

UNICEF TANZANIA
Health

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Programme Summary

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Abbreviations and Acronyms

BEmONC: Basic Emergency Obstetric and Newborn Care
BRN: Big Results Now initiative
CBHC: Community Based Health Care
CCHP: Comprehensive Council Health Plan
CEmONC: Comprehensive Emergency Obstetric and Newborn Care
CHW: Community Health Worker
CSOs: Civil Society Organizations
DHIS: District Health Information System
DTP-HebB-Hib3: Diphtheria, Pertussis, Tetanus, Hepatitis B and *Haemophilus* type b conjugate Vaccine (Pentavalent)
EmONC: Emergency Obstetric and Newborn Care
EPI: Expanded Programme on Immunization
GFF: Global Financing Facility
GoT: Government of Tanzania
HBF: Health Basket Fund
HIT: Health Information Team
HRH: Human Resources for Health
HSSP: Health Sector Strategic Plan
IEC: Information, Education and Communication
IPV: Inactivated Polio Vaccine
IVD: Immunization and Vaccines Development
LGAs: Local Government Authorities
M&E: Monitoring and Evaluation
MINS: Mbeya, Iringa, Njombe and Songwe regions
MNCH: Maternal, Newborn and Child Health
MoH: Ministry of Health, Community Development, Gender, Elderly and Children (Former Ministry of Health and Social Welfare)
MR: Measles and Rubella
NGOs: Non-Governmental Organizations
OPV: Oral Polio Vaccine
PPP: Public-Private Partnership
QIP: Quality Improvement Plan
REC: Reaching Every Child strategy
RMNCH: Reproductive, Maternal, Newborn and Child Health
SDD: Solar Direct Drive (Refrigerators)
SWAp: Sector Wide Approach
TDHS: Tanzania Demographic and Health Survey
TFDA: Tanzania Food and Drugs Authority
THMIS: Tanzania HIV and Malari Indicator Survey
ToT: Training of Trainers
TRCS: Tanzania Red Cross Society
U5MR: Under-Five Mortality Rate
UN: United Nations
UNDAP: United Nations Development Assistance Plan
UNICEF: United Nations Children's Fund

Executive Summary

In 2018, UNICEF Tanzania has increased access to high impact lifesaving interventions for children and adolescents. UNICEF supported outreach services in hard to reach areas whereby 20% of immunization and some key RMNCH services were offered through outreach. This contributed to maintaining immunization coverage above 90% nationally. Additional 35,000 children from 15 low performing districts (coverage from 75% to 90%) in Mainland were vaccinated, while additional 7,535 children were vaccinated in Zanzibar during African Vaccination Week. In refugee camps, 98% of children below one year received the first dose of measles vaccine.

For stimulating and nurturing care, a total of 240 health care workers 3,004 CHWs (40%) and CHVs in UNICEF focus regions in Mainland were trained on Care for Child Development (CCD), reaching 140,000 caregivers through counselling. In Zanzibar, a total of 462 HCWs and 1,760 CHVs (75%) were trained on CCD, resulting in counselling of 120,000 caregivers. UNICEF is engaging government and partners to roll out CCD nationwide.

Many studies have shown that Community Health Workers (CHWs) can be trained to effectively diagnose and treat pneumonia, diarrhea, and malaria which cause 55% of under-5 deaths in Tanzania, as well as significantly reduce maternal and neonatal mortality. As a result of UNICEF advocacy efforts, Tanzania government agreed in 2018 to roll out CHWs focusing on underserved and rural areas. Another accomplishment in Child Health is the reduction of stock out rates in essential medicines: ORS stock out was 5.6% and 0% vaccine stock out nation-wide.

For Mother and Newborn Health, 116,703 pregnant women and newborns received quality emergency obstetric and newborn care (EmONC) services as a result of improved services in 44 strategic health facilities in Mbeya, Njombe and Songwe. Additionally, 210 health facilities nationwide have been upgraded through UNICEF and DPs under Health Basket Fund (HBF), covering an additional 350,000 pregnant women and newborns. The government plans to upgrade 559 facilities nationwide to reach skilled delivery at universal scale by 2020.

Throughout 2018, UNICEF provided advocacy and technical support to MOHCDGEC via HIV viral load testing machine which give accurate results in one day, compared to conventional machines which take nearly 6 weeks. To date, 35 strategic PoC sites are active, and over 6000 HIV viral load tests were done prioritizing children, pregnant women and lactating mothers. The technology significantly reduced turnaround time of VL results enhancing quality care and better health outcomes of pregnant women living with HIV hence reducing MTCT. The country is expected to scale up 200 PoC sites nationwide. On the demand side, accountability of the government to provide quality health care to citizens was strengthened through a mobile platform called Mama na Mwana which allows patients to give actionable feedback to the government on quality of services received. 55,000 women were registered on the platform representing 26% of pregnant women in the target regions, and 1,600 trained Health Care Workers were used to engage pregnant and lactating women. More than 2,300 women have utilized the technology platform to provide feedback on health services highlighting issues such as inadequate preventive malaria treatment, limited counseling on breastfeeding, danger signs and emergency treatment in newborn and lack of privacy during examinations.

