

Indicators of Maternal, Newborn & Child Health in Tanzania



These key indicators represent the continuum of care for maternal and newborn health.

These indicators have been disaggregated to determine inequalities in access to services or health outcomes.



Mama Ye!
evidence for action



398

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN TANZANIA**



290

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN RWANDA**



129

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN BOTSWANA**



9

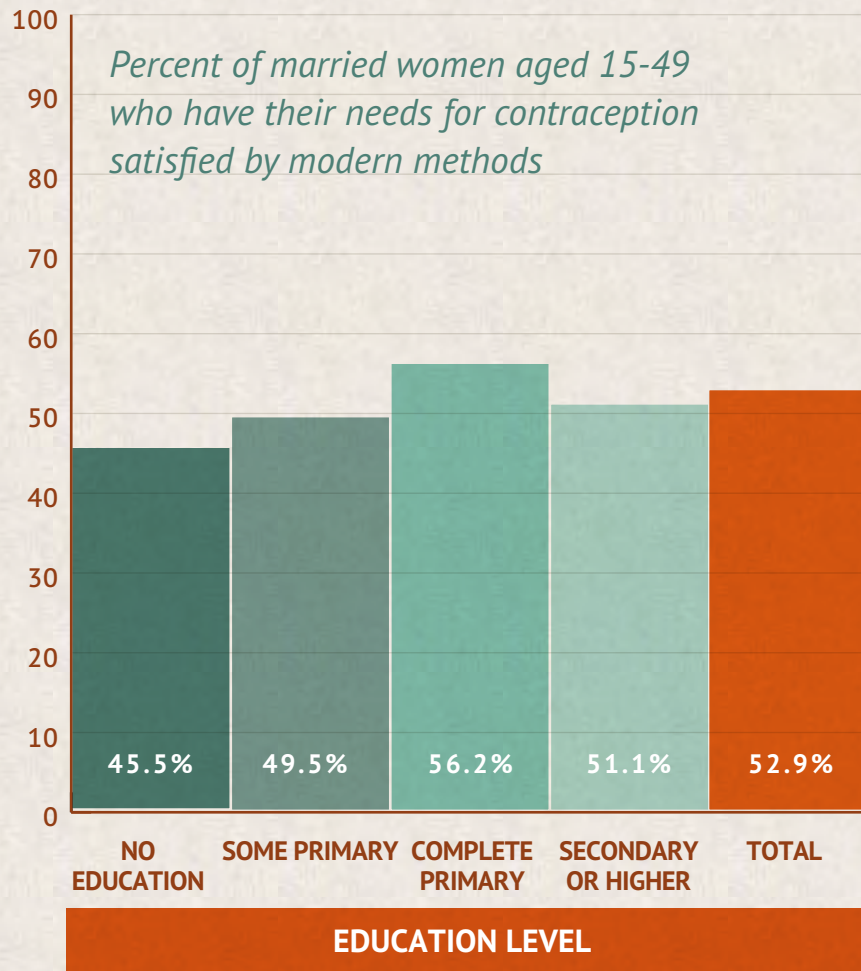
**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN THE UK**



