

AN ANALYSIS ON TANZANIA REGIONS AND RMNCAH PERFORMANCE

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Prologue

Family Planning and Teenage Pregnancy

ANC Delivery Services

Maternal Death

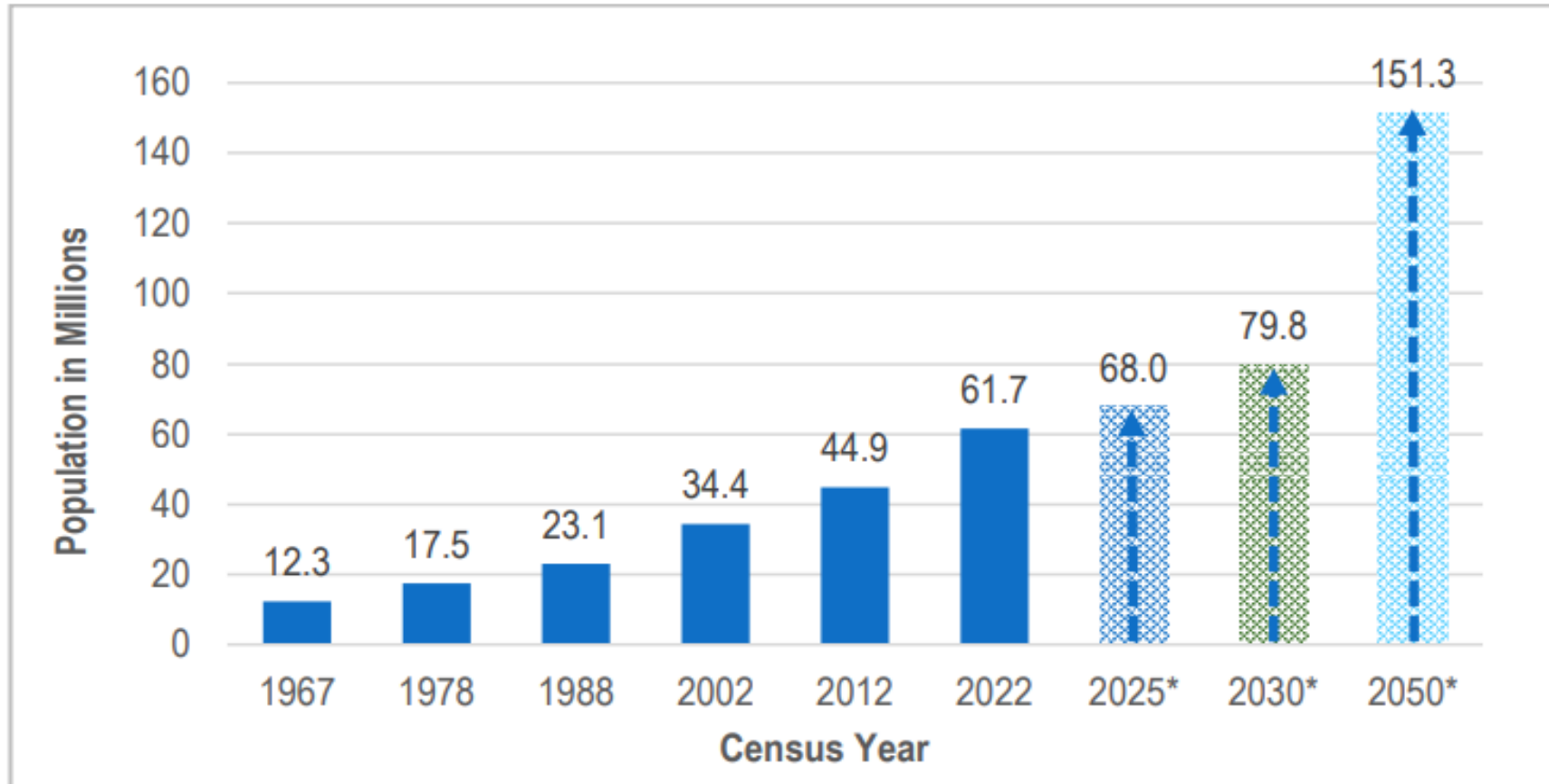
Human Resource for Health

Health Facilities arrangements

Prologue

Context

Tanzania Peoples: Population Growth

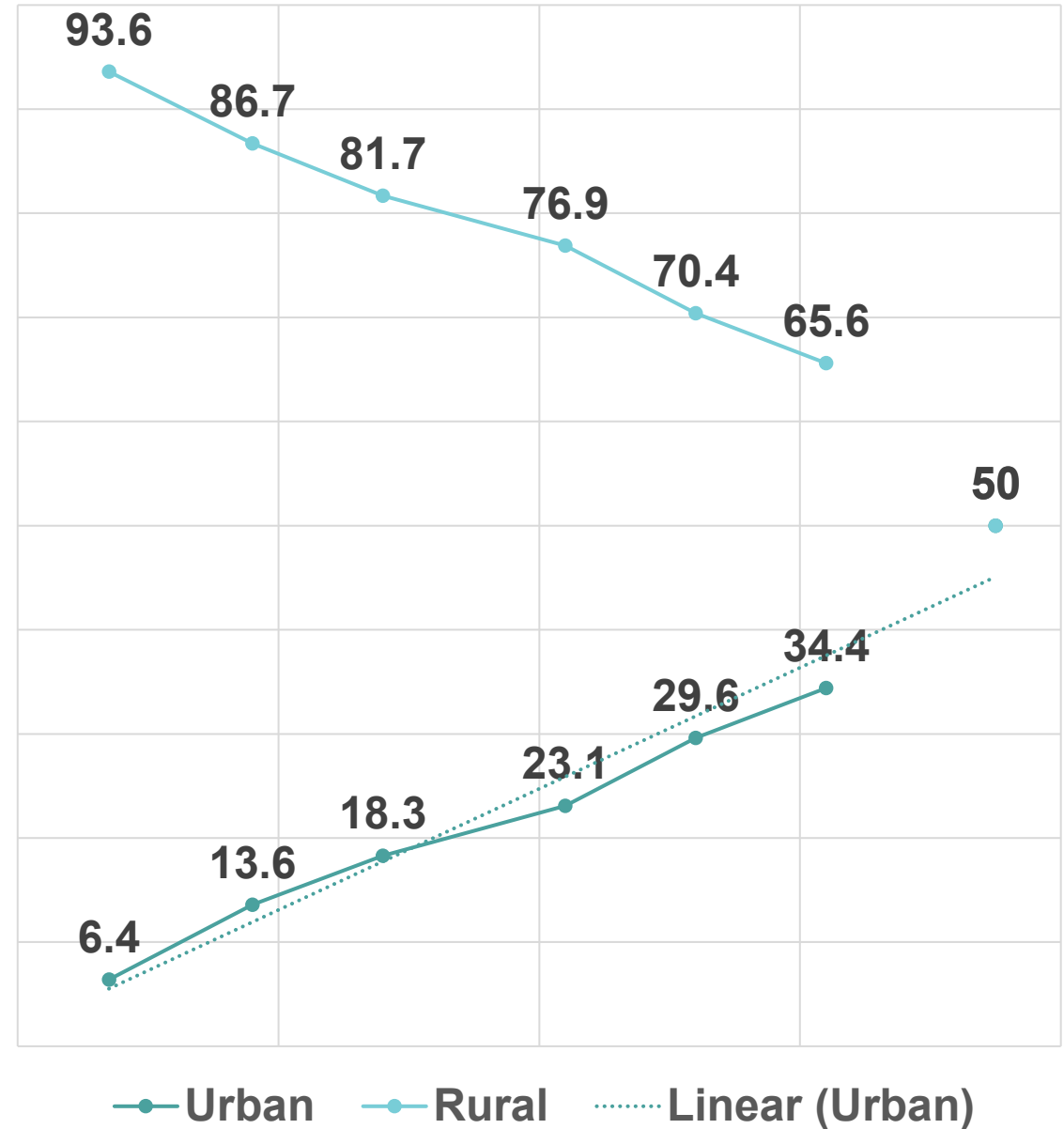


Tanzania Population is expected to reach 151.3 million in 2050.