UNICEF Tanzania team has achieved these results through seven strategic efforts: 1) Advocacy; 2) Coordination; 3) Development of health service delivery platform for communities; 4) Capacity building of health workers and volunteers; 5) Multi-sectoral coordination; 6) Resource mobilization; 7) Service delivery accountability. For example, UNICEF Tanzania Country Office (TCO), Regional Office and HQ supported high level advocacy, affordability analysis, and shared other countries experience. Similarly, through UNICEF advocacy, the country has also adopted new HIV point of care (PoC) testing technology. In the health service delivery platform, UNICEF advocated for the formalization of CHWs, and in terms of capacity building, a comprehensive package for Care for Child Development (CCD) was developed with UNICEF support and is being implemented at community and health facility levels in 11 out of 26 regions of Tanzania. In term of resource mobilization, UNICEF also supported the government of Tanzania to leverage resources for community system strengthening through GAVI Health Systems Strengthening (HSS) round II funding (2019-2023) amounting to 39mln USD. In addition, UNICEF and donor pooled funds have supported Direct Facility

Financing (DFF), transferring funds to health facilities. To date, 6,500 out of 7,000 facilities are receiving direct cash to provide health and nutrition services.

The relevant share of budget allocation to health as a proportion of the national budget has been gradually declining over the past years, currently at 7% compared to the international benchmark of 15%, and the 2017/18 budget is 47 per cent of the amount required to realize the HSSP IV goals. Although dispensaries, the most basic level of health facility, should be accessible to all communities within 5 km, approximately 50% are not functional. UNICEF Tanzania plans to continue capitalizing on these achievements and scaling up the programmes. UNICEF will continue to produce budget briefs and advocate increases in domestic financing. UNICEF will continue work with Development Partners (DPs), GAVI, GFATM, GFF to strengthen direct facility financing to health facilities to improve integrated service delivery as well as enhanced coordination, effectiveness and monitoring of HIV programmes for children, adolescents and their families. UNICEF will support the government in operationalizing CHWs and CHVs with special focus on equity and nationwide scale up. Partners are committed to fund the recruitment of 2,800 CHWs out of 24,886 needed.

Strategic Context of 2017

The health system still faces challenges of poor quality of care, inefficient referral mechanisms, weak infrastructure and limited numbers and skills of health workers. 66% of women in Tanzania face at least one key barrier in accessing health care, primarily the costs of treatment (50%) and distance to the health facility (42%)¹. Patients accessing maternal and child health care incur considerable out-of-pocket expenses, which imposes more of a burden on the poor, or those in remote areas who pay more for transport to distant facilities. Despite improvements, 45% of rural women still deliver babies at home putting their life at risk. It is widely believed that the quality of care in the health facilities is far from satisfactory^{2&3} and the distances from people's homes to health facilities are huge, thus limiting access to emergency life-saving obstetric and newborn services.

This underscores the importance of decentralizing and increasing the capacity for emergency obstetric and newborn care (EmONC) services at strategic health facilities. Tanzania's new Health Sector Strategic Plan 2016-20 (HSSP IV) places a greater emphasis on the quality of care and UNICEF supports the Ministry to implement this plan through quality assessment and accreditation, setting standards and criteria for newborn care, and support to the quality improvement activities in the health facilities. In the spirit of HSSP IV, UNICEF's goal is also to contribute to achieving Sustainable Development Goal 3 and its progress towards meeting the targets set for maternal and newborn health.

In order to achieve these goals, on the supply side, UNICEF focused its strategies in selected district of Mbeya, Iringa, Njombe and Songwe regions. Although the Primary Health Care Development Programme (MAMM) emphasizes that health centres should also provide comprehensive EmONC services, none of them in Mbeya, Njombe and Songwe could do so. UNICEF, jointly with government, selected 44 strategically located health facilities with high client volume to enhance their capacities to provide emergency obstetric and newborn care, so that women do not have to travel too far to access lifesaving interventions such as caesarean section or blood transfusion. Thirteen of them have been equipped with ambulances to enable women with obstetric emergencies to reach these facilities.

On the demand side, UNICEF's communications for development (C4D) strategy targeted pregnant women to help them understand the importance of institutional delivery, danger signs, referral to health facilities, and the role of family in supporting pregnant women, and reached nearly 2,500,000 people with key messages on these topics. The awareness raising and capacity building activities supported are expected to lead to further increase in utilization of health services. In order to improve the quality of care around child birth, quality improvement (QI) activities focused on maternal and newborn health are supported by Liverpool School of Tropical Medicine, in capacity building and mentorship, training of master trainers and training facility staff on key lifesaving skills. In collaboration with the Local Government Authorities and the Ministry of Health (MOHCDGEC), mobile SMS user feedback system is being expanded to Mbeya, Iringa, Njombe and Songwe.

