



COUNTRY BRIEF

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SAVING WOMEN'S LIVES IN TANZANIA: THE SKILLED CARE INITIATIVE

SKILLED CARE: AN OVERVIEW

The Skilled Care Initiative is a unique effort to reduce maternal death by focussing specifically on improving skilled care for all women during pregnancy, childbirth, and the postpartum period. Over five years, and in three countries—Tanzania, Kenya, and Burkina Faso—the project aims to increase rates of skilled care during childbirth by at least 10% in project districts.

The skilled care approach emphasises prevention, early detection, and management of pregnancy complications. It aims to move basic services as close as possible to the women who need them, and to create an enabling environment for health care providers



Antenatal clients at Buhekela Dispensary.

that includes adequate equipment, supplies, systems, and support. It also emphasises behaviour change communication to increase use of life-saving services, and includes extensive research and evaluation. Funding for this project is provided by the Bill and Melinda Gates Foundation.

THE SKILLED CARE INITIATIVE IN TANZANIA

In early 2001, Family Care International (FCI), registered in Tanzania as Ubora wa Afya kwa Familia Duniani (UAFD), launched the Skilled Care Initiative in Igunga District, Tabora Region.

Located in central-western Tanzania, Igunga is a rural district with a population of approximately 325,000 people of diverse ethnic and religious backgrounds. This population is served by a network of 34 health facilities (2 hospitals, 5 health centres, and 27 dispensaries); however, less than half of pregnant women (44%) deliver with a skilled attendant in a health facility. Reliable estimates of maternal mortality in the district are unavailable, however, Tanzania as a whole has one of the highest estimated maternal mortality ratios in sub-Saharan Africa—about 1,500 maternal deaths per 100,000 live births. Other problems facing the district include inadequate education, housing, and clean water.

After launching the Initiative in 2001, FCI conducted baseline research at health facilities and

THE SKILLED CARE INITIATIVE AT A GLANCE

The Skilled Care Initiative (SCI) has three main objectives:

- To help develop strong national policies, programmes, and guidelines in support of increasing skilled care during childbirth.
- To improve the quality and availability of services by meeting health workers' needs for training and supervisory support in clinical and interpersonal aspects of care.
- To increase use of skilled attendants on both a routine and emergency basis by educating and mobilising communities.

at the community level to inform project activities and strategies. The baseline facility assessment revealed major shortages in obstetric equipment, supplies, and drugs, as well as the lack of an emergency referral system; none of the public health facilities had a radio, telephone, or functioning ambulance. The district hospital had a telephone, but no connection to the health centres and dispensaries. The facility survey also found an acute shortage of health personnel at Igunga facilities; there were only two physicians in the district, and less than half of established nurse/midwife positions were filled. In addition, there were serious knowledge and skills gaps among existing providers. A high proportion of maternity care providers had never attended any refresher training in midwifery skills, and many were not able to recognise signs of obstetric complications.



A skilled attendant sterilises delivery equipment at Igunga District Hospital.

At the community level, a household survey and a qualitative study indicated that women and their families do little to prepare for childbirth. Research also suggested that awareness of obstetric complications was low and that most women did not perceive themselves to be at risk. While most community members reported that it was best to deliver in a health facility, in practise, many women deliver at home. When obstetric complications arise, there are numerous delays in reaching a facility where appropriate care is available. Key factors include the inability to recognise obstetric complications, lack of support from other family members for seeking professional medical care, concerns about the cost of health services, and logistical difficulties in getting to a health facility.

MAKING SKILLED CARE A REALITY FOR WOMEN IN IGUNGA

To address priorities identified through the baseline studies, FCI has been working with district officials, service providers, and community leaders to implement a range of activities to improve the quality and availability of maternity services. Activities have included:

- **Improving provider performance and service quality:** Intensive training has been provided to 115 maternity care providers to address the knowledge and skills gaps identified through the baseline facility survey, as well as poor interpersonal communication and counselling skills. Using the national life-saving skills (LSS) training curriculum, FCI trained staff in focussed antenatal care, care for normal deliveries, post-partum care, and care for obstetric complications. Other topics covered during the trainings included individualised birth preparedness counselling, maternity care for adolescents, and caring, compassionate treatment of maternity clients—skills shown to be weak in FCI's baseline research. In addition, staff from the district's two hospitals and all five health centres have been trained to manage complications of abortion. To help maternity care providers retain their skills after training and to support them in their day-to-day work, FCI is working with the Ministry of Health to develop an obstetric job aid—a quick reference tool that enables providers at all levels of the health system to quickly recognise complications and take appropriate steps to stabilise and/or manage the case. In addition, FCI is working with the Tanzanian Nursing Council to formally authorise nurses and midwives to carry out certain life-saving procedures, such as vacuum extraction and manual vacuum aspiration, that were traditionally seen as the purview of doctors.
- **Strengthening the referral system:** To help meet the needs of patients requiring referrals to a higher-level facility, a radio call system—with solar panels where needed—was installed at the Igunga District Hospital, as well as four of the five health centres and three of the 27 dispensaries. The introduction of the radio call system has allowed providers at remote facilities to inform staff at the district hospital of emergency cases that are being referred and receive guidance from hospital-based staff on stabilising or managing complications.

FCI also purchased an ambulance with a mobile call receiver for Igunga District in 2004. Based at the district hospital, the ambulance is dispatched to health centres to collect patients requiring advanced levels of care, giving priority to women experiencing obstetric complications. FCI worked closely with

district officials and community leaders to develop detailed management and cost-sharing guidelines for the ambulance so that its use can be monitored and operating expenses can be recovered.

