Tanzania's Progress Towards Achieving the Global Commitments for SDG 2030 Agenda on Reproductive, Maternal, Newborn, Child and Adolescents Health (RMNCAH)

Coordinated by Clinton Health Access Initiative (CHAI), Tanzania with the support of the Partnership for Maternal, Newborn & Child Health (PMNCH)

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Table of Contents

List of Abbreviations

ACRWC	African Unity Charter on the Rights and Welfare of the Child
AHWB	Adolescent Health Well Being
ANC	Antenatal Care
ART	Antiretroviral Treatment
CCS	Cervical Cancer Screening
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CHW	Community Health Worker
CPD	Continuing Professional Development
CRC:	Conventional on the right of the child
EC	Emergency Contraceptives
EID	Early Infant Diagnosis
ENAP	Every Newborn Action Plan
FP	Family Planning
FGM	Female Genital Mutilation
Gavi	Global Alliance for Vaccines and Immunization
GBV	Gender Based Violence
HCW	Health Care Worker
HCP	Health care Provider
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HSSP	Health Sector Strategic Plan
HVL	HIV Viral Load
ICPD 25	International Conference on Population and Development
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Nets
LEEP	loop electrosurgical excisional procedure
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn, and Child Health
MTCT	Mother To Child Transmission

NCU	Neonatal Care Unit
NHIF	National Health Insurance Fund
OOPE	Out of Pocket Expenditure
PBAW	Pregnant and Breastfeeding Adolescent Women
PMNCH	Partnership for Maternal, Newborn & Child Health
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goals
SMI	Safe Motherhood Initiatives
SOPs	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
TDHS – MIS	Tanzania Demographic Health Survey – Malaria Indicator Survey
TWG	Technical Working Group
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
VIA	Visual Inspection with Acetic Acid

Introduction

Tanzania has made significant strides in addressing the health challenges faced by women, children, and adolescents, aligning its efforts with global commitments, particularly the Sustainable Development Goals (SDGs) aimed at improving reproductive, maternal, newborn, child, and adolescent health (RMNCAH). As part of the country's dedication to these global objectives, Tanzania has integrated these priorities into its national development and health policies, such as the Tanzania Vision 2025, the Fifth National Multi-Sectoral Strategic Framework (NMSF V 2021/22 – 2025/26), the Health Sector Strategic Plan V (HSSP V 2021-2025), and the One Plan III (2021-2025).

The integration of global commitments into national policies reflects Tanzania's proactive approach to ensuring that the SDG targets are not only met but are also tailored to the specific needs and challenges within the country. These frameworks underscore Tanzania's commitment to reducing maternal and child mortality, improving access to quality healthcare services, and addressing the broader social determinants of health that impact women, children, and adolescents.

This review serves as a critical step in reaffirming Tanzania's commitment to improving the health and well-being of its most vulnerable populations, ensuring that no one is left behind in the pursuit of sustainable development.

1.0 Maternal Health in Tanzania

Tanzania has made significant strides in improving maternal health, particularly in reducing maternal mortality rates (MMR). However, despite the progress, there are still substantial gaps that need to be addressed to meet the global targets set for 2030. The focus on maternal health is crucial, as it directly impacts the health and well-being of both mothers and their newborns, as well as the overall health system's effectiveness.

1.1 Progress in Reducing Maternal Mortality

One of the most significant achievements in Tanzania's maternal health landscape is the reduction of the maternal mortality rate (MMR). According to the 2022 Tanzania Demographic and Health Survey-Malaria Indicator Survey (TDHS-MIS), the MMR has decreased to 104 deaths per 100,000 live births, a substantial improvement from 556 deaths per 100,000 live births in the 2015-16 TDHS-MIS. This reduction reflects the impact of various interventions, including improved access to maternal health services, better health infrastructure, and enhanced healthcare provider training.

Despite this progress, the current MMR is still above the global target of less than 70 deaths per 100,000 live births by 2030. Continued efforts are needed to further reduce maternal deaths, particularly in rural and underserved areas where access to quality maternal care may be limited.

1.1.1 Antenatal and Postnatal Care

Antenatal care (ANC) is a critical component of maternal health, ensuring that pregnant women receive necessary health interventions and monitoring throughout their pregnancies. In Tanzania, the percentage of women completing the recommended number of ANC visits has increased from 48% in 2015-16 to 65% in 2022 (TDHS-MIS). While this is a positive trend, it still falls short of ensuring that all pregnant women receive the full benefits of ANC, as 35% of women are not completing the recommended visits, and for those that attends challenges are observed in provision of quality of care (see fig 1 below)

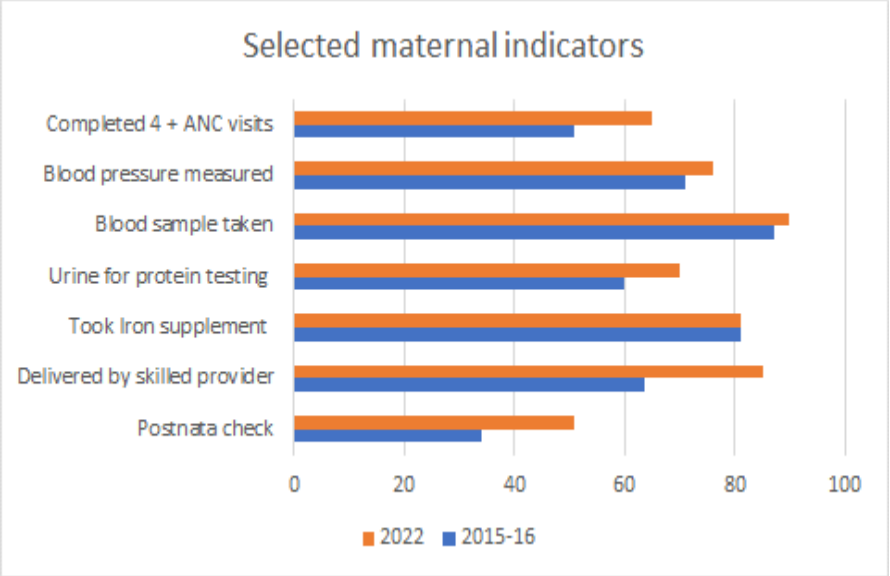
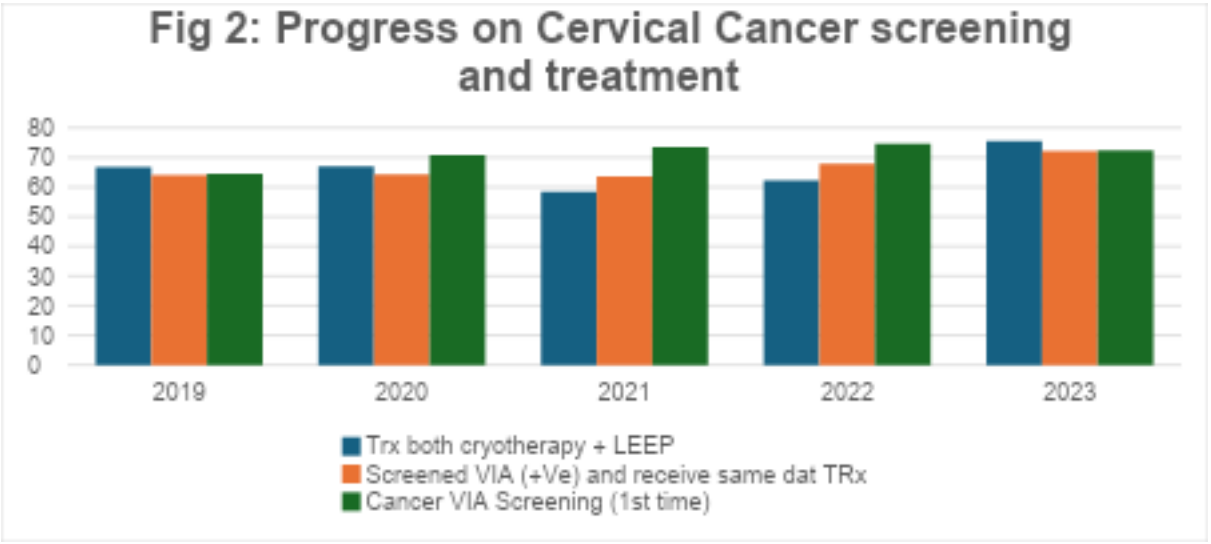


Fig 1: Selected indicators on Quality of Maternal Care

Postnatal care is equally important, as it addresses the health needs of both the mother and the newborn in the critical days following delivery. However, **only 51% of women** in Tanzania had a postnatal check-up within two days of delivery, well below the target of 80%. This gap indicates a need for more robust postnatal care services and better awareness among women about the importance of postnatal check-ups.

