



Better Services for Better Health

The Improved Maternal and Child Health Programme

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Foreword

The Ministry of Health, Community Development, Gender, Elderly and Children's (MoHCDEG) vision is to give all Tanzanians the opportunity to thrive and live healthy and productive lives. The Ministry is particularly committed to ensuring that all women and new born babies have access to health services that are of high quality and affordable, and receive the care they need.

Across the country, maternity and new born care health services face many challenges. While many economic developments and health system changes have occurred in recent years, most facilities are still severely limited in their provision of medical services due to shortages of skilled staff, supplies and equipment. Unfortunately, the health budget and existing health system capacities are not sufficient to address these problems.

The Ministry recognises that tackling such a challenge is best done by working in collaboration with development partners. The German Federal Ministry for Economic Cooperation and Development (BMZ) has long supported health sector development in Tanzania through GIZ (Deutsche Gesellschaft für Internationale Zusammenar-

beit GmbH) as a key technical partner. As part of this support GIZ has over the last two years contributed to an initiative in the neighbouring regions of Lindi and Mtwara in south-eastern Tanzania to improve the health of mothers and their newborn babies. In 2014 both these regions recorded unacceptably high rates of maternal and new born mortality.

This publication is an account of what the Ministry, in collaboration with GIZ, has achieved in the 'Improved Mother and Child Health Programme' in Lindi and Mtwara regions over the past two years and outlines what remains to be done to support further improvements in maternal and child health services. Both the Ministry and its German development cooperation partners remain committed to improving health services in this area, and will continue to support these improvements for the benefit of all mothers and their new born babies.

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Ministry of Health, Community Development, Gender, Elderly and Children





→ The Case for Action

In 2014 the neighbouring regions of Lindi and Mtwara in south-eastern Tanzania both recorded unacceptably high rates of maternal and new born mortality: The 2012 census showed that for every 100,000 live births, 456 mothers in Lindi and 579 in Mtwara died during childbirth. The 2016 Demographic and Health Survey also showed that between 2010 and 2015 47 babies died for every 1,000 live births in each region.

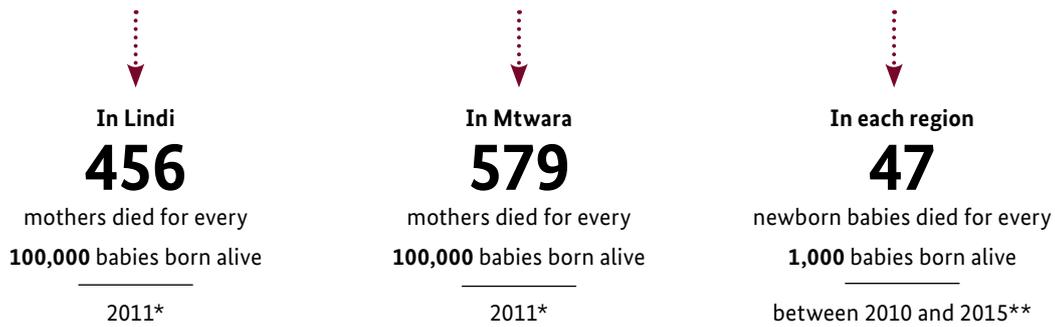
At that time in Lindi region pregnant mothers and their new born babies could not get adequate care and treatment at dispensaries, health centres or even district hospitals. Many health facilities were short of staff, had insufficient stocks of medicines and technical equipment for even basic maternal and new born care, and lacked essential equipment to treat emergencies.

