

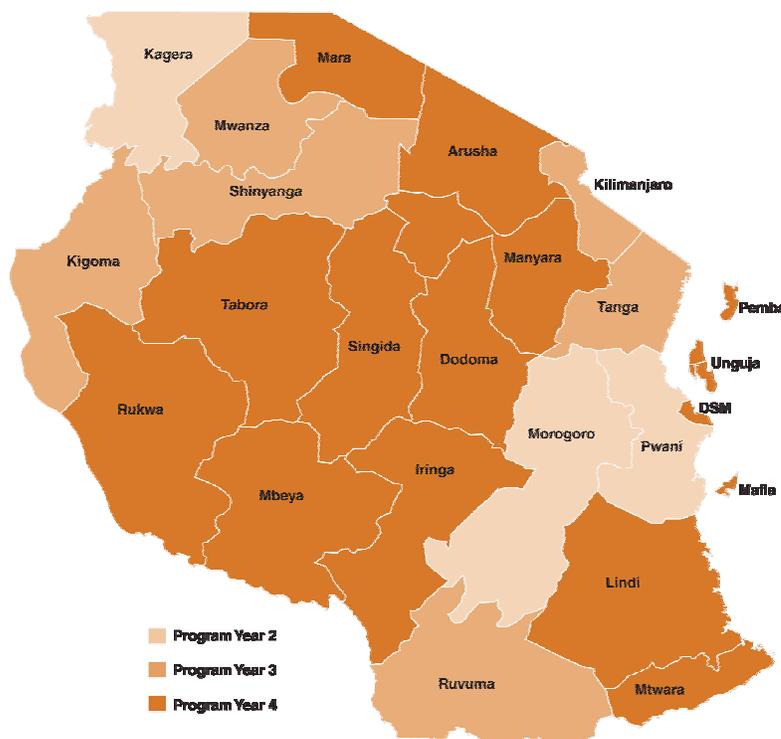
TANZANIA

Strengthened Services and Institutions to Expand Focused Antenatal Care and Address Maternal and Newborn Health and HIV/AIDS

INTRODUCTION

With funding from USAID, ACCESS led efforts to develop and expand focused antenatal care (FANC) as a platform for maternal and child health interventions in Tanzania. Using clinical training, community interventions and advocacy, the Program worked to build the capacity of health providers and facilities, expand community knowledge and use of health services, and increase support at all levels for improving the quality and availability of care for mothers and newborns. ACCESS worked with the Ministry of Health and Social Welfare (MOHSW) to nationally scale up FANC as part of routine maternal and child health services, strengthening pre-service education of health care

professionals, as well as in-service training and quality improvement interventions. The Program also worked with the White Ribbon Alliance to advocate for change at a policy level, and supported the Alliance in efforts to bring national awareness to issues such as MIP. ACCESS continues to support the MOHSW by strengthening FANC services, pre-service training institutions, infection prevention practices, and basic EmONC throughout Tanzania under its associate award, the MAISHA Project.



KEY INDICATORS

Infant mortality rate: 58/1,000 (NBS 2007)

Maternal mortality ratio: 578/100,000 (DHS 2005)

Malaria cases annually: >14–18 million (Tanzania PMI MOP 2008)

Percentage who received any SP during an ANC visit: 60% (THMIS 2007–2008)

Percentage who received 2+ doses of SP, at least one during ANC visit: 21.7% (DHS 2005)

Percentage of pregnant women who make at least one visit to an ANC provider during pregnancy: 96.6%

DHS 2005

Because many women visit an ANC provider at least once during their pregnancy, the antenatal period is an ideal time to promote key MNH interventions in a platform of complete, integrated services, including:

- MIP prevention and treatment
- Infection prevention
- Provision of tetanus toxoid (TT)
- Iron/folate supplementation and de-worming with mebendazole to reduce maternal anemia

- Urine testing and taking of blood pressure to identify pre-eclampsia
- Screening and treatment of STIs such as syphilis and HIV

ACCESS also uses these visits to link pregnant women who test positive for HIV with PMTCT services, including referrals for care and treatment.

PROGRAM STRATEGIES AND INTERVENTIONS

ACCESS worked to increase uptake of intermittent preventive treatment (IPTp) with sulfadoxine-pyrimethamine (SP) by improving the quality of ANC services in more than 4,800 government-owned and faith-based health facilities throughout Mainland Tanzania and Zanzibar. Specifically, the Program:

- Strengthened the technical content and overall quality of pre-service nurse-midwifery education by integrating FANC with the curriculum, implementing a quality improvement approach in pre-service institutions and providing state-of-the-art teaching tools.
- Developed training systems for in-service training.
- Improved performance of facility-based ANC providers by introducing an ANC quality improvement approach and strengthening skills of supervisors.
- Increased awareness of and demand for MNH services through advocacy campaigns.
- Strengthened the technical content and overall quality of pre-service medical education in HIV/AIDS.