1.1.2 Cervical Cancer Screening and Treatment

Tanzania has adopted WHO recommendation of ensuring 90% of all girls to fully vaccinated with HPV vaccine by 15 years of age, and 70% of women of reproductive age be screened using a high-performance test by 35 years of age and again by 45 years of age and 90% of all women identified with pre-cancer and cervical disease are treated.



By end of 2023, the country has achieved a screening rate of 72.5% among all women, slightly surpassing the 70% target (Fig 2 above). This has been possible due to the roll out of facilities offer Cervical cancer screening and treatment from 11 in 2020 to 210 in 2023 (SARA reports 2020 & 2023)

However, the treatment of women who test positive for cervical abnormalities needs to be improved, with the current treatment provision at 75.6%, below the target of 90%. Ensuring that women who are screened receive timely and effective treatment is essential to reducing the burden of cervical cancer in the country.

1.1.3 HIV and Syphilis Testing in Maternal Health

Tanzania has made impressive progress in HIV testing and antiretroviral (ARV) coverage among pregnant women, with rates exceeding 95%. These high coverage rates are crucial for preventing mother-to-child transmission (MTCT) of HIV. However, there are still areas for improvement, particularly in maternal HIV re-testing, syphilis testing, and reducing MTCT rates. Strengthening these areas is essential for further reducing the transmission of these infections from mother to child and improving maternal and child health outcomes.

1.1.4 Emergency Obstetric and Newborn Care (EmONC)

Emergency obstetric and new-born care (EmONC) is critical for reducing maternal and neonatal mortality. Tanzania has made significant progress in expanding the availability and readiness of EmONC services. According to the SARA 2023 report, the availability of EmONC facilities at health centres improved from 13% in 2020 to 63% in 2023, and at

hospitals, it increased from 51% to 71%. Despite these gains, the country is still short of the targets set in the International Conference on Population and Development (ICPD) 25, which aim for 80% coverage in health centers and 100% coverage in hospitals by 2030.

As of March 2024, there are 525 health facilities providing comprehensive EmONC, an increase from 475 in 2023. This expansion is a positive development, but more efforts are needed to ensure that all health canters and hospitals are fully equipped and staffed to provide these critical services.

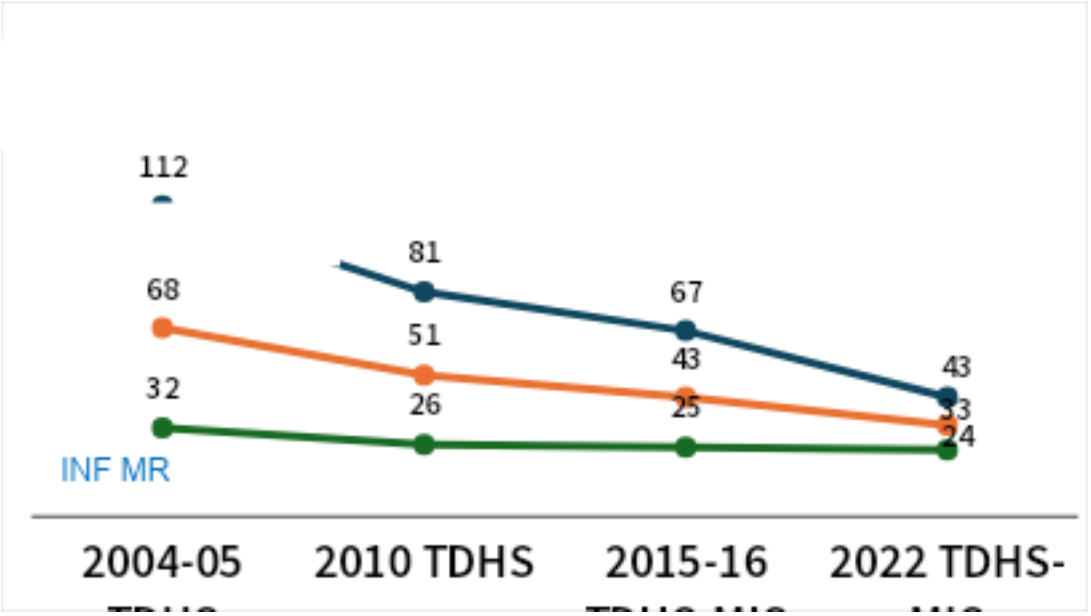
2.0 Newborn and Child Health

The health and well-being of newborns and children in Tanzania remain a critical focus within the broader goals of improving reproductive, maternal, newborn, child, and adolescent health (RMNCAH). While there have been some positive strides, significant challenges persist, particularly in reducing neonatal, stillbirth, and child mortality rates, improving nutrition, and addressing childhood illnesses. The current statistics indicate that more concentrated efforts are necessary to meet the targets set for 2030.

2.1 Current Status and Challenges

2.1.1 Mortality Rates:

Despite reduction in under-five mortality there has been limited reduction in infant and neonatal mortality over the past 5 years. The Demographic Health Survey 24 neonatal deaths, 18 stillbirths, and 43 child deaths per 1,000 live births, respectively (2022 TDHS – MIS). One in 23 children do not reach their 5th birthday in Tanzania. Preterm birth, asphyxia and infections remain the leading cause of mortality for the neonates. The country estimates 236,000 babies to be born too soon each year and 11,500 children under five die due to direct preterm complications. These figures are concerning and present a major barrier to achieving the national and global targets for child survival and well-being.



2.1.2 Child Immunization:

On a positive note, the country has achieved impressive immunization coverage, with 98% of children receiving the Bacillus Calmette-Guérin (BCG) (National Immunization report May 2024) vaccine for tuberculosis and 93% receiving the DTP-Hib-HepB vaccine. This high level of immunization coverage is a crucial factor in preventing childhood diseases and reducing mortality.

2.1.3 Nutritional Status:

Despite good immunization coverage, child nutrition remains a critical challenge. Currently, 30% (2022 TDHS – MIS) of children are stunted, which is a reduction from 34% in 2015-16 \but still far from the target of reducing stunting to below 20% by 2030. This slow progress highlights the need for more comprehensive and multisectoral interventions to address child malnutrition, particularly in a country where food availability is not the primary issue.

2.1.4 Management of Childhood Illnesses:

The Integrated Management of Childhood Illness (IMCI) has shown significant progress, particularly in the care-seeking behaviour for Acute Respiratory Infections (ARI), which improved from 39% in 2015-16 to 79% in 2022 (TDHS – MIS). However, there has been a decline in the use of Oral Rehydration Salts (ORS) for treating diarrheal, dropping from 63%

in 2015-16 to 49% in 2022. This decline is concerning as diarrheal remains a leading cause of child mortality in Tanzania. Additionally, malaria prevention efforts are ongoing, with 64% of children sleeping under insecticide-treated mosquito nets, a critical measure in reducing malaria-related deaths.

2.1.5. HIV in Children:

The identification and treatment of pediatric HIV cases continue to pose challenges. Early HIV infant diagnosis coverage for exposed infants is 78.5% in the first quarter of 2024 (PMTCT report 2024) , while the confirmatory test at 18 months is below 50%. Antiretroviral therapy (ART) coverage stands at 77%, with a high viral load suppression rate of 96.8% among children on treatment. However, the overall coverage for viral load suppression is at 76%, indicating gaps in reaching all affected children.

2.1.6. Birth Registration and Institutional Deliveries:

Birth registration has seen substantial improvement, increasing from 26% in 2015-16 to 68% in 2022 (TDHS – MIS). This improvement is closely linked with the rise in hospital/institutional deliveries, which have increased from 65% in 2015-16 to 81% in 2022. These developments are crucial for ensuring that children receive timely health interventions and are protected under the law.

2.2 Efforts and Interventions

To address these challenges and improve newborn and child health outcomes, Tanzania is implementing several key interventions:

2.2.1. Neonatal Intensive Care Units (NICU):

The establishment of NICUs across the country is a critical intervention aimed at reducing neonatal mortality. These units provide specialized care for newborns with severe health conditions, helping to improve survival rates for the most vulnerable infants.

2.2.2. Kangaroo Mother Care (KMC):

KMC is being promoted as an effective method for caring for preterm and low-birth-weight infants. This method, which involves skin-to-skin contact between the mother and baby, has been shown to improve survival rates and foster better health outcomes for newborns.

2.2.3. Integrated Mentorship and Supervision:

The integration of mentorship and supervision with maternal care services is another strategy being employed to enhance the quality of newborn and child healthcare. This approach ensures that healthcare providers are well-trained and supported in delivering high-quality care.