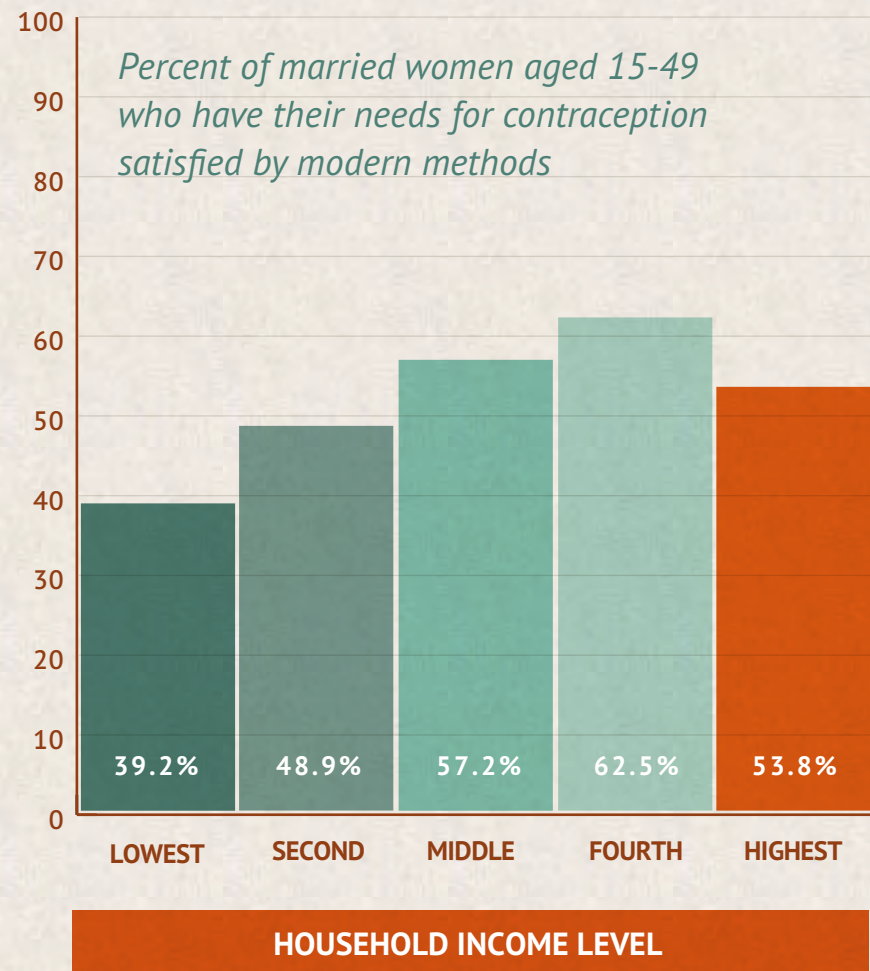
Demand for Family Planning Satisfied by Modern Methods



Education



Household Wealth



Using a method of contraception can help reduce the number of maternal deaths by reducing unwanted pregnancies and thereby reducing the

overall number of births. Women who say they do not want more children, or not for at least the next two years, are considered to have a demand for family

planning. Demand for family planning satisfied by modern methods is the percentage of these women who are using a modern contraceptive method.

