Tanzania’s Progress in Maternal and Child Health

Tanzania has made considerable progress in the reduction of child mortality. Under-five mortality rates continue to drop—from 112 deaths per 1,000 live births in 2005 to 81 in 2010. The deaths of infants under one year old also decreased from 68 to 51 per 1,000 live births over the same period.

The continuing decline can be attributed to Government commitments to increase use of key health interventions, such as sustained high coverage of routine under-five immunization, vitamin A supplementation, the use of insecticide treated bednets and better drugs to treat malaria.

Tanzania is close to meeting the 2015 Millennium Development Goal of reducing child mortality (MDG 4). However, current efforts need to be sustained and scaled up in some areas in order to maintain and build on achievements. High population growth for example places additional strain on service provision at all levels. Pockets of low performance for key interventions also have an impact. For example, fluctuations in routine measles immunization of children under-five years has led to outbreaks and necessitated emergency measles campaigns. Despite improvements, about 390 children under five die every day of mainly preventable and treatable conditions.

Neonatal conditions are the major cause of death in young children, followed by pneumonia, diarrhoea and malaria. AIDS is also a major killer, responsible for about 9 per cent of under-five deaths. Poor nutrition is a significant compounding factor in child mortality.
**Babies and mothers**

Of great concern are the high death rates of newborn babies and mothers. Around 32 per cent of all under-five deaths occur in the first 28 days of life – many babies have survived for only a few days. These deaths happen in a context where about half of all births take place at home, with assistance from a relative or traditional birth attendant. Most of these births take place in unhygienic conditions. If life threatening complications develop at home the realization often comes too late to reach appropriate care at health facilities in time.

Neonatal deaths are inextricably linked to the health of the mother during pregnancy and to the conditions of delivery and newborn care. Close to 8,000 women die every year during pregnancy and childbirth as a result of conditions that could have been prevented or treated. Poor quality of care due to insufficient skilled health workers and lack of basic equipment, as well as long distances from home to health care facilities are major deterrents to facility delivery.

Women living in rural areas, those who come from the poorest families and those who are less educated, have the least access to skilled attendance at delivery. The neonatal mortality rate is highest among mothers under-20 years old at 45 per 1000 live births compared with 29 per 1000 for mothers aged 20 to 29 years.

Maternal death rates are closely linked with the high fertility rates and low socio-economic status of women, especially the lack of influence that women have over their own health care or over the daily household budget. About 40 per cent of Tanzanian women do not participate in significant decisions regarding their own health care. On average, every Tanzanian woman gives birth to 5 or 6 children and 1 in 3 begins childbearing before their 18th birthday. Women who start having children in adolescence tend to have more children and shorter spacing between pregnancies – all of which are risk factors for maternal and neonatal mortality.

Tanzania is very far from achieving the Millennium Development Goal of reducing Maternal Mortality (MDG5). According to 2009/10 Demographic and Health Survey every year 454 women die from pregnancy related complications for every 100,000 live births compared to 2004/05 DHS finding of 578 maternal deaths for every 100,000 births. Causes of maternal death include obstetric haemorrhage, unsafe abortions, eclampsia, obstructed labour and infections. Low availability of emergency obstetric and newborn care services, chronic shortage of skilled health providers together with a weak referral system contribute to the observed high maternal and new born deaths.
What is UNICEF doing

The Government of Tanzania has been creating a favourable policy environment by addressing the major issues related to child and maternal health as well as implementing key cost-effective high impact interventions. Through its Health and Nutrition programme, UNICEF Tanzania works within this framework and supports the Government to translate policies and strategies into practice to increase the availability and utilization of quality services and leverage support for maintaining and scaling up cost-effective interventions.

Neonatal, child and maternal health

Together with other UN partners, UNICEF has helped to raise the profile of Maternal, Newborn and Child health in the country and made it a priority in the health sector. UNICEF works with the Ministry of Health and Social Welfare to improve the quality of maternal, newborn and child health services in health facilities and to decentralize aspects of mother and child healthcare to community level.

The specific focus of UNICEF support includes the provision of essential equipment and supplies to health facilities and skill-development of health workers to improve the quality of focused antenatal care, emergency obstetric care, neonatal care including new born resuscitation, prevention of mother to child transmission of HIV, adolescent friendly reproductive health services, and integrated management of childhood illnesses - in line with national guidelines and standards.

