District hospital	132	-	11	5	41	2	46	13	9
Other hospital	55	-	4	2	15	3	24	12	12
Specialized hospital	186	-	6	-	35	-	106	24	1
Health centre	13	-	2	-	3	-	5	2	55
Dispensary	4	-	1	-	1	-	2	-	528
Stand-alone (VCT/PMTCT/ART)	24	-	-	-	-	-	19	2	3

[1] Numbers were provided by facility administrators.

Hospitals have the largest number and variety of staff, and also staff with the highest qualifications. Only referral and regional hospitals have consultants and/or specialists.

Table 5 indicates that the median number of HIV/AIDS counsellors is rather small; this can be explained by the fact that "pure" HIV/AIDS counsellors are truly few. Other service providers are also trained to provide HIV/AIDS counselling, for example: 67 percent of interviewed physicians; 28 percent of interviewed clinical officers; 43 percent of interviewed nurses/midwives; and 23 percent of pharmacy staff were also trained HIV/AIDS counsellors (table not shown), who, in addition to their technical qualification/regular job description, do offer counselling services to clients. Other counsellors and social workers interviewed also offer HIV/AIDS counselling.

Table 5 Staffing patterns for SPA facilities: technical staff

Median number of selected other technical health care providers assigned to facility by type of provider and type of facility, Tanzania SPA 2006

Type of facility	Lab technologist/ technician/ assistant	Pharmacist/ pharmaceutical assistant/ technologist	HIV/AIDS counsellor	Social worker/ other counsellor
Referral hospital	32	9	1	3
Regional hospital	6	4	2	2
District hospital	4	2	-	1
Other hospital	3	2	-	1
Specialized hospital	4	3	-	1
Health centre	1	-	-	-
Stand-alone (VCT/PMTCT/ART)	-	-	3	-

3.3 Infection Control

Hospital-acquired infections, otherwise known as nosocomial infections, very often complicate the delivery of health care in facilities worldwide. Strict control measures are necessary to prevent the spread of such infections. The TSPA assessed the availability of an adequate final waste disposal system for sharps and infectious waste, soap and running water for hand washing, sharps box, latex gloves and chlorine-based disinfecting solution in areas where re-usable equipment might be contaminated by blood or other bodily fluids. For a facility to qualify as meeting infection control standards as per TSPA definition, these items must be present at **all** service areas. A total of 2,930 service delivery sites were assessed in 611 facilities. Tables 6 and 7 provide information on the assessed infection control items.

3.3.1 Waste Disposal Systems

Adequate final waste disposal systems for both infectious waste and sharps waste are available in about a third of all facilities, mostly in hospitals and stand-alone facilities, and in about half of private for-profit and faith-based facilities (Table 6). Unfortunately, less than 10 percent of facilities in the Central Zone seem to have adequate final disposal systems for either infectious or sharps waste.

3.3.2 Infection Control Items

The availability of running water in a facility (or even in a service delivery area) does not imply that providers will wash hands before seeing, and between clients. However, to increase the likelihood of providers doing so, running water and soap must be available in the area where clients are being seen, or in an immediately adjacent area.

As evidenced in Tables 6 and 7, only 12 percent of facilities had all items for infection control in **all** assessed service delivery areas. Since hospitals have more eligible sites where infection control items are expected to be present compared to other facility types, it is not surprising that they had the lowest percentage (5) of facilities with the items at all sites. Running water is the least available item, available in 38 percent of facilities, whereas chlorine-based disinfecting solution was widely available, in 83 percent of facilities. All stand-alone facilities had running water compared with about half of hospitals and about 3 in 10 government facilities (Table 7). Facilities in Central, Western and Lake zones are least likely to have running water.

Table 6 Infection control and hazardous waste control

Percentage of facilities that store sterile/HLD items under adequate conditions, that have all items for infection control in service delivery areas, with an adequate disposal system for hazardous waste, and with infection control guidelines, by type of facility, managing authority and region, Tanzania SPA 2006

Background characteristics	Percentage with all items for infection control in OPD delivery areas[1]	Percentage with adequate final disposal system[2] for infectious waste	Percentage with adequate final disposal system[3] for sharps waste	Percentage with guidelines for disinfection and sterilization in any service area	Number of facilities (weighted)
Type of facility					
Hospital	5	55	60	68	25
Health centre	11	36	33	24	55
Dispensary	12	35	35	12	528
Stand-alone	100	61	84	10	3
Managing authority					
Government	13	30	29	15	399
Private for-profit	10	54	57	9	103
Parastatal	0	20	20	0	14
Faith-based	14	46	46	24	94
Other	0	0	0	0	1
Regional zones					
Northern	16	47	43	26	110
Central	4	5	8	4	47
Southern Highlands	36	28	26	20	95
Western	2	37	37	8	82
Lake	3	26	26	11	89
Southern	12	37	33	16	61
Eastern	4	51	52	12	102
Zanzibar	22	59	65	24	25
Total	12	36	36	15	611

[1] Soap, running water, sharps box, disinfectant and latex gloves available in all assessed service sites. Where there are no MCH services, the main OPD service site was assessed. Note: Disinfectant and latex gloves not assessed in immunization, latex gloves not assessed for sick child sites.

[2] Infectious waste is collected and disposed of by external party or incinerated or burned and removed offsite, and there is no unprotected infectious waste observed in the waste disposal area on day of survey.

[3] Sharps waste is collected and disposed of by external party or incinerated or burned and removed offsite, and there is no unprotected sharps waste observed in the waste disposal area on day of survey.

Although sharps boxes are available in about half of facilities, only 23 percent of hospitals have them at all service sites.

