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Improving the Odds for Survival

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Outline of the Presentation

- Introduction
- Current country statistics
- Progress on MDGs 4 & 5
- Improving the Odds
- Challenges and actions taken
- Conclusion
- Acknowledgements

The United Republic of Tanzania

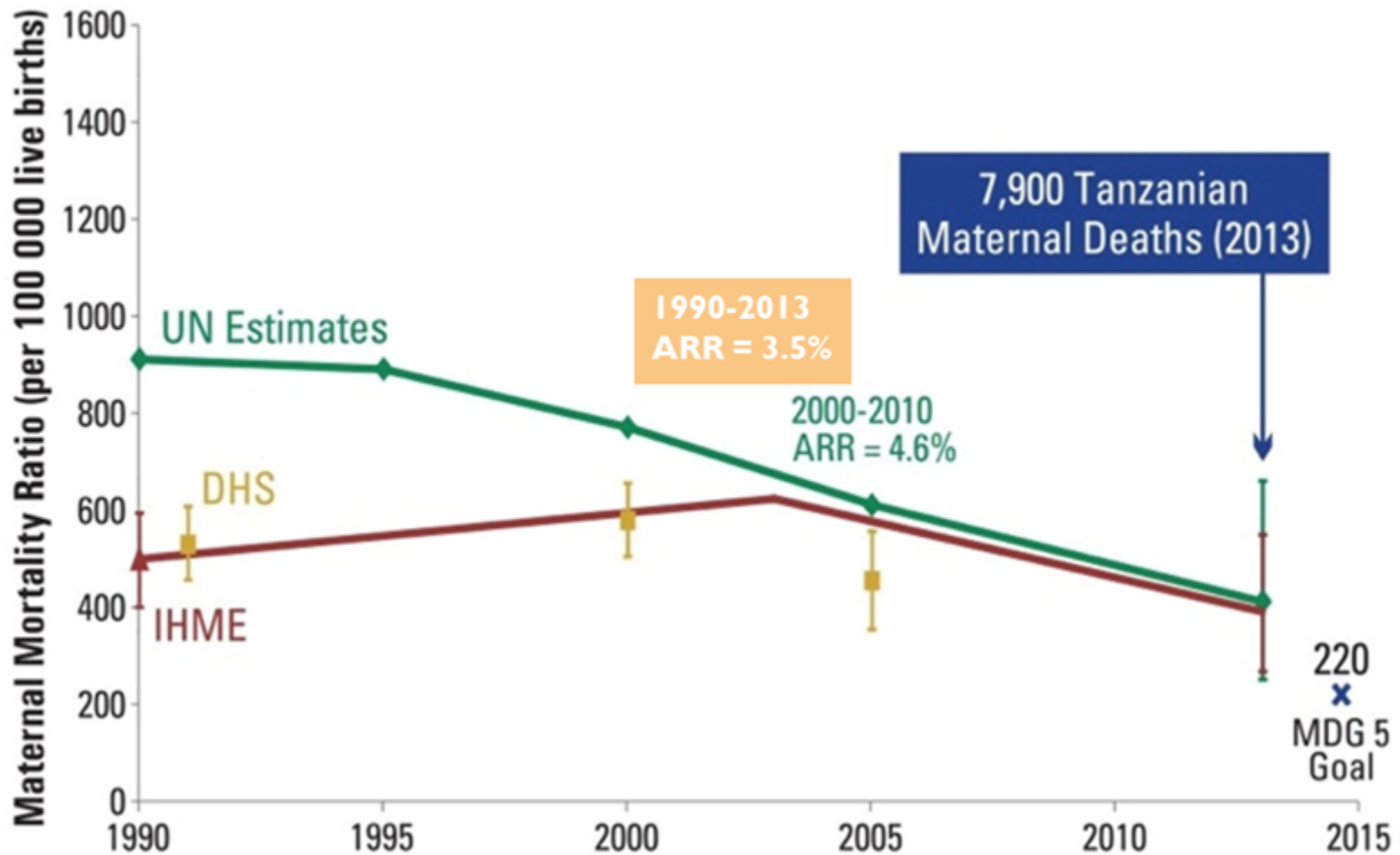
includes: Tanzania Mainland & Zanzibar Islands. **Area:** 947,300 sq km