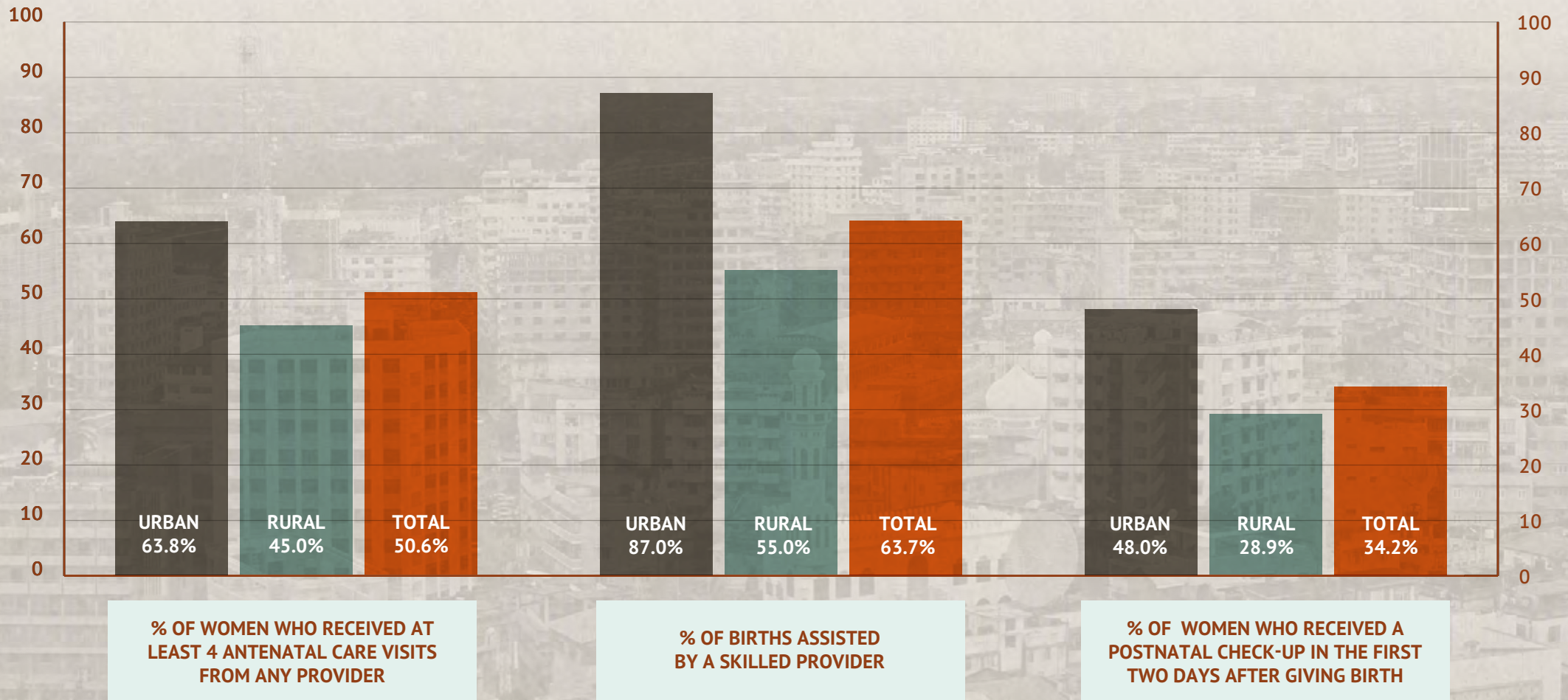
Data source: Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics [Tanzania], Office of the Chief Government Statistician [Tanzania], & ICF. (2016). Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-16. Dar es Salaam & Rockville: MoHCDGEC, MoH, NBS, OCGS, & ICF.



Care provided by Skilled Attendant by Urban and Rural Residence

Maternal and neonatal deaths can be prevented by women getting proper health care from a skilled provider during pregnancy, at the time of delivery and shortly after the baby is born. This is known as the continuum of care. A skilled provider includes: doctor, clinical officer, assistant clinical

officer, nurse and midwife. Women who are living in rural areas in Tanzania are less likely to access skilled care at every point on the continuum and are around half as likely to have a skilled attendant at delivery as those living in urban areas.