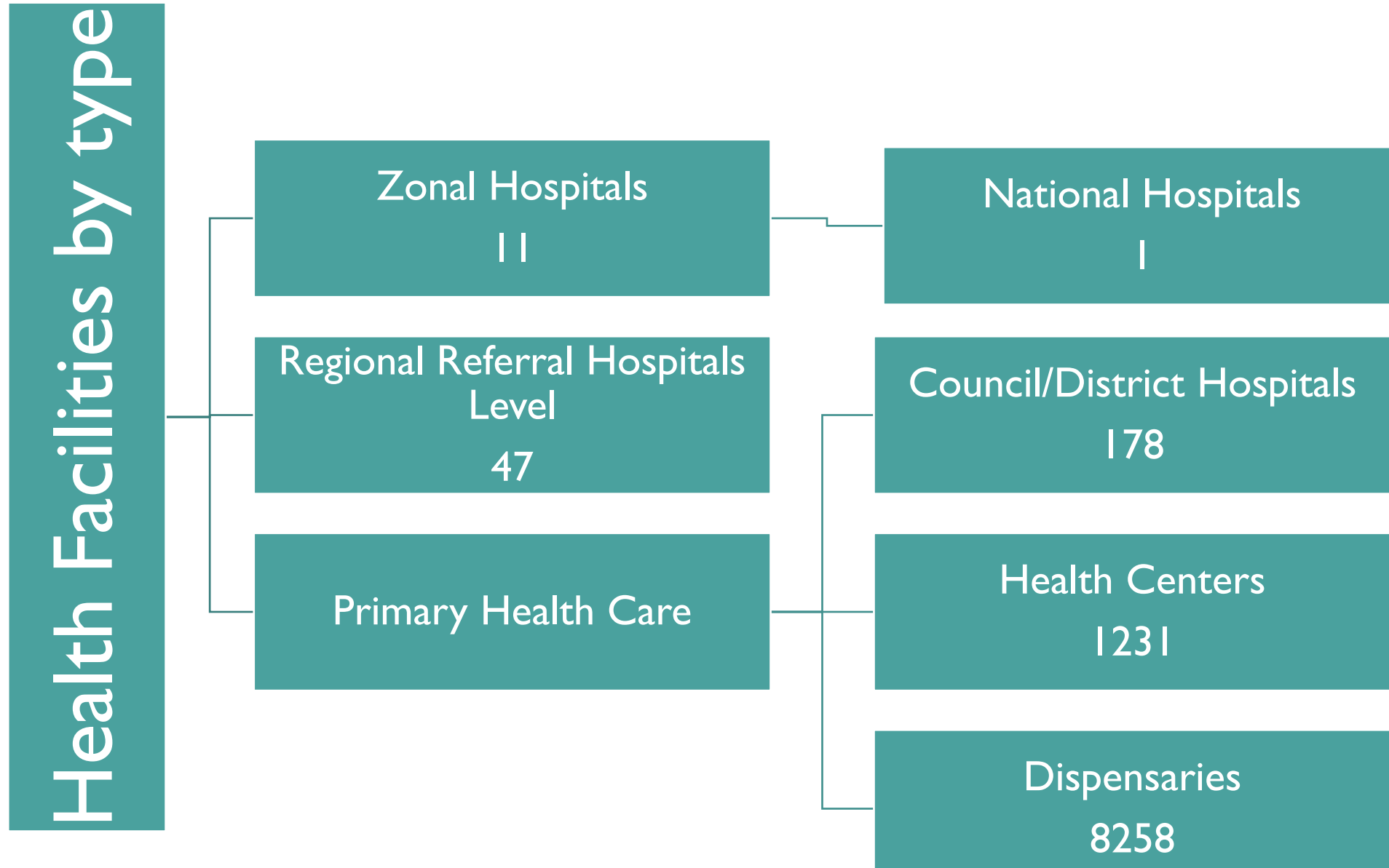
Figure 1: Population Trends in Tanzania, 1967 – 2022 PHCs

Rapid urbanizing Tanzania

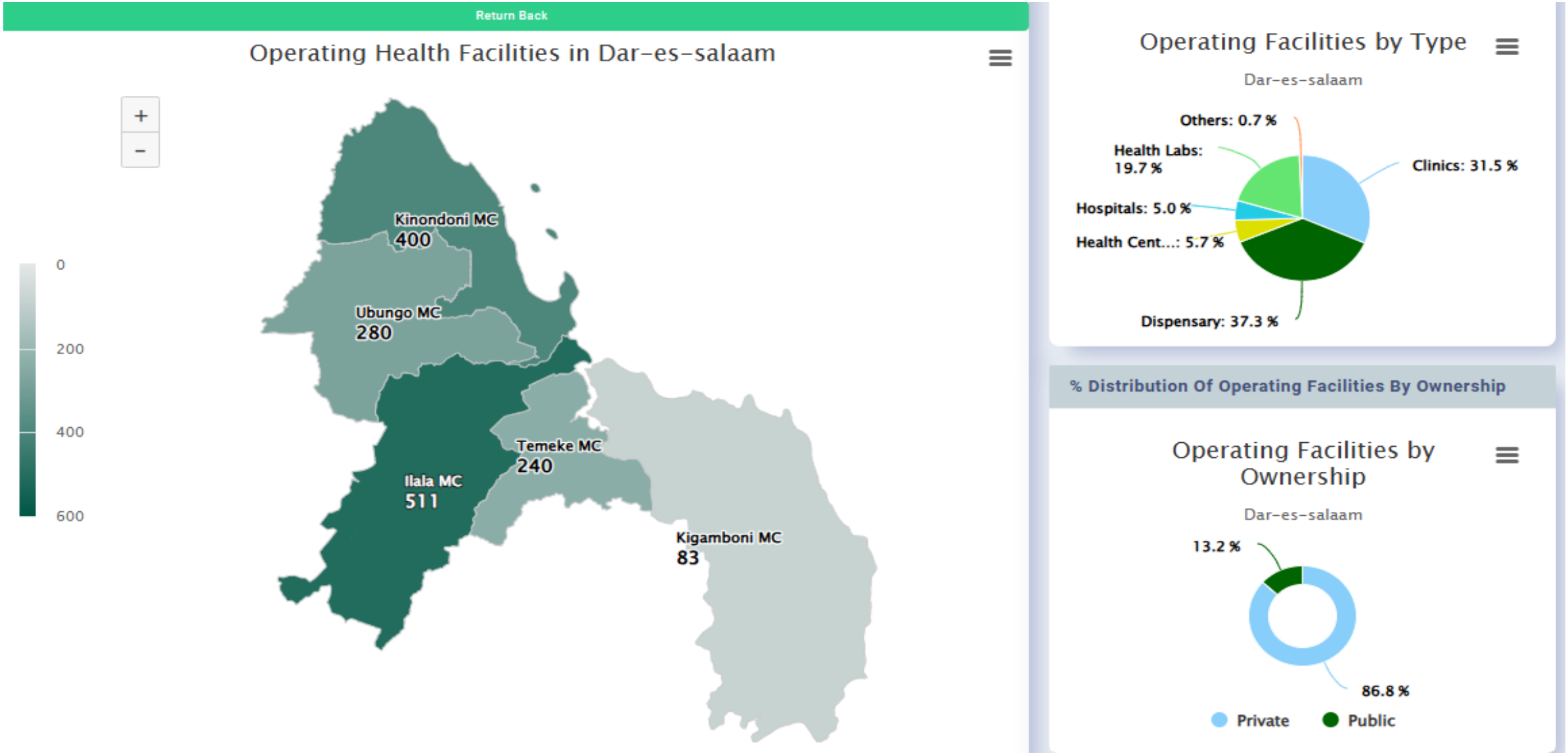
- Generally, the least educated and poor segment of the population are not adequately consuming services
- Similarly, urban dwellers has no privilege against counterpart rural population



Three tier Health Facilities Arrangements



Distribution of Health Facilities in Dar es Salaam



The figure displays the distribution of health facilities in Dar es Salaam through a map and two charts.

Operating Health Facilities in Dar-es-salaam: A map showing the distribution of health facilities across five Municipal Councils (MCs). The number of facilities in each MC is as follows:

Municipal Council (MC)	Number of Facilities
Kinondoni MC	400
Ubungu MC	280
Ilala MC	511
Temeke MC	240
Kigamboni MC	83

Operating Facilities by Type: A pie chart showing the percentage distribution of operating facilities by type in Dar-es-salaam.

