#### PHG Needs Assessment Calculator Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

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Tanzania, United Republic of Shared Data

Demographic, maternal health and socio-economic indicators

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Number of persons by age-group and sex		Estimates		Your estimates		Chosen estimates			
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	2830545	2834362	5664907			0			0
5-9 years	2573993	2556455	5130448			0			0
10-14 years	2233401	2209856	4443257			0			0
15-19 years	1761329	1834406	3595735			0			0
20-24 years	1402077	1746436	3148513			0			0
25-29 years	1309661	1492304	2801965			0			0
30-34 years	1087599	1141447	2229046			0			0
35-39 years	824338	845535	1669873			0			0
40-44 years	669549	678959	1348508			0			0
45-49 years	478522	506301	984823			0			0
50-54 years	428501	455319	883820			0			0
55-59 years	290117	300550	590667			0			0
60-64 years	287502	317454	604956			0			0
65+ years	652727	694358	1347085			0			0
Total	0	0	34443603	0	0	0	0	0	0
Female population aged 15-44 years		0			-			-	
Data year		2002 report	ed in 2004						
Source, Year			UN 2011						

Ethnicity. Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

Ethnic group	Number	% population

Fertility and mortality	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Crude birth rate: live births (LB) / year / 1000 population	40	Unicef, 2007				
Still birth rate (SB): Still births (SB) / year / 1000 total births	26	WHO, 2009				
Total births in 1000s (LB+SB) per year	1600	Unicef, 2007				
Infant mortality rate: infant deaths / 1000 LB / year	50	UNICEF				
Under-5 mortality rate: U5 deaths / 1000 LB / year	76	(2)10世元2010				
Percentage births in women >35 years		(2011), 2010				
Life expectancy at birth (yrs)	55	WHO, 2009				
% of marriages consanguineous						

Maternal health	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
	06	WHO 2010	Cotimate	I Cai	Cotimate	I Cai
Prenatal visits – at least 1 visit (%)	96	WHO, 2010				
Prenatal visits – at least 4 visits (%)	62	WHO, 2005				
Births attended by skilled health personnel (%)	50.6	WHO, 2010				
Contraception prevalence rate (%)	34.4	WHO, 2010				
Unmet need for family planning (%)	21.8	WHO, 2005				
Total fertility rate	5.5	WHO, 2009				
% home births						
% births at health care services						
	Estimate	Source, Year	Your	Source,	Chosen	Source,
Newborn health			estimate	Year	estimate	Year
Number of neonatal examinations by SBA / trained staff						
% neonatal examinations by SBA/ trained staff						

			Your	Source,	Chosen	Source,
Socio-economic indicators	Estimate	Source, Year	estimate	Year	estimate	Year
Gross national income per capita (PPP int. \$)	1260	WHO, 2008				
% population living on < US\$1 per day	88.5	WHO, 2000				
Birth registration coverage (%)	22	WHO, 2008				
Death registration coverage (%)						

LB = live births

PPP = purchasing power parity SBA = skilled birth attendant

Tanzania, United Republic of Shared Data Health Services Data

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

		Source,	Your	Source,	Chosen	Source,
Health Expenditure	Estimate	Year	estimate	Year	estimate	Year
Per capita total expenditure on health (PPP int. \$)	68	WHO, 2009				
Total expenditure on health as percentage of GDP	5.1	WHO, 2009				
Per capita government expenditure on health (PPP int. \$)	50	WHO, 2009				
External resources for health as percentage of total expenditure on health	56.5	WHO, 2009				
General government expenditure on health as percentage of total expenditure on health	73.6	WHO, 2009				
Out-of-pocket expenditure as percentage of private expenditure on health	65.1	WHO, 2009				
Private expenditure on health as percentage of total expenditure on health	26.4	WHO, 2009				
General government expenditure on health as percentage of total government expenditure	18.1	WHO, 2009				

Health Workforce	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of nursing and midwifery personnel	9440	WHO, 2006				
Nursing and midwifery personnel density (per 10,000 population)	2.4	WHO, 2006				
Number of physicians	300	WHO, 2006				
Physician density (per 10,000 population)	0.08	WHO, 2006				
Number of obstetricians						
Number of paediatricians						
Number of paediatric surgeons						
Number of paediatric cardiac surgeons						
Number of paediatric neurosurgeons						
Number of clinical geneticists						
Number of genetic counsellors						
Number of community health workers						
Number of skilled birth attendants (SBA)						

