

# DEVELOPMENT WORLD

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## Helping mothers at their most trying times in rural Tanzania

**RAY OF HOPE:** EU launches four-year project to improve maternal and child health in Mtwara and Tandahimba

By PHILIP NGUNJIRI  
Special Correspondent

Many people would consider Ksh16 (about 40 US cents) loose change, but it could make the difference between life and death in some parts of Africa.

Excessive bleeding (post partum haemorrhage) following childbirth can be prevented with treatment worth this amount.

The lives of both mother and child are unnecessarily lost because of poverty and inadequate social services, owing to shortages in health education facilities and staff.

The deaths are linked to simple delivery and post-abortion complications that could be prevented with low cost intervention by skilled birth attendants.

Tomothy Clarke, head of the European Union delegation, Tanzania, says 70 to 98 per cent of these deaths are avoidable.

"We have the science, medicine and technology to prevent these fatalities. "Out of every 100,000 live births in Tanzania, 578 women die. In Europe, the number is only 11. It is shocking," he said.

Mr Clarke was launching a 4.6 million Euro grant (\$6.2m) for marginalised communities, civil societies and local authorities to improve maternal, newborn and child health in Mtwara and Tandahimba districts last week.

The four-year project will be implemented by the African Medical and Research Foundation (Amref).

It will also benefit the marginalised areas of Lamu district, Kenya and Terekeka county of Southern Sudan.

The project will contribute to regional knowledge on maternal, newborn and child health and accelerate progress towards attainment of the Millennium Development Goals.

"25 per cent of the budget will be provided by Amref in The Netherlands, which will also provide technical assistance, monitoring and evaluation, said John Nduba, Amref's director for reproductive and child health.

Though child mortality in Tanzania has dropped by 30 per cent in the last decade, statistics on maternal mortality are frightening.



A mother breastfeeds her children: Measures to prevent maternal, neo-natal and child deaths are available in Tanzania, Kenya and Southern Sudan, but are unacceptably poor. Picture: File

For instance, in 2005, the country had the sixth highest number of maternal deaths globally.

The project aims at reducing the maternal mortality rate from the current 578 to 193 for every 10,000 births live, neo-natal mortality from 32 to 19 per 1,000 live births and under five mortality rate from 112 to 54 per 1,000 live births by 2015.

This seems like a tall order, but Dr Nduba says it is achievable.

In rural Tanzania, only 27 per cent

of the deliveries are attended to by qualified health workers. The majority (73 per cent of women) give birth at home, with no assistance and no access to medicare.

"The loss of a new life is a tragedy, but the death of a mother is an exponential tragedy. It leaves an orphan, a crippled family, community and country."

There are exceptionally poor social services in marginalised southern districts of Tanzania, such as

Mtwara and Tandahimba characterised by shortages in health and education facilities and staff. Interventions to prevent maternal, neo-natal and child deaths are available in Tanzania, Kenya, and Southern Sudan, but the indicators are unacceptably poor.

Positive progress has been hindered by poor policy implementation and weak health systems, which do not engage with or respond to community needs.

This results in poor access and utilisation of preventive and curative health services.

The project will focus on maternal, newborn and child health. It will reach over 500,000 people in the target districts.

He added that many women in these marginalised areas die in pregnancy and in childbirth because of lack of access to simple and affordable health care.

"There are no skilled birth attendants before, during or after birth."

## North Uganda recovery plan gets WB funds despite hitches

By DAVID MALINGAH DOYA  
The EastAfrican

The World Bank is moving ahead with the single biggest recovery investment in northern Uganda. This is despite the misappropriation of about \$1.6 million disbursed earlier to the first phase of the project.

The bank hopes that the introduction of an Ombudsman to Uganda will help prevent another looting spree. The government is toying with various indigenous accountability mechanisms.

It is the second time international funding agencies are announcing renewal of funds to the country recently.

Last week, *The EastAfrican* reported that the Global Fund would retain Uganda's Finance Ministry as the sole principal recipient of its money in the country.

A government-inbuilt operational mechanism was also agreed upon. The approval came after \$1.6 million — similar to the lost north Uganda recovery funds — was looted by corrupt officials implementing the Fund's activities in 2005.

### Access to jobs

Last week, President Yoweri Museveni launched the second Northern Uganda Social Action Fund, following the World Bank's approval of a \$100 million loan for the project.

Some \$60 million will be used to increase access to income-earning opportunities, such as helping youth venture into brick making and agro-processing.

About \$30 million will be spent on improving community infrastructure, notably houses for teachers and health workers, and \$10 million on increasing the government's capacity to manage the project.

John McIntire, World Bank director for Uganda, Tanzania and Burundi, said: "The objective is to improve access to income-earning opportunities and better basic socio-economic activities."

These programmes are meant to help the region recover from a 20-year bloody conflict that crippled its social and economic infrastructure.

Some analysts believe the bank's performance-yardstick helped promote corruption during the first phase of the project.

Apparently, officials were under pressure to disburse money to communities within 14 days of its arrival. They might, therefore, have signed-off money simply to absorb the budget. This time round, requisitions for money will not be made until implementation arrangements

### WEIGHTY ISSUES

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The neo-natal mortality rate is 32 per 1,000 live births while that of the under five is 112 per 1,000 live births.

Only 27 per cent of the deliveries are attended by qualified health workers. The majority (73 per cent) are at home.