Facility Type	Percentage
Dispensary	37.3 %
Clinics	31.5 %
Health Labs	19.7 %
Health Cent...	5.7 %
Hospitals	5.0 %
Others	0.7 %

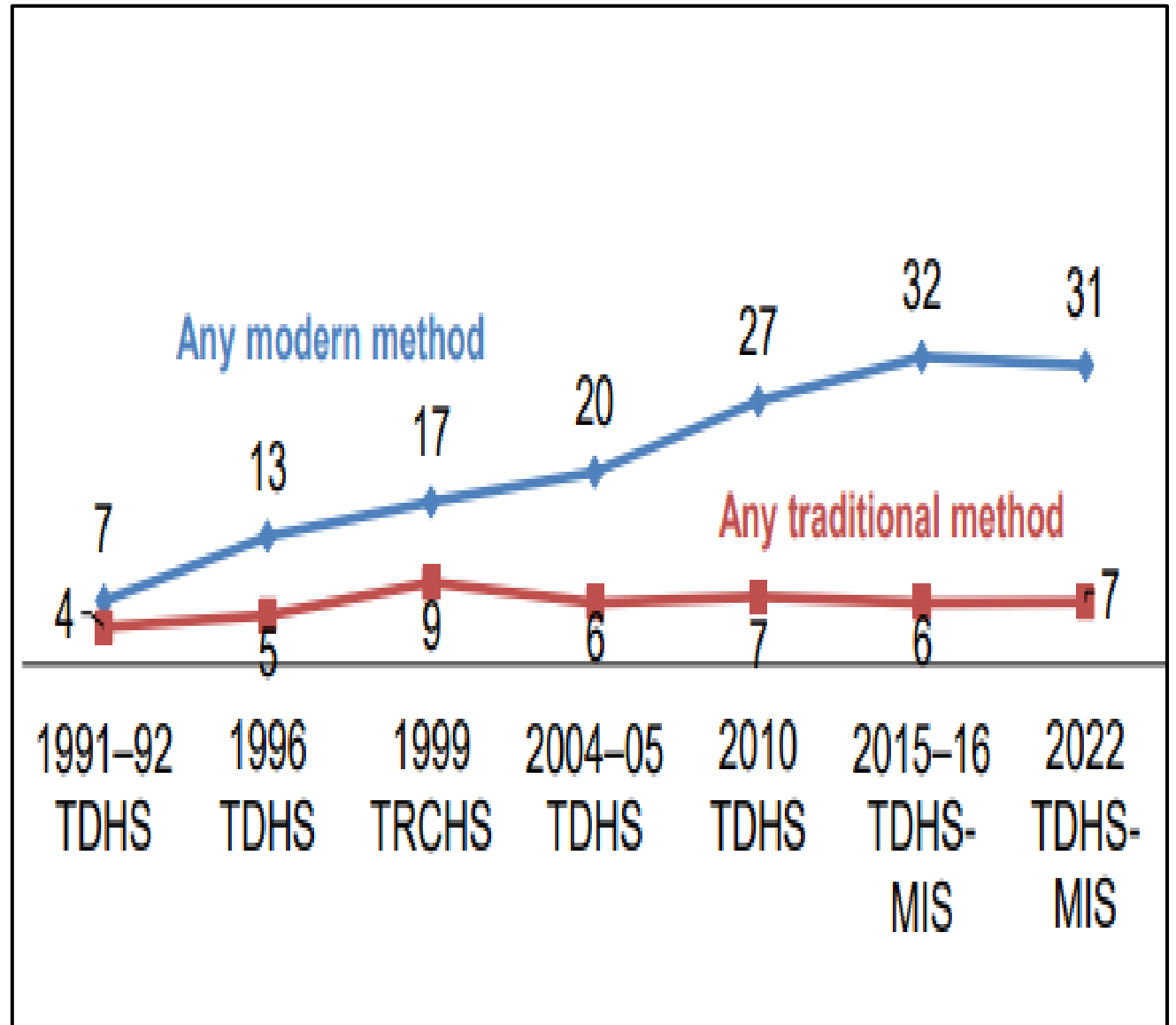
% Distribution Of Operating Facilities By Ownership: A donut chart showing the percentage distribution of operating facilities by ownership in Dar-es-salaam.

Ownership Type	Percentage
Private	86.8 %
Public	13.2 %

FAMILY PLANNING

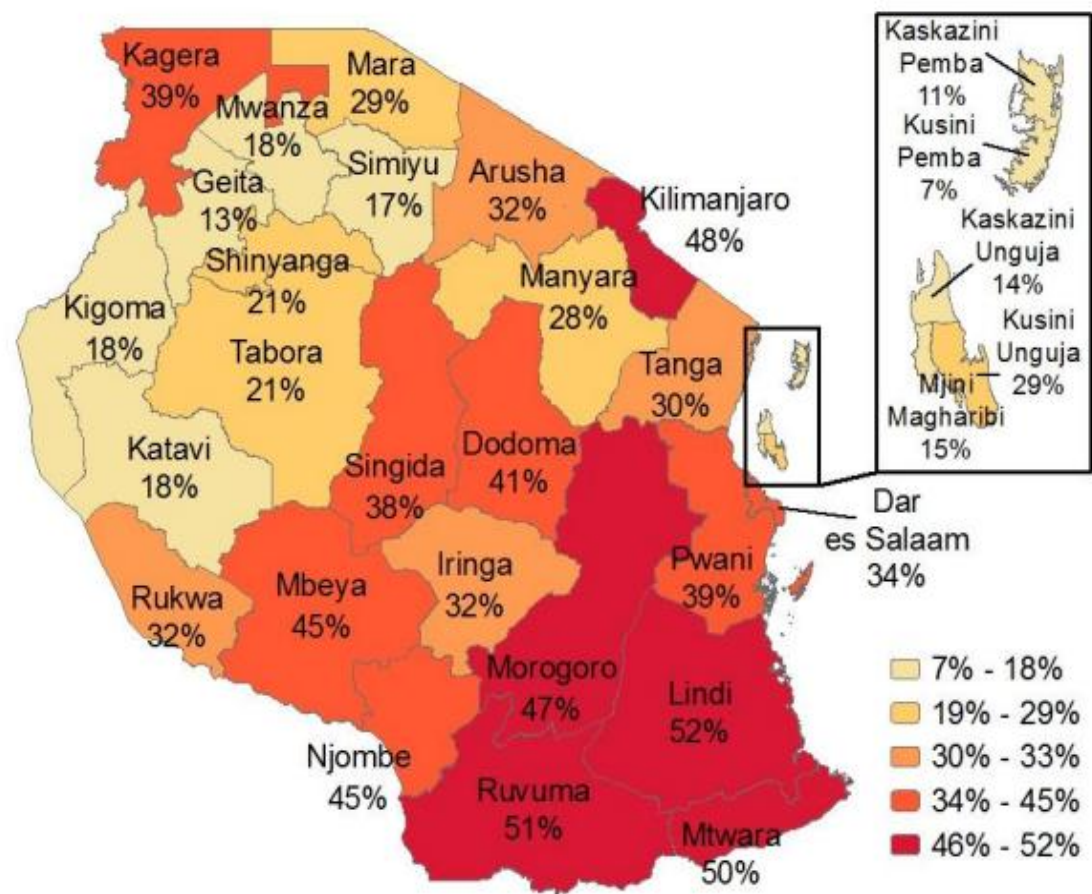
TWO DECADES TRENDS IN CONTRACEPTIVE USE 1991/22 TO 2022

- mCPR among currently married women increased from 7% in 1991–92 to 32% in 2015–16
- Use of both modern and traditional contraceptive methods has remained almost unchanged since 2004–05
- Observed Variation across regions

