

Assisting Safe Deliveries in Tanzania (ASDIT)

&

Leadership and managerial capacity strengthening for quality pregnancy and newborn outcomes in Tanzania



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Tanzanian Training Centre
for International Health



DALHOUSIE
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Methods

- Period: 2016 – 2020

- Design:

Two cohorts

Control: 2 HCs & 6 dispensaries

Intervention: 5 HCs & 15 dispensa.



Interventions:

- 42 trained in CEmONC & anaesthesia

- Post-training capacity building:

Supervision & mentorship – audits, BRN tools, eLearning & teleconsultation.

- 29 trained in L&M

RESULT 1: CEmONC & Anaesthesia Services

Fig. 1: Health facility CS rates before and during the intervention period.

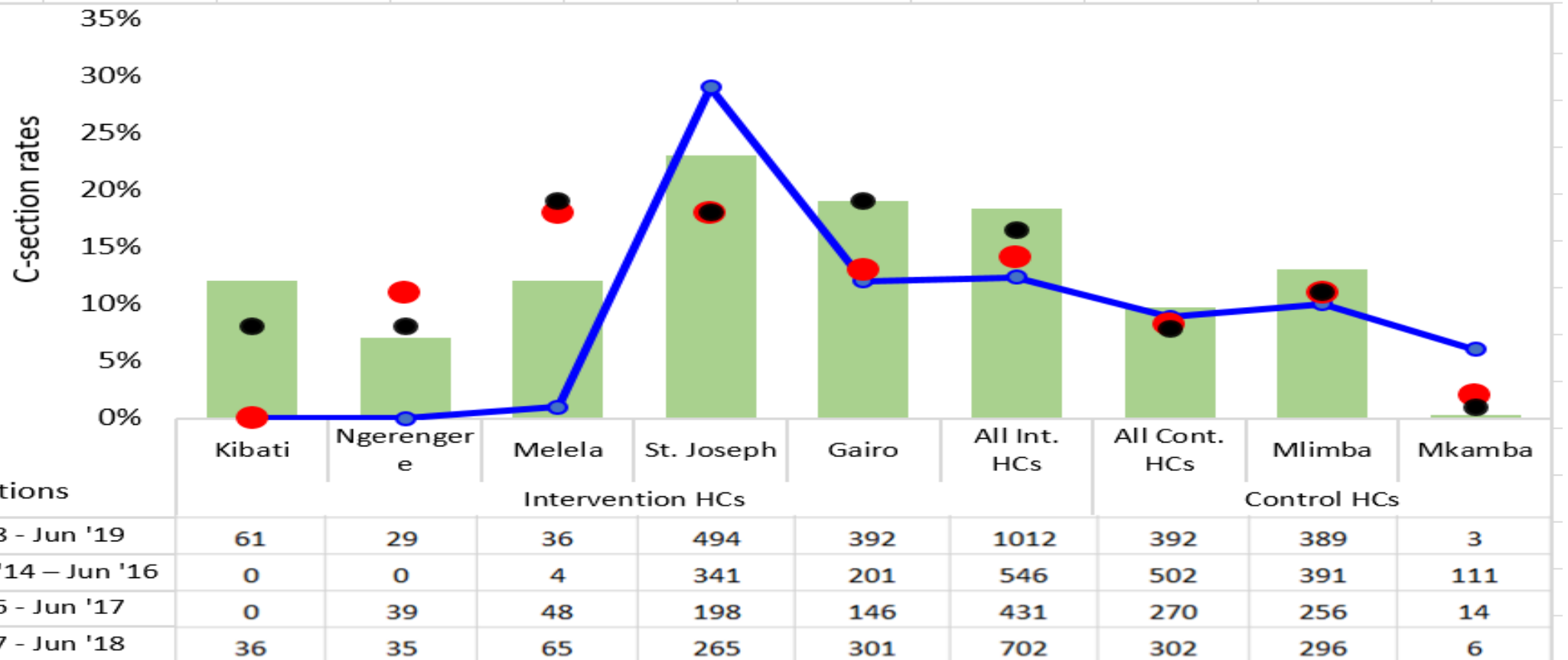


Fig. 2: CS rates in the catchment populations.

