Tanzania
Country Profile

Jhpiego in Tanzania

Background

The United Republic of Tanzania has the largest land area of any East African country. More than 70% of the population lives in rural areas, and about half the population lives below the poverty line. With high infant and maternal mortality, and high HIV and malaria prevalence, the government is striving to strengthen quality and access of health services for the population. This goal is greatly challenged by the vast size of the country, as well as inadequate human resources for health. The country faces a mature, generalized HIV epidemic, with an estimated 6% of Tanzanians currently living with HIV/AIDS. Furthermore, an estimated 8,000 women die in childbirth every year in Tanzania.

Jhpiego began working in partnership with the Tanzania Ministry of Health and Social Welfare (MOHSW) in 1999, initially with funding from the U.S. Agency for International Development (USAID) to provide technical assistance to develop Essential Maternal and Neonatal Health Guidelines. Subsequently, under the Maternal and Neonatal Health (MNH) Program, Jhpiego worked to improve antenatal care in two districts (Arusha and Iringa) as a part of a larger, multi-organizational performance improvement initiative. This antenatal care work further expanded to the rest of the country under the USAID-funded ACCESS Program, which began in 2002. In 2005, Jhpiego’s role in Tanzania expanded into the area of community mobilization for malaria prevention and control, with funding from the U.S. Centers for Disease Control and Prevention (CDC). From 2008–2014, Jhpiego collaborated with the Tanzanian and Zanzibari MOHSWs under the USAID-funded Mothers and Infants, Safe, Healthy and Alive (MAISHA) project to reduce maternal and neonatal morbidity and mortality. Additionally, under USAID’s flagship Maternal and Child Health Integrated Program (MCHIP) and in 2013 under USAID’s Accelerate Program, Jhpiego collaborated with the MOHSW to scale up voluntary medical male circumcision (VMMC) in three highly impacted regions of Tanzania. These programs served more than 400,000 males aged 10–34, and provided technical support to the MOHSW in VMMC. Also during those years, Jhpiego implemented the USAID-funded Universal HIV/AIDS Counseling and Testing (UHAI-CT) project to provide community-based HIV counseling and testing services, and to help hospitals and clinics implement the Tanzanian government’s provider-initiated testing and counseling strategy.

Jhpiego’s current portfolio in Tanzania includes: maternal, newborn and child health; HIV/AIDS; gender-based violence; cervical cancer prevention; Integrated Management of Childhood Illness; malaria; and family planning, as well as pre-service education, infection prevention and control, and training of community health workers. At this time, Jhpiego is implementing a variety of programs as described in more detail below.

Quick Facts

<table>
<thead>
<tr>
<th>Estimated total population: 1</th>
<th>50.8 million</th>
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<tbody>
<tr>
<td>Maternal mortality ratio: 2</td>
<td>450 per 100,000 live births</td>
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<tr>
<td>Neonatal mortality rate: 2</td>
<td>26 per 1,000 live births</td>
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<tr>
<td>Under-five mortality rate: 2</td>
<td>76 per 1,000 live births</td>
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<td>Total fertility rate: 2</td>
<td>5.5</td>
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<td>Contraceptive prevalence: 2</td>
<td>34% (modern methods)</td>
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<tr>
<td>HIV prevalence: 3</td>
<td>6%</td>
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<tr>
<td>Births with skilled provider: 2</td>
<td>49%</td>
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Sources:
1 Population Reference Bureau 2014 World Population Data Sheet;
2 2010 Demographic and Health Survey;
Current Program Highlights

The Newborn Resuscitation Program

With funding from The Children’s Investment Fund Foundation (CIFF), Jhpiego is collaborating with the MOHSW to scale up and sustain its national newborn resuscitation program. This three-year project aims to build the capacity of health officials to: 1) expand newborn resuscitation training to a national scale; 2) improve facility readiness by providing bag and mask sets and training materials; and 3) ensure long-term sustainability by developing a model for a national clinical mentoring system that will strengthen existing supervision mechanisms. Specifically, Jhpiego is working with the MOHSW to focus on expanding newborn resuscitation training to district trainers in two regions, as well as supporting already-trained district trainers—ultimately reaching service providers in 20 of the country’s 30 regions. Jhpiego is also leading efforts to improve facility readiness by: providing bag and mask sets; utilizing Helping Babies Breathe training materials; and providing NeoNatalie newborn simulators, which facilitate effective learning of standard resuscitation measures and newborn care.