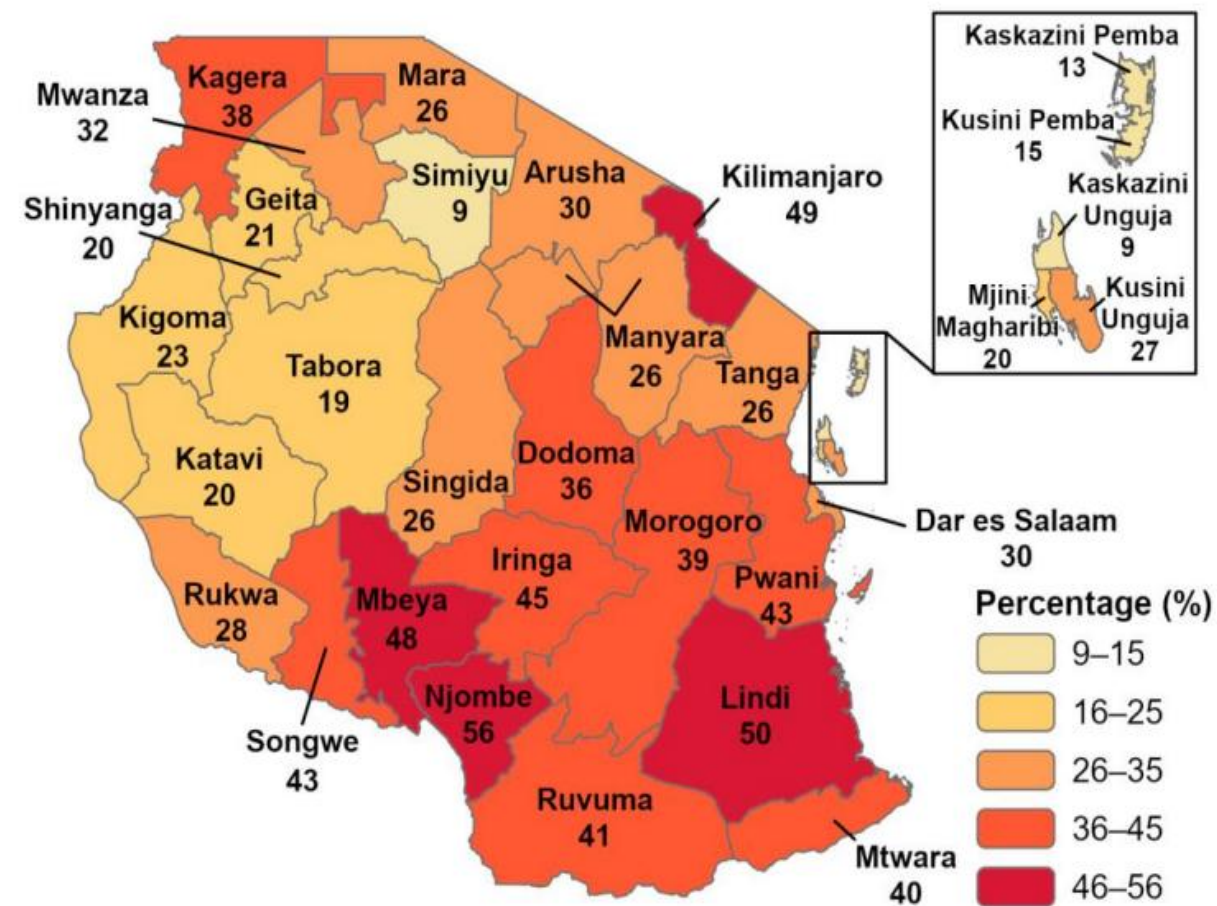


mCPR by Region

Percentage of currently married women age 15-49



DHS 2015/16



DHS 2022

TEENAGER PREGNANCY

- Higher in rural Tanzania (**25%**) than in urban Tanzania (**16%**)
- By region, teenage pregnancy ranges from **45% in Songwe** to **2% in Mjini Magharibi** and **8% Kilimanjaro**
- Teenage pregnancy decreases with increasing education and wealth
 - **53% of women age 15–19** with no education have ever had a live birth, as compared with **9%** of women age 15–19 with a secondary education or higher.
 - decreases with increasing wealth, **from 35% in the lowest wealth quintile to 12%** in the highest quintile.

OBSERVED VARIATION

mCPR
and
Teenage
pregnancy
2015/16
and
2022

Region	mCPR-DHS		Teenage Pregnancy-DHS		mCPR Increase Trend	Teenage Decrease Trend
	2015/16	2022	2015/16	2022		
Lindi	52	50.3	28	25	-3	-11
Njombe	45	55.5	20	25.5	23	28
Songwe		42		44.7	NA	NA
Ruvuma	51	40.5	32	37.2	-21	16
Mtwara	50	40.4	26	25.7	-19	-1
Kilima'ro	48	48.9	6	7.6	2	27
Moro	47	38.9	39	28	-17	-28
Mbeya	45	47.8	33	21.2	6	-36

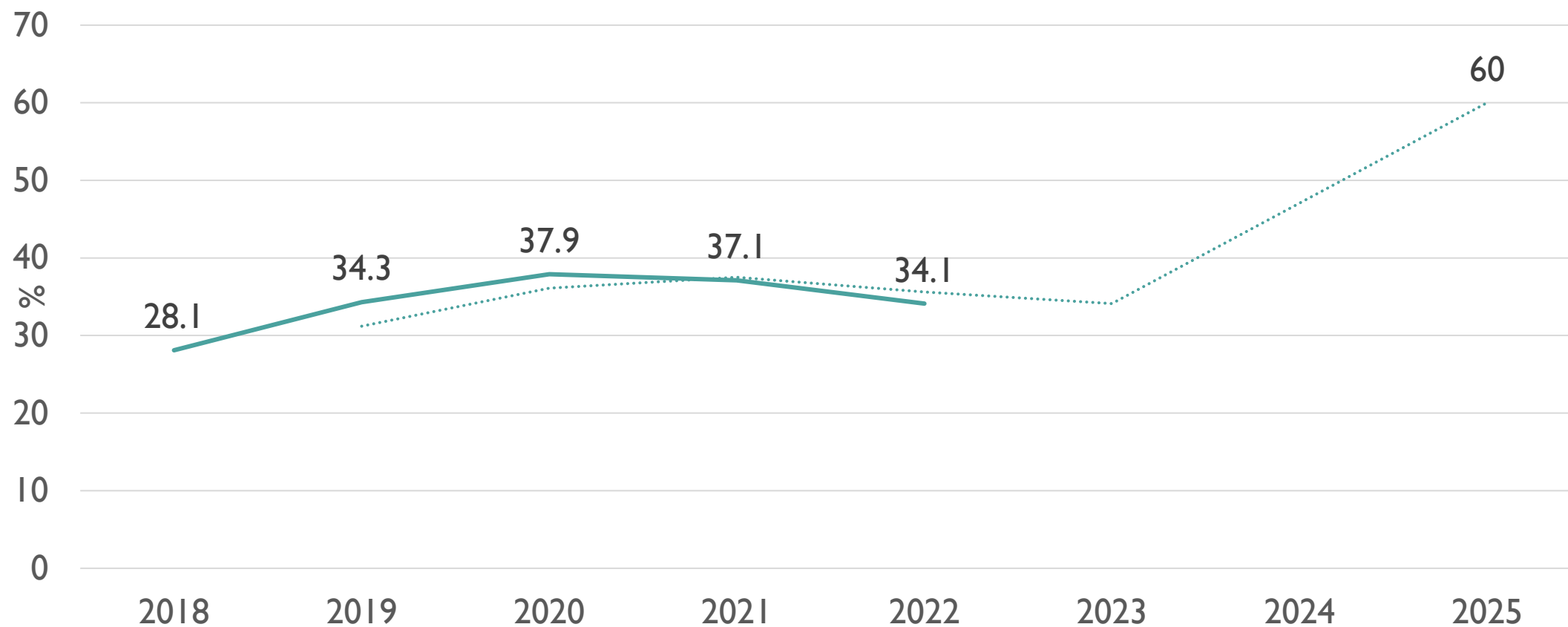
Region	mCPR-DHS		Teenage Pregnancy-DHS		mCPR Trend	Teenage Decrease Trend
	2015-16	2022	2015/16	2022		
Dodoma	41	36.1	39	21.2	-12	-46
Pwani	39	43.4	30	18.1	11	-40
Kagera	39	38	15	19.3	-3	29
Singida	38	26.2	30	18.8	-31	-37
Dar es Salaam	34	29.7	12	18.1	-13	51
Arusha	32	30	15	13.1	-6	-13
Rukwa	32	28	29	29.6	-13	2

