

IMPACT Baseline Findings

Mwanza, Tanzania 2017

% of women who have received at least four ANC visits during pregnancy



15-19	52.9%
20-34	59.3%
35-49	51.8%
Total	57.2%

Median months of first visit for ANC

15-19	5
20-34	4
35-49	5

ANC Frequency

1.0%	One visit
10.3%	Two visits
28.1%	Three visits
57.2%	Four +

409 women with a birth in the last 2 years

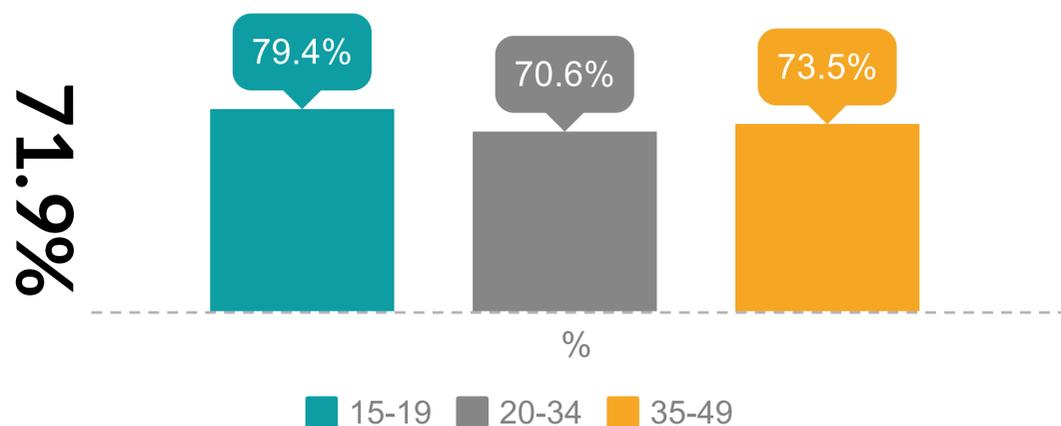
% of pregnant women visited by a CHW within the last month

4.4%



12.3%
are satisfied with CHW visit

% of births attended by a skilled health personnel



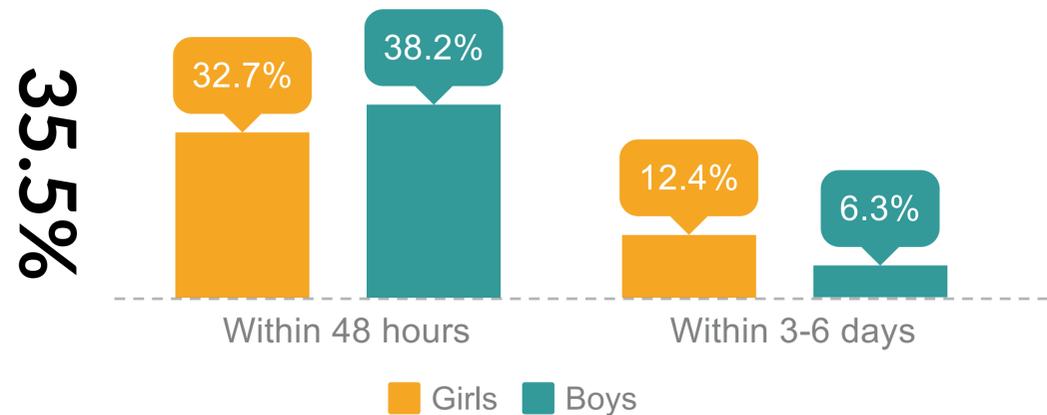
% of women who delivered in a health facility

15-19	20-34	35-49	Total
88.2%	76.4%	73.5%	76.8%

PNC for mothers within 48 hours

24.9%
29.1% (facility births)
12.8% (home births)

% of infants receiving post-natal checkup within 48 hours after delivery



73.1% of deliveries take place in public sector facilities

93.8% of women who deliver in a health facility have secondary education or more

Satisfaction of Services



7.6%
Women satisfied with all three services

11.1%
Men satisfied with all three services



3 top reasons for dissatisfaction are lack of female health staff (41.3%); staff friendliness (14.7%); and long waiting times (12.6%)