UNICEF supported building the capacity of communities and structures such as Council Health Service Boards (CHSBs) and Health Facility Governing Committees (HFGCs) to encourage social accountability. This is in support of direct facility funding mechanism under the Health Basket Fund. This effort is meant to enhance the beneficiaries' feedback system, such as Mama na Mwana, by ensuring that decision makers can understand and accept the community feedback. Other efforts have included strengthening of adolescent-friendly health services and strengthening health systems at the district level. Appropriate policy improvements, budget analysis and engagement with global health initiatives are also underway in order to promote the sustainability of health services. Capacity building for council health management teams on evidence based planning and use of data has been primary focus district health system strengthening.

The government of Tanzania has outlined ambitious plans to improve equitable access to health services, however, it will take an enormous investment of time and resources to ensure that all remote populations are

¹ Mohcdgec, Moh, NBS, OCGS, And ICF (2016). Tanzania Demographic And Health Survey And Malaria Indicator Survey (TDHS-MIS) 2015-16.

² *Community Perspective Study*, Mid-Term Review Of HSSP III, 2013

³ *Availability, Utilization And Quality Of Emergency Obstetric And Newborn Care (Emonc) Services In Tanzania Mainland*, Ministry Of Health And Social Welfare 2015

within walking distance of health facilities. While this is a laudable long term goal, providing community-based primary health care through Community Health Workers (CHWs), can immediately extend the reach of high quality care to the people who need it most, in their own villages. The roll-out of CHWs more widely has not yet been achieved due to lack of financial and human resources, the need to recruit, train and deploy large numbers of staff and the logistical and planning hurdles involved in building CHWs into the health system as a whole. UNICEF has supported the Ministry through the Health Promotion Section to establish the national Task Force (CHW TF) with the clear TOR that served as a coordination board for government ministries, UN agencies, development partners and other relevant stakeholders.

Results in the Outcome areas

UNICEF Health programme is defined within the United Nations Development Assistance Plan (UNDAP II) 2016-2021 and UNICEF Country Programme 2016-2021.

Results for each of the Country Programme Health Outputs (2016-2021) are described below.

Health Outcome 1: Effective coverage of high-impact reproductive, maternal, neonatal, child and adolescent health (RMNCAH) interventions

Health Output 1.1: Strengthened enabling environment (health policy, health system and sector coordination strengthened)

Output Result 1.1

UNICEF leveraged resource allocation to Reproductive Maternal Newborn and Child Health (RMNCH), improved efficiency and, accountability of health service provision toward the Central and Local Government Authorities (LGAs). This effort strengthened Tanzania's health sector to achieve its goal of reaching all households with quality health care services.

To meet the Sustainable Development Goals, community health system strengthening is one of the key strategies to be implemented in Tanzania and the relevant policy was approved in previous years. To make the policy functional and operational, UNICEF advocated to formalize CHWs through sharing of analytical and costing documents, experiences sharing of countries in East and South Africa to several ministries, and Presidents Office of Regional Administration and Local Government (PORALG). Finally, the Scheme of Service for CHW has been approved, and CHW cadre officially formalized. This will strengthen Primary Health Care system increasing access to preventive, promotive and curative services at household and communities in 16,900 towns and villages. Trained CHWs will officially be employed by the local government authorities (LGAs) and deployed to communities to provide essential health services. Currently, 9,000 CHWs have been trained in Government training institutions using UNICEF supported 1-year national curriculum and are awaiting deployment. TCO is presently planning to help the government roll out CHWs, with a particular focus on equity and nationwide scale up.

UNICEF put its effort on leveraging funds to health system strengthening with the aim to contribute to the achievement of Universal Health Coverage. In Tanzania appraisal process for the next round of GAVI Health Systems Strengthening (HSS) round II funding (2019-2023) amounting to 39mln USD, UNICEF facilitated several meetings and technical assistance to ensure the country agreed on investing in Primary Health Care system to maintain immunization coverage at the universal scale. As a result, the funding has been approved by the independent reviewer and GAVI board. Tanzania prioritized investing 9mln USD out of 39mln USD to improve access and quality of immunizations and other reproductive, maternal new-born child adolescent health (RMNCAH) interventions, and 2.1mln USD to improve community participation in rural, urban slums and hard to reach areas by 2023.

UNICEF provided financial and technical support to MOHCDGEC for development of the National Newborn Care guideline and review of National IMCI/PSBI and MPDSR guidelines.