RESULTS

Increased Capacity to Provide Prevention and Referral for Care of Malaria during Pregnancy Using the FANC Platform

Through the Program, a total of 4,536 (76%)⁶⁶ ANC providers had their knowledge and skills updated in FANC through training. In total, 880 in-service clinical trainers were trained,⁶⁷ and 2,633 ANC facilities now have at least one provider trained in FANC. ACCESS held advocacy meetings with high-level district and regional health officials in each region to encourage stakeholder and policymaker support for FANC interventions, and to ensure that funds for ANC interventions are allocated. The Program found that a total of 37 districts (out of 133 nationwide) conducted FANC training with outside sources of funds⁶⁸—primarily by including the training as part of their Comprehensive Council Health Plans. As a result, an additional 845 providers from 559 facilities

MAJOR RESULTS

- Contributed to a 50% reduction in stock-out days at sentinel facilities due to national level advocacy efforts.
- Incorporated FANC into the curriculum of all 53 nursing and midwifery training institutions.
- Provided assistance to the MOHSW to develop, produce and disseminate national infection prevention and control guidelines, standards, and an orientation guide to quality improvement of infection prevention and control.
- Introduced a quality improvement process for pre-service education at 24 nurse-midwifery schools.
- Trained 880 in-service clinical trainers in FANC, who are now training other clinicians at their own facilities.
- Trained 4,536 ANC providers (76% nationally) in FANC and quality improvement at 2,633 (55%) facilities.
- Improved capacity of all nursing educational institutions through distribution of and training on teaching tools such as projectors and laptop computers.

⁶⁶ Out of an estimated 6,000 reproductive and child health care providers in Tanzania.

⁶⁷ 776 are providers from health facilities in all 21 regions plus Zanzibar; 104 are zonal and regional reproductive and child health coordinators from all eight zones in Tanzania.

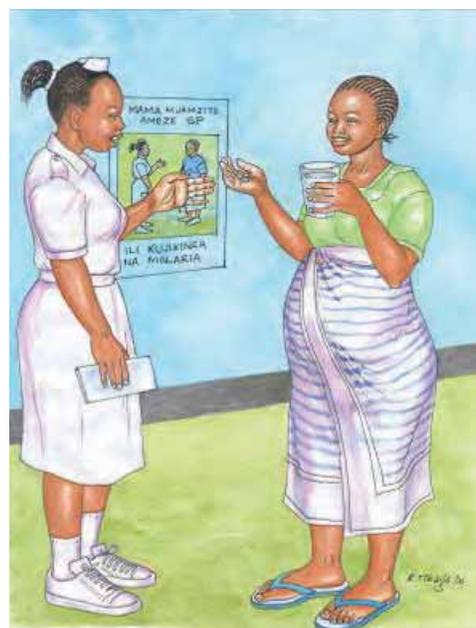
⁶⁸ Donors included UNICEF, UNDP and the Christian Social Services Commission.

received FANC training. In combination with those trained by ACCESS, more than 5,300 providers from 2,942 facilities received FANC updates, representing 61% coverage of all health facilities in Tanzania.

Increased Coverage of FANC Interventions Nationally

Through training health providers in FANC service provision, ACCESS reached thousands of women with improved malaria prevention interventions. The Program collected data on key FANC indicators on a quarterly basis at 37 health facilities⁶⁹ serving as sentinel surveillance sites between January 2007 and October 2009. Regarding MIP, the Program tracked uptake of IPTp1 and IPTp2. Because of the need for repeated visits to achieve IPTp, coverage is best reviewed over a period of time.

Over two years, trends in IPTp uptake at the sentinel facilities have increased to an average of 59% for IPTp1 but decreased to an average of 38% for IPTp2 at the end of the reporting period. ACCESS conducted additional data analysis and a root cause analysis to identify reasons for this decline. (See Lessons Learned section for more information.) Providers trained in FANC also provide a number of other interventions to antenatal clients.



Antenatal care counseling poster.

