

# Maternal and sexual reproductive health situation in Tanzania

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## Questions

- *What are the main maternal health interventions in Tanzania, and who are the key players? Please include the gaps in provision that are identified in the literature.*
- *What does the literature tell us about the impact of COVID-19 on the provision of Sexual and Reproductive Health and Rights (SRHR) in Tanzania?*

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# 1. Summary

Maternal mortality in Tanzania has not benefited from similar trends as that of child mortality rates, which have decreased greatly in recent years. Sexual and reproductive health (SRH) is also challenging, especially for adolescents. However, there are a number of important players involved in reproductive, maternal, newborn, and child health (RMNCH, or RMNCAH if including adolescents) interventions.

The majority of data available includes interventions for maternal and newborn/child health. However, this rapid review will focus on reproductive and maternal health interventions, as requested. Gaps in service provision are noted, and options for support listed. Due to the current pandemic, the effect of COVID-19 on RMNCAH services are also addressed.

Key points to highlight include:

- *Main maternal health interventions:* The Government of Tanzania (GoT) is committed to increase the use of key maternal health interventions. Current programmes are based on reducing maternal mortality, via the *National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016–2020)* (MoHCDGEC, 2016) and the *Health Sector Strategic Plan July 2015–June 2020* (United Republic of Tanzania Ministry of Health and Social Welfare, 2015).
- *SRH programmes:* Most data focusses on adolescents. However, Marie Stopes International (MSI) has worked with both youth and disability groups in Tanzania, by collaborating with the Australia-Africa Community Engagement Scheme (AACES) programmes (DFAT, 2016).
- *Key donors:* Data is available for a selection of donors who have worked with the GoT on maternal health programmes. Donors such as USAID are involved in several concurrent interventions, including reducing maternal mortality (e.g. *Ending Preventable Child and Maternal Mortality (EPCMD) Initiative, Maternal and Child Survival Programme (MCSP)*); improving family planning methods, supply and services; mother-to-child HIV transmission prevention; respectful maternity care, and SRHR service outreach projects with international non-governmental organisations (INGOs) such as Pathfinder International. Denmark (Danida) is working with Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) to aid disabled mothers. Germany (BMZ)'s focus is on improving health by improving access to maternal services, as costs are still high. Korea (KOICA) is reported to have increased its maternal health aid to Tanzania (Tungaraza, 2018).

Although Tanzania has experienced a substantial increase in external RMNCH funding between 2008 and 2013 (Grollman et al., 2017), the public health sector will need assistance in transitioning from heavy dependence on donor funds (Bliss & Streifel, 2015).

- *Gaps in provision:* Data shows that there are still gaps in **protection of maternity in national law and practice and abortion** (Afnan-Holmes et al., 2015), **prevention of anaemia in pregnancy** (USAID Spring Project, 2015; IHME, 2017), as well as **cervical cancer** screening (MoHCDGEC, 2017) and care (Mugassa & Frumence, 2020) despite a nationwide HPV vaccine intervention launched in 2018. There is little data available regarding the prevalence or treatment of depression, especially in pregnant young women (Kutcher et al., 2017).

Maternal and newborn health care health system performance gaps in Tanzania are also prevalent (Shoo et al., 2017: 9). Out of 13 interventions found -7 of which covered postpartal care - 4 were deemed “unacceptable.” The literature states that maternal health care services should focus on ensuring there is **continuum of care** through strengthening the health system, and provision of good quality of health care in a **well organised referral health system**, from community level to high facility levels (Shija et al., 2011). Digital innovation can help with this (Sarkar et al., 2020).

- *Impact of COVID-19 on SRHR provision:* The World Health Organization (WHO) recognises the potential effect of COVID-19 on SRHR. Lancet research shows that the pandemic is affecting both the provision and utilisation of RMNCH services (Roberton et al., 2020). Data shows that the COVID-19 pandemic has already made menstrual health more urgent, especially for adolescents in Zanzibar (UNFPA, 2020a).
- *SRHR gaps during COVID19 and beyond:* **Maintaining essential health services** is critical to prevent a predicted 16% increase in maternal mortality in the next year (The Global Financing Facility, 2020). UN Tanzania (2020) has recognised that **midwives play a vital role** in delivering quality SRH, and maternal health services that are key to reducing maternal deaths and making childbirth safer.

## 2. Maternal health in Tanzania

### Sexual and reproductive health (SRH)

SRH is a major challenge in Tanzania. A recent scoping review shows that adolescents engage in high-risk sexual behaviours, and experience its adverse consequences (Nkata et al., 2019). Although it is essential to collect more information, the existing evidence supports a need for improving provision of SRHR among Tanzanian adolescents.

### Maternal mortality

Tanzania has experienced a substantial reduction in child mortality rates recently. Although maternal mortality has decreased 38% over the last two decades,<sup>1</sup> it has not benefited from similar trends.

The 2015-16 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16 TDHS-MIS) report the maternal mortality rate (MMR) as 556 per 100,000 live births (MoHCDGEC et al., 2016: 8).<sup>2</sup> The main direct causes of maternal death are haemorrhages, infections, unsafe abortions, hypertensive disorders, and obstructed labours. The presence of these causes is exacerbated by HIV and malaria, Tanzania's number one killer.<sup>3</sup>

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<sup>1</sup> MMR declined from 854 per 100,000 live births in 2000 to 524 per 100,000 live births in Tanzania in 2017 (The World Bank, 2019). In comparison, the global MMR was 216 per 100,000 live births (2015 figures). This decrease is calculated as 38% between 2000 and 2017: <https://data.unicef.org/topic/maternal-health/maternal-mortality/#:~:text=The%20lifetime%20risk%20of%20maternal,100%2C%20to%201%20in%20190>

<sup>2</sup> Latest modelled estimates show a further decrease in MMR – at 524 per 100,000 live births (The World Bank, 2019).