Building a resilient health system during an emergency has been the programmatic priority of UNICEF during the reporting period. In refugee camps, UNICEF supported the procurement of vaccines, cold chain maintenance, and Community Health Workers (CHW) capacity building. CHWs identified un-vaccinated children, provided health education on prevention of communicable diseases, and conducted immunization outreach services to villages which are more than 5km away from the nearest health post. As a result, out of 35,500 targeted children, 35,401 under-five refugee children (99.7%) were vaccinated against polio and measles, while 3,370 children received oral rehydration salt (ORS) treatment for diarrhea. Malaria and pneumonia cases continued to increase due to inadequate knowledge, poor housing and environment, indoor air pollution and inappropriate health care seeking behaviors. Additionally, 94 health care workers now were recruited to fill the vacant posts in the Mtendeli and Nyarugusu refugee camps. Over 19,204 refugee parents and caregivers were reached with health education messages. 2,080 children and pregnant women were supplied with long-lasting insecticide-treated mosquito nets in these two camps.

Health Output 1.2:

District health system strengthened in evidence-based planning and monitoring

Output Result 1.2

UNICEF continued supporting efforts in improving availability and use of quality data at National and Subnational levels to ensure health plans and interventions are evidence-based and focus on high-impact interventions. UNICEF also provided technical and financial support in the review of Comprehensive Council Health Plans and Health Facility planning guidelines.

The current Health Sector Strategic Plan (HSSP IV), and ongoing decentralization reform provides a strong foundation for reinforcing sub-national quality service delivery. Comprehensive Council Health Plans (CCHP), the sub-national planning process led by LGAs, are often recycled from one year to the next, leading to poor prioritization of interventions and resources. To address this, UNICEF advocated for the use of evidence-based planning (EBP) and provided technical assistance to revise and incorporate Bottleneck Analysis (BNA) into the CCHP guidelines, and planned to scale up EBP approach in all 314 LGAs across the country.

Also, UNICEF supported capacity building through a hands-on workshop on EBP, BNA and budgeting in 23 LGAs in Mbeya, Iringa, Njombe and Songwe and 11 districts in Zanzibar, resulting in improved CCHPs which will improve access to quality services for mothers and children. UNICEF provided technical assistance to set up RMNCH scorecard applications in the DHIS II system, generating real-time information to monitor the impact of these sub-national plans and measure the progress of key indicators at disaggregated levels (district and facility).

Poor quality maternal care not only leads to poor neonatal outcomes, but impacts the care of children generally, since mothers develop a reluctance to access care. Therefore, UNICEF supported Regional Health Management Teams (RHMTs) and LGAs in Mbeya, Songwe and Njombe regions to set up functional Quality Improvement (QI) teams in 44 strategic health facilities. These facilities are located in highly populated locations, and 70% of deliveries are taking place in these facilities. According to the Liverpool School of Tropical Medicine (LSTM) study contracted by UNICEF in 2018 to assess the QI programme, the reporting of perinatal deaths has improved from 5.3% (2017) to 100% (2018) in these facilities. Similarly, in Zanzibar, UNICEF supported the national committee on Maternal and Perinatal Death Reviews (MPDSR) was established and reviewed all maternal and perinatal deaths, and developed recommendations for follow up. As of September 2018, all 55 maternal deaths at health facilities and 305 out of 318 early neonatal deaths were reviewed and 79% of recommendations were implemented in Zanzibar. UNICEF facilitated dissemination of findings in RMNCAH TWG and is currently working with MOHCDGEC to scale up the approach in poor quality health facilities nationwide. Computerization of Health Management Information System (HMIS) to enable computerized reporting of DHIS2 at health centers in UNICEF supported districts is process. As in all other primary health care health facilities in Tanzania, HMIS is implemented on paper based tools and currently there are no electronic devices (computers) to support DHIS2 low level health facilities. However, with funding and partnership with GAVI, UNICEF has supported the procurement and distribution of tablets to health facilities.

Health Output 1.3:

Improved capacity at the subnational level for effective delivery of quality RMNCAH services including PMTCT

Output Result 1.3

Significant improvement made on increasing access and delivery of quality and more specialized Maternal and Newborn Care services in Mbeya, Njombe, Songwe and Zanzibar. High impact interventions and integrated approaches adopted at facility and community levels.

Tanzania has maintained high coverage of vaccination at 97%, with over 75% of children under 2 years fully immunized. However, inequities were observed among the districts and some exercises to rank low performing districts on immunization was done with UNICEF support. About 35,000 children from 15 out of 56 (26%) low performing districts in Mainland were reached, and also received diarrhea and pneumonia management. An additional 7,535 children in Zanzibar were vaccinated, and 98% of children below one year in refugee camps received measles vaccine.

About 116,703 pregnant women and newborns at 44 strategic health facilities benefitted from quality health services available 24 hours, 7 days a week as a result of UNICEF upgrading of these facilities. Another 679 pregnant women with obstetric complications were safely delivered in 13 health centers upgraded by UNICEF to provide caesarean section and blood transfusion services. Similarly, UNICEF and DPs through HBF are upgrading, equipping and training 210 health facilities nationwide to provide 24/7 obstetric and new-born care, covering an additional 350,000 pregnant women and newborns. Based on this success, the government plans to upgrade 559 facilities nationwide to reach skilled delivery at universal scale by 2020.

