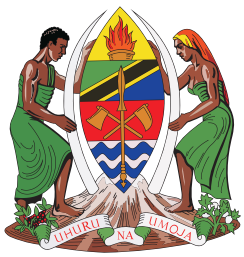
TANZANIA

Service Provision Assessment Survey 2014-2015



Tanzania Service Provision Assessment Survey 2014-2015

Ministry of Health and Social Welfare
Dar es Salaam

Ministry of Health
Zanzibar

National Bureau of Statistics
Dar es Salaam

Office of Chief Government Statistician
Zanzibar

ICF International
Rockville, Maryland USA

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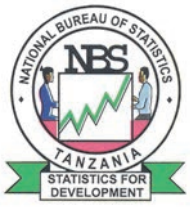

This report summarises the findings of the 2014-15 Tanzania Service Provision Assessment Survey (2014-15 TSPA), which was implemented by the National Bureau of Statistics (NBS) in collaboration with the Ministry of Health and Social Welfare; Office of Chief Government Statistician (OCGS), Zanzibar; and 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).

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

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

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FOREWORD

This report presents the major findings of the 2014-15 Tanzania Service Provision Assessment Survey (2014-15 TSPA). The survey was undertaken by the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician (OCGS) in collaboration with the Ministry of Health and Social Welfare (MoHSW)—Mainland, and the Ministry of Health (MoH)—Zanzibar. The 2014-15 TSPA is the second facility-based survey to be conducted in Tanzania as it follows the first TSPA which was conducted in 2006. The surveys cover both Tanzania Mainland and Zanzibar.

The general objectives of the 2014-15 TSPA were to provide up-to-date information on the delivery of health care services in Tanzania and to examine the preparedness 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.

The 2014-15 TSPA was 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 authorities, that is, public, private, faith based, and parastatals. 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.

The survey collected several types of data, using checklists of service availability, general infrastructure and supplies, interviews with health care providers and clients, and direct observation of client-provider interactions. These approaches provide a comprehensive overview of the health care system in Tanzania.

The 2014-15 TSPA has therefore collected important information for planners, policy makers, and programme managers to assess the capacity of health facilities to provide quality services to the general population of Tanzania. The information is also very useful in determining the strengths and weaknesses of health facilities in an endeavour to provide intervention measures for improving health care delivery.

In this regard, the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician (OCGS) together with the Ministry of Health and Social Welfare (MoHSW)—Mainland, and the Ministry of Health (MoH)—Zanzibar take pleasure in presenting the findings of this survey.

I, therefore, urge all stakeholders and beneficiaries of this report to make use of it effectively and ultimately contribute to the improvement of health services in Tanzania.

Dr. Donan W. Mmbando
Permanent Secretary
Ministry of Health and Social Welfare
December 2015

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This report was produced in a collaborative effort of many stakeholders. Therefore, the successful completion of the 2014-15 Tanzania Service Provision Assessment Survey (2014-15 TSPA) was made possible by the joint efforts of many institutions and individuals whose participation is highly appreciated.

Special gratitude goes to the Government of Tanzania for its support in the whole process of implementing the survey. My gratitude also goes to the government of the United States of America, through the United States Agency for International Development (USAID/Tanzania) for providing financial support to the survey. I wish to extend my thanks to ICF International for providing technical assistance through the USAID-funded DHS Program.

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Likewise, gratitude is expressed to the hard work and commitment of the staff members of the National Bureau of Statistics (NBS) and Office of Chief Government Statistician (OCGS), under close co-ordination of Ms. Mayasa Mwinyi, the Chief Government Statistician from OCGS, Mr. Ephraim Kwesigabo, the Director for Population Census and Social Statistics, Mrs. Sylvia S. Meku, the Departmental Manager for Social and Demographic Statistics, and the Desk Officer Mr. Stephano G. Cosmas from NBS, without forgetting the contributions made by the interviewers, team leaders, regional statistical managers, programmers, data entry operators, and editors, as well as chapter authors and reviewers. All these people worked tirelessly to ensure that the 2014-15 TSPA was successfully implemented.

Finally, it is my expectation that this report will be a useful source of information to policymakers and programme administrators who need up-to-date data for evaluating current activities and for planning future directions. Advantage should be taken of the availability of this information to inform the process of policy formulation, planning, monitoring and evaluation of health programmes in Tanzania.

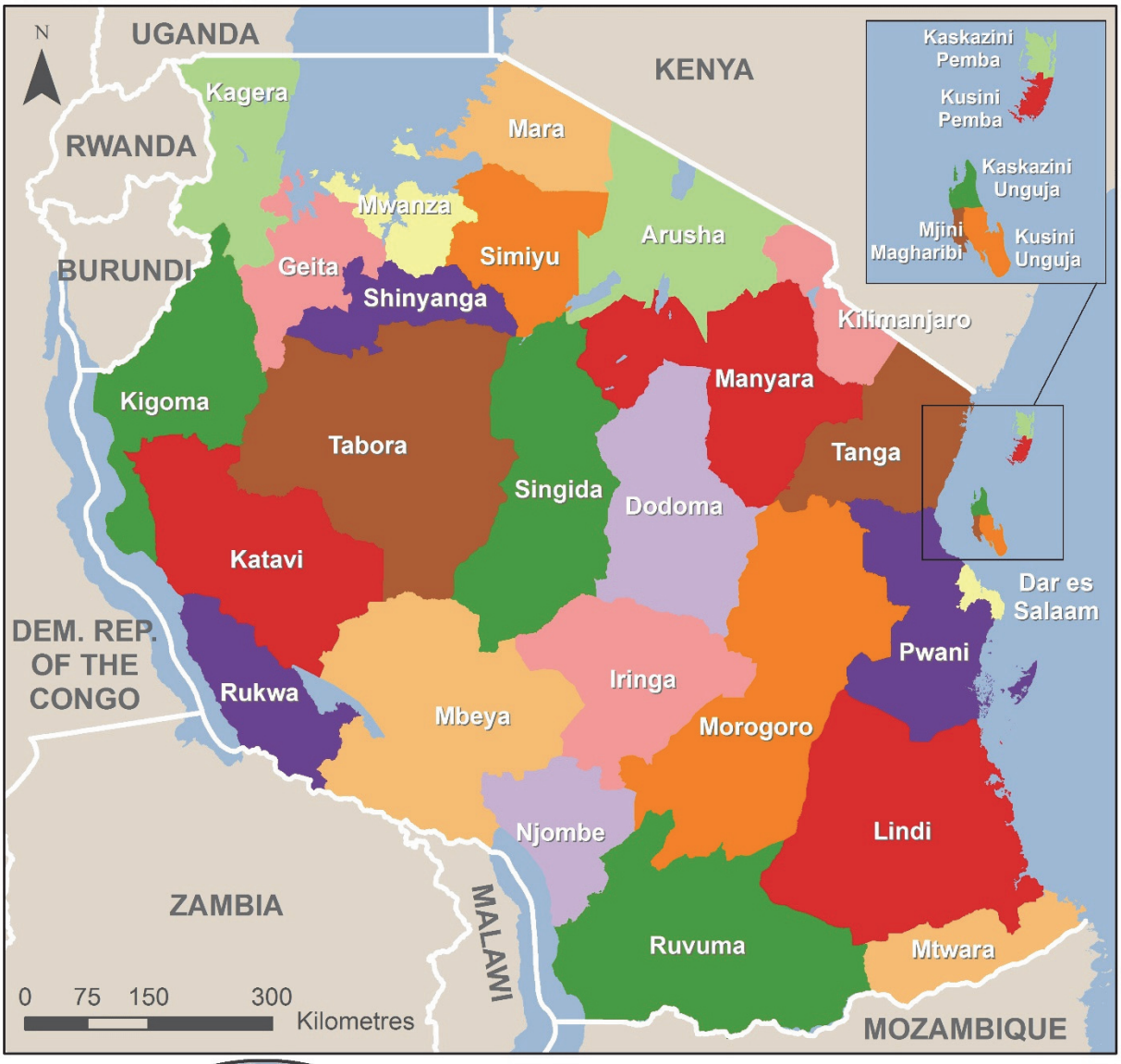
Dr. Albina Chuwa
Director General
National Bureau of Statistics

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
AIDS	acquired immune deficiency syndrome
ALU	artemisinin-lumefantrine
ANC	antenatal care
ART	antiretroviral therapy
ARTE-AMO	artemisinin-amodiaquine
ARV	antiretroviral
AZT	azidothymidine or zidovudine (ZDV)
BCG	Bacillus Calmette-Guerin
BEmONC	basic emergency obstetric and newborn care
CAFE	computer assisted field editing
CAPI	computer assisted personal interviewing
CEmONC	comprehensive emergency obstetric and newborn care
CSS	care and support services
D&C	dilation and curretage
DBS	dried blood spot
DOT	direct observation of treatment
DOTS	direct observation therapy, short course
DPT	diphtheria, pertussis, tetanus
DTP+HepB+Hib	diphtheria, pertussis, tetanus, hepatitis B, and *Haemophilus influenzae* type b vaccine
ELISA	enzyme-linked immunosorbent assay
EmOC	emergency obstetric care
EPI	expanded programme on immunisation
FBO	faith-based organisation
FP	family planning
HIV	human immunodeficiency virus
HLD	high-level disinfection
HMIS	health management information system
IMCI	integrated management of childhood illnesses
IMR	infant mortality rate
INH	isoniazid
IPTp	intermittent prophylactic treatment in pregnancy
ITN	insecticide-treated net
IUCD	intrauterine (contraceptive) device

MCH	maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MDR-TB	multidrug-resistant tuberculosis
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGO	nongovernmental organisation
OI	opportunistic infection
OPD	outpatient department
OPV	oral polio vaccine
ORS	oral rehydration solution
ORT	oral rehydration therapy
PMTCT	prevention of mother-to-child transmission (of HIV)
PNC	postnatal care
PPC	postpartum care
QA	quality assurance
RCHS	Reproductive and Child Health Services
RH	reproductive health
SP	sulphadoxine-pyrimethamine
STI	sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TB	tuberculosis
TBA	traditional birth attendant
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
TT	tetanus toxoid
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
VDRL	venereal disease research laboratory (test)
WHO	World Health Organization
ZACP	Zanzibar AIDS Control Programme

TANZANIA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Dodoma
Katavi
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Iringa
Mbeya
Morogoro
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OVERVIEW OF THE HEALTH AND SOCIAL SYSTEM IN TANZANIA 1

Josibert Rubona and Ali Omar

1.1 DEMOGRAPHY AND STRUCTURES OF HEALTH AND SOCIAL WELFARE SERVICES

The United Republic of Tanzania covers 947,300 square kilometres. The total population in 2012 was 44,928,923 (NBS, 2014). Ninety-seven percent of the population lives in Tanzania Mainland and the rest in Zanzibar. Less than one third (29 percent) of the population resides in urban areas, whereas the majority (71 percent) live in rural areas. Tanzania is divided into 30 regions: 25 are on the Mainland and 5 are in Zanzibar. These regions are divided into districts, which are divided into councils. The councils (or local government units) administer and provide public services.

1.2 HEALTH STATUS IN TANZANIA

A recent review of Tanzanians' health shows improvement. Infant mortality decreased from 99 deaths per 1,000 live births in 1999 to 46 deaths per 1,000 live births in 2012, and under-5 mortality decreased from 147 deaths per 1,000 live births in 1999 to 67 deaths per 1,000 live births in 2012. These trends indicate that Tanzania has met its Millennium Development Goal (MDG) targets on these indicators. The trend in neonatal mortality declined from 40 in 1999 to 26 per 1,000 live births in 2012, and maternal mortality declined from 529 per 100,000 live births in 1996 to 432 per 100,000 live births in 2012, but did not meet MDG targets. Children's nutritional status also has improved. The proportion of underweight children under age 5 has dropped, but, at 42 percent in 2010, stunting remains high (NBS and ICF Macro, 2011) and off target as per Strategic Plan III (July 2009 to June 2015). Between 1996 and 2010, the prevalence of stunting decreased from 43 to 35 percent; wasting decreased from 7 to 4 percent; and underweight decreased from 31 to 21 percent (NBS and ORC Macro, 2010). However, there is still room for improvement with increased interventions. Life expectancy at birth rose to 61 years as reported in the 2012 Population and Housing Census (PHC) compared with 51 years in the 2002 PHC. This recent substantial improvement mainly resulted from progress made against the HIV/AIDS pandemic through the provision of life-prolonging medicine and other preventive measures. Additionally, the decline of childhood mortality over the last two decades is due to the effectiveness of vaccination programmes and other child health-related interventions.

Despite having some gains in the health sector, the population still faces a high burden of disease, especially due to malaria, TB, and HIV/AIDS. Malaria is the leading cause of morbidity (accounting for 27 percent of all registered outpatient cases involving children under age5 and 22 percent of cases among children age 5 and above in 2014). Also, malaria is the leading cause of admission (36.6 percent for under-5 and 27 percent for age 5 and above in 2014). Nevertheless, prevention is improving, as, according to the 2011-12 THMIS, 74 percent of household population slept under a bed net the night before the survey visit (TACAIDS, 2013). The second largest cluster of diseases consists of upper respiratory tract infections and pneumonia, followed by diarrhoea and skin diseases.

1.3 ENABLING POLICIES AND STRATEGIES TO IMPROVE HEALTH STATUS

Since independence in 1961, the Tanzania government has consistently focused its development strategies on combating ignorance, disease, and poverty. Investing in health is recognised as central to improving quality of life; however, the government still faces socioeconomic challenges in strengthening the country's

health services. In response, the government has adopted the following policies and strategies, which include commitments at both the national and international levels.

1.3.1 Tanzania Development Vision 2025

The Tanzania Development Vision 2025 guides the direction for long-term economic and social development. The main objective of this vision is to achieve a high quality of life for all Tanzanians, and it identifies health as a priority sector contributing to achieving this goal. High quality of life will be attained through strategies that will ensure the realisation of the following health service goals:

- Access to quality primary health care for all;
- Access to quality reproductive health services for all individuals of appropriate ages;
- Seventy-five percent reduction in infant and maternal mortality rates, as compared with 1998 levels;
- Universal access to clean, safe water;
- Life expectancy comparable to the level attained by typical middle-income countries;
- Food self-sufficiency and food security; and
- Gender equality and empowerment of women in all health parameters.

1.3.2 MKUKUTA and Five Year Development Plan 2011/12–2015/16

The National Strategy for Growth and Reduction of Poverty, known in Kiswahili as MKUKUTA, represents Tanzania's commitment to achieving the MDGs. It focuses on growth, social wellbeing, and governance, and is a framework for all government development efforts and for mobilising resources. MKUKUTA aims to foster greater collaboration between all sectors and stakeholders, and has mainstreamed cross-cutting issues (e.g., gender, environment, HIV/AIDS, disability, children, youth, elderly, employment, and settlements). All sectors are involved in a collaborative effort rather than segmented activities. Therefore, MKUKUTA is crucial for the success of the Ministry of Health and Social Welfare (MoHSW) strategies.

MKUKUTA seeks to deepen ownership and inclusion in policymaking and pay attention to laws and customs that slow development and negatively affect vulnerable groups.

The strategy identifies three clusters of broad outcomes:

1. Growth for reduction of income poverty;
2. Improvement of quality of life and social well-being; and
3. Governance and accountability.

The Five Year Development Plans 2011/12–2015/16 and 2016/17–2020/21 aim to mobilise Tanzania's resource potential to fast track the provision of basic conditions for broad-based and pro-poor growth. The Five Year Development Plan 2011/12–2015/16 outlines the following goals:

- Increase accessibility to health services, based on quality and gender-balanced needs;
- Improve quality of health services;
- Strengthen management of the health system; and
- Enhance human resource development for health and social welfare.

1.3.3 Big Results Now

In 2013, the government of Tanzania adopted the Big Results Now (BRN) approach to enhance the implementation of MKUKUTA through improved prioritisation, focused planning, and efficient resource management. BRN is a methodology that aims to instil accountability and discipline of implementation. Leadership by government officials is essential; therefore, a Presidential Delivery Bureau is facilitating planning and monitoring of the sectoral plans.

BRN in the Health Sector

In 2014, four key result areas (KRAs) were formulated for the health sector, with targets to be achieved by June 2018.

1. **Human resources for health (HRH),** with prioritised utilisation of employment permits, provision of skilled HRH through public–private partnership and private sector engagement, and redistribution of health workers within regions (6 distinctive initiatives);

2. **Health commodities,** with improved supply chain, strengthening management of the Medical Stores Department's (MSD) working capital and complementing MSD in procurement and distribution of medicines by engaging the private sector (6 distinctive initiatives);

3. **Health facilities performance improvement,** with the introduction of the star rating system of registration, and fiscal decentralisation to health facilities (4 distinctive initiatives); and

4. **Reproductive maternal neonatal and child health,** with improved comprehensive emergency obstetric and newborn care (CEmONC) and basic emergency obstetric and newborn care (BEmONC), with support of community health workers and information and communication technology (ICT) modalities, and with creation of satellite blood bank facilities and public information campaigns (6 distinctive initiatives).

Across the four KRAs will be optimisation and synchronisation of recruitment processes, empowering local government authorities (LGAs) in human resources management, social accountability, performance targets and contracts, use of ICT and mobile technology, and the expansion of quality management systems.

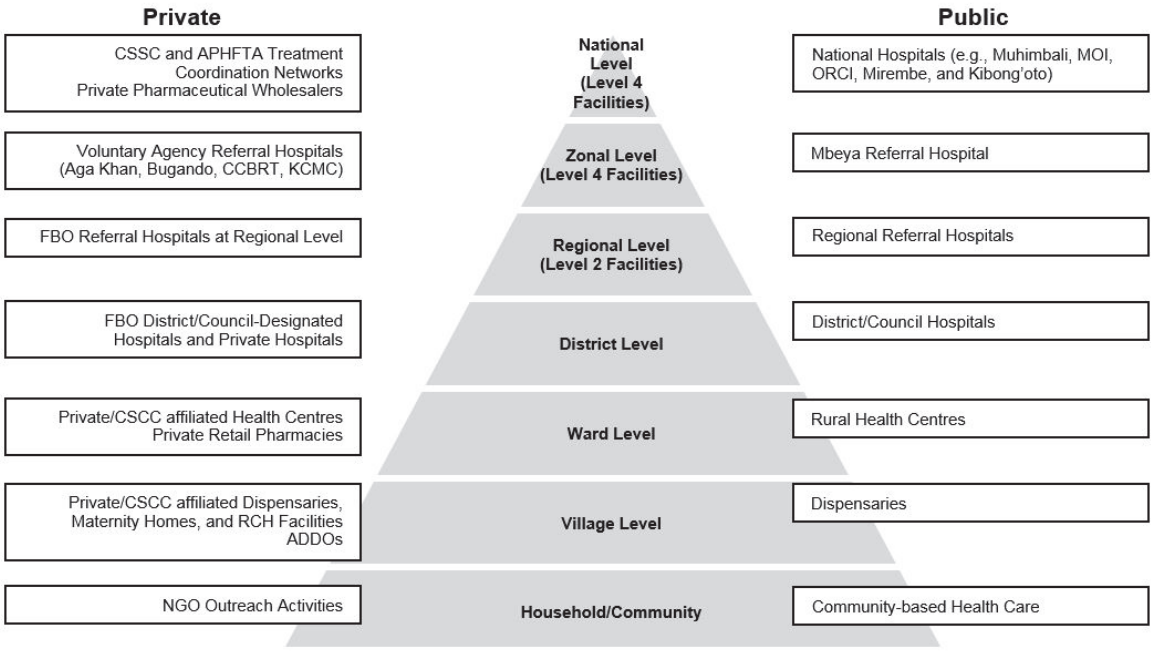
1.4 ORGANISATION OF THE HEALTH CARE SYSTEM

1.4.1 Health and Social Welfare Service Structure (Tanzania Mainland)

Primary health care services constitute the base of the pyramidal structure of health care services in Tanzania (Figure 1.1). Community-based health activities, often in the form of disease control programmes, which promote good health practices and preventive measures, reach families in villages and neighbourhoods. Public and private providers are working in dispensaries and health centres. Dispensaries provide preventive and curative outpatient services, while health centres can also admit patients and sometimes provide surgical services. Table 1.1 shows the distribution of health facilities (public and private) and the total number of beds in Tanzania Mainland.

Council hospitals provide health care and medical and basic surgical services to referred patients. Regional referral hospitals (RRHs) function as referral hospitals to provide specialist medical care. Zonal and national hospitals offer advanced medical care and train hospitals in medical, paramedical, and nursing care.

Figure 1.1 Health care pyramid (public and private) in Tanzania Mainland



Notes: APHFTA = Association of Private Health Facilities in Tanzania; CCBRT = Comprehensive Community Based Rehabilitation in Tanzania; CSSC = Christian Social Service Commission; FBO = faith-based organization; KCMC = Kilimanjaro Christian Medical Centre; MOI = Muhimbili Orthopaedic Institute; ORCI = Ocean Road Cancer Institute; RCH = reproductive and child health

Table 1.1 Distribution of health facilities and number of beds in Tanzania Mainland

	Number of health facilities	Number of beds
GOVERNMENT		
Hospital	129	14,126
Health centre	484	8,462
Dispensary	4,502	11,998
Clinic	5,115	5
FBO		
Hospital	79	12,187
Health centre	141	3,367
Dispensary	626	3,545
Clinic	-	2
PARASTATAL		
Hospital	15	292
Health centre	12	205
Dispensary	116	266
Clinic	846	0
PRIVATE		
Hospital	34	766
Health centre	79	766
Dispensary	716	981
Clinic	829	13
Total	**6,790**	**56,981**

Source: HMIS, MoHSW

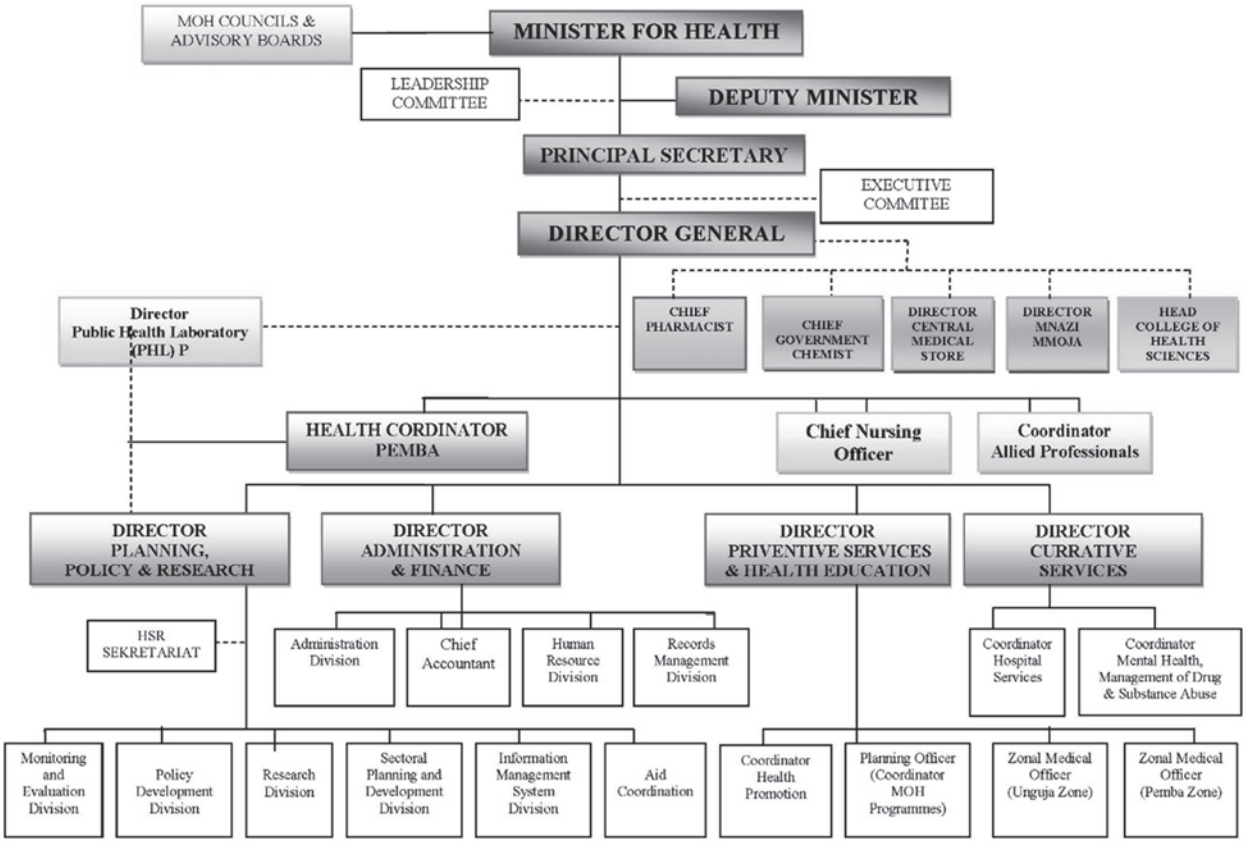
Pharmaceutical services are provided through public-sector and faith-based organisations' (FBOs) health facilities, private pharmacies, and accredited drug dispensing outlets (ADDOs).

Social services are provided by social welfare officers and social workers under the councils or by non-governmental organisations (NGOs), and are supervised and coordinated by the head of the Social Welfare Department of the council.

1.4.2 Administrative Structure of the Ministry of Health in Zanzibar

The roles and functions of the Ministry of Health (MoH) in Zanzibar are divided into many departments under the leadership of the director general (Figure 1.2). These departments are responsible for planning, policy and research, human resources and administration, curative services, prevention and health education services, and Mnazi Mmoja Hospital.

Figure 1.2 **MoH organisational diagram, Zanzibar**



1.4.3 Organisation of the Health Care System in Zanzibar

MoH Zanzibar is the sole entity responsible for the delivery of public health services. Services in the private sector are overseen by the MoH through the Private Hospital Board. The public health system is based on decentralising services to district authorities under district health management teams (DHMTs) following the Decentralisation by Devolution (D-by-D) principle; however, the decentralisation process in Zanzibar is not yet fully operational. MoH Zanzibar is responsible for formulating and developing policy guidelines to facilitate the implementation of health matters. Zonal health management teams interpret and implement health policies and policy guidelines. There are two zones in Zanzibar (one in Unguja and one in Pemba), which are headed by zonal

medical officers who report to the Director for Preventive Services and Health Education (DPS&HE) in Unguja and the health coordinator in Pemba.

DHMTs are responsible for district health services at primary health care units, health centres, and district hospitals. DHMTs develop their own comprehensive district annual plans. Each DHMT is headed by a district medical officer (DMO) who is in charge of all district health services and is answerable to the DPS&HE in Unguja and to the health coordinator in Pemba.

MoH Zanzibar also oversees agencies with health-related responsibilities including the Zanzibar Food and Drugs Board, the Central Medical Stores Department, the Chief Government Chemist, the Public Health Laboratory – Ivo di Carneri, and the College of Health Sciences. The MoH, in collaboration with development partners, NGOs, and faith-based organisations, also implements public health control programmes such as the Zanzibar Integrated HIV/TB/Leprosy Control Programme (ZIHTLP), the Zanzibar Malaria Elimination Programme, the Neglected Tropical Diseases (NTDs) Control Programme, the Integrated Reproductive and Child Health Programmes, Primary Eye Care, Mental Health Services, the Nutrition Unit, Non-communicable Diseases (NCDs), Environmental Health Services, Occupational Health Services, the Epidemiology and Disease Surveillance Unit, and Port Health.

Health Facilities in Zanzibar

There are four facility levels in the Zanzibar public health system: 1) referral hospitals (including specialised hospitals such as maternity homes and mental hospitals), 2) district hospitals, 3) health centres, and 4) primary health care units (PHCUs).

Primary Health Care Units (PHCUs)

PHCUs are the lowest level of the public health system and provide the first point of contact with patients. They are mostly staffed by enrolled nurses and public health nurses, technicians, and health orderlies. The enrolled nurses and public health nurses provide maternal and child health care, treat simple medical problems, and provide basic outpatient curative care. In addition to these services, PHCUs provide reproductive, maternal and child health care services and youth-friendly services, environmental health services, health education campaigns, and counselling. Some second-line PHCUs (referred to as PHCU+) also offer basic laboratory and dental services, conduct outreach services, and provide Directly Observed Therapy, Short Course (DOTS) services for TB patients.

Health Centres

Health centres are staffed by clinical officers and midwives or nurses. They provide a wide range of services including basic curative and preventive services for adults and children, reproductive health services, and minor surgical services, such as incisions and drainage. Health centres augment their coverage with outreach services and refer severe and complicated conditions to the appropriate level, such as the district hospital. Health centres in Zanzibar also offer some basic x-ray services.

District Hospitals

The three district hospitals, all located in Pemba, offer outpatient and inpatient services. They offer diagnostic services based on laboratory testing and radiology and surgical services including emergency obstetric care. District hospitals are the first level of referral hospitals and, as such, are an integral part of the district health system.

Referral Hospitals

Referral hospitals are centres of excellence that provide complex health care requiring advanced technology and highly skilled personnel, have a high concentration of resources, and are relatively expensive to run. Referral hospitals also support pre-service and in-service training of health workers. The main referral and teaching hospital in Zanzibar is Mnazimmoja Hospital, which is administratively combined with Mwembeladu Maternity Home and Kidongo-Chekundu Mental Hospital (also teaching facilities).

Private Clinics and Pharmacies

Private clinics and pharmacies provide mostly curative services and are operated by NGOs and FBOs. They employ nurses/midwives, clinical officers, doctors, and pharmaceutical technicians.

Home-Based Care

Chronically ill patients may receive curative, psychological, or hygienic care in their homes. This type of care is often provided by ZIHTLP, NGOs, FBOs, and supervision from professional staff at a nearby health facility.

Medical Personnel

Table 1.2 presents the number of doctors, assistant medical officers, and clinical officers working in the public sectors in Zanzibar.

Table 1.2 Medical personnel in Zanzibar

Carder	Total
Medical doctor	97
Surgeon	4
Paediatrician and child health care	4
Obstetrician and gynaecologist	1
Pathologist	1
Radiologist	1
Dentist	7
AMO	55
ADO	1
Cataract surgeon	1
Clinical officer	221
Community health nurse	30
Ophthalmic clinician	4
Ophthalmic surgeon	1
Optometrist	3
Sociologist	5
Tropical disease specialist	2
Total	**438**

Source: Zanzibar iHRIS

Notes:
- AMO = Assistant medical officer
- ADO = Assistant dentist officer

1.4.4 Management of Health and Social Welfare Services in Tanzania Mainland

MoHSW and the Prime Minister's Office – Regional Administration and Local Government (PMO-RALG) are jointly responsible for the delivery of public health services and follow the D-by-D system. PMO-RALG is responsible for the management and administration of public services at regional and council levels. At the local level, LGAs—the main interface between citizens and government in daily life—are responsible for planning, delivering, and overseeing public services, such as health services. LGAs and the facilities they own are responsible for promoting social accountability and establishing partnerships with communities, NGOs, and private providers in health and social welfare.

The council health management teams (CHMTs) manage health care and social welfare services at the council level. Council health services consist of primary referral hospitals and primary health care facilities (health centres and dispensaries). The local government authorities (LGAs) employ personnel working in council health services. All CHMTs produce an annual Comprehensive Council Health Plan, which outlines the activities and budgets for services.

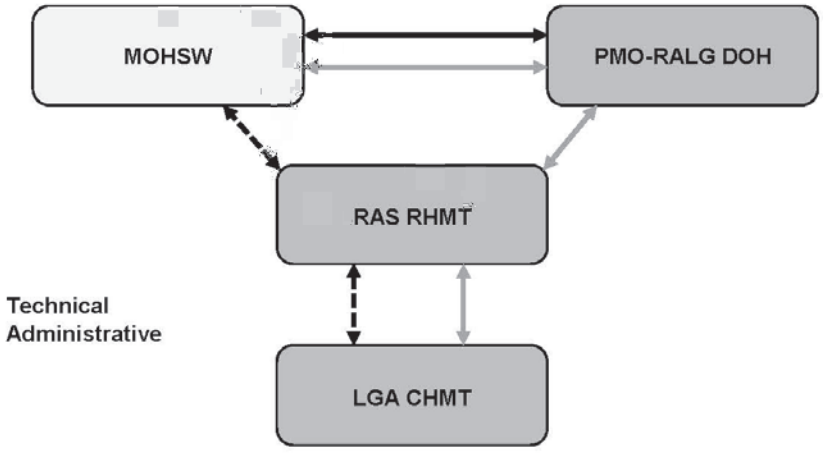
Health facility governing committees and council health services boards are comprised of community representatives and should contribute to the management of health institutions, but are sometimes unable to.

The regional health management teams (RHMTs) work under the PMO-RALG regional administration, and oversee the work of RRHs and CHMTs. RHMTs provide technical and administrative support to those entities.

The PMO-RALG Department of Health (DoH) oversees the administration of council and regional health services and supervises planning, reporting, and financial accounting. DoH follows local government procedures, which use their own management tools such as EpiCor or PlanRep software.

MoHSW has the overall responsibility for the health and social welfare services and defines priorities for services in the health and social welfare sector (e.g., the National Essential Health Care Interventions Package–Tanzania). MoHSW provides technical guidance to organisations involved in service delivery, defines controls, promotes maintenance of quality standards, and sets the policy for social welfare (Figure 1.3). It also mobilises resources and leverages policy in health and social welfare international relations. MoHSW delegates some stewardship functions to PMO-RALG and other statutory health agencies (e.g., the Medical Stores Department, Tanzania Food and Drug Authority).

Figure 1.3 **Relations between levels of management in health and social services**



The Ministry of Finance (MoF) manages the overall revenue, expenditure, and financing of MoHSW's activities and provides the government with advice on the broad financial affairs of Tanzania in support of its economic and social objectives. MoF duties include preparing the central government budget and determining expenditure allocations to different government institutions including MoHSW. MOF decisions directly influence the health and social welfare sector budget and income-generating activities (e.g., insurance schemes).

The President's Office, Public Service Management (PO-PSM), assists in matters of human resources management pertaining to public service across the government. This includes responsibilities for personnel

policies, administration, and coordination of training and recruitment. PO-PSM plays a crucial role in human resources for health in the country.

1.5 Service Delivery of the Health and Social Welfare Sector in Tanzania Mainland

1.5.1 Services in Community

There is a wide range of community-based programmes for disease prevention and control (e.g., malaria [bed nets and spraying], HIV/AIDS, TB, sanitation, hygiene, and rehabilitation). However, relatively few communities receive a comprehensive set of interventions. Most activities depend on local programmes and funding, often by NGOs.

1.5.2 Services Provided by Institutions

Since 2009, the Tanzanian government has expanded the number of health institutions (mostly primary health care facilities) to approximately 500 and has increased the number of health workers deployed. In 2013, 66,000 health workers were employed out of the 149,000 required. Despite the increase of health workers, the RRHs are still facing shortages of specialists and are struggling with quality issues. Some are failing to cope with the demands for services due to shortages of personnel, supplies, equipment, and revenue.

Services such as integrated management of childhood illnesses; malaria; TB; HIV prevention and control; sexually transmitted infections; reproductive maternal, newborn, child, and adolescent health (RMNCAH); and prevention of mother to child transmission are increasingly delivered in an integrated way at the primary health care level ("one-stop-shop"), while the utilisation of these services is improving. Services for NCDs are not yet provided according to the needs of the population, based on epidemiological estimates.

MoHSW has developed the Tanzania Quality Improvement Framework and a Quality Improvement Strategic Plan (2013–2018) with guidelines, tools, and training for improving the quality of service delivery. The quality improvement programme is still expanding.

Although the government has developed a good system for addressing health emergencies, implementation is often constrained by lack of human and financial resources.

Disease Control Programmes

Trends analysis shows that Tanzania should achieve most of its strategic plan targets in disease control and child health. The targets set in the Second Health Sector HIV and AIDS Strategic Plan for 2009 to 2013 (HSHSP-II) are likely to be achieved, particularly for those in the areas of utilisation of HIV/AIDS care and treatment services. Activities are noted for increasing safe blood supply, safety of injections, access to voluntary medical male circumcision, etc. However, marginalised groups, such as those who inject drugs, sex workers, men who have sex with men, and those with physical or mental disabilities, receive insufficient attention. HIV prevalence is decreasing only slowly, while women remain more at risk than men. Challenges include the large gap between adult and paediatric anti-retroviral treatment coverage, weak integration of HIV within reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services, and lack of age-disaggregated data to understand the situation regarding coverage of HIV and sexual and reproductive health services among adolescents.

The malaria strategies for 2009 to 2013 are successful, particularly for malaria diagnosis and treatment and the distribution of insecticide-treated nets (ITNs). Three-quarters of the population, in all wealth quintiles, now use ITNs.

TB and leprosy strategies for 2009 to 2013 have generally been implemented according to plan. However, new estimates following the first TB prevalence survey in Tanzania indicated much lower case detection rates and less TB-HIV co-infection than previously estimated. Most of the TB programme's progress can be attributed to the home-based DOTS strategy. An area with limited progress is leprosy elimination and prevention of disabilities.

Most national health sector strategic plan (HSSP) III strategies for neglected tropical diseases (NTDs) for 2009–2014 were being implemented on an expanded scale, particularly in surveillance, diagnosis, and treatment. Sixty-three percent (101 out of 160) of the councils where NTDs are endemic are implementing integrated NTD control activities. Good progress has been made in onchocerciasis (or river blindness) control, which interrupts the transmission of lymphatic filariasis and trachoma.

Recent surveys have provided more insight into the upcoming epidemic of non-communicable diseases (NCDs). Urbanisation and social change are increasingly leading to unhealthy lifestyles (e.g., poor diet, excessive salt intake, limited physical activity).The planned NCD strategies for 2009 to 2013 have not been implemented. Tackling the relevant risk factors for NCDs has yet to start.

Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition

Reproductive health services (RHS) are not performing as hoped in Tanzania, despite investments in this area. The number of facilities that offer RHS is increasing; however, the facilities face shortages of skilled staff and supplies. There was a slight increase in skilled birth attendance and in post-natal care during the HSSP III period, as well as in utilisation of family planning services in many rural areas, but the pace of quality improvement and availability of health services lags behind that of urban areas. In the BRN planning process, under-performing regions with significant rural populations have been identified for priority action. Expansion of service delivery has not been keeping up with the improved quality of services delivered, and especially referral of complicated maternal cases in rural areas is still insufficient.

Most child health programmes are performing well, with the exception of newborn care (related to poor quality of maternal health care around birth), which is a serious concern given the high neonatal mortality in the country. Vaccination services are on track and nearly all children are vaccinated; at the national level, the coverage of all antigens has been maintained above 90 percent for three consecutive years. Four new and under-used vaccines (rotavirus vaccine, pneumococcal vaccines, combined measles-rubella vaccine), and the second dose of combined measles-rubella have been introduced in the routine immunisation schedule.

There has been a gradual improvement in the nutritional status of children in Tanzania, but stunting remains a problem because of repeated episodes of ill health of children and inadequate infant and young child feeding practices. Stunting remains a problem with prevalence of 42 percent among under-5 children (NBS and ICF Macro, 2011). Exclusive breastfeeding is not yet a common practice in the country, especially in rural areas. There has been no improvement in prevalence of micronutrient deficiencies among children and women of reproductive age. Coverage of Vitamin A supplementation has increased significantly.

Social Welfare

The Department of Social Welfare is responsible for services to vulnerable populations in communities or institutions. Social welfare officers in councils are responsible for providing child protection services and supervising other welfare services. The integration of social welfare services in LGAs is still challenged by the inadequate capacities to handle complex and emerging social welfare problems and by financial constraints.

In addition to social protection services, social welfare officers have a legal responsibility under the Law of the Child Act to deliver child protection services for LGAs. The Violence against Children Report published in 2011 noted the high levels of physical and sexual violence and the physical and mental health consequences of suffering such abuse, as well as the social and cultural legitimacy of violence. The Second National Costed Plan of Action (2013–2017) and the Multi-sector Task Force on Violence against Children, and the Implementation, Monitoring, and Evaluation Results Framework Plan prioritise the need to develop services to protect children from all forms of violence. An initial pilot project in eight councils has been extended to 15 councils.

The government is only in the early stages of developing services for children who are without parental or family care, and has yet to develop fully the fostering, fit persons, adoption, and residential services necessary to meet need. At present, social welfare services for children are assisted by the Most Vulnerable Children Committees, which have been established in nearly all councils. NGOs provide most of the residential care, but a rigorous monitoring and inspection framework has yet to be developed.

Social welfare policy issues include financing access to essential education and health care services among the vulnerable population groups, which needs to be anchored within a comprehensive social welfare policy and supported with social welfare legislative provisions. Access to health insurance schemes for the poor is an upcoming issue for social welfare officers in the country.

In 2014, an Inter-Ministerial Memorandum of Understanding was signed for the Implementation of the National Under-Five Birth Registration Strategy among the Ministry of Constitutional and Legal Affairs, PMO-RALG, and MoHSW. Health facilities increasingly play a role in the system of birth registration because the majority of children are born in health facilities and nearly all children are vaccinated. Tanzania follows the internationally agreed “Reaching Every Child” approach.

1.6 HEALTH CARE SUPPORT SYSTEMS IN TANZANIA MAINLAND

1.6.1 Human Resources for Health

HRH planning is improving at the council level, strengthened by a functional human resources information system (HRIS). Bottlenecks in HRH management are still prevalent, leading to limited absorptive capacity in the system (as thoroughly analysed in the BRN planning process). As a result, newly trained staff have problems quickly finding employment, while vacancies exist.

The number of health workers, especially clinical personnel, is increasing. However, rural areas still face major shortages and many primary health facilities do not have enough qualified staff, resulting in an inefficient use of resources. This has been identified as one of the key constraints in the national key results area (NKRA) formulation. Population ratios for laboratory and pharmaceutical personnel remain well below expectation. Critical under-financing and limitations enforcing the Public Service Pay and Incentive Policy (2010) intensify the misdistribution or shortage of health workers.

Table 1.3 Health workforce supply in the base year 2014

Occupation	Supply in 2014	% of the total workforce	% FTE in public sector	FTEs by sector		Density of health worker per 10,000 population
				Public	Private	
1. Medical Specialist	929	1.4	70.0	650	279	0.20
2. Medical Doctors	1,157	1.7	80.0	926	231	0.25
3. Dental Specialists and Dental Officers	104	0.2	95.0	99	5	0.02
4. Assistant Dental Officers and Dental Therapists	933	1.4	87.7	818	115	0.20
5. Assistant Medical Officers	1,710	2.6	90.0	1,539	171	0.37
6. Clinical Officers and Clinical Assistants	6,496	9.8	70.0	4,547	1,949	1.42
7. Pharmacists	707	1.1	96.5	682	25	0.15
8. Pharmacy Technologists and Assistant Pharmacy Technologists	1,132	1.7	95.4	1,080	52	0.25
9. Nursing Officers	2,843	4.3	97.7	2,777	66	0.62
10. Assistant Nursing Officers	4,861	7.3	90.0	4,375	486	1.06
11. Enrolled Nurses and Nurse midwives	13,848	20.9	80.0	11,078	2,770	3.03
12. Health Laboratory Scientists	93	0.1	89.2	83	10	0.02
13. Health Laboratory Technologists and Assistant Health Lab. Technologists	2,508	3.8	92.1	2,310	198	0.55
14. Environmental Health Officers	1,205	1.8	99.8	1,202	3	0.26
15. Assistant Environmental Health Officers and Environmental Health Assistants	1,119	1.7	100.0	1,119	0	0.24
16. Allied Health Professionals	1,245	1.9	97.5	1,214	31	0.27
17. Managers	384	0.6	98.4	378	6	0.08
18. Allied non-Health Professionals	2,235	3.4	91.5	2,046	189	0.49
19. Support Staff	3,460	5.2	95.6	3,309	151	0.76
20. Medical Attendants	19,379	29.2	96.1	18,632	747	4.24
TOTAL	66,348	100.0	88.7	58,864	7,484	14.50

Source: MoHSW, Human Resources Planning Division, Human Resources for Health Information Systems (HRHIS) and Training Institutions Information System (TIIS) (2014)

Social work is a relatively new profession in Tanzania. At present, there is an inadequate number of trained social workers to meet the needs of all LGAs (only four social welfare officers in each council and a social assistant at each ward). The Department of Social Welfare is enhancing social worker professionalism through formal training and short courses.

1.6.2 Essential Medicines and Health Products

The availability of key medicines in health facilities remains low. A number of factors (internal and external) affect overall management of commodities in the health sector. According to the BRN analysis, internal factors include inadequate funding, poor planning and coordination, inadequate tracking mechanisms and tools, as well as inadequate pharmaceutical human resources at the facility level resulting in poor inventory management. External factors include pilferage and lack of coordination of externally-funded vertical programmes that donate medicines, health products, and supplies. This negatively affects the quality of care and performance of service provision in general.

The number of accredited drug dispensing outlets (ADDOs) has increased from 2,215 in 2010 to 3,591 in 2013, leading to more availability of some medicines and health products in rural areas. However, there are still challenges with sustaining quality of services and products within ADDOs. Ensuring the rational use of medicines is still a major challenge despite some positive developments that include the development of Medicines and Therapeutics Committee (MTC) Guidelines, training on MTCs at public sector hospitals, and the update and wider distribution of Standard Treatment Guidelines and the National Essential Medicines List.

Medical supply funding is not improving in real per capita terms, and disbursement issues continue to affect the efficient use of limited funds. Budgetary shortfalls are exacerbated by poor disbursement practices (e.g., treasury disbursement of unapproved budgets to MoHSW; irregular disbursements late in the financial year; and long lead times for disbursed funds to be credited to health facility accounts at MSD).

1.6.3 Capital Investment

The health sector infrastructure in Tanzania is expanding, especially the number of dispensaries. However, in some regions, the number of facilities is still inadequate. Most health facilities in remote areas lack electricity and a reliable water supply. Past construction activities have exceeded the deployment of staff, leading to underutilisation of the infrastructure and, thus, efficiency losses. Infrastructure maintenance is a major challenge that affects most institutions. Maintenance of equipment is not yet a priority for health facilities, which has a negative impact on the effectiveness and quality of service delivery.

1.6.4 Monitoring and Evaluation

Since 2009, a comprehensive Monitoring and Evaluation Strengthening Initiative (MESI) has been developed and implemented. The customised DHIS 2 software is operational in all district councils, regions, and government hospitals. Indicators across the health management information system (HMIS) tools were harmonised and data collection tools for disease control programmes were realised allowing systems integration. Developments in information and communication technologies are paving the way for establishing the clearinghouse and have a potential to change the nature of health service delivery. The PMO-RALG and MoHSW reporting systems are still in the process of integration. The quality of analysis of available information requires further coordination and capacity development for this to be institutionalised.

The country has an established system of sentinel surveillance to assess performance and regular surveys to obtain information on trends in development, demography, poverty, health, and social well-being. Research is increasing and more national reports are available, but search outputs are not yet incorporated in the health information clearinghouse.

1.6.5 Health Financing

Tanzania employs a mix of financing sources to support its health system, which largely relies on taxes. Taxation is complemented by user fees where patients share the costs of their health services. MoHSW has introduced three insurance schemes: the Community Health Fund (CHF), TIKA (for urban, peri-urban areas), and the National Health Insurance Fund (NHIF). CHF and TIKA aim to reduce health care costs in primary care by allowing households to prepay their health care costs for the coming year, and NHIF is for formal sector employees. The government has finalised its Health Financing Strategy (HFS), which focuses on universal and equitable access to essential health services. HFS was developed through a participatory process led by MoHSW, which will align with HSHSP IV and continue thereafter as the country aims to achieve universal health coverage. HFS shares the vision of HSHSP IV in improving the quality of health services and increasing equitable access. A key barrier to improved quality and access is the lack of effectiveness and efficiency in health financing. It is recognised that the health financing architecture is fragmented, which means that individual health insurance schemes are covering different population segments rather than combining them.

The Health Basket Fund plays a crucial role in health care financing, although, in recent years, contributions from development partners are dwindling. These funds offer the LGAs opportunities for implementing service delivery. The demands and capacities in LGAs for timely accounting and reporting do not always match the requirements. However, financial decentralisation is aimed at conferring autonomy to health facilities on financial management.

METHODOLOGY 2

Stephano G. Cosmas and Paul Ametepi

2.1 OVERVIEW

The 2014-15 Tanzania Service Provision Assessment (2014-15 TSPA) is an assessment of all formal-sector health facilities in Tanzania. The survey was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to provide quality services to clients. The 2014-15 TSPA collected information from all facilities managed by the government, private sector, parastatal, and faith-based organisations to provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service.

The 2014-15 TSPA provides national and regional-level information for all hospitals, health centres, clinics and dispensaries that offer child health, maternal, and newborn care, family planning, and services for sexually transmitted infections (STI), non-communicable diseases (NCDs) (diabetes, cardiovascular diseases and chronic respiratory diseases), and HIV/AIDS-related conditions. For each of these services, the 2014-15 TSPA assessed whether components considered essential for quality service delivery were present and functioning. The components assessed are those commonly considered important to various programmes supported by the government and development partners. The 2014-15 TSPA also assessed whether more sophisticated components were present, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE 2014-15 TSPA

2.2.1 Institutional Framework

The 2014-15 TSPA was undertaken by Tanzania's National Bureau of Statistics (NBS) in collaboration with the Office of the Chief Government Statistician (OCGS), Zanzibar, the Ministry of Health and Social Welfare (MoHSW), Tanzania Mainland, and the Ministry of Health (MOH), Zanzibar. Technical support for the survey was provided by ICF International under the DHS Program. The United States Agency for International Development (USAID/Tanzania) provided the financial support.

2.2.2 Objectives of the 2014-15 TSPA

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

- Assess the availability of basic and essential health services, including maternal and newborn care and child health, family planning, reproductive health services, non-communicable diseases (NCDs), as well as services for certain infectious diseases (HIV/AIDS, STIs, malaria, and TB), in Tanzanian health facilities;
- Assess the preparedness of health facilities in Tanzania to provide quality services;
- Provide comprehensive information on the performance of different types of health facilities that provide these essential services;

- Identify gaps in the support system, resources and processes used to provide health services that may limit the ability of facilities to provide quality services;

- Describe the processes followed in the provision of essential health care services and the extent to which accepted standards for quality service provision are met;

- Compare findings among regions, facility types, and managing authorities.

2.3 DATA COLLECTION METHODS

The 2014-15 TSPA used four main types of data collection tools:

- *Facility Inventory* questionnaire

- *Health Provider Interview* questionnaire

- *Observation Protocols* for antenatal care (ANC), family planning, services for sick children, and normal obstetric delivery and immediate newborn care

- *Exit Interview* questionnaires for ANC and family planning clients and for caretakers of sick children whose consultations were observed.

The *Facility Inventory* questionnaire was loaded onto tablet computers and administered as computer-assisted personal interviews (CAPI). The other questionnaire types were administered as paper questionnaires but with data entry and data editing taking place immediately following data collection and while the team was still in the facility (computer-assisted field editing – CAFE).

These data collection instruments were developed to respond to the following key questions:

1. To what extent are facilities prepared to provide essential services? What resources and support systems are available?

The *Facility Inventory* and *Provider Interview* questionnaires collect information from knowledgeable informants at the facility to determine whether a facility is ready to provide services at acceptable standards. Readiness is measured in terms of *general service readiness* and *service-specific readiness*.

General Service Readiness is measured by the following characteristics of facilities, organised into five domains:

1. Availability of **basic amenities** for client services, such as regular electricity, improved water, privacy during provision of client services, a latrine for clients, communication equipment, and transport for emergencies

2. Availability of **basic equipment** for provision of client services, including weighing scales for adults and children, thermometer, stethoscope, blood pressure apparatus, and light source for client examination

3. Availability of equipment and supplies needed for **standard precautions** for infection prevention, such as sterilisation equipment, appropriate storage and disposal of sharps and biological waste, soap and running water or else alcohol-based hand rub, latex gloves, and guidelines for standard precautions

4. Capacity to perform certain basic **laboratory** tests, including general microscopy and tests to measure the levels of haemoglobin, blood glucose, urine protein, and urine glucose

5. Availability of **essential medicines** as defined by the World Health Organization (WHO).

Service-specific readiness is measured by the availability of essential equipment and supplies for specific services in a location reasonably accessible when providing that service, staff with recent training relevant to the service, service guidelines, the availability of medicines and commodities, and laboratory capacity for tests related to the particular services.

In addition, the 2014-15 TSPA used the *Facility Inventory* questionnaire to assess staffing levels, support systems for general management, and quality assurance.

2. To what extent does the service delivery process meet generally accepted standards of care?

The *Observation Protocols* assess whether the processes followed in observed client–provider consultations met standards for acceptable content and quality during service delivery. 2014-15 TSPA interviewers acting as observers sat in on consultations for sick children, family planning services and ANC services. They recorded the information shared between client and provider and the processes the provider followed when assessing the client, conducting procedures, and providing treatment. In addition to these three services, interviewers observed normal obstetric deliveries and immediate newborn care.

3. What issues affect clients' and service providers' satisfaction with the service delivery environment?

Each observed ANC and family planning client, and each caretaker of an observed sick child, was asked to participate in an exit interview to learn her or his perception of the information and services received. This information provides further insight into the quality of the client–provider interaction. Health care providers were interviewed and asked detailed questions about in-service training and supervision they had received.

2.4 SAMPLING

The 2014-15 TSPA was designed to be a sample survey of all formal-sector health facilities in Tanzania. A master list of health facilities that consisted of 7,102 verified (active) health facilities in Tanzania was obtained from the Ministry of Health and Social Welfare (MoHSW) on the Tanzania Mainland and the Ministry of Health (MOH) in Zanzibar. The list included hospitals, health centres, dispensaries, and clinics. These facilities were managed by the government, private-for-profit, parastatal, and faith-based entities.

A sample of 1,200 facilities was selected to participate in the survey. The sample was designed to provide nationally representative results by facility type and managing authority and regionally representative results for the 25 Tanzania Mainland regions and the 5 Zanzibar regions (a total of 30 survey regions).

2.4.1 Sample of Health Facilities

Table 2.1 presents the distribution of sampled health facilities by managing authority, residence (urban/rural), and region. Appendix Tables A-2.1.1 and A-2.1.2 present information on the distribution of health facilities in the master facility list by region and by managing authority, respectively, and the numbers of facilities selected for the survey.

Table 2.1 Distribution of sampled facilities by managing authority, residence, and region (unweighted)

Number of facilities of each type by managing authority, residence (urban/rural), and region, Tanzania SPA 2014-15

Background characteristics	Facility type				Total
	Hospital	Health centre	Dispensary	Clinic	
Managing authority					
Government	124	277	380	2	783
Private-for-profit	39	33	60	56	188
Parastatal	10	5	10	0	25
Faith-based	90	65	46	3	204
Residence: Tanzania					
Total urban	176	108	105	55	444
Total rural	87	272	391	6	756
Residence: Mainland/ Zanzibar					
Mainland urban	168	103	92	43	406
Mainland rural	86	247	346	5	684
Zanzibar urban	8	5	13	12	38
Zanzibar rural	1	25	45	1	72
Region					
Total Mainland	254	350	438	48	1,090
Dodoma	8	17	22	1	48
Arusha	13	18	14	0	45
Kilimanjaro	17	17	17	1	52
Tanga	11	17	18	2	48
Morogoro	13	17	18	1	49
Pwani	7	13	20	1	41
Dar es Salaam	42	12	19	22	95
Lindi	9	11	17	0	37
Mtwara	5	14	18	0	37
Ruvuma	10	14	18	0	42
Iringa	7	14	16	2	39
Mbeya	20	11	17	5	53
Singida	9	12	15	1	37
Tabora	7	13	22	2	44
Rukwa	3	15	19	0	37
Kigoma	6	16	19	0	41
Shinyanga	4	11	20	0	35
Kagera	14	13	15	2	44
Mwanza	15	15	14	4	48
Mara	9	16	14	2	41
Manyara	7	13	12	2	34
Njombe	11	12	16	0	39
Katavi	1	12	22	0	35
Simiyu	3	11	20	0	34
Geita	3	16	16	0	35
Total Zanzibar	9	30	58	13	110
Total Unguja	5	20	34	11	70
Kaskazini Unguja	0	9	11	0	20
Kusini Unguja	1	5	14	0	20
Mjini Magharibi	4	6	9	11	30
Total Pemba	4	10	24	2	40
Kaskazini Pemba	2	4	13	1	20
Kusini Pemba	2	6	11	1	20
Total	263	380	496	61	1,200

2.4.2 Sample of Health Service Providers

A health service provider is defined as one who provides consultation services, counselling, health education, or laboratory services to clients. For example, health workers were not eligible for observation or interview if they only take measurements or complete registers and never provide any type of professional client services. The sample of health service providers was selected from providers who were present in the facility on the day of the assessment and who provided services that were assessed by the 2014-15 TSPA.

The aim was to interview an average of eight providers in each facility in order to include providers of the range of services being assessed. In facilities with fewer than eight health care providers, all of the providers present on the day of the visit were interviewed. In facilities with more than eight providers, efforts were made to interview eight providers, including all providers whose consultations were observed, and those who provided

information for any section of the *Facility Inventory* questionnaire. If interviewers observed fewer than eight providers, then they also interviewed a random selection of the remaining health care providers to obtain a total of eight provider interviews. Data were weighted during analysis to account for the differentials caused by over-sampling or under-sampling of providers with a particular qualification in a facility type or region.

Table 2.2 provides general information on the weighted proportion of the providers interviewed as a percentage of the total number of providers assigned to facilities and present at the time of the assessment, by background characteristics and provider type. It also gives the weighted and unweighted number of interviewed providers used for the analysis.

Table 2.2 Distribution of providers in facility provider sample frame and final provider sample selection

Number of providers of each type that were present on the day of the survey (provider sample frame), number of each type selected for the health worker interview (SPA sample), and percentage of eligible providers of each type that were selected for the health worker interview, by facility type and provider type, Tanzania SPA 2014-15

	Facility type								Total		Percentage of total for provider type included in Tanzania SPA sample
	Hospital		Health centre		Dispensary		Clinic				
Provider type	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	
Doctors[1]	341	206	63	53	14	14	24	17	442	290	66
Other clinicians[2]	943	666	565	534	302	302	28	26	1,838	1,528	83
Nurses[3]	3,684	1,758	1,785	1,438	962	912	122	92	6,553	4,200	64
Technicians[4]	683	342	422	352	135	125	25	25	1,265	844	67
Other	139	3	61	1	36	0	13	0	249	4	2
Total	5,790	2,975	2,896	2,378	1,449	1,353	212	160	10,347	6,866	66

[1] Includes generalist medical doctors and specialists medical doctors
[2] Includes assistant medical officers, clinical officers, assistant clinical officers, and anaesthetist
[3] Includes registered nurses (including nursing officers and midwives), enroled nurses (including trained nurses and public health nurses) and nurse assistants/attendants
[4] Includes laboratory scientist, laboratory technologist, laboratory technician, pharmacist, pharmaceutical technician, and pharmaceutical assistant

2.4.3 Sample for Observations and Exit Interviews

For ANC, family planning, and curative care for sick children, clients were identified and systematically selected for observation based on the number of clients present at each service site on the day of the visit. Where many clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the service, with a maximum of 15 observations for each service in any given facility. Interviewers attempted to conduct exit interviews with all observed clients or caretakers of observed sick children before they left the facility.

When several eligible ANC or family planning clients were waiting, interviewers tried to select two new clients for every follow-up client. The day's caseload and the logistics of organising observations did not always allow them to meet this objective.

For child health consultations, only children younger than five years of age who presented with an illness (rather than an injury or a skin or eye infection exclusively) were selected for observation.

2.5 IMPLEMENTATION

2.5.1 Questionnaire Adaptation

The 2014-15 TSPA questionnaires are based on model questionnaires developed by the DHS program; they were adapted to include the health issues relevant to Tanzania. Input was solicited from specialists and experts at the MoHSW (Tanzania Mainland), the MoH (Zanzibar), and development partners and other key

stakeholders knowledgeable about the health services and service programme priorities. After preparation of definitive questionnaires in English, the *Exit Interview* questionnaires only were translated into Kiswahili.

2.5.2 Pre-test

Following adaptation and translation of the questionnaires and completion of the CAPI and CAFE programmes, the questionnaires and computer programmes were pre-tested. The pre-testing sought to:

1. Test the questionnaires to detect any possible problems in the flow of the questions and to gauge the length of time required for interviews, as well as to identify any problems in the translations.

2. Test the computer programmes (CAPI and CAFE) to detect any problems.

3. Test survey logistics and applicability of the questionnaire contents as well as modifying and improving the instruments based on the pre-test outcomes.

The pre-test for the 2014-15 TSPA was conducted in Morogoro region for 26 days from July 21 to August 15, 2014. Eight health providers (nurses and clinicians) from the MoHSW (Tanzania Mainland) and the MoH (Zanzibar), three IT specialists (2 from NBS and 1 from OCGS), six staff from NBS and OCGS, and other senior staff from MoHSW and MoH participated in the pre-test in Morogoro region. During pre-test field practice, health facilities in the Morogoro region 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.

2.5.3 Main Training

As part of the preparations for the 2014-15 TSPA main training, the eight health providers and five staff (four from NBS and one from OCGS) who participated during the pre-test were given a *training of trainers* (TOT) for four days, September 10–13, 2014. The training, led by ICF International survey specialists, was intended to equip participants with the necessary skills for them to be in charge of the main training as facilitators.

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 (Tanzania Mainland) and MOH (Zanzibar), conducted the training. It included classroom lectures and discussions, practical demonstrations, mock interviews, role plays, and field practices. The first two weeks of training were dedicated exclusively to train interviewers on use of the 2014-15 TSPA paper questionnaires, and also for field practice. The two days of field practice were to ensure that the participants understood the content of the questionnaires, as well as how to organise themselves once they arrived in a health facility.

During the third and fourth week of training, participants were introduced to tablet computers, and then transitioned to the use of 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. For the duration of the third week, participants practiced all questionnaire types and 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. The number of nurses/interviewers was reduced to 67 after selecting those who performed best on a series of practical tests and examinations.

2.5.4 Data Collection

Following the training of interviewers, 20 teams were formed (2 for Zanzibar and 18 for Tanzania Mainland). Each team consisted of a team leader, 3 interviewers and a driver. Each team was provided two tablet computers. One was dedicated to CAPI for the *Facility Inventory*, and the other was dedicated to CAFE for entering responses to the paper-based *Health Provider Interview* and *Exit Interview* questionnaires as well as observation protocols. Each team was given a list of facilities to visit, including name, type, and location. On average, data collection took one day for a small facility (dispensary clinics and some health centres) and two or three days for large facilities (mostly hospitals). Every effort was made to assure that teams visited facilities on days when ANC, family planning, or sick child services were offered, because the assessment involved observation of these consultations. Whenever any of the services of interest was not being offered on the day of the visit, the teams returned on a day when the service was offered to observe consultations and interview clients. If, however, the service was offered on the day of the visit but no clients came for this service, the team did not revisit the facility.

Interviewers ensured that respondents to the *Facility Inventory* questionnaire sections were the most knowledgeable persons for the particular service or system components being assessed.

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.

Data collection for the 2014-15 TSPA took place from October 20 – February 21. There was a revisit of some facilities that were not covered in Dar es Salaam from March 2-13.

2.5.5 Data Management and Report Writing

Data and Questionnaire Management

After completing data collection in each facility, the interviewers reviewed the paper questionnaires (*Health Provider Interview, Exit Interview* and *Observation*) and the *Inventory* data that had been collected directly onto the tablet computer before handing the questionnaires and electronic data over to the team leader, who reviewed them a second time. The paper questionnaires were then entered into the second tablet computer. Once data collection and all data entry were completed in a facility, the team leader conducted consistency and structural checks on the data to identify any errors or missing information. When a team was satisfied that data collection and entry were complete for the facility, the team sent the data to the NBS headquarters in Dar es Salaam via the Internet, using ICF International's Internet File Steaming System (IFSS). Each team was given a modem device that enabled the tablet computer to send the completed data files to the central office. Questionnaires completed during the 2014-15 TSPA fieldwork were periodically gathered up by quality control teams and taken from the field to be processed at the NBS headquarters in Dar es Salaam. Processing consisted of data entry and the editing of computer-identified errors. The data were processed by a team of 5 data entry clerks, 1 questionnaire administrator, and 2 data entry supervisors. The questionnaire administrator was responsible for receiving the questionnaires from the field. A program developed by ICF International using CSPro software was employed for data entry. At the central office, the data from the paper questionnaires were entered twice (100 percent verification). The concurrent processing of the data was a distinct advantage for data quality because 2014-15 TSPA staff were able to advise the field teams of errors detected during data entry. Data entry started in October 2014, two weeks after the beginning of fieldwork, and ended in March 2015, two weeks after fieldwork ended. All responses with "other" category were reviewed by NBS with assistance from the MoHSW staff and were recorded in categories relevant for data analysis.

Development of the Final Report

The 2014-15 TSPA final report was written with input from MoHSW (Tanzania Mainland) and MoH (Zanzibar) staff, as well as staff from NBS and OCGS. ICF International provided technical oversight.

2.5.6 Data Analysis

Analysis of the TSPA data observed the following conventions:

- **Availability of items.** Unless otherwise indicated, the 2014-15 TSPA considered only those items observed by the interviewers to be available. Items that were reported by facility staff members as being available but that the interviewer did not see were not considered available.

- **Observations.** 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. There is often an interval between these events and the time when the primary provider assesses the client. Where such a process was used, and all clients received these measurements as part of their visit, clients who were selected for observation were assumed to have received these measurements, even if the primary provider was not observed taking these measurements.

  Observers used a checklist to indicate whether a measurement was taken, a practice was applied, or a piece of information was shared between the provider and the client. They did not attempt to verify whether the practice was correct or if the information was correct or complete.

- **Provider information.** Frequently, providers indicated that they "personally provided" a service that the facility where they were being interviewed did not offer. It may be that providers were referring to services that they provide outside the facility. For the 2014-15 TSPA only providers that offered the service in the facility where they were interviewed during the assessment were included in the analysis for that service.

2.6 RESPONSE RATES

2.6.1 Facility Response Rate

Table 2.3 presents the results of contact with the 1,200 health facilities sampled in the 2014-15 TSPA. Seven sampled facilities refused to be surveyed, 4 had closed down, and one facility could not be reached. The remaining 1,188 facilities 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. The percent distribution of the results is presented in the appendix Table A-2.2

Table 2.3 Result of facility contact by background characteristics

Number of sampled facilities according to result of visit of survey team to the facility, and percentage with interviews completed, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Result of visit to sampled facilities				Percentage completed	Number of sampled facilities
	Completed	Refused	Closed/not yet functional	Other		
Facility type						
Hospital	256	4	2	1	97	263
Health centre	379	1	0	0	100	380
Dispensary	493	1	2	0	99	496
Clinic	60	1	0	0	98	61
Managing authority						
Government	780	3	0	0	100	783
Private-for-profit	184	1	2	1	98	188
Parastatal	20	3	2	0	80	25
Faith-based	204	0	0	0	100	204
Residence: Tanzania						
Total urban	432	7	4	1	97	444
Total rural	756	0	0	0	100	756
Residence: Mainland/ Zanzibar						
Mainland urban	394	7	4	1	97	406
Mainland rural	684	0	0	0	100	684
Zanzibar urban	38	0	0	0	100	38
Zanzibar rural	72	0	0	0	100	72
Region						
Mainland total	1,078	7	4	1	99	1,090
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
Zanzibar total	110	0	0	0	100	110
Unguja total	70	0	0	0	100	70
Kaskazini Unguja	20	0	0	0	100	20
Kusini Unguja	20	0	0	0	100	20
Mjini Magharibi	30	0	0	0	100	30
Pemba total	40	0	0	0	100	40
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 2.4.1 presents the weighted percent distribution, by background characteristics, of the health facilities successfully assessed in the 2014-15 TSPA. The majority of facilities—using adjusted/weighted proportions to reflect actual facility distribution in Tanzania—are dispensaries (83 percent). Health centres (11 percent), hospitals (4 percent) and clinics (2 percent) are a minority. The majority of health facilities in Tanzania (72 percent) are managed by the government; 12 percent are faith-based and 14 percent are privately-owned. The other facilities (2 percent) include parastatal facilities.

Table 2.4.1 Distribution of surveyed facilities by background characteristics

Percent distribution of surveyed facilities (weighted) and weighted and unweighted numbers of facilities, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percent distribution of surveyed facilities (weighted)	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Hospital	4	46	256
Health centre	11	129	379
Dispensary	83	992	493
Clinic	2	21	60
Managing authority			
Government	72	857	780
Private-for-profit	14	163	184
Parastatal	2	21	20
Faith-based	12	148	204
Residence: Tanzania			
Total urban	27	324	432
Total rural	73	864	756
Residence: Mainland/ Zanzibar			
Mainland urban	26	306	394
Mainland rural	71	838	684
Zanzibar urban	2	18	38
Zanzibar rural	2	26	72
Region			
Mainland total	96	1,144	1,078
Dodoma	5	60	48
Arusha	4	52	45
Kilimanjaro	6	67	52
Tanga	5	59	47
Morogoro	5	61	49
Pwani	4	45	41
Dar es Salaam	8	96	87
Lindi	3	35	37
Mtwara	3	35	37
Ruvuma	4	47	42
Iringa	3	39	39
Mbeya	6	72	53
Singida	3	34	37
Tabora	4	50	44
Rukwa	3	34	37
Kigoma	4	43	41
Shinyanga	3	32	35
Kagera	4	49	44
Mwanza	5	59	46
Mara	4	45	41
Manyara	2	27	33
Njombe	3	38	39
Katavi	1	11	35
Simiyu	3	30	34
Geita	2	23	35
Zanzibar total	4	44	110
Unguja total	2	29	70
Kaskazini Unguja	1	6	20
Kusini Unguja	1	7	20
Mjini Magharibi	1	17	30
Pemba total	1	15	40
Kaskazini Pemba	1	8	20
Kusini Pemba	1	7	20
Total	100	1,188	1,188

Table 2.4.2 provides information on the distribution of facilities that were successfully visited, by managing authority. The majority of facilities, including hospitals, health centres, and dispensaries in Tanzania are managed by the government, while almost all clinics are privately owned.

Table 2.4.2 Distribution of surveyed facilities by facility type and managing authority

Number of facilities successfully visited, by facility type and managing authority (weighted), Tanzania SPA 2014-15

	Managing authority				
Facility type	Government	Private-for-profit	Parastatal	Faith-based	Total
Hospital	23	6	1	15	46
Health centre	87	17	2	23	129
Dispensary	747	118	17	109	992
Clinic	0	20	0	1	21
Total	857	163	21	148	1,188

2.6.2 Provider Interview

Table 2.5 shows the percent distribution and number of interviewed providers, by background characteristics and provider type. A total of 6,866 providers were interviewed; most were in dispensaries (59 percent), while hospitals and health centres contributed 20 percent each of interviewed providers. Sixty-two percent of the interviewed providers were in facilities where the government is the managing authority. The majority of interviewed providers were nurses (64 percent), with medical doctors accounting for only 3 percent.

Table 2.5 Distribution of interviewed providers

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

Background characteristics	Percent distribution of interviewed providers (weighted)	Number of interviewed providers	
		Weighted	Unweighted
Provider type			
Doctors[1]	3	185	290
Other clinicians[2]	21	1,468	1,528
Nurses[3]	64	4,420	4,200
Technicians[4]	11	788	844
Other	0	6	4
Facility type			
Hospital	20	1,345	2,975
Health centre	20	1,361	2,378
Dispensary	59	4,062	1,353
Clinic	1	98	160
Managing authority			
Government	62	4,256	4,232
Private-for-profit	17	1,162	894
Parastatal	2	104	131
Faith-based	20	1,344	1,609
Residence: Tanzania			
Total urban	42	2,903	3,364
Total rural	58	3,963	3,502
Residence: Mainland/ Zanzibar			
Mainland urban	41	2,786	3,184
Mainland rural	56	3,833	3,234
Zanzibar urban	2	117	180
Zanzibar rural	2	131	268
Region			
Mainland total	96	6,618	6,418
Dodoma	5	336	271
Arusha	5	344	299
Kilimanjaro	5	370	333
Tanga	5	368	310
Morogoro	6	427	349

(Continued…)

Table 2.5—*Continued*

Background characteristics	Percent distribution of interviewed providers (weighted)	Number of interviewed providers	
		Weighted	Unweighted
Region			
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
Zanzibar total	4	248	448
Unguja total	2	162	282
Kaskazini Unguja	0	29	79
Kusini Unguja	0	34	79
Mjini Magharibi	1	99	124
Pemba total	1	86	166
Kaskazini Pemba	1	43	78
Kusini Pemba	1	42	88
Total	100	6,866	6,866

[1] Includes generalist medical doctors and specialists medical doctors
[2] Includes assistant medical officers, clinical officers, assistant clinical officers, and anaesthetist
[3] Includes registered nurses (including nursing officers and midwives), enroled nurses (including trained nurses and public health nurses) and nurse assistants/attendants
[4] Includes laboratory scientist, laboratory technologist, laboratory technician, pharmacist, pharmaceutical technician, and pharmaceutical assistant

2.6.3 Client Observation and Interview

Table 2.6 presents the unweighted distribution of observed and interviewed clients, by service and facility type. Table 2.7 shows the weighted percent distribution of observed consultations as well as the weighted and unweighted numbers of observed clients, by service and facility type. 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).

Table 2.6 Distribution of observed and interviewed clients (unweighted)

Number of clients attending facility on the day of the survey eligible for observation, number whose consultations were observed and who were interviewed, and the percentages of eligible clients who were observed and interviewed, by type of service and type of facility, Tanzania SPA 2014-15

Facility type	Total number of clients present on the day of the survey	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	2,666	1,578	59
Health centre	2,774	1,711	62
Dispensary	2,171	1,594	73
Clinic	92	78	85
Total	7,703	4,961	64
FAMILY PLANNING			
Hospital	990	687	69
Health centre	884	640	72
Dispensary	419	385	92
Clinic	42	34	81
Total	2,335	1,746	75
ANTENATAL CARE			
Hospital	2,197	1,430	65
Health centre	2,324	1,462	63
Dispensary	1,856	1,087	59
Clinic	42	28	67
Total	6,419	4,007	62

Table 2.7 Distribution of observed consultations

Percent distribution of observed consultations for outpatient curative care for sick children, family planning, and antenatal care, and weighted and unweighted numbers of observed consultations, 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
Clinic	1	33	78
Total	100	4,961	4,961
FAMILY PLANNING			
Hospital	23	398	687
Health centre	23	394	640
Dispensary	54	935	385
Clinic	1	19	34
Total	100	1,746	1,746
ANTENATAL CARE			
Hospital	16	635	1,430
Health centre	18	727	1,462
Dispensary	66	2,631	1,087
Clinic	0	14	28
Total	100	4,007	4,007

FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT 3

Wilfred Yohana

Key Findings

Service availability

- Services available at nearly all Tanzanian health facilities are malaria diagnosis and treatment, curative care for sick children, and STI diagnosis or treatment. Similar findings were reported in the 2006 TSPA.
- A full package of basic services (outpatient curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning, antenatal care, and services for STIs) is available in three of four health facilities. A similar package of basic services was reported in the 2006 TSPA, available in seven of ten facilities.

General service readiness

- ***Basic amenities:*** About nine of ten facilities have visual and auditory privacy. About two-thirds of facilities have an improved water source; a similar proportion has regular electricity.
- ***Basic equipment:*** With the exception of a light source and infant and child scales, all basic equipment is available in more than three-quarters of facilities.
- ***Standard precautions for infection control:*** About two-thirds of facilities have both soap and running water or else alcohol-based hand disinfectant in the general OPD area.
- ***Capacity for processing of equipment for reuse:*** About nine of ten facilities have functioning equipment to support the final processing of instruments for reuse. However, relevant written guidelines are rarely available.
- ***Diagnostic capacity:*** Malaria tests and HIV tests are the most common basic diagnostic tests available in Tanzanian health facilities. All other basic diagnostic tests are available in half or fewer facilities.
- ***Essential medicines:*** Of 14 essential medicines, the most likely to be available in about seven of ten facilities are ciprofloxacin, amoxicillin, cotrimoxazole, diazepam, diclofenac tablets/capsules, and paracetamol oral suspension.
- ***Basic management and support:*** About 49 percent of facilities conduct regular management meetings and have documentation of the meetings; only 39 percent involve the community in these meetings.

Human resources for health in facilities

- A median of four medical doctors, 10 non-physician clinicians, 76 nurses, and three pharmacists are available at hospitals. Health centres have no doctors, but a median of three non-physician clinicians, and ten nurses. Dispensaries have a median of three nurses while clinics have a median of four nurses.

3.1 BACKGROUND

The Tanzanian health care delivery system is comprised of a network of facilities providing a variety of health services. The health status of the population can be improved by a health system that has essential inputs and requisite support systems which promote effective and efficient delivery of health services. Although health care services can be offered under various conditions, some common inputs are crucial under all conditions to ensure the quality of services, their acceptability, and their utilisation. These essential inputs include human resources, equipment, and pharmaceutical and medical supplies. It is therefore essential to have well-designed standard procedures that highlight both the strengths and weaknesses associated with health service provision. Such procedures aid health planners and managers to prioritise efforts and allocate resources effectively and efficiently in order to improve standards of health delivery. At the same time, identifying strengths and weakness enables health facilities to successfully perform their core functions and essential services.

This chapter provides information on the availability of basic health services, essential resources, management, and support systems at the health facility level. It is divided into five parts:

- **Background.** Section 3.1 presents a brief overview of service delivery.
- **Availability of services.** Section 3.2, including Tables 3.1 and 3.2 and Figure 3.1, describes the availability of client services in Tanzanian health care facilities.
- **Service readiness.** Section 3.3, including Tables 3.3 through 3.8.4, and Figures 3.2 through 3.5, reports on a range of indicators designed to assess the readiness of facilities to provide good quality client services, including: availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.
- **Basic management and support.** Section 3.4, including Tables 3.9 and 3.10 and Figure 3.6, considers the extent to which essential management and administrative systems are in place to support the provision of quality services, including quality assurance monitoring and supportive management practices.
- **Human resources.** Section 3.5, including Tables 3.11.1 and 3.11.2 provides information on staffing patterns at the different facility levels.

3.2 AVAILABILITY OF SERVICES

3.2.1 Overall Availability of Specific Client Services

Policymakers, planners and programme managers are interested in the overall availability of health services in Tanzania to identify any gaps in the provision of key services. Table 3.1 and Figure 3.1 provide the percentages of all facilities that offer client services. Whenever feasible, these findings are compared with findings from the 2006 TSPA.

At least 80 percent of health facilities in Tanzania offer the following client services: malaria diagnosis and treatment (99 percent, same as in 2006), curative care for sick children (98 percent, same as in 2006), STI diagnosis or treatment (97 percent, compared with 96 percent in 2006), minor surgical services (89 percent), antenatal care (85 percent, compared with 82 percent in 2006), child growth monitoring (84 percent, compared with 82 percent in 2006), child vaccination (81 percent, compared with 78 percent in 2006), HIV testing (81 percent, compared with 26 percent in 2006), family planning (80 percent, compared with 78 percent in 2006), and PMTCT services (80 percent, compared with 13 percent in 2006). About three-quarters of facilities offer

delivery and newborn care services (74 percent in 2006). Laboratory diagnostic services (52 percent), HIV care and support services (35 percent), HIV antiretroviral treatment services (ART) (27 percent), TB diagnosis or treatment (28 percent) and blood typing services (18 percent) are less widely available. The least available services in Tanzanian health facilities are caesarean delivery and blood transfusion, provided by just 4 and 5 percent of facilities, respectively. The limited availability of these services is due to the fact that caesarean delivery and blood transfusion are only provided at hospitals, which constitute about 4 percent of all facilities in Tanzania.

Table 3.1 Reported availability of specific services

Among all facilities, the percentages that reported offering specific services at least once a month at the facility, Tanzania SPA 2014-15

Type of service	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Curative care for sick children[1]	98	1,160	1,154
Child growth monitoring[1]	84	997	1,011
Child vaccination (EPI)[2]	81	968	992
Any family planning[3]	80	947	933
Antenatal care	85	1,005	1,031
PMTCT[4]	80	947	995
Delivery and newborn care	76	905	951
Caesarean delivery[5]	4	53	271
HIV testing[6]	81	964	1,026
HIV care and support services[7]	35	410	669
HIV treatment services (ART)[8]	27	315	606
STI diagnosis or treatment	97	1,155	1,150
TB diagnosis or treatment [9]	28	330	630
Malaria diagnosis or treatment [10]	99	1,171	1,161
Minor surgery services [11]	89	1,052	1,083
Laboratory diagnosis services [11]	52	613	841
Blood typing services [11]	18	211	437
Blood transfusion services [11]	5	57	277
Total	na	1,188	1,188

na = not applicable

[1] Service offered in the facility, excluding any outreach services
[2] Routine series of DPT/Pentavalent, polio, and measles vaccinations offered from the facility, excluding any outreach services
[3] 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 the Standard Days Method, female sterilisation (tubal ligation) male sterilisation (vasectomy), or periodic abstinence method.
[4] Facility reports that it provides any of the following services for the prevention of mother-to-child transmission (PMTCT) of HIV: HIV testing and counselling for pregnant women or children born to HIV-positive women, provision of antiretroviral (ARV) prophylaxis to HIV-positive pregnant women or to newborns of HIV-positive women, provision of infant and young child feeding for PMTCT, provision of nutritional counselling for HIV-positive pregnant women and their infants, provision of family planning counselling to HIV-positive pregnant women, provision of co-trimoxazole to newborns of HIV-positive women, or provision of ART prophylaxis to HIV-positive pregnant women.
[5] Facility reports that it provides caesarean delivery services in facility.
[6] Facility reports that is has the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit is available in the facility on the day of the survey, or other test capability is available.
[7] Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections;
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis;
- Treatment for Kaposi's sarcoma;
- Palliative care, such as symptom or pain management, or nursing care for terminally ill or severely debilitated patients;
- Nutritional rehabilitation services, including client education, provision of nutritional or micronutrient supplementation;
- Fortified protein supplementation;
- Care for peadiatric HIV/AIDS patients;
- Preventive treatment for TB, i.e., isoniazid with pyridoxine;
- Primary preventive treatment for opportunistic infections, such cotrimoxazole preventive treatment; general family planning counselling and/or services for HIV-positive clients;
- Condoms;
- Depo-Provera as integrated family planning services.

[8] Facility reports that providers in the facility prescribe antiretroviral (ARV) treatment and/or provide clinical follow-up for clients on ARV treatment. Outreach ART facilities are included in this definition.
[9] Facility reports that providers assigned to the facility diagnose TB, prescribe treatment for TB, or provide TB treatment follow-up services for clients put on treatment elsewhere.
[10] Facility reports that it offers malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria RDT or that were found on the day of the survey visit to be conducting malaria rapid diagnostic tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services.
[11] Based only on affirmative response to Q102 establishing availability of services. No information on the number of days the service is offered per month.

3.2.2 Availability of Basic Client Services

The availability of a basic package of health services, the frequency with which these services are offered, the presence of qualified staff for their delivery, and the overall ease of access to the health care system all contribute to client utilisation of services at a health facility. The Tanzania SPA defines basic client services as the following: outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, provision of any modern method of family planning, antenatal care, and services for sexually transmitted infections (STIs). Table 3.2 and Figure 3.1 present information on the availability of these basic services, both individually and as a package. This information is disaggregated by health facility type, managing authority (ownership), urban/rural location and region. Wherever feasible, the findings are compared with findings from the 2006 TSPA.

Table 3.2 Availability of basic client services

Among all facilities, the percentages 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
Clinic	68	32	18	33	30	65	13	21
Managing authority								
Government	100	94	94	96	96	98	91	857
Private-for-profit	91	39	25	35	36	95	24	163
Parastatal	71	37	16	22	17	85	16	21
Faith-based	97	81	79	41	81	97	36	148
Residence: Tanzania								
Total urban	94	58	54	54	59	97	47	324
Total rural	99	94	92	89	94	97	83	864
Residence: Mainland/ Zanzibar								
Mainland urban	94	60	55	55	60	97	48	306
Mainland rural	99	94	92	89	94	97	83	838
Zanzibar urban	97	39	34	34	43	96	31	18
Zanzibar rural	98	91	90	91	90	99	89	26
Region								
Mainland average/total	98	85	82	80	85	97	74	1,144
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

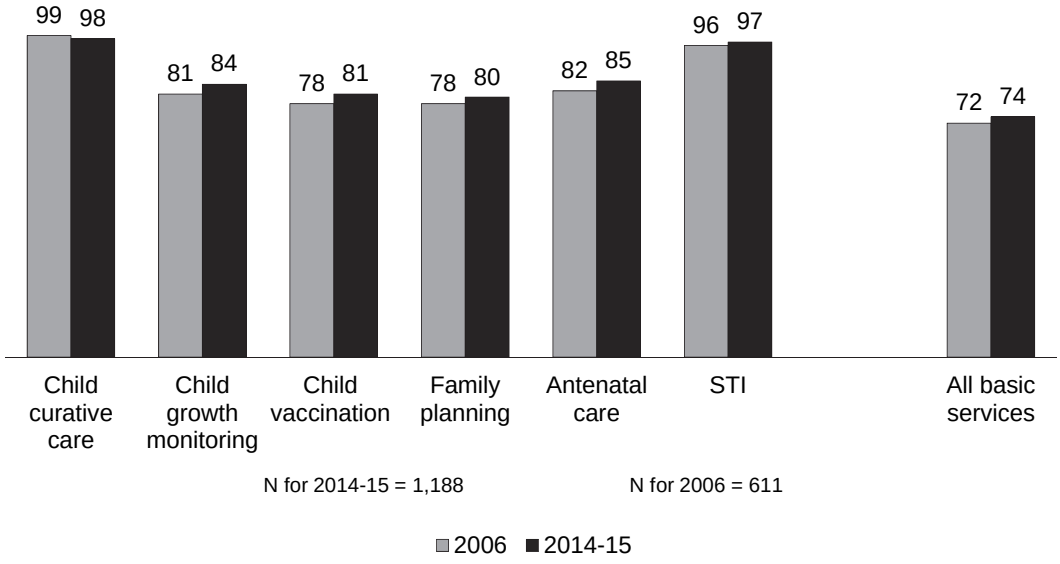
(Continued…)

Table 3.2—*Continued*

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
Region								
Zanzibar average/total	97	69	67	68	70	97	65	44
Unguja average/total	96	62	56	58	61	96	56	29
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
Pemba average/total	100	83	87	87	88	100	83	15
Kaskazini Pemba	100	80	87	87	87	100	80	8
Kusini Pemba	100	87	87	87	89	100	87	7
National average/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).

Figure 3.1 **Availability of basic client services, TSPA 2006 and TSPA 2014-15**



Availability of the Basic Client Services Package

About 74 percent of all Tanzanian health facilities offer the basic client services package (72 percent in 2006). Among facility types, health centres (79 percent) and dispensaries (75 percent) are more likely to provide all basic client services than hospitals (69 percent) and clinics (13 percent).

Among the various managing authorities, government facilities (91 percent) are far more likely to provide all basic client services than faith-based facilities (36 percent), private-for-profit facilities (24 percent) and parastatal facilities (16 percent).

Among the regions, facilities in Lindi region (98 percent) lead in provision of the basic services package. More than 50 percent of facilities in other regions offer the package of basic services except for Dar es Salaam (43 percent) in Tanzania Mainland and Mjini Magharibi (34 percent) in Zanzibar.

Availability of Individual Basic Services

The basic client services assessed in the 2014-15 TSPA are all available in at least 80 percent of Tanzanian health facilities. For example, curative care for sick children and STI services are available in 98 and 97 percent, respectively, of facilities (99 and 96 percent, respectively, in 2006). Antenatal care services and child growth monitoring are available in 85 and 84 percent, respectively, of facilities (82 and 81 percent, respectively, in 2006), and child vaccination services and family planning services are available in 81 and 80 percent, respectively, of all facilities (78 percent each in 2006).

While all basic services are widely available in hospitals, health centres, and dispensaries, the availability of individual basic services is lower in clinics, particularly child growth monitoring, facility-based child vaccination services, family planning, and antenatal care. For example, only 30 percent of clinics offer ANC services and only 18 percent offer child vaccination services. Curative care for sick children, on the other hand, is available in two-thirds of clinics.

3.3 SERVICE READINESS: BASIC FACILITY INFRASTRUCTURE TO SUPPORT QUALITY SERVICE PROVISION

3.3.1 Basic Amenities

Theoretically, good health services can be provided even in minimal service delivery settings. However, the availability of basic amenities such as regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, a computer with Internet access, and emergency transport are important for client satisfaction with the services rendered at health facilities. Table 3.3 and Figure 3.2 provide information on the availability of basic amenities for client services. These indicators comprise the *basic amenities* domain for assessing general services, as proposed by WHO and USAID (WHO, 2015).

The most commonly available client amenity was visual and auditory privacy in the service area, available in over 90 percent of facilities. Availability of other amenities in Tanzanian health facilities ranges from 68 percent with improved water source and 67 percent with access to regular electricity to 12 percent with a computer and Internet access.

Dispensaries (65 percent) are less likely than other facility types to have an improved water source. By managing authority, government facilities are generally less likely than facilities managed by other authorities to have an improved water source. Urban facilities (84 percent) are more likely than rural facilities (62 percent) to have an improved water source.

In general, about two-thirds of all facilities have access to regular electricity (compared with one-third in 2006). As expected, hospitals (91 percent) are more likely to have regular electricity than other facility types—health centres (76 percent), clinics (70 percent), and dispensaries (65 percent). The availability of regular electricity shows some regional variation; it is highest in Kigoma region (99 percent) and lowest in Shinyanga region (45 percent).

About six of ten facilities have emergency transport. Hospitals (93 percent) and health centres (74 percent) are more likely than dispensaries (54 percent) and clinics (29 percent) to have emergency transport. By managing authority, private-for-profit facilities are less likely than facilities managed by other managing authorities to have emergency transport.

Table 3.3 Availability of basic amenities for client services

Among all facilities, the percentages 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]	Communication equipment[5]	Computer with Internet[6]	Emergency transport[7]	
Facility type								
Hospital	91	87	95	76	94	68	93	46
Health centre	76	84	96	56	62	26	74	129
Dispensary	65	65	93	40	47	8	54	992
Clinic	70	89	100	93	62	22	29	21
Managing authority								
Government	61	61	94	31	47	7	58	857
Private-for-profit	77	88	96	91	65	31	46	163
Parastatal	86	85	90	98	44	32	59	21
Faith-based	88	86	95	58	56	20	66	148
Residence: Tanzania								
Total urban	71	84	95	80	61	25	51	324
Total rural	66	62	93	30	47	8	60	864
Residence: Mainland/ Zanzibar								
Mainland urban	70	84	95	79	62	25	53	306
Mainland rural	65	61	93	29	47	8	61	838
Zanzibar urban	82	92	99	96	44	13	20	18
Zanzibar rural	74	89	93	76	43	9	12	26
Region								
Mainland average/total.	67	67	94	42	51	12	59	1,144
Dodoma	70	74	99	21	95	12	66	60
Arusha	62	86	100	37	42	15	72	52
Kilimanjaro	67	84	95	63	47	20	56	67
Tanga	54	53	100	28	72	6	56	59
Morogoro	52	69	99	48	56	12	45	61
Pwani	72	61	61	30	31	3	46	45
Dar es Salaam	70	86	99	91	77	33	46	96
Lindi	68	43	100	47	28	3	34	35
Mtwara	67	80	94	25	37	13	41	35
Ruvuma	54	56	95	43	85	8	68	47
Iringa	62	66	89	30	36	11	49	39
Mbeya	50	44	99	25	15	7	55	72
Singida	56	74	94	37	50	11	93	34
Tabora	81	78	100	11	17	4	58	50
Rukwa	60	47	95	24	47	2	85	34
Kigoma	99	75	95	53	26	13	57	43
Shinyanga	45	48	95	56	58	9	59	32
Kagera	86	87	100	59	86	10	80	49
Mwanza	78	46	86	49	58	19	69	59
Mara	73	77	94	68	72	15	72	45
Manyara	60	53	92	25	58	6	75	27
Njombe	70	80	61	14	6	4	15	38
Katavi	79	70	100	19	40	9	90	11
Simiyu	65	56	95	37	38	22	89	30
Geita	75	52	100	47	46	13	59	23
Zanzibar average/total	77	90	95	84	43	11	16	44
Unguja average/total	69	94	97	85	54	16	21	29
Kaskazini Unguja	60	93	100	59	80	24	26	6
Kusini Unguja	50	100	88	76	46	15	22	7
Mjini Magharibi	80	91	100	97	49	14	18	17
Pemba average/total	94	83	92	82	22	0	6	15
Kaskazini Pemba	97	80	98	82	8	0	4	8
Kusini Pemba	90	87	86	83	38	0	8	7
National average/total	67	68	94	44	51	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 2015).

[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 facility or piped onto facility grounds, or bottled water, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water and the outlet from this source is within 500 meters of the facility.

[3] A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others.

[4] The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or 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, a cellular phone used for any form of reporting, 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 facility has access to the Internet via a cellular phone inside the facility.

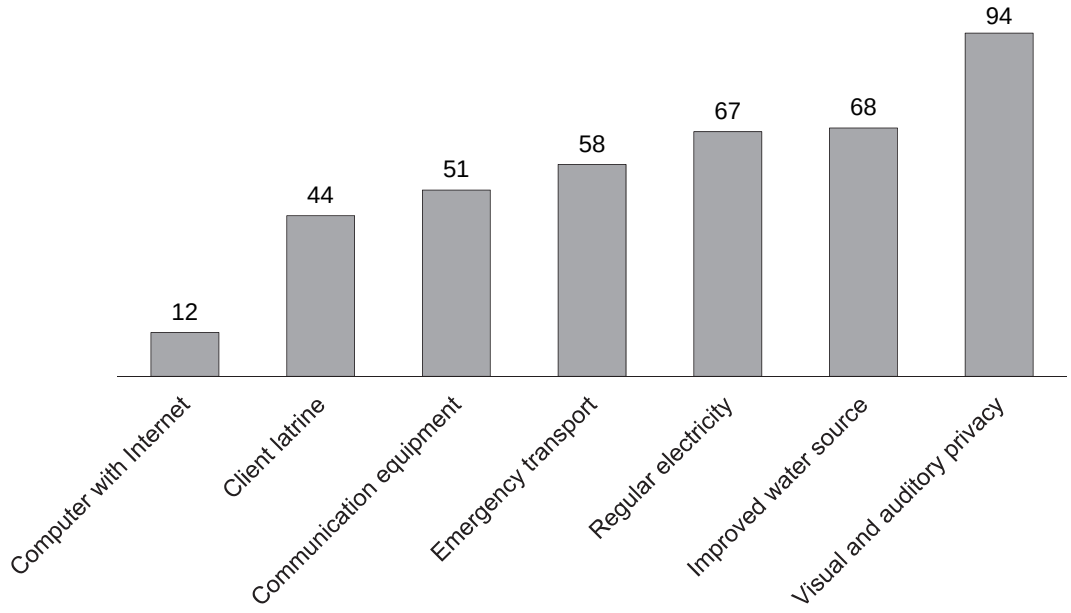
[7] The facility had a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates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

A client latrine is available, on average, in 44 percent of facilities. Clinics (93 percent) and hospitals (76 percent) are more likely to have a client latrine than other facility types.

The least available amenity is a computer with Internet connectivity, available in only 12 percent of facilities. Hospitals are more likely to have a computer with Internet access than other facility types. Only 7 percent of government facilities have a computer with Internet access, mainly because the large proportion of government facilities are dispensaries.

Almost all basic amenities are more available in urban facilities than rural facilities, except for the availability of emergency transport (51 percent in urban areas compared with 60 percent in rural areas).

Figure 3.2 **Availability of basic amenities for client services**



TSPA 2014-15

3.3.2 Basic Equipment to Support Quality Health Services

Delivery of quality health services requires availability of functioning basic equipment. The World Health Organization (WHO) and the United States Agency for International Development (USAID) have proposed a list of seven basic pieces of equipment that should be available at a health facility to guarantee its readiness to deliver basic health services (WHO, 2012). These are: an adult scale, a child scale, an infant scale, a thermometer, a stethoscope, blood pressure apparatus, and a light source. They comprise the *basic equipment* domain for assessing general service readiness. Table 3.4 and Figure 3.3 report the availability of these basic items in Tanzania health facilities.

Table 3.4 Availability of basic equipment

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Equipment							Number of facilities
	Adult scale	Child scale[1]	Infant scale[2]	Thermo-meter	Stetho-scope	Blood pressure apparatus[3]	Light source[4]	
Facility type								
Hospital	92	51	33	88	96	92	41	46
Health centre	83	58	42	85	95	90	27	129
Dispensary	74	62	38	82	90	81	12	992
Clinic	71	33	23	81	87	89	48	21
Managing authority								
Government	72	66	44	79	89	79	10	857
Private-for-profit	87	32	18	92	98	93	32	163
Parastatal	59	33	10	85	85	85	27	21
Faith-based	88	61	31	94	94	88	26	148
Residence: Tanzania								
Total urban	84	47	27	89	95	90	28	324
Total rural	73	66	42	81	89	80	11	864
Residence: Mainland/ Zanzibar								
Mainland urban	84	48	28	89	95	90	27	306
Mainland rural	73	67	43	80	89	80	10	838
Zanzibar urban	72	30	11	82	96	98	40	18
Zanzibar rural	56	39	21	90	84	73	34	26
Region								
Mainland average/total	76	62	39	83	91	82	15	1,144
Dodoma	91	73	61	74	84	81	1	60
Arusha	76	62	15	86	93	92	24	52
Kilimanjaro	81	63	45	90	95	91	32	67
Tanga	93	74	60	94	100	100	17	59
Morogoro	78	73	38	94	99	89	13	61
Pwani	85	68	39	89	90	85	19	45
Dar es Salaam	90	37	22	97	97	89	31	96
Lindi	48	56	23	56	62	57	14	35
Mtwara	60	66	50	70	69	49	8	35
Ruvuma	94	79	73	90	95	86	1	47
Iringa	87	72	36	100	89	84	12	39
Mbeya	63	79	59	88	100	94	32	72
Singida	52	44	20	94	82	76	3	34
Tabora	90	80	84	72	96	86	11	50
Rukwa	59	75	50	73	93	93	26	34
Kigoma	36	6	0	63	89	69	6	43
Shinyanga	82	58	47	71	95	99	1	32
Kagera	69	35	7	68	89	70	5	49
Mwanza	77	69	38	85	84	72	19	59
Mara	93	63	50	65	80	68	6	45
Manyara	74	71	19	90	99	83	13	27
Njombe	83	64	19	95	84	73	2	38
Katavi	71	75	46	56	90	86	4	11
Simiyu	62	62	25	70	90	85	6	30
Geita	42	26	7	75	94	70	3	23
Zanzibar average/total	63	35	17	87	89	84	37	44
Unguja average/total	79	50	24	91	98	97	42	29
Kaskazini Unguja	76	83	36	97	100	100	36	6
Kusini Unguja	82	65	41	100	100	88	41	7
Mjini Magharibi	80	33	12	85	96	100	44	17
Pemba average/total	31	7	3	80	72	57	27	15
Kaskazini Pemba	18	0	0	69	58	56	21	8
Kusini Pemba	45	15	6	92	87	59	33	7
National average/total	76	61	38	83	91	82	16	1,188

Note: The indicators presented in this table comprise the basic equipment domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2015).

[1] A scale with gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or lower where an adult can hold a child to be weighed, available somewhere in the general outpatient area

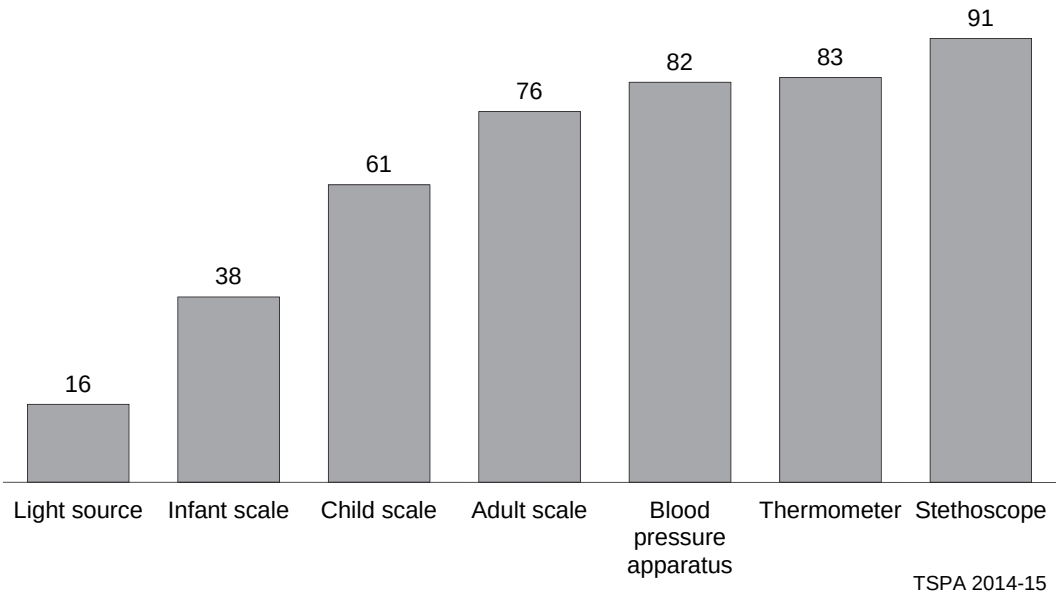
[2] A scale with gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed, available somewhere in the general outpatient area

[3] A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

[4] A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area.

A stethoscope (91 percent) is the most commonly available piece of basic equipment, followed by a thermometer and blood pressure apparatus, each of which is found in about eight of ten facilities, and an adult scale found in 76 percent of facilities. In contrast, only 38 percent and 16 percent of facilities have an infant scale and light source, respectively. Government managed facilities are less likely to have a light source (10 percent) than other managed facilities (26 to 32 percent). Blood pressure apparatus is likely to be available in all types of facilities, with availability ranging from 81 percent in dispensaries to 92 percent in hospitals. The availability of a light source is lower in dispensaries—12 percent have a spotlight source or functioning flashlight equipment—than other types of facilities (27 to 48 percent). Basic equipment to support quality health services are more likely to be available in urban facilities than in rural facilities, with the exception of child and infant scales which are more commonly available in rural facilities.

Figure 3.3 **Availability of basic equipment**



3.3.3 Standard Precautions for Infection Control in Service Delivery Area

Infections acquired in a health facility (known as nosocomial infections) often complicate the delivery of health care. Strict adherence to infection control guidelines and constant vigilance are necessary to prevent such infections. It is essential that a health facility has supplies and equipment for infection control appropriate to the services offered. These items can include sterilisation equipment, equipment for high-level disinfection, incineration equipment, sharps containers, waste receptacles, disinfectant, syringes and needles, soap, running water, hand disinfectant, gloves, medical masks, gowns, eye protection, and guidelines for infection control. Table 3.5 reports the availability of these infection control items by health facility type and managing authority; Appendix Tables A-3.5.1, A-3.5.2 and A-3.5.3 report the availability of these items by region (Mainland/Zanzibar) and residence (urban/rural).

Washing hands with soap and running water, or else disinfecting hands with alcohol-based hand disinfectant, are important infection prevention practices. The 2014-15 TSPA assessed the availability of these essential items for hand hygiene in the general outpatient (OPD) area of the facility. Overall, only two-thirds (65 percent) of all health facilities had soap and running water or else alcohol-based hand disinfectant in the general outpatient area. Hospitals (89 percent) and clinics (83 percent) are more likely than other facility types to have

these infection prevention items. By managing authority, faith-based and private-for-profit facilities (90 percent and 82 percent, respectively) are more likely than facilities of other managing authorities to have these items.

Table 3.5 Standard precautions for infection control by facility type and managing authority

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				National average/total
Items	Hospital	Health centre	Dispensary	Clinic	Government	Private-for-profit	Parastatal	Faith-based	
Sterilization equipment[1]	87	52	20	61	15	62	53	54	27
Equipment for high-level disinfection[2]	78	84	77	54	80	65	81	73	77
Safe final disposal of sharps waste[3]	41	37	34	59	30	49	10	51	35
Safe final disposal of infectious waste[4]	43	37	36	61	33	47	10	49	36
Appropriate storage of sharps waste[5]	77	76	80	66	83	68	63	70	79
Appropriate storage of infectious waste[6]	43	42	44	64	38	63	32	56	44
Disinfectant[7]	77	60	56	67	57	58	58	60	57
Syringes and needles[8]	82	68	77	73	77	74	63	74	76
Soap	89	73	64	80	59	79	62	90	66
Running water[9]	93	77	66	81	61	87	83	92	69
Soap and running water	88	66	57	77	51	78	62	87	60
Alcohol-based hand disinfectant	37	28	18	53	17	26	23	35	20
Soap and running water or else alcohol-based hand disinfectant	89	71	63	83	58	82	62	90	65
Latex gloves[10]	92	81	81	82	83	79	63	78	82
Medical masks	30	19	13	38	11	26	27	23	15
Gowns	51	41	28	36	29	31	19	38	30
Eye protection	14	9	4	20	4	6	2	13	6
Guidelines for standard precautions[11]	44	35	21	14	23	22	33	26	23
Examination bed or couch	98	95	85	82	84	90	85	95	86
Gum boots	24	22	14	6	16	14	5	18	15
Number of facilities	46	129	992	21	857	163	21	148	1,188

Notes:

- Additional results for Table 3.5, by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-3.5.1, A-3.5.2 and A-3.5.3
- The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.
[2] Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.
[3] The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[4] The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[5] Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[6] Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[7] Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area
[8] Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area
[9] Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area
[10] Non-latex equivalent gloves are acceptable.
[11] Any guideline for infection control in health facilities available in the general outpatient area

Processing instruments for reuse is critical for infection prevention. The survey assessed the availability of sterilisation equipment and the availability of equipment for high-level disinfection somewhere in the facility. Only 27 percent of facilities had sterilisation equipment in the facility, with hospitals (87 percent) and clinics (61 percent) being more likely than health centres (52 percent) or dispensaries (20 percent) to have sterilization equipment. Government managed facilities are less likely to have sterilisation equipment compared with other

managing authorities. On the other hand, about three-fourths of all facilities (77 percent) had equipment for high-level disinfection. In this case, health centres (84 percent) and dispensaries (77 percent) are as likely as hospitals (78 percent) to have equipment for high-level disinfection. Only about a quarter of all facilities had guidelines available for standard precautions/infection control.

The appropriate storage of sharps waste was observed in about eight of ten health facilities; at the same time, the appropriate (safe) disposal of sharps waste was observed in only 35 percent of facilities. Appropriate storage of other infectious wastes (44 percent) and the safe disposal of these wastes (36 percent) were also less widely available.

On the day of the assessment visit, about eight of ten facilities had an examination bed or couch (86 percent) and latex gloves (82 percent), and about three-fourths had syringes and needles (76 percent). Most of the infection control items are more likely to be available at hospitals than at other types of health facilities.

The availability of the following items for standard precautions for infection control is higher in urban facilities than rural facilities: sterilisation equipment, appropriate storage of infectious wastes, and soap and running water or else alcohol-based hand disinfectant. Availability of other items are about the same, or better in rural facilities (Appendix Table 3.5.3).

3.3.4 Capacity for Adherence to Standards for Quality Sterilisation or High-Level Disinfection Processes

For most instruments used for client examination, either sterilisation or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry-heat sterilisation or an autoclave system is required. This type of treatment is necessary for processing surgical instruments that will be reused, such as blade handles and scissors used to cut umbilical cords. Depending on the size of the facility, different types of instruments may be processed using different methods or at more than one site within the facility. The information presented in this section refers to the primary site in the facility where equipment is processed.

Table 3.6 and Figure 3.4 report on health facility capacity to process instruments for reuse. In general, 88 percent of all facilities have functioning equipment or items necessary to process instruments according to the method used by the facility. Availability of equipment ranges from 82 percent in clinics to 97 percent in health centres and hospitals. Furthermore, private and faith-based facilities are slightly more likely than other managing authorities to have the equipment. Compared with other regions, facilities in Kaskazini Pemba, at 30 percent, are among those least likely to have equipment for processing of instruments. Only two-thirds of all health facilities have both functioning equipment and correct knowledge of processing time for respective processing methods. If the presence of an automatic timer is also considered, only 20 percent of facilities have had all three (i.e., equipment, knowledge of processing time, and an automatic timer). Only 14 percent of facilities had written guidelines for sterilisation or HLD.

Table 3.6 Capacity for processing of equipment for reuse

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities having: Equipment[1]	Equipment and knowledge of process time[2]	Equipment, knowledge of process time, and automatic timer[3]	Written guidelines for sterilisation or HLD[4]	Number of facilities
Facility type					
Hospital	97	87	66	48	46
Health centre	97	79	32	26	129
Dispensary	87	63	16	11	992
Clinic	82	69	37	12	21
Managing authority					
Government	87	61	12	12	857
Private-for-profit	92	74	44	19	163
Parastatal	85	83	28	14	21
Faith-based	93	79	38	23	148
Residence: Tanzania					
Total urban	88	74	41	22	324
Total rural	88	62	12	12	864
Residence: Mainland/Zanzibar					
Mainland urban	88	76	41	23	306
Mainland rural	89	63	12	11	838
Zanzibar urban	86	56	35	5	18
Zanzibar rural	71	46	6	18	26
Region					
Mainland average/total	88	66	20	14	1,144
Dodoma	96	91	15	12	60
Arusha	100	65	26	12	52
Kilimanjaro	76	66	38	21	67
Tanga	100	79	19	22	59
Morogoro	90	80	19	20	61
Pwani	95	89	25	15	45
Dar es Salaam	93	72	54	28	96
Lindi	82	64	9	30	35
Mtwara	90	79	8	13	35
Ruvuma	86	70	15	9	47
Iringa	58	27	12	6	39
Mbeya	94	71	11	3	72
Singida	89	63	12	12	34
Tabora	96	57	21	5	50
Rukwa	100	19	4	23	34
Kigoma	100	85	17	19	43
Shinyanga	83	64	22	21	32
Kagera	52	41	5	11	49
Mwanza	81	80	14	4	59
Mara	94	73	33	17	45
Manyara	99	83	9	12	27
Njombe	78	19	4	5	38
Katavi	93	11	2	14	11
Simiyu	95	56	16	10	30
Geita	94	65	11	5	23
Zanzibar average/total	77	50	18	13	44
Unguja average/total	93	58	24	16	29
Kaskazini Unguja	93	49	3	13	6
Kusini Unguja	100	67	15	48	7
Mjini Magharibi	90	58	35	4	17
Pemba average/total	47	35	7	7	15
Kaskazini Pemba	30	30	9	4	8
Kusini Pemba	68	41	5	10	7
National average/total	88	66	20	14	1,188

[1] Facility reports that some equipment is processed in the facility and facility has a functioning electric dry heat steriliser, a functioning electric autoclave, a non-electric autoclave with a functioning heat source, an electric boiler or steamer, or a non-electric boiler or steamer with a functioning heat source available anywhere in the facility or high level disinfectant that are used for sterilization or high level disinfection of equipment for reuse

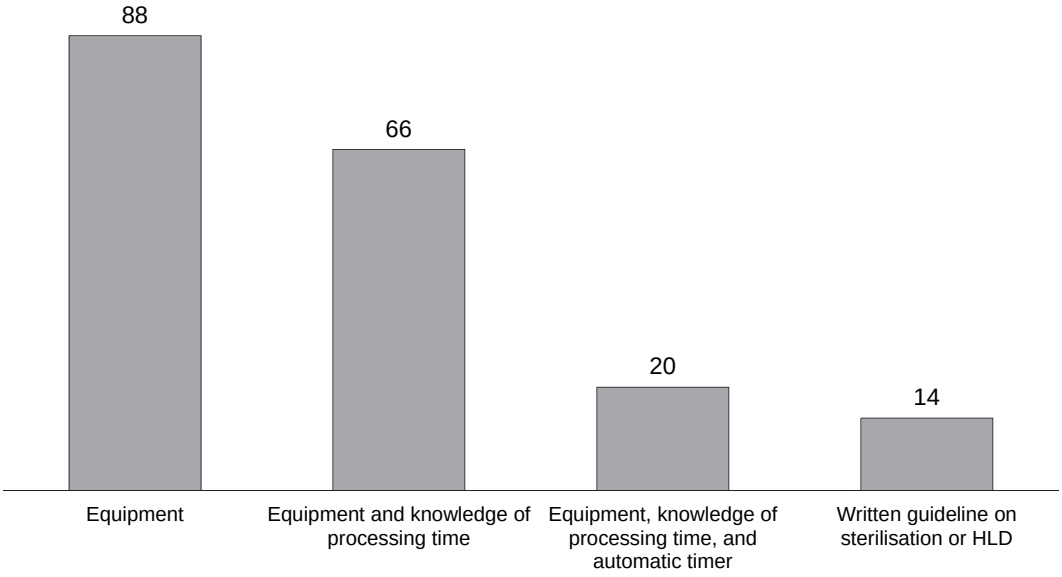
[2] Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were a functioning equipment and the following processing conditions:

- Dry heat sterilisation: Temperature at 160°C - 169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes.
- Autoclave: Wrapped items processed for at least 30 minutes, unwrapped items processed for at least 20 minutes
- Boiling or steaming: Items processed for at least 20 minutes.
- Chemical high-level disinfection: Items processed in chlorine-based or glutaraldehyde or CIDEX or formaldehyde solution and soaked for at least 20 minutes

[3] An automatic timer here refers to a passive timer that can be set to indicate when a specified time has passed. It may be part of the sterilisation process or the HLD equipment.

[4] Hand-written instructions that are pasted on walls and which clearly outline the procedures to follow for processing of equipment are acceptable

Figure 3.4 **Capacity to process instruments for reuse**



TSPA 2014-15

3.3.5 Diagnostic Capacity

Provision of diagnostic services, comprising laboratory tests and diagnostic imaging, is essential for clinical decision making and for enhancing delivery of quality health care. In fact, case management for such conditions as malaria and TB depend entirely on laboratory and/or imaging results. The 2014-15 TSPA assessed diagnostic capacity as a component of the methodology for assessing general service readiness proposed by WHO and USAID (WHO, 2015). Table 3.7 presents information on diagnostic capacity in Tanzanian health facilities by facility type and managing authority; Appendix Tables A-3.7.1, A-3.7.2 and A-3.7.3 report the availability of diagnostic capacity by region (Tanzania Mainland/Zanzibar) and residence (urban/rural).

Table 3.7 Laboratory diagnostic capacity by facility type and managing authority

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Laboratory tests	Hospital	Health centre	Dispensary	Clinic	Government	Private-for-profit	Parastatal	Faith-based	National average/total
Basic tests									
Haemoglobin	89	62	26	43	23	65	20	59	33
Blood glucose	72	49	16	36	9	71	37	49	23
Malaria diagnostic test	95	94	82	59	86	71	51	82	83
Urine protein	83	65	20	29	17	58	32	55	27
Urine glucose	82	64	18	29	15	53	33	55	26
HIV diagnostic test	96	92	80	42	89	41	48	82	81
DBS collection	74	70	41	14	52	19	14	38	45
TB microscopy	43	31	2	0	6	2	5	15	7
Syphilis rapid diagnostic test	91	68	47	34	48	51	24	69	50
General microscopy	52	50	14	16	11	38	16	44	19
Urine pregnancy test	79	53	22	34	14	71	24	63	28
Liver or renal function test (ALT or Creatinine)	65	17	1	7	2	16	13	12	6
Advanced level diagnostic tests									
Serum electrolytes	64	21	5	12	3	32	15	17	9
Full blood count with differentials	64	21	5	12	3	32	15	17	9
Blood typing and cross matching	23	3	1	2	1	4	2	2	2
CD4 count	57	29	1	0	7	4	10	9	7
Syphilis serology	19	7	1	1	1	4	4	7	2
Gram stain	67	16	3	1	3	11	8	25	7
Stool microscopy	51	43	13	16	10	33	14	44	17
CSF/ body fluid counts	84	40	10	24	7	40	27	42	16
TB culture	8	0	0	0	0	0	0	1	0
TB rapid diagnostic test	10	2	0	0	1	0	2	1	1
Equipment for diagnostic imaging									
X-ray machine	63	5	0	2	2	6	5	8	3
Ultrasonogram	73	13	1	6	2	15	8	13	5
CT scan	4	0	0	0	0	0	0	0	0
Number of facilities	46	129	992	21	857	163	21	148	1,188

Notes:
- Additional results for Table 3.7, by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-3.7.1, A-3.7.2 and A-3.7.3.
- The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).
- DBS = dried blood spot; CSF = cerebrospinal fluid; CT = computed tomography

Basic Tests

With the exception of the malaria diagnostic test (83 percent), HIV test (81 percent), syphilis test (50 percent) and DBS collection (45 percent), basic tests are, on average, available at less than 40 percent of facilities. Overall, hospitals and health centres are more likely to provide the range of basic diagnostic tests than other types of facilities. Availability of these basic diagnostic tests is higher in private and faith-based facilities, except for the HIV test, malaria test, and DBS collection, which are higher in government managed facilities.

Advanced Level Diagnostic Tests

Advanced level diagnostic tests are expected to be available mostly in hospitals. Even then, some of these tests are not as readily available as one might expect. For example, only 23 percent of hospitals provide blood typing and cross matching, while just about half (51 percent) of hospitals offer stool microscopy.

Equipment for Diagnostic Imaging

As with advanced level diagnostic testing, diagnostic imaging is expected mainly in higher level facilities, such as hospitals. However, only 63 percent of hospitals have an X-ray machine, while 73 percent have an ultrasonogram machine.

3.3.6 Availability of Essential Medicines

Consistent availability of essential medicines is critical to the delivery of quality health services. The 2014-15 TSPA assessed the availability of 14 essential medicines, in keeping with the service readiness indicators proposed by WHO and USAID. Table 3.8 and Figure 3.5 report the availability of essential medicines by facility type and managing authority; Appendix Tables A-3.8.1, A-3.8.2 and A-3.8.3 report the availability of essential medicines by region (Tanzania Mainland/Zanzibar) and residence (urban/rural).

The most widely available essential medicines are the following six: paracetamol oral suspension, diclofenac tablets/capsules, diazepam tablets/capsules, cotrimoxazole oral suspension, ciprofloxacin tablets/capsules, and amoxicillin tablets/capsules. These essential medicines were available in at least 70 percent of all health facilities. With the exception of injectable ceftriaxone (available in 58 percent of facilities), all other essential medicines are available in less than half of facilities.

As expected, these essential medicines are more likely to be available at hospitals than other facility types. For example, medicines such as glibenclamide, atenolol tablets/capsules, and simvastatin/atorvastatin for management of type 2 diabetes, hypertension and elevated cholesterol, respectively, should be predominantly available at hospitals where these conditions are expected to be managed; it is therefore not surprising that these medicines are not available in lower level facilities.

Faith-based and private health facilities are more likely to have the majority of essential medicines than health facilities managed by other authorities. For example, private facilities are more likely to have ciprofloxacin (82 percent) and omeprazole/cimetidine tablets/capsules (80 percent) and paracetamol oral suspension (79 percent). Faith-based facilities are more likely than other facilities to have diclofenac tablets/capsules. Generally, regional variation in availability of these essential medicines is minimal. In Zanzibar, the essential medicines most likely to be available in health facilities at the time of the assessment were cotrimoxazole oral suspension (67 percent) and amoxicillin tablets/capsules (65 percent). The availability of drugs was much better in urban than rural health facilities (Appendix Table A-3.8.3).

Table 3.8 Availability of essential medicines by facility type and managing authority

Percentages of facilities having the 14 essential medicines available, by facility type and managing authority, Tanzania SPA 2014-15

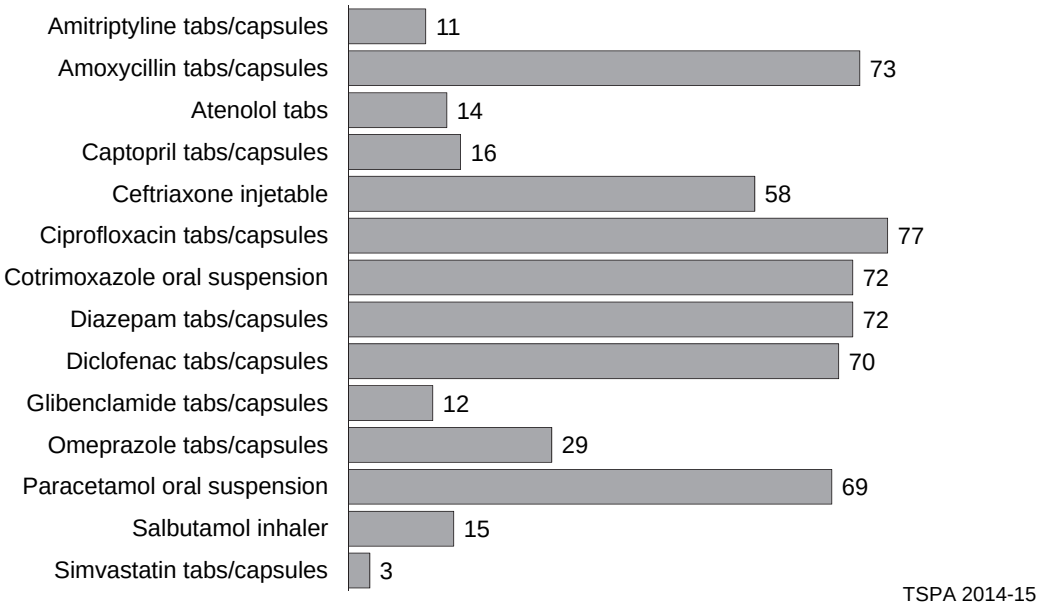
	Facility type				Managing authority				
Essential medicines	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Essential medicines									
Amitriptyline tablets/ capsules[1]	69	29	5	9	7	21	10	17	11
Amoxicillin tablets/ capsules[2]	90	79	72	59	72	78	46	82	73
Atenolol tablets/capsules[3]	74	31	8	22	6	39	21	30	14
Captopril tablets/capsules[4]	78	33	10	35	6	41	61	37	16
Ceftriaxone injectable[5]	83	71	55	55	55	69	49	62	58
Ciprofoxacin tablets/ capsules[6]	92	83	75	56	76	82	46	78	77
Cotrimoxazole oral suspension[7]	85	80	71	50	73	71	35	77	72
Diazepam tablets/ capsules[8]	94	85	70	53	72	73	62	72	72
Diclofenac tablets/ capsules[9]	91	82	68	60	68	74	55	79	70
Glibenclamide tablets/ capsules[10]	73	27	7	17	4	29	28	36	12
Omeprazole/Cimetidine tablets/capsules[11]	73	49	24	54	13	80	52	65	29
Paracetamol oral suspension[12]	76	72	68	55	67	79	39	71	69
Salbutamol inhaler[13]	60	21	12	21	9	33	12	32	15
Simvastatin/Atovastatin tablet/capsule[14]	20	6	1	1	1	7	5	10	3
Number of facilities	46	129	992	21	857	163	21	148	1,188

Notes:

- Additional results for Table 3.8 by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-3.8.1, A-3.8.2 and A-3.8.3
- The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] For the management of depression in adults
[2] First-line antibiotics for adults
[3] Beta-blocker for management of angina/hypertension
[4] Vaso-dilator, for management of hypertension
[5] Second-line injectable antibiotic
[6] Second-line oral antibiotic
[7] Oral antibiotic for children
[8] Muscle relaxant for management of anxiety, seizures
[9] Oral analgesic
[10] For management of type 2 diabetes
[11] Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia, and gastro-oesophageal reflux disease
[12] Fever-reduction and analgesic for children
[13] For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease
[14] For the control of elevated cholesterol

***Figure 3.5* Availability of essential medicines**



3.4 MANAGEMENT SYSTEMS TO SUPPORT AND MAINTAIN QUALITY SERVICES AND APPROPRIATE CLIENT UTILISATION

Basic management and administrative systems are necessary to ensure that health services are provided consistently and at acceptable levels of quality. The 2014-15 TSPA elicited information pertaining to management meetings, community participation, quality assurance, and structures to elicit clients' opinions on health service delivery.

3.4.1 Management Meetings, Quality Assurance, and Client Opinion

Management Meetings with Documentation

To function well, a health facility must have a system in place for identifying and addressing management and administrative issues. This system may involve meetings to discuss day-to-day issues or broader management issues such as financing, utilisation, or plans for health-related campaigns. The meetings must be regularly scheduled and specific staff members should have defined areas of responsibility. The 2014-15 TSPA asked whether a functioning management committee met at least once every six months; if it did, the interviewer asked to see the official documentation of the proceedings. A health facility is considered to have a functioning management system if there is a record of committee meetings, with documented decisions and follow-up on the issues discussed.