Table 7 Elements for preventing nosocomial infections in OPD service sites

Among all facilities, percentage with the indicated infection control elements in all relevant service sites, by background characteristics, Tanzania SPA 2006

Background characteristics	Percentage of facilities with indicated items for infection control present in all relevant service areas[1]: Running water	Soap	Latex gloves	Sharps box	Chlorine-based disinfectant	All items present in all relevant service areas	Number of facilities (weighted)	Number of eligible service sites (unweighted)
Type of facility								
Hospital	54	74	20	23	80	5	25	756
Health centre	45	56	51	32	71	11	55	228
Dispensary	36	59	51	48	84	12	528	1,942
Stand-alone	100	100	100	100	100	100	3	4
Managing authority								
Government	28	58	60	51	87	13	399	2,140
Private for-profit	57	54	16	31	73	10	103	298
Parastatal	50	70	10	30	90	0	14	34
Faith-based	54	70	48	44	77	14	94	455
Other	0	0	0	100	100	0	1	3
Regional zones								
Northern	45	52	50	48	80	16	110	476
Central	14	65	62	59	89	4	47	209
Southern Highlands	64	82	71	62	91	36	95	432
Western	14	54	42	43	93	2	82	362
Lake	15	51	43	42	82	3	89	407
Southern	32	67	63	56	91	12	61	320
Eastern	52	46	25	17	65	4	102	407
Zanzibar	64	76	57	75	81	22	25	317
Total	38	59	50	46	83	12	611	2,930

[1] All eligible service sites within a facility include all service delivery areas for immunization, child health, family planning, antenatal care, delivery and STI. Where there are no MCH services, the main OPD service site was assessed.

3.4 Child Health Services

The 2006 TSPA uses the Integrated Management of Childhood Illnesses (IMCI) guidelines as the basis for assessing child health services. Observations of sick child consultations provide the basis for assessing whether providers are adhering to standards for providing quality services.

The IMCI guidelines are based on two major principles; all sick children must be: i) routinely assessed for major symptoms: cough or difficult breathing, diarrhoea, fever, ear problems, nutritional and immunization status, feeding problems, and other potential problems; and, ii) examined for "general danger signs" which indicate the need for immediate referral or admission to a hospital.

Tables 8 and 9 provide detailed information on the availability of child health services and child vaccines. Tables 10 and 11 provide detailed information on the assessments and examinations conducted during the observed sick child consultations and on the availability of different guidelines and teaching materials.

Table 8 Availability of child health services

Percentage of facilities offering the indicated child health services at the facility, by background characteristics, Tanzania SPA 2006

Background characteristic	Percentage of facilities that provide: Outpatient care for sick children	Growth monitoring	Childhood immunization	All basic child health services	Number of facilities (weighted)
Type of facility					
Hospital	100	91	91	91	25
Health centre	100	90	85	85	55
Dispensary	99	80	78	77	528
Managing authority					
Government	100	95	94	93	399
Private for-profit	100	31	25	25	101
Parastatal	100	50	40	40	14
Faith-based	99	81	78	78	92
Other	100	0	0	0	1
Regional zones					
Northern	99	76	72	72	108
Central	100	97	97	97	46
Southern Highlands	100	87	85	84	95
Western	98	78	79	76	82
Lake	100	84	82	82	89
Southern	100	94	91	91	60
Eastern	100	69	64	64	102
Zanzibar	100	68	64	64	24
Total	100	81	79	78	608

3.4.1 Availability of Child Services

As shown in Table 8, all facilities (excluding stand-alone facilities), regardless of managing authority or region, offer outpatient curative care for sick children, and approximately 8 in 10 offer child immunization and growth monitoring. Hospitals and government-managed facilities are more likely to offer the entire package of child services whereas private for-profit and parastatal facilities are least like to offer childhood immunization or growth monitoring services.

3.4.2 Child Vaccines

The availability of child vaccines was assessed only at facilities that store vaccines and provide immunization services. Table 9 provides detailed information on vaccine availability on the day of the survey.

A total of 421 eligible facilities were assessed of which less than 90 percent had BCG, polio and DPT-HB vaccines available on the day of the survey. Measles vaccine, however, was available in almost all facilities. On average, just about three-fourths of facilities had all the basic child vaccines available. Although private for-profit and parastatal facilities are noted as least likely to offer child immunizations, the majority of these facilities that offer and store vaccines had these vaccines available on the day of the survey. Apart from the Southern zone, the availability of these vaccines did not seem to follow any particular pattern regionally. Vitamin A was almost universally available in areas where vaccines are stored.

Table 9 Availability of child vaccines

Among facilities offering child immunization services and routinely storing vaccines, percentage with the indicated child vaccine observed on the day of the survey, by background characteristics, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering immunization services and storing vaccines with vaccine observed						Number of facilities offering child immunization services and storing vaccines (weighted)
	BCG	Polio	DPT-HB	Measles	All basic child vaccines[1] available	Vitamin A in area with vaccines	
Type of facility							
Hospital	88	98	97	98	87	99	22
Health centre	91	90	84	90	74	100	43
Dispensary	86	87	87	96	73	94	356
Managing authority							
Government	88	89	87	96	76	95	337
Private for-profit	91	100	100	100	91	91	15
Parastatal	100	75	100	100	75	100	6
Faith-based	75	82	82	93	62	96	63
Regional zones							
Northern	83	91	93	100	75	96	75
Central	84	94	94	100	77	97	43
Southern Highlands	84	84	86	98	64	96	69
Western	90	90	93	98	83	95	57
Lake	98	94	88	96	86	92	70
Southern	75	75	63	84	54	97	45
Eastern	87	84	89	92	77	97	52
Zanzibar	81	91	87	90	72	73	10
Total	86	88	87	96	74	95	421

[1] BCG, polio, DPT-HB, and measles.