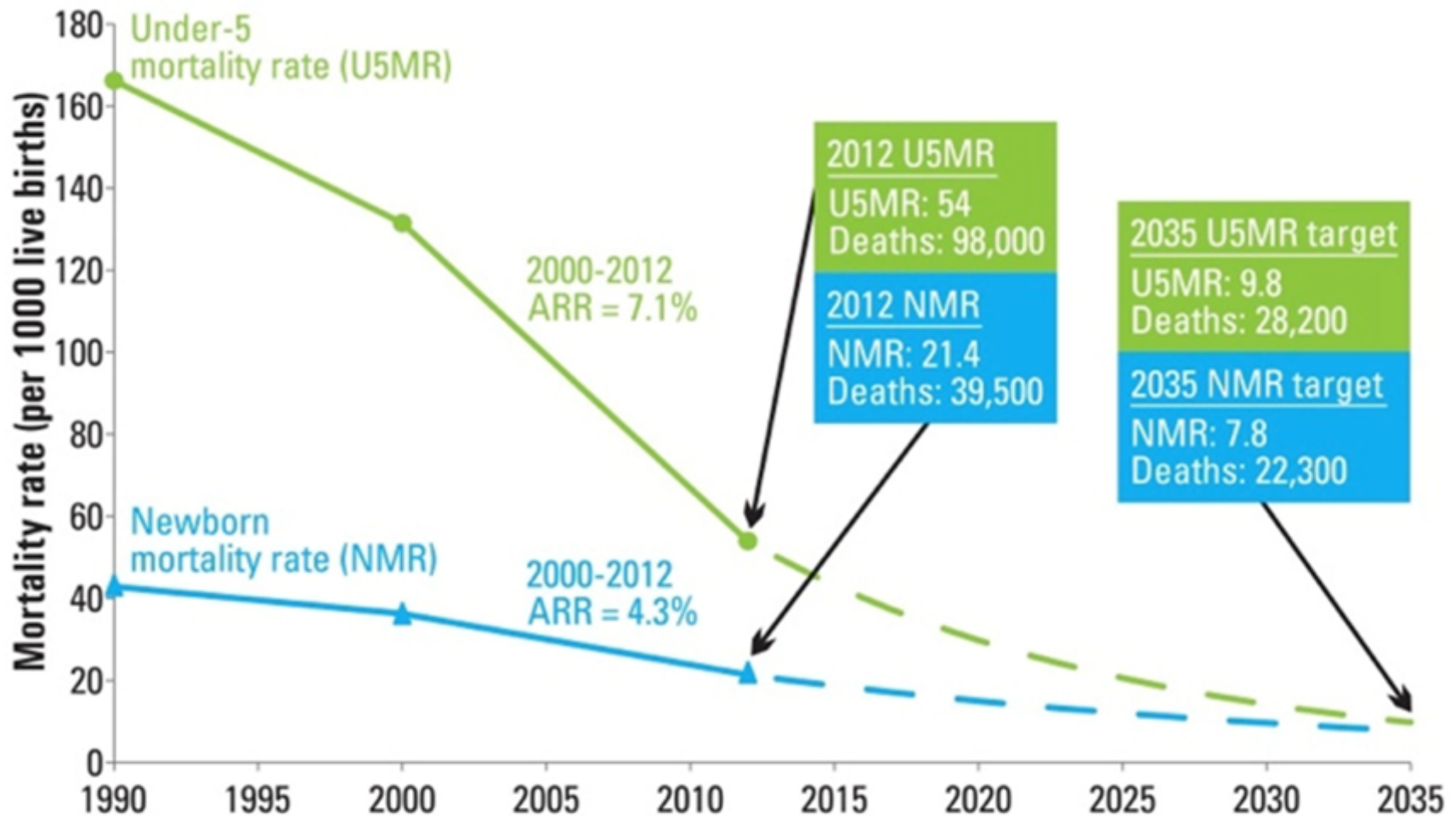
Health Profile

- Population: 44.9m (2012 census)
- Population growth rate 2.85% (2012 est)
- Total fertility rate: 5.08 children born/ woman (2012 est.)
- IMR 45/1000 LB, U5MR 54/1000 LB (2012), NMR 21/1000 LB
- Maternal Mortality Ratio: 454 deaths/100,000 live births (2010), SBA 51%
- 6,935 health facilities: >73% public