Achieving the ambitious targets set for 2030 will require sustained efforts, multisectoral collaboration, and increased investment in health services, particularly for the most vulnerable populations. By addressing these challenges head-on, Tanzania can ensure that every child could survive and thrive.

3.0 Adolescent Health and Wellbeing

Tanzania has one of the fastest growing young populations in the world. Of the estimated 60 million people in Tanzania, more than 50 per cent are under 18 and over 70 percent are under 30. Adolescents form over 12 million of the overall population of nearly 60 million[1]. (UNICEF)

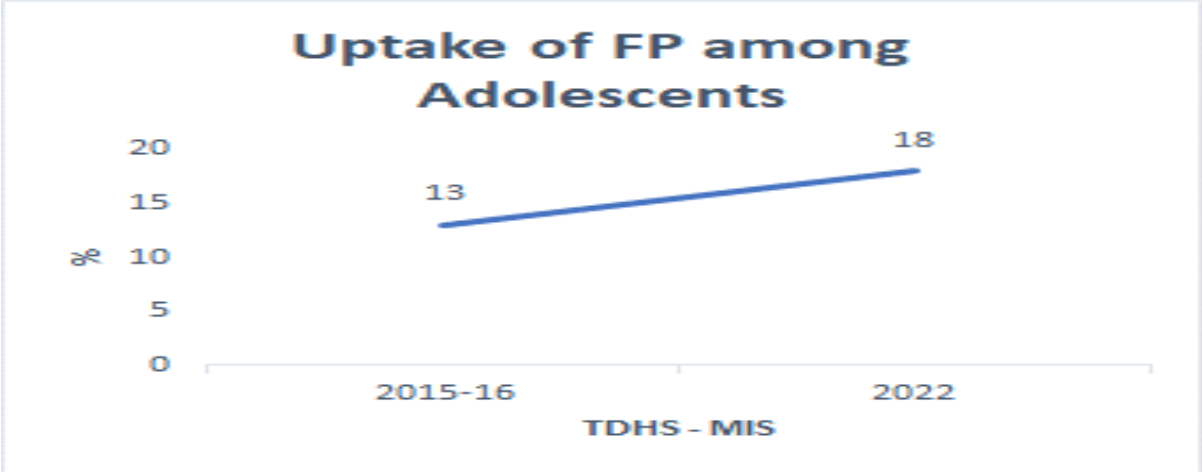
Adolescent health is a critical focus area within Tanzania's broader efforts to improve reproductive, maternal, newborn, child, and adolescent health (RMNCAH). Recognizing the unique health challenges faced by young people, the government has prioritized adolescent health, ensuring it receives attention equal to other RMNCAH services. This commitment is exemplified by the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW), which provides a comprehensive policy, regulatory, and legal framework to support the health and well-being of adolescents.

3.1 Current Status of Adolescent Health Services

According to the Service Availability and Readiness Assessment (SARA) 2023, 84% of health facilities across Tanzania provide access to adolescent health services. This widespread availability is a significant achievement, reflecting the government's commitment to addressing the health needs of its young population. However, challenges remain, particularly in the utilization of these services. The 2022 Tanzania Demographic and Health Survey

[1] https://www.unicef.org/tanzania/young-people-engagement-priority-tanzania

(TDHS-MIS) reports a slight increase from 15% to 18% of adolescents utilize family planning (FP) services (Fig 4 below) which is concerning given the high birth rate of 112 births per 1,000 women aged 15-19 years. These statistics highlight the ongoing need to improve access to and utilization of adolescent health services, particularly in reproductive health.



3.2 Ongoing Efforts to Improve Adolescent Health

To address these challenges and enhance the well-being of adolescents, Tanzania has implemented several key initiatives:

3.2.1. Reproductive Health Education in Schools:

The government, in collaboration with the Ministry of Education, has integrated age-appropriate reproductive health education into the school curriculum. This initiative is part of the school health program and involves trained school health teachers who provide students with essential information about their reproductive health. This education is crucial in empowering adolescents to make informed decisions about their health and well-being.

3.2.2. Expansion of Youth-Friendly Reproductive Health Services:

Tanzania has significantly increased the number of youth-friendly reproductive health services available to adolescents, growing from 215 services in 2021 to 901 in 2023. These services are designed to be accessible and welcoming to young people, addressing their

specific needs in a supportive environment. The expansion of these services is a key strategy in improving the utilization of reproductive health services among adolescents.

3.3.3. Training Healthcare Providers:

To ensure that adolescent health services are delivered effectively, the government has trained 750 healthcare providers from nine regions on the implementation of youth-friendly reproductive health services. This training equips providers with the skills and knowledge needed to address the unique health concerns of adolescents, ensuring that they receive high-quality care.

3.3.4. Development of a Peer Educator Manual:

Recognizing the importance of peer influence, Tanzania has developed and implemented a peer educator manual for adolescents, both in and out of school. This manual provides guidance for peer educators to support their peers in making informed decisions about their health, particularly in areas related to reproductive health. Peer education is a powerful tool in reaching adolescents, as it leverages the trust and relatability of peer relationships to promote positive health behaviours.

4.0 Family Planning

Tanzania has made significant commitments to improving family planning as a key aspect of its broader efforts to enhance reproductive, maternal, newborn, child, and adolescent health (RMNCAH). Family planning is recognized as crucial for achieving sustainable development, reducing poverty, promoting gender equality, and improving health outcomes. The government's commitment is encapsulated in its goal: “By the end of 2030, healthy, educated, and empowered Tanzanians will have equitable access to rights-based family planning services to make informed decisions on their fertility needs towards sustainable socio-economic development."

Tanzania's targets for family planning commitments and the progress made so far are outlined below:

4.1. Increase Access and Utilization of Modern Contraceptives Among Adolescents

Access to and utilization of modern family planning services is critical for Tanzania to address the observed adolescent birthrate and teenage pregnancy rate. The country has set a target of increasing the utilization of modern contraceptives among adolescents from 13% to 20% by 2025 (HSSP V), the country is slightly off this target (at 18% per Tanzania Demographic Health Survey). Continued efforts are needed to expand access and education around contraceptive use among adolescents to meet the established goals.

4.2. Addressing Gender and Social Norms Impeding Rights-Based Family Planning Services

Tanzania intends to have a national gender-focused programs and organizations addressing gender and social norms that impede access to rights-based family planning services by 2030.

The Tanzanian government, in collaboration with stakeholders, has developed a National Framework for the delivery of Integrated Reproductive Health, HIV/AIDS, and Gender-Based Violence (GBV) services in Higher and Tertiary Learning Institutions. This framework is designed to guide the provision of quality, youth-friendly, and integrated services within these institutions. Additionally, the government has supported selected gender-focused networks in integrating gender-responsive family planning (FP) interventions into their plans and has operationalized the Gender and Respectful Care Guideline. This guideline addresses gender and social norms that hinder access to family planning services. Orientation and capacity-building activities have been conducted in 100 private health facilities to actively challenge these norms and promote rights-based FP services.

4.3. Increasing Modern Contraceptive Prevalence Rate (mCPR) for All Women

Tanzania offers a variety of modern contraceptive options, including pills, injectables, implants, and intrauterine devices (IUDs). The use of modern contraceptives has been increasing in Tanzania, but there are still challenges to access. The current mCPR for all women remains relatively stable, with a slight decrease from 32% in 2015-16 to 31% in 2022 (TDHS-MIS). This stagnation suggests that while some progress has been made in expanding access to contraceptives, significant challenges remain in reaching the ambitious target of

42% by 2025. Intensified efforts in policy implementation, service delivery, and community engagement are necessary to achieve the desired outcomes.

5.0 Addressing Gender-Based Violence

Gender-based violence (GBV) remains a significant challenge in Tanzania, with various surveys highlighting its widespread prevalence. The Tanzania Demographic and Health Survey-Malaria Indicator Survey (TDHS-MIS) and the Social Institutions and Gender Index (SIGI) reports consistently indicate high levels of violence against women, including physical violence, sexual abuse, and harmful practices such as female genital mutilation (FGM). Addressing GBV is critical to improving the overall well-being of women and girls and achieving broader goals related to gender equality and human rights.

5.1 Prevalence of Gender-Based Violence

According to the TDHS-MIS, a substantial number of women in Tanzania report experiencing physical violence at the hands of their current partner or husband. In 2022, 64.4% of women reported having experienced physical violence, slightly higher than the 62.9% reported in 2015-16. These figures underscore the persistent nature of physical violence against women, which continues to be a major public health and human rights concern in the country.