Overall, 49 percent of health facilities reported having routine management committee meetings at least once every six months and were able to show documentation of a recent meeting (Table 3.9). This is a significant change compared with 2006, when only 29 percent of facilities reported management committee meetings at least once every six months and had documentation available. Hospitals (88 percent) and health centres (75 percent) are more likely than other facility types to be conducting management committee meetings and have documentation. About half of faith-based and government facilities (52 percent and 51 percent, respectively) have such management meetings with documentation of a recent meeting.

Management Meetings with Community Participation

Community participation is critical to service delivery. A community that feels involved in the management of a facility is likely to support and contribute to efforts aimed at improving service delivery. The 2014-15 TSPA found that only 39 percent of health facilities conduct management meetings with participation of the community at least once every six months and had documentation of a recent meeting available (Table 3.9). Hospitals (45 percent) and health centres (47 percent) are slightly more likely to hold management meetings with community participation than other facility types.

Compared with other management authorities, government health facilities (49 percent) are far more likely to hold management meetings with community participation.

Quality Assurance

Quality assurance (QA) refers to a system for monitoring the quality of care, identifying problems, and instituting changes to resolve those problems. Quality assurance systems require an established standard against which quality is measured. There must also be systematic methods to assess results and develop interventions. The following are examples of QA activities and approaches:

- *A supervisory checklist for health systems*, which looks for the presence of equipment and supplies, the completeness of health management information system (HMIS) accounts, and other process indicators.

- *A supervisory checklist for health service provision*, which verifies specific content in client assessments, treatments, or consultations. This list is often used to document the provision of care.

- *A facility-wide review of mortality*, which is a structured system to review the records of each client who dies. Usually, there is a committee established for this purpose.

- *Audits of medical records or registers*, which check medical records for specific items or information and may assess whether protocols were followed.

Overall, only 15 percent of Tanzania health facilities reported any QA activities (Table 3.9 and Figure 3.6). Hospitals (64 percent) and health centres (32 percent) are the types of facilities most likely to report QA activities and have documentation of them. By managing authority, faith-based facilities (22 percent) are slightly more likely than others to conduct QA activities and have documentation.

Client Feedback

Obtaining client feedback on health service delivery provides an opportunity for management to undertake remedial actions in providing health services that meet people's expectations and to increase the satisfaction of health service users. The 2014-15 TSPA ascertained whether facilities have a system to elicit and review client opinion.

Overall, only 10 percent of facilities have a client feedback system in place; however, this level is an improvement from 2006 when just 4 percent of facilities had such a system (Table 3.9). Hospitals (43 percent) and health centres (20 percent) are more likely than other types of facilities to have systems to elicit client opinion, review client opinion, and provide feedback. There is little variation by managing authority but private-for-profit facilities (18 percent) are slightly more likely to elicit and review client opinion. Systems to elicit, review and provide client feedback, whilst uncommon in all regions are non-existent in Kigoma, Kaskazini Pemba and Kusini Pemba regions.

Table 3.9 Management, quality assurance, and health management information systems

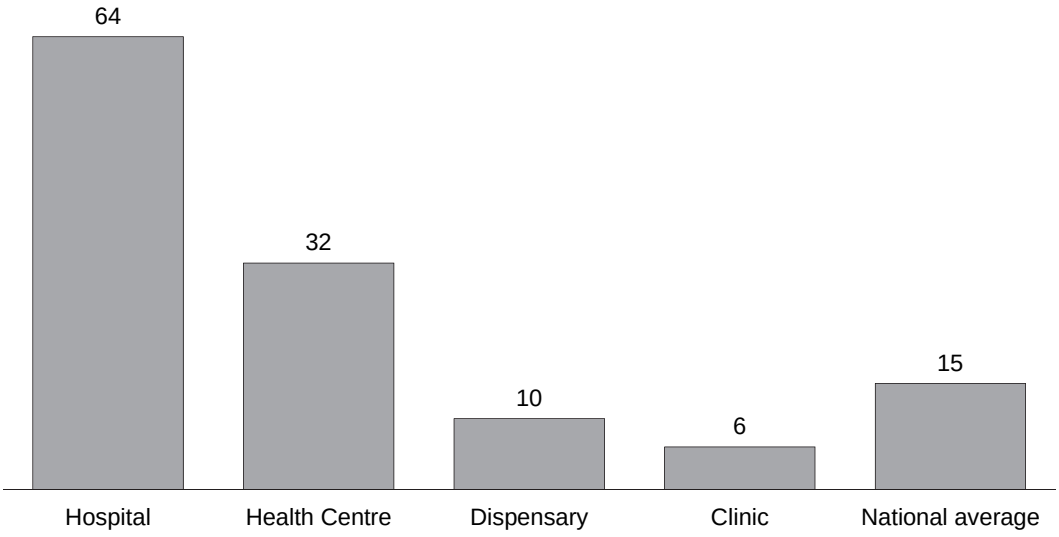
Among all facilities, the percentages with regular management meetings and documentation of a recent meeting; the percentages with regular management meetings (with community participation) and documentation of a recent meeting; the percentages of facilities with quality assurance activities and documentation of quality assurance activities; and the percentages of facilities with a system for eliciting client opinion, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities with				Number of facilities
	Management meeting at least once every 6 months, with observed documentation of a recent meeting	Management meeting with community participation at least once every 6 months, with documentation of a recent meeting	Regular quality assurance activities with observed documentation of quality assurance activity[1]	System for determining client opinion, procedure for reviewing client opinion and report of recent review of client opinion[2]	
Facility type					
Hospital	88	45	64	43	46
Health centre	75	47	32	20	129
Dispensary	45	39	10	8	992
Clinic	24	10	6	9	21
Managing authority					
Government	51	49	14	9	857
Private-for-profit	38	10	10	18	163
Parastatal	32	13	6	10	21
Faith-based	52	16	22	12	148
Residence: Tanzania					
Total urban	51	26	22	17	324
Total rural	48	44	12	8	864
Residence: Mainland/ Zanzibar					
Mainland urban	53	27	23	18	306
Mainland rural	49	45	12	8	838
Zanzibar urban	20	9	4	1	18
Zanzibar rural	43	32	7	3	26
Region					
Mainland average/total	50	40	15	11	1,144
Dodoma	40	52	12	2	60
Arusha	37	33	19	2	52
Kilimanjaro	53	43	17	19	67
Tanga	64	39	16	19	59
Morogoro	34	44	13	16	61
Pwani	52	38	10	19	45
Dar es Salaam	58	20	21	30	96
Lindi	34	57	9	12	35
Mtwara	34	33	4	5	35
Ruvuma	55	40	17	7	47
Iringa	66	27	18	16	39
Mbeya	69	51	5	4	72
Singida	41	79	20	6	34
Tabora	40	24	12	7	50
Rukwa	28	41	7	6	34
Kigoma	18	47	24	0	43
Shinyanga	76	39	29	13	32
Kagera	65	64	20	14	49
Mwanza	74	25	20	5	59
Mara	40	47	12	4	45
Manyara	44	52	7	16	27
Njombe	48	11	17	6	38
Katavi	35	52	5	4	11
Simiyu	42	31	11	1	30
Geita	58	36	14	2	23
Zanzibar average/total	33	22	5	2	44
Unguja average/total	29	22	6	3	29
Kaskazini Unguja	57	44	6	3	6
Kusini Unguja	34	35	17	9	7
Mjini Magharibi	18	9	2	1	17
Pemba average/total	41	23	4	0	15
Kaskazini Pemba	45	27	0	0	8
Kusini Pemba	36	17	8	0	7
National average/total	49	39	15	10	1,188

[1] Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review or an audit of records or registers

[2] Systems asked in the survey for determining client opinion are: suggestion box, client survey form, client interview form, official meeting with community leaders, informal discussion with clients or the community, email, facility's website, and letters from clients/community.

Figure 3.6 **Quality assurance**



3.4.2 Supportive Management for Providers

Supervisory Visit

Supervision by external managers has many benefits. It can help ensure that system-wide standards and protocols are followed at the facility level and promote an organisational culture that expects such standards and protocols to be followed. It provides an opportunity to expose staff members to a wider scope of ideas and relevant experiences. It can also motivate service providers, especially if the supervisor is supportive.

Overall, nine of ten health facilities reported that they received external supervision in the six months preceding the assessment (Table 3.10). Recent supervision is more common in dispensaries, health centres and hospitals (90 percent and above) than in clinics (73 percent). Facilities managed by parastatals (48 percent) are less likely to have external supervision compared with facilities managed by faith-based institutions (94 percent), government (93 percent) and private-for-profit entities (83 percent).

Staff Training

Staff training is essential for updating health workers with knowledge, skills, and technical competence to improve the quality of health care services. The 2014-15 TSPA assessed whether health care providers had received any formal or structured in-service training related to the services offered in the 24 months preceding the assessment. If more than half of interviewed providers in the facility reported that they received such training, a health facility was deemed to have routine staff training.

Overall, the majority of health facilities (80 percent) have routine staff training (Table 3.10). Clinics (54 percent) are less likely than other facility types to have routine staff training. Government facilities (91 percent) are more likely than facilities managed by other authorities to have staff training.

Table 3.10 Supportive management practices at the facility level

Among all facilities, the percentages that had an external supervisory visit during the six months before the survey, and the percentages of facilities where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities with supervisory visit during the six months before the survey[1]	Number of facilities	Percentage of facilities having routine:				Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire[5]
			Staff training[2]	Personal supervision[3]	Training and personal supervision	Percentage with supportive management practices[4]	
Facility type							
Hospital	97	46	77	72	40	40	46
Health centre	96	129	84	79	61	58	128
Dispensary	90	992	79	78	59	58	793
Clinic	73	21	54	61	23	18	14
Managing authority							
Government	93	857	91	84	71	70	673
Private-for-profit	83	163	44	60	20	19	152
Parastatal	48	21	48	54	13	13	11
Faith-based	94	148	66	73	37	33	145
Residence: Tanzania							
Total urban	86	324	59	73	36	36	299
Total rural	92	864	88	80	67	65	683
Residence: Mainland/ Zanzibar							
Mainland urban	87	306	58	74	37	36	281
Mainland rural	92	838	88	80	66	64	657
Zanzibar urban	70	18	78	55	30	27	17
Zanzibar rural	92	26	91	93	84	80	26
Region							
Mainland average/total	91	1,144	79	78	57	56	939
Dodoma	96	60	85	65	45	45	43
Arusha	93	52	80	97	75	68	49
Kilimanjaro	86	67	92	98	77	77	54
Tanga	84	59	94	64	46	44	50
Morogoro	89	61	79	52	38	38	52
Pwani	80	45	78	66	43	41	33
Dar es Salaam	84	96	21	72	10	10	91
Lindi	95	35	93	93	84	84	24
Mtwara	94	35	73	79	47	46	32
Ruvuma	94	47	84	68	60	54	36
Iringa	95	39	91	69	53	53	33
Mbeya	88	72	88	74	58	57	53
Singida	94	34	97	99	94	86	26
Tabora	92	50	79	79	74	74	34
Rukwa	100	34	99	100	93	93	29
Kigoma	95	43	89	87	80	79	37
Shinyanga	100	32	65	94	64	64	27
Kagera	100	49	94	99	85	85	43
Mwanza	87	59	81	59	40	40	51
Mara	98	45	85	88	71	71	37
Manyara	98	27	81	97	76	74	25
Njombe	84	38	97	49	32	32	30
Katavi	100	11	81	93	79	79	9
Simiyu	95	30	78	83	73	73	22
Geita	72	23	78	73	46	46	20
Zanzibar average/total	83	44	86	78	62	59	43
Unguja average/total	81	29	85	70	55	52	28
Kaskazini Unguja	100	6	93	93	93	93	5
Kusini Unguja	94	7	100	94	88	82	7
Mjini Magharibi	69	17	77	53	28	26	16
Pemba average/total	87	15	87	93	78	73	14
Kaskazini Pemba	89	8	93	93	83	81	8
Kusini Pemba	86	7	81	92	71	64	7
National average/total	91	1,188	80	78	57	56	982

[1] Facility reports that it received at least one external supervisory visit from the district, regional or national office during the six months period before the survey.
[2] At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This refers to structured sessions and does not include individual instructions a provider might receive during routine supervision.
[3] At least half of all interviewed providers reported that they had been personally supervised at least once during the six months before the survey. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.
[4] Facility had an external supervisory visit during the six months before the survey, and staff has received routine training and supervision.
[5] Interviewed providers who did not personally provide any clinical services assessed by the survey, for example, administrators who might have been interviewed, are excluded.

Supervision of Health Service Providers

Whilst facility-level supervision is critical to support facility-wide health service provision, individual-level supervision is essential to assess the work of individual staff members, noting each person's strengths and weaknesses and providing appropriate support. The 2014-15 TSPA defined a health facility as having personal supervision of health providers if at least half of the interviewed health service providers reported being personally supervised at least once during the six months preceding the assessment.

About eight of ten (78 percent) facilities have routine staff supervision (Table 3.10). Clinics (61 percent) are comparatively less likely than other facility types to have staff supervision. Similarly, parastatal managed facilities (54 percent) are less likely than facilities managed by other authorities to have routine staff supervision. Government and faith-based facilities (84 percent and 73 percent, respectively) are more likely to provide routine staff supervision compared with private-for-profit and parastatal facilities (60 percent and 54 percent, respectively).

Training and Personal Supervision

The combination of routine staff training and supervision is crucial to achieving competence and sustaining quality health service delivery. Overall, 57 percent of health facilities have both staff training and personal supervision of health workers (Table 3.10). Health centres and dispensaries are above this threshold, while hospitals and clinics are below. Government facilities (71 percent) are much more likely to have health providers that have both recently undergone training and been personally supervised than private-for-profit, faith-based, and parastatal facilities (13 to 37 percent).

Supportive Management Practices

Supportive management practices are defined as a facility that had an external supervisory visit during the six months before the assessment and staff received routine training and supervision. Overall, more than half of facilities have these supportive management practices (Table 3.10). There is a considerable range in the extent of supportive management practices by facility types—from 18 percent of clinics and 40 percent of hospitals to 58 percent of dispensaries and health centres. Supportive management practices are particularly common in government managed facilities (70 percent) compared with faith-based facilities (33 percent), private-for-profit facilities (19 percent), and parastatal facilities (13 percent).

3.5 AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

The health workforce is an integral part of the health system. WHO considers the health workforce to be one of the key building blocks of the health system. The 2014-15 TSPA assessed the availability of various cadres of health workers at different levels of health service delivery.

In general, the availability of the various cadres of health workers corresponds to the facility level as would be expected (Tables 3.11.1 and 3.11.2). For example, a median of four medical doctors, 10 non-physician clinicians, 76 nurses, and three pharmacists are available at hospitals. Health centres have no doctors, but a median of three non-physician clinicians, and ten nurses. Clinics have a median of four nurses.

Table 3.11.1 Staffing pattern in surveyed facilities

Median number of providers, assigned to, employed by, or seconded to facility, by type of provider and type of facility, Tanzania SPA 2014-15

Facility type	Median number of providers assigned to/employed by/seconded to facility					Number of facilities
	Doctor[1]	Other clinician[2]	Nurses[3]	Pharmacy staff[4]	Laboratory staff[5]	
Hospital	4	13	76	3	6	46
Health centre	<1	3	10	<1	2	129
Dispensary	<1	1	3	<1	<1	992
Clinic	<1	<1	4	<1	<1	21

Note: Numbers provided by facility in-charge

[1] Includes generalist medical doctors and specialists medical doctors
[2] Includes assistant medical officers, clinical officers, assistant clinical officers, and anaesthetist
[3] Includes registered nurses (including nursing officers and midwifes), enrolled nurses (including trained nurses and public health nurses) and nurse assistants/attendants
[4] Includes pharmacist, pharmaceutical technician, and pharmaceutical assistant
[5] Includes laboratory scientist, laboratory technologist, laboratory technician

Table 3.11.2 Staffing pattern in surveyed facilities: Expanded

Median number of providers assigned to, employed by, or seconded to facility, by type of provider and type of facility, Tanzania SPA 2014-15

Facility type	Median number of providers assigned to/ employed by/seconded to facility									Number of facilities
	Non-specialist doctors	Clinical officers	Medical assistant	BSN/ registered nurse/ midwife	Enrolled nurse	Nurse assistant/ attendant	Pharmacy staff	Laboratory staff	Anaes-thetist	
Hospital	3	6	4	19	18	31	3	6	2	46
Health centre	<1	2	<1	2	3	5	<1	2	<1	129
Dispensary	<1	1	<1	<1	1	2	<1	<1	<1	992
Clinic	<1	<1	<1	1	<1	2	<1	<1	<1	21

CHILD HEALTH SERVICES 4

Dr. Felix Bundala, Dr. Maryam Juma Bakari, and Dr. David Manyanga

Key Findings

Service availability

- Outpatient curative care for sick children is one of the most widely available of all health services in Tanzania, provided by almost all facilities. Growth monitoring and child vaccination are less widely available, each offered on average by eight of ten health facilities. Overall, about eight of ten health facilities offer all three basic child health services: curative care, child growth monitoring, and child vaccination. These findings are similar to those reported in the 2006 TSPA.

Service readiness

- More than half of facilities that offer curative care for sick children had IMCI guidelines available at the service site on the day of the survey; in 2006, only four of ten facilities had these guidelines available.
- Overall, few facilities have providers who have received recent in-service training related to child health.
- Most of the important medicines for curative care of sick children were in good supply on the day of the survey. Three essential medicines/ commodities (ORS, mebendazole/albendazole and artemisinin combination therapy (ACT)) were in stock in about 90 percent of facilities. Availability of other essential medicines ranged from 44 percent to 73 percent.
- Availability of individual vaccines among facilities that offer vaccination services is quite good, ranging from 87 percent with BCG and PCV-13 to 92 percent with measles vaccine. Overall, 73 percent of facilities that offer child vaccination services had all six child vaccines on the day of the survey.

Sick child care practices

- Only half of all observed sick children were assessed for the three IMCI general danger signs (inability to eat or drink anything, vomiting everything, and convulsions); at the same time, sick children are more likely to be assessed for IMCI general danger signs than IMCI main symptoms. These findings are similar to those reported in the 2006 TSPA.

Client opinion

- The most commonly cited major problem for clients seeking child care services was the long wait time to see a provider and the non-availability of medicines.

Basic management and administrative systems

- Two-thirds of interviewed providers of child health services have received recent supervision, however only a third of providers reported that they had received recent training pertaining to their work.

4.1 BACKGROUND

Despite the nearly 50-percent decline in under-five (U5) deaths in sub-Saharan Africa, the region continues to have the highest child mortality rate in the world—83 deaths per 1,000 live births—more than 12 times the average for developed regions. Pneumonia, diarrhoea and malaria are still the leading causes of U5 deaths after the first month of life (UN IGME, 2015). It is not uncommon for providers to treat a sick child's most evident symptoms without conducting a full assessment of the child's health status or acting to prevent further illness. For this reason the World Health Organization (WHO) and other agencies developed the Integrated Management of Childhood Illness (IMCI) strategy (WHO, 1997). This strategy advocates using every visit to a health care provider as an opportunity, not only to conduct a full assessment of the child's current health and possible underlying problems, but also to provide interventions, such as vaccination, that can prevent illness or minimise its progression.

The IMCI strategy aims to ensure comprehensive/holistic management of sick newborns and children and therefore contribute to reduction of morbidity and mortality among children under age 5. The strategy comprises of the following three components:

- Improving health workers' skills through training and supportive supervision;
- Improving health systems, including equipment, supplies, organisation of work, and referral systems;
- Improving child care at the community and household levels in line with key family practices.

Training and supportive supervision, through a holistic approach, help health workers assess, classify and appropriately treat major childhood illnesses, including diarrhoea, malaria, pneumonia, measles, anaemia, malnutrition, neonatal conditions and other severe infections. IMCI in Tanzania was introduced in 1996. By the time the 2014-15 TSPA was initiated in 2014, almost all 129 districts in Tanzania had implemented the IMCI strategy at the health facility and community level. WHO recommends that at least 60 percent of service providers at the primary health facility level be trained in IMCI case management (WHO, 1997). The 2014-15 TSPA endeavours to provide information that can be used to measure progress in the implementation of the IMCI strategy across primary health facilities. Therefore, this assessment uses IMCI protocols whenever possible in examining the delivery of child health services at the health facility level.

This chapter explores the following key issues relating to provision of quality child health services at health facilities:

- **Background.** Section 4.1, including Figure 4.1, presents a brief overview of the health situation of children in Tanzania.
- **Availability of services.** Section 4.2, including Tables 4.1 through 4.3 and Figure 4.2, examines the availability of child health services and the frequency of availability of curative care, growth monitoring, and vaccination services
- **Service readiness.** Section 4.3, including Tables 4.4.1 through 4.9 addresses the readiness of facilities to provide good-quality child health services, including the availability of trained staff, equipment, guidelines, medicines, vaccines, infection control, and laboratory diagnostic capacity.

- **Sick child care practices.** Section 4.4, including Tables 4.10.1, 4.10.2 and 4.11, examines the assessments, examinations, and treatments provided for sick children.

- **Client option.** Section 4.5, including Table 4.12, and Appendix Tables A-4.12.1, A-4.12.2 and A-4.12.3, examines feedback from caretakers of observed sick children on what they considered to be problems for them on the day of the service.

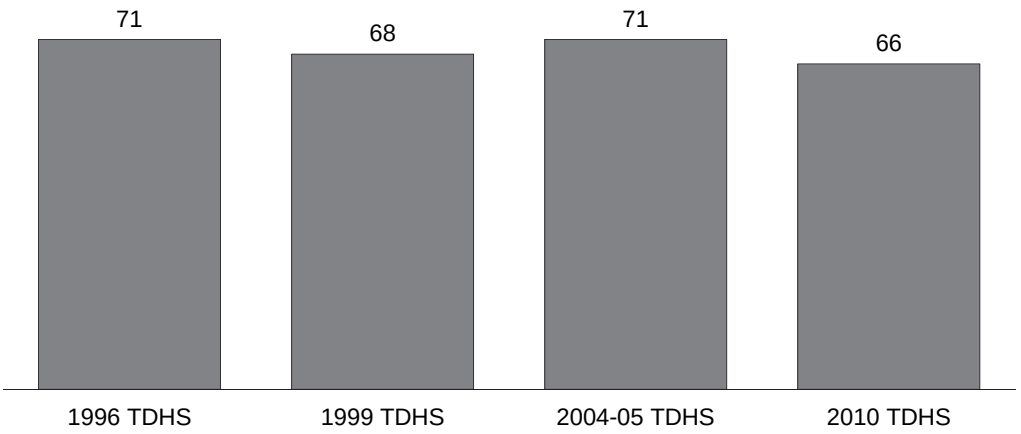
- **Basic management and administrative systems.** Section 4.6, including Tables 4.13 and 4.14, considers certain aspects of management and administrative systems in support of quality services, including systems to obtain feedback from clients, personal supervision, and in-service training for providers of child health services.

4.1.1 Health Situation of Children in Tanzania

Vaccine Coverage

Immunization against vaccine-preventable diseases is vital to reducing child morbidity and mortality. The Immunization and Vaccines Development (IVD) programme (formally the Expanded Programme on Immunization (EPI)) under the Ministry of Health (MoH) seeks to ensure that all children are fully vaccinated by their second birthday. Children should receive one dose of tuberculosis vaccine (BCG); three doses of the vaccine against diphtheria, pertussis, tetanus, hepatitis B, and Haemophilus influenza type b ([DTP-HepB - Hib] or pentavalent); four doses of oral polio vaccine (OPV); three doses of pneumococcal conjugate vaccine (PCV-13), two doses of rotavirus vaccine and two doses of measles and containing vaccine. According to the 2010 Tanzania Demographic and Health Survey (2010 TDHS) (NBS and ICF, Macro 2011), 66 percent of children age 12-23 months were fully vaccinated, a decline from 71 percent in the 2004-05 TDHS (Figure 4.1). However, 85 percent of children were reported to receive a third dose of pentavalent vaccine, which is regarded as the proxy indicator for immunization services systems. The high percentage receiving the third dose indicates a relatively low dropout rate (3 percent) for children who received pentavalent vaccine (NBS and ICF Macro, 2011).

Figure 4.1 **Children 12-23 months who received all vaccinations (TDHS 1996, 1999, 2004-05, and 2010)**



TSPA 2014-15

Nutritional Status

Malnutrition is an underlying factor in a large proportion of the illnesses that cause death among children under five years. The 2014 Tanzania National Nutrition Survey found that 35 percent of children under five years in Tanzania are stunted (short for their age) and 12 percent are severely stunted. The prevalence of stunting is higher in Tanzania Mainland (35 percent) than Zanzibar (24 percent) (TFNC, 2014)

Childhood Mortality and Morbidity

The 2010 TDHS provides household-based child mortality data, information on the illnesses children experienced, and whether they received health care during the two weeks preceding the survey visit (NBS and ICF Macro 2011). Key findings include the following:

- Child mortality has declined rapidly in Tanzania over the past decade. For example, infant mortality estimates (the probability of dying before the first birthday) declined from 71 deaths per 1,000 live births in the period five to nine years preceding the 2010 TDHS (approximately 2001–2005) to 51 deaths per 1,000 live births during the five years preceding the survey (2006–2010). Similarly, under-five mortality (the probability of dying between birth and the fifth birthday) declined from 106 to 81 deaths per 1,000 live births during the same period.

- Neonatal mortality (deaths to infants before 28 days) has declined but not as much as infant and under-five mortality, from 30 to 26 deaths per 1,000 live births during the same period,

- Four percent of children under age five showed symptoms of acute respiratory infection (ARI) at some time in the two weeks preceding the survey. Twenty-three percent had fever, and 15 percent had diarrhoea in the two weeks preceding the survey. Among children with fever in the two weeks before the survey, 41 percent were given antimalarial drugs the same or next day as the onset of the fever. An additional 18 percent were given antimalarial drugs two or more days after the onset of the fever.

- Among children with diarrhoea, 53 percent were taken to a health care provider. Sixty-three percent of children with diarrhoea were treated with oral rehydration salts (ORS), recommended home fluids, or increased fluids.

- Sixty-four percent of children under age five slept under an insecticide treated net (ITN) the night before the survey visit.

- Overall, about 10 percent of children under age 18 are orphans. Approximately 6 percent are paternal orphans (i.e., father is dead; mother is alive); 2 percent are maternal orphans (i.e., mother is dead; father is alive); and 1 percent are double orphans (i.e., both parents are dead).

4.2 AVAILABILITY OF CHILD HEALTH SERVICES

4.2.1 Outpatient Curative Care, Child Growth Monitoring, and Child Vaccination

The 2014-15 TSPA assessed the availability of three basic child health services: outpatient curative care for sick children, routine growth monitoring, and routine childhood vaccination services under IVD.

Child health services are widely available in Tanzania's health facilities. Outpatient curative care for sick children is one of the most widely available health services in Tanzania, provided by 98 percent of facilities. With the exception of clinics, two-thirds of which provide curative care for sick children, almost all the other

facility types offer the service. By managing authority, parastatal facilities are less likely than facilities managed by other managing authorities to offer curative care for sick children (Table 4.1 and Figure 4.2).

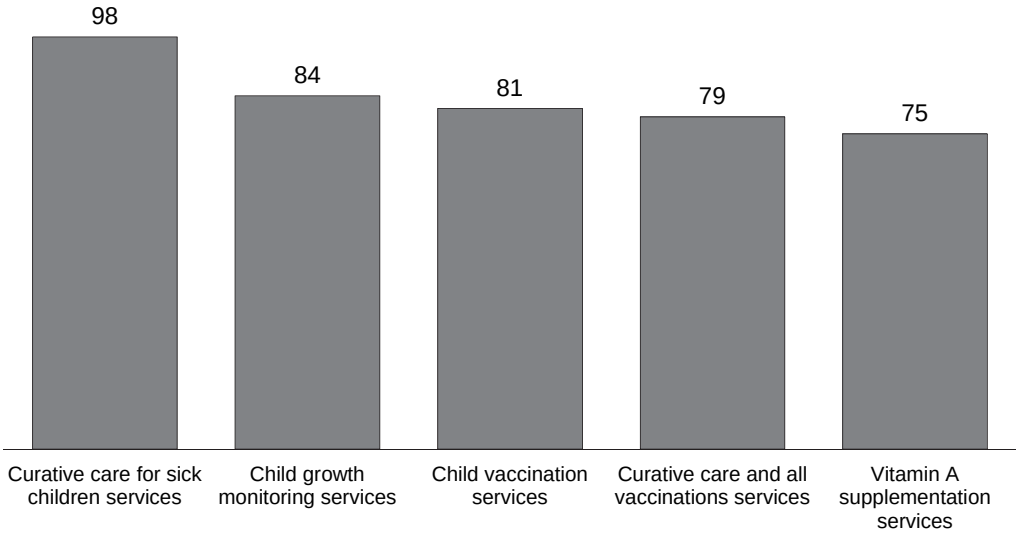
Table 4.1 Availability of child health services

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities that offer: Outpatient curative care for sick children	Growth monitoring (outpatient)	Growth monitoring (outpatient or outreach)	Child vaccination[1]	Child vaccination (outpatient or outreach)	All three basic child health services	Child vac.+[2]	Child vac. health services with all vac.+[3]	Routine vitamin A supplementation	Number of facilities
Facility type										
Hospital	98	86	86	87	87	86	87	86	79	46
Health centre	99	91	91	89	89	89	88	87	79	129
Dispensary	98	84	85	82	82	80	81	79	75	992
Clinic	68	32	32	18	18	18	17	17	27	21
Managing authority										
Government	100	94	95	94	95	93	93	92	84	857
Private-for-profit	91	39	39	25	25	25	25	25	30	163
Parastatal	71	37	37	16	16	16	16	16	28	21
Faith-based	97	81	81	79	79	77	78	76	77	148
Residence: Tanzania										
Total urban	94	58	60	54	54	52	52	49	49	324
Total rural	99	94	94	92	92	91	91	91	84	864
Residence: Mainland/ Zanzibar										
Mainland urban	94	60	61	55	55	53	53	51	51	306
Mainland rural	99	94	94	92	92	91	92	91	85	838
Zanzibar urban	97	39	39	34	34	31	34	31	22	18
Zanzibar rural	98	91	91	90	90	89	88	88	50	26
Region										
Mainland										
average/total	98	85	85	82	82	81	81	80	76	1,144
Dodoma	100	91	91	87	87	87	82	82	87	60
Arusha	100	75	75	75	75	75	75	75	73	52
Kilimanjaro	95	75	80	69	74	69	69	69	80	67
Tanga	94	84	84	83	83	83	82	82	71	59
Morogoro	95	85	85	84	84	79	78	73	80	61
Pwani	99	79	79	79	79	79	79	79	72	45
Dar es Salaam	94	51	51	46	46	46	46	46	41	96
Lindi	100	100	100	100	100	100	100	100	71	35
Mtwara	100	99	99	93	93	93	93	93	87	35
Ruvuma	100	95	95	90	90	90	90	90	95	47
Iringa	100	88	88	93	93	88	93	88	94	39
Mbeya	99	99	99	89	89	89	89	89	83	72
Singida	100	81	81	81	81	81	81	81	75	34
Tabora	96	96	96	95	95	95	91	91	90	50
Rukwa	100	94	94	94	94	94	94	94	95	34
Kigoma	100	75	90	90	90	74	90	74	26	43
Shinyanga	100	81	81	81	81	81	81	81	86	32
Kagera	100	88	88	88	88	88	88	88	88	49
Mwanza	98	85	85	78	78	78	78	78	71	59
Mara	88	87	87	79	79	79	79	79	81	45
Manyara	99	92	92	83	83	83	83	83	90	27
Njombe	95	93	94	89	89	83	89	83	84	38
Katavi	100	95	95	95	95	95	95	95	91	11
Simiyu	100	90	90	90	90	90	90	90	85	30
Geita	100	87	87	82	82	82	82	82	60	23
Zanzibar										
average/total	97	69	69	67	67	65	66	64	38	44
Unguja										
average/total	96	62	62	56	56	56	55	54	44	29
Kaskazini Unguja	90	86	86	83	83	80	83	80	60	6
Kusini Unguja	100	88	88	88	88	88	82	82	79	7
Mjini Magharibi	96	43	43	34	34	34	34	34	23	17
Pemba										
average/total	100	83	83	87	87	83	87	83	27	15
Kaskazini Pemba	100	80	80	87	87	80	87	80	18	8
Kusini Pemba	100	87	87	87	87	87	87	87	37	7
National average/total	98	84	85	81	82	80	81	79	75	1,188

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

Figure 4.2 **Availability of child health services**



Child growth monitoring and child vaccination are less widely available, offered on average by 84 and 81 percent of health facilities, respectively. As with curative care for sick children, clinics are less likely to offer child growth monitoring (32 percent) or child vaccination services (18 percent). Government facilities and faith-based facilities are much more likely to offer one or both of these two services, compared with private and parastatal facilities (Table 4.1).

Package of Basic Services

Child health services are relatively well-integrated in Tanzania. Overall, 79 percent of facilities offer all three child health services: outpatient curative care for sick children, growth monitoring, and all six child vaccinations. The majority of health centres and hospitasl (87 and 86 percent, respectively) offer all these services, as do 79 percent of dispensaries. In contrast, only 17 percent of clinics offer all three services. As in the 2006 TSPA, government health facilities (93 percent) and faith-based facilities (77 percent) are much more likely to offer all three basic child health services compared with private-for-profit (25 percent) and parastatal (16 percent) facilities.

By residence, about half of all urban facilities and nine in ten rural facilities offer all three services. At the regional level, only 34 percent of facilities in Mjini Magharibi and 46 percent of facilities in Dar es Salaam offer all three services, compared with 100 percent of facilities in Lindi.

Availability of child health services in the 2014-15 TSPA is similar to availability in the 2006 TSPA. However, when comparing findings from the two surveys it is important to note that in 2006, stand-alone VCT sites were excluded from the analysis of these indicators. Also, in 2006, child vaccination did not include either pneumococcal or rotavirus vaccine services.

4.2.2 Vitamin A Supplementation

Vitamin A is essential for the functioning of the immune system, for healthy growth and development, and for protection from respiratory infections and night blindness. Recognizing the importance of vitamin A for children under five in Tanzania—apart from routine vitamin A supplementation during clinic visits—there are twice yearly campaigns for vitamin A supplementation for all children under five. However, the 2010 TDHS

survey showed overall coverage of vitamin A supplementation among children under five was just 61 percent (60 percent for Tanzania Mainland and 79 percent for Zanzibar) (NBS and ICF Macro, 2011)

The 2014-15 TSPA also assessed routine provision of vitamin A supplementation to children at health facilities. Overall, 75 percent of health facilities provide vitamin A supplementation to children. As with other child health services, vitamin A supplementation in health facilities is more likely to be available in hospitals, health centres and dispensaries than in clinics (Table 4.1 and Figure 4.2). Government facilities (84 percent) and faith-based facilities (77 percent) are more likely than other managing authorities to provide vitamin A supplementation.

About three-quarters of health facilities in Tanzania Mainland provide vitamin A supplementation while less than four in ten health facilities in Zanzibar do so. At the regional level, Ruvuma and Rukwa were highest (95 percent) for health facilities that provide vitamin A supplementation while Kaskazini Pemba was lowest (18 percent).

4.2.3 Frequency of Availability

The availability of a service depends not only on whether a facility offers the service but also how often it is offered. Almost all facilities (99 percent) that offer outpatient curative care for children do so five or more days a week. The only exception is facilities in Kusini Unguja region where 83 percent of facilities that offer outpatient curative care for sick children do so five or more days a week (Table 4.2).

Table 4.2 Frequency of availability of child health services – curative care and growth monitoring

Among all facilities offering outpatient curative care for sick children and growth monitoring, the percentages[1] providing the service at the facility at specific frequencies, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Outpatient curative care for sick children			Growth monitoring			
	1-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities
Facility type							
Hospital	1	99	46	6	6	87	40
Health centre	3	97	128	12	7	77	117
Dispensary	0	100	972	14	6	68	834
Clinic	4	96	15	4	0	96	7
Managing authority							
Government	1	99	854	14	6	69	806
Private-for-profit	3	97	149	8	2	89	64
Parastatal	1	99	15	15	2	66	8
Faith-based	0	100	143	10	11	65	120
Residence: Tanzania							
Total urban	1	99	306	4	9	83	189
Total rural	1	99	854	15	5	66	808
Residence: Mainland/Zanzibar							
Mainland urban	1	99	288	5	9	82	182
Mainland rural	0	100	829	16	5	66	785
Zanzibar urban	1	99	18	2	0	98	7
Zanzibar rural	5	95	25	3	0	95	23
Region							
Mainland average/total	1	99	1,117	13	6	69	967
Dodoma	0	100	60	14	9	77	55
Arusha	0	100	52	10	2	81	39
Kilimanjaro	10	90	64	8	1	84	50
Tanga	0	100	55	20	6	74	49
Morogoro	0	100	58	7	13	56	52
Pwani	0	100	45	7	7	75	36
Dar es Salaam	0	100	90	2	11	87	49
Lindi	0	100	35	16	6	67	35
Mtwara	0	100	35	11	1	46	35
Ruvuma	0	100	47	21	5	59	45
Iringa	0	100	39	3	1	59	34
Mbeya	0	100	72	6	5	77	72
Singida	0	100	34	1	2	83	28

(Continued…)

Table 4.2—*Continued*

Background characteristics	Outpatient curative care for sick children			Growth monitoring			
	1-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities
Region							
Tabora	0	100	48	30	6	59	48
Rukwa	0	100	34	5	0	90	32
Kigoma	1	99	43	32	11	38	32
Shinyanga	0	100	32	8	0	71	26
Kagera	0	100	49	21	0	78	43
Mwanza	0	100	58	32	8	58	50
Mara	0	100	40	3	11	86	39
Manyara	0	100	27	0	17	75	25
Njombe	0	100	36	8	0	42	36
Katavi	0	100	11	32	28	37	11
Simiyu	0	100	30	22	16	62	27
Geita	0	100	23	28	1	56	20
Zanzibar average/total	3	97	43	3	0	96	31
Unguja average/total	4	96	28	5	0	92	18
Kaskazini Unguja	0	100	5	0	0	100	5
Kusini Unguja	17	83	7	12	0	81	6
Mjini Magharibi	0	100	16	2	0	98	7
Pemba average/total	1	99	15	0	0	100	13
Kaskazini Pemba	2	98	8	0	0	100	6
Kusini Pemba	0	100	7	0	0	100	6
National average/total	1	99	1,160	13	6	70	997

[1] Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

Child growth monitoring is offered at least five days a week in 70 percent of health facilities that offer the service. Urban facilities are more likely than rural facilities to offer growth monitoring services five or more days a week. While few in absolute numbers, all facilities in Kaskazini Unguja and Pemba offer child growth monitoring services five or more days a week. Facilities in Katavi (37 percent), Kigoma (38 percent) and Njombe (42 percent) are among the least likely to offer growth monitoring services five or more days a week.

Frequency of availability of vaccination services varies depending on the type of vaccine. At levels between 36 and 88 percent, hospitals are more likely to offer each of the six vaccines five or more days per week (Table 4.3). In general, the lower the facility type is in the hierarchy of facilities, the less likely it is that vaccinations are provided frequently. Measles and BCG vaccinations are offered one or two days per week by about half of all facilities that offer them; the remaining vaccination services are usually provided at least five days per week.

Table 4.3 Frequency of availability of child health services – vaccination services

Among facilities offering routine child vaccination services, the percentages[1] providing the service at the facility at specific frequencies, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Routine polio vaccination				Pentavalent vaccination				Routine measles vaccination				Routine BCG vaccination				Pneumococcal vaccination				Rotavirus vaccination			
	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities
Facility type																								
Hospital	6	5	88	41	7	5	86	41	45	6	36	40	31	6	52	41	8	5	85	40	8	5	85	40
Health centre	14	6	78	115	15	6	76	115	54	5	31	115	52	5	31	113	15	6	77	115	15	6	76	115
Dispensary	17	6	71	811	19	6	69	811	52	4	23	809	50	5	22	802	19	6	68	809	18	6	69	811
Clinic	23	11	65	4	23	11	65	4	89	11	0	4	76	12	12	4	23	11	65	4	23	11	65	4
Managing authority																								
Government	16	6	72	808	17	7	70	807	51	4	24	807	48	5	24	801	17	6	69	805	17	7	70	807
Private-for-profit	32	4	63	44	32	4	63	44	80	4	12	41	89	5	5	40	33	4	62	43	33	4	62	43
Parastatal	13	5	82	3	26	5	69	3	62	5	20	3	62	5	20	3	26	5	69	3	26	5	69	3
Faith-based	14	5	79	117	15	5	77	117	49	4	28	117	41	5	34	115	16	4	77	117	16	4	77	117
Residence: Tanzania																								
Total urban	12	3	84	178	12	3	83	178	61	3	24	175	55	5	31	168	13	3	83	177	13	3	83	177
Total rural	17	6	70	793	19	7	67	793	50	4	24	793	48	5	23	792	19	7	67	791	19	7	68	793
Residence: Mainland/Zanzibar																								
Mainland urban	12	3	84	172	13	4	83	172	61	3	25	168	54	5	32	162	13	3	83	171	13	3	83	171
Mainland rural	17	7	70	770	19	7	67	770	50	5	25	770	48	5	24	769	19	7	67	768	19	7	67	770
Zanzibar urban	3	0	79	6	3	0	79	6	82	0	0	6	77	0	5	6	3	0	79	6	3	0	79	6
Zanzibar rural	11	0	78	23	12	0	76	23	43	0	6	23	43	0	5	23	12	0	76	23	12	0	76	23
Region																								
Mainland average/total	16	6	73	942	18	6	70	941	52	4	25	938	49	5	25	931	18	6	70	939	18	6	70	941
Dodoma	18	5	77	55	18	5	77	55	75	5	6	52	71	5	3	49	18	5	77	55	18	5	77	55
Arusha	25	9	58	39	25	9	58	39	44	0	47	39	47	1	44	39	25	9	58	39	25	9	58	39
Kilimanjaro	10	0	90	47	10	0	83	47	23	0	32	46	23	7	26	47	10	0	83	46	10	0	83	46
Tanga	32	0	67	49	32	0	67	49	53	0	29	49	59	0	23	49	33	0	66	49	32	0	67	49
Morogoro	21	1	67	51	28	1	60	51	68	0	2	51	58	0	10	48	22	1	66	51	22	1	66	51
Pwani	13	7	80	36	13	7	74	36	46	1	24	36	47	1	28	36	13	7	74	36	13	7	74	36
Dar es Salaam	13	3	83	44	14	4	82	44	85	2	11	44	84	1	15	44	15	3	82	44	15	3	82	44
Lindi	1	5	88	35	6	5	83	35	46	6	42	35	15	11	69	35	6	5	83	35	6	5	83	35
Mtwara	22	1	71	33	22	1	71	33	74	1	19	33	79	1	15	33	22	1	71	33	22	1	71	33
Ruvuma	7	11	77	43	7	11	82	43	44	11	34	43	40	6	28	43	12	11	77	43	12	11	77	43
Iringa	2	0	86	37	2	0	86	37	28	6	3	37	28	6	4	37	2	0	86	37	2	0	86	37
Mbeya	13	6	62	64	14	6	61	64	40	6	28	64	39	6	30	64	13	6	62	64	14	6	61	64
Singida	0	1	99	28	0	1	99	28	61	1	13	28	53	1	22	28	0	1	99	28	0	1	99	28
Tabora	36	10	50	48	41	10	45	48	52	10	29	48	59	10	18	48	43	6	47	46	41	10	45	48
Rukwa	10	0	80	32	15	0	75	32	37	1	47	32	37	0	43	32	20	0	70	32	15	0	75	32
Kigoma	34	7	59	39	33	13	53	39	69	7	18	39	57	11	25	39	33	13	53	39	33	13	53	39
Shinyanga	7	7	80	26	7	7	72	26	43	0	36	26	36	9	35	26	7	7	72	26	7	7	72	26
Kagera	0	7	93	43	0	7	93	43	19	7	61	43	25	8	54	43	0	7	86	43	0	7	92	43
Mwanza	27	18	55	46	27	19	54	46	63	1	26	46	54	3	26	46	27	18	55	46	27	18	55	46
Mara	4	13	83	36	3	13	85	36	85	4	3	36	77	4	11	36	3	13	77	36	3	13	85	36
Manyara	0	19	81	23	9	19	72	23	52	9	39	23	50	9	40	23	9	19	72	23	9	19	72	23
Njombe	9	0	70	34	9	0	70	34	25	0	1	34	26	1	0	34	9	0	70	34	9	0	71	34
Katavi	29	21	46	11	37	25	34	11	46	29	22	11	48	21	27	11	37	25	34	11	37	25	34	11
Simiyu	26	16	57	27	26	16	57	27	50	16	33	27	51	16	33	27	26	16	57	27	26	16	57	27
Geita	59	2	38	19	66	2	30	19	73	2	23	19	66	2	30	19	66	2	30	19	66	2	30	19
Zanzibar average/total	9	0	78	30	10	0	76	30	51	0	5	30	50	0	5	29	10	0	76	30	10	0	76	30
Unguja average/total	17	0	61	16	17	0	59	16	42	0	1	16	40	0	1	16	17	0	59	16	17	0	59	16
Kaskazini Unguja	20	0	63	5	20	0	63	5	43	0	4	5	39	0	0	5	20	0	63	5	20	0	63	5
Kusini Unguja	26	0	46	6	26	0	39	6	5	0	0	6	6	0	0	6	26	0	39	6	26	0	39	6
Mjini Magharibi	3	0	77	6	3	0	77	6	80	0	0	6	77	0	3	6	3	0	77	6	3	0	77	6
Pemba average/total	0	0	100	13	1	0	99	13	63	0	10	13	62	0	10	13	1	0	99	13	1	0	99	13
Kaskazini Pemba	0	0	100	7	0	0	100	7	88	0	0	7	88	0	0	7	0	0	100	7	0	0	100	7
Kusini Pemba	0	0	100	6	3	0	97	6	34	0	22	6	31	0	21	6	3	0	97	6	3	0	97	6
National average/total	16	6	73	971	18	6	70	971	52	4	24	968	49	5	25	961	18	6	70	968	18	6	70	970

Note: Pentavalent = DPT + hepatitis B + haemophilus influenza B; BCG = bacillus Calmette-Guerin

[1] Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

4.3 SERVICE READINESS

4.3.1 Guidelines, Trained Staff, and Equipment for Sick Child Care

To support the quality of curative care for sick children, facilities need guidelines, trained staff to provide specific child health services, equipment, medicines and commodities.

Guidelines and Training

Overall, 56 percent of all health facilities that offer curative care for sick children had IMCI guidelines (chart booklet) at the service site on the day of the survey (compared with 40 percent in the 2006 TSPA); only 24 percent had growth monitoring guideline (Table 4.4.1 and Figure 4.3). As in 2006, health centres are slightly more likely than other facility types to have IMCI guidelines. A little more than six in ten government owned health facilities and a little less than half of faith-based facilities had IMCI guidelines compared with 38 percent of parastatal and 28 percent of private-for-profit facilities. Rural health facilities are more likely to have IMCI guidelines (61 percent) than urban health facilities (39 percent). Around 90 percent of health facilities in Kusini Unguja had IMCI guidelines compared with only 14 percent in Katavi. Guidelines on growth monitoring are less widely available across all facility types.

Table 4.4.1 Guidelines and equipment for child curative care services

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

Background characteristics	Guidelines		Equipment								Number of facilities offering outpatient curative care for sick children
	IMCI	Growth monitoring	Child scale[1]	Infant scale[2]	Length or height board	Thermometer	Stethoscope	Growth chart	Timer	RCH cards	
Facility type											
Hospital	58	32	90	61	82	95	99	66	90	83	46
Health centre	65	29	89	58	67	88	97	68	87	83	128
Dispensary	55	24	82	51	54	84	93	56	77	75	972
Clinic	20	0	49	33	30	97	96	24	73	33	15
Managing authority											
Government	63	27	89	58	60	82	92	64	77	86	854
Private-for-profit	28	6	50	22	39	95	99	25	85	35	149
Parastatal	38	27	54	16	50	100	100	37	86	18	15
Faith-based	45	29	79	51	55	95	98	54	83	67	143
Residence: Tanzania											
Total urban	39	15	65	38	57	93	98	44	83	57	306
Total rural	61	28	89	57	57	83	93	62	77	83	854
Residence: Mainland/ Zanzibar											
Mainland urban	39	15	66	39	58	94	98	45	83	58	288
Mainland rural	61	27	90	57	56	82	93	62	77	83	829
Zanzibar urban	36	6	39	24	37	85	97	24	75	30	18
Zanzibar rural	89	44	70	56	70	92	88	71	81	86	25
Region											
Mainland average/total	55	24	84	53	57	85	94	58	79	76	1,117
Dodoma	43	22	87	65	33	75	88	43	81	66	60
Arusha	32	28	69	24	41	87	94	46	81	69	52
Kilimanjaro	73	39	79	65	72	95	100	56	95	73	64
Tanga	59	41	85	75	72	94	100	61	84	87	55
Morogoro	78	20	93	52	70	94	100	74	58	89	58
Pwani	65	27	75	47	65	100	95	56	51	80	45
Dar es Salaam	25	7	57	32	44	100	100	28	83	53	90
Lindi	54	38	100	61	72	61	68	81	94	89	35
Mtwara	74	37	99	72	68	72	80	60	100	87	35
Ruvuma	50	26	85	73	75	94	95	68	69	89	47
Iringa	80	58	87	43	89	100	95	82	95	83	39
Mbeya	42	48	99	78	52	88	100	81	76	89	72
Singida	70	6	82	21	27	94	88	28	99	81	34
Tabora	48	2	92	94	77	72	96	68	43	77	48
Rukwa	49	15	89	62	44	84	95	45	70	44	34

(Continued…)

Table 4.4.1—*Continued*

Background characteristics	Guidelines: IMCI	Guidelines: Growth monitoring	Equipment: Child scale[1]	Equipment: Infant scale[2]	Equipment: Length or height board	Equipment: Thermometer	Equipment: Stethoscope	Equipment: Growth chart	Equipment: Timer	Equipment: RCH cards	Number of facilities offering outpatient curative care for sick children
Region											
Kigoma	47	0	86	16	16	68	94	41	90	69	43
Shinyanga	53	19	80	62	64	72	95	63	89	76	32
Kagera	75	13	60	53	30	77	100	58	81	82	49
Mwanza	68	9	93	49	63	86	86	44	79	72	58
Mara	63	15	91	60	79	68	84	63	45	79	40
Manyara	39	24	92	34	51	90	99	73	97	76	27
Njombe	44	67	77	28	82	94	100	94	100	93	36
Katavi	14	4	91	60	45	67	91	56	88	86	11
Simiyu	86	14	90	42	41	72	95	51	71	71	30
Geita	52	17	93	11	36	82	94	50	82	73	23
Zanzibar average/total	68	28	58	43	56	89	91	51	78	63	43
Unguja average/total	60	30	61	33	61	93	98	53	87	57	28
Kaskazini Unguja	86	67	92	43	73	100	100	89	100	89	5
Kusini Unguja	94	54	77	44	94	100	100	88	94	88	7
Mjini Magharibi	37	9	45	25	42	88	97	27	80	34	16
Pemba average/total	82	24	51	60	48	81	79	48	63	73	15
Kaskazini Pemba	86	17	41	65	19	69	65	43	57	63	8
Kusini Pemba	78	32	62	56	81	95	94	53	70	85	7
National average/total	56	24	83	52	57	85	94	57	79	76	1,160

Note: The indicators presented in this table and Table 4.4.2 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 2015).

[1] 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
[2] 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

Figure 4.3 Items to support quality provision of curative care services for sick children

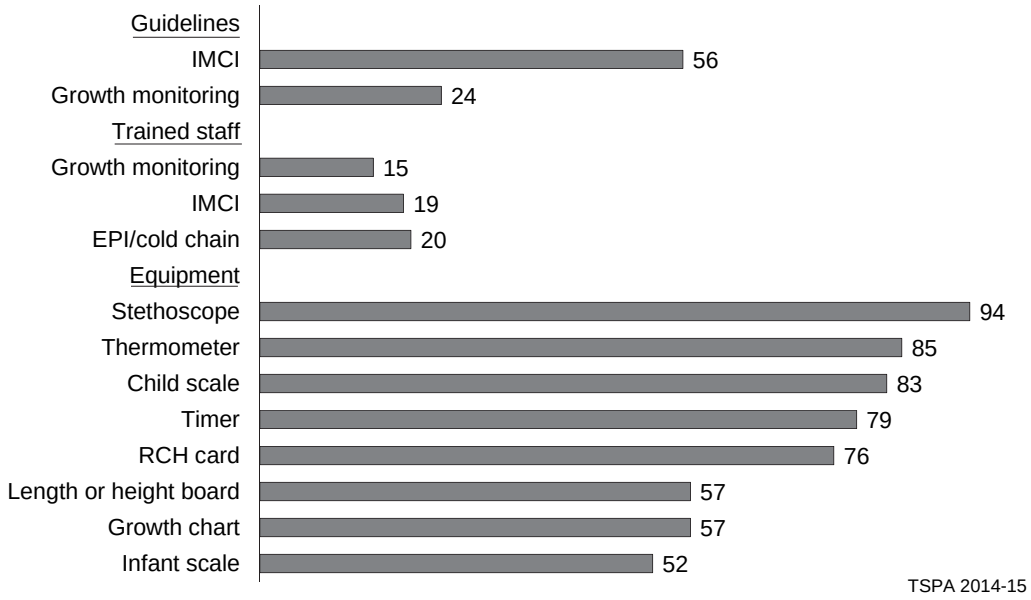


Table 4.4.2 presents information on health facilities with at least one provider of relevant services who has received in-service training in IMCI, child growth monitoring, and EPI/cold chain monitoring during the 24 months preceding the survey. Overall, very few facilities have providers who received recent in-service training related to child care. Among facilities that provide outpatient curative care for sick children, not more than 20 percent had at least one interviewed provider of child health services who had received in-service training in IMCI or growth monitoring or EPI/cold chain monitoring. Hospitals and health centres are more likely than other facility types to have providers who have received recent training. Government and faith-based facilities are also

more likely than those of other managing authorities to have recently trained providers. Some regions appear to have underperformed others substantially regarding recent in-service training related to child care. For example, regarding IMCI, Kigoma (2 percent) and Katavi (5 percent) are among the least prepared regions, compared with Iringa (67 percent).

Table 4.4.2 Trained staff for child curative care services

Among all facilities offering outpatient curative care for sick children, the percentages having indicated trained staff, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Trained staff			Number of facilities offering outpatient curative care for sick children
	IMCI[1]	Growth monitoring[2]	EPI/cold chain[3]	
Facility type				
Hospital	31	31	28	46
Health centre	29	28	25	128
Dispensary	18	13	19	972
Clinic	8	5	8	15
Managing authority				
Government	21	17	23	854
Private-for-profit	16	11	6	149
Parastatal	7	5	5	15
Faith-based	15	13	17	143
Residence: Tanzania				
Total urban	16	13	10	306
Total rural	21	16	23	854
Residence: Mainland/ Zanzibar				
Mainland urban	15	14	10	288
Mainland rural	20	16	22	829
Zanzibar urban	25	7	22	18
Zanzibar rural	38	24	54	25
Region				
Mainland average/total	19	15	19	1,117
Dodoma	12	19	27	60
Arusha	4	20	35	52
Kilimanjaro	10	4	11	64
Tanga	9	3	26	55
Morogoro	3	4	22	58
Pwani	11	6	27	45
Dar es Salaam	12	12	6	90
Lindi	20	15	29	35
Mtwara	7	2	5	35
Ruvuma	11	8	17	47
Iringa	67	29	37	39
Mbeya	9	5	16	72
Singida	54	42	40	34
Tabora	23	28	12	48
Rukwa	21	16	16	34
Kigoma	2	0	8	43
Shinyanga	50	49	13	32
Kagera	30	17	13	49
Mwanza	24	24	8	58
Mara	19	12	11	40
Manyara	11	11	24	27
Njombe	36	30	27	36
Katavi	5	12	9	11
Simiyu	51	31	20	30
Geita	18	18	28	23
Zanzibar average/total	33	17	41	43
Unguja average/total	39	19	37	28
Kaskazini Unguja	59	40	70	5
Kusini Unguja	55	33	50	7
Mjini Magharibi	26	5	21	16
Pemba average/total	21	14	47	15
Kaskazini Pemba	21	14	52	8
Kusini Pemba	20	14	41	7
National average/total	19	15	20	1,160

Note: The indicators presented in this table and Table 4.4.1 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 2015).

[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] At least one interviewed provider of child health services in the facility reported receiving in-service training in EPI/cold chain 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.

Equipment

Tanzanian health facilities fare well in terms of equipment for sick child care. More than 90 percent of facilities that offer outpatient curative care for sick children had a stethoscope, 85 percent had a thermometer, and 83 percent had a child scale (Table 4.4.1 and Figure 4.3). About eight of ten facilities had a timer and three-quarters had RCH cards; just over half of the facilities had an infant scale (52 percent) or length/height board (57 percent).

4.3.2 Infection Control in Sick Child Services

Infection control is an important concern in most health services, including child health services. Infection control requires supplies for hand washing, gloves, and the means for disposing of sharps waste and infectious waste. About two-thirds of facilities that provide outpatient curative care services for sick children had some means for hand washing—either soap and running water or else alcohol-based hand disinfectant—on the day of the assessment visit (Table 4.5, Figure 4.4). Four in five health facilities had latex gloves, 85 percent had sharps container, but less than six in ten health facilities had a waste receptacle.

Table 4.5 Infection control and laboratory diagnostic capacity

Among facilities offering outpatient curative care services for sick children, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey and the percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Tanzania SPA 2014-15

	Items for infection control								Laboratory diagnostic capacity			
Background characteristics	Soap	Running water[1]	Soap and running water	Alcohol-based hand disin-fectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste recep-tacle[3]	Haemo-globin[4]	Malaria[5]	Stool micro-scopy[6]	Number of facilities offering outpatient curative care for sick children
Facility type												
Hospital	87	90	85	34	86	88	84	64	89	96	52	46
Health centre	72	78	67	27	71	78	84	59	62	94	42	128
Dispensary	63	66	57	18	63	79	86	55	26	82	12	972
Clinic	69	74	65	42	74	73	63	60	58	81	21	15
Managing authority												
Government	59	60	51	17	58	82	90	51	23	86	10	854
Private-for-profit	77	87	77	26	79	75	74	71	66	73	32	149
Parastatal	69	97	69	30	69	68	65	78	27	72	20	15
Faith-based	89	92	87	34	89	74	74	69	59	82	44	143
Residence: Tanzania												
Total urban	75	82	72	25	77	79	76	71	58	79	32	306
Total rural	62	63	55	19	61	80	89	51	24	85	11	854
Residence: Mainland/ Zanzibar												
Mainland urban	75	82	73	24	78	80	76	73	58	79	32	288
Mainland rural	61	63	55	19	61	80	89	50	24	85	12	829
Zanzibar urban	68	71	64	38	67	60	67	40	59	78	37	18
Zanzibar rural	70	61	53	25	60	75	86	55	34	82	7	25
Region												
Mainland average/total	65	68	59	20	65	80	86	56	32	84	17	1,117
Dodoma	39	41	35	1	35	70	77	13	47	84	8	60
Arusha	84	92	84	41	84	93	96	76	41	83	16	52
Kilimanjaro	90	75	75	45	85	98	78	71	24	94	22	64
Tanga	73	77	67	18	67	85	82	39	31	94	22	55
Morogoro	72	72	60	34	76	87	97	55	34	82	23	58
Pwani	66	72	66	18	67	80	80	39	34	68	15	45
Dar es Salaam	81	89	81	11	82	75	62	87	68	72	23	90
Lindi	55	70	54	7	55	90	98	65	30	90	4	35
Mtwara	64	77	59	5	59	60	91	48	15	55	9	35
Ruvuma	89	94	89	20	89	99	98	57	31	90	15	47
Iringa	61	62	61	33	67	67	94	63	28	84	11	39
Mbeya	84	86	78	21	83	98	98	72	15	95	18	72
Singida	62	44	44	42	56	75	86	51	19	94	6	34
Tabora	27	40	27	33	57	71	76	66	58	95	16	48
Rukwa	87	86	83	7	84	46	79	38	26	99	12	34
Kigoma	30	34	29	10	29	71	82	50	14	81	15	43
Shinyanga	37	61	37	31	53	94	94	87	33	88	9	32

(Continued…)

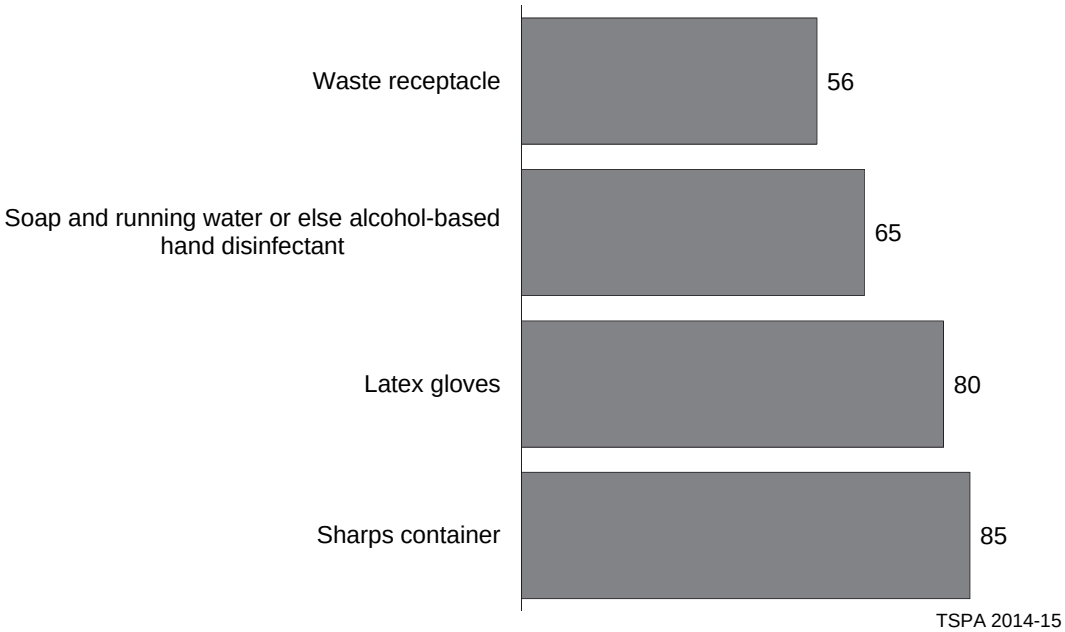
Table 4.5—*Continued*

Background characteristics	Items for infection control								Laboratory diagnostic capacity			Number of facilities offering outpatient curative care for sick children
	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]	Haemoglobin[4]	Malaria[5]	Stool microscopy[6]	
Region												
Kagera	57	48	30	17	44	61	87	49	17	77	21	49
Mwanza	50	66	44	6	45	84	91	63	36	73	25	58
Mara	56	36	34	32	55	74	79	29	24	90	26	40
Manyara	68	75	66	29	66	75	84	56	33	62	5	27
Njombe	81	81	81	4	81	73	88	52	16	83	12	36
Katavi	51	67	48	0	48	90	85	15	29	93	21	11
Simiyu	69	79	69	6	69	83	94	26	27	90	16	30
Geita	30	33	30	6	30	83	88	79	28	89	34	23
Zanzibar average/total	69	65	58	30	63	69	78	49	44	80	19	43
Unguja average/total	82	75	70	45	77	76	82	50	56	81	26	28
Kaskazini Unguja	97	74	74	60	90	97	97	74	39	92	18	5
Kusini Unguja	89	67	62	40	73	94	91	46	63	88	5	7
Mjini Magharibi	74	78	71	42	74	62	73	45	59	74	38	16
Pemba average/total	45	48	36	3	38	55	71	46	21	79	8	15
Kaskazini Pemba	37	51	37	0	37	61	76	44	15	86	7	8
Kusini Pemba	55	44	36	6	38	47	64	47	27	71	8	7
National average/total	65	68	59	20	65	80	85	56	33	84	17	1,160

Note: The laboratory diagnostic capacity indicator measures presented in this table comprise the indicators in the diagnostics domain for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[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
[4] Facility had functioning equipment and reagents for colorimeter, haemoglobinometer, or HemoCue.
[5] Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility or a functioning microscope with necessary stains and glass slides to perform malaria microscopy.
[6] Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution.

Figure 4.4 Items for infection control in child curative care services area



By facility type, soap and running water or else alcohol-based hand disinfectant are more likely to be available in hospitals (86 percent) and less likely to be available in dispensaries (63 percent). By managing authority, faith-based facilities (89 percent) are more likely than facilities managed by other managing authorities to have soap and running water or else alcohol-based hand disinfectant.

4.3.3 Laboratory Diagnostic Capacity

Certain laboratory tests can be important to diagnosing conditions among sick children. In Tanzania, the majority of facilities that offer outpatient curative care for sick children (84 percent) can test for malaria. However, only 33 percent of health facilities had functioning equipment and reagent for haemoglobin testing, and just 17 percent of health facilities could conduct stool microscopy (Table 4.5). Hospitals and health centres are more likely to have the three tests than dispensaries and clinics.

There is not much difference in availability of the malaria test by managing authority; however, for the haemoglobin test and stool microscopy, private-for profit health facilities and faith-based facilities are more likely to have these tests than government or parastatal facilities.

4.3.4 Medicines and Commodities for Sick Child Care

A range of medicines and commodities are needed to provide appropriate curative care for sick children. Most of the important medicines are in good supply in Tanzania's health facilities that offer outpatient curative care for sick children (Table 4.6 and Figure 4.5). Three essential medicines/commodities, namely ORS, mebendazole/albendazole, and artemisinin combination therapy (ACT) were in stock on the day of the survey visit in about 90 percent of facilities that provide curative care for sick children. Availability of the other essential medicines ranges from 44 percent with zinc tablets to 73 percent with co-trimoxazole. Priority medicines were available in fewer facilities than essential medicines. For example, only 17 percent of facilities had ampicillin powder for injection, while 37 percent had gentamycin injection. On the other hand, three-quarters of facilities had benzathine penicillin for injection.

Table 4.6 Availability of essential and priority medicines and commodities

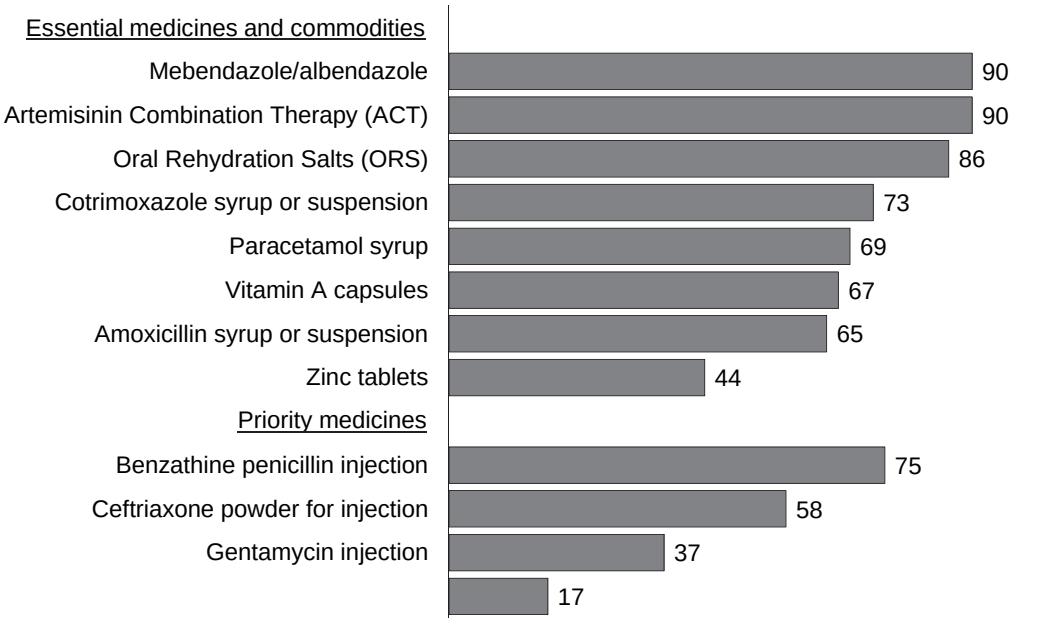
Among facilities offering outpatient curative care services for sick children, the percentages where indicated essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Essential medicines								Priority medicines				
Background characteristics	ORS[1]	Amoxicillin syrup, suspension or dispersible[1]	Cotrimoxazole syrup, suspension or dispersible	Paracetamol syrup or suspension[1]	Vitamin A capsules[1]	Mebendazole/Albendazole	Zinc tablets	Artemisinin combination therapy (ALU/ARTEAMO)[2]	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin injection	Benzathine penicillin for injection	Number of facilities offering outpatient curative care for sick children
Facility type													
Hospital	94	85	86	77	51	93	72	91	66	83	80	78	46
Health centre	90	73	80	71	65	92	52	91	32	71	55	76	128
Dispensary	86	63	72	69	68	89	42	91	13	55	33	75	972
Clinic	83	73	69	77	38	83	53	53	11	75	59	52	15
Managing authority													
Government	84	60	73	67	75	90	42	95	12	55	24	78	854
Private-for-profit	92	79	73	81	29	89	53	73	26	73	75	64	149
Parastatal	69	40	49	55	10	69	12	45	30	49	70	49	15
Faith-based	95	81	80	74	59	93	54	84	35	62	73	67	143
Residence: Tanzania													
Total urban	92	72	77	75	49	90	48	84	26	72	66	72	306
Total rural	84	62	72	67	73	90	43	93	14	54	27	75	854
Residence: Mainland/ Zanzibar													
Mainland urban	95	72	77	76	50	91	48	87	27	73	67	75	288
Mainland rural	85	63	72	69	74	90	43	94	14	54	28	76	829
Zanzibar urban	55	76	79	59	20	75	44	35	1	51	50	32	18
Zanzibar rural	73	57	60	24	49	83	50	61	5	23	10	54	25
Region													
Mainland average/total	87	65	73	70	68	90	44	92	17	59	38	76	1,117
Dodoma	83	74	77	69	81	87	61	96	21	74	43	91	60
Arusha	94	62	57	78	60	78	33	74	12	61	48	66	52
Kilimanjaro	94	78	70	83	60	94	62	78	26	57	46	69	64
Tanga	92	76	78	70	56	89	53	99	22	74	36	76	55
Morogoro	72	49	88	83	46	88	43	99	5	72	38	57	58
Pwani	75	49	63	70	62	89	34	79	28	35	38	75	45
Dar es Salaam	93	66	74	67	31	80	49	78	24	69	72	72	90
Lindi	62	39	73	45	66	94	22	100	32	65	48	55	35
Mtwara	73	36	72	38	59	89	20	89	20	68	41	67	35
Ruvuma	79	44	64	62	93	90	43	90	11	43	17	65	47
Iringa	89	55	61	69	64	99	32	89	14	49	36	88	39
Mbeya	89	82	89	76	88	95	21	89	28	76	28	88	72
Singida	100	76	64	81	87	94	54	94	24	76	30	98	34
Tabora	73	71	67	76	76	90	39	95	16	63	24	89	48
Rukwa	86	69	65	70	88	90	40	100	12	39	17	62	34
Kigoma	89	52	62	51	72	84	58	100	18	61	35	80	43
Shinyanga	95	69	66	69	53	87	41	100	5	52	42	83	32
Kagera	99	68	56	74	80	99	65	99	5	48	32	85	49
Mwanza	81	56	85	77	76	99	56	100	6	52	42	72	58
Mara	100	85	98	95	91	91	16	98	16	27	34	91	40
Manyara	99	75	91	72	89	100	66	96	33	59	65	91	27
Njombe	94	81	68	56	49	93	54	100	13	60	15	70	36
Katavi	93	84	96	70	76	91	90	95	10	88	22	54	11
Simiyu	90	60	72	65	74	80	31	100	12	47	13	71	30
Geita	99	66	90	73	64	87	37	89	5	42	28	58	23
Zanzibar average/total	65	65	68	38	37	80	47	50	3	35	26	45	43
Unguja average/total	60	68	74	45	41	79	35	50	1	47	35	47	28
Kaskazini Unguja	67	52	70	30	67	78	14	70	3	37	14	70	5
Kusini Unguja	81	67	61	24	68	91	39	67	2	50	18	73	7
Mjini Magharibi	49	73	80	60	20	74	40	36	0	48	48	28	16
Pemba average/total	75	60	58	25	31	81	69	51	7	12	11	41	15
Kaskazini Pemba	69	53	55	23	24	84	66	31	7	8	6	44	8
Kusini Pemba	83	68	62	29	38	78	74	74	6	17	17	38	7
National average/total	86	65	73	69	67	90	44	90	17	58	37	75	1,160

Notes:
- The essential medicines comprise the medicines and commodities indicators for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).
- ORS = oral rehydration salts

[1] These medicines and commodities are also in the group of priority medicines for children.
[2] For Zanzibar facilities, only ARTE-AMO tablets are included; for all other facilities, either ALU or ARTE-AMO tablets are included.

Figure 4.5 **Availability of essential and priority medicines and commodities**



By facility type, hospitals are more likely than other facility types to have these essential and priority medicines and commodities. By managing authority the picture is mixed.

4.3.5 Guidelines, Trained Staff, and Equipment for Vaccination Services

Guidelines and Trained Staff

Like services for sick children, vaccination services need guidelines, trained staff, and certain equipment to deliver good quality services. Most facilities that offer vaccination services are well-supplied (Table 4.7). On average, 84 percent of facilities that offer child vaccination services have guidelines, with hospitals and health centres being more likely to have service guidelines. Although their absolute numbers are small, percentage-wise, private-for-profit and parastatal facilities are more likely than government and faith-based facilities to have service guidelines.

Just over two of ten facilities that offer child vaccination services have an interviewed provider who received recent training in vaccination. There is little difference by facility type and managing authority.

Equipment

Not all facilities that offer vaccination services actually store vaccines. If a facility cannot maintain the cold chain and safely store vaccines, it must collect vaccines from a central location or a nearby facility (that has a refrigerator) and then use vaccine carriers and ice packs to maintain the temperature of the vaccines on the day of service. Sixty-four percent of facilities that offer child vaccination services have a vaccine refrigerator. Hospitals and health centres (72 percent and 71 percent, respectively), and dispensaries (63 percent) are more likely than clinics that offer vaccination services to have a vaccine refrigerator.

Table 4.7 Guidelines, trained staff, and equipment for vaccination services

Among facilities offering child vaccination services, the percentages having EPI guidelines, trained staff, and basic equipment necessary for vaccination services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Guidelines[1]	Trained staff[2]	Equipment					Number of facilities offering child vaccination services
			Vaccine refrigerator	Vaccine carrier with ice pack[3]	Vaccine refrigerator or vaccine carrier with ice pack	Sharps container	Syringes and needles[4]	
Facility type								
Hospital	90	32	72	98	100	98	97	40
Health centre	87	28	71	97	99	97	92	115
Dispensary	83	22	63	93	95	95	89	809
Clinic	83	31	41	94	94	100	100	4
Managing authority								
Government	83	24	63	94	96	95	89	807
Private-for-profit	93	21	48	90	90	99	89	41
Parastatal	95	24	82	100	100	100	87	3
Faith-based	85	21	74	97	100	97	95	117
Residence: Tanzania								
Total urban	86	18	73	96	98	99	95	175
Total rural	84	25	62	93	95	95	88	793
Residence: Mainland/ Zanzibar								
Mainland urban	85	16	73	95	98	99	94	168
Mainland rural	83	24	62	93	95	95	89	770
Zanzibar urban	100	62	70	100	100	100	97	6
Zanzibar rural	93	59	51	94	95	95	81	23
Region								
Mainland average/total	84	22	64	94	96	95	90	938
Dodoma	80	31	42	95	95	100	99	52
Arusha	89	47	82	85	85	99	98	39
Kilimanjaro	99	14	80	99	99	100	100	46
Tanga	100	30	51	87	94	100	94	49
Morogoro	70	24	58	94	94	82	82	51
Pwani	76	34	65	99	99	94	88	36
Dar es Salaam	98	13	55	100	100	100	90	44
Lindi	92	29	49	100	100	100	87	35
Mtwara	99	5	71	100	100	99	88	33
Ruvuma	95	18	76	95	100	94	94	43
Iringa	93	40	63	100	100	100	88	37
Mbeya	73	18	78	75	82	100	94	64
Singida	91	50	70	100	100	99	99	28
Tabora	50	12	32	100	100	91	94	48
Rukwa	69	17	63	95	95	83	61	32
Kigoma	89	9	55	100	100	85	68	39
Shinyanga	84	16	53	100	100	99	79	26
Kagera	72	15	85	99	100	100	87	43
Mwanza	69	10	61	74	84	100	100	46
Mara	90	12	91	83	92	91	91	36
Manyara	81	28	80	100	100	100	91	23
Njombe	99	29	65	93	100	87	86	34
Katavi	69	9	40	100	100	95	80	11
Simiyu	85	22	93	100	100	85	90	27
Geita	90	34	43	100	100	92	88	19
Zanzibar average/total	94	59	55	95	96	96	84	30
Unguja average/total	98	63	45	93	95	96	100	16
Kaskazini Unguja	96	76	43	96	100	100	100	5
Kusini Unguja	97	57	25	83	86	90	100	6
Mjini Magharibi	100	60	69	100	100	100	100	6
Pemba average/total	90	54	68	98	98	96	65	13
Kaskazini Pemba	92	60	60	96	96	96	58	7
Kusini Pemba	88	47	77	100	100	96	73	6
National average/total	84	23	64	94	96	95	89	968

Note: The indicators presented in this table comprise the indicators included as part of the staff and training and equipment domains for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] National guidelines for the Expanded Program on Immunization (EPI) or other guidelines for immunizations
[2] At least one interviewed provider of child vaccination services in the facility reported receiving in-service training in EPI 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] If facility reports that it purchases ice for use with the vaccine carriers, this was accepted in place of ice packs.
[4] Single-use standard disposable syringes with needles or auto-disable syringes with needles

On average, 94 percent of facilities have a vaccine carrier with ice pack; there is little difference by facility type and managing authority. By region, however, only 74 percent of facilities in Mwanza region, 75 percent of facilities in Mbeya region, and 83 percent of facilities in both Mara and Kusini Unguja regions had vaccine carriers with ice packs.

More than 90 percent of facilities have sharps containers as well as syringes and needles.

Availability of Vaccines

Among all facilities that offer vaccination services and routinely store vaccines on site, availability of individual vaccines is quite good, ranging from 87 percent having BCG and PCV-13 to 92 percent of facilities having measles vaccine. Overall, however, only 73 percent of facilities had all six child vaccines on the day of the assessment visit (Table 4.8 and Figure 4.6). In absolute numbers, only a few clinics offer child vaccination services and also store vaccines; however, all these clinics had all six vaccines, as did 86 percent of hospitals. Health centres (75 percent) and dispensaries (72 percent) are less likely to have all six vaccines available.

By managing authority, government facilities, which make up the bulk of facilities that offer child vaccination services, are less likely than facilities of other managing authorities to have all six vaccines available. Among regions, facilities in the Kusini Unguja (0 percent), Kaskazini Unguja (34 percent), and Tabora (35 percent) are less likely to have all six vaccines than facilities in other regions, particularly Dar es Salaam (98 percent), Kilimanjaro (96 percent) or Mwanza and Mara regions (90 percent).

The 2006 TSPA assessed the availability of the following vaccines in facilities that offered child vaccination services and also stored vaccines: DPT-HB, polio, measles and BCG vaccines. The 2014-15 TSPA assessed a few more vaccines. For the vaccines that allow direct comparison (polio, measles and BCG), availability of these vaccines is comparable between the two surveys. Overall, 74 percent of facilities in the 2006 TSPA had all vaccines available; the figure was 73 percent in the 2014-15 TSPA.

Table 4.8 Availability of vaccines

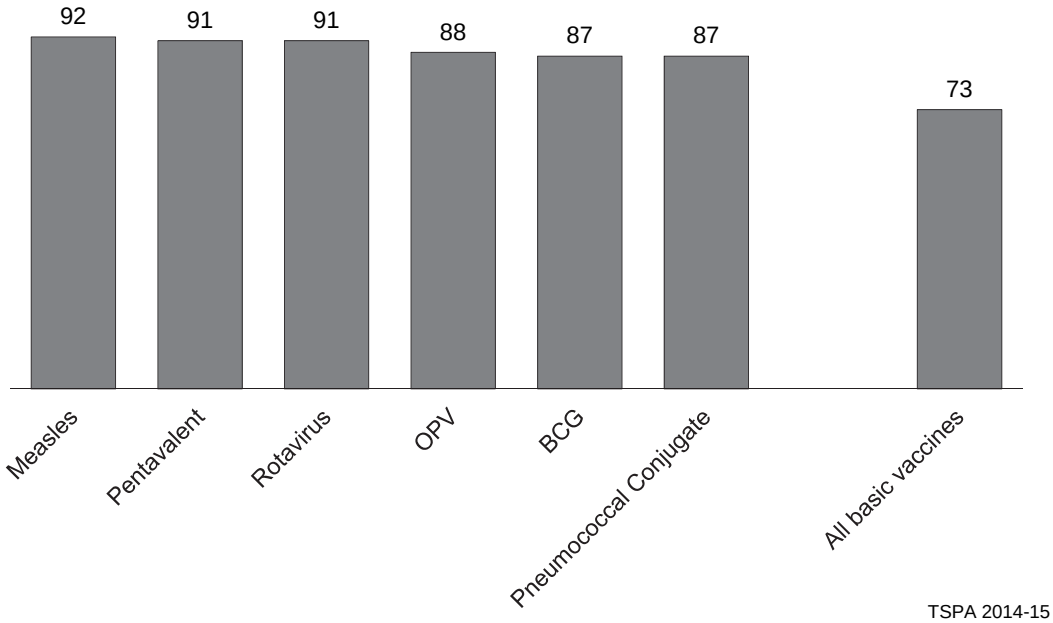
Among facilities that offer child vaccination services and routinely store vaccines at the facility, the percentages having unexpired indicated vaccines observed on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering child vaccination services and storing vaccines where the following vaccines were observed:								Number of facilities offering child vaccination services and storing vaccines
	Pentavalent[1]	Oral polio vaccine	Measles vaccine	All three vaccines[2]	BCG vaccine	Pneumo-coccal conjugate vaccine	Rotavirus vaccine	All basic child vaccines[3]	
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
Clinic	100	100	100	100	100	100	100	100	3
Managing authority									
Government	91	86	91	82	86	86	90	71	731
Private-for-profit	88	100	96	87	89	92	94	79	35
Parastatal	87	87	100	74	100	100	100	74	3
Faith-based	96	95	98	95	92	89	93	83	111
Residence: Tanzania									
Total urban	97	94	97	92	92	96	98	87	167
Total rural	90	87	91	82	86	85	89	70	714
Residence: Mainland/ Zanzibar									
Mainland urban	97	95	97	93	92	96	98	87	162
Mainland rural	90	87	91	83	86	84	89	70	694
Zanzibar urban	100	74	100	74	100	100	100	74	5
Zanzibar rural	93	70	94	67	90	94	98	64	19
Region									
Mainland average/total	91	88	92	85	87	87	90	73	857
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
Zanzibar average/total	95	71	95	68	92	95	98	66	24
Unguja average/total	93	36	90	36	87	95	96	36	11
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
Pemba average/total	96	100	100	96	96	96	100	92	13
Kaskazini Pemba	92	100	100	92	92	100	100	92	7
Kusini Pemba	100	100	100	100	100	92	100	92	6
National average/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 2015)

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

Figure 4.6 **Availability of vaccines among facilities offering child vaccination services and storing vaccines**



4.3.6 Infection Control in Vaccination Services

To avoid transmission of infections—and to retain the public's trust in immunization and vaccination services—health facilities must consistently follow infection prevention procedures. These procedures require certain supplies.

Unfortunately, among Tanzanian facilities that provide child vaccination services, only 58 percent had adequate supplies for hand hygiene on the day of the assessment visit, i.e., soap and running water or else alcohol-based hand disinfectant (Table 4.9). Clinics (84 percent) and hospitals (89 percent) were most likely to have adequate hand cleaning supplies. In contrast, just half of both health centres and dispensaries had adequate hand cleaning supplies. By managing authority, government facilities (53 percent) are less likely than facilities of other managing authorities to have adequate hand cleaning supplies. Among the regions, facilities in Arusha (89 percent) and Kilimanjaro (93 percent) regions are more likely to have adequate hand cleaning supplies compared with facilities in Kigoma (22 percent) or Geita (28 percent) regions.

Overall, facilities were well supplied with sharps containers (95 percent), but fewer had gloves (71 percent) or waste receptacles (52 percent).

Table 4.9 Infection control for vaccination services

Among facilities offering child vaccination services, the percentages 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

Background characteristics	Percentage of facilities offering child vaccination services that have indicated items for infection control								Number of facilities offering child vaccination services
	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]	
Facility type									
Hospital	89	90	87	31	89	81	98	65	40
Health centre	65	68	60	21	64	68	97	57	115
Dispensary	55	55	48	17	55	71	95	50	809
Clinic	84	96	84	36	84	85	100	96	4
Managing authority									
Government	53	54	46	15	53	70	95	50	807
Private-for-profit	71	81	71	29	80	60	99	67	41
Parastatal	87	87	87	29	87	95	100	77	3
Faith-based	79	83	76	36	80	77	97	57	117
Residence: Tanzania									
Total urban	73	72	67	22	73	73	99	67	175
Total rural	54	56	47	18	54	71	95	48	793
Residence: Mainland/ Zanzibar									
Mainland urban	74	73	68	22	74	74	99	68	168
Mainland rural	54	56	48	17	54	71	95	48	770
Zanzibar urban	35	43	35	8	35	45	100	58	6
Zanzibar rural	57	51	41	26	53	67	95	61	23
Region									
Mainland									
average/total	58	59	51	18	58	71	95	51	938
Dodoma	30	26	25	5	25	71	100	9	52
Arusha	89	100	89	37	89	81	99	78	39
Kilimanjaro	100	86	86	38	93	97	100	82	46
Tanga	74	79	67	18	67	85	100	39	49
Morogoro	61	54	47	34	67	68	82	38	51
Pwani	51	63	51	9	57	70	94	28	36
Dar es Salaam	89	80	79	6	79	52	100	90	44
Lindi	48	54	47	6	47	73	100	58	35
Mtwara	54	71	48	6	48	68	99	52	33
Ruvuma	69	69	63	21	69	76	94	52	43
Iringa	64	65	64	39	76	82	100	59	37
Mbeya	66	72	59	11	66	95	100	64	64
Singida	61	40	39	35	46	74	99	55	28
Tabora	24	32	23	29	45	56	91	66	48
Rukwa	88	85	83	8	84	47	83	42	32
Kigoma	22	28	22	2	22	60	85	33	39
Shinyanga	34	50	34	33	49	92	99	97	26
Kagera	62	47	47	16	60	56	100	35	43
Mwanza	29	54	29	19	37	70	100	57	46
Mara	43	20	19	25	43	58	91	15	36
Manyara	71	70	70	35	79	79	100	60	23
Njombe	55	61	55	2	55	61	87	48	34
Katavi	74	87	71	4	71	76	95	18	11
Simiyu	39	44	34	1	34	52	85	29	27
Geita	36	34	27	6	28	62	92	74	19
Zanzibar average/total	53	50	40	22	50	62	96	60	30
Unguja average/total	57	45	39	33	55	63	96	63	16
Kaskazini Unguja	61	41	37	60	81	88	100	65	5
Kusini Unguja	74	48	43	36	53	69	90	55	6
Mjini Magharibi	36	44	36	6	36	37	100	69	6
Pemba average/total	47	56	42	9	43	60	96	57	13
Kaskazini Pemba	48	64	48	8	48	64	96	54	7
Kusini Pemba	46	46	35	10	38	57	96	61	6
National average/total	57	59	51	18	58	71	95	52	968

[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.

4.4 SICK CHILD CARE PRACTICES

To assess whether providers are offering good quality services, 2014-15 TSPA observers attended sick child consultations. Using checklists based on IMCI guidelines, the observers noted the information the provider gave and whether recommended procedures were carried out. The observers did not interpret whether the information was correct or whether examination findings were interpreted appropriately.

The TSPA observers reported on a total of 4,961 sick child consultations. Sixty-two percent of these consultations were conducted by assistant medical officers, clinical officers, or assistant clinical officers while 27 percent were conducted by enroled nurses, nurse assistants, or nurse attendants. Only three percent were conducted by general medical doctors or specialist medical doctors (Tables 4.10.1 and 4.10.2).

4.4.1 Full Assessment

IMCI General Danger Signs

According to IMCI standards, providers should check every sick child for four general danger signs: inability to eat or drink anything, vomiting everything, convulsions, and whether the child is lethargic[1] or unconscious. For the most part, providers in observed sick child consultations did not ask about these signs (Table 4.10.1).

About half (49 percent) of all observed sick children were assessed for whether they were vomiting everything. Fewer children were assessed for inability to eat or drink anything (28 percent) or for convulsions during the illness (20 percent). Overall, only eight percent of all observed sick children were assessed for all three IMCI general danger signs. Individually, sick children seen in hospitals and health centres are slightly more likely than those seen in dispensaries or clinics to be assessed for the general danger signs.

[1] Assessment of lethargy or level of consciousness is not part of the SPA observation checklist because there is no observable component of the consultation for this assessment

Table 4.10.1 Assessments, examinations, and treatments for sick children by facility type and managing authority

Among sick children whose consultations with providers were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				Total percent of children observed
Components of consultation	Hospital	Health Centre	Dispensary	Clinics	Govern-ment	Private-for-profit	Parastatal	Faith-based	
Type of provider									
Consultation conducted by generalist medical doctor or specialist medical doctor	12	3	2	27	1	23	27	6	3
Consultation conducted by assistant medical officer, clinical officer, or assistant clinical officer	87	83	53	61	58	74	58	84	62
Consultation conducted by registered nurse	1	5	9	5	8	1	2	1	7
Consultation conducted by enroled nurse/ nurse assistant/ attendant	0	9	37	7	32	3	12	9	27
History: Assessment of general danger signs									
Inability to eat or drink anything	32	30	26	28	27	28	36	33	28
Vomiting everything	57	52	46	47	47	45	45	61	49
Convulsions	25	24	18	19	20	15	11	22	20
All general danger signs	9	9	8	6	8	5	7	11	8
History: Assessment of main symptom									
Cough or difficulty breathing	77	78	74	71	76	70	75	73	75
Diarrhoea	64	62	58	54	59	54	42	66	59
Fever	92	94	93	95	93	92	93	93	93
All three main symptoms[1]	50	50	45	45	47	36	35	46	46
Ear pain or discharge from ear	15	18	16	14	17	13	10	15	16
All 3 main symptoms plus ear pain/discharge	12	14	12	8	13	8	9	11	12
History: Other assessment									
Asked about mother's HIV status	9	9	7	6	8	4	4	10	8
Asked about TB disease in any parent in last 5 years	3	1	1	3	1	0	4	2	1
Asked about 2 or more episodes of diarrhoea in child	1	0	1	1	1	0	0	1	1
Asked about normal feeding habits or practices when the child is not ill	28	22	21	24	20	32	36	28	22
Asked about normal breastfeeding habits or practices when the child is not ill	20	16	13	25	15	16	26	15	15
Asked about feeding or breastfeeding habits or practices for child during this illness	23	20	18	27	19	18	27	20	19
Asked if child received any de-worming medication in last 6 months	6	6	4	6	5	8	7	4	5
Mentioned the child weight or growth to the caretaker or discussed growth chart	22	26	24	18	24	24	31	27	24
Physical examination									
Took child's temperature with thermometer[2]	66	55	51	60	50	63	61	76	54
Felt the child for fever or body hotness	35	34	34	51	33	41	28	34	34
Any assessment of temperature	78	70	66	78	65	76	67	85	68
Counted respiration (breaths) for 60 seconds	15	14	12	12	13	9	5	13	13
Listened to chest with stethoscope or counted pulse	38	29	20	51	19	48	38	47	24
Checked skin turgor for dehydration	23	19	13	7	14	13	11	21	15
Checked for pallor by looking at palms	27	31	22	17	24	21	16	29	24
Checked for pallor by looking at conjunctiva	40	41	32	20	33	36	15	47	34
Looked into child's mouth	22	19	16	31	15	26	37	22	17
Checked for neck stiffness	8	6	5	2	5	7	4	8	6
Looked in child's ear	13	15	12	22	12	16	17	17	13
Felt behind child's ears for tenderness	8	11	9	13	8	12	12	13	9
Undressed child for examination	26	21	16	16	17	22	22	25	18
Pressed both feet to check for oedema	9	6	5	6	6	3	2	7	6
Checked for enlarged lymph nodes in 2 or more sites	9	8	6	13	6	13	20	9	7
Essential advice to caretaker									
Give extra fluids to child	11	12	12	6	12	12	13	12	12
Continue feeding child	13	14	13	9	13	9	18	14	13
Symptoms requiring immediate return	13	17	17	12	17	17	17	12	17
Provided general information about feeding or breastfeeding the child even when not sick	17	15	14	19	14	18	23	16	14
Number of sick child observations	680	840	3,409	33	4,010	369	37	545	4,961

Notes:

- Appendix Tables A-4.10.3, A-4.10.4 and A-4.10.5 report whether the indicated assessment, examination, or intervention was a component of the consultation, by region (Mainland/Zanzibar) and residence (urban/rural).
- Five children were provided services by a lab technician or assistant and are excluded from that panel of the table.

[1] Cough or difficulty breathing, diarrhoea, and fever

[2] Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

IMCI Main Symptoms

IMCI guidelines call for every child to be evaluated for four main symptoms regardless of the reason for the consultation: cough or difficulty breathing, diarrhoea, fever, and ear problem. Ninety-three percent of all observed sick children were assessed for fever, 75 percent were assessed for cough or difficulty breathing, and 59 percent were assessed for diarrhoea. In general, these three main symptoms were assessed in 46 percent of all consultations; the three main symptoms plus ear pain/discharge was assessed in only 12 percent of consultations. There were no marked differences by facility type or managing authority (Tables 4.10.1 and 4.10.2).

Table 4.10.2 Assessments, examinations, and treatments for sick children by type of provider who conducted consultation

Among sick children whose consultations with providers were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by type of provider who conducted consultation, Tanzania SPA 2014-15

	Type of provider who conducted consultation				
Components of consultation	Generalist medical doctor or specialist medical doctor	Assistant medical officer, clinical officer, or assistant clinical officer	Registered nurse	Enroled nurse/ nurse assistant/ attendant	Total percent of children observed
History: Assessment of general danger signs					
Inability to eat or drink anything	37	30	17	24	28
Vomiting everything	40	54	51	38	49
Convulsions	22	23	17	13	20
All general danger signs	6	10	3	7	8
History: Assessment of main symptom					
Cough or difficulty breathing	73	77	74	72	75
Diarrhoea	42	65	56	50	59
Fever	91	93	96	93	93
All three main symptoms	31	51	44	38	46
Ear pain or discharge from ear	9	19	18	11	16
All 3 main symptoms plus ear pain/discharge	6	14	14	9	12
History: Other assessment					
Asked about mother's HIV status	6	9	5	6	8
Asked about TB disease in any parent in last 5 years	2	2	0	0	1
Asked about 2 or more episodes of diarrhoea in child	1	1	0	1	1
Asked about normal feeding habits or practices when the child is not ill	30	23	21	18	22
Asked about normal breastfeeding habits or practices when the child is not ill	29	16	9	11	15
Asked about feeding or breastfeeding habits or practices for child during this illness	30	19	22	17	19
Asked if child received any de-worming medication in last 6 months	4	5	6	3	5
Mentioned the child weight or growth to the caretaker or discussed growth chart	28	25	15	24	24
Physical examination					
Took child's temperature with thermometer	77	60	35	41	54
Felt the child for fever or body hotness	45	36	20	30	34
Any assessment of temperature	85	75	46	56	68
Counted respiration (breaths) for 60 seconds	14	15	14	6	13
Listened to chest with stethoscope or counted pulse	61	30	16	7	24
Checked skin turgor for dehydration	25	18	10	8	15
Checked for pallor by looking at palms	29	30	10	16	24
Checked for pallor by looking at conjunctiva	44	40	22	24	34
Looked into child's mouth	44	19	13	11	17
Checked for neck stiffness	9	7	7	2	6
Looked in child's ear	23	14	12	9	13
Felt behind child's ears for tenderness	17	9	10	7	9
Undressed child for examination	42	21	18	9	18
Pressed both feet to check for oedema	7	8	3	3	6
Checked for enlarged lymph nodes in 2 or more sites	21	8	3	4	7
Essential advice to caretaker					
Give extra fluids to child	9	12	10	12	12
Continue feeding child	13	14	11	10	13
Symptoms requiring immediate return	24	17	14	15	17
Provided general information about feeding or breastfeeding the child even when not sick	20	16	12	12	14
Number of sick child observations	173	3,097	345	1,337	4,961

Sick children seen in the Singida region are more likely to be assessed for the three main symptoms (84 percent) and for the four main symptoms (48 percent) than sick children in other regions. Sick children in Ruvuma (27 percent), Rukwa (20 percent), Mara (25 percent) and all the Zanzibar regions are among the least likely to be assessed for the three main symptoms (Appendix Tables A-4.10.3 and A-4.10.4). Sick children in rural areas of Tanzania (47 percent) are slightly more likely to be assessed for the three main symptoms than sick children in urban areas (44 percent) (Appendix Table A-4.10.5).

Physical Examination

During physical examinations of sick children the only assessment made in the majority of consultations was taking the body temperature (68 percent of observed consultations). The next most common physical examination was assessment of pallor by looking at the conjunctiva, done in 34 percent of all observed consultations. Other physical examinations were seldom done; less than 10 percent of observed sick children were assessed for neck stiffness, oedema by pressing both feet, and tenderness behind the ears. In only 13 percent of consultations did the provider look in the child's ears.

Essential Advice

IMCI guidelines call on providers caring for sick children to provide some essential advice to caretakers of the sick children they are seeing: to give the child extra fluids, to continue feeding the child, and what symptoms would require immediate return to the facility. These essential advice were given in few consultations—just 12 percent concerning extra fluids, 13 percent on continuing to feed the child, 17 percent on symptoms requiring immediate return, 14 percent on general information about feeding or breast-feeding the child even when not sick (Table 4.10.1 and 4.10.2).

4.4.2 Diagnosis-Specific Assessments and Treatment

At the end of each sick child consultation, providers were asked about the child's diagnosis or the major symptoms for which the child was seen and also about the treatment provided or prescribed, if any. Table 4.11 presents the components of sick child consultations according to the illness diagnosed or the symptoms.

Assessments

Regardless of diagnosis, observed sick children are much more likely to be assessed for IMCI main symptoms than for IMCI general danger signs. For example, while 53 percent of observed children diagnosed with pneumonia were assessed for all three IMCI main symptoms, only 13 percent were assessed for the general danger signs. This is consistent with findings in the 2006 TSPA where 46 percent of children diagnosed with pneumonia were assessed for the three main symptoms compared with only 14 percent who were assessed for the general danger signs. This pattern is also consistent with children diagnosed with malaria; 49 percent were assessed for the three main symptoms (53 percent in the 2006 TSPA), while only nine percent were assessed for the general danger signs (14 percent in the 2006 TSPA).

Physical Examination

The physical examination is important for making an appropriate diagnosis; checking for fever is one of the basic assessments. Among observed sick children diagnosed with pneumonia, 73 percent were assessed for fever (temperature was checked) while respiratory rate was checked for only 31 percent. In the 2006 TSPA, these indicators were higher: 86 percent of sick children diagnosed with pneumonia were assessed for fever and respiratory rate was checked for 42 percent of these children. For children diagnosed with malaria, fever was assessed in 68 percent of observed children; fever was assessed in 85 percent of children diagnosed with malaria in the 2006 TSPA.

Table 4.11 Assessments, examinations, and treatment for sick children by diagnosis or major symptoms

Among sick children whose consultations with providers were observed, the percentage diagnosed with specific illnesses or the symptoms for which the indicated IMCI assessment, physical examination, and/or treatment was provided, Tanzania SPA 2014-15

	Respiratory illness			Febrile illness			Gastro-intestinal illness			
Components of consultation	Pneu-monia/ broncho-pneumonia	Bronchial spasm/ asthma	Cough or other upper respiratory illness	Fever	Measles	Malaria[4]	Any diarrhoea without dehy-dration	Any diarrhoea with dehy-dration	Ear infection	All observed children
IMCI assessment										
3 main symptoms[1]	53	70	50	42	49	49	60	64	44	46
3 general danger signs[2]	13	3	8	8	27	9	9	14	10	8
Current eating or drinking habits	24	13	18	15	0	18	26	36	24	19
Caretaker advised to continue feeding and to increase fluid intake	5	0	7	8	0	7	11	21	4	7
Physical exam										
Temperature	73	66	67	69	100	68	65	77	79	68
Respiratory rate	31	16	13	11	0	9	9	6	13	13
Dehydration	17	5	11	14	0	14	27	42	16	15
Anaemia	41	50	39	45	49	50	45	57	40	42
Ear (looked in ear/felt behind ear)	15	5	13	13	0	13	14	19	63	15
Oedema	9	33	4	3	0	6	6	16	4	6
Referred for any laboratory test	1	0	1	1	0	2	1	0	0	1
Treatment										
Referred outside or admitted	9	4	2	5	0	7	3	10	5	5
Any antibiotic	96	61	85	64	100	49	73	55	82	68
Injectable antibiotic	32	6	4	4	0	6	3	6	17	8
Oral antibiotic	87	60	83	62	100	45	72	51	67	63
Any antimalarial	15	35	17	26	27	82	16	26	9	28
ACT	7	0	7	5	0	32	7	7	6	11
Oral non-ACT	5	33	9	19	27	40	8	7	3	14
Injectable Artesunate	0	0	0	0	0	1	0	0	0	0
Quinine	4	5	2	6	0	18	4	12	0	6
Oral bronchodilator	4	18	1	1	0	1	0	0	2	1
Oral medication for symptomatic treatment	81	78	83	86	49	90	65	71	74	75
Oral rehydration solution (ORS)	7	7	10	18	0	14	50	83	11	14
Home ORT (plan A) with zinc	1	6	2	4	0	3	11	21	2	4
Intravenous fluid	0	3	0	0	0	1	0	6	0	1
Zinc	6	6	5	9	0	7	28	48	6	7
Described signs or symptoms requiring immediate return	21	33	19	16	0	12	21	21	15	17
Discussed follow-up visit	26	14	23	23	49	20	28	31	30	23
Number of children[3]	575	31	1,589	332	1	1,641	780	126	110	4,961

Note: ACT = artemisinin combination therapy

[1] The three IMCI main symptoms are cough/difficulty breathing, diarrhoea, and fever.
[2] The three IMCI general danger signs are inability to eat/drink anything, vomiting everything, and febrile convulsion.
[3] A child may be classified under more than one diagnosis; therefore, the numbers in the individual columns may add to more than the total number of observed children.
[4] Malaria reflects the provider-reported diagnosis, which may have been based on rapid diagnostic test (RDT) or microscopy. The interviewing team does not verify this information.

Treatments

Sixty-eight percent of all observed children, regardless of diagnosis, received an antibiotic; in the 2006 TSPA only 55 percent of observed children received an antibiotic. Almost all children diagnosed with pneumonia (96 percent) received an antibiotic, similar to the 2006 TSPA (95 percent). Among those diagnosed with malaria, 82 percent received an antibiotic, while only 32 percent received the recommended ACT and 40 percent received an oral antimalarial other than an ACT. In 2006, almost all children diagnosed with malaria (96 percent) received an antimalarial. Close to half of all children diagnosed with malaria also received an antibiotic (Table 4.11).

4.5 CLIENT OPINION

Before leaving the facility, interviewers asked the caretakers of sick children their opinions of the consultation process and the quality of services. Specifically, the interviewer read a list of issues that are common reasons for clients' dissatisfaction and asked if each issue had posed a major problem, a minor problem, or no problem at all in their child's consultation.

As in other services, the most commonly cited major problem for clients was long waits to see the provider, mentioned by 16 percent, and the non-availability of medicines, mentioned by 18 percent (Table 4.12 and Appendix Tables A-4.12.1, A-4.12.2 and A-4.12.3). Caretakers of sick children visiting hospitals and health centres are more likely to consider these two items as major problems.

Table 4.12 Feedback from caretakers of observed sick children on service problems by facility type and managing authority

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Client service issue	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Poor behaviour/attitude of provider	3	3	2	2	2	1	1	2	2
Insufficient explanation about child's illness	4	4	2	5	2	4	6	3	2
Long wait to see provider	24	24	12	6	16	11	19	17	16
Not able to discuss problems	3	3	2	3	3	1	6	2	3
Medicines not available in facility	21	25	15	2	20	5	16	7	18
Facility open limited days	1	2	3	3	3	1	1	1	3
Facility open limited hours	5	6	6	2	6	3	2	2	5
Facility not clean	3	5	4	0	5	2	1	1	4
Services costly	8	7	4	3	4	7	10	12	5
Insufficient visual privacy	3	1	1	2	1	1	2	2	1
Insufficient auditory privacy	3	2	1	2	1	3	2	2	1
Number of interviewed caretakers of sick children	680	840	3,409	33	4,010	369	37	545	4,961

Note: Appendix Tables A-4.12.1, A-4.12.2 and A-4.12.3 report feedback from caretakers of observed sick children on service problems by region (Mainland/Zanzibar) and residence (urban/rural).

4.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

4.6.1 Supervision

Personal supervision can be an important source of support and direction for health facility staff members. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker. Personal supervision during the six months preceding the survey was fairly common among child health service providers in Tanzania health care facilities. Two-thirds of interviewed providers of child health services reported receiving personal supervision in the six months before the assessment (Table 4.13).

Table 4.13 Supportive management for providers of child health services

Among interviewed child health service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers
	Training related to child health during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to child health during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Hospital	30	61	21	934
Health centre	35	66	27	1,081
Dispensary	34	68	24	3,472
Clinic	34	57	25	64
Managing authority				
Government	37	70	28	3,708
Private-for-profit	20	58	12	757
Parastatal	21	40	11	79
Faith-based	30	61	21	1,008
Residence: Tanzania				
Total urban	25	63	18	2,118
Total rural	39	68	28	3,433
Residence: Mainland/ Zanzibar				
Mainland urban	24	63	18	2,040
Mainland rural	38	68	27	3,321
Zanzibar urban	42	57	22	78
Zanzibar rural	54	80	48	113
Region				
Mainland average/total	33	66	24	5,360
Dodoma	34	55	26	273
Arusha	27	72	25	278
Kilimanjaro	33	74	25	309
Tanga	38	54	19	305
Morogoro	37	53	21	333
Pwani	44	43	27	195
Dar es Salaam	12	66	9	604
Lindi	44	88	37	150
Mtwara	37	61	26	174
Ruvuma	27	75	25	241
Iringa	53	51	25	175
Mbeya	25	65	19	269
Singida	35	83	30	138
Tabora	32	61	28	197
Rukwa	37	95	35	127
Kigoma	22	81	20	149
Shinyanga	35	91	34	132
Kagera	48	77	40	281
Mwanza	33	53	17	318
Mara	35	74	28	167
Manyara	21	81	19	129
Njombe	40	43	25	149
Katavi	25	82	23	50
Simiyu	46	68	40	115
Geita	38	59	28	101
Zanzibar average/total	49	70	37	191
Unguja average/total	53	66	36	121
Kaskazini Unguja	73	83	63	24
Kusini Unguja	59	76	47	29
Mjini Magharibi	43	55	21	68
Pemba average/total	43	78	39	70
Kaskazini Pemba	50	81	44	35
Kusini Pemba	36	76	34	35
National average/total	33	66	24	5,551

[1] Training refers only to in-service training. The training must be structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[2] Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Providers in dispensaries and health centres are slightly more likely to receive personal supervision compared with providers in hospitals and clinics. Providers in government facilities are also more likely than providers in facilities managed by other authorities to receive personal supervision.

At the regional level, providers in Rukwa (95 percent) and Shinyanga (91 percent) regions are more likely to receive personal supervision while providers in Njombe and Pwani regions (each at 43 percent) are among the least likely to receive personal supervision.

4.6.2 Training

Training is an important management function to support health care providers. In this assessment, it refers only to in-service training. The training must be structured sessions and does not include individual instruction that a provider might have received during routine supervision. Periodic in-service training in particular can keep providers up-to-date and help them refresh their knowledge and skills.

Only a third of interviewed providers of child health services reported that they had received in-service training related to child health during the 24 months preceding the survey (Table 4.13). There is little difference by facility type but providers in government-managed facilities are more likely to have received recent training compared with providers in facilities managed by other authorities.

Overall, just one-fourth of interviewed providers had recently received both personal supervision and in-service training related to child health.

Interviewed providers of child health services specified the topics of in-service training they had received in the past 24 months and at any time (Table 4.14). Malaria diagnosis was the most common training topic, both recently (22 percent) and at any time (46 percent). The next most common training topic was malaria treatment; 17 percent of interviewed providers had received recent training and 38 percent had received training at any time. Less than 10 percent of interviewed providers reported receiving recent training on any other topic.

Table 4.14 Training for child health service providers

Among interviewed child health service providers, the percentages who report receiving in-service training on topics related to child health during the specified period before the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of providers of child health services who reported that they received in-service training on:												Number of interviewed providers
	EPI/cold chain		IMCI		Malaria diagnosis		Malaria treatment		ARI		Diarrhoea diagnosis or treatment		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Hospital	5	15	5	21	18	41	15	37	4	15	5	19	934
Health centre	8	18	9	22	24	44	20	38	6	16	8	20	1,081
Dispensary	9	21	9	23	22	48	16	39	5	17	7	21	3,472
Clinic	5	12	4	17	29	45	21	37	5	16	6	18	64
Managing authority													
Government	10	23	9	26	24	51	18	42	6	19	8	24	3,708
Private-for-profit	3	9	6	14	13	30	11	26	3	10	3	12	757
Parastatal	2	8	3	8	16	34	11	29	2	5	4	8	79
Faith-based	5	16	6	16	19	39	15	35	3	12	5	17	1,008
Residence: Tanzania													
Total urban	4	13	5	18	16	38	12	33	3	13	4	17	2,118
Total rural	10	23	10	26	25	51	19	41	6	18	8	23	3,433
Residence: Mainland/ Zanzibar													
Mainland urban	4	13	4	18	15	38	12	33	3	13	4	16	2,040
Mainland rural	10	23	10	25	24	50	19	41	6	18	8	23	3,321
Zanzibar urban	15	27	12	29	34	52	16	35	7	21	7	25	78
Zanzibar rural	26	40	15	39	57	82	26	45	12	33	13	35	113
Region													
Mainland average/total	7	19	8	22	21	45	16	38	5	16	6	20	5,360
Dodoma	12	35	4	23	14	42	9	31	1	15	4	24	273
Arusha	12	22	2	16	18	42	10	33	2	12	2	14	278
Kilimanjaro	6	16	5	18	19	46	9	34	4	17	4	19	309
Tanga	8	17	3	22	20	50	13	40	2	17	3	17	305
Morogoro	9	18	1	12	20	48	22	46	1	10	1	10	333
Pwani	11	16	4	12	27	40	31	41	4	8	4	9	195
Dar es Salaam	2	7	3	7	8	20	7	19	2	5	2	7	604
Lindi	11	33	8	31	27	52	18	37	4	17	6	33	150
Mtwara	2	19	3	28	32	58	26	50	1	15	3	28	174
Ruvuma	5	24	3	21	13	41	5	29	2	12	3	18	241
Iringa	20	36	35	45	25	55	21	45	13	24	19	32	175
Mbeya	6	16	6	13	11	40	10	25	2	10	4	15	269
Singida	17	34	25	53	28	57	26	56	25	46	25	50	138
Tabora	5	15	10	26	18	52	15	43	12	23	10	26	197
Rukwa	6	15	8	19	24	50	16	39	4	12	6	15	127
Kigoma	5	24	1	48	10	61	5	61	1	41	1	45	149
Shinyanga	5	12	19	29	28	46	26	42	19	28	19	28	132
Kagera	6	21	15	35	44	67	34	61	6	14	12	26	281
Mwanza	3	10	9	21	21	40	21	40	8	20	8	21	318
Mara	6	15	7	22	25	44	21	38	6	14	11	18	167
Manyara	7	12	4	16	14	43	5	27	3	11	1	12	129
Njombe	14	35	18	33	22	56	19	46	10	22	17	34	149
Katavi	3	13	2	9	12	41	8	32	3	12	4	14	50
Simiyu	9	19	21	29	42	52	37	48	14	21	13	26	115
Geita	10	20	9	21	31	48	29	44	6	17	8	21	101
Zanzibar average/total	21	35	14	35	48	70	22	41	10	28	10	31	191
Unguja average/total	23	32	17	35	45	63	23	42	12	29	13	32	121
Kaskazini Unguja	35	45	24	41	54	74	33	49	22	39	21	43	24
Kusini Unguja	27	36	24	43	60	80	29	53	15	37	22	42	29
Mjini Magharibi	16	26	12	28	36	51	16	35	7	22	7	24	68
Pemba average/total	19	40	8	35	52	82	21	38	7	26	5	28	70
Kaskazini Pemba	21	39	10	37	53	85	26	46	8	28	8	31	35
Kusini Pemba	17	40	6	33	50	79	15	31	5	23	2	26	35
National average/total	8	19	8	23	22	46	17	38	5	16	7	21	5,551

Note: EPI = Expanded Program on Immunization; IMCI = Integrated Management of Childhood Illness; ARI= Acute Respiratory Infection

FAMILY PLANNING SERVICES 5

Dr. Cosmas W. Swai

Key Findings

Service availability

- Eight of ten Tanzanian health facilities offer some types of modern method of family planning. Government facilities are more likely than faith-based, private-for-profit and parastatal facilities to offer modern family planning methods. These findings are similar to those reported in the 2006 TSPA.
- Nine of ten Mainland rural and Zanzibar rural health facilities offer some type of modern method of family planning.
- Nearly all hospitals, health centres, dispensaries, and clinics that offer family planning services offer at least two temporary modern methods.
- The most commonly offered temporary modern methods of family planning are progestin-only injectables, combined oral contraceptive pills, and male condoms.

Service readiness

- About 7 of 10 facilities providing family planning services had guidelines on family planning.
- Only 18 percent of facilities that offer any modern methods of family planning had a least one staff member present who had received training in family planning in the 24 months preceding the survey. Providers at faith-based organisation facilities are the most likely to have received recent training on a family planning topic.
- Six of 10 facilities that report providing modern family planning methods actually had every method that they provide available on the day of the assessment visit.
- Seven of 10 facilities providing family planning services had a blood pressure apparatus on the day of the survey

Infection control and client opinion

- Hand-washing supplies were seen in three of five family planning facilities on the day of the assessment visit.
- Few clients had major complaints; a long wait to see the provider was the most common complaint.

5.1 BACKGROUND

5.1.1 TSPA Approach to Collection of Family Planning Service Information

Family planning is profoundly important for maternal and child health and a key element in upholding reproductive rights. Therefore, wherever maternal health, reproductive health, or child health services are provided, facilities should strive to increase the appropriate use of family planning and contraceptive services and to provide client education on family planning.

This chapter provides detailed information on how family planning services are delivered—information that programmes can use to improve the availability and quality of these services. It explores five key areas relating to the provision of quality family planning services at health facilities in Tanzania:

- **Background.** Section 5.1, including Figure 5.1, provides an overview of the 2014-15 TSPA approach to the collection of family planning information during the assessment, and to the collection of information on family planning services in Tanzania.

- **Availability of services.** Section 5.2, including Tables 5.1 through 5.5 and Figure 5.2, examines the availability of family planning services and how frequently these services are available.

- **Service readiness.** Section 5.3, including Tables 5.6 and 5.7 and Figures 5.3 and 5.4, addresses the extent to which facilities offering family planning services have the capacity to support quality services, including the necessary service guidelines, trained staff, equipment, infection control items, and commodities.

- **Adherence to standards.** Section 5.4, including Tables 5.8 through 5.10, use information from observations of family planning consultations and from interviews with family planning clients to examine issues relating to providers' adherence to accepted standards for service provision and the quality of family planning services.

- **Client opinion.** Section 5.5, including Tables 5.11 through 5.12, examines feedback from interviewed family planning clients and their knowledge of the methods they received.

- **Basic management and administrative systems.** Section 5.6, including Tables 5.13 and 5.14, looks at aspects of management, supervision, and training that are important to support the delivery of high-quality family planning services.

5.1.2 Family Planning Services in Tanzania

Family planning (FP) is a highly cost-effective intervention for improving adolescent, maternal, perinatal, and child health outcomes but, according to Bongaarts et al., (2012), it is not used to maximum benefit. Studies have shown that the availability and utilisation of modern contraceptive methods has the potential to reduce maternal deaths by 22 to 30 percent (Bongaarts et al., 2012). In Tanzania, modern contraceptive methods have the potential to avert 2,360 maternal deaths that occur each year, out of approximately 7,900 annual deaths (NBS and ICF Macro 2011). Family planning averts maternal deaths in a number of ways by 1) delaying first pregnancy, especially among adolescents, 2) reducing the number of unintended pregnancies, and therefore the need for abortion, 3) lengthening the birth interval, thereby reducing maternal wastage, 4) reducing mother-to-child transmission of HIV, and 5) improving the productivity of woman so they can care for their children. Birth intervals of less than two years are associated with a two-fold risk of neonatal and U5 death, compared with birth intervals of two or more years (NBS and ICF Macro, 2011).

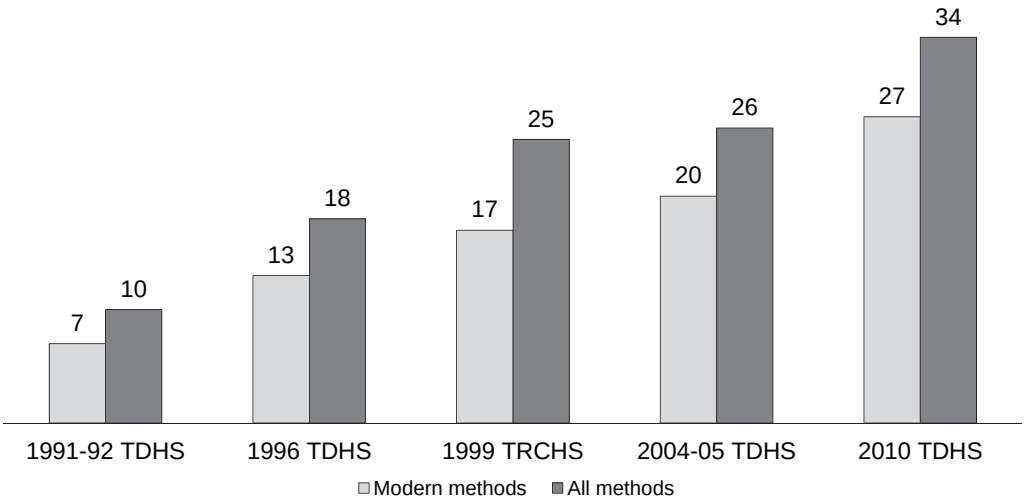
Trends in Contraceptive Use and Current Use of Contraception

Use of modern contraceptive methods is still low in Tanzania although there has been steady progress over the years. Between 1991 and 2010 five nationally representative surveys were conducted that included measuring contraceptive use among currently married women. During that period, contraceptive use (any method) among currently married women increased from 10 percent in the 1991-92 TDHS to 34 percent in the 2010 TDHS. Use of modern methods increased from seven percent in the 1991-92 TDHS to 27 percent in the 2010 TDHS (NBS and ICF Macro 2011) (Figure 5.1). There was a substantial increase in contraceptive

prevalence among married women between the 2004-05 TDHS (26 percent) and the 2010 TDHS (34 percent). Use of modern methods increased from 20 to 27 percent among married women over the same time period. By specific methods, use of injectables increased the most between the two surveys—from eight percent among married women in 2004-05 to 11 percent in 2010. Current use of modern methods among all women increased from 18 percent in 2004-05 to 24 percent in 2010 (NBS and ICF Macro, 2011). The target is for Tanzania to achieve a contraceptive prevalence rate (CPR) of 60 percent by 2015.

The use of modern contraceptive methods differs significantly by residence, zone, region, education and wealth status. Currently married women in rural areas, non-educated women, poor women, and those living in the Western and Lake Zones have lower CPRs compared with other married women (NBS and ICF, Macro 2011).

Figure 5.1 **Contraceptive use among currently married women, Tanzania 1991-2010**



Injectables (e.g., Depo-Provera), followed by the pill are the modern contraceptive methods most commonly used by currently married women. Male condoms, followed by injectables and the pill are preferred by sexually active unmarried women. Use of long-term contraceptive methods like implants (2.3 percent) or IUCDs (0.6 percent) is very low.

The use of modern contraceptive methods increases markedly with women's level of education. More than one-third of married women with secondary and higher education use a modern method of contraception compared with only 18 percent of women with no education.

The existence of myths and misconceptions about contraceptives, desire for large family sizes, poor couple communication about use of contraceptives, and lack of male support are other factors found to be barriers to FP uptake and will need to be tackled using a comprehensive approach.

Unmet Need for FP

Unmet need for family planning among currently married women is high—25 percent in the 2010 TDHS (NBS and ICF Macro, 2011). This level of unmet need means that one of four women who would like to use

family planning is currently not using any form of contraception. The target is to reduce the level of unmet need to less than 5 percent by 2015.

Total Fertility Rate (TFR)

The total fertility rate (TFR) declined from 6.3 births per woman in 1991-92 to 5.4 births per woman in 2010 (NBS and ICF Macro 2011). The 2012 Tanzania Census reported a TFR of 5.2 (NBS and OCGS 2013). The zones, regions and areas with low CPR and high unmet need for FP are the ones with high TFRs. The TFR in rural areas is 6.1 per woman compared with 3.7 in urban areas.

Coverage of FP Services at Health Facilities

The number of health facilities that offer family planning services is high. By the end of 2011 there were 6,734 health facilities in Tanzania, of which 5,366 (80 percent) were offering family planning services. This proportion increased to 85 percent in 2012, according to the Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12 (TACAIDS, 2013).

The Service Availability and Readiness Assessment (SARA) survey corroborated the findings by showing that over 70 percent of assessed facilities offer family planning services, and 90 percent of those facilities had in place key equipment and commodities like blood pressure machines, combined oral contraceptive pills, injectables, condoms and guidelines for provision of services (MoHSW, 2013). The overall readiness index for the provision of FP services is 81 percent.

According to MOHSW, as of 2011, 40 percent of the 4.5 million current users of family planning in Tanzania were new FP clients or new acceptors (TACAIDS, 2013). Despite high facility coverage of FP services, there is limited availability of long-term contraceptive methods such as implants and IUCDs, or emergency contraceptive pills in health facilities (MoHSW, 2013). This has severely hampered women's wider choice of contraceptive methods (as well as the method mix), a reality reflected in community surveys that show only 0.6 percent of women use the IUCD and 2 percent use implants (NBS and ICF Macro, 2011). Insufficient technical skills, which would enable providers to offer a full range of family planning services, is a major obstacle. Few providers reported being able to safely and effectively offer implants or place IUCDs, even when supplies are available (MoHSW and USAID, 2012). This can lead to unnecessary referrals, multiple visits and, sometimes, failure of women to receive the long-term contraceptive method they want and need.

Community Provision of FP Services

There is a lack of effective and widespread community-based programmes for the provision of family planning services. Although the distribution of contraceptives by community-based distribution agents (CBDs) has been in place for years and CBDs do in fact continue to work in some parts of Tanzania, these workers are not remunerated, coordinated, or linked with health facilities. As a result, most CBDs are no longer doing family planning work, but are employed by other health programmes that can pay them.

In the period 2016 to 2020, there will need to be a scale-up of in-service training of FP providers, especially training regarding long-term methods, to ensure availability of those methods (Aga Khan Foundation and MoHSW, 2013; MoHSW and USAID, 2012). Increasing access to FP services within facilities by integrating family planning services with other routine reproductive, maternal, newborn and child health (RMNCH) service delivery platforms—such as vaccination, growth monitoring, IMCI, STI, post-abortion care (PAC), cancer screening, and HIV testing and counselling (HTC) clinics—should be given priority. Further, there is a need to scale-up community-based distribution of FP methods like pills, condoms or Depo-Provera. The use of existing community maternal, newborn, and child health (MNCH) providers and platforms e.g.,

home-based HIV care providers may be the first step in accessing the community. Priority of these efforts should begin in rural areas and in the worst-performing zones, as well as among special groups with high unmet need for FP, e.g., adolescents.

5.2 AVAILABILITY OF FAMILY PLANNING SERVICES

This chapter uses the following definitions:

- A facility is considered to *provide* a family planning method if the facility reports that it stocks the method and makes it available to clients when they visit the facility. In other words, these clients can obtain the method without leaving the facility.

- A facility is considered to *offer* a family planning method if the facility reports that it provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method without actually making that method available to the client in the facility.

5.2.1 Contraceptive Method Mix and Method Availability

Family planning methods differ in how they function and in their effectiveness, side effects, and mode of use. Thus, their acceptability and desirability differ among users. To meet varying needs and demands for contraception, a variety of methods that meet common needs should be easily obtainable.

