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MATERNAL AND CHILD HEALTH

While Tanzania has made gains in reducing under-five mortality, progress has been slower in reducing maternal and neonatal deaths. According to the 2015-16 Tanzania Demographic and Health Survey, maternal mortality rates have remained 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, eclampsia and sepsis. Neonatal deaths, which account for 38% of under-five deaths, also highlight the importance of responding to major causes such as asphyxia, prematurity and sepsis.

USAID's maternal and child health (MCH) programs in Tanzania support activities in line with the Ending Preventable Child and Maternal Mortality 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 to the Ministry of Health, Social Welfare, Elderly, Gender and Children in Zanzibar, to enable the delivery of life-saving interventions for mothers, newborns, and children. Examples of our technical assistance include developing clinical guidelines for preterm labor, treating newborn sepsis, introducing new vaccines, and deploying community health workers. Recently USAID has supported the Ministry of Health to expand and operationalize the national guidelines for gender and respectful care mainstreaming and integration across reproductive, maternal, newborn, child and adolescent health services in Tanzania. That framework accounts for effective communication, respect and dignity, and emotional support during the perinatal period.

Efforts are ongoing to improve service delivery, strengthen the provision of quality care before, during, and after birth, linking facility services to communities in the Lake and Western Zones of Tanzania and in Zanzibar. They include:

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

MCH OVERVIEW

FUNDING LEVEL

- \$13 million in FY 2020

MAJOR PARTNERS

- Ministry of Health, Community Development, Gender, Elderly and Children
- President's Office-Regional Administration and Local Government
- Ministry of Health – Zanzibar
- Jhpiego
- Deloitte
- FHI 360
- Abt Associates
- Pricewaterhousecoopers
- Vodafone Foundation
- The World Bank

GEOGRAPHIC

LOCATION Nationwide,
Lake and Western Zone

CONTACT

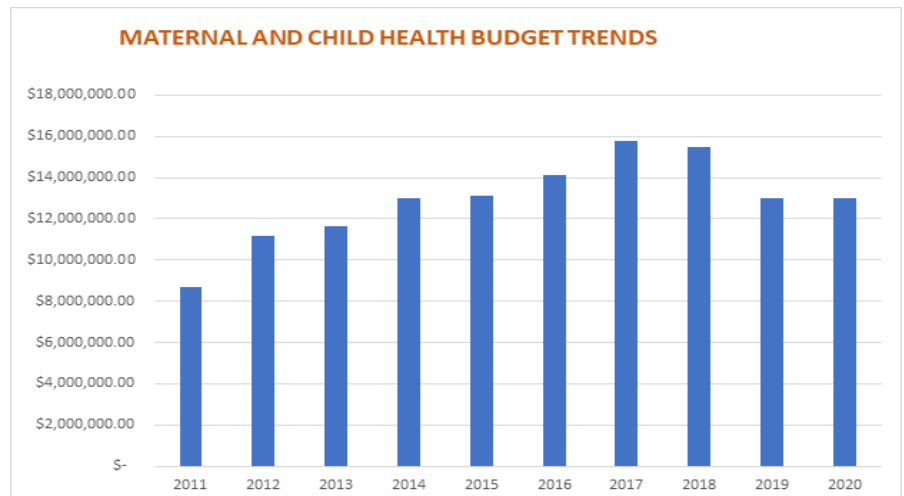
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FACING CHALLENGES

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. A human resources crisis in Tanzania 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. Other challenges are linked to physical and financial access to care, insufficient enabling environment and socio-cultural factors.

PAST AND CURRENT INVESTMENTS

For the past ten years, USAID has provided consistent funding to Maternal and Child Health programming in Tanzania, from \$8.7 million in 2011 to \$15.8 million in 2017 and \$13 million in 2020.



IMPACT

In the past ten years, USAID has sustained 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:

Percentage of women who received uterotonic drugs	100%
Percentage of women who delivered in a health facility	84%
Percentage of ANC clients who received 30+ tabs of iron/folic acid	90%
Percentage of newborns not breathing at birth who were resuscitated	72%
Percentage of newborns who received postnatal care within 2 days	100%

Tanzania has also 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 an Integrated Management of Childhood Illness Program in the Lake and Western Zones.