Female genital mutilation (FGM) remains another critical issue. Despite ongoing efforts to eradicate this harmful practice, 11% of women and girls aged 15-49 had undergone FGM in 2022 (TDHS – MIS), marking a slight increase from 10.3% in 2019. The persistence of FGM highlights the deep-rooted cultural and social norms that continue to perpetuate violence against women and girls.

5.2 Efforts to Combat Gender-Based Violence

The Tanzanian government, in collaboration with various stakeholders, has undertaken several initiatives to combat GBV and protect the rights of women and girls. These efforts include legal reforms, the establishment of support services for survivors, and targeted strategies to prevent and respond to violence.

5.2.1. Legal Reforms and Policy Frameworks:

Revisions to the Marriage Act: Ongoing revisions to the Marriage Act aim to address legal loopholes that contribute to child marriage and other forms of GBV. The proportion of women aged 20-24 who were married or in union before the age of 15 has decreased significantly, from 30.5% in 2015-16 to 16% in 2022. This reduction reflects progress in changing societal attitudes and enforcing legal protections against child marriage.

Enacted Laws and Regulations: Tanzania has enacted several laws and regulations to combat GBV and protect women and children. These include:

- The Constitution of the United Republic of Tanzania: Ensures the protection of human rights and equality before the law.
- The Law of the Child Act (2009): Provides legal protection for children against abuse, exploitation, and neglect.
- The Penal Code and The Sexual Offences Special Provisions Act (1998) : Address various forms of sexual violence and establish legal penalties for offenders.
- The Anti-Trafficking in Persons Act (2008) : Aims to combat human trafficking, which often involves sexual exploitation and GBV.
- The Domestic Violence Act: Specifically targets violence within the home, providing legal avenues for survivors to seek protection and justice.

5.2.2. Support Services for Survivors:

The government has established 27 one-stop centres across the country to support survivors of sexual and gender-based violence. These centres offer a range of services, including emergency contraceptives, medical care, psychosocial support, and legal assistance, all in one location. The one-stop centres play a crucial role in ensuring that survivors receive comprehensive care and support in a timely and accessible manner.

5.3.3. Strategies for Prevention and Response:

Expansion of One-Stop Centres: There are ongoing efforts to establish health facility-based one-stop centres at all levels of health facilities across Tanzania. These centres are designed to provide holistic care to survivors of GBV and violence against children, ensuring that they receive the necessary medical, legal, and psychological support.

Capacity Building and Training: The government is also focusing on capacity building for healthcare providers and social welfare officers. Training programs are being implemented at

all levels of service delivery to ensure that frontline workers are equipped to effectively respond to cases of GBV and provide appropriate care to survivors.

6.0 Availability and Access to RMNCAH commodities

The readiness of healthcare facilities to provide Maternal, Newborn, Child, and Adolescent Health (MNCAH) services is a crucial indicator of their ability to offer essential care. This readiness encompasses the availability of staff, guidelines, equipment, diagnostics, medicines, and healthcare commodities.

6.1 Family Planning Services

The availability of family planning (FP) services in healthcare facilities decreased slightly in 2023 compared to 2020. In 2023, 47% of dispensaries provided FP services, compared to 78% in 2020, and 60% of health centers provided FP services, compared to 84% in 2020. There was a similar decline in the availability of FP services at district and regional referral hospitals, with rates dropping to 58% and 71% in 2023, down from 86% and 85% in 2020, respectively. This decline is attributed to the increased construction of new healthcare facilities, which may have stretched resources thin.

6.2 Availability of contraceptives

- Male Condoms: Available in 82% of facilities.
- Combined Oral Contraceptives: Available in 79% of facilities.
- Implants: Available in 78% of facilities.
- Progestin-only Injectable Contraceptives: Available in 70% of facilities.
- Progestin-only Contraceptives: Available in 64% of facilities.
- Emergency Contraceptive Pills: Available in 54% of facilities.
- Intrauterine Contraceptive Devices (IUCDs) available in 42% of facilities.

6.3 The availability of maternal commodities (SARA 2023 and 2020) is as follows:

- Folic Acid Supplementation: Available in 87% of facilities in 2023, up from 78% in 2020.
- Intermittent Preventive Treatment in Pregnancy (IPTp) is available in 87% of facilities in 2020 and 2023.

- Tetanus Toxoid Vaccination is provided in 87% of facilities in 2023, slightly up from 83% in 2020.
- Monitoring for Hypertensive Disorders of Pregnancy is available in 87% of facilities, slightly up from 83% in 2020.
- Iron Supplementation is available in 76% of facilities in 2023.

Overall, while the availability of some MNCAH services has remained stable or improved, the slight decrease in family planning service availability across various facility levels suggests that resource allocation and the expansion of healthcare infrastructure need careful monitoring and management to ensure that service quality does not decline. The eLMIS data (2023) showed that the availability of MNCAH commodities increased from 82.5% in 2021 to 88.2% in 2023, which is still below the ICPD 25 promise that aimed for the availability to be 100% by 2030.

7.0 Human Resources and Financing of RMNCAH

The achievement of agreed commitments on RMNCAH relies heavily on financial and availability of Human resources for Health.

7.1. Human Resources for RMNCAH

Health Worker Density: The current health sector density is significantly below WHO recommendations. Specifically, there is 1 doctor per 8,882 population and 1 nurse per 1,289 population, with only 10,171 doctors and nurses per 10,000 population. This is far below the WHO-recommended 439 doctors, nurses, and midwives per 10,000 population. In addition, there are 10,000 health laboratory staff and 8,130 pharmacy staff per 10,000 population (HRH Profile 2023).

Healthcare workers' capacity building on Antenatal Care (ANC) remains below 50%. According to the SARA 2023 report, only 49% of facilities have at least one staff member trained in providing ANC services, which is a slight increase from 43% in 2020 SARA report.

7.2. Partnerships and Collaborations:

Alignment with RMNCAH Priorities: To ensure effective alignment with national priorities, all RMNCAH partners aligned their operational and financing frameworks with government

priorities. Additionally, while there is an existing policy on public-private partnerships in sexual and reproductive health & rights (SRH&RR), resource constraints affect the frequency of supervision in public versus private facilities.

Forums for Best Practices: There are established forums for sharing best practices including RMNCAH Technical Working Group (TWG) meetings and scientific conferences such as the RMNCAH + N scientific conference.

7.3. Accountability, Monitoring, and Evaluation:

The Ministry of Health National through its health sector strategic plan recognizes the role of research, innovation, and the importance of tracking the progress of implementation for set programs. Thus systems for research, innovation, and M&E are in place, incorporating mechanisms for tracking financial resources for RMNCAH. Key surveys like SARA and TDHS-MIS provide evidence-based information. The ministry has also institutionalized Maternal and Child Death Surveillance and Response (MCDSR) systems.

7.4. Health Financing and Investments:

Tanzania is one of the countries that signed to the Abuja declaration. The country's general government expenditure on health as a percentage of total government expenditure has decreased from 6% in 2000 to 5.1% in 2021, below the Abuja target of 15%. Also the health spending is approximately 9% of the government budget below the Abuja target. Furthermore, households spend 27.2% out-of-pocket on health services, with 10.7% of health spending coming from health insurance (Public Expenditure Review Report 2021).

There is a need for significant investments in human resources, stronger partnerships, more efficient use of financial resources, and improved monitoring systems to better achieve the RMNCAH objectives.

Conclusion

Therefore, to further advance Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) in Tanzania and ensure the country remains on track to achieve the Sustainable Development Goals (SDGs) by 2030, there is a need to:

1. **Strengthen Human Resources for Health**

- Increase Health Workforce: Address the shortage of healthcare workers by training and recruiting more doctors, nurses, midwives, and other essential health professionals in the respective Health facilities.
- Enhance Capacity Building: Provide continuous professional development and training to healthcare workers to improve the quality of RMNCAH services, focusing on areas like maternal and child health, family planning, and adolescent health.

2. **Expand and Equitably Allocate Health Financing**

- Increase Government Investment: Advocate for increased government spending on health to meet or exceed the Abuja target of 15% of the national budget allocated to the health sector. This investment is crucial for scaling up RMNCAH services.
- Support the use of non-traditional donors who can help fund RMNCAH interventions in the country.
- Strengthen Financial Protection Mechanisms: Reduce out-of-pocket expenses for RMNCAH services by expanding health insurance coverage and improving access to financial protection mechanisms for vulnerable populations.
- Ensure Efficient Resource Allocation: Focus on efficient allocation of resources, especially in newly constructed health facilities, to prevent service delivery gaps and ensure that all facilities are adequately stocked and staffed.