With UNICEF support, 8 hospitals and 1 health center were upgraded to provide Kangaroo Mother Care services. As the result, lives of 2,142 (49%) of preterm and low birth weight babies were saved by accessing lifesaving KMC services from the upgraded health facilities. UNICEF also provided technical and financial support to 14 districts in 3 regions to conduct regular review of maternal and perinatal deaths. All (100%) of maternal and majority (87%) of perinatal deaths were discussed during review meetings, and action plans were developed and implemented with support from UNICEF to reduce deaths. Additionally, UNICEF supported the implementation of PSBI guideline in Busokelo district and establishment of 7 newborn care units in Mbeya region.

Blood transfusion services in Zanzibar are significantly strengthened following donation of blood bank equipment and support to community mobilisation on blood donation. The blood unit target of 12,803 for 2018 was reached and safe blood availability has improved to 85%, contributing to significant reduction of maternal deaths caused by excessive bleeding from 46% in 2016 to 11% in 2017. Elimination of Mother to Child Transition of HIV) services were strengthened, with retention of HIV-positive mother -baby pairs in treatment improved from 87% in 2017 to 89% in 2018.

UNICEF supported Ministry of Health on testing of 2 innovative laboratory machines for testing HIV viral load. To date Tanzania has 35 strategic POC sites implementing and in 2018, 6000 HIV viral load tests were done prioritizing children, pregnant women and lactating mothers.

Health Output 1.4:

Individuals, families and communities are supported to practice healthy behaviors

Output Result 1.4

Positive behavior for maternal and child health practices at the family and community levels was strengthened through social behavior change communication, including demand creation, radio programmes, print materials, community health volunteers and health workers, in Mbeya, Iringa, Njombe and Songwe regions in the mainland and Zanzibar.

UNICEF supported training of 26 Health Care Workers (HCWs) from 22 UNICEF supported districts and 4 regional secretariats on Communication for Development (C4D, making a total of 26 HWs trained and working on C4D. Major C4D related bottlenecks towards demand and utilization of RMNCAH services include low male participation, low social influence and support, and low knowledge on the importance of RMNCAH services. In collaboration with MOHCDGEC, Regional Secretariats and LGAs in the focus districts. UNICEF also targeted to provide C4D orientation to 60 village Health Committees, however orientation covered 180 Village Health Committees equivalent to 21% which is above the target. In addition to this, UNICEF supported implementation of ten interactive community events in Mbeya and Songwe regions, whereas about 4,000 people participated and approximately 1,200,000 received educative messages on availability and demand and utilization for RMNCAH services.

Male partners, community leaders and community members have been reached by C4D interventions for improving their participation in RMNCAH services. Qualitative evidence revealed that these interventions stimulated changes in social norms especially on men's role in RMNCAH services. UNICEF provided technical and financial support worth USD 255,000 and commission BBC Media Action to undertake this intervention. UNICEF is still going ahead with an intervention on the mobile feedback mechanism known as Mama na Mwana in Mbeya, Njombe and Songwe regions. This mechanism targets pregnant and breastfeeding women to enhance utilization of RMNCAH services. A total of 40,000 women are so far reached by the program and enrolled in the Mama na Mwana feedback mechanism.

MOH Zanzibar through health promotion unit with UNICEF technical and financial support used various media and outreach programmes to reach thousands of people with messages on cholera prevention, early health seeking behaviors and environmental sanitation. In collaboration with UNICEF, Zanzibar Red Cross and ZAPHA Plus continues to conduct community education and mobilization interventions in both Unguja and Pemba. The health promotion program needs to be strengthened with particular emphasis on promotion of construction and use of latrines, hand washing practices and household water treatment to prevent diarrhea diseases. With WHO and UNICEF support, the Zanzibar Comprehensive Cholera elimination program for 2017-2027 has been drafted.

Case Study:

Understanding barriers to delivery and uptake of Immunization services in Tanzania

Issue/Background:

Uptake of Immunization services varies across Tanzania. Despite high coverage of above 95% in the previous 5 years, the number of unvaccinated children or those who are partially vaccinated has remained high and in 2017, this was at just above 30,000. In addition to using routine data, immunisation coverage is also measured using national surveys such as the TDHS. The 2015/2016 TDHS found that among children aged 12-23 months 75% had received all basic vaccines with nearly 50% receiving all basic vaccines by age of 12 months. These results show that about half of the children do not receive vaccinations at an appropriate age.

Rationale

Despite several efforts that Immunization and Vaccine Development Program made in reaching children for immunization services, there was critical need to review literature to understand barriers to the delivery and uptake of immunisation and other health services in Tanzania. The review was meant to strategically select interventions in the next 5 years and resource allocation. During the period of 2017 to 2018, Tanzania was applying for Gavi support to strengthen the health system (HSS2). The review was also a necessary step to prioritize intervention in the period of 2019-2020. Moreover, considering that the cMYP of Tanzania is ending in 2020, the review also aimed at gathering the background data for future development of cMYP

Strategy of implementation

With the support of consultant and Immunization Partners, comprehensive literature review was done to understand barriers for uptake of Immunization services. This review covered the delivery of health services including immunisation, the financing of health services delivery including immunisation, the delivery of immunisation services, trends in immunisation coverage, the impact of the delivery of immunisation services, immunisation equity issues, barriers to the delivery and uptake of immunisation services and recommendations.