Region	mCPR-DHS		Teenage Pregnancy-DHS		mCPR Trend	Teenage Trend
	2015-16	2022	2025/26	2022		
Iringa	32	45.4	20	19.3	42	-4
Tanga	30	25.9	21	15.6	-14	-26
Mara	29	26.4	37	31.2	-9	-16
Manyara	28	25.6	26	28.8	-9	11
Tabora	21	18.6	43	29.1	-11	-32
Shy	21	20.1	34	20.8	-4	-39
Katavi	18	19	45	34.4	6	-24
Kigoma	18	23.3	32	17.2	29	-46
Mwanza	18	31.6	28	16.3	76	-42
Simiyu	17	8.5	30	24.5	-50	-18
Geita	13	20.5	30	28.4	58	-5

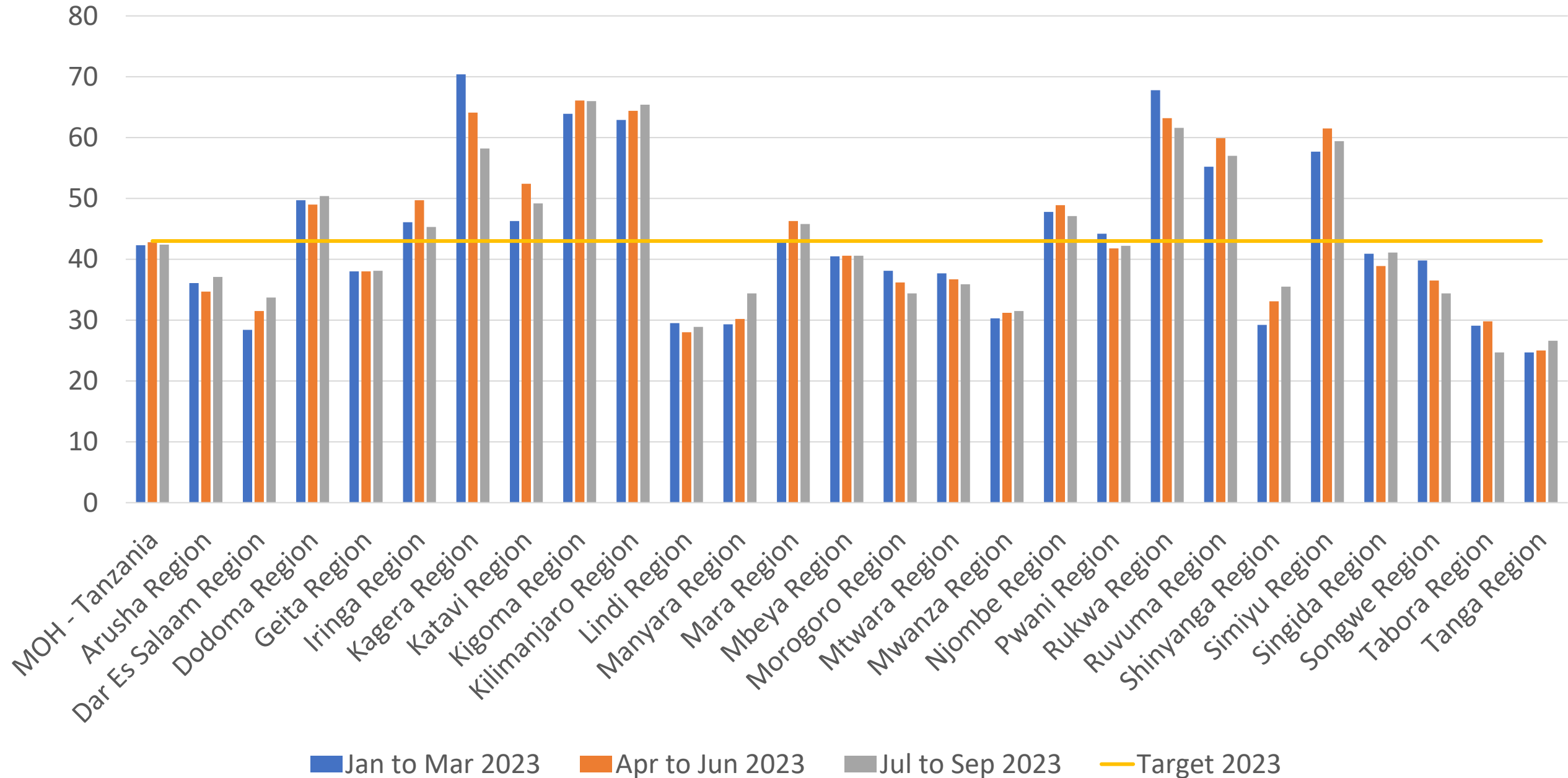
MATERNAL AND NEWBORN HEALTH CARE SERVICES

- **Antenatal Care**
- **Delivery services**

First visit before 12 weeks

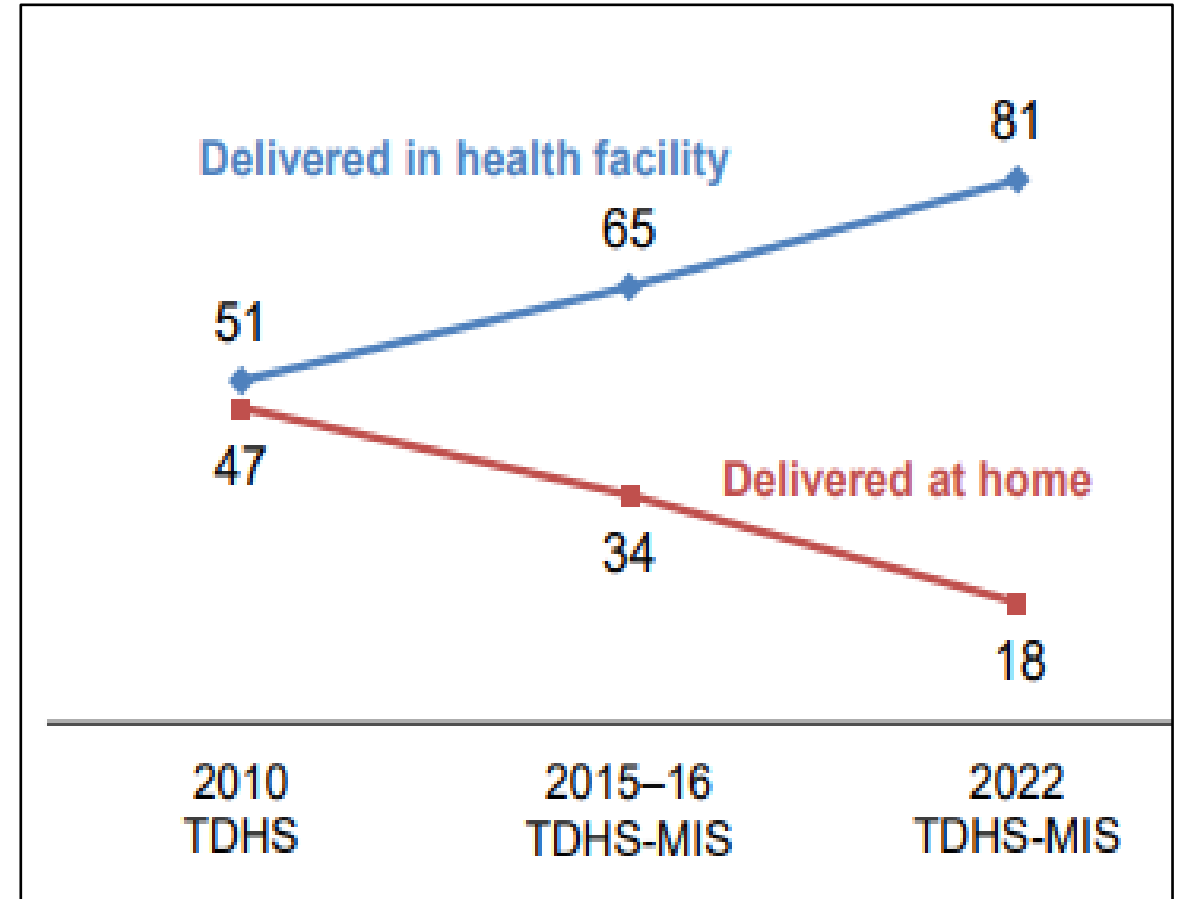


ANC 1st visits Coverage before 12 weeks



DELIVERY SERVICES: PLACES

- Marked increasing institutional deliveries from, 51% to 81% with regional variation
- More than 8 in 10 live births and more than 9 in 10 stillbirths in the 2 years preceding the survey took place in health facilities.
- Three quarters of live births took place in a govt facility, 4% in a FBO and 2% in a private
- Among stillbirths, 80% took place in a gvt facility, 9% FBO and 5% in a private health



Health Facility deliveries have increased from 51% in the 2010 TDHS to 81% in the 2022 TDHS-MIS. Higher in Urban 94% Rural 76%.