Reduction of Stock-outs

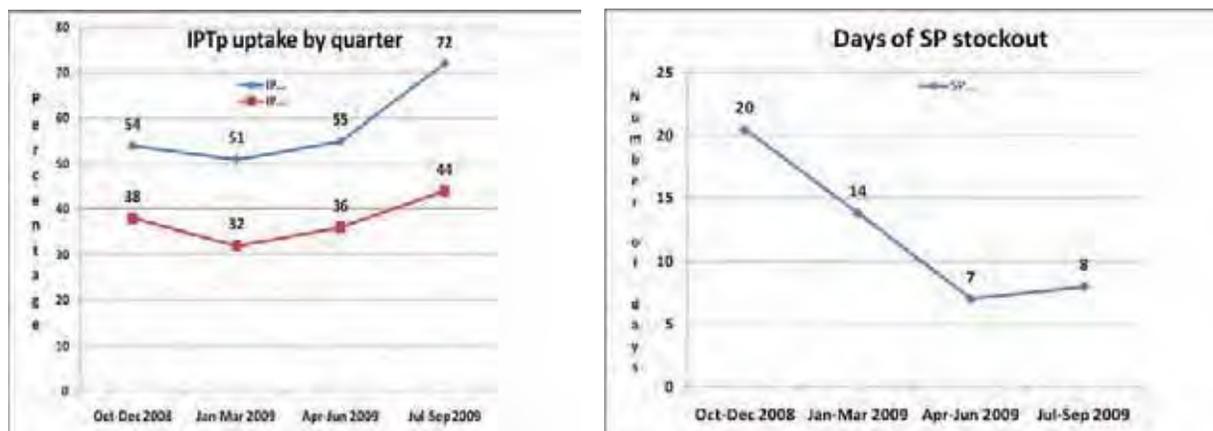
Working closely with the National Malaria Control Program (NMCP) and other partners, ACCESS helped to minimize SP stock-outs in ANC clinics by reporting them and following up with the Medical Stores Department and other stakeholders to address availability. In 2009, 32% of ACCESS sentinel sites experienced stock-outs. ACCESS advocated from the national to the district level for timely ordering of SP as well as for the continuing need for SP for IPTp in light of the switch from SP to artemisinin-based combination therapies (ACTs) for treatment. As a result, the average number of stock-out days per quarter that a facility experienced decreased by 60% between October through December 2008 and July through September 2009. (See Figure 30 below.)

Although the MOHSW enacted some positive changes, such as the provision of SP free of charge to facilities, challenges still remain in the system. At the start of the program period, facilities were required to purchase SP from Central and Zonal Medical Stores, while facilities can now order SP supplies at no charge. Nevertheless, 26% of ACCESS sentinel site facilities noted that there was at least one occasion during the last year in which they received less SP than they had ordered. Reduction of stock-outs results in increased IPTp uptake as noted in the graphs below.

Despite the positive trends displayed below, poor recording and client overload continue to compromise accurate reporting of IPTp uptake. In a survey at the sentinel site facilities, 16% of ANC providers said they “only sometimes” record IPTp2 and 3% said that they “rarely or never” record IPTp2. When disaggregating by client load, ACCESS found that sites serving fewer clients had much higher rates of IPTp uptake. For example, in facilities serving less than 100 clients per month, overall uptake was 85%, but in facilities serving 2,000 or more clients per month, the uptake was 37%.

⁶⁹ ACCESS sentinel sites began with 30 sites in January 2007; an additional seven sites were added in October 2008.

Figure 30: Trend of SP Stock-out during the Period of October 2008 – September 2009: Number of days of stock-outs of SP per Quarter, Data from 37 Sentinel Surveillance Sites



Increased National Awareness of FANC

Through its collaboration with T-MARC Company Ltd., ACCESS integrated FANC messages with the Mama Ushauri radio serial drama, reaching 12 million people annually with accurate FANC information through the storylines. The Program also supported the development of a number of information, education, communication (IEC) materials including fliers for pregnant woman and the community about the importance of ANC and timing of visits, the need for syphilis testing, prevention of malaria and anemia in pregnancy, birth preparedness planning, and promotion of facility delivery. (Currently, 5,000 copies of each flier are being disseminated through the MAISHA Project.) Posters were also developed to promote facility delivery, and ACCESS supported Zanzibar in creating an ANC job aid. In addition, ACCESS supported 26 meetings to sensitize 677 religious leaders on the importance of preventing and treating MIP and on practices that help make motherhood safer.



Celebrating at the 2008 WRATZ White Ribbon Day ceremony, Tanzania

Improved Enabling Environment to Address Safe Motherhood Issues

ACCESS worked with the White Ribbon Alliance Tanzania (WRATZ) to advocate for change at a policy level and to bring national awareness to issues such as MIP. With Program support, WRATZ established a successful annual White Ribbon Day that has been attended by more than 1,000 people each year—including the President of the Republic of Tanzania in March 2008. WRATZ prepared an advocacy package with key, theme-related messages for policymakers, service providers and the community, and disseminated the package to several districts throughout Tanzania. One such package focused on increasing human resources for health at the district level. As a result of this advocacy, during a one-year period from 2006 to 2007, seven dispensaries in Monduli District and 17 dispensaries in Sumbawanga District experienced a 33% increase in health workers. There was also a 50% increase in facility deliveries at these 24 dispensaries.