Over 40 documents were reviewed and some of the key documents which were reviewed include the health sector strategic plans (HSSPs), the comprehensive multi-year plans (cMYP), the comprehensive EPI reviews, immunisation equity assessments (where they are available), the national health policies, the Demographic and Health Surveys (DHS) and other national surveys such as the Multiple Indicator Cluster Survey (MICS), immunisation coverage surveys and the service availability and readiness assessments (SARA). The literature review was accompanied by consultative meetings with several stakeholders from National to subnational level.

Progress and Results:

Barriers to uptake of immunisation services: Clients Perspective

- *Cost of accessing health services:* Immunization services is provided for free in Public Health facilities. The cost implicated is generally hidden costs of accessing health care for example the time it takes people away from their productive activities especially for poor people and the lack of money for transport.
- *The lack of knowledge about immunization among mothers:* Lack of or inadequate knowledge about immunisation among community members and the prevailing low educational attainment levels as critical barriers to community demand for immunisation.
- *Poor attitudes of health workers:* There were some women who were not all that satisfied with the quality of immunisation services, the safety of the vaccines and attitude of health workers. Sixty one percent (61%) of the mothers reported that there were some negative perceptions on the relationship between vaccination providers and their clients.
- *Long distances to health facilities:* The 2015-2016 TDHS also reports that among women aged 15-49 who reported facing serious challenges in accessing health care long distances (42%) constitute one of the main reasons for failure to get treatment.

Barriers to uptake of immunisation services: Health System Perspective

- *Existence of health facilities which do not offer immunization services:* There are some facilities which do not offer immunisation services either on a daily basis or not offering at all. In 2016 there were 5,681 health facilities in Tanzania but only 76% of these (4,320 facilities) were offering immunisation services
- *Cancellation of outreach and mobile clinics:* Outreach services were meant to deliver health services close to the community, however, not all planned outreaches or mobile services are implemented. The 2015 EPI review found that 92% of the planned outreach clinics and 80% of planned mobile sessions were conducted.
- *Shortage of human resources for health:* Compounding effect of shortage and unevenly distribution of human resource for health imposes a critical challenge for health services. Tanzania's MoH requires a workforce of about 149,000 health workers and out of these only 66,000 are filled.
- *Limited EPI knowledge and skills among health workers:* New health workers are not sufficiently knowledgeable about immunisation and this is mainly because it is not covered adequately in pre-service training.
- *Limited supportive supervision:* Supervision is conducted in a limited manner at different levels of the health system in Tanzania. Also lack of funds and transport for supervision also contribute to limited number being conducted. This generally impacts the delivery of immunization services negatively.
- *Inadequate funding of the health sector:* The budget constraints experienced by the IVD have operational implications and these include the cancellation of planned outreach services and mobile clinics and transportation of vaccines and the failure of the MoH to pay allowances for its staff who go to deliver immunisation services.
- *Vaccine stock outs at sub-district level:* Stock outs of vaccines do occur at national level as well as at sub-national levels. This has been attributed to delayed procurement and distribution of vaccines. For example, in 2016/2017, there was a stock out of the measles vaccine and this was also attributed to the delays in procurement of the vaccine itself.
- *Data and related challenges:* Existence of multiple data reporting systems and tools which places a burden on the few available health workers. Other issues related to data include untimeliness of data,

incomplete reports being submitted by health facilities to districts and the use of incorrect denominators.

- *Challenges relating to demand creation for immunization:* In this area, challenges included limited use of Community Systems especially community leaders and CHWs to effectively contribute towards the tracing of unimmunised or partially immunised children. Moreover, funds to implement a media strategy for routine immunization are not there.

Best Practices in Delivery of Immunization Services

Despite challenges mentioned earlier, Tanzania has several interventions that are conducted and contribute to the results observed. These include (i) the implementation of outreach and mobile clinics; (ii) the distribution of insecticide treated nets during immunisation sessions or mass immunisation campaigns resulting in increased uptake of immunisation services (iii) house to house tracing of immunisation defaulters; (iv) my home my village programme; and (v) the Uturo strategy.

The Uturo Strategy:

The Uturo Village is situated in Mbarali District of Mbeya. The village used to have high maternal deaths but through community empowerment, the village has never experience maternal death for the past 20 years. The success is due to enhanced coordination by the village government and inspired by a local clinical officer. The VHT was trained and its members were charged with the responsibility of educating community members, monitoring pregnant women and ensuring that they attend ANC facilities and deliver in health facilities. This was a bylaw which was established in the village and anyone who did not abide by this bylaw is charged a small fine in terms of monetary. Officials in the MHCDGEC have applauded this concept and are encouraging other villages to adopt this approach to address health problems.

