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## What we want to achieve by 2021



### Improved access to equitable, acceptable and affordable quality health services for all mothers and children:

- Enabling environment strengthened through technical and financial support for policy and strategy development, and improved coordination at national and subnational levels.
- Strengthened preparedness and capacity to respond to emergencies, particularly related to communicable diseases, throughout the country and among the refugee population.
- District health system strengthened in evidence-based planning and monitoring, especially through better reporting, and the production and use of quality data.
- Enhanced availability of essential drugs through strengthened logistic management information systems and planning and monitoring.
- Immunization coverage maintained above 95 per cent and Reach Every Child approach implemented in all districts in the country.
- Enhanced availability of essential medicine for the treatment of diarrhoea, pneumonia and malaria through partnerships with the private sector, and improved capacity of health workers to diagnose and treat these conditions through training and on-site mentoring.
- A total of 214 strategically-selected health facilities provide quality integrated reproductive, maternal, newborn and child health services in four regions on the mainland (Mbeya, Songwe, Iringa and Njombe) and Zanzibar (supported on renovation/refurbishment, essential equipments, capacity building of the workers and quality assurance mechanisms).
- Advocacy undertaken, capacity built and HIV services demonstrated and monitored, ensuring the delivery of prevention of mother-to-child transmission (PMTCT) services and paediatric treatment for HIV through maternal and child health service platforms.
- Support communities to adopt healthy behaviours and seek care by training, supporting and monitoring a newly-established cadre of community health workers.
- Enhanced social accountability in the health sector through the use of community score cards and innovative approaches such as mobile telephones and SMS used to gather feedback on the care received at health facilities.



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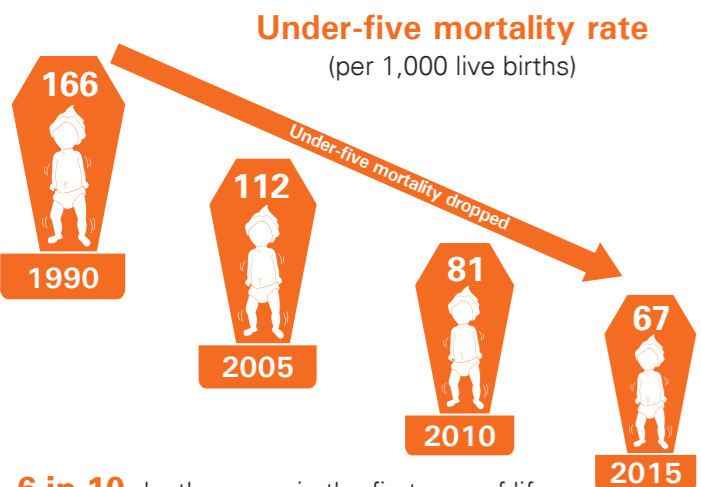