Lowest Manyara 56% highest in Dar es Salaam and Iringa 100%

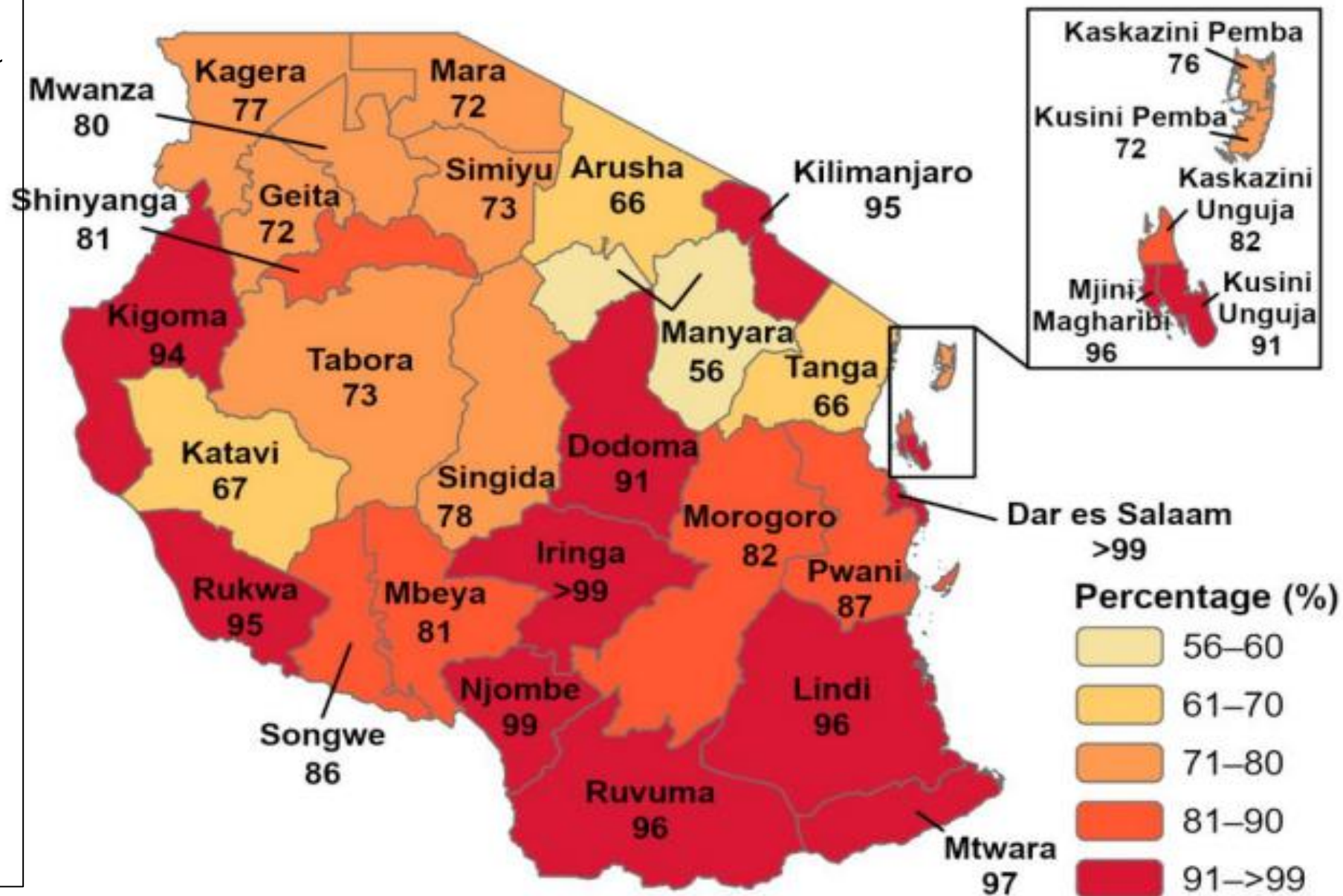
Percentage of live births in the 2 years before the survey that were delivered in a health facility

HIGHEST

- 100% DSM and Iringa
- Njombe 99%
- Ruvuma and Lindi 96%
- Rukwa 95%
- Kigoma 84%

LOWEST

- Manyara 56
- Tanga 66%
- Katavi 67%
- Mara and Geita 72%
- Simiyu and Tabora 73%
- Kagera 77%
- Singida 78%



**MATERNAL DEATH:
URBAN LAGGING
BEHIND**

- Between the 2015–16 TDHS-MIS and the 2022 TDHS-MIS, The DHS Program made changes (WHO 2022).
- What was called the “maternal mortality ratio” (MMR) in the 2015–16 TDHS and prior surveys is now called the “pregnancy-related mortality ratio” (PRMR)
- Maternal mortality is restricted to deaths that occurred in the **42 days** after childbirth or the termination of a pregnancy, whereas pregnancy-related mortality includes deaths **up to 2 months -60 days** after childbirth or the termination of a pregnancy
- Maternal mortality excludes deaths due to accidents or violence, whereas pregnancy-related mortality includes such deaths
- Thus, the pregnancy-related mortality ratio will usually be higher than the maternal mortality ratio and can never be lower.

2016 TDHS

- Maternal deaths: **200 (21% of total)**
- PRMrate: **0.87***
- MMrate: **n/a**
- PRMR: **530***
- MMR: **n/a**
- GFR: **168**
- 2012 Census MMR: **432**

*Recalculated based on a 7-year window; the figure that appears in the 2016 TDHS (556) was based on a 10-year window and would not be directly comparable to the 2022 figure without recalculation

2022 TDHS

- Maternal deaths: **30 (6.1% of total)**
- PRMrate: **0.16 (82% decrease)**
- MMrate: **0.16****
- PRMR: **104 (80% decrease)**
- MMR: **104****
- GFR: **152**
- 2022 Census MMR: **194 (55% decrease)**

**These figures are the same in 2022 as their PRM equivalents because no pregnancy-related deaths were attributed to accidents or violence, and no deaths were recorded in the 42-day to 2-month window

