



Ministry of Health and Social Welfare

Tanzania Service Availability and Readiness Assessment (SARA) 2012



July 2013



Tanzania Service Availability and Readiness Assessment (SARA) 2012

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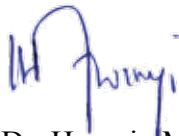
Foreword

The Tanzania “Service Availability and Readiness Assessment” provides a snapshot of the current status of health service provision in Mainland Tanzania in 2012. The study used an international standard questionnaire instrument and indicators. Data were collected from a sample of districts and health facilities to provide a representative portrayal of health services in the country as a whole. The survey provides estimates of general health care availability and readiness, as well as detailed assessments of specific areas of health care provision.

The publication represents a major contribution to effective monitoring of health service delivery in the country. As well as filling an immediate information gap, the survey provides a “baseline” situation assessment against which future progress may be judged. The report also responds to the increased demand for accountability by publishing objective measures of service delivery capability. In highlighting areas of strength and weakness, the report will aid health planners and managers to prioritise effort and allocate resources.

It is my hope that this report will be used by all stakeholders in the health sector in order to raise standards of service delivery. We look forward to repeating the survey in the near future to assess the results of our collective efforts.

On behalf of the Ministry of Health and Social Welfare, I express appreciation to the Global Fund to fight AIDS, Tuberculosis and Malaria for providing the financial support required for this study and to the Ifakara Health Institute for providing technical and editorial support to conduct the survey and produce the report.



Hon. Dr. Hussein Mwinyi
MINISTER OF HEALTH AND SOCIAL WELFARE

Acknowledgements

The Ministry of Health and Social Welfare wishes to gratefully acknowledge the contribution of multiple organizations and individuals to the successful accomplishment of the Tanzania Service Availability and Readiness Assessment 2012.

Ifakara Health Institute (IHI) conducted the survey, analysed the data and prepared the report for publication. Honorati Masanja and Paul Smithson authored the final report. Appreciation is also due to health facility personnel, HMIS Coordinators and Council Health Management Teams in all of the sample districts for recording and compiling the data on which this survey was based. The final report benefited from critical review of an earlier draft by the Ministry of Health and Social Welfare and by SARA experts at the World Health Organisation, Geneva.

Overall coordination of the exercise was provided by the Monitoring and Evaluation Section of the Ministry of Health and Social Welfare.

Finally, we acknowledge the financial support of the Global Fund to fight AIDS, Tuberculosis, and Malaria, without which the study would not have been possible.



Dr. D. Mmbando
Chief Medical Officer

Executive Summary

The 2012 Service Availability and Readiness Assessment (SARA) for Tanzania was conducted to help monitor health care delivery capability. Field work for the survey was conducted in three rounds: the first in May-June, the second in July-August 2012 and the final round in December 2012. Data analysis and report preparation commenced in September 2012. A final round of data analysis and report editing was conducted in January-February 2013.

The survey was conducted in a nationally-representative sample of 27 districts, with a target sample of 1908 health facilities and a final sample of 1297 health facilities, representing more than 18% of all health facilities in the country. The sample comprised non-government as well as government health facilities and results were stratified by facility level, operating authority, ownership and urban/rural areas. Response completeness was lower than anticipated, particularly in districts with a large number of facilities.

General availability of health services was assessed by comparing the total number of health facilities on the master list (not total interviewed) with the total population (projected) in the sample districts. Overall, there were 1.5 health facilities per 10,000 population, ranging from a minimum of 0.6 in Geita to a maximum of 6.0 in Sumbawanga.

Across the 1297 health facilities sampled, there were 8838 professional health workers, equivalent to 7.1 core health personnel per 10,000 population. 67% of all personnel worked in government health facilities, 14% in mission/faith-based facilities and 18% in private-for-profit facilities. Overall, 69% of the workforce was stationed in urban areas and 31% in rural areas. Medical doctors made up 6% of the workforce sampled, non-physician clinicians accounted for 32%, nurses 48% and midwifery professionals made up the remaining 14%.