3.4.3 Assessment of Danger Signs and Major Signs and Symptoms

About 7 in 10 of all observed sick child consultations were conducted by either physicians or clinical officers, and as expected, almost all consultations in hospitals were by them, compared to consultations in health centres (88 percent) and dispensaries (66 percent) (Table 10).

As for the assessment of *danger signs*, providers in over half of observed consultations inquired about vomiting in the sick child, and approximately a third asked about the child's ability to eat or drink. Febrile convulsions were assessed least. For *major signs and symptoms*, fever was the most commonly discussed major symptom (90 percent) followed by cough/difficult breathing (78 percent) and diarrhoea (60 percent). Symptoms related to ear problems were the least often discussed (16 percent). The discussion of all four major symptoms was observed in only 12 percent of consultations, with little variation by type of facility.

Table 10 Observed assessments, examinations, and treatments for sick children

Percentage of observed children for whom the indicated assessment, examination, or intervention was a component of their consultation, by type of facility, Tanzania SPA 2006

Components of consultation	Type of facility			Total percentage
	Hospital	Health centre	Dispensary	
Consultation conducted by physician/clinical officer	95	88	66	70
History: assessment of danger signs				
Inability to eat or drink anything	44	44	29	32
Vomiting everything	71	54	54	55
Convulsions	27	20	23	23
All danger signs	15	11	11	11
History: assessment of symptoms				
Cough or difficult breathing	86	72	78	78
Diarrhoea	67	55	60	60
Fever	90	87	90	90
All three key symptoms[1]	53	38	47	46
Ear pain or discharge	18	13	16	16
All major symptoms[2]	13	10	12	12
Physical examination				
Felt temperature	52	43	43	44
Measured temperature (observed or system)	60	49	65	63
Assessment of any temperature	83	74	79	79
Assessed anaemia: looked at palms	32	37	27	28
Assessed anaemia: looked at eye conjunctiva or mucosa of mouth	45	39	33	35
Any assessment of anaemia	57	52	44	46
Assessed dehydration	24	21	19	20
Counted respiratory rate per minute	25	26	20	21
All key physical checks[3]	15	14	11	11
Auscultated	44	26	26	27
Looked in ear	16	15	12	12
Felt behind ear	15	10	11	12
Checked for pedal edema (pressed both feet)	8	13	6	7
Removed clothing and observed musculature	32	31	25	26
All physical checks[4]	1	0	0	0
Essential advice				
Increase fluids	17	21	15	16
Continue feeding	24	28	19	20
Symptoms for immediate return	24	18	23	22
All three essential messages	5	7	5	6
Drinking/feeding practice during illness				
Feeding/Breastfeeding practices	37	36	27	28
Observed if child can drink or suck	24	19	18	19
Both assessments of drinking/feeding status	12	13	8	9
Number of observed children (weighted)	142	262	1,867	2,272

[1] Assessed cough, diarrhoea, fever.
[2] Assessed cough, diarrhoea, fever and ear symptoms.
[3] Counted respiratory rate, assessed presence of fever (either measured or by touch), assessed presence of anaemia (either palms or mucosa).
[4] Counted respiratory rate, assessed presence of fever (either measured or by touch), assessed presence of anaemia (either palms or mucosa), auscultate, checked ear, checked feet (pedal edema), and checked musculature.

3.4.4 Examinations Performed on Sick Children

The most commonly performed examination is the assessment of fever (79 percent), either by touch or by a thermometer. This was commonly done in hospitals (83 percent) compared to dispensaries (79 percent) and health centres (74 percent). Assessing a sick child for anaemia (either by looking at the palms or conjunctiva) was done in less than half of all observed consultations, and counting respiratory rate was observed in just one in five consultations. Auscultating a child was the norm in 27 percent of consultations, and more likely to be done by providers in hospitals (44 percent) than in other facility types. The provider looked into or felt behind the ears of the sick child in only 12 percent of consultations.

3.4.5 Advice to Caretakers

An essential component of the IMCI guidelines is the counselling of caretakers about home management of child illnesses, including counselling about feeding, fluid intake, and also when to send the child back to a health facility.

Advice to caretakers on any aspect of home management was uncommon, given in approximately 20 percent of all observed sick child consultations, with no obvious differences between types of facilities. Providers were slightly more likely to advice parents when to bring the sick child back to a facility (22 percent), compared to increasing fluid intake (16 percent).

3.4.6 Protocols and teaching materials

In order for providers to perform according to standards, they need to have readily available guidelines and protocols for reference. Table 11 presents a description of different protocols and teaching materials for child care available in facilities on the day of survey. Of the 605 facilities offering sick child services, a third had IMCI chart booklets available, and approximately one in five had IMCI counselling cards for providers. IMCI mothers' cards were available in less than 10 percent of facilities. All these items, considered important for the provision of quality services were more likely to be found in government facilities and in facilities in Central Zone and in Zanzibar.

Table 11 Description of different guidelines and teaching materials available

Among facilities providing outpatient care for sick children, percentage where indicated guideline or client educational aid was available, by background characteristics, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering sick child services with: IMCI chart booklet	IMCI counselling cards for provider	IMCI mothers' cards	Other visual aids	Number of facilities offering sick child services (weighted)
Type of facility					
Hospital	29	20	5	17	25
Health centre	42	11	8	21	55
Dispensary	34	16	6	13	525
Managing authority					
Government	45	21	8	16	398
Private for-profit	4	0	0	11	101
Parastatal	10	10	0	10	14
Faith-based	24	10	3	10	91
Other	0	0	0	0	1
Regional zones					
Northern	32	13	4	19	107
Central	50	22	3	26	46
Southern Highlands	22	9	3	6	95
Western	31	15	5	12	81
Lake	35	13	3	21	89
Southern	41	15	9	2	60
Eastern	35	16	7	11	102
Zanzibar	57	48	29	22	24
Total	34	16	6	14	605

3.5 Family Planning Services

The 2006 TSPA collected information on the availability and quality of family planning services. Tables 12 through 14 provide detailed information on the availability of these services, and also information on systems to support the provision of quality family planning services.