Although the number of children under-five sleeping under an insecticide treated net has increased, malaria is still a major cause of death among children in the country, particularly in rural areas. UNICEF supports the national malaria prevention and control programme through distribution of long-lasting insecticide treated nets and improved access to treatment with better malaria medication for children and pregnant women.

In selected districts and regions UNICEF supports national roll out of community integrated management of childhood illness through cascade trainings from district to community levels, that enables trained volunteers to provide basic yet effective health services to children and women in their homes. UNICEF is developing a system for training community health volunteers to encourage adoption of key maternal and child care behaviours that can help to save lives. These include care of the new born, exclusive breastfeeding, hand-washing with soap and water at critical times, promoting antenatal clinic attendance and facility delivery assisted by skilled attendants and promoting early care seeking responses to diarrhoea, fever and respiratory diseases.
UNICEF also supports the Government to ensure a strong and functional nationwide cold chain storage capacity for vaccines and adequate vaccine and cold chain management capacity. Every year, UNICEF assistance helps to protect over 1.8 million children 0-11 months from vaccine preventable diseases. To reduce inequities, UNICEF focuses on hard to reach areas to increase and sustain immunization coverage by supporting low performing district to operationalize the Reaching Every Child (REC) strategy. UNICEF has been supporting government efforts in implementation of integrated measles campaigns, polio eradication efforts, neonatal tetanus elimination and control of vaccine preventable diseases. Through different communication channels, including health service providers, community health workers, radio programmes and mobile video shows etc., UNICEF has reached over 1.7 million women and care givers with key messages and correct information on essential child care practices.

**Promoting healthy behaviours**

There is a direct link between healthy behaviours and good health. Healthy behaviours can address many of the preventable causes of disease and deaths. Working with the Government, health personnel and through the community, UNICEF helps promote adoption of practices at the household and community levels to improve child health and development – including promoting antenatal care and facility delivery, seeking immunization, managing diarrhoea, improving nutrition and seeking early care when children are sick with fevers and severe respiratory illnesses.

**Emergencies**

Ensuring an effective health and nutrition response in emergencies is vital as Tanzania suffers multiple small-scale emergencies such as drought, food shortages, flooding, and earthquakes that can lead to outbreaks of cholera and other diarrheal diseases in which children are particularly
vulnerable. UNICEF plays a lead role in the national coordination for emergency response by preparing plans in collaboration with other key stakeholders.

**Impact with equity**

Within the framework of the United Nations Development Assistance Plan (2011-2015) in Tanzania, UNICEF’s contribution is strategic and focused on the agency’s comparative advantage in addressing capacity gaps in the Health and Nutrition sector. Support is provided to the Government to operationalize and strengthen policies and guidelines and scale up high impact health interventions to reduce childhood diseases, improve maternal health and ultimately save lives, and ensure they reach the children and mothers who need them the most.

**Key results in Maternal and Child Health by 2015:**

- Providing safe motherhood and newborn care to 1.8 million pregnant women through improved antenatal care, reinforcing the skills of health personnel on obstetric care and neonatal care, providing supplies and equipment and knowledge that can save the lives of women and infants.
- Providing long-lasting insecticide treated nets to 8 million children under five and intermittent preventive treatment of malaria for pregnant women.
- Strengthening cold chain equipment and management and reaching 1.8 million children 0-11 months every year through routine immunization and the estimated 250,000 hard to reach children in remote and underserved areas with immunization.
- Strengthening the capacity of regional and district health systems on evidence based planning, delivery and supervision of essential and good quality maternal, newborn and child health services including emergency obstetric and newborn care, newborn resuscitation, PMTCT, routine under-five immunization services and integrated management of childhood illness.
- Partnering with the private sector to increase community awareness and adoption of key child survival practices.

**Funding Gap (USD) 2011-2015**

<table>
<thead>
<tr>
<th>Programme intervention</th>
<th>Funds required</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold chain equipment and management</td>
<td>5,820,000</td>
<td>5,200,000</td>
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<tr>
<td>Quality Maternal and Child Health Services</td>
<td>14,800,000</td>
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<tr>
<td>Improve Evidence Based Health Planning and Management</td>
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<tr>
<td>Community Health Workers</td>
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<td>2,000,000</td>
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<tr>
<td>Promotion of health and nutrition behaviours</td>
<td>4,020,000</td>
<td>2,900,000</td>
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<tr>
<td><strong>Total Maternal and Child Health</strong></td>
<td><strong>29,680,000</strong></td>
<td><strong>22,600,000</strong></td>
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