

ACCESSING SAFE DELIVERIES IN TANZANIA

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Project team members

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Partner organizations

- Tanzania Training Centre for International Health (TTCIH),
- President's Office for Regional Administration and Local Government (PORALG)
- Faculty of Medicine, Dalhousie University

OUR KEY STATEMENT

Mothers and newborn in Tanzania should not die of complications of pregnancy and childbirth for lack of access to CEmONC services.



THE PROBLEM IN TANZANIA

- 2016: Only 12% of health centres provided CEmONC services and therefore many pregnant women and newborns were dying of obstetric complications.
- MMR: 578/10⁵ livebirths (2005); 556 (in 2016)
- NMR: 25/10³ livebirths in 2016

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- Project period: 2015 – 2020

- Design:

Two cohorts

Control: 2 HCs

Intervention: 5 HCs

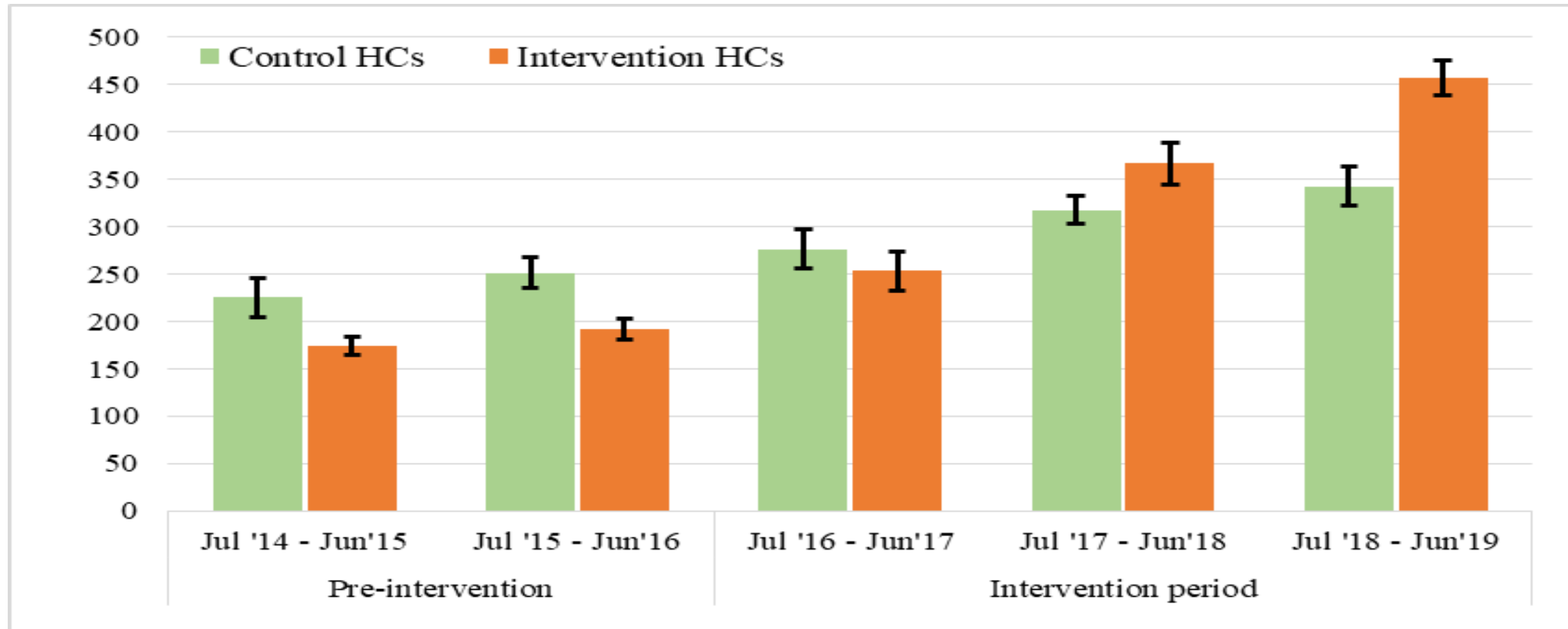


Interventions:

- 42 trained in CEmONC & anaesthesia
- Post-training capacity building:
Supervision & mentorship – audits,
eLearning & teleconsultation.