<sup>3</sup> <https://www.who.int/pmnch/activities/countries/tanzania/en/index1.html>

However, there are geographical differences in patterns of death: maternal mortality has declined more in rural southern Tanzania since 2006 (Manyeh et al., 2018). Eclampsia, haemorrhage, and abortion-related complications are the three leading causes of maternal death in the region, with risk factors being younger than 20 years,<sup>4</sup> being single or widowed, and having a low socio-economic status.

### 3. Main maternal health interventions

The Millennium Development Goal (MDG) for MMR<sup>5</sup> was not reached by Tanzania by the end of 2015. Since then, MMR in Tanzania has remained unacceptably high. Target 3.1 of the 17 newer Sustainable Development Goals (SDGs) introduced in 2015 to replace the MDGs requires participating countries to reduce their MMR to less than 70 deaths per 100,000 live births by 2030.

Partly due to this failure to meet this MDG target, the GoT has prioritised maternal, neonatal and child health through the launch of two programmes:

#### Sharpened One Plan (2014-2020)

The GoT launched this plan in April 2014 by the Ministry of Health and Social Welfare, to prioritise and scale interventions for the period of 2014-2015. Development partners included representatives from the UN agencies, private sectors, NGOs, CSOs, and members of the media.<sup>6</sup> The plan emphasises accelerating progress in the Lake and Western zones - regions of the country where movement to improving access to, and quality of, family planning services<sup>7</sup> has been slowest (United Republic of Tanzania Ministry of Health and Social Welfare, 2015).

The plan was developed following a 2013 review of the *National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008–2015*, also known as the *One Plan*. The second stage of the plan, *One Plan II 2016-2020* (MoHCDGEC, 2016), has five strategic objectives and several operational targets covering areas of maternal health: i- newborn and child health; ii- adolescent health; iii- family planning; iv- prevention of mother to child transmission, immunisation and vaccine development, and v- reproductive health cancer, reproductive health gender and cross-cutting programmes (MoHCDGEC, 2016: x). The plan aims at reducing maternal mortality to 292 per 100,000 live births by 2020. Interventions that will contribute to achieving this goal include adolescent SRHR communication programmes

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<sup>4</sup> The risk of maternal mortality is highest for adolescent girls under 15 years old: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

<sup>5</sup> MDG Target 5.A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

<sup>6</sup> <https://www.afro.who.int/news/united-republic-tanzania-launches-sharpened-one-plan-and-rmnch-score-card-prevent-maternal>

<sup>7</sup> Women in the Western and Lake zones report exceptionally low use of modern contraceptive methods (both 15%), and high unmet need for family planning: 26% in the Western zone, and 33% in the Lake zone (Afnan-Holmes et al., 2015).

delivered by CORPS<sup>8</sup> (MoHCDGEC, 2016: 41), integrated gender issues in at least 60% of RMNCAH interventions (MoHCDGEC, 2016: 46), and community programmes to decrease gender-based violence (GBV) (MoHCDGEC, 2016: 47).

## Big Results Now! (BRN) in Health (2015-2025)

The President, Jakaya Kikwete, launched the GoT's BRN programme in early 2013. BRN was an adaptation of the successful Malaysian approach to economic development, as well as improving education and service delivery. The 2015-2018 *Big Results Now! in Health* programme was developed as part of Tanzania's Development Vision 2025. Additional funding is from World Bank, DFID, and the Swedish International Development Agency (SIDA) (Janus & Keijzer, 2015: 8). Through DFID, the UK will provide GBP 39 million (USD 48 million) over four years to support the delivery system for Phase II of the programme.<sup>9</sup> As with the *Sharpened One Plan*, the Lake and Western zones are the focus.

The health-related component of BRN identifies four priorities for the health sector: i- human resources for health; ii- system management; iii- commodities management, and iv- reproductive, maternal, neonatal, and child health (RMNCH) (CSIS, 2015). The first of these four work streams includes a set of interventions to improve the distribution of skilled health workers, especially the 7 cadres of clinicians (medical doctors and allied health practitioners) and nurses (including midwives) at the primary health care (PHC) level in nine regions with lower than national average human resources (World Bank, 2014). The health commodities work stream is likely to receive significant support from USAID and DANIDA.<sup>10</sup>

## 4. Main donors and INGOs in maternal health programmes

Tanzania is a low-income recipient country that has a high degree of dependency on official development assistance. It experienced a substantial increase in external RMNCH funding between 2008 and 2013 (Grollman et al., 2017). Data is available for donors who work with the GoT on maternal child health (MCH) programmes. A selection of these partnerships is included below:

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<sup>8</sup> e.g. lay counsellors, peer educators, and village health workers/Community Health Workers (CHWs) using national guidelines.

<sup>9</sup> DFID Business Case and Intervention Summary (2019):  
[http://webcache.googleusercontent.com/search?q=cache:R4qoeHZsSuAJ:iati.dfid.gov.uk/iati\\_documents/4029899.odt+&cd=1&hl=en&ct=clnk&gl=uk](http://webcache.googleusercontent.com/search?q=cache:R4qoeHZsSuAJ:iati.dfid.gov.uk/iati_documents/4029899.odt+&cd=1&hl=en&ct=clnk&gl=uk)

<sup>10</sup> PROGRAM-FOR-RESULTS INFORMATION DOCUMENT (PID) CONCEPT STAGE:  
<http://documents.worldbank.org/curated/en/648601468112497753/pdf/PID180190PID0P1527360Box385400B00PUBLIC0.pdf>

## Australia

### AACES

The Australia Africa Community Engagement Scheme (AACES) programmes aim to improve MCH in 11 countries, including Tanzania (DFAT, 2016). They work through a number of partnerships:

#### ***World Vision Australia/ Marie Stopes International (MSI) - SRH outreach (2008-ongoing)***

In Tanzania, outreach services and mobile clinics reach marginalised and vulnerable communities. These services complement the work undertaken by static health facilities. MSI also supports GoT initiatives to expand its sexual and reproductive health services to outlying provinces and districts by obtaining vehicles, medical supplies, computers, and other equipment. Coordination of outreach activities to marginalised groups is also improved through working with provincial and district health service providers (DFAT, 2012: 25).