MDG 5 : Maternal Health progress



MDG 4 Newborn Health slow progress



Current country statistics

Major causes of Newborn deaths

Birth asphyxia: 31%



Preterm complications: 24%



Infections: 20%

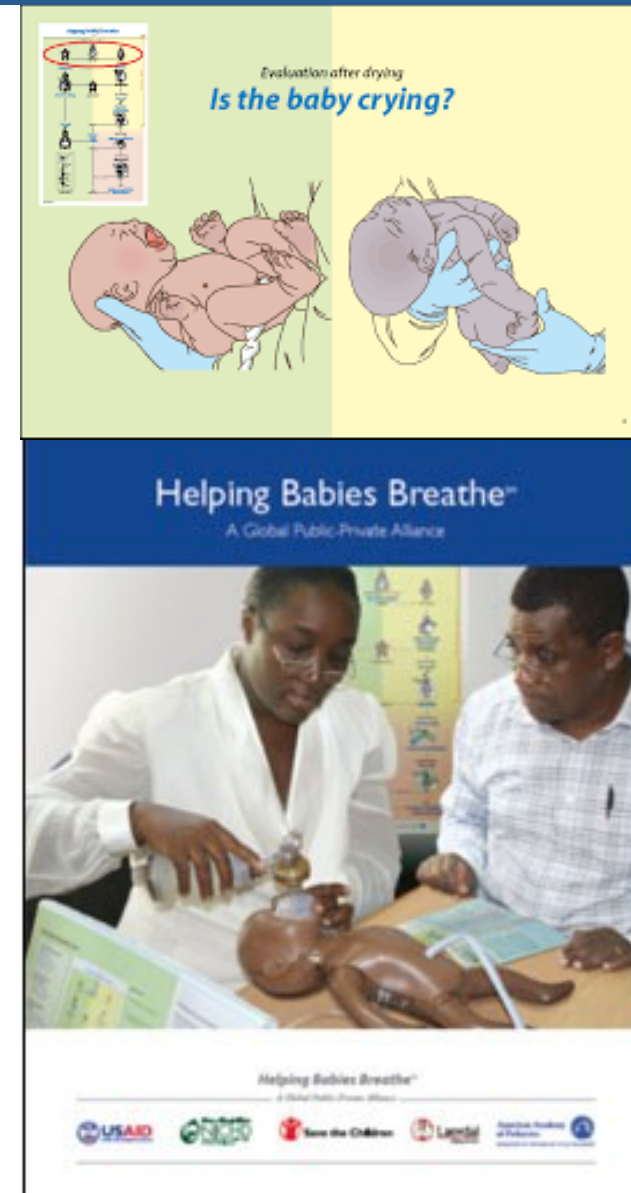


Improving the Odds



Preparation for HBB Scale-up

- Tanzania had no newborn resuscitation program prior introduction of Helping Babies Breathe (HBB)
- Consensus meetings among Stakeholders
- Training plan developed after HBB demonstration and orientation
- Ministry of Health policy determined to Roll-out HBB after proving the success in pilot sites