Facilities that offer a wide variety of family planning methods are best able to meet clients' needs. At the same time, some variation is expected in the methods offered because of differences in provider qualifications and training as well as the infrastructure required to provide certain methods safely. Methods that can be provided safely with minimal training are pills, injectables, and condoms as well as counselling on the Standard Days Method and periodic abstinence. Safely providing implants, intrauterine contraceptive devices (IUCDs), female sterilisation, and male sterilisation requires a higher level of skill and more developed infrastructure.

To understand the context of use of modern contraceptive methods in Tanzania, the 2014-15 TSPA assessed the availability of family planning services in health care facilities. Tables 5.1 and 5.2 summarise information on the availability of family planning services and how frequently they are offered.

Eighty percent of Tanzania health facilities offer some type of family planning[1] (Table 5.1), ranging from 33 percent of clinics to 81 percent of health centres and dispensaries.

From the perspective of managing authority, government facilities (96 percent) are two to three times more likely to offer family planning services than other managing authorities.

[1] 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, periodic abstinence, female sterilisation (tubal ligation), and male sterilisation (vasectomy). Other modern methods, such as the diaphragm and spermicides, are not practiced in Tanzania.

Table 5.1 Availability of family planning services

Among all facilities, the percentages offering modern reversible and permanent (sterilisation) methods of family planning, male or female, 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 counselling on periodic abstinence/ rhythm	Percentage offering any temporary method of FP[2]	Percentage offering male or female sterilisation[3]	Percentage offering any temporary modern and permanent method of 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
Clinic	33	18	33	5	33	33	21
Managing authority							
Government	96	42	96	32	96	96	857
Private-for-profit	35	11	35	14	35	35	163
Parastatal	22	10	22	6	22	22	21
Faith-based	41	21	42	16	41	42	148
Residence: Tanzania							
Total urban	54	22	54	21	54	54	324
Total rural	89	39	90	30	89	90	864
Residence: Mainland/ Zanzibar							
Mainland urban	55	23	55	22	55	55	306
Mainland rural	89	39	89	29	89	89	838
Zanzibar urban	34	4	34	12	34	34	18
Zanzibar rural	91	32	91	40	91	91	26
Region							
Mainland average/total	80	35	80	27	80	80	1,144
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
Zanzibar average/total	68	21	68	28	68	68	44
Unguja average/total	58	26	58	33	58	58	29
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
Pemba average/total	87	10	87	18	87	87	15
Kaskazini Pemba	87	10	87	26	87	87	8
Kusini Pemba	87	10	87	10	87	87	7
National average/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.
[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, and 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.

5.2.2 Frequency of Family Planning Services

It is important that facilities offer family planning services regularly enough to meet clients' needs. More than nine of ten facilities that offer any family planning services do so five or more days per week (Table 5.2). There is little difference by managing authority. Facilities in Mwanza, at 74 percent, are the least likely to offer family planning services five or more days a week.

Table 5.2 Frequency of availability of family planning services

Among facilities offering any family planning services, the percentages offering any method on the indicated number of days per week, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities where family planning services are offered[1]: 1-4 days	5+ days	Number of facilities offering any family planning services
Facility type			
Hospital	7	93	34
Health centre	8	92	104
Dispensary	7	93	802
Clinic	6	94	7
Managing authority			
Government	7	93	825
Private-for-profit	10	90	57
Parastatal	13	87	5
Faith-based	10	87	62
Residence: Tanzania			
Total urban	9	91	174
Total rural	7	93	773
Residence: Mainland/ Zanzibar			
Mainland urban	9	91	168
Mainland rural	7	93	750
Zanzibar urban	0	100	6
Zanzibar rural	5	95	24
Region			
Mainland average/total	7	92	917
Dodoma	10	90	51
Arusha	3	96	37
Kilimanjaro	3	97	42
Tanga	6	94	49
Morogoro	1	99	44
Pwani	14	86	38
Dar es Salaam	1	99	43
Lindi	16	84	35
Mtwara	13	87	31
Ruvuma	1	93	39
Iringa	0	100	30
Mbeya	1	99	67
Singida	1	99	30
Tabora	16	84	46
Rukwa	0	100	30
Kigoma	1	93	39
Shinyanga	2	98	26
Kagera	0	100	41
Mwanza	26	74	45
Mara	16	84	38
Manyara	1	99	22
Njombe	12	88	34
Katavi	7	93	10
Simiyu	14	86	28
Geita	12	88	21
Zanzibar average/total	4	96	30
Unguja average/total	7	93	17
Kaskazini Unguja	0	100	5
Kusini Unguja	19	81	6
Mjini Magharibi	0	100	6
Pemba average/total	0	100	13
Kaskazini Pemba	0	100	7
Kusini Pemba	0	100	6
National average/total	7	92	947

[1] Includes services for contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, female condoms, CycleBeads for Standard Days Method, periodic abstinence, tubal ligation, vasectomy, or any other family planning method

5.2.3 Specific Methods Offered

The temporary modern methods of family planning most commonly offered in Tanzania health facilities are combined oral pills and 3-month progestin-only injectables (94 percent of facilities offering any family planning services), followed by male condoms (89 percent) and progestin-only oral pills (76 percent) (Table 5.3). Forty-three percent of family planning facilities offer counselling on the traditional periodic abstinence method. At 13 percent, CycleBeads (for Standard Days Method) is least likely to be provided at health facilities (Table 5.3).

All facilities (99 percent) offer at least two temporary modern methods while more than 9 of 10 hospitals and health centres offer at least four temporary modern methods of contraception.

On average, only one-third of facilities that offer some type of family planning services report offering emergency contraception, ranging from 22 percent at clinics to 57 percent at hospitals (Table 5.3).

The majority of facilities that report that they *offer* a temporary contraceptive method in fact do *provide* that method rather than just refer for it or counsel about it. A comparison of Tables 5.3 and 5.4 shows that, for example, the majority of facilities (regardless of type) that offer 3-month progestin-only injectables actually provide this method; only a small proportion only refer or counsel for progestin-only injectables and do not provide the method themselves. The difference is more pronounced when it comes to methods that require more skills. For example, 92 percent of hospitals *offer* IUCDs, but only 80 percent *provide* the method; 73 percent of health centres *offer* IUCDs, while only 60 percent actually *provide* the method; 70 percent of dispensaries *offer* implants, but only 49 percent actually *provide* them.

Table 5.3 Methods of family planning offered: Facility type and managing authority

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by facility type and managing authority, Tanzania SPA 2014-15

Methods provided, prescribed, or counselled	Facility type				Managing authority				National average/total
	Hospital	Health centre	Dispensary	Clinic	Government	Private-for-profit	Parastatal	Faith-based	
Combined oral contraceptive pills	95	95	94	77	95	87	72	92	94
Progestin-only oral pill	88	80	75	61	78	53	91	70	76
Progestin-only injectable (3 months)	94	96	94	94	94	88	68	96	94
Combined injectable	26	25	25	5	23	32	28	33	25
Male condom	94	88	89	78	90	78	100	92	89
Female condom	47	30	23	13	23	36	39	33	25
Intrauterine contraceptive device (IUCD)	92	73	49	83	51	87	65	56	53
Implant (3 years or 5 years)	96	88	70	91	72	85	100	68	73
CycleBeads (for Standard Days Method)	24	14	12	12	13	10	4	15	13
Tubal ligation	78	47	31	16	34	39	28	38	34
Vasectomy	41	36	24	13	25	33	17	28	26
At least 2 temporary modern methods[1]	99	98	99	100	99	99	100	98	99
At least 4 temporary modern methods[1]	97	92	86	83	87	85	72	86	87
Emergency contraception	57	42	32	22	36	14	21	22	34
Periodic abstinence/ rhythm	56	44	42	53	43	31	44	50	43
Emergency contraception IUCD	26	23	12	21	13	21	22	14	14
Number of facilities offering any family planning services	34	104	802	7	825	57	5	62	947

Note: Additional results for Table 5.3 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-5.3.1, A-5.3.2 and A-5.3.3.

[1] Any methods other than male or female sterilisation

Table 5.4 Methods of family planning provided: Facility type and managing authority

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

	Facility type				Managing authority				National
Methods provided	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	average/total
Combined oral contraceptive pills	90	92	88	77	89	86	72	77	88
Progestin-only oral pill	83	72	66	56	69	50	91	57	67
Progestin-only injectable (3 months)	90	93	91	94	91	87	68	94	91
Combined injectable	19	17	16	2	16	21	24	17	16
Male condom	90	86	85	75	85	77	100	83	85
Female condom	26	13	8	13	8	32	22	11	9
Intrauterine contraceptive device	80	60	20	72	24	70	61	35	27
Implant (3 years or 5 years)	92	83	49	83	53	77	96	47	55
CycleBeads (for Standard Days Method)	5	4	2	6	2	8	0	1	3
Tubal ligation	51	13	0	0	3	10	11	8	3
Vasectomy	26	8	0	0	1	6	0	3	2
At least 2 temporary modern methods[2]	96	98	97	96	97	98	100	97	97
At least 4 temporary modern methods[2]	93	89	74	72	77	82	72	64	77
Emergency contraception	42	35	20	22	24	13	18	12	22
Emergency contraception IUCD	20	15	3	15	5	5	19	5	5
Number of facilities offering any family planning services	34	104	802	7	825	57	5	62	947

Note: Additional results for Table 5.4 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-5.4.1, A-5.4.2 and A-5.4.3.

[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.

5.2.4 Availability of Family Planning Methods on the Day of the Assessment

Stock-outs of family planning methods can put a woman at risk of unintended pregnancy. The 2014-15 TSPA assessed the availability of contraceptive methods on the day of the assessment among facilities that report providing these methods. As Table 5.5 and Figure 5.2 show, the majority of facilities providing the most popular methods had them in stock on the day of the assessment.

There were some gaps, however, even for the methods most commonly provided in Tanzanian health facilities. Among facilities that reported providing 3-month progestin-only injectables, 91 percent had the method on the day of the assessment (9 percent did not). Similarly, 87 percent of facilities that provide combined oral contraceptives had the pills in stock (13 percent did not). An impressive 89 percent of facilities that provide male condoms had them available on the day of the assessment (11 percent did not). The gap is most evident for CycleBeads (Standard Day Method); less than half of facilities (48 percent) that reported providing CycleBeads had the beads in stock.

Nationwide, only 60 percent of facilities that report providing family planning methods actually had every method that they provide available on the day of the visit (Table 5.5 and Figure 5.2). There is little difference by type of facility, however, health centres, at 55 percent, are less likely than any other facility types to have available every method they report providing. At the regional level, the availability of all provided methods on the day of the assessment ranged from 24 percent of facilities in the Mtwara region to 97 percent of facilities in the Mara region (Table A-5.5.1).

Table 5.5 Availability of family planning commodities: Facility type and managing authority

Among facilities that provide[1] the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Method	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Combined oral contraceptive pills	89	86	87	100	87	91	51	93	87
Progestin-only oral pill	76	77	74	96	74	79	74	73	74
Progestin-only injectable (3 months)	94	87	91	91	91	82	100	97	91
Combined injectable	62	77	72	100	76	42	61	64	72
Male condom	86	85	89	83	88	91	81	96	89
Female condom	86	70	79	65	71	97	100	95	78
Intrauterine contraceptive device	95	89	79	100	82	91	84	83	84
Implant (3 years or 5 years)	95	91	90	97	91	90	80	86	91
CycleBeads (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	59	62	54	71	60
Emergency contraception pills	80	83	74	100	75	92	100	88	76
Emergency contraception IUCD	85	76	69	100	73	100	100	68	75

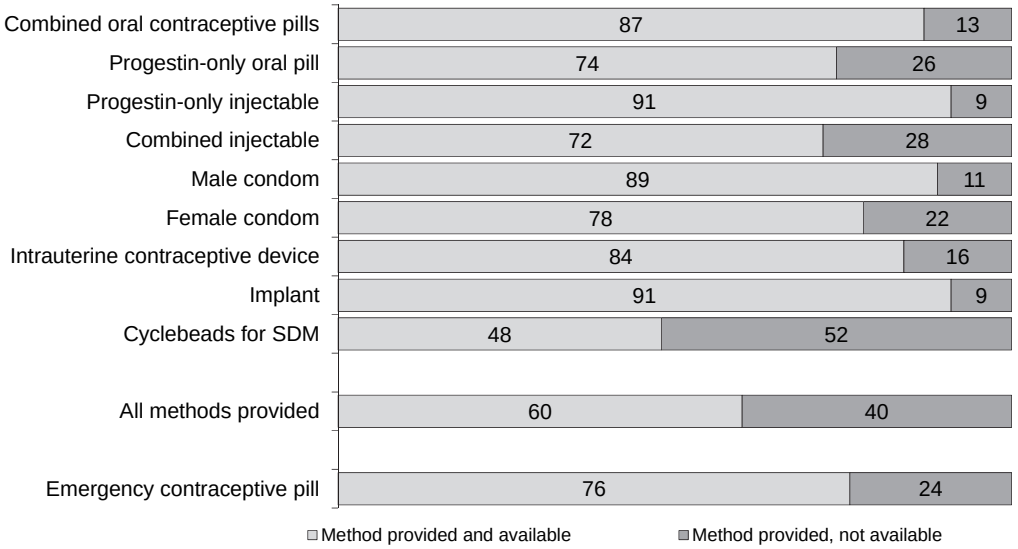
Notes: Additional results for Table 5.5 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-5.5.1, A-5.5.2 and A-5.5.3.

The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown in Appendix Table A-5.5.1 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 (2015). 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 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.

Figure 5.2 Temporary methods of family planning listed as provided by facilities, percentage available on day of survey visit and percentage not available



The denominator for each method is different as described in Table 5.5

TSPA 2014-15

5.3 SERVICE READINESS

5.3.1 Service Guidelines, Trained Staff, and Equipment

To provide quality family planning services to clients, facilities should be able to ensure some level of privacy for FP consultations and to have family planning guidelines, appropriately trained providers, and certain supplies and equipment. Table 5.6 and Figure 5.3 provide information on the availability of guidelines, and information on recently-trained staff and basic equipment for family planning services.

Service Guidelines

Family planning service guidelines are available in the majority (68 percent) of family planning facilities. Dispensaries (66 percent) are the facility type least likely to have family planning guidelines. By managing authority, parastatal facilities (40 percent) are least likely to have such guidelines. About three-quarters of urban facilities have family planning guidelines compared with two-thirds of rural facilities.

The guidelines were considered available for use only if they were in the family planning service delivery area or an immediately adjacent area.

Trained Staff

Only 18 percent of facilities that offer any modern methods of family planning had at least one staff member present who had received training in family planning in the 24 months before the survey. Clinics (24 percent) are slightly more likely to have family planning staff members recently trained in family planning. By managing authority, faith-based facilities were the most likely to have at least one staff member who had received training in family planning (35 percent).

Equipment

In addition to service guidelines and recently trained staff, some basic equipment and items are necessary to provide quality services. These include blood pressure apparatus, an examination bed, samples of family planning methods, and visual aids. Overall, seven of ten family planning facilities had blood pressure apparatus available at the service site on the day of the visit.

Unique among temporary family planning methods, the IUCD requires a pelvic examination before insertion. In addition, a physical examination may occasionally be helpful to evaluate problems with a method or simply for routine check-ups unrelated to the use of family planning methods. Such examinations require infrastructure and items needed to examine the client. The survey assessed the presence of an examination bed or couch and an examination light, items needed to conduct a quality examination (particularly a pelvic examination) for family planning clients. Most facilities (87 percent) had an examination bed or couch, but only 13 percent had a light (Table 5.6).

Visual aids are important elements in good family planning counselling. Samples of family planning methods were available in the service delivery areas of 88 percent of facilities on the day of the assessment. Some 42 percent had a model for demonstrating how to use a condom.

Table 5.6 Guidelines, trained staff, and basic equipment for family planning services

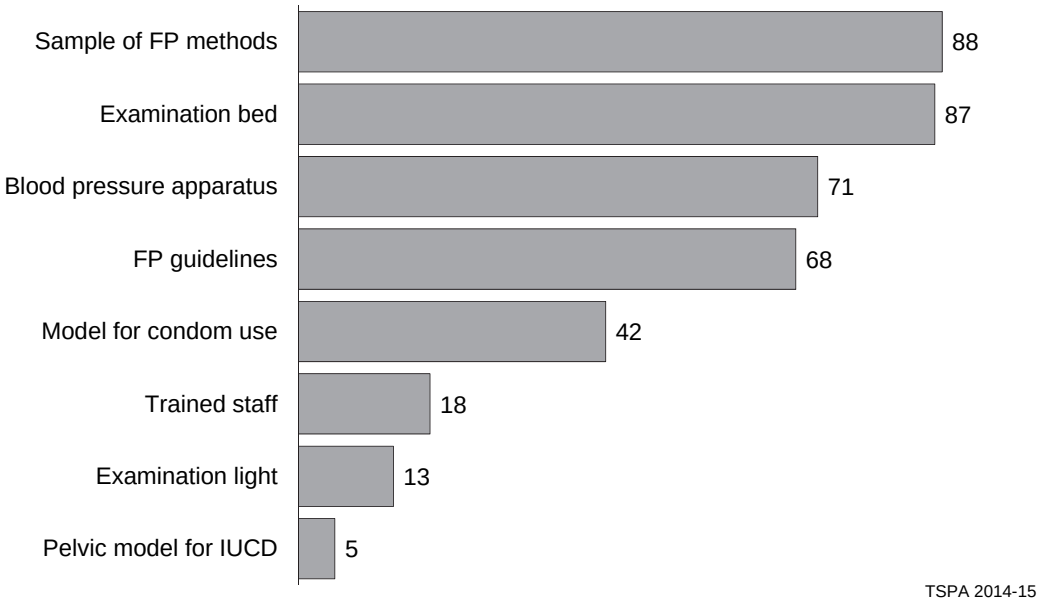
Among facilities offering any modern family planning methods, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of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

Background characteristics	Percentage of facilities offering any modern family planning methods and having:										Number of facilities offering any modern family planning methods
				Equipment							
	Guide-lines on family planning[1]	Staff trained in family planning[2]	Two staff trained in family planning[3]	Blood pressure appara-tus[4]	Exami-nation light	Exami-nation bed or couch	Samples of family planning methods	Pelvic model for IUCD[5]	Model for showing condom use	Other family planning-specific visual aid[6]	
Facility type											
Hospital	85	20	17	80	39	96	95	24	76	80	34
Health centre	83	20	18	72	18	90	92	11	67	65	104
Dispensary	66	17	14	71	11	86	87	3	38	45	802
Clinic	77	24	18	77	59	93	91	19	52	54	7
Managing authority											
Government	68	16	13	71	8	86	87	4	43	46	825
Private-for-profit	68	23	22	83	65	92	93	15	41	63	57
Parastatal	40	23	17	91	42	100	100	28	40	100	5
Faith-based	74	35	29	66	26	95	92	4	37	61	61
Residence: Tanzania											
Total urban	76	15	13	77	32	88	92	13	55	60	174
Total rural	66	18	15	70	9	87	87	3	40	46	773
Residence: Mainland/Zanzibar											
Mainland urban	76	15	13	79	32	88	92	12	54	61	168
Mainland rural	66	18	15	70	9	87	87	3	40	46	749
Zanzibar urban	88	5	5	15	19	82	100	38	61	51	6
Zanzibar rural	74	41	35	64	10	92	94	15	39	55	24
Region											
Mainland average/total	68	17	14	72	13	87	88	5	42	48	917
Dodoma	52	10	10	64	1	75	62	1	26	26	51
Arusha	72	28	20	96	13	98	100	8	44	46	37
Kilimanjaro	84	38	22	57	23	93	99	10	53	76	42
Tanga	100	12	12	83	19	94	100	9	69	52	49
Morogoro	54	4	4	81	2	91	91	9	53	46	44
Pwani	60	24	19	57	13	88	88	4	59	59	38
Dar es Salaam	74	2	0	88	55	81	78	16	54	84	43
Lindi	73	18	7	59	2	78	83	1	67	55	35
Mtwara	66	18	18	61	9	87	58	1	46	55	31
Ruvuma	88	38	26	74	7	87	82	3	41	32	39
Iringa	92	11	10	76	18	92	100	5	62	60	30
Mbeya	80	6	6	87	29	87	88	2	86	38	67
Singida	71	9	9	85	2	86	93	3	17	35	30
Tabora	27	16	16	81	16	95	100	1	18	30	46
Rukwa	55	34	27	89	23	76	100	2	18	27	30
Kigoma	51	7	7	37	1	88	80	2	17	24	39
Shinyanga	64	16	9	96	1	87	100	1	45	64	26
Kagera	58	36	36	65	2	86	93	9	35	71	41
Mwanza	38	19	19	51	20	81	73	1	26	36	45
Mara	61	6	6	64	12	83	92	10	18	56	38
Manyara	90	37	35	70	12	99	100	3	30	61	22
Njombe	86	16	14	75	1	94	100	1	30	36	34
Katavi	64	19	17	87	0	96	100	3	40	31	10
Simiyu	90	15	15	72	0	94	71	0	31	70	28
Geita	61	11	11	47	1	62	80	7	26	45	21
Zanzibar average/total	77	34	29	54	12	90	95	20	43	54	30
Unguja average/total	83	27	19	61	18	90	97	35	50	66	17
Kaskazini Unguja	66	63	48	74	11	92	100	37	32	59	5
Kusini Unguja	88	12	3	86	19	97	100	26	46	76	6
Mjini Magharibi	92	11	11	22	22	80	92	43	70	62	6
Pemba average/total	69	42	42	44	4	90	93	0	35	38	13
Kaskazini Pemba	62	36	36	46	4	92	100	0	19	34	7
Kusini Pemba	78	48	48	42	4	89	85	0	53	42	6
National average/total	68	18	15	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 (2015).

[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] The facility had at least two 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.
[4] A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope
[5] IUCD = intrauterine contraceptive device
[6] Flip charts or leaflets

Figure 5.3 **Items to support quality provision of family planning**



5.3.2 Infection Control

The 2014-15 TSPA assessed the presence of items for infection control in areas where family planning procedures such as pelvic examinations for IUCD insertions and provision of implants and injectables take place. Items assessed for infection control were hand-washing supplies (running water and soap or else hand disinfectant), disinfecting solution, latex gloves, and a sharps box. Gloves and a sharps container were seen in the family planning service areas of the majority of facilities (83 percent and 97 percent, respectively). In contrast, only six of ten facilities had soap and running water or else alcohol-based hand disinfectant (Table 5.7 and Figure 5.4).

Table 5.7 Items for infection control during provision of family planning

Among facilities offering any modern family planning methods, the percentages 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

Background characteristics	Percentage of facilities offering any modern family planning methods and having items for infection control								Number of facilities offering any modern family planning methods
	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]	
Facility type									
Hospital	91	90	88	35	90	95	97	66	34
Health centre	69	73	64	25	68	82	96	56	104
Dispensary	58	60	51	19	58	83	97	52	802
Clinic	75	73	69	47	73	80	90	70	7
Managing authority									
Government	58	59	50	18	58	82	97	52	825
Private-for-profit	70	80	69	25	76	93	98	64	57
Parastatal	100	100	100	30	100	91	100	80	5
Faith-based	83	87	82	44	83	83	93	61	61
Residence: Tanzania									
Total urban	74	74	68	25	75	87	94	75	174
Total rural	57	60	51	19	57	82	97	48	773
Residence: Mainland/ Zanzibar									
Mainland urban	75	75	69	26	76	87	94	77	168
Mainland rural	57	60	51	19	57	82	98	48	749
Zanzibar urban	53	46	46	5	46	79	91	33	6
Zanzibar rural	63	56	45	26	55	76	96	61	24
Region									
Mainland average/total	60	63	54	20	61	83	97	53	917
Dodoma	25	26	21	2	21	74	100	8	51
Arusha	96	100	96	36	96	84	99	85	37
Kilimanjaro	93	78	78	45	78	99	100	67	42
Tanga	68	87	61	15	61	98	99	43	49
Morogoro	64	62	55	32	78	85	100	37	44
Pwani	67	72	61	22	67	99	100	27	38
Dar es Salaam	87	78	78	6	78	88	98	97	43
Lindi	49	58	47	6	47	80	100	58	35
Mtwara	43	62	38	6	43	68	99	39	31
Ruvuma	74	82	69	16	69	99	99	61	39
Iringa	57	58	57	28	64	77	99	53	30
Mbeya	68	74	68	15	73	97	100	58	67
Singida	57	36	36	39	43	85	93	50	30
Tabora	28	37	27	26	50	65	95	58	46
Rukwa	88	84	82	11	88	49	88	44	30
Kigoma	34	29	27	8	27	62	95	55	39
Shinyanga	49	52	42	33	50	99	99	97	26
Kagera	55	47	39	17	53	65	100	35	41
Mwanza	38	64	30	28	46	87	90	67	45
Mara	55	42	40	40	63	76	78	29	38
Manyara	72	71	71	53	80	96	99	67	22
Njombe	87	87	87	8	87	88	100	67	34
Katavi	65	71	61	6	62	86	94	12	10
Simiyu	57	70	55	12	57	79	95	29	28
Geita	39	38	32	7	34	83	100	78	21
Zanzibar average/total	61	54	45	22	53	76	95	56	30
Unguja average/total	75	53	51	33	64	87	97	54	17
Kaskazini Unguja	78	48	44	56	74	100	100	63	5
Kusini Unguja	90	62	60	39	69	79	93	58	6
Mjini Magharibi	56	48	48	6	48	84	100	42	6
Pemba average/total	43	56	37	8	39	62	92	57	13
Kaskazini Pemba	40	64	40	8	40	67	88	51	7
Kusini Pemba	46	46	35	7	38	57	96	64	6
National average/total	60	62	54	20	60	83	97	53	947

[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

Figure 5.4 **Items for infection control in family planning service area**

5.4 ADHERENCE TO STANDARDS FOR QUALITY SERVICE PROVISION

To assess whether family planning providers adhere to service standards, interviewers observed family planning client-provider interactions, using observation check lists that are based on commonly accepted guidelines for screening, counselling, and conducting procedures for family planning clients. The interviewers collected information to answer the following questions:

- Did providers talk about topics essential to determining the appropriateness of the methods discussed, and, where necessary, did they conduct the physical examination needed to screen clients for method eligibility?
- Did the conditions and procedures followed for provision of specific methods meet TSPA criteria for quality service provision?

The observers noted the information providers shared with clients and whether an examination, where appropriate, was conducted prior to dispensing a method. They did not assess whether the information given was correct or whether the findings of the examination were appropriately interpreted.

Tables 5.8 and 5.9 provide details about consultations with female clients on their first visit for family planning services while Table 5.10 provides some of the same information for all female family planning clients.

5.4.1 Counselling and Client Assessment at First Family Planning Visits

During a family planning visit, especially during a client's first visit, providers are expected to elicit information about the client's personal history and health history to help them make an informed decision on contraceptive use and methods. This constitutes screening clients for the appropriateness of specific methods. Therefore, during the observation of clients' first family planning visit, observers noted what information providers obtained about the client's history and what examinations were conducted. The observers made notes on six elements of a client's reproductive history, four elements of medical history and two examinations—specifically, blood pressure and weight (Tables 5.8).

The element of reproductive history most often asked was "any history of pregnancy" and client's age (asked in 93 percent and 90 percent of consultations, respectively). Providers asked about all six elements of reproductive history in only 20 percent of first-visit consultations.

For medical history, providers asked about any history of sexually transmitted infections in 21 percent of consultations and asked about chronic illnesses in 45 percent of consultations. Providers rarely, if ever, asked a woman whether she smoked or used alcohol.

Table 5.8 Client history and physical examinations for first-visit female family planning clients: facility type and managing authority

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Components of consultation	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Client history									
Age	93	90	89	69	90	94	45	94	90
Any history of pregnancy	91	95	94	86	93	97	100	91	93
Current pregnancy status	83	75	64	80	70	72	45	86	71
Breastfeeding status (if ever pregnant)[1]	41	50	44	25	45	26	86	66	45
Desired timing for next child or desire for another child	58	51	41	54	48	30	39	62	48
Regularity of menstrual cycle	53	51	45	76	48	35	53	68	49
All elements of reproductive history[2]	24	23	17	14	20	4	20	35	20
Client medical history									
Asked about smoking	3	2	1	0	2	0	0	3	2
Asked about symptoms of sexually transmitted infections (STIs)	18	19	22	42	21	15	26	14	21
Asked about any chronic illnesses	53	52	38	42	43	42	45	69	45
Asked about alcohol use	3	3	2	0	3	0	0	3	3
All risk history[3]	1	1	0	0	1	0	0	1	1
Client examination									
Measure blood pressure[4]	62	51	52	77	51	68	45	79	54
Measure weight[5]	73	48	55	77	56	65	45	78	58
Number of observed first-visit FP clients	106	115	232	6	388	33	4	34	458
Number of observed first-visit FP clients with prior pregnancy [6]	85	101	189	6	317	32	2	30	381

Note: Additional results for Table 5.8 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-5.8.1, A-5.8.2 and A-5.8.3.

[1] The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6.
[2] The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.
[3] The client was asked about smoking, symptoms of STIs, and any chronic illness.
[4] Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.
[5] Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.
[6] Applies only to the indicator *breastfeeding status*

Observers recorded other information about these first-time family planning consultations: whether the provider and client discussed the woman's partner, STIs and condoms, and a return visit; aspects of privacy and confidentiality during the consultation; whether the provider made use of the client card; and whether the provider used visual aids (Table 5.9).

There were discussions related to the clients' partner during only a small percentage of consultations; about one-fifth involved discussion of the partner's attitude toward family planning. Only 12 percent of consultations involved discussions about the client's partner status, e.g., number of client's sexual partners, or if the client's partner had other sexual partners. Just over one-third of consultations involved some discussion of STIs (Table 5.9).

Table 5.9 Components of counselling and discussions during consultations for female first-visit family planning clients facility type and managing authority

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Components of consultation	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Discussion related to partner									
Partner's attitude toward family planning	19	23	16	20	19	19	20	13	18
Partner's status[1]	17	10	11	6	13	13	0	6	12
Privacy and confidentiality									
Visual privacy assured	84	84	85	67	85	71	100	88	84
Auditory privacy assured	79	77	76	66	75	88	100	85	77
Confidentiality assured	43	50	33	59	37	48	74	60	40
All three counselling conditions on privacy and confidentiality met[2]	43	48	31	45	36	46	74	60	38
Discussion related to STIs and condoms									
Use of condoms to prevent STIs	21	15	5	12	11	2	20	19	11
Use of condoms as dual method[3]	21	9	5	20	10	4	20	15	10
Any discussion related to STIs[4]	46	37	35	55	39	31	26	40	38
Individual client cards									
Individual client card reviewed during consultation	55	66	62	83	60	69	73	73	62
Individual client card written on after consultation	89	89	82	94	85	80	100	92	85
Visual aid and return visit									
Visual aids were used during consultation	34	28	15	55	21	44	45	27	23
Return visit discussed	83	81	85	97	85	71	100	84	84
Client provided take home reading materials	3	8	6	9	6	2	0	11	6
Number of observed first-visit FP clients	106	115	232	6	388	33	4	34	458

Note: Additional results for Table 5.9 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-5.9.1, A-5.9.2 and A-5.9.3.

[1] Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.
[2] Visual and auditory privacy and confidentiality assured during consultation
[3] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[4] Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Client cards play an important role in making previously recorded information (e.g., blood pressure and weight) available to providers during consultations. Client cards are also crucial for monitoring clients over time. In six of ten observed first-visit consultations, the provider reviewed the client card during consultation and, in eight of ten observed first-visit consultations, the provider wrote on the client card after the consultation (Table 5.9).

Visual privacy and auditory privacy were assured in 84 percent and 77 percent, respectively, of observed first-visit consultations while confidentiality was assured in 40 percent.

The use of visual aids is not common; only 23 percent of first-visit consultations benefited from the use of visual aids. Visual aids are more likely to be used during consultations that take place in clinics (55 percent)

than those occurring in other facility types. Eight of ten consultations with first-time family planning clients included discussion about a return visit.

5.4.2 Counselling at All Family Planning Visits

When all family planning consultations (both first visits and return visits) observed as part of the 2014-15 TSPA were considered together, the observations concerning counselling for all consultations were similar to those for first visits (Table 5.9 and Table 5.10). STIs were discussed less often in all consultations (30 percent) than in first visits (38 percent). There was less use of visual aids during all consultations (15 percent) than during first-visit consultations (23 percent). Provider and client were about as likely to discuss return visits in all consultations (83 percent) as in first visits (84 percent).

Table 5.10 Components of counselling and discussions during consultations for all female family planning clients: facility type and managing authority

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Components of consultation	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Privacy and confidentiality									
Visual privacy assured	81	84	86	87	85	84	100	76	84
Auditory privacy assured	78	77	74	85	76	84	89	68	76
Confidentiality assured	43	41	34	73	36	49	62	49	38
All three counselling conditions on privacy and confidentiality met[1]	41	40	33	68	35	48	62	47	37
Discussion related to STIs and condoms									
Use of condoms to prevent STIs	15	12	9	12	12	1	17	8	11
Use of condoms as dual method[2]	12	9	6	11	9	2	24	7	8
Any discussion related to STIs[3]	33	34	27	37	32	20	38	22	30
Concerns, side effects, and individual client cards									
Concerns about methods discussed[4]	80	80	71	87	75	84	97	71	75
Side effects discussed[5]	57	57	47	75	51	54	71	58	52
Individual client card reviewed during consultation	77	82	75	93	76	76	78	87	77
Individual client card written on after consultation	89	91	87	98	89	81	87	93	89
Visual aid and return visit									
Visual aids were used during consultation	23	16	11	38	14	26	56	20	15
Return visit discussed	82	84	82	84	84	76	80	73	83
Client provided take home reading materials	3	5	3	5	3	1	0	8	4
Number of observed female FP clients	398	394	932	19	1,494	102	7	140	1,743

Note: Additional results for Table 5.10 presented by region (Mainland/Zanzibar) and residence (urban rural) are found in Appendix Tables A-5.10.1, A-5.10.2 and A-5.10.3.

[1] Visual and auditory privacy and confidentiality assured during consultation
[2] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[3] Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method
[4] Provider asked client about concerns with family planning method
[5] Method-specific side effect discussed with client, if client was provided or prescribed a method

5.5 CLIENT OPINION AND KNOWLEDGE

5.5.1 Major Problems

Family planning clients whose consultations were observed were interviewed about issues related to client satisfaction. These exit interviews probed clients' opinions of the services they had received that day. Clients were asked to rate whether specific issues posed a major problem, a minor problem, or no problem at all for them during the visit.

Clients considered few issues to be major problems. Long waits to see the provider was most often mentioned as a major problem, cited by 13 percent overall (Table 5.11). Complaints about long waits were more common among clients visiting health centres and hospitals than among those visiting dispensaries and clinics. Clients at government facilities were most likely to complain of long waits (14 percent). Few clients (less than 5 percent in each case) complained about provider's poor behaviour or attitude, insufficient explanation of methods, facility not clean, services costly, or privacy lacking.

Table 5.11 Feedback from family planning clients on service problems: facility type and managing authority

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				National average/ total
Client service issues	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	
Poor behaviour/attitude of provider	1	2	2	0	2	0	0	0	2
Insufficient explanation about method	2	1	1	0	1	0	0	4	1
Long wait to see provider	13	18	10	7	14	11	11	6	13
Not able to discuss problems	2	1	2	0	2	0	0	3	2
FP commodities not available in facility	8	11	6	2	9	0	0	4	8
Facility open limited days	1	1	2	0	2	0	0	1	2
Facility open limited hours	4	3	4	0	4	0	0	1	3
Facility not clean	3	6	3	0	4	0	0	2	3
Services costly	3	3	1	0	2	1	7	2	2
Insufficient visual privacy	2	1	1	0	2	0	0	0	1
Insufficient auditory privacy	2	1	1	0	1	1	0	0	1
Number of interviewed family planning clients	398	394	935	19	1,497	102	7	140	1,746

Note: Additional results for Table 5.11 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-5.11.1, A-5.11.2, and A-5.11.3.

5.5.2 Clients' Knowledge about Methods

All observed family planning clients were asked a key factual question to ascertain their understanding of the family planning method that they had received or had been prescribed. For example, those receiving pills were asked, "How often do you take the pill?" When two methods were prescribed or received, the client was asked about both methods.

Table 5.12 shows that a high percentage of clients gave correct answers to the questions about pills, female condoms, male condoms, progestin-only injectables, combined injectables and implants. They were less successful in answering the question about IUCDs.

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed, or were referred for the indicated method, the percentages who knew the correct response to a question pertaining to the method, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage who knew the correct response to the question pertaining to the method						
	Any pill[1]	Male condom[2]	Female condom[3]	Progestin injectable (3 months)[4]	Intrauterine contraceptive device (IUCD)[5]	Implant[6]	Tubal ligation[7]
Facility type							
Hospital	100	90	100	97	82	100	100
Health Centre	99	100	na	99	100	96	na
Dispensary	100	91	na	97	48	91	na
Clinics	100	100	na	100	0	100	na
Managing authority							
Government	100	95	100	98	69	97	na
Private-for-profit	100	na	na	90	37	100	100
Parastatal	100	na	na	100	100	100	na
Faith-based	100	67	na	88	83	83	na
Residence: Tanzania							
Total urban	100	100	100	97	53	98	100
Total rural	100	88	na	97	100	93	na
Residence: Mainland/Zanzibar							
Mainland urban	100	100	100	97	51	98	100
Mainland rural	100	88	na	97	100	93	na
Zanzibar urban	100	100	na	100	100	100	na
Zanzibar rural	100	100	na	98	na	100	na
Region							
Mainland							
average/total	100	92	100	97	70	95	100
Dodoma	100	na	na	92	0	100	na
Arusha	100	100	na	100	na	56	na
Kilimanjaro	100	100	na	100	na	100	na
Tanga	100	na	na	96	100	100	na
Morogoro	100	100	na	100	27	100	na
Pwani	100	na	na	100	na	100	na
Dar es Salaam	100	100	na	97	67	100	100
Lindi	100	100	na	99	100	100	na
Mtwara	98	86	na	100	na	85	na
Ruvuma	100	na	na	99	na	100	na
Iringa	100	na	na	100	na	100	na
Mbeya	100	100	100	89	100	100	na
Singida	100	na	na	100	100	100	na
Tabora	100	82	na	100	100	100	na
Rukwa	100	100	na	100	na	100	na
Kigoma	100	100	na	100	na	100	na
Shinyanga	100	100	na	91	100	100	na
Kagera	100	100	na	100	86	100	na
Mwanza	100	100	na	85	na	100	na
Mara	100	100	na	99	50	100	na
Manyara	100	100	100	100	100	100	na
Njombe	100	100	na	100	na	100	na
Katavi	100	100	na	100	na	92	na
Simiyu	100	na	na	89	0	77	na
Geita	100	100	na	96	na	88	na
Zanzibar			na				na
average/total	100	100		99	100	100	
Unguja			na				na
average/total	100	100		99	100	100	
Kaskazini Unguja	100	100	na	90	na	100	na
Kusini Unguja	100	na	na	100	na	100	na
Mjini Magharibi	100	100	na	100	100	100	na
Pemba		na	na		na		na
average/total	100			100		100	
Kaskazini Pemba	100	na	na	100	na	na	na
Kusini Pemba	100	na	na	100	na	100	na
National average/total	100	92	100	97	70	95	100

Note: The denominator for each method is different and not shown in this table; the denominators are shown in Appendix Tables A-5.12.1 and A-5.12.2 for reference purposes
na = not applicable

The questions asked for each of the methods are as follows:
[1] Any pill: How often do you take the pill?
[2] Male condom: How many times can you use one condom?
[3] Female condom: What type of lubricant can you use with the female condom?
[4] Progestin injectable: For how long does the injection provide protection from pregnancy?
[5] IUCD: What can you do to make sure that your IUCD is in place?
[6] Implant: For how long will your implant provide protection from pregnancy?
[7] Tubal ligation: After you have been sterilised, could you ever become pregnant again?

5.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

5.6.1 Supervision

Supervision of individual staff members helps to promote adherence to standards and to identify problems that contribute to poor services. Supervision of family planning providers is common, with 71 percent of interviewed providers of family planning services reporting that they received personal supervision in the six months before the survey (Table 5.13). Providers at dispensaries and health centres were more likely to have received recent supervision. At least three of five providers had received recent supervision regardless of managing authority.

Table 5.13 Supportive management for providers of family planning services

Among interviewed family planning service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services
	Training related to family planning during the 24 months preceding the survey1	Personal supervision during the 6 months preceding the survey2	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Hospital	23	67	17	472
Health Centre	22	71	18	710
Dispensary	19	72	15	2,512
Clinics	28	65	20	30
Managing authority				
Government	20	72	16	3,136
Private-for-profit	24	71	17	244
Parastatal	25	59	13	27
Faith-based	27	64	22	318
Residence: Tanzania				
Total Urban	21	73	15	1,057
Total Rural	20	71	17	2,668
Residence: Mainland/ Zanzibar				
Mainland urban	21	73	15	1,024
Mainland rural	20	70	16	2,591
Zanzibar urban	10	80	10	33
Zanzibar rural	34	84	30	77
Region				
Mainland average/total	20	71	16	3,614
Dodoma	14	56	10	225
Arusha	26	75	22	181
Kilimanjaro	28	77	21	197
Tanga	16	52	8	212
Morogoro	11	53	7	189
Pwani	16	49	8	147
Dar es Salaam	11	84	7	223
Lindi	23	90	23	125
Mtwara	27	70	22	128
Ruvuma	27	77	23	161
Iringa	21	57	12	121
Mbeya	14	76	11	210
Singida	11	87	10	105
Tabora	36	68	28	152
Rukwa	33	97	32	102
Kigoma	15	84	12	126
Shinyanga	21	98	21	101
Kagera	20	80	19	196
Mwanza	21	55	10	174
Mara	20	78	19	126
Manyara	37	85	33	91
Njombe	20	46	16	111
Katavi	26	85	26	40
Simiyu	20	73	16	91
Geita	14	65	14	80
Zanzibar average/total	27	83	24	110

(Continued…)

Table 5.13—*Continued*

Background characteristics	Percentage of interviewed providers who received: Training related to family planning during the 24 months preceding the survey1	Personal supervision during the 6 months preceding the survey2	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey	Number of interviewed providers of family planning services
Region				
Unguja average/total	24	81	22	66
Kaskazini Unguja	51	89	44	17
Kusini Unguja	21	79	20	21
Mjini Magharibi	10	79	10	28
Pemba average/total	32	84	28	45
Kaskazini Pemba	25	86	21	22
Kusini Pemba	38	82	35	22
National average/total	20	71	16	3,725

[1] 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] Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

5.6.2 Training

Ongoing training of providers aims to improve and sustain the quality of counselling, the management of complications or side effects, and providers' judgment and skills in assessing which contraceptive methods are most suitable for individual clients.

Overall, one-fifth of interviewed providers reported that they had received in-service training related to family planning in the 24 months before the assessment (Table 5.13). Providers at dispensaries were less likely to have received training recently compared with providers in other facility types.

Regarding specific training topics, fewer than one of five providers had received recent in-service training on any one family planning topic (Table 5.14). About one in ten had received recent in-service training on IUCD insertion and removal, implant insertion and removal, family planning for clients living with HIV, or on postpartum family planning. Providers at government facilities were typically less likely to have received recent FP training than providers at facilities of other management authorities (Table 5.14).

More than half of all providers had never received in-service training on any topic. Again, providers at government facilities were less likely to have received in-service training at any time.

Table 5.14 Training for family planning service providers

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of providers of FP services who report receiving in-service training on:												Number of interviewed providers of family planning services
	Counselling on FP		FP-related clinical issues[1]		Insertion/ removal of IUCD[2]		Insertion/ removal of implant		FP for HIV+ clients		Post-partum FP		
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Facility type													
Hospital	18	55	17	49	10	33	12	34	15	38	12	30	472
Health centre	19	44	19	39	11	24	13	25	14	28	11	22	710
Dispensary	16	42	15	37	6	14	9	16	13	25	9	20	2,512
Clinic	22	59	17	54	17	48	19	52	20	46	8	34	30
Managing authority													
Government	16	43	15	38	7	17	9	18	13	27	9	21	3,136
Private-for-profit	21	52	20	45	15	34	18	39	17	37	8	25	244
Parastatal	19	44	20	43	16	34	21	37	16	29	14	22	27
Faith-based	21	46	21	43	11	23	14	26	18	30	14	24	318
Residence: Tanzania													
Total urban	17	48	16	41	9	25	11	25	14	31	9	22	1,057
Total rural	16	42	16	38	7	16	10	18	14	26	10	22	2,668
Residence: Mainland/Zanzibar													
Mainland urban	18	47	16	41	9	24	11	24	14	31	9	22	1,024
Mainland rural	16	42	16	37	7	15	9	17	13	26	9	21	2,591
Zanzibar urban	7	67	3	44	5	44	6	42	2	34	4	35	33
Zanzibar rural	29	64	26	55	19	44	21	44	16	37	20	36	77
Region													
Mainland average/total	16	43	16	38	7	18	10	19	14	27	9	21	3,614
Dodoma	13	30	10	24	8	14	11	17	7	16	3	14	225
Arusha	19	43	22	43	6	14	13	19	15	28	13	28	181
Kilimanjaro	20	46	20	44	14	28	15	25	15	31	9	20	197
Tanga	14	35	12	29	8	22	9	17	13	22	4	11	212
Morogoro	11	36	11	30	7	18	8	20	10	18	10	17	189
Pwani	13	41	8	18	7	19	9	17	10	17	5	11	147
Dar es Salaam	10	43	9	38	6	24	9	28	9	34	4	19	223
Lindi	22	56	17	49	2	8	4	13	12	37	6	30	125
Mtwara	26	43	26	42	3	9	7	18	18	31	10	19	128
Ruvuma	21	75	20	69	4	8	7	23	18	41	15	41	161
Iringa	12	42	15	44	2	8	7	16	14	32	14	27	121
Mbeya	9	37	13	31	2	12	2	10	8	17	8	18	210
Singida	7	45	8	40	3	25	6	22	10	29	10	33	105
Tabora	30	64	32	58	24	33	24	31	31	50	13	29	152
Rukwa	27	45	27	39	1	9	7	14	14	18	12	18	102
Kigoma	14	51	15	51	5	23	5	12	10	20	8	17	126
Shinyanga	19	31	19	31	6	10	9	12	21	26	15	21	101
Kagera	9	35	9	31	7	18	10	16	13	24	6	18	196
Mwanza	19	31	17	27	13	20	12	17	11	19	10	12	174
Mara	16	32	18	34	4	10	7	10	14	20	11	16	126
Manyara	35	67	34	62	24	33	32	44	29	54	22	48	91
Njombe	17	62	16	50	2	15	6	23	16	44	13	37	111
Katavi	23	53	22	46	3	12	6	17	17	36	11	27	40
Simiyu	16	31	15	29	9	21	11	25	11	22	9	15	91
Geita	13	31	13	31	12	24	12	24	13	19	12	20	80
Zanzibar average/total	22	65	19	51	15	44	17	43	12	36	15	35	110
Unguja average/total	19	59	15	43	9	32	9	30	11	35	9	31	66
Kaskazini Unguja	41	67	39	55	22	38	22	36	26	43	17	27	17
Kusini Unguja	15	41	10	37	4	22	6	22	11	33	8	26	21
Mjini Magharibi	8	66	4	41	5	35	5	33	1	32	5	37	28
Pemba average/total	28	75	25	63	24	62	27	62	13	37	24	42	45
Kaskazini Pemba	24	76	24	73	21	58	25	59	11	44	24	44	22
Kusini Pemba	32	73	27	54	26	65	29	65	15	31	25	40	22
National average/total	17	44	16	39	8	19	10	20	14	28	10	22	3,725

Note: 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.

[1] Any training on the clinical management of family planning methods, including managing side effects
[2] IUCD = intrauterine contraceptive device

ANTENATAL CARE 6

Ali, Ali Omar

Key Findings

Service availability

- More than eight in ten health facilities in Tanzania offer antenatal care (ANC) services. Similar findings were reported in the 2006 TSPA. Nine of ten hospitals and health centres offer ANC services.
- Among facilities that offer ANC services, nine of ten offer tetanus toxoid vaccine whenever ANC services are offered.
- The majority of facilities offering ANC services have iron, folic acid, and combined iron and folic acid tablets.
- Eight of ten Mainland facilities offer directly observed therapy for intermittent preventive treatment of malaria during pregnancy (IPTp DOT); only 4 percent of facilities in Zanzibar offer IPTp DOT.

Service readiness

- Seven of ten facilities that offer ANC have at least one staff member who received in-service training in ANC during the 24 months before the survey.
- More than half of facilities that offer ANC have guidelines on ANC available at the ANC service site. In 2006, only four of ten ANC facilities had ANC guidelines available.
- One in ten health facilities that offer ANC have insecticide-treated nets (ITNs) for malaria prevention available to offer to ANC clients; facilities in Zanzibar are more likely to have ITNs available than Mainland facilities.
- Basic medicines for ANC are in good supply in the majority of ANC facilities.

Infection control and PMTCT services

- About six of ten facilities that offer ANC have soap and running water or else alcohol-based hand sanitiser at the service site.
- More than nine of ten facilities that offer ANC services also provide PMTCT services. These facilities are generally well-equipped to offer PMTCT services.

6.1 BACKGROUND

Antenatal care (ANC) is intended to promote healthy behaviours and preparedness during pregnancy, childbirth, and the postpartum period. ANC is also important for the early detection and treatment of pregnancy complications.

A recent estimate suggests that there are 454 maternal deaths per 100,000 live births[1] in Tanzania (NBS and ICF Macro, 2011). Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among women in Tanzania

This chapter explores six key areas relating to the provision of quality ANC services at health facilities in Tanzania:

- **Background.** Section 6.1 provides a brief introduction to the chapter.
- **Availability of services.** Section 6.2, including Table 6.1, examines the availability of ANC services and how frequently these services are available at health facilities.
- **Service readiness.** Section 6.3, including Tables 6.2 through 6.5 and Figures 6.1 and 6.2, addresses the readiness of facilities to provide good-quality client services, including the availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.
- **Adherence to standards.** Section 6.4, including Table 6.6 and Appendix Table A-6.10.3, examines the content of observed ANC consultations and feedback from ANC clients.
- **Client opinion.** Section 6.5, including Table 6.11 and Appendix Table A-6.12.3, examines feedback from interviewed ANC clients.
- **Basic management and administrative systems.** Section 6.6, including Tables 6.13 and 6.14, considers the extent to which essential management and administrative systems, including in-service training, are in place to support quality services.
- **Prevention of mother-to-child transmission (PMTCT) of HIV.** Section 6.7, including Tables 6.15 and 6.16, looks at the availability of PMTCT services in facilities that offer ANC services.
- **Malaria in pregnancy.** Section 6.8, including Tables 6.17 through 6.19, provides information on malaria services in facilities offering ANC services.

6.1.1 Use of ANC Services

The 2010 Tanzania Demographic and Health Survey (2010 TDHS) found that 96 percent of women age 15-49 who had a live birth in the five years before the survey received ANC from a skilled provider during their last pregnancy. However, only 43 percent made the recommended four or more ANC visits during the last pregnancy. This was a sharp decline from the 62 percent reported in the 2004-05 TDHS. Women in Tanzania Mainland (43 percent) are slightly less likely than women in Zanzibar (49 percent) to make four or more ANC visits. In the Tanzania Mainland, there is marked variation between urban (55 percent) and rural (39 percent) areas in the use of ANC services (NBS and ICF Macro, 2011).

The majority of Tanzanian women did not make the recommended number of ANC visits according to the 2010 TDHS, and only 15 percent made their first ANC visit before the fourth month of pregnancy. Three of ten women did not seek ANC until their sixth month of pregnancy. The median number of months that women are pregnant at their first ANC visit is 5.4. There is little variation by urban-rural residence in when the first ANC visit occurs.

[1] This is the maternal mortality ratio (MMR) for the 10-year period preceding the 2010 Tanzania Demographic and Health Survey.

Tetanus toxoid (TT) vaccine is given to mothers to prevent neonatal tetanus, which previously was a major cause of infant deaths. The 2010 TDHS found that 48 percent of mothers with a birth in the five years preceding the survey received two or more TT vaccine injections during the pregnancy for their most recent birth. Younger mothers and women pregnant with their first birth are more likely than other women or those with more than one birth to receive two or more doses of TT vaccine. Women living in urban areas are more likely than those in rural areas to receive two or more doses of TT during pregnancy. Pregnant women in the Mainland are substantially more likely than those in Zanzibar to receive two or more doses of TT (48 percent and 36 percent, respectively).

6.2 AVAILABILITY OF ANC SERVICES

The 2014-15 TSPA assessed the availability of ANC services in Tanzanian health facilities. On average, 85 percent of health facilities in Tanzania offer ANC services, slightly higher than the 82 percent of health facilities offering the same services in 2006, according to the 2006 TSPA (NBS and Macro International 2007) (Table 6.1); about nine of ten health centres and hospitals offer ANC services. By managing authority, government and faith-based facilities (96 percent and 81 percent, respectively) are more likely to offer ANC service than private-for-profit (36 percent) and parastatal facilities (17 percent).

Regarding the frequency with which ANC services are offered, 75 percent of facilities that offer ANC do so five or more days per week. Dispensaries are less likely than other facility types to offer ANC five or more days per week; even so, three-quarters of dispensaries that offer ANC do so five or more days per week. By managing authority, government and private-for-profit facilities (each 76 percent) are most likely to offer ANC services five or more days per week. At 27 percent, 40 percent and 42 percent, respectively, facilities offering ANC services in Kigoma, Mwanza and Katavi regions are the least likely to offer ANC services five or more days per week.

Results from the 2014-15 TSPA show a positive trend among facilities offering ANC services. Eighty-nine percent of ANC facilities offer tetanus toxoid vaccine (TTV) every day that ANC is offered compared with 82 percent of ANC facilities in the 2006 TSPA. Clinics are least likely to offer TTV consistently along with ANC services; however, close to two-thirds of clinics that offer ANC also offer TTV every day that ANC is offered.

Table 6.1 Availability of antenatal care services

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentages 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	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week[1]			Tetanus toxoid vaccine every day ANC is offered	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
Clinic	30	21	13	7	80	65	6
Managing authority							
Government	96	857	18	5	76	89	823
Private-for-profit	36	163	21	2	76	72	59
Parastatal	17	21	29	5	66	100	3
Faith-based	81	148	16	14	67	95	120
Residence: Tanzania							
Total urban	59	324	13	6	81	92	190
Total rural	94	864	19	6	73	88	815
Residence: Mainland/ Zanzibar							
Mainland urban	60	306	13	6	81	93	182
Mainland rural	94	838	19	6	73	89	791
Zanzibar urban	43	18	16	0	84	67	8
Zanzibar rural	90	26	5	4	90	82	23
Region							
Mainland average/total	85	1,144	18	6	74	89	974
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
Zanzibar average/total	70	44	8	3	89	79	31
Unguja average/total	61	29	14	6	80	67	18
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
Pemba average/total	88	15	0	0	100	94	13
Kaskazini Pemba	87	8	0	0	100	92	7
Kusini Pemba	89	7	0	0	100	97	6
National average/total	85	1,188	18	6	75	89	1,005

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

6.3 SERVICE READINESS

6.3.1 Service Guidelines, Trained Staff, and Equipment

To provide quality care, ANC services need guidelines, appropriately trained providers, and certain supplies and equipment, including those for infection control. ANC services also need the capacity to perform basic diagnostic tests and supplies of medicines that are routinely dispensed. Table 6.2 and Figure 6.1 present information on the availability of guidelines, trained staff, and basic equipment for antenatal care services.

Service Guidelines

More than half (56 percent) of facilities that offer ANC had guidelines on ANC available at the ANC service site on the day of the assessment visit (Table 6.2). In 2006 the figure was around 40 percent (NBS and Macro International 2007). Seven of ten health centres had guidelines on ANC compared with five of ten dispensaries. Among managing authorities, parastatal and faith-based facilities are more likely to have ANC guidelines than government or private-for-profit facilities. The facilities most likely to have ANC guidelines are in Lindi region, while ANC facilities in Tabora and Mwanza are among the least likely to have guidelines on ANC.

Trained Staff

On average, seven of ten ANC facilities had at least one staff member present who had received in-service training in ANC in the 24 months before the survey. Hospitals (90 percent) and health centres (85 percent) are more likely to have a provider recently trained in ANC. Among managing authorities, parastatal (80 percent), government and faith-based facilities (each at 72 percent) are more likely than private facilities (62 percent) to have a provider recently trained in ANC.

Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services

Among facilities offering antenatal care (ANC) services, the percentage having guidelines, at least one staff member recently trained on ANC service delivery, and 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 ANC that have:									Number of facilities offering ANC
			Equipment							
	Guide-lines on ANC[1]	Staff trained for ANC[2]	Blood pressure apparatus[3]	Stetho-scope	Adult weighing scale	Foetal stetho-scope	Measuring tape[4]	Height board	Examina-tion bed or couch	
Facility type										
Hospital	65	90	93	91	97	99	98	81	100	42
Health centre	71	85	86	86	95	99	97	74	100	118
Dispensary	53	69	77	83	82	99	92	58	98	839
Clinic	61	73	100	96	94	100	93	45	100	6
Managing authority										
Government	55	72	78	83	83	99	93	58	98	823
Private-for-profit	46	62	94	88	94	95	89	62	100	59
Parastatal	73	80	83	83	95	100	100	83	100	3
Faith-based	62	72	81	82	88	100	95	78	100	120
Residence: Tanzania										
Total urban	56	68	89	86	87	99	96	70	100	190
Total rural	56	73	77	83	83	99	92	59	98	815
Residence: Mainland/ Zanzibar										
Mainland urban	56	69	89	87	88	99	96	70	100	182
Mainland rural	56	73	77	83	83	99	92	58	98	791
Zanzibar urban	48	34	91	69	79	100	98	72	100	8
Zanzibar rural	53	71	75	66	82	96	98	78	98	23

(Continued…)

Table 6.2—*Continued*

Background characteristics	Percentage of facilities offering ANC that have:									Number of facilities offering ANC
			Equipment							
	Guide-lines on ANC[1]	Staff trained for ANC[2]	Blood pressure apparatus[3]	Stetho-scope	Adult weighing scale	Foetal stetho-scope	Measuring tape[4]	Height board	Examina-tion bed or couch	
Region										
Mainland average/total	56	72	79	84	84	99	93	60	99	974
Dodoma	54	60	77	86	91	99	95	48	100	55
Arusha	47	65	98	99	90	83	84	31	100	39
Kilimanjaro	63	71	65	65	81	100	87	64	94	50
Tanga	78	87	92	92	93	100	94	79	100	50
Morogoro	52	88	76	88	88	100	78	81	95	55
Pwani	76	94	77	70	76	100	100	73	100	36
Dar es Salaam	48	55	91	99	99	99	97	68	100	50
Lindi	81	69	72	78	79	100	89	68	100	35
Mtwara	69	69	68	84	90	100	100	84	100	34
Ruvuma	73	62	78	89	85	100	95	40	95	45
Iringa	80	76	87	94	83	100	94	81	100	37
Mbeya	66	53	93	99	66	100	100	68	100	68
Singida	46	56	100	92	79	93	86	48	100	28
Tabora	26	79	78	87	87	100	100	70	100	48
Rukwa	51	84	94	95	80	95	94	53	100	32
Kigoma	37	58	54	59	85	100	94	29	100	41
Shinyanga	46	73	98	92	73	100	87	72	93	26
Kagera	38	86	73	84	92	100	99	26	100	43
Mwanza	28	75	64	52	76	100	84	38	100	46
Mara	41	68	66	75	90	100	85	72	93	39
Manyara	62	90	82	98	91	100	100	44	100	25
Njombe	75	70	71	82	83	100	100	89	100	36
Katavi	31	77	89	81	80	100	94	56	96	10
Simiyu	53	83	73	76	69	100	90	56	100	27
Geita	60	84	69	75	89	100	100	53	100	19
Zanzibar average/total	52	62	79	67	81	97	98	77	98	31
Unguja average/total	57	61	95	85	86	100	96	86	100	18
Kaskazini Unguja	60	80	100	100	71	100	88	80	100	5
Kusini Unguja	67	72	86	83	100	100	100	97	100	6
Mjini Magharibi	47	39	100	75	84	100	98	80	100	7
Pemba average/total	45	63	57	43	74	92	100	65	96	13
Kaskazini Pemba	36	73	64	28	69	100	100	49	100	7
Kusini Pemba	55	52	49	59	81	84	100	83	92	6
National average/total	56	72	79	83	84	99	93	61	99	1,005

Notes:

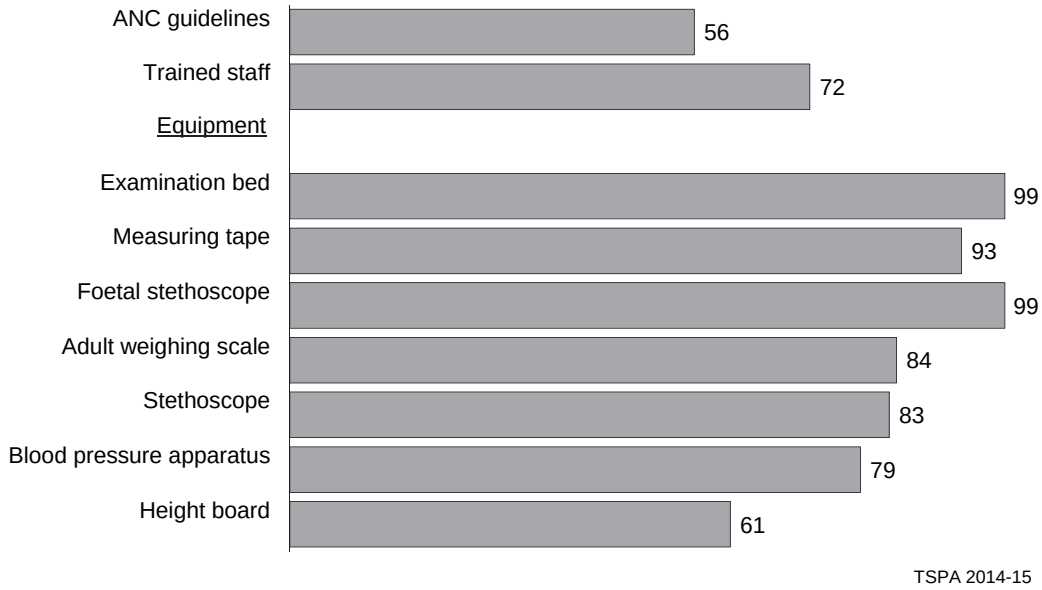
- For intermittent preventive treatment guidelines, see Chapter 11, on malaria.
- The guidelines for ANC and staff trained in ANC comprise the training domain and the blood pressure apparatus indicator comprises the equipment domain, for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] National ANC guidelines or other guidelines relevant to antenatal care
[2] Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of antenatal care 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] Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope
[4] For measuring fundal height

Equipment

Regarding equipment used during physical examination of pregnant women, the majority of ANC facilities had a foetal stethoscope (99 percent), an examination bed or couch (99 percent), a measuring tape (93 percent), an adult weighing scale (84 percent), a stethoscope (83 percent), and blood pressure apparatus (79 percent); somewhat fewer ANC facilities had a height board (61 percent). In general, there is little variation in availability of equipment by managing authority, except for the height board; government and private-for-profit facilities are less likely than other managing authorities to have height boards.

Figure 6.1 **Items to support quality provision of ANC services**



6.3.2 Infection Control

Infection control is vital to the overall quality of services, and it requires certain supplies. More than eight of ten facilities that offer ANC services had latex gloves available at the ANC service site on the day of the assessment visit, and a sharps container was almost universally available. Only about two-thirds had soap and running water or else alcohol-based hand disinfectant at the ANC service site on the day of the visit (Table 6.3 and Figure 6.2). In general, hospitals are the facility type most likely to have these items for infection prevention.

Table 6.3 Items for infection control during provision of antenatal care

Among facilities offering antenatal care (ANC) services, the percentages 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
Clinic	69	69	69	41	69	84	93	65	6
Managing authority									
Government	60	60	52	18	60	81	96	51	823
Private-for-profit	74	84	74	26	81	93	90	73	59
Parastatal	100	100	100	44	100	95	100	68	3
Faith-based	87	85	83	48	89	83	96	60	120
Residence: Tanzania									
Total urban	81	79	74	28	81	86	95	74	190
Total rural	60	61	53	21	61	81	96	49	815
Residence: Mainland/Zanzibar									
Mainland urban	81	80	74	28	81	86	95	74	182
Mainland rural	60	61	53	21	61	81	96	48	791
Zanzibar urban	66	66	66	35	66	89	91	67	8
Zanzibar rural	66	60	47	26	59	79	95	61	23
Region									
Mainland									
average/total	64	65	57	22	65	82	96	53	974
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
Zanzibar									
average/total	66	61	52	28	61	82	94	62	31
Unguja									
average/total	79	62	59	44	72	88	96	66	18
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
Pemba									
average/total	48	60	42	7	45	73	91	57	13
Kaskazini Pemba	48	72	48	8	48	78	86	54	7
Kusini Pemba	48	48	36	6	43	67	97	62	6
National average/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

Figure 6.2 **Items for infection control at ANC service site**

6.3.3 Laboratory Tests

Having the capacity to perform basic laboratory tests on-site saves time for both the client and the provider. It also makes it more likely that the client receives the test results and the provider can act on them.

With the exception of HIV testing, the basic laboratory tests important for ANC are lacking in most facilities that offer ANC; the range is from 52 percent having the capacity for syphilis testing to just one percent able to do blood grouping and Rhesus factor (Table 6.4). In contrast, HIV testing is available in 90 percent of facilities that offer ANC services, which is appropriate for a country with an HIV prevalence of 5.1 percent according to the 2012 Tanzania HIV and Malaria Indicator Survey (TACAIDS et al., 2013). Almost all hospitals and all health centres that offer ANC can test for HIV, while about nine of ten clinics and dispensaries can do HIV testing.

Haemoglobin testing is available, on average, in only three of ten ANC facilities. As expected, hospitals are much more likely than the other facility types to have haemoglobin testing capability. All parastatal facilities can do haemoglobin testing; however, there are very few such facilities in the system. Private facilities (72 percent) are more likely than faith-based (58 percent) or government facilities (22 percent) to have haemoglobin testing.

Syphilis tests are available in about half of ANC facilities. Hospitals are more likely to have syphilis tests (94 percent) than other facility types, where availability ranges from 47 percent of dispensaries to 76 percent of clinics.

Table 6.4 Diagnostic capacity

Among facilities offering antenatal care (ANC) services, the percentages having the capacity to conduct the indicated tests in the facility, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering ANC that have the indicated tests						Number of facilities offering ANC
	Haemoglobin[1]	Urine protein[2]	Urine glucose[3]	Blood grouping and Rhesus factor[4]	Syphilis[5]	HIV[6]	
Facility type							
Hospital	88	86	85	17	94	99	42
Health centre	60	73	70	0	72	97	118
Dispensary	22	25	19	0	47	89	839
Clinic	50	84	80	0	76	93	6
Managing authority							
Government	22	27	22	0	49	92	823
Private-for-profit	72	74	57	2	66	80	59
Parastatal	100	83	88	10	100	100	3
Faith-based	58	57	56	2	70	88	120
Residence: Tanzania							
Total urban	59	63	57	3	72	91	190
Total rural	23	27	22	0	48	90	815
Residence: Mainland/ Zanzibar							
Mainland urban	59	62	56	3	72	93	182
Mainland rural	23	26	21	0	47	91	791
Zanzibar urban	53	87	73	4	81	46	8
Zanzibar rural	33	42	34	0	65	80	23
Region							
Mainland average/total	29	33	28	1	52	91	974
Dodoma	42	50	39	0	68	90	55
Arusha	29	25	26	0	48	85	39
Kilimanjaro	17	39	33	1	80	94	50
Tanga	29	47	36	0	89	100	50
Morogoro	30	33	28	1	58	89	55
Pwani	36	45	40	1	52	88	36
Dar es Salaam	89	63	46	3	54	91	50
Lindi	30	35	35	0	55	95	35
Mtwara	13	34	23	0	74	100	34
Ruvuma	28	26	26	1	49	95	45
Iringa	24	22	22	2	59	100	37
Mbeya	16	40	28	1	54	89	68
Singida	15	26	25	1	72	86	28
Tabora	58	17	21	0	26	96	48
Rukwa	27	13	13	0	22	75	32
Kigoma	9	16	9	0	29	86	41
Shinyanga	31	33	24	0	44	93	26
Kagera	19	27	25	0	19	81	43
Mwanza	28	31	31	1	18	92	46
Mara	24	39	39	0	58	92	39
Manyara	35	46	45	1	71	92	25
Njombe	10	8	10	0	77	100	36
Katavi	26	20	15	0	45	96	10
Simiyu	24	22	16	1	26	83	27
Geita	19	18	18	1	19	89	19
Zanzibar average/total	38	53	43	1	69	71	31
Unguja average/total	52	68	55	2	66	60	18
Kaskazini Unguja	39	52	43	0	30	72	5
Kusini Unguja	65	51	37	0	72	72	6
Mjini Magharibi	50	94	78	5	85	42	7
Pemba average/total	19	34	28	0	72	86	13
Kaskazini Pemba	12	20	16	0	78	92	7
Kusini Pemba	27	49	41	0	65	80	6
National average/total	30	33	29	1	52	90	1,005

Note: The haemoglobin and urine protein measures presented in the table comprise the diagnostics domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Capacity to conduct any haemoglobin test in the facility
[2] Dip sticks for urine protein
[3] Dip sticks for urine glucose
[4] Anti-A, anti-B, anti-D, and anti-A,B reagents, plus an incubator, Coomb's reagent, and glass slides all present
[5] Rapid test for syphilis or Venereal Disease Research Laboratory (VDRL) test or polymerase chain reaction (PCR) or rapid plasma reagin (RPR)
[6] Facility reported that it had the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit was observed to be available in the facility on the day of the survey, or dynabeads test with vortex mixer was observed to be available in the facility on the day of the visit, or western blot test was observed to be available in the facility on the day of the visit.

6.3.4 Medicines

Pregnant women should take iron supplements and/or folic acid to combat anaemia and improve pregnancy outcomes, and all pregnant women should receive tetanus toxoid vaccine (TTV). The majority of facilities offering ANC (over 90 percent) had iron tablets, folic acid tablets, and combined iron and folic acid tablets available on the day of the assessment visit. About 86 percent of facilities had TTV (Table 6.5). Medicines against worm infestation were also widely available in ANC facilities.

Table 6.5 Availability of medicines for routine antenatal care

Among facilities offering antenatal care (ANC) services, percentages 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	De-worming drugs	Tetanus toxoid vaccine	
Facility type							
Hospital	97	99	96	99	92	97	42
Health centre	94	95	93	96	91	92	118
Dispensary	94	95	92	96	90	85	839
Clinic	88	97	88	97	100	56	6
Managing authority							
Government	95	96	94	96	90	86	823
Private-for-profit	85	87	78	87	92	77	59
Parastatal	88	88	88	88	88	100	3
Faith-based	96	96	91	97	94	91	120
Residence: Tanzania							
Total urban	95	95	92	96	92	93	190
Total rural	94	96	92	96	90	84	815
Residence: Mainland/ Zanzibar							
Mainland urban	97	97	94	98	93	95	182
Mainland rural	95	96	93	97	90	84	791
Zanzibar urban	52	54	52	54	63	51	8
Zanzibar rural	66	66	66	66	81	83	23
Region							
Mainland average/total	95	97	93	97	91	86	974
Dodoma	95	99	94	100	87	90	55
Arusha	83	82	82	83	78	91	39
Kilimanjaro	100	100	87	100	99	92	50
Tanga	99	99	99	99	88	75	50
Morogoro	99	100	94	100	87	65	55
Pwani	99	100	99	100	86	94	36
Dar es Salaam	98	100	98	100	91	89	50
Lindi	95	100	95	100	94	73	35
Mtwara	90	95	90	95	89	85	34
Ruvuma	90	95	90	95	90	78	45
Iringa	100	100	99	100	100	89	37
Mbeya	94	94	94	94	94	76	68
Singida	92	92	92	92	93	100	28
Tabora	77	77	72	81	90	69	48
Rukwa	100	100	99	100	89	84	32
Kigoma	95	95	90	95	83	93	41
Shinyanga	100	100	100	100	85	93	26
Kagera	98	99	98	99	100	99	43
Mwanza	100	100	92	100	99	99	46
Mara	100	100	100	100	91	90	39
Manyara	98	100	98	100	100	91	25
Njombe	94	94	94	94	93	94	36
Katavi	100	100	100	100	90	94	10
Simiyu	100	100	95	100	78	100	27
Geita	100	100	100	100	84	90	19
Zanzibar average/total	62	63	62	63	77	75	31
Unguja average/total	47	48	47	48	75	61	18
Kaskazini Unguja	11	11	11	11	72	76	5
Kusini Unguja	72	72	72	72	90	72	6
Mjini Magharibi	49	51	49	51	64	42	7
Pemba average/total	82	82	82	82	78	94	13
Kaskazini Pemba	73	73	73	73	81	92	7
Kusini Pemba	92	92	92	92	75	97	6
National average/total	94	95	92	96	90	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 (2015).
- Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 3.12.

6.4 ADHERENCE TO STANDARDS

To assess whether ANC providers adhere to service standards, TSPA interviewers observed 4,007 ANC consultations. The observers noted whether the provider discussed the client's history, aspects of prior pregnancies, and danger signs for the current pregnancy. The observers also noted whether an examination was conducted, routine tests were requested or performed, recommended pregnancy-related medicine was given, and if the client was counselled on current or future issues related to her pregnancy. They did not assess whether the information given was correct or whether the findings of the examination were appropriately interpreted.

6.4.1 Characteristics of ANC Clients

For pregnant women to have optimal pregnancy outcomes, they need access to antenatal care services beginning in the first trimester and early identification of complications. For pregnant women who test positive for HIV, they need to obtain antiretroviral therapy (ART) early to prevent mother-to-child transmission of HIV. Also, it is recommended that pregnant women make at least four antenatal visits during a pregnancy so that the health of the mother and foetus are monitored throughout the pregnancy.

Table 6.6 describes the characteristics of ANC clients whose visits were observed on the day of the assessment visit. Not quite half (46 percent) of the women were making their first ANC visit for that pregnancy, and just 4 percent were in their first trimester. This low proportion suggests that few women in Tanzania make their first ANC visit in the first trimester (as recommended). This finding is also consistent with the finding of the 2010 TDHS that among women who had a live birth in the five years preceding the survey, only 15 percent had their first ANC visit in the first trimester (NBS and ICF Macro, 2011).

The 2014-15 TSPA found that women making their first ANC visit were more likely to go to a hospital, health centre, or dispensary than to a clinic.

Table 6.6 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percent distribution by whether it was their first ANC visit or a follow-up ANC visit, the percentage for whom this was their first pregnancy, and the percent distribution by estimated gestational status, according to background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of ANC clients making:			Percentage of ANC clients for whom this was first pregnancy	Gestational age					Number of observed ANC clients
	First ANC visit for this pregnancy	Follow-up visit for this pregnancy	Total percent		First trimester (< 13 weeks)	Second trimester (13-26 weeks)	Third trimester (27-42 weeks)	Missing	Total percent	
Facility type										
Hospital	42	58	100	30	4	40	55	1	100	635
Health centre	46	54	100	28	3	44	53	0	100	727
Dispensary	47	53	100	23	4	47	50	0	100	2,631
Clinic	25	75	100	24	0	31	68	1	100	14
Managing authority										
Government	47	53	100	25	3	47	49	0	100	3,249
Private-for- profit	42	58	100	28	9	34	57	0	100	179
Parastatal	30	70	100	44	4	41	55	0	100	14
Faith-based	45	55	100	24	3	38	59	0	100	565
Residence: Tanzania										
Total urban	42	58	100	31	5	44	51	0	100	1,124
Total rural	48	52	100	22	3	45	51	0	100	2,883
Residence: Mainland/Zanzibar										
Mainland urban	41	59	100	32	5	43	52	0	100	1,025
Mainland rural	49	51	100	24	3	45	51	0	100	2,599
Zanzibar urban	46	54	100	24	5	54	40	0	100	99
Zanzibar rural	38	62	100	11	3	46	49	2	100	284

(Continued…)

Table 6.6—*Continued*

Background characteristics	Percentage of ANC clients making: First ANC visit for this pregnancy	Follow-up visit for this pregnancy	Total percent	Percentage of ANC clients for whom this was first pregnancy	Gestational age: First trimester (< 13 weeks)	Second trimester (13-26 weeks)	Third trimester (27-42 weeks)	Missing	Total percent	Number of observed ANC clients
Region										
Mainland average/total	47	53	100	26	4	45	52	0	100	3,624
Dodoma	53	47	100	21	10	43	47	0	100	139
Arusha	46	54	100	29	8	37	54	0	100	104
Kilimanjaro	42	58	100	38	6	36	59	0	100	64
Tanga	40	60	100	21	7	51	41	0	100	148
Morogoro	44	56	100	24	6	47	46	1	100	136
Pwani	42	58	100	22	3	50	48	0	100	56
Dar es Salaam	45	55	100	36	11	39	50	0	100	167
Lindi	36	64	100	29	5	59	35	0	100	74
Mtwara	33	67	100	36	6	45	47	1	100	115
Ruvuma	49	51	100	38	1	55	42	2	100	188
Iringa	34	66	100	27	1	50	49	0	100	78
Mbeya	40	60	100	37	1	57	42	1	100	151
Singida	45	55	100	17	5	36	59	0	100	104
Tabora	46	54	100	23	2	41	57	0	100	342
Rukwa	36	64	100	18	4	38	58	0	100	104
Kigoma	48	52	100	20	4	42	53	0	100	363
Shinyanga	49	51	100	21	1	44	55	0	100	125
Kagera	57	43	100	27	3	47	50	0	100	277
Mwanza	64	36	100	22	5	40	56	0	100	155
Mara	48	52	100	29	1	42	57	0	100	184
Manyara	53	47	100	22	1	45	54	0	100	97
Njombe	31	69	100	31	4	49	47	0	100	75
Katavi	58	42	100	23	1	46	53	0	100	35
Simiyu	50	50	100	28	0	42	58	0	100	162
Geita	50	50	100	23	1	42	57	0	100	184
Zanzibar average/total	40	60	100	15	3	49	46	2	100	383
Unguja average/total	45	55	100	19	6	52	41	1	100	116
Kaskazini Unguja	51	49	100	15	3	53	40	3	100	17
Kusini Unguja	33	67	100	15	8	39	53	0	100	13
Mjini Magharibi	45	55	100	21	7	54	39	0	100	86
Pemba average/total	38	62	100	13	2	47	49	2	100	267
Kaskazini Pemba	35	65	100	12	0	46	51	3	100	216
Kusini Pemba	51	49	100	16	9	51	40	0	100	51
National average/total	46	54	100	25	4	45	51	0	100	4,007

6.4.2 Components of ANC Consultations

To assess providers' adherence to accepted standards, the 2014-15 TSPA used standardised observation protocols to document ANC consultations. The observers recorded the types of assessments and examinations that providers carried out as well as the types of information they shared with clients. Table 6.7 and Appendix Tables A-6.7.1 through A-6.7.3, as well as Figure 6.3 present data on the components of the consultations for first-visit ANC clients.

Tests and Counselling

Determining the gestational age of the pregnancy is very important because it forms the basis of other components of care for a pregnant woman. Eighty-one percent of observed clients making their first ANC visit were asked about date of their last menstrual period (Tables 6.7 and Appendix Tables A-6.7.1 through A-6.7.2 and Figure 6.3) and whether they had been pregnant previously (86 percent); however, age of the ANC client making her first visit was the most assessed characteristic (91 percent). Just 12 percent were asked what medicines they were taking at the time of the consultation.

In Tanzania, eclampsia is one of the major direct causes of maternal deaths. However, when it comes to basic laboratory tests for urine protein or urine glucose, only 46 percent of first-visit ANC clients had this test

done as part of the visit. Also, only 50 percent had their haemoglobin level tested. Table 6.4 shows that only a small percentage of facilities have the capacity to do any of these basic laboratory tests.

About 75 percent of first-visit ANC clients who had been pregnant previously were asked questions about complications during a previous pregnancy. The questions asked most commonly of these clients concerned history of a previous abortion (asked of 49 percent of observed first-visit ANC clients), history of previous assisted delivery (asked of 38 percent of clients), and history of heavy bleeding during labour or postpartum (asked of 33 percent of clients). Providers also asked about a history of stillbirth (37 percent of clients) and death of an infant during the first week after birth, labour, or postpartum (31 percent of clients).

Table 6.7 General assessment and client history for observed first-visit antenatal care clients: Facility type and managing authority

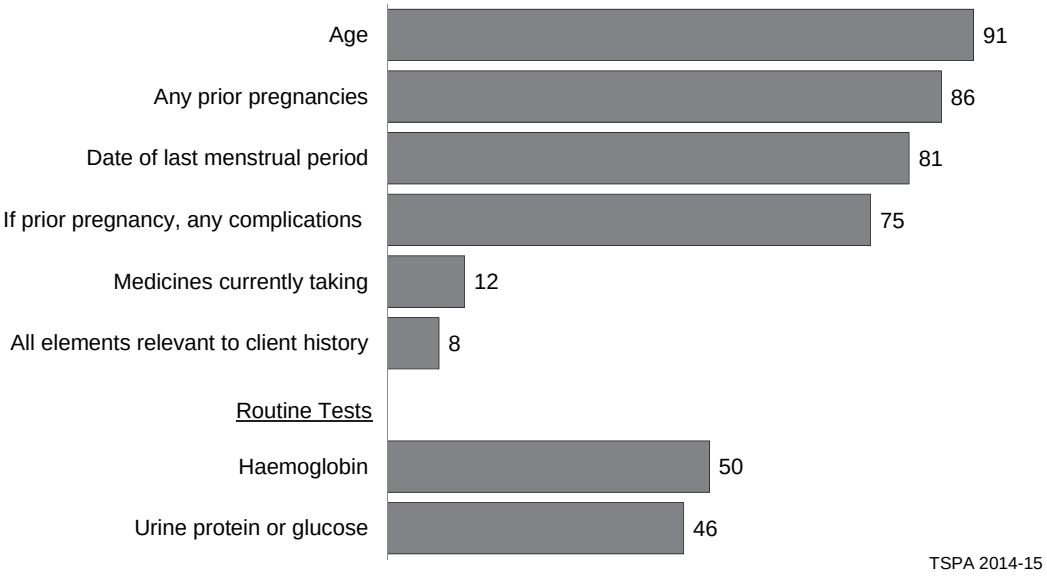
Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Components of consultation	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Client history									
Client's age	80	92	93	100	92	86	92	84	91
Date of last menstrual period	82	84	80	100	82	72	78	81	81
Any prior pregnancy[1]	83	84	88	69	87	79	71	84	86
Medicines client currently taking	11	14	12	4	12	10	0	11	12
All elements relevant to client history[2]	8	10	8	4	9	6	0	5	8
Routine tests									
Urine protein or glucose test	66	55	39	92	44	79	100	48	46
Haemoglobin test	77	62	40	74	46	79	100	61	50
Number of first-visit ANC clients	264	336	1,249	3	1,519	75	4	255	1,853
Prior pregnancy-related complications									
Stillbirth	36	38	37	57	38	49	32	28	37
Death of infant during first week after birth	26	31	32	53	32	32	23	23	31
Heavy bleeding during labour or postpartum	28	29	35	42	35	39	64	21	33
Assisted delivery	42	32	38	39	39	22	20	34	38
Previous abortion	38	50	51	39	52	30	32	39	49
Multiple pregnancies	7	8	8	0	8	14	0	4	8
Prolonged labour	8	6	5	0	6	3	28	6	6
Pregnancy-induced hypertension	21	17	19	11	19	29	9	13	19
Pregnancy-related convulsions	8	5	4	0	4	2	32	4	4
Any aspect of complications during a prior pregnancy	71	73	77	74	77	79	75	65	75
Number of first-visit ANC clients with prior pregnancy	185	251	973	3	1,155	49	3	205	1,411

Note: Additional results for Table 6.7 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.7.1, A- 6.7.2 and A-6.7.3.

[1] This includes any questions that would indicate whether the client has had a prior pregnancy.
[2] Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Figure 6.3 **Content of client history assessed and routine tests for first-visit ANC clients**



Physical Examinations and Preventive Interventions

Table 6.8 and Appendix Tables A-6.8.1 through A-6.8.3 present information on the physical examinations and preventive interventions carried out during the observed ANC consultations. Information is presented separately for first-visit clients, follow-up clients, and all ANC clients.

At least 80 percent of all ANC clients were examined (as appropriate) for each of the five documented examination items: blood pressure, weight, foetal position, uterine/fundal height, and foetal heartbeat. Eighty percent of all ANC clients had their blood pressure measured, and 88 percent were weighed. The percentages are similar for first-visit and follow-up visit clients. The foetal position was checked in 89 percent of all ANC clients who were at least eight months pregnant (94 percent of first-visit clients and 88 percent of follow-up clients). Fundal height was measured in almost all clients, regardless of whether it was a first-visit or a follow-up visit.

Regarding preventive interventions, first-visit ANC clients are generally more likely to receive preventive interventions than follow-up ANC clients. For example, 83 percent of first-visit ANC clients were given or prescribed iron or folic acid tables, compared with 68 percent of follow-up clients (75 percent of all ANC clients). Similarly, 52 percent of first-visit ANC clients were given or prescribed tetanus toxoid vaccine (TTV), compared with 22 percent of follow-up clients (36 percent of all ANC clients). It should be noted, however, that the TTV status of an ANC client will determine whether she is eligible to be given the vaccine. It is possible that the percentage of ANC clients who were given TTV was low because the vaccination status of most of the ANC clients was up-to-date.

Table 6.8 Basic physical examinations and preventive interventions for antenatal care clients: Facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, by facility type and managing authority, according to ANC visit status, Tanzania SPA 2014-15

	Facility type				Managing authority				
Components of consultation	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
FIRST-VISIT ANC CLIENT									
Basic physical examination									
Measured blood pressure	96	85	74	100	77	95	100	83	79
Weighed client	98	94	83	96	86	98	100	94	87
Checked foetal position (at least 8 months pregnant)	98	81	95	100	96	74	100	97	94
Checked uterine/fundal height[1]	94	94	95	96	95	79	100	96	95
Listened to foetal heart (at least 5 months pregnant)[2]	88	86	87	100	87	77	100	92	87
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	88	84	82	65	85	64	36	79	83
Provider explained purpose of iron or folic acid tablets	75	68	62	67	66	50	63	64	65
Provider explained how to take tablets	74	73	64	65	70	30	36	63	67
Provider gave or prescribed tetanus toxoid vaccine	66	59	48	31	52	51	27	53	52
Provider explained purpose of tetanus toxoid vaccine	55	48	39	65	44	30	34	40	43
Number of ANC clients	264	336	1,249	3	1,519	75	4	255	1,853
Number of ANC clients at least 8 months pregnant	25	13	45	1	55	7	0	19	83
Number of ANC clients at least 5 months pregnant	179	238	922	3	1,099	42	3	198	1,341
FOLLOW-UP VISIT ANC CLIENT									
Basic physical examination									
Measured blood pressure	94	90	75	100	80	98	100	83	81
Weighed client	96	92	85	100	86	95	100	98	88
Checked foetal position (at least 8 months pregnant)	88	87	89	65	87	87	100	92	88
Checked uterine/fundal height[1]	96	96	96	100	96	94	96	98	96
Listened to foetal heart (at least 5 months pregnant)[2]	87	91	89	94	89	87	90	91	89
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	74	73	66	16	71	59	78	56	68
Provider explained purpose of iron or folic acid tablets	63	62	51	80	56	57	84	49	55
Provider explained how to take tablets	58	61	53	71	58	42	74	46	56
Provider gave or prescribed tetanus toxoid vaccine	24	26	20	10	22	28	15	20	22
Provider explained purpose of tetanus toxoid vaccine	26	23	17	50	21	24	11	15	20
Number of ANC clients	371	391	1,382	10	1,730	104	10	310	2,154
Number of ANC clients at least 8 months pregnant	150	120	340	4	460	33	5	116	613
Number of ANC clients at least 5 months pregnant	350	381	1,324	10	1,654	101	10	302	2,066

(Continued…)

Table 6.8—*Continued*

Components of consultation	Facility type				Managing authority				National average/total
	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	
	ALL OBSERVED ANC CLIENTS								
Basic physical examination									
Measured blood pressure	95	88	74	100	79	97	100	83	80
Weighed client	97	93	84	99	86	96	100	96	88
Checked foetal position (at least 8 months pregnant)	90	87	90	69	88	84	100	92	89
Checked uterine/fundal height[1]	95	95	96	99	96	88	97	97	96
Listened to foetal heart (at least 5 months pregnant)[2]	88	89	88	95	88	84	92	91	88
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	80	78	74	28	78	61	65	66	75
Provider explained purpose of iron or folic acid tablets	68	65	56	77	60	54	78	56	60
Provider explained how to take tablets	65	67	58	69	63	37	62	54	61
Provider gave or prescribed tetanus toxoid vaccine	41	41	33	15	36	38	19	35	36
Provider explained purpose of tetanus toxoid vaccine	38	35	28	53	32	27	18	27	31
Number of ANC clients	635	727	2,631	14	3,249	179	14	565	4,007
Number of ANC clients at least 8 months pregnant	174	132	385	4	515	40	5	135	696
Number of ANC clients at least 5 months pregnant	529	619	2,246	13	2,753	143	12	499	3,407

Notes:
- Additional results for Table 6.8 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.8.1, A-6.8.2 and A-6.8.3.
- See Table 6.18 for information on insecticide-treated bed nets (ITNs).

[1] Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of foetus, or by using a tape measure to measure the fundal height
[2] Either with a foetal stethoscope or by using an ultrasound device

Counselling on Risks

Table 6.9 and Appendix Tables A-6.9.1 through A-6.9.3 show the counselling ANC clients received on pregnancy-related symptoms of risk. Information is presented separately for all observed ANC clients, for first-visit clients, and for follow-up clients. In general, two-thirds (67 percent) of all observed ANC clients received some counselling on some risk symptoms. However, few received counselling on topics such as fever and excessive tiredness/shortness of breath. As with preventive interventions, first-visit ANC clients are more likely to receive counselling on pregnancy-related risk symptoms than follow-up ANC clients. For example, 63 percent of first-visit clients received counselling on vaginal bleeding, compared with 47 percent of follow-up clients (54 percent of all observed ANC clients).

Table 6.9 Content of antenatal care counselling related to risk symptoms: Facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to indicated risk symptoms, by facility type and managing authority, according to ANC visit status, Tanzania SPA 2014-15

	Facility type				Managing authority				
Counselling topics	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
FIRST-VISIT ANC CLIENT									
Vaginal bleeding	76	72	58	69	63	57	59	63	63
Fever	47	39	26	26	31	29	26	31	31
Headache or blurred vision	73	63	47	56	53	47	44	61	53
Swollen hands or face	56	47	35	35	38	44	44	51	40
Excessive tiredness, shortness of breath	37	34	22	33	26	28	22	24	26
Loss of, excessive or normal foetal movement	60	46	35	6	41	39	56	40	41
Cough or difficulty breathing for 3 weeks or longer	13	10	6	0	7	16	0	10	8
Any of the above risk symptoms	86	80	66	69	71	65	81	78	72
Number of ANC clients	264	336	1,249	3	1,519	75	4	255	1,853
FOLLOW-UP VISIT ANC CLIENT									
Vaginal bleeding	56	54	43	53	48	25	66	49	47
Fever	34	28	21	1	26	10	0	25	25
Headache or blurred vision	49	45	34	30	38	19	63	45	39
Swollen hands or face	39	35	28	13	30	28	56	36	31
Excessive tiredness, shortness of breath	27	26	13	22	18	6	4	25	18
Loss of, excessive or normal foetal movement	48	46	35	11	39	44	64	37	39
Cough or difficulty breathing for 3 weeks or longer	9	7	2	0	4	2	3	9	4
Any of the above risk symptoms	70	68	59	59	63	57	77	63	63
Number of ANC clients	371	391	1,382	10	1,730	104	10	310	2,154
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding	64	62	50	57	55	38	64	55	54
Fever	39	33	23	7	28	18	8	28	28
Headache or blurred vision	59	53	40	36	45	31	57	52	45
Swollen hands or face	46	41	31	18	34	35	53	43	35
Excessive tiredness, shortness of breath	31	29	17	25	22	15	10	25	22
Loss of, excessive or normal foetal movement	53	46	35	10	40	42	61	38	40
Cough or difficulty breathing for 3 weeks or longer	11	8	4	0	5	8	2	9	6
Any of the above risk symptoms	77	73	62	61	67	60	78	70	67
Number of ANC clients	635	727	2,631	14	3,249	179	14	565	4,007

Note: Additional results for Table 6.9 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.9.1, A-6.9.2 and A-6.9.3.

Table 6.10 and Appendix Tables A-6.10.1 through 6.10.3 address additional aspects of antenatal care counselling. They report on the extent to which observed consultations for ANC clients addressed the topics of nutrition during pregnancy, care of the newborn, breastfeeding, postpartum family planning, and the importance of vaccination for the newborn. Information is presented for all observed ANC clients, for first-visit clients, and for follow-up clients. Overall, 70 percent of all ANC clients were counselled on delivery plans (73 percent of first-visit clients and 68 percent of follow-up clients) while just half received counselling related to the progress of their pregnancy. One-third of all ANC clients were counselled on nutrition during pregnancy (35 percent of first-visit clients and 31 percent of follow-up clients). All other counselling topics, including infant care, breastfeeding, and the importance of vaccination for newborn were seldom discussed with ANC clients during the observed consultations. While 35 percent of all observed ANC clients were counselled on postpartum family

planning, 43 percent of first-visit clients, compared with 27 percent of follow-up clients received such counselling.

Table 6.10 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: Facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, by facility type and managing authority, according to ANC visit status, Tanzania SPA 2014-15

	Facility type				Managing authority				
Counselling topics	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
FIRST-VISIT ANC CLIENT									
Nutrition	43	34	33	26	35	34	38	32	35
Progress of pregnancy	60	54	47	78	50	66	66	42	50
Importance of at least 4 ANC visits	29	18	16	15	18	9	13	23	18
Delivery plans	80	75	71	44	75	61	57	69	73
Care of newborn[1]	14	12	10	9	11	6	0	12	11
Early initiation and prolonged breastfeeding	19	13	7	44	9	8	0	14	10
Exclusive breastfeeding	24	18	12	44	14	14	0	18	15
Importance of vaccination for newborn	6	7	2	0	3	1	0	5	3
Family planning post-partum	45	48	41	65	46	14	37	33	43
Provider used any visual aids	21	16	13	0	15	8	0	18	15
Number of ANC clients	264	336	1,249	3	1,519	75	4	255	1,853
FOLLOW-UP VISIT ANC CLIENT									
Nutrition	38	28	29	53	29	43	49	34	31
Progress of pregnancy	62	56	48	78	53	59	59	45	52
Importance of at least 4 ANC visits	22	13	10	3	12	18	0	12	12
Delivery plans	75	67	66	81	68	56	73	68	68
Care of newborn[1]	12	9	7	10	8	3	0	10	8
Early initiation and prolonged breastfeeding	13	10	6	58	8	11	0	9	8
Exclusive breastfeeding	18	14	7	58	10	12	3	13	11
Importance of vaccination for newborn	3	6	2	19	3	3	0	2	3
Family planning post-partum	29	30	26	32	29	13	24	22	27
Provider used any visual aids	18	12	9	0	11	1	0	14	11
Number of ANC clients	371	391	1,382	10	1,730	104	10	310	2,154
ALL OBSERVED ANC CLIENTS									
Nutrition	40	31	31	46	32	39	45	33	33
Progress of pregnancy	61	55	47	78	52	62	61	44	51
Importance of at least 4 ANC visits	25	15	13	6	15	14	4	17	15
Delivery plans	77	71	68	72	71	58	68	68	70
Care of newborn[1]	13	11	8	9	10	4	0	11	10
Early initiation and prolonged breastfeeding	15	11	6	55	8	10	0	11	9
Exclusive breastfeeding	21	16	9	55	12	13	2	15	12
Importance of vaccination for newborn	4	7	2	15	3	2	0	3	3
Family planning post-partum	36	38	33	40	37	14	28	27	35
Provider used any visual aids	19	14	11	0	13	4	0	16	13
Number of ANC clients	635	727	2,631	14	3,249	179	14	565	4,007

Note: Additional results for Table 6.10 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.10.1, A-6.10.2 and A-6.10.3.

[1] Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

6.5 CLIENT OPINION

6.5.1 Health Education

ANC clients were interviewed as they left the facility. They were asked about their experiences that day at the facility. Table 6.11 and Appendix Tables A-6.11.1 through A-6.11.3 present interviewed clients' perspectives on what the provider discussed with them during the current visit or a previous visit, if any. Overall, two-thirds (64 percent) of ANC clients reported that a provider discussed or counselled them on some pregnancy-related warning signs. ANC clients visiting hospitals (77 percent), health centres (72 percent) and clinics (77 percent) are more likely to report having been counselled on risk signs compared with ANC clients visiting dispensaries (58 percent).

Regarding specific warning signs, overall, 58 percent of interviewed ANC clients said they were counselled on vaginal bleeding as a risk sign. Clients in dispensaries were less likely to report they received such counselling (52 percent), compared with ANC clients interviewed at hospitals, health centres, and clinics (66 percent to 90 percent). Fewer than 15 percent of interviewed ANC clients mentioned reduced or absence of foetal movement, fever, seizures/convulsions, fatigue or breathlessness as warning signs discussed by providers.

Table 6.11 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: Facility type and managing authority

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Issues discussed during current or previous visit	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Client reported provider discussed or counselled on any warning signs	77	72	58	77	63	69	92	67	64
Warning signs discussed (named by client)									
Vaginal bleeding	71	66	52	90	56	71	78	63	58
Fever	16	15	12	10	13	10	10	13	13
Swollen face or hands	43	32	27	78	30	40	56	33	31
Fatigue or breathlessness	9	6	6	15	7	10	0	6	7
Headache or blurred vision	44	36	27	69	31	29	57	36	32
Seizures/convulsions	4	4	5	4	5	3	4	3	4
Reduced or absence of foetal movement	18	14	13	9	14	19	13	14	14
Actions client told to take if warning signs occurred									
Seek care at facility	76	71	58	77	62	67	89	66	63
Reduce physical activity	0	1	1	0	1	0	0	0	1
Change diet	0	0	0	0	0	0	0	0	0
No advice given by provider	23	28	42	23	37	31	8	33	36
Client reported provider discussed									
Importance of exclusive breastfeeding and counselled to exclusively breastfeed for 6 months	39	28	22	78	24	48	30	33	26
Planned place of delivery	58	54	53	65	55	46	42	53	54
Supplies to prepare for delivery	83	77	72	93	75	69	72	76	75
Using family planning after childbirth	56	52	46	54	49	42	53	44	48
Number of interviewed ANC clients	635	727	2,631	14	3,249	179	14	565	4,007

Note: Additional results for Table 6.11 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.11.1, A-6.11.2 and A-6.11.3.

About six of ten interviewed ANC clients noted that a provider told them to seek care at a facility if a warning sign occurred. Overall, 36 percent of observed ANC clients said they were given no advice by a provider on what to do if they experienced any of the danger signs.

Only one-fourth of clients (26 percent) said that a provider discussed with them the importance of exclusive breastfeeding and counselled them to exclusively breastfeed for six months. Not quite half (48 percent) said that they were informed about using a family planning method after childbirth.

6.5.2 Major Problems Perceived by Clients

ANC clients were asked about their perceptions of the quality of the services they received the day of the visit. They were also asked if they perceived certain issues to be major problems for them that day. Table 6.12 and Appendix Tables A-6.12.1 through A-6.12.3 present this information by background characteristics. Few clients reported negatively on the quality of care that they received. Seventeen percent of interviewed ANC clients reported a long wait time to see a provider as a major problem for them on the day of the visit, while one ANC client in ten reported non-availability of medicines at the facility as a major problem for them. In 2006, 13 percent of interviewed ANC clients reported a long wait time to see a provider as a major problem.

Table 6.12 Feedback from antenatal care clients on perceived service problems: Facility type and managing authority

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Client service issue	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Poor behaviour/attitude of provider	1	2	1	0	1	0	0	0	1
Insufficient explanation about pregnancy	2	2	1	0	1	1	4	2	2
Long wait to see provider	19	23	15	24	18	8	27	14	17
Not able to discuss problems	2	3	1	0	2	1	7	3	2
Medicines not available in facility	7	14	11	1	12	8	7	8	11
Facility open limited days	1	2	2	0	2	0	3	1	2
Facility open limited hours	4	5	3	0	4	3	3	2	3
Facility not clean	4	7	4	0	5	0	6	1	4
Services costly	5	3	2	10	2	10	23	5	3
Insufficient visual privacy	1	1	1	0	1	1	0	1	1
Insufficient auditory privacy	1	1	1	0	1	1	0	1	1
Number of interviewed ANC clients	635	727	2,631	14	3,249	179	14	565	4,007

Note: Additional results for Table 6.12 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.12.1, A-6.12.2 and A-6.12.3.

6.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

6.6.1 Supervision

Personal supervision can help sustain health worker motivation and capacity because it directly addresses a provider's strengths and weaknesses. Table 6.13 presents information on recent in-service training and recent personal supervision received by providers of ANC services. Seven of ten interviewed providers of ANC services reported receiving personal supervision during the six months before the assessment. There is little variation by facility type; however, providers in hospitals are a little less likely than providers in other facility types to report having been supervised. By managing authority, providers in government facilities are slightly more likely to report having been supervised.

Table 6.13 Supportive management for providers of antenatal care services

Among interviewed antenatal care (ANC) providers, the percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed ANC service providers
	Training related to ANC during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to ANC during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Hospital	39	63	29	705
Health centre	41	69	32	872
Dispensary	44	72	32	2,648
Clinic	47	68	33	26
Managing authority				
Government	44	71	33	3,231
Private-for-profit	34	67	23	260
Parastatal	37	60	21	34
Faith-based	40	66	29	727
Residence: Tanzania				
Total urban	37	69	27	1,216
Total rural	45	70	33	3,036
Residence: Mainland/ Zanzibar				
Mainland urban	38	69	28	1,177
Mainland rural	45	70	33	2,965
Zanzibar urban	17	72	13	39
Zanzibar rural	47	85	42	71
Region				
Mainland average/total	43	70	32	4,142
Dodoma	32	56	24	248
Arusha	36	74	28	195
Kilimanjaro	40	78	30	234
Tanga	50	53	27	226
Morogoro	40	55	25	287
Pwani	61	52	39	148
Dar es Salaam	27	82	20	267
Lindi	43	87	38	142
Mtwara	42	67	28	147
Ruvuma	36	79	30	207
Iringa	52	54	26	159
Mbeya	29	70	19	222
Singida	43	83	35	116
Tabora	51	63	39	169
Rukwa	47	97	47	115
Kigoma	36	82	31	137
Shinyanga	47	99	46	101
Kagera	63	79	55	240
Mwanza	49	48	28	198
Mara	42	75	34	142
Manyara	49	86	43	102
Njombe	49	46	26	127
Katavi	48	83	45	42
Simiyu	49	71	41	96
Geita	45	65	28	76
Zanzibar average/total	36	80	32	110
Unguja average/total	35	81	32	62
Kaskazini Unguja	51	94	47	15
Kusini Unguja	47	80	43	17
Mjini Magharibi	20	76	17	30
Pemba average/total	38	79	33	48
Kaskazini Pemba	42	85	36	26
Kusini Pemba	34	72	28	22
National average/total	43	70	32	4,252

[1] 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] Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

6.6.2 Training

Providers who have received recent in-service training can be expected to have more up-to-date knowledge about their particular service area. Four of ten interviewed providers of ANC services reported receiving in-service training related to ANC during the 24 months before the assessment.

Altogether, about a third of interviewed providers of ANC services reported receiving both in-service training related to ANC during the 24 months and personal supervision during the six months before the assessment (Table 6.13).

Table 6.14 shows the specific trainings or training topics that interviewed providers of ANC services reported receiving during the 24 months before the assessment. Twenty percent or less of providers of ANC services reported receiving in-service training in any one topic during the 24 months before the survey. The two most common topics of recent in-service training were family planning (17 percent of interviewed providers) and intermittent preventive treatment of malaria in pregnancy (20 percent of interviewed providers).

Table 6.14 Training for antenatal care service providers

Among interviewed antenatal care (ANC) service providers, the percentages who reported receiving in-service training on topics related to ANC during the specified period before the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of interviewed providers of ANC who reported receiving in-service training on:												
	ANC counselling		ANC screening		Complications of pregnancy		Family planning[1]		Sexually transmitted infections[2]		Intermittent preventive treatment of malaria in pregnancy		Number of interviewed
Background characteristics	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	ANC service providers
Facility type													
Hospital	8	30	7	28	8	29	14	37	2	17	18	48	705
Health centre	10	28	8	26	9	27	18	37	4	19	23	49	872
Dispensary	8	27	8	25	8	24	17	41	3	18	19	45	2,648
Clinic	10	34	11	36	10	37	19	53	1	22	14	48	26
Managing authority													
Government	8	28	7	25	8	27	18	43	3	18	19	48	3,231
Private-for-profit	11	30	11	28	7	22	17	40	4	17	15	38	260
Parastatal	4	13	4	12	4	9	19	40	6	13	14	33	34
Faith-based	10	27	10	26	9	22	11	23	3	16	22	44	727
Residence: Tanzania													
Total urban	7	27	7	26	6	24	16	40	3	16	15	43	1,216
Total rural	9	28	9	26	9	26	17	39	3	19	21	48	3,036
Residence: Mainland/ Zanzibar													
Mainland urban	7	27	7	25	7	24	16	40	3	16	16	43	1,177
Mainland rural	9	28	9	25	9	26	17	38	3	18	21	48	2,965
Zanzibar urban	1	33	2	28	1	27	9	61	2	20	1	32	39
Zanzibar rural	13	44	4	31	4	33	36	73	3	20	18	54	71
Region													
Mainland average/total	9	28	8	25	8	26	17	39	3	18	20	47	4,142
Dodoma	9	26	7	26	5	24	12	27	2	17	13	40	248
Arusha	8	22	6	19	8	22	24	41	4	19	20	42	195
Kilimanjaro	9	38	9	32	4	27	19	36	5	25	15	55	234
Tanga	10	26	11	25	9	20	12	33	1	16	18	43	226
Morogoro	4	28	4	28	4	25	8	26	2	17	27	52	287
Pwani	10	26	9	25	14	28	16	41	3	22	35	51	148
Dar es Salaam	8	31	8	28	5	25	5	28	0	9	8	36	267
Lindi	14	31	10	29	11	31	19	51	1	27	26	49	142
Mtwara	6	27	6	26	5	26	23	39	1	15	24	54	147
Ruvuma	5	22	4	19	6	26	23	62	3	21	11	49	207
Iringa	12	33	14	35	9	26	16	42	13	24	14	46	159
Mbeya	2	21	7	24	4	22	13	39	3	20	12	43	222
Singida	4	29	4	26	5	27	11	41	2	10	7	45	116
Tabora	23	43	26	38	24	42	30	56	6	16	31	54	169
Rukwa	13	38	11	28	19	36	29	40	8	21	30	52	115
Kigoma	6	36	5	34	4	33	13	46	0	22	5	57	137

(Continued…)

Table 6.14—*Continued*

Background characteristics	Percentage of interviewed providers of ANC who reported receiving in-service training on:												Number of interviewed ANC service providers
	ANC counselling		ANC screening		Complications of pregnancy		Family planning[1]		Sexually transmitted infections[2]		Intermittent preventive treatment of malaria in pregnancy		
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Region													
Shinyanga	7	16	4	7	7	13	21	30	1	10	21	32	101
Kagera	8	27	7	22	12	27	15	36	2	13	32	59	240
Mwanza	13	23	11	18	15	22	17	29	4	11	28	39	198
Mara	7	15	6	17	7	18	18	34	0	13	22	36	142
Manyara	6	27	6	29	6	27	31	59	1	21	13	45	102
Njombe	19	43	17	37	16	38	17	56	14	30	21	56	127
Katavi	5	21	5	19	3	19	24	47	2	15	14	39	42
Simiyu	0	9	0	7	4	10	16	30	4	19	25	42	96
Geita	1	17	2	16	2	15	11	29	0	18	26	42	76
Zanzibar average/total	9	40	3	30	3	31	27	69	3	20	12	46	110
Unguja average/total	6	34	5	27	1	26	24	65	3	20	14	42	62
Kaskazini Unguja	14	33	8	31	6	25	51	78	2	24	29	57	15
Kusini Unguja	9	35	9	28	0	26	23	61	7	26	25	53	17
Mjini Magharibi	1	33	1	24	0	27	11	62	1	14	0	28	30
Pemba average/total	12	49	1	34	4	37	31	73	3	21	11	51	48
Kaskazini Pemba	7	39	1	37	7	35	21	69	3	20	17	53	26
Kusini Pemba	17	60	1	30	1	38	42	79	2	22	3	49	22
National average/total	9	28	8	26	8	26	17	39	3	18	20	47	4,252

Note: 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.

[1] Includes training in any of the following: general counselling for family planning, insertion and/or removal of intrauterine contraceptive device (IUCD), insertion and/or removal of implants, performing vasectomy, performing tubal ligation, clinical management of family planning methods including managing side effects, family planning for HIV-positive women, post-partum family planning

[2] Includes training in any of the following: diagnosing and treating sexually transmitted infections (STIs), the syndromic approach to diagnosing and managing STIs, treatment of drug-resistant STIs, and STI case management training.

6.7 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The strategy for prevention of mother-to-child transmission (PMTCT) of HIV involves a 4-pronged approach:

- Primary prevention of HIV infection in parents
- Prevention of unintended pregnancies in HIV-positive women
- Lifelong ART for HIV-infected pregnant and breastfeeding women, regardless of CD4 count and/or clinical stage ("Option B+")
- Provision of comprehensive care to the mother, the newborn, and other family members

PMTCT services are frequently offered in conjunction with antenatal and obstetric delivery services. They may include a variety of interventions. The degree to which a facility offers the total package often depends on the level of staffing and whether the facility offers either antenatal care or obstetric delivery services or both.

Table 6.15 provides a summary measure assessing the availability, among facilities that offer ANC services, of any PMTCT services. The table also reports on the availability of the individual interventions or components of PMTCT at facilities offering ANC and any PMTCT services.

Table 6.15 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 percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities offering PMTCT services, the percentages with specific PMTCT programme components, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering ANC that provide any PMTCT[1]	Number of facilities offering ANC	Percentage of ANC facilities offering PMTCT that provide: HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ pregnant women	ART to 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	Co-trimoxazole to newborns of HIV+ women	All PMTCT services	Number of facilities offering ANC and any PMTCT services
Facility type													
Hospital	98	42	100	95	79	96	94	99	97	93	96	68	42
Health centre	99	118	98	91	71	92	88	98	95	95	92	59	116
Dispensary	93	839	98	78	71	85	79	96	94	94	88	50	784
Clinic	86	6	89	78	77	86	80	84	100	100	81	48	6
Managing authority													
Government	95	823	98	80	71	86	81	97	95	98	90	53	782
Private-for-profit	81	59	99	92	80	87	85	91	99	90	87	63	48
Parastatal	100	3	100	100	63	87	82	100	80	100	82	58	3
Faith-based	95	120	99	76	71	88	79	90	89	71	84	39	114
Residence: Tanzania													
Total urban	93	190	99	87	70	89	83	94	94	93	91	54	177
Total rural	95	815	98	79	72	85	80	97	94	95	88	51	771
Residence: Mainland/ Zanzibar													
Mainland urban	94	182	99	88	73	92	86	95	94	93	93	56	170
Mainland rural	95	791	98	80	74	88	83	98	95	95	90	53	748
Zanzibar urban	79	8	82	74	3	8	5	67	92	97	61	0	6
Zanzibar rural	96	23	93	32	2	4	0	68	75	81	20	0	22
Region													
Mainland average/total	94	974	99	82	74	89	83	97	95	95	91	53	919
Dodoma	87	55	100	48	67	59	47	100	95	94	78	20	47
Arusha	91	39	100	38	29	38	30	82	90	89	47	18	35
Kilimanjaro	94	50	100	57	67	92	83	93	100	92	99	30	47
Tanga	100	50	100	100	82	88	88	100	94	94	88	71	50
Morogoro	100	55	100	83	66	78	82	95	95	77	94	43	55
Pwani	100	36	100	94	93	100	100	100	100	100	100	87	36
Dar es Salaam	98	50	99	89	81	99	89	90	89	91	97	49	49
Lindi	100	35	100	89	88	95	85	100	100	99	90	77	35
Mtwara	100	34	100	85	90	95	90	100	95	95	95	75	34
Ruvuma	95	45	95	84	82	100	84	95	89	100	95	55	43
Iringa	100	37	100	100	86	99	89	100	100	94	94	63	37
Mbeya	89	68	100	89	99	93	99	100	84	99	99	74	60
Singida	64	28	84	65	60	100	75	100	100	99	100	43	18
Tabora	100	48	100	87	81	96	83	100	100	96	83	60	48
Rukwa	85	32	100	77	46	88	88	88	88	88	88	35	27
Kigoma	95	41	95	68	24	88	72	95	95	89	78	8	39
Shinyanga	93	26	100	93	41	86	100	100	93	100	86	27	24
Kagera	100	43	100	87	72	94	93	100	99	98	100	62	43
Mwanza	91	46	100	80	82	82	73	100	100	100	82	70	41
Mara	93	39	100	92	84	76	92	100	89	98	100	63	37
Manyara	91	25	77	87	100	100	100	100	100	100	100	75	23
Njombe	100	36	100	94	89	100	77	94	94	98	94	75	36
Katavi	100	10	100	96	23	100	96	100	100	100	100	15	10
Simiyu	90	27	100	78	94	94	94	100	100	100	93	76	24
Geita	100	19	99	86	39	99	99	100	93	93	99	19	19
Zanzibar average/total	92	31	91	41	2	5	1	68	79	84	29	0	29
Unguja average/total	89	18	84	56	3	8	1	81	91	89	48	0	16
Kaskazini Unguja	92	5	100	42	9	12	0	92	96	87	38	0	4
Kusini Unguja	93	6	75	57	0	8	0	92	92	82	42	0	6
Mjini Magharibi	84	7	81	65	3	6	3	61	87	97	60	0	6
Pemba average/total	96	13	100	23	0	1	1	53	63	79	5	0	13
Kaskazini Pemba	92	7	100	32	0	0	0	58	67	87	0	0	6
Kusini Pemba	100	6	100	13	0	3	3	47	59	70	11	0	6
National average/total	94	1,005	98	80	72	86	81	96	94	94	89	52	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 counselling 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 counselling for prevention of mother-to-child transmission, nutritional counselling for HIV-positive pregnant women and their infants, family planning counselling for HIV-positive pregnant women, co-trimoxazole to newborns of HIV-positive women, and ART prophylaxis to HIV-positive pregnant women.

More than nine of ten facilities in Tanzania that offer ANC services also provide some PMTCT services. This includes almost all hospitals and all health centres (98 percent and 99 percent, respectively), 93 percent of dispensaries and 86 percent of clinics. Among ANC facilities that offer PMTCT services, the majority provide each of the nine assessed components of PMTCT services. However, only about half of these facilities offer the comprehensive package of PMTCT services—that is, all PMTCT-related services that the TSPA assessed. At 68 percent and 59 percent, hospitals and health centres, respectively, are more likely to offer the full package of PMTCT services, compared with about half of dispensaries and clinics.

Among managing authorities, private-for-profit and parastatal facilities that offer ANC services, although few in absolute numbers, are more likely to provide the full package of PMTCT services. A little more than half of facilities in Mainland Tanzania provide the complete package of PMTCT services.

In Zanzibar, 92 percent of facilities that offer ANC provide some PMTCT services. Among those, 91 percent offer HIV testing for pregnant women but only 41 percent offer HIV testing for infants born to HIV+ women. Five percent offer ART to HIV+ pregnant women (Option B+, both as prophylaxis to prevent transmission and as treatment). Only one percent offer ARV prophylaxis for infants born to HIV+ women. On the positive side, however, the majority of ANC facilities in Zanzibar offer infant and young child feeding counselling (68 percent of facilities), nutritional counselling for HIV+ pregnant women and their infants (79 percent of facilities), and family planning counselling for HIV+ pregnant women (84 percent of facilities). None of the ANC facilities that offer PMTCT offer the comprehensive package of PMTCT services (Table 6.15); this is expected because the provision of ARV to pregnant women is centralised in only a few facilities in Zanzibar.

In general, Tanzanian health facilities that offer ANC and PMTCT services are well-equipped to provide PMTCT services. Table 6.16 presents information on the availability of the necessary elements for the provision of quality PMTCT services, including service guidelines, HIV testing capacity, and antiretroviral medicines for pregnant women and infants born to HIV-positive women.

About eight of ten of these facilities had guidelines on PMTCT while only about one-third had guidelines on infant and young child feeding available at the service site on the day of the visit. A little over two-thirds (68 percent) of these facilities have at least one provider of PMTCT services recently trained in PMTCT, while half have at least one provider recently trained in infant and young child feeding. Hospitals, health centres, and clinics are more likely than dispensaries to have staff members recently trained in PMTCT or infant and young child feeding. Nearly all these facilities can test for HIV infection. The capability to collect blood (using dried blood spots (DBS)) to test infants for HIV is found at 57 percent of facilities that offer ANC and PMTCT services. DBS capability is less likely to be available in clinics and dispensaries.

Both nevirapine syrup, for prophylactic treatment of infants born to HIV-positive mothers, and antiretroviral medicines (Regiment 5A for PMTCT “Option B+”) for HIV-positive mothers are widely available, but not in all facilities.

Table 6.16 Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV

Among facilities offering antenatal care (ANC) and any services for prevention of mother-to-child transmission (PMTCT) of HIV, the percentages having relevant guidelines, at least one staff member recently trained on PMTCT and infant and young child feeding, visual and auditory privacy for quality PMTCT counselling, HIV diagnostic capacity, and antiretroviral medicines (ARVs), by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage with guidelines		Percentage with staff trained in:		Percentage with	Percentage with HIV testing		Percentage with antiretroviral medicines					Number of facilities offering ANC and any PMTCT services
	PMTCT[1]	Infant and young child feeding	PMTCT[2]	Infant and young child feeding[3]	Visual and auditory privacy[4]	Adult HIV testing capacity[5]	DBS[6]	AZT syrup[7]	NVP syrup[8]	ARV for maternal prophyl-axis/ treatment (single dose)[9]	ARV for maternal prophyl-axis (multiple drug doses)[10]	Either single or multiple drug dose (TDF/3TC/ EFV or AZT/3TC/ NVP)	
Facility type													
Hospital	90	55	85	65	96	100	81	10	96	98	60	98	42
Health centre	86	48	77	64	96	97	77	6	85	89	32	90	116
Dispensary	80	32	65	50	94	92	52	3	68	80	11	81	784
Clinic	92	52	76	69	100	100	55	0	80	80	0	80	6
Managing authority													
Government	83	35	68	54	94	94	57	3	71	83	15	84	782
Private-for-profit	78	39	63	52	99	91	64	9	67	73	14	73	48
Parastatal	95	58	63	63	80	100	87	5	87	87	60	87	3
Faith-based	72	34	67	47	96	87	49	4	75	75	23	80	114
Residence: Tanzania													
Total urban	83	36	66	50	96	95	73	8	79	89	26	89	177
Total rural	81	35	68	53	94	93	53	2	70	80	13	81	771
Residence: Mainland/ Zanzibar													
Mainland urban	83	37	67	50	96	97	75	8	81	92	26	92	170
Mainland rural	80	34	69	54	94	93	54	2	72	82	14	84	748
Zanzibar urban	77	23	40	38	95	59	25	3	19	19	14	19	6
Zanzibar rural	90	45	53	41	91	81	7	0	1	1	1	1	22
Region													
Mainland average/total	81	35	68	53	94	94	58	3	74	84	16	85	919
Dodoma	88	37	56	40	94	94	20	5	38	73	4	73	47
Arusha	68	35	75	44	100	92	16	3	36	55	10	55	35
Kilimanjaro	85	43	76	59	100	93	40	3	78	84	20	91	47
Tanga	94	30	81	58	100	100	80	6	72	58	20	65	50
Morogoro	65	26	69	51	98	89	41	1	72	61	11	61	55
Pwani	76	31	69	47	67	88	82	9	99	94	34	94	36
Dar es Salaam	97	41	55	53	98	91	80	12	82	90	29	90	49
Lindi	89	48	57	39	100	95	46	1	53	85	10	85	35
Mtwara	99	52	69	48	100	100	65	0	90	89	18	89	34
Ruvuma	100	25	76	62	100	100	84	1	95	99	36	99	43
Iringa	94	66	75	74	77	100	77	0	77	94	10	94	37
Mbeya	68	40	45	25	99	100	62	1	98	98	13	98	60
Singida	85	12	43	40	100	78	42	0	88	100	8	100	18
Tabora	44	5	65	43	100	96	51	0	60	83	23	87	48
Rukwa	65	41	73	54	93	88	69	0	69	83	2	83	27
Kigoma	78	22	60	55	94	90	27	1	37	88	23	88	39
Shinyanga	93	48	70	68	93	100	85	2	93	86	3	86	24
Kagera	92	48	86	69	100	81	68	1	68	87	5	87	43
Mwanza	61	4	71	60	90	100	51	2	80	91	5	91	41
Mara	59	35	80	44	92	91	66	8	77	68	23	76	37
Manyara	81	47	88	87	100	91	77	20	90	91	26	91	23
Njombe	99	59	70	64	64	100	62	7	69	94	19	94	36
Katavi	65	15	74	68	100	96	88	0	90	100	5	100	10
Simiyu	89	28	76	64	99	82	38	0	83	89	13	89	24
Geita	100	26	61	59	93	89	72	2	86	100	9	100	19
Zanzibar average/total	87	40	51	40	92	76	11	1	5	5	4	5	29
Unguja average/total	85	45	52	41	94	65	15	1	5	5	4	5	16
Kaskazini Unguja	100	57	62	49	100	70	17	0	4	4	0	4	4
Kusini Unguja	84	64	52	31	82	77	8	0	3	3	3	3	6
Mjini Magharibi	76	18	44	44	100	49	20	3	8	8	8	8	6
Pemba average/total	90	35	49	39	90	90	7	0	5	5	3	5	13
Kaskazini Pemba	87	37	52	41	86	100	3	0	5	5	3	5	6
Kusini Pemba	93	33	46	38	94	80	11	0	5	5	3	5	6
National average/total	81	35	68	53	94	93	57	3	72	82	16	83	947

Note: The indicators presented in the table comprise the staff and training, equipment, diagnostics, and medicines and commodities domains for assessing readiness to provide PMTCT services within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Guideline for PMTCT: Hand-written guidelines pasted on a wall are acceptable.
[2] Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of PMTCT 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 has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of infant and young child feeding 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] A private room or screened-off area is available in the ANC service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others.
[5] HIV rapid testing or other HIV testing capacity available in the facility
[6] Facility reports that they perform HIV testing for infants and have dried blood spot (DBS) filter paper available for collection of blood samples from infants for HIV testing.
[7] Zidovudine (AZT) syrup for ARV prophylaxis for children born to HIV-positive women
[8] Nevirapine (NVP) syrup for ARV prophylaxis for children born to HIV-positive women
[9] Regimen for PMTCT single dose (TDF/3TC/EFV or AZT/3TC/NVP) available in facility for ARV prophylaxis and/or treatment for HIV-positive pregnant women
[10] Multiple drug dose to provide (TDF/3TC/EFV or AZT/3TC/NVP) available in facility for ARV prophylaxis for HIV-positive pregnant women

6.8 MALARIA IN PREGNANCY

Malaria can be fatal or cause poor outcomes in pregnancy. Therefore, measures must be taken to prevent its occurrence during pregnancy and to treat it promptly if it occurs. The ability to do this depends on the availability of proper medicines and diagnostics and appropriate interventions during ANC visits. Table 6.17 presents information on malaria services in facilities offering ANC services.

6.8.1 Availability of Guidelines, Trained Staff, Medicines, and Diagnostics

Service Guidelines

IPTp (intermittent preventive treatment of malaria in pregnancy) guidelines are not widely available in Tanzania. The 2014-15 TDHS found they were available in only a third of ANC facilities. Hospitals and health centres are more likely to have these guidelines; however, only 43 percent of hospitals and health centres that offer ANC had them available on the day of the survey visit.

Trained Staff

Among facilities that offer ANC, hospitals are much more likely than other types of facilities to have a provider of ANC services recently trained on malaria in pregnancy; 63 percent of hospitals and 62 percent of health centres have such a provider compared with dispensaries (40 percent) and clinics (29 percent). Private facilities are comparatively less likely to have a provider of ANC services with recent training on malaria in pregnancy.