Voluntary Medical Male Circumcision Services

With funding from USAID’s AIDSFree Program and the Accelovate program, Jhpiego collaborates with the MOHSW to scale up VMMC services and introduce early infant male circumcision (EIMC) for HIV prevention in three highly impacted regions of Tanzania. Jhpiego has been responsible for service delivery and demand creation in these regions—ensuring an effective matching of supply and demand. As of September 2014, more than 400,000 males aged 10–34 have been served. The program has worked to overcome limitations related to seasonal preference for VMMC and uses a variety of innovative techniques to ensure effective service delivery. For example, since 2012, the program has used geographic information systems to identify underserved sites for campaigns and track the scale-up to the far reaches of the program regions. Jhpiego and MOHSW partners combine a variety of implementation efficiencies, including implementation of high-volume campaigns, outreach and mobile services, as well as fixed site services. Jhpiego has also led the development or adaptation of a large number of training and supervision tools, including the Tanzania Manual for VMMC, VMMC Counseling Training Manual, Manual for the Training of VMMC Peer Promoters/Educators, and a variety of counseling, quality assurance and behavior change communication tools. More than 600 health care providers have received training in various aspects of VMMC, most of whom have also received refresher training and/or specialized training designed to enhance specific skills such as adverse event reporting. Providers have also been trained as EIMC providers and as VMMC and EIMC trainers. District AIDS Control Coordinators have received training in using the national VMMC system, and more than 200 demand creation agents have been trained over the course of the program. In the area of EIMC, Jhpiego helped integrate EIMC services into existing reproductive and child health services at eight health facilities in Iringa, and these activities are currently expanding to additional regions. In addition, Jhpiego is implementing an EIMC study to inform eventual expansion of the program. The VMMC program has also implemented a number of other studies including one on the safety and acceptability of the PrePex male circumcision device. With funding from the USAID Project Search, Jhpiego implemented a study of the systematic scale-up of male circumcision services in Tanzania, and on the integration of HIV testing and counseling in VMMC services. Currently two new studies—one funded by CDC, the other by 3ie—are under way; both are designed to look at ways to increase VMMC uptake in other men.
(see Research Studies Section below). While VMMC activities in Tanzania were originally supported under MCHIP, which ended in 2014, Accelovate and the new AIDSFree Program are continuing to support male circumcision implementation and research in the country—making the Tanzania VMMC program an important “laboratory” for innovation for VMMC efforts worldwide.

Infection Prevention and Control in Tanzanian Hospitals
With funding from CDC, Jhpiego is building the capacity of the MOHSW to address infection prevention and control in hospitals across Tanzania. Using a whole-site quality improvement approach, Jhpiego and the MOHSW work with teams in each hospital to address infection prevention and control and develop targeted interventions for provider and patient safety, health care waste management, injection safety and the provision of post-exposure prophylaxis for HIV/AIDS. Building on past efforts in this area, Jhpiego is supporting the government to develop and disseminate guidelines and standards, train health care workers, provide essential supplies and promote behavior change and communication. The goal of the program is to reduce the toll of health care-associated infections in Tanzania.

Wazazi na Mwana
Under a subaward with Plan International, Jhpiego is working to improve maternal, newborn and child health for underserved populations, particularly women of childbearing age, in four districts in Tanzania (two each in Mwanza and Rukwa Regions). Under this initiative, Jhpiego is leading efforts to strengthen all 201 health centers and dispensaries in the four districts to provide high-quality services for basic emergency obstetric and newborn care, and for Integrated Management of Childhood Illness. In addition, Jhpiego is building the capacity of four health centers to provide comprehensive emergency obstetric and newborn care services. Anticipated project results are to increase the number of: 1) front-line health workers trained, equipped and retained to deliver essential preventive and curative services for pregnant women, new mothers and newborns; 2) pregnant women accessing health services during the pre- and postnatal periods; 3) pregnant women exclusively breastfeeding infants up to six months of age; 4) women assisted during childbirth by skilled birth attendants; and 5) effectively treated cases of common childhood illnesses in children under five years of age.