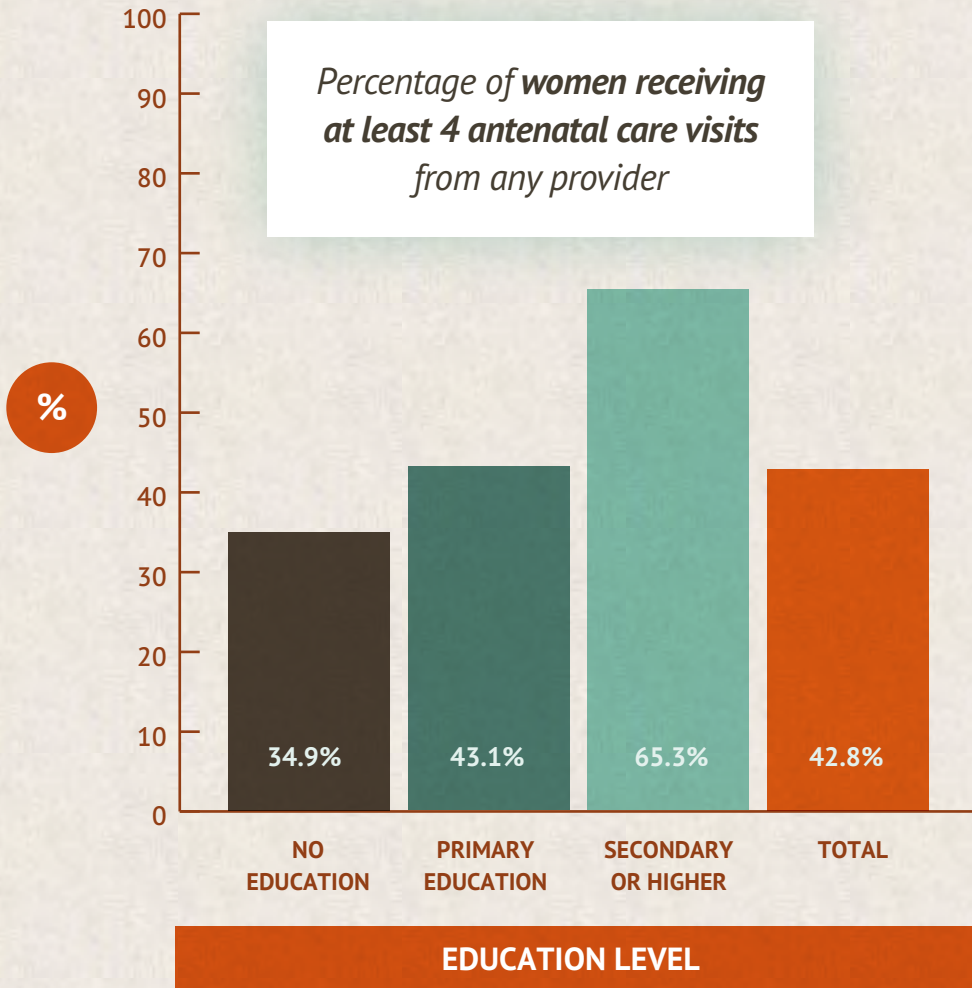
Data source: Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics [Tanzania], Office of the Chief Government Statistician [Tanzania], & ICF. (2016). Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-16. Dar es Salaam & Rockville: MoHCDGEC, MoH, NBS, OCGS, & ICF. Note Antenatal care data is for mainland Tanzania only.