Conclusion

There are number of bottlenecks that need to be addressed in Tanzania to not only reach unreached children for immunization, but also ensure other health services are improved. The exercise of reviewing the literature has shown these bottlenecks for immunisation services in the country which need to be addressed to ensure that the progress made is sustained. The exercise also informs the Immunization programme to focus on its next strategic plan.

Moving forward

Several areas were identified as priority for the next five (5) years of Immunization programme

- Support in Improvement of Leadership, management and coordination at National and subnational level of Immunization programme.
- Invest in improvement of Service delivery through increasing number of facilities that provide immunization services both public and private.
- Improve supply chain through equipping new districts and facilities with functional CCE while monitoring the quality of vaccines.
- Improve data management through roll out of Electronic Immunization System countrywide
- Strengthen demand creation activities using community health systems.

Financial analysis

The thematic funding continues to enable UNICEF Tanzania to support strategic interventions which is expected to bring a high level and sustainable results for children.. UNICEF Tanzania will continue to seek support from thematic funding to build on the important momentum generated to date.

During the year 2018 UNICEF was managing the Health System Strengthening (HSS) funds of \$ **6,636,907**

on behalf of the government with the overall goal of improving immunization outcomes (coverage & quality). Under this grant, one of the interventions was to strategically select Regional and Council Health Management Teams (R/CHMT) in Low Performing Regions and Councils and train to Implement Reach Every Child (REC) Microplanning.

In depth desk review of Immunization data was conducted in 2017 that identified 56 low performing councils for immunization services. Using HSS funds, REC microplan was implemented at regional and council level for low performing councils. With thematic funding, REC was implemented in 15 low performing councils.

For the period of January to December 2018, a total of \$ **371,219.01** is utilized for different activities as summarized in the table below:

THEMATIC FUND UTILIZATION JAN-DEC 2018		
OUTPUT AND ACTIVITIES		EXPENDITURE (USD)
Output: 001	ENABLING ENVIRONMENT	
	Immunization Microplan	39,532.28
Output: 002	DISTRICT HEALTH SYSTEM STRENGTHENED	
	Orientation of Score card application	1,289.68
Output: 003	SUB-NATIONAL RMNCAH SERVICES	
	IMMUNIZATIONS SERVICES	
	<i>Councils Immunization Activities</i>	30,391.62
	<i>Travel costs</i>	5,457.37
	<i>Health promotion</i>	315.61
	<i>Immunization Microplan PORALG</i>	270,201.30
	<i>Transport and logistics services</i>	6,306.74
	OTHER COSTS	
	<i>Staff and Travel Costs</i>	12,217.88
Output: 005	CROSS-SECTORAL APPROACHES (PROG)	
	Emergency Preparedness	5,506.53
GRAND TOTAL		371,219.01

As shown in the table, most of the funds was utilized for improved subnational level RMNCH services specifically implementation of Microplanning for Immunization services in 15 low performing councils as stated earlier. UNICEF REC/Equity recognizes the importance of addressing maternal and child health care and despite strengthening Immunization microplanning, the process was also an integral part of strengthening maternal and child health care. The selected 15 councils and funds allocated is as shown on the table below.

SN	Region	Council	TOTAL (TSH)	TOTAL (USD)=2400
1	Mara	Tarime TC	52,170,000	21,738
2	Mara	Bunda TC	53,038,000	22,099
3	Geita	Bukombe DC	53,346,000	22,228
4	Geita	Geita DC	68,194,000	28,414
5	Geita	Mbogwe DC	68,810,000	28,671
6	Morogoro	Malinyi DC	68,766,000	28,653
7	Morogoro	Morogoro DC	68,546,000	28,561
8	Morogoro	Ulanga DC	52,226,000	21,761
9	Mbeya	Mbeya CC	51,654,000	21,523
10	Mbeya	Chunya DC	51,742,000	21,559
11	Mwanza	Kwimba DC	49,862,000	20,776

12	Singida	Singida MC	50,950,000	21,229
13	Ruvuma	Mbinga DC	52,138,000	21,724
14	Katavi	Mpanda DC	52,490,000	21,871
15	Songwe	Momba DC	52,050,000	21,688
			845,982,000	352,493

Out of the total \$ **352,493** allocated for these councils, \$ **270,201.30** was from thematic funding, the rest being from Gavi TCA and Core Resources. Specifically, the funds were used for:

- Develop comprehensive REC/EQUITY microplan for addressing Maternal and child intervention that is linking with the community in 15 immunizations low performing councils.
- Support revitalization of outreach services as important component in reaching the community with services in 15 immunizations low performing councils.
- Support councils to monitor and supervise implementation of microplan in 15 immunizations low performing councils.
- Support CHVs to implement integrated maternal and child health services in their community in 15 immunizations low performing councils.
- Conduct end evaluation of the implementation of comprehensive REC/EQUITY microplan for addressing Maternal and child intervention that is linking with the community in 15 immunizations low performing councils.