Equipment

The first line of defence against malaria is to avoid the bites of mosquitoes that carry the disease-causing parasite. Therefore, pregnant women are advised to sleep under an insecticide-treated bed net (ITN). On average, only 12 percent of Tanzania health facilities that offer ANC services had ITNs available for distribution to pregnant women on the day of the assessment (Table 6.17). The availability of ITNs varies by type of facility, from 29 percent of hospitals to 9 percent of dispensaries. There is little difference in availability of ITNs by managing authority. In Zanzibar, about 90 percent of facilities that offer ANC services had ITNs in the facility on the day of the assessment, available for distribution to pregnant women during ANC visits.

Medicines

Regarding medicines, on the day of the assessment, most facilities that offer ANC (94 percent) were well supplied with an artemisinin-based combination therapy (ACT) drug for treating active uncomplicated malaria, and quinine (90 percent) for treating complicated malaria. Sulfadoxine/pyrimethamine (Fansidar), for intermittent preventive treatment of malaria during pregnancy (IPTp), was less available; around six of ten ANC facilities had SP available on the day of the survey (Table 6.17).

Diagnostic Capacity

Rapid diagnostic tests (RDTs) for malaria are available in more than eight of ten facilities that offer ANC (83 percent). In contrast, malaria microscopy is rarely available in dispensaries or in clinics; a little over half of hospital (56 percent) and 44 percent of health centres have microscopy.

Table 6.17 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages 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:												Number of facilities offering ANC
				Medicines					Diagnostics				
Background characteristics	IPTp guide-lines	Trained staff[1]	ITN[2]	ACT[3]	SP	IPTp DOT	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	84	94	99	93	56	97	88	42
Health centre	43	62	27	94	62	77	90	96	90	44	94	60	118
Dispensary	33	40	9	94	60	77	90	96	82	8	83	22	839
Clinic	30	29	13	86	84	84	71	97	76	0	76	50	6
Managing authority													
Government	35	43	12	95	58	76	90	96	86	10	87	22	823
Private-for-profit	22	36	11	88	75	86	92	87	59	18	63	72	59
Parastatal	56	50	13	82	82	75	100	88	100	46	100	100	3
Faith-based	39	47	16	86	74	83	88	97	77	41	86	58	120
Residence: Tanzania													
Total urban	36	42	20	91	69	80	91	96	76	28	82	59	190
Total rural	35	44	10	94	60	77	90	96	85	11	86	23	815
Residence: Mainland/ Zanzibar													
Mainland urban	37	44	17	94	72	84	95	98	77	27	82	59	182
Mainland rural	35	44	8	95	61	79	92	97	85	11	86	23	791
Zanzibar urban	0	2	77	40	0	2	0	54	57	51	84	53	8
Zanzibar rural	19	31	94	64	5	5	5	66	82	6	83	33	23
Region													
Mainland average/total	36	44	10	95	63	80	93	97	83	14	85	29	974
Dodoma	24	28	2	100	27	58	99	100	86	13	91	42	55
Arusha	43	40	4	83	51	71	83	83	92	15	92	29	39
Kilimanjaro	53	29	30	85	77	90	72	100	99	20	99	17	50
Tanga	31	66	22	99	42	80	94	99	97	20	99	29	50
Morogoro	41	64	15	99	76	87	100	100	74	13	80	30	55
Pwani	44	71	8	79	63	93	98	100	70	13	71	36	36
Dar es Salaam	34	24	4	90	72	81	98	100	62	16	62	89	50
Lindi	46	53	3	100	70	89	89	100	90	4	90	30	35
Mtwara	66	59	4	89	69	95	95	95	49	12	55	13	34
Ruvuma	65	37	15	90	64	84	89	95	89	16	94	28	45
Iringa	60	37	4	94	100	100	77	100	83	11	83	24	37
Mbeya	21	21	8	94	69	82	93	94	94	12	94	16	68
Singida	30	7	13	100	47	77	100	92	90	8	92	15	28
Tabora	10	56	11	95	35	68	90	81	94	21	95	58	48
Rukwa	39	73	5	100	66	76	84	100	97	6	99	27	32
Kigoma	22	10	7	100	41	68	99	95	80	11	80	9	41
Shinyanga	24	49	9	100	57	65	100	100	93	8	93	31	26
Kagera	26	72	19	100	91	94	100	99	74	24	74	19	43
Mwanza	30	48	16	100	67	71	92	100	65	13	66	28	46
Mara	27	48	3	98	63	69	100	100	90	17	90	24	39
Manyara	34	21	8	95	50	79	99	100	67	6	67	35	25
Njombe	48	39	5	100	81	88	87	94	88	5	89	10	36
Katavi	25	56	8	94	80	85	96	100	92	13	92	26	10
Simiyu	19	58	1	100	73	75	100	100	84	13	89	24	27
Geita	22	64	2	93	68	77	84	100	85	28	93	19	19
Zanzibar average/total	14	23	90	58	4	4	4	63	76	17	84	38	31
Unguja average/total	18	27	91	63	1	4	4	48	74	23	86	52	18
Kaskazini Unguja	17	52	100	72	4	0	4	11	88	7	92	39	5
Kusini Unguja	39	39	100	76	0	10	10	72	90	5	93	65	6
Mjini Magharibi	0	0	77	44	0	2	0	51	51	49	75	50	7
Pemba average/total	10	19	89	52	8	4	4	82	78	9	81	19	13
Kaskazini Pemba	8	30	92	36	4	4	0	73	86	8	88	12	7
Kusini Pemba	11	6	85	71	12	4	8	92	69	9	72	27	6
National average/total	35	43	12	94	61	78	90	96	83	14	85	30	1,005

Notes:
- See Table 6.1 for information on the proportion of all facilities offering antenatal care services
- IPTp = Intermittent preventive treatment of malaria during pregnancy; SP = sulfadoxine/pyrimethamine (Fansidar)

[1] At least one interviewed provider of ANC services reported 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 reported 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: For Zanzibar facilities, only ARTE-AMO tablets are included; for all other facilities, either ALU or ARTE-AMO tablets are included.
[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.

6.8.2 MALARIA-RELATED INTERVENTIONS DURING ANC VISITS

Pregnant women need to know the importance of preventing malaria and how to do so, specifically by sleeping under an ITN and by taking Fansidar for IPTp. In addition, they should be supplied with the net and the medication for IPTp (sulfadoxine/pyrimethamine). Table 6.18 and Appendix Tables A-6.18.1 through A-6.18.2 show how often these aspects of malaria prevention took place during observed ANC consultations. Information is presented separately for all observed ANC clients, for first-visit clients, and for follow-up clients.

Of the 1,853 first-visit ANC consultations observed, only 11 percent included discussion of the importance of ITNs in malaria prevention, and only two percent of ANC clients were either given an ITN or directed to obtain an ITN elsewhere in the facility.

In about half of first-visit ANC consultations (47 percent), a provider gave or prescribed IPTp to the ANC client. First-visit ANC clients visiting hospitals were more likely to be given or prescribed IPTp than those visiting other facility types. In 40 percent of consultations, the first-visit ANC client was explained the purpose of IPTp, and in 20 percent of consultations the client actually took a dose of SP in the presence of a provider, following the directly observed therapy (DOT) approach to assuring compliance with a medication regimen.

In Zanzibar, the IPTp intervention during ANC visits is no longer offered because of low malaria prevalence in the general population and among pregnant women. The prevalence of asymptomatic infection in the general population has declined from above 25 percent in 2005 to less than one percent in 2010. The incidence of confirmed malaria cases reported by health facilities for all age groups declined from 8 malaria cases per 1,000 population in 2005 to 2 malaria cases per 1,000 population in 2012 (MOH, 2013).

Table 6.18 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: Facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussions on specific preventive interventions related to the use of insecticide-treated bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), by facility type and managing authority, according to ANC visit status, Tanzania SPA 2014-15

	Facility type				Managing authority				
Components of consultation	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
FIRST-VISIT ANC CLIENT									
Importance of using ITN explained	8	11	11	29	11	8	0	6	11
Client given ITN or directed to obtain elsewhere in facility	1	1	3	29	3	1	0	1	2
Provider gave or prescribed IPTp	58	49	45	47	47	26	37	55	47
Provider explained purpose of IPTp	50	39	38	48	41	27	29	41	40
Dose of SP ingested in presence of provider	30	20	18	16	19	8	0	33	20
Number of ANC clients	264	336	1,249	3	1,519	75	4	255	1,853

(Continued…)

Table 6.18—*Continued*

Components of consultation	Facility type				Managing authority				National average/total
	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	
FOLLOW-UP VISIT ANC CLIENT									
Importance of using ITN explained	6	8	10	58	10	11	7	4	9
Client given ITN or directed to obtain elsewhere in facility	0	0	1	29	1	3	0	0	1
Provider gave or prescribed IPTp	46	49	37	17	40	45	62	40	41
Provider explained purpose of IPTp	38	35	28	6	32	28	57	29	31
Dose of SP ingested in presence of provider	19	22	12	13	15	10	29	19	15
Number of ANC clients	371	391	1,382	10	1,730	104	10	310	2,154
ALL OBSERVED ANC CLIENTS									
Importance of using ITN explained	7	9	10	51	11	10	5	5	10
Client given ITN or directed to obtain elsewhere in facility	1	1	2	29	2	2	0	0	1
Provider gave or prescribed IPTp	51	49	41	25	44	37	55	47	44
Provider explained purpose of IPTp	43	37	33	16	36	27	48	34	35
Dose of SP ingested in presence of provider	24	21	15	13	17	9	20	25	18
Number of ANC clients	635	727	2,631	14	3,249	179	14	565	4,007

Notes:
- Additional results for Table 6.18 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-6.18.1, A-6.18.2 and A-6.18.3
- SP = sulfadoxine/pyrimethamine (Fansidar)

6.8.3 Malaria-related Training

Less than 50 percent of interviewed ANC providers had ever received training on some aspect of malaria in pregnancy—diagnosis of malaria, how to perform a malaria RDT, or case management and treatment of malaria (Table 6.19). Less than 20 percent of interviewed ANC providers reported that they had received training in any of these topics in the 24 months preceding the survey.

Table 6.19 Malaria training for antenatal care service providers

Among interviewed providers of ANC services, the percentages who report receiving in-service training on topics related to malaria during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed ANC providers who reported receiving in-service training on:						Number of interviewed ANC service providers[1]
	Diagnosing malaria		How to perform malaria rapid diagnostic test		Case management/ treatment of malaria		
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Facility type							
Hospital	15	34	13	25	15	36	705
Health centre	22	41	18	31	20	40	872
Dispensary	20	45	18	41	15	39	2,648
Clinic	18	32	18	30	10	26	26
Managing authority							
Government	20	45	18	39	16	40	3,231
Private-for-profit	10	25	10	21	10	22	259
Parastatal	14	23	11	19	12	24	34
Faith-based	19	36	15	28	18	40	726
Residence: Tanzania							
Total urban	14	34	12	26	12	33	1,215
Total rural	21	46	19	40	18	41	3,036
Residence: Mainland/ Zanzibar							
Mainland urban	14	34	12	26	13	34	1,177
Mainland rural	21	45	18	40	18	41	2,965
Zanzibar urban	20	28	18	23	2	19	38
Zanzibar rural	53	74	52	69	20	42	71
Region							
Mainland average/total	19	42	17	36	16	39	4,142
Dodoma	11	31	9	27	12	30	248
Arusha	21	39	19	29	21	38	195
Kilimanjaro	16	49	15	38	9	41	234
Tanga	26	47	25	38	13	34	226
Morogoro	20	44	16	40	25	44	287
Pwani	29	42	26	36	38	52	148
Dar es Salaam	5	21	5	20	5	20	267
Lindi	28	46	25	39	21	44	142
Mtwara	35	58	28	52	27	55	147
Ruvuma	16	35	15	26	4	36	207
Iringa	14	38	13	31	9	44	159
Mbeya	10	44	7	39	8	30	222
Singida	7	39	7	37	7	38	116
Tabora	12	40	10	29	15	40	169
Rukwa	27	50	22	49	21	45	115
Kigoma	8	53	7	48	5	50	137
Shinyanga	18	38	18	29	20	33	101
Kagera	40	64	37	58	30	53	240
Mwanza	18	31	12	21	21	31	198
Mara	22	38	18	33	22	36	142
Manyara	11	39	9	35	6	31	101
Njombe	10	47	10	44	14	49	127
Katavi	17	44	15	38	10	36	42
Simiyu	31	47	29	43	31	49	96
Geita	25	38	24	32	24	35	76
Zanzibar average/total	41	58	40	53	13	34	109
Unguja average/total	35	44	34	41	12	33	61
Kaskazini Unguja	46	68	46	63	25	46	15
Kusini Unguja	46	53	41	46	21	43	17
Mjini Magharibi	24	28	24	28	0	20	30
Pemba average/total	49	74	47	68	15	36	48
Kaskazini Pemba	49	80	46	72	22	38	26
Kusini Pemba	49	67	49	64	6	33	22
National average/total	19	42	17	36	16	39	4,251

Note: Training refers to in-service training only. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[1] Includes only providers of ANC services in facilities that offer both ANC services and malaria diagnosis and/or treatment services.

DELIVERY AND NEWBORN CARE 7

Dr. Heavengton E. Mshiu

Key Findings

Service availability

- Three-quarters of all health facilities in Tanzania provide normal delivery services, a level unchanged from the 2006 TSPA. Normal delivery services are most frequently available in hospitals and health centres, and two-thirds of dispensaries. Clinics are least likely to provide these services. Caesarean delivery services are almost exclusively provided in hospitals, similar to findings the 2006 findings.
- Six of ten facilities that offer normal delivery services had a provider of delivery care available on-site or on-call 24 hours a day; however, just three in ten of these facilities had a duty schedule of 24-hour staff available on the day of the survey.
- Injectable uterotonic was available at the service site in about eight of ten facilities that offer normal delivery services, an improvement since 2006 when only 1 in10 facilities had injectable uterotonic available at the service site.

Services readiness

- Guidelines on delivery care were available in only three of ten facilities that offer normal delivery services, and only about one-quarter of facilities had at least one staff who had received relevant in-service training in delivery care recently.
- Providers' reports suggest that in-service trainings in delivery care and immediate newborn care have not been widely received. Training in neonatal resuscitation was the most commonly reported training received by interviewed providers of delivery or newborn care services.
- Almost nine of ten facilities (87 percent) providing normal delivery services had at least one delivery pack available; dispensaries are less likely than other facility types to have a delivery pack.
- About six of ten facilities that provide normal delivery services had access to emergency transport.
- Regarding emergency obstetric and newborn care, nearly all facilities that offer normal delivery care had administered parenteral oxytocic in the three months before the assessment. Just half of the facility had carried out neonatal resuscitation.
- Among priority medicines for mothers, benzathine benzyl penicillin and sodium chloride injectable solution were the only medicines widely available on the day of the survey. Most other priority medicines were generally lacking.

Infection control

- Slightly less than two-thirds of facilities had supplies for hand hygiene, specifically soap and running water or else alcohol-based hand disinfectant at the service site on the day of the visit.

7.1 BACKGROUND

This chapter provides an overview of maternal and newborn health services in Tanzania. It highlights the key aspects of maternal and newborn care, including the availability of staff and services for safe delivery, management of obstetric complications, postnatal care (PNC), and newborn care practices in the facilities assessed.

The chapter explores the following key issues relating to provision of quality delivery and newborn care services at health facilities:

- **Background.** Section 7.1 presents a brief overview of status of maternal health in Tanzania.
- **Availability of services.** Section 7.2, including Table 7.1 and Figure 7.1, examines the availability of maternal health services as well as the availability of providers of delivery and newborn care services.
- **Service readiness.** Section 7.3, including Tables 7.2 through 7.4 and Figures 7.2 through 7.4, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality delivery and newborn care services, including the availability of basic amenities and equipment, essential medicines, infection control processes, and transport for emergencies.
- **Newborn care practices.** Section 7.4, including Table 7.5 and Appendix Table A-7.6.3, examines signal functions for emergency obstetric and newborn care, and newborn care practices in health facilities.
- **Basic management and administrative systems.** Section 7.5, including Tables 7.7 through 7.9, examines the management and administrative systems in place to support quality services, including in-service training for providers of delivery and newborn care.

7.1.1 Maternal Health Status and Health Care Utilization

Maternal mortality is defined as the death of a woman during pregnancy, childbirth, or in the 42 days after delivery due to causes directly or indirectly associated with the pregnancy. Maternal mortality remains a major challenge to health systems worldwide. According to a publication on behalf of the Maternal Mortality Working Group, some regions of the world have reduced maternal mortality somewhat since 1990, but maternal mortality ratios (maternal deaths per 100,000 live births) in sub-Saharan Africa have remained high, with little evidence of improvement (Hill et al., 2007).

The leading direct causes of maternal deaths in Tanzania are haemorrhage, complications of abortion, eclampsia, obstructed labour and infection. Major indirect causes are anaemia, malaria and HIV/AIDS. The maternal mortality ratio (MMR) for the 10-year period before the 2004-05 TDHS was estimated at 578 maternal deaths per 100,000 live births (confidence interval: 466-690). The maternal mortality ratio for the 10-year period before the 2010 TDHS was estimated at 454 maternal deaths per 100,000 live births (confidence interval: 353-556), which suggests a decline in maternal mortality in Tanzania. Although the confidence intervals for the two estimates overlap, the upper limit (556) of the 2010 TDHS MMR is lower than the 2004-05 TDHS MMR estimate (578), suggesting that maternal mortality in Tanzania may indeed have started to decline. Overall, for every 1,000 live births in Tanzania about four to five women die of pregnancy-related causes (NBS and ICF Macro, 2011).

Most of these maternal deaths could be prevented with quality emergency obstetric and newborn care, skilled attendance to women during labour, and delivery including postpartum care. In this regard, institutional delivery with effective and efficient referral system cannot be overemphasized. The 2010 TDHS estimates that 50 percent of all live births in the five years preceding the survey took place in a health facility. According to the same survey the neonatal mortality rate (probability of dying within the first month of life) for that period was 26 deaths per 1000 live births. Major causes of neonatal deaths are asphyxia, prematurity, infection, and congenital malformations. To address these problems, the *Helping Babies Breathe* initiative has been rolled out throughout the country. In addition, guidelines for preterm labour, including antenatal corticosteroids, have been developed.

7.2 AVAILABILITY OF DELIVERY AND NEWBORN CARE SERVICES

The 2014-15 TSPA findings show that three-quarters (76 percent) of all health facilities in Tanzania provide normal delivery services (Table 7.1 and Figure 7.1). This level is similar to the 74 percent of facilities providing normal delivery services in the 2006 TSPA. Normal delivery services are most commonly provided in hospitals (94 percent), health centres (85 percent) and dispensaries (75 percent). As expected, clinics are least likely to provide these services. Nine in ten government facilities and three-quarters of faith-based facilities provide normal delivery services, as in the 2006 TSPA.

The difference between Tanzania Mainland and Zanzibar is substantial; 78 percent of Tanzania Mainland health facilities provide normal delivery services compared with only 17 percent of Zanzibar health facilities.

In general, caesarean delivery services are available in only four percent of all facilities, similar to the availability of such services in 2006. Caesarean delivery services are available almost exclusively in hospitals (84 percent) and in about 11 percent of health centres (Table 7.1). Ninety-six percent of hospitals provided caesarean delivery services in 2006.

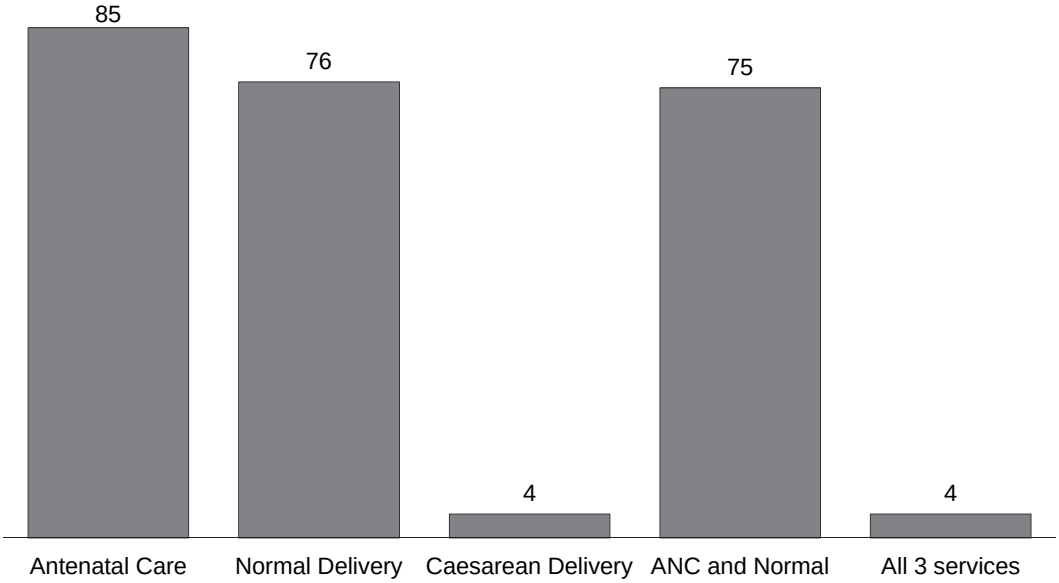
The 2014-15 TSPA assessed the availability of providers of delivery care on-site or on-call 24-hours a day. Six of ten facilities that offer normal delivery services report that they have a provider of delivery care available on-site or on-call 24 hours a day. However, just three of ten facilities (28 percent) had a duty schedule available on the day of the survey. Hospitals (98 percent), and health centres (83 percent) are the facilities most likely to have a provider of delivery care available and have a duty schedule; dispensaries are least likely. These findings are similar to those from the 2006 TSPA, which found that 56 percent of facilities that offer labour and delivery services reported having a provider of delivery care available 24 hours a day but only 24 percent had a duty schedule available to support the claim. At the time (2006), almost all hospitals (99 percent) and 74 percent of health centres had a provider of delivery care available and a duty schedule (table not shown).

Table 7.1 Availability of maternal health services

Among all facilities, the percentages offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages 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 services	Caesarean delivery	ANC and normal delivery services	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
Clinic	30	26	0	24	0	21	41	72	5
Managing authority									
Government	96	88	3	87	3	857	25	56	756
Private-for-profit	36	20	6	18	6	163	70	95	33
Parastatal	17	11	4	11	4	21	82	100	2
Faith-based	81	77	12	73	12	148	39	72	113
Residence: Tanzania									
Total urban	59	41	10	39	9	324	49	72	132
Total rural	94	89	2	88	2	864	25	58	773
Residence: Mainland/ Zanzibar									
Mainland urban	60	43	10	41	9	306	49	72	131
Mainland rural	94	91	2	90	2	838	25	58	767
Zanzibar urban	43	7	6	7	6	18	50	100	1
Zanzibar rural	90	23	1	23	1	26	17	19	6
Region									
Mainland average/total	85	78	5	77	4	1,144	28	60	897
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
Morogoro	90	89	5	88	5	61	27	33	54
Pwani	80	84	3	80	3	45	10	21	38
Dar es Salaam	52	23	7	22	6	96	60	98	22
Lindi	100	90	5	90	5	35	23	48	32
Mtwara	98	99	2	98	2	35	14	40	35
Ruvuma	95	85	4	85	4	47	13	21	40
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
Zanzibar average/total	70	17	3	17	3	44	23	34	7
Unguja average/total	61	11	3	11	3	29	40	55	3
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
Pemba average/total	88	27	3	27	3	15	8	17	4
Kaskazini Pemba	87	31	2	31	2	8	7	14	2
Kusini Pemba	89	22	5	22	5	7	11	21	2
National average/total	85	76	4	75	4	1,188	28	60	905

Figure 7.1 **Availability of maternal health services**



7.3 SERVICE READINESS

7.3.1 Service Guidelines, Trained Staff, and Equipment for Delivery Services

The quality of delivery services depends partly on the availability of staff with up-to-date training, service guidelines, and certain basic equipment, medicines and supplies.

Service Guidelines

On average, 30 percent of facilities that offer normal delivery services had guidelines related to delivery and newborn care (guidelines on BEmONC or CEmONC) available on the day of the survey. Health centres are slightly more likely than hospitals and other facility types to have guidelines on delivery and newborn care. In 2006, only seven percent of facilities offering normal delivery services had any guidelines or protocols on delivery available on the day of the survey.

Trained Staff

About one-quarter of facilities offering normal delivery services have at least one interviewed provider of delivery and newborn care services who has received recent in-service training in labour and delivery care (Table 7.2 and Figure 7.2).

Table 7.2 Guidelines, trained staff, and equipment for delivery services

Among facilities offering normal delivery services, the percentages 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

Background characteristics	Percentage of facilities offering normal delivery services that have:												Number of facilities offering normal delivery services
	Guide-lines on BEmONC or CEmONC[1]	Guide-lines on newborn care	Staff trained in IMPAC, CEmONC or EmOC[2]	Emer-gency transport[3]	Examina-tion light[4]	Delivery pack[5]	Suction appara-tus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit[6]	Neonatal bag and mask	Parto-graph[7]	Gloves[8]	
Facility type													
Hospital	44	69	37	93	54	98	79	52	40	97	96	100	44
Health centre	51	65	42	75	28	90	46	12	24	84	80	89	109
Dispensary	26	59	20	58	10	86	16	2	3	74	52	85	746
Clinic	15	44	29	59	73	100	33	6	15	73	41	90	5
Managing authority													
Government	30	60	23	59	9	85	19	4	6	75	57	85	756
Private-for- profit	20	39	16	75	60	100	48	14	16	75	60	98	33
Parastatal	29	74	15	100	55	100	51	29	22	82	82	82	2
Faith-based	33	66	24	72	35	94	42	12	14	81	59	93	113
Residence: Tanzania													
Total urban	32	61	23	58	38	94	46	18	17	86	68	92	132
Total rural	29	60	23	62	10	86	19	3	6	74	56	85	773
Residence: Mainland/ Zanzibar													
Mainland urban	31	61	23	57	38	95	46	17	16	86	68	92	131
Mainland rural	30	60	23	63	10	86	19	3	6	75	56	85	767
Zanzibar urban	75	50	0	100	63	63	88	63	38	88	75	100	1
Zanzibar rural	26	53	6	33	28	52	28	3	22	38	58	96	6
Region													
Mainland average/total	30	60	23	62	14	87	23	5	7	76	57	86	897
Dodoma	13	22	22	67	3	77	28	2	3	69	35	94	47
Arusha	44	89	42	84	20	77	22	7	13	98	53	77	26
Kilimanjaro	55	79	12	62	35	91	32	4	14	89	90	98	36
Tanga	21	81	41	63	11	88	24	10	5	100	74	86	47
Morogoro	27	69	17	43	13	83	20	10	4	87	55	71	54
Pwani	65	65	32	53	20	89	7	5	14	89	61	100	38
Dar es Salaam	44	55	14	56	71	100	57	14	13	93	71	100	22
Lindi	50	97	44	32	8	86	10	2	1	100	76	89	32
Mtwara	17	59	7	40	13	84	34	2	3	68	77	72	35
Ruvuma	18	85	15	68	9	83	21	2	5	94	83	100	40
Iringa	52	93	18	45	6	100	23	2	8	94	76	89	37
Mbeya	4	53	20	55	20	92	33	2	1	86	41	99	64
Singida	19	41	17	92	4	100	11	6	8	100	68	93	32
Tabora	56	84	50	58	13	100	28	2	18	66	81	74	46
Rukwa	61	44	42	88	48	100	3	3	1	75	73	51	30
Kigoma	25	70	14	58	1	74	23	6	6	89	37	73	39
Shinyanga	16	11	7	60	2	75	31	2	9	27	81	87	28
Kagera	15	9	16	78	5	94	19	14	7	34	61	67	43
Mwanza	33	36	38	75	22	78	22	16	14	56	31	89	41
Mara	8	66	2	75	15	71	24	3	12	35	33	99	40
Manyara	28	42	23	81	15	100	10	5	2	97	31	99	25
Njombe	24	84	33	15	4	95	24	1	3	94	27	89	38
Katavi	18	69	25	94	0	100	35	0	0	16	55	77	9
Simiyu	24	44	14	88	3	69	10	3	12	31	23	90	29
Geita	36	50	13	63	1	84	23	3	11	71	55	83	19
Zanzibar average/total	35	53	5	45	34	54	39	14	25	47	61	97	7
Unguja average/total	43	50	10	73	43	95	58	15	28	60	90	100	3
Kaskazini Unguja	22	65	11	43	32	100	43	11	22	65	100	100	2
Kusini Unguja	70	46	15	100	54	100	70	0	54	46	85	100	1
Mjini Magharibi	50	25	0	100	50	75	75	50	0	75	75	100	1
Pemba average/total	28	55	0	21	27	19	23	12	22	36	37	94	4
Kaskazini Pemba	24	57	0	14	7	17	14	7	7	14	14	90	2
Kusini Pemba	34	52	0	34	59	23	37	21	46	71	73	100	2
National average/total	30	60	23	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 (2015).

[1] 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 (Integrated Management of Pregnancy and Childbirth) or CEmONC 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 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

Equipment

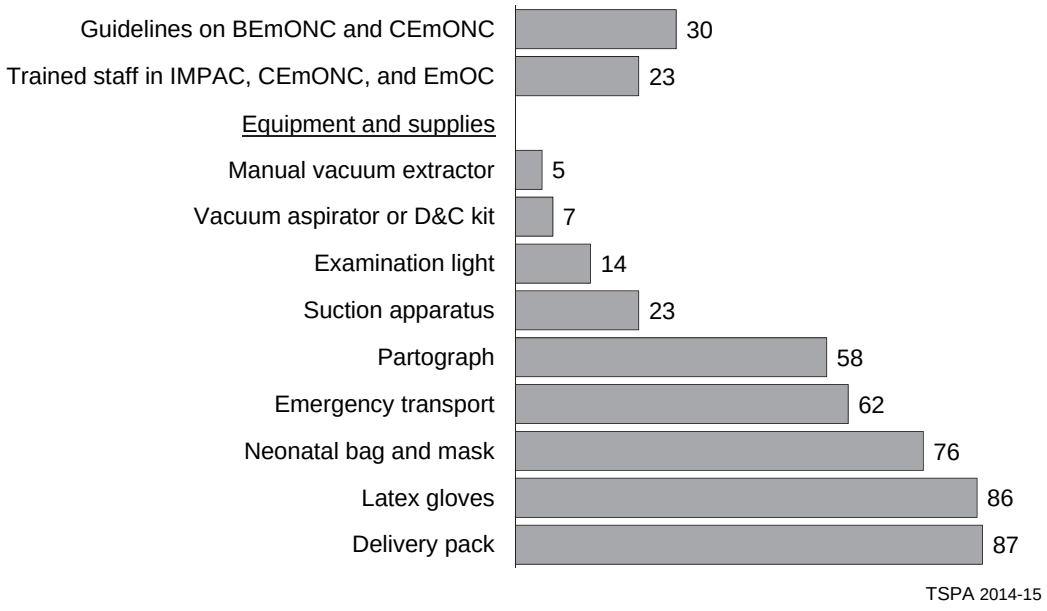
About six of ten facilities (62 percent) that offer normal delivery services have access to emergency transport—a crucial factor in responding quickly to unexpected complications during labour and delivery. On the day of the survey, almost nine of ten (87 percent) facilities providing normal delivery services had at least one delivery pack available; dispensaries are less likely than the other facility types to have a delivery pack even though they make up the majority of facilities (in terms of absolute numbers) that offer normal delivery services. Bag and mask for neonatal resuscitation are available in a large proportion of facilities, including 97 percent of hospitals, 84 percent of health centres, and 74 percent of dispensaries.

The partograph, a document used to monitor an individual woman's labour, is promoted internationally as a way to improve the quality of care. It helps providers make appropriate and timely decisions based on the progress of labour at every stage. Fifty-eight percent of facilities (including 96 percent of hospitals, 80 percent of health centres, and 52 percent of dispensaries) had a blank partograph available on the day of the survey at the delivery service site. In 2006, 62 percent of facilities had a blank partograph at the service site.

Equipment, such as an examination light (available in 14 percent of facilities), suction apparatus for mucus extraction (available in 23 percent of facilities), vacuum extractor for assisted delivery (available in 5 percent of facilities), and vacuum aspirator or D&C kit for post abortion care (available in 7 percent of facilities) were less likely to be available in the facilities that offer normal delivery services.

Overall, hospitals are more likely than other facility types to have each of the nine pieces of basic equipment for routine delivery available, even equipment that is not widely available. For example, 52 percent of hospitals had a vacuum extractor while 40 percent had either a vacuum aspirator or a D&C kit. These findings show a decline since the 2006 TSPA, which found that 59 percent of hospitals had a vacuum extractor, 47 percent had a vacuum aspirator, and 42 percent had a D&C kit.

Figure 7.2 **Items to support quality provision of delivery services**



7.3.2 Medicines and Commodities for Delivery and Newborn Care

Table 7.3 and Appendix Tables A-7.3.1 through A-7.3.3 as well as Figure 7.3 provide information on the availability of essential medicines and commodities for care during labour and delivery, essential medicines for newborns, and priority medicines for mothers.

Table 7.3 Medicines and commodities for delivery and newborn care: Facility type and managing authority

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Medicines	Hospital	Health centre	Dispensary	Clinic	Govern-ment	Private-for-profit	Parastatal	Faith-based	National average/total
Essential medicines for delivery[1]									
Injectable uterotonic (oxytocin)[2]	97	88	76	94	79	78	82	79	79
Injectable antibiotic[3]	53	36	30	35	32	34	36	30	32
Injectable magnesium sulphate[2]	87	67	34	39	39	53	75	46	41
Injectable diazepam	76	57	54	64	55	64	57	52	55
Skin disinfectant	81	72	58	68	59	82	80	68	61
Intravenous fluids with infusion set[4]	86	69	43	84	45	63	64	68	48
Essential medicines for newborns									
Antibiotic eye ointment for newborn[1]	46	34	26	65	24	49	55	47	28
4% chlorhexidine[1]	18	14	11	16	11	7	13	16	12
Injectable gentamicin[2]	81	52	23	88	22	79	93	67	30
Ceftriaxone powder for injection	83	69	53	76	56	74	68	56	57
Amoxicillin suspension	85	73	60	73	60	67	82	77	63
Priority medicines for mothers[5]									
Sodium chloride injectable solution	89	86	78	80	78	89	100	83	79
Injectable calcium gluconate	26	6	2	8	3	10	7	10	4
Ampicillin powder for injection	66	35	12	13	13	33	49	42	17
Injectable metronidazole	83	38	8	54	9	57	57	42	15
Misoprostol capsules or tablets	44	15	4	32	5	23	47	16	7
Azithromycin capsules or tablets or oral liquid	53	26	14	43	15	49	60	20	17
Cefixime capsules or tablets	16	6	3	28	3	14	39	10	4
Benzathine benzyl penicillin powder for injection	79	81	76	72	80	72	68	61	77
Injectable betamethasone/ dexamethasone	54	10	1	25	2	35	42	15	5
Nifedipine capsules or tablets	85	41	12	51	13	57	69	51	20
Number of facilities offering normal delivery services	44	109	746	5	756	33	2	113	905

Notes:

- Additional results for Table 7.3 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-7.3.1, A-7.3.2 and A-7.3.3.
- The essential medicines and antibiotic eye ointment for children presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2015).

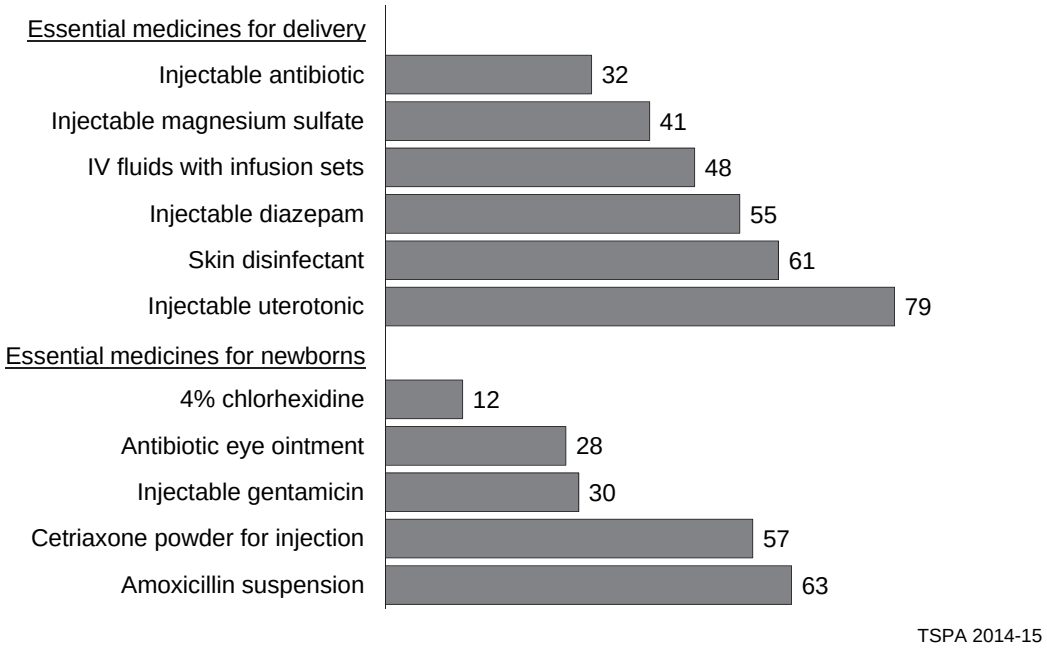
[1] All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.
[2] Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers.
[3] Injectable penicillin, injectable gentamycin, injectable ampicillin, or injectable ceftriaxone
[4] Normal saline solution, lactated Ringer's solution, or 5% dextrose solution
[5]The priority medicines for mothers are defined by WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf

Medicines for Delivery Care

Among essential medicines for care during labour and delivery, injectable uterotonic (oxytocin) was available in the majority (79 percent) of facilities. It was more available in hospitals (97 percent) and clinics (94 percent) than in other facility types. In comparison, only one in ten facilities had injectable uterotonic available at the service site in 2006. Magnesium sulphate was generally available in four of ten facilities, including 87 percent of hospitals and 67 percent of health centres. Injectable antibiotics were available in only a one-third of facilities with hospitals being more likely to have them. Intravenous fluids with infusion sets were more commonly available in hospitals (86 percent) than in health centres (69 percent) and dispensaries (43 percent). Overall, six of ten facilities had skin disinfectant (compared with 77 percent in 2006), while 55 percent had

injectable diazepam. Each of these essential medicines for care during labour and delivery is more likely to be available in hospitals than other facility types, and more likely to be at the service site on the day of the assessment visit.

Figure 7.3 **Medicines and commodities for delivery and newborn care**



Essential Medicines for Newborns

Essential medicines for newborns are not widely available at health facilities. For example, on the day of the assessment only 28 percent of facilities that offer normal delivery services had antibiotic eye ointment available. The essential medicines most widely available are amoxicillin suspension and ceftriaxone powder for injection, available in 63 percent and 57 percent of facilities, respectively. Only about three of ten facilities have injectable gentamycin. Chlorhexidine ointment for cord care is available in even fewer facilities (12 percent).

Priority Medicines for Mothers

The most widely available priority medicines for mothers are normal saline solution and benzathine benzyl penicillin powder for injection, each of which is available in more than seven of ten facilities (Table 7.3). The other priority medicines are available in not more than 20 percent of facilities. For these other priority medicines, hospitals are more likely to have them available than other facility types.

7.3.3 Infection Control

Infection control is vital during delivery care. Nearly all facilities that offer normal delivery services had sharps containers on the day of the assessment visit and more than eight of ten had latex gloves available. Two-thirds of facilities had supplies for hand hygiene, specifically soap and running water or else alcohol-based hand disinfectant at the service site on the day of the visit (Table 7.4 and Figure 7.4). Hospitals and clinics that offer normal delivery services are more likely to have supplies for hand hygiene. Government facilities are comparatively less likely to have these supplies.

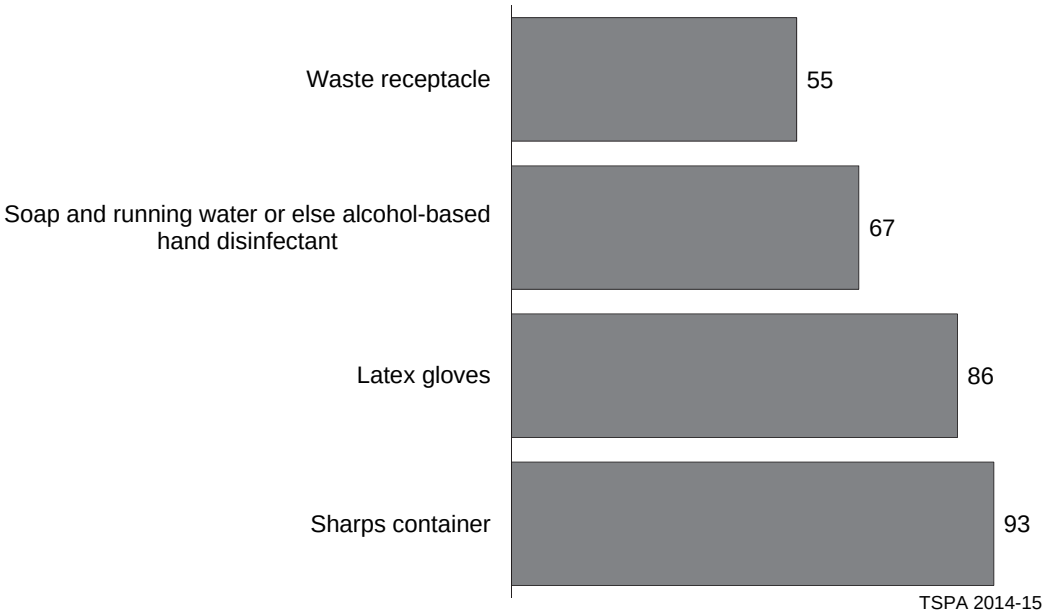
Table 7.4 Items for infection control during provision of delivery care

Among facilities offering normal delivery services, the percentages 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

Background characteristics	Percentage of facilities offering normal delivery services that have items for infection control								Number of facilities offering normal delivery services
	Soap	Running water[1]	Soap and running water	Alcohol based hand disinfectant	Soap and running water or else alcohol based and disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	
Facility type									
Hospital	94	97	93	39	94	100	97	69	44
Health centre	80	85	75	27	79	89	96	63	109
Dispensary	65	67	57	21	64	85	92	52	746
Clinic	86	90	86	58	90	90	89	89	5
Managing authority									
Government	65	68	57	19	64	85	92	53	756
Private-for-profit	84	86	84	35	85	98	94	71	33
Parastatal	100	100	100	22	100	82	100	71	2
Faith-based	87	84	79	41	85	93	96	61	113
Residence: Tanzania									
Total urban	83	82	77	30	82	92	95	70	132
Total rural	66	69	58	21	65	85	92	52	773
Residence: Mainland/ Zanzibar									
Mainland urban	83	82	77	30	82	92	95	70	131
Mainland rural	66	69	58	21	65	85	92	52	767
Zanzibar urban	100	100	100	38	100	100	88	75	1
Zanzibar rural	83	87	74	29	83	96	96	60	6
Region									
Mainland									
average/total	68	71	61	22	67	86	93	54	897
Dodoma	41	47	36	0	36	94	90	8	47
Arusha	94	98	94	45	94	77	99	92	26
Kilimanjaro	90	91	81	42	82	98	99	68	36
Tanga	74	81	67	20	67	86	88	43	47
Morogoro	72	66	55	38	78	71	83	42	54
Pwani	71	78	66	22	77	100	100	22	38
Dar es Salaam	98	100	98	15	98	100	97	95	22
Lindi	53	64	53	6	53	89	100	60	32
Mtwara	57	83	57	10	62	72	90	67	35
Ruvuma	89	94	89	19	89	100	100	57	40
Iringa	83	82	82	35	82	89	99	68	37
Mbeya	65	78	64	19	71	99	99	59	64
Singida	68	54	54	36	54	93	81	55	32
Tabora	49	45	34	31	53	74	91	74	46
Rukwa	86	89	86	12	92	51	84	42	30
Kigoma	49	47	39	2	40	73	75	44	39
Shinyanga	37	43	30	23	37	87	99	86	28
Kagera	59	51	43	15	52	67	100	57	43
Mwanza	62	81	53	20	53	89	99	55	41
Mara	65	52	44	43	66	99	86	32	40
Manyara	67	58	58	58	75	99	90	63	25
Njombe	92	93	92	3	92	89	94	70	38
Katavi	63	81	59	9	59	77	95	12	9
Simiyu	80	81	71	23	75	90	95	39	29
Geita	54	55	45	14	54	83	93	79	19
Zanzibar average/total	86	89	79	30	86	97	94	63	7
Unguja average/total	95	90	85	45	95	100	95	62	3
Kaskazini Unguja	89	78	68	54	89	100	100	68	2
Kusini Unguja	100	100	100	46	100	100	100	61	1
Mjini Magharibi	100	100	100	25	100	100	75	50	1
Pemba average/total	79	89	74	18	79	94	94	64	4
Kaskazini Pemba	90	90	90	0	90	90	90	67	2
Kusini Pemba	62	87	50	46	62	100	100	59	2
National average/total	68	71	61	22	67	86	93	55	905

[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

Figure 7.4 **Items for infection control in delivery service area**



7.4 NEWBORN CARE PRACTICES

7.4.1 Signal Functions for Emergency Obstetric and Newborn Care

Complications of labour and delivery can be expected to occur in a certain percentage of deliveries. However, it is usually not possible to predict which women will experience any of these complications. Therefore, facilities that offer normal delivery services should be prepared to provide the most important interventions—commonly called emergency obstetric and newborn care (EmONC) signal functions—to manage complications as they occur. The availability of these signal functions in a health facility reflects the ability of the facility to respond to obstetric complications. The *availability* and *density* of facilities capable of providing EmONC care are proposed as useful health system output indicators for monitoring progress towards full availability of services to reduce maternal mortality (WHO, 2009). Table 7.5 reports on the performance of the signal functions in facilities that offer normal delivery services. Facilities are considered *basic* emergency obstetric and newborn care (BEmONC) facilities if they provided the first seven signal functions[1] over a designated three-month period; they are considered *comprehensive* emergency obstetric and newborn care (CEmONC) facilities if they provided all nine signal functions in the last three months.

Eight of ten facilities that offer normal delivery services had administered parenteral oxytocic at least once during the three months preceding the assessment. Dispensaries are less likely than other facility types to have administered parenteral oxytocic at least once during that period. Seven of ten facilities had carried out assisted vaginal delivery and half had carried out neonatal resuscitation at least once during the three months preceding the survey. Less common were administration of parenteral antibiotics, parenteral anticonvulsants, manual removal of placenta, and removal of retained products of conception.

[1] Previously, BEmONC was defined as six signal functions; recently, newborn resuscitation was added. The signal functions are listed in order, from left to right, in the column headings of Table 7.5.

Blood transfusion and caesarean delivery are rare except in hospitals because hospitals are most likely to perform each of the nine signal functions.

Table 7.5 Signal functions for emergency obstetric care

Among facilities offering normal delivery services, percentages reporting that they performed the signal functions for emergency obstetric care at least once during the three months before the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:						Number of facilities offering normal delivery services
	Antibiotics	Oxytocic	Anticon-vulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resus-citation	Blood transfusion	Caesarean delivery	
Facility type										
Hospital	84	97	78	89	70	69	92	78	87	44
Health centre	60	91	32	73	45	51	73	9	12	109
Dispensary	27	82	7	68	30	31	47	0	0	746
Clinic	62	94	8	65	17	22	38	0	0	5
Managing authority										
Government	32	84	11	69	33	35	51	3	3	756
Private-for-profit	61	93	18	62	19	30	48	18	26	33
Parastatal	67	100	46	75	40	55	93	36	36	2
Faith-based	39	80	28	72	45	40	62	13	15	113
Residence: Tanzania										
Total urban	43	77	24	73	38	33	58	21	23	132
Total rural	33	85	11	69	33	36	51	2	3	773
Residence: Mainland/ Zanzibar										
Mainland urban	42	76	24	73	38	32	58	20	23	131
Mainland rural	33	85	11	69	33	36	51	2	3	767
Zanzibar urban	63	100	75	88	88	75	88	75	88	1
Zanzibar rural	16	91	7	18	8	21	26	6	6	6
Region										
Mainland average/total	34	84	13	70	34	35	52	5	6	897
Dodoma	45	79	5	100	42	45	36	3	4	47
Arusha	34	64	13	59	37	31	30	10	12	26
Kilimanjaro	35	97	19	88	35	25	39	5	7	36
Tanga	30	98	22	81	26	16	86	3	5	47
Morogoro	26	83	19	52	30	29	29	5	6	54
Pwani	15	83	18	54	17	11	39	3	4	38
Dar es Salaam	72	95	44	86	41	44	53	26	30	22
Lindi	35	83	6	74	66	44	67	4	5	32
Mtwara	19	100	5	77	54	27	50	3	2	35
Ruvuma	18	58	6	64	28	47	74	4	5	40
Iringa	27	82	14	55	38	40	75	2	4	37
Mbeya	39	92	7	41	19	3	66	4	5	64
Singida	41	100	16	55	22	73	69	4	5	32
Tabora	64	87	42	99	53	49	49	4	4	46
Rukwa	55	99	6	82	44	66	65	3	4	30
Kigoma	21	77	7	61	23	29	53	6	6	39
Shinyanga	21	86	7	74	17	26	29	4	4	28
Kagera	28	67	7	87	26	9	20	5	5	43
Mwanza	39	81	16	65	56	77	46	5	8	41
Mara	20	55	3	83	17	41	44	6	5	40
Manyara	74	100	26	69	46	88	91	3	4	25
Njombe	21	78	5	54	28	11	75	3	4	38
Katavi	37	100	12	72	37	57	22	4	4	9
Simiyu	26	90	4	55	34	43	31	2	2	29
Geita	41	71	9	77	40	17	48	5	5	19
Zanzibar average/total	24	92	19	31	23	31	37	18	20	7
Unguja average/total	30	83	15	40	30	53	48	20	30	3
Kaskazini Unguja	22	75	11	32	11	22	32	11	11	2
Kusini Unguja	15	85	0	30	30	85	54	15	15	1
Mjini Magharibi	75	100	50	75	75	75	75	50	100	1
Pemba average/total	19	100	23	23	17	12	28	17	12	4
Kaskazini Pemba	17	100	24	24	14	7	24	14	7	2
Kusini Pemba	23	100	21	21	21	21	34	21	21	2
National average/total	34	84	13	70	34	35	52	5	6	905

Note: MVA = manual vacuum aspiration

7.4.2 Routine Newborn Care

To ensure the survival of newborns, it is crucial to follow appropriate newborn care practices routinely, for every newborn. Facilities were asked if newborns and mothers delivering in their facilities underwent several routine practices.

More than 90 percent of facilities that offer normal delivery services reported that it is routine practice to deliver babies to the abdomen (skin-to-skin), dry and wrap newborns to keep them warm, initiate breastfeeding within the first one hour, and do a complete examination of newborns before discharge (Table 7.6). Overall, 84 percent of facilities weigh newborns immediately after delivery, 80 percent give oral polio vaccine prior to discharge, and about half give the newborns BCG vaccine prior to discharge. Only a third routinely apply tetracycline eye ointment and even fewer (21 percent) offered kangaroo mother care, mainly hospitals (66 percent) and health centers (45 percent). Only three percent of health facilities provided vitamin K to newborns.

Some unnecessary or undesirable practices are still carried out in a few facilities. About 13 percent of facilities report that they routinely suction the newborn with a catheter, a practice that may cause injury to the newborn, and may risk mother-to-child transmission of HIV infection. Other undesirable practices such as giving the newborn a full bath shortly after birth (2 percent) and giving prelacteal fluids to newborns (1 percent) are rate.

Table 7.6 Newborn care practices: Facility type and managing authority

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				National average/total
Newborn care practices	Hospital	Health centre	Dispensary	Clinic	Government	Private-for-profit	Parastatal	Faith-based	
Delivery to the abdomen (skin-to-skin)	98	95	93	77	94	94	82	94	94
Drying and wrapping newborns to keep warm	99	98	98	100	98	97	100	100	98
Kangaroo mother care	66	45	16	16	20	22	51	32	21
Initiation of breastfeeding within the first hour	98	98	98	100	98	96	100	100	98
Routine complete (head-to-toe) examination of newborns before discharge	93	93	92	97	92	85	100	96	92
Suctioning the newborn with catheter	37	21	10	7	10	31	15	29	13
Suctioning the newborn with suction bulb	61	51	44	35	45	42	60	53	46
Weighing the newborn immediately upon delivery	99	98	81	94	83	91	100	87	84
Administration of vitamin K to newborn	17	2	3	0	3	7	15	3	3
Applying tetracycline eye ointment to both eyes	48	37	31	62	29	51	72	48	33
Giving full bath shortly after birth[1]	6	3	2	0	2	2	7	4	2
Giving the newborn oral polio vaccine prior to discharge	89	84	80	38	82	57	74	77	80
Giving the newborn BCG prior to discharge	84	62	51	35	54	53	57	52	53
Giving the newborn prelacteal liquids	3	1	0	0	1	1	7	0	1
Number of facilities offering normal delivery services	44	109	746	5	756	33	2	113	905

Note: Additional results for Table 7.6 presented by region (Mainland/Zanzibar) and residence (urban/rural) are found in Appendix Tables A-7.6.1, A-7.6.2 and A-7.6.3.

[1] Immersing newborn in water within minutes/hours after birth

7.5 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Table 7.7 presents aggregate information on supervision and training received by interviewed providers of normal delivery or newborn care services in facilities that offer normal delivery services. Tables 7.8 and 7.9 report on in-service training related to specific topics in delivery care and immediate newborn care. A total of 3,958 providers of delivery or newborn services were interviewed.

7.5.1 Supervision

Supportive supervision helps to support and sustain providers' knowledge and skills. Personal supervision of providers of labour and delivery care is relatively common in Tanzania, with two-thirds (68 percent) of interviewed providers reporting that they had received personal supervision in the six months before the assessment (Table 7.7). Providers in hospitals are slightly less likely to report receiving personal supervision. Around 50 percent or less of interviewed providers in the following regions report receiving personal supervision: Dodoma, Morogoro, Pwani, Iringa, Mwanza, Njombe, Mjini Magharibi and Kusini Pemba.

Table 7.7 Supportive management for providers of delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of normal delivery or newborn care services
	Training related to delivery and/or newborn care during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Hospital	34	61	24	714
Health centre	40	67	29	854
Dispensary	39	71	30	2,367
Clinic	18	67	11	22
Managing authority				
Government	39	70	30	3,001
Private-for-profit	19	65	11	182
Parastatal	26	55	18	35
Faith-based	38	63	27	739
Residence: Tanzania				
Total urban	33	66	24	968
Total rural	40	69	30	2,990
Residence: Mainland/Zanzibar				
Mainland urban	33	66	24	955
Mainland rural	40	69	30	2,964
Zanzibar urban	37	49	22	12
Zanzibar rural	38	82	35	26
Region				
Mainland average/total	38	68	28	3,919
Dodoma	14	52	11	189
Arusha	55	72	42	156
Kilimanjaro	49	77	41	202
Tanga	60	57	35	235
Morogoro	41	53	22	286
Pwani	51	47	30	157
Dar es Salaam	16	74	13	173
Lindi	60	86	52	140
Mtwara	12	63	10	160
Ruvuma	56	80	49	195
Iringa	56	53	32	166
Mbeya	36	73	33	218
Singida	60	80	53	118
Tabora	42	62	39	142
Rukwa	24	97	24	113
Kigoma	75	85	68	133
Shinyanga	21	97	20	110
Kagera	32	79	24	237
Mwanza	29	49	19	182
Mara	3	74	3	158
Manyara	37	84	33	96

(Continued…)

Table 7.7—*Continued*

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of normal delivery or newborn care services
	Training related to delivery and/or newborn care during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months preceding the survey	
Region				
Njombe	41	45	15	131
Katavi	13	82	11	38
Simiyu	9	70	8	102
Geita	15	66	8	81
Zanzibar average/total	38	72	31	38
Unguja average/total	32	76	25	18
Kaskazini Unguja	41	92	36	8
Kusini Unguja	20	79	10	5
Mjini Magharibi	28	44	21	5
Pemba average/total	43	68	35	21
Kaskazini Pemba	68	84	59	9
Kusini Pemba	23	55	16	11
National average/total	38	68	28	3,958

[1] Training here 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] Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

7.5.2 Training

In-service trainings in maternal and newborn health care improve both knowledge and skills of health care providers. Only 38 percent of interviewed providers of normal delivery or newborn care services reported that they had received in-service training during the 24 months preceding the assessment. Providers in clinics as well as providers in parastatal facilities were least likely to have received recent training related to delivery and/or newborn care (Table 7.7).

Only three of ten interviewed providers reported that they had received both recent training and supervision. Providers at clinics were less likely to have received both recent training and supervision.

Training in delivery care

Regarding the specific in-service trainings received, providers' reports suggest that in-service training in delivery care has not been widely received. One-third of interviewed providers had received recent training in neonatal resuscitation (Table 7.8). One in ten providers or fewer had received recent training in any other topic related to delivery care.

Table 7.8 Training for providers of normal delivery services: Delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on specific topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:																Number of interviewed providers of normal delivery or newborn care services
	IMPAC		Comprehensive emergency obstetric care (CEmONC)		Emergency obstetric care (EmOC)/ lifesaving skills (LSS)		Any of IMPAC, CEmONC, EmOC		Routine care for labour and delivery		Active management of third stage of labour (AMTSL)		Post-abortion care		Neonatal resuscitation		
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Facility type																	
Hospital	7	13	6	17	11	22	12	25	11	21	12	22	8	17	29	40	714
Health centre	8	14	6	17	14	25	14	27	12	23	13	25	9	18	34	43	854
Dispensary	7	14	5	14	8	19	10	22	9	20	9	21	6	13	34	43	2,367
Clinic	7	17	7	16	12	26	12	31	17	29	17	29	11	22	12	23	22
Managing authority																	
Government	7	14	6	15	10	21	11	24	10	21	10	22	7	15	34	43	3,001
Private-for-profit	6	14	6	18	8	16	8	22	9	21	9	21	7	14	15	30	182
Parastatal	3	7	3	10	5	9	5	10	8	12	6	12	3	7	25	32	35
Faith-based	7	14	5	14	11	20	12	23	11	21	12	22	8	15	32	42	739
Residence: Tanzania																	
Total urban	6	11	4	15	8	18	9	21	8	18	9	18	5	12	30	40	968
Total rural	8	15	6	15	11	22	12	25	11	22	11	23	7	15	34	43	2,990
Residence: Mainland/ Zanzibar																	
Mainland urban	6	11	4	15	8	18	9	21	8	18	9	18	5	12	30	40	955
Mainland rural	8	15	6	15	11	22	12	25	11	22	11	23	7	15	34	43	2,964
Zanzibar urban	0	5	0	2	0	17	0	22	0	17	6	25	7	23	30	40	12
Zanzibar rural	2	6	1	8	2	14	3	16	2	13	3	20	5	17	30	45	26
Region																	
Mainland average/total	7	14	6	15	10	21	11	24	10	21	11	22	7	15	33	42	3,919
Dodoma	7	11	5	9	5	9	7	15	7	17	8	16	2	6	4	17	189
Arusha	11	13	8	14	11	18	14	22	14	19	14	20	8	13	53	55	156
Kilimanjaro	4	15	3	19	6	22	7	26	7	28	7	25	4	18	46	48	202
Tanga	10	16	8	16	11	18	15	26	13	21	11	20	5	12	55	61	235
Morogoro	4	9	4	10	6	15	6	15	5	16	7	20	3	9	37	42	286
Pwani	10	17	7	25	23	34	24	40	14	22	16	26	12	15	48	62	157
Dar es Salaam	3	11	1	14	4	16	4	22	5	22	5	22	3	15	13	35	173
Lindi	7	12	5	17	17	27	20	31	19	31	19	31	11	17	52	65	140
Mtwara	2	8	2	8	3	17	3	18	3	20	3	14	2	12	8	28	160
Ruvuma	4	11	4	18	5	25	5	26	5	18	6	20	3	13	49	55	195
Iringa	6	12	4	15	6	22	7	25	5	17	5	19	5	13	56	66	166
Mbeya	9	12	6	11	4	9	9	14	9	13	10	14	8	13	30	38	218
Singida	6	14	3	7	9	19	9	21	8	16	8	20	5	10	59	77	118
Tabora	26	38	25	44	31	45	32	48	32	45	32	46	27	39	37	48	142
Rukwa	9	13	6	17	20	29	20	29	18	29	19	31	8	14	19	27	113
Kigoma	4	17	1	13	6	35	7	37	7	32	7	27	5	15	74	76	133
Shinyanga	2	5	1	5	3	5	3	6	3	6	3	6	2	3	8	9	110
Kagera	6	14	5	22	19	33	19	34	13	27	16	31	13	24	19	33	237
Mwanza	14	19	13	17	20	27	20	28	20	27	20	27	19	26	21	28	182
Mara	0	4	0	5	1	5	1	6	1	5	1	5	0	4	2	4	158
Manyara	7	14	6	13	11	19	11	19	8	15	12	19	2	7	36	41	96
Njombe	18	30	13	23	15	31	20	34	18	34	17	32	12	25	39	59	131
Katavi	4	12	1	7	6	14	8	18	6	16	8	18	6	13	3	13	38
Simiyu	3	7	3	8	7	12	8	13	7	10	7	10	6	10	4	7	102
Geita	3	14	3	13	5	15	5	17	4	16	4	16	3	11	8	19	81
Zanzibar average/total	1	6	1	6	1	15	2	18	1	14	4	22	6	19	30	44	38
Unguja average/total	3	10	1	9	3	21	4	26	3	16	4	18	3	17	23	40	18
Kaskazini Unguja	3	6	0	4	3	15	6	18	3	7	3	10	3	6	29	44	8
Kusini Unguja	5	23	5	27	5	32	5	37	5	27	10	27	5	37	15	33	5
Mjini Magharibi	0	7	0	0	0	21	0	28	0	21	0	21	0	14	21	40	5
Pemba average/total	0	2	0	3	0	10	0	11	0	13	4	25	8	21	37	47	21
Kaskazini Pemba	0	4	0	0	0	11	0	11	0	17	0	25	10	25	65	75	9
Kusini Pemba	0	0	0	5	0	9	0	11	0	9	7	26	7	19	13	23	11
National average/total	7	14	6	15	10	21	11	24	10	21	10	22	7	15	33	42	3,958

Notes:
- IMPAC = Integrated Management of Pregnancy and Childbirth
- Training here 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.

Training in immediate newborn care

Regarding training in immediate newborn care, not more than a third (33 percent) of providers had received *recent* training in any one topic; 25 to 42 percent of providers had *ever* received in-service training in any one topic (Table 7.9). While this level of training in immediate newborn care is low, it is higher than the level of in-service training in labour and delivery care.

Table 7.9 Training for providers of normal delivery services: Immediate newborn care

Among interviewed providers of normal delivery or newborn care services, percentages who reported receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers of normal delivery or newborn care services who reported receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	Neonatal resuscitation using bag and mask		Early and exclusive breastfeeding		Newborn infection management		Thermal care		Sterile cord cutting and care		Kangaroo mother care for low birth weight babies		
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Facility type													
Hospital	29	40	19	30	17	25	21	30	20	29	18	26	714
Health centre	34	43	26	34	20	27	27	34	28	36	23	30	854
Dispensary	34	43	26	35	19	25	27	34	29	37	21	26	2,367
Clinic	12	23	17	31	12	25	12	25	17	30	12	26	22
Managing authority													
Government	34	43	26	36	20	27	28	35	29	37	21	28	3,001
Private-for-profit	15	30	9	20	7	17	10	19	11	21	8	18	182
Parastatal	25	32	14	16	10	12	12	16	16	18	13	15	35
Faith-based	32	42	22	31	16	22	23	31	25	32	20	26	739
Residence: Tanzania													
Total urban	30	40	21	30	16	23	22	30	22	31	16	22	968
Total rural	34	43	26	35	20	26	27	34	28	36	22	28	2,990
Residence: Mainland/ Zanzibar													
Mainland urban	30	40	21	30	16	23	22	30	22	30	16	22	955
Mainland rural	34	43	26	35	20	26	27	34	28	36	22	28	2,964
Zanzibar urban	30	40	22	42	25	32	22	35	24	37	25	35	12
Zanzibar rural	30	45	30	49	20	32	26	36	28	42	24	37	26
Region													
Mainland average/total	33	42	25	34	19	25	26	33	27	35	20	27	3,919
Dodoma	4	17	4	17	2	12	2	13	3	17	2	8	189
Arusha	53	55	23	27	11	13	41	44	43	45	18	21	156
Kilimanjaro	46	48	27	31	17	20	38	41	40	43	23	25	202
Tanga	55	61	46	53	38	44	47	50	53	58	37	43	235
Morogoro	37	42	29	34	21	24	26	28	26	30	24	27	286
Pwani	48	62	21	29	10	13	16	25	18	27	19	29	157
Dar es Salaam	13	35	11	27	10	24	8	21	8	27	6	11	173
Lindi	52	65	29	46	25	30	44	53	41	53	28	38	140
Mtwara	8	28	8	29	6	21	7	25	7	25	6	23	160
Ruvuma	49	55	32	39	17	26	25	34	30	37	31	34	195
Iringa	56	66	44	52	35	39	44	52	44	53	30	40	166
Mbeya	30	38	23	31	20	25	25	30	25	30	20	28	218
Singida	59	77	53	67	50	63	56	68	56	68	53	67	118
Tabora	37	48	38	48	28	37	35	44	35	43	25	35	142
Rukwa	19	27	17	26	14	21	18	26	16	24	16	24	113
Kigoma	74	76	62	70	55	59	72	77	72	77	54	58	133
Shinyanga	8	9	19	20	14	14	14	15	12	12	12	13	110
Kagera	19	33	16	31	15	22	15	24	16	30	11	20	237
Mwanza	21	28	13	23	13	19	16	23	16	23	13	20	182
Mara	2	4	1	3	1	1	1	3	1	3	1	2	158
Manyara	36	41	30	35	25	30	34	40	34	40	32	35	96
Njombe	39	59	29	43	19	29	31	43	34	45	22	34	131
Katavi	3	13	6	16	3	11	3	13	3	13	3	10	38
Simiyu	4	7	4	7	4	4	4	7	4	7	4	7	102
Geita	8	19	11	21	11	20	10	20	11	20	8	12	81
Zanzibar average/total	30	44	27	47	21	32	24	36	27	41	24	37	38
Unguja average/total	23	40	17	41	8	22	16	31	21	38	10	23	18
Kaskazini Unguja	29	44	29	50	13	23	25	28	32	42	15	21	8
Kusini Unguja	15	33	5	33	0	20	10	38	10	33	5	24	5
Mjini Magharibi	21	40	7	33	7	21	7	28	14	35	7	28	5
Pemba average/total	37	47	36	52	33	40	31	40	31	43	36	48	21
Kaskazini Pemba	65	75	65	86	58	68	58	71	58	71	62	79	9
Kusini Pemba	13	23	12	23	13	18	10	15	10	20	16	24	11
National average/total	33	42	25	34	19	25	26	33	27	35	20	27	3,958

Note: Training here 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.

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

8

Dr. Geoffrey Somi

Key Findings

Service availability

- About eight of every ten health facilities in Tanzania have an HIV testing system, as compared with one of every four in 2006.
- One-third of all facilities offer HIV/AIDS care and support services.
- Twenty-eight percent of all facilities provide ART services, compared with only 4 percent in 2006.
- STI services are almost universally available in Tanzanian facilities.

Services readiness

- Among facilities offering HIV testing and counselling, less than six of every ten had a staff member who received training on HIV testing and counselling within 24 months prior to the survey.
- Among facilities that offer HIV/AIDS care and support services, six in ten had guidelines for the clinical management of HIV/AIDS available in the facility on the day of the assessment, while fewer than six in ten had at least one staff member who had recently received training in HIV/AIDS care and support services.
- ART guidelines are widely available in facilities offering antiretroviral therapy; however, only slightly more than half of these facilities had a provider with recent training in ART services.
- Although STI guidelines are readily available, only 32 percent of STI facilities had syphilis rapid diagnostic test kits available, and only one in ten had a recently trained provider.
- All facilities with an HIV testing system had HIV testing capacity (HIV rapid test kits, ELISA, or other HIV testing mechanisms available).
- Only two-thirds of facilities had condoms at the HIV testing and counselling site, while nearly all facilities were able to provide visual and auditory privacy for clients during testing and counselling.
- More than nine of ten facilities that offer ART services had the first-line adult ART regimen available on the day of the survey.

Infection control

- Fewer than six of every ten facilities with HIV testing capacity had adequate hand cleaning supplies—soap and running water or alcohol-based hand disinfectant—at the HIV testing location.

8.1 BACKGROUND

This chapter provides an overview of HIV/AIDS and sexually transmitted infection (STI) services in Tanzania. It highlights the key aspects of HIV/AIDS-related services, including the availability of diagnostic capacity, trained staff, and medicines.

The tables presented in this chapter explore key issues relating to the provision of quality HIV/AIDS and STI services in health facilities in Tanzania. The chapter is organised as follows:

- **Background.** Section 8.1 provides background information on HIV/AIDS in Tanzania.
- **HIV testing services.** Section 8.2, including Tables 8.1.1 through 8.3 and Figure 8.1, explores HIV/AIDS testing and counselling services in Tanzania and looks at service availability and the readiness of health facilities to provide quality HIV/AIDS testing services. This part also discusses supportive management practices in the provision of HIV testing and counselling services.
- **HIV care and support services.** Section 8.3, including Tables 8.4.1 and 8.4.2 and Figure 8.2, addresses the availability of HIV care and support services in Tanzania's health facilities and the readiness of facilities to provide quality services.
- **Antiretroviral therapy services.** Section 8.4, including Table 8.5 and Figure 8.3, examines the availability of antiretroviral therapy (ART) services.
- **Services for sexually transmitted infections.** Section 8.5, including Table 8.6, presents information on the availability of STI services and the readiness of facilities to provide those services.

8.1.1 The HIV/AIDS Situation in Tanzania

HIV/AIDS was first identified in Tanzania in 1983, when three cases were clinically diagnosed in one hospital in the Kagera region. By December 1986, all Mainland regions had reported cases to the Ministry of Health and Social Welfare (MoHSW, 2008).

In response to the epidemic, the government of Tanzania, with technical support from WHO's Global Programme on AIDS (WHO-GPA), formed the National AIDS Control Programme (NACP) in Tanzania Mainland and the Zanzibar AIDS Control Programme (ZACP) under the MoHSW. In Tanzania Mainland, institutional efforts to combat HIV/AIDS started in 1985 with the establishment of a National Task Force within the MoHSW. Later this task force was transformed into the fully fledged NACP, which was launched in April 1988. Beginning in 1989, AIDS control efforts were decentralised to the regions and districts, and, in 1992, these efforts also began to be initiated within non-health sectors. The non-health governments sectors that joined the NACP included the Ministries of Defence and National Service; Education; Community Development, Women's Affairs and Children; Labour and Youth Development; Agriculture; and Information Services. Non-governmental organisations became involved as well. By 2000, 23 other sectors had joined the national response to HIV/AIDS and together they developed AIDS action plans for all of the country's districts.

The 2012 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) showed that, HIV among adults age 15-49 was 5.1 percent; the prevalence was higher among women, at 6.2 percent, than among men, at 3.8 percent (Tanzania Commission for AIDS [TACAIDS], et al., 2013).

In 2014, according to UNAIDS, there were an estimated 46,000 HIV-related deaths in Tanzania. The total number of people living with HIV in 2014 was 1.5 million, of whom 100,000 were children age 0 to 14 (UNAIDS, 2014). By the end of 2014, the number of HIV patients alive and receiving ART was 640,084, with 161,404 initiating ART during that year (MoHSW, 2014).

8.1.2 National Response to the HIV Epidemic

The national response to HIV began with a purely sectoral response in the Short Term Plan (STP) (1985-1986) and the first Medium Term Plan (MTP I) (1987-1991). Multisectoral participation was introduced in the MTP II (1992-1996) and enhanced in the MTP III (1998-2002). In terms of coordination structures, the Task Force on AIDS established in 1985 was responsible for the STP, which led to the establishment of the National AIDS Control Programme in 1987 to oversee the MTP I, MTP II, and MTP III. A major milestone was the formation of the Tanzania Commission for AIDS in 2001 and the passing of the National AIDS Policy. TACAIDS took over the role of coordinating, overseeing, and guiding the multi-sectoral response, while NACP remained responsible for leading the health sector responses of the National Multi-sectoral Strategic Framework.

8.1.3 Service Utilisation

The past few years have seen increased use of HIV services in Tanzania. Results from the 2010 Tanzania Demographic and Health Survey (TDHS) showed that 64 percent of women who gave birth in the two years preceding the survey received HIV counselling during antenatal care and that 63 percent received post-test counselling. About 59 percent of women and 43 percent of men had ever been tested for HIV and had received the results of the test.

8.1.4 Definitions of HIV/AIDS Services

The 2014-15 TSPA assessed the following HIV/AIDS-related services.

HIV testing system:[1] The 2014-15 TSPA defines a facility as having an HIV testing system if clients are offered an HIV test conducted within the facility or in an affiliated laboratory, or the facility has a system for referring clients to an external testing site and receives test results back from that external site to follow up with clients after testing. A facility that simply refers clients elsewhere, expecting the other location to counsel and follow up on test results, is not considered as having an HIV testing system or offering HIV counselling and testing.

HIV care and support services (CSS): Care and support services include any services that are directed towards improving the life of a person living with HIV. These services often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as tuberculosis (TB), STIs, and malaria. Care and support services also may include palliative care and nutritional rehabilitation services.

Antiretroviral therapy: This refers to providing antiretroviral (ARV) medicines to treat HIV-positive clients.

8.2 HIV Testing and Counselling

HIV testing and counselling is one of the essential interventions in HIV prevention and care. It both promotes the prevention of HIV infection and is an entry point to care and support, including ART. According to the 2010 Tanzania DHS, 41 percent of women and 61 percent of men had never been tested for HIV (NBS and ICF Macro, 2011). The government of Tanzania recognises the importance of HIV testing and counselling and promotes it to enable all Tanzanians to know their HIV status and so to prevent HIV, to improve quality of life, and, as needed, to obtain HIV treatment and care.

[1] This definition assumes that the facility counsels clients, before and after the HIV testing, on the prevention of HIV, the meaning of the test, transmission of the virus, living with HIV/AIDS, care and support, and other aspects of the condition.

8.2.1 Service Availability

HIV testing and counselling services may be provided in a specialised testing and counselling unit. However, testing and counselling may be provided in almost any setting, wherever a client or provider determines that the service is necessary. Therefore, the 2014-15 TSPA gathered information from all types of health facilities, namely hospitals, health centres, dispensaries, and clinics. In these facilities, information pertaining to testing and counselling was collected from the primary location where these services are offered.

Overall, about eight of every ten health facilities in Tanzania have an HIV testing system, including 96 percent of hospitals, 92 percent of health centres, and 80 percent of dispensaries (Table 8.1.1 and Figure 8.1). This is a significant improvement from 2006, when only 26 percent of health facilities in Tanzania had an HIV testing system (NBS and ICF Macro, 2007). Nine of every ten government facilities (compared with 22 percent in 2006) and eight of every ten faith-based facilities (compared with 32 percent in 2006) have an HIV testing system, but only about four of every ten private-for-profit facilities have an HIV testing system. In 2006, a third of private-for-profit facilities had an HIV testing system, indicating that the availability of HIV testing services in the private sector has not changed substantially. By region, the availability of HIV testing systems in Tanzania Mainland ranges from 51 percent of facilities in Dar es Salaam to 100 percent in Njombe. Availability in facilities in Zanzibar ranges from 21 percent in Mjini Magharibi to 80 percent in Kaskazini Pemba. Looked at another way, all health facilities in Njombe, 95 percent of facilities in Iringa, and 84 percent of facilities in Mbeya have an HIV testing system in place. These three regions, according to the 2012 THMIS, have the highest prevalence of HIV (14.8 percent in Njombe, 9.1 percent in Iringa, and 9 percent in Mbeya) in the country (THMIS, 2012).

Table 8.1.1 Availability of HIV testing and counselling services

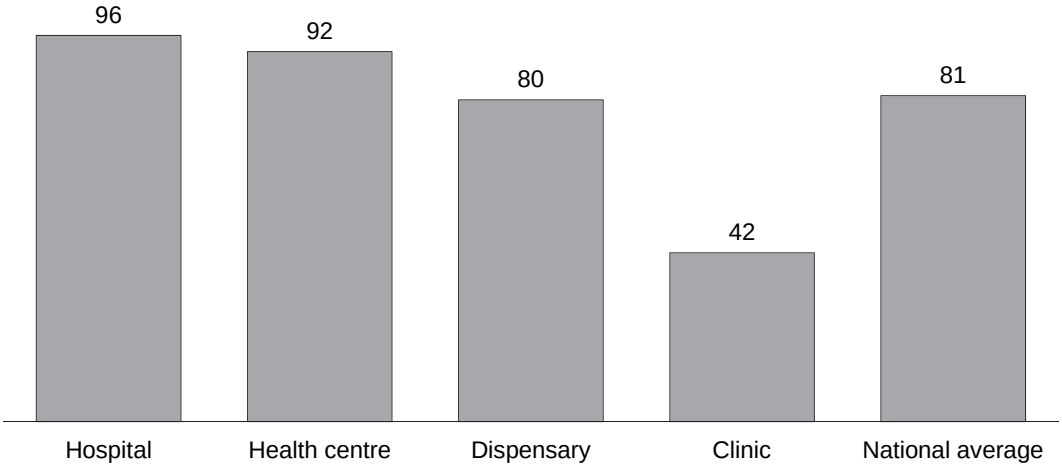
Among all facilities, the percentages that report having an HIV testing system and, among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counselling services, by background characteristics, 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
Clinic	42	21	100	54	42	100	43	9
Managing authority								
Government	89	857	100	64	56	94	72	767
Private-for-profit	41	163	100	45	55	99	44	67
Parastatal	48	21	100	97	54	100	24	10
Faith-based	82	148	100	52	57	96	44	121
Residence: Tanzania								
Total urban	64	324	100	58	58	98	63	206
Total rural	88	864	100	63	55	94	67	759
Residence: Mainland/Zanzibar								
Mainland urban	66	306	100	59	58	98	63	201
Mainland rural	88	838	100	62	55	94	67	739
Zanzibar urban	23	18	100	45	92	92	74	4
Zanzibar rural	76	26	100	79	61	95	77	20
Region								
Mainland average/total	82	1,144	100	62	55	94	66	940
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
Zanzibar average/total	54	44	100	73	67	95	76	24
Unguja average/total	42	29	100	66	71	100	78	12
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
Pemba average/total	78	15	100	81	63	89	75	12
Kaskazini Pemba	80	8	100	83	66	89	79	6
Kusini Pemba	75	7	100	77	59	89	71	5
National average/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 (2015). Similarly, the visual and auditory privacy items comprise the equipment domain, 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

Figure 8.1 Availability of HIV testing system



Integration of HIV Rapid Diagnosis into Specific Services

To maximise opportunities for people to learn their HIV status, HIV testing and counselling should be available in combination with a wide variety of services that people seek for reasons other than HIV testing. Table 8.1.2 shows the percentages of facilities offering specific services and, among those facilities and all facilities, the percentage offering HIV rapid diagnostic testing (RDT). Integration of HIV testing in these service delivery points was defined by the observed presence of HIV RDT kits.

Ninety-one percent of hospitals offer ANC services (see Tables 6.1 and 8.1.2). Among these hospitals, 89 percent have HIV rapid testing integrated within ANC services (Table 8.1.2). Similarly, 91 percent of hospitals offer services focusing on prevention of mother-to-child transmission (PMTCT) of HIV. Among these hospitals, 85 percent have HIV testing integrated within PMTCT services (i.e., they had HIV RDT available on the day of the survey at the PMTCT service site) (Table 8.1.2). However, while almost all hospitals (98 percent) offer STI services, less than half of these hospitals have HIV testing integrated within the service (Table 8.1.2).

Table 8.1.2 HIV testing integration in facilities

Among all facilities, the percentage offering specific services and among those facilities and all facilities, the percentage with HIV rapid diagnosis testing integrated within the specific services, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities that offer specific services and within those services have HIV RDT																	
	Family planning			ANC			PMTCT			Normal delivery			STIs			TB			
Background characteristics	Service is offered	HIV RDT available within the service in facilities providing the service	HIV RDT available within the service in all facilities	Service is offered	HIV RDT available within the service in facilities providing the service	HIV RDT available within the service in all facilities	Service is offered	HIV RDT available within the service in facilities providing the service	HIV RDT available within the service in all facilities	Service is offered	HIV RDT available within the service in facilities providing the service	HIV RDT available within the service in all facilities	Service is offered	HIV RDT available within the service in facilities providing the service	HIV RDT available within the service in all facilities	Service is offered	HIV RDT available within the service in facilities providing the service	HIV RDT available within the service in all facilities	Number of facilities
Facility type																			
Hospital	73	82	60	91	89	81	91	85	77	94	82	77	98	46	45	84	74	62	46
Health centre	81	65	53	91	86	78	91	63	57	85	66	56	100	42	42	73	54	40	129
Dispensary	81	68	55	85	83	70	79	60	47	75	65	49	98	51	50	20	67	13	992
Clinic	33	70	23	30	93	28	26	69	18	26	81	21	65	28	18	5	26	1	21
Managing authority																			
Government	96	69	67	96	85	81	91	65	59	88	68	60	98	59	57	30	68	21	857
Private-for-profit	35	63	22	36	64	23	30	30	9	20	46	9	95	9	9	16	36	6	163
Parastatal	22	31	7	17	95	16	17	38	6	11	57	6	85	43	37	18	63	11	21
Faith-based	42	65	27	81	83	68	77	54	42	77	54	41	97	41	40	26	59	15	148
Residence: Tanzania																			
Total urban	54	66	36	59	85	50	55	49	27	41	68	28	97	30	29	35	63	22	324
Total rural	90	69	62	94	83	78	89	64	57	89	65	58	97	57	55	25	65	16	864
Residence: Mainland/Zanzibar																			
Mainland urban	55	69	38	60	87	52	56	50	28	43	68	29	97	31	30	36	64	23	306
Mainland rural	89	70	63	94	84	79	89	66	59	91	65	60	97	58	56	24	67	16	838
Zanzibar urban	34	3	1	43	32	14	34	24	8	7	63	5	96	12	11	27	49	13	18
Zanzibar rural	91	21	19	90	72	64	87	22	19	23	56	13	99	35	34	55	28	15	26
Region																			
Mainland average/total	80	70	56	85	84	72	80	63	50	78	66	52	97	50	49	27	66	18	1,144
Dodoma	86	55	48	92	74	68	80	60	48	79	61	48	100	36	36	24	72	17	60
Arusha	72	72	52	75	80	61	69	31	21	51	53	27	83	66	54	20	73	14	52
Kilimanjaro	63	90	57	75	92	69	70	45	32	54	59	32	90	70	63	32	58	18	67
Tanga	83	89	74	84	94	80	84	67	57	80	77	62	99	62	62	36	72	26	59
Morogoro	73	71	52	90	84	75	90	52	47	89	47	42	100	51	51	22	48	11	61
Pwani	84	54	45	80	85	68	80	24	19	84	28	23	99	45	45	29	45	13	45
Dar es Salaam	45	70	32	52	77	40	51	37	19	23	80	19	94	9	9	24	54	13	96
Lindi	98	95	93	100	95	95	100	65	65	90	72	65	100	91	91	23	92	21	35
Mtwara	87	87	76	98	95	93	99	66	65	99	61	60	100	53	53	30	70	21	35
Ruvuma	82	64	52	95	74	70	90	82	75	85	81	69	95	45	43	11	97	11	47
Iringa	76	76	58	93	100	93	93	74	69	93	74	69	100	50	50	27	79	21	39
Mbeya	93	76	71	94	88	83	84	71	60	89	68	60	99	52	52	25	92	23	72
Singida	87	69	60	82	76	62	52	51	27	94	47	44	100	61	61	28	49	14	34
Tabora	91	89	81	96	95	91	96	84	80	91	87	80	96	62	59	12	54	7	50
Rukwa	87	63	55	94	75	71	81	85	69	89	78	69	100	60	60	9	76	7	34
Kigoma	90	40	36	95	85	81	91	72	66	91	76	69	100	57	57	63	54	34	43
Shinyanga	82	92	75	81	93	76	76	83	63	88	71	62	100	65	65	38	93	36	32
Kagera	84	57	48	88	81	71	88	57	50	88	49	43	94	34	32	26	79	20	49
Mwanza	77	34	26	78	62	48	71	55	39	71	56	40	98	31	30	33	59	19	59
Mara	85	64	54	87	83	72	81	73	59	88	75	66	100	62	62	40	69	28	45
Manyara	83	89	73	93	75	70	85	68	58	92	71	65	99	49	49	20	86	17	27
Njombe	89	74	66	94	92	87	94	80	75	100	75	75	100	57	57	27	60	16	38
Katavi	90	92	82	91	96	88	91	85	77	84	94	79	96	85	81	12	63	8	11
Simiyu	95	64	61	90	78	70	81	58	47	95	69	66	95	58	55	21	72	15	30
Geita	93	50	46	82	79	65	82	72	58	81	64	52	100	34	34	42	42	18	23
Zanzibar average/total	68	17	12	70	62	43	65	22	14	17	57	10	97	25	25	43	33	14	44
Unguja average/total	58	11	7	61	44	27	55	16	9	11	43	5	96	25	24	51	36	18	29
Kaskazini Unguja	90	23	21	83	48	40	76	12	9	28	32	9	93	36	34	80	21	17	6
Kusini Unguja	88	12	11	88	62	55	82	21	17	16	70	11	100	50	50	88	40	35	7
Mjini Magharibi	34	0	0	43	26	11	36	13	5	4	25	1	95	10	9	25	45	11	17
Pemba average/total	87	24	21	88	85	75	84	30	25	27	69	18	100	26	26	28	24	7	15
Kaskazini Pemba	87	26	22	87	92	80	80	39	31	31	67	21	100	23	23	31	13	4	8
Kusini Pemba	87	23	20	89	77	69	89	21	19	22	71	16	100	29	29	24	40	10	7
National average/total	80	68	55	85	83	71	80	61	49	76	66	50	97	50	48	28	64	18	1,188

8.2.2 Service Readiness

Guidelines and Trained Staff

While a high proportion of facilities have an HIV testing system, only some of these facilities—56 percent—have a staff member who recently received training on HIV testing and counselling (Table 8.1.1). Hospitals and health centres with an HIV testing system are more likely to have a staff member who recently received training on HIV testing and counselling (76 percent and 74 percent, respectively) than dispensaries (52 percent) and clinics (42 percent). HIV testing and counselling guidelines were available in slightly more than six of ten facilities. As with trained staff, hospitals and health centres are more likely to have these guidelines than other types of facilities.

Laboratory Capacity

All facilities with an HIV testing system had HIV testing capacity (HIV rapid test kits, ELISA, or other HIV testing mechanisms available) on the day of the assessment visit (Table 8.1.1).

Other Supplies

Only two-thirds of facilities had condoms at the HIV testing and counselling site. Nearly all facilities were able to provide visual and auditory privacy for clients during testing and counselling.

8.2.3 Infection Control

All service providers who perform HIV tests must follow infection control procedures to protect themselves and their clients. The 2014-15 TSPA assessed the availability, in facilities that provide HIV testing, of items for infection control at the location where HIV testing is done (i.e., either at the HIV testing and counselling service site or in the laboratory where HIV testing within the facility is carried out). Overall, fewer than six of every ten facilities with HIV testing capacity had soap and running water or alcohol-based hand disinfectant available at the testing site (Table 8.2). Hospitals (81 percent) were most likely to have hand cleaning supplies. About eight of every ten facilities had gloves and sharps containers, but relatively few (50 percent) had waste receptacles.

Appendix Tables A-8.2.1, A-8.2.2, and A-8.2.3 present information similar to that shown in Table 8.2, focusing only on laboratories in facilities having HIV testing capacity.

Table 8.2 Items for infection control during provision of HIV testing services at the service site

Among facilities having HIV testing capacity, the percentages 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 with HIV testing system 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 having HIV testing capacity
Facility type									
Hospital	81	84	79	37	81	88	88	61	45
Health centre	59	60	53	21	57	69	76	49	118
Dispensary	56	54	48	18	56	79	85	50	792
Clinic	57	62	57	37	65	77	75	62	9
Managing authority									
Government	56	55	48	18	56	83	90	50	766
Private-for-profit	57	59	57	17	59	61	57	50	67
Parastatal	98	98	98	54	98	93	97	58	10
Faith-based	60	58	57	30	62	59	57	50	121
Residence: Tanzania									
Total urban	68	64	61	22	66	75	77	61	206
Total rural	54	54	48	19	55	79	86	47	758
Mainland/Zanzibar location									
Mainland urban	68	64	61	21	66	74	77	61	201
Mainland rural	54	54	48	19	55	79	86	47	738
Zanzibar urban	67	67	67	52	77	96	100	71	4
Zanzibar rural	64	54	47	24	60	79	90	57	20
Region									
Mainland average/total	57	56	50	19	57	78	84	50	940
Dodoma	27	23	22	1	22	63	72	2	54
Arusha	69	71	68	28	68	71	71	75	39
Kilimanjaro	77	65	65	37	72	83	78	67	51
Tanga	68	80	63	16	63	93	90	40	58
Morogoro	71	56	56	35	82	90	96	50	49
Pwani	68	63	62	15	63	74	75	28	36
Dar es Salaam	65	57	56	10	57	68	76	55	49
Lindi	52	68	50	8	52	89	98	63	33
Mtwara	45	63	40	10	45	61	88	50	35
Ruvuma	65	76	65	17	65	89	89	46	43
Iringa	63	63	63	39	68	79	96	58	37
Mbeya	67	68	67	12	73	90	91	60	60
Singida	63	48	42	34	55	86	91	51	30
Tabora	22	28	22	29	49	73	73	62	46
Rukwa	69	65	62	15	70	44	77	34	25
Kigoma	30	30	29	13	29	79	77	49	35
Shinyanga	43	51	36	38	56	97	97	90	26
Kagera	70	50	49	14	61	70	95	55	38
Mwanza	30	41	22	5	22	67	68	56	42
Mara	48	26	25	30	47	80	79	28	39
Manyara	70	70	69	44	70	79	82	66	23
Njombe	73	73	73	9	73	79	85	50	38
Katavi	67	68	61	6	63	80	86	17	10
Simiyu	73	74	67	12	67	84	93	21	23
Geita	29	29	28	5	29	73	82	87	18
Zanzibar average/total	64	57	50	29	63	82	92	59	24
Unguja average/total	81	60	60	54	82	95	95	62	12
Kaskazini Unguja	81	49	49	49	75	90	90	66	4
Kusini Unguja	90	60	60	52	88	97	97	52	5
Mjini Magharibi	70	70	70	61	83	100	100	71	4
Pemba average/total	46	53	40	3	44	69	88	57	12
Kaskazini Pemba	37	54	37	0	37	72	92	54	6
Kusini Pemba	58	52	45	7	52	65	82	59	5
National average/total	57	56	50	19	57	78	84	50	964

Note: Data for laboratory and other service sites are found in Appendix Tables A-8.2.1, A-8.2.2, and A-8.2.3.

[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

8.2.4 Basic Management and Administrative Systems for HIV Testing and Counselling

Providers of HIV testing services may experience burnout as they support clients experiencing different emotions. As a result, they need a great deal of support through training as well as personal support through supervision. With increasing public access to information through the Internet and mass media, clients of HIV testing services are prone to ask questions. To answer correctly, providers need to be knowledgeable and up to date about HIV. The 2014-15 TSPA assessed capacity building for HIV testing providers through training and personal supervision.

Supervision

Table 8.3 presents information on recent in-service training and recent personal supervision of providers of HIV testing services. Supervision refers to any form of technical support from a senior member of the same profession. Seven of every ten providers of HIV testing services reported receiving supervision during the six months before the assessment. There is little variation by facility type or managing authority. There are differences by region, however; providers in the following regions, at more than 80 percent, were most likely to report having received supervision during the six months before the survey: Lindi, Singida, Rukwa, Kigoma, Shinyanga, Kagera, Manyara, Katavi, Kaskazini Unguja, Kaskazini Pemba, and Kusini Pemba.

Table 8.3 Supportive management for providers of HIV testing services

Among HIV testing service providers, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of HIV testing services
	Training related to HIV testing and counselling during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to HIV testing and counselling during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Hospital	23	66	17	1,106
Health centre	26	68	21	1,102
Dispensary	30	72	22	2,667
Clinic	31	64	21	40
Managing authority				
Government	29	71	22	3,520
Private-for-profit	21	68	16	379
Parastatal	24	64	22	69
Faith-based	25	66	19	947
Residence: Tanzania				
Total urban	22	69	17	1,718
Total rural	30	70	23	3,197
Residence: Mainland/Zanzibar				
Mainland urban	22	69	17	1,690
Mainland rural	30	70	23	3,133
Zanzibar urban	37	66	28	28
Zanzibar rural	41	85	35	64
Region				
Mainland average/total	27	69	21	4,823
Dodoma	24	55	15	277
Arusha	25	74	23	252
Kilimanjaro	31	75	22	271
Tanga	31	57	23	332
Morogoro	19	56	14	300
Pwani	32	52	17	150
Dar es Salaam	13	76	9	350
Lindi	21	84	19	170
Mtwara	22	64	16	189
Ruvuma	16	78	15	218
Iringa	36	53	14	162
Mbeya	23	75	16	227
Singida	24	83	19	161
Tabora	28	59	23	223
Rukwa	38	99	38	107
Kigoma	27	81	22	144
Shinyanga	38	94	38	119
Kagera	27	84	25	264
Mwanza	36	52	24	212
Mara	37	76	31	175
Manyara	41	82	36	125
Njombe	32	45	16	162
Katavi	50	82	45	50
Simiyu	29	73	25	91
Geita	24	72	18	94
Zanzibar average/total	40	79	33	92
Unguja average/total	45	77	38	47
Kaskazini Unguja	44	90	44	10
Kusini Unguja	47	78	37	19
Mjini Magharibi	45	68	35	18
Pemba average/total	33	82	28	45
Kaskazini Pemba	38	82	33	23
Kusini Pemba	29	81	24	22
National average/total	27	70	21	4,915

[1] 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] Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Training

Training refers only to structured in-service training. Overall, only 27 percent of the providers interviewed reported that they had received training related to HIV testing and counselling during the 24 months before the assessment.

There is very little difference by facility type or managing authority in the likelihood of providers receiving supervision or training related to HIV testing and counselling.

8.3 HIV CARE AND SUPPORT SERVICES

A facility is defined as providing HIV/AIDS care and support services if it reports that providers in the facility prescribe or provide a variety of services ranging from treatment of opportunistic infections to palliative treatment to nutrition and family planning (see Table 8.4.1, note 1). Overall, 35 percent of health facilities in Tanzania report that they offer HIV/AIDS care and support services (Table 8.4.1 and Figure 8.2). Not surprisingly, nine of every ten hospitals and seven of every ten health centres, but less than one-third of dispensaries, offer these services.

Table 8.4.1 Guidelines, trained staff, and items for HIV/AIDS care and support services

Among all facilities, the percentages offering HIV/AIDS care and support services and, among facilities offering HIV care and support services, the percentages having indicated items to support the provision of quality HIV/AIDS care and support services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering HIV/AIDS care and support services[1]	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:				Medicines						Number of facilities offering HIV/AIDS care and support services
			Guidelines for the clinical management of HIV/AIDS	Guidelines for palliative care	Trained staff[2]	System for screening and testing HIV+ clients for TB[3]	IV solution with infusion set	Fluconazole/IV treatment for fungal infections	Cotrimoxazole tablets	First-line treatment for TB[4]	Pain management	Male condoms	
Facility type													
Hospital	92	46	83	3	66	87	90	64	92	80	95	74	42
Health centre	73	129	87	2	67	81	92	51	78	73	83	78	94
Dispensary	28	992	49	3	50	39	79	23	80	24	66	79	273
Clinic	6	21	45	0	24	45	100	79	79	24	100	79	1
Managing authority													
Government	38	857	60	3	57	52	80	27	78	40	70	84	327
Private-for-profit	12	163	48	3	57	81	98	72	73	38	78	66	20
Parastatal	35	21	100	0	37	52	94	86	94	37	94	48	7
Faith-based	38	148	70	2	52	54	93	55	98	51	86	51	56
Residence: Tanzania													
Total urban	29	324	71	1	58	73	92	57	83	59	84	77	93
Total rural	37	864	59	4	55	48	80	27	80	36	70	79	317
Residence: Mainland/ Zanzibar													
Mainland urban	29	306	73	1	59	75	95	60	85	60	86	76	89
Mainland rural	37	838	59	3	55	48	81	27	81	36	71	78	307
Zanzibar urban	22	18	33	0	52	28	36	11	39	33	40	100	4
Zanzibar rural	38	26	56	12	55	35	56	8	31	28	38	83	10
Region													
Mainland average/total	35	1,144	62	3	56	54	84	35	82	42	74	78	397
Dodoma	17	60	69	0	28	45	93	56	97	51	97	36	10
Arusha	17	52	58	2	53	58	100	44	100	60	57	85	9
Kilimanjaro	39	67	51	0	34	32	64	49	100	49	84	84	26
Tanga	59	59	42	0	49	34	63	22	92	34	72	83	35
Morogoro	13	61	90	6	39	89	92	54	78	87	92	82	8
Pwani	19	45	91	2	76	90	69	11	52	95	58	100	8
Dar es Salaam	22	96	76	2	43	92	100	72	75	65	99	74	21
Lindi	48	35	100	0	71	76	44	43	97	26	62	82	17
Mtwara	64	35	60	8	64	54	91	9	83	27	63	71	23

(Continued…)

Table 8.4.1—*Continued*

Background characteristics	Percentage of facilities offering HIV/AIDS care and support services[1]	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:				Medicines						Number of facilities offering HIV/AIDS care and support services
			Guidelines for the clinical management of HIV/AIDS	Guidelines for palliative care	Trained staff[2]	System for screening and testing HIV+ clients for TB[3]	IV solution with infusion set	Fluconazole/IV treatment for fungal infections	Cotrimoxazole tablets	First-line treatment for TB[4]	Pain management	Male condoms	
Region													
Ruvuma	36	47	86	0	16	57	100	64	96	25	53	82	17
Iringa	62	39	45	0	78	37	100	21	86	35	63	78	24
Mbeya	14	72	89	0	33	49	100	43	100	89	57	98	10
Singida	10	34	82	0	59	100	100	59	100	79	92	75	3
Tabora	83	50	38	5	54	13	93	17	53	11	69	84	42
Rukwa	20	34	97	0	84	97	100	67	100	34	74	85	7
Kigoma	21	43	51	3	37	47	97	50	88	43	63	95	9
Shinyanga	32	32	64	0	59	83	100	52	86	77	76	93	10
Kagera	60	49	59	11	70	79	62	8	66	39	80	60	29
Mwanza	34	59	37	0	72	49	98	53	70	57	77	70	20
Mara	32	45	79	1	74	97	99	47	91	66	93	41	14
Manyara	25	27	85	4	58	63	96	89	96	63	100	92	7
Njombe	84	38	59	7	58	39	73	10	92	15	73	80	32
Katavi	22	11	79	0	79	100	86	49	93	7	93	86	2
Simiyu	27	30	83	0	71	66	95	19	44	41	75	92	8
Geita	14	23	89	5	53	94	94	53	76	76	83	76	3
Zanzibar average/total	31	44	49	9	54	33	50	9	33	29	38	88	14
Unguja average/total	45	29	47	9	54	31	50	10	35	26	36	87	13
Kaskazini Unguja	84	6	39	17	55	35	67	8	16	39	50	92	5
Kusini Unguja	73	7	72	8	55	35	47	8	45	18	27	75	5
Mjini Magharibi	20	17	19	0	53	19	33	14	47	19	33	100	3
Pemba average/total	4	15	100	0	50	75	50	0	0	100	75	100	1
Kaskazini Pemba	4	8	100	0	50	100	50	0	0	100	100	100	0
Kusini Pemba	5	7	100	0	50	50	50	0	0	100	50	100	0
National average/total	35	1,188	61	3	56	54	83	34	80	41	73	78	410

Note: The indicators presented in this table correspond to staff and training, diagnostics and medicines, and commodities domains for assessing readiness to provide HIV care and support services within the health facility assessment methodology proposed by WHO and USAID (2015).

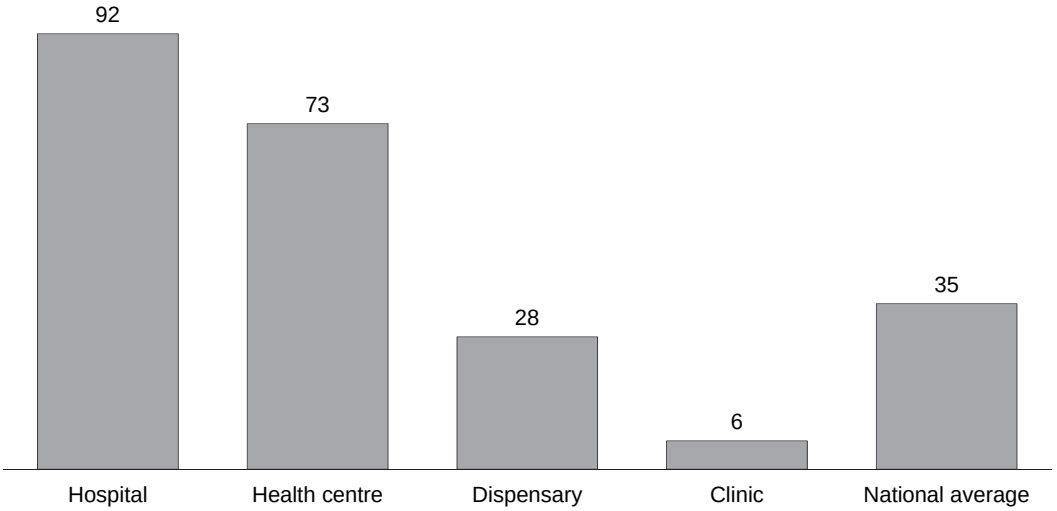
[1] Facility reports that providers in the facility prescribe or provide any of the following:
- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis
- Treatment for Kaposi's sarcoma
- Palliative care, such as symptom or pain management, or nursing care for the terminally ill or severely debilitated patients
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation
- Fortified protein supplementation
- Care for paediatric HIV/AIDS patients
- Preventive treatment for tuberculosis (TB), i.e., isoniazid with pyridoxine
- Micronutrient supplementation, such as vitamins or iron
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment
- General family planning counselling and/or services for HIV-positive clients
- Condoms
- Depo-Provera as integrated FP service

[2] Facility had at least one interviewed provider of HIV care and support services who reported receiving training on aspects of HIV/AIDS care and support services 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] Record or register indicating HIV-positive clients who have been screened and tested for TB

[4] Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and Ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

Figure 8.2 **Availability of HIV/AIDS care and support services**



There are wide regional variations in terms of availability of HIV/AIDS care and support services. For example, eight of every ten health facilities in Njombe, Tabora, and Kaskazini Unguja offer care and support services, while only 14 percent of facilities in Mbeya, one of the three regions (along with Njombe and Iringa) most affected by HIV, offer such services.

Guidelines and Trained Staff

On the day of the assessment visit, 61 percent of facilities that offer HIV/AIDS care and support services had guidelines for the clinical management of HIV/AIDS. In contrast, palliative care guidelines were almost nonexistent. Fifty-six percent of facilities that offer HIV/AIDS care and support services had at least one provider who had received training recently in the provision of HIV/AIDS care and support services. There is some variation in the availability of providers with recent training by managing authority.

System for TB Screening

About half of health facilities in Tanzania have a system to screen and test HIV-positive clients for TB, with hospitals (87 percent) and health centres (81 percent) most likely to have such a system. Availability of records or a register was considered evidence of a system for routinely screening and testing HIV-positive clients for TB. By managing authority, private-for-profit facilities that offer HIV/AIDS care and support services are more likely than facilities managed by other authorities to screen HIV-positive clients for TB. At the regional level, the proportion of facilities that screen HIV-positive clients for TB ranges from 13 percent in Tabora to 100 percent in Singida, Katavi and Kaskazini Pemba (Table 8.4.1).

Medicines

Cotrimoxazole, used to prevent early opportunistic infections in people living with HIV/AIDS, was available in 80 percent of facilities that offer HIV/AIDS care and support services; it was more likely to be available in hospitals (92 percent) than in other types of facilities. Pain management medicines, male condoms, and intravenous solutions were available in more than 70 percent of facilities. In contrast, only 41 percent of facilities had first-line treatment for TB. Not surprisingly, hospitals (80 percent) and health centres (73 percent) were more likely to have first-line treatment than other types of facilities.

8.3.1 Specific Care and Support Services

As a result of their suppressed immune systems, people living with HIV are at risk of developing opportunistic infections such as TB. Also, if they contract malaria, people living with HIV are likely to experience more severe forms of the disease. Thus, one of the important HIV/AIDS care and support strategies is immediate treatment of opportunistic infections. Facilities that offer care and support services for HIV/AIDS clients should also be able to offer services for TB, STIs, and malaria. The 2014-15 TSPA assessed the availability of specific services among facilities that offer HIV/AIDS care and support services, including treatment and prevention of opportunistic infections (Table 8.4.2).

More than 90 percent of Tanzanian health facilities that offer HIV/AIDS care and support services treat opportunistic infections. Almost all (97 percent) offer preventive treatment for opportunistic infections, which usually involves cotrimoxazole prophylaxis. As shown in Table 8.4.1, 80 percent of these facilities had cotrimoxazole tablets available on the day of the assessment visit. Preventive treatment for TB is somewhat less available, found in a quarter of facilities (Table 8.4.2).

Other HIV/AIDS care and support services that are commonly available include provision of condoms (83 percent), family planning (FP) counselling or services (92 percent), and paediatric HIV care (73 percent). In general, hospitals appear to offer the broadest range of services. Some services, such as systemic intravenous treatment for fungal diseases (28 percent) and treatment for Kaposi's sarcoma (15 percent), are available in fewer than 30 percent of facilities. Just over half of facilities provide palliative care.

Table 8.4.2 HIV care and support services offered

Among facilities offering care and support services for HIV clients, the percentage offering specific services by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering specific CSS services												
Background characteristics	Opportunistic diseases treatment	Systemic IV treatment for fungal diseases	Treatment for Kaposi's sarcoma	Palliative care	Nutritional rehabilitation	Fortified protein supplementation	Paediatric HIV client care	Preventive treatment for TB	Preventive treatment for opportunistic infections	Micronutrient supplementation	FP counselling or services	Condoms for preventing further transmission of HIV	Number of facilities offering HIV/AIDS care and support services
Facility type													
Hospital	100	83	44	84	67	30	88	60	99	81	86	79	42
Health centre	97	52	23	78	70	30	93	45	96	79	92	79	94
Dispensary	89	12	8	41	57	15	64	13	97	65	93	84	273
Clinic	100	41	21	66	79	45	66	24	86	100	100	100	1
Managing authority													
Government	92	23	14	52	59	16	70	24	97	66	98	88	327
Private-for-profit	99	25	9	28	64	35	73	11	99	87	87	85	20
Parastatal	100	88	13	94	93	11	88	23	100	84	50	54	7
Faith-based	91	54	22	74	71	36	88	37	95	83	62	52	56
Residence: Tanzania													
Total urban	95	40	22	60	66	28	78	36	99	70	88	79	93
Total rural	91	25	13	52	60	17	72	22	96	70	93	84	317
Residence: Mainland/ Zanzibar													
Mainland urban	97	41	23	59	65	28	80	37	100	72	88	78	89
Mainland rural	92	25	13	52	59	17	73	22	97	70	94	84	307
Zanzibar urban	72	17	8	72	96	24	33	13	72	28	100	100	4
Zanzibar rural	79	9	13	59	88	12	21	20	67	54	78	73	10
Region													
Mainland average/total	93	29	15	54	60	20	75	26	98	71	92	83	397
Dodoma	100	64	47	48	93	85	69	49	72	95	67	43	10
Arusha	100	46	20	81	57	54	62	19	100	80	89	85	9
Kilimanjaro	100	44	10	83	64	33	76	18	98	61	75	84	26
Tanga	100	24	5	46	41	3	40	20	100	40	99	98	35
Morogoro	100	65	18	86	88	47	92	62	100	73	86	88	8

(Continued…)

Table 8.4.2—*Continued*

Background characteristics	Percentage of facilities offering specific CSS services												Number of facilities offering HIV/AIDS care and support services
	Opportunistic diseases treatment	Systemic IV treatment for fungal diseases	Treatment for Kaposi's sarcoma	Palliative care	Nutritional rehabilitation	Fortified protein supplementation	Paediatric HIV client care	Preventive treatment for TB	Preventive treatment for opportunistic infections	Micronutrient supplementation	FP counselling or services	Condoms for preventing further transmission of HIV	
Region													
Pwani	100	31	36	36	81	4	48	26	96	64	100	100	8
Dar es Salaam	100	30	12	30	60	29	93	14	100	85	88	89	21
Lindi	100	21	19	44	47	9	89	12	100	51	99	71	17
Mtwara	91	17	5	38	26	9	77	33	100	74	92	82	23
Ruvuma	100	67	24	59	78	66	99	60	98	98	96	82	17
Iringa	56	14	8	55	77	27	73	10	91	55	90	87	24
Mbeya	100	43	30	45	24	3	98	26	100	84	97	97	10
Singida	100	79	44	84	90	41	100	79	100	87	85	80	3
Tabora	100	24	1	41	56	0	60	4	100	87	94	99	42
Rukwa	100	38	24	51	100	56	100	31	100	93	91	88	7
Kigoma	97	25	3	88	69	16	79	37	100	78	90	90	9
Shinyanga	81	19	12	45	58	2	50	68	100	65	83	74	10
Kagera	100	10	8	51	75	25	72	39	100	71	94	63	29
Mwanza	79	26	30	34	28	6	59	12	98	93	98	66	20
Mara	81	19	6	94	65	6	100	49	100	56	97	41	14
Manyara	100	56	85	67	78	4	96	54	100	60	89	89	7
Njombe	80	7	11	54	65	8	81	7	99	57	98	94	32
Katavi	100	58	28	100	100	86	100	28	100	100	100	86	2
Simiyu	95	51	20	73	61	22	100	29	92	75	100	75	8
Geita	94	59	41	76	70	18	100	70	94	70	100	76	3
Zanzibar average/total	77	11	12	63	90	16	25	18	69	46	84	81	14
Unguja average/total	76	8	11	61	91	14	21	16	67	45	83	80	13
Kaskazini Unguja	96	0	0	63	88	4	16	29	84	52	71	80	5
Kusini Unguja	63	17	25	55	88	20	27	12	52	55	83	67	5
Mjini Magharibi	66	5	5	66	100	19	19	5	66	19	100	100	3
Pemba average/total	100	75	25	100	75	50	100	50	100	75	100	100	1
Kaskazini Pemba	100	50	50	100	100	50	100	50	100	100	100	100	0
Kusini Pemba	100	100	0	100	50	50	100	50	100	50	100	100	0
National average/total	92	28	15	54	61	20	73	25	97	70	92	83	410

8.4 ANTIRETROVIRAL THERAPY

Antiretroviral drugs inhibit the replication of HIV and thus can substantially prolong and improve the quality of life of HIV-positive people. It is estimated that in Tanzania slightly more than half a million people living with HIV are receiving ART. Still, 27 percent of those eligible for ART are not yet receiving it (NACP, 2014).

The Ministry of Health and Social Welfare, together with partners, has embarked on improvements to the quality of ART programmes in Tanzania. The national ART programme guidelines call for the prescription and provision of ART by trained health personnel, who should regularly monitor the condition of their clients to ensure that an effective ARV regimen is being implemented and that side effects are properly managed.

Elements identified as important for providing good quality ART services include the following:

- Staff trained in the provision of relevant services
- Protocols and guidelines for relevant care and support services
- A consistent supply of ARVs and good storage practices to maintain their quality and security
- A system for making client appointments for routine follow-up services

- An individual client record to assure continuity of care for the client
- Good record-keeping systems to track ART compliance

8.4.1 Service Availability

Overall, more than a quarter of all facilities, including 85 percent of hospitals and 71 percent of health centres, offer ART services (Table 8.5). Few dispensaries and very few clinics offer ART. Thirty-one percent of government facilities and 33 percent of faith-based facilities offer ART services. In 2006, only 4 percent of all facilities in Tanzania, almost exclusively hospitals (70 percent), prescribed ART; only one in ten health centres offered ART services. The situation is much different now.

8.4.2 Service Readiness

Guidelines and Trained Staff

ART guidelines were available in 87 percent of facilities offering ART services (Table 8.5 and Figure 8.3). There is little variation, but dispensaries that offer ART services are slightly less likely to have ART guidelines.

As part of the 2014-15 TSPA, providers were asked about training that they had received as part of their jobs. Fifty-four percent of ART facilities had at least one staff member who received training in ART services recently. By facility type, dispensaries are least likely to have at least one recently trained staff member (49 percent).

Laboratory Capacity

The survey also assessed the availability of laboratory services for monitoring ART clients. Fewer than two of ten ART facilities had the laboratory capacity to perform complete blood counts, while approximately a fourth could do CD4 cell counts. As expected, hospitals are most likely to have the capacity to perform these tests. However, only 3 percent of hospitals had the capacity for RNA viral load testing.

Medicines

More than nine of ten facilities that offer ART services had the first-line adult ART regimen available on the day of the survey. Dispensaries are slightly less likely than other types of facilities to have the first-line ART regimen available (Table 8.5 and Figure 8.3). Ninety-five percent of facilities in Tanzania Mainland had the first-line ART regimen, as compared with only two of ten facilities in Zanzibar.

Table 8.5 Guidelines, trained staff, and items for antiretroviral therapy services

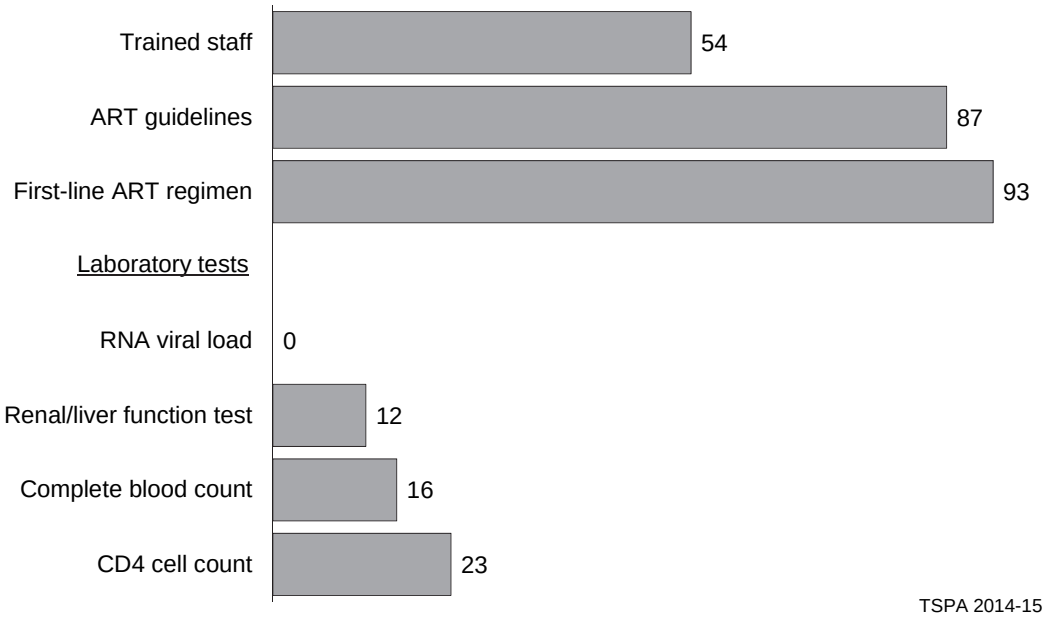
Among all facilities, the percentages offering antiretroviral therapy (ART) services and, among facilities offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering ART services[1]	Percentage of facilities offering ART services as outreach[2]	Number of facilities	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:				First-line adult ART regimen available (single drug dose)[5]	First-line adult ART regimen available (multiple drug dose)[5]	Either single or multiple drug dose (TDF/3TC/EFV or AZT/3TC/NVP)	Number of facilities offering ART services
				ART guidelines	Trained staff[3]	Complete blood count[4]	CD4 cell count	RNA viral load	Renal or liver function test				
Facility type													
Hospital	85	32	46	97	61	67	67	3	71	99	68	99	40
Health centre	71	26	129	94	61	19	40	0	14	96	40	96	92
Dispensary	20	5	992	82	49	4	7	0	0	91	25	91	201
Clinic	4	0	21	100	68	0	0	0	0	100	68	100	1
Managing authority													
Government	31	10	857	85	54	9	22	0	8	93	32	93	262
Private-for-profit	11	3	163	98	37	48	33	2	22	98	43	98	18
Parastatal	20	5	21	100	66	75	50	0	68	89	55	89	4
Faith-based	33	8	148	93	58	34	27	1	28	94	41	94	49
Residence: Tanzania													
Total urban	29	7	324	94	53	36	35	1	31	96	48	96	93
Total rural	28	9	864	84	55	8	19	0	5	92	29	92	239
Residence: Mainland/ Zanzibar													
Mainland urban	29	7	306	95	53	38	36	1	32	100	50	100	89
Mainland rural	28	9	838	85	55	8	19	0	5	93	29	94	236
Zanzibar urban	23	1	18	64	48	8	4	0	12	27	19	27	4
Zanzibar rural	14	1	26	75	21	5	5	0	5	9	5	9	4
Region													
Mainland average/total	28	9	1,144	88	55	16	24	0	12	95	35	95	325
Dodoma	10	5	60	94	73	24	54	0	45	100	36	100	6
Arusha	12	3	52	87	77	48	37	3	39	100	61	100	6
Kilimanjaro	19	10	67	99	61	14	26	1	14	76	26	76	13
Tanga	20	14	59	100	67	9	28	0	13	97	60	100	12
Morogoro	13	4	61	96	45	32	43	0	38	100	38	100	8
Pwani	23	16	45	78	59	15	17	0	11	100	58	100	10
Dar es Salaam	22	2	96	99	20	55	54	3	29	98	72	98	21
Lindi	48	18	35	100	69	17	14	0	4	100	21	100	17
Mtwara	40	20	35	100	40	7	20	0	2	98	8	98	14
Ruvuma	41	23	47	88	28	4	11	0	7	98	81	98	19
Iringa	62	11	39	72	80	23	13	1	9	91	16	91	24
Mbeya	14	7	72	94	31	34	34	2	24	100	75	100	10
Singida	10	5	34	100	74	36	39	0	46	100	43	100	3
Tabora	42	5	50	69	66	9	13	0	8	90	32	90	21
Rukwa	20	16	34	97	77	7	21	0	5	100	7	100	7
Kigoma	12	3	43	100	46	34	37	0	18	89	56	89	5
Shinyanga	48	12	32	89	60	8	22	0	6	89	18	89	15
Kagera	49	1	49	87	57	10	14	0	9	89	10	89	24
Mwanza	33	11	59	57	69	10	25	0	11	100	11	100	19
Mara	32	3	45	100	44	9	21	0	10	100	39	100	14
Manyara	25	20	27	96	25	22	60	0	11	100	55	100	7
Njombe	89	15	38	82	48	5	15	0	5	94	20	94	34
Katavi	22	8	11	93	72	7	35	0	7	100	28	100	2
Simiyu	27	4	30	100	68	2	17	0	2	100	41	100	8
Geita	14	2	23	94	41	5	41	0	22	100	52	100	3
Zanzibar average/total	18	1	44	69	35	6	4	0	8	19	13	19	8
Unguja average/total	25	1	29	66	34	7	5	0	7	11	9	11	7
Kaskazini Unguja	56	3	6	70	5	5	5	0	5	5	0	5	3
Kusini Unguja	9	0	7	100	100	0	0	0	0	28	28	28	1
Mjini Magharibi	22	1	17	57	48	9	5	0	9	14	14	14	4
Pemba average/total	4	0	15	100	50	0	0	0	25	100	50	100	1
Kaskazini Pemba	4	0	8	100	50	0	0	0	0	100	50	100	0
Kusini Pemba	5	0	7	100	50	0	0	0	50	100	50	100	0
National average/total	28	9	1,188	87	54	16	23	0	12	93	34	93	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 (2015).

[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] Providers from another facility use this facility to prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART.
[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 analyzer or functioning haematological counter with the necessary reagents available in the facility.
[5] Facility had the three country-specific first-line antiretroviral medicines for adult treatment available in the facility.

Figure 8.3 **Items to support quality provision of ART services**



8.5 SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS

8.5.1 TSPA Approach to Collection of Information on Sexually Transmitted Infections

Sexually transmitted infections, including HIV/AIDS, and reproductive tract infections (RTIs) cause major health problems the world over. STIs and RTIs affect high proportions of the population and lead to infertility, morbidity, and even mortality in some cases. The presence of certain STIs increases the risk of HIV infection. The effects of STIs and RTIs on reproductive health are sometimes severe and life-threatening, and more so in women than in men. Complications include pelvic inflammatory disease (PID), infertility (in both men and women), and ectopic pregnancy. Pregnant women with STIs are more likely to have low birth weight babies, premature babies, and stillborn births. Moreover, certain STIs, such as HIV infection and syphilis, can be transmitted congenitally.

Sexual contact is the most common route of HIV transmission. Hence, preventive measures for STIs are equally relevant to the control of HIV. Also, treating common STIs may reduce transmission of HIV in a population.

This section uses data from the 2014-15 TSPA to address the following questions:

- To what extent are STI services available?
- To what extent do facilities offering STI services have the capacity to support quality services?

8.5.2 Health Situation Regarding STIs and RTIs in Tanzania

STIs and RTIs remain among the leading causes of disease burden in Tanzania today. Despite their public health importance, however, they have been overshadowed in the last 10 to 15 years by the focus on HIV/AIDS.

In the 2010 Tanzania Demographic and Health Survey, respondents who had had sexual intercourse were asked if, in the 12 months preceding the survey, they had experienced an infection acquired through sexual contact or if they had experienced either of two symptoms associated with STIs or RTIs: a bad-smelling, abnormal discharge from the vagina or penis or a genital sore or ulcer. Seven percent of women and 6 percent of men reported having had an STI or experiencing STI/RTI symptoms during the 12 months preceding the survey.

Studies done in northern Tanzania in 2009 showed that the most common STIs/RTIs in pregnant women were HIV (6.9 percent), HSV-2 (33.6 percent), bacterial vaginosis (20.9 percent), chlamydia (17.5 percent), and candida (11.4 percent) (Msuya et al., 2009). Further research has shown that genital ulcers in Tanzania are due predominantly to herpes virus infection, followed by chancroid and syphilis. In terms of treatment, evidence suggests that 50 to 60 percent of men presenting with STIs at a health facility have been ineffectively treated elsewhere, most often by a traditional healer.

It is in view of this evidence that the Ministry of Health and Social Welfare, through the National AIDS Control Programme and in collaboration with various partners, has embarked on efforts to strengthen STI/RTI service provision in all health facilities in Tanzania.

8.5.3 Service Availability

STI services are widely available in Tanzania. Overall, 97 percent of facilities have in place services for management of STIs (Table 8.6). Nearly all facilities of all types and all management authorities provide such services. This is consistent with the findings of the 2006 TSPA, when 96 percent of facilities provided STI services.