% of newborns breastfed within 1 hour of birth



54.5%

52.5% girls

56.5% boys

Infants aged 0-5 months

48.4%

who are exclusively breastfed

41.5% girls

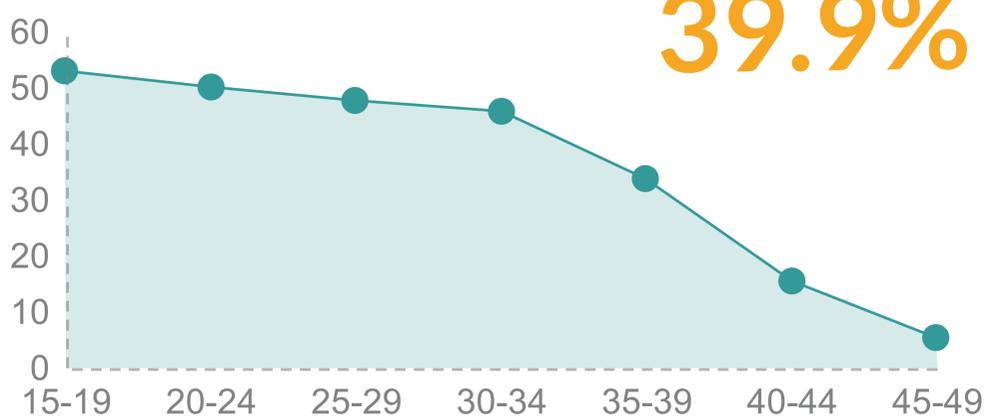
53.4% boys



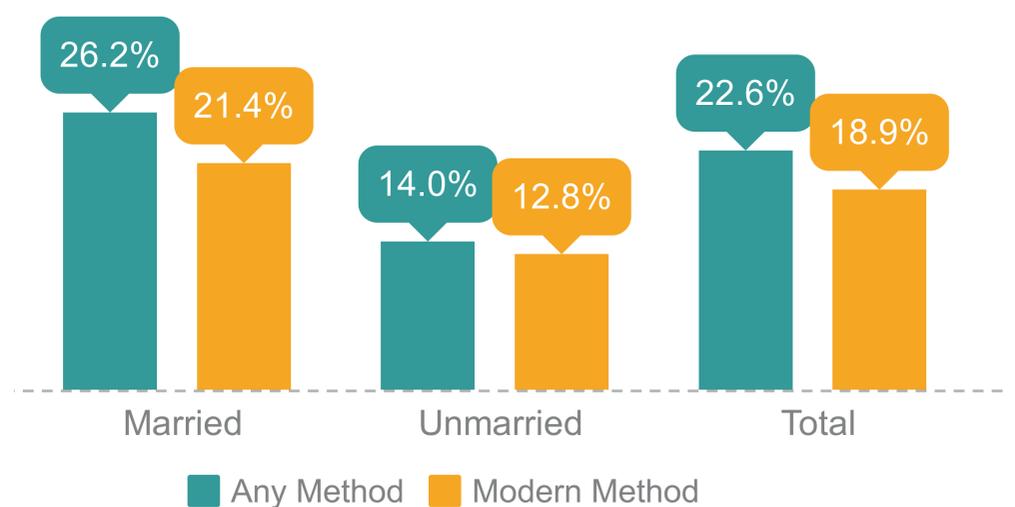
Mean number of months infants breastfed

3

% of women 15-49 with unmet need for family planning

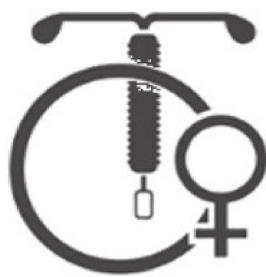


% of women currently using any method and modern contraception methods



84.4% Women 15-49 and **85.2%** Men 15+ who know any modern contraception method

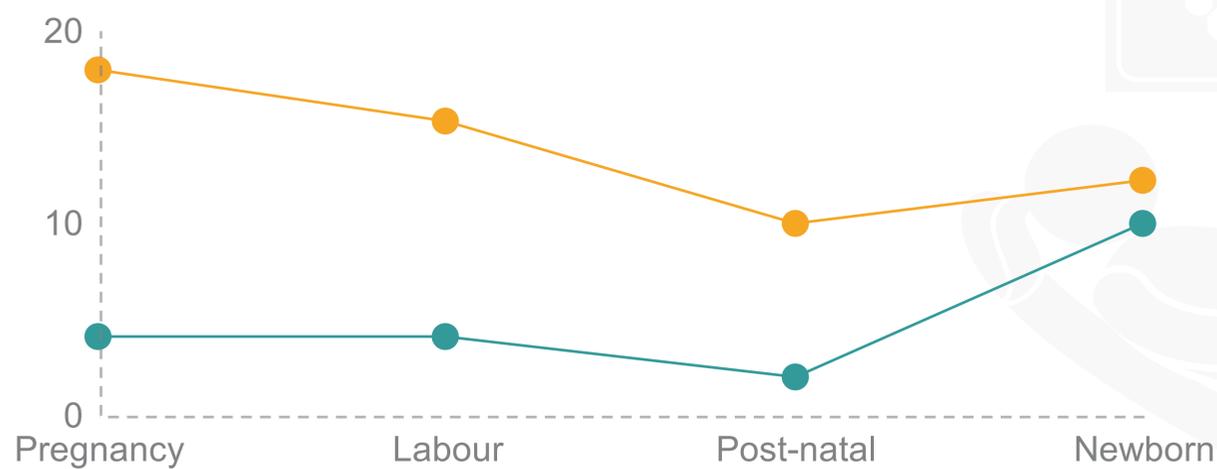
female and male sterilization, pill, IUD, injectables, implants, male or female condom, emergency contraception, standard days method, lactational amenorrhoea method



% of women 15-49 with knowledge on contraception methods

15-19	77.3%	35-49	86.6%
20-34	84.9%	Total	84.4%

% of women and men who know at least three dangers signs during the continuum of care



Knowledge of 3 dangers signs across **each** phase

4.4% (W)
0.0% (M)

Women Men

Decision-making ability

23.3% of women who are married/in a union that report making the decision to use contraception jointly with spouse



22.1% make decisions on their own health care

60.9% make decisions on their own or jointly regarding health care for children



% of unmarried women with decision making ability in health for self and children

% of married women with decision making ability in health for self and children and contraception