Working in close collaboration with the MOHSW, ACCESS developed or supported a number of national guidelines, performance standards and learning resource packages, including: the national training package and performance standards; the national infection prevention and control guidelines and accompanying

pocket guide; an orientation guide for quality improvement of infection prevention and control; the *One Plan for Maternal, Newborn and Child Health*; and the *National Road Map Strategic Plan to Accelerate the Reduction of Maternal and Newborn Deaths in Tanzania Mainland and Zanzibar*. ACCESS and the MOHSW also established the Safe Motherhood Working Group to address policy and operational aspects of MNH.

Strengthened Pre-service Nurse-Midwifery and Medical Institutions

The Program assisted the MOHSW to revise the two-year certificate and three-year diploma program in nursing and midwifery, and integrated FANC with the curricula. Additionally, ACCESS supported the training of two tutors and two preceptors at each of the country's 53 pre-service nurse-midwifery schools—representing 100% coverage—from which approximately 6,000 students have graduated since 2006. ACCESS also developed and introduced a quality improvement tool for pre-service education to assess the quality of teaching in nurse-midwifery schools. At baseline, 24 schools reported reaching an average of 58.9% of standards for quality teaching.

The Program worked with Tanzania's five medical schools to strengthen technical content, teaching methods and clinical practice related to HIV/AIDS. Fourteen faculty members representing all five schools were updated on HIV/AIDS and core competencies for HIV/AIDS education. At both the nursing and medical schools, ACCESS supported the procurement and placement of state-of-the-art teaching tools. All schools received projectors and laptop computers following training of a representative from each school on their use. The Program purchased equipment including anatomical models, reference manuals and medical supplies for demonstration skills labs to be set up at 15 nursing schools and five medical schools.

LESSONS LEARNED AND SUSTAINABILITY

Support to the MOH and creation of sentinel surveillance sites can help ensure accurate data reporting. The Tanzania Health Management Information System (known as MTUHA) is significantly outdated and does not adequately meet current data needs in areas of FANC, such as IPTp. To address this issue, ACCESS selected 37 sentinel surveillance sites from across the country for quarterly collection of key FANC service statistics. In addition to data collection, ACCESS provided feedback on analysis of data for use in decision-making. At the national level, the Program provided input to the MOHSW in the revision of the MTUHA registers for ANC, as well as labor and delivery and postnatal care. These registers are currently being pre-tested in Dodoma Region for eventual national distribution.

In one year, seven dispensaries in Monduli District and 17 dispensaries in Sumbawanga District experienced a 33% increase in health workers, and 24 dispensaries had a 50% increase in facility deliveries.

Supportive supervision can help boost low motivation of overburdened health providers.

The shortage of health providers in Tanzania remains a barrier to the implementation of high-quality ANC services. In many locations where ACCESS conducted training, there were limited numbers of health workers available to provide FANC services. For health workers trained to remain motivated and continue practicing, it is essential that the Program continue to work with facilities to assess and ensure that supportive supervisory structures are in place.

Use of data and sustained advocacy can help reduce stock-outs. Stock-outs of SP continue to present an obstacle in reaching IPTp targets and improving FANC service provision. ACCESS conducted an analysis of possible underlying causes of such stock-outs and compiled its findings into a report brought to the attention of policymakers and donors. Highlights include:

- **Inaccurate SP forecasts:** The national Medical Stores Division had not accurately forecasted SP needs given the switch to ACTs for malaria treatment. This correction was made and additional supplies of SP for the nation were procured. Furthermore, SP was integrated with the essential drug list and a policy was established to allow facilities to receive SP free of charge. Finally, ACCESS integrated aspects of the Integrated Logistics System for ordering essential drugs with its FANC training to ensure that facilities are ordering SP accurately and in a timely manner.
- **Poor recording:** In a separate survey at the sentinel site facilities, 16% of ANC providers said they “only sometimes” record IPTp2 and 3% said that they “rarely or never” record IPTp2. Providers cited the following barriers to good recording: client overload/shortage of staff, no specified space in MTUHA, 6 registers for IPTp, forgetfulness/carelessness, and the burden of having to find return client’s name in a separate register.
- **Client overload:** When disaggregating by client load, ACCESS found that sites serving fewer clients had much higher rates of IPTp uptake, skewing results.

Under the MAISHA Project, ACCESS will support facilities to overcome identified challenges and improve provision of IPTp.