To complement the radio call system and improve feedback to and from referring facilities, FCI worked with district managers to develop and introduce a standardised referral form to ensure that staff at the district hospital have ready access to information on patients' vital statistics, clinical findings, and initial treatment.

- **Strengthening record-keeping at health facilities and at the district level:** Although the Tanzania health information management system (known as MTUHA) is well-designed and used at all health facilities, FCI's initial research revealed several critical gaps in record-keeping systems: no information was recorded on postpartum care provided to new mothers, on the use of the partograph during labour, or on the referral of maternity patients. To address these gaps, FCI and representatives of the Ministry of Health developed and pre-tested a new postpartum care register, which was then introduced to all health facilities in Igunga in 2004. In addition, additional columns have been added to the standard delivery register at all Igunga facilities to capture data on referrals and use of the partograph to monitor labour.

The introduction of the new postpartum care registers served as an additional opportunity to heighten maternity care providers' attention to the importance of early postpartum care check-ups for new mothers, and to strengthen their clinical skills in this area. Follow-up visits to the facilities indicate that the presence of the new register serves as a catalyst to encourage providers to conduct postpartum examinations and to promote postpartum services to clients.

- **Equipping facilities and improving the availability of essential drugs and supplies:** Essential obstetric care equipment was purchased for all health facilities in Igunga to address gaps found during the baseline assessment. These items ranged from simple tools such as blood pressure gauges to delivery kits, delivery beds, autoclaves for instrument sterilisation, and operating theatre equipment.

To address ongoing shortages of drugs and consumable supplies at all levels of the health system, FCI conducted additional research at the facility, district, and national levels to better understand various logistics systems that are in use and to identify ways in which they could be strengthened to ensure that maternity drugs are prioritised. As part of these efforts, FCI has supported the district's transition from a "kit" system (in which standard drug packages with pre-set contents are delivered according to the level of each facility) to a demand-based system, in which facility managers order drugs and supplies based on their caseload and needs. Working with national-level representatives of the Ministry of Health, FCI has trained staff from all facilities to forecast their needs for drugs and supplies using service delivery data.



Men discussing skilled care booklets at a village meeting.

- **Strengthening health service management and supervision:** In addition to the above facility-level interventions, FCI has been working to strengthen the skills of the district health management team through support and training. Building expertise in supportive supervision and strengthening skills in health budgeting and planning have been the primary areas of focus. FCI has also involved district health managers in conducting follow-up visits to providers trained in LSS, and additional trainings are planned for district health officials in 2005.

MOTIVATING WOMEN AND COMMUNITIES TO USE SKILLED CARE

In 2004, a broad-based behaviour change campaign was launched to encourage the use of skilled care during pregnancy, delivery, and the postpartum period, with a special focus on raising awareness and promoting responsiveness to obstetric complications. The behaviour change campaign consisted of the following elements:

- **Participatory meetings at the village level:** Approximately 215 meetings were held at the village level with women and men. The meetings were used as a forum to discuss danger signs during pregnancy, the

benefits of preparing for delivery, and the importance of delivering at a facility with a skilled attendant. Conducted by trained village health workers, each meeting generated considerable discussion and dialogue about household and community-level factors that affect the use of skilled care, and how families and communities can overcome some of the barriers to reaching care.

- **Theatre and performing arts:** Drama, song, and dance have been used to convey key messages. As part of the launch of the behaviour change campaign, a traditional singing and dancing performance called *mamanju* was held. The performance constituted a three-day festival on the theme of skilled care, and it drew approximately 10,000 people from the district.

In addition to the *mamanju* performance, local dramatists from each of the predominant ethnic groups were trained in participatory theatre. FCI worked with these groups to help them develop skits and songs to communicate messages about the importance of delivering at a facility, preparing for delivery, and discussing plans with immediate family members. A total of 23 performances were held in Igunga's five administrative divisions, drawing approximately 5,600 community members.

- **Developing printed materials with behaviour change messages:** To support the village meetings and folk media activities, two small booklets were developed to communicate key skilled care messages to women, their families, and other community members. The 20-page booklets feature Igunga-appropriate illustrations, and are designed for low- or non-literate readers. Approximately 12,000 copies of the booklets have been distributed at village meetings, drama performances, and traditional song and dance performances, and additional copies are being distributed during women's antenatal care visits at the health facilities. In addition to these materials, FCI has developed two posters—one to encourage women to seek early postpartum care within a week of delivery, and another to inform community members in Igunga of their rights to quality care. The posters have been posted in facilities and other public places.
- **Developing promotional materials:** Finally, special *khangas* (traditional cloth wraps worn by women which generally feature proverbs or messages) were produced for women who deliver at any facility in Igunga. The *khangas*, which come in three colours and include an image of a pregnant woman approaching a facility, serve as an incentive for women to deliver at the facilities and promote skilled care to other community members. An estimated 10,000 *khangas* will be distributed in Igunga in 2005.

NEXT STEPS

During April–August 2005, a number of activities are planned to consolidate the improvements made to date and to further enhance the quality and availability of skilled care in Igunga District. Planned activities include:

- The introduction of Maternity COPE[®], a client-oriented quality improvement approach, at the district hospital and the five health centres.
- Meetings with traditional leaders to involve them in addressing prevailing beliefs and socio-cultural norms that constitute barriers to women's use of skilled care.
- Training and assistance to the District Health Management Team in its development of the annual district plan and budget.
- Continued support and review of the newly introduced logistics system.
- Training workshops on supportive supervision for district health managers.

In addition, post-intervention surveys will be conducted in 2006 to measure changes in women's use of skilled care during pregnancy, delivery, and the postpartum period.