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MATERNAL AND CHILD HEALTH TANZANIA

While Tanzania has made gains in reducing under-five mortality, progress has been slower for reducing maternal and neonatal deaths. Maternal mortality rates remain high at 556 deaths per 100,000 live births due to challenges such as inadequate quality of services, lack of access to emergency obstetric care, limited ability of women to independently access health services, and direct causes such as postpartum hemorrhage. Neonatal deaths, which continue to comprise a significant proportion of under-five deaths, highlight the importance of responding to major causes such as infection, asphyxia, HIV, malaria, and congenital syphilis.

USAID's maternal and child health (MCH) programs in Tanzania support activities in line with the Ending Preventable Child and Maternal Mortality (EPCMD) Initiative, which prioritizes improved health for the most vulnerable women, girls, newborns, and children under five. At the national level, USAID provides technical assistance to the Ministry of Health, Community Development, Gender, Elderly and Children on the mainland and Zanzibar to enable the delivery of life-saving interventions for mothers, newborns, and children. Examples include developing clinical guidelines for preterm labor, treating newborn sepsis, introducing new vaccines, and deploying community health workers. Recent efforts with the Ministry of Health have focused on creating a framework for respectful maternity care that accounts for effective communication, respect and dignity, and emotional support during the perinatal period.

Efforts to improve service delivery strengthen the provision of quality care before, during, and after birth, linking facility services to communities in the Lake Zone and Western Zone. This includes:

- Supporting integrated prenatal services, emergency obstetric and newborn care, essential newborn care, exclusive breast feeding, and kangaroo mother care—a method of care for underweight newborns encouraging multiple small feeds and continuous skin-to-skin contact;

MCH OVERVIEW

FUNDING LEVEL

- \$14.1 million in FY 2017

MAJOR PARTNERS

- Ministry of Health, Community Development, Gender, Elderly and Children
- Ministry of Health – Zanzibar
- Jhpiego
- Chemonics
- Deloitte
- Elizabeth Glaser Pediatric AIDS Foundation
- Vodafone Foundation
- World Bank
- World Health Organization

GEOGRAPHIC LOCATION

Nationwide, Lake and Western Zone

CONTACT

Laurel Fain
lfain@usaid.gov

- Scaling up postnatal care, including the introduction of postpartum family planning services within the immediate postpartum period;
- Establishing a robust surveillance and reporting system targeting maternal and perinatal death; and
- Enhancing the educational and clinical experiences of students in nursing and midwifery training programs to ensure they have the clinical competencies for service provision upon graduation.

CHALLENGES

A human resources crisis has resulted in understaffed health facilities. With increasing decentralization, sustainability is dependent on district councils' sound planning, sufficient and timely disbursement of funding, and unfailing implementation of health programs. While USAID has contributed to reductions in under-five mortality, progress has been slower in terms of maternal mortality as further reductions will require addressing system weaknesses that affect the quality of care.

IMPACT

Tanzania has made progress addressing child mortality through high coverage of childhood vaccinations, a strong malaria prevention and treatment program, and increasing awareness, prevention, and treatment of respiratory infections, diarrheal diseases, and undernutrition. The under-five mortality rate in Tanzania has decreased from 166 deaths in 1990 to 57 deaths per 1,000 live births in 2017.

USAID's support to the national immunization program contributed to the successful launch of the rotavirus, pneumococcal, and measles/rubella combination vaccines. In collaboration with the President's Malaria Initiative, case management of severe illness associated with high fever has been improved through the implementation of the World Health Organization's Integrated Management of Childhood Illness Program in the Lake Zone.

In the past five years, USAID has increased its investments to reduce maternal and newborn mortality by focusing technical assistance on increasing availability, access and quality of services. As a result, in USAID target areas, utilization of critical services has significantly improved:

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| • Percentage of women who received uterotonic drug | 98% |
| • Percentage of newborns resuscitated | 6.5% |
| • Percentage of postpartum women who had postnatal care | 94% |
| • Percentage of newborn who received newborn care | 93% |