


Tanzania PY4 Summary & Results



Geographic Implementation Areas

National level

Regional level

- Mara and Kagera plus 16 districts in Tabora, Simiyu, Shinyanga, Iringa, and Njombe

Population

Country

- 44,928,923

MCSP-supported areas

- 12,371,400

Technical Areas



Program Dates

July 1, 2014–June 30, 2019

Cumulative Spending through End of PY4



Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births) ^[1]	556
CPR (all methods) ^[1]	38%
Women receive ANC from a skilled provider ^[1]	98%
Women had their first ANC visit in the first trimester ^[1]	25%
ANC 4+ ^[1]	51%
Newborns received a postnatal check within 2 days of birth ^[1]	42%
NMR (per 1,000 live births) ^[1]	25
IMR (per 1,000 live births) ^[1]	43
USMR (per 1,000 live births) ^[1]	67

Source: ^[1] Tanzania Demographic Health Survey (TDHS) 2015/16.

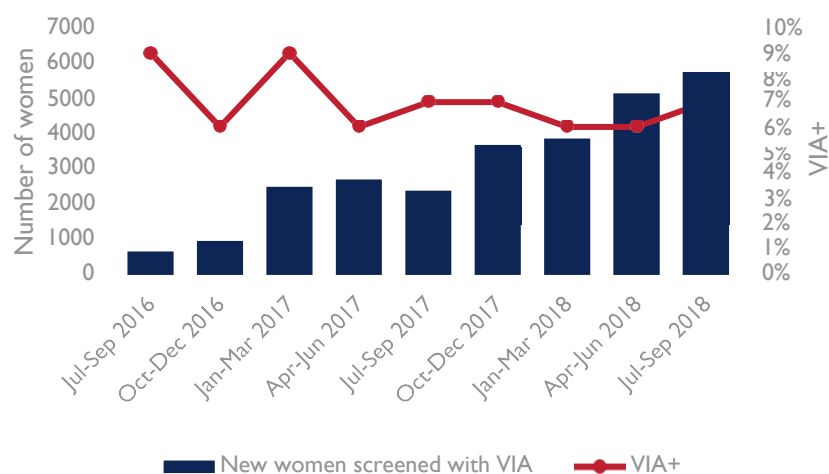
Strategic Objectives

- Improve the environment for RMNCH services.
- Strengthen key health systems for building high-quality RMNCH services.
- Increase civil society and community participation in RMNCH.

Key Accomplishment Highlights

- Harmonized continuous QI, accreditation, and registration processes among key governing bodies as a key PSE sustainability strategy.
- Reached over 5,889 women with cervical cancer screening services in Iringa and Njombe regions, screening over 35,053 clients during life of project.
- Increased government budget allocations to self-sustain immunization activities in 19 MCSP-supported councils/sites.
- Deployed the Health Information Mediator.
- Streamlined the Integrated Disease Surveillance and Response system.

Figure 1. Increasing number of new women reached with cervical cancer screening (VIA) services



Tanzania

Key Accomplishments

MCSP continued to provide technical support to the Tanzanian Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) to ensure high-quality, sustainable CECAP services; improve PSE, with an emphasis on strengthening clinical practice; strengthen immunization systems to reduce the numbers of unimmunized children in priority regions; and, further develop the national HIS architecture to streamline and link existing information systems and improve the quality and use of data for decision-making at all levels. In PY4, MCSP reached over 5,000 women with cervical cancer screening services and more children with immunization services in intervention districts. Through the 10 supported health training institutions, PSE initiatives benefited more than 587 students who will ultimately serve the communities upon their graduation. MCSP also achieved a remarkable milestone by facilitating the establishment of the interoperability of HISs through the government-owned health information mediator. All these results have and will continue to contribute toward improving reproductive, maternal, and newborn health outcomes in Tanzania.

Pre-Service Education

MCSP spearheaded the development of a standardized continuous QI guide to harmonize continuous QI, registration, and accreditation processes led by the MOHCDGEC, the Tanzanian Nursing and Midwifery Council, and the National Council for Technical Education, respectively. This initiative to consolidate these separate initiatives serves as a key sustainability strategy to ensure high-quality education standards, minimize duplication of efforts across these governing bodies, and build the capacity of the National Council for Technical Education and the Tanzanian Nursing and Midwifery Council to sustain educational quality efforts following MCSP.