Density of SBA			
Number of lab staff providing cytogenetic testing			
Number of lab staff providing molecular genetics			
Number of lab staff providing biochemical tests for genetics			
Number of skilled health attendants			

Infrastructure	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of maternity units						
Number of services providing specialised care for people with CD						
Number of family planning services						
Number of preconception services						
Number of services providing prenatal care						
Number of services providing newborn care						
Number of facilities providing genetic services						
Number of laboratories providing cytogenetics						
Number of laboratories providing molecular genetics						
Number of laboratories providing biochemical tests for genetics						
Number of facillities for safe terminations of pregnancies for fetal defects						

PPP = purchasing power parity GDP = gross domestic product SBA = skilled birth attendant CD = congenital disorders

# Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 1.1: Country epidemiology

Epidemiological indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of estimate						
Prevalence at birth and by age-group (/100	0)					
Live birth prevalence (LB)			0.19			
Stillbirth prevalence (SB)			0.19			
Total birth prevalence (LB+SB)			0.37			
All age groups						
<1 year olds			0.09			
1-4 year olds			0.08			
5-14 year olds			0.00			
15-44 year olds			0.00			
45+ year olds			0.00			
Number of cases by age group						
Annual live births			262			
All age groups						
<1 year olds			131			
1-4 year olds			112			
5-14 year olds			0			
15-44 year olds			0			
45+ year olds			0			
No. of cases by level of impairment						
No or minor disability						
Moderate disability			112			
Severe disability			20			
Mortality and morbidity						
Mean life expectancy (yrs)						
No. deaths < 1yr			131			
No. deaths 1-4 yrs			20			
No. deaths < 5 yrs			151			
Infant mortality / 1000 LB			0.09			
Under-5 mortality / 1000 LB			0.11			
Years of life lost						

# Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 1.2: International comparison

	Your chosen		Comparison	
Epidemiological indicator	estimates	Country	Region	World
Prevalence at birth and by age-group (/1000 p	eople)		(Sub-Saharan Africa, East	
Live birth prevalence (LB)		0.19	0.29	0.31
Stillbirth prevalence (SB)		0.19	0.29	0.31
Total birth prevalence (LB+SB)		0.37	0.59	0.63
All age groups				
<1 year olds		0.09		
1-4 year olds		0.08		
5-14 year olds		0.00		
15-44 year olds		0.00		
45+ year olds		0.00		
Number of cases by age-group				
Annual live births		262	3562	41746
All age groups				
<1 year olds		131	1781	20873
1-4 year olds		112	1514	17742
5-14 year olds		0	0	0
15-44 year olds		0	0	0
45+ year olds		0	0	0
No. cases by level of impairment				
No or minor disability			0	0
Moderate disability		112	1514	17742
Severe disability		20	1170	184
Mortality and morbidity				
Mean life expectancy (yrs)				
No. deaths < 1yr		131	1781	20873
No. deaths 1-4 yrs		20	267	3131
No. deaths < 5 yrs		151	2048	24004
Infant mortality / 1000 LB		0.09	0.15	0.16
Under-5 mortality / 1000 LB		0.11	0.17	0.18
Years of life lost				

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 2.1: Data on affected pregnancies: Research studies

Study author, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies listed above (or in section RHD-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and terminations in the country, and a range of values to reflect uncertainty or within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	LB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			
Estimates for the total country/territory	Number of affected stillbirths	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 2.2: Data on affected pregnancies: Surveillance

Based on surveillance data, enter the best estimates for the prevalence of the condition in live births and still births. Give a range of values to reflect uncertainty and within-country variation, and use comments for information on data quality, uncertainty and representativeness.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	Birth prevalence / 1000	Comments
Best estimate			
Lower estimate			
Higher estimate			

	Number of affected stillbirths	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Tanzania, United Republic of
Rhesus Haemolytic Disease of the Newborn
RHD Enidemiology 2.3: Date on effected progressions

