NGO statement

Joint Health Sector Review

2005

Maternal and Child Health

The health sector has seen important achievements in recent years, including improvements in immunization coverage, drug supplies, capacity for decentralization, funding allocations to district level, and recent optimism in HIV rates. NGOs recognize the efforts of Ministry of Health and other partners in achieving these gains and to reviewing progress on an annual basis.

At the same time, **childhood nutrition and maternal health** have failed to improve and have even deteriorated. The *rural – urban* and *poor – non poor* disparities in access to care particularly in rural areas, is a serious cause for concern.

We face challenges in reducing maternal mortality and childhood malnutrition to targets set in the MKUKUTA. Current trends also suggest that the MDG targets are not likely to be met in these areas. The basic indicators of equity are in question: whether the poorest women and children achieve positive health outcomes.

We know what the problems are, and we know what needs to happen. What is *needed* is to implement effective strategies to save children's and women's lives. NGOs work at both the health systems level and broader health development level to improve health outcomes, including for women and children, by strengthening health facilities and systems; providing health education and training; researching the causes and consequences of ill-health and impacts of health policy; and advocating to improve health outcomes particularly of the poor. NGOs work in partnership with communities, government, for-profit and non-profit providers, and others to achieve these goals.

What should be done?

NGOs call for the following actions to address the critical areas of **childhood nutrition and maternal health.**

Health sector and health systems

1. **Urgently push for a resolution to the human resource crisis**. The continuing human resource crisis has a devastating effect on provision of quality care, particularly for the poor and those living in remote areas. And particularly for pregnant women. Without adequate and equitable deployment of skilled and motivated health workers, the additional financing for infrastructure, supplies and drugs will not improve services or health outcomes.

   The number of Nurse B/MCH Aides is down 33 percent since the mid-1990s; clinical officers down 30 percent. Doctors are virtually unavailable in rural areas. Funded posts must be urgently filled, and additional health workers trained in key cadres. Monetary and non-monetary incentives should be implemented to motivate health workers to live in 'hardship' posts and to encourage doctors to work in rural areas. Measures are also needed to ensure that health workers provide the services they are trained to provide, and those who mistreat or abuse their patients are held accountable.

2. **Dramatically improve provision of accessible and affordable care during childbirth and delivery, including emergency obstetric care.** There is an urgent need to specify, quantify and cost the inputs required to make "safe motherhood" a reality, and to prioritize this in budgets and plans at the local and central levels. This includes skilled staff (nurse-midwives); focused training and guidelines; availability of caesarean section at least at the health centre level; guaranteed supply of consumables and supplies for delivery; and rigid assurance that women are not barred from care due to inability to pay.

   The rate of skilled attendance at delivery is unique among the DHS indicators for having declined between 1992 and 1996, and between 1996 and 1999. The rate of caesarean section is worse in Tanzania than in other countries of sub-Saharan Africa, particularly in rural areas where most women live. A substantial increased investment in provision of
   c-section down to the health centre level, and a major improvement in referral systems (including roads and transport) is required so women can reach a hospital in event of an emergency. While ANC services are widely available and used, their quality needs to be significantly improved. Skilled providers - whether in public or private employment - should be coordinated and supervised to provide quality services particularly in remote areas.

3. **Improve provision of drugs and supplies to peripheral facilities.** Health facilities in remote areas continue to face continual "stock-outs" of essential supplies and drugs, despite improvements in drug availability. This includes gloves and cotton wool that are essential for delivery. A strong and reliable supply-line is needed to ensure essential drugs and supplies are regularly available from MSD at all facilities, and that drugs that arrive at health facilities are distributed to people through official and formal channels.

4. **Ensure a minimum package of life saving health interventions are available for all regardless of their ability to pay.** Payment at point of use poses a barrier to poor people to access care, and the exemption and waiver system has not been effective. Honest discussion is needed to assess the barriers that poor people face in accessing health care and how goals of equity -- particularly improved health outcomes for the poorest – can be achieved. The discussion should evaluate the revenue gained from user fees and whether fees have achieved their intended objectives, the barriers that user fees pose to poor people especially women and children, the pros and cons of alternative systems such as Community Health Funds, and how a sustainable revenue base can be secured without burdening the poor. User fees for basic health and life saving services should be suspended as a critical step towards improving health access for the poor.

5. **Ensure that the basic interventions that promote childhood nutrition and health are accessible for all, particularly in rural areas.** Under-nutrition is an underlying cause of 53% of deaths of children under five years of age. The average Tanzanian child becomes malnourished by the age of 16 months and nearly half are moderately or severely malnourished by that age. Levels of stunting are worse in Tanzania than other countries of sub-Saharan Africa. Interventions that can save children's lives must be strengthened including expansion of IMCI (e.g., breastfeeding, deworming, immunization, and reinforcement of multiple micronutrient supplementation), improvement of water and sanitation, and improved nutritional education by health and community development officers regarding proper nutrition of pregnant women and children. Given that data indicate malnutrition is common in non-poor households and in food-surplus locations, there is an urgent need to promote effective child-feeding practices and the health and nutrition of mothers.

6. **Significantly strengthen efforts in HIV/AIDS prevention, care and support highlighting the needs of young people and women who are particularly vulnerable to HIV/AIDS infection and are the key care-givers of people living with AIDS.** It is important that in Tanzania we carefully respond to the challenges of prevention, at the same time as responding to the challenges of care and treatment. We must increase PMTCT efforts in both ante- and post-natal interventions, promote safer sex, and ensure care and support for people living with and affected by AIDS. Community and family-based support structures need to be strengthened with focused and sustained resources from government and non-governmental partners so as not to shift the burden of care and treatment onto the shoulders of the poor and vulnerable. We need to revisit home-based care strategies and develop more gender-sensitive and community-based approaches with full government support.

   Important steps have been made to make ARVs available, but the logistically requirements in terms of personnel, delivery, etc. are enormous. Concrete mechanisms are needed to ensure that ARVs are regularly available to the poor

as well as the non-poor, women, and to people living in rural areas. Sustainable financing of ARVs will continue to be a major hurdle especially in light of other essential needs such as anti-malarials, new vaccines, medical treatment of opportunistic diseases, and scaling up of basic interventions such as IMCI and insecticide treated bed-nets.

Health development

7. **Establish, as called for in the MKUKUTA, inter-sectoral linkages to improve food and income security within the household and family.** MoH has a key role in advocating among other ministries and departments their responsibilities for ensuring children under five have food security. People in rural areas (who experience regular food insecurity every year) require specific measures and support to produce enough food to provide for domestic consumption as well as sale for cash needs. Similarly, inter-sectoral linkages must strengthen the capacity of families and communities to care for children from the earliest stages of life, and with a particular emphasis on most vulnerable children and families. NGOs, CBOs and FBOs play a key role in this effort.

8. **Develop inter-sectoral strategies for secure employment and livelihoods in rural as well as urban areas.** Effective policies and a functioning regulatory framework are needed to support inter-sectoral strategies that improve food production, food security and nutrition of the poorest. Key sectors include farming, livestock keeping, fishing and other basic livelihoods that typically reach those living in poverty and for whom the basic right to employment and livelihood is often denied. Special attention is required to the (self) employment and livelihood needs of women, youth and the disabled.

This statement has been prepared by the following NGOs participating in the Joint Health Sector Review: African Youth Development Foundation, CARE, Marie Stopes, Save the Children, Shinyanga Foundation Fund, Tanzania Gender Networking Programme, Youth Action Volunteers, Women's Dignity Project.