Table 8.6 Guidelines, trained staff, and items for sexually transmitted infection services

Among all facilities, the percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering STI services[1]	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities[4]				Number of facilities offering STI services
			STI guidelines	Trained staff[2]	Syphilis rapid diagnostic test capacity[3]	Male condoms	Metro-nidazole	Ciproflo-xacin capsules or tablets	Injectable ceftriaxone	
Facility type										
Hospital	98	46	73	21	90	72	97	92	84	45
Health centre	100	129	81	16	61	73	81	83	71	128
Dispensary	98	992	74	8	25	69	66	76	56	967
Clinic	65	21	43	11	31	29	88	71	78	14
Managing authority										
Government	98	857	78	8	23	80	62	77	56	838
Private-for-profit	95	163	57	14	51	38	88	84	72	155
Parastatal	85	21	69	26	28	27	62	55	57	18
Faith-based	97	148	72	11	58	45	95	80	63	144
Residence: Tanzania										
Total urban	97	324	65	10	48	56	79	81	71	315
Total rural	97	864	78	9	25	74	66	77	54	839
Residecne: Mainland/ Zanzibar										
Mainland urban	97	306	65	10	49	57	79	82	72	298
Mainland rural	97	838	77	9	26	73	66	78	55	814
Zanzibar urban	96	18	60	18	38	36	75	60	51	18
Zanzibar rural	99	26	91	17	11	79	49	38	23	26
Region										
Mainland average/total	97	1,144	74	9	32	69	70	79	60	1,111
Dodoma	100	60	98	11	46	61	83	78	74	60
Arusha	83	52	57	8	45	80	78	75	67	43
Kilimanjaro	90	67	87	9	30	76	88	78	60	60
Tanga	99	59	75	15	75	74	79	97	76	58

(Continued…)

Table 8.6—*Continued*

Background characteristics	Percentage of facilities offering STI services[1]	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities[4]				Number of facilities offering STI services
			STI guidelines	Trained staff[2]	Syphilis rapid diagnostic test capacity[3]	Male condoms	Metro-nidazole	Ciproflo-xacin capsules or tablets	Injectable ceftriaxone	
Region										
Morogoro	100	61	82	4	26	61	51	74	69	61
Pwani	99	45	65	8	33	74	53	74	35	45
Dar es Salaam	94	96	43	2	47	48	75	83	70	90
Lindi	100	35	89	3	23	71	47	55	65	35
Mtwara	100	35	88	1	29	70	60	67	68	35
Ruvuma	95	47	83	7	44	58	67	78	45	45
Iringa	100	39	93	28	39	75	83	84	49	39
Mbeya	99	72	73	13	22	88	78	93	76	72
Singida	100	34	62	2	18	69	99	92	76	34
Tabora	96	50	50	10	18	77	47	72	67	48
Rukwa	100	34	61	24	26	78	48	50	39	34
Kigoma	100	43	50	1	17	85	59	71	61	43
Shinyanga	100	32	83	2	26	69	71	82	52	32
Kagera	94	49	78	2	18	68	72	86	51	46
Mwanza	98	59	77	9	27	51	65	80	52	58
Mara	100	45	72	7	14	41	86	87	29	45
Manyara	99	27	85	3	41	95	82	60	59	27
Njombe	100	38	88	33	23	78	50	78	56	38
Katavi	96	11	82	9	45	85	76	87	87	11
Simiyu	95	30	80	15	11	78	73	90	49	29
Geita	100	23	86	0	28	62	50	81	42	23
Zanzibar average/total	97	44	78	17	22	62	60	47	35	43
Unguja average/total	96	29	70	20	30	55	70	60	47	28
Kaskazini Unguja	93	6	79	10	7	89	74	60	36	5
Kusini Unguja	100	7	94	31	19	69	61	68	50	7
Mjini Magharibi	95	17	56	19	42	38	73	57	49	16
Pemba average/total	100	15	93	12	8	73	40	23	12	15
Kaskazini Pemba	100	8	91	14	5	73	42	17	8	8
Kusini Pemba	100	7	96	10	12	73	37	29	17	7
National average/total	97	1,188	74	9	32	69	69	78	59	1,155

Note: The indicators presented in this table comprise the staff and training, diagnostics, and medicines and commodities domains for assessing readiness to provide STI services within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Providers in the facility diagnose STIs or prescribe treatment for STIs or both.
[2] At least one interviewed provider of STI services reported receiving in-service training on STI diagnosis and 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.
[3] Facility had unexpired syphilis rapid test kits available.
[4] Facility had unexpired listed medicines and commodities available

8.5.4 Service Readiness

Guidelines and Trained Staff

Three-fourths of facilities had STI guidelines available on the day of the assessment visit. However, only one in every ten facilities had a provider recently trained in STI management.

Laboratory Capacity

Only a third of STI facilities had viable syphilis rapid diagnostic test kits available. This includes 90 percent of hospitals and 61 percent of health centres. Private-for-profit and faith-based facilities were more likely to have syphilis rapid diagnostic tests available than facilities managed by other authorities.

Medicines

As for medicines to treat STIs and RTIs, seven of every ten STI facilities had metronidazole on the day of the assessment visit, and 78 percent had ciprofloxacin capsules or tablets. Injectable ceftriaxone was available in about six of ten facilities. The facility type best supplied with these three medicines was hospital.

NON-COMMUNICABLE DISEASES 9

Dr. Mariam Kalomo

Key Findings

Service availability

- Overall, only half of Tanzanian health facilities offer services for the diagnosis and/or management of diabetes; hospitals and health centres are most likely to offer diabetes services. Government health facilities are less likely than those managed by other authorities to offer services for diabetes.
- Cardiovascular and chronic respiratory disease services are offered in less than seven in every ten facilities in Tanzania.

Service readiness

- On average, no more than 10 percent of facilities offering services for diabetes, cardiovascular diseases, or chronic respiratory diseases have providers who have received recent training in these services.
- Availability of guidelines for provision of non-communicable disease (NCD) services is consistently low.
- Equipment such as blood pressure apparatus, weighing scales, and stethoscopes is available in a majority of facilities that provide NCD services. Other equipment, such as height boards, peak flow meters, and spacer devices, is less available.
- The availability of essential medicines for these conditions is low in most facilities other than hospitals.

9.1 BACKGROUND

Non-communicable diseases (NCDs) contribute significantly to morbidity and mortality worldwide. In 2008 alone, 63 percent of the 57 million deaths across the globe (approximately 36 million) were due to NCDs. Cardiovascular diseases (CVDs) account for most NCD deaths, followed by cancers, respiratory diseases, and diabetes. About a quarter of NCD-related deaths occur among individuals less than age 60. Low- and middle-income countries suffer the majority of global mortality due to NCDs, and projections show an upward trend. Worldwide, with the exception of the African region, mortality due to NCDs exceeds that attributable to communicable, maternal, perinatal, and nutritional conditions combined. Moreover, the prevalence of NCDs is rising rapidly in the African region, where infectious diseases are still rampant (WHO, 2013). As a whole, NCDs share four risk factors—tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diets—and they are a major contributor to poverty as well as an urgent development issue (WHO, 2008).

Using the information collected in the 2014-15 TSPA, this chapter addresses key questions focusing on three NCDs, namely diabetes, cardiovascular diseases, and chronic respiratory diseases. The chapter is organized as follows:

- **Background.** Section 9.1 provides a brief background on the burden of non-communicable diseases globally.

- **Tanzania situation.** Section 9.2 describes the health situation in Tanzania regarding diabetes, cardiovascular diseases, and chronic respiratory diseases.

- **Diabetes.** Section 9.3, including Tables 9.1 and 9.2 and Figures 9.1 and 9.2, describes the availability of services for diabetes and the extent to which facilities are prepared to provide quality services.

- **Cardiovascular diseases.** Section 9.4, including Tables 9.3 and 9.4 and Figures 9.3 and 9.4, describes the availability of services for cardiovascular diseases and the preparedness of facilities to provide quality services.

- **Chronic respiratory diseases.** Section 9.5, including Tables 9.5 and 9.6 and Figures 9.5 and 9.6, explores the availability of services for chronic respiratory diseases in Tanzanian health facilities and the readiness of facilities to provide these services.

9.2 HEALTH SITUATION REGARDING MAJOR NON-COMMUNICABLE DISEASES IN TANZANIA

In Tanzania, NCDs are a public health concern and a cause of growing burden of disease, mainly due to demographic and lifestyle changes. The NCD burden is in addition to the already-existing infectious disease burden, posing a challenge for the country to address a "double burden" of disease with limited resources.

The increasing burden of NCDs and risk factors for these diseases has been documented since the 1990s. Recent information also highlights the high prevalence of NCD risk factors. For example, the 2012 Tanzania National STEPS survey showed high rates of NCDs and NCD risk factors among adults age 25-64. In that survey, 26 percent of respondents had hypertension, 9 percent had diabetes, and 26 percent were overweight or obese. In addition, 34 percent had elevated triglycerides, 26 percent had elevated cholesterol, and 97 percent consumed fewer than 5 servings of fruits and vegetables each day. Finally, 16 percent of respondents used tobacco and 29 percent consumed alcohol.

Although NCDs have been documented across Tanzania, populations in urban areas are more affected. For instance, while the prevalence of diabetes is estimated to be 2-3 percent in rural areas, rates of up to 5 percent have been reported in some urban areas of the country (International Diabetes Federation, 2011). The higher NCD prevalence in urban areas could be due to negative effects of globalization, rapid unplanned urbanization, widespread smoking and alcohol consumption, increasingly sedentary lifestyles, and unhealthy diets consisting of increased consumption of saturated fatty acids, salt, and refined carbohydrates and reduced consumption of fruits and vegetables.

Given the NCD situation in the country, there is a need to urgently institute prevention and control measures. These efforts will have benefits that cut across individuals, families, and communities as well as the nation at large.

In many resource-constrained countries, including Tanzania, the main focus is hospital-centred, with patients presenting at hospitals when they become symptomatic or develop acute conditions or complications. It is evident that there is a need to strengthen the complete spectrum of prevention interventions.

To overcome the challenge of the growing NCD burden, Tanzania established the Non-Communicable Diseases and Mental Health Section in the Ministry of Health and Social Welfare (MoHSW) in 2008; this unit is responsible for coordinating NCD activities. Some of the key implementation plans relating to management of NCDs in Tanzania, as outlined in the National Non-Communicable Diseases Strategy of 2009-2015, include prevention, through raising of awareness and advocacy for policies that minimize exposure to risk factors; early

diagnosis (e.g., via hypertension screening); appropriate patient management through follow-up care in chronic care clinics; and improved availability of diagnostic and medical supplies.

In Tanzania, NCD control services are decentralized from the central and district levels down to the community level to increase access to services. Currently, the MoHSW is in the process of selecting regional and district NCD coordinators.

9.2.1 Diabetes

Diabetes is defined by a fasting blood glucose level of 7.0 mmol/L or above (WHO, 2006). The 2012 Tanzania National STEPS survey revealed that the prevalence of diabetes in the general population age 25-64 is 9 percent. Ninety-one percent of the survey population (93 percent of men and 89 percent of women) had never had their blood glucose measured. The prevalence of self-reported diabetes was found to be 2 percent (MoHSW and WHO, 2012). Responding to these findings, the Non-Communicable Diseases and Mental Health Section, the Tanzania Diabetes Association, and other implementing partners have embarked on a programme at all service provision levels to reduce the burden of morbidity, disability, and avoidable mortality due to diabetes.

9.2.2 Cardiovascular Diseases

In Tanzania, cardiovascular diseases (including hypertension, heart diseases, and stroke) are a major national health problem. The 2012 Tanzania National STEPS survey identified the following CVD risk factors: tobacco smoking, alcohol consumption, physical inactivity, and being overweight or obese.

The 2012 STEPS survey also showed that 93 percent had blood pressure levels equal to or above 140/90 mmHg (excluding those on medication) as shown through measurements conducted during the survey (WHO, 2012).

Plans to improve the CVD situation in the country include sustained public health promotion campaigns, training for health care workers, and promotion of early care seeking and adherence to treatment at the community level.

9.2.3 Chronic Respiratory Diseases

A study conducted in 2014 among secondary school students in Tanzania showed that asthma prevalence ranged from 12.1 percent to 23.1 percent (Shimwela 2014).

According to the 2014 global status report on non-communicable diseases, the age-standardized death rate per 100,000 persons due to chronic respiratory diseases in Tanzania is 32 among males and 24 among females (WHO 2014).

9.3 DIABETES: SERVICE AVAILABILITY AND READINESS

9.3.1 Availability of Services for Diabetes

Provision of services for diabetes is coordinated by the MoHSW through the National Diabetes Programme. The Tanzania Diabetes Association implements diabetes programs, and the World Diabetes Association provides financial and technical assistance. The 2014-15 TSPA assessed the availability of services for diabetes as well as service delivery conditions. Table 9.1 provides information on service availability.

Overall, half of health facilities in Tanzania (52 percent) offer services for the diagnosis and/or management of diabetes. As expected, hospitals (91 percent) are most likely to offer diabetes services. Eight of ten health centres also offer such services.

Less than half (45 percent) of government health facilities provide services for diabetes, as compared with 75 percent of private-for-profit facilities, 66 percent of faith-based facilities, and 61 percent of parastatal facilities.

Half (51 percent) of Tanzania Mainland facilities provide diabetes services, compared with 79 percent of Zanzibar facilities.

9.3.2 Service Readiness for Diabetes

In addition to availability of services, the 2014-15 TSPA assessed the readiness of facilities to provide quality diabetes services. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Although diabetes services can be provided in multiple sites in large facilities, information on whether facilities have the capacity to provide quality diabetes services comes only from the general outpatient department, which is usually the main diabetes service site.

Tables 9.1 and 9.2 and Figures 9.1 and 9.2 provide information on the extent to which facilities have the infrastructure and resources to support diabetes diagnostic and treatment services.

Table 9.1 Guidelines, trained staff, and equipment for diabetes services

Among all facilities, the percentages offering services for diabetes and, among facilities offering services for diabetes, the percentages having guidelines, at least one staff member recently trained on diabetes, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering services for diabetes[1]	Number of facilities	Percentage of facilities offering services for diabetes that have:					Number of facilities offering services for diabetes
			Guidelines for the diagnosis and management of diabetes	Trained staff[2]	Equipment			
					Blood pressure apparatus[3]	Adult weighing scale	Height board or stadiometer	
Facility type								
Hospital	91	46	59	37	92	91	69	42
Health centre	81	129	47	25	91	81	53	104
Dispensary	47	992	36	4	87	77	41	462
Clinic	47	21	25	21	97	91	19	10
Managing authority								
Government	45	857	40	10	85	73	46	387
Private-for-profit	75	163	41	7	93	88	35	122
Parastatal	61	21	50	10	100	58	58	13
Faith-based	66	148	30	15	93	91	48	97
Residence: Tanzania								
Total urban	62	324	38	14	91	83	44	202
Total rural	48	864	39	8	87	77	44	417
Residence: Mainland/Zanzibar								
Mainland urban	60	306	38	14	90	84	46	184
Mainland rural	48	838	39	7	87	77	44	399
Zanzibar urban	96	18	39	18	98	74	21	18
Zanzibar rural	68	26	45	32	75	59	54	18
Region								
Mainland average/total	51	1,144	39	9	88	79	45	583
Dodoma	44	60	29	1	88	97	36	26
Arusha	45	52	14	9	96	73	49	23
Kilimanjaro	60	67	34	27	92	84	71	40
Tanga	80	59	27	4	100	91	59	47
Morogoro	59	61	49	5	98	88	49	36
Pwani	57	45	45	17	92	82	12	26
Dar es Salaam	62	96	22	7	86	90	38	59
Lindi	15	35	26	26	90	92	50	5
Mtwara	29	35	77	19	78	100	89	10
Ruvuma	24	47	47	6	100	94	45	12

(Continued…)

Table 9.1—*Continued*

Background characteristics	Percentage of facilities offering services for diabetes[1]	Number of facilities	Percentage of facilities offering services for diabetes that have: Guidelines for the diagnosis and management of diabetes	Trained staff[2]	Equipment: Blood pressure apparatus[3]	Equipment: Adult weighing scale	Equipment: Height board or stadiometer	Number of facilities offering services for diabetes
Region								
Iringa	59	39	86	9	82	88	58	23
Mbeya	48	72	41	7	98	78	56	35
Singida	88	34	42	0	80	52	10	30
Tabora	58	50	4	2	77	90	69	29
Rukwa	52	34	15	6	87	57	44	18
Kigoma	63	43	55	1	88	41	20	27
Shinyanga	56	32	44	18	99	78	62	18
Kagera	53	49	44	13	76	64	28	26
Mwanza	64	59	37	4	77	76	31	38
Mara	23	45	81	34	73	98	52	10
Manyara	21	27	77	24	95	95	92	6
Njombe	9	38	60	34	100	100	62	4
Katavi	100	11	70	17	86	71	45	11
Simiyu	37	30	30	16	72	74	31	11
Geita	59	23	55	6	86	51	27	14
Zanzibar average/total	79	44	42	25	87	67	37	35
Unguja average/total	87	29	43	24	98	82	48	25
Kaskazini Unguja	83	6	54	26	100	83	80	5
Kusini Unguja	69	7	40	38	91	82	91	5
Mjini Magharibi	95	17	40	19	100	82	26	16
Pemba average/total	65	15	41	27	56	26	9	10
Kaskazini Pemba	72	8	34	19	58	16	0	6
Kusini Pemba	57	7	50	40	53	41	21	4
National average/total	52	1,188	39	10	88	79	44	619

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.
[2] At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instructions that a provider might have received during routine supervision.
[3] Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Service Guidelines

Availability of service guidelines does not necessarily result in their use; however, at least they will be available if needed. Among facilities offering diabetes services, only 39 percent had guidelines for diagnosis and management of diabetes available at the service site (Table 9.1 and Figure 9.1). Hospitals, at 59 percent, are more likely than other types of facilities to have these guidelines; clinics are least likely. Faith-based facilities are less likely than facilities managed by other authorities to have guidelines.

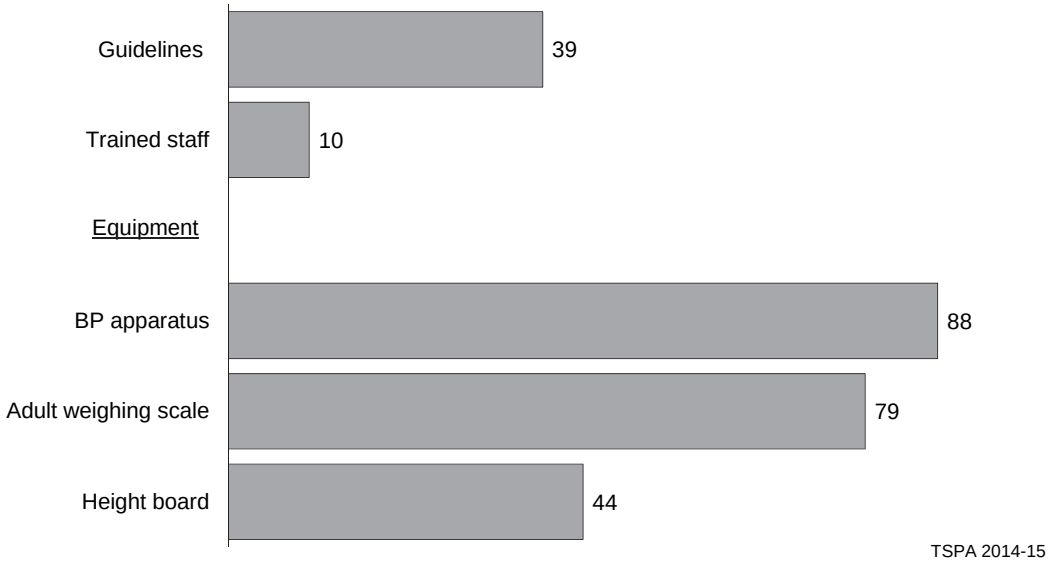
Trained Staff

Among facilities reporting that they offer diabetes services, only 10 percent had a staff member who had received recent training in provision of such services. Dispensaries, at only 4 percent, are less likely than other types of facilities to have a provider with recent training. Twenty-five percent of facilities in Zanzibar, as compared with only 9 percent of facilities in Tanzania Mainland, have a health care provider with recent training in provision of diabetes services (Table 9.1 and Figure 9.1).

Equipment

Among facilities that offer diabetes services, 88 percent had blood pressure apparatus, 79 percent had an adult weighing scale, and only 44 percent had a height board available in the relevant service areas (Table 9.1 and Figure 9.1). Dispensaries were less likely than other types of facilities to have either blood pressure apparatus or an adult weighing scale, while clinics were less likely to have a height board.

Figure 9.1 **Items to support quality provision of diabetes services**



Diagnostic Capacity

Among facilities offering diabetes services, 39 percent had the capacity to conduct blood glucose tests, 43 percent had the capacity to conduct urine protein tests, and 41 percent had the capacity to conduct urine glucose tests (Table 9.2 and Figure 9.2). In all cases, hospitals are much more likely than other types of facilities to have the capacity to conduct these tests, and dispensaries are least likely to have testing capacity. By managing authority, government facilities are least likely to have these tests. Diagnostic facilities are less available in rural than urban areas.

Medicines

The overall availability of medicines for managing diabetes is low; however, as expected, the four medicines assessed are generally more available in hospitals than in other types of facilities.

Table 9.2 Diagnostic capacity and essential medicines for diabetes

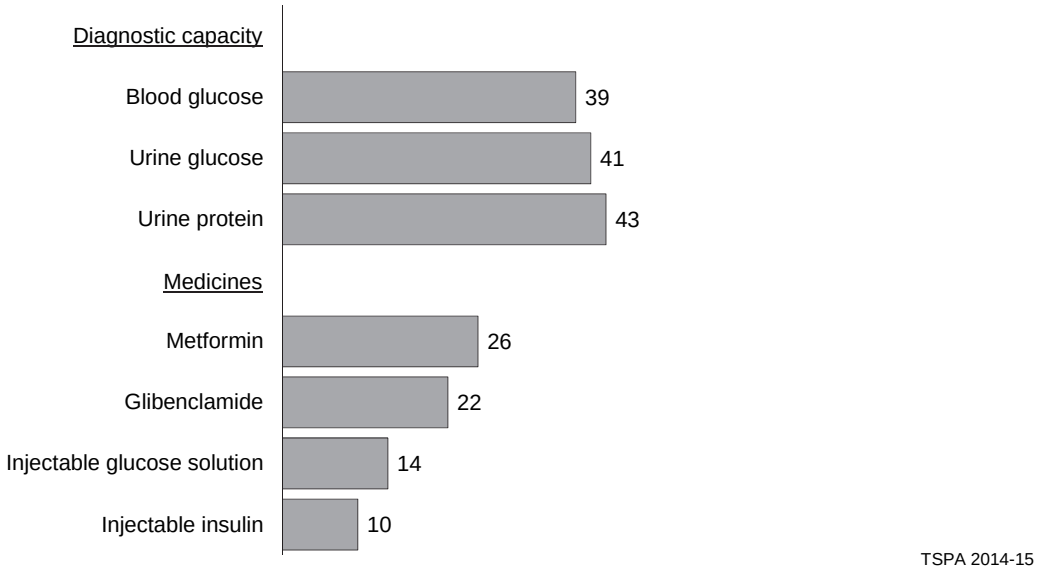
Among facilities offering services for diabetes, the percentages having indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Diagnostic capacity			Medicines				Number of facilities offering services for diabetes
	Blood glucose[1]	Urine protein[2]	Urine glucose[3]	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution	
Facility type								
Hospital	94	90	89	83	79	82	65	42
Health centre	60	69	67	38	33	16	23	104
Dispensary	29	32	30	18	14	2	8	462
Clinic	70	57	56	39	33	4	15	10
Managing authority								
Government	19	29	26	12	9	6	12	387
Private-for-profit	81	62	63	49	35	12	19	122
Parastatal	60	52	54	50	46	20	15	13
Faith-based	64	72	73	54	52	24	18	97
Residence: Tanzania								
Total urban	72	69	68	52	40	22	24	202
Total rural	23	30	28	14	13	4	9	417
Residence: Mainland/ Zanzibar								
Mainland urban	73	70	68	56	43	24	26	184
Mainland rural	23	30	28	14	13	4	10	399
Zanzibar urban	61	68	68	10	11	5	6	18
Zanzibar rural	29	25	26	8	7	7	4	18
Region								
Mainland average/total	39	42	41	27	23	10	15	583
Dodoma	21	36	24	17	15	4	7	26
Arusha	67	55	56	45	27	10	11	23
Kilimanjaro	39	45	45	55	55	17	13	40
Tanga	18	56	43	7	21	3	5	47
Morogoro	54	57	57	32	30	9	9	36
Pwani	32	39	39	16	18	4	6	26
Dar es Salaam	92	73	74	68	54	26	38	59
Lindi	68	85	82	16	31	25	25	5
Mtwara	32	36	36	26	33	28	9	10
Ruvuma	31	32	29	39	20	9	15	12
Iringa	23	31	31	8	6	7	4	23
Mbeya	38	40	41	13	11	10	10	35
Singida	15	18	16	6	5	4	5	30
Tabora	32	27	26	6	5	6	3	29
Rukwa	16	12	12	14	1	3	28	18
Kigoma	27	22	21	21	16	5	9	27
Shinyanga	26	29	16	10	8	4	19	18
Kagera	26	42	41	54	40	10	25	26
Mwanza	32	46	46	20	7	7	20	38
Mara	61	73	97	56	22	31	9	10
Manyara	80	82	82	67	27	25	51	6
Njombe	79	66	79	50	36	42	23	4
Katavi	5	15	11	11	7	2	42	11
Simiyu	19	8	7	3	2	5	17	11
Geita	39	16	16	11	9	8	8	14
Zanzibar average/total	45	47	47	9	9	6	5	35
Unguja average/total	54	58	58	7	9	3	5	25
Kaskazini Unguja	39	31	35	12	4	7	4	5
Kusini Unguja	35	47	44	9	12	3	7	5
Mjini Magharibi	64	69	69	5	9	1	5	16
Pemba average/total	23	17	19	15	10	14	6	10
Kaskazini Pemba	14	16	16	9	6	10	6	6
Kusini Pemba	35	19	24	25	15	19	6	4
National average/total	39	43	41	26	22	10	14	619

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey, or a functioning chemistry analyser.
[2] Facility had unexpired urine dipsticks for testing urine protein available in the facility on the day of the survey.
[3] Facility had unexpired urine dipsticks for testing urine glucose available in the facility on the day of the survey.

Figure 9.2 **Diagnostic capacity and medicines to support quality provision of diabetes services**



9.4 CARDIOVASCULAR DISEASES: SERVICE AVAILABILITY AND READINESS

9.4.1 Service Availability for Cardiovascular Diseases

Table 9.3 provides information on the availability of services for cardiovascular diseases. Overall, 65 percent of health facilities offer such services. Almost all hospitals and nine out of ten health centres offer these services, as compared with six in every ten dispensaries and half of clinics. More than 70 percent of private, parastatal, and faith-based facilities provide services for cardiovascular diseases, compared with 61 percent of government facilities.

9.4.2 Service Readiness for Cardiovascular Diseases

The 2014-15 TSPA assessed systems and supplies for supporting quality services for cardiovascular diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Tables 9.3 and 9.4 and Figures 9.3 and 9.4 provide information on whether facilities have the resources to support diagnosis and/or treatment services for cardiovascular diseases.

Service Guidelines

Fewer than half (42 percent) of facilities that offer services for cardiovascular diseases had guidelines for diagnosis and management of these diseases (Table 9.3 and Figure 9.3). Clinics are less likely than other types of facilities to have service guidelines.

Trained Staff

As with diabetes services, only 10 percent of facilities that offer services for cardiovascular diseases have a staff member with recent training in provision of these services. Similar to other indicators, hospitals and health centres are more likely than other types of facilities to have trained providers. Facilities in Zanzibar (22 percent) are more likely than facilities in Tanzania Mainland (9 percent) to have trained providers (Table 9.3).

Table 9.3 Guidelines, trained staff, and equipment for cardiovascular diseases

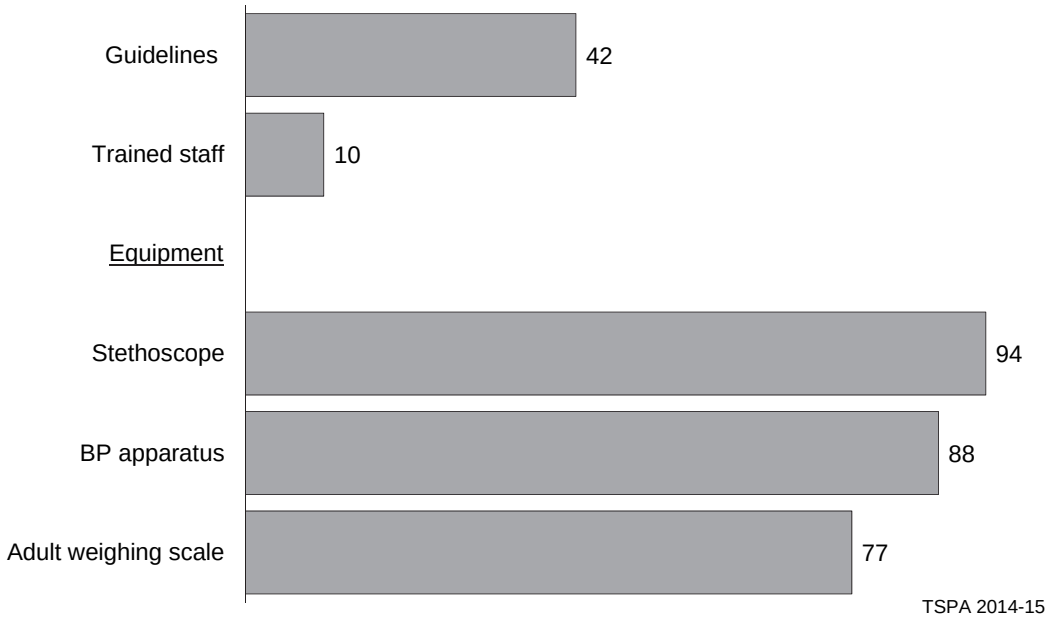
Among all facilities, the percentages offering services for cardiovascular diseases and, among facilities offering services for cardiovascular diseases, the percentages having guidelines, at least one staff member recently trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering services for cardiovascular diseases[1]	Number of facilities	Percentage of facilities offering services for cardiovascular diseases that have:					Number of facilities offering services for cardiovascular diseases
			Guidelines for diagnosis and management of cardiovascular diseases	Trained staff[2]	Equipment			
					Stethoscope	Blood pressure apparatus[3]	Adult scale	
Facility type								
Hospital	98	46	53	33	97	93	91	45
Health centre	91	129	51	25	95	91	82	117
Dispensary	60	992	40	5	93	86	74	597
Clinic	52	21	29	15	100	97	84	11
Managing authority								
Government	61	857	46	9	92	85	71	519
Private-for-profit	77	163	36	9	100	93	88	126
Parastatal	71	21	62	19	100	100	64	15
Faith-based	75	148	31	13	95	93	89	110
Residence: Tanzania								
Total urban	69	324	38	12	97	91	82	223
Total rural	63	864	44	9	92	86	74	547
Residence: Mainland/Zanzibar								
Mainland urban	67	306	38	11	97	90	83	205
Mainland rural	63	838	43	8	93	87	75	525
Zanzibar urban	96	18	42	18	97	98	74	18
Zanzibar rural	86	26	61	26	86	78	55	22
Region								
Mainland average/total	64	1,144	42	9	94	88	77	730
Dodoma	75	60	29	6	89	87	88	45
Arusha	47	52	17	25	98	96	74	24
Kilimanjaro	85	67	54	17	100	94	83	57
Tanga	84	59	18	3	100	100	92	50
Morogoro	75	61	46	5	99	98	84	46
Pwani	90	45	60	16	95	90	83	41
Dar es Salaam	62	96	18	7	100	86	89	60
Lindi	38	35	31	10	83	81	56	13
Mtwara	46	35	76	7	100	86	79	16
Ruvuma	26	47	48	10	100	100	94	12
Iringa	65	39	87	7	92	84	89	26
Mbeya	61	72	32	7	99	98	72	44
Singida	88	34	48	1	86	80	52	30
Tabora	62	50	13	11	93	79	91	31
Rukwa	53	34	40	6	88	87	58	18
Kigoma	95	43	46	1	89	68	38	41
Shinyanga	78	32	39	14	93	99	84	25
Kagera	83	49	44	8	100	84	69	41
Mwanza	72	59	33	5	79	78	79	42
Mara	32	45	62	25	79	81	99	14
Manyara	21	27	79	29	100	95	95	6
Njombe	16	38	79	13	100	100	100	6
Katavi	100	11	79	16	90	86	71	11
Simiyu	38	30	45	3	74	73	74	11
Geita	89	23	71	5	93	78	41	20
Zanzibar average/total	90	44	53	22	91	87	63	40
Unguja average/total	93	29	48	23	98	98	81	27
Kaskazini Unguja	90	6	66	31	100	100	77	5
Kusini Unguja	88	7	53	30	100	93	79	6
Mjini Magharibi	95	17	40	18	97	100	82	16
Pemba average/total	86	15	63	20	75	62	27	13
Kaskazini Pemba	86	8	53	16	59	57	13	7
Kusini Pemba	86	7	75	25	94	69	44	6
National average/total	65	1,188	42	10	94	88	77	770

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.
[2] At least one interviewed provider of cardiovascular diseases services reported receiving in-service training in cardiovascular diseases 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] Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Figure 9.3 **Items to support quality provision of services for cardiovascular diseases (CVDs)**



Equipment

Overall, 94 percent of all facilities that offer services for cardiovascular diseases had a stethoscope, 88 percent had blood pressure apparatus, and 77 percent had an adult weighing scale available in the relevant service sites (Table 9.3 and Figure 9.3). Government facilities are less likely than other facilities to have blood pressure apparatus.

Medicines

Among facilities offering services for cardiovascular diseases, aspirin is the most widely available medicine (74 percent). By comparison, one-third of facilities had calcium channel blockers available on the day of the visit, two of ten had beta blockers, and one of ten had angiotensin-converting enzyme (ACE) inhibitors (Table 9.4 and Figure 9.4). Most of these medicines, in truth, are not expected to be available in lower-level facilities such as dispensaries. As the data show, hospitals are more likely than other types of facilities to have medicines for management of cardiovascular diseases.

Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases

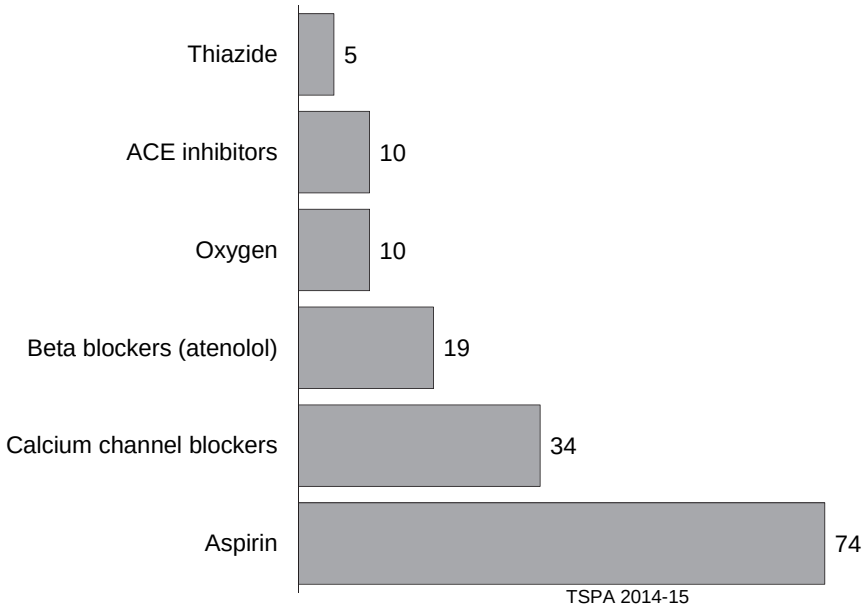
Among facilities offering services for cardiovascular diseases, the percentages having indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering services for cardiovascular diseases that have the indicated medicines and commodities						Number of facilities offering services for cardiovascular diseases
	Any ACE inhibitor	Thiazide	Beta blockers (atenolol)	Any calcium channel blocker	Aspirin	Oxygen[1]	
Facility type							
Hospital	28	24	75	86	83	45	45
Health centre	17	7	34	51	78	25	117
Dispensary	8	3	12	25	73	4	597
Clinic	11	14	38	68	33	6	11
Managing authority							
Government	4	1	10	21	82	4	519
Private-for-profit	25	16	44	61	51	25	126
Parastatal	27	29	29	60	35	15	15
Faith-based	22	9	36	57	66	16	110
Residence: Tanzania							
Total urban	24	13	42	59	68	24	223
Total rural	5	2	10	23	76	4	547
Residence: Mainland/ Zanzibar							
Mainland urban	25	12	44	59	72	26	205
Mainland rural	5	2	10	24	79	4	525
Zanzibar urban	12	21	17	57	28	2	18
Zanzibar rural	5	1	11	19	5	7	22
Region							
Mainland average/total	11	5	20	34	77	10	730
Dodoma	3	1	9	11	83	7	45
Arusha	20	18	50	38	84	15	24
Kilimanjaro	22	6	20	58	64	14	57
Tanga	7	2	16	32	99	9	50
Morogoro	3	3	17	33	77	3	46
Pwani	5	0	16	31	87	3	41
Dar es Salaam	36	20	63	68	61	40	60
Lindi	3	1	10	20	83	2	13
Mtwara	12	0	18	39	61	16	16
Ruvuma	7	4	15	25	57	19	12
Iringa	22	2	9	29	49	5	26
Mbeya	2	4	10	15	62	4	44
Singida	2	4	19	12	93	5	30
Tabora	1	2	13	36	77	2	31
Rukwa	3	1	12	15	95	2	18
Kigoma	6	1	9	27	78	1	41
Shinyanga	1	1	12	21	82	10	25
Kagera	8	2	23	40	88	3	41
Mwanza	14	5	8	35	71	6	42
Mara	38	31	37	61	96	28	14
Manyara	17	6	25	45	94	29	6
Njombe	3	11	38	51	85	59	6
Katavi	0	0	5	33	75	0	11
Simiyu	0	0	6	28	86	0	11
Geita	1	0	13	9	79	2	20
Zanzibar average/total	8	10	14	36	15	5	40
Unguja average/total	9	13	15	46	18	6	27
Kaskazini Unguja	0	0	14	26	3	13	5
Kusini Unguja	17	0	19	29	17	10	6
Mjini Magharibi	8	22	13	58	23	2	16
Pemba average/total	6	3	11	14	9	2	13
Kaskazini Pemba	2	0	7	10	7	0	7
Kusini Pemba	11	7	16	20	11	3	6
National average/total	10	5	19	34	74	10	770

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] In cylinders or concentrators or an oxygen distribution system

Figure 9.4 **Medicines and commodities to support quality provision of services for CVDs**



9.5 CHRONIC RESPIRATORY DISEASES: SERVICE AVAILABILITY AND READINESS

The 2014-15 TSPA assessed the availability of services for chronic respiratory diseases in Tanzanian health facilities as well as the readiness of facilities to provide these services. Table 9.5 provides information on the availability of chronic respiratory disease services.

9.5.1 Service Availability for Chronic Respiratory Diseases

Among all facilities, 61 percent offer services for chronic respiratory diseases. Almost all hospitals and nine of ten health centres offer such services (Table 9.5). Private-for-profit and faith-based facilities (around 70 percent) are more likely to offer services for chronic respiratory diseases than facilities managed by other authorities. Ninety-five percent of facilities in Zanzibar offer respiratory disease services, as compared with 60 percent of facilities in Tanzania Mainland.

9.5.2 Service Readiness for Chronic Respiratory Diseases

The 2014-15 TSPA assessed systems and supplies for supporting quality services for chronic respiratory diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Tables 9.5 and 9.6 and Figures 9.5 and 9.6 provide information on whether facilities have the resources to support diagnosis and/or treatment services for chronic respiratory diseases.

Service Guidelines

Fewer than half (41 percent) of facilities that offer services for chronic respiratory diseases have guidelines for diagnosis and management of these diseases (Table 9.5 and Figure 9.5). Facilities in Zanzibar (57 percent) are more likely than facilities in Tanzania Mainland (40 percent) to have guidelines available.

Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory diseases

Among all facilities, the percentages offering services for chronic respiratory diseases and, among facilities offering services for chronic respiratory diseases, the percentages having guidelines, at least one staff member recently trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering services for chronic respiratory diseases[1]	Number of facilities	Percentage of facilities offering services for chronic respiratory diseases that have:					Number of facilities offering services for chronic respiratory diseases
			Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff[2]	Equipment			
					Stethoscope	Peak flow meter	Spacers for inhalers	
Facility type								
Hospital	98	46	52	32	97	13	18	45
Health centre	88	129	52	22	96	10	12	113
Dispensary	56	992	38	3	92	1	4	554
Clinic	48	21	24	12	100	0	6	10
Managing authority								
Government	58	857	45	8	91	1	3	495
Private-for-profit	70	163	29	6	100	9	18	114
Parastatal	45	21	82	4	100	7	5	9
Faith-based	71	148	34	9	95	4	10	104
Residence: Tanzania								
Total urban	65	324	38	13	97	6	13	210
Total rural	59	864	42	6	92	1	3	513
Residence: Mainland/Zanzibar								
Mainland urban	63	306	38	11	97	6	14	193
Mainland rural	58	838	41	5	92	1	3	488
Zanzibar urban	96	18	42	26	97	2	4	18
Zanzibar rural	94	26	67	35	85	7	6	24
Region								
Mainland average/total	60	1,144	40	6	93	3	6	681
Dodoma	66	60	27	3	88	1	1	39
Arusha	46	52	28	18	98	1	1	24
Kilimanjaro	55	67	38	12	100	13	25	37
Tanga	66	59	15	3	100	0	2	39
Morogoro	73	61	41	5	99	0	0	45
Pwani	90	45	65	9	95	1	0	41
Dar es Salaam	57	96	18	6	100	7	26	55
Lindi	27	35	41	17	95	0	0	10
Mtwara	46	35	87	7	100	0	1	16
Ruvuma	31	47	38	8	100	7	6	15
Iringa	65	39	87	7	92	3	3	26
Mbeya	76	72	33	5	99	0	1	54
Singida	100	34	43	1	82	0	1	34
Tabora	46	50	6	1	91	1	0	23
Rukwa	53	34	33	6	88	0	1	18
Kigoma	95	43	45	0	89	0	17	41
Shinyanga	49	32	37	9	89	0	0	16
Kagera	78	49	34	8	100	0	2	38
Mwanza	72	59	33	5	80	5	5	42
Mara	38	45	54	6	83	16	21	17
Manyara	28	27	57	12	100	6	10	8
Njombe	16	38	84	16	100	3	6	6
Katavi	100	11	73	14	90	0	0	11
Simiyu	42	30	49	3	77	0	0	13
Geita	66	23	89	12	90	1	0	15
Zanzibar average/total	95	44	57	31	90	5	5	42
Unguja average/total	94	29	52	33	98	6	7	27
Kaskazini Unguja	90	6	66	51	100	0	3	5
Kusini Unguja	94	7	71	41	100	12	18	7
Mjini Magharibi	95	17	40	24	97	5	4	16
Pemba average/total	97	15	65	27	74	3	1	15
Kaskazini Pemba	100	8	56	28	58	0	0	8
Kusini Pemba	93	7	77	27	94	6	3	7
National average/total	61	1,188	41	8	93	3	6	723

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases.
[2] At least one interviewed provider of services for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases 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.

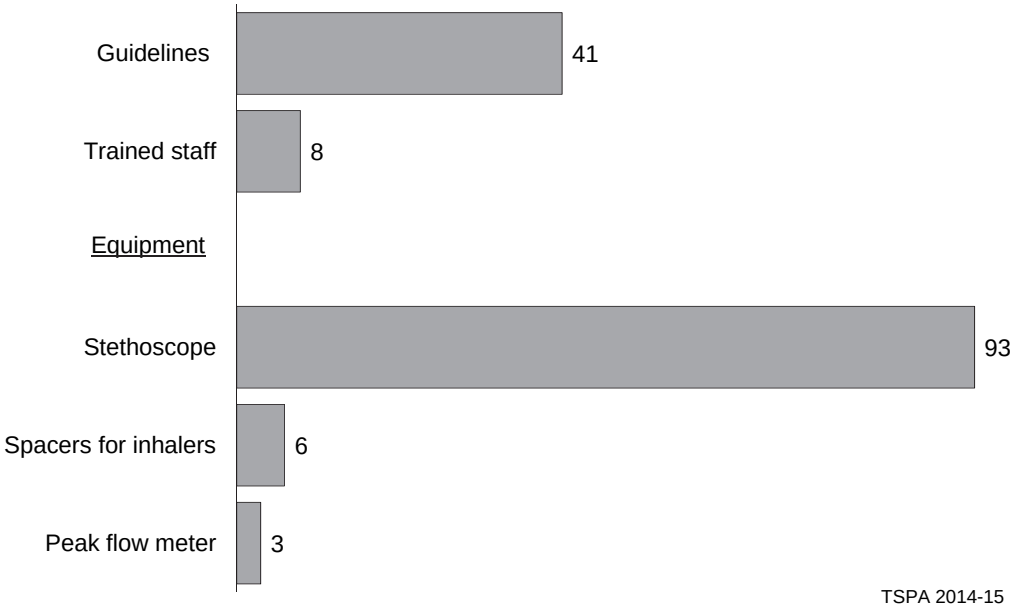
Trained Staff

Among facilities that provide services for chronic respiratory diseases, only 8 percent have staff with recent training in service provision. Facilities in Zanzibar are more likely than those in Tanzania Mainland to have a staff member with recent training (Table 9.5).

Equipment

Overall, 93 percent of facilities that offer services for chronic respiratory diseases have a stethoscope. Other equipment, such as peak flow meters (3 percent) and spacers for inhalers (6 percent), is much less likely to be available, even in hospitals and health centres (Table 9.5 and Figure 9.5).

Figure 9.5 Items to support quality provision of services for chronic respiratory diseases



Medicines

Among facilities offering services for chronic respiratory diseases, injectable epinephrine is the most widely available medicine (64 percent), followed by hydrocortisone tablets (47 percent) and prednisolone tablets (37 percent). By comparison, only one of five facilities had salbutamol inhalers available on the day of the visit, and only 4 percent had beclomethasone inhalers. Oxygen was available in only one of ten facilities (Table 9.6 and Figure 9.6). Hospitals were more likely than other facilities to have medicines for management of chronic respiratory diseases (Table 9.6). Also, medicines and commodities were more likely to be available in urban than in rural facilities.

Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases

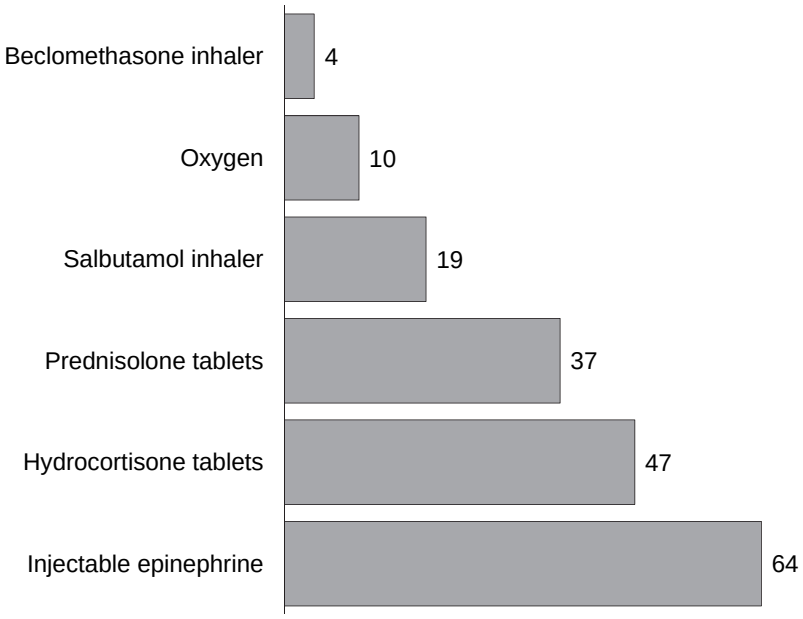
Among facilities offering services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering services for chronic respiratory diseases that have the indicated medicines and commodities						Number of facilities offering services for chronic respiratory diseases
	Salbutamol inhaler	Beclo-methasone inhaler	Prednisolone tablets	Hydro-cortisone tablets	Injectable epinephrine	Oxygen[1]	
Facility type							
Hospital	60	10	81	84	81	45	45
Health centre	23	4	56	59	68	25	113
Dispensary	14	3	29	41	62	4	554
Clinic	23	10	64	74	53	6	10
Managing authority							
Government	10	1	20	32	68	4	495
Private-for-profit	36	11	83	86	62	28	114
Parastatal	26	3	68	96	37	24	9
Faith-based	40	7	64	74	48	17	104
Residence: Tanzania							
Total urban	35	10	70	73	65	25	210
Total rural	12	1	24	37	64	4	513
Residence: Mainland/ Zanzibar							
Mainland urban	37	10	70	73	67	27	193
Mainland rural	11	1	23	36	65	4	488
Zanzibar urban	20	1	68	74	48	2	18
Zanzibar rural	19	0	37	43	29	6	24
Region							
Mainland average/total	19	4	36	47	66	11	681
Dodoma	21	1	18	31	41	8	39
Arusha	14	2	60	54	35	15	24
Kilimanjaro	19	1	79	72	42	21	37
Tanga	28	0	36	41	67	12	39
Morogoro	20	7	17	42	70	2	45
Pwani	9	0	39	71	64	3	41
Dar es Salaam	52	32	88	90	67	43	55
Lindi	32	0	42	51	84	4	10
Mtwara	14	0	24	27	46	16	16
Ruvuma	28	3	41	22	61	16	15
Iringa	16	2	38	53	71	5	26
Mbeya	3	1	19	26	80	3	54
Singida	5	1	24	62	71	5	34
Tabora	17	0	16	50	38	3	23
Rukwa	11	0	32	19	83	2	18
Kigoma	10	0	10	32	79	1	41
Shinyanga	12	0	9	41	66	15	16
Kagera	12	0	10	35	58	3	38
Mwanza	18	1	41	37	95	6	42
Mara	41	2	74	41	72	24	17
Manyara	40	2	70	54	88	21	8
Njombe	19	3	58	56	44	59	6
Katavi	2	0	40	42	66	0	11
Simiyu	25	0	29	38	85	0	13
Geita	4	0	19	26	57	2	15
Zanzibar average/total	19	0	50	56	37	4	42
Unguja average/total	21	0	56	66	47	6	27
Kaskazini Unguja	30	0	40	67	40	13	5
Kusini Unguja	20	0	44	48	36	9	7
Mjini Magharibi	19	0	66	73	54	2	16
Pemba average/total	16	1	38	38	19	1	15
Kaskazini Pemba	20	2	44	44	9	0	8
Kusini Pemba	11	0	32	31	30	3	7
National average/total	19	4	37	47	64	10	723

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] In cylinders or concentrators or an oxygen distribution system

Figure 9.6 **Medicines and commodities to support quality provision of services for chronic respiratory diseases**



TSPA 2014-15

TUBERCULOSIS 10

Basra Esmail Doullas

Key Findings

Service availability

- A large proportion of hospitals and health centres offer TB diagnostic and/or treatment services, while dispensaries and clinics are less likely to do so. Overall availability of TB services appears to have declined over the last decade.

Service readiness

- Guidelines for TB diagnosis and treatment are available in about six of ten facilities offering TB services. Other TB guidelines, including guidelines for the management of HIV and TB co-infection, are less widely available.
- First-line medicines for treating TB are available at over 80 percent of facilities that offer TB treatment services.
- Almost all hospitals and health centres that offer TB services have systems for diagnosing HIV among TB patients.
- Less than 40 percent of facilities that offer TB services had at least one staff member trained in service provision in the 24 months before the survey.

Infection control

- About six of every ten facilities offering TB services had hand-washing supplies, specifically soap and running water or alcohol-based hand disinfectant. More than eight of ten TB facilities had adequate ventilation at the service site.

10.1 BACKGROUND

This chapter provides an overview of services for tuberculosis (TB) in Tanzanian health facilities. It highlights the key aspects of TB-related client services, including the availability of diagnostic capacity, trained staff, and medicines.

The chapter is organised as follows:

- **Background.** Section 10.1 provides background information on tuberculosis, both globally and in Tanzania.
- **Availability of services.** Section 10.2, including Table 10.1 and Figure 10.1, presents information on the availability of TB diagnostic and/or treatment services in Tanzania.
- **Service readiness.** Section 10.3, including Tables 10.1 through 10.4 and Figure 10.2, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality TB services, including the availability of TB service guidelines, trained staff, diagnostic capacity, and medicines.

- **Basic management and administrative systems.** Section 10.4, including Tables 10.4 and 10.5, considers certain aspects of management and administrative systems in support of quality TB services, including personal supervision and in-service training for service providers.

10.1.1 Global Burden of Tuberculosis

The global burden of TB remains high. An estimated 8.6 million people developed tuberculosis in 2012 and 1.3 million died from the disease, including 320,000 deaths among HIV-positive people (WHO, 2012).

Although the numbers of TB cases and deaths remain high, there has been significant progress towards global targets for reductions in the burden of disease. For example, the 2015 Millennium Development Goal (MDG) target of halting and reversing TB incidence has been achieved, with TB incidence falling worldwide at an average rate of about 1.5 percent per year between 2000 and 2013. The TB mortality rate fell by 45 percent between 1990 and 2013, and the Stop TB Partnership target of a 50 percent reduction by 2015 is within reach. Mortality and incidence rates are falling in all six WHO regions and in most of the 22 high-burden countries that account for over 80 percent of the world's TB cases (WHO, 2014).

However, the African and European regions are currently not on track to achieve mortality and prevalence targets, and progress towards targets for diagnosis and treatment of multidrug-resistant TB (MDR-TB) is far off-track. More than 2.8 million new cases of tuberculosis still occur in Africa each year. Fuelled by the HIV epidemic, the number of new cases each year in sub-Saharan Africa has more than doubled since 1990. The most productive age group is highly affected, reducing their contribution to socioeconomic development (WHO, 2014).

10.1.2 Health Situation Regarding Tuberculosis in Tanzania

TB closely follows HIV and malaria as a major cause of morbidity and mortality in Tanzania, especially among adults. The incidence of TB has increased drastically in the last two decades, driven by the spread of HIV infection. The National Tuberculosis and Leprosy Programme (NTLP) strives to help Tanzania achieve the targets of the TB-related MDG: a 50 percent reduction in the TB mortality rate and a 25 percent reduction in the TB incidence rate by 2020.

In Tanzania, the annual number of new TB cases began to increase rapidly around 1985 as a result of the growing HIV epidemic. There were approximately 8,000 new cases that year. Ten years later, in 1995, there were around 19,500 new cases, increasing to approximately 24,000 new cases in 2000. Nearly 26,000 new cases were recorded in 2005 (NTLP Annual Report from 1985 to 2005).

In 2011, WHO identified 22 high-burden countries that account for more than 80 percent of the global TB burden. Nine of these 22 countries, including Tanzania, were in Africa (WHO, 2012). Through the NTLP, Tanzania has been a model in the implementation of the WHO-recommended directly observed treatment, short course (DOTS) TB control strategy, maintaining 100 percent population coverage since 1995. The five key elements of this strategy are (1) conducting passive TB case detection (using smear microscopy); (2) providing and monitoring directly observed, standardised short course therapy (8 months in duration); (3) ensuring a continuous and reliable drug supply; (4) maintaining an efficient recording and reporting system; and (5) ensuring political commitment. Increased coordination between HIV/AIDS and TB programmes is also recognised as critical for TB control in this era of high rates of TB and HIV co-infection. Despite Tanzania's 100 percent DOTS coverage, it is important to note that the actual detection rate of new TB cases has remained relatively low, at about 50 percent (as compared with the WHO target of 70 percent case detection by 2015) (WHO/CDS/TB/2002.295, 2002).

Between July 2006 and August 2007, national anti-tuberculosis surveillance conducted among 1,019 new and 148 re-treatment patients showed that the adjusted prevalence of *Mycobacterium tuberculosis* strains resistant to any of the four first-line drugs in new patients was 8.3 percent, while the prevalence of MDR-TB was 1.2 percent among new patients and 3.9 percent among previously treated patients. Patients in urban settings accounted for all diagnosed MDR-TB cases (Chonde et al., 2010).

10.1.3 Response of the Tanzania National Tuberculosis and Leprosy Programme

The mission of the NTLP is to provide high-quality TB and leprosy interventions at all levels, and its goal is to eliminate TB and leprosy in Tanzania by 2020. To achieve this goal, the programme has developed a strategic approach aligned with the global Stop TB Partnership strategy. This strategy involves the following seven components:

- Expanding and enhancing high-quality DOTS
- Addressing TB-HIV, MDR-TB, and the needs of poor and vulnerable populations
- Contributing to health system strengthening based on primary health care
- Engaging all care providers
- Empowering people with TB and communities through partnerships
- Facilitating and promoting research
- Strengthening TB programme monitoring and evaluation

In 2005, the Ministry of Health and Social Welfare (MoHSW) declared tuberculosis a national emergency in order to raise awareness and advocate for more action by all stakeholders as a way of containing the TB problem.

Directly Observed Treatment, Short Course

In 2005, Tanzania introduced fixed-dose combination therapy of six months' duration for all new cases in all health facilities, whether public or private. The exception is TB meningitis, which is treated for nine months. All re-treatment cases must be treated for eight months. At the community level, health surveillance assistants coordinate TB control activities. Several non-government organizations (NGOs) and community organisations operate community-based TB control interventions involving volunteers and community health workers, who provide important linkages with health facilities (NTLP, 2013).

Multidrug-resistant TB

After a successful Green Light Committee application for second-line anti-TB drugs in 2010, Tanzania established a medical ward for MDR-TB patients at Kibong'oto Hospital along with a laboratory complex to support MDR-TB services. The NTLP has built up MDR-TB management capacity at the central and district levels in through the DOTS-Plus Coordinating Committee and MDR-TB clinical management teams (NTLP, 2012).

MDR-TB cases are treated for 24 months, using second-line TB treatment. This is done through treatment supporters in the community and health workers of all cadres at the health facility level. The NTLP has strengthened its community-based approach by involving community sputum volunteers and community nurses in DOTS, providing nutritional support and enablers to patients, and briefing community leaders on MDR-TB.

Record Management of Tuberculosis Services

Monitoring and evaluation is an integral part of TB control with respect to tracking the TB programme's performance and its impact on all aspects of DOTS. The NTLP continues to monitor progress in programme implementation through monthly, quarterly, biannual, and annual reports and reviews at the district, zonal, and national levels. All suspected TB clients, confirmed TB cases, and TB/HIV co-infected cases are entered into the TB programme system. The TB programme also transferred the electronic TB register from DOS to the Windows operating system to update reporting and treatment outcomes for all forms of TB in line with WHO recommendations.

10.2 AVAILABILITY OF TB SERVICES

10.2.1 TB Diagnostic Services

Achieving effective TB control requires concerted efforts at all levels. As shown in Table 10.1, on average, 27 percent of all facilities offer TB diagnostic services (Table 10.1). There appears to be a decline in the availability of TB diagnostic services relative to 2006, when 41 percent of facilities in Tanzania offered such services. As expected, hospitals (90 percent, compared with 100 percent in 2006) and health centres (73 percent, compared with 80 percent in 2006) are much more likely than other types of facilities to offer TB diagnostic services. Parastatal and private-for-profit facilities (18 percent and 20 percent, respectively) are slightly less likely than government and faith-based facilities (both at 29 percent) to offer TB diagnostic services.

10.2.2 TB Treatment and/or Follow-up Services

Only 21 percent of facilities offer TB treatment and/or treatment follow-up services. This is significantly lower than the 53 percent of facilities offering such services in 2006. As with TB diagnostic services, hospitals and health centres (82 percent and 67 percent, respectively) are more likely than dispensaries and clinics (13 percent and 1 percent, respectively) to offer TB treatment and/or follow-up services. Government and faith-based facilities (both at 23 percent) are more likely than private-for-profit (11 percent) and parastatal (14 percent) facilities to offer TB treatment and/or follow-up services.

Altogether, about three of ten (29 percent) facilities in Tanzania offer some form of TB services (i.e., TB diagnosis, treatment, and/or treatment follow-up services) (Table 10.1), as compared with 61 percent of facilities in 2006. A large proportion of hospitals (90 percent) and health centres (77 percent) offer TB diagnosis, treatment, and/or treatment follow-up services. In contrast, only 20 percent of dispensaries and 7 percent of clinics offer such services. Parastatal facilities, at 18 percent, are least likely to offer any of these services.

10.3 SERVICE READINESS

10.3.1 Guidelines and Trained Staff

Service Guidelines

TB treatment protocols for all treatment service indicators are expected to be available at all diagnostic and treatment sites. However, most facilities that offer TB services did not have them on the day of the survey. Guidelines for the diagnosis and treatment of susceptible TB were present, on average, in 61 percent of health facilities offering TB services. Guidelines for management of HIV-TB co-infection were available in about half of facilities, while only 15 percent had guidelines for diagnosis and treatment of MDR-TB. In all cases, hospitals and health centres were more likely to have guidelines than other types of facilities. By managing authority, private-for-profit facilities were least likely to have guidelines.

A little more than one-quarter of TB facilities had guidelines for TB infection control available on the day of the survey (Table 10.1). Among hospitals offering TB services, 36 percent had such guidelines. Among other types of facilities, availability of infection control guidelines ranged from 11 percent in clinics to 30 percent in health centres.

Trained Staff

Thirty-six percent of facilities that offer TB services had at least one staff member trained in service provision in the 24 months before the survey (Table 10.1). Hospitals (66 percent) are more likely than other types of facilities to have a recently trained service provider. By managing authority, parastatal and private-for-profit facilities (67 percent and 58 percent, respectively) are most likely to have a trained provider. Government facilities (31 percent) are comparatively less likely to have a recently trained provider.

Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services and, among facilities offering any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of all facilities offering:				Number of facilities	Percentage of facilities offering any TB services that have guidelines for:				Trained staff[4]	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	Screening and referral for TB diagnosis[1]	Any TB diagnostic services[2]	Any TB treatment and/or treatment follow-up services[3]	Any TB diagnostic, treatment, and/or treatment follow-up services		Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Management of HIV and TB co-infection	TB infection control		
Facility type											
Hospital	26	90	82	90	46	83	37	73	36	66	42
Health centre	31	73	67	77	129	77	23	60	30	49	99
Dispensary	10	19	13	20	992	48	7	44	23	23	199
Clinic	1	7	1	7	21	19	0	0	11	19	2
Managing authority											
Government	14	29	23	30	857	64	16	53	27	31	261
Private-for-profit	7	20	11	20	163	40	4	36	22	58	33
Parastatal	11	18	14	18	21	83	25	43	63	67	4
Faith-based	10	29	23	29	148	58	15	55	25	44	43
Residence: Tanzania											
Total urban	18	37	26	37	324	58	15	53	28	44	121
Total rural	10	24	19	25	864	63	15	51	26	31	220
Residence: Mainland/ Zanzibar											
Mainland urban	19	38	27	38	306	58	16	54	29	44	116
Mainland rural	9	23	20	25	838	63	15	51	24	30	206
Zanzibar urban	4	27	7	27	18	39	10	26	7	53	5
Zanzibar rural	40	55	10	55	26	68	7	50	51	56	14
Region											
Mainland average/total	12	27	22	28	1,144	61	15	52	26	35	322
Dodoma	4	18	20	24	60	56	26	73	28	22	14
Arusha	5	20	14	21	52	57	20	54	24	75	11
Kilimanjaro	16	37	21	37	67	42	13	37	27	35	24
Tanga	25	36	26	36	59	81	25	52	59	22	21
Morogoro	9	21	22	22	61	76	15	42	42	33	14
Pwani	10	29	29	29	45	80	9	77	24	35	13
Dar es Salaam	17	27	24	27	96	52	11	45	28	47	26
Lindi	8	23	12	23	35	78	10	72	12	75	8
Mtwara	17	30	17	30	35	65	9	70	41	28	11
Ruvuma	5	11	11	11	47	91	28	78	41	59	5
Iringa	13	27	27	27	39	100	26	37	13	39	11
Mbeya	13	30	24	30	72	52	32	32	6	18	22
Singida	10	28	10	28	34	36	20	69	18	25	9
Tabora	3	12	11	12	50	87	12	69	5	91	6
Rukwa	5	10	9	10	34	88	19	47	35	33	3
Kigoma	17	54	20	63	43	23	3	24	17	13	27
Shinyanga	18	33	33	38	32	64	25	66	30	14	12
Kagera	9	26	26	26	49	68	9	61	34	63	12

(Continued…)

Table 10.1—*Continued*

Background characteristics	Percentage of all facilities offering:				Number of facilities	Percentage of facilities offering any TB services that have guidelines for:				Trained staff[4]	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	Screening and referral for TB diagnosis[1]	Any TB diagnostic services[2]	Any TB treatment and/or treatment follow-up services[3]	Any TB diagnos-tic, treat-ment, and/or treatment follow-up services		Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Managem ent of HIV and TB co-infection	TB infection control		
Region											
Mwanza	6	24	33	33	59	77	15	46	10	41	19
Mara	27	38	33	40	45	47	3	57	22	30	18
Manyara	7	20	20	20	27	90	31	75	38	81	5
Njombe	23	27	27	27	38	76	8	87	34	20	11
Katavi	0	14	12	14	11	44	0	33	0	67	2
Simiyu	7	21	21	21	30	48	21	66	9	23	6
Geita	2	42	18	42	23	65	4	44	32	16	10
Zanzibar average/total	25	43	9	43	44	60	8	44	40	55	19
Unguja average/total	27	51	10	51	29	66	8	48	47	59	15
Kaskazini Unguja	47	80	22	80	6	70	9	55	65	61	4
Kusini Unguja	68	88	17	88	7	88	10	67	60	65	6
Mjini Magharibi	2	25	4	25	17	30	4	15	8	49	4
Pemba average/total	21	28	6	28	15	41	8	28	17	39	4
Kaskazini Pemba	24	31	4	31	8	36	7	13	0	29	3
Kusini Pemba	17	24	8	24	7	50	10	50	42	55	2
National average/total	12	27	21	29	1,188	61	15	52	27	36	341

Notes:

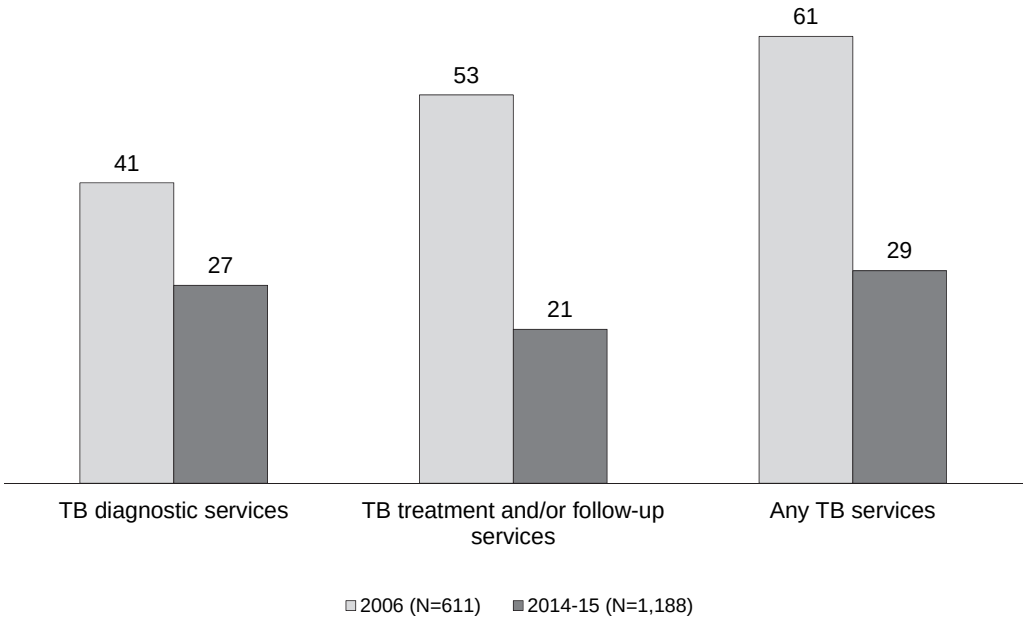
- The guidelines and trained staff indicators presented in this table comprise the staff and training domain for assessing readiness to provide TB services within the health facility assessment methodology proposed by WHO and USAID (2015).
- DR-TB = multidrug-resistant tuberculosis

[1] Facility reports that it refers clients outside the facility for TB diagnosis, and there is documentation on the day of the survey visit to support the contention.
[2] Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, X-ray only, either sputum or X-ray, both sputum and X-ray, or based on clinical symptoms only; or else the facility reports that it refers clients outside the facility for TB diagnosis, and a register was observed indicating clients who had been referred for TB diagnosis.
[3] Facility reports that it follows one of the following TB treatment regimens or approaches:

- Directly observe for two months and follow up for four months
- Directly observe for six months
- Follow up clients only after the first two months of direct observation elsewhere
- Diagnose and treat clients while in the facility as inpatients, and then discharge elsewhere for follow-up
- Provide clients with the full treatment with no routine direct observation phase
- Diagnose, prescribe, or provide medicines with no follow-up

[4] At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months preceding the survey: TB diagnosis and treatment, management of HIV and TB co-infection, MDR-TB treatment, identification of need for referral, or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Figure 10.1 **Availability of TB services, Tanzania 2006 and 2014-15**



10.3.2 Diagnostic Capacity

Early case detection and diagnosis are critical for TB control. Sputum microscopy remains the mainstay of diagnosis for pulmonary tuberculosis. The 2014-15 TSPA assessed the availability of TB diagnostic capacity in facilities that offer any TB diagnostic services.

TB Diagnostic Capacity

Except for hospitals, few facilities had supplies and equipment for any method of TB diagnosis on the day of the survey (Table 10.2). On average, only one-quarter of facilities had TB smear microscopy capacity, while 12 percent had X-ray capacity. TB smear microscopy was available in 48 percent of hospitals and 42 percent of health centres, while 70 percent of hospitals had X-ray capacity. Overall, only 9 percent of hospitals had culture medium for diagnosing TB, and 11 percent had TB rapid diagnostic test kits.

HIV Diagnostic Capacity

Nine of every ten facilities had the capacity to conduct HIV testing on the day of the visit (Table 10.2). There is little difference in availability among urban and rural facilities. However, facilities in Kigoma (75 percent) and Unguja (69 percent) are less likely than those in other regions to have HIV testing.

TB and HIV/AIDS Collaboration

In Tanzania, as in most of the developing world, the problems of TB and HIV are so intertwined that they are referred to as a twin epidemic, or co-epidemic. With a compromised immune system brought on by HIV infection, TB infection is reactivated in individuals who may have latent TB infection. At the same time, active TB increases the HIV viral load while decreasing the CD4 count, thus causing faster HIV disease progression.

Treating TB, therefore, leads to increases in CD4 counts and better outcomes even though the viral load does not necessarily improve.

HIV infection is associated with several morbidities, known as opportunistic infections. Common opportunistic infections in Tanzania are diarrhoeal diseases, certain cancers, various fungal infections, and various bacterial infections, including tuberculosis. All forms of tuberculosis are seen in HIV patients at varying levels of immune suppression; however, there has been a disproportionate rise in smear-negative and extra-pulmonary tuberculosis among those living with HIV.

Findings from the 2014-15 TSPA show that, although HIV diagnostic capacity is high among facilities that offer TB services, only two-thirds (67 percent) have a system in place for diagnosing HIV among TB clients (Table 10.2). At 89 percent and 84 percent, respectively, hospitals and health centres are more likely than the other facility types to have such a system.

Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment

Among facilities offering any tuberculosis (TB) diagnostic services, the percentages that have TB and HIV diagnostic capacity, and among facilities offering treatment and/or treatment follow-up services, the percentage that had medicines for TB treatment available in the facility on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have:		Number of facilities offering any TB diagnostic services	Percentage of facilities that have the following medicines for treating TB		Number of facilities offering any TB treatment and/or treatment follow-up services
	TB smear micro-scopy[1]	Culture medium[2]	TB rapid diagnostic test kits	TB X-ray	HIV diagnostic capacity[3]	System for diagnosing HIV among TB clients[4]		First-line treatment for TB[5]	Injectable strepto-mycin	
Facility type										
Hospital	48	9	11	70	97	89	42	91	70	38
Health centre	42	0	3	7	94	84	94	82	28	86
Dispensary	12	0	0	1	92	53	187	80	14	126
Clinic	0	0	0	28	73	29	2	100	100	1
Managing authority										
Government	23	1	2	6	95	68	244	82	24	196
Private-for-profit	8	1	1	28	77	51	33	73	61	17
Parastatal	29	0	9	27	100	88	4	94	24	3
Faith-based	52	2	5	28	95	69	43	90	33	34
Residence: Tanzania										
Total urban	22	3	4	23	91	67	121	89	48	84
Total rural	27	0	1	5	94	67	203	79	17	166
Residence: Mainland/ Zanzibar										
Mainland urban	22	3	4	24	92	68	116	90	48	83
Mainland rural	29	0	1	5	95	69	189	79	17	163
Zanzibar urban	26	0	3	7	65	43	5	65	52	1
Zanzibar rural	6	0	2	1	80	43	14	64	6	3
Region										
Mainland average/total	26	1	2	12	94	68	305	83	28	246
Dodoma	20	2	2	9	92	53	11	94	16	12
Arusha	21	0	0	13	100	61	10	86	27	7
Kilimanjaro	23	1	2	24	86	45	24	100	25	14
Tanga	30	1	1	7	100	70	21	77	15	15
Morogoro	24	1	0	12	100	77	13	74	23	14
Pwani	18	0	1	6	84	84	13	96	17	13
Dar es Salaam	6	3	2	26	98	86	26	98	92	23
Lindi	14	2	0	12	100	53	8	100	34	4
Mtwara	38	0	2	24	100	75	11	96	18	6
Ruvuma	37	0	3	31	100	97	5	81	19	5
Iringa	17	0	0	8	100	78	11	78	24	10
Mbeya	39	1	2	13	100	56	21	94	12	17
Singida	20	4	6	14	100	36	9	79	56	3
Tabora	40	3	5	16	100	95	6	81	15	6
Rukwa	60	5	5	10	100	88	3	77	23	3

(Continued…)

Table 10.2—*Continued*

Background characteristics	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have:		Number of facilities offering any TB diagnostic services	Percentage of facilities that have the following medicines for treating TB		Number of facilities offering any TB treatment and/or treatment follow-up services
	TB smear micro-scopy[1]	Culture medium[2]	TB rapid diagnostic test kits	TB X-ray	HIV diagnostic capacity[3]	System for diagnosing HIV among TB clients[4]		First-line treatment for TB[5]	Injectable strepto-mycin	
Region										
Kigoma	10	1	1	3	75	28	23	46	19	9
Shinyanga	17	0	6	5	100	84	10	77	14	10
Kagera	81	1	0	7	100	99	12	92	25	12
Mwanza	23	4	11	11	100	95	14	78	19	19
Mara	37	2	3	4	82	63	17	82	28	15
Manyara	17	0	14	21	100	86	5	95	30	5
Njombe	10	0	2	10	100	93	11	46	20	11
Katavi	78	0	0	11	100	89	2	13	13	1
Simiyu	37	0	0	5	75	78	6	51	5	6
Geita	35	0	2	5	94	46	10	91	56	4
Zanzibar										
average/total	11	0	2	3	76	43	19	64	21	4
Unguja										
average/total	9	0	1	2	69	44	15	54	11	3
Kaskazini Unguja	4	0	0	4	75	53	4	73	14	1
Kusini Unguja	3	0	0	0	72	46	6	50	0	1
Mjini Magharibi	23	0	4	4	60	33	4	27	27	1
Pemba										
average/total	19	0	6	4	100	37	4	100	58	1
Kaskazini Pemba	17	0	10	0	100	13	3	100	50	0
Kusini Pemba	22	0	0	10	100	73	2	100	63	1
National average/total	25	1	2	12	93	67	324	83	27	250

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for TB within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, sulphuric acid, and methyl blue) were available in the facility on the day of the survey visit.
[2] Solid or liquid culture medium (e.g., MGIT 960)
[3] HIV rapid diagnostic test kits available, or ELISA with reader, incubator, and specific assay; or dynabeads with vortex mixer; or western blot
[4] Record or register indicating TB clients who had been tested for HIV
[5] Four-drug fixed-dose combination available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines is available, to provide first-line treatment

10.3.3 Treatment and Availability of Medicines

The NTLP continues to address challenges to maintaining an uninterrupted supply of anti-TB drugs at all levels by working in close collaboration with its partners. The initial phase of the needs assessment was conducted in 2011 in order to identify gaps, and this was followed by training of coordinators (i.e., TB, TB/HIV, DOT nurse, TB district, and TB regional coordinators) on use of the database and on quantification and forecasting of needed anti-TB drugs. The next phase will involve installation of a database for drug quantification. TB laboratory commodities will be introduced at a later time point.

On the day of the TSPA visit, more than eight of ten facilities that offer TB treatment and/or treatment follow-up services had first-line medicines for treating TB (i.e., a four-drug fixed-dose combination; isoniazid, pyrazinamide, rifampicin, and ethambutol; or a combination of the latter four medicines were available) (Table 10.2). The comparable figure in 2006 was 60 percent, although in that year availability of first-line TB medicines was defined as availability of any combination of isoniazid, rifampicin, ethambutol, and pyrazinamide. Injectable streptomycin was available in only 27 percent of facilities, mostly hospitals.

10.3.4 Infection Control

Infection control is vital to overall service quality. Around eight of every ten facilities that offer TB diagnostic, treatment, and/or treatment follow-up services had latex gloves available at the TB service site on

the day of the assessment visit. About six of every ten had hand-washing supplies, specifically soap and running water or alcohol-based hand disinfectant (Table 10.3 and Figure 10.2). Adequate ventilation at the service site is of particular importance in provision of TB services. More than eight of ten TB facilities had adequate ventilation.

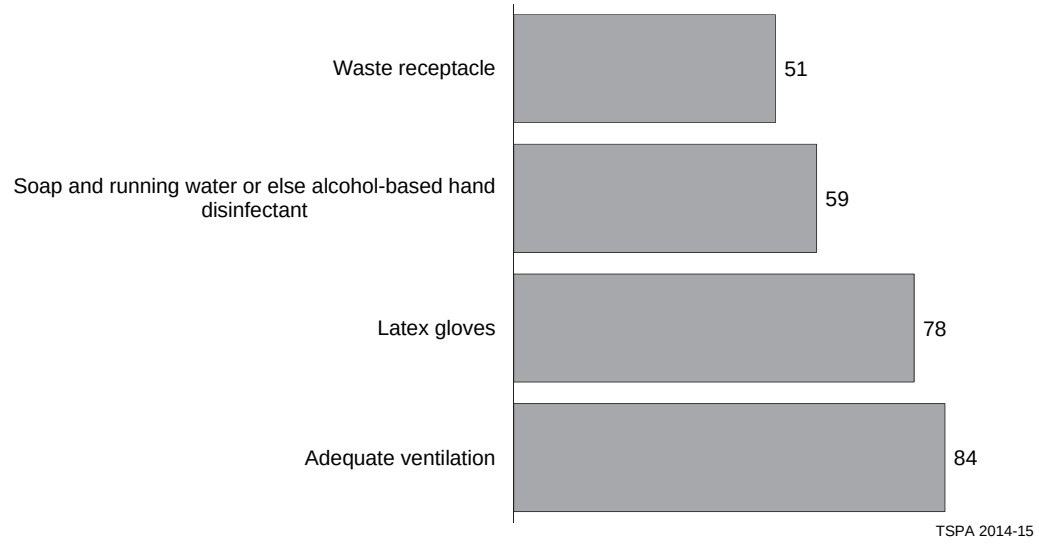
Table 10.3 Items for infection control during provision of TB services

Among facilities offering any tuberculosis (TB) services, the percentages 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

Background characteristics	Items for infection control								Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	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]	Waste receptacle[3]	Adequate ventilation	
Facility type									
Hospital	78	81	77	32	78	86	63	84	42
Health centre	64	66	58	21	62	73	51	82	99
Dispensary	54	57	50	15	54	80	49	85	199
Clinic	72	45	45	37	72	56	72	72	2
Managing authority									
Government	58	60	53	15	56	81	50	85	261
Private-for-profit	58	63	57	32	69	65	60	79	33
Parastatal	83	83	79	25	79	88	57	83	4
Faith-based	71	74	70	32	72	71	52	82	43
Residence: Tanzania									
Total urban	64	63	59	25	65	77	60	80	121
Total rural	57	62	54	15	56	79	47	86	220
Residence: Mainland/ Zanzibar									
Mainland urban	63	63	60	24	65	77	59	79	116
Mainland rural	56	61	53	14	55	78	46	86	206
Zanzibar urban	67	58	58	47	67	90	86	97	5
Zanzibar rural	83	73	68	38	76	86	68	93	14
Region									
Mainland									
average/total	58	62	55	18	59	78	50	83	322
Dodoma	65	65	65	5	65	87	13	99	14
Arusha	91	91	89	49	89	94	66	91	11
Kilimanjaro	58	58	58	19	58	55	35	53	24
Tanga	82	94	80	30	80	92	62	100	21
Morogoro	66	89	60	27	66	72	40	95	14
Pwani	47	47	47	16	47	95	14	87	13
Dar es Salaam	66	69	66	6	66	84	52	87	26
Lindi	92	94	92	28	94	87	66	96	8
Mtwara	66	89	66	16	66	71	62	96	11
Ruvuma	78	72	72	44	72	97	75	97	5
Iringa	55	58	55	16	55	94	26	71	11
Mbeya	50	51	50	5	50	80	31	55	22
Singida	49	49	49	40	72	78	53	78	9
Tabora	73	71	68	21	78	83	41	100	6
Rukwa	67	88	67	19	81	72	47	74	3
Kigoma	32	38	31	1	31	59	46	75	27
Shinyanga	22	40	22	25	36	98	80	83	12
Kagera	66	32	29	20	38	81	82	94	12
Mwanza	41	48	41	25	60	71	87	91	19
Mara	53	38	34	5	34	59	26	78	18
Manyara	92	90	86	66	86	90	73	100	5
Njombe	74	94	74	12	74	72	72	86	11
Katavi	22	33	11	11	22	33	33	78	2
Simiyu	88	88	88	3	88	97	36	91	6
Geita	27	29	25	10	27	73	77	94	10
Zanzibar average/total	79	69	65	40	73	87	73	94	19
Unguja average/total	84	72	70	52	80	92	68	97	15
Kaskazini Unguja	100	75	75	67	92	100	84	100	4
Kusini Unguja	81	76	71	39	76	83	41	93	6
Mjini Magharibi	74	64	64	55	74	96	92	100	4
Pemba average/total	61	58	49	0	49	71	87	83	4
Kaskazini Pemba	64	64	64	0	64	83	93	71	3
Kusini Pemba	55	48	25	0	25	52	78	100	2
National average/total	60	62	56	19	59	78	51	84	341

[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

Figure 10.2 **Items for infection control at TB service area**



10.4 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Personal supervision may help sustain health worker capacity, since it should identify a worker's strengths and weaknesses. Table 10.4 presents information on recent in-service training and recent personal supervision of providers of TB services. Seven of every ten interviewed providers of TB services reported receiving personal supervision during the six months before the assessment. Although there is very little variation by facility type, providers in parastatal and private-for-profit facilities are less likely to report personal supervision than providers in government and faith-based facilities. At the regional level, providers in Njombe are least likely to report personal supervision.

Table 10.4 Supportive management for providers of TB services

Among interviewed TB service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of interviewed providers who received: Training related to TB during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to TB during the 24 months and personal supervision during the 6 months preceding the survey	Number of interviewed providers of TB services
Facility type				
Hospital	24	69	18	596
Health centre	20	72	17	578
Dispensary	15	70	11	584
Clinic	60	73	44	5
Managing authority				
Government	19	71	15	1,237
Private-for-profit	34	65	19	129
Parastatal	23	54	13	32
Faith-based	21	72	16	365
Residence: Tanzania				
Total urban	23	71	16	754
Total rural	18	70	15	1,009
Residence: Mainland/ Zanzibar				
Mainland urban	23	71	16	732
Mainland rural	17	69	14	967
Zanzibar urban	39	63	20	22
Zanzibar rural	38	88	34	43
Region				
Mainland average/total	19	70	15	1,698
Dodoma	20	55	19	86
Arusha	24	74	23	100
Kilimanjaro	27	69	21	113
Tanga	14	54	6	88
Morogoro	14	63	9	84
Pwani	20	53	15	66
Dar es Salaam	20	66	10	147
Lindi	38	90	35	64
Mtwara	16	57	10	60
Ruvuma	19	81	19	54
Iringa	14	60	10	54
Mbeya	13	69	10	75
Singida	19	84	14	55
Tabora	37	67	25	48
Rukwa	10	89	10	16
Kigoma	9	83	7	91
Shinyanga	13	85	11	38
Kagera	26	84	21	119
Mwanza	24	65	16	101
Mara	10	85	10	84
Manyara	27	82	24	31
Njombe	11	39	9	53
Katavi	37	96	37	6
Simiyu	16	69	10	25
Geita	6	75	4	40
Zanzibar average/total	38	80	29	65
Unguja average/total	38	82	29	53
Kaskazini Unguja	33	93	33	17
Kusini Unguja	41	87	34	21
Mjini Magharibi	41	62	19	15
Pemba average/total	38	69	27	11
Kaskazini Pemba	39	71	30	6
Kusini Pemba	36	68	25	6
National average/total	20	70	15	1,763

[1] 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] Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Providers who have received recent training can be expected to have more up-to-date knowledge about their particular service area. Only two of every ten interviewed providers of TB services reported receiving training related to TB during the 24 months before the assessment.

Overall, only 15 percent of interviewed providers reported receiving both training related to TB during the 24 months and personal supervision during the six months before the assessment.

With respect to the specific topics of training, 11 percent or fewer providers of TB services had received recent in-service training in any one topic (Table 10.5). About one in every ten had received recent in-service training on management of TB-HIV co-infection. Fewer reported receiving training in any of the other topics.

Table 10.5 Training for TB service providers

Among interviewed TB service providers, the percentage who report receiving in-service training on topics related to TB during the specified time periods preceding the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of providers of TB services who report receiving in-service training on:												Number of inter-viewed providers of TB services
	Diagnosis of TB based on sputum		Treatment prescription for TB		DOTS[1]		Management of TB-HIV co-infection		Management of MDR-TB		Management of TB in children		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Hospital	9	22	10	26	9	24	13	34	8	20	12	25	596
Health centre	6	21	8	26	8	27	11	31	6	18	9	22	578
Dispensary	5	21	6	25	4	25	7	29	3	16	4	19	584
Clinic	41	60	60	79	51	70	44	70	44	70	44	70	5
Managing authority													
Government	6	19	8	24	7	24	9	28	6	17	9	22	1,237
Private-for-profit	8	32	8	36	8	35	18	42	1	25	2	21	129
Parastatal	8	21	14	34	14	35	21	46	14	33	10	24	32
Faith-based	7	25	8	27	8	27	13	37	7	19	10	21	365
Residence: Tanzania													
Total urban	8	25	8	26	8	27	12	35	7	19	9	24	754
Total rural	6	19	8	25	7	24	10	29	6	17	8	21	1,009
Residence: Mainland/ Zanzibar													
Mainland urban	8	26	8	27	8	28	13	35	7	20	9	24	732
Mainland rural	6	19	7	25	7	24	9	29	5	17	8	20	967
Zanzibar urban	4	11	4	14	4	11	4	16	4	10	18	27	22
Zanzibar rural	9	16	13	29	15	30	17	31	13	21	17	26	43
Region													
Mainland average/total	7	22	8	26	7	25	11	32	6	18	8	22	1,698
Dodoma	8	21	9	24	9	23	9	24	5	15	13	22	86
Arusha	8	23	8	23	6	21	13	28	6	19	9	25	100
Kilimanjaro	8	21	14	34	7	23	13	41	10	24	10	22	113
Tanga	6	17	5	12	6	21	9	17	5	12	7	13	88
Morogoro	4	17	9	24	10	21	10	26	6	18	10	20	84
Pwani	7	23	10	35	11	37	16	44	9	25	15	31	66
Dar es Salaam	6	33	7	34	6	35	13	44	2	24	2	33	147
Lindi	10	15	10	16	7	15	17	31	14	21	25	32	64
Mtwara	0	15	1	15	6	23	7	27	2	12	2	16	60
Ruvuma	8	17	9	23	9	24	13	31	8	13	9	22	54
Iringa	10	33	10	42	10	40	10	43	11	33	10	35	54
Mbeya	8	30	9	30	8	22	10	26	8	21	8	21	75
Singida	3	14	6	25	5	22	8	32	3	11	4	19	55
Tabora	19	30	22	37	18	34	24	44	18	33	25	37	48
Rukwa	1	30	1	34	0	38	4	42	2	29	2	26	16
Kigoma	1	11	2	25	2	22	6	26	0	10	2	12	91
Shinyanga	5	24	5	29	5	30	8	37	2	10	6	24	38

(Continued…)

Table 10.5—*Continued*

Background characteristics	Percentage of providers of TB services who report receiving in-service training on:												Number of interviewed providers of TB services
	Diagnosis of TB based on sputum		Treatment prescription for TB		DOTS[1]		Management of TB-HIV co-infection		Management of MDR-TB		Management of TB in children		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Region													
Kagera	10	25	9	23	6	23	11	32	6	16	9	15	119
Mwanza	5	31	7	34	8	34	11	36	4	21	9	21	101
Mara	6	14	6	12	5	17	5	18	6	9	1	6	84
Manyara	11	24	6	20	5	22	8	23	4	14	4	11	31
Njombe	2	15	5	28	6	28	6	37	4	19	6	28	53
Katavi	11	26	15	37	15	41	22	52	19	30	15	33	6
Simiyu	6	12	7	12	7	21	9	23	5	14	8	20	25
Geita	1	12	1	19	1	19	2	20	1	6	1	17	40
Zanzibar average/total	8	14	10	24	11	24	12	26	10	17	17	26	65
Unguja average/total	5	9	8	21	11	25	13	26	9	15	19	27	53
Kaskazini Unguja	1	5	6	9	15	23	18	26	10	14	17	22	17
Kusini Unguja	11	18	15	41	15	39	18	38	13	23	20	31	21
Mjini Magharibi	2	3	2	8	2	8	2	10	2	6	22	25	15
Pemba average/total	19	36	19	37	11	20	8	26	16	28	8	26	11
Kaskazini Pemba	27	37	27	37	11	15	11	21	27	31	11	21	6
Kusini Pemba	12	35	12	37	12	25	5	32	5	25	5	32	6
National average	7	22	8	26	7	25	11	31	6	18	8	22	1,763

Note: Training refers only to in-service training. The training must be structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[1] DOTS: Directly observed treatment, short course

MALARIA 11

Dr. Renata Mandike

Key Findings

Service availability

- Nearly all Tanzanian health facilities offer malaria diagnosis and treatment services.

Service readiness

- About six of every ten health facilities have at least one staff member recently trained in malaria diagnosis and/or treatment. Only about three of every ten have a staff member recently trained in intermittent preventive treatment (IPTp).
- Nine of every ten facilities that offer malaria diagnosis and/or treatment services had the first-line artemisinin combination therapy on hand the day of the assessment visit.
- Sulfadoxine/pyrimethamine for IPTp is available in about half of health facilities that provide malaria services.

Malaria management

- About three of every ten sick children were diagnosed with malaria. Of these children, 32 percent received the first-line treatment.

11.1 BACKGROUND

Worldwide, malaria ranks fifth among causes of death from infectious diseases. It is estimated that as many as 3.2 billion people live in areas at risk of malaria in 97 countries or territories. WHO estimates that 198 million cases of malaria occurred globally in 2013, with 584,000 deaths. Ninety percent of deaths occurred in the African region, and deaths in children under age 5 accounted for 78 percent of all deaths (WHO, 2014).

This chapter explores the following key issues relating to provision of quality malaria prevention and treatment services in Tanzania:

- **Background.** Section 11.1 provides a brief background on malaria.
- **Availability of services.** Section 11.2, including Table 11.1, examines the availability of malaria diagnosis and treatment services.
- **Service readiness.** Section 11.3, including Tables 11.1 through 11.4 and Figures 11.1 and 11.2, addresses the readiness of facilities to provide good-quality malaria treatment and diagnosis, including the availability of trained staff, guidelines, medicines, and laboratory diagnostic capacity.
- **Malaria services practices.** Section 11.4, including Table 11.5, reports on the frequency of diagnosis of malaria in sick children and on the care provided to these children.

11.1.1 Health Situation Regarding Malaria in Tanzania

Malaria remains a major public health challenge in Tanzania Mainland. It is the leading cause of morbidity and mortality among children under age 5. In 2014, about 7.4 million cases of malaria were reported in public health facilities, and these cases accounted for 32 percent of all outpatient visits. The disease is estimated to be responsible for about 20 percent of all deaths occurring in hospitals (Ministry of Health and Social Welfare (MoHSW, 2014).

The incidence of malaria (suspected cases) declined by about 50 percent between 2004 and 2014, from 332 to 161 cases per 1,000 population. There has also been a significant reduction in malaria mortality, from 41 deaths per 100,000 population in 2004 to about 20 deaths per 100,000 population in 2013 (MoHSW, 2014).

The incidence of malaria in children under age 5 has dropped remarkably in Zanzibar, from 16 cases per 1,000 population in 2005 to 2 per 1,000 population in 2012. Malaria deaths have also declined, from more than 100 in 2003 to 3 in 2013 (MoHSW, 2013).

The malaria situation in Tanzania Mainland has changed over the past decade. The risk of malaria transmission has dropped; between 2000 and 2010, there was more than a 53 percent reduction in malaria parasite prevalence among children (National Malaria Control Programme [NMCP] et al., 2013). There has also been a shift of the proportion of Tanzania's population living in areas with high rates of transmission, from 11.6 percent in 2000 to only 2.3 percent in 2010. Correspondingly, the proportion of residents who live in lower risk areas increased from 30 percent in 2000 to 60 percent in 2010 as a result of reductions in areas of high transmission (NMCP et al., 2013). The Tanzania HIV and Malaria Indicator Surveys (conducted in 2007-08 and 2011-12) also showed a reduction in the prevalence of malaria (based on rapid diagnostic testing [RDT]), from 18 percent in 2007-08 to 9 percent in 2011-12 (Tanzania Commission for AIDS [TACAIDS] et al., 2008; TACAIDS et al., 2013). In 2012, there was marked regional variation in microscopy-based malaria prevalence, with the Great Lakes zone (8.1 percent) and the Western zone (6.5 percent) having the highest prevalence. The Central and Southern Highlands zones had the lowest prevalence (less than 1 percent). Climatic conditions remain favourable for transmission throughout almost the entire country, with close to 96 percent of Tanzania Mainland at risk. Pregnant women and people living with HIV, as a result of their compromised immunity, and children under age 5, due to their low immunity, are at the greatest risk.

In Zanzibar, the prevalence of asymptomatic infection in the general population declined from more than 25 percent in 2005 to less than 1 percent in 2010.

The overall incidence of confirmed malaria reported by health facilities declined fourfold between 2005 and 2012, from 8 per 1,000 population to 2 per 1,000 population; there was a twofold decline among children less than age 5, from 4 per 1,000 to 2 per 1,000. These reductions in malaria cases are complemented by reductions in the proportion of hospital admissions due to malaria, which declined from more than 30 percent in 2003 to less than 7 percent in 2012. More importantly, there have been significant reductions in deaths attributed to malaria, with a decrease from more than 100 malaria deaths per 100,000 population per year before 2003 to 3 deaths per 100,000 population in 2013 (MoHSW, 2013; Malaria Strategic Plan 2013/14-2017/18).

Plasmodium falciparum is the most common malaria parasite species in Tanzania Mainland. Other common species include *P. malariae* and *P. ovale*. According to drug efficacy studies conducted in 2012, the susceptibility of these parasites to the first-line antimalarial medicine (artemisin-based combination therapy) stands at 95 percent.

In 2007, two plasmodia species were found in Zanzibar: *P. falciparum* and *P. malariae* accounted for 74 percent and 23 percent of infections, respectively, while mixed *P. falciparum*/*P. malariae* infections

accounted for 3 percent. There were no reports of *P. vivax* or *P. ovale*. More recently (2012), population surveys revealed the presence of several cases of *P. vivax* infection (Cook et al., 2015).

11.1.2 Malaria Control Strategy

The vision of the 2014-2020 malaria control strategy for Tanzania Mainland is to have a society free from malaria; the mission is to ensure that all Tanzanians have access to quality, effective, safe, and affordable malaria preventive and curative interventions through timely and sustainable collaborative efforts with partners and stakeholders at all levels. Recommended malaria control strategies are as follows:

1. Integrated malaria vector control, including access to and use of long-lasting insecticide-treated bed nets (LLINs), indoor residual spraying (IRS), larviciding, and environmental management
2. Improved Malaria diagnosis, treatment, preventive therapies, and vaccines
3. Behaviour change, communication, and advocacy
4. Programme management, partnership development, and resource mobilization
5. Surveillance monitoring and evaluation

Current Malaria Policy

Malaria prevention and control strategies are implemented through various approaches, including:

- Periodic LLIN mass distribution campaigns to restore waning coverage levels (catch-up strategy) and school-based distribution campaigns in three regions in the Southern zone to maintain coverage achieved through mass campaigns (keep-up strategy).
- Indirect delivery of LLINs to pregnant women and infants through a national voucher scheme, beneficiaries of which received a voucher that enabled them to access an LLIN at identified retail outlets. This program ended in July 2014.
- Direct LLIN delivery through antenatal care (ANC) clinics, expected to commence in 2016. In Zanzibar, ANC delivery of LLINs is ongoing.
- IRS in targeted regions and larviciding in urban areas.
- Intermittent preventive treatment (IPTp) using sulfadoxine/pyrimethamine (SP), provided to pregnant women as part of ANC services.

In Zanzibar, malaria prevention is based on mass distribution of LLINs every three years and continuous net distribution at the health facility and community levels. Based on epidemiological information from routine surveillance, geographical reconnaissance, and malaria risk mapping, selected areas are targeted for indoor residual spraying. Selective larviciding and environmental management activities are conducted in targeted areas. In both Tanzania Mainland and Zanzibar, these interventions are implemented at no cost to the beneficiary.

Treatment services are integrated into the routine health service delivery system. Malaria treatment is the most common treatment provided by the health system, with over 11 million doses of malaria medicines issued in 2014 in public health facilities and faith-based organization (FBO) facilities in Tanzania Mainland. A subsidy programme is available in Tanzania Mainland to increase access to quality-assured artemisinin combination therapy (ACT) among clients who seek care from the private sector.

Artemether-lumefantrine (ALu) and amodiaquine-artesunate (ASAQ) are the first-line treatments for uncomplicated malaria in Tanzania Mainland and Zanzibar, respectively. Both treatments are provided free of charge to all patients in public and FBO health facilities. Dihydroartemisinin-piperaquine (DPQ) is the second-line drug of choice for treatment of uncomplicated malaria in Tanzania Mainland, and ALu is the recommended second-line treatment in Zanzibar. In the private sector, other ACTs are available in addition to ALu. Oral quinine is recommended for treatment of uncomplicated malaria during the first trimester of pregnancy in both Tanzania Mainland and Zanzibar. ALu is used in Mainland and ASAQ in Zanzibar during the second and third trimesters.

Parenteral artesunate is the recommended first-choice treatment for severe malaria in both Tanzania Mainland and Zanzibar. In Tanzania Mainland, parenteral quinine is the medicine of choice for treatment of severe malaria in the first trimester of pregnancy, and injectable artesunate is recommended in the second and third trimesters. In Zanzibar, parenteral artesunate is the drug of choice for treatment of severe malaria during pregnancy.

Commodities are supplied quarterly to health facilities. ALu is delivered in four different weight-specific packages (6, 12, 18, and 24 tablets), each with specific pictorial descriptions of appropriate use. In the absence of particular ALu packages, treatment is still possible but subject to improvisations in dispensing, either by cutting or combining different packs.

Malaria Diagnosis Policy

Accurate diagnosis of malaria is based on good history-taking, a thorough clinical examination, and laboratory investigations. Malaria RDTs are performed at all levels of the health service delivery system when uncomplicated malaria is suspected. Malaria microscopy is primarily done to confirm treatment failure and in severe malaria cases.

Following recommendations from the Roll Back Malaria partnership, Tanzania in 2008 adopted a policy of definitive diagnosis-based treatment for all suspected cases of malaria. Parasitological confirmation of malaria is now recommended for all age groups in all epidemiological settings to improve case management quality and reduce wastage of medicines.

11.2 AVAILABILITY OF SERVICES FOR MALARIA

Findings from the 2014-15 TSPA show that malaria services are widely available in Tanzanian health facilities. Practically all facilities other than clinics (72 percent) offer malaria diagnosis and/or treatment services (Table 11.1). By managing authority, more than 95 percent of government, private-for-profit, and faith-based facilities offer such services. The findings of the 2006 TSPA were similar, with 99 percent of facilities offering malaria services. These results show that availability of malaria services has been consistent over the years.

11.3 SERVICE READINESS

11.3.1 Guidelines, Trained Staff, and Diagnostics

Service Guidelines

Guidelines provide a standard management reference for care of patients with malaria at different levels of health care. Trained providers are expected to manage patients according to guidelines, which improves quality of care. Thus, availability of guidelines is important for quality management of patients.

Results from the 2014-15 TSPA show that guidelines for malaria diagnosis and treatment were available on the assessment day in about seven of ten facilities that offer malaria services (Table 11.1 and Figure 11.1).

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services

Among all facilities, the percentages offering malaria diagnosis and/or treatment services and, among facilities offering malaria diagnosis and/or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality malaria services, 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[3]	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
Clinic	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
Residence: Tanzania											
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
Residence: Mainland/ Zanzibar											
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											
Mainland average/total	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

(Continued…)

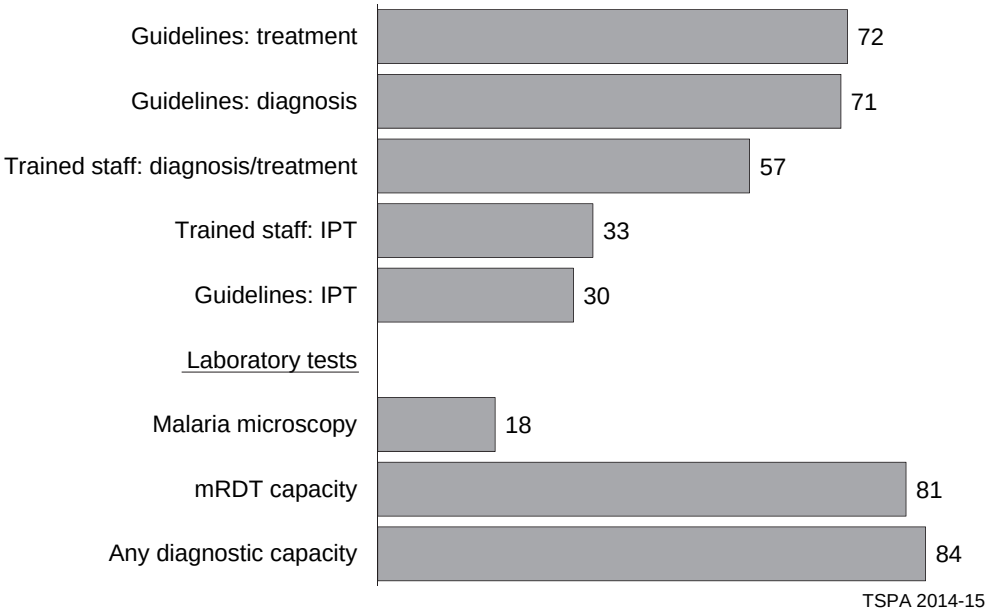
Table 11.1—*Continued*

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[3]	Staff trained in IPT[4]	Malaria RDT[5]	Malaria microscopy[6]	Any malaria diagnostics[7]	
Region											
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
Zanzibar average/total	97	44	69	75	10	76	13	66	24	81	43
Unguja average/total	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
Pemba average/total	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
National average/total	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 (2015).

[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 (RDTs) 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 had 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 kits 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.

Figure 11.1 Items to support quality provision of malaria services



Trained Staff

With respect to staff training, 57 percent of facilities had at least one staff member who had received in-service training in malaria diagnosis and/or treatment in the 24 months before the assessment.

In Tanzania Mainland, the percentage of facilities with staff recently trained in malaria diagnosis and/or treatment ranged from 19 percent in Kigoma to 89 percent in Kagera. In seven of the 25 Mainland regions, fewer than 50 percent of facilities had a provider with recent training. In Zanzibar, about three-quarters of health facilities had staff trained in malaria diagnosis and/or treatment, with the lowest percentage in Mjini Magharibi (55 percent) and the highest in Kusini Unguja (94 percent).

These findings may in part reflect the phased rollout of the new malaria diagnosis and treatment guidelines in Tanzania Mainland. The first phase was conducted between 2012 and 2014 and covered hospitals and health centres in all but four Mainland regions. The second phase (September 2014 to June 2015) covered all dispensaries, hospitals, and health centres in the four regions not covered during the first phase. The main topics addressed included use of injectable artesunate for treatment of severe malaria and the new IPTp guidelines.

Diagnostics

Confirmation of the presence of malaria parasites in suspected malaria cases is important to target use of costly antimalarial medicines to only those in need. Confirmation also improves patient quality of care, as negative malaria test results will indicate those for whom further investigations should be conducted and appropriate medication provided.

Findings from the 2014-15 TSPA show that eight of every ten facilities that offer malaria services had malaria rapid diagnostic test kits (mRDTs) available on the day of the survey (Table 11.1 and Figure 11.1). Malaria RDTs are available in a high percentage for each type of health facility, although availability declines as one moves down the hierarchy of facilities. At the regional level, availability of mRDTs ranged from 49 percent in Mtwara to over 90 percent in several Mainland regions, while in Zanzibar availability ranged from 39 percent in Mjini Magharibi to 89 percent in Kaskazini Unguja. The high percentage of dispensaries having mRDTs reflects the successful implementation of the new policy on malaria diagnosis, which demands confirmation of all suspected cases, and the introduction of these kits starting in 2008. In 2006, no dispensaries had mRDTs (National Bureau of Statistics [NBS] and Macro International, 2007).

As noted, the majority of facilities in Tanzania (81 percent), including 93 percent of hospitals and 86 percent of government facilities, rely on malaria rapid tests for diagnosis. Overall, only 18 percent of facilities have malaria microscopy (i.e., a functioning microscope with glass slides and relevant stains). This includes slightly more than half of hospitals (56 percent) and slightly less than half of health centres (45 percent).

11.3.2 Medicines and Commodities for Malaria Services

Given the widespread and frequent occurrence of malaria in Tanzania, appropriate medicines need to be widely available for management of both uncomplicated and severe malaria.

First-line ACT

On average, 90 percent of facilities that offer malaria diagnosis and/or treatment services had the first-line ACT (ALu or ASAQ) in stock on the day of the survey (Table 11.2 and Figure 11.2). Clinics (53 percent) were far less likely than other types of facilities (90 percent or above) to have ACTs available. In 2006, 95

percent of facilities had all first-line medicines (sulfadoxine/pyrimethamine, amodiaquine, and Coartem) available on the day of the assessment.

A higher proportion of government and faith-based facilities (95 percent and 84 percent, respectively) than private or parastatal facilities had first-line ACTs available on the day of the visit. As noted earlier, the government of Tanzania supplies ALu to both government and faith-based facilities. The private sector benefits from a subsidy programme; at the time the 2014-15 TSPA was conducted, supplies from this programme were generally limited.

On average, 91 percent of facilities in Tanzania Mainland had first-line ACTs (ALu or ASAQ) available, as compared with only half of facilities in Zanzibar (where the first-line ACT is ASAQ). Only one-third of facilities in Kaskazini Pemba and Mjini Magharibi had the first-line ACT (ASAQ) on the day of the assessment.

Although currently non-artemisinin monotherapies are not recommended for management of malaria in Tanzania, some facilities still carry them. Non-artemisinin monotherapies are generally rare in Mainland facilities with the exception of Dar es Salaam (32 percent). The majority of facilities with non-artemisinin monotherapies were in Zanzibar; Kusini Pemba had the lowest percentage of such facilities (23 percent) and Kaskazini Unguja the highest (79 percent).

Table 11.2 Availability of malaria medicines and commodities in facilities offering malaria services

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

	Antimalarial medicines							Other medicines and commodities		Number of facilities offering malaria diagnosis and/or treatment services
Background characteristics	First-line ACT anti-malarial medicine	Non-arte-misinin mono-therapy	Injectable arte-sunate	Artesunate suppose-toiry	Oral quinine	Injectable quinine	SP[1]	Para-cetamol tablet	ITN[2]	
Facility type										
Hospital	91	24	52	3	80	92	64	92	25	46
Health centre	91	14	40	3	66	85	48	91	22	128
Dispensary	90	8	25	2	67	80	53	82	7	988
Clinic	53	33	29	0	19	26	44	81	6	15
Managing authority										
Government	95	4	27	1	70	83	50	81	10	857
Private-for-profit	73	31	34	5	52	67	54	87	7	156
Parastatal	38	5	28	0	76	93	34	76	3	18
Faith-based	84	19	25	4	64	77	65	95	10	147
Residence: Tanzania										
Total urban	84	21	35	3	64	77	57	88	11	317
Total rural	92	5	25	2	68	82	51	82	9	860
Residence: Mainland/ Zanzibar										
Mainland urban	86	20	37	3	68	81	60	88	10	299
Mainland rural	93	3	25	1	70	84	52	82	7	835
Zanzibar urban	36	52	9	0	0	5	2	79	27	18
Zanzibar rural	60	51	12	3	2	5	3	80	75	26
Region										
Mainland average/total	91	8	28	2	69	83	54	84	8	1,134
Dodoma	96	5	18	4	82	91	33	80	1	60
Arusha	74	17	10	6	69	68	40	86	8	52
Kilimanjaro	78	9	15	5	48	58	58	95	18	64
Tanga	95	6	29	1	71	94	35	90	18	58
Morogoro	94	11	29	0	94	89	55	99	9	61
Pwani	79	7	35	5	48	93	49	74	5	45
Dar es Salaam	78	32	45	2	63	73	60	80	7	92
Lindi	100	1	24	0	51	83	64	58	2	35
Mtwara	89	5	57	1	29	93	67	54	4	35
Ruvuma	90	1	45	5	49	70	65	86	9	47
Iringa	89	7	11	0	39	72	87	65	4	39
Mbeya	89	1	3	0	79	83	53	88	7	72

(Continued…)

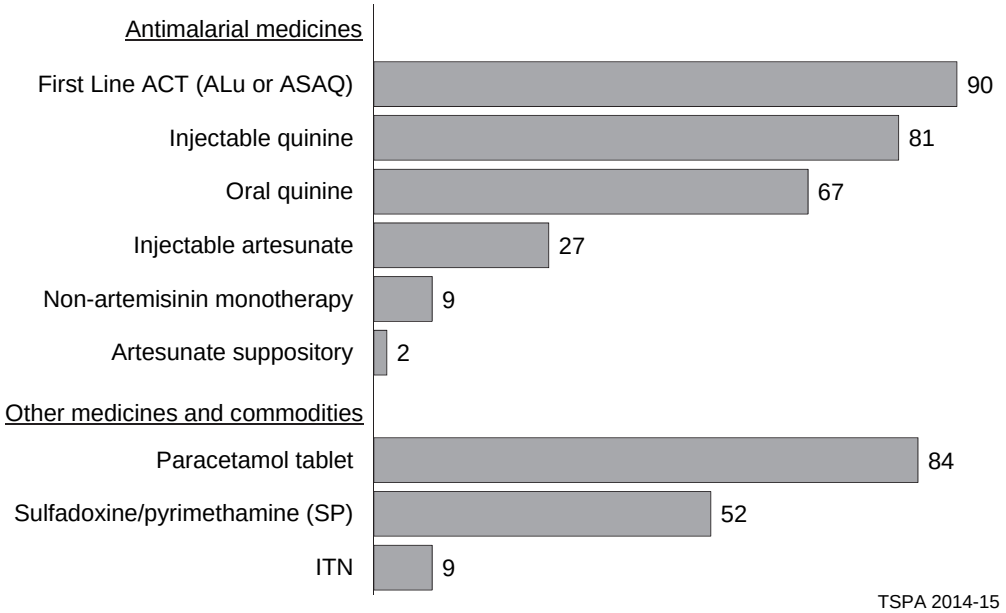
Table 11.2—*Continued*

Background characteristics	Antimalarial medicines							Other medicines and commodities		Number of facilities offering malaria diagnosis and/or treatment services
	First-line ACT anti-malarial medicine	Non-arte-misinin mono-therapy	Injectable arte-sunate	Rectal arte-sunate	Oral quinine	Injectable quinine	SP[1]	Para-cetamol tablet	ITN[2]	
Region										
Singida	94	8	2	0	98	94	42	99	10	34
Tabora	95	1	55	0	82	87	27	82	11	50
Rukwa	100	0	29	0	62	80	53	81	5	34
Kigoma	100	5	70	0	81	99	37	80	6	43
Shinyanga	100	7	39	1	76	99	37	99	7	32
Kagera	99	2	8	0	90	88	80	93	17	49
Mwanza	100	16	31	7	69	93	64	92	7	58
Mara	98	1	36	1	100	85	59	87	0	45
Manyara	96	3	24	0	77	92	46	99	4	27
Njombe	100	2	3	0	48	71	74	61	6	38
Katavi	95	0	9	0	68	93	73	93	9	11
Simiyu	100	0	23	1	95	90	69	77	1	30
Geita	89	6	50	1	51	75	55	86	2	23
Zanzibar average/total	50	51	11	2	1	5	3	79	55	43
Unguja average/total	50	59	14	3	2	6	1	84	51	28
Kaskazini Unguja	68	79	33	7	0	3	0	89	86	5
Kusini Unguja	67	57	17	6	6	9	0	94	85	7
Mjini Magharibi	36	54	7	0	0	6	3	78	25	16
Pemba average/total	51	37	5	0	0	3	5	71	64	15
Kaskazini Pemba	31	49	4	0	0	0	3	70	64	8
Kusini Pemba	74	23	6	0	0	7	7	73	63	7
National average/total	90	9	27	2	67	81	52	84	9	1,177

Notes:
- The indicators for first-line antimalarial medicines, sulfadoxine/pyrimethamine, 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 (2015).
- ACT = Artemisinin combination therapy. For Zanzibar facilities, only artemisin-amodiaquine (ARTE-AMO) tablets are included; for all other facilities, either ALU or ARTE-AMO tablets are included.
- SP = sulfadoxine/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.

Figure 11.2 Availability of antimalarial medicines and other medicines and commodities



Injectable Artesunate

About one-quarter of facilities had injectable artesunate, mostly hospitals (52 percent) and health centres (40 percent). Among the regions, availability ranged from a low of 2-3 percent in Singida, Mbeya, and Njombe to a high of 70 percent in Kigoma. At least half of facilities in three regions (in addition to Kigoma) had injectable artesunate: Mtwara (57 percent), Tabora (55 percent), and Geita (50 percent). In most regions, less than half of facilities had injectable artesunate available. The phased rollout of the new malaria diagnosis and treatment guidelines introducing this regimen might have contributed to the observed variations among the regions. On average, only 11 percent of facilities in Zanzibar had injectable artesunate, as compared with 28 percent in Tanzania Mainland.

Oral Quinine

Oral quinine is important in the management of uncomplicated malaria in pregnancy. About two-thirds of health facilities that offer malaria services had oral quinine. Hospitals (80 percent) were more likely than health centres (66 percent) and dispensaries (67 percent) to have oral quinine; clinics, at 19 percent, were least likely to have this medicine. Availability among Mainland regions ranged from 29 percent of facilities in Mtwara to 100 percent in Mara. In Zanzibar, none of the facilities other than the 6 percent in Kusini Unguja had oral quinine on the day of the assessment.

Injectable Quinine

Eight of every ten facilities that offer malaria services had injectable quinine available on the day of the survey. The medicine was available in at least 80 percent of hospitals, health centres, and dispensaries but only in one-fourth of clinics. By managing authority, availability ranged from 67 percent of private facilities to 93 percent of parastatal facilities. In Zanzibar, injectable quinine was available in 5 percent of health facilities.

Paracetamol

Paracetamol, a common fever-reducing medicine, was available in 84 percent of facilities that offer malaria services. There was very little variation in availability by type of facility, managing authority, or region.

Malaria Prophylaxis in Pregnancy

Sulfadoxine/pyrimethamine (SP, or Fansidar) is used for IPTp. About half of health facilities had SP on the day of the assessment visit (Table 11.2 and Figure 11.2). Hospitals (64 percent) were more likely to have SP than dispensaries (53 percent), health centres (48 percent), or clinics (44 percent). In Mainland regions, SP availability ranged from 27 percent of facilities in Tabora to 87 percent of facilities in Iringa; SP was an extremely rare commodity in Zanzibar.

Insecticide-Treated Mosquito Nets

Only 9 percent of facilities that offer malaria services had insecticide-treated mosquito nets (ITNs) available on the day of the assessment (Table 11.2 and Figure 11.2). ITNs are more common in Zanzibar than in Tanzania Mainland, where only 8 percent of facilities had ITNs. This finding for Tanzania Mainland is not surprising. As noted above, through the national voucher scheme, pregnant women and infants were given a voucher at ANC clinics to be redeemed at an identified retail outlet; however, this program ended in 2014. In Zanzibar, ITNs/LLINs are stocked at ANC clinics and given to pregnant women routinely.

11.4 MALARIA SERVICES IN FACILITIES OFFERING CURATIVE CARE FOR SICK CHILDREN

Since children under age 5 are the most vulnerable to malaria, it is important for health services that serve sick children to be able to correctly diagnose and treat malaria.

11.4.1 Diagnosis Readiness

Among facilities that offer curative care for sick children, 81 percent had mRDTs available on the day of the survey, 17 percent had malaria microscopy capability, and 84 percent had either mRDTs or microscopy (Table 11.3). These percentages are similar to those seen for all facilities offering malaria services (Table 11.1); however, facilities that offer curative care for sick children are less likely to have a staff member recently trained in mRDTs (41 percent). Likewise, a limited proportion (37 percent) of facilities had a provider trained in microscopy. About two-thirds of facilities had an mRDT protocol available. Training in mRDTs was conducted between 2008 and 2011.

Only 29 percent of facilities that offer curative care for sick children had full diagnostic capacity—that is, mRDTs or microscopy, a recently trained staff member, and a protocol for use of mRDTs. Hospitals (63 percent) and health centres (52 percent) were far more likely than other types of facilities to have full diagnostic capacity. Among the regions in Tanzania Mainland, the percentage of facilities with diagnostic capacity ranged from 8 percent in Kigoma to 54 percent in Kagera. In Zanzibar, Kaskazini Unguja had the highest proportion (81 percent) of facilities with diagnostic capacity, while Mjini Magharibi had the lowest (18 percent).

Table 11.3 Malaria diagnostic capacity in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having malaria diagnostic capacity on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities offering curative care for sick children that have:								Number of facilities offering curative care for sick children
	Malaria diagnostics			Personnel trained in:					
Background characteristics	Malaria RDT[1]	Microscopy[2]	Either RDT or microsopy	RDT[3]	Microscopy[4]	Either RDT or microscopy	Malaria RDT protocol[5]	Diagnostic capacity[6]	
Facility type									
Hospital	92	56	96	61	62	68	82	63	46
Health centre	90	44	94	61	60	66	77	52	128
Dispensary	79	11	82	38	32	42	61	24	972
Clinic	68	24	81	31	34	39	59	23	15
Managing authority									
Government	85	10	86	44	38	49	67	31	854
Private-for-profit	62	35	73	27	26	29	53	22	149
Parastatal	72	25	72	24	23	24	66	21	15
Faith-based	72	38	82	37	39	46	54	21	143
Residence: Tanzania									
Total urban	70	34	79	35	33	40	57	26	306
Total rural	84	11	85	43	38	48	66	29	854
Residence: Mainland/ Zanzibar									
Mainland urban	72	33	79	35	33	39	59	26	288
Mainland rural	84	11	85	42	37	47	66	29	829
Zanzibar urban	43	48	78	38	37	47	33	19	18
Zanzibar rural	81	7	82	81	71	88	72	57	25
Region									
Mainland average/total	81	17	84	40	36	45	64	28	1,117
Dodoma	79	12	84	33	20	33	65	24	60
Arusha	83	17	83	32	19	32	58	25	52
Kilimanjaro	94	21	94	34	29	40	78	29	64
Tanga	92	23	94	56	35	58	78	50	55
Morogoro	76	18	82	31	43	43	62	17	58
Pwani	66	16	68	51	50	56	57	32	45
Dar es Salaam	63	24	72	21	21	21	61	15	90
Lindi	90	4	90	52	25	53	81	41	35
Mtwara	49	12	55	71	61	81	63	37	35
Ruvuma	85	15	90	44	16	45	65	29	47

(Continued…)

Table 11.3—*Continued*

Background characteristics	Percentage of facilities offering curative care for sick children that have:								Number of facilities offering curative care for sick children
	Malaria diagnostics			Personnel trained in:					
	Malaria RDT[1]	Microscopy[2]	Either RDT or microsopy	RDT[3]	Microscopy[4]	Either RDT or microscopy	Malaria RDT protocol[5]	Diagnostic capacity[6]	
Region									
Iringa	84	11	84	46	46	52	76	31	39
Mbeya	95	17	95	21	22	22	78	20	72
Singida	92	7	94	44	55	55	50	30	34
Tabora	94	21	95	25	25	25	40	16	48
Rukwa	93	11	99	49	43	64	81	38	34
Kigoma	76	15	81	14	18	18	19	8	43
Shinyanga	88	7	88	47	54	54	77	42	32
Kagera	77	27	77	77	57	83	77	54	49
Mwanza	71	24	73	44	45	46	48	11	58
Mara	90	18	90	49	50	65	59	31	40
Manyara	62	5	62	32	32	33	42	22	27
Njombe	82	5	83	27	28	28	82	28	36
Katavi	89	16	93	40	26	47	88	36	11
Simiyu	86	16	90	64	69	70	66	46	30
Geita	82	29	89	59	66	66	61	35	23
Zanzibar									
average/total	65	24	80	63	57	71	56	41	43
Unguja									
average/total	59	32	81	54	53	64	51	36	28
Kaskazini Unguja	89	18	92	89	78	89	89	81	5
Kusini Unguja	85	5	88	65	73	85	68	46	7
Mjini Magharibi	39	49	74	39	37	47	31	18	16
Pemba									
average/total	76	9	79	80	64	84	66	51	15
Kaskazini Pemba	82	9	86	73	59	76	78	49	8
Kusini Pemba	69	8	71	87	69	93	52	52	7
National average/total	81	17	84	41	37	46	64	29	1,160

Note: See Chapter 4 (Table 4.1) for information on the proportion of all facilities offering curative care for sick children.

[1] Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility.
[2] Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.
[3] Facility had at least one interviewed provider of child curative care services who reports receiving in-service training on malaria RDT 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 child curative care services who reports receiving in-service training on malaria microscopy 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] RDT protocol refers to any written instruction on how to perform a malaria RDT.
[6] Facility had unexpired malaria RDT kits or a functioning microscope with relevant stains and glass slides, a staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in the facility.

11.4.2 Treatment

Treatment Readiness

Among facilities that provide curative care for sick children, 90 percent had first-line treatment medicine available on the day of the survey (Table 11.4). About eight of ten facilities had malaria treatment guidelines; however, only 48 percent had at least one provider who had recently received training related to malaria diagnosis or treatment. When these three components of care are considered along with diagnostic capacity (see Table 11.3), only 24 percent of facilities had all components of service readiness in place to treat malaria. Hospitals (46 percent) and health centres (44 percent) were much more likely than other types of facilities to have all service components. Government facilities were more likely than other facilities to have all service readiness components; however, less than a third of government facilities had all components. The malaria service readiness index was 50 percent or above in only two of the 25 regions in Tanzania Mainland. In Zanzibar, 70 percent of facilities in Kaskazini Unguja had all of the components in place to treat malaria.

Table 11.4 Malaria treatment in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having indicated items for the provision of malaria services available on the day of the survey, and malaria service readiness index, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities offering curative care for sick children that have:			Malaria service readiness index[3]	Number of facilities offering curative care for sick children
	Malaria diagnosis or treatment guidelines	First-line treatment medicine[1]	Trained personnel[2]		
Facility type					
Hospital	72	91	69	46	46
Health centre	86	91	69	44	128
Dispensary	78	91	44	21	972
Clinic	54	53	39	10	15
Managing authority					
Government	82	95	51	28	854
Private-for-profit	61	73	29	15	149
Parastatal	67	45	24	6	15
Faith-based	74	84	49	17	143
Residence: Tanzania					
Total urban	71	84	40	20	306
Total rural	81	93	50	26	854
Residence: Mainland/ Zanzibar					
Mainland urban	72	87	40	22	288
Mainland rural	80	94	49	25	829
Zanzibar urban	53	35	47	3	18
Zanzibar rural	93	61	88	39	25
Region					
Mainland average/total	78	92	47	24	1,117
Dodoma	74	96	33	19	60
Arusha	50	74	33	10	52
Kilimanjaro	77	78	40	17	64
Tanga	99	99	63	50	55
Morogoro	82	99	54	17	58
Pwani	76	79	68	25	45
Dar es Salaam	62	78	21	8	90
Lindi	93	100	53	40	35
Mtwara	100	89	81	35	35
Ruvuma	94	90	45	24	47
Iringa	88	89	52	29	39
Mbeya	67	89	22	17	72
Singida	85	94	56	30	34
Tabora	63	95	26	13	48
Rukwa	64	100	65	36	34
Kigoma	65	100	18	8	43
Shinyanga	77	100	54	41	32
Kagera	93	99	83	52	49
Mwanza	69	100	54	8	58
Mara	83	98	65	31	40
Manyara	84	96	33	21	27
Njombe	92	100	28	26	36
Katavi	91	95	47	27	11
Simiyu	90	100	75	45	30
Geita	98	89	67	35	23
Zanzibar average/total	77	50	71	24	43
Unguja average/total	73	50	64	23	28
Kaskazini Unguja	97	70	89	70	5
Kusini Unguja	100	67	85	34	7
Mjini Magharibi	55	36	47	3	16
Pemba average/total	82	51	84	26	15
Kaskazini Pemba	79	31	76	14	8
Kusini Pemba	85	74	93	40	7
National average/total	78	90	48	24	1,160

[1] For Zanzibar facilities, only ARTE-AMO tablets are included; for all other facilities, either ALU or ARTE-AMO tablets are included.
[2] At least one interviewed provider of child curative care services reports receiving in-service training in 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.
[3] Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test [RDT] kits or a functioning microscope with relevant stains and glass slides, a staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in the facility), malaria treatment guidelines, first-line medicines, and personnel recently trained in malaria diagnosis and/or treatment available.