The Lindi Regional Health Forum discussed this situation during its annual meeting in 2014 and expressed concern about these maternal and new born statistics, which had remained stubbornly high for a number of years. This top-level annual regional meeting discusses progress made in health service provision during the previous year and agrees on priorities for the following year. Delegates include key decision makers such as the Regional and District Commissioners, and health care providers such as regional and district health management teams and hospi-

tal representatives. All the delegates agreed that something needed to be done to bring down the unacceptably high incidence of maternal and new born deaths. Subsequently, the 2015 Service Provision Assessment also highlighted the fact that fewer than half of Lindi's health facilities and only 7% of health facilities in Mtwara had at least one healthcare worker trained to manage emergencies (such as resuscitation) during pregnancy and childbirth. For most people the regional hospital was too far away and difficult to reach: According to the regions' Service Provision Assessment, only 32% of health facilities in Lindi and 42% in Mtwara had access to emergency transport or ambulances.

Tanzanian-German Cooperation to Improve New Born Health Care in Sokoine Hospital, Lindi

For several years, GIZ has supported efforts by Sokoine Regional Referral Hospital in Lindi region and the Masasi District Hospital in Mtwara region to improve the quality of new born care. In 2011, a dedicated neonatal unit was constructed at the hospital and furnished with special equipment to care for sick new born babies. Clinical officers and nurses were deployed to this unit and received regular training and mentoring from a German paediatrician. The results in both hospitals were very positive: New born mortality in Sokoine Regional Referral Hospital dropped significantly from 32 (in 2011) to 9 (in 2012) for every 1,000 live births.



A healthcare worker from the new born care unit at Sokoine Hospital presented his experiences of this Tanzanian-German collaboration to the annual regional health meeting in 2014. He said that improving skills training for health care workers and providing necessary equipment had reduced the infant mortality rate in babies up to a month old by two thirds. The key to this success, he said, had been the introduction of dedicated new born units in hospitals: 'It's a simple, cost effective, low technology approach.'

The officials and regional health care workers attending the annual regional health meeting were happy to hear the outcome of this Tanzanian-German collaboration in Sokoine. One council director said that the cost of the intervention seemed reasonable compared to the benefits, and the Regional Commissioner said that he would like to see the this successful approach implemented in all hospitals in Lindi region.

Expanding Tanzanian-German Cooperation to Health Facilities in Lindi and Mtwara Regions

The weeks following the 2014 annual regional health meeting were very busy: Regional and district health teams worked with the GIZ team to work out a strategy for rolling out this approach to more health facilities but also extend the focus to obstetric care for mothers. Since GIZ was also supporting neighbouring Mtwara region, collaboration with regional health authorities there seemed a logical extension and the Mtwara regional health management team happily agreed to the proposal.

The Lindi and Mtwara regional health authorities, together with GIZ, informed the then Ministry of Health and Social Welfare about the promising results from Sokoine Regional Referral Hospital in Lindi and proposed to roll out the approach to the entire regions of Lindi and Mtwara. The Ministry of Health and Social Welfare agreed, and approached the German Federal Ministry for Economic Cooperation and Development (BMZ) for support.

After this support was granted, the regional health teams together with GIZ staff conducted a thorough analysis of the situation in both regions. Based on the survey findings and empirical research, the regional health authorities and GIZ jointly designed a holistic package of interventions for 209 health facilities in the two regions to be implemented over a two year period. The title chosen for the intervention was the 'Improved Mother and Child Health Programme.' BMZ contributed four million Euros and The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), together with the President's Office for Regional Administration and Local Government, ensured the cooperation of regional health management teams and health care workers from the 209 facilities. Expert facilitators were engaged to support training measures, and the regional health authorities provided office space and utilities for the programme in Lindi and Mtwara along with housing for foreign experts. Both ministries contributed to the budget through the supply of essential medicines and essential tools. The MoHCDGEC assisted GIZ with the acquisition of work permits for foreign experts and facilitated tax exemptions for imported material and equipment.

*National Bureau of Statistics of Tanzania (2015), Mortality and Health
 ** Tanzania Demographic and Health and Malaria Indicator Survey 2015-16)



The People Behind



Tanzanian-German Improved Maternal and Child Health Programme



To increase the proportion of ...

