



UNITED REPUBLIC OF TANZANIA

WRA National Alliance since 2004

Birth Rate, 2007 est.:	35.95 births/1,000 population ¹
Maternal Mortality Ratio, 2004:	578 per 100,000 live births ¹⁰
Infant Mortality Rate, 2004:	32 deaths/1,000 live births ¹⁰
Total Fertility Rate, 2004:	4.97 children born per woman ¹⁰
Antenatal Care Coverage, at least one visit, 1996& 2004:	94% ¹⁰
Skilled Attendant at Delivery, 2004:	46.3% ¹⁰
Women Using Modern Contraceptive Methods, 2005:	16.9% ⁹
HIV Prevalence Rate for Adults, 2003:	8.8% ¹

Tanzania hosts Kilimanjaro as the highest point in Africa, which is bordered by three of the largest lakes on the continent. The economy depends heavily on agriculture, however, topography and climatic conditions limit cultivated crops to only 4% of the land area, making Tanzania one of the poorest countries in the world.¹

Following decades of one-party socialism and economic stagnation, Tanzania embarked on a fundamental political and economic transformation in the early 1990s.² The government of Tanzania is a republic, a representative democracy in which the peoples' elected deputies (representatives), not the people themselves, vote on legislation.¹ Tanzania's first multi-party elections were held in 1995, and subsequent elections occurred in 2000 and 2005.²

Tanzania, long considered an island of stability in the region, plays a constructive role among its neighbors by hosting hundreds of thousands of refugees and leading efforts to resolve regional conflicts peacefully in neighboring Rwanda, Burundi, and the Democratic Republic of Congo.^{2,3}

Tanzania has a population of 38 million with a life expectancy of 45.64 years.¹ The GDP per capita is \$674⁴ and the government expended 4.3 percent of the GDP on health in 2003.⁵ Tanzania is a least developed country, ranked at 162 out of 177 on the UNDP Human Development Index (HDI), with a value of 0.430.⁴ Currently 1.6 million people

WRATZ was established in **March 2004**.

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are living with HIV/AIDS and 160,000 deaths have occurred as a result of the disease.¹ The virus has orphaned nearly a million children and forced others to assume household responsibilities beyond their years in order to care for ailing parents.³

Findings from the 2004-05 Tanzania Demographic and Health Survey⁶ released in February suggest that health indicators for Tanzanian children have improved substantially in the past five years, while family planning and fertility rates are virtually unchanged from the prior 1999 survey. More than 25% of young women age 15-19 have begun childbearing. One in four married women uses a method of family planning and the use of modern methods of family planning has increased slightly. Knowledge of HIV/AIDS is high, but less than one-third of men and women know how to prevent maternal-to-child transmission of HIV/AIDS.

Most Tanzanian women receive antenatal care (ANC) during pregnancy, but many are not attending ANC within the first three months of pregnancy, as recommended. The average distance to a health care facility for the general population is about 10 Km, and only 47% of women deliver at health facilities. Of these, only 46% receive skilled birth attendance from a doctor, clinical officer, nurse, and midwife or MCH aide.⁶

More than half of the births in Tanzania occur at home, about 14% of the home births are assisted by traditional birth attendants (TBA).¹⁰ The rest are assisted by relatives, neighbors and friends.

Provider Demographics

Title	Primary Duties	Years/Level of Training
Medical Doctors	General treatment, including obstetric care	6 years, including one year internship after A levels
Nurse w/degree (RN)	General nursing	5 years , including 1 year internship after A levels or Diploma in Nursing/Midwifery
Nurse Midwife w/diploma (RN/RM)	General nursing and midwifery	4 years after O or A levels
Nurse Midwife w/certificate (Enrolled Nurse)	General nursing, including midwifery	4 Years after primary education or O levels
Assistant Medical Officers	General treatment, including obstetric care	Upgraded clinical officers taught how to do c/s
Clinical Officers	Treat at health centers or dispensaries	3 years after O or A levels
MCH Aides	Maternal Child Health including Assisting Birthing	2 years after primary education, but the training does not exist any longer

In terms of the density of health care workers in Tanzania, there are 0.02 physicians per 1,000 population, and 0.37 nurse-midwives per 1,000. There are 0.82 other health workers per 1,000 population.⁷ There have been some issues with the recruitment and retention of health care workers in Tanzania. Employment has been frozen since 1994, causing a critical shortage of skilled health workers. Health workers do not prefer working in remote areas because of the hardships of rural living and because salaries are low.