3. Enhance Access to quality of care including continuous availability of RMNCAH Commodities and Services

- Improve Supply Chain Management: Strengthen the supply chain for essential RMNCAH commodities to ensure consistent availability of family planning methods, maternal health supplies, vaccines, and child health medications across all health facilities.
- Expand Access to Family Planning: Increase the availability of a wider range of contraceptives, particularly in dispensaries and lower-level health facilities, to meet the needs of diverse populations and reduce unmet needs for family planning.
- Scale Up quality Maternal and Child Health Services: Enhance quality of care around pregnancy. This should ensuring women reaching health facility are fully screened for risks (hypertension, anaemia) and provided with quality care during pregnancy, around delivery and within the critical 72 hours past delivery.

4. Strengthen Partnerships and Collaboration

- Enhance Public-Private Partnerships (PPP): Leverage public-private partnerships to expand RMNCAH services, particularly in underserved areas. Ensure private facilities are integrated into the national health system with regular supervision and support.
- Engage Communities and Civil Society: Work closely with communities and civil society organizations to raise awareness, mobilize resources, and advocate for RMNCAH priorities. Community engagement is key to increasing service uptake and addressing cultural barriers.

5. Improve Monitoring, Evaluation, and Accountability

- Institutionalize Resource Tracking: Develop and institutionalize a robust system for tracking financial and material resources dedicated to RMNCAH to ensure transparency and accountability.
- Strengthen M&E Systems: Enhance the national monitoring and evaluation systems to provide real-time data on RMNCAH outcomes, guiding policy adjustments and interventions.
- Foster Innovation: Promote research and innovation in RMNCAH to develop and implement new approaches to address persistent challenges, such as maternal mortality and adolescent health issues

By taking these steps, Tanzania can build on its progress in RMNCAH, accelerate its journey toward the 2030 SDGs, and ensure that its population has access to the essential health services they need for a healthy life.

Annex I: Global and Regional RMNCAH Commitments and Progress status:

UN: The Global Strategy for Women's, Children's and Adolescents' Health of 2016-2030 Commitments on Survive, Thrive and Transform

https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data

Target	**Indicator**	**Progress by 2022/2023**
Survive: End preventable deaths of mothers, newborns and children by providing the best maternal, newborn and childcare		
Reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030	Maternal mortality ratio (per 100,000 live births)	The Maternal Mortality Rate (MMR) is reduced to 104 per 100,000 live births (2022 TDHS - MIS) from 556 per 100,000 live births in 2015-16 TDHS – MIS 2022. An 80% reduction in 7 years
	Other indicators	
	Proportion of births attended by skilled health personnel (%)	85% of live births were attended by skilled health provider in 2022 TDHS – MIS compared to 66% in 2015/2016 TDHS – MIS.
	Antenatal care coverage - at least four visits (%)	65% women had recommended 4 or more Antenatal care (ANC) visit during pregnancy compared to 48% in 2015/16
	Proportion of mothers who had postnatal contact with a health provider within 2 days of delivery (%)	51% of mothers received a postnatal check within 2 days after delivery (TDHS-MIS 2022)
	Proportion of women accessing antenatal care services who were tested for syphilis (%)	The proportion of women accessing ANC and being tested for syphilis is 86.8% in 2023, a significant increase from 62.8%, 64.1%, and 64.2% in 2020, 2021, and 2022, respectively (PMTCT annual report 2023).

Target	Indicator	Progress by 2022/2023
Reduce neonatal mortality to at least as low as 12 per 1,000 live births by 2030	Neonatal mortality ratio (per 1,000 live births)	The neonatal mortality rate is at 24 per 1000 live births ((TDHS – MIS 2022) from 25 per 1000 live births (TDHS – MIS 2015/16).
	Stillbirth rate (per 1000 total births)	The proportion of stillbirth is at 18 per 1,000 live births (TDHS – MIS 2022)
	Other Indicators	
	Proportion of newborns put to the breast within one hour of birth	70.2% of newborns were put to the breast within 1 hour of birth compared to 51% in 2015/16 9TDHS - MIS 2022)
	Proportion of newborns who had postnatal contact with a health provider within 2 days of delivery	54% of newborns received a postnatal check within 2 days after delivery (TDHS-MIS 2022) as compared to 42% (TDHS-MIS 2015-16)
	Proportion of infants 0–5 months of age who are fed exclusively with breast milk (%)	64% of infant 0-5 months of age were exclusively breast-feed (TDHS - MIS 2022) an increase from 59% (2015-16 TDHS – MIS)
Reduce under-5 mortality to at least as low as 25 per 1,000 live births by 2030	Under-five mortality rate (per 1000 live births)	The Under-Five Mortality Rate is reduced from 65 (2016-16TDHS - MIS) to 43 deaths per 1,000 live births (TDHS - MIS 2022)

	Other Indicators	
	Proportion of children under five years old with diarrhoea receiving oral rehydration salts	The proportion of children under age 5 with diarrhoea who received ORT declined from 63% in 2010 to 56% in 2015–16 and 49% in 2022 (TDHS -MIS 2022).
	Care-seeking for children with symptoms of acute respiratory infection (%)	The proportion of children seeking care for symptoms of acute respiratory infection increased from 39% in the 2015-16 TDHS-MIS to 79.3% in the 2022 TDHS-MIS.
	Proportion of children under five years of age who slept under an insecticide-treated mosquito net	64% of children slept under insecticide-treated mosquito nets (TDHS - MIS 2022), an increase from 54% in 2015-16 TDHS - MIS.
	Percentage of people living with HIV who are currently receiving antiretroviral therapy (ART)	98% of people living with HIV are currently receiving antiretroviral therapy (ART)
	Malaria incident cases per 1000 persons per year	Malaria incidence rate is 76 per 1,000 population (Tanzania 2023 Voluntary National Review Report)
	Proportion of women aged 20-49 who report they were screened for cervical cancer	The proportion of women aged 30-49 years screened for cervical cancer is as follows: 64.5% in 2019, 70.8% in 2020, 73.6% in 2021, 74.7% in 2022, and 72.5% in 2023 (CECAP Annual Report 2023)

Target	Indicator	Progress by 2022/2023
	Prevalence of stunting among children under-five years of age	Proportion of children under age 5 who are stunted decreased from 34% in the 2015/16 TDHS to 30% in the 2022 TDHS-MIS. The decrease of 4% in 7 years
	Adolescent birth rate (per 1,000 females aged 15-19 years)	The adolescent birth rate decreased from 132 (TDHS - MIS 2015-16) to 112 births per 1,000 women aged 15-19 years (TDHS – MIS 2022).
	Extent to which countries have laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education	Tanzania has laws and regulations that guarantee women aged 15-49 access to sexual and reproduction health care, information and education. National Family Planning guidelines and Standards 2013 (New version on development process is yet to be endorsed) National multi-sectoral strategy on adolescent health and wellbeing 2018-2022 The Constitution of the United Republic of Tanzania The Law of the Child Act (2009) The Penal Code (amended to include sexual offenses) The Sexual Offences Special Provisions Act (1998) The Anti-Trafficking in Persons Act (2008) The Domestic Violence Act National Strategy for the Eradication of FGM (2020/21 - 2024/25):

	Coverage of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access)	The overall capacity of health facilities to provide general health services increased from 69% (SARA 2020) to 71% (SARA 2023). The capacity of MNCAH for antenatal care (88%), child preventive and curative services (86%), child immunization (86%), adolescent health services (84%), and family planning (84%) (SARA 2023) There is improvement from SARA 2020 report which showed capacity for antenatal care (54%), child preventive and curative services (74%), child immunization (74%), adolescent health services (60%), and family planning (77%).
	Other Indicators	
	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	The prevalence of wasting reduced from 5 (2015-16 TDH-MIS) to 3.3% (2022 TDHS-MIS) The prevalence of Obesity has not changed is the same stand at 4% (2015-16 and 2022 TDHS-MIS).
	Prevalence of wasting among children under-five years of age (% weight-for-height <-2 SD)	Prevalence of wasting among children under-five years of age is reduced from 5% (2015-16 TDHS - MIS) to 3. 0% (2022 TDHS - MIS
	Overweight prevalence among children under 5 years of age (%)	Prevalence of overweight among children under 5 years remained the same at 4% (TDHS - MIS 2015-16 & 2022)
	Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%)	Reduced prevalence of anaemia among pregnant women from 35% in 2015-16 TDHS - MIS to 56% in 2022 TDHS - MIS
	Proportion of children 6-23 months of age who received a minimum acceptable diet	The proportion of children 6-23 months of age who received a minimum acceptable diet increased from 9% (2015-16 TDHS - MIS) to 18.5% (2022 TDHS -MIS)

	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	53% of women aged 15-49 who have their need for family planning were satisfied with modern methods (TDHS - MIS 2022), the same as in 2015-16 (TDHS – MIS), which is 53%.
	Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	50% of women aged 15-49% make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (TDHS – MIS 2022)
	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	The adolescent birth rate (aged 15-19 years) is 112 births per 1,000 women in that age group (TDHS - MIS 2022) a reduction from 132. births per 1,000 women of that age (TDHS - MIS 2015-16)
	Out of-pocket health expenses as percentage of total health expenditure	Health services are still relatively reliant on out-of-pocket spending by households (27.2%), charged in the form of user fees across levels of care while Health spending out of health insurance is only 10.7%
Target	**Indicator**	**Progress by 2022/2023**
Thrive: Ensure health and well-being by addressing the nutritional needs of all children, adolescents and women, especially mothers. Universal access to sexual and reproductive healthcare services, as well as access to quality early childhood development, are important elements of thriving.		
	Proportion of young women and men aged 18-29 who experienced sexual violence by age 18	4.9% % of young women and men aged 18-29 experienced sexual violence by age 18 (VNR 2023)
	Proportion of children under 5 years of age whose births are registered	Birth registration of children under age 5 has increased substantially, from 26% in the 2015–16 TDHS-MIS to 68% in the 2022 TDHS-MIS.

