



Changing Lives, Changing Communities

Dar es Salaam Regional Collaborative
Capacity Building Project

Disability Inclusive Maternal and Newborn Healthcare

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Vodafone
Foundation

Canada 



Why expand from disability to maternal and newborn health?

- **Prevention is better than treatment.**
 - **Early identification prevents disability.**

About CCBRT

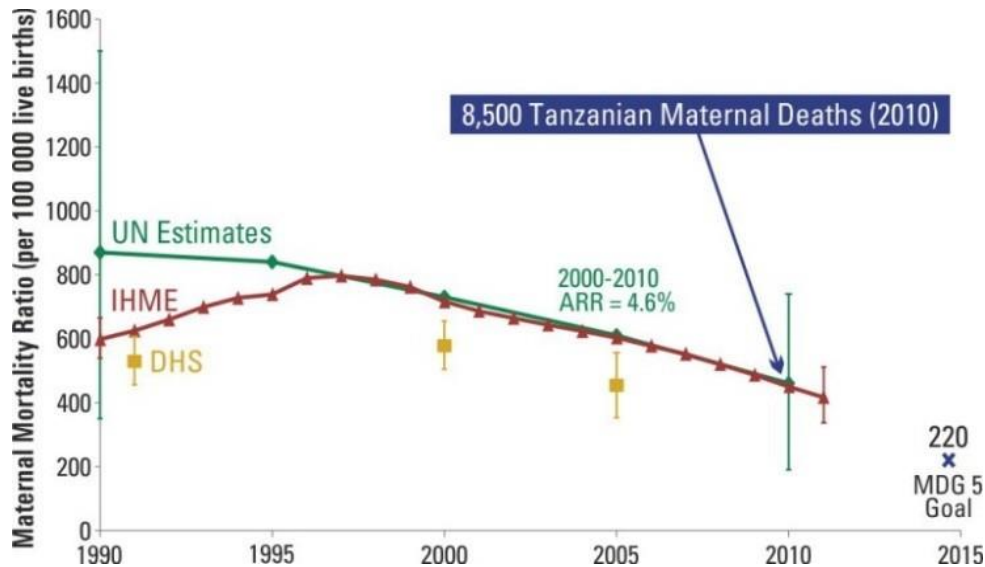
- In 1994, CCBRT was established to provide Community Based Rehabilitation
- In 2001, the Disability Hospital (DH) opened in Dar es Salaam to provide comprehensive disability and rehabilitative services
- In 2003, CCBRT began providing obstetric fistula services
- In 2007, CCBRT and the Government of Tanzania formalised a public-private partnership to establish the Maternity and Newborn Hospital (MH), currently under construction
- In 2012, CCBRT launched its Maternal and Newborn Health Capacity Building (MHCB) programme in 22 health facilities in Dar es Salaam
- In 2013, CCBRT opened Tim's Corner, its on-site family planning clinic

The Problem: No Change



- **Maternal Mortality Ratio (MMR): 556 deaths per 100,000 live births (TDHS 2015-2016)**
- **Median age of first birth: 19.8 years**
- **27% of girls aged 15-17 years childbearing**

In Tanzania, this is equivalent to 23 buses with 30 seats crushing and killing all the passengers every month.

