TANZANIA

December 2024

Maternal and Newborn Health Care Policy Brief

INTRODUCTION

Institutional births have increased dramatically across the globe, including in sub-saharan Africa, but the places where births occur vary enormously and are poorly understood.

Countdown to 2030 analyzed maternal and newborn health data from Tanzania in the last two decades. The study aims to inform the best balance of childbirth care services across facilities to adequately provide life-saving and respectful childbirth care. Data sources included DHS, HMIS, and others.

FINDINGS

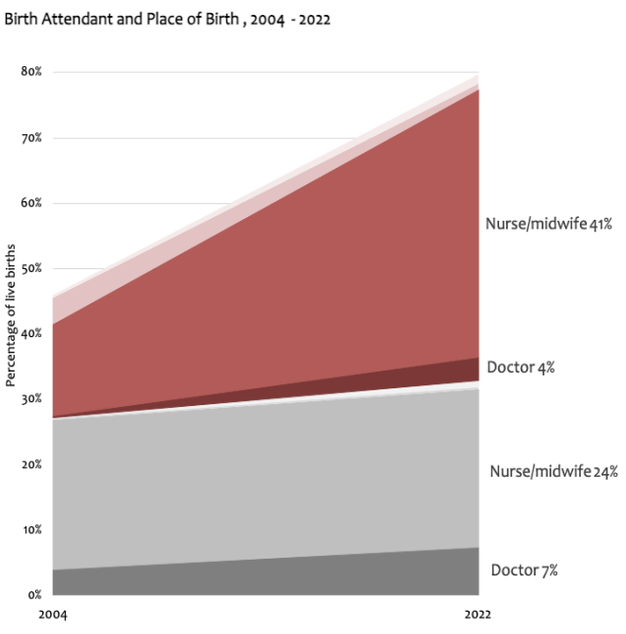
Birth Attendance & Place of Delivery

The mortality decline occurred in all age groups and was greatest in the age group 25-29 years. There was a slight decline of 29.4% over the 20 years.

The institutional delivery increased from 64% between 2016-2021, to 81% in 2022/23. The births attended by skilled health care providers also increased by 20% from 65.8% in 2015/16 to 85.0% in 2022/23.

Majority of women in Tanzania delivering in lower-level facilities were assisted by nurses /midwives, with the proportion having increased from 74% in 2004/05 to over 90% from 2015/16 (17% to 43%) of all deliveries respectively.

Majority of women in urban areas (>50%) deliver in hospitals, compared to 15-20% of women in rural areas.



Volume and Concentration of Care

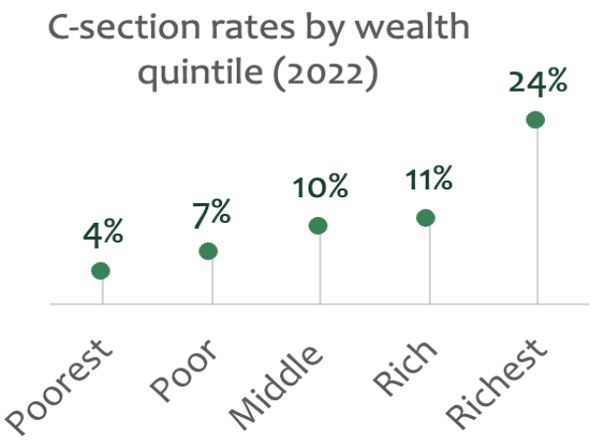
72% of public health facilities offered delivery services in 2022.

30% of private facilities delivered via C-sections followed by religious facilities at 28%. Public sector facilities have the lowest percentage of live births delivered via C-sections.

Cesarean Section

The national C-section rate increased over time from 3% in 2005/2006 to 11.0% in 2022.

In 2022, C-section rates were higher among the richest at 24% compared to the poor at 4%.



RECOMMENDATIONS & NEXT STEPS

- Increase access to skilled birth attendance in rural areas to close the urban-rural gap in hospital deliveries.
- Strengthen capacity of lower-level health facilities with commodities and effective referral systems to manage complications and reduce unnecessary CS.
- Promote equity in access to CS services for low-income communities to address disparities in access to life-saving maternal health services.

Learn More:

www.countdown.org/maternal-newborn-health

The United Republic of Tanzania

IFAKARA HEALTH INSTITUTE

GLOBAL FINANCING FACILITY

APHRC African Population and Health Research Center

Countdown to 2030
Women's Children's & Adolescent's Health