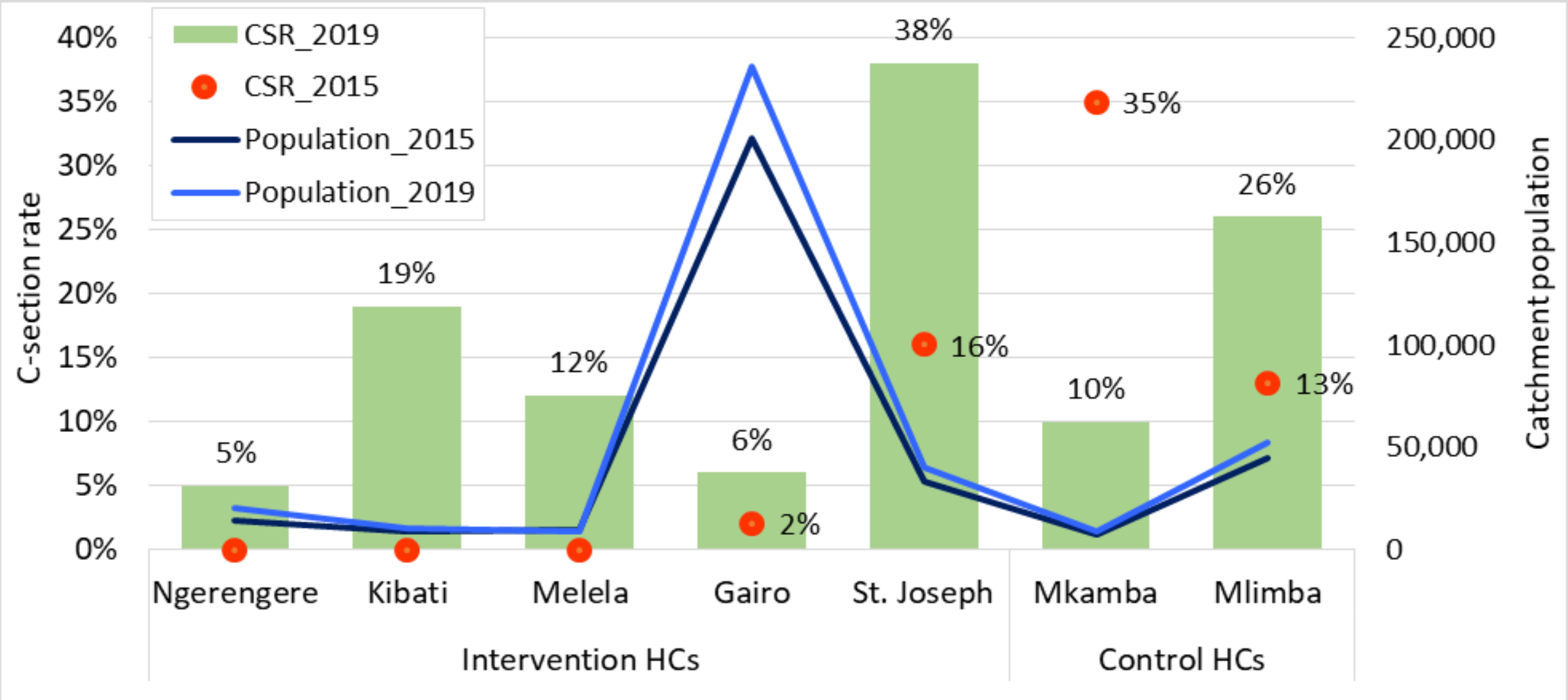