Maternal Death In Urban Tanzania

RESULTS

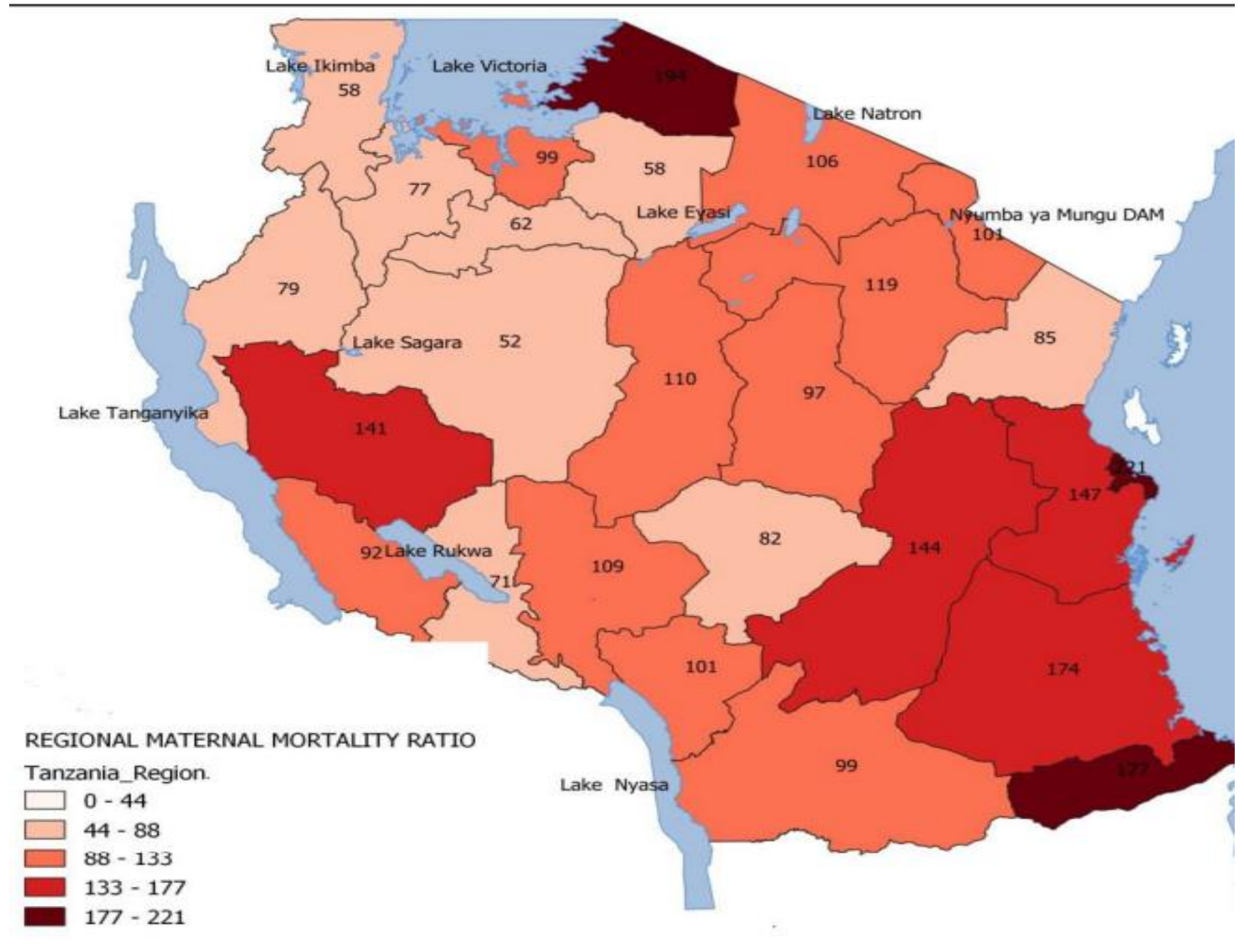
CENSUS, 2012

- Tanzania Census 2012 showed 15,056 deaths were pregnancy-related. This is translated into estimated 432 maternal deaths per 100,000 MMR.
- Urban recorded higher mortality (443) deaths per 100,000 live births) than rural (336) mortality deaths per 100,000 live births.
- Dar es Salaam MMR was **499**:100,000 while Rukwa recorded highest 860 and lowest 187 per 100 live births was observed in Simiyu.

Administrative data, 2018

- In 2018 a total of **1,744** maternal deaths were mapped; maternal mortality ratio was **104:100,000** live births similar to DHS 2022(Makuwani et al. 2020).
- Dar Es Salaam led with MMR of **221** : 100,000 maternal death live births two folds above national average.

Distribution of maternal mortality –ADMIN DATA



Results cont' RAMOS

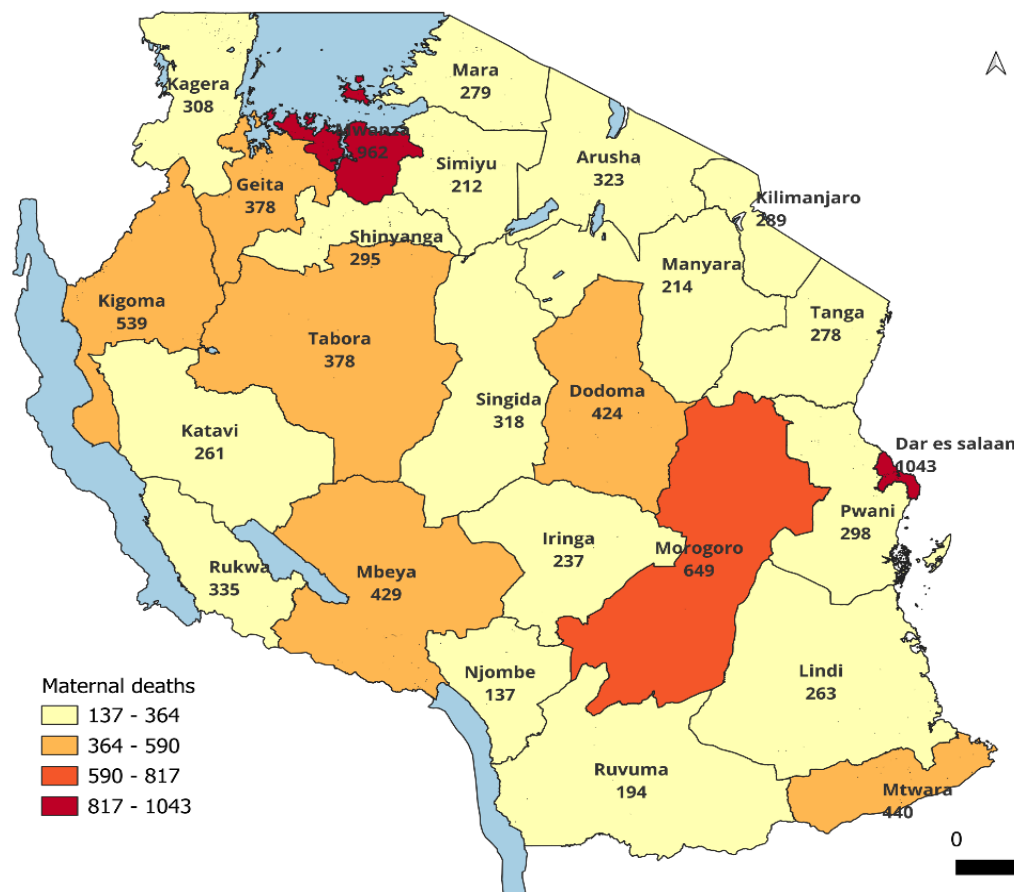
Reproductive Age Mortality Survey (RAMOS)

- RAMOS study revealed that within two years from January 2019 to December 2020; a total of 848 maternal deaths were recorded in Dar es Salaam; translated to **239**:100,000 MMR. This number is unacceptably high.
 - ✓ Ilala had both highest number of live deliveries (99,364) and 409 maternal death which can be translated as 412:100,000 MMR followed by
 - ✓ Kigamboni 13,364 live birth and 22 maternal deaths (164:1000 MMR),
 - ✓ Kinondoni 72,938 live births and 127 maternal deaths (138:100,000 MMR),
 - ✓ Ubungo 68,162 and 151 maternal deaths (222:100,000).
- Dar es Salaam City (Ilala) has the highest population of 1,649,912 and highest concentration of health facilities including hospitals followed by Temeke 1,346,674, Ubungo 1,086,912, Kinondoni 982,338, and Kigamboni 317,902 (Census, 2022).