- ... women giving birth with a trained health care worker in hospitals and health centres.
- ... hospitals and health centres with sufficient numbers of staff being trained on the management of emergencies in mothers and their newborn babies.
- ... of hospitals and health centres documenting and reviewing all deaths of mothers in pregnancy, during delivery and after.
- ... hospitals and health centres that have all medical tools ready to treat emergencies in mothers and their newborn babies at all times.
- ... hospitals and health centres where health care workers are trained on proper use of medical devices and in basic repair.

To decrease the number of ...

- ... babies dying within the first seven days of their lives in all hospitals and health centres.
- ... women dying from complications during pregnancy, child birth and after in all hospitals.



Improved Dispensary Services for Mothers and Babies

In 2014 ...

... a woman going into labour in Mtwara or Lindi region would walk to the closest dispensary to give birth. When she arrived, the nurse who received her would be friendly but nervous because the machine to disinfect her delivery tools had broken down some time ago and nobody had been to repair or replace it. Nevertheless, the only option was to deliver the woman at the facility.

If a woman faced life-threatening complications, such as starting to haemorrhage during or after giving birth, the nurse would try to help but there was little she could really do to assist without sterile instruments, so the bleeding continued. The nurse would not know what else to do or who to ask for help: She could not send the woman anywhere else because she was losing too much blood and would probably die before she reached the health centre.

Many mothers lost their lives unnecessarily as a result. Those that did survive bleeding were very weak and needed iron tablets for several weeks until they regained enough strength to take care of their babies.

In 2017 ...

... a woman experiencing similar complications during labour would find a very different situation at most dispensaries. In 2016 nurses and clinical officers received practical training on managing emergencies and now feel more confident about addressing basic complications or starting treatment before referring women to a hospital. A team from the regional and district hospital visits every three months to discuss cases, and carries out training in emergency procedures by practising on dolls. As a result of this regular training, health care personnel are now more capable and more likely to remember how to deal with emergency situations. On the advice of this team, dispensaries have also put together emergency boxes with all the drugs and equipment needed to help a mother with complications. Basic emergency equipment is also now available and medical personnel have received training on how to do basic equipment repairs. A technician from the regional hospital comes regularly to train them and is also available by phone to give advice or to repair broken equipment if the nurses cannot fix it themselves.

As a result of better trained nurses and clinical officers and properly maintained equipment in dispensaries, women are less likely to face life-threatening complications, such as bleeding, and will be strong enough to care for their babies.

160 Dispensaries

2014

22%
staff trained in basic maternal and new born emergency care

0
treatment standards for new born care available

0
mentoring visits on basic maternal and new born emergency care conducted

50%
of dispensaries had mucus extractors (tools to assist babies with breathing difficulties)

0
staff trained on small repairs and maintenance for equipment

2017

85%
staff trained in basic maternal and new born emergency care

6
treatment standards for new born care available

1,120
mentoring visits on basic maternal and new born emergency care conducted (2015-17)

100%
of the dispensaries have mucus extractors; a total of 2,392 essential tools for new born and maternal care provided

164
staff trained on small repairs and maintenance for equipment



Unlike other programmes, the team comes for supportive supervision, and we work together practically. For example if the training is on how to fill out a partograph, they check on the partographs that you had filled in, we go through together, and if there are any errors they show you how to properly fill them in. In other programmes they just score you and tell you have failed and they go away, and they repeat the same each visit so they are not supportive.

Health Care Worker, Mtwara



... We are supposed to make a list of all the equipment available, and indicate which pieces are functional or dysfunctional, and then inform the responsible person... If a piece of equipment is non-functional I am supposed to figure out what is wrong, and only call for help if I cannot repair.

Health Care Worker, Lindi

With the right support and equipment in place, health care workers at dispensaries can manage normal deliveries and minor complications confidently and competently.



Improved Health Centre Services for Mothers and Babies

In 2014 ...

