

**SOCIAL ACCOUNTABILITY FOR
MATERNAL NEWBORN, CHILD
AND ADOLESCENT HEALTH.**



**THE WHITE
RIBBON
ALLIANCE**

HEALTHY MOTHERS
HEALTHY WORLD

JANUARY 2017

INTRODUCTION

This evidence based tool aims to promote social accountability for Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) and inspire action to the parliamentarians, policy makers and decision makers in the responsible committees in the Parliament, Councils and Ministries.

The tool have been developed with an evidence that despite much progress, the main challenges faced by the health sector in Tanzania are high fertility rates, especially among adolescents, slow reduction of maternal and new-born mortality, ineffective coverage of 24 hour available emergency obstetric and new-born care, inadequate human resource for health, insufficient health equipments and commodities, inadequate social accountability in health, and inadequate citizen engagement in making the desired change.

Despite the efforts to improve Reproductive Maternal Newborn Child and Adolescent Health targeting to reduce 16/1000 newborn death by 2020 and availability of Comprehensive Emergency Obstetric and New Born Care (CEMONC) services in 50 percent of health facilities nationally and 100 percent in hospitals by 2020 (One Plan II). We need to strenghten political will for politicians, decision makers and leaders to actively participate in budget discussion in the parliamentary committees, with a greater chance of increased resources and better monitoring of the health sector.

SITUATION IN TANZANIA

30



WOMEN

die every day due to pregnancy related complications.

(TDHS 2015-2016)

180



NEWBORN

die every day during birth

(TDHS 2015-2016)

268



IT IS ESTIMATED THAT

children under the age of 5yrs die every day in Tanzania due to pneumonia, diarrhea, malnutrition, infections, malaria and other birth complications.

(TDHS 2015-2016)

19
YRS



BY THIS AGE OF

27% of adolescents are either mothers or are pregnant for their first child

(TDHS 2015-2016)

1 out of 5 women in Tanzania have no access to family planning services. (Source TDHS 2015-2016).

45 percent of women between the age of 15 and 49 are anemic. (Source TDHS 2015-2016).

It is estimated that 130 children under the age of 5 die every day due to malnutrition.

Girls who get pregnant between 15-19 years are two times more at risk of dying while giving birth, than women aged 20 years and above.

Inadequate budget is the main cause of maternal mortality due to challenges in accessing quality and timely Reproductive Maternal Newborn Child Health and adolescents services. (Source: One Plan II.)

According to One Plan II (2016-2020) Tanzania will need 237 Billion to upgrade 237 health centres to provide Comprehensive Emergency Obstetric and Newborn Care (WRATZ 2016-2017 CCHP analysis).

LIMITATIONS

Between 2008 to 2016, 350 health centres were to provide Emergency Obstetric and Newborn Care Services (CEmONC), but until 2016 only 113 centers provided such services in the country. (MOHSW, EMONC assessment report 2015)

Insufficient medical equipments and supplies, contraceptive and reproductive health skilled health providers

Insufficient allocation of health centres budget. Some district councils that provide Emergency Obstetric and Newborn Care services (CEmONC) are not allocated sufficient fund to provide the required services.

Insufficient male involvement in Reproductive Maternal Newborn Child Health and adolescents health contributing to women, newborn, child and youth morbidity and mortality

48 district councils did not set aside budget for Emergency Obstetric and Newborn Care services (CEmONC) in 2016/2017 budget. (WRATZ CCHP analysis 2016/17)

2016/17 health sector budget is 9.2 percent compared to 15 percent committed by the Government of Tanzania in 1989 Abuja declaration.

GOVERNMENT COMMITMENTS

NATIONAL COMMITMENTS

1. The Government of United Republic of Tanzania has committed by year 2020, 100 percent of hospitals and 50 percent of health facilities in the country will provide Comprehensive Obstetric and Newborn Care. (One plan II 2016-2020)
2. The Government of United Republic of Tanzania has committed to address the challenges of inadequate family planning through capacity building of skilled health workers, social services for adolescents in Lake and Western Zones. (One Plan II 2016-2020)
3. Food Nutrition professionals (Nutritionist) will be available at district and regional level. (World Health Assembly 2015)

INTERNATIONAL COMMITMENTS

1. Abuja declaration: In 2001, the Government of Tanzania signed to the Abuja Declaration, pledging to increase government funding for health to at least 15 percent of its annual budget.
2. Tanzania signed the Sustainable Development Goals (SDGs) in 2015. Including SDG No; 3 To ensure healthy lives and promote well-being for all at all ages.
3. Tanzania committed to strengthen nutrition for women, children under five years old by 2025. (World Health Assembly 2015)



Health workers are key for the better health of a mother and child.
PHOTO: MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN.