Tabora Adolescent and Safe Motherhood (TABASAM)
Under a CARE International subaward funded by the Canadian Department of Foreign Affairs Trade Development (DFATD), Jhpiego is working to improve maternal and reproductive health in the six districts of Tabora Region. Over a two-year period, Jhpiego is expected to: 1) increase utilization of maternal and reproductive services by women and adolescent girls in the target communities, and 2) improve quality of maternal and reproductive health services at government health facilities in the target districts. The project is targeting an estimated population of 2.5 million, including 521,705 women and adolescent girls of reproductive age.

Maternal and Child Survival Program
In 2014, USAID launched its flagship Maternal and Child Survival Program (MCSP) to address reproductive, maternal, newborn and child health (RMNCH) globally. Led by Jhpiego, in collaboration with a consortium of partners, MCSP in Tanzania will support the MOHSW to implement and scale up key interventions for reducing maternal and newborn mortality. The objectives of the program are to: 1) improve the environment for RMNCH services through technical leadership and
coordination; 2) strengthen key health systems to deliver quality RMNCH services; and 3) strengthen the involvement of civil society, support institutions in RMNCH and improve uptake of innovations. MCSP expects to work nationally with the MOHSW on technical areas of maternal and newborn health, immunization, pre-service education, health information systems, and management and coordination. Best practices will be demonstrated and documented in Kagera and Mara Regions—two regions with the poorest MNCH indicators—and modeled for scale-up throughout the country. Over three years, MCSP plans to increase access and coverage of high-quality health services for pregnant women and their children.

Research Studies

In addition to the programs above, Jhpiego is currently implementing the following research studies in Tanzania:

- CDC-funded randomized controlled trial aimed at evaluating an intervention to increase uptake of VMMC among men aged 20–49 years of age in the Iringa and Tabora Regions (with the National Institute for Medical Research and London School of Tropical Medicine and Hygiene)
- Impact evaluation, funded by 3ie, focusing on a raffle of smart phones as an innovative incentive to increase uptake of VMMC services among men aged 19 and above in Iringa, Njombe and Tabora Regions of Tanzania
- Tanzania PrePex Safety and Acceptability Study of non-surgical male circumcision
- Study on the acceptability of early infant male circumcision in Iringa Region
- Study on the feasibility of implementing tracing of sexual partners of newly diagnosed HIV-positive individuals
- Feasibility and acceptability study of the use of the ePartogram in maternity wards in Zanzibar

Key Accomplishments

- At closing, the UHAI-CT Program had counseled and tested 1,733,714 people for HIV, and 2,595 health care providers in nine implementing regions were trained in provider-initiated testing and counseling (58 of those trained have in turn trained other providers).
- Under the MAISHA Program, an estimated 74% of facilities have a provider trained in focused antenatal care on staff. Jhpiego has provided essential medical equipment and clinical supplies for quality maternity services to over 251 facilities.
- As of September 2014, the Jhpiego/Tanzania VMMC program collaborated with the MOHSW to provide more than 400,000 circumcisions in Iringa, Njombe and Tabora Regions. According to modeling estimates, over the next 25 years this will contribute to 30,000 future HIV infections averted and more than US$70 million in treatment cost savings. From 2009 to 2014, more than 460 providers were trained to carry out VMMC under local anesthesia, 142 providers were trained as VMMC counselors and 50 were trained to train other providers.
- Also under MCHIP, EIMC services have been integrated into reproductive and child health services at eight health facilities in Iringa. As of September 2014, more than 1,500 infants were provided with EIMC at these pilot sites.

Partners and Donors

- Jhpiego’s primary donors in Tanzania are USAID and CDC. Other donors include CIFF and DFATD, the latter through partnerships with Plan International and CARE International. Jhpiego also implements a research project under a grant from 3ie, which is funded through the Gates Foundation and has worked with Becton Dickinson, a corporate donor.
- Key local partners include: the MOHSW; the White Ribbon Alliance for Safe Motherhood in Tanzania; T-MARC (a Tanzanian social marketing organization); numerous local civil society organizations working on HIV/AIDS in Iringa, Njombe, Tabora and Tanga Regions; nursing, midwifery and medical councils and associations; and others.

References