... the conditions for many women giving birth at health centres in Lindi or Mtwara Regions were not much different from those in local dispensaries. Women experiencing complications or who haemorrhaged during or after delivery might have received drugs to stop the bleeding, but if these did not work the nurse might not have known what else to do. Some health centres would have technical equipment available, but many health care workers would not have felt confident enough to use it. Other health centres simply did not have the necessary staff or equipment - such as tools to examine a bleeding woman properly after delivery - available. As a result, many women had to travel to the district hospital for treatment, a journey that could be costly, difficult and dangerous.

Similarly, health centre staff had very little training about how to help new born babies with complications: if a baby could not breathe properly or had other difficulties, nurses could only wrap the child in a warm towel and tell the mother to breastfeed it. In an emergency, most families would have to find their own transport to the nearest hospital since ambulances were often not available.

In 2017 ...

... services at a health centre in Lindi or Mtwara are now very different: Healthcare workers have received practical training on how to manage such emergencies and, as a result, a woman with bleeding or a baby born with difficulties will be treated by confident and competent nurses and clinicians. They have been taught how to use medical equipment properly, and they practise their skills regularly on dolls, under the supervision of their mentors from district and regional hospitals. Essential equipment such as heart rate monitors and pulse readers are also now available, and these are properly sterilised and maintained. If, for example, a new born baby has difficulty breathing, it is examined on a dedicated table under a good light and heat source and in accordance with structured protocols. Healthcare workers have also been trained how to use oxygen masks to help a baby to breathe. If health care workers do encounter unexpected problems, they can call a mentor from the hospital for further advice.

As a result of these improvements, more mothers and babies with complications can be helped at health centres instead of making the often long, costly and life-threatening journey to a hospital. Should referral for further treatment be necessary, ambulances are now more frequently available because effective communication has been established between health centres and hospitals as a result of the mentoring visits.

35 Health Centres

2014

27%
staff trained in maternal and new born emergency care

0
mentoring visits on maternal and new born emergency care conducted

0
treatment standards for new born care available

0%
of the health centres had a vacuum extractor (to assist a mother with prolonged labour to deliver her baby)

0
staff trained on small repairs and maintenance of equipment

86%
of sick new born babies had to be referred to hospitals for further treatment

77%
of mothers had to be referred to hospitals for further treatment

2017

98%
staff trained in maternal and new born emergency care

245
mentoring visits on maternal and new born emergency care conducted (2015-17)

6
treatment standards for new born care available

100%
of the health centres have a vacuum extractor; a total of 864 tools have been for maternal and new born care provided

51
staff trained on small repairs and maintenance of equipment

55%
of sick new born babies had to be referred to hospitals for further treatment

55%
of mothers had to be referred to hospitals for further treatment

Today, medical professionals at health centers can successfully manage even complicated cases and reduce unnecessary referrals to hospitals.



We appreciate that every quarter a team of mentors comes for supportive supervision at our facility, unlike other organizations who train you and disappear with supervision once the project ends.

Health Care Worker, Mtwara



The referral services have improved compared to the past. Nowadays the baby is brought by an ambulance, and he has already been given the first treatment which is similar to that at the hospital. It simplifies work for service providers at the hospital.

Health Care Worker, Hospital Mtwara



Improved Hospital Services for Mothers and Babies

In 2014 ...

... even if a mother or baby with complications made it safely to a hospital in Lindi or Mtwara regions, it did not necessarily mean they would receive better quality services. For example, women experiencing prolonged labour might have been referred to a district hospital where there were no facilities or trained staff available to conduct caesareans or administer epidurals. If a woman started to haemorrhage, the clinician on duty might not have been able to stop the bleeding and there would have been no one available to ask for advice.

Similarly, a baby exposed to a long or complicated delivery in a hospital in 2014 would not necessarily have received better treatment. Poorly trained midwives might not be able to do simple resuscitation because they

did not know how to do it or had not practised the techniques enough. If a baby died as a result, and there was an enquiry or inquest, midwives would cover up mistakes because they were afraid of the consequences.