Antenatal Care and Skilled Attendant at Delivery by Mothers Education Level

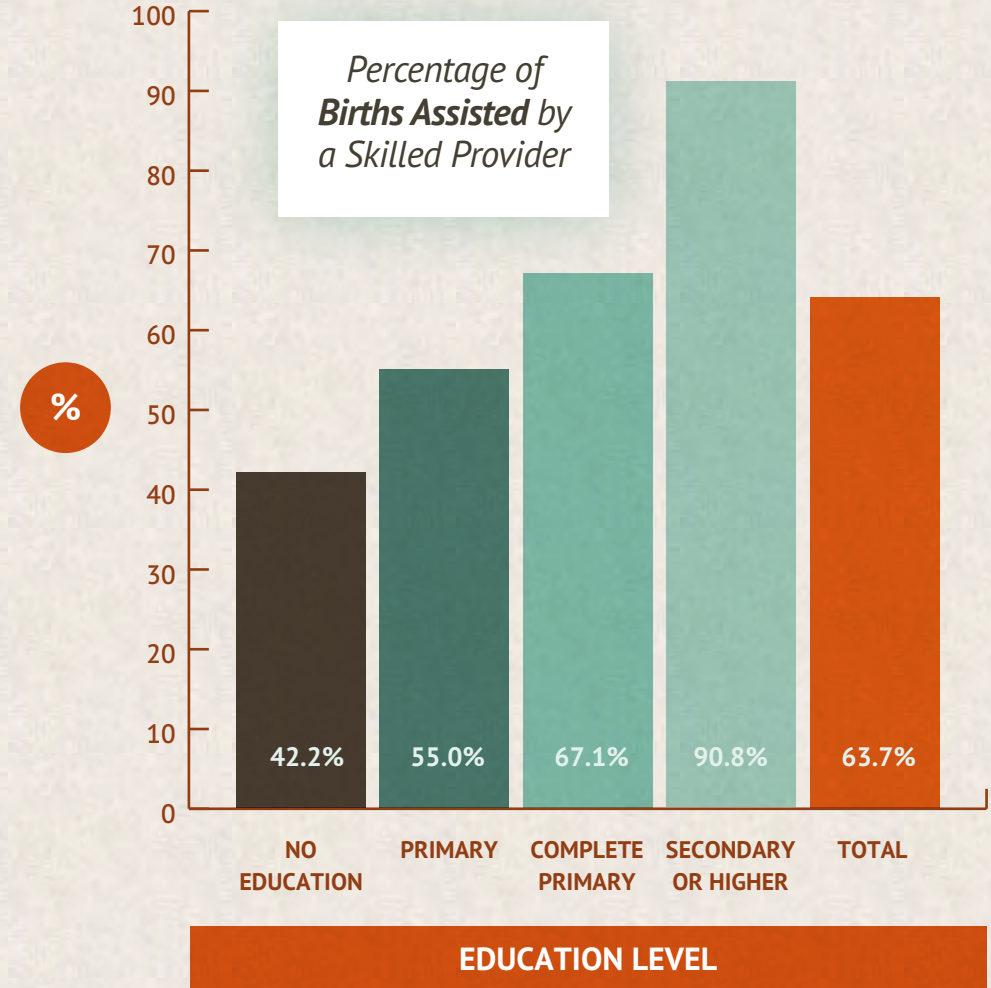


The higher a woman's education the more likely she is to receive at least 4 antenatal visits and delivery care from a skilled provider. In Tanzania a woman with secondary or higher education more than twice as likely to have a skilled

attendant at delivery than a woman with no education. A skilled provider includes: doctor, assistant medical officer, clinical officer, assistant clinical officer, nurse, midwife, assistant nurse and MCH aide.