In the health sector programme, World Vision refers people to MSI for long-term family planning services. SRH service provision is across 13 districts in three regions of Tanzania. Through AACES, MSI is able to innovate their service delivery model to become more inclusive. The project employs a number of models, including providing services through **mobile outreach** to rural areas, partnering with private health providers through social franchising, providing on-the-job training to public health staff, and working with youth and disability groups. This has resulted in reaching over 300,000 women, men and young people in project areas (DFAT, 2016: 81).

In Tanzania, the traditional outreach model is adapted to focus on **young people**, extending from a one-day to a two-day visit, with activities designed to engage and educate young people about their reproductive health. When AACES began, 37% of MSI outreach clients were young people. This increased to almost half (47%) by the end of AACES (this compares to 31% for other outreach teams) (DFAT, 2016: 49).

#### ***World Vision Australia/ World Vision Tanzania - East Africa Maternal Newborn and Child Health (EAMNeCH) project (2011-2016)***

This EAMNeCH project was based in communities in Kenya, Uganda, Rwanda, and Tanzania to improve maternal, newborn and child (MNC) survival. It also aimed to strengthen and expand provision of quality SRH information and services, building the capacity of project teams, the public and private sectors, and other partners to deliver services to marginalised communities. The adoption of positive health, hygiene, and nutrition practices for mothers and children were promoted, contributing to a more favourable policy environment across the region. In Tanzania, this was achieved by working with marginalised people, strengthening health systems, encouraging behaviour change, building community advocacy, and influencing policy (DFAT, 2016: 83).

Part of this project involved World Vision Australia working with World Vision Tanzania to improve MNC health in Kilindi District, northern Tanzania. This was achieved by increasing access to services through strengthened health systems, education at the community and facility level, adoption of positive nutrition and WASH practices **at the community level**, and engagement with governments to enhance a favourable policy environment (Australian Aid/



World Vision International, 2016: 2; DFAT, 2016: 9). Although this project with the existing community groups has ended, they hope for continued collaboration with government and all local partners to ensure sustainability in attaining government's broader plan towards significant reduction of maternal, infant, and under-five mortalities by 2035.

## Canada

### **Global Affairs Canada/World Vision Tanzania: Enhancing Nutrition Services to Improve Maternal and Child Health (ENRICH) project (2016-2020)**

With funding from Global Affairs Canada, World Vision Tanzania's *ENRICH Project* introduced the MenCare model in order to address gender barriers, and as a way to achieve holistic family well-being. In return, this could deal with gender equality issues, as well as promote better health for mothers, fathers, and their children (World Vision Tanzania, 2019). There are several implementing partners with the GoT, including Nutrition International (NI), Harvest Plus (H+), Canadian Society for International Health (CSHI), and the University of Toronto Dalla Lana School of Public Health (World Vision Tanzania, 2018). Tanzania is implementing the ENRICH project in the Shinyanga and Singida regions in northern and central Tanzania, respectively.

## Denmark

### **Danida/Kupona Foundation/ Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)<sup>11</sup> – MHCB (2012-ongoing)**

CCBRT is a Tanzanian health care organisation which works to prevent disability, provide affordable medical and rehabilitative services, and aid empowerment of people with disabilities and their families. It also seeks to prevent disability through early identification by **strengthening the maternal and newborn health system** throughout Dar es Salaam.

In collaboration with the Dar es Salaam Regional Health Management Team (RHMT) and local government, CCBRT launched its *Maternal & Newborn Healthcare Capacity Building Programme (MHCB)* in 2010. MHCB collaborates with 23 public health facilities in the Dar es Salaam Region to improve access and the quality and efficiency of maternal and newborn health care services, as well as increasing awareness on referral of disabilities and obstetric emergencies. CCBRT has been supported by Danida since 2012.<sup>12</sup> In the same year, the Vodafone Foundation took over funding of the *Text to Treatment* fistula programme through its "Mobile for Good" fund.<sup>13</sup> With support of the Kupona Foundation, CCBRT uses M-PESA (Vodacom mobile money).

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<sup>11</sup> <http://www.ccbrt.or.tz/>

<sup>12</sup> <https://tanzania.um.dk/en/news/newsdisplaypage/?newsid=52f95a88-edfb-415b-82e1-0e148ef19371>

<sup>13</sup> [https://healthmarketinnovations.org/sites/default/files/HFG-Mobile-Money\\_CASE-STUDY-8-CCBRT-----TEXT-TO-TREATMENT.pdf](https://healthmarketinnovations.org/sites/default/files/HFG-Mobile-Money_CASE-STUDY-8-CCBRT-----TEXT-TO-TREATMENT.pdf)

## Germany

### **BMZ – Health insurance scheme & access to MNH services (2011-ongoing)**

Since 2011, a health insurance scheme is in place in Tanzania's Mbeya and Tanga regions, which aims to improve access to maternal and newborn health services of good quality for pregnant women and their babies (Grainger, 2016). It is jointly funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) via KfW Entwicklungsbank, and Tanzania's National Health Insurance Fund. The project's objectives are two-fold: to reduce the still high rates of maternal and newborn mortality, and to strengthen financial protection for pregnant women and their families. Although pregnant women usually get free health care, facilities often lack the funds to purchase the drugs, supplies and equipment they need to perform safe deliveries, so when women go to deliver at a health facility, they may be asked to purchase the required medicines and items, such as surgical gloves and sanitary towels. A 2016 client satisfaction survey showed high satisfaction with the project among women in the project areas. However, the high cost of transport, and other costs associated with travelling to and staying at a health facility, are a source of dissatisfaction among clients and will need to be addressed in the new project phase.