3.5.1 Availability of Services

Approximately three-fourths of facilities offer modern reversible family planning, defined as any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, and spermicide or diaphragm (Table 12). Over 90 percent of Government facilities and facilities in the Central Zone offer family planning services. Only about one-third of faith-based and private facilities offer modern methods.

Only 1 in 10 facilities, mostly hospitals, offer either male or female sterilization.

Table 12 Availability of family planning services

Percentage of all eligible facilities offering the indicated methods of family planning, by background characteristics, Tanzania SPA 2006

Background characteristics	Temporary methods of family planning			Percentage offering male or female sterilization	Number of facilities eligible to offer temporary or permanent methods of FP (weighted)
	Percentage providing any modern method of FP[1]	Percentage providing/ prescribing or counselling any modern method of FP	Percentage offering counselling on rhythm method		
Type of facility					
Hospital	79	79	49	75	25
Health centre	76	76	54	31	55
Dispensary	76	76	29	3	528
Managing authority					
Government	96	97	34	8	399
Private for-profit	32	32	20	7	101
Parastatal	50	50	40	0	14
Faith-based	39	39	35	12	92
Other	0	0	0	0	1
Regional zones					
Northern	65	65	47	12	108
Central	94	94	14	5	46
Southern Highlands	83	85	22	8	95
Western	81	81	21	10	82
Lake	84	84	33	10	89
Southern	80	80	10	7	60
Eastern	60	60	50	8	102
Zanzibar	67	68	46	1	24
Total	76	76	32	9	608

[1] Any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicide or diaphragm.

3.5.2 Infrastructure, Visual Aids, Guidelines

Some basic infrastructure and resources need to be in place to ensure that clients get the best possible service, such as privacy, visual aids, guidelines etc. Table 13 provides information on such items.

Almost all facilities ensured both visual and auditory privacy during family planning consultations, with hospitals (92 percent) faring not as well as health centres (100 percent). Written family planning guidelines, on the other hand, were more likely to be found in hospitals (78 percent) than in other facility types. Written STI guidelines were scarce, particularly in hospitals (14 percent).

Table 13 Availability of infrastructure, resources, and systems for quality family planning services

Percentage of facilities where there are items to support quality counselling and items for quality physical examination by type of facility, Tanzania SPA 2006

	Type of facility			
Items to support quality counselling	Hospital	Health centre	Dispensary	Total percentage
Visual and auditory privacy	92	100	95	96
Visual privacy only	3	0	4	3
No privacy	5	0	1	1
Individual client health cards	90	73	79	79
Written FP guidelines	78	57	52	53
Written STI guidelines	14	39	41	40
Visual aids for health education on family planning	98	85	90	90
Visual aids for health education on sexually transmitted infections (STIs), including HIV/AIDS	66	60	56	57
All items to support quality counseling[1]	72	55	49	51
All items to support quality counselling for FP and for STI services and client education[2]	8	27	16	17
Number of facilities offering TFP (weighted)	20	45	409	475

[1] Either private room or visual barrier, individual client health cards, written guidelines for FP, and any visual aids for FP.
[2] All items to support quality counselling, written STI guidelines and visual aids for heath education on STIs (including HIV).

3.5.3 Counselling on Safe Use of Method

Providers of family planning methods are expected to share some basic information with their clients, specifically information on how to use the prescribed method, possible changes and potential side effects, what to do when method-related problems arise, and when to return for follow up. Table 14 details information provided to clients on hormonal contraceptive pills or injections.

Information on the proper use of methods was provided to approximately 8 in 10 clients, however education on changes and possible side effects was less frequently provided. Rather surprising is the fact that only one in five clients were told what to do when method is missed. Almost all observed clients were scheduled for follow-up visits.

During exit interviews with clients who were observed receiving services, relatively more reported being educated by the provider during the consultation on menstrual changes and possible side effects, or what to do when they forget to take the method as expected than were observed being given these information. It is possible that these clients had prior knowledge of this information before the particular visit.

Table 14 Observed and reported client counselling related to injectable or oral contraceptives

Percentage of observed and interviewed family planning clients who received a hormonal contraceptive pill or injection where the indicated counselling item was observed being shared by the provider, or was reported by the client that they were told the information, by type of facility, Tanzania SPA 2006

Components of consultation	Type of facility			Total percentage
	Hospital	Health centre	Dispensary	
Provider was observed to explain the item to the client				
When to take	86	76	76	77
Menstrual changes (side-effects)	65	58	43	48
Non-menstrual side effects	55	43	31	35
Any side effects	73	60	47	51
What to do if she forgets	39	16	19	20
Mentioned follow-up visit	99	100	95	96
Client reported that the provider shared the indicated information				
Explained how to use the method	90	94	83	86
Explained about possible side effects	78	84	65	69
Explained what to do for problems	81	88	68	72
Mentioned follow-up visit	96	100	95	96
Among all pill and injection users:				
Percentage knowing correct response for question related to pill or injection	99	97	97	98
Number of observed and interviewed FP pill/injection clients (weighted)	60	108	487	654

3.6 Maternal Health Services

3.6.1 Antenatal Care

Antenatal care services are offered in 82 percent, post-natal care in 64 percent, and tetanus toxoid (TT) vaccination in 78 percent of facilities. In all cases, these services are more likely to be available in hospitals than in health centres and dispensaries. Similarly, government and faith-based facilities are more likely to offer these services compared to facilities managed by private and parastatal organizations. At the regional level, these services are more likely to be found in Central, Southern and Southern Highland zones (Table 15).