Either on their own or jointly with spouse



Married women supported in accessing family planning

34.8%

Women supported to access ANC

80.4%

Women supported to access delivery services

90.5%

Financial support for pregnancy/delivery

80.1%



% of pregnant women who sleep under mosquito nets



Children <2 who sleep under mosquito nets

68.4%

68.0%



77.6% HH with nets

of these **31.5%** sprayed in the past 12 months

Health Personnel Knowledge

RMN Clinical Case Management

19.9%



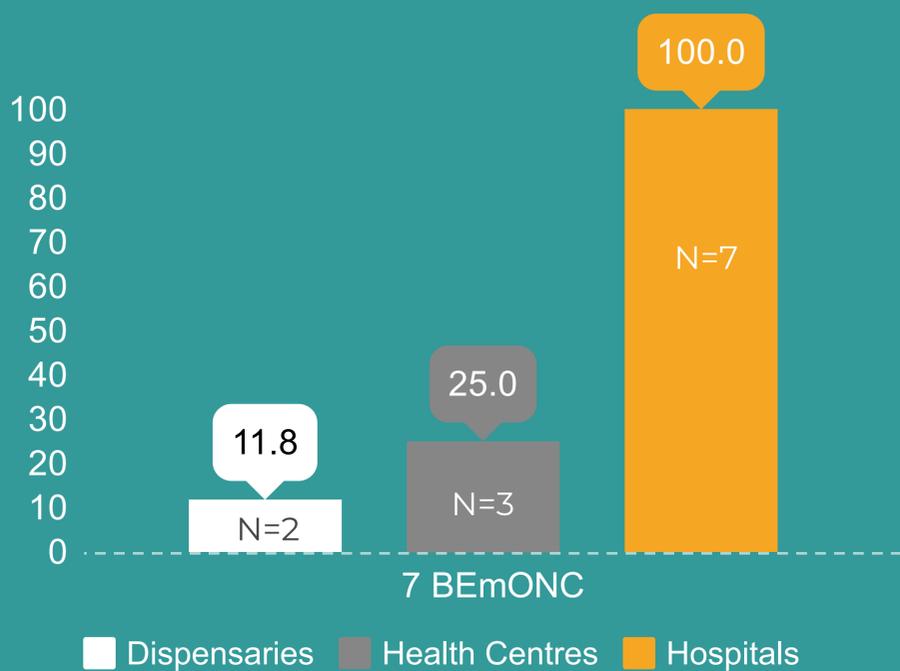
@ Hospitals 32.3%

@ Health Centres 11.5%

@ Dispensaries 20.6%

Health Facility Indicators

% facilities offering full signal BEmONC and/or CEmONC services according to guidelines



2.8%



% of health facilities with effective management systems in place

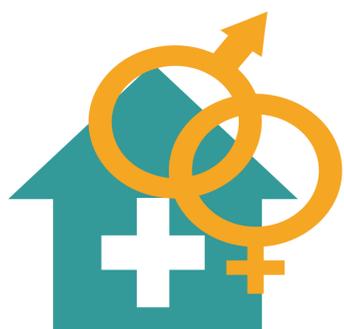
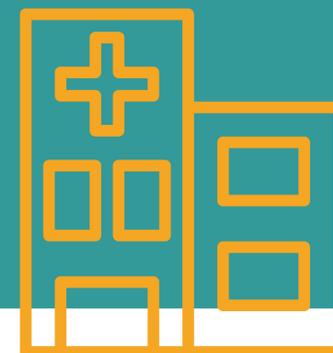
Based on meeting five of seven criteria: a) action plans in six key areas; b) HMIS in use, c) family planning guidelines, d) ANC guidelines, e) national guidelines, health facility management committee, financial management

% of health facilities with at least 4 supportive supervision visits in last 12 months



47.2%

Mean number of visits:
 Dispensaries: 3.2
 Health Centres: 3.3
 Hospitals: 2.4



5.6% (N=2) of health facilities meet the criteria for gender responsiveness*

*a) maternal services available; b) ANC clinics open each day; c) emergency transport available; d) separate latrines; e) auditory and visual privacy; f) waiting areas for accompanying persons; g) gender sensitive communication materials; h) communication/public materials presenting positive images of men as supporting partners; i) female health personnel; j) no consent/permission required; k) registers are sex and age disaggregated; l) personnel trained in GE and gender sensitive communication; m) training on detection and referral of GBV cases; n) policies and guidelines on GE; o) sex disaggregated data collection

38.9% (N=14) of health facilities meet the criteria for adolescent responsiveness (4 of 5 criteria)

% of target health facilities with adequate infection control protocols in place

13.9%

All 9 guidelines



80.6% (29)

% of target health facilities with adequate waste disposal protocols

% of target health facilities that meet FANC guidelines

0.0% Dispensaries

50.0% Health Centres

85.7% Hospitals



Health facilities that provide FANC

Methodological Notes

Sampling Strategy:

Non-experimental (cross-sectional)

Multi-Stage - Stratified sampling, based on TDHS (2015)

30 enumeration areas with 30 households in each, selected randomly

Component: Household coverage survey; health facility assessment; and training needs assessment

Sample Size:

1,476 Households

7 Hospitals (88%); 10 Health Centres (50%); 17 Dispensaries (32%)

36 facility in-charges and 151 (127 women) RMNCH staff

Eligible Respondents:

All ever married women between 15 and 49 years old living in the household with children under 2 years and every third man 15 years and older with a child under 2 years.

Occupied households	Household response rate	Eligible women interviewed	Response Rate	Eligible Men Interviewed	Response Rate
1,323	99.0%	1,176	73.0%	54	34.2%

Limitations:

- Inconclusive results of indicators for men due to low representation of male respondents
- Sample for adolescents (15-19) limited to 167 due to use of TDHS (2015) sampling strategy

Ethical Review Board approval by National Institute for Medical Research (NIMR), Certificate Number NIMR/HQ/R.8a/Vol.IX/2517, June 2017



Canada