### **BMZ - Improving Health Care Provision in Tanzania (2019-2022)**

This project aims to improve the performance of the health system in the partner regions, Mbeya and Tanga, through **digitalisation** of key work processes and capacity development of key players to plan and provide essential health services, and to expand coverage of social health protection in the event of illness. It is commissioned by BMZ. The lead Tanzanian executing agency is the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDCGEC).<sup>14</sup>

The programmatic focus is on enhancing and expanding obstetric and newborn care services, making basic and comprehensive emergency care available to mothers and critical babies. Family planning options will also be expanded and integrated into other services at health centres and hospitals to reach men and women during the post-partum period.

## Korea

Tanzania ranks second amongst 16 African countries to receive Korea International Corporation Agency (KOICA) donor support. The three main sectors it provides for Tanzania are health, education, and water and sanitation. KOICA-Tanzania interventions in health and education address several confounding factors in maternal, newborn, child, and adolescent health. Korea is reported to have increased its aid to Tanzania (Tungaraza, 2018). KOICA currently conducts 12 projects related to health in Tanzania.<sup>15</sup> The following is a summary of recent maternal health interventions:

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<sup>14</sup> <https://www.giz.de/en/worldwide/81106.html>

<sup>15</sup> Seminar on the 25th Anniversary of Korea-Tanzania. 2 May 2017. [www.2017 Korea-Tanzania 25th Anniv. Booklet.pdf](#)



### **KOICA - Saving Mothers and Children's Lives through Innovative, Sustainable and Comprehensive RMCAH Services (2013-2018)**

This project included provision of ambulances, medical equipment and supplies, and renovation of 30 strategic health facilities to provide quality services for mothers, newborns and under-fives in Mbeya and Songwe regions. Strengthening comprehensive emergency obstetric and neonatal care (EMONC) was one of the vital components of this project (Tungaraza, 2018).

### **KOICA - 'One Mother One Bed' project (2014-ongoing)**

This project involved construction of a maternity hospital (the *Chanika Healthcare Center for Mothers and Newborns*) in 2019 to complement GoT efforts to provide quality maternal and newborn health services, and reduce maternal and neonatal deaths (Tungaraza, 2018).

### **KOICA - Maternal health improvement project in Kishapu District (2015-2018)**

This three-year project aimed to reduce maternal mortality rates in the district caused by pregnancy complications, by addressing 48 health facilities in 124 villages in the Shinyanga Region (Tungaraza, 2018).

### **KOICA/Multi-agencies – RMNCH project in Simiyu region (2017-2020)**

This RMNCH project is funded by multiple agencies including KOICA, UNFPA, DFID, and Global Affairs Canada (UNFPA Tanzania, 2018). It aims at “improving access to equitable, acceptable and affordable quality RMNCH services” in northwest Tanzania (Tungaraza, 2018). In Simiyu, Amref Health Africa has worked to bridge the gap between these rural communities and formal health systems, training over 800 health workers and nearly 4,000 volunteer Community Health Workers (CHWs). The five districts that have been targeted have seen the proportion of health facilities with at least one skilled birth attendant increase from 15% to 81%, births attended by skilled staff increase from 58% to 69%, and health facility delivery increase from 58% to 69%.<sup>16</sup>

## **United States**

### **USAID/Multi-agencies - SRHR**

USAID began supporting family planning in Tanzania in the late 1980s with a focus on increasing the prevalence rate of modern contraceptives, proving instrumental in building Tanzania's national programme (USAID, 2018b). Several major partners are involved, including FHI 360, Marie Stopes Tanzania, Pathfinder International, and The World Bank (USAID, 2018b).

The US has multiple opportunities to showcase the strong partnership with Tanzania on MNCH goals, and to plan for future engagement as the country prioritises MNCH within the *Sharpened One* and *Big Results Now* plans and anticipates its own economic transition (CSIS, 2015). Of US health assistance to Tanzania, 62% is channelled through the US President's Emergency Plan for AIDS Relief (PEPFAR), totalling more than USD 2.4 billion since 2004 (CSIS, 2015). PEPFAR

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<sup>16</sup> <https://www.amrefcanada.org/why-africa/tanzania/improving-maternal-and-newborn-health-in-underserved-areas-in-tanzania/>

implements its programmes through (amongst other organisations) the US Agency for International Development (USAID) and the US Centers for Disease Control (CDC).

### **USAID MEASURE Evaluation - EPCMD**

Since 2016, USAID/Tanzania's MCH programmes support activities in line with the *Ending Preventable Child and Maternal Mortality (EPCMD) Initiative*, which prioritises improved health for the most vulnerable women, girls, newborns, and children aged under five years (USAID, 2018a).

At the national level, USAID provides technical assistance to the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) 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 labour, treating newborn sepsis, introducing new vaccines, and deploying CHWs. 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 (USAID, 2018a).