Diagnosis and Treatment

Among all observed sick children, one-third were diagnosed as having malaria (Table 11.5). About a third (32 percent) of diagnosed children either received or were prescribed ACTs.

Table 11.5 Treatment of malaria in children

Among sick children whose consultations were observed, the percentages diagnosed as having malaria, fever, or both and, among sick children who were diagnosed as having malaria, fever, or both, the percentages for whom artemisinin combination therapy (ACT) was either prescribed or provided, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Among all observed sick children, percentage diagnosed as having:			Total number of observed sick children	Percentage of sick children diagnosed as having malaria for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria[1]	Percentage of sick children diagnosed as having fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having fever	Percentage of sick children diagnosed as having malaria or fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria or fever
	Malaria[1]	Fever	Malaria[1] or fever							
Facility type										
Hospital	34	5	37	680	20	230	1	37	18	254
Health centre	32	7	37	840	30	268	2	56	27	307
Dispensary	33	7	38	3,409	35	1,142	6	237	31	1,293
Clinic	4	3	7	33	47	1	12	1	27	2
Managing authority										
Government	32	7	37	4,010	35	1,296	6	289	31	1,485
Private-for-profit	30	3	32	369	27	112	1	12	25	119
Parastatal	23	7	25	37	0	8	0	3	0	9
Faith-based	41	5	45	545	20	225	1	28	18	243
Residence: Tanzania										
Total urban	31	5	35	1,439	28	448	1	70	25	496
Total rural	34	7	39	3,522	34	1,193	6	262	30	1,360
Residence: Mainland/ Zanzibar										
Mainland urban	34	5	37	1,332	28	448	1	66	26	491
Mainland rural	36	8	40	3,329	34	1,188	6	251	30	1,347
Zanzibar urban	1	4	5	106	48	1	0	4	7	5
Zanzibar rural	2	5	7	193	7	5	0	10	3	13
Region										
Mainland average/total	35	7	39	4,662	32	1,636	5	317	29	1,838
Dodoma	31	0	31	145	63	45	100	1	63	45
Arusha	1	6	6	202	0	1	0	12	0	13
Kilimanjaro	6	7	13	210	0	13	0	16	0	28
Tanga	29	12	36	279	20	80	0	33	16	101
Morogoro	40	5	42	339	3	136	0	16	3	144
Pwani	65	8	68	122	1	79	0	10	1	82
Dar es Salaam	31	3	32	190	27	60	0	5	27	61
Lindi	37	1	37	190	69	69	0	2	67	71
Mtwara	47	1	48	246	70	116	0	3	69	118
Ruvuma	49	10	58	218	17	106	0	22	14	127
Iringa	13	8	21	106	2	14	4	8	3	22
Mbeya	9	8	17	170	0	16	0	13	0	29
Singida	11	4	14	167	57	18	0	7	42	24
Tabora	52	9	56	302	20	157	0	27	18	170
Rukwa	23	19	36	91	29	21	0	17	18	33
Kigoma	56	15	63	354	47	200	29	54	42	222
Shinyanga	44	8	47	136	24	60	0	11	23	63
Kagera	51	0	51	380	26	192	0	1	26	193
Mwanza	26	3	29	182	81	48	4	5	74	53

(Continued…)

Table 11.5—*Continued*

Background characteristics	Among all observed sick children, percentage diagnosed as having: Malaria[1]	Fever	Malaria[1] or fever	Total number of observed sick children	Percentage of sick children diagnosed as having malaria for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria[1]	Percentage of sick children diagnosed as having fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having fever	Percentage of sick children diagnosed as having malaria or fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria or fever
Region										
Mara	50	16	55	143	16	71	0	23	14	79
Manyara	20	4	21	93	50	19	0	4	48	20
Njombe	7	3	10	81	5	6	0	2	4	8
Katavi	31	21	46	48	0	15	0	10	0	22
Simiyu	10	7	16	129	40	13	0	9	25	21
Geita	58	6	64	141	54	82	0	8	49	90
Zanzibar average/total	2	5	6	299	13	5	0	14	4	18
Unguja average/total	1	7	8	170	28	3	0	13	5	13
Kaskazini Unguja	2	6	7	50	35	1	0	3	10	3
Kusini Unguja	3	15	15	37	0	1	0	5	0	5
Mjini Magharibi	0	5	6	83	100	0	0	4	8	5
Pemba average/total	2	1	4	129	0	3	0	2	0	5
Kaskazini Pemba	1	1	2	65	0	0	0	1	0	1
Kusini Pemba	4	2	6	64	0	3	0	1	0	4
National average/total	33	7	37	4,961	32	1,641	5	332	29	1,856

[1] Diagnosis of malaria based on information provided by the health worker. The diagnosis may be based on rapid diagnostic test or microscopy.

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ADDITIONAL TABLES

Appendix A

Table A-2.1.1 Distribution of facilities in sample frame and final sample selection, by managing authority and region

Number of facilities of each type of managing authority in the sample frame, number of each type selected for the survey sample, and percentages of eligible facilities of each managing authority that were included in the sample, by region, Tanzania SPA 2014-15

	Managing authority				
Region/Number of facilities	Government	Private-for-profit	Parastatal	Faith-based	Total
Dodoma					
Sample frame	301	16	28	10	355
Number selected	39	4	0	5	48
Arusha					
Sample frame	171	67	58	12	308
Number selected	22	8	1	14	45
Kilimanjaro					
Sample frame	225	49	106	18	398
Number selected	28	4	3	17	52
Tanga					
Sample frame	278	36	31	22	367
Number selected	31	5	3	9	48
Morogoro					
Sample frame	240	34	63	26	363
Number selected	30	3	3	13	49
Pwani					
Sample frame	201	24	25	20	270
Number selected	29	4	2	6	41
Dar es Salaam					
Sample frame	111	368	54	39	572
Number selected	16	64	6	9	95
Lindi					
Sample frame	192	3	9	6	210
Number selected	33	0	0	4	37
Mtwara					
Sample frame	168	11	17	13	209
Number selected	30	2	0	5	37
Ruvuma					
Sample frame	220	9	47	5	281
Number selected	29	1	0	12	42
Iringa					
Sample frame	162	20	44	7	233
Number selected	24	7	1	7	39
Mbeya					
Sample frame	321	51	44	12	428
Number selected	30	13	1	9	53

(Continued…)

Table A-2.1.1—*Continued*

Region/Number of facilities	Managing authority				Total
	Government	Private-for-profit	Parastatal	Faith-based	
Singida					
Sample frame	165	1	29	8	203
Number selected	28	1	0	8	37
Tabora					
Sample frame	249	6	35	10	300
Number selected	34	2	0	8	44
Rukwa					
Sample frame	170	7	22	4	203
Number selected	28	1	0	8	37
Kigoma					
Sample frame	211	13	23	9	256
Number selected	32	2	0	7	41
Shinyanga					
Sample frame	141	24	18	6	189
Number selected	26	6	0	3	35
Kagera					
Sample frame	216	19	42	14	291
Number selected	27	4	0	13	44
Mwanza					
Sample frame	246	55	28	20	349
Number selected	28	10	0	10	48
Mara					
Sample frame	187	32	36	14	269
Number selected	26	5	1	9	41
Manyara					
Sample frame	136	13	24	1	174
Number selected	25	2	1	6	34
Njombe					
Sample frame	181	7	35	6	229
Number selected	24	1	1	13	39
Katavi					
Sample frame	54	6	6	0	66
Number selected	29	2	0	4	35
Simiyu					
Sample frame	153	8	15	2	178
Number selected	30	1	0	3	34
Geita					
Sample frame	104	20	12	1	137
Number selected	29	4	1	1	35
Kaskazini Unguja					
Sample frame	27	6	0	0	33
Number selected	17	3	0	0	20
Kusini Unguja					
Sample frame	35	4	1	2	42
Number selected	17	2	1	0	20
Mjini Magharibi					
Sample frame	34	64	0	1	99
Number selected	9	21	0	0	30
Kaskazini Pemba					
Sample frame	42	6	0	0	48
Number selected	16	4	0	0	20
Kusini Pemba					
Sample frame	35	7	0	0	42
Number selected	17	2	0	1	20
Total Number of facilities					
Sample frame	4,976	986	852	288	7,102
Number selected	783	188	25	204	1,200
Percentage of total eligible facilities selected for Tanzania SPA sample	16	19	3	71	17

Table A-2.1.2 Distribution of facilities in sample frame and final sample selection, by facility type and region

Number of facilities of each type in the sample frame, number of each type selected for the survey sample, and percentages of eligible facilities of each type that were included in the sample, by region, Tanzania SPA 2014-15

Region/Number of facilities	Facility type				Total
	Hospital	Health centre	Dispensary	Clinic	
Dodoma					
Sample frame	8	35	311	1	355
Number selected	8	17	22	1	48
Arusha					
Sample frame	13	45	250	0	308
Number selected	13	18	14	0	45
Kilimanjaro					
Sample frame	17	43	337	1	398
Number selected	17	17	17	1	52
Tanga					
Sample frame	11	39	313	4	367
Number selected	11	17	18	2	48
Morogoro					
Sample frame	14	43	304	2	363
Number selected	13	17	18	1	49
Pwani					
Sample frame	7	24	236	3	270
Number selected	7	13	20	1	41
Dar es Salaam					
Sample frame	42	48	423	59	572
Number selected	42	12	19	22	95
Lindi					
Sample frame	9	17	184	0	210
Number selected	9	11	17	0	37
Mtwara					
Sample frame	5	20	184	0	209
Number selected	5	14	18	0	37
Ruvuma					
Sample frame	10	28	243	0	281
Number selected	10	14	18	0	42
Iringa					
Sample frame	7	25	198	3	233
Number selected	7	14	16	2	39
Mbeya					
Sample frame	20	37	358	13	428
Number selected	20	11	17	5	53
Singida					
Sample frame	9	19	174	1	203
Number selected	9	12	15	1	37

(Continued…)

Table A-2.1.2—*Continued*

Region/Number of facilities	Facility type				Total
	Hospital	Health centre	Dispensary	Clinic	
Tabora					
Sample frame	7	22	269	2	300
Number selected	7	13	22	2	44
Rukwa					
Sample frame	3	21	179	0	203
Number selected	3	15	19	0	37
Kigoma					
Sample frame	6	27	223	0	256
Number selected	6	16	19	0	41
Shinyanga					
Sample frame	4	22	163	0	189
Number selected	4	11	20	0	35
Kagera					
Sample frame	14	30	244	3	291
Number selected	14	13	15	2	44
Mwanza					
Sample frame	15	43	284	7	349
Number selected	15	15	14	4	48
Mara					
Sample frame	9	40	216	4	269
Number selected	9	16	14	2	41
Manyara					
Sample frame	7	22	143	2	174
Number selected	7	13	12	2	34
Njombe					
Sample frame	11	21	197	0	229
Number selected	11	12	16	0	39
Katavi					
Sample frame	1	12	53	0	66
Number selected	1	12	22	0	35
Simiyu					
Sample frame	3	13	162	0	178
Number selected	3	11	20	0	34
Geita					
Sample frame	3	19	115	0	137
Number selected	3	16	16	0	35
Kaskazini Unguja					
Sample frame	0	9	23	1	33
Number selected	0	9	11	0	20
Kusini Unguja					
Sample frame	0	5	36	1	42
Number selected	1	5	14	0	20
Mjini Magharibi					
Sample frame	7	19	53	20	99
Number selected	4	6	9	11	30
Kaskazini Pemba					
Sample frame	1	6	37	4	48
Number selected	2	4	13	1	20
Kusini Pemba					
Sample frame	2	7	30	3	42
Number selected	2	6	11	1	20
Total					
Number of facilities					
Sample frame	265	761	5,942	134	7,102
Number selected	263	380	496	61	1,200
Percentage of total eligible facilities selected for Tanzania SPA sample	99.2	49.9	8.3	45.5	16.9

Table A-3.5.1 Standard precautions for infection control: Mainland regions

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average/ total
Items	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shin-yanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Sterilisation equipment[1]	18	27	51	36	17	32	86	16	12	14	15	13	12	49	7	12	24	9	17	34	9	9	5	12	11	27
Equipment for high-level disinfection[2]	87	85	60	91	88	94	50	70	87	79	54	92	87	78	95	100	77	39	76	88	99	65	92	95	88	78
Safe final disposal of sharps waste[3]	28	54	35	35	37	47	43	25	27	14	32	29	40	32	35	33	22	33	23	16	41	39	46	38	35	33
Safe final disposal of infectious waste[4]	32	51	43	35	38	47	41	36	17	14	21	35	39	32	34	39	22	35	23	29	41	44	46	38	34	35
Appropriate storage of sharps waste[5]	76	84	73	83	81	78	67	96	77	98	94	91	74	63	79	66	93	79	84	67	76	76	82	94	88	80
Appropriate storage of infectious waste[6]	5	68	60	29	34	12	76	51	43	50	56	48	51	43	31	32	76	35	51	22	47	51	5	20	61	44
Disinfectant[7]	67	77	73	78	65	57	58	58	38	57	41	85	34	50	48	29	52	26	70	59	67	55	40	54	18	58
Syringes and needles[8]	79	79	88	83	79	87	74	75	59	88	80	93	70	79	48	60	82	38	89	79	67	76	49	84	78	76
Soap	44	78	86	75	73	67	82	56	55	88	67	86	62	30	83	29	37	57	51	63	67	88	57	70	30	66
Running water[9]	44	81	76	79	78	71	89	71	71	90	67	86	44	42	81	34	61	49	72	45	75	87	67	75	33	69
Soap and running water	39	78	72	69	61	62	82	54	49	83	67	79	44	30	78	29	37	30	44	43	66	87	51	65	30	59
Alcohol-based hand disinfectant	5	46	38	16	27	20	12	7	5	20	33	22	42	32	11	10	32	17	6	29	30	2	2	6	6	20
Soap and running water or else alcohol-based hand disinfectant	39	84	76	69	72	67	82	55	49	83	72	86	57	59	84	29	53	44	44	62	66	87	53	65	30	65
Latex gloves[10]	78	93	94	88	88	89	85	91	61	99	72	100	75	69	41	71	94	61	91	84	75	71	85	84	83	82
Medical masks	14	29	25	20	6	7	24	6	5	15	32	2	2	18	6	17	25	8	18	15	13	21	7	5	7	15
Gowns	53	42	36	28	21	8	32	22	11	61	51	39	22	19	4	6	40	26	34	56	50	15	11	40	23	31
Eye protection	18	9	6	2	7	1	4	6	10	1	19	6	4	6	7	1	13	1	4	1	3	6	0	0	2	6
Guidelines for standard precautions[11]	22	37	35	32	30	8	24	25	17	36	49	26	5	1	29	16	29	21	12	17	8	15	26	21	26	23
Examination bed or couch	83	100	85	100	89	86	92	53	85	79	89	94	87	84	81	90	78	83	81	72	92	88	80	94	83	86
Gum boots	40	17	20	8	5	2	14	12	6	18	38	10	4	13	10	1	36	14	23	23	23	18	7	19	4	16
Number of facilities	60	52	67	59	61	45	96	35	35	47	39	72	34	50	34	43	32	49	59	45	27	38	11	30	23	1,144

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.
[2] Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.
[3] The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[4] The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[5] Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[6] Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[7] Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area
[8] Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area
[9] Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area
[10] Non-latex equivalent gloves are acceptable.
[11] Any guideline for infection control in health facilities available in the general outpatient area

Table A-3.5.2 Standard precautions for infection control: Zanzibar regions

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Items	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Sterilisation equipment[1]	19	38	75	30	11	44
Equipment for high-level disinfection[2]	79	73	44	5	47	46
Safe final disposal of sharps waste[3]	70	74	79	65	69	73
Safe final disposal of infectious waste[4]	80	62	80	78	80	77
Appropriate storage of sharps waste[5]	87	85	50	71	63	66
Appropriate storage of infectious waste[6]	54	40	30	30	33	35
Disinfectant[7]	90	83	56	0	19	48
Syringes and needles[8]	97	91	66	38	35	64
Soap	97	89	81	44	55	73
Running water[9]	74	67	85	58	54	71
Soap and running water	74	62	78	44	45	64
Alcohol-based hand disinfectant	57	40	44	0	9	31
Soap and running water or else alcohol-based hand disinfectant	91	73	82	44	48	69
Latex gloves[10]	97	88	69	61	42	70
Medical masks	31	12	13	0	2	11
Gowns	10	9	12	0	2	8
Eye protection	0	0	6	0	2	2
Guidelines for standard precautions[11]	45	65	19	0	19	26
Examination bed or couch	100	94	100	81	93	94
Gum boots	25	9	9	0	2	8
Number of facilities	6	7	17	8	7	44

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.
[2] Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.
[3] The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[4] The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[5] Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[6] Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[7] Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area
[8] Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area
[9] Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area
[10] Non-latex equivalent gloves are acceptable.
[11] Any guideline for infection control in health facilities available in the general outpatient area

Table A-3.5.3 Standard precautions for infection control by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by residence: Tanzania, Mainland/Zanzibar, and Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Items	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Sterilisation equipment[1]	60	15	59	15	72	23	27	44	27
Equipment for high-level disinfection[2]	65	82	67	83	40	51	78	46	77
Safe final disposal of sharps waste[3]	40	33	38	32	79	69	33	73	35
Safe final disposal of infectious waste[4]	41	35	38	34	81	74	35	77	36
Appropriate storage of sharps waste[5]	73	81	75	81	44	82	80	66	79
Appropriate storage of infectious waste[6]	58	38	60	38	28	40	44	35	44
Disinfectant[7]	57	58	57	58	52	46	58	48	57
Syringes and needles[8]	77	76	77	76	64	64	76	64	76
Soap	79	61	79	61	75	72	66	73	66
Running water[9]	84	63	85	63	78	66	69	71	69
Soap and running water	76	53	77	53	72	58	59	64	60
Alcohol-based hand disinfectant	25	19	24	18	41	25	20	31	20
Soap and running water or else alcohol-based hand disinfectant	81	59	82	59	75	65	65	69	65
Latex gloves[10]	83	81	84	82	67	72	82	70	82
Medical masks	23	12	23	12	13	10	15	11	15
Gowns	35	29	36	29	12	4	31	8	30
Eye protection	8	5	8	5	6	0	6	2	6
Guidelines for standard precautions[11]	24	23	25	23	18	32	23	26	23
Examination bed or couch	93	84	92	84	99	91	86	94	86
Gum boots	20	14	20	14	9	8	16	8	15
Number of facilities	324	864	306	838	18	26	1,144	44	1,188

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.
[2] Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.
[3] The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[4] The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.
[5] Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[6] Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries
[7] Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area
[8] Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area
[9] Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area
[10] Non-latex equivalent gloves are acceptable.
[11] Any guideline for infection control in health facilities available in the general outpatient area

Table A-3.7.1 Laboratory diagnostic capacity: Mainland regions

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average /total
Laboratory tests	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Basic tests																										
Haemoglobin	47	41	23	29	37	34	66	30	15	31	28	16	19	60	26	14	33	17	36	27	33	15	29	27	28	33
Blood glucose	16	37	23	14	31	18	66	9	4	21	20	18	12	19	9	15	19	13	25	13	25	9	4	12	23	22
Malaria diagnostic test	84	83	90	88	82	67	70	90	55	90	84	95	94	95	99	81	88	77	72	91	62	84	93	90	89	83
Urine protein	34	26	29	45	35	28	59	14	12	25	25	20	16	15	7	14	22	24	37	27	34	8	15	6	16	27
Urine glucose	28	26	29	34	35	28	51	13	12	24	26	20	14	16	7	13	10	23	37	32	33	10	11	5	16	25
HIV diagnostic test	91	76	76	99	80	80	51	95	99	90	95	84	89	92	72	82	82	77	72	87	85	100	93	77	79	82
DBS collection	20	11	28	68	36	65	41	46	63	76	72	52	22	48	56	25	64	60	36	54	66	58	82	31	58	47
TB microscopy	4	4	8	11	5	5	2	3	11	4	5	12	6	5	6	5	6	21	5	14	3	3	11	8	14	7
Syphilis rapid diagnostic test	71	55	61	75	57	47	45	55	73	46	61	56	65	25	26	33	43	23	27	49	65	78	45	25	33	50
General microscopy	9	16	30	22	27	15	23	4	12	15	11	20	6	24	13	15	9	33	25	29	6	12	24	17	34	19
Urine pregnancy test	34	30	26	52	27	27	65	11	17	21	31	20	14	13	7	23	17	19	33	23	34	14	15	12	24	28
Liver or renal function test (ALT or Creatinine)	8	7	8	4	6	3	15	2	6	3	6	4	5	3	1	7	3	4	5	3	3	5	2	1	9	6
Advanced level diagnostic tests																										
Serum electrolytes	3	19	9	4	10	4	36	8	7	2	19	6	4	4	1	9	4	5	4	10	6	4	2	1	2	9
Full blood count with differentials	3	19	9	4	10	4	36	8	7	2	19	6	4	4	1	9	4	5	4	10	6	4	2	1	2	9
Blood typing and cross matching	0	0	1	1	3	2	4	1	0	7	2	2	1	1	0	1	1	0	1	6	2	0	0	1	1	2
CD4 count	5	4	5	6	5	5	12	7	8	4	8	5	4	5	4	4	11	7	8	7	15	13	8	4	6	7
Syphilis serology	6	7	3	1	3	1	4	1	1	2	1	1	8	0	0	0	7	1	1	3	10	1	0	0	2	2
Gram stain	9	14	10	3	6	8	10	9	8	4	4	10	6	2	5	8	9	4	4	11	6	4	8	2	3	7
Stool microscopy	8	16	21	20	26	15	23	4	9	15	11	18	6	20	12	15	9	21	25	29	5	11	21	16	34	17
CSF/ body fluid counts	21	40	28	3	21	16	29	12	6	13	8	17	8	4	6	15	10	13	23	10	19	5	4	8	5	16
TB culture	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0
TB rapid diagnostic test	0	0	1	0	0	0	1	0	0	0	0	0	2	1	0	0	2	0	3	1	3	0	0	0	1	1
Equipment for diagnostic imaging																										
X-ray machine	2	3	9	3	2	2	7	3	7	4	2	4	4	2	1	2	2	2	3	1	4	3	2	1	2	3
Ultrasonogram	2	5	9	3	6	3	15	2	7	4	4	9	4	3	1	3	4	3	7	4	4	4	2	1	3	5
CT scan	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Number of facilities	60	52	67	59	61	45	96	35	35	47	39	72	34	50	34	43	32	49	59	45	27	38	11	30	23	1,144

Notes:

- The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).
- DBS = dried blood spot; CSF = cerebrospinal fluid; CT = computed tomography

Table A-3.7.2 Laboratory diagnostic capacity: Zanzibar regions

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Laboratory tests	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Basic tests						
Haemoglobin	35	63	58	15	27	43
Blood glucose	32	24	54	10	20	33
Malaria diagnostic test	86	88	72	86	71	79
Urine protein	26	33	67	11	11	38
Urine glucose	29	30	67	11	14	38
HIV diagnostic test	67	69	21	80	75	54
DBS collection	13	6	7	2	10	7
TB microscopy	3	2	6	5	5	5
Syphilis rapid diagnostic test	25	69	47	70	58	54
General microscopy	16	5	42	9	8	21
Urine pregnancy test	32	33	81	11	17	44
Liver or renal function test (ALT or Creatinine)	3	0	16	0	2	7
Advanced level diagnostic tests						
Serum electrolytes	3	2	17	0	4	8
Full blood count with differentials	3	2	17	0	4	8
Blood typing and cross matching	0	0	2	0	0	1
CD4 count	3	0	1	0	0	1
Syphilis serology	0	6	4	2	0	3
Gram stain	13	6	3	4	2	5
Stool microscopy	16	5	36	7	8	19
CSF/ body fluid counts	9	22	52	6	11	27
TB rapid diagnostic test	0	0	1	3	0	1
Equipment for diagnostic imaging						
X-ray machine	3	0	1	0	2	1
Ultrasonogram	3	0	1	2	5	2
CT scan	0	0	1	0	0	0
Number of facilities	6	7	17	8	7	44

Notes:

- The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).
- DBS = dried blood spot; CSF = cerebrospinal fluid; CT = computed tomography

Table A-3.7.3 Laboratory diagnostic capacity by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Laboratory tests	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Basic tests									
Haemoglobin	56	24	56	24	58	33	33	43	33
Blood glucose	50	12	50	12	53	20	22	33	23
Malaria diagnostic test	78	85	78	85	75	81	83	79	83
Urine protein	53	18	52	18	66	17	27	38	27
Urine glucose	50	17	49	17	66	18	25	38	26
HIV diagnostic test	64	88	66	88	23	76	82	54	81
DBS collection	40	47	42	49	8	6	47	7	45
TB microscopy	8	6	8	6	7	3	7	5	7
Syphilis rapid diagnostic test	58	47	59	47	45	60	50	54	50
General microscopy	35	13	34	13	41	7	19	21	19
Urine pregnancy test	57	17	56	17	78	20	28	44	28
Liver or renal function test (ALT or Creatinine)	17	2	17	2	16	1	6	7	6
Advanced level diagnostic tests									
Serum electrolytes	24	3	24	3	16	2	9	8	9
Full blood count with differentials	24	3	24	3	16	2	9	8	9
Blood typing and cross matching	3	1	4	1	2	0	2	1	2
CD4 count	10	5	11	5	1	1	7	1	7
Gram stain	15	4	15	4	5	4	7	5	7
Stool microscopy	32	12	31	12	36	7	17	19	17
CSF/ body fluid counts	35	9	34	9	51	10	16	27	16
TB culture	1	0	1	0	0	0	0	0	0
TB rapid diagnostic test	2	0	2	0	1	1	1	1	1
Equipment for diagnostic imaging									
X-ray machine	10	1	10	1	2	1	4	1	3
Ultrasonogram	29	3	30	3	6	1	11	3	10
CT scan	0	0	0	0	1	0	0	0	0
Number of facilities	324	864	306	838	18	26	1,144	44	1,188

Notes:

- The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).
- DBS = dried blood spot; CSF = cerebrospinal fluid; CT = computed tomography

Table A-3.8.1 Availability of essential medicines: Mainland regions

Percentages of facilities having the 14 essential medicines available, Mainland regions, Tanzania SPA 2014-15

Essential medicines	Mainland region																									Mainland average /total
	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Essential medicines																										
Amitriptyline tablets/capsules[1]	11	8	10	12	8	2	31	6	2	5	8	8	5	2	12	3	14	4	26	18	9	11	7	12	6	11
Amoxicillin tablets/capsules[2]	74	89	76	93	77	64	77	33	52	74	95	75	82	57	61	48	64	85	81	82	83	76	96	75	46	74
Atenolol tablets/ capsules[3]	11	24	18	18	13	14	44	4	8	5	11	6	16	8	6	8	9	19	6	12	5	7	5	2	12	14
Captopril tablets/ capsules[4]	15	23	34	12	13	15	30	5	10	8	16	6	11	9	2	13	4	29	26	14	6	6	10	6	8	15
Ceftriaxone injectable[5]	74	61	55	75	69	35	67	65	68	43	49	75	76	64	39	61	52	48	52	29	58	56	88	47	42	59
Ciprofoxacin tablets/ capsules[6]	78	68	70	96	74	74	80	55	67	79	84	93	92	73	50	71	82	82	79	87	59	78	88	91	81	78
Cotrimoxazole oral suspension[7]	77	57	66	73	88	62	71	73	72	64	61	88	64	64	65	62	66	56	84	98	91	64	96	72	90	72
Diazepam tablets/capsules[8]	59	54	71	75	89	85	74	77	88	81	66	83	76	78	72	81	65	88	58	78	77	55	93	55	70	74
Diclofenac tablets/ capsules[9]	87	74	75	74	73	63	77	61	57	49	66	62	94	70	44	51	75	70	78	91	83	66	91	66	68	71
Glibenclamide tablets/capsules[10]	11	12	33	17	18	10	34	5	15	5	4	5	4	3	0	10	5	21	11	6	6	3	7	1	6	12
Omeprazole/ Cimetidine tablets/ capsules[11]	26	33	59	42	40	19	62	23	10	26	28	21	11	14	10	25	15	26	27	23	16	20	31	11	28	29
Paracetamol oral suspension[12]	69	78	79	66	84	70	65	45	38	62	69	76	81	73	70	51	69	74	76	95	73	53	70	65	73	70
Salbutamol inhaler[13]	22	18	12	19	19	13	36	9	7	19	11	8	5	8	7	9	11	15	20	22	19	3	2	15	2	15
Simvastatin/Atova-statin tablet/ capsule[14]	4	2	2	1	3	0	13	0	0	1	2	0	2	1	1	0	1	1	3	7	1	0	0	1	1	3
Number of facilities	60	52	67	59	61	45	96	35	35	47	39	72	34	50	34	43	32	49	59	45	27	38	11	30	23	1,144

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] For the management of depression in adults
[2] First-line antibiotics for adults
[3] Beta-blocker for management of angina/hypertension
[4] Vaso-dilator, for management of hypertension
[5] Second-line injectable antibiotic
[6] Second-line oral antibiotic
[7] Oral antibiotic for children
[8] Muscle relaxant for management of anxiety, seizures
[9] Oral analgesic
[10] For management of type 2 diabetes
[11] Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia, and gastro-oesophageal reflux disease
[12] Fever-reduction and analgesic for children
[13] For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease
[14] For the control of elevated cholesterol

Table A-3.8.2 Availability of essential medicines: Zanzibar regions

Percentages of facilities having the 14 essential medicines available, Zanzibar regions, Tanzania SPA 2014-15

Essential medicines	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
Essential medicines						
Amitriptyline tablets/capsules[1]	0	2	4	2	4	3
Amoxicillin tablets/capsules[2]	43	59	74	51	83	65
Atenolol tablets/capsules[3]	13	17	13	6	13	13
Captopril tablets/capsules[4]	23	17	45	11	17	27
Ceftriaxone injectable[5]	33	50	47	8	17	34
Ciprofoxacin tablets/capsules[6]	63	68	55	17	29	47
Cotrimoxazole oral suspension[7]	70	61	77	55	62	67
Diazepam tablets/capsules[8]	30	30	48	28	18	35
Diclofenac tablets/capsules[9]	52	40	71	51	29	53
Glibenclamide tablets/capsules[10]	3	9	10	4	9	8
Omeprazole/Cimetidine tablets/capsules[11]	20	33	50	23	17	33
Paracetamol oral suspension[12]	34	24	58	23	25	38
Salbutamol inhaler[13]	27	18	19	20	10	19
Simvastatin/Atovastatin tablet/capsule[14]	3	0	1	0	0	1
Number of facilities	6	7	17	8	7	44

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] For the management of depression in adults
[2] First-line antibiotics for adults
[3] Beta-blocker for management of angina/hypertension
[4] Vaso-dilator, for management of hypertension
[5] Second-line injectable antibiotic
[6] Second-line oral antibiotic
[7] Oral antibiotic for children
[8] Muscle relaxant for management of anxiety, seizures
[9] Oral analgesic
[10] For management of type 2 diabetes
[11] Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia, and gastro-oesophageal reflux disease
[12] Fever-reduction and analgesic for children
[13] For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease
[14] For the control of elevated cholesterol

Table A-3.8.3 Availability of essential medicines by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Percentages of facilities having the 14 essential medicines available, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Essential medicines	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Essential medicines									
Amitriptyline tablets/capsules[1]	20	7	21	7	5	2	11	3	11
Amoxicillin tablets/capsules[2]	76	72	76	73	73	59	74	65	73
Atenolol tablets/capsules[3]	32	7	33	7	18	9	14	13	14
Captopril tablets/capsules[4]	33	9	33	9	47	14	15	27	16
Ceftriaxone injectable[5]	70	53	71	54	50	23	59	34	58
Ciprofoxacin tablets/capsules[6]	80	75	81	77	59	39	78	47	77
Cotrimoxazole oral suspension[7]	74	72	74	72	77	60	72	67	72
Diazepam tablets/capsules[8]	72	72	74	74	45	27	74	35	72
Diclofenac tablets/capsules[9]	75	68	75	69	70	42	71	53	70
Glibenclamide tablets/capsules[10]	27	7	28	7	12	5	12	8	12
Omeprazole/Cimetidine tablets/capsules[11]	56	19	56	19	55	18	29	33	29
Paracetamol oral suspension[12]	72	67	73	69	58	24	70	38	69
Salbutamol inhaler[13]	28	11	28	10	20	18	15	19	15
Simvastatin/Atovastatin tablet/capsule[14]	8	1	8	1	1	1	3	1	3
Number of facilities	324	864	306	838	18	26	1,144	44	1,188

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2015).

[1] For the management of depression in adults
[2] First-line antibiotics for adults
[3] Beta-blocker for management of angina/hypertension
[4] Vaso-dilator, for management of hypertension
[5] Second-line injectable antibiotic
[6] Second-line oral antibiotic
[7] Oral antibiotic for children
[8] Muscle relaxant for management of anxiety, seizures
[9] Oral analgesic
[10] For management of type 2 diabetes
[11] Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia, and gastro-oesophageal reflux disease
[12] Fever-reduction and analgesic for children
[13] For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease
[14] For the control of elevated cholesterol

Table A-4.10.3 Assessments, examinations, and treatments for sick children: Mainland regions

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, Mainland regions, Tanzania SPA 2014-15

Components of consultation	Mainland region																								Mainland average/ total
	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Qualification of provider																										
Consultation conducted by generalist medical doctor or specialist medical doctor	9	6	3	9	2	4	26	0	0	3	4	1	0	1	0	5	2	0	6	0	1	4	0	0	0	4
Consultation conducted by assistant medical officer, clinical officer, or assistant clinical officer	61	79	79	71	78	70	74	44	69	52	40	62	41	59	52	66	65	61	66	53	56	49	45	67	81	64
Consultation conducted by registered nurse	6	0	8	0	0	0	0	2	6	2	0	2	2	9	0	5	0	25	2	0	17	0	0	6	7	5
Consultation conducted by enroled nurse/nurse assistant/attendant	24	14	10	19	20	27	0	54	25	43	55	35	58	30	48	24	32	14	26	47	25	47	55	27	12	27
History: Assessment of general danger signs																										
Inability to eat or drink anything	32	38	33	31	18	26	20	24	19	35	33	26	55	22	19	23	69	20	37	9	34	40	8	28	40	28
Vomiting everything	30	54	42	55	38	48	26	41	63	47	51	44	68	43	27	52	70	67	51	27	53	42	37	52	63	49
Convulsions	8	6	15	11	19	20	10	11	25	6	25	15	36	22	10	23	65	33	26	4	3	23	7	38	33	20
All general danger signs	3	4	7	3	4	7	1	9	7	1	11	4	30	4	8	7	55	8	11	3	2	7	0	18	22	9
History: Assessment of main symptom																										
Cough or difficulty breathing	72	80	82	71	66	65	65	75	73	63	81	72	92	73	61	77	89	84	81	53	81	80	65	90	87	75
Diarrhoea	46	67	44	53	60	58	46	58	67	44	59	53	89	61	44	64	77	70	65	38	64	51	51	73	69	60
Fever	91	88	88	99	96	95	96	84	95	91	94	87	99	95	79	93	95	97	94	88	95	89	90	91	99	93
All three main symptoms[1]	32	53	37	40	46	44	32	43	49	27	51	35	84	45	20	47	65	62	52	25	53	44	29	63	62	47
Ear pain or discharge from ear	3	21	9	7	16	13	12	14	18	3	21	8	52	15	6	9	45	29	17	19	11	10	4	35	16	17
All 3 main symptoms plus ear pain/discharge	1	18	9	4	7	7	6	8	14	2	15	5	48	7	4	7	39	25	15	10	6	10	1	27	15	12
History: Other assessment																										
Asked about mother's HIV status	3	4	10	2	6	2	5	1	11	1	14	11	18	8	6	2	18	22	13	4	7	11	2	14	4	8
Asked about TB disease in any parent in last 5 years	0	1	1	0	1	2	0	0	0	0	3	0	10	0	0	0	3	2	1	0	7	2	1	0	0	1
Asked about 2 or more episodes of diarrhoea in child	0	0	2	0	0	2	0	0	0	0	0	0	9	2	2	0	2	0	1	0	3	0	0	1	0	1
Asked about normal feeding habits or practices when the child is not ill	17	41	23	43	22	17	21	21	14	16	14	16	31	8	16	11	49	30	31	23	37	20	9	21	13	23
Asked about normal breastfeeding habits or practices when the child is not ill	8	28	17	23	11	10	12	10	14	10	10	12	28	8	14	10	44	10	27	12	21	10	10	23	10	15

(Continued…)

Table A-4.10.3—*Continued*

Components of consultation	Mainland region																									Mainland average/ total
	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Asked about feeding or breastfeeding habits or practices for child during this illness	13	35	18	11	13	7	13	6	16	4	12	17	25	18	15	18	49	22	35	17	25	20	26	30	32	19
Asked if child received any de-worming medication in last 6 months	6	18	15	2	2	9	12	1	1	2	5	3	7	1	0	2	3	5	1	0	7	6	1	1	2	4
Mentioned the child weight or growth to the caretaker or discussed growth chart	28	27	32	21	32	14	13	18	19	11	21	11	28	17	25	41	39	27	39	12	19	18	29	16	44	25
Physical examination																										
Took child's temperature with thermometer[2]	33	65	78	67	71	49	65	29	51	51	75	74	68	40	36	35	61	56	55	34	36	77	19	53	51	54
Felt the child for fever or body hotness	43	36	39	50	44	48	44	21	44	43	11	26	55	23	14	32	54	9	31	17	52	8	16	33	48	34
Any assessment of temperature	63	79	83	75	82	71	78	43	74	73	75	82	83	58	47	57	76	60	72	48	64	78	33	71	74	69
Counted respiration (breaths) for 60 seconds	9	23	19	19	8	5	5	2	19	3	12	14	29	4	6	3	22	18	8	8	38	18	3	22	5	12
Listened to chest with stethoscope or counted pulse	14	54	33	25	13	20	43	17	10	21	15	16	16	19	13	25	20	30	19	15	48	16	22	20	34	23
Checked skin turgor for dehydration	9	20	20	14	8	4	4	4	8	25	24	16	32	14	9	20	30	11	20	7	26	14	6	22	28	15
Checked for pallor by looking at palms	25	22	17	18	23	30	18	19	39	38	39	24	33	19	10	22	58	13	31	23	23	12	14	54	35	25
Checked for pallor by looking at conjunctiva	28	33	24	23	41	28	26	13	38	48	44	27	36	29	16	53	64	40	42	33	33	23	31	44	52	36
Looked into child's mouth	14	31	23	12	16	14	29	5	13	14	28	10	29	9	3	24	25	22	17	11	28	6	9	10	15	17
Checked for neck stiffness	2	14	8	4	5	1	12	2	9	5	3	1	18	1	2	11	7	8	2	1	12	3	0	1	3	6
Looked in child's ear	10	27	15	8	8	4	17	7	12	9	11	4	33	11	7	23	11	14	11	19	22	3	8	5	5	13
Felt behind child's ears for tenderness	6	21	7	7	7	3	16	3	15	4	7	4	22	3	7	12	17	10	3	17	17	1	5	8	2	9
Undressed child for examination	11	25	19	24	19	19	23	13	22	28	20	7	20	8	28	7	26	27	13	23	19	17	14	17	14	18
Pressed both feet to check for oedema	2	6	4	3	4	4	2	2	16	14	11	5	16	1	2	7	8	7	13	1	10	2	3	2	4	6
Checked for enlarged lymph nodes in 2 or more sites	3	21	15	5	2	7	8	1	10	21	12	1	11	5	5	6	9	1	5	1	16	4	4	0	2	7
Essential advice to caretaker																										
Give extra fluids to child	8	18	17	11	4	6	9	6	8	7	21	10	31	10	9	11	45	10	20	10	24	14	3	4	10	12
Continue feeding child	11	25	17	14	6	3	8	5	10	8	18	10	29	7	14	12	51	12	14	10	32	9	6	9	19	13
Symptoms requiring immediate return	4	30	20	9	16	4	15	8	21	2	26	28	25	11	19	14	56	7	20	9	10	16	4	19	31	16
Provided general information about feeding or breast-feeding the child even when not sick	7	30	21	16	13	10	19	8	16	14	17	11	28	5	11	9	44	11	24	1	19	17	10	10	15	15
Number of sick child observations	145	202	210	279	339	122	190	190	246	218	106	170	167	302	91	354	136	380	182	143	93	81	48	129	141	4,662

Note: Five children were provided services by a lab technician or assistant and are excluded from that panel of the table.

[1] Cough or difficulty breathing, diarrhoea, and fever

[2] Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

Table A-4.10.4 Assessments, examinations, and treatments for sick children: Zanzibar regions

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Components of consultation	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Qualification of provider						
Consultation conducted by generalist medical doctor or specialist medical doctor	0	0	1	0	0	0
Consultation conducted by assistant medical officer, clinical officer, or assistant clinical officer	40	21	62	41	26	41
Consultation conducted by registered nurse	35	25	26	36	57	36
Consultation conducted by enroled nurse/ nurse assistant/attendant	25	52	0	23	17	19
History: Assessment of general danger signs						
Inability to eat or drink anything	31	36	19	5	11	18
Vomiting everything	60	58	53	40	15	44
Convulsions	38	24	4	20	11	17
All general danger signs	12	6	2	0	2	4
History: Assessment of main symptom						
Cough or difficulty breathing	91	83	79	73	70	78
Diarrhoea	62	50	47	65	45	53
Fever	100	94	95	94	92	95
All three main symptoms[1]	57	44	35	47	32	42
Ear pain or discharge from ear	32	19	4	13	7	13
All 3 main symptoms plus ear pain/discharge	24	18	3	8	3	10
History: Other assessment						
Asked about mother's HIV status	12	0	0	0	0	2
Asked about TB disease in any parent in last 5 years	0	0	0	0	0	0
Asked about normal feeding habits or practices when the child is not ill	11	11	16	9	13	12
Asked about normal breast-feeding habits or practices when the child is not ill	5	10	14	9	8	10
Asked about feeding or breast-feeding habits or practices for child during this illness	29	28	8	22	8	17
Asked if child received any de-worming medication in last 6 months	16	13	3	10	9	9
Mentioned the child weight or growth to the caretaker or discussed growth chart	44	16	22	12	1	18
Physical examination						
Took child's temperature with thermometer[2]	68	57	34	32	25	40
Felt the child for fever or body hotness	28	40	31	20	32	29
Any assessment of temperature	77	76	53	43	49	57
Counted respiration (breaths) for 60 seconds	23	33	10	7	12	15
Listened to chest with stethoscope or counted pulse	31	40	35	42	39	37
Checked skin turgor for dehydration	5	4	13	9	2	7
Checked for pallor by looking at palms	16	10	12	5	6	10
Checked for pallor by looking at conjunctiva	12	16	18	10	7	12
Looked into child's mouth	6	14	14	6	21	13
Checked for neck stiffness	9	0	7	1	2	4
Looked in child's ear	13	16	9	8	11	11
Felt behind child's ears for tenderness	16	6	5	2	5	6
Undressed child for examination	3	32	27	4	16	16
Pressed both feet to check for oedema	13	0	0	1	1	3
Checked for enlarged lymph nodes in 2 or more sites	3	4	4	3	4	4
Essential advice to caretaker						
Give extra fluids to child	8	8	7	7	10	8
Continue feeding child	10	12	8	10	5	9
Symptoms requiring immediate return	38	42	32	7	7	24
Provided general information about feeding or breastfeeding the child even when not sick	8	6	12	7	10	9
Number of sick child observations	50	37	83	65	64	299

Note: Five children were provided services by a laboratory technician or assistant and are excluded from that panel of the table.

[1] Cough or difficulty breathing, diarrhoea, and fever
[2] Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

Table A-4.10.5 Assessments, examinations, and treatments for sick children by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		Total percent of children observed
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Total Mainland	Total Zanzibar	
Qualification of provider									
Consultation conducted by generalist medical doctor or specialist medical doctor	10	1	11	1	1	0	4	0	3
Consultation conducted by assistant medical officer, clinical officer, or assistant clinical officer	81	55	83	56	60	31	64	41	62
Consultation conducted by registered nurse	2	9	0	7	30	40	5	36	7
Consultation conducted by enroled nurse/ nurse assistant/attendant	6	36	6	36	1	29	27	19	27
History: assessment of general danger signs									
Inability to eat or drink anything	29	27	30	28	18	18	28	18	28
Vomiting everything	48	49	48	49	47	42	49	44	49
Convulsions	17	21	18	21	9	22	20	17	20
All general danger signs	6	9	7	9	2	5	9	4	8
History: assessment of main symptom									
Cough or difficulty breathing	74	76	74	76	74	80	75	78	75
Diarrhoea	57	60	58	61	49	56	60	53	59
Fever	92	94	92	94	94	96	93	95	93
All three main symptoms[1]	44	47	44	48	35	45	47	42	46
Ear pain or discharge from ear	12	18	13	18	5	18	17	13	16
All 3 main symptoms plus ear pain/discharge	8	14	8	14	3	13	12	10	12
History: other assessment									
Asked about mother's HIV status	5	9	6	9	0	3	8	2	8
Asked about TB disease in any parent in last 5 years	1	1	1	1	0	0	1	0	1
Asked about 2 or more episodes of diarrhoea in child	0	1	0	1	0	0	1	0	1
Asked about normal feeding habits or practices when the child is not ill	25	21	26	21	15	11	23	12	22
Asked about normal breast-feeding habits or practices when the child is not ill	17	14	17	15	13	8	15	10	15
Asked about feeding or breast-feeding habits or practices for child during this illness	19	19	19	19	10	21	19	17	19
Asked if child received any de-worming medication in last 6 months	6	4	6	4	5	12	4	9	5
Mentioned the child weight or growth to the caretaker or discussed growth chart	25	24	25	24	17	19	25	18	24
Physical examination									
Took child's temperature with thermometer[2]	58	52	60	52	35	43	54	40	54
Felt the child for fever or body hotness	40	31	41	31	32	28	34	29	34
Any assessment of temperature	73	66	74	67	54	58	69	57	68
Counted respiration (breaths) for 60 seconds	13	12	13	12	11	17	12	15	13
Listened to chest with stethoscope or counted pulse	36	20	35	19	41	35	23	37	24
Checked skin turgor for dehydration	19	13	19	14	13	4	15	7	15
Checked for pallor by looking at palms	25	24	27	25	11	8	25	10	24
Checked for pallor by looking at conjunctiva	36	34	37	35	17	10	36	12	34
Looked into child's mouth	19	16	20	16	13	12	17	13	17
Checked for neck stiffness	7	5	8	5	5	3	6	4	6
Looked in child's ear	13	13	13	13	9	12	13	11	13
Felt behind child's ears for tenderness	9	9	10	9	4	8	9	6	9
Undressed child for examination	22	17	22	17	24	12	18	16	18
Pressed both feet to check for oedema	6	6	6	6	1	3	6	3	6
Checked for enlarged lymph nodes in 2 or more sites	9	6	10	6	3	4	7	4	7
Essential advice to caretaker									
Give extra fluids to child	11	12	11	13	7	9	12	8	12
Continue feeding child	12	14	12	14	8	9	13	9	13
Symptoms requiring immediate return	14	18	13	17	25	23	16	24	17
Provided general information about feeding or breastfeeding the child even when not sick	14	14	15	15	11	8	15	9	14
Number of sick child observations	1,439	3,522	1,332	3,329	106	193	4,662	299	4,961

Note: Five children were provided services by a lab technician or assistant and are excluded from that panel of the table.

[1] Cough or difficulty breathing, diarrhoea, and fever
[2] Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

Table A-4.12.1 Feedback from caretakers of observed sick children on service problems: Mainland regions

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average/ total
Client service issue	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Poor behaviour/ attitude of provider	1	2	5	0	1	1	0	3	2	2	1	0	1	4	5	2	3	1	6	3	5	1	5	0	4	2
Insufficient explanation about child's illness	2	1	6	0	2	4	2	2	2	2	1	2	1	7	10	4	0	1	3	2	2	5	7	4	1	3
Long wait to see provider	24	7	11	22	20	24	5	10	13	10	10	11	6	17	20	23	27	13	27	10	9	7	12	20	26	16
Not able to discuss problems	1	1	4	2	1	4	0	5	1	3	1	2	1	6	16	3	0	1	4	1	5	5	7	2	1	3
Medicines not available in facility	24	10	12	10	21	33	6	13	24	8	18	11	10	35	51	14	28	6	31	18	20	4	36	19	17	18
Facility open limited days	0	1	7	0	0	2	0	4	4	1	0	0	2	6	11	5	6	1	10	1	4	0	10	2	0	3
Facility open limited hours	2	6	8	1	2	3	0	7	5	4	5	6	3	8	25	4	7	3	20	4	7	3	8	5	7	5
Facility not clean	4	0	5	5	14	5	0	4	5	4	0	10	0	4	10	1	2	1	2	3	3	3	8	4	7	4
Services costly	1	5	8	4	11	18	1	3	6	5	7	2	1	3	2	5	7	0	15	3	5	0	7	1	2	5
Insufficient visual privacy	2	1	3	0	0	1	1	0	3	3	0	0	0	1	2	3	0	0	2	9	1	0	1	0	0	1
Insufficient auditory privacy	2	1	3	1	1	1	3	0	3	4	0	0	0	1	0	3	0	0	2	2	2	0	0	0	0	1
Number of interviewed caretakers of sick children	145	202	210	279	339	122	190	190	246	218	106	170	167	302	91	354	136	380	182	143	93	81	48	129	141	4,662

Table A-4.12.2 Feedback from caretakers of observed sick children on service problems: Zanzibar regions

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Client service issue	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Poor behaviour/attitude of provider	1	2	0	0	0	0
Insufficient explanation about child's illness	1	0	1	0	1	1
Long wait to see provider	22	14	10	12	13	13
Not able to discuss problems	3	4	1	1	0	2
Medicines not available in facility	30	12	17	18	29	21
Facility open limited days	3	5	9	1	1	4
Facility open limited hours	6	14	4	1	2	5
Facility not clean	12	5	5	0	0	4
Services costly	5	3	10	1	4	5
Insufficient visual privacy	0	1	0	1	1	0
Insufficient auditory privacy	0	4	0	2	2	1
Number of interviewed caretakers of sick children	50	37	83	65	64	299

Table A-4.12.3 Feedback from caretakers of observed sick children on service problems by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Client service issue	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Poor behaviour/attitude of provider	2	2	2	2	0	0	2	0	2
Insufficient explanation about child's illness	3	2	3	2	1	1	3	1	2
Long wait to see provider	19	14	19	15	15	13	16	13	16
Medicines not available in facility	18	18	18	17	18	23	18	21	18
Facility open limited days	2	3	2	3	7	2	3	4	3
Facility open limited hours	5	5	5	6	4	5	5	5	5
Facility not clean	4	4	4	4	4	4	4	4	4
Services costly	7	4	6	4	10	2	5	5	5
Insufficient visual privacy	2	1	2	1	1	0	1	0	1
Insufficient auditory privacy	3	1	3	1	1	2	1	1	1
Number of interviewed caretakers of sick children	1,439	3,522	1,332	3,329	106	193	4,662	299	4,961

Table A-5.3.1 Methods of family planning offered: Mainland regions

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, Mainland regions, Tanzania SPA 2014-15

Methods provided, prescribed, or counselled	Mainland region																									Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Combined oral contraceptive pills	95	92	93	100	85	98	95	95	88	98	86	92	100	95	99	95	80	100	91	98	90	94	100	90	94	94
Progestin-only oral pill	76	66	90	75	86	69	75	59	81	53	66	67	71	90	94	93	86	86	89	55	79	57	98	58	94	76
Progestin-only injectable (3 months)	91	92	100	94	99	98	88	93	93	100	99	89	91	76	95	100	93	99	91	100	90	100	98	95	94	94
Combined injectable	10	13	47	14	41	53	38	40	13	7	16	25	29	29	5	12	8	53	22	9	37	45	6	14	0	25
Male condom	91	98	100	100	86	98	87	89	93	74	100	93	100	95	89	94	84	91	71	49	90	94	96	83	85	89
Female condom	16	35	30	36	39	51	54	17	19	1	16	18	37	19	47	25	30	15	28	2	3	1	60	22	15	25
Intrauterine contraceptive device	48	48	77	71	78	76	79	26	46	25	45	25	56	66	36	58	32	72	63	44	52	32	72	56	57	54
Implant (3 years or 5 years)	68	76	84	88	92	82	90	62	70	40	69	45	92	85	73	74	79	71	65	61	91	38	80	70	88	72
Cycle beads (for Standard Days Method)	0	10	11	33	35	53	21	14	18	2	22	2	1	5	7	11	1	0	8	7	2	20	53	0	0	13
Tubal ligation	24	37	56	53	62	76	62	26	38	3	33	4	38	11	53	40	4	42	35	8	8	31	60	23	42	34
Vasectomy	17	32	37	26	54	64	57	13	37	0	33	1	30	5	30	33	3	19	22	7	4	29	56	23	23	25
At least 2 temporary modern methods[1]	100	100	100	100	99	98	100	95	94	100	100	99	100	100	100	100	100	100	92	99	100	100	100	100	100	99
At least 4 temporary modern methods[1]	77	84	100	100	92	87	98	77	86	68	85	75	86	99	94	95	87	92	83	75	90	76	100	86	94	87
Emergency contraception	12	35	57	43	50	58	25	21	19	68	43	32	47	30	65	32	55	1	20	15	28	15	66	18	27	34
Periodic abstinence/ rhythm	13	45	39	52	38	60	49	71	56	20	42	15	15	9	82	46	54	80	50	48	21	65	83	49	53	43
Emergency contraception IUCD	7	3	14	9	33	51	29	1	24	6	8	1	31	26	5	13	10	6	6	3	18	0	10	17	10	13
Number of facilities offering any family planning services	51	37	42	49	44	38	43	35	31	39	30	67	30	46	30	39	26	41	45	38	22	34	10	28	21	917

[1] Any methods other than male or female sterilisation

Table A-5.3.2 Methods of family planning offered: Zanzibar regions

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, Zanzibar regions, Tanzania SPA 2014-15

Methods provided, prescribed, or counselled	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
Combined oral contraceptive pills	100	93	100	100	100	99
Progestin-only oral pill	90	93	89	54	85	81
Progestin-only injectable (3 montsh)	92	100	100	100	92	97
Combined injectable	33	50	3	20	15	24
Male condom	97	86	92	90	96	92
Female condom	57	50	3	12	15	26
Intrauterine contraceptive device	63	76	41	34	32	49
Implant (3 years or 5 years)	100	86	92	100	96	95
Cycle beads (for Standard Days Method)	14	39	0	12	9	15
Tubal ligation	67	71	34	30	11	41
Vasectomy	63	67	14	28	8	35
At least 2 temporary modern methods[1]	100	100	100	100	100	100
At least 4 temporary modern methods[1]	97	93	92	92	96	94
Emergency contraception	38	55	34	28	20	35
Periodic abstinence/ rhythm	47	72	14	12	11	30
Emergency contraception IUCD	8	26	8	20	20	17
Number of facilities offering any family planning services	5	6	6	7	6	30

[1] Any methods other than male or female sterilisation

Table A-5.3.3 Methods of family planning offered by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

Methods provided, prescribed, or counselled	Tanzania		Mainland/Zanzibar				Sub-national Regions		National average/total
	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	
Combined oral contraceptive pills	95	94	95	93	100	98	94	99	94
Progestin-only oral pill	76	76	76	76	76	82	76	81	76
Progestin-only injectable (3 months)	95	94	95	94	100	96	94	97	94
Combined injectable	25	24	26	24	3	30	25	24	25
Male condom	89	89	90	89	81	95	89	92	89
Female condom	33	23	34	23	3	32	25	26	25
Intrauterine contraceptive device	64	51	64	51	43	50	54	49	53
Implant (3 years or 5 years)	80	71	80	70	100	93	72	95	73
Cycle beads (for Standard Days Method)	8	14	9	14	3	18	13	15	13
Tubal ligation	39	33	39	33	36	43	34	41	34
Vasectomy	27	25	28	25	13	41	25	35	26
At least 2 temporary modern methods[1]	100	99	100	99	100	100	99	100	99
At least 4 temporary modern methods[1]	90	86	91	86	84	96	87	94	87
Emergency contraception	31	34	31	34	31	36	34	35	34
Periodic abstinence/ rhythm	41	43	42	44	13	35	43	30	43
Emergency contraception IUCD	16	13	16	13	7	19	13	17	14
Number of facilities offering any family planning services	174	773	168	750	6	24	917	30	947

[1] Any methods other than male or female sterilization

Table A-5.4.1 Methods of family planning provided[1]: Mainland regions

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average/ total
Methods provided	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Combined oral contraceptive pills	95	84	92	100	54	69	92	83	76	98	86	87	100	95	94	94	78	93	82	90	90	94	100	85	88	88
Progestin-only oral pill	66	66	90	75	54	45	62	41	80	52	44	67	56	81	88	93	86	73	79	46	78	57	98	53	82	68
Progestin-only injectable (3 months)	85	92	100	89	92	93	85	87	87	100	99	87	84	76	78	100	93	98	90	100	89	100	98	90	94	91
Combined injectable	9	4	45	1	17	46	25	28	6	7	8	25	8	20	5	7	0	24	21	0	26	39	0	10	0	16
Male condom	81	97	100	100	71	93	76	89	87	74	98	87	100	90	89	93	75	77	71	49	90	94	84	83	66	85
Female condom	1	13	4	9	5	3	43	16	1	1	1	17	8	19	8	14	17	7	11	0	3	1	0	13	1	9
Intrauterine contraceptive device	9	29	38	28	20	20	56	4	11	19	8	25	15	57	13	37	19	38	46	41	34	6	17	31	38	27
Implant (3 years or 5 years)	49	59	47	64	36	52	88	46	53	40	47	45	78	81	50	53	72	35	48	53	82	19	44	51	70	54
Cycle beads (for Standard Days Method)	0	0	1	2	14	8	10	8	0	1	8	0	0	1	0	5	0	0	0	0	1	2	0	0	0	3
Tubal ligation	3	7	4	5	2	1	9	0	1	2	2	4	2	2	2	5	3	4	8	2	4	1	0	1	9	3
Vasectomy	2	3	1	2	1	0	5	0	1	0	2	1	2	0	1	4	2	4	4	1	3	1	0	1	3	2
At least 2 temporary modern methods[2]	100	100	100	100	86	98	99	95	89	99	99	99	100	100	100	100	100	100	91	92	100	100	100	95	94	97
At least 4 temporary modern methods[2]	63	84	93	94	57	60	85	66	80	68	63	74	79	96	88	89	80	66	74	65	80	70	92	76	88	76
Emergency contraception	6	35	41	19	17	18	23	14	2	68	22	32	12	25	54	21	42	1	3	14	18	15	66	3	19	22
Emergency contraception IUCD	0	3	4	2	1	1	8	0	1	6	1	1	4	21	5	8	4	6	6	2	9	0	0	12	10	5
Number of facilities offering any family planning services	51	37	42	49	44	38	43	35	31	39	30	67	30	46	30	39	26	41	45	38	22	34	10	28	21	917

[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, facility reports that providers in the facility perform the procedures
[2] Any methods other than male or female sterilisation.

Table A-5.4.2 Methods of family planning provided[1]: Zanzibar regions

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Methods provided	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Combined oral contraceptive pills	100	93	100	100	100	99
Progestin-only oral pill	63	65	61	54	82	65
Progestin-only injectable (3 months)	92	100	100	72	92	91
Combined injectable	14	43	3	12	6	16
Male condom	97	86	92	81	96	90
Female condom	8	0	3	0	6	3
Intrauterine contraceptive device	7	31	13	19	22	19
Implant (3 years or 5 years)	92	58	72	92	96	82
Cycle beads (for Standard Days Method)	0	12	0	0	6	4
Tubal ligation	3	0	3	2	3	2
Vasectomy	0	0	3	0	0	1
At least 2 temporary modern methods[2]	100	100	100	100	100	100
At least 4 temporary modern methods[2]	89	79	72	76	96	82
Emergency contraception	38	25	34	20	20	26
Emergency contraception IUCD	0	17	0	8	20	9
Number of facilities offering any family planning services	5	6	6	7	6	30

[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, facility reports that providers in the facility perform the procedures
[2] Any methods other than male or female sterilisation.

Table A-5.4.3 Methods of family planning provided[1] by residence: Tanzania, Mainland/Zanzibar, and Sub-national regions

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national Regions		
Methods provided	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Combined oral contraceptive pills	91	87	91	87	100	98	88	99	88
Progestin-only oral pill	66	68	66	68	50	69	68	65	67
Progestin-only injectable (3 months)	94	90	93	91	100	88	91	91	91
Combined injectable	16	16	17	16	3	19	16	16	16
Male condom	84	85	84	85	81	92	85	90	85
Female condom	21	7	22	7	3	3	9	3	9
Intrauterine contraceptive device	47	23	48	23	17	19	27	19	27
Implant (3 years or 5 years)	71	51	70	50	82	82	54	82	55
Cycle beads (for Standard Days Method)	6	2	6	2	3	4	3	4	3
Tubal ligation	12	1	12	1	8	1	3	2	3
Vasectomy	6	1	6	1	3	0	2	1	2
At least 2 temporary modern methods[2]	97	97	97	97	100	100	97	100	97
At least 4 temporary modern methods[2]	83	75	84	75	66	86	76	82	77
Emergency contraception	26	22	26	22	31	25	22	26	22
Emergency contraception IUCD	8	4	8	4	0	12	5	9	5
Number of facilities offering any family planning services	174	773	168	750	6	24	917	30	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, facility reports that providers in the facility perform the procedures
[2] Any methods other than male or female sterilization.

Table A-5.5.1 Denominators for Table 5.5 Availability of family planning commodities: Facility type and managing authority

The numbers of facilities reporting that they stock the indicated method and provide it to clients, by facility type and managing authority, Tanzania SPA 2014-15

	Facility type				Managing authority				
Method	Hospital	Health centre	Dispen-sary	Clinic	Govern-mint	Private-for-profit	Para-statal	Faith-based	Total
Combined oral contraceptive pills	30	96	703	6	735	49	3	48	835
Progestin-only oral pill	28	76	532	4	571	28	4	35	639
Progestin-only injectable (3 months)	30	97	728	7	752	49	3	58	863
Combined injectable	6	18	132	0	133	12	1	10	156
Male condom	30	89	678	5	704	44	5	51	803
Female condom	9	13	65	1	62	18	1	7	88
Intrauterine contraceptive device	27	63	163	5	194	40	3	21	258
Implant (3 years or 5 years)	31	87	394	6	441	44	4	29	518
Cycle beads (Standard Days Method)	2	4	19	0	19	5	0	0	25
Every method provided by facility was available on day of survey	33	103	800	7	823	56	5	60	944
Emergency contraception pills	14	36	161	2	197	7	1	8	212
Emergency contraception IUCD	7	16	21	1	38	3	1	3	45

Table A-5.5.2 Unweighted denominators for Table 5.5 Availability of family planning commodities: Facility type and managing authority

	Facility type				Managing authority				
Method	Hospital	Health centre	Dispen-sary	Clinics	Govern-ment	Private-for-profit	Para-statal	Faith-based	Total
Combined oral contraceptive pills	163	298	361	19	695	60	11	75	841
Progestin-only oral pill	150	236	277	13	560	44	11	61	676
Progestin-only injectable (3 months)	164	299	368	22	699	64	10	80	853
Combined injectable	37	50	61	1	121	9	2	17	149
Male condom	164	276	346	18	663	57	12	72	804
Female condom	51	39	30	4	89	15	3	17	124
Intrauterine contraceptive device	158	187	79	18	328	52	9	53	442
Implant (3 years or 5 years)	168	270	212	20	539	57	11	63	670
Cycle beads (Standard Days Method)	10	12	9	2	27	4	0	2	33
Every method provided by facility was available on day of survey	178	318	404	24	753	72	12	87	924
Emergency contraception pills	83	120	89	5	257	12	4	24	297
Emergency contraception IUCD	40	47	16	4	82	11	2	12	107

Table A-5.5.3 Availability of family planning commodities: Mainland regions

Among facilities that provide[1] the indicated modern family planning method, the percentages where the method was observed to be available on the day of the survey, Mainland regions, Tanzania SPA 2014-15

Method	Mainland region																									Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Combined oral contraceptive pills	93	77	80	86	39	91	97	73	61	80	98	86	93	88	82	98	100	92	87	99	100	85	92	94	93	87
Progestin-only oral pill	77	70	79	72	42	76	61	15	58	31	79	90	59	79	87	94	91	85	77	98	77	63	100	89	78	75
Progestin-only injectable (3 months)	91	96	83	78	98	88	94	93	64	88	99	99	67	92	85	100	100	85	100	99	89	99	78	100	94	91
Combined injectable	0	12	67	0	12	99	89	19	100	100	100	100	21	92	0	94	-	64	62	100	100	99	-	100	-	73
Male condom	85	97	98	75	98	94	97	80	84	84	86	100	72	84	93	99	99	72	73	98	97	92	88	100	88	89
Female condom	0	91	61	82	54	100	76	100	100	100	100	97	21	76	69	60	94	0	100	100	100	67	-	95	100	79
Intrauterine contraceptive device	92	65	59	96	90	69	81	100	43	100	88	75	100	91	94	78	95	79	82	100	100	100	43	100	93	84
Implant (3 years or 5 years)	89	50	82	97	52	89	100	89	68	98	100	100	81	93	89	96	100	100	100	100	98	96	78	99	97	90
Cycle beads (Standard Days Method)	0	0	73	0	7	8	100	20	0	100	100	100	0	100	0	100	0	0	0	0	100	100	0	0	0	50
Every method provided by facility was available on day of survey	71	37	38	40	25	69	72	48	24	38	74	76	55	57	63	80	91	46	60	97	78	78	61	88	71	61
Emergency contraception pills	100	23	77	46	20	52	98	16	58	81	63	99	40	81	89	100	100	0	100	100	93	90	88	100	100	76
Emergency contraception IUCD	0	100	51	37	28	100	69	0	59	7	100	81	100	76	0	100	100	70	100	100	92	0	0	100	91	75

Notes:

- The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown below 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 (2015). 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 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.

Table A-5.5.4 Denominators for Table A-5.5.3 Availability of family planning commodities: Mainland regions

The numbers of facilities reporting that they stock the indicated method and provide it to clients, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland
Method	Dodoma	Arusha	Kiliman-jaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shiny-anga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Average/ total
Combined oral contraceptive pills	49	31	39	49	24	26	40	29	23	38	26	58	30	43	28	36	20	38	37	35	20	32	10	24	19	805
Progestin-only oral pill	34	25	38	37	24	17	27	14	25	20	13	45	17	37	26	36	22	30	36	18	18	20	10	15	17	620
Progestin-only injectable (3 months)	44	34	42	43	41	35	37	30	27	39	30	58	25	35	23	39	24	41	41	38	20	34	10	26	20	835
Combined injectable	5	1	19	0	8	18	11	10	2	3	2	17	2	9	2	3	0	10	10	0	6	13	0	3	0	151
Male condom	42	36	42	49	31	35	33	31	27	28	29	58	30	41	26	36	20	32	32	19	20	32	8	24	14	776
Female condom	1	5	2	4	2	1	18	5	0	0	0	12	2	9	2	5	4	3	5	0	1	1	0	4	0	87
Intrauterine contraceptive device	4	11	16	14	9	8	24	1	3	7	2	17	4	26	4	14	5	16	21	16	8	2	2	9	8	252
Implant (3 years or 5 years)	25	22	20	32	16	20	38	16	16	15	14	30	23	37	15	21	19	14	22	20	18	7	4	15	15	494
Cycle beads (Standard Days Method)	0	0	1	1	6	3	4	3	0	0	2	0	0	0	0	2	0	0	0	0	0	1	0	0	0	23
Every method provided by facility was available on day of survey	51	37	42	49	44	37	43	35	29	39	30	67	30	46	30	39	26	41	45	38	22	34	10	28	21	914
Emergency contraception pills	3	13	17	9	8	7	10	5	1	26	6	21	4	12	16	8	11	0	1	5	4	5	7	1	4	204
Emergency contraception IUCD	0	1	2	1	1	0	3	0	0	2	0	1	1	10	2	3	1	3	3	1	2	0	0	3	2	42

Table A-5.5.5 Unweighted denominators for Table A-5.5.1 Availability of family planning commodities: Mainland regions

Method	Mainland region																								Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Combined oral contraceptive pills	39	32	33	38	26	24	31	29	24	28	29	43	31	37	27	35	24	31	29	30	26	28	31	28	30	763
Progestin-only oral pill	31	28	32	32	25	18	25	14	23	16	17	37	20	34	25	33	26	27	24	17	22	21	30	18	29	624
Progestin-only injectable (3 months)	36	33	35	37	35	31	30	28	25	31	30	43	26	33	24	37	28	29	30	34	25	29	30	30	31	780
Combined injectable	2	5	14	2	9	18	10	7	1	2	2	7	3	7	1	4	0	8	8	1	9	11	0	2	0	133
Male condom	36	32	35	39	31	31	31	31	26	24	29	43	31	36	26	33	21	25	24	20	25	28	27	26	23	733
Female condom	2	8	6	7	7	5	11	3	1	1	1	19	3	6	4	8	6	1	6	1	3	3	0	7	1	120
Intrauterine contraceptive device	16	20	25	22	21	16	29	6	9	12	11	25	12	27	5	22	15	21	21	20	18	10	6	16	20	425
Implant (3 years or 5 years)	29	27	27	31	26	21	36	21	19	19	20	33	26	34	17	27	23	17	23	24	26	13	15	21	27	602
Cycle beads (Standard Days Method)	0	0	2	3	3	5	1	4	0	1	2	1	0	1	0	1	0	0	0	0	1	3	0	0	0	28
Every method provided by facility was available on day of survey	40	34	35	39	37	32	39	33	29	32	31	48	31	40	29	37	29	32	32	34	28	29	31	32	32	845
Emergency contraception pills	4	15	19	15	8	12	10	7	3	22	12	15	8	11	17	13	15	1	5	9	9	8	22	5	10	275
Emergency contraception IUCD	0	3	6	4	2	1	13	0	2	2	1	3	4	10	1	5	4	9	7	3	9	0	0	5	6	100

Table A-5.5.6 Availability of family planning commodities: Zanzibar regions

Among facilities that provide[1] the indicated modern family planning method, the percentages where the method was observed to be available on the day of the survey, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Method	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Combined oral contraceptive pills	100	90	100	100	100	98
Progestin-only oral pill	53	66	54	70	60	61
Progestin-only injectable (3 months)	88	97	92	80	70	86
Combined injectable	0	32	100	31	50	31
Male condom	80	68	62	90	73	75
Female condom	0	na	100	na	0	18
Intrauterine contraceptive device	50	32	100	56	100	64
Implant (3 years or 5 years)	100	83	100	100	100	98
Cycle beads (Standard Days Method)	na	0	na	na	46	15
Every method provided by facility was available on day of survey	48	35	45	46	51	45
Emergency contraception pills	79	78	100	18	100	77
Emergency contraception IUCD	na	84	na	0	100	74

Notes:

- The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown below 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 (2015). 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 expiration date.
- na = not applicable

[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.

Table A-5.5.7 Working Table - Denominators for Table A-5.5.6 Availability of family planning commodities: Zanzibar regions

The numbers of facilities reporting that they stock the indicated method and provide it to clients, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Method	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Combined oral contraceptive pills	5	6	6	7	6	30
Progestin-only oral pill	3	4	3	4	5	19
Progestin-only injectable (3 months)	5	6	6	5	6	27
Combined injectable	1	3	0	1	0	5
Male condom	5	5	5	6	6	27
Female condom	0	0	0	0	0	1
Intrauterine contraceptive device	0	2	1	1	1	6
Implant (3 years or 5 years)	5	4	4	6	6	25
Cycle beads (Standard Days Method)	0	1	0	0	0	1
Every method provided by facility was available on day of survey	5	6	6	7	6	30
Emergency contraception pills	2	2	2	1	1	8
Emergency contraception IUCD	0	1	0	1	1	3

Table A-5.5.8 Working Table - Unweighted denominators for Table A-5.5.6 Availability of family planning commodities: Zanzibar regions

	Zanzibar region					
Method	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Combined oral contraceptive pills	18	17	10	16	17	78
Progestin-only oral pill	11	13	6	9	13	52
Progestin-only injectable (3 months)	17	18	10	12	16	73
Combined injectable	3	8	1	2	2	16
Male condom	17	16	9	13	16	71
Female condom	1	0	1	0	2	4
Intrauterine contraceptive device	2	5	3	3	4	17
Implant (3 years or 5 years)	17	12	8	15	16	68
Cycle beads (Standard Days Method)	0	3	0	0	2	5
Every method provided by facility was available on day of survey	18	18	10	16	17	79
Emergency contraception pills	6	6	4	3	3	22
Emergency contraception IUCD	0	3	0	1	3	7

Table A-5.5.9 Availability of family planning commodities by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among facilities that provide[1] the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Method	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Combined oral contraceptive pills	86	87	86	87	100	97	87	98	87
Progestin-only oral pill	79	73	80	73	65	60	75	61	74
Progestin-only injectable (3 months)	92	91	91	91	97	82	91	86	91
Combined injectable	43	79	43	80	100	29	73	31	72
Male condom	88	89	89	89	70	76	89	75	89
Female condom	83	75	82	77	100	0	79	18	78
Intrauterine contraceptive device	90	80	90	81	100	56	84	64	84
Implant (3 years or 5 years)	95	89	95	89	100	97	90	98	91
Cycle beads (Standard Days Method)	58	42	57	45	100	0	50	15	48
Every method provided by facility was available on day of survey	59	60	59	61	55	42	61	45	60
Emergency contraception pills	88	73	87	74	100	69	76	77	76
Emergency contraception IUCD	78	73	78	73	-	74	75	74	75

Notes:

- The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown below 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 (2015). 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 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.

Table A-5.5.10 Working Table - Denominators for Table A-5.5.9 Availability of family planning commodities by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

The numbers of facilities reporting that they stock the indicated method and provide it to clients, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Method	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Combined oral contraceptive pills	158	677	152	653	6	23	805	30	835
Progestin-only oral pill	115	525	112	509	3	16	620	19	639
Progestin-only injectable (3 months)	163	700	156	679	6	21	835	27	863
Combined injectable	29	128	28	123	0	5	151	5	156
Male condom	146	657	141	635	5	22	776	27	803
Female condom	37	51	37	50	0	1	87	1	88
Intrauterine contraceptive device	82	176	81	172	1	5	252	6	258
Implant (3 years or 5 years)	123	395	118	376	5	19	494	25	518
Cycle beads (Standard Days Method)	10	15	10	14	0	1	23	1	25
Every method provided by facility was available on day of survey	173	771	166	747	6	24	914	30	944
Emergency contraception pills	45	168	43	162	2	6	204	8	212
Emergency contraception IUCD	13	31	13	28	0	3	42	3	45

Table A-5.5.11 Working Table - Unweighted denominators for Table A-5.5.3 Availability of family planning commodities by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

	Tanzania		Mainland/Zanzibar				Sub-national regions		
	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Combined oral contraceptive pills	253	588	240	523	13	65	763	78	841
Progestin-only oral pill	207	469	201	423	6	46	624	52	676
Progestin-only injectable (3 months)	252	601	239	541	13	60	780	73	853
Combined injectable	51	98	50	83	1	15	133	16	149
Male condom	245	559	235	498	10	61	733	71	804
Female condom	69	55	68	52	1	3	120	4	124
Intrauterine contraceptive device	200	242	195	230	5	12	425	17	442
Implant (3 years or 5 years)	240	430	228	374	12	56	602	68	670
Cycle beads (Standard Days Method)	15	18	14	14	1	4	28	5	33
Every method provided by facility was available on day of survey	274	650	261	584	13	66	845	79	924
Emergency contraception pills	114	183	110	165	4	18	275	22	297
Emergency contraception IUCD	55	52	55	45	0	7	100	7	107

Table A-5.8.1 Client history and physical examinations for first-visit female family planning clients: Mainland regions

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, Mainland regions, Tanzania SPA 2014-15

Components of consultation	Mainland region																								Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Client history																										
Age	85	100	97	94	96	88	85	100	84	91	96	100	74	94	100	92	83	92	92	77	99	95	83	100	97	91
Any history of pregnancy	98	97	100	96	66	94	100	83	69	79	96	100	100	94	94	95	100	100	100	98	100	100	100	100	100	95
Current pregnancy status	82	81	69	47	82	68	43	83	88	76	82	57	44	67	69	74	97	81	99	60	100	19	40	100	87	72
Breastfeeding status (if ever pregnant)[1]	78	61	37	25	15	28	39	10	62	86	33	62	52	38	37	37	89	59	52	0	86	67	38	49	46	47
Desired timing for next child or desire for another child	79	84	69	47	26	34	36	25	45	6	75	25	55	21	6	42	40	45	97	67	50	19	35	69	51	49
Regularity of menstrual cycle	52	75	55	45	15	34	37	40	64	51	55	51	53	23	25	31	47	59	75	10	89	37	45	98	54	49
All elements of reproductive history[2]	34	49	18	8	7	0	22	8	22	3	43	23	30	9	0	7	33	35	42	0	43	10	8	31	30	21
Client medical history																										
Asked about smoking	2	6	0	0	0	0	0	0	0	21	0	1	0	0	0	0	3	0	3	0	7	0	0	0	2	2
Asked about symptoms of sexually transmitted infections (STIs)	42	30	18	29	15	6	8	11	37	3	0	4	32	14	18	3	43	7	9	23	47	0	6	47	18	20
Asked about any chronic illnesses	27	56	58	39	33	6	20	11	73	48	63	9	23	38	57	52	73	45	86	55	85	41	49	49	73	46
Asked about alcohol use	2	6	0	2	0	0	0	0	0	21	0	1	0	0	0	0	23	3	3	0	2	0	0	2	6	3
All risk history[3]	0	0	0	0	0	0	0	0	0	3	0	1	0	0	0	0	3	0	3	0	2	0	0	0	2	1
Client examination																										
Measure blood pressure[4]	7	29	82	91	71	43	69	48	47	12	82	55	46	85	38	34	60	34	85	55	74	37	36	61	67	54
Measure weight[5]	38	29	87	84	56	38	68	48	92	36	75	55	72	83	12	7	57	41	68	68	85	37	35	61	82	58
Number of observed first-visit FP clients	41	12	23	31	12	9	16	14	18	18	7	21	17	29	7	27	12	20	23	17	15	9	12	11	14	435
Number of observed first-visit FP clients with prior pregnancy [6]	35	12	21	31	12	9	13	8	13	4	1	17	15	25	7	27	4	20	22	11	10	7	11	11	12	358

[1] The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6.
[2] The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.
[3] The client was asked about smoking, symptoms of STIs, and any chronic illness.
[4] Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.
[5] Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.
[6] Applies only to the indicator "breastfeeding status"

Table A-5.8.2 Client history and physical examinations for first-visit female family planning clients: Zanzibar regions

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Components of consultation	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Client history						
Age	100	71	62	36	88	66
Any history of pregnancy	100	43	73	36	100	67
Current pregnancy status	51	45	71	36	86	62
Breastfeeding status (if ever pregnant)[1]	53	12	8	9	44	15
Desired timing for next child or desire for another child	25	17	29	27	56	28
Regularity of menstrual cycle	18	72	62	9	58	54
All elements of reproductive history[2]	0	0	8	0	44	8
Client medical history						
Asked about symptoms of sexually transmitted infections (STIs)	0	73	35	0	0	32
Asked about any chronic illnesses	13	66	29	0	28	31
Client examination						
Measure blood pressure[4]	51	89	59	63	30	62
Measure weight[5]	51	89	42	54	58	55
Number of observed first-visit FP clients	2	4	12	3	2	23
Number of observed first-visit FP clients with prior pregnancy [6]	1	4	12	3	2	23

[1] The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6.
[2] The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.
[3] The client was asked about smoking, symptoms of STIs, and any chronic illness.
[4] Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.
[5] Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.
[6] Applies only to the indicator “breastfeeding status”

Table A-5.8.3 Client history and physical examinations for first-visit female family planning clients: Tanzania, Mainland/Zanzibar, Sub-national regions

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by background characteristics, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Client history									
Age	90	90	91	91	63	70	91	66	90
Any history of pregnancy	92	94	94	95	73	60	95	67	93
Current pregnancy status	75	69	75	70	69	54	72	62	71
Breastfeeding status (if ever pregnant)[1]	34	53	35	55	12	18	47	15	45
Desired timing for next child or desire for another child	49	46	51	47	25	32	49	28	48
Regularity of menstrual cycle	49	49	48	49	62	44	49	54	49
All elements of reproductive history[2]	18	22	18	23	10	6	21	8	20
Client medical history									
Asked about smoking	3	1	3	1	0	0	2	0	2
Asked about symptoms of sexually transmitted infections (STIs)	14	26	13	25	28	36	20	32	21
Asked about any chronic illnesses	49	42	50	42	33	29	46	31	45
Asked about alcohol use	3	2	3	2	0	0	3	0	3
All risk history[3]	0	1	0	1	0	0	1	0	1
Client examination									
Measure blood pressure[4]	56	53	56	52	54	70	54	62	54
Measure weight[5]	56	59	57	59	41	70	58	55	58
Number of observed first-visit FP clients	198	260	186	249	12	11	435	23	458
Number of observed first-visit FP clients with prior pregnancy [6]	162	219	150	208	12	10	358	23	381

[1] The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6.
[2] The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.
[3] The client was asked about smoking, symptoms of STIs, and any chronic illness.
[4] Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.
[5] Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.
[6] Applies only to the indicator “breastfeeding status”

Table A-5.9.1 Components of counselling and discussions during consultations for female first-visit family planning clients: Mainland regions

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average/ total
Components of consultation	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Discussion related to partner																										
Partner's attitude toward family planning	4	3	14	19	4	51	22	11	11	0	8	4	19	18	18	18	50	10	15	45	73	0	6	4	57	18
Partner's status[1]	0	3	0	18	4	17	0	20	37	0	0	1	21	3	0	10	43	20	25	0	36	27	10	0	49	13
Privacy and confidentiality																										
Visual privacy assured	85	100	69	100	64	96	96	83	67	63	63	100	100	96	100	68	83	56	92	100	100	81	100	86	80	85
Auditory privacy assured	79	94	54	98	41	72	96	100	67	42	63	100	74	92	100	64	80	52	92	90	100	54	100	57	67	78
Confidentiality assured	17	94	26	34	30	68	71	54	0	42	51	28	66	31	49	20	67	38	49	43	95	0	23	33	50	39
All three counselling conditions on privacy and confidentiality met[2]	17	94	26	34	22	68	71	54	0	42	51	28	66	31	49	20	63	38	49	43	95	0	23	18	36	38
Discussion related to STIs and condoms																										
Use of condoms to prevent STIs	0	13	14	11	0	0	2	28	37	0	8	4	21	15	18	7	23	11	16	0	40	0	17	2	15	12
Use of condoms as dual method[3]	0	3	14	2	4	6	5	31	49	0	4	1	17	6	0	2	17	14	13	0	40	5	14	0	15	10
Any discussion related to STIs[4]	45	56	34	53	52	51	17	31	53	3	8	9	36	24	37	24	77	39	43	23	63	5	57	47	77	38
Individual client cards																										
Individual client card reviewed during consultation	24	81	76	60	56	68	72	46	55	79	47	73	55	53	43	56	77	47	100	100	81	81	65	8	39	61
Individual client card written on after consultation	44	90	100	92	78	72	83	92	96	97	59	78	74	90	100	92	83	84	100	100	96	95	69	100	98	85
Visual aid and return visit																										
Visual aids were used during consultation	4	56	16	23	11	28	61	3	26	27	29	9	28	17	63	2	7	28	38	53	52	15	28	8	22	23
Return visit discussed	71	100	64	87	48	72	46	66	85	97	100	78	100	80	94	100	100	85	95	100	97	95	92	67	98	84
Client provided take home reading materials	0	10	0	8	7	0	4	0	0	18	37	25	0	0	0	0	7	0	9	25	12	5	2	0	12	6
Number of observed first-visit FP clients	41	12	23	31	12	9	16	14	18	18	7	21	17	29	7	27	12	20	23	17	15	9	12	11	14	435

[1] Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.
[2] Visual and auditory privacy and confidentiality assured during consultation
[3] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[4] Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Table A-5.9.2 Components of counselling and discussions during consultations for female first-visit family planning clients: Zanzibar regions

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Components of consultation	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Discussion related to partner						
Partner's attitude toward family planning	39	0	17	27	75	22
Privacy and confidentiality						
Visual privacy assured	100	54	79	36	56	68
Auditory privacy assured	100	32	72	36	56	61
Confidentiality assured	69	0	71	54	42	52
All three counselling conditions on privacy and confidentiality met[2]	69	0	60	27	42	43
Discussion related to STIs and condoms						
Use of condoms to prevent STIs	0	0	0	0	30	3
Use of condoms as dual method[3]	0	0	24	0	0	12
Any discussion related to STIs[4]	0	73	51	0	30	43
Individual client cards						
Individual client card reviewed during consultation	43	77	91	90	86	84
Individual client card written on after consultation	64	77	91	100	72	86
Visual aid and return visit						
Visual aids were used during consultation	13	5	26	27	56	24
Return visit discussed	69	77	85	90	61	81
Client provided take home reading materials	0	0	0	0	30	3
Number of observed first-visit FP clients	2	4	12	3	2	23

[1] Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.
[2] Visual and auditory privacy and confidentiality assured during consultation
[3] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[4] Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Table A-5.9.3 Components of counselling and discussions during consultations for female first-visit family planning clients: Tanzania, Mainland/Zanzibar, Sub-national regions

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by background characteristics, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Discussion related to partner									
Partner's attitude toward family planning	19	18	19	17	19	25	18	22	18
Partner's status[1]	12	13	12	13	0	0	13	0	12
Privacy and confidentiality									
Visual privacy assured	77	89	78	91	76	59	85	68	84
Auditory privacy assured	74	80	74	81	70	50	78	61	77
Confidentiality assured	38	42	36	42	64	39	39	52	40
All three counselling conditions on privacy and confidentiality met[2]	37	40	36	40	54	32	38	43	38
Discussion related to STIs and condoms									
Use of condoms to prevent STIs	14	9	15	9	0	6	12	3	11
Use of condoms as dual method[3]	13	8	12	8	24	0	10	12	10
Any discussion related to STIs[4]	33	42	32	42	45	42	38	43	38
Individual client cards									
Individual client card reviewed during consultation	65	59	63	58	88	79	61	84	62
Individual client card written on after consultation	87	84	87	84	86	85	85	86	85
Visual aid and return visit									
Visual aids were used during consultation	31	18	31	18	28	19	23	24	23
Return visit discussed	79	87	79	88	86	75	84	81	84
Client provided take home reading materials	8	5	9	5	0	6	6	3	6
Number of observed first-visit FP clients	198	260	186	249	12	11	435	23	458

[1] Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.
[2] Visual and auditory privacy and confidentiality assured during consultation
[3] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[4] Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Table A-5.10.1 Components of counselling and discussions during consultations for all female family planning clients: Mainland regions

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average/ total
Components of consultation	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Privacy and confidentiality																										
Visual privacy assured	91	98	72	94	70	83	97	72	80	83	67	98	100	93	100	81	94	64	90	85	100	47	100	91	84	85
Auditory privacy assured	58	96	59	91	35	47	97	81	74	74	67	98	87	90	93	68	67	60	90	67	100	40	100	75	75	76
Confidentiality assured	21	92	38	24	30	34	67	29	22	66	47	30	82	16	26	15	43	33	45	29	78	13	17	23	50	37
All three counselling conditions on privacy and confidentiality met[1]	20	92	37	23	27	34	67	29	17	66	47	30	82	16	26	14	38	33	45	29	78	11	17	13	45	36
Discussion related to STIs and condoms																										
Use of condoms to prevent STIs	13	18	13	5	1	0	1	25	30	5	6	2	17	10	6	5	10	4	6	1	34	11	13	2	11	11
Use of condoms as dual method[2]	1	13	7	2	10	2	3	28	21	4	11	1	9	4	2	5	9	5	5	1	33	1	9	0	11	8
Any discussion related to STIs[3]	33	53	29	27	28	23	21	41	56	12	18	13	39	25	13	25	36	39	13	8	57	13	46	28	57	31
Concerns, side effects, and individual client cards																										
Concerns about methods discussed[4]	71	95	78	78	80	40	88	50	79	69	90	78	85	73	58	78	74	89	65	69	88	77	58	81	77	75
Side effects discussed[5]	54	88	51	46	57	18	44	28	46	52	58	48	67	55	50	50	52	64	53	34	66	60	51	70	71	52
Individual client card reviewed during consultation	35	87	83	81	68	43	74	87	78	84	85	92	70	72	60	73	84	83	100	100	85	77	72	46	64	77
Individual client card written on after consultation	65	90	96	90	91	84	82	88	95	89	88	87	83	87	83	95	93	92	100	99	95	78	73	98	97	88
Visual aid and return visit																										
Visual aids were used during consultation	6	43	11	11	13	13	19	12	13	19	18	19	27	14	29	4	5	14	22	18	32	7	20	9	16	15
Return visit discussed	84	93	73	72	59	67	67	70	73	92	97	91	97	80	98	92	99	79	93	59	99	78	92	73	99	82
Client provided take home reading materials	0	7	2	3	4	0	1	0	0	4	18	16	1	2	0	0	8	1	9	8	5	8	1	0	7	4
Number of observed female FP clients	136	41	62	110	50	22	54	117	130	114	34	72	72	69	28	85	38	106	85	51	56	46	29	20	37	1,664

[1] Visual and auditory privacy and confidentiality assured during consultation
[2] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[3] Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method
[4] Provider asked client about concerns with family planning method
[5] Method-specific side effect discussed with client, if client was provided or prescribed a method

Table A-5.10.2 Components of counselling and discussions during consultations for all female family planning clients: Zanzibar regions

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Components of consultation	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Privacy and confidentiality						
Visual privacy assured	100	73	91	42	59	82
Auditory privacy assured	100	63	85	51	46	77
Confidentiality assured	69	13	70	57	23	58
All three counselling conditions on privacy and confidentiality met[1]	69	13	64	30	23	51
Discussion related to STIs and condoms						
Use of condoms to prevent STIs	0	0	2	3	13	2
Use of condoms as dual method[2]	0	0	7	3	0	5
Any discussion related to STIs[3]	0	39	17	3	13	17
Concerns, side effects, and individual client cards						
Concerns about methods discussed[4]	52	55	85	72	89	78
Side effects discussed[5]	27	30	49	63	77	49
Individual client card reviewed during consultation	77	88	94	88	70	90
Individual client card written on after consultation	88	88	98	100	83	95
Visual aid and return visit						
Visual aids were used during consultation	4	7	15	18	23	14
Return visit discussed	90	78	92	93	50	88
Client provided take home reading materials	0	0	4	9	13	4
Number of observed female FP clients	5	10	51	9	5	80

[1] Visual and auditory privacy and confidentiality assured during consultation
[2] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[3] Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method
[4] Provider asked client about concerns with family planning method
[5] Method-specific side effect discussed with client, if client was provided or prescribed a method

Table A-5.10.3 Components of counselling and discussions during consultations for all female family planning clients by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Privacy and confidentiality									
Visual privacy assured	81	87	81	88	89	68	85	82	84
Auditory privacy assured	76	76	75	76	84	64	76	77	76
Confidentiality assured	38	39	36	39	68	40	37	58	38
All three counselling conditions on privacy and confidentiality met[1]	37	37	35	37	62	32	36	51	37
Discussion related to STIs and condoms									
Use of condoms to prevent STIs	13	9	14	9	2	3	11	2	11
Use of condoms as dual method[2]	9	7	10	8	7	1	8	5	8
Any discussion related to STIs[3]	28	32	29	32	16	20	31	17	30
Concerns, side effects, and individual client cards									
Concerns about methods discussed[4]	79	72	78	72	85	64	75	78	75
Side effects discussed[5]	54	50	55	50	49	47	52	49	52
Individual client card reviewed during consultation	81	74	80	74	92	85	77	90	77
Individual client card written on after consultation	90	88	89	87	96	93	88	95	89
Visual aid and return visit									
Visual aids were used during consultation	18	13	18	14	15	12	15	14	15
Return visit discussed	82	83	82	83	90	84	82	88	83
Client provided take home reading materials	4	3	4	3	4	5	4	4	4
Number of observed female FP clients	772	972	720	944	52	28	1,664	80	1,743

[1] Visual and auditory privacy and confidentiality assured during consultation
[2] Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)
[3] Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method
[4] Provider asked client about concerns with family planning method
[5] Method-specific side effect discussed with client, if client was provided or prescribed a method

Table A-5.11.1 Feedback from family planning clients on service problems: Mainland regions

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									Mainland average/ total
Client service issues	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Poor behaviour/ attitude of provider	1	4	0	1	0	0	0	0	3	0	2	6	0	4	2	4	2	2	5	0	1	0	2	0	1	2
Insufficient explanation about method	0	1	2	0	0	2	0	1	8	0	0	1	0	3	0	1	0	1	0	7	1	0	2	0	0	1
Long wait to see provider	30	9	13	11	16	19	4	13	15	8	5	8	7	15	19	18	15	8	17	3	3	5	10	19	24	13
Not able to discuss problems	4	4	1	0	0	2	0	3	9	0	0	0	0	2	0	2	0	2	0	7	1	0	2	0	0	2
FP commodities not available in facility	6	10	10	1	5	37	0	12	18	8	10	8	4	12	28	2	13	4	9	7	3	6	11	2	5	8
Facility open limited days	0	1	1	0	7	0	0	2	1	3	1	0	0	6	22	3	1	1	0	0	1	5	5	0	1	2
Facility open limited hours	0	1	2	0	11	27	0	5	5	3	4	6	1	3	18	3	4	1	6	0	1	5	5	1	11	4
Facility not clean	2	1	5	4	0	30	0	1	10	0	0	1	0	5	5	5	8	5	1	0	0	10	6	2	3	4
Services costly	5	3	2	0	6	16	2	3	0	1	4	0	0	0	17	0	6	1	1	0	6	0	3	1	1	2
Insufficient visual privacy	0	0	2	0	0	2	0	3	6	0	1	1	1	3	0	2	0	1	5	0	0	0	0	0	0	1
Insufficient auditory privacy	0	0	3	0	2	2	0	3	5	0	1	1	0	2	0	0	0	1	5	0	1	0	0	0	0	1
Number of interviewed family planning clients	136	41	62	110	50	22	54	117	130	114	34	72	72	69	28	87	38	106	85	51	56	46	29	20	37	1,666

Table A-5.11.2 Feedback from family planning clients on service problems: Zanzibar regions

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Client service issues	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Insufficient explanation about method	0	0	1	0	0	0
Long wait to see provider	8	12	3	0	10	5
Not able to discuss problems	0	5	0	0	0	1
FP commodities not available in facility	6	2	1	0	11	2
Facility open limited days	4	2	0	0	0	1
Facility open limited hours	0	2	0	0	6	1
Facility not clean	0	5	1	0	6	2
Insufficient visual privacy	0	5	0	0	0	1
Insufficient auditory privacy	0	0	0	0	6	0
Number of interviewed family planning clients	5	10	51	9	5	80

Table A-5.11.3 Feedback from family planning clients on service problems by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Client service issues	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Poor behaviour/ attitude of provider	2	2	2	2	0	0	2	0	2
Insufficient explanation about method	1	1	2	1	1	0	1	0	1
Long wait to see provider	12	14	12	14	3	8	13	5	13
Not able to discuss problems	2	2	2	2	0	2	2	1	2
FP commodities not available in facility	8	8	8	8	1	5	8	2	8
Facility open limited days	1	3	1	3	0	2	2	1	2
Facility open limited hours	4	3	4	4	1	1	4	1	3
Facility not clean	3	4	3	4	2	2	4	2	3
Services costly	1	3	2	3	0	0	2	0	2
Insufficient visual privacy	2	1	2	1	0	2	1	1	1
Insufficient auditory privacy	2	1	2	1	1	0	1	0	1
Number of interviewed family planning clients	772	974	720	946	52	28	1,666	80	1,746

Table A-5.12 Denominators working table - Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed or referred for the indicated method, the percentage who know the correct response to question pertaining to the method, by background characteristics, Tanzania SPA 2014-15

	Percentage who knew the correct response to the question pertaining to the method						
Background characteristics	Any pill[1]	Male condom[2]	Female condom[3]	Progestin injectable (3 months)[4]	Intrauterine contra-ceptive device (IUCD)[5]	Implant[6]	Tubal ligation[7]
Facility type							
Hospital	62	11	1	223	9	61	0
Health centre	70	8	0	235	2	56	0
Dispensary	197	24	0	602	7	67	0
Clinic	4	1	0	11	0	1	0
Managing authority							
Government	296	41	1	921	15	147	0
Private-for-profit	13	0	0	67	1	13	0
Parastatal	0	0	0	3	0	2	0
Faith-based	24	4	0	80	3	23	0
Residence: Tanzania							
Total urban	115	15	1	479	12	101	0
Total rural	219	29	0	592	7	83	0
Residence: Mainland/ Zanzibar							
Mainland urban	101	15	1	447	11	97	0
Mainland rural	212	29	0	574	7	82	0
Zanzibar urban	14	0	0	32	0	4	0
Zanzibar rural	7	0	0	18	0	1	0
Region							
Mainland average/total	312	44	1	1,021	18	179	0
Dodoma	59	0	0	70	0	5	0
Arusha	4	1	0	19	0	10	0
Kilimanjaro	10	1	0	33	0	11	0
Tanga	5	0	0	88	1	12	0
Morogoro	2	4	0	32	5	3	0
Pwani	2	0	0	17	0	1	0
Dar es Salaam	4	0	0	39	1	5	0
Lindi	15	4	0	74	1	5	0
Mtwara	42	16	0	55	0	10	0
Ruvuma	17	0	0	91	0	6	0
Iringa	8	0	0	22	0	3	0
Mbeya	11	1	0	40	1	13	0
Singida	27	0	0	32	1	8	0
Tabora	11	6	0	43	1	9	0
Rukwa	4	2	0	17	0	4	0
Kigoma	8	3	0	43	0	16	0
Shinyanga	6	2	0	27	0	2	0
Kagera	26	1	0	64	5	9	0
Mwanza	11	1	0	60	0	9	0
Mara	13	0	0	33	1	4	0
Manyara	4	0	0	36	1	13	0
Njombe	14	0	0	29	0	3	0
Katavi	3	1	0	20	0	6	0
Simiyu	3	0	0	9	0	7	0
Geita	3	1	0	29	0	3	0
Zanzibar average/total	21	1	0	50	0	5	0
Unguja average/total	16	1	0	45	0	5	0
Kaskazini Unguja	1	0	0	4	0	0	0
Kusini Unguja	1	0	0	8	0	1	0
Mjini Magharibi	14	0	0	32	0	4	0
Pemba average/total	6	0	0	6	0	1	0
Kaskazini Pemba	4	0	0	4	0	0	0
Kusini Pemba	1	0	0	2	0	1	0
National average/total	334	44	1	1,072	19	184	0

The questions asked for each of the methods are as follows:
[1] Any pill: How often do you take the pill?
[2] Male condom: How many times can you use one condom?
[3] Female condom: What type of lubricant can you use with the female condom?
[4] Progestin injectable: For how long does the injection provide protection from pregnancy?
[5] IUCD: What can you do to make sure that your IUCD is in place?
[6] Implant: For how long will your implant provide protection from pregnancy?
[7] Tubal ligation: After you have been sterilised, could you ever become pregnant again?

Table A-6.7.1 General assessment and client history for observed first-visit antenatal care clients: Mainland regions

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, Mainland regions, Tanzania SPA 2014-15

	Mainland region																								
Components of consultation	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Mainland average/ total
Client history																										
Client's age	90	89	67	93	92	98	87	79	100	98	96	99	93	74	93	97	97	95	91	88	77	85	93	100	92	91
Date of last menstrual period	85	89	67	56	86	65	86	80	100	81	99	93	97	76	68	93	87	79	89	77	71	89	89	80	66	82
Any prior pregnancy[1]	84	93	76	78	91	88	83	68	87	65	86	91	86	86	98	83	76	98	96	88	84	88	93	100	82	86
Medicines client currently taking	19	13	26	39	11	11	20	10	0	0	0	1	52	4	4	2	13	6	7	13	43	3	0	16	10	12
All elements relevant to client history[2]	13	12	20	11	4	1	17	2	0	0	0	1	50	1	2	0	5	6	7	8	39	1	0	16	7	8
Routine tests																										
Urine protein or glucose test	55	60	69	77	64	28	90	47	53	33	53	23	76	31	14	42	24	37	71	28	43	46	48	17	15	43
Haemoglobin test	53	67	55	82	64	33	86	45	55	37	55	17	77	45	22	44	32	24	85	52	43	46	55	25	16	47
Number of first-visit ANC clients	74	48	27	60	60	24	75	27	38	92	26	60	47	158	38	173	61	157	99	89	52	23	20	81	92	1,700
Prior pregnancy-related complications																										
Stillbirth	20	60	56	26	43	39	38	33	10	14	46	57	64	36	33	24	51	34	86	30	37	70	26	27	35	38
Death of infant during first week after birth	28	60	50	39	42	28	25	12	7	16	18	52	52	12	28	26	44	38	83	10	31	58	10	18	28	32
Heavy bleeding during labour or postpartum	14	51	28	4	38	17	46	12	21	8	18	46	59	31	10	39	38	39	57	22	35	46	25	34	16	32
Assisted delivery	31	40	53	33	38	15	28	15	31	24	30	18	50	24	19	56	17	53	62	44	36	88	33	46	17	38
Previous abortion	32	29	19	62	65	26	42	30	59	27	35	30	79	54	51	49	32	46	84	65	57	56	53	66	16	49
Multiple pregnancies	11	15	16	0	5	0	8	0	1	0	4	0	42	3	1	7	7	6	38	2	16	32	0	2	0	8
Prolonged labour	3	15	6	0	6	14	0	4	0	1	12	0	48	0	0	7	3	2	27	9	4	0	0	1	0	6
Pregnancy-induced hypertension	14	30	28	18	20	19	19	15	13	3	42	10	45	10	8	28	15	29	2	14	29	68	25	12	3	18
Pregnancy-related convulsions	3	5	6	0	15	11	10	0	0	1	0	0	37	3	2	3	0	2	1	0	9	10	0	0	3	4
Any aspect of complications during a prior pregnancy	63	82	69	88	80	71	96	63	72	59	62	83	86	77	72	75	62	78	89	74	84	90	70	83	50	76
Number of first-visit ANC clients with prior pregnancy	60	34	17	45	51	20	56	15	29	62	17	40	40	127	28	139	43	116	76	59	38	18	17	68	71	1,287

[1] This includes any questions that would indicate whether the client has had a prior pregnancy.
[2] Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Table A-6.7.2 General assessment and client history for observed first-visit antenatal care clients: Zanzibar regions

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Components of consultation	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Client history						
Client's age	95	100	90	92	99	93
Date of last menstrual period	82	100	91	61	85	75
Any prior pregnancy[1]	100	100	86	84	90	87
Medicines client currently taking	7	4	18	24	10	19
All elements relevant to client history[2]	7	4	18	8	6	10
Routine tests						
Urine protein or glucose test	82	90	87	75	50	74
Haemoglobin test	95	86	86	83	53	79
Number of first-visit ANC clients	9	4	39	76	26	153
Prior pregnancy-related complications						
Stillbirth	27	42	13	39	28	31
Death of infant during first week after birth	10	20	21	19	17	19
Heavy bleeding during labour or postpartum	55	11	46	33	53	40
Assisted delivery	52	31	44	31	37	36
Previous abortion	89	84	41	52	52	53
Multiple pregnancies	0	0	0	1	7	1
Prolonged labour	0	0	11	0	1	3
Pregnancy-induced hypertension	0	16	34	20	12	21
Pregnancy-related convulsions	0	4	8	10	0	7
Any aspect of complications during a prior pregnancy	89	100	86	63	79	74
Number of first-visit ANC clients with prior pregnancy	8	4	29	63	21	125

[1] This includes any questions that would indicate whether the client has had a prior pregnancy.
[2] Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Table A-6.7.3 General assessment and client history for observed first-visit antenatal care clients by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by residence: Tanzania, Mainland/Zanzibar, and Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Client history									
Client's age	87	92	87	92	92	94	91	93	91
Date of last menstrual period	83	81	82	82	91	68	82	75	81
Any prior pregnancy[1]	83	88	83	88	88	86	86	87	86
Medicines client currently taking	16	11	16	10	16	19	12	19	12
All elements relevant to client history[2]	11	7	11	7	16	7	8	10	8
Routine tests									
Urine protein or glucose test	70	38	68	35	89	68	43	74	46
Haemoglobin test	74	41	73	38	88	76	47	79	50
Number of first-visit ANC clients	470	1,383	425	1,275	46	107	1,700	153	1,853
Prior pregnancy-related complications									
Stillbirth	40	36	43	36	14	37	38	31	37
Death of infant during first week after birth	34	30	36	31	20	19	32	19	31
Heavy bleeding during labour or postpartum	34	32	31	32	57	33	32	40	33
Assisted delivery	36	38	37	38	35	37	38	36	38
Previous abortion	40	52	40	51	37	59	49	53	49
Multiple pregnancies	8	8	8	8	1	2	8	1	8
Prolonged labour	5	6	5	6	7	1	6	3	6
Pregnancy-induced hypertension	20	18	20	18	26	19	18	21	19
Pregnancy-related convulsions	7	4	7	3	8	7	4	7	4
Any aspect of complications during a prior pregnancy	79	74	78	75	88	68	76	74	75
Number of first-visit ANC clients with prior pregnancy	323	1,088	287	1,000	36	89	1,287	125	1,411

[1] This includes any questions that would indicate whether the client has had a prior pregnancy.
[2] Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Table A-6.8.1 Basic physical examinations and preventive interventions for antenatal care clients: Mainland regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, Mainland regions, Tanzania SPA 2014-15

Components of consultation	Mainland region																								Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
FIRST-VISIT ANC CLIENT																									
Basic physical examination																									
Measured blood pressure	94	100	100	100	79	64	83	78	72	69	89	78	93	78	74	68	100	76	59	70	77	95	62	91	64	78
Weighed client	93	78	89	100	88	100	100	80	100	100	98	79	77	86	67	92	82	100	84	95	96	88	80	72	91	90
Checked foetal position (at least 8 months pregnant)	100	47	100	-	-	100	100	-	-	87	100	100	100	100	100	100	100	94	96	100	60	100	70	100	100	94
Checked uterine/fundal height[1]	92	99	96	94	94	100	74	93	84	94	81	98	98	95	99	99	100	96	92	100	91	85	99	96	100	95
Listened to foetal heart (at least 5 months pregnant)[2]	96	93	94	69	78	81	80	92	87	82	79	91	96	81	82	89	95	86	91	88	77	86	93	96	95	88
Preventive interventions																									
Provider gave or prescribed iron or folic acid tablets	90	77	86	90	93	83	78	80	86	86	94	92	90	71	59	79	68	94	93	86	97	81	92	97	97	86
Provider explained purpose of iron or folic acid tablets	64	78	78	43	85	28	37	78	69	69	95	81	89	59	37	71	74	78	79	62	96	69	88	48	71	68
Provider explained how to take tablets	92	73	76	44	69	21	25	61	82	78	78	65	88	56	42	66	83	89	58	66	82	78	90	92	88	70
Provider gave or prescribed tetanus toxoid vaccine	72	60	59	57	56	21	77	73	57	38	51	48	48	56	83	27	66	62	56	51	69	27	70	36	54	53
Provider explained purpose of tetanus toxoid vaccine	54	64	53	52	45	25	37	61	56	39	59	60	51	37	55	34	52	56	45	35	64	46	68	16	42	45
Number of ANC clients	74	48	27	60	60	24	75	27	38	92	26	60	47	158	38	173	61	157	99	89	52	23	20	81	92	1,700
Number of ANC clients at least 8 months pregnant	6	3	4	0	0	1	2	0	0	3	2	0	3	5	0	9	3	13	10	1	4	3	1	3	3	80
Number of ANC clients at least 5 months pregnant	52	36	17	37	37	16	33	7	15	63	12	45	37	130	28	127	52	117	79	74	42	18	17	74	77	1,242
FOLLOW-UP VISIT ANC CLIENT																									
Basic physical examination																									
Measured blood pressure	100	100	91	95	91	83	85	63	58	74	83	77	97	81	76	53	99	92	80	64	92	81	51	90	86	80
Weighed client	100	98	87	95	76	91	91	73	96	97	98	93	100	89	76	90	83	99	92	93	83	97	66	80	85	90
Checked foetal position (at least 8 months pregnant)	92	87	95	58	91	59	91	100	80	92	93	80	100	100	74	94	95	83	92	98	87	73	84	100	93	88
Checked uterine/fundal height[1]	93	95	91	100	96	85	91	94	100	92	100	98	96	96	100	98	100	98	97	96	98	99	97	97	92	96
Listened to foetal heart (at least 5 months pregnant)[2]	87	81	85	94	78	64	86	79	90	95	94	85	90	89	95	92	95	81	90	94	87	82	93	93	99	89
Preventive interventions																									
Provider gave or prescribed iron or folic acid tablets	74	63	71	67	74	67	67	72	77	79	74	69	69	55	58	64	61	90	86	73	83	52	81	71	88	71
Provider explained purpose of iron or folic acid tablets	59	66	60	22	60	34	50	77	64	89	73	68	72	43	45	44	66	68	79	55	85	50	85	32	55	57
Provider explained how to take tablets	62	59	59	30	72	15	37	48	68	78	62	53	70	53	51	56	66	82	56	42	79	46	78	58	67	58
Provider gave or prescribed tetanus toxoid vaccine	33	12	23	25	23	31	30	15	28	20	17	25	27	20	32	19	16	9	31	15	36	9	35	35	34	23
Provider explained purpose of tetanus toxoid vaccine	22	28	27	26	29	11	27	18	23	35	27	24	40	11	28	7	17	10	30	10	51	12	36	9	19	20
Number of ANC clients	65	56	37	88	76	33	92	47	77	96	51	90	57	183	67	190	64	120	55	95	46	52	15	81	92	1,924
Number of ANC clients at least 8 months pregnant	20	25	11	28	17	10	23	8	21	37	21	19	14	51	13	60	18	56	13	19	18	12	7	12	17	550
Number of ANC clients at least 5 months pregnant	63	56	37	78	72	32	90	43	74	90	49	83	55	172	66	189	64	118	54	95	45	51	15	78	89	1,858

(Continued…)

Table A-6.8.1—*Continued*

Components of consultation	Mainland region																									Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
	ALL OBSERVED ANC CLIENTS																									
Basic physical examination																										
Measured blood pressure	97	100	95	97	86	75	84	69	62	71	85	77	95	80	76	60	100	83	66	67	84	85	57	90	75	79
Weighed client	96	89	88	97	82	95	95	76	97	98	98	87	90	87	73	91	82	99	87	94	90	94	74	76	88	90
Checked foetal position (at least 8 months pregnant)	94	83	96	58	91	64	91	100	80	92	94	80	100	100	74	94	95	85	94	98	82	79	82	100	94	89
Checked uterine/fundal height[1]	93	97	93	97	95	91	83	94	95	93	94	98	97	95	99	99	100	97	94	98	94	94	98	96	96	95
Listened to foetal heart (at least 5 months pregnant)[2]	91	86	88	86	78	69	85	80	90	90	91	87	92	86	91	91	95	83	90	92	82	83	93	95	97	88
Preventive interventions																										
Provider gave or prescribed iron or folic acid tablets	83	70	78	77	82	74	72	75	80	83	81	78	78	63	58	71	65	93	91	79	90	61	87	84	92	78
Provider explained purpose of iron or folic acid tablets	62	72	68	30	71	31	44	77	66	79	81	73	80	50	42	57	70	73	79	58	91	56	87	40	63	62
Provider explained how to take tablets	78	66	66	36	71	17	31	53	73	78	67	58	78	54	48	61	74	86	58	54	81	56	85	75	78	64
Provider gave or prescribed tetanus toxoid vaccine	54	34	38	38	38	27	51	36	38	29	29	34	36	37	50	23	40	39	47	32	54	15	55	35	44	37
Provider explained purpose of tetanus toxoid vaccine	39	45	38	36	36	17	32	34	34	37	38	38	45	23	38	20	34	36	40	22	58	22	55	13	30	32
Number of ANC clients	139	104	64	148	136	56	167	74	115	188	78	151	104	342	104	363	125	277	155	184	97	75	35	162	184	3,624
Number of ANC clients at least 8 months pregnant	26	27	14	28	17	11	25	8	21	40	23	19	17	57	13	69	21	68	24	20	23	15	9	15	20	630
Number of ANC clients at least 5 months pregnant	115	92	54	114	110	48	123	51	89	153	61	128	92	301	94	316	116	236	133	168	87	69	32	152	166	3,100

Note: See Table 6.18 for information on insecticide-treated bed nets (ITNs).

[1] Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of foetus, or by using a tape measure to measure the fundal height
[2] Either with a foetal stethoscope or by using an ultrasound device

Table A-6.8.2 Basic physical examinations and preventive interventions for antenatal care clients: Zanzibar regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, Zanzibar regions, Tanzania SPA 2014-15

Components of consultation	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
FIRST-VISIT ANC CLIENT						
Basic physical examination						
Measured blood pressure	100	100	87	90	68	86
Weighed client	89	100	51	66	63	64
Checked foetal position (at least 8 months pregnant)	100	-	100	-	-	100
Checked uterine/fundal height[1]	91	86	92	99	99	97
Listened to foetal heart (at least 5 months pregnant)[2]	90	92	89	79	81	82
Preventive interventions						
Provider gave or prescribed iron or folic acid tablets	50	84	20	76	63	58
Provider explained purpose of iron or folic acid tablets	20	33	15	40	13	28
Provider explained how to take tablets	19	63	6	48	23	32
Provider gave or prescribed tetanus toxoid vaccine	71	43	29	34	46	37
Provider explained purpose of tetanus toxoid vaccine	39	14	23	17	21	21
Number of ANC clients	9	4	39	76	26	153
Number of ANC clients at least 8 months pregnant	0	0	2	0	0	3
Number of ANC clients at least 5 months pregnant	4	2	23	56	14	99
FOLLOW-UP VISIT ANC CLIENT						
Basic physical examination						
Measured blood pressure	95	100	100	86	61	87
Weighed client	62	98	75	70	69	72
Checked foetal position (at least 8 months pregnant)	100	100	89	86	87	88
Checked uterine/fundal height[1]	98	90	100	96	99	97
Listened to foetal heart (at least 5 months pregnant)[2]	95	98	91	90	77	89
Preventive interventions						
Provider gave or prescribed iron or folic acid tablets	54	55	24	54	79	50
Provider explained purpose of iron or folic acid tablets	20	29	27	47	25	39
Provider explained how to take tablets	24	31	24	43	28	36
Provider gave or prescribed tetanus toxoid vaccine	25	14	10	14	4	12
Provider explained purpose of tetanus toxoid vaccine	14	6	23	17	7	17
Number of ANC clients	8	9	47	140	25	229
Number of ANC clients at least 8 months pregnant	1	3	15	42	2	63
Number of ANC clients at least 5 months pregnant	8	8	47	122	23	208
ALL OBSERVED ANC CLIENTS						
Basic physical examination						
Measured blood pressure	98	100	94	88	64	87
Weighed client	76	99	64	69	66	69
Checked foetal position (at least 8 months pregnant)	100	100	90	86	87	88
Checked uterine/fundal height[1]	94	89	97	97	99	97
Listened to foetal heart (at least 5 months pregnant)[2]	93	97	90	86	79	87
Preventive interventions						
Provider gave or prescribed iron or folic acid tablets	52	64	22	61	71	53
Provider explained purpose of iron or folic acid tablets	20	30	22	45	19	35
Provider explained how to take tablets	21	42	16	45	25	35
Provider gave or prescribed tetanus toxoid vaccine	49	23	19	21	25	22
Provider explained purpose of tetanus toxoid vaccine	27	9	23	17	14	18
Number of ANC clients	17	13	86	216	51	383
Number of ANC clients at least 8 months pregnant	2	3	17	42	2	66
Number of ANC clients at least 5 months pregnant	12	10	70	178	37	307

Note: See Table 6.18 for information on insecticide-treated bed nets (ITNs).

[1] Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of foetus, or by using a tape measure to measure the fundal height

[2] Either with a foetal stethoscope or by using an ultrasound device

Table A-6.8.3 Basic physical examinations and preventive interventions for antenatal care clients by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		National
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	average/ total
FIRST-VISIT ANC CLIENT									
Basic physical examination									
Measured blood pressure	90	75	92	74	75	91	78	86	79
Weighed client	91	86	96	87	45	71	90	64	87
Checked foetal position (at least 8 months pregnant)	95	94	94	94	100	100	94	100	94
Checked uterine/fundal height[1]	93	95	93	95	94	98	95	97	95
Listened to foetal heart (at least 5 months pregnant)[2]	86	87	86	88	91	78	88	82	87
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	81	84	87	85	30	70	86	58	83
Provider explained purpose of iron or folic acid tablets	61	67	66	69	14	34	68	28	65
Provider explained how to take tablets	57	71	62	73	9	42	70	32	67
Provider gave or prescribed tetanus toxoid vaccine	63	48	66	49	39	36	53	37	52
Provider explained purpose of tetanus toxoid vaccine	47	42	49	44	23	19	45	21	43
Number of ANC clients	470	1,383	425	1,275	46	107	1,700	153	1,853
Number of ANC clients at least 8 months pregnant	20	63	17	63	2	0	80	3	83
Number of ANC clients at least 5 months pregnant	293	1,047	262	979	31	68	1,242	99	1,341
FOLLOW-UP VISIT ANC CLIENT									
Basic physical examination									
Measured blood pressure	87	79	87	77	88	87	80	87	81
Weighed client	91	87	93	89	67	73	90	72	88
Checked foetal position (at least 8 months pregnant)	88	88	88	89	92	86	88	88	88
Checked uterine/fundal height[1]	96	96	96	96	99	96	96	97	96
Listened to foetal heart (at least 5 months pregnant)[2]	89	89	89	89	91	89	89	89	89
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	65	70	69	72	31	56	71	50	68
Provider explained purpose of iron or folic acid tablets	55	55	57	57	22	44	57	39	55
Provider explained how to take tablets	49	58	52	61	22	41	58	36	56
Provider gave or prescribed tetanus toxoid vaccine	25	21	26	22	8	14	23	12	22
Provider explained purpose of tetanus toxoid vaccine	25	18	25	18	20	16	20	17	20
Number of ANC clients	653	1,500	600	1,324	53	176	1,924	229	2,154
Number of ANC clients at least 8 months pregnant	218	395	197	353	20	43	550	63	613
Number of ANC clients at least 5 months pregnant	630	1,436	577	1,281	53	155	1,858	208	2,066
ALL OBSERVED ANC CLIENTS									
Basic physical examination									
Measured blood pressure	88	77	89	76	82	89	79	87	80
Weighed client	91	87	94	88	57	73	90	69	88
Checked foetal position (at least 8 months pregnant)	89	89	88	89	93	86	89	88	89
Checked uterine/fundal height[1]	95	96	95	96	97	97	95	97	96
Listened to foetal heart (at least 5 months pregnant)[2]	88	88	88	89	91	85	88	87	88
Preventive interventions									
Provider gave or prescribed iron or folic acid tablets	72	77	76	78	31	61	78	53	75
Provider explained purpose of iron or folic acid tablets	57	61	61	63	18	40	62	35	60
Provider explained how to take tablets	53	64	56	67	16	41	64	35	61
Provider gave or prescribed tetanus toxoid vaccine	41	34	42	35	22	22	37	22	36
Provider explained purpose of tetanus toxoid vaccine	34	29	35	31	21	17	32	18	31
Number of ANC clients	1,124	2,883	1,025	2,599	99	284	3,624	383	4,007
Number of ANC clients at least 8 months pregnant	237	458	215	415	23	43	630	66	696
Number of ANC clients at least 5 months pregnant	923	2,484	840	2,260	84	224	3,100	307	3,407

Note: See Table 6.18 for information on insecticide-treated bed nets (ITNs).

