

United Republic of Tanzania

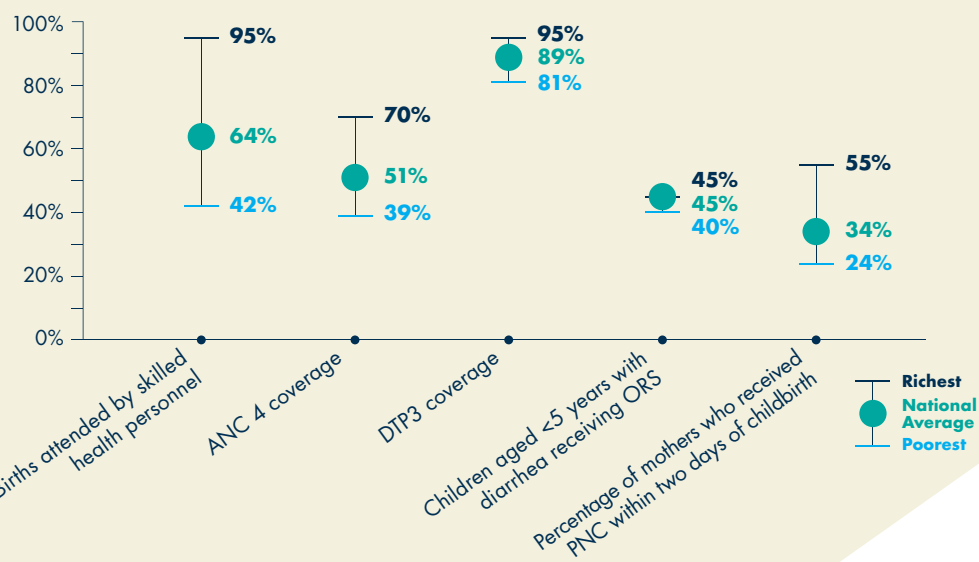
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 556 per 100,000 live births	Under-five mortality ratio 67 per 1,000 live births	Percent of births <24 months after the preceding birth 18.8%	Moderate to severe wasting among children under 5 years of age 4.4%
Neonatal mortality ratio 25 per 1,000 live births	Adolescent birth rate 132 per 1,000 women	Stunting among children under 5 years of age 34%	

COVERAGE INDICATORS***

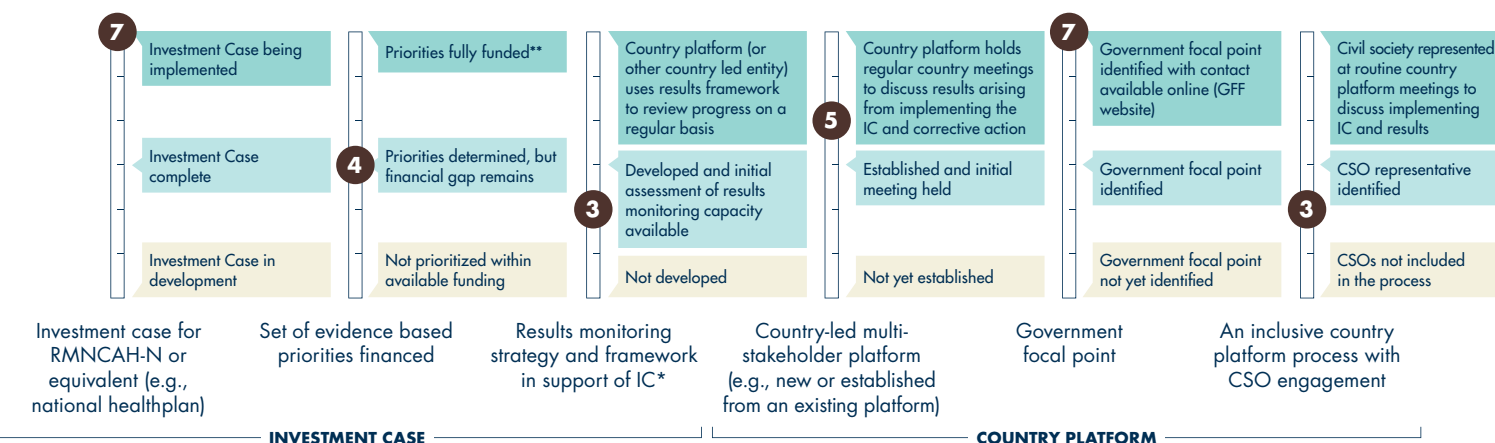
People living with HIV receiving ART 62%	Coverage of pregnant women who receive ARV for PMTCT 84%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 55.4%	Modern contraceptive prevalence rate 27%
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Investment Case Priorities