### **USAID - MCSP**

From 2014-2019, the USAID *Maternal and Child Survival Programme (MCSP)* worked with the GoT and in-country partners to expand access to high-quality RMNCH. By helping to introduce and scale-up high-impact, sustainable interventions, they increased utilisation of services across the **continuum of care** — from the hospital to the community, and from pre-pregnancy through postpartum care. MCSP also supported **HIV/RMNCH integration**, as well as health systems strengthening, and pre-service education (USAID, 2019).

### **USAID/PEPFAR - HIV/AIDS in pregnancy**

HIV is an exacerbating factor for maternal mortality. Adolescents (aged 15-19) have particularly low testing levels, despite high levels of sexual activity.<sup>17</sup>

In 2018, the GoT began to fully scale-up self-testing for HIV. It is focusing on providing self-testing kits for hard-to-reach groups with the aid of USAID and PEPFAR. For example, using antennal clinics to provide pregnant women with self-testing kits to pass onto their husbands or boyfriends (Avert, 2020).

### **USAID/Multi-agencies - HPV vaccine**

Tanzania is among five countries with the highest rates of cervical cancer in Africa (WHO, 2018). Accurate and actionable immunisation data is an important factor in ensuring the vaccine reaches all girls, on time. Therefore, the GoT launched a national effort to ensure universal coverage of the HPV vaccine for girls in 2018. The national launch of the HPV vaccine was officiated by the Vice President of the United Republic of Tanzania and witnessed by the Regional Commissioner for Dar es Salaam; the Minister for Health; Country Representatives of

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<sup>17</sup> <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/tanzania#Key%20affected%20populations>

WHO and UNICEF; Officials from the Ministry of Health; President of the Regional Administration and Local Government (PORALG); WHO; UNICEF; JSI/MCSP-USAID; Clinton Health Access Initiative (CHAI), PATH, health care workers, community members, and the media.<sup>18</sup>

## 5. Main INGOs with maternal and SRHR programmes

There are several organisations and agencies that work together with Tanzania in maternal and sexual health programmes. The following highlights the main international non-government organisations (INGOs) and their programmes:

### Maternal health programmes

#### CDC Foundation<sup>19</sup>

This *Maternal and Reproductive Health in Tanzania Project* on preventing maternal deaths was funded by Bloomberg Philanthropies and Fondation H&B Agerup, and included implementing partners Thamini Uhai, Vital Strategies, and EngenderHealth. The implementing partners have led interventions to prevent maternal deaths and increase access to emergency obstetric care (EmOC) and other health services by upgrading health facilities and training health workers (Gailey & McMillan, 2019). An estimated 2,100 maternal deaths were potentially averted between 2011–2018 in the Kigoma Region. This region consists of rural and poor communities located in western Tanzania, has the poorest maternal health outcomes in the country (Stinson, 2019).

### Maternal health service programmes

#### Sanofi Espoir Foundation/ CAM-TAMA: safe motherhood and service delivery

The advocacy NGO Sanofi Espoir Foundation is working in Tanzania to improve maternal and newborn health. The *Improved Service Delivery for Safe Motherhood and Strengthening Midwifery in Tanzania* project addresses the need for improved maternal health service delivery in six zones across Tanzania; specifically recognising geographically disadvantaged areas that face limited access to EmOC, and shortages of adequately skilled maternity health care providers.<sup>20</sup> The project strengthens the capacity of practicing, and re-engaged rural midwives across the country through Emergency Skills training workshops, co-delivered on location, by Tanzanian-Canadian midwife pairs. This is through collaboration with the Canadian Association of Midwives (CAM) and Tanzania Registered Midwives Association (TAMA). The non-profit organisation Cuso international is also a project partner.

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<sup>18</sup> <https://www.afro.who.int/news/tanzania-rolls-out-vaccination-against-cervical-cancer>

<sup>19</sup> The CDC Foundation is an independent non-profit organisation. This sole entity was created by Congress to mobilise philanthropic and private-sector resources to support the Centers for Disease Control and Prevention's health protection work. <https://www.cdcfoundation.org/our-story>

<sup>20</sup> <http://fondation-sanofi-espoir.com/en/ngo-improved-service-for-safe-midwifery-tanzania.php>

## Women and Children First (UK): MNC health care

Women and Children First is supporting communities to save the lives of mothers and newborns in some of the world's poorest communities. By supporting their NGO partner (Doctors with Africa CUAMM) they will enable their team in Tanzania to improve community engagement in health and wellbeing, encouraging people to get the quality of health care they need and is available.<sup>21</sup>

## White Ribbon Alliance (WRA) Tanzania: PGSM

In October 2019, WRA Tanzania launched the *What Women Want Campaign* results at the Parliament with Parliamentarian Group for Safe Motherhood (PGSM), with the Minister of Health, Community Development, Gender, Elderly and Children. WRA Tanzania's new *Strategic Plan 2019–2022*<sup>22</sup> will increase access for all women and newborns to quality maternal and newborn health services before, during and after childbirth (WRA Tanzania, 2020).

## SHRH programmes

### Pathfinder International

In Tanzania, this organisation has pledged to stop preventable maternal deaths by making sure women receive high-quality, respectful maternal care at every point - from their home to the health facility.<sup>23</sup> Since 2013, Pathfinder has partnered with the Touch Foundation and Vodafone Foundation to strengthen Tanzanian health systems, and **pioneer innovative digital tools** that connect underserved women to lifesaving maternal health care. Other funders include USAID and The ELMA Foundation.