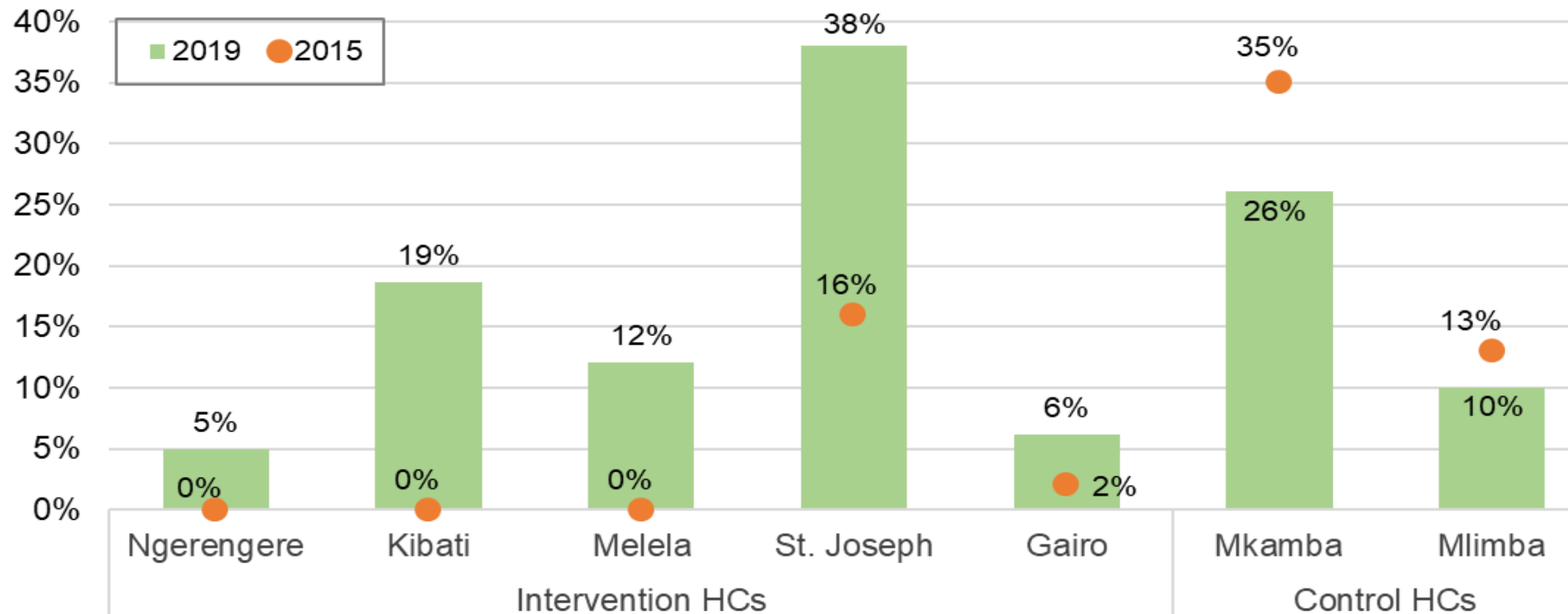
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Fig. 1. The average of monthly facility deliveries before and during the intervention periods.



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Fig. 2: C-section rates in the catchment populations