LEADER:

**BE ACCOUNTABLE TO THE SOCIETY BY PROMOTING
REPRODUCTIVE HEALTH CARE FOR WOMEN, INFANTS, CHILDREN
UNDER FIVE AND ADOLESCENTS OF TANZANIA**

PHOTO: WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD IN TANZANIA. (WRATZ)

BUDGET

The government should implement the Abuja declaration. In 2016-17 budget, the government allocated 9.2 percent of the national budget to the health sector. This was contrary to its commitment to allocate 15 percent.

We urge the government to ensure that funds allocated for Reproductive Maternal Newborn Child Health are fully disbursed, in a timely manner and well supervised.

Local and Central government should establish a specified line in the budget for Emergency Obstetrics and Newborn Care services and the Ministry of Finance should ring-fence it so that the funds are not used for other activities.

The government should set aside 237 billion shillings to enable 237 health centers to provide CEmONC services.

The central government should make sure it set aside enough budget for councils to provide health care for mothers, children and adolescents.

LEADERS

Members of Parliament

They should ensure they address challenges of Reproductive Maternal Newborn Child Health and adolescents by ensuring enough funds are disbursed to save lives.

They should have sustainable plans to reduce and eliminate deaths caused by the insufficient health services to mothers, infants, children under 5 and youth.

They should allocate a portion of other charges (OC) funds to be used for Reproductive Maternal Newborn, Child, and Adolescent Health as well as health centers and hospitals in their constituency.

Central Government

Should also improve infrastructure such as roads, electricity to easily facilitate access to health care services.

Ministry of Finance

Should ensure that the budget set for Reproductive Maternal Newborn, Child, and Adolescent Health including CEmONC is not reduced and its disbursed on time to the council and expenditure is monitored by the Ministry.

Ministry of Health and Regional Administration and Local Government (PO-RALG)

They should ensure that they oversee budget planning to facilitates Reproductive Maternal Newborn Child Health, children under the age of 5 years and adolescents. Should also consider the proportion of skilled health providers when hiring in health centers.

Regional Council Officials

Should engage the community and health providers in planning of health budget for Reproductive Maternal Newborn Child Health, children under the age of 5 years and adolescents so that enough fund is allocated to avoid deaths.

Councilors

Councilors should oversee expenditures of the allocated fund for the Reproductive Maternal Newborn, Child, and Adolescent Health.

HEALTHCARE SUPPLIES AND WORKFORCE

Health Centers Should:

Increase medical supplies, commodities and Human Resource for Health

Hire reproductive health and nutrition skilled health providers in hospitals and health centers.

Have maternity waiting homes near health centers that provide Emergency Obstetrics and Newborn Care services.

Should have friendly and accessible services to the disabled.

COMMUNITY INVOLVEMENT

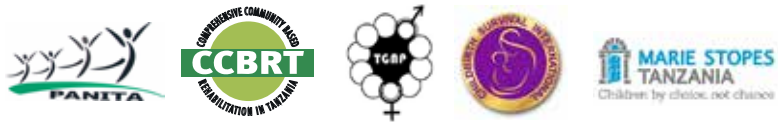
The community should abandon harmful traditional practices that contribute to continuing death of mothers and children. For example: Child marriage.

Citizens should be accountable to ensure provision of health care services for mothers, infants, children under the age of 5 years old and adolescents.

Pregnant women should be responsible to ensure she survive child birth supported by their spouses, families and the community.

Citizens should use social accountability mechanism on reproductive health care for the mother, infant and adolescents in order to prevent deaths.

Coalition of CSOs for RMNCAH under WRATZ





This advocacy package was financially supported by
UNICEF, UN and WRA GS



**THE WHITE
RIBBON
ALLIANCE**

HEALTHY MOTHERS
HEALTHY WORLD

The White Ribbon Alliance for
Safe Motherhood in Tanzania (WRATZ)
Ada Estate, Galu Street, Kinondoni
P. O. Box 65543, Dar es Salaam, Tanzania
Facebook: www.facebook.com/WRATanzania
Twitter: @WRATanzania
Website: www.whiteribbonalliance.org



PGSM



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