The table below shows the distribution of fund for each activity:

	HF's MICROPLANNING	SUPPORTIVE SUPERVISION	Rev OF OUTREACH	CHVs Defaulter	END EVALUATION	IPC Training	TOTAL
AMOUNT (TSH)	248,952,000	93,150,000	94,200,000	189,000,000	154,520,000	66,160,000	845,982,000
AMOUNT (USD)	103,730	38,813	39,250	78,750	64,383	27,567	352,493
% OF THE TOTAL	29.43%	11.01%	11.13%	22.34%	18.27%	7.82%	100.00%

From the table above, most of the funds was allocated for Health Facility Microplanning

Future Work Plan

In order to consolidate the gains achieved in 2018, UNICEF will continue to contribute technically and provide financial support to strengthen the government's capacity for implementing relevant national plans and strategies for improved maternal, child and adolescent health and survival, at the national and subnational levels in Mainland Tanzania and Zanzibar; and improve health services for refugee children and women.

Output 1 area:

Strengthened enabling environment where health policy, health systems and sector coordination will be strengthened through:

- Increased use of innovation for health
- Improved data, evidence generation and utilization at National and disaggregated (Regional and LGA) levels for policy, service delivery and accountability)
- Improved expertise of technical working groups and

- Enhanced aid coordination through SWAP, HBF etc

Output 2 area:

Improved capacity at subnational level for effective delivery of RMNCAH services through:

- Availability of comprehensive integrated package of services and case management for PHC (EPI, IMCI, MNCH, PMTCT/Ped. HIV and Adolescent)
- Strengthening supply management systems especially at primary health care level
- Enhancing quality RMNCH services (systems, standards, supervision and coaching) and
- Strengthening community PHC systems (Direct Facility Financing, community information system, health facility planning etc)

Output 3 area:

Individuals, families and communities are supported to practice healthy behaviors through:

- C4D capacity increase at all levels
- Enhancing citizen's voice and community participation and
- Ensuring parents, care givers and communities have enhanced knowledge and capacity to engage in positive health behaviors and parenting practice

Expression of Thanks

UNICEF expresses its sincere appreciation to all partners who contributed for the vital support to UNICEF's work in the thematic area of Health. In 2018, a major part of this Thematic Fund was used for Immunization and MNCH. In fact, the result demonstrated that the very poor quality and performance of most health facilities in Tanzania can be improved through cost-effective interventions, sending a clear message to focus more on quality. UNICEF plans to support the strategic facilities to improve their performance, through basic needs of infrastructure, equipment and training, and through quality improvement initiatives.

UNICEF plans to continue to use funds from other sources including Gavi HSS to improve the quality of delivery and newborn care. A key objective will be to ensure essential newborn care in strategic facilities. The greater flexibility and committed nature of the Thematic Fund has allowed UNICEF to engage in systematic, longer-term planning and sustainable programming rather than in a short term outlook.

Annex: Human Interest Stories

Furaha, a girl who was 14 years old when Human Papilloma Virus (HPV) Vaccine was introduced for first time in Tanzania. The HPV vaccine national level launch took place on 10 April 2018 and officiated by the Vice President of the United Republic of Tanzania. Furaha remembers a moment close to the launch that was full of discussions about HPV in households and communities. The discussion was provoked by information from the radio, television, posters, brochure, and public meetings about the vaccine introduction. Majority of people were accepting and a few people were against HPV vaccine. The people who were rejecting the vaccine were of concern that why the vaccine is only given to girls. One of those accepting the vaccine were Furaha's parents. They explained the importance of HPV vaccine at home and in community. She remembers hearing his father saying that; "Human Papilloma Virus affects women and not men so, girls should be protected by having HPV vaccine to make them have safe adulthood".

Three days before the HPV vaccination launch, Furaha's mother came home with good news that Furaha will be one of girls who will have HPV vaccination at the national level launch. The launch day was great,

full of HPV education materials, thousands of people turned up, many immunization stakeholders were available including UNICEF. Furaha recalled: “It was a remarkable moment to shake hand with the Vice president, having HPV vaccination and a vaccination card. I enjoyed posing for photograph with the Vice president, Minister of health, Manager of immunization services and officials from national and international organizations”.

Furaha said that the HPV education that was delivered in multiple settings with different media reached everyone in communities. This caused increase in acceptance of HPV vaccination. All girls aged 14 years in my community sought for the vaccination that is delivered on routine basis. The health facilities have enough HPV vaccines and the services are quick and good. Furaha also noted that: “The HPV vaccination is also rendered at schools and most of school girls get vaccinated at school.



The Vice President Her Excellency Ms Samia Suluhu Hassan handing over a leaflet to a young girl after she had received HPV vaccine. Left is the Minister of Health Hon. Umwi Mwalimu.