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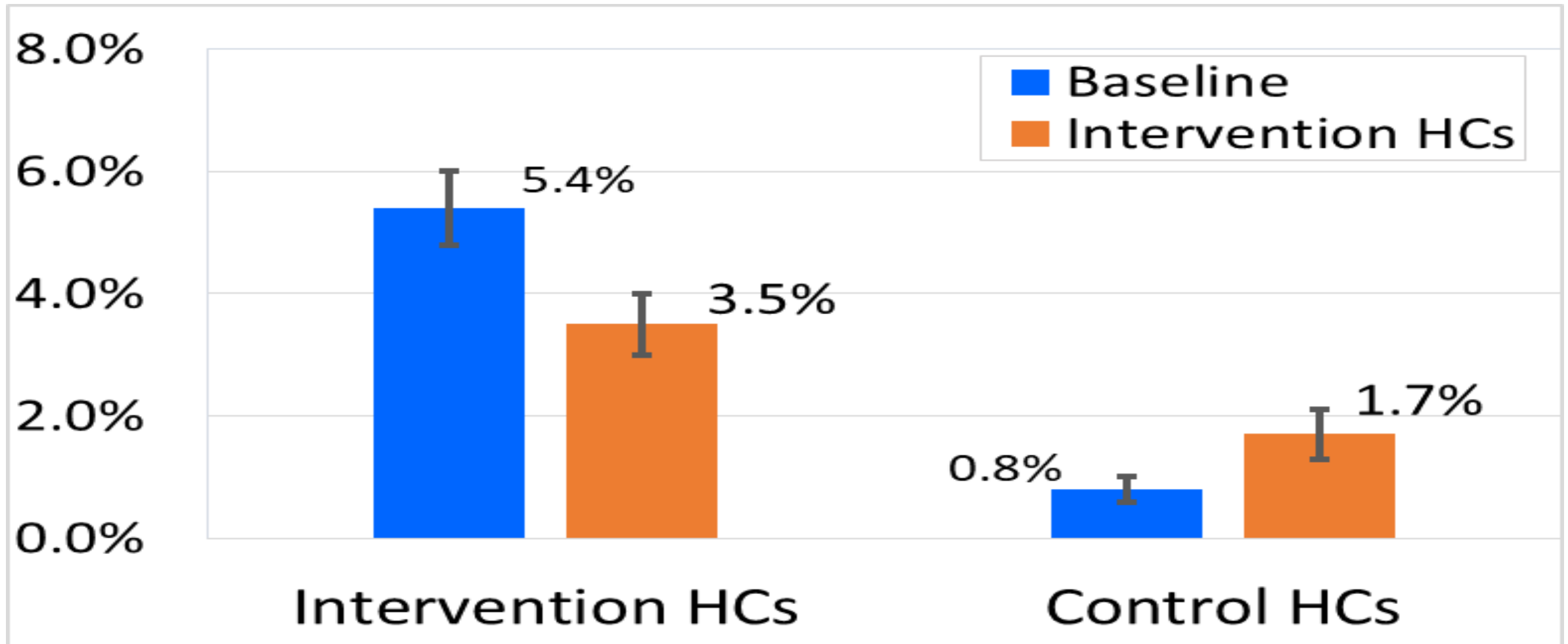
Table 1. Safety of obstetric surgeries at the health centers

	ASDIT Project (2019)	Nigeria (2008)	Zimbabwe (2005)
Risk of a woman dying from complications of C-sections (n=2,179)	2.3/1,000 CS		
Risk of a woman dying from complications of anaesthesia	1/ 1,000 CS	2.5 – 3.7 per 1000 CS	2.1 per 1000 CS

Note: 5 maternal deaths due to CS complications and 2 from anaesthetic complications

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Fig 3. Referral rates of pregnant women from the intervention and control HCs to nearby hospitals before and after intervention.