RHD Epidemiology 2.3: Data on affected pregnancies: Other sources

	Source 1:	Source 2:	Notes
Enter year and source of data – use last year with information available.			
Basic Numbers			
Number of affected live births / year, from data source			
Total number of live births / year, from data source			
Number of affected still births / year, from data source			
Total number of stillbirths / year, from data source			
Total number of affected births / year (live and still)	(	0	
Total number of births / year, from data source	(	0	
Total number of women aged 15-44			
Live birth prevalence: recorded and estimated			
Recorded live birth prevalence (affected recorded live births / 1000 recorded total births)	#DIV/0	! #DIV/0!	
Estimated completeness of recording: what proportion of true affected live births in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded live births (number of recorded live births / total live births in country or territory)			Range: 0 to 1
Estimated live birth prevalence (recorded prevalence / completeness)	#DIV/0	! #DIV/0!	
Estimated true number of affected live births in data source (number of recorded affected live births / completeness)	#DIV/0	! #DIV/0!	
Estimated number of affected live births in total population (number of affected live births from data source / (coverage x completeness))	#DIV/0	#DIV/0!	
Stillbirth prevalence: recorded and estimated			
Recorded stillbirth prevalence (affected recorded still births / 1000 recorded total births)	#DIV/0	! #DIV/0!	
Estimated completeness of recording: what proportion of true affected stillbirths in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded stillbirths (number of recorded still births / total still births in country or territory)			Range: 0 to 1
Estimated stillbirth prevalence (recorded prevalence / completeness)	#DIV/0	#DIV/0!	
Estimated true number of affected stillbirths in data source (number of recorded affected still births / completeness)	#DIV/0	#DIV/0!	
Estimated number of affected stillbirths in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0	#DIV/0!	

**Based on the sources above**, enter the best prevalence estimates for your population, and a range of values to reflect uncertainty of estimates and within country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the whole country/territory	Number of affected live births	LB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		
Estimates for the whole country/territory	Number of affected still births	SB prevalence / 1000 TB
Double attitudes		
Best estimate		
Lower estimate		

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 2.4: Summary of affected pregnancies

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected live births			262			
Annual birth prevalence / 1000 TB			0.19			
Number of annual affected still births			262			
Stillbirth prevalence / 1000 TB/year			0.19			

If there are specific sub-types of condition, you can repeat this exercise below. However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 2.5: Sub-population variation in affected pregnancies

If the birth prevalence rates vary by population sub-group (e.g. geographically or by another factor), indicate any population groups with different prevalence estimates from the whole population and describe reasons for variation. If a group is substantially different from the general population, you may wish to conduct a needs assessment for that group alone.

Population sub- group	Number of affected live births	LB prevalence / 1000 TB	Reason for variation

Population sub- group	Number of affected stillbirths	SB prevalence / 1000 TB	Reason for variation

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 3.1: Mortality data: Research studies

Source, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for the specific mortality by age-group e.g. infant, under-5s, etc., as appropriate, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Mortality estimates	Number of deaths	Ratio (deaths / 1000 LB)	Comments
Neonatal group (<28 days)			
Best estimate			
Lower estimate			
Higher estimate			
Infant group (<1 year)			
Best estimate			
Lower estimate			
Higher estimate			
Under-5 group (<5 years)			
Best estimate			
Lower estimate			
Higher estimate			
Other age group:			
Best estimate			
Lower estimate			
Higher estimate			

LB = live births

# Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 3.2: Mortality data: Vital registration data

Fill in the blank cells based on your vital registration data.		
Enter year and source of data		
Registered data		
Total registered live births		
Registered condition-specific neonatal deaths (first 28 days of life)		
Registered condition-specific infant deaths (first year of life)		
Registered condition-specific under-5 deaths (first 5 years of life)		
Registered condition-specific neonatal mortality ratio (condition-specific neonatal deaths / 1000 live births in the same year)	#DIV/0!	
Registered condition-specific infant mortality (condition-specific infant deaths / 1000 live births in the same year)	#DIV/0!	
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / 1000 live births in the same year)	#DIV/0!	

Adjustment for under-ascertainment of cause of death and sub-registration of deaths: Enter estimates in the highlighted cells. It is not always possible to adjust the estimates, in which case you may give the value '1', accepting that the estimates in these cases will usually be biased towards low values. (Or you may move to the next section.) It is assumed that under-ascertainment is stable across age-groups; if ascertainment varies by age-group, you could use separate estimates for each age group.