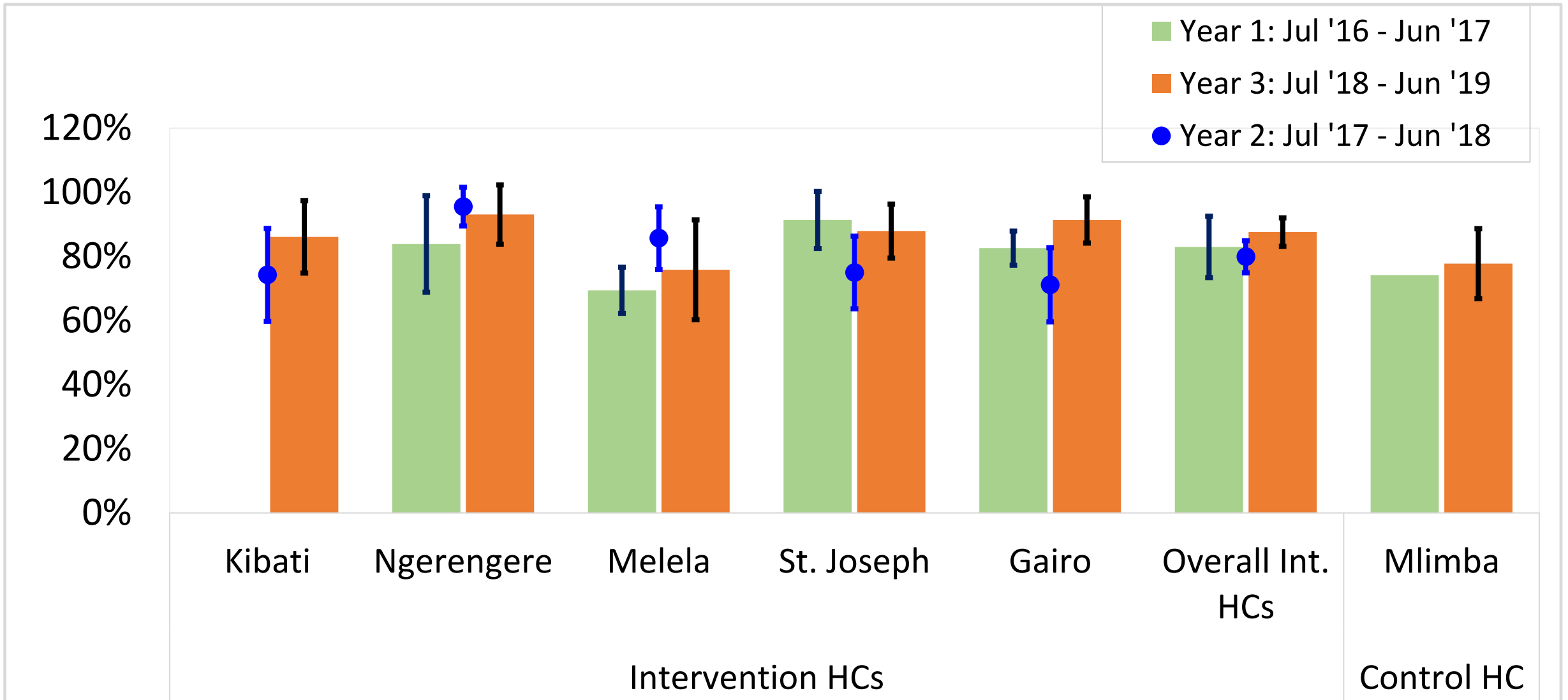