	Other Indicators	
	Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18	16.0% women aged 20-24 are in a married or in a union before age 15 and before age 18 in 2022 compared to 30.5% in 2015 (SIGI Country Report 2022)
	Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months	Physical violence by a current or former intimate partner; 64.4% (Current partner), 36.4% (Former partner), 0.2% (Current boyfriend), 1.2% (Former boyfriend) (2022 TDHS-MIS)
	Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting	11% of women and girls aged 15-49 undergone female genital mutilation/cutting in 2022 which is an increase from 10.3% in 2019 (VNR 2023)
	Availability of post-rape care in accordance with the recommendations of WHO guidelines	The government supported the establishment and functioning of 27 One Stop Centers for GBV which also provides Emergency Contraceptive (EC) to GBV survivors (FP 2030 country report)

WHO & UNICEF: Every Newborn Action Plan (ENAP): A roadmap for action to end preventable newborn mortality

https://cdn.who.int/media/docs/default-source/mca-documents/wha/2-pager-enap-epmm-csa-for-wha-2024---27.05.2024-electronic-version.pdf?sfvrsn=5693c250_3

	Target	**Progress by 2022/2023**
A	90% Every Pregnant Woman To have four or more antenatal contacts	65% women had recommended 4 or more Antenatal care (ANC) visit during pregnancy compared to 48% in 2015/16.
B	90% Every Birth attended by skilled health personnel	85% of live births were attended by skilled health provider in 2022 TDHS – MIS compared to 66% in 2015/2016 TDHS – MIS.

C	80% Every Woman and Newborn: Early routine postnatal care (within 2 days)	51% of mothers received a postnatal check within 2 days after delivery (TDHS-MIS 2022) a slight improvement from 44% in 2015-16 (TDHS – MIS), however it is 29% less to reach the target.
		54% of newborns received a postnatal check within 2 days after delivery (TDHS-MIS 2022) as compared to 42% (TDHS-MIS 2015-16).
D	80% Every Small and Every Sick Newborn: Availability of emergency care	• The government has Expand and Renovate 25 NCUs in District Hospitals • Increased Number of facilities with functional NCU 213 (2022) to 241 (2024)

ICPD 25: The United Republic of Tanzania Commitment on Accelerating the ICPD Promise
https://www.nairobisummiticpd.org/commitment/united-republic-tanzania-commitment-accelerating-icpd-promise

Promise	**Promise Indicator**	**Progress by 2022/2023**
Enhancing efforts towards achieving the goal of zero preventable maternal deaths, and maternal morbidities through integrating a comprehensive approach of the essential sexual and reproductive health packages by 2030	● Strengthening the availability of and access to EmONC facilities to provide quality services of emergency obstetric and newborn care from 28.5% to 80% for the Health Centres and from 50.2% to 100% for Hospitals by 2030	The availability of comprehensive EmONC facilities is as follows - Availability of EmONC for Health centre is at 54% and readiness at 74%. The availability of EmONC at Hospital is at 88% and readiness is at 74%. (SARA 2023)
	● Ensuring the availability of and access to MNH commodities from 92% to 100% by 2030	The availability of MNH commodities has increased from 82.5% in 2021 to 88.2% in 2023 (eLMIS 2023)
	● Reviewing and rolling out a competency-based curriculum for midwives by 2030	The competence-based curriculum is implemented in 3 University that provide Bsc in Midiwifery. The Universities are MUHAS, UDOM and Aga Khan

	• Accelerating the integration of HIV and RH services to reduce burden of HIV to the population including reducing MTCT to <5% by 2030	Mother to child transmission (MTCT) is reduced to 8.1 % (TDHS – MIS 2022) from 16.2% (TDHS -MIS 2015-16).
Enhancing efforts towards achieving the goal of zero unmet needs for family planning information and services, and universal availability of quality, affordable and safe modern contraceptives by 2030	• Increasing mCPR from 32%-54% by 2030	The modern contraceptive prevalence rate (mCPR) is at 31% (TDHS – MIS 2022), which has remained the same as reported findings from 2015-16 TDHS – MIS.
Ensuring access for adolescents and youths to reproductive health information by 2030	• Implementation of age-appropriate Comprehensive Reproductive Health Education and services to in- and out-of-school youths by 2030	1. The school health program on age-appropriate reproductive health education is provided to schools by trained school health teachers in collaboration with the Ministry of Education. 2. Youth-friendly reproductive health services increased from 215 in 2021 to 901 in 2023. 3. 750 Healthcare providers from 9 regions trained on implementing youth-friendly reproductive health services. 4. Peer educator manual for adolescents who are in and out of school is developed and in use
Enhance mitigation of sexual and gender-based violence through establishment of more one stop centres and review of marriage act by 2030.		1. The Government support establishment and functioning of 27 One Stop Centers for GBV including provision of Emergency Contraceptives (EC) to GBV survivors (FP 2030 country report) 2. Marriage Act is still under review
Improve budget allocation and health insurance coverage to improve well-being of the people by 2030.		The health spending as a share of the government budget is at 9%, below the Abuja target of 15% (Public Expenditure Review Report 2021)

Harnessing demographic dividend by investing in adolescent and youth in health, education, life skills and employment by 2030.		The government committed to: a) Allocate dedicated budget for adolescent health and wellbeing in the national health budget by 2025. b) Ensure inclusion of adolescent-friendly SRHR and nutrition services within the national Universal Health Coverage packages by 2025. c) Strengthen partnerships and collaboration with the private sector to expand access and utilization of services as well as contribute to the national health budget by 2025.

Family Planning FP 2030:

By the end of 2030 healthy, educated and empowered Tanzanians with equitable access to right-based family planning services to facilitate informed decisions on their fertility needs towards sustainable socio-economic development. https://www.fp2030.org/tanzania/

	Target	**Progress by 2022/2023**
A	Increase access and utilization of modern contraceptives among adolescents from 13 % (TDHS 2015) to 20% (HSSP V) by 2025	The utilization of modern contraceptives among adolescents is currently at 18% (TDHS – MIS 2022) from 13% (TDHS - MIS 2015-16).
B	By 2030, national gender-focused programs and organizations address gender and social norms impeding rights-based family planning services.	● The Government developed National Framework for delivery of Integrated Reproductive Health, HIV/AIDS and GBV in Higher and Tertiary Learning Institutions that will guide the provision of quality, friendly and integrated services in respective institutions. ● Support selected gender-focused networks to integrate gender-responsive FP interventions in their plans. ● Operationalization of Gender and respectful care guideline which address gender and social norms. Orientation done to 100 private Health facilities.
C	By 2025, Tanzania's modern contraceptive prevalence rate (mCPR) for all women increased from 27% (TDHS 2015/2016) to 42% (One Plan III).	The modern contraceptive prevalence rate (mCPR) for all women remail almost the same from 32% (2015-16TDHS – MIS) to 31 % (TDHS – MIS 2022)

D	By 2030, the Government of Tanzania increases domestic resources to finance family planning commodities by at least 10% annually from the current annual allocation of 14 billion Tanzania shillings and disburses fully.	The governments disbursed the committed amount of US$26,714 as the 1% contribution to domestic funding of the allocated ceiling of US$2,671,400 (2022) Compact Agreement 2022)

Elimination of Cervical Cancer:

Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem and its Associated Goals and Targets for the period 2020–2030

77th WORLD HEALTH ASSEMBLY: 9.A75/10 Add.3 Provisional agenda item 14.1 25 April 2022

	Target	Progress
A	Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15 by 2030:	96% of girls are fully vaccinated with HPV vaccine (IVD Afya campaign Data base 2024)
B	Screening: 70% of women screened using a high-performance test by the age of 35 and again by the age of 45 By 2030	Cervical screening in Tanzania starts at the age of 30 years (25 years to women living with HIV) using Visual Inspection Acid (VIA). 72.5% of women screened, and for those who are HIV +Ve 61% screened using VIA (cervical cancer 2023 annual report & DHIS 2)
C	Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed by 2030	72.1 % of clients screened VIA+ and received treatment of cryotherapy in a same day. 75.6% clients treated (both cryotherapy and LEEP) is 75.6% (cervical cancer 2023 annual report & DHIS 2).