Table 15 Availability of antenatal, postnatal care and tetanus toxoid vaccine services

Percentage of facilities offering antenatal care (ANC), postnatal care (PNC), tetanus toxoid vaccine (TT), and percentage offering all three services, by background characteristics, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering the indicated services				Number of facilities (weighted)
	ANC	PNC	TT vaccine	ANC, PNC and TT	
Type of facility					
Hospital	95	77	93	75	25
Health centre	93	73	88	68	55
Dispensary	80	63	77	60	528
Managing authority					
Government	96	79	93	76	399
Private for-profit	30	15	27	12	101
Parastatal	50	50	40	40	14
Faith-based	83	59	79	54	92
Other	0	0	0	0	1
Regional zones					
Northern	76	57	75	56	108
Central	97	78	97	78	46
Southern Highlands	91	71	87	68	95
Western	81	55	76	52	82
Lake	84	70	83	69	89
Southern	94	80	87	74	60
Eastern	70	53	63	48	102
Zanzibar	67	56	63	55	24
Total	82	64	78	61	608

3.6.2 Malaria-related Health Education

Malaria infection during pregnancy can have adverse effects on both mother and foetus, including maternal anaemia, foetal loss, intrauterine growth retardation and premature delivery. The Tanzania Reproductive Health policy calls for intermittent prophylactic treatment (IPT) of malaria during pregnancy using SP at all ANC service sites in the country. Table 16 provides information on IPT and the content of malaria-related health education offered to ANC clients.

Table 16 Observed content of malaria-related health education for first-visit and follow-up clients

Percentage of first and follow-up visit ANC clients who were observed to be educated on IPT and received the first dose of IPT in facility, by type of facility, Tanzania SPA 2006

Visit and counselling/prescription topic	Type of facility			Total percentage
	Hospital	Health centre	Dispensary	
First visit ANC client				
Provider gave or prescribed IPT	46	59	60	58
Provider explained purpose of IPT	37	49	41	42
Provider explained how to take IPT	43	50	52	50
Provider explained possible side-effects of IPT	7	6	8	8
1st dose of IPT observed given in facility	28	27	32	31
Importance of 2nd dose of IPT explained	15	6	9	9
Number of first visit ANC clients (weighted)	50	83	432	565
Follow-up ANC client				
Provider gave or prescribed IPT	37	57	35	38
Provider explained purpose of IPT	31	36	22	25
Provider explained how to take IPT	32	35	28	29
Provider explained possible side-effects of IPT	7	4	3	4
1st dose of IPT observed given in facility	21	30	15	18
Importance of 2nd dose of IPT explained	12	7	10	10
Number of follow-up visit ANC clients (weighted)	77	90	568	736

On average, 6 in 10 of all observed first-visit ANC clients were prescribed or given an IPT. Clients visiting dispensaries and health centres had a better chance of getting an IPT compared to clients receiving their services in hospitals. Providers explained the purpose of the IPT to less than half of observed clients, and exactly half explained how to take the IPT to their clients. One important aspect of the policy is that clients take the IPT prior to leaving the facility; only 3 in 10 first-visit clients were observed taking their IPT in the facility. First-visit clients had a better chance of receiving IPT and related information compared to follow-up clients. It is important however to keep in mind that follow-up clients could be third- or even fourth-visit clients who may have already received their second dose of IPT at a previous visit.

3.6.3 Complications of Normal Deliveries

Approximately three-fourths of facilities offer delivery services, with almost all hospitals and majority of health centres offering the service. Since complications of labour and delivery are unpredictable, it is ideal for facilities offering delivery services to have certain equipment and supplies to manage complications readily available.

3.6.4 Caesarean Section (CS) and Blood Transfusion Services

Caesarean section and blood transfusion services are found almost exclusively in hospitals, and in 20 to 30 percent of private and faith-based facilities (Table 17). Only 3 percent of government facilities offer these services. Government facilities are mostly lower level facilities (health centres and dispensaries), the majority of which are not actually expected to offer these services.

Table 17 Equipment and supplies for complications of labour and delivery

Percentage of facilities where indicated equipment is available, by background characteristics, Tanzania SPA 2006

Background characteristic	Assist labour	Remove retained products		Blood transfusion services	Caesarean section	Emergency support for newborn		Number of facilities offering delivery services (weighted)
	Vacuum extractor	Vacuum aspirator	D&C kit			Newborn respiratory support[1]	External heat source[2]	
Type of facility								
Hospital	59	47	42	99	96	78	39	24
Health centre	19	17	36	12	15	36	9	48
Dispensary	0	1	3	1	0	10	0	379
Managing authority								
Government	3	4	5	3	3	13	2	363
Private for-profit	8	22	22	32	24	29	13	18
Parastatal	0	0	0	0	0	0	0	3
Faith-based	18	10	21	23	20	32	8	67
Regional zones								
Northern	6	7	11	9	7	18	5	71
Central	1	4	0	2	2	8	1	43
Southern Highlands	4	3	6	4	4	17	2	83
Western	3	4	8	2	2	15	0	69
Lake	7	4	8	9	7	15	4	74
Southern	9	2	9	10	9	14	2	53
Eastern	8	10	12	12	15	25	8	56
Zanzibar	18	47	41	59	24	38	18	2
Total	5	5	8	7	7	16	3	451

[1] Infant sized ambu bag.
[2] Most often an incubator, although heat light would be sufficient.

3.6.5 Equipment and Supplies for managing complications of labour and delivery

Very few facilities, mostly hospitals, have equipment and supplies to manage complications of labour and delivery. Vacuum extractors for assisted labour, and also vacuum aspirators and D&C kits for the removal of retained products of conception were, available in less than 10 percent of facilities, mostly in hospitals. Those women experiencing complications during labour and delivery in health centres and dispensaries are unlikely to receive any type of emergency treatment. At the regional/zonal level, there is not much variation. Facilities in Central Zone are least likely to have emergency equipment.