Fig. 3: C-sections performed with justifiable indications

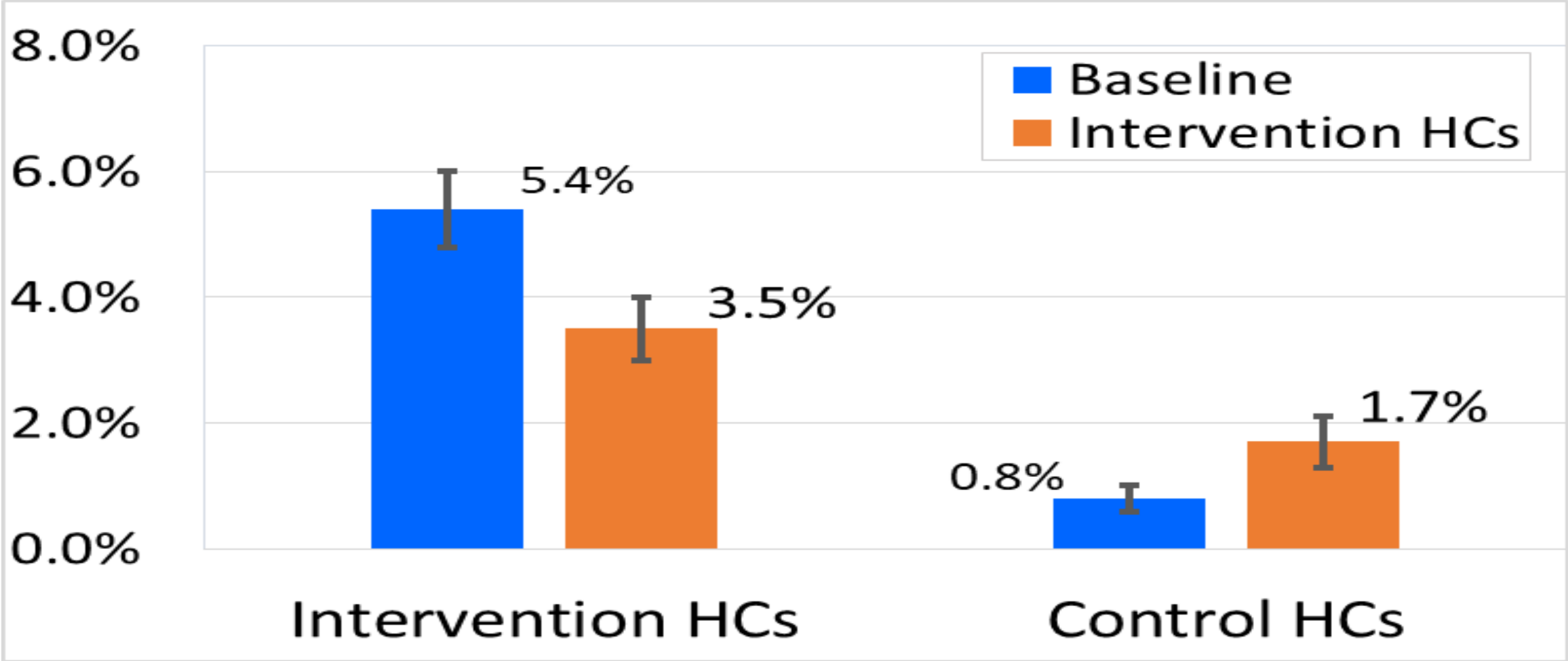


Safety of obstetric surgeries at the health centers

	ASDIT Project (2019)	Nigeria (2008)	Zimbabwe (2005)
Risk of a woman dying from complications of C-sections	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