- Strengthen RMNCAH-N:**
 - Strengthen maternal health and newborn health services
 - Strengthen and improve visibility of adolescent reproductive health services
 - Scale up and expand the coverage for reproductive health services.
- Scale up the child health program by:**
 - Scaling up coverage of the immunization and vaccine development program
 - Scaling up the Care for the Sick Child program and emergency triage assessment and treatment
 - Strengthening the implementation of the Integrated Management of Child Illnesses interventions
 - Scaling up newborn, infant and young child feeding services.
- Strengthen the response to cross-cutting issues:**
 - Strengthen RMNCAH interventions through the operationalization of the annual One Plan II operational plans
 - Improve the availability of RMNCAH and nutrition commodities
 - Strengthen community involvement in RMNCAH and nutrition services
 - Provide comprehensive health promotion and education services in all RMNCAH programs
 - Strengthen RMNCAH management
 - Strengthen information system and operational research activities (including civil registration and vital statistics).

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 11.2	Ratio of government health expenditure to total government expenditures 7.43%	Percent of current health expenditures on primary/ outpatient health care 48.64%	Incidence of catastrophic and impoverishing health expenditures 10.3% catastrophic 2.8% impoverishing
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OUTPUT INDICATORS

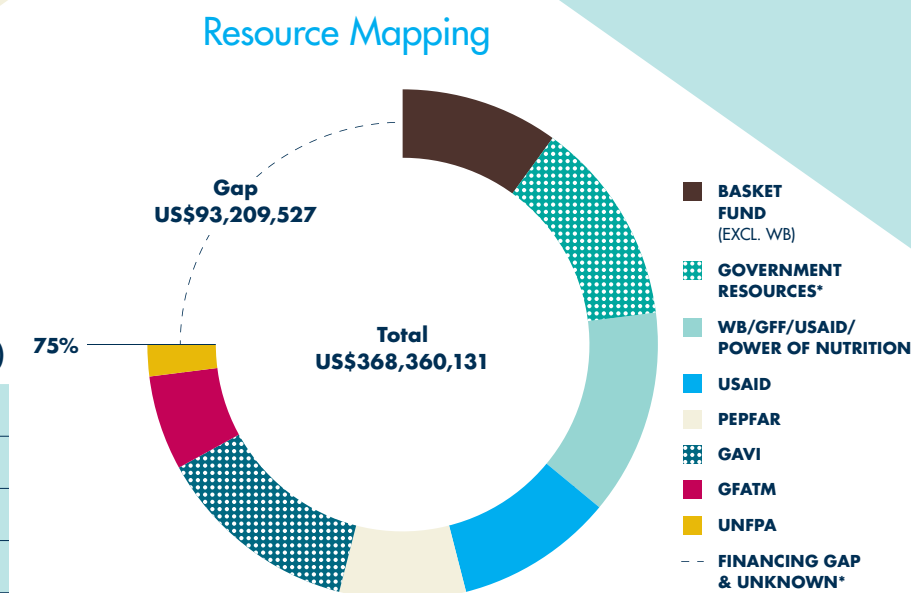
Share of health in total government budget Not available	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization No	Share of external funding for health that is pooled or on budget 32.24%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency Yes	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) Yes	

Country has: implemented or updated a resource mapping exercise **Yes**

EFFICIENCY

DTP3 dropout rate 2.02%	ANC dropout rate 38%
Health budget execution rate 91.7%	

World Bank-funded Project (IDA/IBRD/GFF)	
COUNTRY	Tanzania
BOARD DATE	5/28/15
GFF APPROVED AMOUNT	\$40M
IDA AMOUNT	\$200M



*Government resources as well as Gap and Unknown do not include human resources for health (HRH) spending