3.6.6 Emergency Support for Newborns

Items considered important by the 2006 TSPA for emergency support for the newborn and include: i) newborn respiratory support (infant sized ambu bag); and ii) an external heat source (an incubator or heated light source). Following a similar pattern, these items were mostly available in hospitals (78 and 39 percent respectively), as well as in private (29 and 13 percent respectively) and faith-based facilities (32 and 8 percent respectively) (Table 17). Once again, at the regional level, facilities in the Central Zone are among the least likely to have emergency support for the newborn.

3.6.7 Signal Functions for Emergency Obstetric Care

As part of the Averting Maternal Death and Disability (AMDD) project and in an effort to find intermediate indicators to track progress in the area of facility preparedness for maternal complications, "signal functions" have been developed, indicating the capacity of facilities to offer specialized services for emergency obstetric care. Table 18 presents the percentage of facilities that report offering the service and also report having carried out indicated procedures/interventions, some of which contribute to the "signal functions," in the past three months.

Table 18 Emergency obstetric practices

Percentage of facilities that ever provide the indicated intervention and percentage that report they provided the intervention during the past three months, by background characteristics, Tanzania SPA 2006

Background characteristics	Assisted delivery[1]		Removal of retained products[2]		Parenteral oxytocic drugs		Parenteral anticonvulsants		Manual removal of placenta		Blood transfusion		Number of facilities offering delivery services (weighted)
	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility													
Hospital	68	49	97	77	78	77	70	57	89	74	99	90	24
Health centre	22	11	56	31	20	11	17	3	64	42	12	9	48
Dispensary	1	0	15	2	2	1	4	1	36	13	1	0	379
Managing authority													
Government	4	2	18	6	3	3	7	3	38	16	3	3	363
Private for-profit	13	5	69	25	40	32	11	11	63	40	32	11	18
Parastatal	0	0	0	0	0	0	0	0	0	0	0	0	3
Faith-based	20	14	44	22	25	15	18	9	55	35	23	21	67
Regional zones													
Northern	6	4	28	13	13	9	9	5	33	12	9	7	71
Central	2	2	28	1	1	1	1	1	48	14	2	1	43
Southern Highlands	4	4	16	6	6	4	11	6	21	9	4	3	83
Western	3	3	24	9	5	5	13	3	49	21	2	2	69
Lake	7	1	22	9	4	2	7	2	63	28	9	5	74
Southern	12	9	20	9	10	4	3	3	44	27	10	10	53
Eastern	12	5	35	14	17	14	15	8	37	27	12	12	56
Zanzibar	18	18	59	47	50	50	44	38	65	44	59	38	2
Total	7	4	24	9	8	6	9	4	41	19	7	6	451

[1] Ventous (vacuum extractor).
[2] Manual vacuum aspiration or dilation and curettage.

In general, less than 10 percent of facilities report ***ever*** offering these emergency obstetric services. Over two-thirds of hospitals reported offering these emergency obstetric services.

Particular mention should be made of life-saving procedures, such as assisted vaginal delivery, removal of retained products, and manual removal of placenta. During the three months prior to the survey approximately half of hospitals had utilized a vacuum extractor to assist deliveries, and about three-fourths had conducted removal of retained products (using either a vacuum aspirator or D&C). Manual removal of placenta is the most frequently performed procedure/intervention during the three months preceding the survey, reported by 19 percent of facilities, 74 percent of hospitals and 42 percent of health centres.

Use of parenteral anticonvulsants/sedatives and parenteral oxytocic medicines followed a similar pattern, ever available, and used in the past three months mostly in hospitals. Private and faith-based facilities had an edge over government facilities, and facilities in the Central, Lake and Southern zones were among the least likely to have used these medicines.

3.7 Sexually Transmitted Infections Services

Sexually transmitted infections (STIs) are a major public health problem, causing infertility and increasing the risk of transmission of human immunodeficiency virus (HIV). Since there is a certain degree of stigma associated with STIs, it is difficult and embarrassing for some clients with symptoms to seek care. Table 19 provides information on the availability of STI services, the primary location of the service and the integration with other services.

Table 19 Availability of services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs), among facilities offering services for STIs percentage where STI services are provided in the indicated service area and percentage where STI services are offered five or more days per week, by background characteristics, Tanzania SPA 2006

Background characteristics	Any STI services	Number of facilities[1] (weighted)	Primary location		FP	ANC	OPD, FP, and ANC service areas	Percentage of facilities where services for STIs are available at least 5 days per week	Number of facilities offering STI services (weighted)
			General outpatient	Special clinic[2]					
Type of facility									
Hospital	99	25	78	22	15	30	10	98	24
Health centre	100	55	92	8	16	21	9	100	55
Dispensary	96	528	99	1	23	34	18	99	509
Stand-alone (VCT/PMTCT/ART)	10	3	na	na	na	na	na	na	na
Managing authority									
Government	96	399	97	2	29	43	23	99	385
Private for-profit	98	103	97	3	6	4	0	100	101
Parastatal	100	14	100	0	0	0	0	100	14
Faith-based	93	94	96	4	14	28	12	100	87
Other	100	1	100	0	0	0	0	100	1
Regional zones									
Northern	95	110	98	2	14	22	12	98	104
Central	99	47	100	0	15	21	12	100	47
Southern Highlands	100	95	98	2	25	30	20	100	95
Western	97	82	95	3	35	52	30	96	79
Lake	97	89	94	6	33	51	23	100	87
Southern	91	61	99	1	22	30	17	100	55
Eastern	99	102	97	3	9	23	4	100	100
Zanzibar	86	25	97	3	24	21	17	99	21
Total	96	611	97	3	22	33	17	99	589

[1] Services may be available at multiple sites in the same facility if they are integrated. In small facilities, one service site and one provider may provide services for general outpatients, ANC, and family planning clients.
[2] STI services at the types of facilities surveyed are utilized primarily by females, so in almost all cases the special clinic is the gynaecologic clinic. Males might receive STI services in urology clinic.
na = The denominator is less than 1 percent making the calculation of percentages meaningless

Apart from stand-alone facilities, STI services—defined as the availability of either diagnosis or treatment or both—are almost universally available (96 percent), and offered five days a week. Faith-based facilities (93 percent) and those in the Southern Zone (91 percent) and Zanzibar (86 percent) are slightly less likely to offer STI services compared to other managing authorities and facilities in other parts of the country.