The general service readiness index (GSR) is a composite measure that combines results from five modules of: amenities; equipment; standard precautions for infection prevention; diagnostics; and medicines & commodities. The overall GSR score was 42. Of the five domains, the score was highest for equipment (70) while all other domains score below 50 (Fig. 1). Private health facilities had a higher general service readiness score than government facilities and also exceeded the GSR score on each of the five domains (Fig. 2).

Figure 1: General service readiness by domain

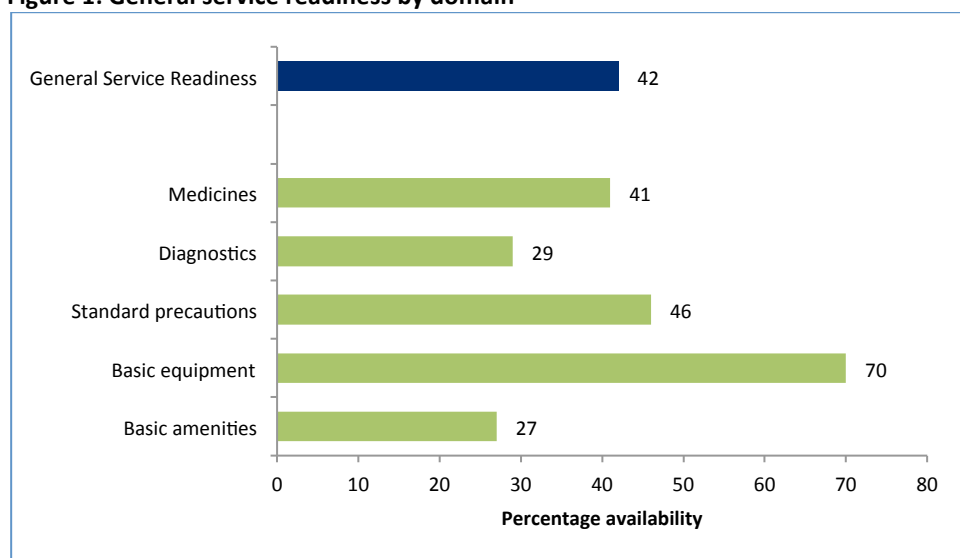
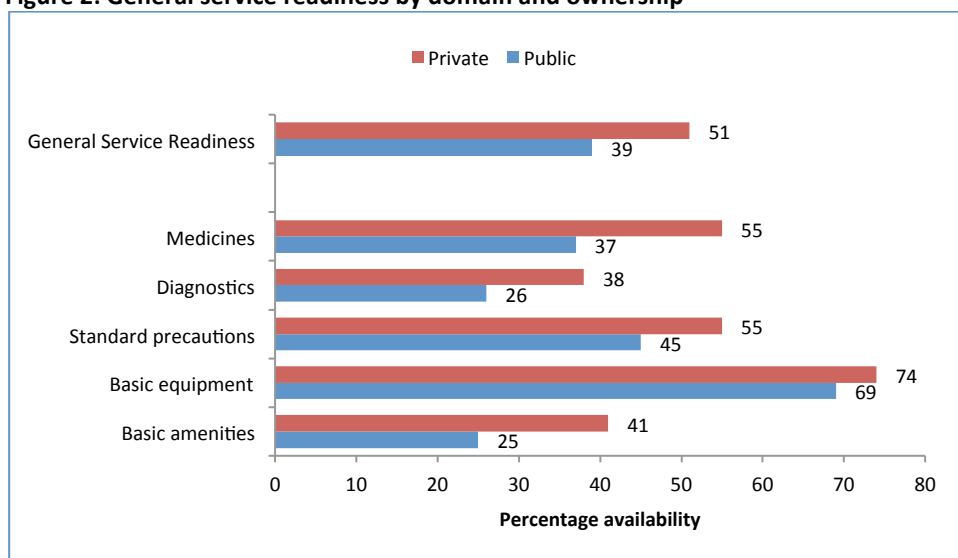
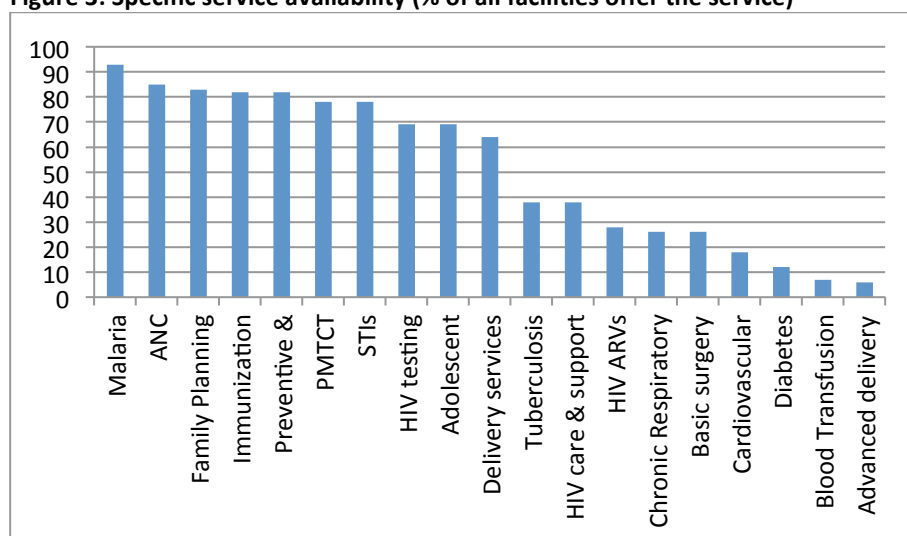