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

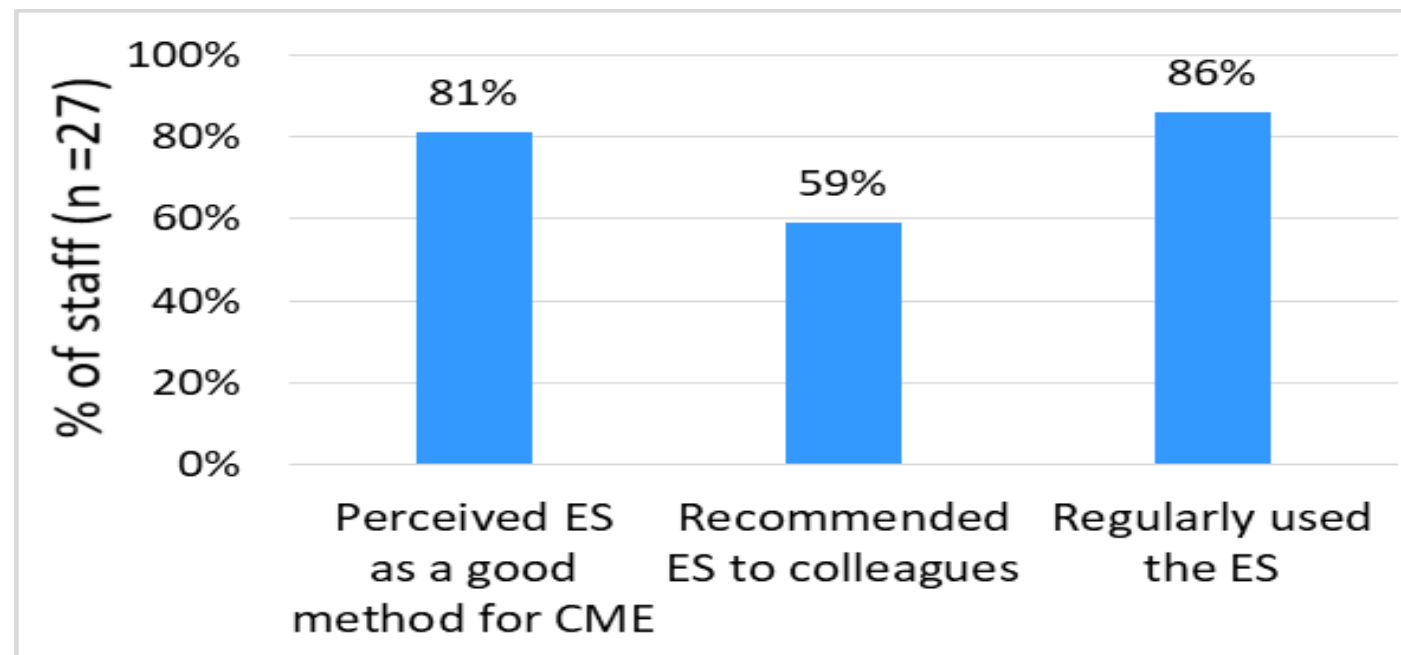


RESULT 2: eLearning for Rural Tanzania

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 perform quiz at least with average efficiency.

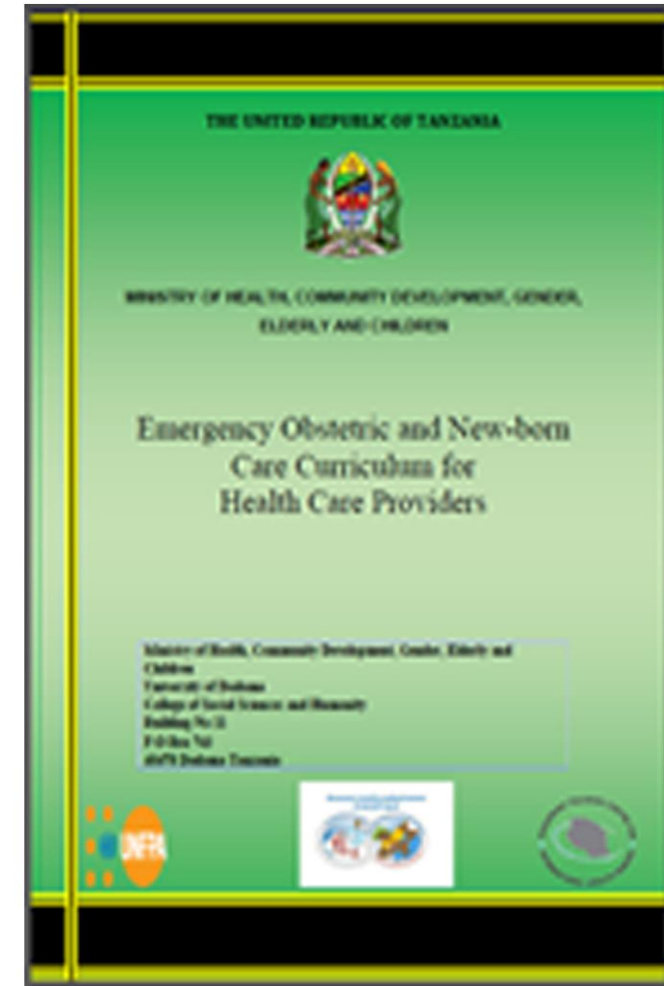
ii. Health workers' attitude and intension to use and actual use of the system.



RESULT 3: ASDIT Project Key Products

- 1. Revised curricula** (collaboration with MoHCDEG)
 - 3 month CEmONC
 - 6 month anaesthesia
- 2. eLearning modules - 6**
- 3. Toolkit for CEmONC scale up**

Includes: enabling & inhibiting factors, costs for the requirements for CEmONC at HCs, strategies etc.