UN Body: UNAIDS/Network of people living with HIV. UNICEF/WHO/PERFAR/GLOBAL FUND

Global Alliance to Ends Pediatric AIDS by 2030

An end to AIDS in children will be achieved through a strong, strategic, and action-oriented alliance of multisectoral stakeholders at national, regional, and global levels that works with women children and adolescents living with HIV, national governments, and partners to mobilize leadership, funding, and action to end AIDS in children by 2030

https://www.unaids.org/sites/default/files/media_asset/global-alliance-end-AIDS-in-children_en.pdf

	Target	Indicator	Progress
A	Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with HIV to achieve universal coverage of ART and viral suppression [EID, and ART and VLS in infants and C/ALHIV]	EID coverage among children aged 6-8 weeks	The EID coverage among children aged 6-8 weeks is 78.5 % (DHIS2 2024) reduced from 82% in 2022 (DHIS2 2022)
		18-month confirmatory test done for infants exposed to HIV	The Coverage of 18-month confirmatory test for infants exposed to HIV is 49.5% (DHIS2, May 2024) a slight improvement from 43.8% in 2022 (DHIS2 2022)
		Pediatric ART coverage among children aged 0-14 years	Pediatric ART coverage for children aged 0-14 years is 77% (DHIS2, May 2024) increased from 60% in 2022 (DHIS 2 2022)
		HVL coverage in children aged 0-14	HIVL coverage in children aged 0-14 remain the same at 93% for the year 2022 and 2023 n aged 0-14 years is 90%, (CTC3 Macro, Dec 2023)
		HVL suppression in children aged 0-14 years	95% of children aged 0- 14 years attained viral suppression (CTC3 Macro, Dec 2023) compared to 87 in 2022 (CTC 3 Macro 2022)
		% of children (0-14 years) on DTG for 1st line	97% of children (0-14 years) are on DTG for 1st line (CTC3 Macro, Dec2024) compared to 92% (CTC Macro 2022)
B	Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission [ART for PBAW, and eMTCT]	ART coverage among PBAW	The coverage of ART among PBAW is 96.4% (DHIS 2023) a slightly decline from 99.8 (DHIS2 2022)
		Retention in care among PBAW	The retention in care among PBAW at 24 months, declined from 92.5% (DHIS 2 2022) to 69 % (DHIS2, 2023)
		HVL coverage among PBAW	The HVL coverage among PBAW declined from 79.2 % (DHIS 2 2022) to 76 % (CTC Macro 2024)
		HVL suppression among PBAW	The HVL suppression among PBAW improved from 58.4% (DHIS2 2022) to 96.8% (CTC3 Macro, 2024)

D	Addressing rights, gender equality, and social/ structural barriers that hinder access [Enabling environment]	Availability of sex and age disaggregated data on coverage of HIV treatment and prevention services	This is available at CTC 2 data base and in CTC3 Macro.
		Community monitoring of participation of PLHIV in the response	In PMTCT interventions services are integrated down to the community. Community Operational Framework and Implementation Guide" using ‘Mama Kinara’ Model
		Standardized HIV monitoring tools, indicators and definitions available as part of the	Yes, these are available and in use.
		Adoption and implementation of policy elements to promote gender equity	Yes, they are adopted
		Social protection policies	Yes, Policy is available and in use
		Adoption and use of standardized community monitoring tools and indicators	Community monitoring tools are available and in use

HEALTH FINANCING ABUJA DCLARATION 2001:

Allocating at least 15% of their budget each year to the health sector

	Target	Progress
A	15% of local budget allocated to health sector	The health spending as a share of the government budget is only ~9%, below the Abuja target of 15%. (Public Expenditure Review Report 2021)

AU: Maputo Plan of Action 2016-2030

African Governments, civil society, the private sector and all multisector development partners to join forces and redouble efforts so that together, the effective implementation of the continental policy framework on SRHR is achieved in order to end preventable maternal, newborn, child and adolescent deaths by expanding contraceptive use, reducing levels of unsafe abortion, ending child marriage, eradicating harmful traditional practices including female genital mutilation and eliminating all forms of violence and discrimination against women and girls and ensuring access of adolescents and youth to SRH by 2030 in all countries in Africa.

https://au.int/sites/default/files/documents/30358-doc-mpoa_7-_revised_au_stc_inputs_may_se-rob-director_002.pdf

	Target	Indicator	Progress
A	Improve Political Commitment, leadership and Governance for RMNCAH	Presence of a costed country roadmap to end maternal, new-born, child and adolescent deaths by 2030	The RMNCAH Strategic Plan of Action "One Plan III" is costed for a period of 2021-2025.
		Existence of national health policy frameworks and plans that integrates RMNCAH, HIV&AIDS/STI and Malaria services	Yes, these include One Plan III, Health Sector Strategic Plan V (HSSP V), National Multisectoral Framework V (NMSF V)
		Communication Strategy and implementation plan for MPoA in place	Yes, different health strategies have accommodated the MPoA
		Proportion of country health budget allocated for RMNCAH (Proportion of countries whose National Health accounts track RMNCAH allocations and expenditure)	Yes, In Tanzania the RMNCAH has a separate account, and its activities are tracked.

B	Institute health legislation in support of RMNCAH	Existence of policy, regulatory or legal frameworks to support RMNCAH services for young people	There is National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing 2021/22 – 2024/25.
		Presence of laws and regulations that guarantee all women aged 15 - 49 years access to sexual and reproductive health care services, information and education	Yes, Tanzania is committed to provide free FP services to all who required it. It ia free (not for sale) in all Public Health Facilities.
		Existence of policy, regulatory or legal frameworks to support RMNCAH services for young people	The National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW)
		Percentage of women aged 20-24 who were married or in a union before age 18 or Prevalence of child marriage	16% (TDHS - MIS 2022) of women aged 20-24 who were married or in a union before age 18% (TDHS - MIS 2025-26)
		Percent reduction of unintended pregnancies	The teenage pregnancy decreased from 27% in 2015-16 TDHS - MIS to 22% in 2022 TDHS - MIS
C	Ensure gender equality, empowerment and human rights	Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15	27% of women and girls 9 aged 15-49) have experienced sexual violence by persons other than an intimate partner since age 15 (SIGI Report 2022)
		Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age group	There is improvement on FGM as 8%% (2022 TDHS - MIS) of girls and women in Tanzania mainland have undergone FGM/ Cuting as compared to 10% (2015-16 TDHS - MIS).
D	Improve strategic communication for SRH&RR	Percentage of women aged 15 to 49 years who make decisions regarding sexual relations, contraceptive use, and reproductive health care	60.3% of women aged 15 to 49 years make decisions regarding sexual relations, contraceptive use, and reproductive health care (VNR 2023)
		Percent of men accompanying spouses for RMNCAH services	Men accompanied spouses for RMNCAH services. 59.5% of men were tested for HIV at ANC care (2022 TDHS - MIS) as compared to 75.2% men (2015-16 TDHS-MIS) which is a reduction of 15.7% (PMTC Annual report 2023)

E	Invest in adolescents, youth and other vulnerable and marginalized populations	Proportion of young people accessing SRH services	84% of all facilities provide adolescent health services (SARA 2023) from 63% (SARA 2020)
		Adolescent birth rate (10-14 years and 15-19 years)	The adolescent birthrates reduced to 112 per 1,000 women 15-19 (TDHS – MIS 2022) from 142.24 in 2015-16.
		HIV prevalence among young people aged 15-24 years	HIV prevalence among young people aged 15-24 years is 1% (PHIA - THIS 2022) (show incidence report)
		Proportion of girls vaccinated with 2 doses of HPV vaccine by age 15 years	96% of girls were vaccinated with single dose of HPV (Human Papiloma Virus) (IVD Afya campaign Data base 2024). Tanzania has adopted use of HPV single dose since 2024.
		Contraceptive prevalence rate among adolescents	The utilization of modern contraceptives among adolescents is currently at 18% (TDHS – MIS 2022) from 13% (2015-16 TDHS MIS)
G	Existence of national health policy frameworks and plans that link RMNCAH, HIV&AIDS/ STI and Malaria/TB services	Existence of national health policy frameworks and plans that link RMNCAH, HIV&AIDS/STI and Malaria/TB services	There is One Plan III and HSSP V all there provide directions and guidance on implementation of RMNCAH interventions.
		Presence of dedicated referral systems for RMNCAH services	The government of Tanzania has prioritized mother and Childcare. There are different interventions that ensure maternal, newborn and child health are on track such as procure of equipment for Councils and District hospitals, supervision (Mama Samia Mentorship) and Emergency referral where in need (M MAMA).
		Coverage of tracer interventions (child full immunization, ARV therapy, TB treatment, skilled attendance at birth)	The coverage of Child full immunization is at such as 98% for BCG (tuberculosis), and 93 percent for DTP-Hib-HepB3), ART therapy 98%, 53% for TB treatment and killed birth attendants is at 85%.