However, the Ministry of Health has recently received permission from the government to employ all graduates from health institutes with immediate

effect. Retired and unemployed qualified health workers are to be employed if they are ready to work. The Muhimbili National Hospital in Dar Es Salaam City is currently employing 100 nurse-midwives, and all regions are happy that their requests for new employees are now being honored. Salaries are being raised for all health workers, although not to a satisfying amount. The President has made the situation his focus to increase its visibility to the ministries.⁸

The past decade has been marked by successful reforms and steady economic growth. Tanzania's challenge for the future is to create better living conditions for the rural poor and to control the spread of HIV/AIDS. The 2007 launch of an HIV counseling and testing campaign, with a theme *Tanzania Without HIV is Possible*, has encouraged many people to show up for counseling and know their HIV status. The Tanzanian government has developed a new national poverty-reduction strategy that reflects the UN Millennium Development Goals, aiming to reduce poverty by 50 per cent by 2010 through a multisectoral approach.³

In its response to the 2003 United Nations survey of population policies, the government viewed its fertility as too high, and under-five and maternal mortality levels as unacceptably high.⁹ The Ministry of Health's immunization program now reaches more than 90 per cent of Tanzanian children. The government has strengthened partnerships with NGOs and other development partners to enhance coordination of population and development activities. The 1992 National Population Policy has been revised to incorporate the goals of the International Conference on Population and Development (ICPD) Program of Action.

The Tanzanian Government established its White Ribbon Alliance for Safe Motherhood (WRATZ) in 2004. This grassroots movement for safe motherhood inspires action to save the lives of women, infants and children in Tanzania. The vision is that all women and newborns should have access to safe motherhood services in a supportive environment. The objectives of WRATZ are: (1) To advocate for adequate numbers of qualified health workers as a strategy to reduce maternal and newborn mortality ratios, (2) To improve birth preparedness among Tanzanians, (3) To increase male involvement in reproductive health issues and (4) To assist women to realize their right to skilled birth attendance and demand it

In addition, WRATZ, in collaboration with the WRA Global Secretariat, trained six health care providers, two from Rombo, Babati and Temeke districts. The trainers developed a short film which was shown to 300 WRATZ members, from 17 out of the 21 regions in Tanzania, during the Districts Action Planning for Safe Motherhood and Annual General meeting. The Minister for Health and Social Welfare, who opened the meeting, saw the footage and agreed to be part of it and was interviewed. WRATZ is developing five TV and radio promos nationally and internationally.

WRATZ has advocated for adequate numbers of qualified health workers as a strategy to reduce maternal and newborn health in four disadvantaged districts, including Sumbawanga Rural, Monduli and Geita Districts. Some positive outcomes have been seen during Monitoring and Evaluation after 1 year of the advocacy campaign. For example, all dispensaries in Sumbawanga Rural that had only one medical attendant were found to now have a second one. Three dispensaries had 3 qualified staff. Many more women decided to give birth at health facilities rather than at

home and, according to records, more were referred from dispensaries to higher level facilities than before the advocacy. A dispensary that had no deliveries last year was found to have thirty-three recorded this year. WRATZ has another activity which will be implemented by Tanzania Midwives Association. It is a case study titled "Mobilising communities: strengthening transport systems for obstetric emergency cases in Tanzania" Case Study. WRATZ is advocating for skilled health Workers at Health Facilities to mobilize the community on how to reach these facilities. Lastly, WRATZ is exploring on how to implement Home Based Life Saving Skills in the country.

¹ CIA. The World Factbook , Tanzania. Found at: <https://www.cia.gov/cia/publications/factbook/geos/tz.html> Accessed on: March 8, 2007.

² USAID: Sub Saharan Africa, Tanzania. Found at: http://www.usaid.gov/locations/sub-saharan_africa/countries/tanzania/ Accessed on: May 8, 2007.

³ UNICEF: United Republic of Tanzania. found at: http://www.unicef.org/infobycountry/tanzania_1254.html. Accessed on: May 8, 2007.

⁴ UNDP. Human Development Report, 2006. Beyond scarcity: Power, poverty and the global water crisis. Found at: http://hdr.undp.org/hdr2006/pdfs/report/HDR_2006_Tables.pdf Accessed on: March 8, 2007.

⁵ WHO: United Republic of Tanzania. Found at: <http://www.who.int/countries/tza/en/>. Accessed on: March 8, 2007.

⁶ Measure Demographic and Health Surveys. Press Release on: Report: Tanzania Sees Improvement in Child Health, While Risky Sexual Behavior Remains Common. Found at: http://www.measuredhs.com/aboutdhs/pressroom/Release_archives/060221c-tanzania.cfm. Accessed on March 8, 2007.

⁷ WHO. Core Health Indicators: The United Republic of Tanzania. Found at: http://www3.who.int/whosis/core/core_select_process.cfm?country=tza&indicators=healthpersonnel&intYear_select=all&language=en. Accessed on: March 8, 2007.

⁸ White Ribbon Alliance for Safe Motherhood. National Alliance Tanzania.

⁹ UNFPA. The United Republic of Tanzania. Found at: <http://tanzania.unfpa.org/>. Accessed on March 8, 2007.

¹⁰ National Bureau of Statistics, Dar Es Salaam Tanzania (2004-2005), Tanzania Demographic and Health Survey: ORC Macro; Calverton, Maryland, USA