Estimated completeness of recording: what proportion of deaths in affected persons were registered as such?		Range: 0 to
Population coverage: what proportion of the total country/territory population is covered by the vital registration?		Range: 0 to
Death ascertainment (population coverage x completeness)	0	
Estimated values for the total country/ territory population		
Estimated number of live births in total population	#DIV/0!	
Estimated number of neonatal deaths in total population (number of deaths registered in neonatal period / ascertainment)	#DIV/0!	
Estimated number of infant deaths in total population (number of deaths registered in first year of life / ascertainment)	#DIV/0!	
Estimated number of under-5 deaths in total population (number of deaths registered in under-5s / ascertainment)	#DIV/0!	
Estimated neonatal mortality ratio (estimated neonatal deaths / 1000 live births)	#DIV/0!	
Estimated infant mortality ratio (estimated infant deaths / 1000 live births)	#DIV/0!	1
Estimated under-5 mortality ratio (estimated under-5 deaths / 1000 live births)	#DIV/0!	1

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 3.3: Mortality data: Other sources

S	ource, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Neonatal mortality		Infant mortality		Under-5 mortality	
Estimates for the total country/territory	Value	Ratio/1000 LB	Value	Ratio/1000 LB	Value	Ratio/1000 LB
Best estimate						
Lower estimate						
Higher estimate						

#### Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 3.4: Summary mortality estimates

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of data collection						
Number of annual deaths in affected persons			387			
Number of annual live births (in 1000s)			1,403			
Number of annual affected neonatal deaths			105			
Number of affected neonatal deaths / 1000 LB			0.07			
Number of annual affected infant deaths			131			
Number of affected infant deaths / 1000 LB			0.09			
Number of annual affected under-5 deaths			151			
Number of affected under-5 deaths / 1000 LB			0.11			
Mean life expectancy at birth in affected people						
Other indicators (e.g. survival following surgical procedure, etc)						

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 3.5: Sub-population variation in mortality

Age group: neonatal	Number of deaths in	Cause-specific, group-specific	Reason for variation	
Population sub-group	affected persons	neonatal mortality ratio / 1000 LB		

Age group: infant Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific infant mortality ratio / 1000 LB	Reason for variation

Age group: under 5	Number of deaths in	Cause-specific, group-specific	Reason for variation	
Population sub-group	affected persons	under-5 mortality ratio / 1000 LB		

Age group:	Number of deaths in	Cause-specific, group-specific	Reason for variation	
Population sub-group	affected persons	mortality ratio / 1000 population		

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 4.1: Population prevalence: Research studies

Study, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for population prevalence, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 4.2: Population prevalence: Other sources

Source, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000	Range	Comments
	persons		
Best estimate			
Lower estimate			
Higher estimate			

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 4.3: Summary of population prevalence

Source of estimates	Estimated total population number of affected persons	Estimated total population prevalence / 1000 persons	Range
1			
2			
3			
4			
5			
PHGDB			
Chosen estimates			

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 4.4: Sub-population prevalence variation

Population sub-group	Number of affected people	Total number of people in population sub-group	Population prevalence per 1000 people	Reason for variation
			#DIV/0!	

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Formula in column D: Number of affected people/ (Total number of people in population subgroup/1000)

#### Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn SCD Intervention 1:Effects of prenatal screening and treatment

Baseline prevalence of RHD per 1000 TB		
Variables		
Coverage of prenatal screening		Range: 0 to 1
Proportion of RhD negative women receiving anti-D		Range: 0 to 1
Effectiveness of anti-D in RhD negative women		Range: 0 to 1
Results		
% prevalence reduction due to PNS & treatment <sup>1</sup>	0%	
Prevalence reduction due to PNS & treatment, per 1000 TB <sup>2</sup>	0.000	
Final prevalence of RHD-affected live births and still births after		
PNS & treatment, per 1000 TB <sup>3</sup>	0.000	

RHD = Rhesus Haemolytic Disease of the Newborn

PNS = prenatal screening

<sup>&</sup>lt;sup>1</sup>(Coverage of PNS X Proportion of women receiving anti-D) X Effectiveness of anti-D

<sup>&</sup>lt;sup>2</sup>% prevalence reduction due to PNS and treatment X Baseline prevalence of RHD

<sup>&</sup>lt;sup>3</sup>Baseline prevalence of RHD – Prevalence reduction due to PNS and treatment