Their other maternal health projects include:

- *Pamoja* (meaning 'together' in Swahili): This 2020 project aims to strengthen the GoT's ability to offer comprehensive post-abortion care.<sup>24</sup> The funder is anonymous.
- *Evidence to Action Project (2011-onwards)*: From 2011, this USAID flagship project strengthens family planning and reproductive health services in sub-Saharan Africa (10 countries, including Tanzania).<sup>25</sup>
- *Contraceptive Choice for First-time Parents in Shinyanga (2015-onwards)*: Since 2015, this USAID-funded project is for young mothers. This initiative is part of the *Expanding*

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<sup>21</sup> <https://www.womenandchildrenfirst.org.uk/blog/how-we-are-helping-women-and-children-in-2020?rq=tanzania>

<sup>22</sup> [https://www.whiteribbonalliance.org/wp-content/uploads/2020/01/WRATanzania\\_ExternalStrategyPlan-FINAL-2.pdf](https://www.whiteribbonalliance.org/wp-content/uploads/2020/01/WRATanzania_ExternalStrategyPlan-FINAL-2.pdf)

<sup>23</sup> <https://www.pathfinder.org/countries/tanzania/>

<sup>24</sup> <https://www.pathfinder.org/projects/pamoja/>

<sup>25</sup> <https://www.pathfinder.org/projects/evidence-to-action-project/>

*Contraceptive Method Mix in Shinyanga* project, bringing full contraceptive choice to underserved communities.<sup>26</sup>

## UMATI

The NGO UMATI (Chama cha Uzazi na Malezi Bora Tanzania) was established in 1959. Since then, it has developed a comprehensive range of SRH services for the Tanzanian people. UMATI collaborates closely with and/or receives funding from the Ministry of Health and NGOs, such as Youth Incentives<sup>27</sup>, the Japanese Organization for International Cooperation in Family Planning (JOICFP), the German Agency for Technical Cooperation (GTZ), SIDA, and AMREF Health Africa.

## 6. Options to fill gaps through additional support

There are ways that these gaps in maternal and sexual health care can be filled by additional support:

### Maternal health

If Tanzania is to reduce maternal mortality, it must improve **women's health before pregnancy**. This includes increasing uptake of voluntary family planning services to allow for the healthy timing of pregnancies (Bliss & Streifel, 2015: 17):

### Adolescents

Reaching teenagers with friendly reproductive health services, as explicitly stated in the national strategies - *National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016–2020)* (MoHCDGEC, 2016) and the *Health Sector Strategic Plan July 2015–June 2020* (United Republic of Tanzania Ministry of Health and Social Welfare, 2015) - could contribute to reducing the maternal mortality, through delaying first birth beyond the risk age (teenage) (Manyeh et al., 2019).

### Continuum of maternal health care services

Of all pregnant women in Tanzania, only 64% are assisted during childbirth by a doctor, clinical officer, nurse, midwife, or maternal and child health aide (MoHCDGEC et al., 2016: 8). The fact that more than half of births in Tanzania occur at home also contributes to the elevated MMR.

Maternal health care needs to be improved: maternal and newborn health care health system performance gaps in Tanzania 2016 were explored by Shoo et al. (2017: 9); out of the 13 interventions found - 7 of which covered postpartum care - 4 were deemed “unacceptable.” The literature states that maternal health care services should focus on ensuring there is **continuum of care** through strengthening the health system, and provision of good quality of health care in a

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<sup>26</sup> <https://www.pathfinder.org/projects/choice-for-first-time-parents/>

<sup>27</sup> [http://www.youthincentives.org/About\\_Youth\\_Incentives](http://www.youthincentives.org/About_Youth_Incentives)

well organised referral health system from community level to high facility levels (Shija et al., 2011: 10).

### ***Digitalize maternal health services***

Health care outcomes in maternal, adolescent, and child health in Tanzania are poor and partly the result of fragmented service provision, lack of clinical guidance to aid decision-making processes, and limited use of data (Sarkar et al., 2020). The Fondation Botnar-funded Afya-Tek initiative aims to digitally link community members with community health volunteers, public health facilities, and private accredited drug dispensing outlets (ADDOs) to improve decision-making processes and quality of care along the continuum of care, and reduce inefficiency in referral systems (Sarkar et al., 2020). The aim is to use “emerging technologies and their role in accelerating progress for child, adolescent and maternal health in Tanzania.”<sup>28</sup> Evidence and learnings from the experience of implementing this low-cost model will be evaluated until 2021, with a view to be scaled across Tanzania and beyond.

### **Monitor HIV mother-to-child transmission prevention**

The Tanzanian *Prevention of Mother-to-Child Transmission (PMTCT)* guidelines were introduced in 2004, then modified in 2007 and 2012 according to changes in WHO guidelines, representing changes in treatment, testing, and monitoring regimens. However, adherence to and effects of implementation of the guidelines over time have not been well explored (Rebnord et al., 2017).

### **Anaemia & malaria prevention in pregnancy**

#### ***Iron fortification***

Anaemia is a common occurrence among all pregnant women (CDC, 2018). The World Health Assembly has called for a 50% reduction in anaemia in women of reproductive age (15-49 years old) by 2025 (WHO, 2014a). In terms of communicable, maternal, neonatal, and nutritional diseases, the most disability in Tanzanian women is caused by dietary iron deficiency anaemia (IDA) (IHME, 2017). Malnutrition causes the most death and disability combined.

*Tanzania Demographic and Health Surveys* report a slight decrease in the prevalence of anaemia among pregnant women from 58% in 2004/05<sup>29</sup> to 53% in 2010.<sup>30</sup> However, other studies conducted in Tanzania have reported a higher prevalence of anaemia among pregnant

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<sup>28</sup> <https://www.fondationbotnar.org/fondation-botnar-and-partners-launch-afya-tek/>

<sup>29</sup> National Bureau of Statistics (NBS) [Tanzania] and ORC Macro (2005)., *Tanzania Demographic and Health Survey 2004–05*, National Bureau of Statistics and ORC Macro, Dar e Salaam, Tanzania.

