

Supportive Supervision, Clinical Mentoring & Continuing Medical Education for Non-Physician Clinicians Providing Comprehensive EmONC in Three Regions of Tanzania

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WLF Tanzania Maternal Health Program

Since 2008, WLF Tanzania has expanded availability of high-quality emergency obstetric and neonatal care (EmONC) to 10 health centers and 5 hospitals in 3 regions in Tanzania: Kigoma, Morogoro & Pwani)

- Expanding to 5 more health centers in Kigoma in partnership with EngenderHealth and Govt. Tanzania



Core Strategies

- Decentralizing life-saving services from hospitals (in towns) to health centers (in rural areas)
 - Upgrade infrastructure, equipment, training
 - Ensure adequate supplies, drugs
- Task-shifting of comprehensive EmONC services (surgery, anesthesia) to non-physician clinicians



Infrastructure and Equipment for CEmONC



Core Strategies

- Increasing utilization of facilities:
 - Thamini Uhai (Value Life) multi-media communication campaign on maternal health: radio, posters, billboards, CHW outreach
 - Strengthened referral systems (pilot project)



WLF Clinical Support Package

- On-site supportive supervision, mentoring and clinical auditing
- Weekly conference calls
- Continuing medical education (CME) regional workshops
- Emergency call system
- E-learning platform



Supervision, Mentoring, Clinical Auditing

- Provided by WLF expert obstetricians, senior assistant medical officers, and anesthesiologists
- Conducted monthly supervision visits for several years after training, then quarterly visits
- Conduct clinical audits (near miss, maternal deaths, neonatal deaths, cesarean sections, stillbirths)
- Provide refresher on-site training, as needed
- Action-oriented feedback for future improvement

Weekly Conference Calls



- Led by WLF obstetricians and anesthesiologists
- All facilities have mobile phones with toll-free calling
- Discuss complicated cases, health system management issues, successes, frustrations
- Opportunity to connect and share with peers

CME Regional Workshops

- Topics selected based on issues identified in routine data and supervision visits(e.g., assisted vaginal delivery, neonatal resuscitation, obstetric anesthesia, obstetric hemorrhage, etc.)
- Case-based learning, through discussions, demonstrations and supervised clinical practice
- Three-day workshops at high volume facilities
- Participants: Healthcare providers from supported facilities
- Facilitators: expert obstetricians, pediatricians and anesthesiologists

Emergency Call System

- Pilot launched in 2013
- Supported facilities can contact WLF obstetricians 24/7 for clinical support in emergencies
- Quartely Emergency call roaster distributed
- WLF obstetrician provides technical support
- More than 100 emergency calls have been attended, ranging from simple clinical cases in the ward to life-threatening cases in theater

E-Learning Platform

- Recognizing the power of ICT
- Launched May 2015
- Uses Moodle and Poodle
- Self-guided multi-media lessons with pre/post tests
- 4 modules: cesarean section, spinal anesthesia, neonatal resuscitation, post-partum hemorrhage
 - 2 additional modules being created: eclampsia, AVD
- High-speed internet installed at all 15 facilities (VPN, MPLS)
- Evaluation October 2015

CDC Evaluation, Kigoma, 2014

- **Better EmONC availability in WLF-supported facilities:** Between July 2012 and June 2013, all 6 WLF-supported health centers in Kigoma provided all 9 EmONC signal functions (compared to 2 of the 17 non-supported HCs)
- **Higher utilization of facilities:** From January 2011 to June 2013, WLF-supported facilities in Kigoma saw a 16% ↑ in institutional deliveries (vs. 3% ↓ in non-supported sites)

CDC Evaluation, Kigoma, 2014

- **WLF-supported facilities provided most of the EmONC in Kigoma:**
 - Almost 3/4 of women with obstetric complications treated in Kigoma received treatment in WLF-supported facilities, which represent only 7% of the total in the region.
 - From 2011 to 2012, met need for EmONC in Kigoma ↑ from 38% to 43%.

CDC Evaluation, Kigoma, 2014

- **Quality of care is improving:** CFR in Kigoma ↓ from 2.1% in 2012 to 1.3% in 2013
- **Maternal deaths are being averted:** In 2011 and 2012, an estimated 103 and 126 maternal lives were saved in WLF-supported facilities.



Conclusions and Lessons Learned

- Competency and confidence: high-quality supportive supervision, mentoring and continuing medical education are essential to building a network of strong EmONC providers
- Synergy: ICT and in-person supervision/CME is a powerful combination
- Sustainability: Most components of the WLF model are featured in Tanzania's newly approved Big Results Now package of RMNCH services

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Lake Tanganyika in
early morning and
at sunset

Karibu Kigoma,
Karibu Tanzania,
Karibu Africa!



Thank You

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