Data Source: Countdown to 2015 & International Centre for Equity in Health. (2015). Countdown Equity Analyses by Country 2015. Geneva: WHO & UNICEF.



Data source: Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics [Tanzania], Office of the Chief Government Statistician [Tanzania], & ICF. (2016). Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-16. Dar es Salaam & Rockville: MoHCDGEC, MoH, NBS, OCGS, & ICF.

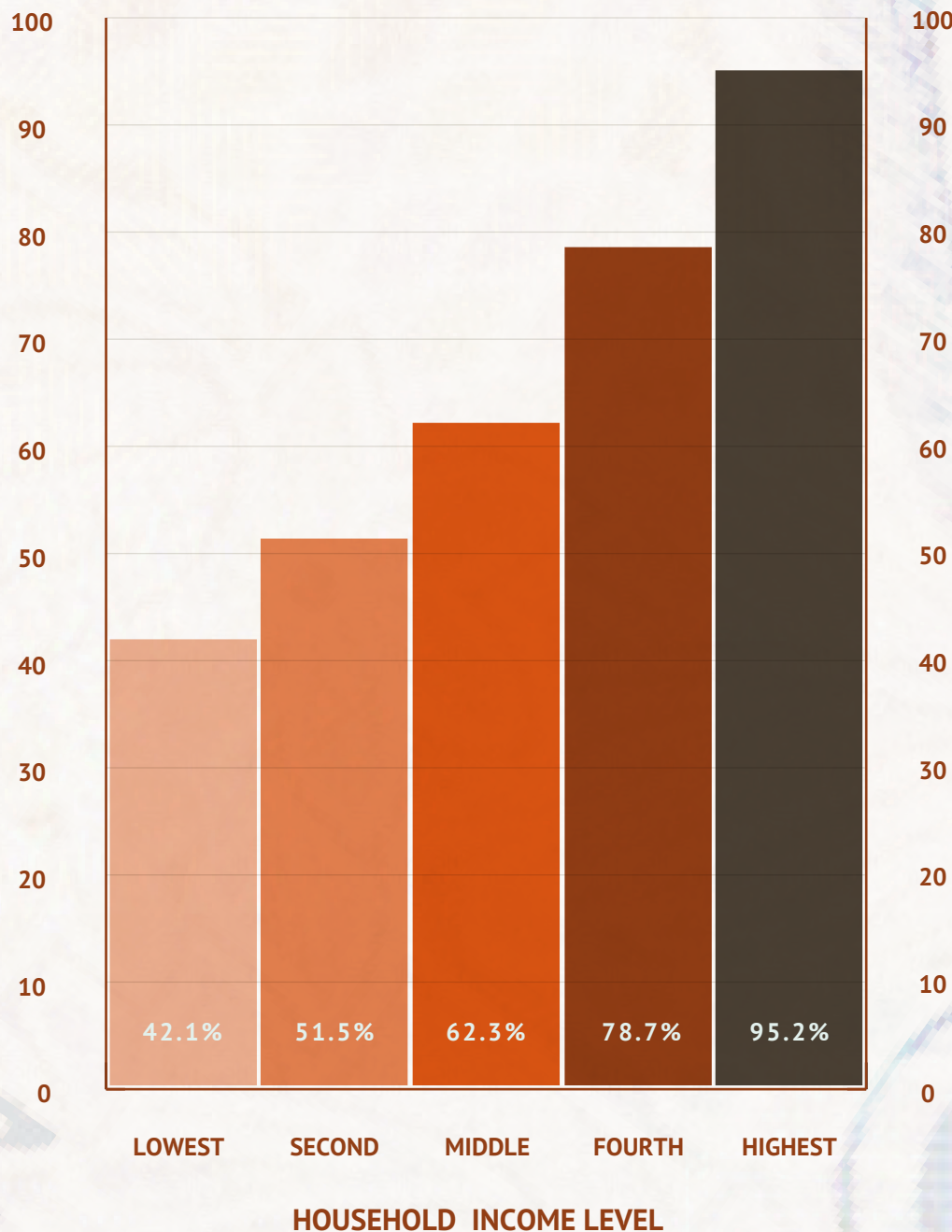
Skilled Attendant at Delivery by Household Wealth