<sup>30</sup> Bureau of Statistics (NBS) [Tanzania] and ICF Macro (2011). *Tanzania Demographic and Health Survey 2010*, NBS and ICF Macro, Dar es Salaam, Tanzania.



women: 68% in Dar es Salaam<sup>31</sup> and 47% in Moshi.<sup>32</sup> IHME (2017) data shows that IDA has remained the top cause of disability in Tanzania for 10 years (2007-2017).

### **Decrease malaria infection**

In pregnancy, infections are a key cause of anaemia. Pregnant women are at risk of malaria infection; it is a particular problem for women in their first and second pregnancies, and for women who are HIV-positive (CDC, 2018). Tanzania has the third largest population at risk of malaria in Africa: over 90% of population live in areas where there is malaria.<sup>33</sup>

Infections can be prevented by sleeping under a bed-net and taking intermittent preventive treatment (IPTp) for malaria and deworming pills. 2011-2012 figures show that not enough women are taking IPTp to prevent malaria during pregnancy (32%) (USAID Spring Project, 2015). However, the World Malaria Report states that, in Africa, only Burkina Faso and Tanzania were estimated as having more than half of pregnant women receiving three doses of intermittent preventive treatment in pregnancy (IPTp3) in 2018 (WHO, 2019). This treatment needs to be increased, although work to develop malaria databases has only started in Tanzania (WHO World Malaria Report, 2019).

### **Postpartum depression**

Postpartum depression (PPD) in many low-income countries, including Tanzania, is not well recognised, and the underlying predictors and causes of PPD remain unclear (Rogathi et al., 2017). There is little data available regarding the prevalence of depression in pregnant young women; data ranges from 10.7% to 21.1% (Kutcher et al., 2017).

### **Protect maternal health care rights**

Research published in the Lancet notes that gaps remain in **protection of maternity in national law and practice** (Maternity Protection Convention, 2000 [no. 183]), abortion, and antenatal corticosteroids for preterm delivery (Afnan-Holmes et al., 2015).

*The Lawyers Circle* NGO has made a commitment to their partner (the UN Every Woman Every Child campaign) to assist the GoT in the process of ratifying international conventions on maternal health rights, as well as introducing these conventions into the national institutions and legal system. Its work targets both SDG 5's targets.<sup>34</sup> Following this work, with appropriate aid,

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<sup>31</sup> Kidanto HL, Mogren I, Lindmark G, Massawe SN, & Nystrom L (2009). Risks for preterm delivery and low birth weight are independently increased by severity of maternal anaemia. *South African Medical Journal*, 99(2), 98–102.

<sup>32</sup> Msuya SE, Hussein TH, Uriyo J, Sam NE, & Stray-Pedersen B (2011). Anaemia among pregnant women in northern Tanzania: prevalence, risk factors and effect on perinatal outcomes. *Tanzania Journal of Health Research*, 13(1), 33–39.

<sup>33</sup> <https://malariaspot.org/en/eduspot/malaria-in-tanzania/>

<sup>34</sup> Target 5.6: “universal access to reproductive health and rights”, and Target 5.C: “to adopt and strengthen policies and enforceable legislation on for gender equality”: <https://thecircle.ngo/project/maternal-health-rights/>

*The Lawyers Circle* hopes to produce a Maternal Health Rights toolkit which can be used by lawyers to analyse the maternal health rights legal framework.<sup>35</sup>

## Sexual and Reproductive health (SRH)

### Adolescent empowerment

The Tanzanian population is mostly young (MoHCDGEC, 2016: 1). The country is home to 12 million adolescents (10-19 years), an age group expected to reach 30 million by 2050 (UNICEF Tanzania, 2019). The 2014 WHO report *Health for the World's Adolescents* notes that progress for adolescents lags behind gains made in maternal and child health programmes (WHO, 2014b). Evidence of SRHR status of marginalised youth in Tanzania, especially in those with disabilities, is also lacking (Tull, 2019: 6).

There is evidence that former programmes can be used to correct this. The ABC programme (meaning “Abstain, Be faithful, use Condoms”) from 2004 included a set of interventions combining the three implied strategies: abstinence; faithfulness between sexual partners, and the generalisation of condom use in Tanzania. It also decreased HIV prevalence when used in Uganda (Murphy et al., 2006). Plummer (2012), commenting on this programme, noted that ABC programmes have a potential for reducing sexual risk behaviour among individuals who have different priorities and desires, which includes adolescent girls. Cardoso & Mwolo (2017: 531) found ABC an overarching approach in intervention for empowering adolescents, including girls, to avoid health threats in almost all NGOs.

### Reproductive cancer interventions

Cervical cancer is the most common cancer in Tanzanian females, with 9,772 new cases and 6,695 deaths each year (Bruni et al., 2018 in Runge et al., 2019). In recent years, addressing the cervical cancer problem has become a priority for the GoT (Runge et al., 2019). The MoHCDGEC established the *Reproductive Health-Cancer Unit* to deal with cervical cancer (Moshi et al., 2018).

Despite these efforts, evidence has shown a continuous rise in new cervical cancer cases, from 1,288 cases in 2008 to 1,881 cases in 2011 (Yuma, 2014). More recent report shows that the cervical cancer cases increased to 9,772 in 2018 (Bruni et al., 2019). The 2017 National Health Policy states that the services related to cervical cancer screening are inadequate (MoHCDGEC, 2017: 25). Mugassa and Frumence (2020) emphasise that there is a need for the national and district health systems to address identified barriers, to ensure smooth implementation of the interventions aiming at improving the early uptake of cervical cancer in Tanzania.