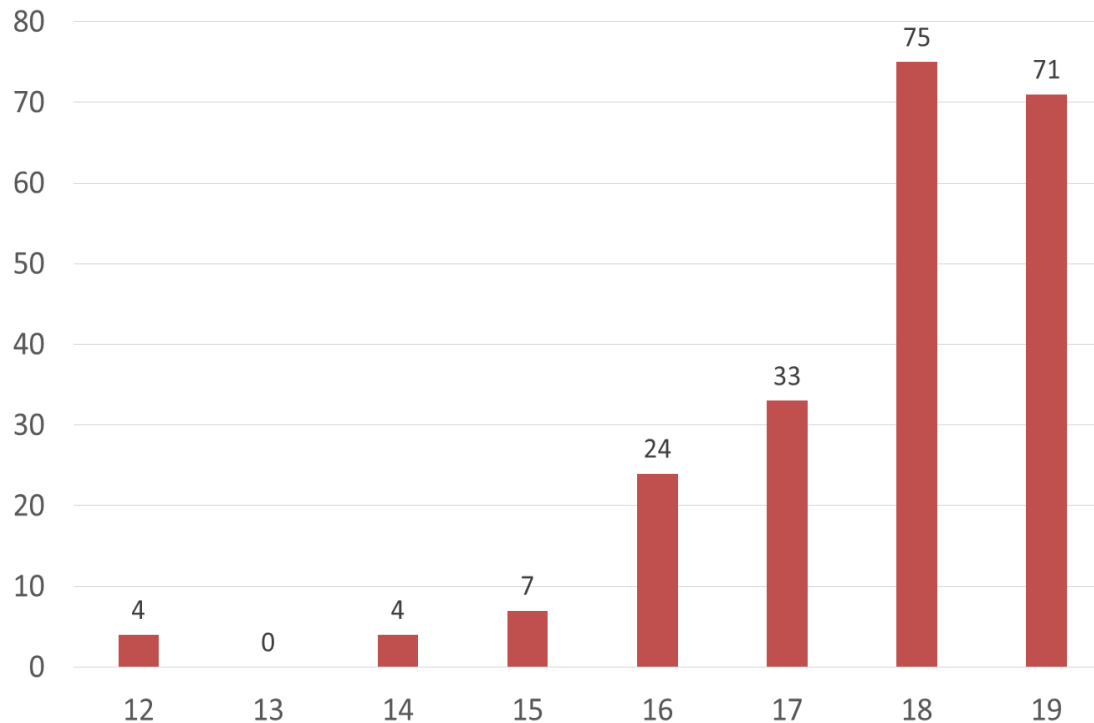




Teenagers Treated for Obstetric Fistula



- 1765 total patients treated for fistula
- 218 teenagers (12.4%)
- Age distribution:



The Urban Challenge



- Health facility congestion in Dar es Salaam
 - Population 4.365 million



Distribution of Urban Deliveries



- 80% of deliveries take place in 20% of MHCBS-supported facilities
- 90% of deaths occur in MHCBS-supported facilities

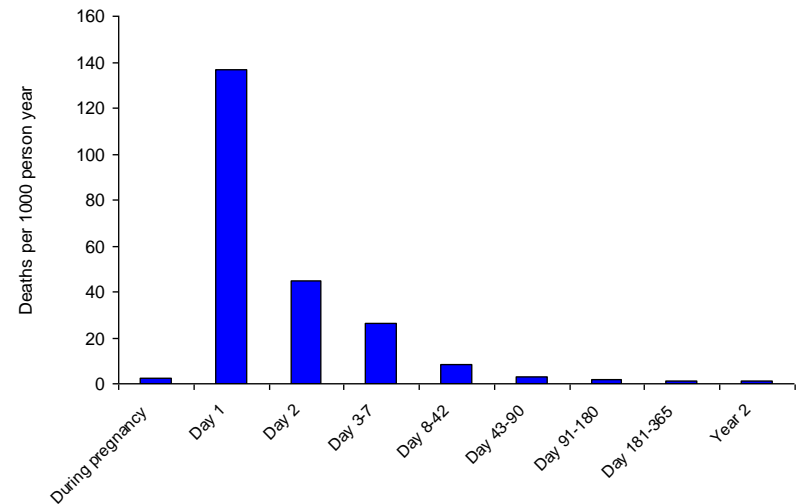
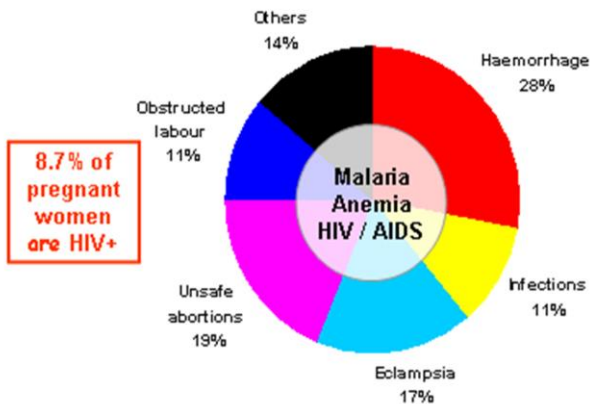