In 2014 only three hospitals in the two regions had a dedicated unit with specially trained staff and equipment to provide specialist paediatric care for seriously ill babies. At best, most other hospitals would only be able to assist a sick baby with basic breathing apparatus (a bag and mask) or by providing antibiotics in case of infection. Premature babies could only be given kangaroo care (skin to skin contact with the mother) and breast feeding. If a baby required more specialised treatment, the only option was to transport it, possibly for long distances, to one of the three hospitals with special care units: Many babies simply did not make it in time.



In 2017 ...

... care at hospitals in Mtwara and Lindi Regions has improved considerably for women and babies experiencing complications. All health care providers have received training on how to manage emergencies, and a mother referred during a prolonged labour will now see confident, well-trained healthcare providers. Delivery and operating rooms at the hospitals are better equipped and medical standards and procedures are clearly displayed on delivery room walls for easy reference. Each month a team from the regional hospital comes to review the work of the staff and listen to their problems. The hospital teams have also practised emergency procedures on medical dolls, and been trained by specialists from Dar es Salaam, who are now available by phone to provide continued support.

After training and practising with their mentors, nurses now know how to administer epidurals, and after delivery midwives immediately take babies to a special table to be carefully examined under a light and a heat source. If a baby is sick or has trouble breathing, hospitals now have the drugs and equipment necessary to provide treatment and healthcare workers are well-trained in emergency care. They can also call their mentors in Dar es Salaam for further advice.

As a result of these changes, fewer mothers and babies are dying unnecessarily.

If a death does occur, health workers are now trained to use it as a learning experience to prevent further deaths, not as reason to apportion blame. Meetings are called with all the staff involved in the case, and together they reconstruct events to identify what went wrong and what can be learned from them to prevent future deaths.

In addition, all 14 hospitals in the two regions now have dedicated neonatal units with specially trained staff to care for seriously ill babies. These units have received low-cost, but advanced technical equipment and follow standard protocols on how to best care for sick babies.

Every month a team from the regional referral hospital visits to see patients and discuss difficult cases. While neonatal unit staff have received training on basic equipment maintenance, a technician from the regional hospital also visits regularly to help address any equipment issues that cannot be addressed locally and provide more training. A team of specialist neonatal doctors from Muhimbili National Hospital has also visited all newborn care units and is now available for advice via mobile phone to discuss difficult cases.



The maternity services have considerably improved compared to when I delivered my first and second born. The neonatal ward is so clean and relatives are restricted from entering. The staff was so cooperative. They taught me how to care for my premature baby and showed me the kangaroo mother care method. They answered my questions even if I had to ask four to five times. The services were for free including drugs and feeding utensils.

Mother, Regional Referral Hospital Mtwara



My working conditions have improved due to the GIZ support. Due to the presence of newborn care unit and the Kangaroo Mother Care ward I can now provide services which were not in the hospital before. In addition, the new treatment standards have improved the quality of our services. Before, standard operating procedures were not in the ward, this caused management of neonates to be below standard. Now I can effectively use the drug dosage, feeding charts and other SOPs.

Health Care Worker, Regional Referral Hospital Mtwara, Newborn Care Unit



One more thing to add on that death review team, previously when a meeting for maternal death review is held, it was a meeting of finding who did wrong, pointing fingers to each other, but for now we discuss in the light of finding areas to improve so that the shortcomings do not repeat again.

Health Care Worker, Mtwara



In the beginning we thought that to avoid maternal and perinatal deaths you need a lot of money, but with this project we have realized that deaths can be prevented by simple small actions that are within our capacity.

Health Care Worker, Mtwara



14 Hospitals

2014

2017

3

new born care units available

14

new born care units available

66

staff trained in advanced new born emergency care

286

staff trained in advanced new born emergency care

3

hospitals had 22 treatment standards for advanced new born care available

14

hospitals had 22 treatment standards for advanced new born care available

0

mentoring visits on advanced maternal and new born emergency care conducted

280

mentoring visits on advanced maternal and new born emergency care conducted

0

staff trained in reviewing and documenting maternal and new born deaths

137

staff trained in reviewing and documenting maternal and new born deaths

32

new born babies died out of 1,000 babies born alive

20

new born babies died out of 1,000 babies born alive

2,4%

of all mothers with delivery related complications died

1,1%

of all mothers with delivery related complications died



More mothers and new born babies survive with well capacitated staff, continuous mentoring, clear and easy to use treatment standards and equipped hospital units.