To assess the impact of MCSP's contributions on midwifery competency and education system strengthening efforts, MCSP facilitated a nursing and midwifery competency assessment in Mara and Kagera Regions to measure implementation outcomes of seven MCSP-supported nursing and midwifery schools. Compared to the baseline assessment in 2014, the preliminary findings from the assessment showed significant improvement in student competency, tutors' technical knowledge, and tutor's clinical competency. The establishment and upgrade of skills labs and preceptor corners were reported to be an invaluable asset that have enhanced competency among practicing students and practicum site staff. The introduction and implementation of continuous QI approaches have facilitated self-reflection among institutions for further improved performance, and these efforts have resulted into high-quality education standards among graduates, particularly nurse-midwives. Detailed results will be shared as part of the final analysis in PY5.

Cervical Cancer Prevention

MCSP is committed to improving the capacity of skilled providers to offer quality CECAP services in Iringa and Njombe regions. At the national level, MCSP developed and distributed a national CECAP training package that included IPC technical updates and supported the orientation of 25 national CECAP trainers. In PY4 alone, 5,889 clients were reached with screening services using visual inspection with acetic acid (VIA), with more than 97% of identified precancerous lesions treated on the same day.

As part of the sustainability strategy, MCSP continued to focus on strengthening regional-level capacity in program management, quality control, data quality, and use for decision-making to enhance regional ability to support district- and facility-level CECAP activities; as well as strengthen regional-level outreach activities and referral systems to provide CECAP services to hard-to-reach populations. MCSP actively provided ongoing clinical mentorship to 65 providers and supported 13 districts to actively plan for CECAP activities into district-level budgets to sustain CECAP activities following MCSP's support.

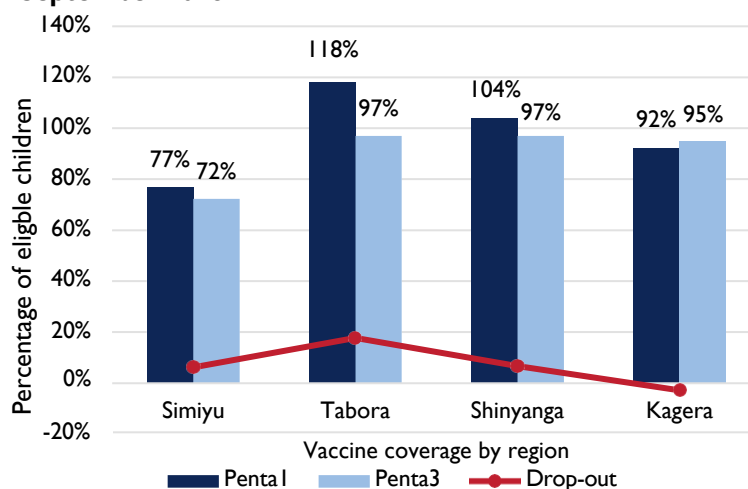
Immunization

At the national level, MCSP provided technical assistance to the MOHCDGEC Immunization and Vaccine Development program and subcommittees, including the National Logistics Committee; Data Committee; Advocacy, Communication and Social Mobilization Committee; and the Training Committee. Through engagement with these subcommittees, MCSP helped to develop and revise immunization-related policies and plans, introduce new vaccines, and develop a cold chain equipment optimization plan whereby Tanzania received a Gavi grant to procure and install new cold chain equipment.

At the subnational level, MCSP focused on equipping district and regional immunization vaccine officers and health facility workers with skills and resources to sustain REC microplanning, regular supportive supervision visits, and quarterly review meetings in 19 councils in Tabora, Simiyu, Kagera, and Shinyanga. MCSP strengthened the Comprehensive Council Health Plan planning process and ownership of plans by piloting an adapted REC microplanning tool that provides guidance for estimating budgets and logistical needs for health facility and cold chain maintenance, vaccine distribution, outreach, and

supervision. As a result, all 19 councils used the tool for 2018/2019 budget preparations and improved stakeholder engagement, strengthened linkages between health facility plans and the Comprehensive Council Health Plan, and ensured sufficient budgeting levels of operational funding for immunization services.

