Saving Mothers & Babies: A Collaborative Health System Strengthening Initiative

CCBRT Maternal & Newborn Healthcare

The Problem

Each year in Tanzania, 11,000 women die due to complications of pregnancy and childbirth and 66,000 babies do not survive their first month of life. Both maternal and newborn mortality remain high. The Maternal Mortality Ratio (MMR), 556 deaths per 100,000 live births, is nearly 8 times the Sustainable Development Goal 3 target. Similarly, the Neonatal Mortality Rate (NMR), 25 deaths per 1,000 live births, is more than double the target.

Compared to rural areas, outcomes for mothers and babies in urban settings can be worse.

High adolescent fertility rate, shortage of human resoures in maternal and newborn healthcare, and a rapidly growing population are overwhelming poor health infrastructure and contributing to the high MMR and NMR in Dar es Salaam.

Many health facilities face shortages in skilled staff, do not have enough essential supplies and equipment, and are overwhelmed by patient numbers. A weak referral system means that lower level facilities, such as dispensaries and health centres are under-utilised, and higher level facilities like hospitals are congested. Together, these factors can compromise quality of care.

These factors are leading to unnecessary deaths of mothers and babies. Addressing these preventable causes of death is a priority for the Government of Tanzania. In response, CCBRT expanded its mission to include provision of high quality maternal and newborn care in Tanzania.

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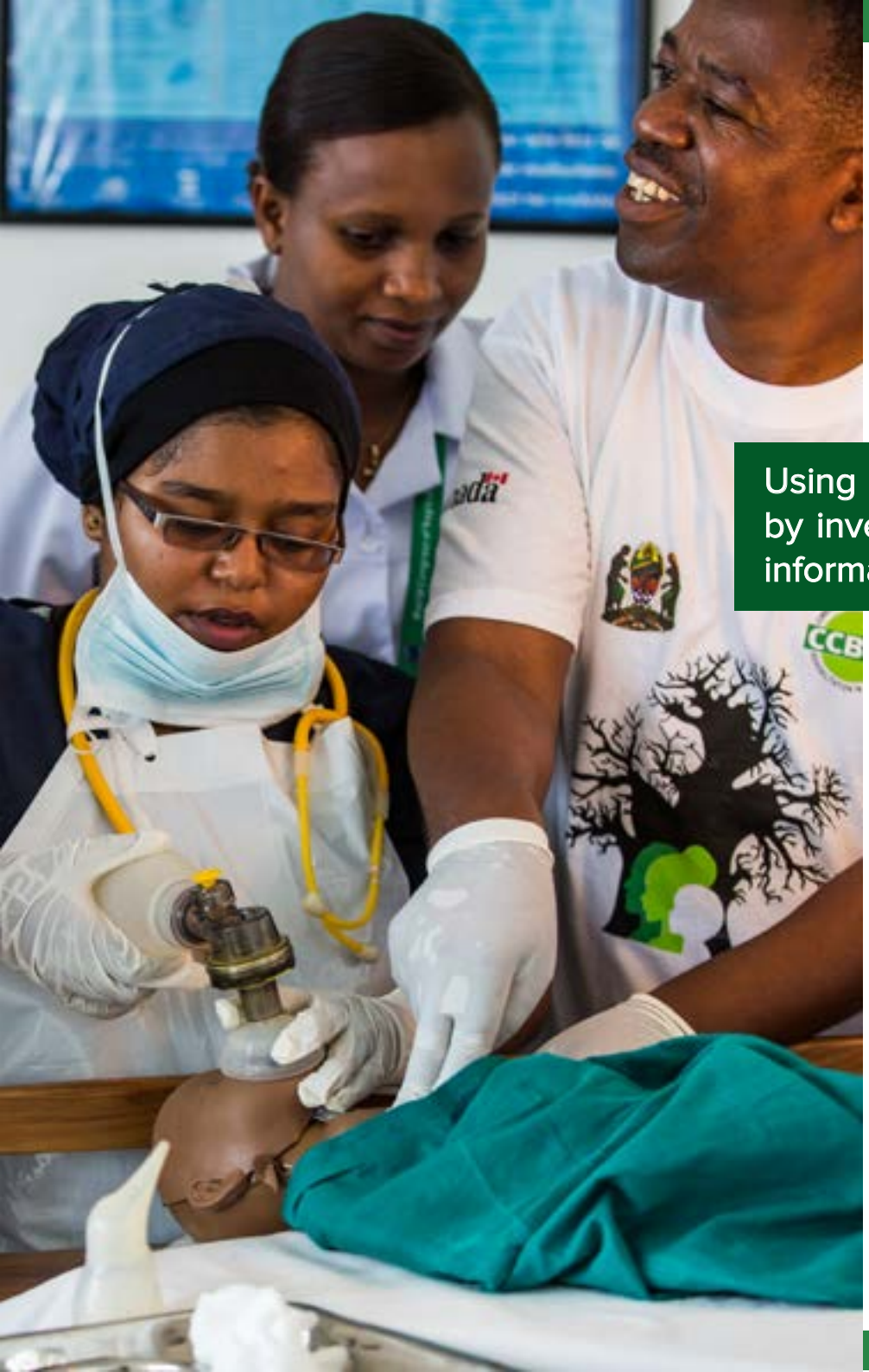