Maternal Mortality Burden 2018-2023

N=9,668

- Dar 1043(10.7%)
- Mwanza 962(10%);
- Morogoro 649(6%)



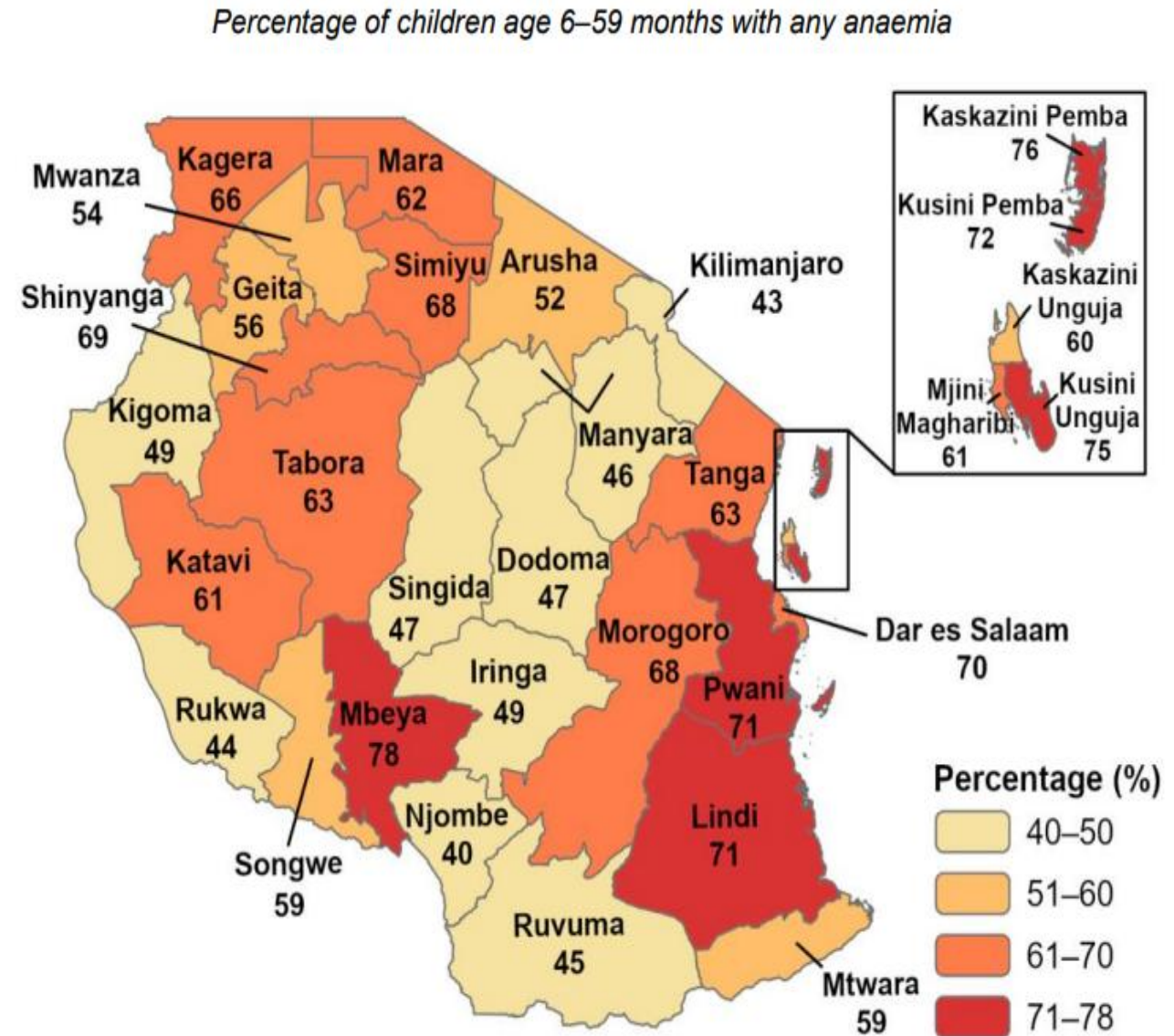
Dar es Salaam leads # of maternal death

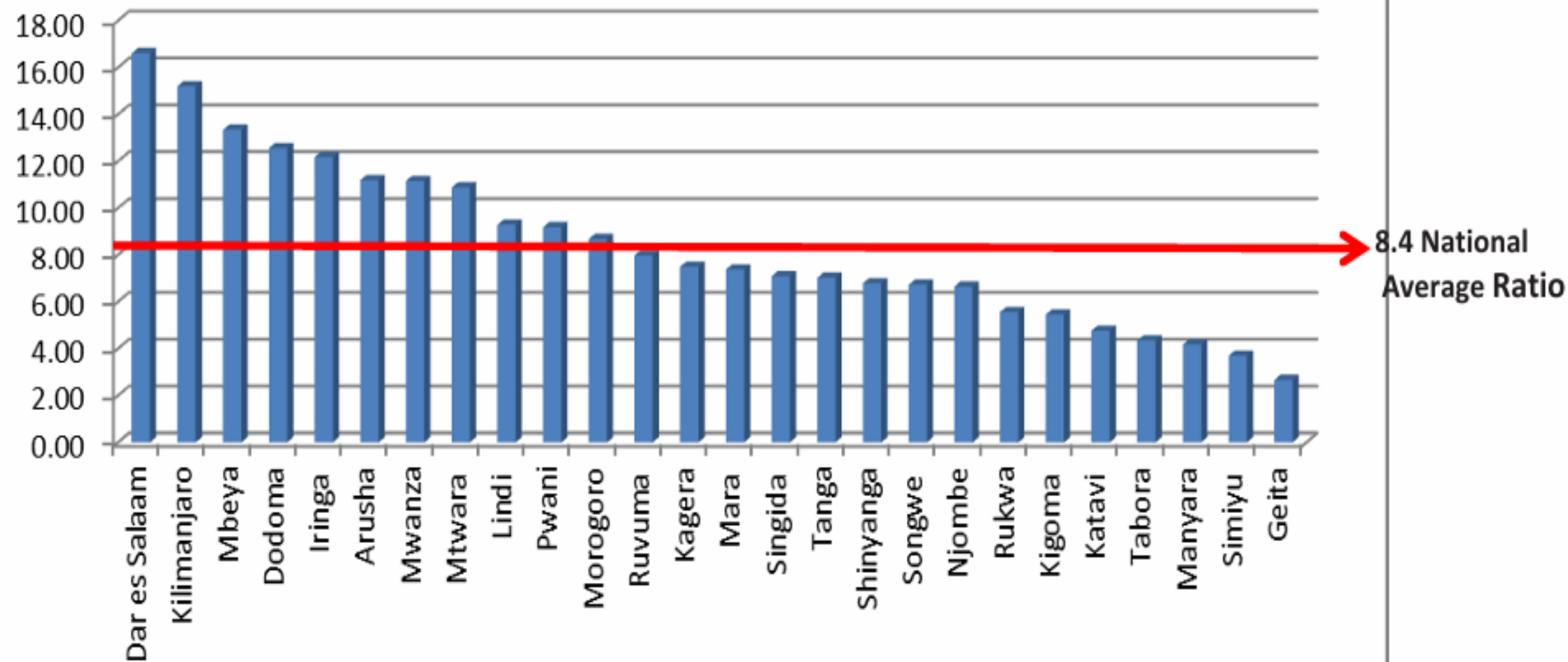
Stunting in children by region

- Stunting is more prevalent in rural areas (**33%**) than in urban areas (21%).
- By zone, the prevalence of stunting is highest in **Southern Highlands (46%)** and lowest in Southern (22%).
- Regional highest in **Iringa, Njombe, and Rukwa (50% or above) BIG FIVE** and
- Lowest in Kusini Unguja and Kusini Pemba (17% each) Dar 18, Pwani Kilimanjaro 20%, Lindi 21%, Mtwara 22%

Anaemia Prevalence in Children

- Declines gradually **with age**, from 76% among children age 6–11 months to 44% among children age 48–59 months.
- By zone, the prevalence of anaemia is **highest in Eastern (70%)** and **lowest in Southern Highlands (45%)**.
- **Highest:** Mbeya and Kaskazini Pemba regions 78% and 76%, and 71% in Lindi and Pwani
- **Lowest:** Njombe and Kilimanjaro regions (40% and 43%)





IMPACT RESULTS BY 2025- NEONATAL PROGRESS STALLED

MNH GOALS/TARGETS	Progress	Comment
MMR from 524 to 232 per 100,000 live births	104	(239) Dar es Salaam Reproductive age mortality survey (RAMOS) Pilot study and Census 194:100,000
Neonatal Mortality from 20 to 15 per 1,000 live births -20 (UNIGME, 2019)	24 DHS 2022	20 :1,000 -WHO Estimation, 2020 26: 1,000- Dar RAMOS Pilot
Still birth rate from 16 to 12 per 1,000 birth		Declining in absolute number from 11524 in 2018 to 6741 IN 2021 (MOH DHIS2 2022- Routine Data)
Teenage pregnancies (among girls aged 15-19) reduced from 27% to < 20%	22	Target will most likely achieved by 2025. However, we see mixed picture in Southern Zone with increasing and drecreasing in Western and Lake zones

RECCOMENDATION

- Need to undertake equity analysis –Who is not reached? Using social demographic profiles
- Key focus on Urbanization impact on health indicators
- Particular focus on neonatal morality and underlaying factors