Figure 2: General service readiness by domain and ownership

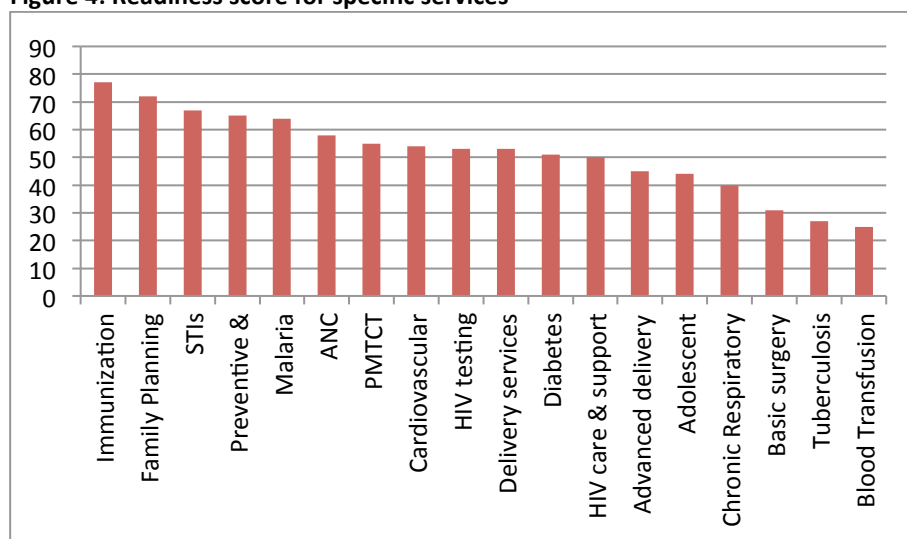
Availability and readiness was assessed for 19 areas of specific service provision. “Availability” signifies the percentage of all facilities in the sample that said that they offered the specific service in question. “Readiness” is a composite measure and was restricted to the sub-set of facilities that offered the service. The component “domains” that make up the readiness score differ from service to service, but generally include: Staff & training; Equipment; Medicines & Supplies, and Diagnostics. A readiness score of 50 signifies that, on average, half of the facilities that offered the service had each of the requisite inputs for delivering that service.

“Availability” varies considerably. Some services (such as curative and preventive services for children under five) are expected to be provided in almost all health facilities. Other more specialist services would only be expected to be provided by a minority of health facilities. Malaria services, ANC, family planning, child immunization and preventive and curative child health services were available in 80% or more of all facilities in the sample. PMTCT, sexually transmitted infection services were available in 78% of all facilities in the sample. Services that were available in less than 30% of facilities included antiretroviral therapy for HIV, basic surgery, cardiovascular and chronic respiratory infection services, diabetes services, blood transfusion and advanced delivery services (Figure 3).

Figure 3: Specific service availability (% of all facilities offer the service)

Having said this, the facilities that claim to offer any given service ought to have the requisite skilled personnel, guidelines, equipment, diagnostics and supplies. Figure 4 shows readiness scores for each of the nineteen specific services included in this survey, in descending order of readiness.