		Maternal mortality ratio per 100,000 live births	The MMR is reduced to 104 per 100,000 live births (2022 TDHS - MIS) from 556 per 100,000 live births in 2015-16 TDHS – MIS 2022
		Neonatal mortality rate per 1,00 live births	The neonatal mortality rate is at 24 deaths per 1,000 live births in 2022 TDHS - MIS as compared to 25 deaths per 1,000 live births in TDHS - MIS2015-16
		Stillbirth rate (and intrapartum stillbirth rate)	The proportion of stillbirth is has reduced from 39 stillbirths per 1,000 live births (TDHS - MIS 2015-16) to 18 per 1,000 live births (TDHS – MIS 2022). Target by 2030 the still birth is expected to be below 12 stillbirths per 1,000 live births
		Under-5 mortality rate per 1,000 live births	The Under-Five Mortality Rate is reduced to from 65 deaths per 1,000 live births (TDHS MIS 2015-16) 43 deaths per 1,000 live births (TDHS - MIS 2022)
		Met need for family planning	The met need for family planning has slightly improved from 78% in 2015016 TDHS MIS to 79% in 2022 TDHS MIS
		Percent of children receiving full immunization (as recommended by national immunization schedules)	The DTP3 coverage is 90% (TDHS-MIS 2022),
		Prevalence of stunting (height for age <-2 SD) among children under five years of age	Proportion of children under age 5 who are stunted decreased from 34% in the 2015/16 TDHS to 30% in the 2022 TDHS-MIS.
		Prevalence of under-five wasting	"The prevalence of wasting is reduced from 5 (2015-16 TDH-MIS) to 3.3% (2022 TDHS-MIS)
		Percentage of births attended by skilled health personnel	85% of births were attended by skilled health personnel (TDHS MIS 2022) as compared to 98 in 2015-16 TDHS - MIS.

		Proportion of women aged 15-49 years and newborns who received a health check within 2 days after delivery	51% of mothers received a postnatal check within 2 days after delivery (TDHS-MIS 2022) as compared to 36.1% in 2015-16 TDHS -MIS
		Number of facilities per 500,000 providing basic and comprehensive emergency obstetric and neonatal care (basic and Comprehensive)	There are 525 Health facilities that provide comprehensive CEmONC by March 2024 from 475 Health facilities services by 2023.
		Proportion of women aged 30−49 years who report they were screened for cervical cancer	72.5% of women screened using VIA in 2023. N.B: for Tanzania using Visual Inspection with Acetic Acid (VIA) (cervical cancer 2023 annual report & DHIS 2)
		Existence of national reproductive cancer policy	National cancer Control Strategy 2013-2022 is available, need to be updated
		Proportion of girls vaccinated with 2 doses of HPV vaccine by age 15	96% of girls vaccinated for Human Papiloma Virus (HPV) (IVD Afya campaign Data base 2024).
		Percentage of pregnant women attending ANC who were tested for HIV and know their results (data available for “Pregnant women tested for HIV	98.1% of pregnant women who attended ANC tested for HIV and know their results (TDHS - MIS 2022)
		Percentage of infants born to HIV-infected mothers who are infected	Mother to child transmission (MTCT) is reduced to 8.1 % (2022) from 16.2% (2015).
		Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce the risk of mother-to-child transmission on HIV	The coverage of ART among PBAW is 96.4% (DHIS2 2023) a slight drop from 99.8 % in (DHIS2 September 2022)
		Proportion of children under 5 years old who slept under an ITN the previous night	54.4 % (TDHS-MIS 2022) of children under age 5 slept under an ITN the previous night, which is almost the same as in 2015-16 TDHS-MIS at 54%. For pregnant women who slept under ITN the patern is the same with almost equal findings for 2015-61 and 2022 (TDHS-MIS) at 54% and 58.4% respectively

		Proportion of children under 5 years old with fever in last 2 weeks who received antimalarial treatment according to national policy within 24 hours from onset of fever	The uptake of ACT continued to improve over years 2004 - 2022 (TDHS - MIS) with the current uptake at 95%.
		Proportion of women who received three or more doses of Intermittent Preventive Treatment during ANC visits during their last pregnancy	The Trend of IPT 1st dose uptake improves for the past 5 TDHS MIS (2004-05, 2007-8, 210, 2015-16 & 2022) from 50, 57, 61,68 & 79.2 respectively. There is subsequent drop for the follow-up IPT doses (2nd & 3rd) in each of the reported TDHS -MIS.
G	Invest in human resources for RMNCAH	Number of health workers per 100,000 population (Disaggregated by cadre and geographic region)	The number of health workers per 100,000 population is as follows: Health sector was found to have 1 doctor per 8,882 population and 1 nurse per 1,289 population. This represents 10,171 doctors and nurses per 10,000 population, which is significantly less than the WHO recommendation of 439 (22.8) doctors, nurses and midwives per 10,000 population. Likewise, Health Laboratory staff represents 10,000 and Pharmacy staff 8,130 per 10,000 population. (HRH profile 2023)
	Improve partnerships and collaborations with private sector, communities' other extra health sectors, CSO and other partners	% of total RMNCAH budget mobilized from donors / development partners	
		Number/percent of development partners with operational and financing frameworks aligned with continental, sub-regional and national RMNCAH priorities	All RMNCAH partners align with National priorities.
		Availability of policies on public private partnership on SRH&RR	Policy is available. The implementation of SRH&RR services in public and private facilities is supervised under the same supportive supervision tool however the frequency for public and private facilities differs due to resources constraints.

		Forum to share best practices put in place	Forums include scheduled RMNCAH sub session TWG meetings (safe motherhood initiatives (SMI); family Planning (FP), Adolescent and reproductive Health (ARH); Newborn and Child health (NCH); Reproductive cancer (RCA), and Monitoring and Evaluation (M&E). They all join in the big RMNCAH TWG where agendas are discussed, and resolution made. another forum includes scientific conferences such as the 2nd RMNCAH + N) scientific conference in 2023
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G	Increase health financing and investments	General government expenditure on health as a percentage of total government expenditure	Data from WHO 2021 report of Tanzania, the domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) is reduced by 0.91% from 6% in 2000 to 5.1% in 2021. (https://data.who.int/indicators/i/8C8FB8F/B9C6C79)
		Proportion of local budget allocated to health sector	The health spending as a share of the government budget is only ~9%, below the Abuja target of 15%.
		Existence of budget lines for essential/cost-effective interventions within the SRH&RR/RMNCAH budget	Budget line for RMNCAH activities exist.
		Patient / household out of pocket expenditures of accessing or obtaining services (collected intermittently)	The out-of-pocket spending by households is at 27.2% while Health spending out of health insurance is at 10.7% (Public Expenditure Review Report 2021)
H	Ensure accountability and strengthen monitoring and evaluation, research and innovation	Presence/Availability of integrated national research, innovation and M&E Systems	Resource mapping exercises are conducted but are yet to be formalized
		Present/Availability of integrated national research, innovation and M&E Systems that incorporates mechanisms for tracking financial resources for RMNCAH	Present/Availability of integrated national research, innovation and M&E Systems that incorporates mechanisms for tracking financial resources for RMNCAH. Resource tracking is not yet institutionalized

		Household surveys and service provision assessments conducted regularly	Surveys include SARA, and TDHS - MIS which provide evidence-based information regarding RMNCAH activities
		Availability of institutionalized MCDSR systems	Yes, it is available
		Percentage of children under 5 whose births have been registered with civil registration authority	The birth registration for under-fives improves from 12.7%, 38%, 55%, to 65% in 2015, 2018, 2019 and 2022 respectively (VNR 2023)
		% of national budget allocated to health and innovation	Proportion of Health budget to the total budget is 1% (0.46 in 2023/2024; 0.43 in 2024/2025)