Preparation for HBB Scale-up

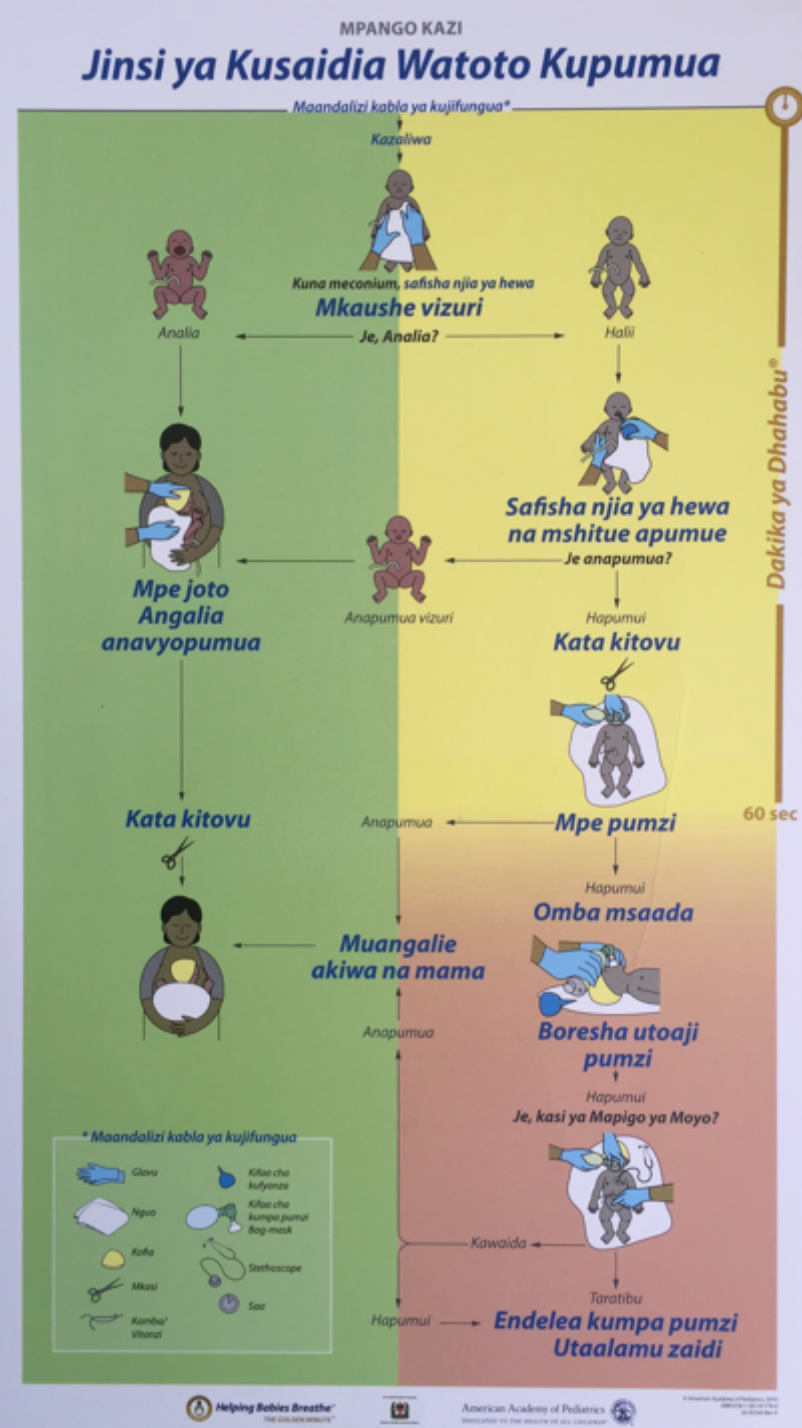


- President's support to ensure program runs to scale
- High level Government ownership
- Declaration of birth asphyxia as priority area for neonatal mortality reduction
- Committed staff at the Ministry level



Preparation for HBB Scale-up

- No policy change required to facilitate HBB rollout
 - NB resuscitation included in the RMNCH strategy to accelerate reduction of maternal, newborn and child deaths (2008-2015) ciff
 - Included in ENC and EmONC trainings
- The HBB national training plan was Government led supported by various implementing partners



Preparation for scale up

- Involved training institutions, professional associations, implementing partners, private health facilities
- Used approved simplified NB training curriculum by AAP





Preparation for scale up

- Support to country roll-out- financial, regional and councils health teams
- Rollout plan prioritization

Implementation

- Focused both pre-service and in-service education
- In-service education
 - Used cascade training approach for cadres working in delivery rooms and obstetric theatres
- Pre- service education
 - Targeted nurse tutors from private and public institutions



Implementation

Measures to improve quality of implementation and skills retention

- High dose, high frequency training and practice. How?
 - On-job training using provided simulators, supportive supervision (six weeks post training)
 - Provision of practice guide to trainees
 - Committed HBB facilitators and supervisors
- All NB resuscitation equipment are centrally procured for quality control
- All babies requiring advanced care are referred to the next level of referral



Implementation

Recording and reporting system

- Availability of tools- daily registers, tally sheets and monthly summary forms at each health facility
- Aggregated data sent to district level for inclusion in the DHIS 2 system
- Accountability : Counting every newborn death, facility death registers and (Perinatal Death surveillance and response)