Among facilities offering STI services, the majority offer them from the general OPD, that is, not from a "special" STI clinic. In 22 percent of hospitals however, STI services are offered from a "special" STI clinic. STI services were available in 22 percent of FP and 33 percent of ANC services.

3.8 Tuberculosis (TB) Services

Despite advances in treatment/therapies, TB remains one of the most common infectious diseases in the world. It is also one of the most common opportunistic infections associated with HIV/AIDS and one of the leading causes of death in people infected with HIV. Details of TB-related services collected in the 2006 TSPA are provided in Table 20.

Table 20 Availability of services for tuberculosis

Among all facilities, percentage providing any TB diagnosis services and any TB treatment and/or follow-up services, and among those providing any treatment and/or follow-up services, percentage following DOTS or other strategies, by background characteristics, Tanzania SPA 2006

Background characteristics	Percentage with:		Number of facilities (weighted)	Among facilities providing any TB treatment or follow-up services, percentage following:		Number of facilities offering any TB treatment or follow-up services (weighted)
	Any TB diagnostic services	Any TB treatment or follow-up services		DOTS	Treatment other than DOTS strategy	
Type of facility						
Hospital	100	90	25	97	3	22
Health centre	65	78	55	97	3	43
Dispensary	22	49	528	99	1	259
Stand-alone (VCT/PMTCT/ART)	0	0	3	-	-	0
Managing authority						
Government	27	69	399	99	1	276
Private for-profit	31	10	103	100	0	10
Parastatal	20	20	14	100	0	3
Faith-based	36	37	94	96	4	35
Other	0	0	1	-	-	0
Regional zones						
Northern	34	49	110	98	2	53
Central	12	45	47	100	0	21
Southern Highlands	22	55	95	100	0	53
Western	54	57	82	97	3	47
Lake	29	58	89	100	0	52
Southern	18	69	61	100	0	42
Eastern	26	43	102	100	0	43
Zanzibar	22	52	25	100	0	13
Total	29	53	611	99	1	324

3.8.1 TB Diagnosis

On average, just three in 10 facilities offer TB diagnosis, defined as diagnosis using either sputum smear only or X-ray only, or both, or diagnosis based on clinical symptoms only. A facility that refers clients elsewhere for any of the above and has a system in place to receive results back for client follow-up are also qualified as offering TB diagnosis. By type of facility, all hospitals, and a large proportion of health centres (65 percent) offer TB diagnostic services, compared to just one in five dispensaries. Faith-based and private facilities had a slight edge over government, and facilities in Central and Southern zones were least likely to offer TB diagnosis.

3.8.2 TB Treatment or Follow-up

TB treatment or follow-up is available in about half of all facilities. Though the percentage of hospitals offering any treatment or follow-up drops to 90 percent (from 100 percent offering TB diagnosis), higher proportions of health centres and dispensaries do offer treatment or follow-up (78 and 49 percent respectively) than offer TB diagnosis. On a similar note, a higher proportion of government facilities offer treatment or follow-up (69 percent) than offer diagnosis (27 percent). This picture is not entirely surprising, since higher-level facilities such as hospitals will usually diagnose and refer client to lower level facilities (such as health centres and dispensaries) close to where they live for follow-up. In addition, as noted elsewhere, the composition of government facilities is mostly these lower level facilities. Facilities in Eastern and Southern zones are among the least likely to offer TB treatment or follow-up services.

3.8.3 Direct Observed Therapy-Short course (DOTS)

The TSPA collected information on one of the five elements of the DOTS Strategy: standardized short-course chemotherapy to all cases of TB under proper case-management conditions including direct observation of treatment (DOT). Information was collected on whether facilities do the direct observation of therapy.

Table 20 shows that 99 percent of facilities offering TB treatment or follow-up implement the direct observed therapy (DOT).

3.9 HIV/AIDS Services

Given the high prevalence of HIV/AIDS in Africa, several initiatives have been implemented to ensure appropriate prevention of new HIV infection in populations and the treatment of people living with HIV and AIDS. The 2006 TSPA collected information on various aspects of facilities' preparedness to provide quality HIV/AIDS services to the people of Tanzania. Among aspects assessed were:

- HIV Testing systems or HIV Counselling and Testing
- Clinical Care and Support (CSS)
- Anti-retroviral Therapy (ART)
- Prevention of mother-to-child transmission of HIV (PMTCT)
- Treatment of opportunistic infections (OIs)
- Preventive treatment of malaria and pneumonia

Some of the initial findings are presented in Table 21.