CCBRT's response: Maternal & Newborn Healthcare Capacity Building Programme

In collaboration with the Dar es Salaam Regional Health Management Team (RHMT) and local government, CCBRT launched its Maternal & Newborn Healthcare Capacity Building Programme (MHCB) in 2010. MHCB collaborates with 23 public health facilities in the Dar es Salaam Region to improve access and the quality and efficiency of maternal and newborn healthcare services, as well as increasing awareness on referral of disabilities and obstetric emergencies.

Using evidence-based techniques, MHCB supports systems change by investing in the Tanzanian health workforce, services, equipment, information systems, and critical infrastructure.

Building Skills & Leadership

Using a low dose, high frequency capacity building approach, MHCB conducts on-the-job training, coaching, and mentoring to close skills gaps. Since 2012, MHCB has trained more than 4,000 health workers on topics related to Basic and Comprehensive Emergency Obstetric and Neonatal Care (BEmONC and CEmONC), Focused Antenatal Care, Kangaroo Care, and respectful maternal care. Trainings are based on each health facility's greatest needs and use case-based learning. Four high volume maternity units serve as clinical training sites, focusing on the application of BEmONC and CEmONC.

In collaboration with the Office of the Director of Nursing in the Ministry of Health, Community Development, Gender, Elderly and Children and nine nurse training institutes, MHCB advocates for standards-based care to be integrated into nursing school curriculum. Currently, nursing students conduct their practicum at CCBRT supported facilities, which harmonises practice and promotes competency. MHCB also partners with community leaders, teachers, and health workers to share important health education and promote disability inclusion throughout Dar es Salaam.

Decongesting Facilities

CCBRT's MHCB ensures that mothers and babies receive the right level of care at the right type of facility. In 2010, more than 80% of deliveries took place at just 3 of the total 23 health facilities supported by the MHCB programme. The overwhelming volume of deliveries and obstetric emergencies there contributed to preventable deaths. As a result of the programme's work building the capacity of primary level health centres to absorb lower-risk patients and identify obstetric emergencies, deliveries are now spread more evenly: in 2016, primary level sites conducted 40% of deliveries. By decongesting higher-level facilities, sites are now better equipped to intervene when complications arise: caesarean sections increased from 1,939 in 2011 to 10,473 in 2016.

