Getting to Zero in Tanzania
Ending preventable child and newborn deaths

Based on current trends Tanzania will get to zero preventable under-five deaths in 2018 and zero preventable newborn deaths in 2021. Tens of thousands of children’s lives are at stake. We can accelerate progress and get to zero faster.

Under-five Mortality
Target for Tanzania will be achieved in 2018 at current rates

Newborn Mortality
Target for Tanzania will be achieved in 2021 at current rates

National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING

45% mothers with no education

22% mothers with secondary education or higher

BIRTH REGISTRATION

10% rural children

44% urban children

SKILLED BIRTH ATTENDANCE

poorest women 33%

richest women 90%

Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
The Government of Tanzania must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Strengthening Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services.
- Increasing investment in quality, accessible maternal, newborn and child health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Saving women’s and newborns’ lives by strengthening Comprehensive Emergency Obstetric and Newborn Care

Tanzania has shown considerable success reducing child mortality, including achieving Millennium Development Goal 4 before 2015; despite this, maternal and neonatal mortality have shown slow progress. Neonatal deaths now account for 41% of all under-five deaths; this, up from 26% two decades ago, results in 39,000 annual deaths. Likewise, Tanzanian women have a 1 in 44 lifetime risk of maternal death, which results in 7,900 annual deaths. While the vast majority of these lives could be saved with proven and cost-effective interventions, the availability of CEmONC services, chronic shortage of skilled health providers and a weak referral system still plague the health system. The government should honour its commitment to establishing life-saving services at health centres across Tanzania to provide CEmONC services closer to the people.3

Skilled assistance at delivery to ensure mothers and newborns survive and thrive

Only half of all births in Tanzania are attended by a skilled health worker, with a major gap in access between urban and rural areas. Rural women, who make up nearly 80% of all deliveries, are nearly three times less likely to receive skilled birth attendance than urban women.4 Health facilities, where only 50% of women deliver, are generally unable to provide basic emergency obstetrics care. Only a quarter of facilities that offer normal delivery services have all infection-control items at the service site. The Government and other stakeholders should improve systems and resources for recruitment, career development and retention of health professionals, with equitable rural and urban distribution. Skilled birth attendance is crucial to closing the equity gaps in Tanzania and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

In Tanzania only 16% of children under five have been registered; of these, only 8% have a birth certificate.6 This rate has not improved in a decade and is the fifth lowest in the world. Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.7 However, 7 million unregistered Tanzanian children are not afforded these rights or protections.8 Urban children are more than four times more likely to have their births registered and six times more likely to have a birth certificate than their rural counterparts. The Government has made birth registration mandatory by law, but the heavily centralised process, low awareness and related costs prevent many parents or caregivers from providing their children with an identity and protection.

Multi-sectoral response to stunting for nutrition, development and well-being

In Tanzania 35% of children under five are stunted or too short for their age. This results from poor maternal nutrition before and during pregnancy; a child’s subsequent inadequate intake of nutritious food, including breast milk; and frequent or severe infections or illness. In addition, of children under five 7% are wasted, 6% are overweight and anaemia is a significant issue. Thus all four global nutrition targets are currently off track. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Tanzania are nearly two times more likely to be chronically malnourished than their wealthy counterparts; likewise, children of uneducated mothers are two times more likely to be chronically malnourished, and those who dwell in rural areas are also at higher risk. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.12

5 White Ribbon Alliance Tanzania. Be Accountable So that Mothers and Newborns Can Survive Childbirth.