Table 21 Availability of HIV/AIDS services and basic clinical care and support services for HIV/AIDS

Percentage of facilities[1] that report offering the indicated HIV/AIDS-related and malaria services by background characteristics. Tanzania SPA 2006

Background characteristics	Percentage of facilities offering or with the following: HIV testing system[2]	CSS for HIV/AIDS clients	Prescribing ART	Any PMTCT services	Treatment of malaria	Preventive treatment for TB	Preventive treatment for pneumonia	Any treatment of opportunistic infections	Number of facilities (weighted)
Type of facility									
Hospital	98	100	70	88	100	19	83	100	25
Health centre	64	95	9	35	100	13	58	95	55
Dispensary	18	82	0	7	100	0	20	78	528
Stand-alone (VCT/PMTCT/ART)	100	77	0	0	10	0	0	61	3
Managing authority									
Government	22	83	3	13	100	2	25	79	399
Private for-profit	33	86	2	5	98	1	21	84	103
Parastatal	50	80	0	30	100	0	10	80	14
Faith-based	32	84	9	18	99	4	39	83	94
Other	0	100	0	0	100	0	0	100	1
Regional zones									
Northern	41	80	5	21	97	3	33	76	110
Central	7	93	2	5	99	0	11	90	47
Southern Highlands	24	100	2	5	100	0	23	99	95
Western	30	90	3	16	100	0	18	85	82
Lake	18	85	3	6	100	5	34	81	89
Southern	14	70	7	8	99	3	26	58	61
Eastern	33	82	6	24	100	3	29	82	102
Zanzibar	27	42	1	1	97	2	14	39	25
Total	26	84	4	13	99	2	26	80	611

[1] Facility is used to describe any health service facility or other non-home based site where services related to HIV/AIDS are offered.
[2] Facility conducts the test, has an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.

3.9.1 HIV Testing Systems

The survey defines a facility as having a testing system if the facility either conducts the test (on site or in an affiliated laboratory), or the test is conducted elsewhere and there exists a system such that test results get back to the facility for follow-up with the client. Overall, just a quarter of facilities have a testing system, including all stand-alone facilities almost all hospitals, and 64 percent of health centres. Only about one in five government facilities have a testing system, and this may also be explained by the composition of government facilities, mostly dispensaries and health centres. Facilities in the Central Zone are markedly less likely to have a testing system than facilities in other zones.

3.9.2 Care and Support Services

Care and support services are defined as the provision of curative care for illnesses that may be HIV/AIDS related, such as treatment of opportunistic infections including TB, STIs and malaria; the provision of, or referrals for counselling for social support services for help in living with HIV/AIDS.

The majority of facilities in Tanzania at the time of the survey were offering care and support services. Hospitals and health centres are more likely to offer this service, and there is little variation by managing authority. At the regional level; however, facilities in Zanzibar are the least likely to offer care and support services for HIV/AIDS clients.

3.9.3 Anti-retroviral Therapy (ART)

Anti-retroviral therapy was first introduced in Tanzania in October 2004. Only 4 percent of all facilities prescribe ART and as expected, these are mostly hospitals (70 percent). Faith-based facilities are more likely to offer ART than government and private facilities. Though there is not much variation at the regional level, facilities in Zanzibar are least likely to prescribe ART.

3.9.4 Prevention of Mother-to-Child Transmission of HIV (PMTCT)

The SPA defines PMTCT as the provision of: i) counselling and testing; ii) ARV prophylaxis to both mother and newborn; iii) infant feeding counselling; and iv) Family Planning counselling and/or referral.

Only 13 percent of all facilities offered ***any*** of the four components of PMTCT. These services are offered in 88 percent of hospitals and in 35 percent of health centres. Facilities in Zanzibar, Central and Southern Highland zones are among the least likely to offer any of these services.

3.9.5 Treatment of Malaria and the Preventive Treatment of TB and Pneumonia

Although there is no conclusive link between HIV/AIDS and malaria, the burden of malaria is high in many areas where HIV/AIDS is also a major public health problem. As evident in Table 21, treatment of malaria is almost universal across all facility types, managing authorities and regions. Preventive treatment of TB using isoniazid (INH) is available in only 2 percent of all facilities. In contrast 26 percent of facilities offer cotrimoxazole to prevent pneumonia in HIV/AIDS patients

APPENDIX

Weighting of Facilities in TSPA

The sampling frame is a listing of all facilities eligible to be included in the survey and is the basis for determining the proportional representation of different types of facilities within the regions and the country. If the sampling frame is incomplete, this will influence how representative the sample findings are. For example, if the frame includes only government managed facilities, the findings are representative only of government facilities. When only a select non-governmental facilities are listed (e.g., faith-based) and the for-profit non-governmental facilities are not included, this must be reflected when discussing the representativeness of the data.

In principle, the survey selects a sample of facilities proportionally to represent the type of facility and region. However, in some cases, the number of certain types of facilities is too small to provide enough information for meaningful analysis at the level data is presented. This is usually very significant when some of the services of interest, e.g., services for HIV/AIDS, are more likely to be found in these particular facilities. Thus, the survey will usually over-sample this type of facility in order to have sufficient numbers (sample) for appropriate analysis.

When presenting the findings, the data need to be weighted to make sure that the data from these facilities are not over represented in the results. In effect, weighting mathematically corrects the proportion of facilities in the sample so that their information contributes proportional to their existence. This is of most importance when data from multiple types of facilities are aggregated to provide regional and national level results.

In the case of Tanzania, hospitals were over-sampled since they exist in small numbers in the country and also provide most of the HIV/AIDS services, with the resultant number of hospitals visited (128) corresponding to 21 percent of the total sample. However, the real proportion of hospitals to all facilities as per the national list of facilities, i.e., the sampling frame for the Service Provision Assessment Survey, is only 4 percent. Thus, the number of hospitals was weighted down to 25, which reflects the actual percentage.

In the report, the weighted numbers are provided in the tables, providing information on what proportion of the total comes from any particular type of facility or region. It is important to note, however, that all facilities in the sample are used when calculating percentages. For example, when calculating the percentage of hospitals providing a particular service, all 128 hospitals visited are used and not 25. So, whenever a weighted number looks too small to be meaningful, it is important to review the unweighted number to know how many actual facilities/interviews contribute to the percentage in question.

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