#### Tanzania, United Republic of

#### **Rhesus Haemolytic Disease of the Newborn**

#### RHD Intervention 2:Effects of NBS and management on Rhesus Haemolytic Disease of the Newborn

Baseline birth prevalence of RHD, per 1000 LB		
Variables		
Coverage of newborn screening		Range: 0 to 1
Proportion of positive-screened patients receiving treatment		Range: 0 to 1
Effectiveness of treatment		Range: 0 to 1
Results		
Proportional reduction of uncontrolled cases through NBS and treatment <sup>1</sup>	0	
Prevalence of uncontrolled RHD deficiency after newborn screening and treatment, per 1000 LB <sup>2</sup>	0	

LB = live births

NBS = newborn screening

RHD = Rhesus Haemolytic Disease of Newborn

<sup>\*</sup> If you don't have data on birth prevalence but do have data on screening, you can estimate birth prevalence by combining the proportion screened positive with the number of total births. (This assumes that screening is randomly distributed in the population).

<sup>&</sup>lt;sup>1</sup>Coverage of newborn screening X Proportion of screen-positive cases receiving treatment X Effectiveness of treatment

<sup>&</sup>lt;sup>2</sup>Baseline birth prevalence – (Proportional reduction of uncontrolled cases of RHD X Baseline birth prevalence)

Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Needs Assessment Calculator 1: Quantitative baseline

Table RHD-NA1a Burden of Rhesus Haemolytic Disease of the Newborn in pregnancy, at birth and at population level

		Notes		
Indicator	Number (n)		Range of prevalence (/1000 TB)	
Annual affected live births (LB)	0	0	0	Drawn from sheet E2.4
Annual affected stillbirths (SB)	0	0	0	Drawn from sheet E2.4
Annual affected births (LB+SB)	0	0		Drawn from sheet E2.4
Annual affected persons (all age groups)	0	0	0	Drawn from sheet E1.1

Table RCD-NA1b Rhesus Haemolytic Disease of the Newborn mortality indicators

	Chosen estimates			Notes
Indicator	Number (n)		Range of prevalence (/1000 TB)	
Annual overall mortality	0			Drawn from sheet E3.4
Annual neonatal mortality	0	0	0	Drawn from sheet E3.4
Annual infant mortality	0	0	0	Drawn from sheet E3.4
Annual under-5 mortality	0	0	0	Drawn from sheet E3.4
Mean life expectancy at birth among affected people	0		0	Drawn from sheet E3.4

# Tanzania, United Republic of Rhesus Haemolytic Disease of the Newborn RHD Needs Assessment Calculator 3: Quantitative assessment of interventions

Table SCD-NA3a	Estimated prevalence in the absence of interventions for Sickle Cell Disease		
Indicator	Number (n) Prevalence (n/1000)		
Potential live births			
Potential still births			

Table RHD-NA3b	Current situation in rela	tion to interventions befo	re birth
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Effect of anti D prophylaxis			
Effect of prenatal diagnosis and treatment			
Effect of neonatal diagnosis			
Effect of treatment of newborn			
Overall effect			

Table RHD-NA3c	Target situation in relation to interventions before birth			
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB	
Effect of family planning, education				
Effect of anti D prophylaxis				
Effect of prenatal diagnosis and treatment				
Effect of neonatal diagnosis				
Effect of treatment of newborn				
Overall effect				

Table RHD-NA3d	Current situation in	Current situation in relation to interventions after birth			
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB		
Newborn diagnosis					
Phototherapy					
Blood transfusion					
Social care and support					
Overall effect					

Table RHD-NA3e	Target situation in relation to interventions after birth			
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB	
Newborn diagnosis				
Phototherapy				
Blood transfusion				
Social care and support				
Overall effect				

Table RHD-NA3f	Current and desired out	comes				
	Current situation		Target situation			
Indicator	Annual number (n)	Incidence (n/1000)	Annual number (n)	Incidence (n/1000)		
Estimated affected pregnancies						
Live births (LB)	C		0			
Still births (SB)	C		0			
All births (LB+SB)	C		0			
Estimated population prevalence						
All age groups						
Estimated mortality						
Neonatal deaths	(		0			
Infant deaths	C		0			
Under-5 deaths	C		0			