The services are good compared to 2011 when I had my first baby here, and I see a lot of changes. If the first baby had problems like this one, he would not have been able to get the services he needed as they were not here.

Female client, Hospital Lindi

She took good care of my baby and handled it very well also the way she took good care of me as well and treated me with respect and compassion.

Female client, Hospital Lindi



Things have improved. There is a friend of mine who gave birth here last two months. She is the one who insisted me to use this facility ..., she said that services here at Likombe are much better ..., that is why I came and got services here.

Female client, Health Centre Mtwara





Currently we are grateful that there are good services for us here, because priority is given to children, pregnant mothers and also the elderly.

Female client, Health Centre Mtwara



... When I was in labor pain I was taken to a dispensary nearby where we live, and the nurse received me well and assisted me until I delivered. However, the baby was of low weight and was not at term so she called an ambulance from Lindi. The baby was then taken immediately and they put a tube in its nose and mouth and admitted my baby. They then took me to a bed and examined and said I was ok, but I will be admitted because of the baby.

Female client, Hospital Lindi





→ A New Standard of Obstetric Care in Lindi and Mtwara Regions

As a result of these changes in Lindi and Mtwara Regions, a pregnant woman or new born baby experiencing complications can now expect to receive better care at dispensary, health centre and hospital level. If emergency referral is required, transport is now available by ambulance and as a result a patient has more chance of survival. At a district hospital, mother and baby will be immediately received on a specialist neonatal ward, where the baby will be examined under a warm light source. The baby's heart rate and temperature will be monitored with a sensor and displayed on a screen. If a baby is premature, the medical staff will explain to the parents that his lungs do not yet work properly, so he will need to be kept warm. The best way to do that is for one of the baby's parents to carry him skin-to-skin, and the nurse teaches the parents how to do this.

If the baby needs further treatment, the mother can now stay with her baby on the special care ward, with a bed provided for her next to the baby's. All the baby's vital signs and development are regularly recorded on a coloured checklist, which alerts health care workers to potential problems requiring medication or timely referral to the regional hospital. Babies with serious complications or birth defects are now transported to the regional hospital by ambulance, where a paediatric specialist at the neonatal care unit can care for them. If further referral is required staff from the regional referral hospital will arrange transport to one of the two big specialised hospitals in Dar es Salaam.

The key message from this intervention is that more babies can survive if district hospitals have dedicated care units, supported by practical training, regular mentoring and adequate equipment.





Moving towards Better Health Care for Mothers and Babies Nationwide

The Ministry of Health, Community Development, Gender, Elderly and Children has recognised the impact this innovative Tanzanian-German collaborative approach has had on bringing down maternal and new born mortality rates and improving care for mothers and babies. The new born care units in Lindi and Mtwara regions have received many visitors keen to see the improvements they have brought about in infant care and other health authorities have asked for support to implement similar activities in their regions.

The documented intervention package resulting from this Tanzanian-German development cooperation has now been made available to the Ministry of Health for roll out to other regions, to reduce maternal and infant mortality and improve care for mothers and babies in Tanzania.

Standard operating procedures which have been developed in Lindi and Mtwara regions and proven to be successful are now being reviewed by the Ministry and will soon be made available as national standard guidelines for new born care in Tanzania.

...Some of the short term impacts that I can comfortably and confidently say are the increased survival of newborns, second is the increased utilization... of emergency obstetric care, and also improvement in carrying out Maternal and Newborn Death Reviews. We also expect improvement in records, but for maternal deaths it will take sometimes before we see the impact ...

Health Manager, Ministry of Health



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