Figure 2. Immunization performance: July—September 2018



Health Information Systems

With support from MCSP, the MOHCDGEC achieved major milestones toward implementing a national HIS. One key accomplishment was going live with the Health Information Mediator and starting to exchange data between priority systems including an electronic logistics management information system (eLMIS), vaccine information management system, Epicor9, health facility registry, and human resource HIS. MCSP also supported five MOHCDGEC priority hospitals to configure a health data repository that provides a centralized view of key health facility indicators and data for decision-making and will feed into the HIS. Lastly, MCSP led several webinar workshops for the MOHCDGEC Information and Communication Technology Unit to build technical capacity and prepare the MOHCDGEC to sustain and maintain the Health Information Mediator.

Vaccine-Preventable Disease Surveillance

MCSP improved surveillance of vaccine-preventable disease by assessing the current situation in Tanzania and developing a plan to promote collaboration and harmonization of parallel systems. To sustain collaboration, MCSP helped to create and manage a national TWG with engaged stakeholders from the MOHCDGEC Immunization and Vaccine Development and Epidemiology Units to support efforts toward a streamlined disease surveillance system. MCSP supported the rollout of electronic Integrated Disease Surveillance and Response trainings, an unstructured supplementary service data-based system designed to assist reporting from the facility level to the national level and link with DHIS2, in five regions of Tanga, Simiyu, Shinyanga, Njombe, and Tabora, bringing the total number of regions trained in the country to 24 of 26 (92%). A total of 1,669 health workers were trained including 1,416 health facility Integrated Disease Surveillance and Response focal persons, one from each health facility, and 253 regional and council health

management teams. Health facilities in the trained regions started to report data using the electronic Integrated Disease Surveillance and Response system, already linked to DHIS2, and immediately saw improvements in timeliness, completeness, and accuracy.

Way Forward

As part of its overall sustainability agenda, MCSP has continued to provide significant technical input to strengthen national and regional-level capacity of its government staff to plan, implement, and sustain CECAP, PSE, immunization, and HIS activities. In this final year of implementation, MCSP will continue to support districts by documenting and sharing key best practices and lessons learned to sustain CECAP interventions following MCSP support and advocate for scaling up continuous QI initiatives at national, regional, district, and institutional levels to sustain and leverage investments made. MCSP will also provide ongoing technical assistance in the vaccine information management system to ensure regions receive the follow-up support needed to successfully utilize and sustain the system, as well as build capacity and competency of MOHCDGEC stakeholders to transition and sustain the HIS system to make it functional in Tanzania after the end of MCSP.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number of MCSP immunization-focused councils in Tabora, Kagera, Shinyanga, and Simiyu with Penta3 coverage > 90%	7 (target: 19, 37% achieved)
Number of councils with Penta1 to Penta3 dropout rate ≤10% in MCSP-focused councils in Kagera, Tabora, Shinyanga, and Simiyu region	15 (target: 19, 79% achieved)
Percentage of children aged < 12 months who received DPT3/Penta3	86% (target: 100%, 86% achieved)
Number of districts that have introduced new vaccines with MCSP support	19 (target: 19, 100% achieved)
Percentage of districts/councils using RED/REC approach for immunization microplanning in Kagera, Tabora, Shinyanga, and Simiyu	100% (target: 100%, 100% achieved)
Number of health training institutes with PSE material strengthened to improve immunization services with MCSP support ⁸	10 (target: 10, 100% achieved)
Number of health workers graduated from pre-service training institutions by cadre	587 (no target defined)
Total number of clients screened with VIA	15,894 (target: 11,750, >100% achieved)
Total number of new women screened with VIA	14,141 (target: 10,100, >100% achieved)
Number (%) of new women screened with a VIA+ result	1,173 (8%, target: 5-10%)
Number (%) of clients VIA+ results treated with cryotherapy on same day	1,074 (100%, target: >95%, target achieved)
Number (%) of new clients referred for suspect cancer	29 (2%, target: 1%)
Number of health facilities supported to offer CECAP services	4 (target: 4, 100% achieved)
Number of health facilities visited for supportive supervision in repair and maintenance of cryotherapy machines	4 (target: 4, 100% achieved)

⁸ This is a new indicator that was not implemented in PY1-3. Y4/5 target includes 10 health training institutes supported in PSE interventions plus another 15.