Figure 4: Readiness score for specific services



Readiness score for specific service provision did not exceed 80/100 for any of the specific services in 2012. Child immunization and family planning were the two services with readiness scores above 70%. STI services, preventive and curative child health, ANC and malaria had readiness scores between 64 and 67. Specific services with the lowest readiness scores were basic surgery (31), tuberculosis (27), blood transfusion (25) and antiretroviral services for HIV (21). The remaining nine specific services had scores ranging from 40 (chronic respiratory disease services) to 55 (PMTCT).

Examination of the pattern of domain scores across different specific services revealed no clear pattern. For example, availability of at least one staff member, with requisite training and guidelines varied from 10/100 (basic surgery) to 70/100 (child immunisation), while scores for equipment ranged from 11/100 (HIV counselling and testing) to 91/100 (family planning). Thus we are not able to conclude that there is a problem with equipment (or diagnostics, or staff, or supplies) across all service areas. Instead, the deficits tend to vary from service to service. The reader is therefore urged to examine readiness assessment for each specific service in order to understand the factors contributing to the readiness score in that particular instance.

The report provides an important insight into service availability and readiness – both for health care in general and for a range of specific services. It is our hope that the information provided may enable stakeholders, planners and managers to identify more clearly the deficits that need to be addressed in order to achieve higher scores in future.

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Acronyms

3TC	Lamivudine
ABC	Abacavir
ACT	Artemisinin combination therapy
AIDS	Acquired immune deficiency syndrome
ALT	Alanine aminotransferase
ANC	Antenatal care
ARI	Acute respiratory infection
ART	Antiretroviral therapy
ARV	Antiretroviral
BCG	Bacillus Calmette-Guérin
BEmOC	Basic emergency obstetric care
BP	Blood pressure
BPEHS	Basic package of essential health services
CBC	Complete blood count
CD4	Cluster of differentiation 4
CHC	Community health centre
CHP	Community health post
CEmOC	Comprehensive emergency obstetric care
CRD	Chronic respiratory disease
CVD	Cardiovascular disease
d4T	Stavudine
D&C	Dilation and curettage
DBS	Dried blood spot
DHS	Demographic and health survey
DOTS	Directly Observed Treatment - Short course
DTP	Diphtheria tetanus pertussis
EFV	Efavirenz
EPI	Expanded programme on immunization
FBO	Faith based organization
FP	Family planning
GSR	General service readiness
HepB	Hepatitis B
HiB	Haemophilus influenzae type B
HIV	Human immunodeficiency virus
HMIS	Health management information system
IHFAN	International Health Facility Assessment Network
IHI	Ifakara Health Institute
IMCI	Integrated management of childhood illness
IMEESC	Integrated management of emergency and essential surgical care
IMPAC	Integrated management of pregnancy and childbirth
IPT	Intermittent preventive treatment
ITN	Insecticide treated net
IUD	Intrauterine device
IV	Intravenous
LLIN	Long-lasting insecticide treated net
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDG	Millennium development goal
MDR-TB	Multiple drug-resistant tuberculosis

MNCH	Maternal, neonatal and child health
MoHSW	Ministry of Health and Social Welfare
MVA	Manual vacuum aspiration
NCD	Non-communicable disease
NGO	Non-governmental organization
NVP	Nevirapine
OI	Opportunistic infection
OPV	Oral polio vaccine
ORS	Oral rehydration solution
PCV	Pneumococcal conjugate vaccine
PMI	President's malaria initiative
PMTCT	Preventing mother-to-child transmission
PHU	Peripheral health unit
RDT	Rapid diagnostic test
SAM	Service availability mapping
SARA	Service availability and readiness assessment
SAVVY	Sample vital registration with verbal autopsy
SP	Sufadoxine pyrimethamine
SPA	Service provision assessment
SPD	Sentinel Panel of Districts
STI	Sexually transmitted infection
TB	Tuberculosis
TT	Tetanus toxoid
TSPA	Tanzania service provision assessment
USAID	United States Agency for International Development
WHO	World Health Organization
ZDV	Zidovudine

