Measuring Tanzania's Progress towards reaching its Every Woman Every Child Commitments

The Global Strategy for Women's and Children's Health – Every Woman Every Child – was initiated by the Secretary General of the United Nations in 2010 with the aim to save 16 million lives globally by 2015 through joint action. This document gauges Tanzania's progress to date towards reaching its national commitments.

Key recommendation:

World Vision Tanzania calls on the Government of Tanzania to set up a specific budget line for Maternal, Newborn and Child Health and ensure sufficient resources are allocated and disbursed to provide essential healthcare for all children and mothers so that children survive 5 and mothers survive child birth

Commitment	Achievement	Gaps	Recommendations
Increase the proportion of children fully immunized from 86% to 95%	A 95% coverage of fully immunized children was achieved in 2012	-Some geographic areas are hard to reach - Many vaccine delivery sites, particularly at lower health care facilities, lack education and resources for adequate monitoring of the vaccine cold chain	-Maintain and strengthen existing investments in vaccinations -Expand immunization coverage to hard to reach geographical areas, ensuring all have access -Strengthen supportive supervision at lower health care facilities delivery sites to improve staff performance in chart monitoring and recording of recommended temperature range for storing vaccines -Ensure supply of freezer tags to all health care facilities for monitoring and recording of the storing temperature for vaccines
Increase of the annual enrollment in health training institutions from 5000 to 10,000 and increase graduate output from health training institutions from 3,000 to 7,000	-Although the enrolment increased significantly from 5000 in 2010 to 7934 in 2011/2012 the EWEC review in 2013 showed a decrease in enrolment of students to 6695 in 2012/13 -The graduate output has increased to 5873 in 2010/2011 but decreased again in 2012/2013	-The negative trend should be reversed so that the target can be met by 2015 -Irregular supervision in training centers -Training centers are not well resourced	-Supervise training centres on a regular basis with standardized criteria -Improve resource allocation to training centres in accordance with increased enrollment
Increase the contraceptive prevalence rate (CPR) from 28% to 60%	The most recent data available, from the 2010 DHS, indicate that the contraceptive prevalence rate stands at 34%	-If current trends continue, the CPR will reach 41% in 2015, 19% behind the target - Frequent stock-outs of family planning commodities, especially injectables and implants -Inadequate knowledge of health professionals to provide family planning services - 42% of the demand for family planning is still unsatisfied -Youth report challenges accessing reproductive health services	-Strengthen stock management, monitoring and evaluation of family planning commodities, especially injectables and implants - Ensure health professionals are adequately trained, equipped, and supervised to provide family planning services -Government should strengthen community-based family planning outreach services, focused on vulnerable and hard to reach communities, including youth
Expand coverage of health facilities	-Only 6734 of the targeted 10,000 health facilities were implemented by the 2012 deadline set out in the *One plan* -Donor organizations, and community in-kind donations support construction and expansion of rural health facilities	- 3266 facilities still need to be set up and functioning to meet the over-due 2012 target	- Ensure expansion of health facilities, focusing on quality of care and equitable access -Ensure more timely and predictable fund transfers for capital development for health facility construction and expansion -Establish a national coordination mechanism of capital investment and maintenance, preferably with participation of both MOHSW and PMO-RALG, civil society and other stakeholders.
Provide basic and comprehensive Emergency Obstetric and Newborn care (EmONC)	- Basic EmONC was provided in 20% of dispensaries and 39% of health centres in 2012, compared to the 70% target set by the *One Plan* -Comprehensive EmONC was	- 50% of dispensaries, 31% of health centres, and 27% of hospitals need to implement BEmONC and CEmONC to meet the over-due 2012 target - Lack of coordination between government and non-government interventions	- Expand basic and comprehensive EmONC services with adequate and quality staff, supplies and commodities -Establish clinical mentors and training for health professionals offering BEmONC and CEmONC services to ensure positive and