Having a skilled attendant at delivery is vitally important because most maternal deaths arise from complications during or shortly after delivery. Even if antenatal care is received any delivery can become a complicated one and it is not always possible to predict complications.

In Tanzania women in the top 20% of the population according to household wealth are more than twice as likely to have a skilled attendant at delivery than those women in the bottom 20% of the population. A skilled provider includes: doctor, assistant medical officer, clinical officer, assistant clinical officer, nurse, midwife, assistant nurse and MCH aide.

Data source: Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics [Tanzania], Office of the Chief Government Statistician [Tanzania], & ICF. (2016). Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-16. Dar es Salaam & Rockville: MoHCDGEC, MoH, NBS, OCGS, & ICF.

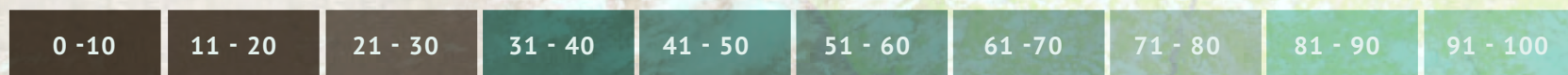
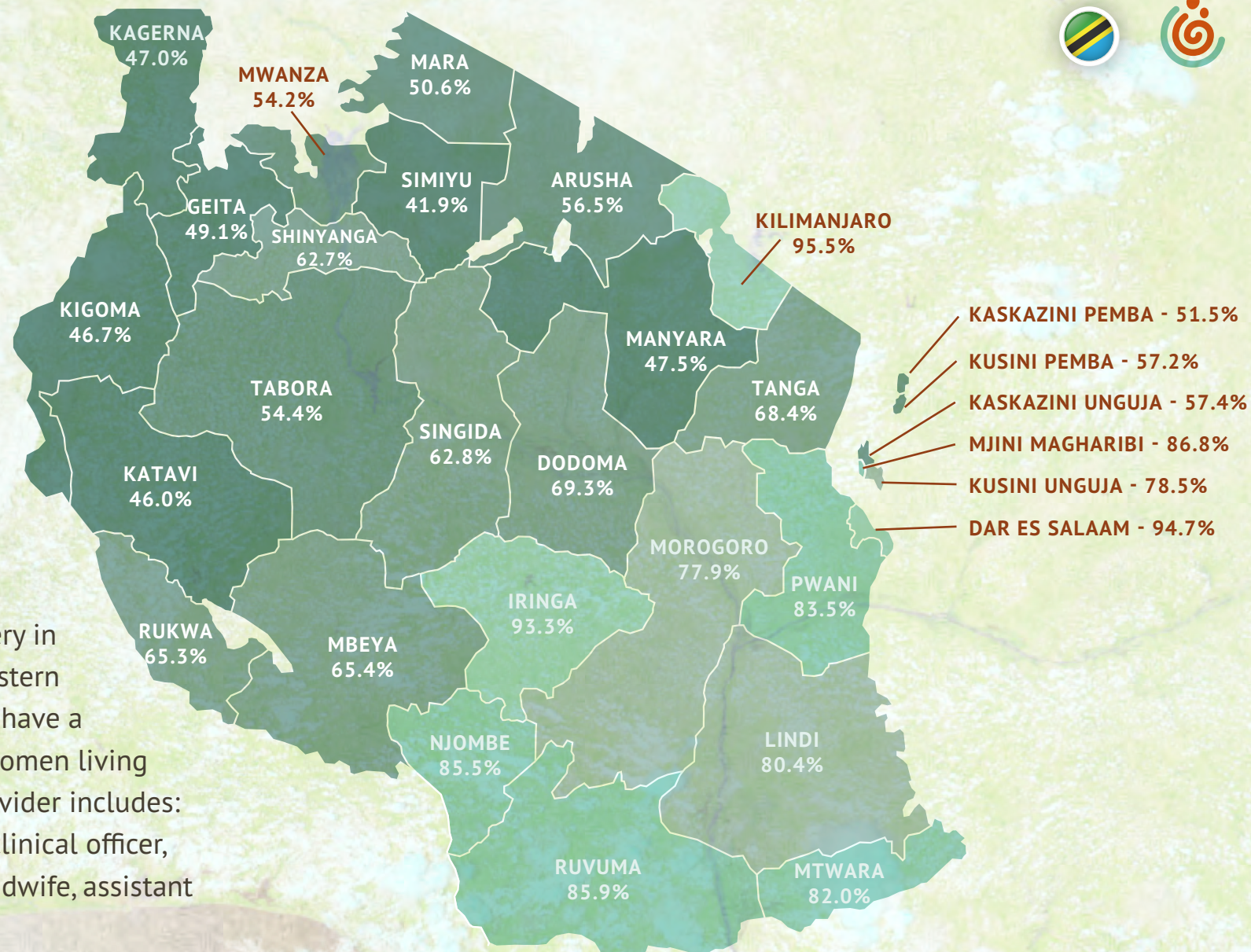
Percentage of births assisted by a skilled provider by household wealth quintile





Skilled attendant at delivery by Region

There are regional differences in the percentage of women who have a skilled attendant at delivery in Tanzania. Women living in the Eastern zone are nearly twice as likely to have a skilled attendant at delivery as women living in the Western zone. A skilled provider includes: doctor, assistant medical officer, clinical officer, assistant clinical officer, nurse, midwife, assistant nurse and MCH aide.



Data source: Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics [Tanzania], Office of the Chief Government Statistician [Tanzania], & ICF. (2016). Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-16. Dar es Salaam & Rockville: MoHCDGEC, MoH, NBS, OCGS, & ICF.



E4A-MamaYe is about ensuring Africa's mothers and babies survive pregnancy and childbirth.

The programme focuses on using strong evidence to hold key decision makers to account in order to advocate and catalyse change for the health of women and babies at regional, national and sub-national levels in Ghana, Malawi, Nigeria, Sierra Leone, Tanzania, Kenya and Ethiopia.

It is a campaign to change fatalism to hope; apathy to action; maternal survival from side-issues to political priority; and best guesses into hard facts.

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