[1] Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of foetus, or by using a tape measure to measure the fundal height
[2] Either with a foetal stethoscope or by using an ultrasound device

Table A-6.9.1 Content of antenatal care counselling related to risk symptoms: Mainland regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to indicated risk symptoms, according to ANC visit status, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									
Counselling topics	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Mainland average/ total
FIRST-VISIT ANC CLIENT																										
Vaginal bleeding	47	75	78	36	76	77	63	85	83	59	87	82	64	80	37	57	51	59	86	39	79	68	57	49	49	63
Fever	37	44	45	19	43	52	44	44	38	13	59	50	57	54	22	10	37	29	34	11	68	46	28	8	23	33
Headache or blurred vision	44	56	78	18	64	60	59	82	61	47	79	69	68	85	40	38	48	39	72	38	79	83	67	31	38	54
Swollen hands or face	30	39	63	23	48	38	38	76	65	33	84	52	62	56	15	32	28	44	56	21	51	51	43	26	33	41
Excessive tiredness, shortness of breath	24	25	41	15	36	41	22	46	26	22	46	44	61	43	20	9	32	9	53	10	45	32	17	25	19	27
Loss of, excessive or normal foetal movement	58	50	57	18	58	75	41	69	48	37	69	50	61	35	23	29	36	38	61	17	53	61	45	14	39	41
Cough or difficulty breathing for 3 weeks or longer	11	16	22	2	10	26	24	11	2	6	12	7	41	10	7	2	11	1	11	3	14	6	2	1	1	8
Any of the above risk symptoms	63	78	88	51	88	98	73	92	86	60	87	82	71	94	52	66	59	70	91	50	80	83	74	53	61	72
Number of ANC clients	74	48	27	60	60	24	75	27	38	92	26	60	47	158	38	173	61	157	99	89	52	23	20	81	92	1,700
FOLLOW-UP VISIT ANC CLIENT																										
Vaginal bleeding	25	64	56	19	44	36	21	52	50	55	72	34	46	62	37	49	60	41	77	35	57	52	45	26	44	46
Fever	17	39	20	28	27	17	15	19	26	14	34	36	38	39	24	23	45	27	28	9	42	31	30	3	23	26
Headache or blurred vision	25	48	40	22	32	19	16	40	39	41	56	24	48	65	33	30	58	37	58	24	42	39	61	30	43	38
Swollen hands or face	18	39	29	18	37	21	33	39	41	38	45	14	37	42	18	31	47	28	35	18	39	26	39	32	34	32
Excessive tiredness, shortness of breath	5	33	19	11	23	24	11	21	9	26	38	17	29	31	20	4	37	7	42	14	33	14	12	17	23	19
Loss of, excessive or normal foetal movement	18	46	39	30	62	48	53	68	43	33	54	26	40	40	42	28	42	57	58	9	47	32	40	3	38	38
Cough or difficulty breathing for 3 weeks or longer	0	9	13	1	3	3	2	4	1	7	8	5	25	6	3	1	7	0	9	1	19	3	2	0	4	5
Any of the above risk symptoms	37	74	63	70	66	52	61	82	65	56	80	42	50	77	51	63	76	71	86	47	58	60	64	43	63	63
Number of ANC clients	65	56	37	88	76	33	92	47	77	96	51	90	57	183	67	190	64	120	55	95	46	52	15	81	92	1,924
ALL OBSERVED ANC CLIENTS																										
Vaginal bleeding	37	69	65	26	58	53	40	64	61	57	77	53	54	70	37	53	56	51	83	37	68	57	52	38	47	54
Fever	28	41	31	25	34	31	28	28	30	13	43	41	47	46	23	17	41	28	32	10	56	36	29	5	23	29
Headache or blurred vision	35	52	56	20	46	37	35	55	46	44	64	42	57	74	35	34	53	38	67	31	62	53	64	30	41	46
Swollen hands or face	24	39	43	20	42	28	35	52	49	35	59	29	48	49	17	31	38	37	49	19	46	34	41	29	33	36
Excessive tiredness, shortness of breath	16	30	28	13	28	31	16	30	15	24	41	28	44	36	20	7	34	8	49	12	39	19	15	21	21	23
Loss of, excessive or normal foetal movement	39	48	46	25	60	59	47	69	45	35	59	36	50	38	35	28	39	47	60	13	50	41	43	9	38	39
Cough or difficulty breathing for 3 weeks or longer	6	12	17	1	6	13	12	6	1	7	9	6	32	8	5	1	9	0	10	2	16	4	2	1	3	6
Any of the above risk symptoms	51	76	74	62	76	71	66	86	72	58	82	58	59	85	52	65	68	70	89	48	70	67	70	48	62	67
Number of ANC clients	139	104	64	148	136	56	167	74	115	188	78	151	104	342	104	363	125	277	155	184	97	75	35	162	184	3,624

Table A-6.9.2 Content of antenatal care counselling related to risk symptoms: Zanzibar regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to indicated risk symptoms, according to ANC visit status, Zanzibar regions, Tanzania SPA 2014-15

Counselling topics	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
FIRST VISIT ANC CLIENT						
Vaginal bleeding	89	100	30	68	66	60
Fever	32	22	7	15	14	14
Headache or blurred vision	84	79	23	59	45	50
Swollen hands or face	82	86	7	33	14	28
Excessive tiredness, shortness of breath	39	33	11	8	11	12
Loss of, excessive or normal foetal movement	66	90	14	51	36	41
Cough or difficulty breathing for 3 weeks or longer	2	0	2	1	4	2
Any of the above risk symptoms	93	100	32	76	76	66
Number of ANC clients	9	4	39	76	26	153
FOLLOW-UP VISIT ANC CLIENT						
Vaginal bleeding	70	68	37	65	45	57
Fever	27	19	6	13	18	13
Headache or blurred vision	59	65	22	47	35	42
Swollen hands or face	77	79	14	21	21	24
Excessive tiredness, shortness of breath	41	20	9	5	8	8
Loss of, excessive or normal foetal movement	70	66	23	56	13	45
Cough or difficulty breathing for 3 weeks or longer	11	2	1	0	5	1
Any of the above risk symptoms	82	93	42	69	53	63
Number of ANC clients	8	9	47	140	25	229
ALL OBSERVED ANC CLIENTS						
Vaginal bleeding	80	79	34	66	55	58
Fever	29	20	7	14	16	14
Headache or blurred vision	72	70	22	51	40	45
Swollen hands or face	80	81	11	25	17	25
Excessive tiredness, shortness of breath	40	24	10	6	10	9
Loss of, excessive or normal foetal movement	68	74	18	54	24	44
Cough or difficulty breathing for 3 weeks or longer	6	1	2	0	4	1
Any of the above risk symptoms	88	95	37	72	64	64
Number of ANC clients	17	13	86	216	51	383

Table A-6.9.3 Content of antenatal care counselling related to risk symptoms by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to indicated risk symptoms, according to ANC visit status, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Counselling topics	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
FIRST-VISIT ANC CLIENT									
Vaginal bleeding	68	61	71	60	40	68	63	60	63
Fever	35	30	38	31	5	18	33	14	31
Headache or blurred vision	58	52	60	52	34	56	54	50	53
Swollen hands or face	44	39	47	39	17	32	41	28	40
Excessive tiredness, shortness of breath	27	26	29	27	10	13	27	12	26
Loss of, excessive or normal foetal movement	49	38	52	37	26	47	41	41	41
Cough or difficulty breathing for 3 weeks or longer	10	7	11	8	3	1	8	2	8
Any of the above risk symptoms	75	70	79	70	42	77	72	66	72
Number of ANC clients	470	1,383	425	1,275	46	107	1,700	153	1,853
FOLLOW-UP VISIT ANC CLIENT									
Vaginal bleeding	45	48	46	46	31	65	46	57	47
Fever	28	23	30	24	6	15	26	13	25
Headache or blurred vision	37	39	39	38	20	48	38	42	39
Swollen hands or face	34	30	35	30	22	24	32	24	31
Excessive tiredness, shortness of breath	16	19	17	20	8	8	19	8	18
Loss of, excessive or normal foetal movement	44	37	45	35	30	50	38	45	39
Cough or difficulty breathing for 3 weeks or longer	5	4	6	4	1	1	5	1	4
Any of the above risk symptoms	65	62	66	61	46	68	63	63	63
Number of ANC clients	653	1,500	600	1,324	53	176	1,924	229	2,154
ALL OBSERVED ANC CLIENTS									
Vaginal bleeding	55	54	56	53	35	67	54	58	54
Fever	31	26	33	28	6	16	29	14	28
Headache or blurred vision	46	45	48	45	26	51	46	45	45
Swollen hands or face	38	34	40	35	20	27	36	25	35
Excessive tiredness, shortness of breath	21	22	22	24	9	9	23	9	22
Loss of, excessive or normal foetal movement	46	37	48	36	28	49	39	44	40
Cough or difficulty breathing for 3 weeks or longer	7	5	8	6	2	1	6	1	6
Any of the above risk symptoms	69	66	72	65	45	71	67	64	67
Number of ANC clients	1,124	2,883	1,025	2,599	99	284	3,624	383	4,007

Table A-6.10.1 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: Mainland regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									
Counselling topics	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Mainland average/ total
FIRST-VISIT ANC CLIENT																										
Nutrition	38	54	55	31	53	36	34	36	40	38	44	17	70	30	42	25	41	44	29	8	35	20	19	18	21	33
Progress of pregnancy	46	71	51	50	40	63	48	48	41	33	29	38	78	29	38	55	73	73	60	39	74	60	41	45	63	51
Importance of at least 4 ANC visits	16	20	28	31	30	27	4	28	30	7	6	25	52	14	1	4	46	43	30	14	22	11	8	5	10	20
Delivery plans	56	75	67	56	86	60	63	80	91	90	92	86	97	91	65	81	60	91	67	50	79	91	79	54	65	75
Care of newborn[1]	0	11	10	7	6	0	0	13	12	8	6	49	47	17	0	15	5	18	4	0	3	11	16	0	21	12
Early initiation and prolonged breastfeeding	2	19	28	12	8	8	2	14	11	13	12	10	37	9	8	6	4	16	5	9	11	22	26	1	4	10
Exclusive breastfeeding	9	24	31	18	14	11	14	16	29	21	16	21	49	11	10	7	10	21	8	9	15	25	27	7	11	15
Importance of vaccination for newborn	2	6	8	15	7	0	1	8	3	0	3	7	18	4	1	0	2	1	0	0	6	5	2	0	9	4
Family planning post-partum	17	52	51	19	26	25	39	35	63	42	73	47	66	42	47	49	18	66	48	38	44	46	48	61	34	44
Provider used any visual aids	13	30	22	10	35	30	1	21	0	18	19	52	27	29	12	1	18	4	18	9	44	2	4	10	9	16
Number of ANC clients	74	48	27	60	60	24	75	27	38	92	26	60	47	158	38	173	61	157	99	89	52	23	20	81	92	1,700
FOLLOW-UP VISIT ANC CLIENT																										
Nutrition	21	43	34	43	37	3	46	19	25	25	45	23	46	26	17	18	39	39	51	22	30	25	17	14	20	29
Progress of pregnancy	45	62	59	56	51	52	58	61	40	41	50	31	61	35	52	51	67	59	64	51	71	56	39	42	60	51
Importance of at least 4 ANC visits	32	22	30	7	7	16	14	17	10	5	10	15	31	15	0	3	37	10	45	17	16	4	0	4	17	14
Delivery plans	55	80	72	63	55	60	52	66	68	81	87	63	74	81	66	68	78	90	80	55	84	73	67	28	65	69
Care of newborn[1]	0	14	10	4	0	2	1	1	1	7	19	22	18	13	5	8	29	11	2	7	4	19	13	0	19	9
Early initiation and prolonged breastfeeding	1	11	11	5	2	1	9	4	4	3	14	6	16	8	12	7	13	21	2	4	10	31	17	0	11	8
Exclusive breastfeeding	1	10	14	6	4	3	14	13	10	10	33	6	20	11	13	6	19	21	2	7	12	31	22	3	17	11
Importance of vaccination for newborn	1	3	0	1	1	1	2	0	0	3	1	4	7	1	0	0	12	6	0	4	4	5	4	0	13	3
Family planning post-partum	9	35	23	4	9	2	13	28	27	18	58	20	24	32	32	35	38	45	34	32	29	39	39	23	35	28
Provider used any visual aids	6	19	20	5	22	27	2	9	1	9	6	33	23	36	24	1	5	3	1	5	38	0	5	1	7	12
Number of ANC clients	65	56	37	88	76	33	92	47	77	96	51	90	57	183	67	190	64	120	55	95	46	52	15	81	92	1,924
ALL OBSERVED ANC CLIENTS																										
Nutrition	30	48	43	38	44	17	41	25	30	32	45	21	57	28	26	21	40	42	36	15	33	24	18	16	20	31
Progress of pregnancy	46	66	55	53	46	56	54	56	40	37	43	34	69	32	47	53	70	67	62	45	72	58	40	43	62	51
Importance of at least 4 ANC visits	24	21	29	17	17	21	9	21	17	6	8	19	40	14	1	4	41	29	36	16	19	6	5	5	13	17
Delivery plans	56	78	70	60	68	60	57	71	76	86	89	72	84	86	66	74	69	91	72	53	81	78	74	41	65	72
Care of newborn[1]	0	13	10	5	3	1	1	5	5	8	15	33	31	15	3	12	17	15	3	3	3	16	15	0	20	10
Early initiation and prolonged breastfeeding	2	15	18	8	5	4	6	7	6	8	13	7	26	9	11	6	9	18	4	6	11	28	22	1	7	9
Exclusive breastfeeding	5	17	22	11	8	6	14	14	17	15	27	12	33	11	12	6	14	21	6	8	14	29	25	5	14	13
Importance of vaccination for newborn	1	4	3	6	4	1	1	3	1	2	1	5	12	2	1	0	7	3	0	2	5	5	3	0	11	3
Family planning post-partum	13	43	35	10	16	12	25	31	39	30	63	31	43	37	37	42	28	57	43	35	37	41	44	42	35	36
Provider used any visual aids	10	24	21	7	27	28	2	13	0	14	11	41	25	33	20	1	11	4	12	7	41	0	5	6	8	14
Number of ANC clients	139	104	64	148	136	56	167	74	115	188	78	151	104	342	104	363	125	277	155	184	97	75	35	162	184	3,624

[1] Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table A-6.10.2 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: Zanzibar regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, Zanzibar regions, Tanzania SPA 2014-15

Counselling topics	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
FIRST-VISIT ANC CLIENT						
Nutrition	82	82	55	41	59	51
Progress of pregnancy	66	75	54	18	25	32
Importance of at least 4 ANC visits	0	4	0	0	0	0
Delivery plans	69	67	14	51	75	47
Care of newborn[1]	0	0	0	8	0	4
Early initiation and prolonged breastfeeding	5	0	3	8	0	5
Exclusive breastfeeding	5	0	3	15	4	10
Importance of vaccination for newborn	5	0	0	0	3	1
Family planning post-partum	27	10	7	47	27	31
Provider used any visual aids	2	10	0	0	7	2
Number of ANC clients	9	4	39	76	26	153
FOLLOW-UP VISIT ANC CLIENT						
Nutrition	54	49	37	44	70	46
Progress of pregnancy	56	52	61	60	47	58
Importance of at least 4 ANC visits	4	2	1	0	1	1
Delivery plans	66	80	42	61	68	58
Care of newborn[1]	0	0	2	0	0	0
Early initiation and prolonged breastfeeding	5	2	14	0	2	3
Exclusive breastfeeding	7	2	14	0	2	4
Importance of vaccination for newborn	0	0	6	4	3	4
Family planning post-partum	23	7	15	26	12	21
Provider used any visual aids	0	5	0	0	6	1
Number of ANC clients	8	9	47	140	25	229
ALL OBSERVED ANC CLIENTS						
Nutrition	68	60	45	43	64	48
Progress of pregnancy	61	60	58	45	36	48
Importance of at least 4 ANC visits	2	3	0	0	1	0
Delivery plans	68	76	29	57	71	54
Care of newborn[1]	0	0	1	3	0	2
Early initiation and prolonged breastfeeding	5	1	9	3	1	4
Exclusive breastfeeding	6	1	9	5	3	6
Importance of vaccination for newborn	2	0	3	3	3	3
Family planning post-partum	25	8	11	33	20	25
Provider used any visual aids	1	7	0	0	6	1
Number of ANC clients	17	13	86	216	51	383

[1] Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table A-6.10.3 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by residence, Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Counselling topics	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
FIRST-VISIT ANC CLIENT									
Nutrition	43	32	42	30	60	47	33	51	35
Progress of pregnancy	55	48	56	50	45	27	51	32	50
Importance of at least 4 ANC visits	19	18	21	20	0	0	20	0	18
Delivery plans	68	75	73	76	28	56	75	47	73
Care of newborn[1]	11	11	12	12	0	5	12	4	11
Early initiation and prolonged breastfeeding	14	8	15	8	3	6	10	5	10
Exclusive breastfeeding	19	13	20	13	3	12	15	10	15
Importance of vaccination for newborn	5	3	5	3	0	1	4	1	3
Family planning post-partum	41	44	44	44	17	37	44	31	43
Provider used any visual aids	13	15	15	17	0	2	16	2	15
Number of ANC clients	470	1,383	425	1,275	46	107	1,700	153	1,853
FOLLOW-UP VISIT ANC CLIENT									
Nutrition	36	28	35	26	48	46	29	46	31
Progress of pregnancy	57	50	58	48	52	60	51	58	52
Importance of at least 4 ANC visits	15	12	16	13	1	0	14	1	12
Delivery plans	68	67	70	68	49	61	69	58	68
Care of newborn[1]	7	9	8	10	2	0	9	0	8
Early initiation and prolonged breastfeeding	12	6	12	7	13	1	8	3	8
Exclusive breastfeeding	14	9	14	10	13	1	11	4	11
Importance of vaccination for newborn	4	2	3	3	16	0	3	4	3
Family planning post-partum	26	28	27	28	11	24	28	21	27
Provider used any visual aids	10	11	11	13	1	1	12	1	11
Number of ANC clients	653	1,500	600	1,324	53	176	1,924	229	2,154
ALL OBSERVED ANC CLIENTS									
Nutrition	39	30	38	28	54	46	31	48	33
Progress of pregnancy	56	49	57	49	49	48	51	48	51
Importance of at least 4 ANC visits	16	15	18	16	0	0	17	0	15
Delivery plans	68	71	71	72	39	59	72	54	70
Care of newborn[1]	9	10	9	11	1	2	10	2	10
Early initiation and prolonged breastfeeding	13	7	13	8	8	3	9	4	9
Exclusive breastfeeding	16	11	17	12	8	5	13	6	12
Importance of vaccination for newborn	4	3	4	3	9	1	3	3	3
Family planning post-partum	32	35	34	36	14	29	36	25	35
Provider used any visual aids	12	13	13	15	0	1	14	1	13
Number of ANC clients	1,124	2,883	1,025	2,599	99	284	3,624	383	4,007

[1] Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table A-6.11.1 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: Mainland regions

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, Mainland regions, Tanzania SPA 2014-15

Issues discussed during current or previous visit	Mainland region																									Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
Client reported provider discussed or counselled on any warning signs	59	81	79	63	62	52	67	65	67	65	87	36	61	75	61	61	61	54	79	40	65	78	75	42	45	62
Warning signs discussed (named by client)																										
Vaginal bleeding	42	64	76	61	61	49	59	68	56	58	79	41	60	53	55	51	37	67	61	52	75	62	67	33	38	55
Fever	13	8	10	26	14	9	17	13	3	7	6	5	30	9	12	17	9	22	24	15	16	7	9	10	6	13
Swollen face or hands	30	22	36	40	29	22	36	45	37	33	55	23	39	32	23	15	39	26	37	10	26	39	32	15	19	28
Fatigue or breathlessness	2	4	17	4	3	1	12	4	3	3	2	6	16	8	8	6	5	4	1	8	7	5	7	9	5	6
Headache or blurred vision	13	31	43	31	35	30	39	28	35	30	38	19	35	45	30	19	29	30	44	15	39	34	37	16	21	30
Seizures/ convulsions	6	3	8	13	1	4	3	1	2	4	6	1	8	5	4	3	2	1	1	2	1	1	4	0	2	3
Reduced or absence of foetal movement	20	9	17	15	13	7	20	22	11	10	14	6	24	14	24	12	4	12	9	6	18	10	29	4	4	12
Actions client told to take if warning signs occurred																										
Seek care at facility	59	81	78	63	62	52	63	65	67	65	87	36	60	75	61	61	61	54	79	39	65	77	75	42	45	61
Reduce physical activity	2	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	1
Change diet	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No advice given by provider	41	19	21	37	38	48	33	35	33	35	13	64	39	25	39	39	39	46	21	60	35	22	25	58	55	38
Client reported provider discussed																										
Importance of exclusive breastfeeding and counselled to exclusively breastfeed for 6 months	18	23	50	39	42	42	43	14	15	32	48	11	39	21	40	10	18	25	35	20	31	53	33	8	13	26
Planned place of delivery	58	59	59	50	56	48	46	57	55	73	65	55	72	49	56	31	59	60	64	51	65	67	43	42	41	53
Supplies to prepare for delivery	61	73	78	78	84	80	68	82	89	97	96	76	80	79	78	78	71	87	75	54	73	94	83	59	72	77
Using family planning after childbirth	40	54	57	46	40	39	51	52	50	49	69	29	47	52	56	53	46	54	56	44	50	59	51	45	37	49
Number of interviewed ANC clients	139	104	64	148	136	56	167	74	115	188	78	151	104	342	104	363	125	277	155	184	97	75	35	162	184	3,624

Table A-6.11.2 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: Zanzibar regions

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, Zanzibar regions, Tanzania SPA 2014-15

Issues discussed during current or previous visit	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
Client reported provider discussed or counselled on any warning signs	97	99	68	86	87	83
Warning signs discussed (named by client)						
Vaginal bleeding	94	85	81	86	84	85
Fever	17	34	17	3	19	10
Swollen face or hands	66	63	39	59	48	54
Fatigue or breathlessness	11	5	11	14	20	14
Headache or blurred vision	61	47	35	56	57	52
Seizures/ convulsions	1	6	6	17	23	14
Reduced or absence of foetal movement	41	32	26	28	33	29
Actions client told to take if warning signs occurred						
Seek care at facility	97	99	68	85	87	83
Reduce physical activity	3	9	3	3	10	4
Change diet	2	1	0	0	0	0
No advice given by provider	3	1	32	14	13	17
Client reported provider discussed						
Importance of exclusive breastfeeding and counselled to exclusively breastfeed for 6 months	27	42	32	28	63	34
Planned place of delivery	53	64	34	65	79	60
Supplies to prepare for delivery	59	66	35	49	76	50
Using family planning after childbirth	50	54	37	43	71	46
Number of interviewed ANC clients	17	13	86	216	51	383

Table A-6.11.3 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Issues discussed during current or previous visit	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Client reported provider discussed or counselled on any warning signs	71	61	71	58	72	86	62	83	64
Warning signs discussed (named by client)									
Vaginal bleeding	68	54	67	50	78	88	55	85	58
Fever	16	12	17	12	14	8	13	10	13
Swollen face or hands	37	28	37	25	46	56	28	54	31
Fatigue or breathlessness	7	7	7	6	10	15	6	14	7
Headache or blurred vision	36	30	36	27	37	57	30	52	32
Seizures/ convulsions	5	4	4	3	17	13	3	14	4
Reduced or absence of foetal movement	18	12	17	10	22	31	12	29	14
Actions client told to take if warning signs occurred									
Seek care at facility	70	61	70	58	72	86	61	83	63
Reduce physical activity	1	1	1	0	3	4	1	4	1
Change diet	0	0	0	0	0	0	0	0	0
No advice given by provider	29	39	29	42	28	14	38	17	36
Client reported provider discussed									
Importance of exclusive breastfeeding and counselled to exclusively breastfeed for 6 months	36	23	36	22	36	34	26	34	26
Planned place of delivery	49	56	49	55	39	67	53	60	54
Supplies to prepare for delivery	74	75	77	77	39	54	77	50	75
Using family planning after childbirth	52	47	53	47	33	51	49	46	48
Number of interviewed ANC clients	1,124	2,883	1,025	2,599	99	284	3,624	383	4,007

Table A-6.12.1 Feedback from antenatal care clients: Mainland regions

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									
Client service issue	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Mainland average/ total
Poor behaviour/ attitude of provider	0	0	1	0	0	0	0	2	1	1	1	0	2	1	4	3	5	0	0	1	1	0	4	0	2	1
Insufficient explanation about pregnancy	5	0	2	1	0	1	0	3	4	2	0	0	4	0	5	2	0	0	1	6	3	0	7	3	0	2
Long wait to see provider	24	15	20	32	12	25	7	24	18	6	13	16	17	20	18	13	40	18	10	15	3	4	17	22	30	17
Not able to discuss problems	4	2	3	1	0	2	0	2	3	2	0	0	5	2	8	0	0	0	1	7	1	0	6	6	0	2
Medicines not available in facility	16	12	9	6	20	17	5	16	9	5	6	9	9	23	33	11	28	5	13	14	2	5	22	4	6	12
Facility open limited days	2	4	3	0	2	0	0	0	1	0	0	0	2	3	8	1	0	2	5	3	3	0	9	2	0	2
Facility open limited hours	2	5	5	3	4	5	5	10	1	2	2	0	7	4	11	2	5	0	5	3	2	2	8	2	11	4
Facility not clean	1	3	8	0	7	4	0	6	5	2	3	6	10	9	8	5	3	2	6	7	1	2	12	7	5	5
Services costly	11	4	6	0	12	9	6	1	1	2	5	0	1	0	5	2	2	2	5	4	1	3	5	2	0	3
Insufficient visual privacy	0	0	11	0	0	0	1	0	5	1	0	0	7	0	3	1	0	0	2	1	0	3	0	3	2	1
Insufficient auditory privacy	0	0	11	0	0	0	1	0	3	1	0	0	9	1	3	0	0	0	2	1	0	2	0	3	2	1
Number of interviewed ANC clients	139	104	64	148	136	56	167	74	115	188	78	151	104	342	104	363	125	277	155	184	97	75	35	162	184	3,624

Table A-6.12.2 Feedback from antenatal care clients: Zanzibar regions

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Client service issue	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Poor behaviour/ attitude of provider	0	1	0	0	0	0
Insufficient explanation about pregnancy	0	0	0	0	0	0
Long wait to see provider	6	7	28	10	15	14
Medicines not available in facility	14	15	5	0	6	3
Facility open limited days	0	6	0	0	0	0
Facility open limited hours	0	6	1	0	1	1
Facility not clean	6	0	0	0	0	0
Services costly	3	5	2	0	0	1
Insufficient visual privacy	0	0	3	3	0	2
Insufficient auditory privacy	0	0	3	0	0	1
Number of interviewed ANC clients	17	13	86	216	51	383

Table A-6.12.3 Feedback from antenatal care clients by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Client service issue	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Poor behaviour/ attitude of provider	1	1	1	1	0	0	1	0	1
Insufficient explanation about pregnancy	1	2	1	2	0	0	2	0	2
Long wait to see provider	21	16	20	16	28	10	17	14	17
Not able to discuss problems	2	2	2	2	0	0	2	0	2
Medicines not available in facility	9	12	9	13	4	3	12	3	11
Facility open limited days	1	2	1	2	0	0	2	0	2
Facility open limited hours	3	3	4	4	1	0	4	1	3
Facility not clean	3	5	4	5	0	0	5	0	4
Services costly	4	2	4	3	2	0	3	1	3
Insufficient visual privacy	1	1	1	1	2	2	1	2	1
Insufficient auditory privacy	1	1	1	1	2	0	1	1	1
Number of interviewed ANC clients	1,124	2,883	1,025	2,599	99	284	3,624	383	4,007

Table A-6.18.1 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: Mainland regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, Mainland regions, Tanzania SPA 2014-15

Components of consultation	Mainland region																									Mainland average/ total
	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	
FIRST-VISIT ANC CLIENT																										
Importance of using ITN explained	8	5	8	0	2	1	7	6	17	22	5	7	11	9	3	14	3	7	1	5	14	20	3	9	2	8
Client given ITN or directed to obtain elsewhere in facility	0	1	4	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	3	7	0	0	0	0	1
Provider gave or prescribed IPTp	48	43	55	35	60	44	39	27	69	46	49	54	50	60	43	43	28	41	61	62	61	63	71	74	68	52
Provider explained purpose of IPTp	43	53	63	25	49	25	29	33	53	48	52	19	61	59	36	43	21	35	62	29	66	62	65	31	49	44
Dose of SP ingested in presence of provider	27	24	36	14	21	22	6	15	53	39	17	13	33	25	12	13	15	28	28	14	22	5	47	26	14	22
Number of ANC clients	74	48	27	60	60	24	75	27	38	92	26	60	47	158	38	173	61	157	99	89	52	23	20	81	92	1,700
FOLLOW-UP VISIT ANC CLIENT																										
Importance of using ITN explained	2	7	12	0	3	0	10	3	3	14	24	9	1	9	1	3	1	9	0	17	11	3	1	8	2	6
Client given ITN or directed to obtain elsewhere in facility	0	0	3	1	0	0	0	0	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	1	0	0
Provider gave or prescribed IPTp	25	46	35	32	63	34	43	42	68	38	57	46	40	46	44	36	46	44	69	46	45	45	64	66	44	45
Provider explained purpose of IPTp	16	50	33	17	43	16	23	37	50	40	57	26	56	40	40	19	39	37	60	23	60	44	64	33	24	35
Dose of SP ingested in presence of provider	12	23	20	8	29	9	4	16	61	32	16	7	13	13	19	8	20	28	19	7	12	15	37	11	16	17
Number of ANC clients	65	56	37	88	76	33	92	47	77	96	51	90	57	183	67	190	64	120	55	95	46	52	15	81	92	1,924
ALL OBSERVED ANC CLIENTS																										
Importance of using ITN explained	5	6	10	0	3	1	8	4	8	18	17	8	6	9	2	8	2	8	1	11	13	8	2	8	2	7
Client given ITN or directed to obtain elsewhere in facility	0	0	3	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	2	4	0	0	0	0	0
Provider gave or prescribed IPTp	37	44	43	33	62	38	41	37	68	42	54	49	45	52	44	39	37	42	64	54	54	51	68	70	56	48
Provider explained purpose of IPTp	30	52	45	20	45	20	25	35	51	44	55	23	59	48	39	30	30	36	61	26	63	50	65	32	36	39
Dose of SP ingested in presence of provider	20	24	27	10	25	14	5	16	58	36	16	10	22	19	16	10	18	28	25	11	17	12	43	18	15	19
Number of ANC clients	139	104	64	148	136	56	167	74	115	188	78	151	104	342	104	363	125	277	155	184	97	75	35	162	184	3,624

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

Table A-6.18.2 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: Zanzibar regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, Zanzibar regions, Tanzania SPA 2014-15

Components of consultation	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
FIRST-VISIT ANC CLIENT						
Importance of using ITN explained	16	18	68	35	23	40
Client given ITN or directed to obtain elsewhere in facility	0	4	16	24	29	21
Provider explained purpose of IPTp	0	10	0	0	0	0
Number of ANC clients	9	4	39	76	26	153
FOLLOW-UP VISIT ANC CLIENT						
Importance of using ITN explained	16	4	37	35	20	32
Client given ITN or directed to obtain elsewhere in facility	0	0	6	5	0	4
Provider explained purpose of IPTp	0	0	0	0	0	0
Number of ANC clients	8	9	47	140	25	229
ALL OBSERVED ANC CLIENTS						
Importance of using ITN explained	16	9	51	35	21	35
Client given ITN or directed to obtain elsewhere in facility	0	1	11	12	15	11
Provider explained purpose of IPTp	0	3	0	0	0	0
Number of ANC clients	17	13	86	216	51	383

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

Table A-6.18.3 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Components of consultation	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
FIRST-VISIT ANC CLIENT									
Importance of using ITN explained	12	10	7	8	61	31	8	40	11
Client given ITN or directed to obtain elsewhere in facility	2	2	1	1	15	24	1	21	2
Provider gave or prescribed IPTp	47	48	52	52	0	0	52	0	47
Provider explained purpose of IPTp	38	41	42	44	0	0	44	0	40
Dose of SP ingested in presence of provider	20	20	23	22	0	0	22	0	20
Number of ANC clients	470	1,383	425	1,275	46	107	1,700	153	1,853
FOLLOW-UP VISIT ANC CLIENT									
Importance of using ITN explained	10	9	8	6	33	32	6	32	9
Client given ITN or directed to obtain elsewhere in facility	1	1	0	0	6	3	0	4	1
Provider gave or prescribed IPTp	47	38	52	43	0	0	45	0	41
Provider explained purpose of IPTp	37	29	40	33	0	0	35	0	31
Dose of SP ingested in presence of provider	18	14	19	16	0	0	17	0	15
Number of ANC clients	653	1,500	600	1,324	53	176	1,924	229	2,154
ALL OBSERVED ANC CLIENTS									
Importance of using ITN explained	11	9	8	7	46	31	7	35	10
Client given ITN or directed to obtain elsewhere in facility	1	1	1	0	11	11	0	11	1
Provider gave or prescribed IPTp	47	42	52	47	0	0	48	0	44
Provider explained purpose of IPTp	37	34	41	38	0	0	39	0	35
Dose of SP ingested in presence of provider	19	17	21	19	0	0	19	0	18
Number of ANC clients	1,124	2,883	1,025	2,599	99	284	3,624	383	4,007

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

Table A-7.3.1 Medicines and commodities for delivery and newborn care: Mainland regions

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, Mainland regions, Tanzania SPA 2014-15

	Mainland region																								
Medicines	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Mainland average/ total
Essential medicines for delivery[1]																										
Injectable uterotonic (oxytocin)[2]	83	98	91	79	59	78	98	70	78	89	94	88	92	66	84	78	78	61	70	77	67	72	96	90	50	79
Injectable antibiotic[3]	48	51	26	35	28	16	42	44	28	26	25	68	23	49	18	35	30	21	25	19	25	15	32	22	22	32
Injectable magnesium sulphate[2]	12	20	51	49	37	55	70	53	49	32	42	47	34	58	83	21	67	11	32	48	23	35	46	26	28	41
Injectable diazepam	58	39	44	51	66	75	69	65	57	75	57	86	35	70	57	35	71	29	20	70	46	39	45	42	44	55
Skin disinfectant	79	62	87	62	60	53	74	79	66	44	61	65	31	71	72	54	75	67	58	73	44	23	39	35	68	61
Intravenous fluids with infusion set[4]	59	51	69	48	40	48	59	32	27	47	56	57	36	48	79	34	61	33	37	42	41	47	52	73	25	48
Essential medicines for newborns																										
Antibiotic eye ointment for newborn[1]	24	49	27	32	30	15	57	10	10	74	43	69	25	6	13	14	9	13	32	7	45	24	0	17	23	28
4% chlorhexidine[1]	0	5	5	39	3	22	5	6	12	17	10	35	7	0	12	15	28	8	4	1	11	6	4	6	22	12
Injectable gentamicin[2]	28	46	32	36	34	27	60	42	41	14	33	24	26	20	18	29	34	30	29	34	61	14	12	9	12	30
Ceftriaxone powder for injection	67	69	69	70	70	34	59	61	67	49	52	73	74	61	38	62	58	48	34	27	55	56	89	44	28	57
Amoxicillin suspension	66	60	80	78	52	41	55	32	35	51	57	79	75	70	71	47	65	65	57	85	72	77	85	58	59	63
Priority medicines for mothers[5]																										
Sodium chloride injectable solution	93	72	81	62	76	91	98	46	68	70	65	93	100	77	67	84	92	67	91	84	82	78	94	90	90	80
Injectable calcium gluconate	1	8	11	2	3	14	34	2	0	2	7	1	2	0	0	1	0	4	2	0	9	2	0	0	2	4
Ampicillin powder for injection	15	12	32	20	6	33	39	29	20	13	15	25	25	13	13	20	5	6	7	16	35	12	10	12	6	17
Injectable metronidazole	5	18	21	12	13	10	56	13	16	13	11	14	6	19	15	17	20	9	18	22	26	12	4	17	5	15
Misoprostol capsules or tablets	2	8	4	0	4	13	32	15	13	7	2	3	5	2	1	18	4	7	3	2	13	10	11	15	1	7
Azithromycin capsules or tablets or oral liquid	12	14	16	11	10	15	50	14	28	9	6	9	43	29	20	2	14	10	34	41	33	6	10	7	5	17
Cefixime capsules or tablets	10	2	30	0	3	1	21	0	1	2	2	9	1	7	0	0	1	0	0	2	1	0	0	1	8	4
Benzathine benzyl penicillin powder for injection	90	84	72	83	56	76	86	55	67	70	88	87	98	88	64	78	81	90	63	91	91	66	51	69	62	77
Injectable betamethasone/ dexamethasone	2	6	3	2	5	8	20	2	8	4	4	6	3	0	1	3	1	4	12	13	7	5	2	1	4	5
Nifedipine capsules or tablets	4	20	60	34	26	20	60	14	22	8	20	10	5	24	6	18	10	37	15	16	18	7	28	11	8	20
Number of facilities offering normal delivery services	47	26	36	47	54	38	22	32	35	40	37	64	32	46	30	39	28	43	41	40	25	38	9	29	19	897

Note: The essential medicines and antibiotic eye ointment for children presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.
[2] Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers.
[3] Injectable penicillin, injectable gentamycin, injectable ampicillin, or injectable ceftriaxone
[4] Normal saline solution, lactated Ringer's solution, or 5% dextrose solution
[5] The priority medicines for mothers are defined by WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf

Table A-7.3.2 Medicines and commodities for delivery and newborn care: Zanzibar regions

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, Zanzibar regions, Tanzania SPA 2014-15

Medicines	Zanzibar region					Zanzibar average/total
	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	
Essential medicines for delivery[1]						
Injectable uterotonic (oxytocin)[2]	65	100	100	100	100	92
Injectable antibiotic[3]	32	30	50	14	11	23
Injectable magnesium sulphate[2]	65	61	100	90	46	72
Injectable diazepam	32	46	25	40	11	32
Skin disinfectant	89	46	75	57	62	65
Intravenous fluids with infusion set[4]	89	61	100	100	71	86
Essential medicines for newborns						
Antibiotic eye ointment for newborn[1]	22	15	0	0	0	7
4% chlorhexidine[1]	11	0	25	10	0	8
Injectable gentamicin[2]	11	0	75	7	27	17
Ceftriaxone powder for injection	68	70	50	14	27	40
Amoxicillin suspension	22	85	50	60	52	53
Priority medicines for mothers[5]						
Sodium chloride injectable solution	11	30	75	47	38	37
Injectable calcium gluconate	0	0	25	0	0	2
Ampicillin powder for injection	11	15	0	0	11	7
Injectable metronidazole	11	15	100	17	37	27
Misoprostol capsules or tablets	78	100	50	67	64	72
Azithromycin capsules or tablets or oral liquid	0	0	50	0	27	10
Cefixime capsules or tablets	0	0	0	0	16	3
Benzathine benzyl penicillin powder for injection	54	85	25	40	27	45
Injectable betamethasone/ dexamethasone	0	0	75	7	27	15
Nifedipine capsules or tablets	22	46	50	7	29	24
Number of facilities offering normal delivery services	2	1	1	2	2	7

Note: The essential medicines and antibiotic eye ointment for children presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.
[2] Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers.
[3] Injectable penicillin, injectable gentamycin, injectable ampicillin, or injectable ceftriaxone
[4] Normal saline solution, lactated Ringer's solution, or 5% dextrose solution
[5] The priority medicines for mothers are defined by WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf

Table A-7.3.3 Medicines and commodities for delivery and newborn care by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Medicines	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Essential medicines for delivery[1]									
Injectable uterotonic (oxytocin)[2]	85	78	85	78	100	91	79	92	79
Injectable antibiotic[3]	36	31	36	32	63	14	32	23	32
Injectable magnesium sulphate[2]	59	38	59	37	100	66	41	72	41
Injectable diazepam	66	53	66	54	38	30	55	32	55
Skin disinfectant	67	60	67	60	88	60	61	65	61
Intravenous fluids with infusion set[4]	61	46	60	46	100	83	48	86	48
Essential medicines for newborns									
Antibiotic eye ointment for newborn[1]	41	26	41	26	0	8	28	7	28
4% chlorhexidine[1]	14	12	14	12	13	7	12	8	12
Injectable gentamicin[2]	57	25	57	25	63	7	30	17	30
Ceftriaxone powder for injection	62	56	62	56	63	34	57	40	57
Amoxicillin suspension	63	63	63	63	50	54	63	53	63
Priority medicines for mothers[5]									
Sodium chloride injectable solution	89	78	89	78	63	32	80	37	79
Injectable calcium gluconate	9	3	9	3	13	0	4	2	4
Ampicillin powder for injection	33	15	33	15	13	6	17	7	17
Injectable metronidazole	40	11	39	11	88	14	15	27	15
Misoprostol capsules or tablets	18	6	18	5	63	74	7	72	7
Azithromycin capsules or tablets or oral liquid	35	14	35	14	38	4	17	10	17
Cefixime capsules or tablets	8	3	8	3	0	4	4	3	4
Benzathine benzyl penicillin powder for injection	77	77	77	77	38	47	77	45	77
Injectable betamethasone/ dexamethasone	21	2	21	2	63	4	5	15	5
Nifedipine capsules or tablets	44	16	44	16	38	21	20	24	20
Number of facilities offering normal delivery services	132	773	131	767	1	6	897	7	905

Note: The essential medicines and antibiotic eye ointment for children presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2015).

[1] All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.
[2] Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers.
[3] Injectable penicillin, injectable gentamycin, injectable ampicillin, or injectable ceftriaxone
[4] Normal saline solution, lactated Ringer's solution, or 5% dextrose solution
[5] The priority medicines for mothers are defined by WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf

Table A-7.6.1 Newborn care practices: Mainland regions

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, Mainland regions, Tanzania SPA 2014-15

	Mainland region																									
Newborn care practices	Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam	Lindi	Mtwara	Ruvuma	Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara	Manyara	Njombe	Katavi	Simiyu	Geita	Mainland average/ total
Delivery to the abdomen (skin-to-skin)	94	100	100	100	76	89	97	100	100	98	100	93	94	91	100	88	100	94	100	73	83	100	96	95	99	94
Drying and wrapping newborns to keep warm	100	100	100	99	89	100	96	100	100	88	100	94	99	96	100	100	100	99	100	100	100	100	100	100	100	98
Kangaroo mother care	6	27	38	36	33	25	14	32	27	6	14	27	28	14	51	15	33	16	7	8	38	7	33	9	7	22
Initiation of breastfeeding within the first hour	84	98	100	100	94	100	96	100	100	100	100	100	100	100	100	99	100	100	100	100	100	100	100	100	93	98
Routine complete (head-to-toe) examination of newborns before discharge	100	100	100	86	72	95	80	98	100	89	100	99	88	95	89	65	99	97	98	92	99	99	98	99	93	93
Suctioning the newborn with catheter	2	4	23	18	0	0	18	10	33	12	21	24	11	19	0	7	18	10	18	14	7	20	0	9	10	13
Suctioning the newborn with suction bulb	0	45	24	97	52	64	60	98	37	87	74	34	59	31	17	62	11	12	39	15	80	86	0	23	5	46
Weighing the newborn immediately upon delivery	85	54	91	100	78	95	99	89	90	94	72	93	76	96	78	68	88	87	91	78	43	95	89	62	71	84
Administration of vitamin K to newborn	0	15	1	0	6	6	26	1	2	1	1	1	8	4	0	1	1	0	0	0	21	1	0	0	0	3
Applying tetracycline eye ointment to both eyes	23	38	29	66	24	21	60	10	28	86	74	62	25	5	19	14	9	13	31	7	45	51	0	17	16	33
Giving full bath shortly after birth[1]	0	4	1	0	0	0	2	6	0	0	7	6	6	0	0	0	8	6	0	11	1	1	0	0	0	3
Giving the newborn oral polio vaccine prior to discharge	75	82	89	86	55	82	87	82	79	99	94	81	87	61	87	75	93	93	61	90	75	66	91	84	97	81
Giving the newborn BCG prior to discharge	34	80	53	70	19	20	65	80	64	100	42	81	46	43	46	27	53	64	59	66	66	4	64	60	66	54
Giving the newborn prelacteal liquids	0	2	0	0	1	0	1	1	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	1	0
Number of facilities offering normal delivery services	47	26	36	47	54	38	22	32	35	40	37	64	32	46	30	39	28	43	41	40	25	38	9	29	19	897

[1] Immersing newborn in water within minutes/hours after birth

Table A-7.6.2 Newborn care practices: Zanzibar regions

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, Zanzibar regions, Tanzania SPA 2014-15

	Zanzibar region					
Newborn care practices	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba	Zanzibar average/total
Delivery to the abdomen (skin-to-skin)	100	100	75	67	77	82
Drying and wrapping newborns to keep warm	100	100	100	90	100	97
Kangaroo mother care	11	15	0	7	23	12
Initiation of breastfeeding within the first hour	100	100	75	83	71	86
Routine complete (head-to-toe) examination of newborns before discharge	89	100	50	47	48	64
Suctioning the newborn with catheter	22	15	50	0	0	11
Suctioning the newborn with suction bulb	11	15	25	0	0	7
Weighing the newborn immediately upon delivery	100	100	100	67	84	86
Administration of vitamin K to newborn	11	0	25	0	0	5
Applying tetracycline eye ointment to both eyes	11	15	0	0	0	5
Giving the newborn oral polio vaccine prior to discharge	43	100	25	67	61	62
Giving the newborn BCG prior to discharge	32	30	25	47	11	32
Giving the newborn prelacteal liquids	0	15	25	0	0	5
Number of facilities offering normal delivery services	2	1	1	2	2	7

Table A-7.6.3 Newborn care practices by residence: Tanzania, Mainland/Zanzibar, Sub-national regions

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by residence: Tanzania, Mainland/Zanzibar, Sub-national regions, Tanzania SPA 2014-15

	Tanzania		Mainland/Zanzibar				Sub-national regions		
Newborn care practices	Total urban	Total rural	Mainland urban	Mainland rural	Zanzibar urban	Zanzibar rural	Mainland average	Zanzibar average	National average/total
Delivery to the abdomen (skin-to-skin)	95	93	95	93	75	83	94	82	94
Drying and wrapping newborns to keep warm	95	98	95	98	100	96	98	97	98
Kangaroo mother care	30	20	30	20	25	9	22	12	21
Initiation of breastfeeding within the first hour	96	99	96	99	75	88	98	86	98
Routine complete (head-to-toe) examination of newborns before discharge	86	93	87	94	63	65	93	64	92
Suctioning the newborn with catheter	26	11	26	11	25	8	13	11	13
Suctioning the newborn with suction bulb	50	45	50	45	13	6	46	7	46
Weighing the newborn immediately upon delivery	89	83	89	83	100	82	84	86	84
Administration of vitamin K to newborn	4	3	4	3	13	3	3	5	3
Applying tetracycline eye ointment to both eyes	45	30	46	31	0	6	33	5	33
Giving full bath shortly after birth[1]	4	2	4	2	0	0	3	0	2
Giving the newborn oral polio vaccine prior to discharge	84	80	85	80	50	64	81	62	80
Giving the newborn BCG prior to discharge	66	51	66	52	50	27	54	32	53
Giving the newborn prelacteal liquids	1	0	1	0	13	3	0	5	1
Number of facilities offering normal delivery services	132	773	131	767	1	6	897	7	905

[1] Immersing newborn in water within minutes/hours after birth

Table A-8.2.1 Items for infection control during provision of HIV testing services in the laboratory

Among facilities having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the laboratory on the day of the survey, by background characteristics, Tanzania SPA 2014-15

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities having HIV testing capacity
	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]	
Facility type									
Hospital	97	99	95	48	96	100	99	74	40
Health Centre	88	90	84	34	89	96	98	68	93
Dispensary	79	78	74	30	80	95	97	58	280
Clinics	100	100	100	70	100	100	100	70	2
Managing authority									
Government	77	77	70	26	77	94	97	54	284
Private-for-profit	100	100	100	31	100	98	100	73	41
Parastatal	100	100	100	55	100	100	100	61	9
Faith-based	94	95	94	56	98	100	97	81	83
Residence: Tanzania									
Total Urban	93	95	92	24	94	98	99	69	125
Total Rural	79	78	73	36	79	95	96	58	292
Residence: Mainland/Zanzibar									
Mainland urban	93	95	92	24	93	98	99	69	123
Mainland rural	78	78	73	36	79	95	96	58	288
Zanzibar urban	100	100	100	68	100	100	89	89	2
Zanzibar rural	90	87	82	32	91	91	100	60	4
Region									
Mainland									
average/total	83	83	78	32	84	95	97	61	411
Dodoma	58	59	57	17	58	100	99	21	32
Arusha	97	100	97	46	97	100	99	87	14
Kilimanjaro	98	100	98	67	98	100	100	95	23
Tanga	90	85	80	1	80	100	94	41	54
Morogoro	76	74	70	54	99	100	97	48	15
Pwani	80	84	64	44	80	84	84	48	13
Dar es Salaam	100	100	100	25	100	100	100	84	40
Lindi	95	94	91	2	91	95	100	55	11
Mtwara	74	87	73	13	73	81	100	69	14
Ruvuma	83	84	83	32	84	100	100	52	31
Iringa	96	96	96	74	96	98	100	82	15
Mbeya	65	65	65	47	65	73	73	50	14
Singida	92	95	92	81	95	100	100	95	6
Tabora	52	79	52	31	75	76	97	87	11
Rukwa	79	87	79	20	79	87	100	37	25
Kigoma	88	88	82	35	82	94	100	78	5
Shinyanga	63	63	63	37	63	100	95	95	5
Kagera	97	70	68	24	78	100	100	93	14
Mwanza	67	67	67	48	67	100	100	93	14
Mara	66	66	66	64	100	97	100	38	16
Manyara	94	81	77	84	94	81	98	76	12
Njombe	71	74	71	17	74	100	100	84	9
Katavi	89	89	83	18	87	98	100	15	9
Simiyu	68	100	68	40	100	96	100	80	5
Geita	96	71	71	25	71	100	100	93	5
Zanzibar									
average/total	93	91	87	42	94	93	97	68	6
Unguja									
average/total	100	92	92	52	96	91	96	68	4
Kaskazini Unguja	100	85	85	15	85	65	100	30	1
Kusini Unguja	100	90	90	55	100	100	100	75	2
Mjini Magharibi	100	100	100	76	100	100	88	88	1
Pemba									
average/total	73	87	73	13	87	100	100	69	1
Kaskazini Pemba	100	100	100	0	100	100	100	100	0
Kusini Pemba	67	84	67	16	84	100	100	63	1
National average/total	83	83	79	33	84	95	97	61	416

Table A-8.2.2 Items for infection control during provision of HIV testing services at the HIV service testing site and the laboratory

Among facilities having laboratory and service site HIV testing capacity, the percentages with indicated items for infection control observed to be available at the laboratory and at the HIV service/testing site on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities with HIV testing system 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 having HIV testing capacity
Facility type									
Hospital	87	91	84	32	85	97	94	56	36
Health Centre	67	70	60	19	66	84	91	50	69
Dispensary	61	61	53	14	59	83	91	48	234
Clinics	57	100	57	100	100	100	100	57	1
Managing authority									
Government	57	58	48	13	53	83	91	42	256
Private-for-profit	95	97	95	12	98	98	86	73	26
Parastatal	100	100	100	47	100	93	98	54	9
Faith-based	85	85	84	36	91	89	92	75	50
Residence: Tanzania									
Total Urban	83	80	77	13	79	86	91	59	99
Total Rural	57	60	50	19	57	85	91	45	242
Residence: Mainland/Zanzibar									
Mainland urban	84	81	77	12	79	86	91	59	97
Mainland rural	57	60	50	19	56	85	92	45	238
Zanzibar urban	61	61	61	68	89	100	89	79	2
Zanzibar rural	58	58	53	37	73	83	89	55	3
Region									
Mainland									
average/total	65	66	58	17	63	85	91	49	336
Dodoma	23	26	22	1	22	71	86	4	17
Arusha	93	98	91	13	91	98	62	76	9
Kilimanjaro	94	97	94	52	97	100	100	90	15
Tanga	72	77	60	0	60	98	94	30	51
Morogoro	70	60	60	50	89	96	94	41	13
Pwani	73	53	51	29	73	95	76	51	9
Dar es Salaam	84	72	71	6	72	87	99	64	31
Lindi	86	82	79	0	79	71	98	51	11
Mtwara	51	70	50	12	50	78	98	51	14
Ruvuma	50	70	50	16	50	99	99	48	27
Iringa	95	95	95	46	95	97	99	69	12
Mbeya	34	41	34	17	34	59	57	18	10
Singida	71	76	71	54	71	100	95	82	3
Tabora	11	19	11	4	15	48	100	90	8
Rukwa	61	64	54	16	62	48	84	28	23
Kigoma	51	52	45	7	45	64	94	57	5
Shinyanga	42	53	42	18	42	89	89	84	5
Kagera	94	58	58	15	66	78	97	75	13
Mwanza	59	60	59	12	60	95	63	81	13
Mara	36	36	33	37	70	97	92	24	15
Manyara	76	78	74	49	76	80	98	70	11
Njombe	50	47	47	15	53	100	100	66	5
Katavi	68	65	59	5	59	77	93	9	9
Simiyu	56	92	56	0	56	55	96	40	5
Geita	63	63	58	17	63	96	100	92	4
Zanzibar									
average/total	59	59	55	47	78	89	89	62	5
Unguja									
average/total	67	63	63	54	86	90	86	58	4
Kaskazini Unguja	50	50	50	15	50	65	65	15	1
Kusini Unguja	78	67	67	61	100	100	100	72	2
Mjini Magharibi	68	68	68	76	100	100	88	76	1
Pemba									
average/total	25	44	25	19	44	81	100	81	1
Kaskazini Pemba	100	100	100	0	100	100	100	100	0
Kusini Pemba	0	26	0	26	26	74	100	74	1
National average/total	65	66	58	17	63	85	91	49	341

Table A-8.2.3 Items for infection control during provision of HIV testing services in all service/testing sites and the laboratory

Among facilities having HIV testing capacity and multiples testing sites, the percentages with indicated items for infection control observed to be available from all testing sites and the laboratory on the day of the survey, by background characteristics, Tanzania SPA 2014-15

	Percentage of facilities with HIV testing system 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 having HIV testing capacity
Facility type									
Hospital	72	78	68	16	69	87	84	46	45
Health Centre	57	62	50	14	54	74	86	44	118
Dispensary	53	51	46	15	52	79	90	47	792
Clinics	59	64	59	40	67	81	83	65	9
Managing authority									
Government	47	46	39	11	45	76	89	43	766
Private-for-profit	71	77	71	23	78	95	91	66	67
Parastatal	100	98	98	41	98	93	98	57	10
Faith-based	85	85	81	32	87	87	86	56	121
Residence: Tanzania									
Total Urban	66	67	61	16	68	84	88	61	206
Total Rural	51	50	44	15	49	78	89	43	758
Residence: Mainland/Zanzibar									
Mainland urban	66	68	61	15	67	83	88	61	201
Mainland rural	51	51	44	15	49	78	89	42	738
Zanzibar urban	63	63	63	52	73	96	92	67	4
Zanzibar rural	52	44	36	19	46	75	89	54	20
Region									
Mainland									
average/total	54	54	48	15	53	79	89	46	940
Dodoma	40	37	35	9	36	75	85	10	54
Arusha	81	83	81	37	81	84	90	74	39
Kilimanjaro	91	74	72	34	79	97	91	73	51
Tanga	73	74	62	0	62	92	90	31	58
Morogoro	65	56	56	26	76	84	98	31	49
Pwani	62	64	56	15	63	85	92	21	36
Dar es Salaam	76	70	67	8	68	89	93	73	49
Lindi	38	55	36	0	36	77	99	48	33
Mtwara	33	56	33	10	38	61	89	49	35
Ruvuma	61	74	61	8	61	97	98	56	43
Iringa	53	53	52	22	58	75	99	53	37
Mbeya	59	60	58	15	64	90	90	51	60
Singida	56	42	35	32	42	84	97	58	30
Tabora	18	23	17	9	26	60	76	56	46
Rukwa	62	67	56	13	62	44	78	25	25
Kigoma	16	11	9	0	9	60	64	35	35
Shinyanga	28	37	27	36	48	98	98	91	26
Kagera	54	36	36	9	44	58	97	38	38
Mwanza	37	56	29	10	37	74	87	44	42
Mara	29	17	14	23	36	66	64	19	39
Manyara	78	77	75	42	76	88	99	65	23
Njombe	75	75	75	1	76	83	83	57	38
Katavi	54	55	47	0	47	73	85	6	10
Simiyu	47	46	39	6	39	78	92	20	23
Geita	37	28	28	5	29	60	92	68	18
Zanzibar									
average/total	54	48	41	24	51	79	90	56	24
Unguja									
average/total	75	57	53	46	71	88	89	57	12
Kaskazini Unguja	76	49	45	45	70	85	85	55	4
Kusini Unguja	77	54	48	37	63	82	88	52	5
Mjini Magharibi	70	70	70	61	83	100	95	66	4
Pemba									
average/total	32	37	28	2	29	68	90	55	12
Kaskazini Pemba	25	43	25	0	25	67	93	58	6
Kusini Pemba	40	31	31	4	34	70	87	52	5
National average/total	54	54	47	15	53	79	89	47	964

PERSONNEL *Appendix* **B**

TSPA 2014-15 Management Team

Dr. Albina Chuwa (Director General, NBS) – Principal Investigator
Sylivia Meku (NBS) – Project Coordinator
Dr. Geofrey Somi (MoHSW) – Chairman, Technical Committee
Stephano G. Cosmas (NBS) – Desk Officer

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Martin Kimario – Supervisor
Hashimu Uzia – Supervisor
Joyce Shayo – Data Entry Clerk
Salehe Manoro – Data Entry Clerk
Avestina Kagashani – Data Entry Clerk
Wenceslaus Shirima – Data Entry Clerk
Hilda Mashoko – Date Entry Clerk
Faith Frank – Data Entrant Clerk

Interviewers (by team)

1
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Aeshi Kisandu
Elias Bugumba
Modesta Mngoffy

3
Eric Luala
Thereza Mwita
Restituta Msoka
Stephano Sabiano

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Christina Nyagali
Marystella Tesha
Stephano Louis

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Christina Kopwe
Mevaji Anthony
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QUESTIONNAIRES AND SUPPORTING DOCUMENTS

Appendix **C**

Inventory Questionnaire

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT

INVENTORY QUESTIONNAIRE

FACILITY IDENTIFICATION

001 NAME OF FACILITY _____

002 LOCATION OF FACILITY (TOWN/CITY/VILLAGE) _____

003 REGION . . . . . ☐☐

004 DISTRICT . . . . . ☐☐

004A WARD . . . . . ☐☐☐

005 FACILITY NUMBER . . . . . ☐☐☐☐☐

006 TYPE OF FACILITY

NATIONAL REFERRAL HOSPITAL	01
REGIONAL HOSPITAL	02
DISTRICT HOSPITAL	03
DISTRICT-DESIGNATED HOSPITAL	04
OTHER HOSPITAL (PRIVATE)	05
HEALTH CENTRE	06
CLINIC	07
DISPENSARY	08

007 MANAGING AUTHORITY (OWNERSHIP)

GOVERNMENT/PUBLIC	1
PRIVATE	2
MISSION/FAITH-BASED	3
OTHER (Parastatal and defense/prison/police	4

008 URBAN/RURAL

URBAN	1
RURAL	2

009 INPATIENT ONLY

YES	1
NO	2

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
INTERVIEWER NAME	_____	_____	_____	INT. NUMBER ☐☐
RESULT	_____	_____	_____	RESULT ☐

RESULT CODES (LAST VISIT):
1 = FACILITY COMPLETED
2 = FACILITY RESPONDENTS NOT AVAILABLE
3 = POSTPONED / PARTIALLY COMPLETED
4 = FACILITY REFUSED
5= FACILITY CLOSED/NOT YET FUNCTIONAL
6 = OTHER _____
(SPECIFY)

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS

		TOTAL # CLIENT VISITS
TOTAL NUMBER OF PROVIDERS INTERVIEWED		
TOTAL NUMBER OF ANC OBSERVATIONS		
TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS		
TOTAL NUMBER OF SICK CHILD OBSERVATIONS		

FACILITY GEOGRAPHIC COORDINATES

SET DEFAULT SETTINGS FOR GPS UNIT

- SET COORDINATE SYSTEM TO LATITUDE / LONGITUDE
- SET COORDINATE FORMAT TO DECIMAL DEGREE
- SET DATUM TO WGS84

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

1 TURN GPS MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"

2 WAIT 5 MINUTES

3 PRESS "MARK"

4 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"

5 ENTER X-DIGIT FACILITY CODE / FACILITY NUMBER

6 HIGHLIGHT "SAVE" AND PRESS "ENTER"

7 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"

8 HIGHLIGHT YOUR WAYPOINT

9 COPY INFORMATION FROM WAYPOINT LIST PAGE

10 WRITE ELEVATION [ALTITUDE]

BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

010 WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT NAME
011 ELEVATION	ELEVATION . . . . .
012 LATITUDE	N/S . . . . . a DEGREES/DECIM b - c
013 LONGITUDE	E/W . . . . . a DEGREES/DECIM b - c

CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is _____. We are here on behalf of the National Bureau of Statistics (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW) conducting a survey of health facilities to assist the government in knowing more about health services in Tanzania

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by the MOHSW, organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

				2	0	1	

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED — DAY MONTH YEAR

100	May I begin the interview?	YES . . . . . 1 NO 2	→ STOP
101	INTERVIEW START TIME	HOURS : MINUTES	

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEDING TO THE NEXT DATA COLLECTION POINT

MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

SERVICE AVAILABILITY

102	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach.	1	2	☐
02	Growth monitoring services, either at the facility or as outreach	1	2	☐
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	☐
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	☐
05	Antenatal care (ANC) services	1	2	☐
06	Services for the prevention of mother-to-child transmission of HIV, either with ANC or delivery services	1	2	☐
07	Normal delivery	1	2	☐
08	Diagnosis or treatment of malaria	1	2	☐
09	Diagnosis or treatment of STIs, excluding HIV	1	2	☐
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	☐
11	HIV testing and counseling services	1	2	☐
12	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	☐
13	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	☐
14	Diagnosis or management of non-communicable diseases, specifically diabetes cardiovascular diseases, and chronic respiratory conditions in adults.	1	2	☐
15	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre?	1	2	☐
16	Cesarean delivery	1	2	☐
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	☐
18	Blood typing services	1	2	☐
19	Blood transfusion services	1	2	☐

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES. . . . . 1 NO. 2	→ 112
111	Does this facility have beds for overnight observation?	YES. . . . . 1 NO. 2	→ **112A**
112	Excluding any delivery and/or maternity beds, how many ***(overnight)*** **or** ***(in-patient)*** beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS . . . . . ☐☐☐ DON'T KNOW 998	
112A	Does this facility routinely provide birth and death registration	YES. . . . . 1 NO. 2	→ 200
112B	Does the facility provide birth registration services only, death registration services only, or both birth and death registration services?	BIRTH REGISTRATION ONLY. . . . . 1 DEATH REGISTRATION ONLY. . . . . 2 BOTH. 3	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF EQUIPMENT

200	I have a few questions about how medical instruments, such as speculums, forceps, and other metal instruments are processed for re-use in this facility. Are instrument that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?	YES. . . . . 1 NO. 2	→ 210
201	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY. . . . . 1 BOTH IN THIS FACILITY AND OUTSIDE . . . . . 2 ONLY AT AN OUTSIDE FACILITY. 3	

STORAGE OF MEDICINES

210	Does this facility store any medicines (including ARVs), vaccines or contraceptive commodities? PROBE	YES. . . . . 1 FACILITIES STOCKS NO MEDICINES. . . 2	→ 300
211	**CHECK Q102.04** FAMILY PLANNING SERVICES AVAILABLE ☐	NO FAMILY PLANNING SERVICES ☐	→ 213
212	Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?	STORED IN FP SERVICE AREA. . . . . 1 STORED WITH OTHER MEDICINES. . . . 2 FP COMMODITIES NOT STOCKED. 3	
213	**CHECK Q102.10** TUBERCULOSIS SERVICES AVAILABLE ☐	NO TUBERCULOSIS SERVICES ☐	→ 215
214	Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?	STORED IN TB SERVICE AREA. . . . . 1 STORED WITH OTHER MEDICINES. . . . 2 TB MEDICINES NOT STOCKED. 3	
215	**CHECK Q102.06 AND Q102.12** ARV TREATMENT OR PMTCT SERVICES AVAILABLE ☐	NEITHER ARV TREATMENT NOR PMTCT SERVICES AVAILABLE ☐	→ 300
216	Are antiretroviral (ARV) medicines generally stored in the ARV treatment service area, in the PMTCT service area, or are they stored in a common area with other medicines?	STORED IN ART SERVICE AREA. . . . . 1 STORED WITH OTHER MEDICINES. . . . 2 ARV MEDICINES NOT STOCKED. . . . . 3 STORED IN PMTCT SERVICE AREA. . . . . 4 STORED IN ART AND PMTCT SERVICE AREA 5	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

24-HOUR STAFF COVERAGE

300	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and	YES, 24-HR STAFF. . . . . 1 NO 24-HOUR STAFF. 2	→ 302A
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES . . . . . 1 DUTY SCHEDULE/CALL LIST NOT MAINTAINED. 2	→ 302A
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE/CALL LIST OBSERVED. . . . . 1 SCHEDULE/CALL LIST REPORTED NOT SEEN. 2	
302A	Does a trained health worker live on the facility premises?	YES. . . . . 1 NO 2	

COMMUNICATION

310	Does this facility have a ***land line telephone*** that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES . . . . . 1 NO. 2	→ 313
311	May I see the land line telephone?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. 2	
313	Does this facility have a ***cellular telephone or a private cellular phone*** that is supported by the facility?	YES . . . . . 1 NO. 2	→ 315A
314	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. 2	
315A	Does this facility use a ***cellular phone*** (facility-owned or privately owned but supported by facility) for any form of reporting?	YES . . . . . 1 NO. 2	→ 316
315B	What types of reporting does the facility use the cellular phones for? PROBE BY ASKING "ANY OTHER FORM OF REPORTING?" BUT DO NOT READ RESPONSES TO RESPONDENT. CIRCLE ALL THAT APPLY	HMIS. . . . . A MEDICINES STOCK OUT. . . . . B ELECTRONIC VOUCHERS. . . . . C SAFE MOTHERHOOD CAMPAIGN. . . . . D OTHER (SPECIFY) _____ X	
316	Does this facility have a ***short-wave radio*** for radio calls?	YES . . . . . 1 NO. 2	→ 319
317	May I see the short-wave radio?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	
318	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. 2	
319	Does this facility have ***a computer?***	YES. . . . . 1 NO. 2	→ 322
320	May I see the computer?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES. . . . . 1 NO. 2	→ 330
323	Is the email or internet routinely available for ***at least 2 hours*** on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES. . . . . 1 NO. 2	

SOURCE OF WATER

330	What is the *most commonly used* source of water for the facility *at this time?*	PIPED INTO FACILITY. . . . . 01 PIPED ONTO FACILITY GROUNDS. . . . . 02 → 332 PUBLIC TAP/STANDPIPE. . . . . 03 TUBEWELL/BOREHOLE . . . . . 04 PROTECTED DUG WELL . . . . . 05 UNPROTECTED DUG WELI. . . . . 06 PROTECTED SPRING . . . . . 07 UNPROTECTED SPRING. . . . . 08 RAINWATEF. . . . . 09 BOTTLED WATEI. . . . . 10 CART W/SMALL TANK/DRU. . . . . 11 TANKER TRUCK . . . . . 12 → 332 SURFACE WATER (RIVER/DAM/LAKE/POND). . . . . 13 OTHER (SPECIFY)_____ 96 DON'T KNOW . . . . . 98 → 332 NO WATER SOURCE . . . . . 00 → 340	
331	Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility? REPORTED RESPONSE IS ACCEPTABLE	ONSITE. . . . . 1 WITHIN 500M OF FACILITY. . . . . 2 BEYOND 500M OF FACILITY. 3	
332	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES. . . . . 1 NO. 2	

POWER SUPPLY

340	Is this facility connected to the national electricity grid?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8 → 342	
341	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted ***for more than 2 hours at a time?*** CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERUPTED FOR LESS THAN 2 HOURS AT A TIME.	ALWAYS AVAILABLE. . . . . 1 SOMETIMES INTERRUPTED. . . . . 2 DON'T KNOW. 8	
342	Does this facility have other sources of electricity, such as a generator or solar system?	YES. . . . . 1 NO OTHER SOURCE. . . . . 2 → 350	
343	What other sources of electricity does this facility have? PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY	FUEL-OPERATED GENERATOR. . . . . A BATTERY-OPERATED GENERATOR. . . B SOLAR SYSTEM. C	
344	**CHECK Q343** GENERATOR USED (EITHER "A" OR "B" CIRCLED) ↓	GENERATOR NOT USED (NEITHER "A" NOR "B" CIRCLED) → 350	
345	Is the generator functional? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8 → 350	
346	Is fuel (or a charged battery) available today for the generator? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	

EXTERNAL SUPERVISION

350	Does this facility receive any external supervision, e.g., from the district, regional, zonal or national office?	YES. . . . . 1 NO. 2	→ 360
351	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS . . . . . 1 MORE THAN 6 MONTHS AGO. 2	→ 360

352	The last time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES	NO	DON'T KNOW
01	Use a checklist to assess the quality of available health services data?	1	2	8
02	Discuss performance of the facility based on available health services data?	1	2	8
03	Help the facility make any decisions based on available health services data?	1	2	8

USER FEES

360	Does this facility have any routine user-fees or charges for client services, including charges for health cards/health passports and for client registration?	YES. . . . . 1 NO. 2	→ 370
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES . . . . . 1 NO, CHARGE FEE FOR SEPARATE ITEMS. . . 2	→ 363
362	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES NO	
01	CLIENT HEALTH CARD	1 2	
02	REGISTRATION	1 2	
03	CONSULTATION.	1 2	
04	MEDICINES (OTHER THAN ARVs)	1 2	
05	CHILD VACCINES	1 2	
06	CONTRACEPTIVE COMMODITIES.	1 2	
07	NORMAL DELIVERIES	1 2	
08	SYRINGES AND NEEDLES.	1 2	
09	CESAREAN SERVICE	1 2	
10	HIV DIAGNOSTIC TEST	1 2	
11	MALARIA RAPID DIAGNOSTIC TEST	1 2	
12	MALARIA MICROSCOPY	1 2	
13	OTHER LABORATORY TESTS	1 2	
14	ARV FOR TREATMENT	1 2	
15	ARV FOR PMTCT.	1 2	
16	MINOR SURGICAL PROCEDURES.	1 2	
17*	SP FOR IPTp.	1 2	
363	Are the official fees posted or displayed so that the client can easily see them?	YES. . . . . 1 NO POSTED FEES. 2	→ 365
364	May I see the posted fees? REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q632 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED. . . . . 1 OBSERVED, SOME BUT NOT ALL FEES. 2	
365	What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED. . . . . A FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER. . . . . B SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY. . C ACCEPT PAYMENT IN-KIND. . . . . D OTHER (SPECIFY)_____ X	

SOURCES OF REVENUE

370	Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed resources during the 2013-2014 financial year. If **someone else** is more appropriate to provide financial information, please feel free to invite that person or refer me to that person. READ OUT EACH RESPONSE CATEGORY CIRCLE ALL THAT APPLY. PROBE FOR EACH.	MINISTRY OF HEALTH. . . . . A OTHER PUBLIC MINISTRIES. . . . . B MEDICAL SCHEMES (INSURANCE). . . . . C SOCIAL SECURITY FUND. . . . . D REIMBURSEMENT BY EMPLOYER. . . . . E GOVT. CONTRIBUTION TO PRIVATE. . . F DONOR AGENCIES/NGOs. . . . . G FAITH-BASED. . . . . H COMMUNITY PROGRAMS. . . . . I NONE. . . . . Y OTHER (SPECIFY)_____ X	
370A	**CHECK Q370** RESPONSE "C" CIRCLED (HEALTH INSURANCE SCHEMES ACCEPTED) ☐	RESPONSE "C" NOT CIRCLED (HEALTH INSURANCE NOT ACCEPTED) ☐	→ 400
370B	What types of health insurance schemes/cards are accepted by the facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	SOCIAL HEALTH INSURANCE SCHEME (eg, NHIF, NSSF, CHF) . . . . A PRIVATE HEALTH INSURANCE SCHEME (eg, AAR, MEDEX, RESOLUTION, JUBILEE, METROPOLITAI . . . B	

SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS

STAFFING

400 Please tell me how many staff in each of the following ***occupational categories*** are currently ***assigned to, employed by, or seconded to*** this facility, whether full time or part-time. I am interested in the highest occupational category (such as nurse or doctor) regardless of the person's actual assignments or duties. For doctors, I would like to know how many are part-time in this facility.

	OCCUPATIONAL CATEGORIES	(a) **ASSIGNED, EMPLOYED, OR SECONDED**	(b) **PART TIME**
01	GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS		
02	SPECIALISTS MEDICAL DOCTORS [INCLUDING ANESTHESIOLOGISTS & PATHOLOGISTS]		
03	ASSISTANT MEDICAL OFFICER		
04	CLINICAL OFFICER		
05	ASSISTANT CLINICAL OFFICER		
06	ANESTHETIST		
07	REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)		
08	ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)		
09	NURSE ASSSISTANT/ATTENDANT		
10	PHARMACIST		
11	PHARMACEUTICAL TECHNICIAN		
12	PHARMACEUTICAL ASSISTANT		
13	LABORATORY SCIENTIST		
14	LABORATORY TECHNOLOGIST		
15	LABORATORY TECHNICIAN		
16	LABORATORY ASSISTANT		
17	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS		

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVEIW.

410	Does this facility have routine facility management meetings?	YES. . . . . 1 NO 2	→417
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY. . . . . 1 ONCE EVERY 2-3 MONTHS. . . . . 2 ONCE EVERY 4-6 MONTHS. . . . . 3 LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4 DON'T KNOW. 8	→417
412	Does the facility maintain official records of facility management meetings?	YES. . . . . 1 NO, RECORDS NOT MAINTAINED 2	→417
413	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	→417
414	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	RHIS DATA QUALITY. . . . . A RHIS REPORTING. . . . . B TIMELINESS OF RHIS REPORTING. . . . . C QUALITY OF SERVICES. . . . . D CLIENT UTILIZATION. . . . . E DISEASE DATA. . . . . F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES). . . . . G FINANCES OR BUDGET. . . . . H OTHER _____ X NONE OF THE ABOVE. . . . . Y	→417
415	Did the facility make any decisions based on what was discussed at the last meeting and covered in this report?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→417
416	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
417	Are there any *routine* meetings about facility activities or management issues that include both facility staff and community / community committee members?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→430
418	How frequently are routine meetings held with both facility staff and community / community committee members?	MONTHLY OR LESS FREQUENTLY. . . . . 1 EVERY 2-3 MONTHS. . . . . 2 EVERY 4-6 MONTHS. . . . . 3 LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4 DON'T KNOW. 8	→430
419	Is an official record of the meetings with both facility staff and community members maintained?	YES. . . . . 1 NO, RECORDS NOT MAINTAINED 2	→430
420	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	

CLIENT OPINION AND FEEDBACK

430	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES. . . . . 1 NO 2	→440
431	Please tell me all the methods that this facility uses to elicit client opinion CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX. . . . . A CLIENT SURVEY FORM. . . . . B CLIENT INTERVIEW FORM. . . . . C OFFICIAL MEETIING WITH COMMUNITY LEADERS. . . . . D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY. . . . . E EMAIL. . . . . F FACILITY'S WEBSITE. . . . . G LETTERS FROM CLIENTS/COMMUNITY. . . . . H OTHER_____ X DON'T KNOW. . . . . Z	→440
432	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES . . . . . 1 NO PROCEDURE . . . . . 2 DON'T KNOW. 8	→ 440
433	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2 REPORTS NEVER COMPILED 3	

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVEIW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES. . . . . 1 NO . . . . . 2 DON'T KNOW 8	→450
441	Is there an official record of any quality assurance activities carried out during the past year?	YES. . . . . 1 NO, RECORDS NOT MAINTAINED 2	→450
442	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	

TRANSPORT FOR EMERGENCIES

450	Does this facility have a ***functional ambulance*** or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES. . . . . 1 NO. 2	→452
451	May I see the ambulance (or other vehicle)?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	→453
452	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another facility?	YES. . . . . 1 NO. 2	→460
453	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

460	Does this facility have a system in place to regularly collect health services data?	YES. . . . . 1 NO. 2	
461	Does this facility regularly compile any reports containing health services information?	YES. . . . . 1 NO. 2	→464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN. . . . . 1 EVERY 2-3 MONTHS. . . . . 2 EVERY 4-6 MONTHS. . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS. 4	
463	May I see a copy of the most recent report?	RECORD OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
464	Does this facility have a designated person, such as a data manager, who is responsible for health services data in this facility?	YES. . . . . 1 NO DEDICATED PERSON. 2	→470
465	Who is responsible for health services data in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON. . . . . 1 FACILITY IN-CHARGE. . . . . 2 OTHER SERVICE PROVIDER. 3	

HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

470	**CHECK Q110** INPATIENT CARE SERVICES AVAILABLE ☐	NO INPATIENT CARE SERVICES ☐	→472
471	How many ***live*** discharges were made in the last completed calendar month [MONTH], for all conditions, both for adults and children?	# OF DISCHARGES ☐☐☐☐ DON'T KNOW. 9998	
472	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?	# OF CLIENT VISITS ☐☐☐☐ DON'T KNOW. 9998	

SECTION 5: PROCESSING OF INSTRUMENTS FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500 **CHECK Q201: ARE ANY INSTRUMENT PROCESSED IN THE FACILITY?**

YES (CODES 1 or 2 CIRCLED) → GO TO NEXT SECTION OR SERVICE SITE

NO (CODE 3 CIRCLED) →

501 ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT
FOR EXAMPLE: "Do you use [METHOD] in this facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"

	ITEM	(A) USE AND AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT USED	YES	NO	DON'T KNOW
01	Electric autoclave (pressure & wet heat)	1→ b	2→ b	3 → 2	1	2	8
02	Non-electric autoclave (pressure & wet heat)	1→ b	2→ b	3 → 3	1	2	8
03	Electric dry heat sterilizer	1→ b	2→ b	3 → 4	1	2	8
04	Electric boiler or steamer (no pressure)	1→ b	2→ b	3 → 5	1	2	8
05	Non-electric pot with cover for boiling/steam	1	2	3			
06	Heat source for non-electric equipment (stove or cooker)	1→ b	2→ b	3 → 7	1	2	8
07	Automatic timer (may be equipment)	1→ b	2→ b	3 → 8	1	2	8
08	Tst indicator strips/other item that indicates process is complete	1	2	3			
09	Any chemicals for chemical hld	1	2	3			

502 CHECK **Q501.** FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.

		(1) AUTOCLAVE (steam with pressure)	(2) DRY HEAT STERILIZATION	(3) BOILING (HLD)	(4) STEAM HIGH LEVEL DISINFECTION (HLD)	(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)
A	Method	USED . . . . . 1 NOT USED . . 2 → 2	USED . . . . . 1 NOT USED . . 2 → 3	USED . . . . . 1 NOT USED . . . . . 2 → 4	USED . . . . . 1 NOT USED . . 2 → 5	USED . . . . . 1 NOT USED . . 2 →503
B	Temperature (centigrade)	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW 998	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW 998			
C	Pressure	PRESS-URE AUTOMATIC 666 DON'T KNOW 998 → 1E				
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM . . 1 ATM PRESSURE . . 2 KILOPASCAL . . . . 3 MILLIMETER HG . . 4 DON'T KNOW. 8				
E	What is the duration in minutes when **instruments are not wrapped in cloth** for [METHOD]?	MINUTES AUTOMATIC . . . . 666 NOT USED. . . . . 995 DON'T KNOW 998	MINUTES AUTOMATIC . . . . . 666 DON'T KNOW 998	MINUTES DON'T KNOW 998	MINUTES DON'T KNOW 998	MINUTES DON'T KNOW. . . . 998
F	What is the duration in minutes when **instruments are wrapped in cloth** for autoclave?	MINUTES WRAPPED AUTOMATIC . . . . . 666 NOT USED. . . . . 995 DON'T KNOW 998				
G	Chemical disinfectant used					ALCOHOL. . . . . 01 BETADINE . . . . . 02 CHLORINE. . . . . 03 CIDEX . . . . . 04 FORMALDEHYDE. . 05 GLUTERALDEHYDE 06 DON'T KNOW. 98

503	Does this facility have any guidelines on final processing or sterilization of surgica instruments?	YES. . . . . 1 NO 2	→ NEXT SECTION
504	May I see the guidelines on processing or sterilization of instruments? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE INSTRUMENTS IS PROCESSED OR STERILIZED IS ACCEPTABLE	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600	Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades. How does this facility ***finally*** dispose of ***sharps waste*** (e.g., filled sharps boxes)? PROBE TO ARRIVE AT CORRECT RESPONSE **NOTE!** IF ANY OF THE RESPONSES **02 - 09** TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	**BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+°C). . . . . 02 1-CHAMBER DRUM/BRICK/DEMON FORT INCINERATOR 03 TANZANIA LOCALIZED INCINARATOR 13 **OPEN BURNING** FLAT GROUND-NO PROTECTION. . . . . 04 PIT OR PROTECTED GROUND. . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION. . . . . 06 COVERED PIT OR PIT LATRINE. . . . . 07 OPEN PIT-NO PROTECTION. . . . . 08 PROTECTED GROUND OR PIT. . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER. . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT. . . . . 11 STORED UNPROTECTED. . . . . 12 **OTHER**_____ 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95	
601	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages How does this facility ***finally*** dispose of ***medical waste*** other than sharps boxes? PROBE TO ARRIVE AT CORRECT RESPONSE **NOTE!** IF ANY OF THE RESPONSES **02 - 09** TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	SAME AS FOR SHARP ITEMS. . . . . 01 **BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+°C). . . . . 02 1-CHAMBER DRUM/BRICK/DEMON FORT INCINERATOR 03 TANZANIA LOCALIZED INCINARATOR 13 **OPEN BURNING** FLAT GROUND-NO PROTECTION. . . . . 04 PIT OR PROTECTED GROUND. . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION. . . . . 06 COVERED PIT OR PIT LATRINE. . . . . 07 OPEN PIT-NO PROTECTION. . . . . 08 PROTECTED GROUND OR PIT. . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER. . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT. . . . . 11 STORED UNPROTECTED. . . . . 12 **OTHER** _____ 96 (SPECIFY) NEVER HAVE OTHER MEDICAL WASTE. 95	
602	**CHECK Q600** FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) ☐ NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) ☐ → 604		
603	ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPTECTED, CIRCLE '8'.	NO WASTE VISIBLE. . . . . 1 WASTE VISIBLE, BUT PROTECTED AREA. . . . . 2 WASTE VISIBLE, ***NOT*** PROTECTED. . . . . 3 WASTE SITE NOT INSPECTED. 8	

604	**CHECK Q601** FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) ↓ NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) → 606		
605	ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPTECTED, CIRCLE '8'.	NO WASTE VISIBLE. . . . . 1 WASTE VISIBLE, BUT PROTECTED AREA. . . . . 2 WASTE VISIBLE, ***NOT*** PROTECTED. . . . . 3 WASTE SITE NOT INSPECTED. 8	
606	**CHECK Q600 AND Q601** INCINERATOR USED (EITHER "2" OR "3" CIRCLED) ↓ INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) → 610		
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED. . . . . 1 INCINERATOR REPORTED NOT SEEN. 2	
608	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES 1 NO. . . . . 2 DON'T KNOW. 8	→ 610
609	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE	YES . . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
610	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol.	YES. . . . . 1 NO GUIDELINE AVAILABLE. 2	→ 620
611	May I see the guidelines on health care waste management?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

CLIENT LATRINE

620	Is there a toilet (latrine) in ***functioning condition*** that is available for general outpatient client use? IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYSTEM. . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT/ LATRINE. . . . . 13 FLUSH TO SOMEWHERE ELSE. . . . . 14 FLUSH, DON'T KNOW WHERE. . . . . 15 **PIT LATRINE** VENTILATED IMPROVED PIT LATRINE. . . . . 21 PIT LATRINE WITH SLAB. . . . . 22 PIT LATRINE WITHOUT SLAB / OPEN PIT. . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET. . . . . 41 HANGING TOILET / HANGING LATRINE. . . . . 51 NO FUNCTIONING FACILITY / BUSH / FIELD. 61	

SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

BASIC SUPPLIES AND EQUIPMENT

700	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Adult weighing scale	1→b	2→b	3	1	2	8
02	Child weighing scale [250 gram gradation]	1→b	2→b	3	1	2	8
03	Infant weighing scale [100 gram gradation]	1→b	2→b	3	1	2	8
04	Stadiometer (or height rod) for measuring height	1→b	2→b	3	1	2	8
05	Measuring tape [for head circumference]	1	2	3			
06	Thermometer	1→b	2→b	3	1	2	8
07	Stethoscope	1→b	2→b	3	1	2	8
08	Digital bp apparatus	1→b	2→b	3	1	2	8
09	Manual bp apparatus	1→b	2→b	3	1	2	8
10	Light source (FLASHLIGHT ACCEPTABLE)	1→b	2→b	3	1	2	8
11	Self-inflating bag and mask [adult]	1→b	2→b	3	1	2	8
12	Self-inflating bag and mask [pediatric]	1→b	2→b	3	1	2	8
13	Micronebulizer	1→b	2→b	3	1	2	8
14	Spacers for inhalers	1	2	3			
15	Peak flow meters	1→b	2→b	3	1	2	8
16	Pulse oximeter	1→b	2→b	3	1	2	8
17	Oxygen concentrators	1→b	2→b	3	1	2	8
18	Filled oxygen cylinder	1→b	2→b	3	1	2	8
19	Oxygen distribution system	1→b	2→b	3	1	2	8
20	Intravenous infusion kits - adult	1	2	3			
21	Intravenous infusion kits - pediatric	1	2	3			

CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.

710	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4		

CLIENT WAITING AREA

720	Is there a waiting area for clients where they ***are protected from the sun and rain?*** ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. . . . . 1 NO PROTECTED CLIENT WAITING AREA 2	

SECTION 8: DIAGNOSTICS

800	**CHECK Q102.17** DIAGNOSTIC SERVICES AVAILABLE IN FACILITY ☐ NO DIAGNOSTIC SERVICES ☐ → GO TO NEXT SECTION OR SERVICE SITE	

ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.

HEMATOLOGY

801	Does this facility do any hemoglobin testing on site, i.e. in the facility?					YES . . . . . 1 NO 2			→ 803	
802	Please tell me if: **a)** Any of the following hemoglobin test equipment is used in this facility, **b)** All items needed for the test are available, and **c)** Equipment is in working order	**(a)**		**(b)**			**(c)**			
		USED		**EQUIPMENT/ ITEMS FOR TEST AVAILABLE?**			**IS THE ITEM IN WORKING ORDER OR AT LEAST ONE UNEXPIRED?**			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Hematology analyzer (machine) (for total lymphocyte count, full blood count, platelet count, etc.)	1→b	2 → 02	1→c	2→c	3 → 02	1	2	8	
02	HemoCue (machine)	1→b	2 → 04	1→c	2→c	3 → 04	1	2	8	
03	Microcuvette (test kit)			1→c	2→c	3 → 04	1	2	8	
04	Colorimeter or hemoglobinometer (machine)	1→b	2 → 07	1→c	2→c	3 → 07	1	2	8	
05	Drabkin's solution (reagent) (for colorimeter and hemoglobinometer)			1→c	2→c	3 → 06	1	2	8	
06	Pipette (for measuring blood volume)	1→b	2 → 07	1	2	3				
07	Litmus paper for hemoglobin test	1→b	2 → 803	1	2	3				
803	Does this facility do CD4 testing?					YES. . . . . 1 NO. 2			→ 806	
804	Please tell me if: **a)** Any of the following CD4 test equipment or assay is used in this facility, **b)** Equipment or items needed for the test are available, and **c)** Equipment is in working order	**(a)**		**(b)**			**(c)**			
		USED		**EQUIPMENT/ ITEMS FOR TEST AVAILABLE?**			**IS THE ITEM IN WORKING ORDER OR AT LEAST ONE UNEXPIRED?**			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Flow cytometer analyzer (machine) e.g., FACS count machine	1→b	2 → 03	1→c	2→c	3 → 03	1	2	8	
02	Reagent kits for flow cytometer analyzer			1→c	2→c	3 → 03	1	2	8	
03	Fluorescent cartridge / PIMA analyzer (machine)	1→b	2 → 05	1→c	2→c	3 → 05	1	2	8	
04	Cartridges for fluorescent cartridge analyzer			1	2	3				
05	Rapid CD4 test strips (test kits)	1→b	2 → 806	1→c	2→c	3 → 806	1	2	8	

HIV TESTING

806	Does this facility conduct any HIV tests, including HIV RDT, either in the facility or through referral?	YES. . . . . 1 NO. 2	→ 827
807	Is HIV rapid diagnostic testing available from this service site?	YES. . . . . 1 NO. 2	→ 809
808	May I see a sample of HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY. 4	
809	Do you use filter paper to collect dried blood spots (DBS) at this site for HIV diagnosis?	YES. . . . . 1 NO. 2	→ 811
810	May I see a sample of DBS filter paper card? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY. 4	

811	Please tell me if: **a)** Any of the following HIV test or test equipment is used in this facility, **b)** All items needed for the test are available, and **c)** Equipment is in working order	**(a)** EQUIPMENT/ TEST USED		**(b)** EQUIPMENT/ ITEMS FOR TEST AVAILABLE?			**(c)** IS THE ITEM IN WORKING ORDER OR AT LEAST ONE UNEXPIRED?		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	HIV testing using ELISA	1	2						
02	ELISA/EIA scanner/reader (machine)	1→ b	2 → 06	1 → c	2 → c	3 → 03	1	2	8
03	Washer for ELISA scanner/reader (machine)			1 → c	2 → c	3 → 04	1	2	8
04	Specific ELISA assay kit E.G., ENZYGNOST, VIRONOSTICA, MUREX			1 → c	2 → c	3 → 05	1	2	8
05	INCUBATOR (machine)	1→ b	2 → 06	1 → c	2 → c	3 → 06	1	2	8
06	Dynabeads with vortex mixer (machine)	1→ b	2 → 07	1 → c	2 → c	3 → 07	1	2	8
07	Western Blot test (assay) reagents	1→ b	2 → 08	1 → c	2 → c	3 → 08	1	2	8
08	PCR for viral load (machine)	1→ b	2 → 09	1 → c	2 → c	3 → 09	1	2	8
09	PCR for DNA-EID (machine)	1→ b	2 → 812	1 → c	2 → c	3 → 812	1	2	8

812	Do you have any written guidelines on how to conduct HIV test (may be manufacturers instructions, SOP, etc.)	YES. . . . . 1 NO. 2	→ 814
813	May I see the guidelines, instructions or SOP?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	
814	Do you have written guidelines on confidentiality and disclosure of HIV test results MAY BE PART OF ANOTHER GUIDELINE	YES. . . . . 1 NO. 2	→ 816
815	May I see the guidelines on confidentiality and disclosure of HIV results?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	
816	Do you have other guidelines relevant to HIV/AIDS or related services	YES. . . . . 1 NO. 2	→ 818
817	May I see the other HIV/AIDS-related guidelines?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 2	

818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES. . . . . 1 NO. 2	→823
819	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL. . . . . A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE. . . . . B BLOOD SENT OUTSIDE FOR RETESTING. . C OTHER_____ X	
820	Is there a record of the results from the external quality check?	YES. . . . . 1 NO. 2	→823
821	May I see the records or results from the external quality check?	OBSERVED . . . . . 1 REPORTED, NOT SEEN. 2	→823
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE . . . . . ☐☐ NOT AVAILABLE. 95	
823	Do you send blood outside the facility for HIV diagnostic testing?	YES. . . . . 1 NO. 2	→827
824	For which HIV test do you send blood outside? PROBE	ELISA/EIA. . . . . A WESTERN BLOT. . . . . B PCR FOR EID. . . . . C RAPID TESTING. . . . . D OTHER. X	
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES. . . . . 1 NO. 2	→827
826	May I see records of recent tests conducted outside this facility?	OBSERVED . . . . . 1 REPORTED, NOT SEEN. 2	

STANDARD PRECAUTIONS

ASSESS THE HIV TESTING AREA (OR GENERAL LAB AREA IF NO HIV TESTING) FOR THE FOLLOWING ITEMS. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.

827	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 ┐ 06◄┘	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

ASSESS THE LABORATORY FOR THE FOLLOWING ITEMS. FOR ITEMS YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU

827A	**ADDITIONAL GUIDELINES AND ITEMS FOR STANDARD PRECAUTIONS**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	GUIDELINES FOR POST-EXPOSURE PROPHYLAXIS (PEP)	1	2	3
02	LABORATORY SHOES	1	2	3
03	SPILL KIT	1	2	3
04	FIRST AID KIT	1	2	3

CLINICAL CHEMISTRY

830 Does this facility do any blood glucose testing in the facility?
YES 1
NO . . . . . 2 → 832

831 Please tell me if:

a) Any of the following blood glucose test equipment is used in this facility
b) Equipment is available, and
c) Equipment is in working order

		(a) USED		(b) EQUIPMENT/ ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER OR AT LEAST ONE UNEXPIRED?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Glucometer	1→b	2 → 832	1→c	2→c	3 → 832	1	2	8
02	Glucometer test strips			1→c	2→c	3 → 832	1	2	8

832 Does this facility do any ***liver function tests*** (such as ALT & AST) or ***renal function tests*** (such as serum creatinine) on site?
YES. 1
NO. . . . . 2 → 836

833 Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?
YES. 1
NO. . . . . 2 → 836

834 May I see the blood chemistry analyzer?
OBSERVED. 1
REPORTED, NOT SEEN. 2

835 Is the blood chemistry analyzer functioning?
YES. 1
NO. 2

ACCEPT REPORTED RESPONSE

836 Does this facility do any ***urine chemistry testing*** using dipsticks and/or ***urine pregnancy test*** on site?
YES. 1
NO. . . . . 2 → 838

837 Please tell me if any of the following dipstick is done (used) in this location. If done or used, I will like to see one.

IF USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED

		(A) USED		(B) OBSERVED AVAILABLE			
		Yes	No	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY
01	Dip sticks for urine protein	1→b	2 → 02	1	2	3	4
02	Dip sticks for urine glucose	1→b	2 → 03	1	2	3	4
03	Dipstick for urine pregnancy test	1→b	2 → 838	1	2	3	4

838 Do you ever send ***blood or urine*** outside the facility for blood chemistries, LFTs, urinalysis or pregnancy tests?
YES. 1
NO. . . . . 2 → 840

839 INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE

		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED	
		YES	NO	YES	NO
01	Blood chemistries (e.g. glucose, sodium, potassium etc.)	1→b	2 → 02	1	2
02	Liver Function Test (LFT)	1→b	2 → 03	1	2
03	Urinalysis	1→b	2 → 04	1	2
04	Pregnancy test	1→b	2 → 840	1	2

PARASITOLOGY/BACTERIOLOGY

840	Please tell me if: **a)** Any of the following **EQUIPMENT** is used in the facility **b)** Is available, and **c)** Equipment is functioning	(a) **EQUIPMENT/ TEST USED**		(b) **EQUIPMENT/ ITEMS FOR TEST AVAILABLE?**			(c) **IS THE ITEM IN WORKING ORDER?**		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	LIGHT MICROSCOPE	1→b	2 → 02	1→c	2→c	3 → 02	1	2	8
02	ELECTRON MICROSCOPE	1→b	2 → 03	1→c	2→c	3 → 03	1	2	8
03	REFRIGERATOR IN LAB AREA	1→b	2 → 04	1→c	2→c	3 → 04	1	2	8
04	INCUBATOR	1→b	2 → 05	1→c	2→c	3 → 05	1	2	8
05	TEST TUBES	1→b	2 → 06	1	2	3			
06	CENTRIFUGE FOR CSF MICROSCOPY	1→b	2 → 07	1→c	2→c	3 → 7	1	2	8
07	CULTURE MEDIUM	1→b	2 → 08	1	2	3			
08	GLASS SLIDES AND COVERS	1→b	2 → 841	1	2	3			

841	Does this facility do any **MALARIA** tests (microscopy or mRDT) on site, i.e., in the facility?	YES. . . . . 1 NO. 2	→848
842	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?	YES. . . . . 1 NO. 2	→847
843	May I see a sample malaria rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY. 4	
844	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC	SD BIOLINE. . . . . A FIRST RESPONSE. . . . . B PARACHECK. . . . . C PARAHIT. . . . . D ICT. . . . . E OTHER (SPECIFY)_____ X	
845	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES . . . . . 1 NO 2	→847
846	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	

847	Please tell me if: **a)** Any of the following malaria tests or equipment is used in the facility **b)** All items needed for the test are available	(a) EQUIPMENT/ TEST USED		(b) **EQUIPMENT/ ITEMS FOR TEST AVAILABLE?**			
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
01	GIEMSA STAIN	1→b	2 → 02	1	2	3	
02	FIELD STAIN	1→b	2 → 03	1	2	3	
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1→b	2 → 847C	1	2	3	

847C	Do you have a microscopist in this laboratory who has been accredited by the diagnostic unit of the MOHSW or by the National Malaria Control Program or by Zanzibar Malaria Control Program?	YES . . . . . 1 NO 2	

848	Does this facility do any **GRAM STAINING?**		YES. . . . . 1 NO. 2			→ 850
849	Please tell me if the following are used and are available today.	(a) **USED**	(b) **EQUIPMENT/ ITEMS FOR TEST AVAILABLE?**			
	IF USED ASK TO SEE IT	Yes / No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
01	Crystal violet or Gentian violet	1 → b / 2 → 02	1	2	3	
02	Lugol's iodine / Lugol's solution	1 → b / 2 → 03	1	2	3	
03	Acetone or Acetone alcohol	1 → b / 2 → 04	1	2	3	
04	Neutral red, carbol fuchsin, or other counter stain	1 → b / 2 → 850	1	2	3	
850	Do you ever send any specimen outside for ***Gram staining*** , ***India Ink staining, malaria testing*** or for culture?		YES. . . . . 1 NO. 2			→ 852
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED	
			YES	NO	YES	NO
01	Gram stain		1 → b	2 → 02	1	2
02	India ink stain		1 → b	2 → 03	1	2
03	Malaria		1 → b	2 → 04	1	2
04	Specimen for culture		1 → b	2 → 852	1	2
852	Does this facility do **STOOL MICROSCOPY?**		YES. . . . . 1 NO. 2			→ 854
853	Please tell me if the following are used and are available today.	(a) **USED**	(b) **EQUIPMENT/ ITEMS FOR TEST AVAILABLE?**			
		Yes / No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
01	Formal saline (for concentration method)	1 → b / 2 → 02	1	2	3	
02	Normal saline (for direct microscopy)	1 → b / 2 → 03	1	2	3	
03	Lugol's iodine / Lugol's solution	1 → b / 2 → 854	1	2	3	

SYPHILIS

854	Does this facility do any **syphilis** testing on site, i.e., in the facility?	YES. . . . . 1 NO. 2	→ 859
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES. . . . . 1 NO. 2	→ 857
856	May I see a sample syphilis rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY. 4	
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES. . . . . 1 NO. 2	→ 859

858	Please tell me if: **a)** Any of the following syphilis test or test equipment is used in this facility, **b)** All items needed for the test are available, and **c)** Equipment is in working order	**(a) TEST CONDUCTED**		**(b) ARE ITEMS FOR TEST AVAILABLE?**			**(c) IS THE ITEM IN WORKING ORDER?**		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	VDRL	1 → b	2 → 02	1	2	3			
02	PCR for STIs (CTN)	1 → b	2 → 03	1	2	3			
03	Rotator or shaker			1 → c	2 → c	3 → 04	1	2	3
04	Rapid plasma reagin test (RPR)	1 → b	2 → 05	1	2	3 → 05			
05	Treponema Pallidum Hemaglutination Assay (TPHA)	1 → b	2 → 859	1	2	3 → 859			

CHLAMYDIA

859	Does this facility do any **chlamydia** testing on site, i.e., in the facility?	YES. . . . . 1 NO 2	→ 861

860	Please tell me if: **a)** Any of the following chlamydia test, test equipment, or stain is used in the facility; **b)** All items needed for the test are available, and	**(a) TEST CONDUCTED**		**(b) ARE ALL ITEMS FOR TEST AVAILABLE?**		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	Geimsa stain	1 → b	2 → 02	1	2	3
02	PCR for CHLAMYDIA	1 → b	2 → 861	1	2	3

TUBERCULOSIS

861	Does this facility do any **TB** tests on site**?**			YES. . . . . 1 NO. . . . . 2 → 865						
862	Please tell me IF: **a)** Any of the following TB tests or equipment is used in the facility **b)** All items needed for the test are available **c)** Equipment is functioning	(a) EQUIPMENT/ TEST USED Yes	No	(b) **EQUIPMENT/ ITEMS FOR TEST AVAILABLE?** OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	(c) **IS THE ITEM IN WORKING ORDER?** YES	NO	DON'T KNOW	
01	Ziehl-Neelson test for AFB	1	2 → 05							
02	Carbol-Fuchsin	1 → b	2 → 03	1	2	3				
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1 → b	2 → 04	1	2	3				
04	Methylene Blue	1 → b	2 → 05	1	2	3				
05	Fluorescence Microscope (FM) - LED	1 → b	2 → 06	1 → c	2 → c	3 → 06	1	2	8	
06	Culture / growth medium for Mycobacterium Tuberculosis (e.g., MGIT 960)	1 → b	2 → 07	1	2	3				
07	Biosafety hood / cabinet	1 → b	2 → 08	1	2	3				
08	Auramine stain for Fluorescence Microscope	1 → b	2 → 863	1	2	3				
863	Do you use TB rapid diagnostic test (such as GeneExpert) to diagnose TB at this laboratory / service site?			YES. . . . . 1 NO. . . . . 2 → 865						
864	May I see a sample TB rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID			OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY 4						
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?			YES. . . . . 1 NO. . . . . 2 → 867						
866	May I see a sample sputum container?			OBSERVED . . . . . 1 REPORTED, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY 4						
867	Does this laboratory send sputum outside the facility for TB testing?			YES. . . . . 1 NO . . . . . 2 DON'T KNOW. . . . . 8 → 870						
868	Do you maintain records of result of sputum tests conducted elsewhere?			YES. . . . . 1 NO. . . . . 2 → 870						
869	May I see the record or register?			OBSERVED . . . . . 1 REPORTED, NOT SEEN. 2						
870	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?			YES. . . . . 1 NO . . . . . 2 → 880						
871	Please tell me which type of Quality Control / Quality Assurance practice is followed by this facility PROBE TO DETERMINE WHICH TYPE OF QUALTY CONTROL IS USED			INTERNAL QC / QA ONLY. . . . . 1 EXTERNAL QC / QA ONLY. . . . . 2 INTERNAL & EXTERNAL QC / QA. . . . . 3 SEND SLIDE FOR RE-READING. . . . . 4 OTHER (SPECIFY)_____ 6						
872	Are records maintained of the results from the quality control (internal or external) procedures?			YES. . . . . 1 NO. . . . . 2 → 880						
873	Are records maintained for the internal QC / QA procedures, the external QC / QA procedures, or for both internal and external QC / QA procedures?			RECORDS FOR IQC / IQA ONLY. . . . . 1 RECORDS FOR EQC / EQA ONLY. . . . . 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC / QA PROCEDURES. 3						

DIAGNOSTIC IMAGING

880	Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES. . . . . 1 NO . . . . . 2 **SKIP TO NEXT SECTION**									
881	Please tell me if: **a)** If any of the following imaging equipment is used in the facility **b**) if it is available today, and **c)** if it is functioning today	(a) EQUIPMENT USED		(b) **EQUIPMENT AVAILABLE?**			(c) **IS THE ITEM IN WORKING ORDER?**		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1→b	2 → 02	1→c	2→c	3 → 02	1	2	8
02	X-RAY MACHINE	1→b	2 → 04	1→c	2→c	3 → 03	1	2	8
03	UNEXPIRED FILM FOR X-RAY			1	2	3 → 04			
04	ULTRASOUND SYSTEM / MACHINE	1→b	2 → 05	1→c	2→c	3 → 05	1	2	8
05	CT SCAN	1→b	2 → **NEXT SECTION**	1→c	2→c	3 → **SKIP TO NEXT SECTION**	1 → **ALL SKIP TO NEXT SECTION**	2 →	8 →
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE								

SECTION 9: MEDICINES AND COMMODITIES

900	**CHECK Q210** FACILITY STORES MEDICINES → FACILITY STORES NO MEDICINES → GO TO NEXT SECTION	

SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

ANTIBIOTICS

901	Are any of the following ***antibiotics*** available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS (Oral antibiotics for children)	1	2	3	4	5
03	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYLPENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAXONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET (Oral antibiotics for children)	1	2	3	4	5
13	DOXYCYCLINE TABS/CAPS [Broad spectrum antibiotic]	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17	METRONIDAZOLE TABLETS [antibiotic/amebecide/antiprotozoal]	1	2	3	4	5
18	METRONIDAZOLE INJECTION	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
22	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of **worm infestations** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ALBENDAZOLE	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of **non-communicable diseases** available in the facility/location today?	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
	CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMITRIPTYLINE (Depression)	1	2	3	4	5
02	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL (Vaso-dilatation, cardiac hypertension)	1	2	3	4	5
07	DEXAMETHASONE INJECTION	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
09	ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	1	2	3	4	5
10	OTHER A.C.E INHIBITOR	1	2	3	4	5
11	EPINEPHRINE INJECTION	1	2	3	4	5
12	FUROSEMIDE (DIURETIC)	1	2	3	4	5
13	THIAZIDE DIURETIC	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15	GLUCOSE INJECTABLE SOLUTION	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE	1	2	3	4	5
18	INSULIN INJECTIONS [DIABETES]	1	2	3	4	5
19	ISOSORBIDE DINITRATE	1	2	3	4	5
20	METFORMIN TABLETS	1	2	3	4	5
21	NIFEDIPINE TABLETS/CAPSULES (CCB for high blood pressure)	1	2	3	4	5
22	OMEPRAZOLE (Gastro-esophageal reflux)	1	2	3	4	5
23	PREDNISOLONE	1	2	3	4	5
24	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
25	SIMVASTATIN (High cholesterol)	1	2	3	4	5
26	ASPIRIN	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904	Are any of the following **anti-fungal medicines** available in the facility/location today?	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
	CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	FLUCONAZOLE	1	2	3	4	5
02	MICONAZOLE VAGINAL PESSARIES	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM/JELLY	1	2	3	4	5

ANTIMALARIAL MEDICINES

905	Are any of the following **antimalarial** medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ARTEMETHER LUMEFRANTRINE (ALU) 6 TABLETS/PACK	1	2	3	4	5
02	ARTEMETHER LUMEFRANTRINE (ALU) 12 TABLETS/PACK	1	2	3	4	5
03	ARTEMETHER LUMEFRANTRINE (ALU)18 TABLETS/PACK	1	2	3	4	5
04	ARTEMETHER LUMEFRANTRINE (ALU) 24 TABLETS/PACK	1	2	3	4	5
05	SULFADOXINE + PYRIMETHAMINE (SP)	1	2	3	4	5
06	QUININE TABLETS	1	2	3	4	5
07	QUININE INJECTION	1	2	3	4	5
08	INJECTABLE ARTESUNATE	1	2	3	4	5
09	ARTESUNATE SUPPOSITORIES / RECTAL ARTESUNATE	1	2	3	4	5
10	OTHER ANTI-MALARIAL MEDICINE [OTHER THAN ARTESUNATE + AMODIAQUINE TABS]	1	2	3	4	5
11*	ARTESUNATE + AMODIAQUINE (25mg/67.5mg) TABLET	1	2	3	4	5
12*	ARTESUNATE + AMODIAQUINE (50mg/135mg) TABLET	1	2	3	4	5
13*	ARTESUNATE + AMODIAQUINE (100mg/270mg) TABLET	1	2	3	4	5

MATERNAL AND CHILD HEALTH

906	Are any of the following medicines for **maternal health** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS	1	2	3	4	5
03	IRON TABLETS	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SULPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIIN A CAPSULES	1	2	3	4	5
11	ZINC TABLETS	1	2	3	4	5
12*	HYDRALAZINE INJECTION	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following **intravenous fluids** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	1	2	3	4	5
02	RINGERS LACTATE	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5
04*	HALF-STRENGTH DARROWS	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

908	Are any of the following **OTHER medicines** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DICLOFENAC TABLETS (Strong oral pain medicine)	1	2	3	4	5
02	PARACETAMOL TABLETS	1	2	3	4	5
03	PARACETAMOL SYRUP	1	2	3	4	5
04*	PARACETAMOL SUPPOSITORIES	1	2	3	4	5
05*	PETHIDINE INJECTION	1	2	3	4	5
06*	MORPHINE INJECTION	1	2	3	4	5
07*	MORPHINE SYRUP / LIQUID MORPHINE	1	2	3	4	5
08*	NAXOLONE TABLETS	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. . . . . 1 YES, ONLY SOME MEDICINES. . . . . 2 NO. 3	
911	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 4 OTHER SYSTEM (SPECIFY) _____ 6	

SUPPLY ITEMS

912	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3
04	LATEX GLOVES	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3
08	INSECTICIDE TREATED MOSQUITO NETS	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	**CHECK Q212** CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** ☐ →	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY **(RESPONSE 1 OR 3 CIRCLED)** ☐ → PROCEED TO NEXT SECTION **(TB MEDS?)**

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
921	Are any of the following **CONTRACEPTIVE commodities** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	4	5
04	PROJESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	4	5
05	MALE CONDOMS	1	2	3	4	5
06	FEMALE CONDOMS	1	2	3	4	5
07	INTRAUTERINE CONTRACEPTIVE DEVICE	1	2	3	4	5
08	IMPLANT	1	2	3	4	5
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3	4	5
*10	EMERGENCY CONTRACEPTIVE IUCD	1	2	3	4	5

921A	Are cycles beads for standards days method available in this facility today? IF YES, may I see them?	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
		1	3	4	5

STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

922	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES. . . . . 1 NOT ALL COMMODITIES. . . . . 2 NO. 3	
924	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 4 OTHER SYSTEM _____ (SPECIFY) 6	
925	PRESENTLY INTERVIEWING IN PHARMACY ☐ → PROCEED TO NEXT SECTION OR SERVICE SITE	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA ☐ → THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE	

SECTION 9.3: ANTI-TB DRUGS

930	**CHECK Q214** ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** ☐ → ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY **(RESPONSE 1 OR 3 CIRCLED)** ☐ → PROCEED TO NEXT SECTION **(ARV MEDS?)**	

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
931	Are any of the following TB medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ETHAMBUTOL TABS (E)	1	2	3	4	5
02	ISONIAZID TABS (INH, H)	1	2	3	4	5
03	PYRAZINAMIDE (Z)	1	2	3	4	5
04	RIFAMPICIN (R)	1	2	3	4	5
05	ISONIAZID + RIFAMPICIN	1	2	3	4	5
06	ISONIAZID + ETHAMBUTOL (EH) (2FDC)	1	2	3	4	5
07	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC)	1	2	3	4	5
08	ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE) (3FDC)	1	2	3	4	5
09	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	1	2	3	4	5
10	STREPTOMYCIN INJECTABLE	1	2	3	4	5

STORAGE CONDITION: ANTI-TB MEDICINES

932	OBSERVE THE PLACE WHERE THE TB MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. . . . . 1 YES, ONLY SOME MEDICINES. . . . . 2 NO. 3	
934	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED VACCINES. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 4 OTHER SYSTEM _____ 6 (SPECIFY)	
935	PRESENTLY INTERVIEWING IN PHARMACY ☐ → PROCEED TO NEXT SECTION OR SERVICE SITE PRESENTLY INTERVIEWING IN TB SERVICE AREA ☐ → THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE		

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	**CHECK Q216** ARV MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** ☐ → ▼ ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY **(RESPONSE 1, 3, 4 OR 5 CIRCLED)** ☐ → PROCEED TO NEXT SECTION ◄					
941	Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ZIDOVUDINE (ZDV, AZT) TABLETS	1	2	3	4	5
02	ZIDOVUDINE (ZDV, AZT) SYRUP OR DISPERSIBLE TABLETS	1	2	3	4	5
03	ABACAVIR (ABC) TABLETS	1	2	3	4	5
04	DIDANOSINE (ddI) TABLETS	1	2	3	4	5
05	LAMIVUDINE (3TC) TABLETS	1	2	3	4	5
06	LAMIVUDINE (3TC) SYRUP	1	2	3	4	5
07	STAVUDINE 30 (D4T)	1	2	3	4	5
08	STAVUDINE SYRUP	1	2	3	4	5
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5
10	EMTRICITABINE (FTC)	1	2	3	4	5
942	Are any of the following **Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)** ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NEVIRAPINE (NVP) TABLETS	1	2	3	4	5
02	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1	2	3	4	5
04	EFAVIRENZ (EFV) SYRUP	1	2	3	4	5
05	DELAVIRDINE (DLV)	1	2	3	4	5

943	Are any of the following **Protease Inhibitor** ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	LOPINAVIR (LPV)	1	2	3	4	5
02	INDINAVIR (IDV)	1	2	3	4	5
03	NELFINAVIR (NFV)	1	2	3	4	5
04	SAQUINAVIR (SQV)	1	2	3	4	5
05	RITONAVIR (RTV)	1	2	3	4	5
06	ATAZANAVIR (ATV)	1	2	3	4	5
07	FOSAMPRENAVIER (FPV)	1	2	3	4	5
08	TIPRANAVIR (TPV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
944	Are any of the following **Fusion Inhibitor or Combined ARVs** available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ENFUVIRDITE (T-20)	1	2	3	4	5
02	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	2	3	4	5
03	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
07	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	TENOFOVIR + LAMIVUDINE + EFAVIRENZ [TDF + 3TC + EFV]	1	2	3	4	5
10	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	2	3	4	5

STORAGE CONDITION - ARV MEDICINES

945	OBSERVE THE LOCATION WHERE ARVs ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE ARVs OFF THE FLOOR?	1	2
02	ARE THE ARVs PROTECTED FROM WATER	1	2
03	ARE THE ARVs PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

946	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL MEDICINES. . . . . 1 YES, ONLY SOME MEDICINES. . . . . 2 NO. 3
947	What system does this facility use to monitor the amount of ARV medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. . . . . 4 OTHER SYSTEM _____ 6 (SPECIFY)
948	PRESENTLY INTERVIEWING IN PHARMACY ☐ → PROCEED TO NEXT SECTION OR SERVICE SITE	PRESENTLY INTERVIEWING IN ART SERVICE AREA ☐ → THANK THE RESPONDENT IN THE ART SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE

MODULE 3: SERVICE-SPECIFIC READINESS

CHILD HEALTH SERVICES

SECTION 10: CHILD VACCINATION

1000	**CHECK Q102.01** CHILD VACCINATION SERVICES AVAILABLE ☐ ↓ NO CHILD VACCINATION SERVICES ☐ → NEXT SECTION OR SERVICE SITE	

ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

1001 Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, *how many days* per month the service is provided *at the facility, and how many days per month as outreach, if any.*

	CHILD VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH
01	Routine DPT+HepB+HiB (i.e., pentavalent)	# OF DAYS 00=NO SERVICE ☐☐	# OF DAYS 00=NO SERVICE ☐☐
02	Routine polio vaccination	# OF DAYS 00=NO SERVICE ☐☐	# OF DAYS 00=NO SERVICE ☐☐
03	Routine measles vaccination	# OF DAYS 00=NO SERVICE ☐☐	# OF DAYS 00=NO SERVICE ☐☐
04	BCG vaccination	# OF DAYS 00=NO SERVICE ☐☐	# OF DAYS 00=NO SERVICE ☐☐
05*	Pneumococcal vaccination (pneumonia vaccine)	# OF DAYS 00=NO SERVICE ☐☐	# OF DAYS 00=NO SERVICE ☐☐
06*	Rotavirus vaccination	# OF DAYS 00=NO SERVICE ☐☐	# OF DAYS 00=NO SERVICE ☐☐

1002	Do you have the ***national guidelines*** for child vaccinations available in this service area today?	YES . . . . . 1 NO 2	→ 1004
1003	May I see the guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	→ 1006
1004	Do you have ***any other guidelines*** for child vaccinations available in this service area today?	YES . . . . . 1 NO 2	→ 1006
1005	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

1006	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Blank/unused individual child vaccination cards or booklets	1	2	3
02	Tally sheets	1	2	3
03	Summary forms	1	2	3

1007	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE VACCINES. . . . . 1 STORES NO VACCINES. 2	→ 1014
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED. . . . . 1 REFRIGERATOR NOT OBSERVED. 2	→ 1014
1008A	What type of temperature monitoring device is used for monitoring temperature in the vaccin service refrigerator?	THERMOMETER ONLY. . . . . 1 FREEZE TAG ONLY. . . . . 2 BOTH THERMOMETER AND FREEZE TAG. . . 3	
1009	Do you maintain a cold-chain temperature / freeze tag monitoring chart?	YES. . . . . 1 NO 2	→ 1012
1010	May I see the cold-chain temperature / freeze tag monitoring chart?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	→ 1012
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED . . . . . 1 NO, NOT COMPLETED 2	

1012	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED< NOT FROZEN))	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DPT+HepB+HiB [PENTAVALENT]	1	2	3	4	5
02	ORAL POLIO VACCINE	1	2	3	4	5
03	MEASLES VACCINE AND DILUENT	1	2	3	4	5
04	BCG VACCINE AND DILUENT	1	2	3	4	5
05*	PNEUMOCOCCAL CONJUGATE VACCINE (PCV 13)	1	2	3	4	5
06*	ROTAVIRUS VACCINE	1	2	3	4	5

1012A	**CHECK Q1008A** THERMOMETER (RESPONSE 1 OR 3 CIRCLED) ☐	FREEZE TAG ONLY (RESPONSE 2 CIRCLED) ☐	→ 1013A
1013	OBSERVE AND RECORD THE TEMPERATURE IN THE VACCINE REFRIGERATOR	BETWEEN +2 AND +8 DEGREES. . . . . 1 ABOVE +8 DEGREES. . . . . 2 BELOW +2 DEGREES. . . . . 3 THERMOMETER NOT FUNCTIONAL. 4	→1014
1013A	OBSERVE AND RECORD THE STATUS DISPLAYED ON THE FREEZE TAG IN THE VACCINE REFRIGERATOR	GOOD.. . . . . 1 ALARM. . . . . 2 FREEZE TAG NOT FUNCTIONAL. 3	
1014	How many vaccine carriers do you have? ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE. . . . . 1 TWO OR MORE SETS. . . . . 2 NONE. 3	→ 1050
1015	How many sets of ice packs or cool water packs do you have? ASK TO SEE THE ICE OR COOL WATER PACKS. REPORTED RESPONSEACCEPTABLE **NOTE: 4-5 ICE PACKS MAKE ONE SET**	ONE SET. . . . . 1 TWO OR MORE SETS. . . . . 2 NO ICE PACKS, USE PURCHASED ICE. . . . . 3 NO ICE PACKS. 4	

STANDARD PRECAUTIONS

1050	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY [Q1651]. . . . . 17 STI SERVICES [Q1851] . . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

1051	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1052	DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	**CHECK Q102.02**	GROWTH MONITORING SERVICES AVAILABLE ☐	NO GROWTH MONITORING SERVICES ☐ → NEXT SECTION OR SERVICE SITE

ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

		(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS		
01	Child growth monitoring	# OF DAYS ☐☐	# OF DAYS 00=NO SERVICE ☐☐

1102	Do you have any guidelines for growth monitoring available in this service area today?	YES. . . . . 1 NO GUIDELINE AVAILABLE. 2	→ 1104
1103	May I see the guidelines for growth monitoring?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

		(A) AVAILABLE			(B) FUNCTIONING		
1104	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 → b	2 → b	3 → 02	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 → b	2 → b	3 → 03	1	2	8
03	HEIGHT OR LENGTH BOARD	1 → b	2 → b	3 → 04	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1	2	3			
05	GROWTH CHARTS	1	2	3			
06*	RCH CARDS (RCH1 - CHILD)	1	2	3			

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 12: CHILD CURATIVE CARE SERVICES

1200	**CHECK Q102.03** CURATIVE CARE SERVICES AVAILABLE ☐ ↓	NO CURATIVE CARE SERVICES ☐ → NEXT SECTION OR SERVICE SITE	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

		(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES
1201	Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS		
01	Consultation or curative care services for sick children	# OF DAYS ☐☐	# OF DAYS 00=NO SERVICE ☐☐

		YES	NO
1202	Please tell me if providers of child health services in this facility provide the following services		
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2
03	PROVIDE IRON SUPPLEMENTATION TO CHILDREN	1	2
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2

1203	Do providers of services for sick children in this facility follow the IMCI guidelines in the provision of services to children under 5 years?	YES . . . 1 NO . . . 2	
1204	Do you have the ***IMCI guidelines (chart booklet)*** for the diagnosis and management of childhood illnesses available in this service area today?	YES . . . 1 NO . . . 2	→ 1206
1205	May I see the IMCI guidelines?	OBSERVED . . . 1 REPORTED NOT SEEN . . . 2	→ 1208
1206	Do you have ***any (other) guidelines*** for the diagnosis and management of childhood illnesses available in this service site today?	YES . . . 1 NO . . . 2	→ 1208
1207	May I see the other guidelines?	OBSERVED . . . 1 REPORTED NOT SEEN . . . 2	
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES . . . 1 NO . . . 2	→ 1210

1209	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's vaccination status	1	2	3	8
05	Providing group health education	1	2	3	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	8
08*	Measuriing child's height or length	1	2	3	8
09*	Plotting child's height or length on graph	1	2	3	8
10*	Measuring child's head circumference	1	2	3	8
11*	Dispensing Zinc together with ORS to children with diarrhea	1	2	3	8

1210	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Child weighing scale (250GRAM GRADATION)	1 →b	2 →b	3 → 02	1	2	8
02	Infant weighing scale (100 GRAM GRADATION)	1 →b	2 →b	3 → 03	1	2	8
03	Thermometer	1 →b	2 →b	3 → 04	1	2	8
04	Stethoscope	1 →b	2 →b	3 → 05	1	2	8
05	Timer or watch with seconds hand	1 →b	2 →b	3 → 06	1	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 3 buckets (for cleaning used cups)	1	2	3			
11	Examination bed or couch	1	2	3			
12*	TAPE MEASURE FOR HEAD CIRCUMFERENCE	1	2	3			
13*	HEIGHT BOARD	1 →b	2 →b	3 → 14	1	2	8
14*	LENGTH BOARD	1 →b	2 →b	3 → 1210C	1	2	8

1210C	Does this facility have a dedicated diarrhea treatment corner for children?	YES. . . . . 1 NO 2	→ 1210E
1210D	May I see the location	OBSERVED. . . . . 1 REPORTED AVAILABLE NOT SEEN. . . . . 2 NO DEDICATED DIARRHEA TREATMENT CORNER. 3	
1210E	Do you have zinc tablets available at this service site?	YES. . . . . 1 NO 2	→ 1211
1210F	May I see them? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. . . . . 4 NEVER AVAILABLE AT THIS SITE. 5	

1211	Please tell me if you have any of the following materials. IF YES, ASK TO SEE	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	IMCI chart booklet	1	2	3
02	IMCI mother's cards	1	2	3
03	Other visual aids for teaching caretakers	1	2	3

1212	Are individual health records (i.e., child welfare card or booklet) for sick children maintained at this service site?	YES. . . . . 1 NO 2	→ 1250
1213	May I see an unsed copy of the individual records?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

STANDARD PRECAUTIONS

1250	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051]. . . . . 12 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY [Q1651]. . . . . 17 STI SERVICES [Q1851] . . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

1251	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ◄	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1252	DESCRIBE THE SETTING OF THE SICK CHILD SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	
	THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.		

SECTION 13: FAMILY PLANNING

1300	**CHECK Q102.04** FAMILY PLANNING SERVICES ☐ ↓ NO FAMILY PLANNING SERVICES ☐ → NEXT SECTION OR SERVICE SITE				
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1301	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS ☐☐			
1302	Does this facility ***provide*** (i.e., stock the commodity) or ***prescribe, counsel or refer clients for*** any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO	
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	
05	MALE CONDOMS	1	2	3	
06	FEMALE CONDOMS	1	2	3	
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3	
08	IMPLANT	1	2	3	
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3	
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3	
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3	
12	VASECTOMY (MALE STERILIZATION)	1	2	3	
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3	
14	OTHER METHODS (E.G., SPERMICIDE OR DIAGPHRAGM)	1	2	3	
15*	EMERGENCY CONTRACEPTION IUCD	1	2	3	
1303	Do you have the ***national family planning guidelines*** available at this service area today?	YES. . . . . 1 NO. 2			→ 1305
1304	May I see the national family planning guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2			→ 1307
1305	Do you have ***any other guidelines*** on family planning available at this service area today?	YES. . . . . 1 NO. 2			→ 1307
1306	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2			
1307	Are individual records or cards maintained at this service site for family planning clients?	YES. . . . . 1 NO. 2			→ 1309
1308	May I see a blank copy of the individual records or card?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2			

1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. . . . . 1 NO. 2	→ 1311

1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8

1311	Do family planning providers in this facility routinely diagnose and treat STIs, or are STIs clients referred to another provider or location for STI diagnosis and treatment? PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs. . . . . 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREA 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT. . . . . 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1312	Do providers of family planning conduct HIV testing from this service site?	YES. . . . . 1 NO. 2	→ 1314
1313	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	

EQUIPMENT AND SUPPLIES

1314	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE: OBSERVED	(A) AVAILABLE: REPORTED NOT SEEN	(A) AVAILABLE: NOT AVAILABLE	(B) FUNCTIONING: YES	(B) FUNCTIONING: NO	(B) FUNCTIONING: DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 → 02	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 → 03	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 → 04	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 → 05	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

1315	**CHECK Q1302.07 & Q1302.08.** IUCD OR IMPLANT PROVIDED IN FACILITY ☐			NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY ☐ →	1321
	ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED				
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	STERILE GLOVES	1	2	3	
02	ANTISEPTIC SOLUTION	1	2	3	
03	SPONGE HOLDING FORCEPS	1	2	3	
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3	
1317	**CHECK Q1302.07** IUCD PROVIDED IN FACILITY ☐			IUCD NOT PROVIDED IN FACILITY ☐ →	1319
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	VAGINAL SPECULUM - SMALL	1	2	3	
02	VAGINAL SPECULUM - MEDIUM	1	2	3	
03	VAGINAL SPECULUM - LARGE	1	2	3	
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3	
05	UTERINE SOUND	1	2	3	
1319	**CHECK Q1302.08.** IMPLANT PROVIDED IN FACILITY ☐			IMPLANT NOT PROVIDED IN FACILITY ☐ →	1321
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	LOCAL ANESTHETIC	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCAPEL WITH BLADE	1	2	3	
06	MINOR SURGERY KIT (E.G., WITH ARTERY FORCEPS)	1	2	3	
1321	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE. . . . . 1 CENTRAL LOCATION IN FACILITY. . . . . 2 BOTH LOCATIONS. . . . . 3 NO EQUIPMENT PROCESSED IN FACILITY. 4			→ 1350 → 1350
1322	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE. . . . . A DRY HEAT STERILIZATION. . . . . B SOAK IN CHLORINE SOLUTION. . . . . C BOIL OR STEAM. . . . . D WASH WITH SOAP AND WATER. . . . . E SOAK IN OTHER CHEMICAL SOLUTION. . . . F			

STANDARD PRECAUTIONS

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051]. . . . . 12 CHILD CURATIVE CARE [Q1251] . . . . . 13 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY [Q1651]. . . . . 17 STI SERVICES [Q1851] . . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	→**1353**

1351	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	
1353	**CHECK Q212** FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED **(RESPONSE 1 NOT CIRCLED)**	FP COMMODITIES STORED IN FP SERVICE AREA **(RESPONSE 1 CIRCLED)** →	921

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 14: ANTENATAL CARE

1400	**CHECK Q.102.05** ANC SERVICES AVAILABLE IN FACILITY ☐ ↓ ANC SERVICES NOT AVAILABLE IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

1401	How many days in a month are antenatal care services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH ☐☐	

1402	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO	
01	IRON SUPPLEMENTATION	1	2	
02	FOLIC ACID SUPPLEMENTATION	1	2	
03	INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1	2	
04	TETANUS TOXOID VACCINATION	1	2	
05*	DEWORMING	1	2	
06*	GIVE OR OFFER ITN VOUCHERS FOR PREGNANT WOMENT AND CHILDREN (HATI PUNGUZO	1	2	
07*	IPTp DIRECT OBSERVED THERAPY (IPTp DOT)	1	2	

1403	**CHECK Q1402.04** TT VACCINATION PROVIDED ☐ ↓ TT VACCINATION NOT PROVIDED ☐ →		1406
1404	Is tetanus toxoid vaccination available on all days that ANC services are available in this facility?	YES. . . . . 1 NOT ALL ANC DAYS. 2	→ 1406
1405	How many days each week are tetanus toxoid vaccinations available at this facility?	DAYS PER WEEK. . . . . ☐☐ LESS OFTEN THAN ONCE/WEEK. 0	

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
1406	Do ANC providers in this facility provide any of the following **tests** from this site to pregnant women as part of ANC? IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORETED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
01	HIV RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6

1406A	**CHECK Q1406.01** RESPONSE IS "1", "2", "3" OR "4" (HIV TESTING AVAILABLE AT ANC SERVICE SITE) ☐ ↓ RESPONSE NOT "1" OR "2" OR "3" OR "4" (NO HIV TESTING AT ANC SERVICE) ☐ →		1407
1406B	Is HIV testing and counseling available to ANC client from this site on all days that ANC services are offered, or is HIV testing and counseling available from this site only on certain days?	HTC AVAILABLE ON ALL DAYS ANC SERVICE 1 NOT ALL ANC DAYS. 2	

1407	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients	YES	NO
01	COUNSELING ON RECOMMENDED MINIMUM OF 4 ANC VISITS FOR EACH PREGNANCY	1	2
02	COUNSELING ON BIRTH PREPAREDNESS OR PREPARATION FOR DELIVERY	1	2
03	COUNSELING ABOUT FAMILY PLANNING	1	2
04	COUNSELING ABOUT HIV/AIDS	1	2
05	COUNSELING ABOUT USE OF ITNs TO PREVENT MOSQUITO BITES AND MALARIA	1	2
06	COUNSELING ABOUT BREASTFEEDING	1	2
07	COUNSELING ABOUT NEWBORN CARE	1	2
08	COUNSELING ON POSTNATAL CARE VISITS	1	2

1408	Do ANC providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs. . . . . 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMEN 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATM 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1409	Do you have the ***national ANC guidelines*** available in this service area today?	YES. . . . . 1 NO. 2	→ 1411
1410	May I see the national ANC guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	→ 1413
1411	Do you have ***any other ANC guidelines*** available in this service area today?	YES. . . . . 1 NO. 2	→ 1413
1412	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1413	Do you have ***IPT guidelines*** available in this service area?	YES. . . . . 1 NO. 2	→ 1415
1414	May I see the IPT guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1415	Do you have visual aids for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. . . . . 1 NO. 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1417	Are individual client cards or records for ANC and PNC clients maintained at this service site?	YES. . . . . 1 NO. 2	→ 1419
1418	May I see a blank copy of the client records or cards?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1419	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. . . . . 1 NO. 2	→ 1421

1420	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Urine test for protein	1	2	3	8
05	Blood test for anemia	1	2	3	8
06	Malaria rapid diagnostic testing	1	2	3	8
07	HIV testing and counseling (HTC)	1	2	3	8
08	Measuring client's height	1	2	3	8

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 → 02	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 → 03	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 → 04	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 → 05	1	2	8
05	FETAL STETHOSCOPE/PINNARD	1 → b	2 → b	3 → 06	1	2	
06	ADULT WEIGHING SCALE	1 → b	2 → b	3 → 07	1	2	8
07	EXAMINATION BED OR COUCH	1	2	3			
08	TAPE MEASURE FOR FUNDAL HEIGHT	1	2	3			
09*	HEIGHT BOARD	1 → b	2 → b	3 → 1422	1	2	8

1422	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5
04	SP FOR IPTp	1	2	3	4	5
05	TETANUS TOXOID VACCINE	1	2	3	4	5
06	INSECTICIDE TREATED BEDNETS (ITNs, LLINs)	1	2	3	4	5
07*	INSECTICIDE TREATED NET (ITN) VOUCHERS (HATI PUNGUZO)	1	2	3	4	5

STANDARD PRECAUTIONS

1450	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051]. . . . . 12 CHILD CURATIVE CARE [Q1251] . . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 PMTCT [Q1551]. . . . . 16 DELIVERY [Q1651]. . . . . 17 STI SERVICES [Q1851] . . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

1451	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1452	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 15: PMTCT OF HIV INFECTION

1500	**CHECK Q102.06** PMTCT SERVICES OFFERED IN FACILITY ☐ ▼ NO PMTCT SERVICES IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE	

CAUTION!!!

THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients	YES	NO
01	PROVIDE HIV COUNSELING AND TESTING SERVICES TO PREGNANT WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE	1	2
02	PROVIDE HIV TESTING SERVICES TO INFANTS BORN TO HIV POSITIVE WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE. FOR EXAMPLE, BLOOD COLLECTED HERE AS DBS BUT TESTING DONE ELSEWHERE	1	2
03	PROVIDE ARV PROPHYLAXIS TO HIV POSITIVE PREGNANT WOMEN	1	2
04	PROVIDE ARV PROPHYLAXIS TO NEWBORNS OF HIV POSITIVE WOMEN	1	2
05	PROVIDE INFANT AND YOUNG CHILD FEEDING COUNSELING FOR PMTCT	1	2
06	PROVIDE NUTRITIONAL COUNSELING FOR HIV POSITIVE PREGNANT WOMEN AND THEIR INFANTS	1	2
07	PROVIDE FAMILY PLANNING COUNSELING TO HIV POSITIVE PREGNANT WOMEN	1	2
08*	PROVIDE CO-TRIMOXAZOLE TO NEWBORNS OF HIV-POSITIVE WOMEN	1	2
09*	PROVIDE ART TO HIV POSITIVE PREGNANT WOMEN	1	2

1502	**CHECK Q1501.01** HIV COUNSELING AND TESTING FOR PREGNANT WOMEN ☐ ▼	NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN ☐ →	1506
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE. . . . . 1 NO, DIFFERENT LOCATION. 2	→ 1506
1504	Is HIV rapid diagnostic testing available from this service site?	YES. . . . . 1 NO. 2	→ 1506
1505	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	
1506	**CHECK Q1501.02** INFANT HIV COUNSELING AND TESTING ☐ ▼	NO INFANT HIV COUNSELING AND TESTING ☐ →	1509
1507	Do providers use filter paper to collect dried blood spots (DBS) for HIV diagnosis in infants at this service site?	YES. . . . . 1 NO. 2	→ 1509
1508	May I see sample DBS filter paper cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	

1509	Do you have the ***national guidelines*** for PMTCT available in this service area?	YES. . . . . 1 NO. 2	→ 1511
1510	May I see the national PMTCT guidelines? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	→ 1513
1511	Do you have ***any other guidelines*** for PMTCT available in this service area?	YES. . . . . 1 NO. 2	→ 1513
1512	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1513	Do you have guidelines for ***infant and young child feeding counseling*** available in this service area?	YES. . . . . 1 NO. 2	→ 1515
1514	May I see the guidelines for infant and young child feeding and counseling? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1515	Do you stock any ARVs for PMTCT in this service area?	YES. . . . . 1 NO. 2	→ 1550

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
1516	Please tell me if any of the following antiretroviral medicines/drugs are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
01	ZIDOVUDINE (AZT) TABS	1	2	3	4	5
02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
05	ABACAVIR (ABC) TABS	1	2	3	4	5
06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
08	EMTRICITABINE (FTC)	1	2	3	4	5
09	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
11	ZIDOVUDINE (AZT) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
1516A	Please tell me if any of the following antibiotics are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
01	CO-TRIMOXAZOLE TABS	1	2	3	4	5
02	CO-TRIMOXAZOLE SYRUP	1	2	3	4	5

STANDARD PRECAUTIONS

1550	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 DELIVERY [Q1651]. . . . . 17 STI SERVICES [Q1851] . . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

1551	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1552	ASK TO SEE ROOM OR AREA WHERE PMTCT SERVICES ARE PROVIDED DESCRIBE THE SETTING OF THE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 16: DELIVERY AND NEWBORN CARE

1600	**CHECK Q102.07** NORMAL DELIVERY AVAILABLE ↓ NORMAL DELIVERY NOT AVAILABLE → NEXT SECTION OR SERVICE SITE		
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1601	Is a person skilled in conducting deliveries present at the facility today or on call at all times (24 hours a day), including weekends, to provide care? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and enrolled nurses.	YES . . . . . 1 NO. 2	→ 1604
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES . . . . . 1 NO. 2	→ 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED . . . . . 1 REPORTED, NOT SEEN. 2	

SIGNAL FUNCTIONS

1604	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 → b	2 → 02	8 → 02	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → b	2 → 03	8 → 03	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 → b	2 → 04	8 → 04	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 → b	2 → 05	8 → 05	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 → b	2 → 06	8 → 06	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPTAION	1 → b	2 → 07	8 → 07	1	2	8
07	NEONATAL RESUSCITATION	1 → b	2 → 08	8 → 08	1	2	8
08	CORTICOSTEROIDS FOR PRE-TERM LABOR **NOTE: THIS IS NOT A SIGNAL FUNCTION**	1 → b	2 → 1605	8 → 1605	1	2	8

1605	Do you have the national guidelines for BEmONC available in this service site?	YES. . . . . 1 NO. 2	→ 1607
1606	May I see the guidelines for BEmONC ?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1607	Do you have the national guidelines for CEmOC? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. . . . . 1 NO. 2	→ 1609
1608	May I see the national guidelines for CEmOC?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1609	Do you have guidelines or protocols on management of pre-term labor? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. . . . . 1 NO. 2	→ 1610A

1610	May I see the guidelines or protocols on management of pre-term labor?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1610A	Do you have the newborn care guidelines?	YES. . . . . 1 NO. 2	→ 1611
1610B	May I see the newborn care guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES. . . . . 1 NO. 2	→ 1613
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?	YES, SEPARATE ROOM. . . . . 1 YES, INTEGRATED 2	
1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES. . . . . 1 NO USE OF PARTOGRAPH. 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY. . . . . 1 SELECTIVELY. 2	
1615	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. . . . ☐☐☐ DON'T KNOW 998	
1616	How many dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS. . . . ☐☐☐ DON'T KNOW. 998	
1617	Does the facility conduct regular reviews of maternal or newborn deaths or “near-misses”?	YES. . . . . 1 NO, DOES NOT PARTICIPATE. 2	→ 1622
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY. . . . . 1 FOR NEWBORNS ONLY. . . . . 2 FOR BOTH MOTHERS AND NEWBORNS. . . . 3	→ 1621
1619	How often are reviews of maternal deaths or "near misses" carried out?	EVERY: ☐☐ WEEKS DAILY 00 ONLY WHEN CASE OCCURS. . . . . 53 DON'T KNOW. 98	
1620	**CHECK Q1618:** RESPONSE "3" CIRCLED ↓ RESPONSE "3" NOT CIRCLED →		1621A
1621	How often are reviews of newborn deaths or "near misses" carried out?	EVERY: ☐☐ WEEKS DAILY 00 ONLY WHEN CASE OCCURS. . . . . 53 ALWAYS WITH MATERNAL REVIEWS. . . . 95 DON'T KNOW. 98	
1621A	Do you maintain blank copies of maternal death review (MDR) forms at this service site?	YES. . . . . 1 NO. 2	→ 1621C
1621B	May I see an unused/blank copy of the MDR form?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1621C	Excluding deliveries by C-section, how many live births/ deliveries took place at this facility during the last one completed month [MONTH]?	# OF LIVE BIRTHS/ DELIVERIES ☐☐☐☐ DON'T KNOW 9998	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1→b	2→b	3 → 02	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1→b	2→b	3 → 03	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1→b	2→b	3 → 04	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1→b	2→b	3 → 05	1	2	8
05	SUCTION BULB OR PENGUIN SUCKER	1→b	2→b	3 → 06	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1→b	2→b	3 → 07	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1→b	2→b	3 → 08	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1→b	2→b	3 → 09	1	2	8
09	THERMOMETER	1→b	2→b	3 → 10	1	2	8
10	THERMOMETER FOR LOW-BODY TEMPERATURE	1→b	2→b	3 → 11	1	2	8
11	INFANT SCALE	1→b	2→b	3 → 12	1	2	8
12	FETAL STETHOSCOPE	1→b	2→b	3 → 13	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1→b	2→b	3 → 14	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1→b	2→b	3 → 15	1	2	8
15	STETHOSCOPE	1→b	2→b	3 → 1623	1	2	8

1623	Do you have any of the following items? If yes, I would like to see them	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	DELIVERY BED	1	2	3
02	DELIVERY PACK	1	2	3
03	CORD CLAMP	1	2	3
04	SPECULUM	1	2	3
05	EPISIOTOMY SCISSORS	1	2	3
06	SCISSORS OR BLADE TO CUT CORD	1	2	3
07	SUTURE MATERIAL WITH NEEDLE	1	2	3
08	NEEDLE HOLDER	1	2	3
09	FORCEPS (LARGE)	1	2	3
10	FORCEPS (MEDIUM)	1	2	3
11	SPONGE HOLDER	1	2	3
12	BLANK PARTOGRAPH	1	2	3
13*	MACINTOSH	1	2	3
14*	LINEN FOR WRAPPING THE NEWBORN	1	2	3

1624	Does this facility ***routinely*** observe any of the following postpartum or newborns related practices?	YES	NO	DON'T KNOW
01	Delivery to the abdomen (Skin to Skin)	1	2	8
02	Drying and wrapping newborns to keep them warm	1	2	8
03	Initiation of breastfeeding within the first hour	1	2	8
04	Routine, complete (head-to-toe) examination of newborn before discharge	1	2	8
05	Suction of the newborn by means of catheter	1	2	8
06	Suction of the newborn by means of suction bulb or penguin sucker	1	2	8
07	Weigh the newborn immediately	1	2	8
08	Administer Vitamin K to newborn	1	2	8
09	Apply Tetracycline eye ointment to both eyes	1	2	8
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth	1	2	8
11	Give the newborn prelacteal liquids	1	2	8
12	Give the newborn OPV (oral polio vaccine/ polio zero vaccine) prior to discharge	1	2	8
13	Give the newborn BCG prior to discharge	1	2	8
14*	Use misoprostol for management of postpartum hemorrhage	1	2	8

1624A	Does this facility register births, that is, issue notifications of births for children born in this facility? IF YES, ASK TO SEE SOME EVIDENCE, E.G., BLANK BIRTH REGISTRATION FORMS	YES, EVIDENCE SEEN. . . . . 1 YES, NO EVIDENCE SEEN. . . . . 2 NO REGISTRATION OF BIRTHS. 3	

		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAXONE)	1	2	3	4	5
03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)	1	2	3	4	5
04	MAGNESIUM SULPHATE	1	2	3	4	5
05	INJECTABLE DIAZEPAM	1	2	3	4	5
06	IV SOLUTION (RINGER LACTATE) WITH INFUSION SET	1	2	3	4	5
07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)	1	2	3	4	5
08	4% CHORHEXIDINE SOLUTION (UMBILICAL CORD CLEANSING)	1	2	3	4	5
09	HYDRALAZINE INJECTION	1	2	3	4	5
10*	ADRENALINE	1	2	3	4	5
11*	SODIUM BICARBONATE	1	2	3	4	5
12*	LIGNOCAINE	1	2	3	4	5
13*	WATER FOR INJECTION	1	2	3	4	5
14*	NORMAL SALINE	1	2	3	4	5
15*	VITAMIN A	1	2	3	4	5
16*	VITAMIN K	1	2	3	4	5
17*	ERGOMETRINE	1	2	3	4	5

1625A	Do you have an emergency tray at this service site?	YES. . . . . 1 NO. 2	→ 1626
1625B	May I see an emergency tray?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

PMTCT DURING LABOR AND DELIVERY

1626	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES. . . . . 1 NO. 2	
1627	Do providers of delivery services conduct HIV testing from this service site?	YES. . . . . 1 NO. 2	→ 1629
1628	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	
1629	Do you stock any ARVs for PMTCT in this service area?	YES. . . . . 1 NO. 2	→ 1650

	Please tell me if any of the following antiretroviral medicines for PMTCT are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
1630 01	ZIDOVUDINE (AZT) TABS	1	2	3	4	5
02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
05	ABACAVIR (ABC) TABS	1	2	3	4	5
06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
08	EMTRICITABINE (FTC)	1	2	3	4	5
09	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
11	ZIDOVUDINE (AZT) SYRUP	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5

STANDARD PRECAUTIONS

1650	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 STI SERVICES [Q1851] . . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

1651	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 17: MALARIA

1700	**CHECK Q102.08:** MALARIA SERVICES AVAILABLE ☐	NO MALARIA SERVICES ☐ NEXT SECTION OR SERVICE SITE ←	
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1701	How many days in a month are malaria services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH. . . . . ☐☐	
1702	Do providers in this facility diagnose malaria?	YES . . . . . 1 NO 2	→ 1710
1703	Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT?	YES. . . . . 1 NO 2	→ 1710
1704	Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes?	ALWAYS. . . . . 1 ONLY SOMETIMES. 2	
1705	Do providers use malaria rapid diagnostic test (mRDT) to diagnose malaria at this service site?	YES . . . . . 1 NO 2	→ 1710
1706	May I see a sample malaria RDT kit? CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NONE AVAILABLE TODAY. 4	
1707	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC	SD BIOLINE. . . . . A FIRST RESPONSE. . . . . B PARACHECK. . . . . C PARAHIT. . . . . D ICT. . . . . E OTHER (SPECIFY) _____ X	
1708	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES . . . . . 1 NO 2	→ 1710
1709	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
1710	Do providers in this facility prescribe treatment for uncomplicated malaria?	YES . . . . . 1 NO 2	
1710A	Do providers in this facility prescribe treatment for, or manage complicated malaria?	YES . . . . . 1 NO, REFER ALL CASES OF COMPLICATED MALARIA . . 2	
1711	Do you have the ***national guidelines*** for the diagnosis of malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES . . . . . 1 NO 2	→ 1713
1712	May I see the national guidelines for the diagnosis of malaria?	OBSERVED, 2006 VERSION. . . . . 1 OBSERVED, 2013 VERSION. . . . . 3 REPORTED, NOT SEEN. 2	→ 1714A
1713	Do you have any other guidelines for the diagnosis of malaria in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES . . . . . 1 NO 2	→ 1714A
1714	May I see the other guidelines for the diagnosis of malaria?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
1714A	Do you have the ***national guidelines*** for the treatment of malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES . . . . . 1 NO 2	→ 1714C
1714B	May I see the national guidelines for the treatment of malaria?	OBSERVED, 2006 VERSION. . . . . 1 OBSERVED, 2013 VERSION. . . . . 3 REPORTED, NOT SEEN. . . . . 2 **NEXT SECTION OR SERVICE SITE** ←	
1714C	Do you have any other guidelines for the treatment of malaria in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES . . . . . 1 NO . . . . . 2 **NEXT SECTION OR SERVICE SITE** ←	
1714D	May I see the other guidelines for the treatment of malaria?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
	THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.		

SECTION 18: SEXUALLY TRANSMITTED INFECTIONS

1800	**CHECK Q102.09** STI SERVICE OFFERED ☐ → ↓ STI SERVICE NOT OFFERED ☐ → NEXT SECTION OR SERVICE SITE		
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1801	How many days in a month are STI services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH . . . . . ☐☐	
1802	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES. . . . . 1 NO. 2	→ 1804
1803	How are diagnoses of STIs made in this facility?	SYNDROMIC APPROACH ONLY. . . . . 1 ETIOLOGIC (LAB) ONLY. . . . . 2 BOTH SYNDROMIC AND ETIOLOGIC. 3	
1804	Do providers in this facility prescribe treatment for STIs?	YES. . . . . 1 NO 2	
1805	**CHECK Q1802 AND Q1804** RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH ☐ → ↓ RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 ☐ → NEXT SECTION OR SERVICE SITE		
1806	Are STI clients seen by this service ever referred for HIV counseling and testing, or offered the service from this service site?	YES. . . . . 1 NO 2	→ 1810
1807	Are STI clients seen by this service routinely referred for, or offered HIV counseling and testing, or they are referred / offered only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE. . . . . 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED. . . 2	
1808	Do STI service providers in this facility provide HIV testing from this service site?	YES. . . . . 1 NO 2	→ 1810
1809	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	
1810	Do you have the ***national guidelines*** for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES . . . . . 1 NO 2	→ 1812
1811	May I see the national guidelines for the diagnosis and treatment of STIs?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	→ 1814
1812	Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES . . . . . 1 NO 2	→ 1814
1813	May I see the other guidelines for the diagnosis and treatment of STIs?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
1814	Does the facility normally perform partner notification for sexually transmitted infections?	YES. . . . . 1 NO PARTNER NOTIFICATION. 2	→ 1816
1815	Is the notification ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	ALWAYS ACTIVE . . . . . 1 SOMETIMES ACTIVE. . . . . 2 ONLY PASSIVE. 3	
1816	Are individual client health records or booklets used?	YES. . . . . 1 NO. 2	→ 1818
1817	May I see a copy of the client health card? It could either be a used or and unused copy.	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

1818	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE OR AN IMMEDIATELY ADJACENT ROOM.				
	VISUAL AIDS FOR TEACHING CLIENT:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	About STIs	1	2	3	8
02	About HIV/AIDS	1	2	3	8
03	About cervical cancer	1	2	3	8
04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8
05	Posters on HIV/AIDS	1	2	3	8
06	Model to demonstrate use of male condom	1	2	3	8
07	Model to demonstrate use of female condom	1	2	3	8
	INFORMATION FOR CLIENT TO TAKE HOME				
08	About STIs	1	2	3	8
09	About HIV/AIDS	1	2	3	8
10	About cervical cancer	1	2	3	8
11	IEC materials on male condoms	1	2	3	8
12	IEC materials on female condoms	1	2	3	8
13	Male condoms that can be given to the client	1	2	3	8
14	Female condoms that can be given to the client	1	2	3	8

STANDARD PRECAUTIONS

1850	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY SERVICES [Q1651]. . . . . 17 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

1851	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES AND NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1852	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 19: TUBERCULOSIS

1900	**CHECK Q102.10** TB SERVICES OFFERED IN FACILITY ☐ ↓ NO TB SERVICES IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE		
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1901	How many days in a month are tuberculosis services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH ☐☐	

TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has tuberculosis?	YES. . . . 1 NO 2	→1904
1903	What is the most common method used by providers in this facility for diagnosing TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY. . . . 1 X-RAY ONLY. . . . 2 EITHER SPUTUM OR X-RAY. . . . 3 BOTH SPUTUM AND X-RAY. . . . 4 CLINICAL SYMPTOMS ONLY. . . . 5	
1904	Do providers in this facility ever refer clients outside this facility for TB diagnosis?	YES. . . . 1 NO 2	→1908
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES. . . . 1 NO. . . . 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES . . . . 1 REGISTER NOT KEPT. . . . 2	→1908
1907	May I see the records or register of clients referred for TB testing? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER) . . . . 1 REGISTER SEEN (ELECTRONIC). . . . 2 REGISTER REPORTED, NOT SEEN. . . . 3	

TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES. . . . 1 NO. . . . 2	→1910
1909	What treatment regimen or approach is followed by providers in this facility for *newly diagnosed TB* ? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE. . . . 1 6M INTENSIVE PHASE. . . . 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE. . . . 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP. . . . 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE. . . . 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP. . . . 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE. . . . 7	
1910	**CHECK Q1902 AND Q1908** TB DIAGNOSIS OR TREATMENT IN FACILITY ☐ ↓ NO TB DIAGNOSIS OR TREATMENT IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE		
1911	Does this facility have a system for testing TB patients for HIV infection?	YES. . . . 1 NO SYSTEM. . . . 2	→1913
1912	May I see the system, or evidence of such a system? THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED. . . . 1 SYSTEM OR REGISTER REPORTED, NOT SEEN. . . . 2	

1913	Is HIV rapid diagnostic testing available from this service site?	YES . . . . . 1 NO 2	→1915
1914	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	
1915	Do you have the ***national guidelines*** for the diagnosis and treatment of TB available in this service area? i.e., the manual of the national TB and Leprosy program?	YES . . . . . 1 NO 2	→1917
1916	May I see the national guidelines? i.e., the manual of the national TB and Leprosy program.	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
1917	Do you have any guidelines for the management of HIV and TB co-infection available in this service area? E.g., the National Policy Guideline for Collaborative TB/HIV activities. THIS MAY BE PART OF OTHER GUIDELINE	YES . . . . . 1 NO 2	→1919
1918	May I see the guidelines for the management of HIV and TB co-infection? E.g., the National Policy Guideline for Collaborative TB/HIV activities.	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
1919	Do you have any guidelines related to MDR-TB treatment available in this service area? THIS MAY BE PART OF OTHER GUIDELINE	YES . . . . . 1 NO 2	→1921
1920	May I see the guidelines on treatment of MDR-TB?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
1921	**CHECK Q1903** RESPONSES 1, 3 OR 4 CIRCLED ↓	RESPONSES 1, 3 OR 4 NOT CIRCLED →	1924
1922	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES . . . . . 1 NO 2	→1924
1923	May I see a sputum container?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2 NOT AVAILABLE TODAY. 4	
1924	Do you have any guidelines for TB infection control at this service area? NOTE: THIS MAY BE PART OF ANOTHER GUIDELINE	YES . . . . . 1 NO 2	→1950
1925	May I see the guidelines for TB infection control?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	

STANDARD PRECAUTIONS

1950	ASSESS THE TB ROOM OR AREA FOR THE ITEMS . LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY SERVICES [Q1651]. . . . . 17 STI [Q1851]. . . . . 18 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. . . . . 31 → 1952A

1951	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

1952	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	
1952A	DESCRIBE THE SETTING OF THE ROOM OR AREA IS THERE ADEQUATE VENTILATION, E.G, A MINIMUM OF TWO WIINDOWS?	ADEQUATE VENTILATION. . . . . 1 INADEQUATE VENTILATION. 2	
1953	**CHECK Q214** TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED **(RESPONSE 1 NOT CIRCLED)**	TB MEDICINES STORED IN TB SERVICE AREA **(RESPONSE 1 CIRCLED)** →	931

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 20: HIV TESTING

2000	**CHECK Q102.11** HIV TESTING AVAILABLE IN FACILITY ☐ NO HIV TESTING SERVICES IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE		
	ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV COUNSELING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELING & TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
2001	How many days in a month are HIV testing services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS. . . . . ☐☐	
2002	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, what is the procedure that is followed? In other words, what are the possible options for the client to receive the test? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	HIV RAPID TEST THIS SERVICE SITE. . . . . A BLOOD DRAWN HERE, SENT TO LAB IN FACILITY. . . . . B CLIENT SENT TO OTHER SITE IN FACILITY. . . . . C CLIENT SENT TO LAB IN FACILITY. . . . . D CLIENT SENT TO EXTERNAL SITE. . . . . E BLOOD DRAWN HERE SENT TO EXTERNAL SITE . . . . . F	
2003	**CHECK Q2002** HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) ☐	NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) ☐	→ 2005
2004	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	
2005	Is an individual client chart/record/card/ maintained for clients who receive services through this service site? (e.g., health booklet) This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document?	YES. . . . . 1 NO INDIVIDUAL CLIENT CHART/RECORD. 2	→ 2007
2006	May I see a copy of the individual client chart or record	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
2007	Do you have the ***national HIV counseling and testing guidelines*** available in this service area?	YES. . . . . 1 NO 2	→ 2009
2008	May I see the national HIV testing and counseling guidelines?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	→ 2011
2009	Do you have ***any other guidelines*** on HIV testing available in this service area?	YES. . . . . 1 NO 2	→ 2011
2010	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
2011	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES. . . . . 1 NO. 2	
2012	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? MAY BE PART OF ANOTHER DOCUMENT	YES. . . . . 1 NO. 2	→ 2014
2013	May I see the protocols or guidelines on PEP?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
2014	**CHECK Q2002** BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) ☐	NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) ☐	→ 2052

STANDARD PRECAUTIONS

2050	ASSESS THE HIV COUNSELING AND TESTING ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY SERVICES [Q1651]. . . . . 17 STI [Q1851]. . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 NCD [Q2351]. . . . . 22 MINOR SURGERY [Q2451]. . . . . 23 → 2053 NOT PREVIOUSLY SEEN. 31

2051	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

2052	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4
2053	Do you have condoms available in this service site to give to clients receiving HIV counseling and testing services?	YES. . . . . 1 NO . . . . . 2 → 2055
2054	May I see some of the condoms?	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4
2055	**CHECK Q2002** EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) ↓ NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED) → **NEXT SECTION OR SERVICE SITE**	
2056	Does this facility have an agreement with the referral site for HIV tests that test results will be returned to the facility, usually directly or through the client?	YES. . . . . 1 NO AGREEMENT . . . . . 2 **NEXT SECTION OR SERVICE SITE**
2057	May I see some evidence of the agreement?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2 VERBAL AGREEMENT ONLY. 3

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 21: HIV/AIDS TREATMENT

2100	**CHECK Q102.12** HIV TREATMENT SERVICES OFFERED IN FACILITY NO HIV TREATMENT SERVICES IN FACILITY NEXT SECTION OR SERVICE SITE		
	ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
2101	Do providers in this facility prescribe ART?	YES. . . . 1 NO. . . . 2	
2102	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES. . . . 1 NO. . . . 2	
2102A	Do providers from another facility use this facility as an outreach site for antiretroviral therapy (ART), including ART prescription and/or ART follow up?	YES. . . . 1 NO. . . . 2	
2103	**CHECK Q2101, Q2102 AND Q2102A** RESPONSE "1" CIRCLED IN EITHER Q2101, Q2102 OR Q2102A OR IN ALL RESPONSE "1" CIRCLED IN NEITHER Q2101, Q2102 NOR Q2102A NEXT SECTION OR SERVICE SITE		
2104	Do you have the *National guideline for the management of* HIV/AIDS available in this service area?	YES. . . . 1 NO. . . . 2	→2106
2105	May I see the National guideline for the management of HIV/AIDS?	OBSERVED. . . . 1 REPORTED, NOT SEEN. . . . 2	→2108
2106	Do you have *any other ART guidelines* available in this service area?	YES. . . . 1 NO. . . . 2	→2108
2107	May I see the other ART guidelines?	OBSERVED. . . . 1 REPORTED, NOT SEEN. . . . 2	

PRE-ART BASELINE TESTS

2108 For each of the following tests, please tell me if it is conducted as ***baseline*** routinely, selectively, or never, ***before starting*** a client on ART.

	TEST	BASELINE TEST CONDUCTED			
		ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count (Hemogram)	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8

TESTS TO MONITOR CLIENTS ON ART

2109 For each of the following tests, please tell me if a ***follow-up test*** is conducted routinely, selectively, or never ***while the client is on*** ART **(i.e., for monitoring**).

	TEST	FOLLOW-UP TEST CONDUCTED			
		ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8

2110 **CHECK Q216**

ARV MEDICINES STORED IN OTHER LOCATION OR NOT STOCKED **(RESPONSE 1 OR 5 NOT CIRCLED)** ☐ ↓

ARV MEDICINES STORED IN ART SERVICE AREA **(RESPONSE 1 OR 5 CIRCLED)** ☐ → 941

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 22: HIV/AIDS CARE AND SUPPORT

2200	**CHECK Q102.13** HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY NO HIV CARE AND SUPPORT SERVICES IN FACILITY NEXT SECTION OR SERVICE SITE	

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	YES	NO	DON'T KNOW
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	8
02	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	8
03	Provide treatment for Kaposi's sarcoma	1	2	8
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients	1	2	8
05	Provide nutritional rehabilitation services? i.e., client education and provision of nutritional supplements	1	2	8
06	Prescribe or provide fortified protein supplementation (FPS)	1	2	8
07	Care for pediatric HIV/AIDS patients	1	2	8
08	Prescribe or provide preventive treatment for TB (INH + Pyridoxine prophylaxis)	1	2	8
09	Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT)	1	2	8
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron	1	2	8
11	Family planning counseling and/or services	1	2	8
12	Provide condoms for preventing further transmission of HIV	1	2	8

2202	Is there a system for routinely screening and testing HIV-positive clients for TB? (TB screening tool)	YES. . . . . 1 NO SYSTEM. 2	→2204
2203	May I see the system, or evidence of such a system? (TB screening tool)	SYSTEM OR REGISTER OBSERVED. . . . . 1 SYSTEM OR REGISTER REPORTED, NOT SEEN. 2	
2204	Do you have the national guidelines for the clinical management of HIV/AIDS available in this service area? i.e. the national guideline for the management of HIV/AIDS	YES. . . . . 1 NO. 2	→2206
2205	May I see the national guidelines for the clinical management of HIV/AIDS? i.e. the national guideline for the management of HIV/AIDS	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	→2208
2206	Do you have any guidelines for palliative care available in this service area? i.e. the national guidelines for management of HIV/AIDS.	YES. . . . . 1 NO. 2	→2208
2207	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
2208	Do you have condoms available in this service site to give to clients receiving services?	YES. . . . . 1 NO. . . . . 2 **NEXT SECTION**	
2209	May I see some condoms?	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 23: NON-COMMUNICABLE DISEASES

2300	**CHECK Q102.14** CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY ☐ → CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY ☐ → NEXT SECTION OR SERVICE SITE		

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

DIABETES

2301	Do providers in this facility diagnose and/or manage **diabetes.**	YES, DIAGNOSE ONLY .. 1 YES, TREAT ONLY ONLY .. 2 YES, DIAGNOSE AND TREAT .. 3 NO .. 4	→ 2310
2302	Do you have the ***national guidelines*** for the diagnosis and management of diabetes available in this service area?	YES. 1 NO. 2	→ 2304
2303	May I see the national guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2310
2304	Do you have ***any other guidelines*** for the diagnosis and management of diabetes available in this service area?	YES. 1 NO. 2	→ 2310
2305	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage **cardiovascular diseases** such as hypertension in patients?	YES, DIAGNOSE ONLY .. 1 YES, TREAT ONLY ONLY .. 2 YES, DIAGNOSE AND TREAT .. 3 NO .. 4	→ 2320
2311	Do you have ***the national guidelines*** for the diagnosis and management of cardio-vascular diseases available in this service area?	YES. 1 NO. 2	→ 2313
2312	May I see the national guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2320
2313	Do you have ***any other guidelines*** for the diagnosis and management of cardio-vascular diseases available in this service area?	YES. 1 NO. 2	→ 2320
2314	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage **chronic respiratory diseases** such as **COPD** in patients?	YES, DIAGNOSE ONLY .. 1 YES, TREAT ONLY ONLY .. 2 YES, DIAGNOSE AND TREAT .. 3 NO .. 4	→ 2330
2321	Do you have ***the national guidelines*** for the diagnosis and management of chronic respiratory diseases available in this service area?	YES. 1 NO .. 2	→ 2323
2322	May I see the national guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2330
2323	Do you have ***any other*** guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES. 1 NO .. 2	→ 2330
2324	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700). . . . . 1 NOT PREVIOUSLY SEEN. 2						→ 2350
2331	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 → 02	1	2	8	
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 → 03	1	2	8	
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 → 04	1	2	8	
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 → 05	1	2	8	
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1	2	3				
06	THERMOMETER	1 → b	2 → b	3 → 07	1	2	8	
07	STETHOSCOPE	1 → b	2 → b	3 → 08	1	2	8	
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 → 09	1	2	8	
09	MANUAL BP APPARATUS	1 → b	2 → b	3 → 10	1	2	8	
10	LIGHT SOURCE (FLASHLIGHT ACCPTABLE)	1 → b	2 → b	3 → 11	1	2	8	
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 → 12	1	2	8	
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 → 13	1	2	8	
13	MICRONEBULIZER	1 → b	2 → b	3 → 14	1	2	8	
14	SPACERS FOR INHALERS	1	2	3				
15	PEAK FLOW METERS	1 → b	2 → b	3 → 16	1	2	8	
16	PULSE OXIMETER	1 → b	2 → b	3 → 17	1	2	8	
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 → 18	1	2	8	
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 → 19	1	2	8	
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 → 20	1	2	8	
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3				
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3				

STANDARD PRECAUTIONS

2350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY SERVICES [Q1651]. . . . . 17 STI [Q1851]. . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 MINOR SURGERY [Q2451]. . . . . 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

2351	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGS WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

2352	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 24: MINOR SURGICAL SERVICES

2400	**CHECK Q102.15** MINOR SURGERY AVAILABLE ↓ MINOR SURGERY NOT AVAILABLE → NEXT SECTION OR SERVICE SITE	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

ASK TO SEE THE ROOM OR AREA WHERE MINOR SURGERIES TAKE PLACE AND ASK TO SEE THE ITEMS BELOW

	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	NEEDLE HOLDER	1 → b	2 → b	3 → 02	1	2	8
02	SCAPEL HANDLE WITH BLADE	1 → b	2 → b	3 → 03	1	2	8
03	RETRACTOR	1 → b	2 → b	3 → 04	1	2	8
04	SURGICAL SCISSORS	1 → b	2 → b	3 → 05	1	2	8
05	NASOGASTRIC TUBE (10-16G)	1 → b	2 → b	3 → 06	1	2	8
06	TORNIQUET	1 → b	2 → b	3 → 2402	1	2	8

	Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ABSORBABLE SUTURE MATERIAL	1	2	3	4	5
02	NON-ABSORBABLE SUTURE MATERIAL	1	2	3	4	5
03	SKIN DISINFECTANT	1	2	3	4	5
04	LIDOCAINE / LIGNOCAINE INJECTION	1	2	3	4	5
05	KETAMINE INJECTION	1	2	3	4	5

2403	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC)?	YES . . . . . 1 NO . . . . . 2 →	2450
2404	May I see the guidelines on Integrated management of emergency and essential surgical care?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

STANDARD PRECAUTIONS

2450	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. . . . . 11 CHILD VACCINATION [Q1051] . . . . . 12 CHILD CURATIVE CARE [Q1251]. . . . . 13 FAMILY PLANNING [Q1351]. . . . . 14 ANTENATAL CARE [Q1451]. . . . . 15 PMTCT [Q1551]. . . . . 16 DELIVERY SERVICES [Q1651]. . . . . 17 STI [Q1851]. . . . . 18 TUBERCULOSIS [Q1951]. . . . . 19 HIV TESTING [Q2051]. . . . . 21 NCD [Q2351]. . . . . 22 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE

2451	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
14*	EXAMINATION BED OR COUCH	1	2	3
15*	GUM BOOTS	1	2	3

2452	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 25: CESAREAN DELIVERY

2500	**CHECK Q102.16** CESAREAN DELIVERY DONE IN FACILITY ☐ ↓ CESAREAN DELIVERY **NOT** DONE IN FACILITY ☐ ↓ NEXT SECTION OR SERVICE SITE ←		

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERY ARE DONE.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2501	Does the facility have a health worker who can perform Cesarean delivery present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES. . . . . 1 NO. 2	→ 2504
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES. . . . . 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2	→ 2504
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED. . . . . 1 SCHEDULE REPORTED, NOT SEEN. 2	
2504	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays?)	YES. . . . . 1 NO. 2	→ 2507
2505	Is there a duty schedule or call list?	YES. . . . . 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2	→ 2507
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED. . . . . 1 SCHEDULE REPORTED, NOT SEEN. 2	
2507	Has Cesarean section been performed in this facility during the past 3 months?	YES. . . . . 1 NO. 2	→ 2510
2507A	How many C-sections were performed at this facility during the past 3 completed months?	# OF C-SECTIONS ☐☐☐☐ DON'T KNOW. 9998	

ASK TO SEE THE ROOM OR AREA WHERE CESAREAN SECTIONS ARE DONE AND ASK TO SEE THE ITEMS BELOW

2510	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 → b	2 → b	3 → 02	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 → b	2 → b	3 → 03	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 → b	2 → b	3 → 04	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 → b	2 → b	3 → 05	1	2	8
05	MAGILLS FORCEPS - ADULT	1 → b	2 → b	3 → 06	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 → b	2 → b	3 → 07	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 → b	2 → b	3 → 08	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 → b	2 → b	3 → 09	1	2	8
09	INTUBATING STYLET	1 → b	2 → b	3 → 10	1	2	8
10	SPINAL NEEDLE	1 → b	2 → b	3 → 11	1	2	8
11*	OXYGEN CONCENTRATOR	1 → b	2 → b	3 → **2510C**	1	2	8

2510C	Does this facility have a dedicated c-section theatre?	YES. . . . . 1 NO. 2	

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	**CHECK Q102.18** BLOOD TYPING SERVICES AVAILABLE FROM FACILITY ☐ BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY ☐ NEXT SECTION OR SERVICE SITE ←					
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	Anti-A Reagent	1	2	3	4	5
02	Anti-B Reagent	1	2	3	4	5
03	Anti-D Reagent	1	2	3	4	5
04	COOMB'S REAGENT	1	2	3	4	5
05	Anti-A,B Reagent	1	2	3	4	5
2601A	Do you have a water bath?	YES. . . . . 1 NO. . . . . 2 NEXT SECTION ←				
2601B	May I see the water bath?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2				
2601C	Is the water bath functioning?	YES. . . . . 1 NO. 2				

SECTION 27: BLOOD TRANSFUSION SERVICES

2700	**CHECK Q102.19** BLOOD TRANSFUSION AVAILABLE FROM FACILITY ☐ BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY ☐ → NEXT SECTION OR SERVICE SITE		

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2701	What is the source of the blood that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	NATIONAL BLOOD BANK. . . . . A REGIONAL BLOOD BANK. . . . . B RELATIVES DONATING DIRECTLY. . . . . C OTHER_____ X (SPECIFY)	
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES. . . . . 1 NO. 2	

SCREENING FOR INFECTIOUS DISEASES

2710	Is blood that is transfused in this facility screened, ***either in this facility or externally,*** for any infectious diseases prior to transfusion?	YES. . . . . 1 NO. 2	→ 2720
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY. . . . . 1 ONLY AT AN EXTERNAL FACILITY. . . . . 2 BOTH INTERNALLY AND EXTERNALLY. 3	

2712	Is the blood that is transfused in the facility screened, ***either in this facility or externally,*** for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	ALWAYS	SOMETIMES	RARELY	NO
01	HIV	1	2	3	4
02	SYPHILIS	1	2	3	4
03	HEPATITIS B	1	2	3	4
04	HEPATITIS C	1	2	3	4
05	MALARIA	1	2	3	4

2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES . . . . . 1 NO 2	→ 2714C

2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST	
		YES	NO	YES	NO
01	HIV	1 → b	2 → 02	1	2
02	SYPHILIS	1 → b	2 → 03	1	2
03	HEPATITIS B	1 → b	2 → 04	1	2
04	HEPATITIS C	1 → b	2 → 05	1	2
05	MALARIA	1 → b	2 → 2714C	1	2

2714C	**CHECK Q2711** SOME SCREENING DONE IN FACILITY (RESPONSES "1" OR RESPONSE "3" CIRCLED)	NO SCREENING DONE IN FACILITY (RESPONSE "2" CIRCLED) Q2720	
2714D	Is there an established system for external quality control for the screening tests conducted by this laboratory on blood prior to transfusion?	YES. . . . . 1 NO. 2	→ 2720
2714E	What system of external quality control is used in this laboratory for these tests? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL. . . . . A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE. . . . . B BLOOD SENT OUTSIDE FOR RETESTING. . . . . C OTHER_____ X	
2714F	Is there a record of the results from the external quality check?	YES. . . . . 1 NO. 2	→ 2720
2714G	May I see the records or results from the external quality check?	OBSERVED . . . . . 1 REPORTED, NOT SEEN. 2	→ 2720

BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES. . . . . 1 NO. 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES. . . . . 1 NO. 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	→ 2724
2723	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES. . . . . 1 ABOVE +6 DEGREES. . . . . 2 BELOW +2 DEGREES. . . . . 3 THERMOMETER NOT FUNCTIONAL. 4	
2724	Do you have any guidelines on the appropriate use of blood and safe transfusion practices?	YES. . . . . 1 NO. . . . . 2 NEXT SECTION OR SERVICE SITE	
2725	May I see the guidelines on appropriate use of blood and safe blood transfusion?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

3000	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY		YES	NO
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE		1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN- NO OBVIOUS DUST OR WASTE		1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX		1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED		1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED		1	2
06	**WALLS:** SIGNIFICANT DAMAGE		1	2
07	**DOORS:** SIGNIFICANT DAMAGE		1	2
08	**CEILING:** WATER STAINS OR DAMAGE		1	2
	INTERVIEW END TIME			
	THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

Health Worker Interview Questionnaire

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

HEALTH WORKER INTERVIEW

Facility Number: | | | | | |

Provider SERIAL Number: | | | **[FROM STAFF LISTING FORM]**

Interviewer Code: | | | |

Provider Sex: (1=MALE; 2=FEMALE) |

Number of ANC Observations Associated with Provider. . . . . . |

Number of FP Observations Associated with Provider. . . . . . |

Number of Sick Child Observations Associated with Provider. . . . . . |

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED

YES, PREVIOUSLY INTERVIEWED **1**

NAME & NUMBER OF FACILITY | | | | | | → **END**

NO, NOT PREVIOUSLY INTERVIEWED **2**

READ THE FOLLOWING CONSENT FORM

Good day! My name is _____. We are here on behalf of the National Bureau of Statistics (NBS), Office of Chief Government Statistician (OCGS), Zanzibar, and the Ministry of Health and Social Welfare (MOHSW) conducting a survey of health facilities to assist the government in knowing more about health services in Tanzania.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by the MOHSW, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Do you have any questions about the study? Do I have your agreement to proceed?

Interviewer's signature

DAY	MONTH	YEAR
		2 0 1

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES. . . . . 1 NO. 2	→ **END**

1. EDUCATION, EXPERIENCE AND HVB VACCINATION

102	I would like to ask you some questions about your educational background. How many years of education have you completed in total, starting from your primary, secondary and further education?	YEARS.	
103	What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?	GENERALIST MEDICAL DOCTOR. . . . . 01 SPECIALIST MEDICAL DOCTOR . . . . . 02 ASSISTANT MEDICAL OFFICER . . . . . 03 CLINICAL OFFICER . . . . . 04 ASSISTANT CLINICAL OFFICER. . . . . 05 REGISTERED NURSE. . . . . 07 ENROLLED NURSE. . . . . 08 NURSE ASSISTANT/ATTENDANT . . . . . 09 LABORATORY SCIENTIST. . . . . 13 LABORATORY TECHNOLOGIST. . . . . 14 LABORATORY TECHNICIAN. . . . . 15 LABORATORY ASSISTANT. . . . . 16 OTHER_____ 96	
104	What year did you graduate (or complete) with this qualification? IF NO TECHNICAL QUALIFICATION (103=9), ASK: What year did you complete any basic training for your current occupational category?	YEAR	
105	In what year did you start working in this facility?	YEAR	
106	Have you received any dose of Hepatitis B vaccine? IF YES, ASK: How many doses have you received so far?	YES, 1 DOSE. . . . . 1 YES, 2 DOSES. . . . . 2 YES, 3 OR MORE DOSES. . . . . 3 NO. 4	→ 108
107	Did you receive any of the vaccination as part of your services in this facility?	YES. . . . . 1 NO. 2	
108	Are you a manager or in-charge for any clinical services?	YES. . . . . 1 NO. 2	

2. GENERAL TRAINING / MALARIA / NON-COMMUNICABLE DISEASES

200	I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic. Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES, ASK: Was the ***training, training update or refresher training*** within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	2	3
02	Any specific training related to injection safety practices or safe injection practices?	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3
04	Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS	1	2	3
05	TB infection control	1	2	3
06	Integrated Management for Emergency and Essential Surgical Care (IMEESC)	1	2	3

201	**CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION** CODE 13, 14, 15 OR 16 (i.e., LABORATORY-RELATED) CIRCLED → 700 CODE 13, 14, 15 OR 16 **NOT** CIRCLED		

I will now ask you a few questions about services you **personally** provide ***in your current position in this facility*** and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.

202	In your **current** position, and as a part of your work for this facility, do you personally provide any services that are designed to be ***youth or adolescent friendly?*** i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES. . . . . 1 NO. 2	
203	Have you received any ***in-service training, training updates or refresher training*** on topics specific to youth or adolescent friendly services? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. . . . . 1 YES, OVER 24 MONTHS AGO. . . . . 2 NO TRAINING OR UPDATES. 3	
203A	Have you received the Peer Education training for youth from different groups in community? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. . . . . 1 YES, OVER 24 MONTHS AGO. . . . . 2 NO TRAINING OR UPDATES. 3	

MALARIA

204	In your **current** position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	YES. . . . . 1 NO. 2	
205	Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria?	YES. . . . . 1 NO. . . . . 2 → 207	

	Have you received any ***in-service training, training updates or refresher trainings*** in any of the following topics [READ TOPIC]: IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
206				
01	Diagnosing malaria in adults	1	2	3
02	Diagnosing malaria in children	1	2	3
03	How to perform malaria rapid diagnostic test	1	2	3
04	Case management/Treatment of malaria in adults	1	2	3
05	Case management/Treatment of malaria in adults during pregnancy	1	2	3
06	Intermittent preventive treatment of malaria in pregnancy	1	2	3
07	Case management/Treatment of malaria in children	1	2	3
08	How to perform malaria microscopy	1	2	3
09	Voucher scheme for ITNs (HATI PUNGUZO)	1	2	3

DIABETES

207	In your **current** position, and as a part of your work for this facility, do you personally diagnose and/or manage **diabetes**?	YES. . . . . 1 NO. 2	
208	Have you received any ***in-service training, training updates or refresher training*** on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. . . . . 1 YES, OVER 24 MONTHS AGO. . . . . 2 NO TRAINING OR UPDATES. 3	

CARDIO-VASCULAR DISEASES

209	In your **current** position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES. . . . . 1 NO. 2	
210	Have you received any ***in-service training, training updates or refresher training*** on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. . . . . 1 YES, OVER 24 MONTHS AGO. . . . . 2 NO TRAINING OR UPDATES. 3	

CHRONIC RESPIRATORY DISEASES

211	In your **current** position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES. . . . . 1 NO. 2	
212	Have you received any ***in-service training, training updates or refresher training*** on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. . . . . 1 YES, OVER 24 MONTHS AGO. . . . . 2 NO TRAINING OR UPDATES. 3	

3. CHILD HEALTH SERVICES

300	In your **current** position, and as a part of your work for this facility, do you personally provide any **child vaccination** services?	YES. . . . . 1 NO. 2	
301	In your **current** position, and as a part of your work for this facility, do you personally provide any **child growth monitoring** services?	YES. . . . . 1 NO. 2	
302	In your **current** position, and as a part of your work for this facility, do you personally provide any **child curative care** services?	YES. . . . . 1 NO. 2	
302A	In your **current** position, and as a part of your work for this facility, do you personally provide any services for the early identification of any type of disability in children?	YES. . . . . 1 NO. 2	
303	Have you received any ***in-service training, training updates or refresher training*** on topics related to child health or childhood illnesses?	YES . . . . . 1 NO 2	→ 400

304	Have you received any ***in-service training or training updates*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Epi or cold chain monitoring	1	2	3
02	Integrated management of childhood illnessess	1	2	3
03	Diagnosis of malaria in children	1	2	3
04	How to perform malaria rapid diagnostic test	1	2	3
05	Case management/treatment of malaria in children	1	2	3
06	Diagnostic and/or treatment of acute respiratory infections	1	2	3
07	Diagnostic and/or treatment of diarrhea	1	2	3
08	Micronutrient deficiencies and/or nutritional assessment	1	2	3
09	Breastfeeding	1	2	3
10	Complimentary feeding in infants	1	2	3
11	Pediatric HIV/AIDS	1	2	3
12	Pediatric ART	1	2	3
13	Malaria prevention in children, including Behavior change communication on use of ITNs, avoiding mosquito bites, etc	1	2	3
14	Early identification of children with disabilities	1	2	3
15	Other training on child health (SPECIFY)_____	1	2	3

4. FAMILY PLANNING SERVICES

400	In your **current** position, and as a part of your work for this facility, do you personally provide any **family planning** services?	YES. . . . . 1 NO. 2	
401	Have you received any ***in-service training, training updates or refresher training*** on topics related to family planning?	YES. . . . . 1 NO. 2	→500

403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	General counseling for Family Planning	1	2	3
02	IUCD insertion and/or removal	1	2	3
03	IMPLANT insertion and/or removal	1	2	3
04	Performing vasectomy	1	2	3
05	Performing tubal ligation	1	2	3
06	Clinical management of FP methods, including managing side effects	1	2	3
07	Family planning for HIV positive women	1	2	3
08	Post-partum Family Planning			3
09	Other training on Family Planning (SPECIFY)_____	1	2	3

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	In your **current** position, and as a part of your work for this facility, do you personally provide any **antenatal care or postnatal care** services? IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL. . . . . 1 YES, POSTNATAL. . . . . 2 YES, BOTH. . . . . 3 NO, NEITHER. 4			
501	Have you received any ***in-service training, training updates or refresher training*** on topics related to antenatal care or postnatal care?	YES. . . . . 1 NO. 2			→503
502	Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, urine glucose and protein)?		1	2	3
02	Counseling for ANC (e.g., nutrition, FP and newborn care)?		1	2	3
03	Complications of pregnancy and their management?		1	2	3
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?		1	2	3
05	Intermittent preventive treatment of malaria during pregnancy		1	2	3
06	Focused Antenatal Care 6 day training for providers working in RCH clinic?		1	2	3
07	Adolescent Sexual and Reproductive health 12 day training?		1	2	3
503	Do you ***personally*** provide any services that are specifically geared toward preventing mother-to-child transmission of HIV? IF YES, ASK: Which specific services do you provide? INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?	PREVENTIVE COUNSELING. . . . . A HIV TEST COUNSELING. . . . . B CONDUCT HIV TEST. . . . . C PROVIDE ARV TO MOTHER. . . . . D PROVIDE ARV TO INFANT. . . . . E NO PMTCT SERVICES. . . . . Y			
504	Have you received any ***in-service training, training updates or refresher training*** on topics related to maternal and/or newborn health and HIV/AIDS?	YES. . . . . 1 NO. 2			→506
505	Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Prevention of mother-to-child transmission (PMTCT) of HIV?		1	2	3
02	Newborn nutrition counseling of mother with HIV?		1	2	3
03	Infant and young child feeding		1	2	3
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)?		1	2	3
05	Antiretroviral prophylactic treatment for prevention of mother to child transmission of HIV?		1	2	3

DELIVERY SERVICES

506	In your **current** position, and as a part of your work for this facility, do you personally provide **delivery services**? By that I mean conducting the actual delivery of newborns?	YES. . . . . 1 NO. 2	→ 509
507	During the past 6 months, approximately how many deliveries have you conducted as the ***main provider (include deliveries conducted for private practice and for facility)?***	TOTAL DELIVERIES ☐☐☐	
508	When was the last time you used a partograph?	NEVER. . . . . 0 WITHIN PAST WEEK. . . . . 1 WITHIN PAST MONTH. . . . . 2 WITHIN PAST 6 MONTHS. . . . . 3 OVER 6 MONTHS AGO. . . . . 4 WITHIN THIS WEEK 5	
509	Have you received any ***in-service training, training updates or refresher training*** on topics related to delivery care?	YES. . . . . 1 NO. 2	→ 511

510	Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2	3
02	Comprehensive Emergency Obstetric Care (CEmOC)?	1	2	3
03	Routine care for labor and normal vaginal delivery?	1	2	3
04	Active Management of Third Stage of Labor (AMTSL)?	1	2	3
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2	3
06	Post abortion care?	1	2	3
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2	3

NEWBORN CARE SERVICES

511	In your **current** position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES. . . . . 1 NO. 2	
512	Have you received any ***in-service training, training updates or refresher training*** on topics related to newborn care?	YES. . . . . 1 NO. 2	→ 600

513	Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask	1	2	3
02	*Early* and e*xclusive* breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05	Sterile cord cutting and appropriate cord care	1	2	3
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES. . . . . 1 NO. 2	
601	Have you received any ***in-service training, training updates or refresher training*** on topics related to STI services?	YES. . . . . 1 NO. 2	→ 603

602	Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2	3
02	The syndromic management for STIs	1	2	3
03	Drug resistance to STI treatment medications	1	2	3
04	STI case management training (14 days course or 7 days refresher)	1	2	3

TUBERCULOSIS

		Do you provide [READ SERVICE]? (a)		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (b)		
603	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related ***in-service training, training updates or refresher training*** READ THE QUESTIONS FROM COLUMNS A AND B	YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification and referral of MDR-TB suspects	1	2	1	2	3
08	Management of TB in Children	1	2	1	2	3
09	Community-based DOTS	1	2	1	2	3

HIV/AIDS SERVICES

		Do you provide [READ SERVICE]? (a)		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (b)		
604	Now I will ask if you provide certain HIV-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related in-service training, training updates or refresher training. READ THE QUESTIONS FROM COLUMNS A AND B	YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Provide counseling related to HIV testing	1	2	1	2	3
02	Conduct the HIV test	1	2	1	2	3
03	Provide any services related to PMTCT	1	2	1	2	3
04	Provide any palliative care services	1	2	1	2	3
05	Provide any ART services, including prescription, counseling, or follow-up	1	2	1	2	3
06	Provide any preventive treatment for opportunistic infections (OIs) such as TB and pneumonia	1	2	1	2	3
07	Provide pediatric AIDS care	1	2	1	2	3
08	Provide HIV/AIDS home-based care	1	2	1	2	3
09	Provide post-exposure prophylaxis (PEP) services	1	2	1	2	3

7. DIAGNOSTIC SERVICES

700	In your **current** position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES. . . . . 1 NO. 2	→ 800

701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2
02	HIV rapid testing	1	2
03	Any other HIV test, such as PCR, ELISA, or Western Blot	1	2
04	Hematology testing, such as anemia testing	1	2
05	CD4 testing	1	2
06	Malaria microscopy	1	2
07	Malaria rapid diagnostic test (mRDT)	1	2

702	Have you received any ***in-service training, training updates or refresher training*** on topics related to the different diagnostic tests you conduct?	YES. . . . . 1 NO. 2	→ 800

703	Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3
02	HIV testing	1	2	3
03	CD4 testing	1	2	3
04	Blood screening for HIV prior to transfusion?	1	2	3
05	Blood screening for Hepatitis B prior to transfusion?	1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3
07	Malaria microscopy	1	2	3
08	Malaria rapid diagnostic test (mRDT)	1	2	3

8. WORKING CONDITIONS IN FACILITY

800	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY ☐☐	
801	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work? IF YES, ASK: When was the most recent time?	Yes, TODAY 0 YES, IN THE PAST 3 MONTHS. . . . . 1 YES, IN THE PAST 4-6 MONTHS. . . . . 2 YES, IN THE PAST 7-12 MONTHS. . . . . 3 YES, MORE THAN 12 MONTHS AGO. . . . . 4 NO. 5	→ 804
802	How many times in the past six months has your work been supervised?	NUMBER OF TIMES. . . . . ☐☐ EVERY DAY. . . . . '96	
803	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DK	
01	Check your records or reports?	CHECKED RECORD 1 2 8	
02	Observe your work?	OBSERVED WORK 1 2 8	
03	Provide any feedback (either positive or negative) on your performance?	FEEDBACK 1 2 8 05 05	
04	Give you verbal or written feedback that you were doing your work well?	VERBAL/WRITTEN PRAISE 1 2 8	
05	Provide updates on administrative or technical issues related to your work?	PROVIDED UPDATES 1 2 8	
06	Discuss problems you have encountered?	DISCUSSED PROBLEMS 1 2 8	
804	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . 2 NO 3	
805	Are there any opportunities for promotion in your current job?	YES. . . . . 1 NO. . . . . 2 UNCERTAIN/DON'T KNOW. 8	
806	Which type(s) of salary supplement do you receive, if any? PROBE: Anything else?	MONTHLY OR DAILY SALARY SUPPLEMENT. . . . . A PERDIEM WHEN ATTENDING TRAINING. . . . . B (EXTRA) DUTY ALLOWANCE. . . . . C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED). . . . . D ON CALL ALLOWANCE E HOUSING ACOMMODATION ALLOWANCE F OTHER _____ X (SPECIFY) NONE. . . . . Y	
807	In your current position, what non-monetary incentives have you received for the work you do, if any? PROBE: Anything else?	TIME OFF / VACATIONS . . . . . A UNIFORMS, BACKPACKS, CAPS, etc.. . . . . B DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. . . . . C TRAINING. . . . . D FOOD RATION / MEALS. . . . . E SUBSIDIZED HOUSING . . . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y	

808	Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important. ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD. IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOX/ES. DO NOT LEAVE ANY BOX EMPTY THERE MUST BE 3 ENTRY DO NOT READ CHOICES TO YOUR RESPONDENT	MORE SUPPORT FROM SUPERVISOR. . . . . A MORE KNOWLEDGE / UPDATES TRAINING. . . . . B MORE SUPPLIES/STOCK. . . . . C BETTER QUALITY EQUIPMENT/ SUPPLIES. . . . . D LESS WORKLOAD (i.e. MORE STAFF). . . . . E BETTER WORKING HOURS / FLEXIBLE TIMES. . . . . F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS). . . . . G TRANSPORTATION FOR REFERRAL PATIENTS. . . . . H PROVIDING ART. . . . . I PROVIDING PEP. . . . . J INCREASED SECURITY. . . . . K BETTER FACILITY INFRASTRUCTURE. . . . . L MORE AUTONOMY / INDEPENDENCE. . . . . M EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES). . . . . N HOUSING ACCOMODATION 0 OTHER (SPECIFY) _____. . . . . X NO PROBLEM. . . . . Y	RANKING
	THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT	

Observation and Exit Interview Questionnaires

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF ANC CONSULTATION

1. Facility Identification

QTYPE [O] [A] [N]

FACILITY NUMBER. . . . . [ ][ ][ ][ ][ ]

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] . . . . . [ ][ ]

CLIENT CODE [FROM CLIENT LISTING FORM] . . . . . [ ][ ][ ]

2. Provider Information

Provider Qualification Category:
GENERALIST MEDICAL DOCTOR. 01
SPECIALIST MEDICAL DOCTOR 02
ASSISTANT MEDICAL OFFICER 03
CLINICAL OFFICER. 04
ASSISTANT CLINICAL OFFICER. 05
REGISTERED NURSE. 07
ENROLLED NURSE. 08
NURSE ASSISTANT / ATTENDANT. 09
OTHER. 96

PROVIDER CATEGORY [ ][ ]

SEX OF PROVIDER: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . [ ]

3. Information About Observation

Date:. . . . .

DAY . . . . . [ ][ ]
MONTH . . . . . [ ][ ]
YEAR . . . . . 2 0 1 [ ]

Name of the observer: _____

OBSERVER CODE . . . . . [ ][ ][ ]

4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am …….. I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW)
We are conducting a study of health facilities in Tanzania with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.

Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

DAY	MONTH	YEAR
		2 0 1

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ **END**

READ TO CLIENT: Hello, I am_____. I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW)
We are conducting a study of health services in Tanzania. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

After the consultation, my colleague would like to talk with you about your experience here today.
Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ **END**
102	RECORD THE TIME THE OBSERVATION STARTED . . . . . USE 24 HOURS FORMAT	:	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES . . . . . 1 NO 2	

NO.	QUESTION / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.		

CLIENT HISTORY

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

ASPECTS OF PRIOR PREGNANCIES

105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	
01	Prior stillbirth(s)	A
02	Infant(s) who died in the first week of life	B
03	Heavy bleeding, during or after delivery	C
04	Previous assisted delivery (caesarean section, ventouse/vacuum, or forceps)	D
05	Previous spontaneous abortions	E
06	Previous multiple pregnancies	F
07	Previous prolonged labor	G
08	Previous pregnancy-induced hypertension	H
09	Previous pregnancy related convulsions	I
10	High fever or infection during prior pregnancy/pregnancies	J
11	None of the above	Y

DANGER SIGNS OF CURRENT PREGNANCY

106	IN **COLUMN A**, RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN **COLUMN B**, RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER COUNSELLED
01	Vaginal bleeding	A	A
02	Fever	B	B
03	Headache or blurred vision	C	C
04	Swollen face or hands or extremeties	D	D
05	Tiredness or breathlessness	E	E
06	Fetal movement (loss of, excessive, normal)	F	F
07	Cough or difficulty breathing for 3 weeks or longer	G	G
08	Any other symptoms or problems the client thinks might be related to this pregnancy	H	H
09	Amiotic leakage	I	I
10	None of the above	Y	Y

NO.	QUESTION / OBSERVATIONS	CODES

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands or lymphnodes	E
06	Palpate the client's abdomen for fetal presentation	F
07	Palpate the client's abdomen for fundal height	G
08	Listen to the client's abdomen for fetal heartbeat	H
09	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
10	Examine the client's breasts	J
11	Conduct vaginal examination/exam of perineal area	K
12	Measure fundal height using tape measure	L
13	None of the above	Y

ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	(D) NO ACTION TAKEN
01	Hemoglobin test	A	B	C	Y
02	Blood grouping	A	B	C	Y
03	Any urine test	A	B	C	Y
04	Syphilis test	A	B	C	Y

HIV TESTING AND COUNSELLING

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	Provided post test counseling	F
07	Discussed about partner testing	G
08	None of the above	Y

ARV PROPHYLAXIS / TREATMENT

109A	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING FOR HIV + (PMTCT1):	
01	Provided ARV for prophylaxis or treatment	A
02	Provided Septrin/Cotrimoxazole for prevention	B
03	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES

MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

IRON/ FOLATE (FeFo) SUPPLEMENTATION

111	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid (FeFo) or both	A
02	Explained the purpose of iron or folic acid (FeFo)	B
03	Explained how to take iron or folic-acid (FeFo) pills	C
04	Explained side effects of iron or folic-acid (FeFo) pills	D
05	None of the above	Y

TETANUS TOXOID INJECTION

112	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus toxoid (TT) injection	A
02	Explained the purpose of the TT injection	B
03	Checked TT card/ANC card	C
04	None of the above	Y

DEWORMING

113	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole	A
02	Explained the purpose of Mebendazole	B
03	None of the above	Y

MALARIA

114	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Gave malaria prophylaxis medicine (SP) to client during the consultation	A
02	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	B
03	Explained the purpose of the preventive treatment with anti-malaria medicine	C
04	Explained how to take the anti-malaria medicine	D
05	Explained possible side effects of the anti-malaria medicine	E
06	Provided ITN voucher to client as part of consultation or instructed client where to obtain the voucher for a net.	F
07	Explicitly explained importance of using ITN to client	G
	DIRECT OBSERVATION:	
08	Dose of IPT is taken in presence of provider (DOT) as part of consultation	H
09	Importance of further doses of IPT explained	I
10	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES

PREPARATION FOR DELIVERY

115	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
01	Asked the client where she will deliver	A
02	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	B
03	Advised the client to use a skilled health worker for delivery	C
04	Advise the client what items to have in hands in case of emergency and it's importance (e.g., blade)	D
05	Advised the client to deliver at a health facility	E
06	None of the above	Y

NEWBORN AND POSTPARTUM RECOMMENDATIONS

116	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care)	A
02	Discussed early initiation and prolonged breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
06	Discussed the importance of postnatal care attendance	F
07	None of the above	Y

INFECTION PREVENTION

116A	RECORD WHETHER THE PROVIDER APPLIED THE FOLLOWING IPC PRACTICES	
01	Washed hands with soap and clean water	A
02	Used gloves where appropriate (E.G. before vaginal exam, finger print)	B
03	Disposed used needles/syringes immediatedly and appropriately (in a sharp container)	C
04	Disposed of all contaminated wastes appropriately (in color coded bin)	D
05	In the event of exposure, PEP protocol initiated (wash hands with soap and running water. Not squeeze the finger)	E
06	None of the above	Y

OVERALL OBSERVATIONS OF INTERACTION

117	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. . . . . 1 NO, DID NOT ASK QUESTIONS. 2	
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. . . . . 1 NO AIDS USED. 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S ANC CARD (EITHER BEFORE BEGINNING THE EXAM, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. . . . . 1 NO, DID NOT LOOK AT CARD. . . . . 2 NO HEALTH CARD USED . . . . . 3 →	→121
120	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S ANC HEALTH CARD.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTION / OBSERVATIONS	CODES
121	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT GOES HOME. . . . . 1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY. . . . . 2 CLIENT ADMITTED TO SAME FACILITY. . . . . 3 CLIENT REFERRED TO OTHER FACILITY. 4	

QUESTIONS TO ANC PROVIDER

	ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD		
122	How many weeks pregnant is the client?	WEEKS OF PREGNANCY . . . . . ☐☐ NOT YET DETERMINE 98	
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care **at this facility for this pregnancy**?	FIRST VISIT. . . . . 1 SECOND VISIT. . . . . 2 THIRD VISIT. . . . . 3 FOURTH VISIT. . . . . 4 FIFTH OR MORE VISIT. . . . . 5 DON'T KNOW. 8	
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	FIRST PREGNANCY. . . . . 1 NOT FIRST PREGNANCY. . . . . 2 DON'T KNOW. 8	
124A	CHECK Q.123: NOT CLIENT'S FIRST VISIT (RESPONSE "1" NOT CIRCLED) ☐	CLIENT'S FIRST VISIT (RESPONSE "1" CIRCLED) ☐ 125	
124B	What is the date of this clients last ANC visit for this pregnancy?	DAY. . . . . ☐☐ DON'T KNOW . . . . . 98 MONTH. . . . . ☐☐ DON'T KNOW . . . . . 98 YEAR. . . . . ☐☐☐☐ DON'T KNOW 9998	
125	RECORD THE TIME THE OBSERVATION ENDED.	☐☐ : ☐☐	
	Observer's comments:		

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER . . . . . [ ][ ][ ][ ][ ]

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]. . . . . [ ][ ]

CLIENT CODE . . . . . [ ][ ][ ]

INFORMATION ABOUT INTERVIEW

DATE:. . . . .

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . 2 0 1 [ ]

Name of the interviewer: _____

INTERVIEWER CODE. . . . . [ ][ ][ ]

1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the National Bureau of Statistics (NBS), Office of Chief Government Statistician (OCGS) Zanzibar, ,and the Ministry of Health and Social Welfare (MOHSW) . We are conducting a study of health facilities in Tanzania in order to improve the services this facility offers and would like to ask you some questions about your experiences here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature (Indicates respondent's willingness to participate)	DAY | MONTH | YEAR: __ __ | __ __ | 2 0 1 _	
100	May I begin the interview now?	AGREES . . . . . 1 CLIENT REFUSES 2	→ **END**
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT	. . . . . __ . __	
102	Do you have an antenatal care card/book, or a vaccination card or TT card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES . . . . . 1 NO, CARD KEPT WITH FACILITY . . . . . 2 NO CARD/BOOK USED 3	→106
103	CHECK THE ANC CARD, BOOK, OR TT CARD OR VACCINATION CARD.INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME. . . . . 1 YES, 2 TIMES. . . . . 2 YES, 3 OR MORE TIMES. . . . . 3 NO RECORD. 4	
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD, OR BOOK?	# OF WEEKS. . . . . __ NOT AVAILABLE. 95	
105	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT? IF YES INDICATE NUMBER OF DOSES	YES, 1 DOSE. . . . . 1 YES, 2 DOSES. . . . . 2 YES, 3 DOSES. . . . . 3 YES, 4 DOSES. . . . . 4 NO 5	
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY. . . . . 1 NOT FIRST PREGNANCY. 2	
107	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT . . . . . 1 SECOND VISIT . . . . . 2 THIRD VISIT . . . . . 3 FOURTH VISIT . . . . . 4 MORE THAN 4 VISITS 5	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
107A	How many visits to ANC do you think a women should make during a pregnancy?	# OF VISITS. . . . . [ ][ ] DON'T KNOW. 98	
107B	During this visit, did the provider recommend that you return for another ANC visit?	YES. . . . . 1 NO 2	→ 107D
107C	In how many weeks did the provider recommend that you make the visit? USE A 4-WEEK MONTH TO CALCULATE WEEKS	# OF WEEKS FOR NEXT VISIT. . . . . [ ][ ] DON'T KNOW. 98	
107D	Have you heard of the Wazazi Nipendeni campaign?	YES. . . . . 1 NO 2	→ 108
107E	Are you receiving any text messages from the Wazazi Nipendeni campaign?	YES. . . . . 1 NO. 2	
108	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid (FeFo), or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC ACID PILL, OR A COMBINED PILL (FeFo).	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→112
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills or FeFo?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	
110	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pills or FeFo?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→112
111	Please tell me any side effects of the iron pills or FeFo that you know of. PROBE: ANY OTHER?	NAUSEA . . . . . A BLACK STOOLS . . . . . B CONSTIPATION . . . . . C OTHER_____ X DON'T KNOW . . . . . Z	
112	During this visit (or previous visits) has a provider given you any pills to prevent you from getting malaria? The provider may have said that the pills will help keep the baby healthy. SHOW THE CLIENT TABLET OF SP-BASED DRUGS	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→114
112A	Were the pills given to you by health worker in the consultation room, or were you asked to obtain the pills elsewhere in the facility, e.g., from a nurse in another room, or from the pharmacy in the same facility?	GIVEN IN THE CONSULTATION ROOM. . . . . 1 HEALTH WORKER IN ANOTHER ROOM. . . . . 2 PHARMACY IN SAME FACILITY 3	→ 113
112B	Did you go to the location you were directed to go for the pills?	YES. . . . . 1 NO. 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	Were you asked to swallow the pills while still in the facility and in the presence of a provider?	YES. . . . . 1 NO. 2	
113A	Did you receive a reminder card for next dose of SP?	YES. . . . . 1 NO. 2	
114	During this visit (or a previous visit) did a provider advice you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	
114A	During this visit (or a previous visit) did a provider offer you a *voucher* to obtain a mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→115
114B	During this visit (0r a previous visit), did a provider advise you on where to use your voucher to obtain a mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→117
115	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide *free of charge* ?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→117
116	During this visit (or a previous visit) did a provider offer to *sell* you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	Please tell me any signs of complications or danger signs of pregnancy that you know of I am referring to anything that could be an indication of a problem or complication with the pregnancy, or anything that could negatively affect the pregnancy. CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	VAGINAL BLEEDING. . . . . A FEVER. . . . . B SWOLLEN FACE OR HAND OR EXTREMITIES . . . . C TIREDNESS OR BREATHLESSNESS. . . . . D HEADACHE OR BLURRED VISION. . . . . E SEIZURES/CONVULSIONS. . . . . F REDUCED OR ABSENCE OF FETAL MOVEMENT. . . . . G PREMATURE RUPTURE OF MEMBRANES . . . . . H COUGH OR DIFFICULTY BREATHING FOR 3 WEEKS OR LONGER. . . . . I OTHER (SPECIFY). . . . . X DON'T KNOW ANY. . . . . Z	
119	During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→ 121
120	What did the provider advise you to do if you experienced any of the signs of complications? CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.	SEEK CARE AT A FACILITY. . . . . A REDUCE PHYSICAL ACTIVITY. . . . . B CHANGE DIET. . . . . C OTHER_____ X (SPECIFY) PROVIDER DID NOT ADVISE. . . . Y	
121	During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . . 2 YES PREVIOUS VISIT ONLY. . . . . 3 NO. . . . . 4 DON'T KNOW ANY. 8	
122	Please tell me some of the things you know of that you should have in preparation for the delivery. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	EMERGENCY TRANSPORT. . . . A MONEY. . . . . B DISINFECTANT. . . . . C CLEAN BLADE OR SCISSORS TO CUT CORD. . . . D GLOVES. . . . . E CORD TIE/CLEAN STRING. . . . . F CLEAN KHANGA / VITENGE. . . . . G SERINGE H OTHER_____. . . . . X DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
123	Do you have money set aside for the delivery? IF YES, ASK: Do you think you have enough?	YES, ENOUGH . . . . . 1 YES, BUT NOT ENOUGH . . . . . 2 NO 3	
124	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	
125	Have you decided where you will go for the delivery of your baby? IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY. . . . . 1 OTHER HEALTH FACILITY. . . . 2 AT HOME. . . . . 3 AT TBA's HOME. . . . . 4 OTHER LOCATION_____ 6 NO/DON'T KNOW. 8	
126	Do you know any complications during or immediately following childbirth? IF YES: What complications do you know?	EXCESSIVE BLEEDING. . . . . A FEVER. . . . . B GENITAL INJURIES. . . . . C NO. . . . . Y	
127	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . . 3 NO. . . . . 4 DON'T KNOW. 8	→129
128	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS. . . . . 1 6 MONTHS. . . . . 2 OTHER. . . . . 6 DON'T KNOW 8	
129	During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	
129A	During this visit (or a previous visit) did a provider advice you on the importance of attending postnatal care for you and the baby?	YES, THIS VISIT ONLY. . . . . 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. . . . . 4 DON'T KNOW. 8	→201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.

201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation? TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.	MINUTES . . . . . [ ][ ][ ] SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	

202 Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were **major** or **minor** problems for you.

		MAJOR PROBLEM	MINOR PROBLEM	NO PROBLEM	DK
01	Time you waited to see a provider	1	2	3	8
02	Ability to discuss problems or concerns about your pregnancy	1	2	3	8
03	Amount of explanation you received about the problem or treatment	1	2	3	8
04	Privacy from having others see the examination	1	2	3	8
05	Privacy from having others hear your consultation discussion	1	2	3	8
06	Availability of medicines at this facility	1	2	3	8
07	The hours of service at this facility, i.e., when they open and close	1	2	3	8
08	The number of days services are available to you	1	2	3	8
09	The cleanliness of the facility	1	2	3	8
10	How the staff treated you	1	2	3	8
11	Cost for services or treatments	1	2	3	8

203	Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
204	Were you charged, or did you pay fees for any services your received or were provided today?	YES . . . . . 1 NO 2	→ 206

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT ☐☐☐☐☐☐ DON'T KNOW 999998	
205A	Please tell me how much you paid, if any, for the following: IF NECESSARY, ASSIST IN ADDING TO ARRIVE AT THE TOTAL	A) CONSULTATION ☐☐☐☐☐☐ B) HEALTH CARD ☐☐☐☐☐☐ C) MEDICINE ☐☐☐☐☐☐ D) MOSQUITO NET ☐☐☐☐☐☐ E) OTHER ☐☐☐☐☐☐ DON'T KNOW. 999998	
206	Is this the closest health facility to your home?	YES. . . . . 1 → 208 NO. . . . . 2 DON'T KNOW. . . . . 8 → 208	
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . . 06 WAS REFERRED . . . . . 07 OTHER. . . . . 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM **VERY SATISFIED** WITH THE SERVICES I RECEIVED IN FACILITY . . . . . 1 02) I AM **MORE OR LESS SATISFIED** WITH THE SERVICES I RECEIVED. . . . . 2 03) I AM **NOT SATISFIED** WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.			
302	How old were you at your last birthday?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW. 98	
303	Have you ever attended school?	YES . . . . . 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY. . . . . 01 SECONDARY O-LEVEL. . . . . 02 SECONDARY A-LEVEL. . . . . 03 VOCATIONAL TRAINING. . . . . 04 COLLEGE (TECHNICAL). . . . . 05 UNIVERSITY. 06	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE . . 1 YES, READ ONLY . . . . . 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	☐☐ : ☐☐	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		

Interviewer's comments:

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF FAMILY PLANNIING CONSULTATION

1. Facility Identification

QTYPE [O] [F] [P]

FACILITY NUMBER. . . . . [ ][ ][ ][ ][ ]

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] . . . . . [ ][ ]

CLIENT CODE [FROM CLIENT LISTING FORM] . . . . . [ ][ ][ ]

2. Provider Information

Provider Qualification Category:

GENERALIST MEDICAL DOCTOR. 01
SPECIALIST MEDICAL DOCTOR 02
ASSISTANT MEDICAL OFFICER 03
CLINICAL OFFICER. 04
ASSISTANT CLINICAL OFFICER. 05
REGISTERED NURSE. 07
ENROLLED NURSE. 08
NURSE ASSISTANT / ATTENDANT. 09
OTHER. 96

PROVIDER CATEGORY [ ][ ]

SEX OF PROVIDER: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . [ ]

3. Information About Observation

Date:. . . . .

DAY . . . . . [ ][ ]
MONTH . . . . . [ ][ ]
YEAR . . . . . 2 0 1 [ ]

Name of the observer: _____

OBSERVER CODE . . . . . [ ][ ][ ]

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	READ TO PROVIDER: Hello. I am …….. I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW) We are conducting a study of health facilities in Tanzania with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database. Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation. Do I have your permission to be present at this consultation? Interviewer's signature (Indicates respondent's willingness to participate) DAY | MONTH | YEAR: __ __ | __ __ | 2 0 1 _		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ **END**

	READ TO CLIENT: Hello, I am_____. I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW) We are conducting a study of health services in Tanzania. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility. We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ **END**
102	RECORD THE TIME THE OBSERVATION STARTED.	__ __ : __ __	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES . . . . . 1 NO 2	
104	RECORD THE SEX OF CLIENT.	MALE . . . . . 1 FEMALE 2	

CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05	None of the above	Y

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
01	Took the client's blood pressure	A
02	Weighed the client	B
03	Asked the client about his/her smoking habits	C
04	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	D
05	Asked the client about any chronic illnesses (heart disease, diabetes, hypertension, liver disease, or breast cancer)	E
*06	Asked the client about alcohol use	F
07	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

QUESTIONS/CONCERNS

109	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING	
01	Provider asked client is he/she had questions or concerns regarding current method	A
02	Client expressed concerns about method, or asked questions about method, including possible side effects of method.	B
03	None of the above	Y

PRIVACY/CONFIDENTIALITY

110	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY	
01	Ensured visual privacy	A
02	Ensured auditory privacy	B
03	Assured the client verbally of confidentiality	C
04	None of the above	Y

METHODS PROVIDED OR PRESCRIBED

111

VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED OR PRESCRIBED DURING THIS VISIT. IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.

IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUCD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.

CAUTION!

AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUNMS
IF NO METHOD IS PRECRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A"

	METHOD	(A) PRESCRIBED TO BE FILLED LATER/DIFFERENT LOCATION	(B) PROVIDED TO CLIENT IN FACILITY
01	COMBINED ORAL PILL	A	A
02	PROGESTIN-ONLY ORAL PILL	B	B
03	ORAL PILL (TYPE UNSPECIFIED)	C	C
04	COMBINED INJECTABLE (MONTHLY)	D	D
05	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY)	E	E
06	MALE CONDOM	F	F
07	FEMALE CONDOM	G	G
08	IUCD	H	H
09	IMPLANT	I	I
10	EMERGENCY CONTRACEPTION (E.G., PROSTINOL 2)	J	J
11	CYCLE BEADS FOR STANDARD DAYS METHOD	K	K
12	COUNSELING ON PERIODIC ABSTINENCE	L	L
13	VASECTOMY (MALE STERILIZATION)	M	M
14	TUBAL LIGATION (FEMALE STERILIZATION)	N	N
15	LACTATIONAL AMENORHEA	O	O
16	OTHER (E.G., SPERMICIDE, DIAPHRAGM)	X	X
17	NO METHOD	Y	Y

FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.

112	CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTHCOLUMNS? YES ☐ NO ☐ → 114	
113	**PILLS OR INJECTIONS**	
01	When to take (pill daily; injection either every month or every 2 or 3 months)	A
02	Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	C
04	What to do if forget pill or do not get injection on time	D
05	Method does not protect against STIs, including HIV	E
06	Should return to clinic if side effects appear or persist	F
07	None of the above	Y
114	CHECK Q111: ARE "F" OR "G" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 116	
115	**CONDOMS**	
01	Client cannot use if allergic to latex	A
02	Each condom can be used only one time	B
03	Some lubricants may be used (male condom— water soluble only; female condom —any lubricant)	C
04	Can be used as backup method if client fears other method will fail	D
05	Dual protection (from pregnancy and against STIs, including HIV)	E
06	None of the above	Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 118	
117	**INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)**	
01	Good for up to 5 years or 12 years	A
02	Should return to the clinic 3-6 weeks post insertion or after first menses	B
03	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps)	C
04	Should return to clinic if side effects continue	D
05	User should regularly check strings after each menstruation	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

118	CHECK Q111: IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 120	
119	**IMPLANTS**	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 122	
121	**EMERGENCY CONTRACEPTION**	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 120 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122	CHECK Q111: IS "K" OR "L" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 124	
123	**PERIODIC ABSTINENCE OR STANDARD DAYS METHOD**	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR COLUMN "B"? YES ☐ NO ☐ → 126	
125	**VASECTOMY**	
01	Partner is protected from pregnancy after 3 months or after 30 ejaculations	A
02	Use of a back-up method for the next 3 months	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

126	CHECK Q111: IS "N" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ →	128
127	**FEMALE STERILIZATION**	
01	Protect from pregnancy immediately	A
02	Procedure intended to be permanent, slight risk of failure	B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	C
04	Should return to clinic if experience warning sign	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
128	CHECK Q111: IS "O" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ →	130
129	**LACTATIONAL AMENORRHEA (LAM)**	
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes	A
02	Must be exclusively (or near-exclusively) breastfeeding	B
03	Not effective after menstruation begins again	C
04	Infant must be less than 6 months	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client	A
02	Wrote on the client's health card	B
03	Used any visual aids for health education or counseling about family planning methods	C
04	Discussed a return visit	D
*05	Client provided reading materials to take home	E
06	None of the above	Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.		
01	Has this client had any previous contact with a family planning provider in this facility?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
02	Has this client ever been pregnant?	YES. . . . . 1 NO. . . . . 2 MALE CLIENT. . . . . 3 DON'T KNOW. 8	

5. CLINICAL OBSERVATION

201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT		
01	PELVIC EXAMAMINATION	A	
02	IUCD INSERTION AND/OR REMOVAL OR IUCD CHECKUP	B	
03	INJECTABLE GIVEN	C	
04	IMPLANT INSERTION AND/OR REMOVAL	D	
05	NONE OF THE ABOVE	Y	→ 301
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES . . . . . 1 NO 2	→ 206

READ TO PROVIDER: Hello, I am representing the [IMPLEMENTING ORG]. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ___] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ___] will help us to better understand how health services are provided.

Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.

Do you have any questions for me? Do I have your permission to be present during this procedure?

Interviewer's signature

(Indicates respondent's willingness to participate)

		2	0	1	
DAY		MONTH	YEAR		

203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ 301
204	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	GENERALIST MEDICAL DOCTOR. . . . . 01 SPECIALIST MEDICAL DOCTOR . . . . . 02 ASSISTANT MEDICAL OFFICER . . . . . 03 CLINICAL OFFICER. . . . . 04 ASSISTANT CLINICAL OFFICER. . . . . 05 REGISTERED NURSE. . . . . 07 ENROLLED NURSE. . . . . 08 NURSE ASSISTANT / ATTENDANT. . . . . 09 OTHER _____ 96 (SPECIFY)	
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE . . . . . 1 FEMALE 2	

6. PELVIC EXAMINATION

206	**CHECK Q201:** WAS A PELVIC EXAMINATION CONDUCTED?	YES. . . . . 1 NO. 2	→ 210

BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	Prepared all instruments before starting procedure	D
05	Washed hands with soap and water or disinfected hands before starting procedure	E
06	Put on latex gloves before starting procedure	F
07	NONE OF THE ABOVE	Y

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	Used sterilized or high level disinfected (HLD) instruments	A
02	Asked the client to take slow deep breaths and to relax muscles	B
03	Inspected the external genitalia	C
04	Explained speculum procedure to client (if speculum used)	D
05	Inspected the cervix and vaginal mucosa (using speculum and light)	E
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	F
07	NONE OF THE ABOVE	Y

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Wiped contaminated surfaces with disinfectant	C
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	D
05	None of the above	Y

7. IUCD INSERTION AND/OR REMOVAL

210	**CHECK 201:** WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION . . . . . A IUCD REMOVAL . . . . . B IUCD CHECKUP . . . . . C NONE OF THE ABOVE. . . . . Y	→ 215

BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	**(FOR NEW CLIENT)** Reconfirmed client choice of method	D
05	**(FOR NEW CLIENT)** Confirmed client is not pregnant	E
06	Prepared all instruments before starting procedure	F
07	Washed or disinfected hands before starting procedure	G
08	Put on latex gloves before starting procedure	H
09	Clean cervix and vagina with antiseptic	I
10	None of the above	Y

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A
02	Conducted a speculum examination before performing bimanual examination	B
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C
04	Used a tenaculum	D
05	Sounded the uterus before inserting IUCD	E
06	Explained any of the above procedures	F
07	Used the no-touch technique for IUCD insertion	G
08	Used sterilized or high level disinfected (HLD) instruments	H
09	None of the above	Y

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C
04	Wiped contaminated surfaces with disinfectant	D
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E
06	NONE OF THE ABOVE	Y

CLIENT - PROVIDER INTERACTION

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	**(IF IUCD REMOVED)**: Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

8. INJECTABLE CONTRACEPTIVES

215	**CHECK Q201:** WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES . . . . . 1 NO 2	→ 220

BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	(With a **new client**) Reconfirmed the client's choice of method	A
02	(With a **new client**) Verified that client was not pregnant	B
03	(**Continuing client**) Checked the client's card to ensure giving injection at correct time	C
04	Ensured visual privacy	D
05	Ensured auditory privacy	E
06	Washed/disinfected hands before giving the injection	F
07	Prepared injection in area with clean table or tray to set items on	G
08	None of the above	Y

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	(**If using disposables**) Used new syringe and needle from a sterile sealed pack	A
02	Opened new packet of syringe and needle	B
03	Removed needle from multiple dose vial each time	C
04	Stirred or mixed the bottle *before* drawing dose (Depo)	D
05	Cleaned and air-dried the injection site *before injection*	E
06	Drew back plunger *before* giving injection	F
07	Allowed dose to self-disperse instead of massaging the site	G
08	None of the above	Y

AFTER PROCEDURE

218	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)		A
02	Tell client not to massage injection site		B
03	Tell the client when to come back for her next injection		C
04	None of the above		Y
219	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY. . . . . 1 PROVIDED BY CLIENT. . . . . 2 DON'T KNOW. 8	

9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION. . . . . A IMPLANT REMOVAL. . . . . B NONE OF THE ABOVE. . . . . Y	→ 301

BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	(With a **new client**) Reconfirmed the client's choice of method	A
02	(With a **new client**) Verified that client was not pregnant	B
03	Ensured visual privacy	C
04	Ensured auditory privacy	D
05	Explained the procedure to client before starting	E
06	Prepared all instruments before the procedure	F
07	Used sterilized or high-level disinfected instruments	G
08	Washed/disinfected hands *before* the procedure	H
09	Put on sterile gloves and maintain sterility during insertion	I
10	None of the above	Y

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Cleaned skin where incision was made with antiseptic	A
02	Used sterile towel to protect area	B
03	Used new or sterilized needle and syringe for local anesthetic	C
04	Allowed time for local anesthetic to take effect prior to making incision	D
05	None of the above	Y

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Disposed of sharps in puncture-resistant containers	A
02	Wiped contaminated surfaces with disinfectant	B
03	Placed instruments in a chlorine solution immediately after completing the procedure	C
04	Removed gloves	D
05	Washed/disinfected hands *after* removing gloves	E
06	Explained care of incision area and removal of the bandage	F
07	Discussed return visit to remove plaster	G
09	None of the above	Y

PROVIDER/CLIENT INTERACTION

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	**(IN THE CASE OF REMOVAL):** Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	None of the above	Y

225	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY. . . . . 1 PROVIDED BY CLIENT. . . . . 2 DON'T KNOW. 8	

10. CLIENT'S FAMILY PLANNING STATUS

TO BE ASKED OF PROVIDER AFTER CONSULTATION

	AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS		
301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER . . . . . 1 NONUSER, USED IN PAST . . . 2 → 304 NONUSER, NO PAST USE . . . 3 → 304 NOT DETERMINED . . . . . 8 → 304	
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP . . . . . 1 DISCUSS PROBLEM WITH METHOD. . . . . 2 DESIRE TO CHANGE METHOD (NO PROBLEM). . . . . 3 DESIRE TO DISCONTINUE FP (NO PROBLEM). . . . . 4 DISCUSS OTHER PROBLEM. . . . 5	
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD . . . . . 1 → 305 SWITCHED METHOD . . . . . 2 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD . . . . . 3 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD . . . . . 4 → 305 DECIDED TO STOP USING FAMILY PLANNING . . . . . 5 → 306	
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD . . . . . 1 DID NOT DECIDE ON METHOD 2 → 306	
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD . . . 1 NO, METHOD NOT IN STOCK . . 2 NO, REQUIRES APPOINTMENT . . . . . 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM . . . 4 NO, PREGNANCY STATUS UNCERTAIN . . . . . 5 OTHER. 6	

306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES . . . . . 1 NO . . . . . 2 NO INDIVIDUAL CARD USED . . 3 DON'T KNOW 8	
307	RECORD THE TIME THE OBSERVATION ENDED.	☐☐ : ☐☐	
308	**Observer's comments:**		

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

FP CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER . . . . . | | | | | |

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]. . . . . | | |

CLIENT CODE (FROM CLIENT LISTING FORM). . . . . | | |

INFORMATION ABOUT INTERVIEW

DATE:. . . . . .

DAY . . . . . | | |

MONTH . . . . . | | |

YEAR . . . . . 2 0 1 | |

Name of the interviewer: _____

INTERVIEWER CODE. . . . . | | |

1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing [IMPLEMENTING ORGANIZATION]. We are conducting a study of health facilities in [COUNTRY] in order to improve the services this facility offers and would like to ask you some questions about your experiences here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature (Indicates respondent's willingness to participate) DAY | MONTH | YEAR: 2 0 1		
100	May I begin the interview?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ **END**
101	RECORD THE TIME THE INTERVIEW STARTED	:	
102	RECORD THE SEX OF THE CLIENT	MALE. . . . . 1 FEMALE. 2	
103	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES . . . . . 1 NO 2	→ 105
104	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES . . . . . 1 NO 2	→ 112
105	What method were you (last) using? PROBE	COMBINED ORAL PILL. . . . . A PROGESTIN-ONLY PILL. . . . . B PILL (TYPE UNSPECIFIED). . . . . C COMBINED INJECTABLE (MONTHLY). . . . . D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . E MALE CONDOM. . . . . F FEMALE CONDOM. . . . . G IUCD. . . . . H IMPLANT. . . . . I EMERGENCY CONTRACEPTION. . . . . J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L MALE STERILIZATION (VASECTOMY). . . . . M FEMALE STERILIZATION (TUBAL LIGATION). . . . N LACTATIONAL AMENORRHEA. . . . . O OTHER_____ X	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	Did a provider ask you today whether you were having (or had had) a problem with the method?	YES, ASKED. . . . . 1 NO, DID NOT ASK 2	
107	Have you been having (did you have) any problems with the method?	YES . . . . . 1 NO 2	→ 110
108	Did you mention the problem to the provider during the consultation?	YES . . . . . 1 NO 2	
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES . . . . . 1 NO 2	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD. . . . . 1 SWITCH METHOD. . . . . 2 STOP USING METHOD (DUE TO PROBLEMS). . . . . 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS). . . . 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES . . . . . 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES . . . . . 1 NO 2	→ 115
113	What method was that? IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL. . . . . A PROGESTIN-ONLY PILL. . . . . B PILL (TYPE UNSPECIFIED). . . . . C COMBINED INJECTABLE (MONTHLY). . . . . D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . E MALE CONDOM. . . . . F FEMALE CONDOM. . . . . G IUCD. . . . . H IMPLANT. . . . . I EMERGENCY CONTRACEPTION. . . . . J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L MALE STERILIZATION (VASECTOMY). . . . . M FEMALE STERILIZATION (TUBAL LIGATION). . . . N LACTATIONAL AMENORRHEA. . . . . O OTHER_____ X	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	What (other) family planning methods did the provider talk with you about? CIRCLE ALL METHODS MENTIONED.	COMBINED ORAL PILL. . . . . A PROGESTIN-ONLY PILL. . . . . B PILL (TYPE UNSPECIFIED). . . . . C COMBINED INJECTABLE (MONTHLY). . . . . D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . E MALE CONDOM. . . . . F FEMALE CONDOM. . . . . G IUCD. . . . . H IMPLANT. . . . . I EMERGENCY CONTRACEPTION. . . . . J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L MALE STERILIZATION (VASECTOMY). . . . . M FEMALE STERILIZATION (TUBAL LIGATION). . . . N LACTATIONAL AMENORRHEA. . . . . O OTHER_____ X	
116	What family planning method did you either receive or get a prescription or referral for? CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC). IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y" CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION	PRES REC COMBINED ORAL PILL. . . . . A A PROGESTIN-ONLY PILL. . . . . B B PILL (TYPE UNSPECIFIED). . . . . C C COMBINED INJECTABLE (MONTHLY). . . . . D D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . E E MALE CONDOM. . . . . F F FEMALE CONDOM. . . . . G G IUCD. . . . . H H IMPLANT. . . . . I I EMERGENCY CONTRACEPTION. . . . . J J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K K NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L L MALE STERILIZATION (VASECTOMY). . . . . M M FEMALE STERILIZATION (TUBAL LIGATION). . . . N N LACTATIONAL AMENORRHEA. . . . . O O OTHER_____ X X CONTINUING WITH METHOD IN Q105. . . . . W W NO METHOD. . . . . Y → Y 201 ***[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117***	

117	During your consultation today, did the provider	YES	NO	DK
01	Explain how to use the method?	HOW TO USE 1	2	8
02	Talk about possible side effects?	TELL SIDE EFFECTS . . 1	2	8
03	Tell you what to do if you have any problems?	TELL PROBLEMS 1	2	8
04	Tell you when to return for follow-up?	TELL WHEN RETURN . . 1	2	8

NO.	QUESTIONS		CODING CLASSIFICATION	GO TO
118	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD			
A	PILL (ANY PILL)	How often do you take the pill?	ONCE A DAY. . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
B	CONDOM (MALE)	How many times can you use one condom?	ONCE . . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
C	CONDOM (FEMALE)	What type of lubricant can you use with the female condom?	ANY OIL OR LUBRICANT . . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
D	IUCD	What can you do to make sure that your IUCD is in place?	CHECK STRING . . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
E	PROGESTIN INJECTABLE (e.g. DEPO-PROVERA) 2-3 MONTHS)	How long does the injection provide protection from pregnancy?	2-3 MONTHS . . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
F	MONTHLY INJECTABLE	How long does the injection provide protection from pregnancy?	1 MONTH. . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
G	IMPLANT	For how long will your implant provide protection against pregnancy?	3-5 YEARS . . . . . 1 OTHER. . . . . 2 DON'T KNOW 8	
H	NATURAL METHOD (PERIODIC ABSTINENCE OR SDM)	How do you recognize the days on which you should not have sexual intercourse?	BODY TEMPERATURE RISES A MUCUS IN VAGINA . . . . . B DAYS 12-16 OF THE MENSTRUAL CYCLE. . . . . C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. . . . . D OTHER . . . . . X DON'T KNOW . . . . . Z	
I	VASECTOMY [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your vasectomy to protect against pregnancy?	IMMEDIATE PROTECTION 1 1 - 3 MONTHS 2 ONLY AFTER 3 MONTHS OR AFTER 30 EJACULATIONS 3 DON'T KNOW. 8	
J	TUBAL LIGATION [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your tubal ligation to protect against pregnancy?	IMMEDIATE PROTECTION 1 1 - 3 MONTHS 2 ONLY AFTER 3 MONTHS 3 DON'T KNOW. 8	
K	LAM	Can you use this method if your menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
119	Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS?		YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.

201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation? TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.	MINUTES . . . . . [ ][ ][ ] SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	

202 Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were **major** or **minor** problems for you.

		MAJOR	MINOR	NO PROB-LEM	DK
01	Time you waited to see a provider	1	2	3	8
02	Ability to discuss problems or concerns about your method	1	2	3	8
03	Amount of explanation you received about the problem or treatment	1	2	3	8
04	Privacy from having others see the examination	1	2	3	8
05	Privacy from having others hear your consultation discussion	1	2	3	8
06	Availability of medicines at this facility	1	2	3	8
07	The hours of service at this facility, i.e., when they open and close	1	2	3	8
08	The number of days services are available to you	1	2	3	8
09	The cleanliness of the facility	1	2	3	8
10	How the staff treated you	1	2	3	8
11	Cost for services or treatments	1	2	3	8

203	Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
204	Were you charged, or did you pay fees for any services your received or were provided today?	YES . . . . . 1 NO 2	→ 206

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT ☐☐☐☐☐☐ DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . 06 WAS REFERRED . . . . . 07 OTHER. . . . . 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM **VERY SATISFIED** WITH THE SERVICES I RECEIVED IN FACILITY . . . . . 1 02) I AM **MORE OR LESS SATISFIED** WITH THE SERVICES I RECEIVED. . . . . 2 03) I AM **NOT SATISFIED** WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.			
302	How old were you at your last birthday?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW. 98	
303	Have you ever attended school?	YES . . . . . 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY. . . . . 01 SECONDARY O-LEVEL. . . . . 02 SECONDARY A-LEVEL. . . . . 03 VOCATIONAL TRAINING. . . . . 04 COLLEGE (TECHNICAL). . . . . 05 UNIVERSITY. 06	→306
305	Do you know how to read or how to write?	YES, READ AND WRITE . . 1 YES, READ ONLY . . . . . 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	☐☐ : ☐☐	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		

Interviewer's comments:

4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the [IMPLEMENTING ORG] We are conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.

Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

DAY | MONTH | YEAR: 2 0 1

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ **END**

READ TO CLIENT: Hello, I am_____. I am representing the [IMPLEMENTING ORG] We are conducting a study of health services in [COUNTRY]. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES . . . . . 1 NO 2	→ **END**
102	RECORD THE TIME THE OBSERVATION STARTED	☐☐ : ☐☐	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES . . . . . 1 NO 2	
104	RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER	MALE . . . . . 1 FEMALE 2	

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION		
CLIENT HISTORY		
105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING **MAIN SYMPTOMS**	
01	Fever	A
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	B
03	Diarrhea	C
04	Ear pain or discharge	D
05	None of the above	Y
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING **GENERAL DANGER SIGNS**	
01	Child is unable to drink or breastfeed	A
02	Child vomits everything	B
03	Child has had convulsions with this illness	C
04	None of the above	Y
107	RECORD WHETHER A PROVIDER CHECKED FOR **SUSPECTED SYMPTOMATIC HIV** INFECTION BY **ASKING FOR ANY OF THE FOLLOWING:**	
01	Mother's HIV status	A
02	TB disease in any parent in the last 5 years	B
03	Two or more episodes of diarrhea in child each lasting 14 days or more	C
04	None of the above	Y
PHYSICAL EXAMS		
108	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING **PHYSICAL EXAMINATIONS ON THE SICK CHILD**	
01	Took child’s temperature by thermometer	A
02	Felt the child for fever or body hotness	B
03	Counted respiration (breaths) for 60 seconds	C
04	Auscultated child (listen to chest with stethoscope) or count pulse	D
05	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	E
06	Checked for pallor by looking at palms	F
07	Checked for pallor by looking at conjunctiva	G
08	Looked into child's mouth	H
09	Checked for neck stiffness	I
10	Looked in child’s ear	J
11	Felt behind child’s ear	K
12	Undressed child to examine (up to shoulders/down to ankles)	L
13	Pressed both feet to check for edema	M
14	Weighed the child	N
15	Plotted weight on growth chart	O
16	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	P
17	None of the above	Y

OTHER ASSESSMENTS

109	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH **BY DOING ANY OF THE FOLLOWING:**	
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal ***feeding*** habits or practices when the child is not ill	B
03	Asked about normal ***breastfeeding*** habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
06	Looked at the child's vaccination card or asked caretaker about child vaccination history	F
07	Asked if child received Vitamin A within past 6 months	G
08	Looked at the child's health card (e.g., RCH card no.1) either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card (e.g. RCH card #1)	I
10	Asked if child received any de-worming medication in last 6 months	J
11	None of the above	Y

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has (Diagnosis)	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYPMTOMS.	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y

REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)		A
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE		B
03	REFERRED CHILD FOR A LABORATORY TEST OUTSIDE FACILITY		C
04	EXPLAINED THE REASON FOR (ANY) REFERRAL		D
05	GAVE REFERRAL SLIP TO CARETAKER		E
06	EXPLAINED WHERE (OR TO WHOM) TO GO		F
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL		G
08	NONE OF THE ABOVE		Y
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME. . . . . 1 CHILD REFERRED TO PROVIDER, SAME FACILITY. . . . . 2 CHILD ADMITTED, SAME FACILITY. . . . . 3 CHILD SENT TO LAB. . . . . 4 CHILD REFERRED TO OTHER FACILITY. 5	

NO.	QUESTIONS / OBSERVATIONS	CODES

6. DIAGNOSIS

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MILD, OR MODERATE AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.

	DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)		
201	**DEHYDRATION**		
	SEVERE DEHYDRATION	1	
	MODERATE DEHYDRATION	2	
	MILD DEHYDRATION	3	
	NONE OF THE ABOVE/NO DEHYDRATATION	0	
202	**RESPIRATORY SYSTEM**		
	PNEUMONIA / BRONCHOPNEUMONIA	A	
	BRONCHIAL SPASM / ASTHMA	B	
	UPPER RESPIRATORY ILLNESS(URI)/ACUTE RESPIRATORY ILLNESS (ARI)	C	
	RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN	D	
	COUGH, DIAGNOSIS UNCERTAIN	E	
	NONE OF THE ABOVE	Y	
203	**DIGESTIVE SYSTEM / INTESTINAL**		
	ACUTE WATERY DIARRHEA	A	
	DYSENTERY	B	
	AMEBIASIS	C	
	PERSISTENT DIARRHEA	D	
	OTHER DIGESTIVE / INTESTINAL (SPECIFY)_____	X	
	NONE OF THE ABOVE	Y	
204	**MALARIA**		
	MALARIA (CLINICAL DIAGNOSIS)	1	→ 205
	MALARIA (BLOOD SMEAR)	2	
	MALARIA (RAPID DIAGNOSTIC TEST)	3	
	NONE OF THE ABOVE	0	→ 205
204A	**ASK TO SEE RECORD FOR TEST RESULTS AND RECORD IF THE INFROMATION IS AVAILABLE** ARE TEST RESULTS AVAILABLE?		
	YES, AT THE PROVIDER SITE	1	
	YES, AT THE LAB	2	→205
204B	**OBSERVE AND RECORD TEST RESULTS**		
	BLOOD SMEAR POSITIVE	1	
	RAPID TEST POSITIVE	2	→205
204C	**RECORD DENSITY** ☐☐☐		
	ONE PLUS	1	
	TWO PLUS	2	
	THREE PLUS	3	
205	**FEVER/MEASLES**		
	FEVER OF UNKNOWN ORIGIN	A	
	MEASLES WITH NO COMPLICATIONS	B	
	MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE)	C	
	TYPHOID FEVER	D	
	URINARY TRACK INFECTION	E	
	SEPTICEMIA	F	
	MENINGITIS	G	
	NONE OF THE ABOVE	Y	
206	**EAR**		
	MASTOIDITIS	A	
	ACUTE EAR INFECTION	B	
	CHRONIC EAR INFECTION	C	
	OTHER EAR INFECTION	X	
	NONE OF THE ABOVE	Y	

206A	**MALNUTRITION**	
	SEVERE MALNUTRITION. . . . . 1 MODERATE MALNUTRITION. . . . . 2 MILD MALNUTRITION. . . . . 3 NONE OF THE ABOVE. 0	
206B	**ANEMIA**	
	SEVERE ANEMIA. . . . . 1 MODERATE ANEMIA. . . . . 2 NONE OF THE ABOVE. 0	
207	**THROAT**	
	SORE THROAT/PHARYNGITIS. . . . . 1 OTHER THROAT DIAGNOSIS (SPECIFY)_____. . . . . 2 NONE OF THE ABOVE. 0	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	**OTHER DIAGNOSIS**	
	ABSESS. . . . . A BACTERIAL CONJUCTIVITIS.. . . . . B SKIN CONDITIOIN. . . . . C OTHER DIAGNOSIS (SPECIFY)_____ X NO OTHER DIAGNOSIS. . . . . Y	

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.

209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES. . . . . 1 NO. 2	→ 215

210	**GENERAL TREATMENT**	
01	BENZYL PENICILLIN INJECTION	A
02	OTHER ANTIBIOTIC INJECTION	B
03	OTHER INJECTION	C
04	CO-TRIMOXAZOLE TABLETS	D
05	CO-TRIMOXAZOLE SYRUP	E
06	AMOXICILLIN CAPSULES	F
07	AMOXICILLIN SYRUP	G
08	OTHER ANTIBIOTIC TABLET/SYRUP	H
09	PARACETAMOL	I
10	OTHER FEVER REDUCING MEDICINE	J
11	ZINC	K
12	VITAMINS (OTHER THAN VITAMIN A)	L
13	COUGH SYRUPS/OTHER MEDICATION	M
14	NONE OF THE ABOVE	Y
211	**RESPIRATORY**	
01	NEBULISER OR INHALER	A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)	B
03	ORAL BRONCHODILATOR	C
04	DRY EAR BY WICKING	D
05	NONE OF THE ABOVE	Y
212	**MALARIA**	
01	INJECTABLE QUININE	A
02	INJECTABLE ARTEMETHER / ARTESUNATE	B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)	C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE	D
05	ORAL ACT/AL (E.G., COARTEM, ARTESUNATE + AMODIAQUINE))	E
06	ORAL ARTEMETER / ARTESUNATE	F
07	ORAL AMODIAQUINE	G
08	ORAL FANSIDAR (SP)	H
09	ORAL QUININE	I
10	OTHER ORAL ANTIMALARIAL	J
11	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
212A	CHECK Q212: IS "B, D, E or F" CIRCLED ? YES ☐ NO ☐ →	213
212B	CHECK PRESCRIPTION OR PROVIDER REGISTER OR CHILD BOUKLET RECORD TYPE OF MEDECINE PRESCRIBED OR RECEIVED	
01	INJECTABLE ARTEMETHER / ARTESUNATE	A
02	SUPPOSITORY ARTEMETHER / ARTESUNATE	B
03	ORAL ACT/AL (E.G., COARTEM, ARTESUNATE + AMODIAQUINE))	C
04	ORAL ARTEMETER / ARTESUNATE	D

NO.	QUESTIONS / OBSERVATIONS	CODES
213	**DEHYDRATION**	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	HOME ORT (PLAN A) WITH ZINC	D
05	NONE OF THE ABOVE	Y
214	**OTHER TREATMENT & ADVICE**	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT_____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT . . . . . 1 FOLLOW-UP . . . . . 2 DON'T KNOW. 8	
216	Did you **vaccinate** the child during this visit or refer the child for **vaccination** today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD. . . . . 01 YES, REFERRED . . . . . .02 NOT DUE FOR VACCINATION. . . . . 03 VACCINE NOT AVAILABLE. . . . .04 CHILD TOO SICK. . . . . .05 NOT DAY FOR VACCINATION. . . . . 06 DID NOT CHECK FOR VACCINATION. . . . . 07 VACCINATION COMPLETED. . . 08	
217	RECORD THE TIME THE OBSERVATION ENDED.	☐☐ : ☐☐	
217A	CHECK Q204A, INFORMATION AVAILABLE AT THE LAB, RESPOSE 2 CIRCLES GO TO THE LAB AND COMPLETE QUESTIONS 204B and 204C.	☐	

Observer's comments:

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER . . . . . | | | | | |

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]. . . . . | | |

CLIENT CODE (FROM CLIENT LISTING FORM) . . . . . | | |

INFORMATION ABOUT INTERVIEW

DATE:. . . . . .

DAY . . . . . | | |

MONTH . . . . . | | |

YEAR . . . . . 2 0 1 |

Name of the interviewer: _____

INTERVIEWER CODE. . . . . | | |

1. Information About Visit - CARETAKER OF SICK CHILD

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing [IMPLEMENTING ORGANIZATION]. We are conducting a study of health facilities in [COUNTRY] in order to improve the services this facility offers and would like to ask you some questions about your experiences here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature (Indicates respondent's willingness to participate) DAY | MONTH | YEAR: __ __ | __ __ | 2 0 1 _		
100	May I begin the interview?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ **END**
101	RECORD THE TIME THE INTERVIEW STARTED	__ __ : __ __	
102	What is the name of the sick child?	NAME _____	

CLIENT AGE

103	What month and year was [NAME] born?	MONTH . . . . . __ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ____ DON'T KNOW YEAR 9998	
104	How old is [NAME] in completed months?	AGE IN MONTHS . . . . . __ DON'T KNOW. 9 8	

SIGNS AND SYMPTOMS OF CURRENT ILLNESS

105	Has [NAME] had fever with this illness or any time in the past two days?	YES. . . . . 1 NO. 2	
106	Has [NAME] had a convulsion with this illness?	YES. . . . . 1 NO. 2	
107	Does [NAME] have cough or difficulty breathing with this illness?	YES. . . . . 1 NO. 2	
108	Can [NAME] drink, eat or breastfeed?	YES. . . . . 1 NO. 2	
109	Does [NAME] vomit everything when he/she eats or breastfeeds during this illness?	YES. . . . . 1 NO. 2	
110	Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days?	YES. . . . . 1 NO. 2	
111	Has [HE/SHE] been excessively sleepy during this illness?	YES. . . . . 1 NO. 2	
112	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else?	EAR PROBLEMS. . . . . A SKIN SORE/PROBLEMS. . . . . B INJURY. . . . . C EYE PROBLEM. . . . . D OTHER _____ X (SPECIFY) NO OTHER REASON . . . . . Y	
113	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?	WITHIN THE PAST WEEK. . . . . 1 WITHIN THE PAST 2-4 WEEKS. . . . 2 MORE THAN 4 WEEKS AGO. . . . . 3 NO. . . . . 4 DON'T KNOW. 8	
114	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, ENTER 00	DAYS AGO. . . . . ☐☐ IF MORE THAN 90 DAYS 95 DON'T KNOW. 98	

INFORMATION PROVIDED TO CARETAKER

115	Did the provider tell you what illness [NAME] has?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
116	What would you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY. . . . . 01 GO TO OTHER FACILITY. . . . . 02 GO TO OTHER HEALTH WORKER OR /PHARMACY. . . . . 03 GO TO TRADITIONAL HEALER. . . . 04 NOTHING, JUST WAIT. . . . . 05 CHILD REFERRED 06 CHILD ADMITTED 07 DON'T KNOW. 8	
117	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVER . . . . . A BREATHING PROBLEMS . . . . . B BECOMES SICKER . . . . . C BLOOD IN STOOL . . . . . D VOMITING . . . . . E POOR/NOT EATING . . . . . F POOR/NOT DRINKING . . . . . G CONVULSION . . . . . H OTHER _____ X (SPECIFY) NO, NONE . . . . . Y DON'T KNOW . . . . . Z	
118	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES . . . . . A IF SYMPTOMS INCREASE OR BECOME WORSE . . . . . B FOLLOW-UP APPOINTMENT. . . . . C VIT. A SUPPLEMENTATION. . . . . D LAB TEST RESULTS. . . . . E ROUTINE IMMUNISATION . . . . . F OTHER _____ X (SPECIFY) NO. . . . . Y DON'T KNOW . . . . . Z	

TREATMENT AND CARETAKER COMFORT LEVEL

119	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS. . . . . 1 YES, GAVE PRESCRIPTION. . . . . 2 GAVE MEDS AND PRESCRIPTION. . . . . 3 NO 4	→ 124
120	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS. . . . . 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. . . . 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY. 3	
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF “2” OR “8” SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. . . . . 1 NO. . . . . 2 DON’T KNOW. 8	
122	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it? IF “2” OR “8” SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. . . . . 1 NO. . . . . 2 DON’T KNOW. 8	
123	Has [NAME] been given a dose of any of these medications here at the facility already?	YES. . . . . 1 NO. . . . . 2 DON’T KNOW. 8	
124	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJECTION. . . . . 1 YES, RECEIVED PRESCRIPTION FOR INJECTION. . . . . 2 NO . . . . . 3 DON’T KNOW 8	
125	Did anyone at the health facility weigh [NAME] today?	YES . . . . . 1 NO 2	
126	Did anyone talk to you today about [NAME]’s weight and how [NAME] is growing?	YES . . . . . 1 NO 2	
127	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES . . . . . 1 NO . . . . . 2 CANNOT REMEMBER 8	
128	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL . . . . . 1 GIVE SAME AS USUAL . . . . . 2 GIVE MORE THAN USUAL . . . . 3 GIVE NOTHING/DON’T FEED . . 4 DIDN’T DISCUSS . . . . . 6 NOT CERTAIN/CAN'T REMEMBER 8	
129	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL . . . . . 1 GIVE SAME AS USUAL . . . . . 2 GIVE MORE THAN USUAL . . . . 3 GIVE NOTHING/DON’T FEED . . 4 DIDN’T DISCUSS . . . . . 6 DON’T KNOW/CAN'T REMEMBER 8	

130	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY.	YES, OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2 NO. . . . . 3 DON'T KNOW. 8	

REFERRAL

131	Did the provider instruct you to take [NAME] to see another provider or to a laboratory in this facility for a finger or heel stick for blood to be taken for a test?	YES. . . . . 1 NO. 2	→ 134
132	Did you take [NAME] to the provider or laboratory for the finger or heel stick?	YES. . . . . 1 NO. 2	→ 134
133	Were you told the result of the test that was done?	YES. . . . . 1 NO. 2	
134	Did the provider instruct you to take [NAME] to see a provider in another facility, or for a laboratory test outside of this facility, for further care for [NAME]?	YES. . . . . 1 NO. 2	→ 136
135	Regarding this referral, please tell me:	YES NO DK	
01	Were you given any paper or record to take with you for the referral?	1 2 8	
02	Were you told ***where*** to go for the referral?	2 2 8	
03	Were you told ***who*** to see for the referral?	1 2 8	
04	Were you told ***why*** you are to go for the referral?	1 2 8	
05	Do you intend to go to this (these) referral(s)?	1 2 8	
136	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER THIS FACILITY. . . . . A YES, OTHER PROVIDER DIFFERENT FACILITY. . B YES, TRADITIONAL HEALER. . . . . C SAW NO ONE . . . . . Y	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.			
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation? TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.	MINUTES . . . . . [ ][ ][ ] SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	

202 Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were **major** or **minor** problems for you.

		MAJOR	MINOR	NO PROB-LEM	DK
01	Time you waited to see a provider	1	2	3	8
02	Ability to discuss problems or concerns about [CHILD'S] illness	1	2	3	8
03	Amount of explanation you received about the problem or treatment	1	2	3	8
04	Privacy from having others see the examination	1	2	3	8
05	Privacy from having others hear your consultation discussion	1	2	3	8
06	Availability of medicines at this facility	1	2	3	8
07	The hours of service at this facility, i.e., when they open and close	1	2	3	8
08	The number of days services are available to you	1	2	3	8
09	The cleanliness of the facility	1	2	3	8
10	How the staff treated you	1	2	3	8
11	Cost for services or treatments	1	2	3	8

203	Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
204	Were you charged, or did you pay fees for any services your received or were provided today?	YES . . . . . 1 NO 2	→ 206

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT ☐☐☐☐☐☐ DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . 06 WAS REFERRED . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM **VERY SATISFIED** WITH THE SERVICES I RECEIVED IN FACILITY . . . . . 1 02) I AM **MORE OR LESS SATISFIED** WITH THE SERVICES I RECEIVED. . . . . 2 03) I AM **NOT SATISFIED** WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.			
301	What is your relationship to [SICK CHILD]?	MOTHER . . . . . 1 FATHER . . . . . 2 SIBLING . . . . . 3 AUNT OR UNCLE . . . . . 4 GRAND MOM/GRAND DAD. . . . 5 OTHER _____ 6 (SPECIFY)	
302	How old were you at your last birthday?	AGE IN YEARS . . . . . [ ][ ] DON'T KNOW. 98	
303	Have you ever attended school?	YES . . . . . 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY. . . . . 01 SECONDARY O-LEVEL. . . . . 02 SECONDARY A-LEVEL. . . . . 03 VOCATIONAL TRAINING. . . . . 04 COLLEGE (TECHNICAL). . . . . 05 UNIVERSITY. 06	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE . . 1 YES, READ ONLY . . . . . 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	[ ][ ] : [ ][ ]	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		

Interviewer's comments:

Provider Listing Form

PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER ☐☐☐☐☐ **TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS** ☐☐ INTERVIEWER CODE ☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE",** AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER".** PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)															(6)	(7)
				SERVICES PROVIDED IN FACILITY																
						DIAGNOSIS/TREATMENT														
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER 1-M 2-F	PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
01																			01	01
02																			02	02
03																			03	03
04																			04	04
05																			05	05
06																			06	06
07																			07	07
08																			08	08
09																			09	09
10																			10	10
11																			11	11
12																			12	12
13																			13	13
14																			14	14
15																			15	15
16																			16	16
17																			17	17
18																			18	18
19																			19	19
20																			20	20

PROVIDER QUALIFICATION CATEGORY:

01 GENERALIST MEDICAL DOCTOR
02 SPECIALIST MEDICAL DOCTOR
03 ASSISTANT MEDICAL OFFICER
04 CLINICAL OFFICER
05 ASSITANT CLINICAL OFFICER
07 REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)
08 ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)
09 NURSE ASSSISTANT/ATTENDANT
13 LABORATORY SCIENTIST
14 LABORATORY TECHNOLOGIST
15 LABORATORY TECHNICIAN
16 LABORATORY ASSISTANT
96 OTHER_____

PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER ☐☐☐☐☐ **INTERVIEWER CODE** ☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE",** AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER".** PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)															(6)	(7)
				SERVICES PROVIDED IN FACILITY																
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT					ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
21																			21	21
22																			22	22
23																			23	23
24																			24	24
25																			25	25
26																			26	26
27																			27	27
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37																			37	37
38																			38	38
39																			39	39
40																			40	40

PROVIDER QUALIFICATION CATEGORY:

01 GENERALIST MEDICAL DOCTOR
02 SPECIALIST MEDICAL DOCTOR
03 ASSISTANT MEDICAL OFFICER
04 CLINICAL OFFICER
05 ASSITANT CLINICAL OFFICER
07 REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)
08 ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)
09 NURSE ASSSISTANT/ATTENDANT
13 LABORATORY SCIENTIST
14 LABORATORY TECHNOLOGIST
15 LABORATORY TECHNICIAN
16 LABORATORY ASSISTANT
96 OTHER_____

PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER ☐☐☐☐☐ **INTERVIEWER CODE** ☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE",** AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER".** PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)															(6)	(7)
				SERVICES PROVIDED IN FACILITY																
						DIAGNOSIS/TREATMENT														
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
41																			41	41
42																			42	42
43																			43	43
44																			44	44
45																			45	45
46																			46	46
47																			47	47
48																			48	48
49																			49	49
50																			50	50
51																			51	51
52																			52	52
53																			53	53
54																			54	54
55																			55	55
56																			56	56
57																			57	57
58																			58	58
59																			59	59
60																			60	60

PROVIDER QUALIFICATION CATEGORY:

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PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER ☐☐☐☐☐ **INTERVIEWER CODE** ☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE",** AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER".** PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)																(6)	(7)
				SERVICES PROVIDED IN FACILITY																	
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT					ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD											
61																			61	61
62																			62	62
63																			63	63
64																			64	64
65																			65	65
66																			66	66
67																			67	67
68																			68	68
69																			69	69
70																			70	70
71																			71	71
72																			72	72
73																			73	73
74																			74	74
75																			75	75
76																			76	76
77																			77	77
78																			78	78
79																			79	79
80																			80	80

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96 OTHER_____

PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER ☐☐☐☐☐ **INTERVIEWER CODE** ☐☐☐

USE THIS FORM TO COMPILE THE NAMES OF HEALTH WORKERS WHO WORK IN THE FACILITY BUT WHO ARE NOT PRESENT IN THE FACILITY ON THE DAY OF YOUR VISIT. OBTAIN THIS INFORMATION FROM THE FACILITY INCHARGE OR ANOTHER KNOWLEDGEABLE PERSON. THEY MAY BE OUT SICK, NOT ON DUTY THAT DAY, OR ABSENT FOR SOME OTHER REASON. IF THERE IS NOT ENOUGH SPACE TO LIST ALL SUCH PROVIDERS, STOP THE LIST AT 99. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 **"PROVIDER QUALIFICATION CODE",** AND THE GENDER IN COLUMN 4 "**GENDER".** PUT CHECK MARKS IN THE APPROPRIATE HEADINGS IN COLUMN 5 **"SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. ASK THE INCHARGE TO TELL YOU THE SERVICES THAT THESE PEOPLE PROVIDE AS PART OF THIER WORK IN THE FACILITY.

(1)	(2)	(3)	(4)	(5)															(6)	(7)
				SERVICES PROVIDED IN FACILITY																
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT					ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
81																			81	81
82																			82	82
83																			83	83
84																			84	84
85																			85	85
86																			86	86
87																			87	87
88																			88	88
89																			89	89
90																			90	90
91																			91	91
92																			92	92
93																			93	93
94																			94	94
95																			95	95
96																			96	96
97																			97	97
98																			98	98
99																			99	99

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