### EmONC service personnel

Research from Zanzibar and Tanzania finds that there is a need to strengthen human resource capacity at primary health facilities through training of health care providers to improve Emergency Obstetric and Neonatal Care (EmONC) services, as well as provision of necessary

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<sup>35</sup> This NGO has also recognised the need for aid for the effect of COVID-19 on women accessing health care facilities.

equipment and supplies to reduce workload at the higher referral health facilities, and increase geographic access (Fakih et al., 2016).

## 7. SRHR gaps in Tanzania during COVID-19 and beyond

### COVID-19 and RMNCH services

The WHO Director General's recent remarks on COVID-19 (May 2020) emphasise that "All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights".<sup>36</sup>

Tanzania registered its first coronavirus death on 31 March 2020 (UNFPA, 2020a). Even in some of the wealthiest countries such as the United States, COVID-19 is exposing massive gaps in the healthcare system and significant inequalities resulting in deadly outcomes.<sup>37</sup> As part of the COVID-19 Pandemic United Nations Population Fund (UNFPA) Global Response Plan, the UNFPA response involves a 3-pronged approach to maternal health care (UNFPA, 2020b: 44):

1. Protect maternity care providers and the maternal health workforce
2. Provide safe and effective maternity care to women
3. Maintain and protect maternal health systems

However, recent research<sup>38</sup> published in the *Lancet* reveals that the pandemic and the response to the pandemic are already affecting both the provision and utilisation of RMNCH services in several countries (Robertson et al., 2020).

### Access to SRH services

COVID-19 poses a threat to access to vital pharmaceutical products such as condoms, medical abortion, oral contraception, emergency contraception, and injectables.<sup>39</sup> In April 2020, Sida (The Swedish International Development Cooperation Agency) and DKT International expanded their partnership. Their funding also will allow more access to contraception and safe abortion in Eastern Africa.

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<sup>36</sup> <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/>

<sup>37</sup> <https://reliefweb.int/report/world/gender-matters-covid-19-s-outsized-impact-displaced-women-and-girls>

<sup>38</sup> Based on the estimates of the service coverage reductions observed during the Ebola epidemic, the authors calculated plausible reductions in the utilisation of 68 essential maternal and child interventions due to the COVID-19 pandemic. Reductions ranged from 10% to 52%. The researchers at Johns Hopkins University used the Lives Saved Tool (LiST) to calculate maternal deaths and deaths of children under the age of 5 years resulting from those reductions.

<sup>39</sup> <https://www.businesswire.com/news/home/20200407005711/en/DKT-International-Receives-Extended-Support-Sida-Address>

## Access to essential maternal health care services

During the 2014-2015 Ebola outbreak average health care utilisation declined by 18%, but declines were larger for maternal and child health services; for example, facility-based deliveries dropped by 28% (The Global Financing Facility, 2020: 2). Many family planning clinics in Asia have reported shortages in modern contraceptives, and UNFPA has reported commodity production shutdowns, delays in procurement and increased prices.<sup>40</sup>

UNFPA (2020a) recognises that the COVID-19 pandemic has made menstrual health more urgent, especially for adolescents. Maintaining essential health services during the COVID-19 pandemic is critical to prevent these severe outcomes and protect the gains made over the past years in reducing maternal and child mortality (The Global Financing Facility, 2020: 1). Mathematical models indicate that large service disruptions in Tanzania have the potential to leave 326,500 women without access to facility-based deliveries, and 1,208,800 fewer women receiving family planning services. As a result of supply and demand disruptions in all essential services, maternal mortality in Tanzania could increase by 16% and child mortality by 16% over the next year.

## Health care workers

In Asia, there is already evidence that COVID-19 is causing high rates of morbidity and mortality among health care workers, leading to further staffing shortages.<sup>41</sup> UN Tanzania (2020) has recognised that **midwives play a vital role** in delivering quality SRH services – maternal health services that are key to reducing maternal deaths and making childbirth safer. They also provide the information and contraceptive counselling that women and young people need to make healthy and informed decisions.

## RMNCH beyond COVID-19

### Strengthen domestic resources

As Tanzania's economy grows<sup>42</sup>, more funds will enter the RMNCH sector, but there will still be large gaps. Research from the Center for Strategic and International Studies (CSIS) think tank shows that Tanzania's dependence on donor financing to support government health spending is unsustainable (Bliss & Streifel, 2015: 17-18). Therefore, the public health sector will need assistance in transitioning from heavy dependence on donor funds.

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<sup>40</sup> WHO, UNFPA, IPPF and Jhpiego (2020). *Covid-19 and Implications for Family Planning Service Delivery* (Webinar). 7 April 2020. <https://www.youtube.com/watch?v=mb8Kv75iklk&t=5s>

<sup>41</sup> Brown T (2020). *Healthcare Workers in China Hit Hard by Novel Coronavirus*. 11 February 2020. Medscape. <https://www.medscape.com/viewarticle/925134>

<sup>42</sup> <https://www.worldbank.org/en/country/tanzania/overview>

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## Key websites

- UMATI SRH Projects: <http://www.umati.or.tz/index.php/what-umat-does/our-projects>

Useful Resources for Countries to Maintain Essential Services During the COVID-19 Pandemic:

- Operational Guidance from the World Health Organization (WHO): <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak/>
- Comprehensive list of guidance for maintaining essential services during the COVID-19 pandemic: <https://www.who.int/pmnch/media/news/2020/guidance-on-COVID-19/en/>
- Resources from the Global Financing Facility (GFF): <https://www.globalfinancingfacility.org/CoVid19/>

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*This report is based on nine days of desk-based research. The K4D research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact [helpdesk@k4d.info](mailto:helpdesk@k4d.info).*

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