# MATERNAL AND CHILD HEALTH



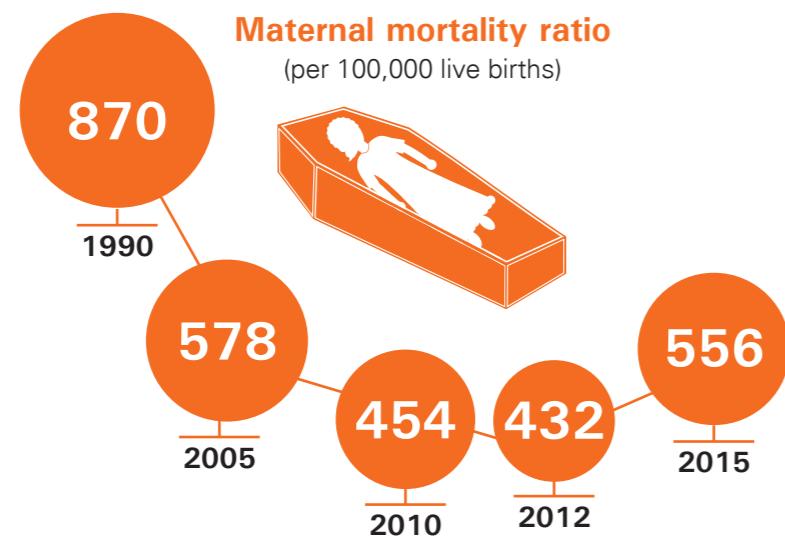
# MATERNAL AND CHILD HEALTH

## Under-five mortality rate (per 1,000 live births)

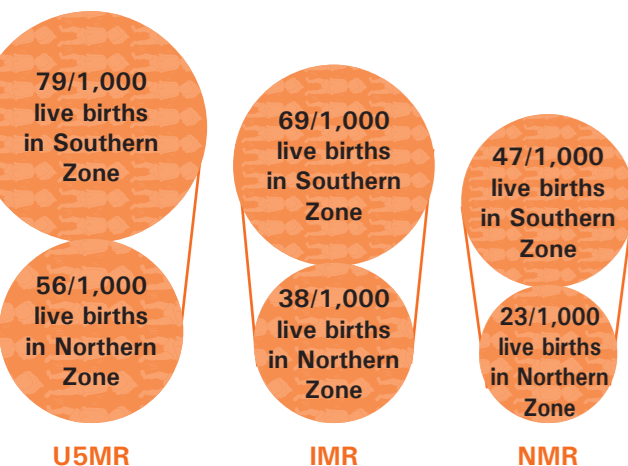


**6 in 10** deaths occur in the first year of life while **4 in 10** occur in the first month of life

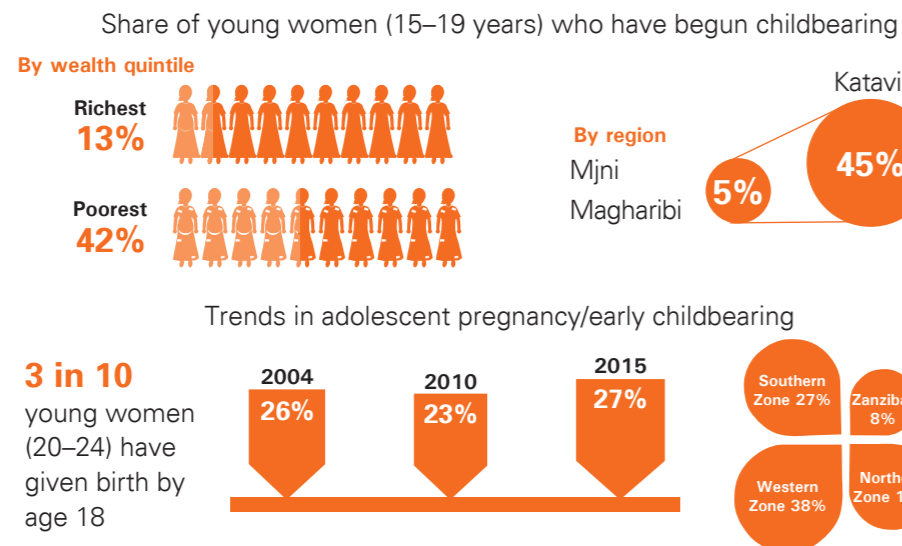
## Maternal mortality ratio (per 100,000 live births)



## Disparities in child survival



## Teenage pregnancy



## What is the situation?

Today, Tanzanian children stand a better chance of surviving past their fifth birthday than ever before. The government's implementation of high-impact health programmes such as routine immunization, Vitamin A supplementation,

prevention of mother-to-child transmission of HIV, and improved management of common childhood illnesses, has saved the lives of thousands of children across the country. However, challenges persist, and preventable and treatable diseases

such as malaria, pneumonia, diarrhoea and neonatal conditions continue to claim the lives of Tanzanian children every day. Early marriage and childbearing remain high in some regions and economic groups, worsening existing vulnerabilities.

## Challenges

(Contd.)

obstetric and newborn care is low with only 20 per cent of dispensaries and 39 per cent of health centres offering delivery services that provide all signal functions.

- Largely preventable and treatable diseases such as malaria, pneumonia and diarrhoea cause the death of 270 children under 5 years of age every day. There are wide socio-economic and geographical disparities in child mortality, largely due to inequities in access to, and use of, health services. Regional and economic inequities cause imbalances in child survival. Under-five mortality swings from 56 per 1,000 live births in the Northern regions and Zanzibar to 88 per 1,000 live births in the Lake regions, and from 87 per 1,000 live births in the urban mainland to 76 per 1,000 live births in the rural mainland.
- While there was a 47 per cent reduction of the maternal mortality ratio (MMR) between 1990 and 2012 (870 and 232 deaths per 100,000 live births respectively), Tanzania did not make sufficient progress to attain its Millennium Development Goal of reducing MMR to 193 per 100,000 live births. Previous gains are being eroded as the MMR increased to 556 per 100,000 live births in 2015.
- There are broad gaps in births assisted by skilled health professionals in rural and urban areas (55 per cent and 87 per cent respectively) and region (96 per cent in Kilimanjaro and 95 per cent in Dar es Salaam to 42 per cent in Simiyu).
- The percentage of women (20–24 years) who have given birth or are pregnant with their first child by the age of 18 has increased from 23 per cent in 2010 to 27 per cent in 2015. Vast variations are observed based on the place of residence – 19 per cent in urban versus 32 per cent in rural areas, and 27 per cent in mainland Tanzania versus 8 per cent in Zanzibar.
- Adolescent sexual and reproductive healthcare is inadequate – teens and young people report that confidentiality is often not respected, and services are expensive and not youth-friendly. Medication is also in short supply.

## Progress

- Facility deliveries have increased from 47 per cent in 2005 to 63 per cent in 2015.
- Skilled assistance during delivery has increased from 46 per cent in 2005 to 64 per cent in 2015.
- The immunization rate has been maintained at a high level – DTP3 coverage was 98 per cent in 2015 and the number of unvaccinated children has gone down from 47,013 in 2014 to 35,047 in 2015.
- The mother-to-child HIV transmission rate is 3.6 per cent at 6 weeks after birth and 6 per cent at the end of breastfeeding. This is significant progress as the country moves towards the elimination goal of less than 5 per cent at the end of breastfeeding.
- Tanzania made good progress on the target for Millennium Development Goal 4. Under-five deaths per 1,000 live births declined steadily from 166 in 1990 to 112 in 2005 and 67 in 2015. Infant mortality decreased from 68 to 43 per 1,000 live births between 2005 and 2015.

## Challenges

- Health sector spending increased slightly from 6.3 per cent in 2012/13 to 6.6 per cent 2014/15, though it remains significantly below the Abuja target.
- Health systems and service delivery require strengthening. The availability of drugs and supplies remains a challenge. The systems for referral and transport are inadequate. Limited access to insurance schemes and informal payments at health facilities pose financial barriers to access. The coverage of basic emergency

## What is UNICEF doing?

UNICEF is supporting the Tanzanian government to strengthen the enabling national environment; improve the district health system to plan and monitor services; reinforce sub-national capacity to deliver

quality reproductive, maternal, neonatal, child and adolescent health services; and empower individuals, families and communities to adopt healthy family practices.

UNICEF provides focused support to four regions

in the mainland with the lowest maternal and child health indicators (Mbeya, Songwe, Iringa and Njombe) and to Zanzibar. This support targets the most disadvantaged children, adolescents, and pregnant and lactating women.