Improving the *Odds*

Access to Newborn resuscitation

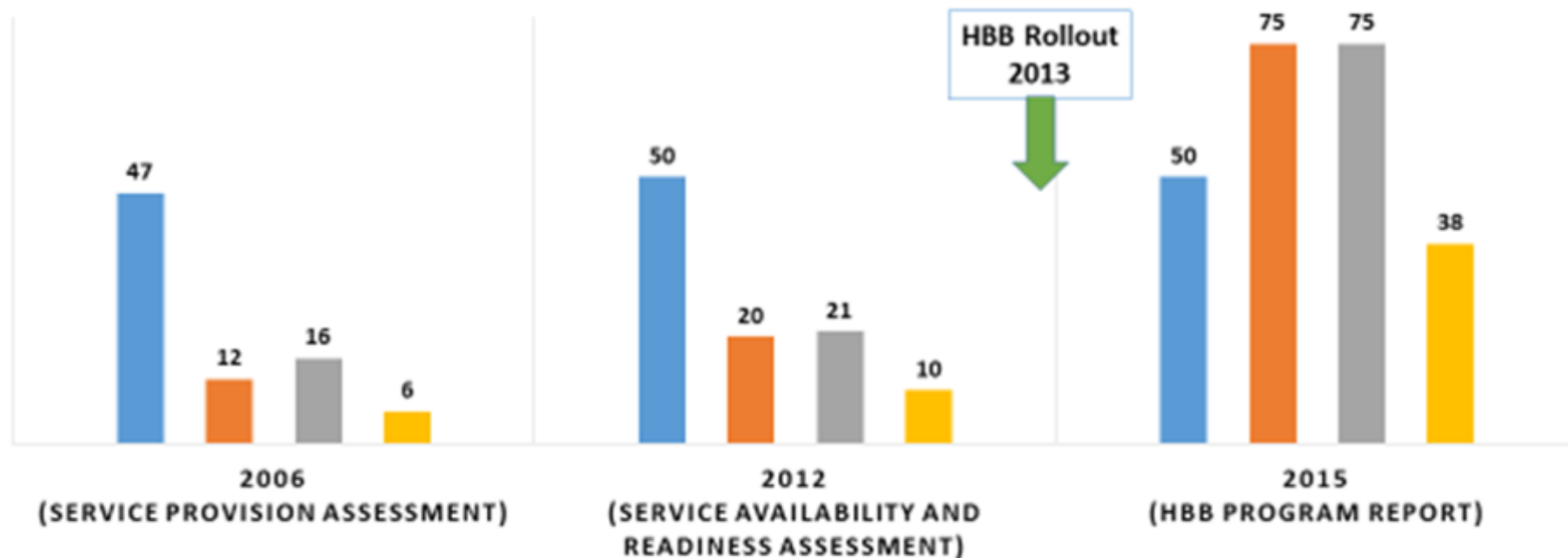
- ✓ HBB capacity building through large scale roll out at 64%
- ✓ 75% of health facilities conducting deliveries equipped with NR equipment & health service providers trained
- ✓ As facility births is 50%, about 38% of Newborns have access to NR

> 3500 health facilities equipped with bags ,masks and suction devices



ACCESS TO NEWBORN RESUSCITATION IN TANZANIA

■ Facility delivery ■ Staff trained to resuscitate ■ Facility equipped with resus device ■ Access to resuscitation



Sources:
Service Provision Assessments for Tanzania, 2006. IFC International through the Demographic Health Surveys Program.
Tanzania Service Availability and Service Assessment, 2012. Ministry of Health and Social Welfare, Tanzania
Program Data compiled by Jhpiego for the Ministry of Health and Social Welfare, Tanzania, 2015.

Challenges

- Newborn resuscitation equipment in country availability (essential equipment in MSD catalogue, financial resource, quantification)
- Curriculum changes needs time and resources
- HMIS data quality issues
- Staff rotations within health facilities
- Referral centres required support with advanced care training to support resuscitated babies

Actions to resolve challenges

- MSD included Newborn Resuscitation equipment specifications in its price catalogue
- Paediatric Association of Tanzania used to update national paediatric treatment guidelines; including basic resuscitation
- Linked with Training Department in the Ministry to update nursing training curriculum
- HBB intergrated in other programs-ENC, EmONC
- Councils putting up budgets for NR equipment

Newborn Survival National Strategy by 2020

Strategic Objective #1 :

- ENC care services provided at all facilities conducting deliveries

Strategic Objective #2

- Management of Preterm and low birth weight babies

Strategic Objective #3

- Management of Sick newborn improved by 2020

Conclusion/Summary

Successful country roll out requires the following:

- Government ownership and commitment at all levels of care, dedicated personnel
- Training roll-out and health system strengthening* should occur concurrently
- Structured Skill retention mechanisms is vital
- Sustainability mechanisms



Acknowledgements



Thank you for your time