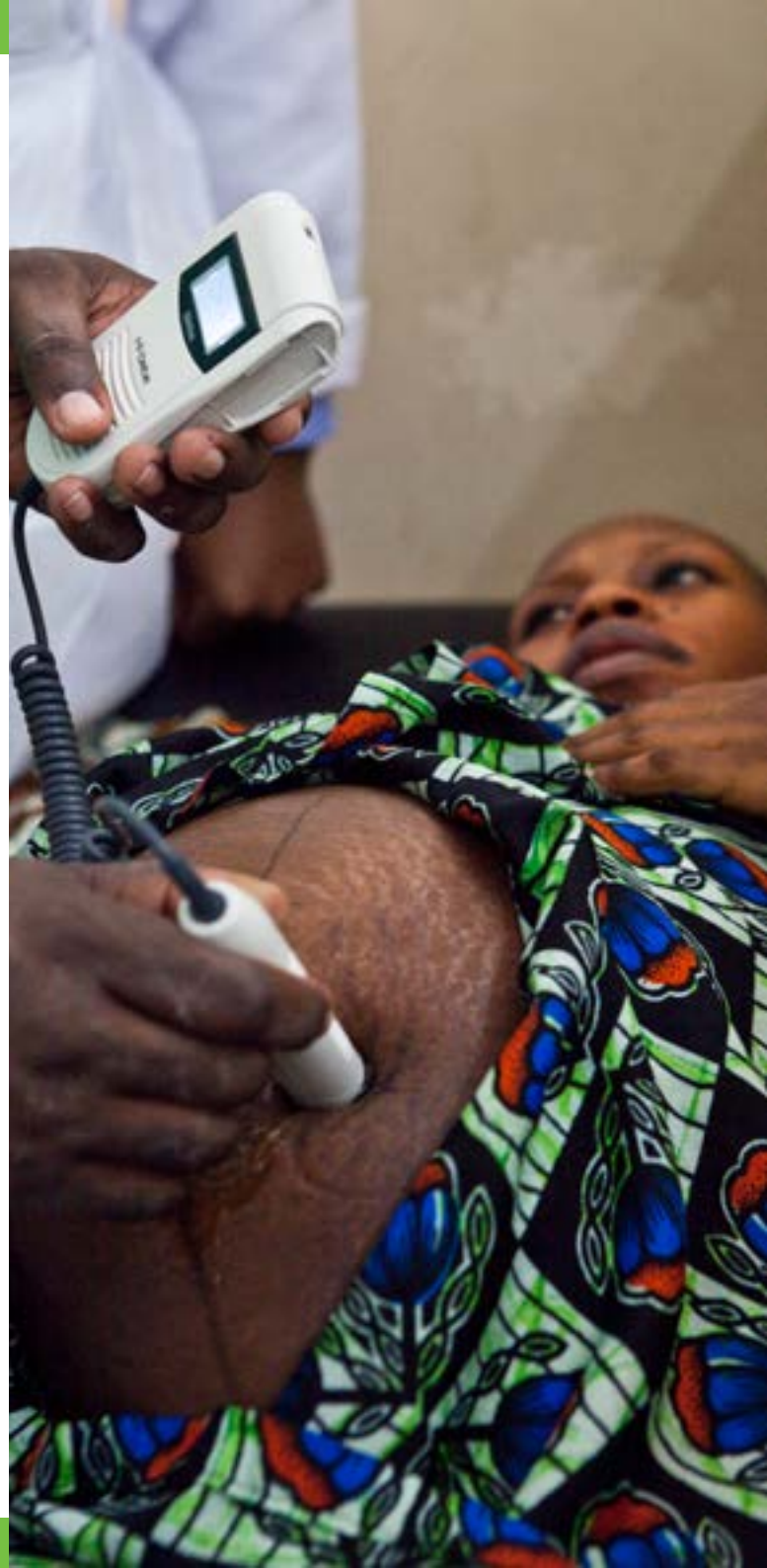
Building Infrastructure

Many health facilities lacked the necessary equipment and infrastructure to provide the level of care they were designated to offer. In response, MHCB and its partners built and equipped 7 operating theatres, outfitted 4 hospitals with essential equipment to improve survival from the leading causes of neonatal death, and established a closed phone system between facilities to manage patent referral. In addition, MHCB renovated 3 maternity wards, equipped 6 to facilitate Kangaroo Care, and added 12 disability-accessible toilets and ramps to partner sites, with total investments of over $300,000 each year.

Data Driven Decision Making

Through training of front line workers on the national Health Information System (MTUHA) and repeated facility data verification and the application of data tools, MHCB is strengthening recording, reflection and data use in order to identify and address gaps. MHCB has institutionalised systemic stillbirth reviews with leadership at all government levels and implemented perinatal audits through the Perinatal Problem Identification Programme (PPIP). These interventions have resulted in the number of unexplained deaths dropping from 14% to 9% between 2015 and 2016.

Using the Standards Based Management and Recognition (SBMR) tool, CCBRT and the Regional Health Management Team (RHMT) found the average baseline score for quality of care in each partner facility was 10% in 2012. In 2016, it rose to 77%. This and other regional data reviews are conducted regularly and led by the RHMT.



Impact

Today, mothers and babies face a better future in Dar es Salaam. The comprehensive approach to assessing systems and addressing gaps has contributed to improved outcomes for mothers and babies. Between 2012 and 2016, the 22 MHCB supported facilities reported:

40%
reduction in Maternal Mortality Ratio

14%
reduction in stillbirth rate

19%
increase in premature baby survival rate

670%
increase in SBMR scores

Looking Forward:
CCBRT Maternity & Newborn Hospital

CCBRT began construction on the CCBRT Maternity & Newborn Hospital (MH) in 2011. As a super specialist zonal referral hospital, MH will care for women and babies with high risk pregnancies and obstetric emergencies. As a tertiary level care facility, it will deal with referrals of high risk and complicated pregnancies, emergency referrals of complicated deliveries, and women with vulnerable pregnancy. This includes pregnant women with disabilities, past history of fistula and pregnant women younger than 16 years old.

As MHCB equips lower level health centres to properly manage basic cases, the women and babies in greatest danger will be efficiently identified and referred to CCBRT MH where they will receive the expert care they need.

This will not only save lives, but also decongest the referring facilities, allowing them time and space to treat each woman with respect and dignity. MH will have the full range of equipment and expertise to deliver comprehensive antenatal through postpartum care. All obstetric treatment will emphasise CEmONC, non-separation of mother and baby and birthing partner inclusion, as well as integrating family planning at each stage.

MH's Neonatal High Dependency Unit will treat the leading causes of newborn death and emphasise Kangaroo Care for preterm and low-birth-weight infants. MH will also house the CCBRT Training Centre, which will prepare CCBRT staff and public clinicians to provide specialised services during obstetric emergencies.

As part of CCBRT's sustainability model, MH will be a social enterprise: revenue generated from private services will subsidise care for the most vulnerable patients.

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To continue its life-saving work and achieve a sustainable and stronger health system in Tanzania, CCBRT needs your support. Please donate online today:

www.ccbrt.org/donate

$**50** trains a clinician in Emergency Obstetric & Neonatal Care
$**350** provides provides a woman a safe normal delivery
$**580** covers comprehensive care for a sick or premature baby

CCBRT is grateful for the support of the following partners in realising the Maternal and Newborn Health Capacity Building Programme:

USAID
PEPFAR
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