RESULT 4: Enabling & Inhibiting Factors for CEmONC Services at HC Level

Enablers

- Clear political will
- Existence of policy for CEmONC services at HC level.
- Availability of most essential resources.

Inhibitors

- Insufficiency L&M capacity
- HRH inadequacies (skills & motivation)
- Financial management capacity
- Infrastructure & supply chain
- Low utilization of HMIS data
- Quality of health services & customer care

Recommendations

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.

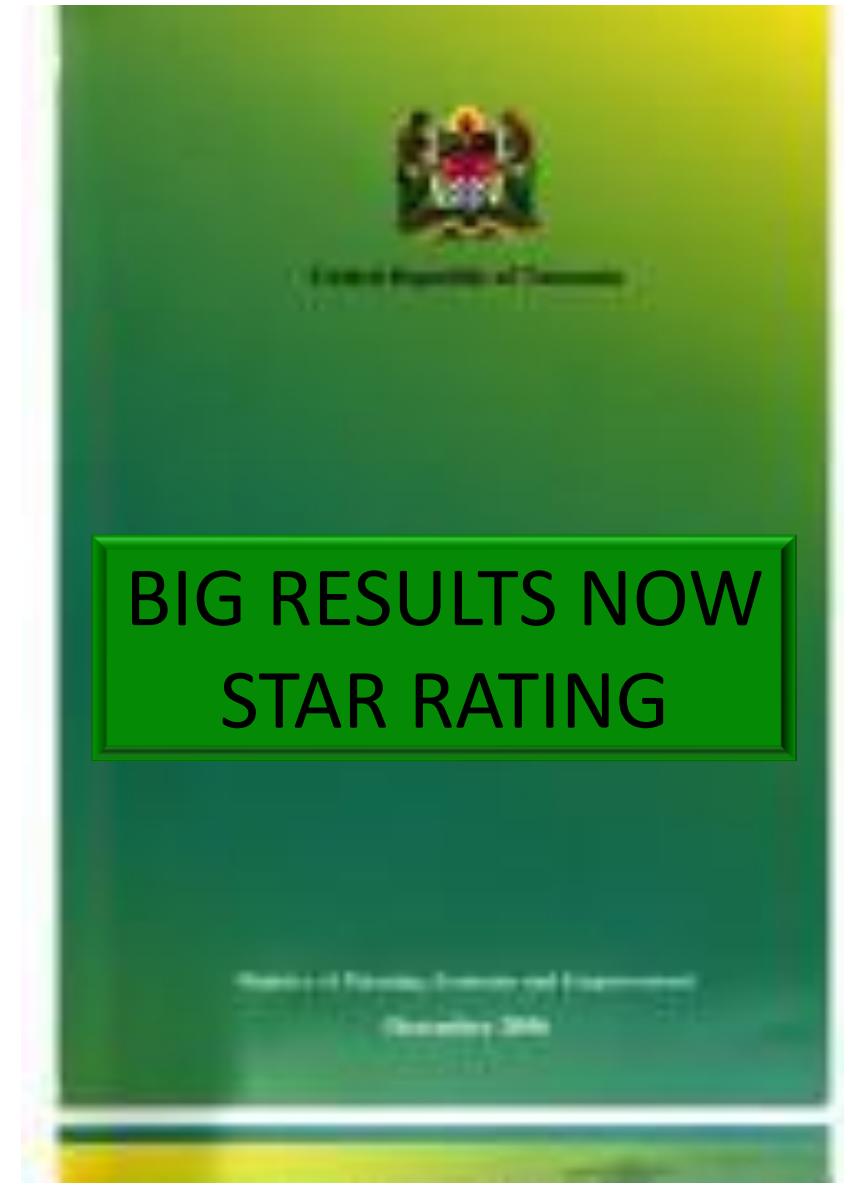
Recommendations

3. Strengthen leadership and management capacities at all levels – HFs, CHMTs and RHMTs
 - Pre-service & in-service programs
 - Include L&M components during supervision and mentorship programs

Justification: responsibilities, HR & financial resources decentralized at the primary HFs

Recommendations

4. Improve implementation of the BRN star rating program – enhance use of the QIP for quality improvement.



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