	provided at 73% of hospitals in 2012 compared to the 100% *One Plan* target	-Reported poor and abusive attitudes among health workers towards patients	respectful attitudes toward patients
Reinforce the implementation of the policy for provision of free reproductive health services and expand pre-payment schemes	-Exemption policy to provide free care for children U5 and pregnant women is implemented appropriately --User fees on pre-payment schemes (NHIF, CHF, SHIB) contributed only 4.3% compared to the 10% target according to the 2010/11 Review	-Drugs not available at district health facilities -CHF membership is below the 30% target -Lack of community participation on CHF management -Inadequate drug supply in health facilities and clients are obliged to buy drugs out of pocket	-Improve health services provision in health facilities and management of the CHF scheme to attract new members to join CHF -Consider the option to make enrolment in CHF mandatory, ensuring that ability to pay at the point of use does not restrict access to services for the poorest and most vulnerable populations
Improve referral and communication systems, radio call communications and mobile technology and introducing new, innovative, low cost ambulances	- There is considerable use of cell phones for communication between health facilities to support referrals of patients -A 2012 SARA national level survey showed that 52% of public facilities that provide delivery care had emergency transport compared to 40% in 2006, as 400 ambulances have recently been distributed	-Shortage of functioning ambulances especially for covering health facilities in the rural areas (20% of vehicles and 14% of motorcycles are non-functioning) -Lack of or expensive transport and difficult geographical conditions prevent referral -Poor quality of care in health facilities caused 40% women to bypass their nearest health facility to seek care at a hospital -No clear referral guidelines at regional and district hospitals	- Increase the coverage of functioning ambulances in health centers and hospitals for referral services - Ensure referral facilities have appropriate human and physical resources to provide adequate health services - Clarify and institutionalize standardized referral guidelines for the health system
Extend PMTCT to all RMNCH services	93% of health facilities offering RMNCH services provide PMTCT, and in 2011 64% of pregnant women who attended antenatal care were tested for HIV. -In 2011, 77% of pregnant mothers accessed PMTCT services and 74% living with HIV received efficacious ARV regimens	-Shortage of HIV test kits resulting in a decline in HIV testing during antenatal care from 82% in 2010 to 64% in 2011 -Insufficient follow up of others and children -A number of women and children in rural areas do not access PMTCT services -Inadequate inclusion of PMTCT services into the Council Comprehensive Health Plans	-Extend comprehensive PMTCT services to remaining health facilities offering RMNCH services, focusing on distribution of HIV test kits and reaching remote areas - Enhance monitoring and evaluation of mothers accessing antenatal care to ensure appropriate follow up for all - Include and prioritize PMTCT services into Council Comprehensive Health Plans
Secure 80% coverage of long lasting insecticide treated (LLIN) nets for children under five and pregnant women	The 2011-2012 Malaria Indicator Survey reported 57% of pregnant women and 72% of children under five slept under a LLIN the previous night, due to national voucher and distribution campaigns	- 43% of pregnant mothers and 28% of under-fives do not consistently utilize LLINs -The rural poor are facing challenges in accessing LLINs -Cultural beliefs and economic disparities prevent correct use of LLINs, and utilization vary between regions -Poor sustainability strategy to ensure continuous purchase and use LLINs	- Ensure complete coverage of LLINs, with special focus on rural areas - Expand behaviour change communication campaigns on the importance and correct use of LLINs, especially for pregnant women and children - Improve comprehensive sustainability strategy to ensure continued access to affordable LLINs
Increase the proportion of children who are exclusively breastfed (EBF) from 41% to 80%	In 2010, only 50% of children under 6 months were exclusively breastfed	- Lactating mothers have a poor perception of EBF, as 86% are knowledgeable and only 50% practice - Social economic pressures force mothers to work and abandon EBF practices - HIV/AIDS infected lactating mothers fear infecting their babies via EBF practices	- Conduct further research and implement findings regarding promotion of EBF practices - Develop and implement EBF support programmes for lactating mothers with contextualized behaviour change communication messaging, dispelling myths and promoting correct practices
Improve recruitment, deployment and retention through new and innovative schemes for performance related pay	In 2011 the Human Resource for Health reported an increase in the total number of health workers from 47,000 in 2006 to 56,000 in 2011, which represents 42% of the health professionals required nationally	-58% of the need health professionals is unmet - Poor working and living conditions for health professionals as they are too few, overworked and lack sufficient equippment -Lack of supportive supervision of health professionals -Lack of support to implement the payment for performance initiative	- Increase recruitment, deployment and retention of doctors, pharmacy and laboratory staff - Implement the Public Service Pay and Incentive Policy, and support supervision programmes for health professional -Ensure implementation of the performance initiative as a motivation to health staff
Increase of health sector spending from 12% to 15% of the national budget by 2015	Between 2010 and 2013 the proportion of the national budget allocated to health has decreased from 12.2% to 8.5 %	The health sector suffers from a 6.5% funding gap to meet the 15% target by 2015	-Increase health budget to reach 15% of total national budget by 2015 -Improve timely and effective disbursement of fund for health spending to local governments

Key guiding the assessment

Commitment reached	
Commitment on track	
Commitment off track	

Sources: Health Sector Strategic Plan (HSSP) III; Human Resources for Health Sector (HRH) Country Profile 2011; Tanzania Ministry of Health and Social Welfare 2013, 2011, 2007); Mid Term Review (MTR 2013); WVT EWEC Progress Review (2013). Kruk et al 2009; Countdown to 2015 2013; National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015