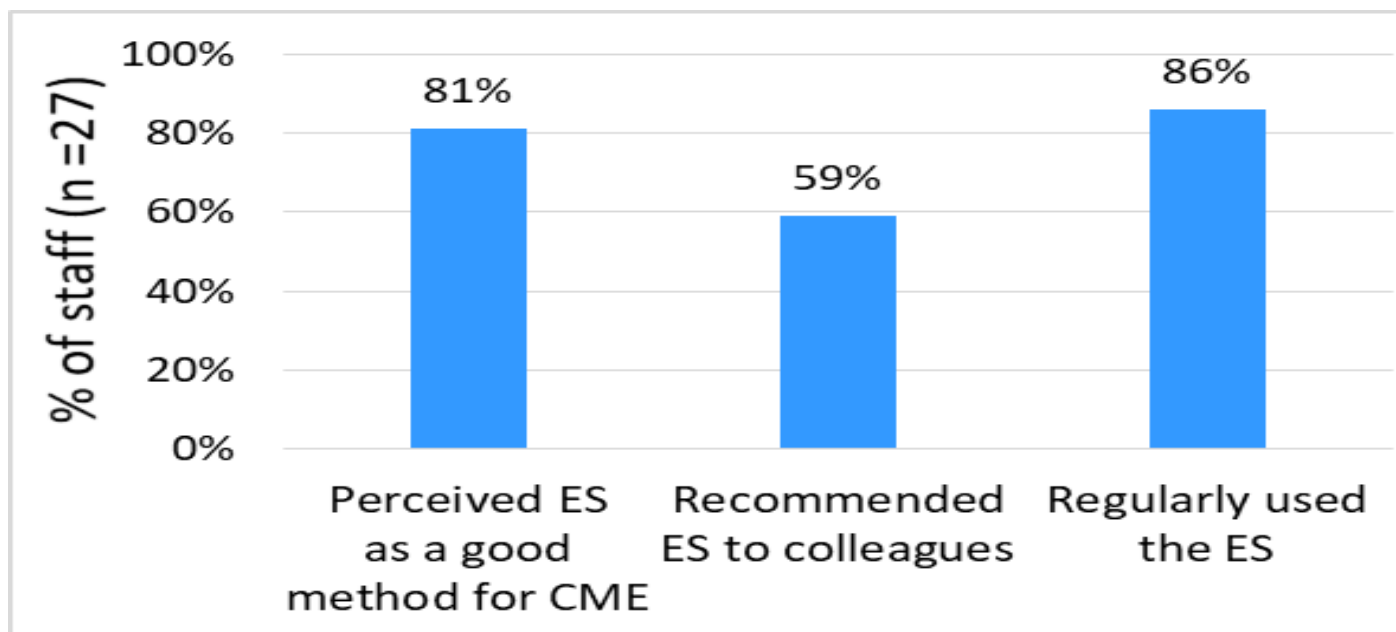


RESULT 2: eLearning for Rural Tanzania

i. Utilization of the eLearning System

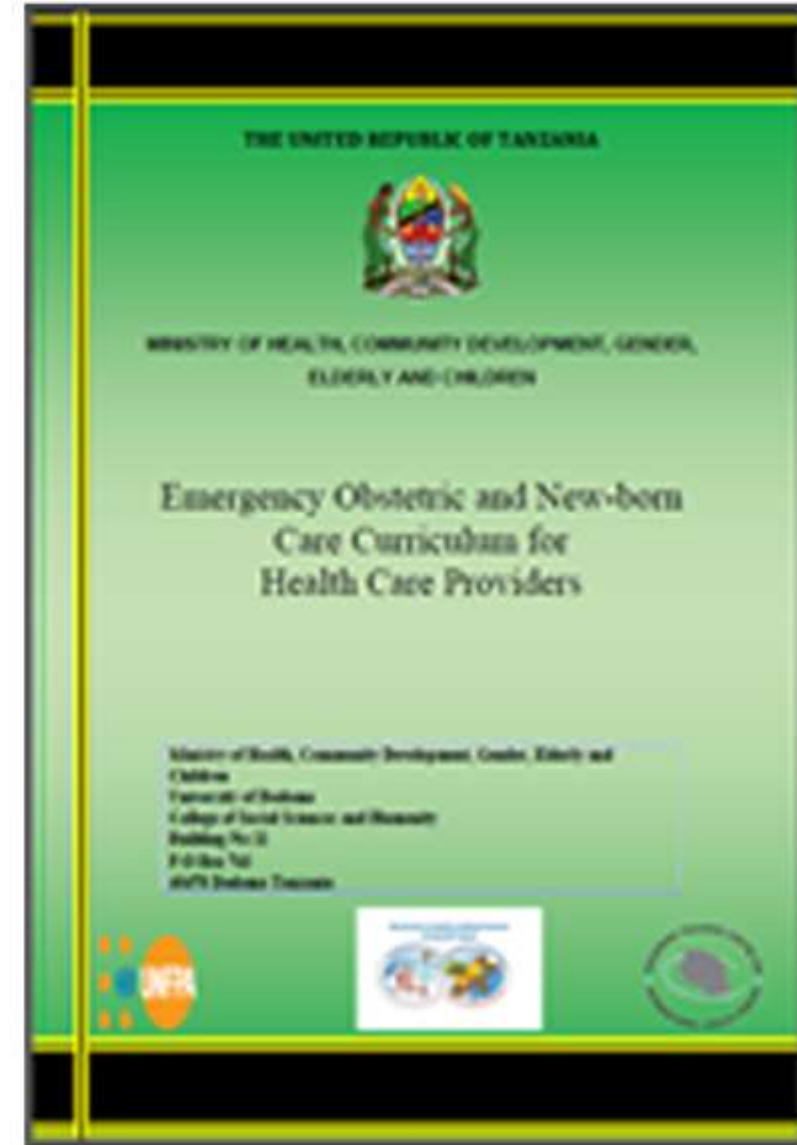
96% (of 27 staff) were able to identify and use features within the platform, navigated through the sessions and performed quiz at least with average efficiency.

ii. Health workers' attitude and intension to use and actual use of the system.



RESULT 3: Uptake of the training programs

- 1. Revised curricula (collaboration with Ministry of Health (MoHCDCGEC))**
 - 3 month CEmONC
 - 6 month anaesthesia



Challenges

1. Management supply chain system
Lack of constant availability of essential drugs and supplies for CEmONC services.
2. Low utilization of modern technology for the learning purposes and teleconsultation.
3. Uptake of training program in anaesthesia
Resistance from the professional bodies



Application of the Innovations

1. The 3-month CEmONC training program for associate clinicians is safe and effective, but scale up should be accompanied with close supportive supervision and mentorship.
2. eLearning strategies – has the potential to support provision of quality health care in remote rural areas.

Acknowledgments

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