MHCB Interventions



- CCBRT implemented evidence-based interventions that targeted the top causes of death in the time period of greatest vulnerability
 - Over 60% of maternal deaths occur in the first 48 hours of childbirth

Causes of Maternal Death in Tanzania





Strengthen Routine Data



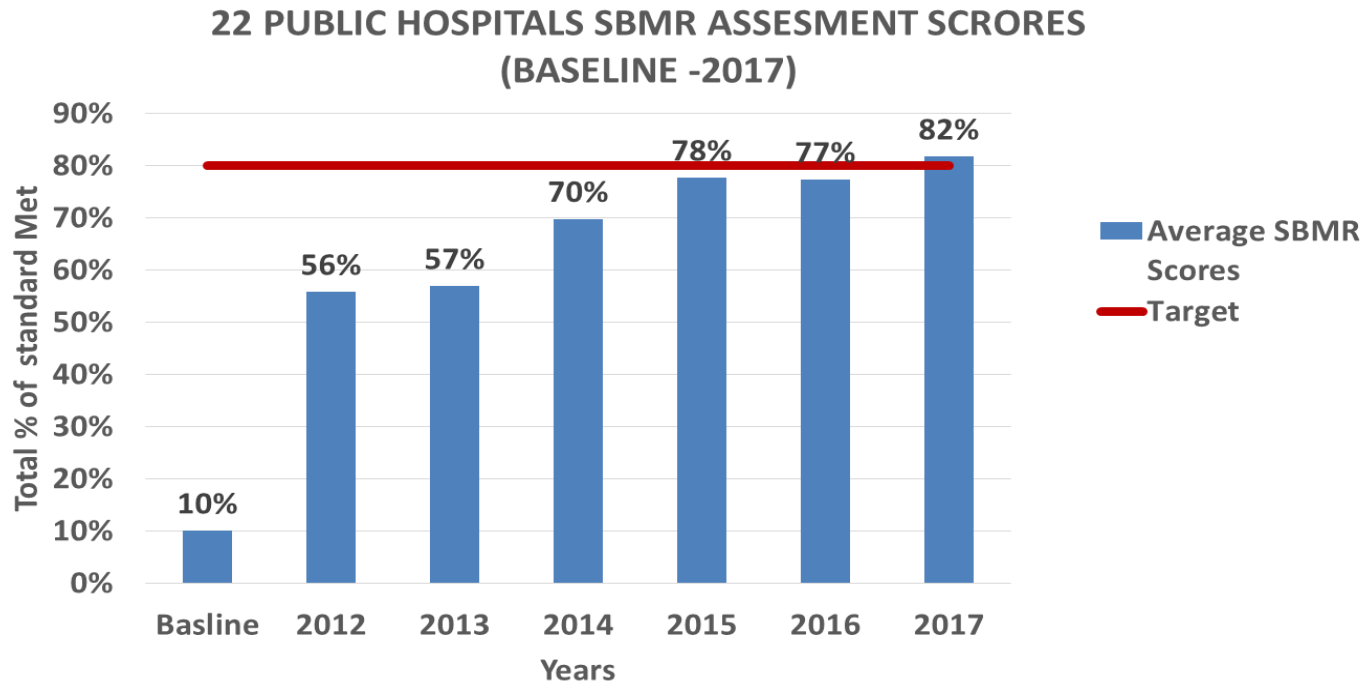
	2012	2013	2014	2015	2016
Deliveries	79473	78617	105185	78720	75351
Live births	77365	77580	104205	78073	75012
Very early neonatal deaths (<24 hours)	335	515	372	165	325
Fresh stillborn	685	847	1029	680	551
Intrapartum and very early neonatal deaths	1020	1362	1401	845	876
Total stillbirths	2042	2302	2822	1931	1656
Maternal deaths (all causes)	119	116	129	65	69
Direct maternal deaths	76	67	73	32	33
Cesarean sections	6406	7951	10718	9680	10473
Assisted vaginal deliveries	154	292	498	755	2215



Quality Assessment



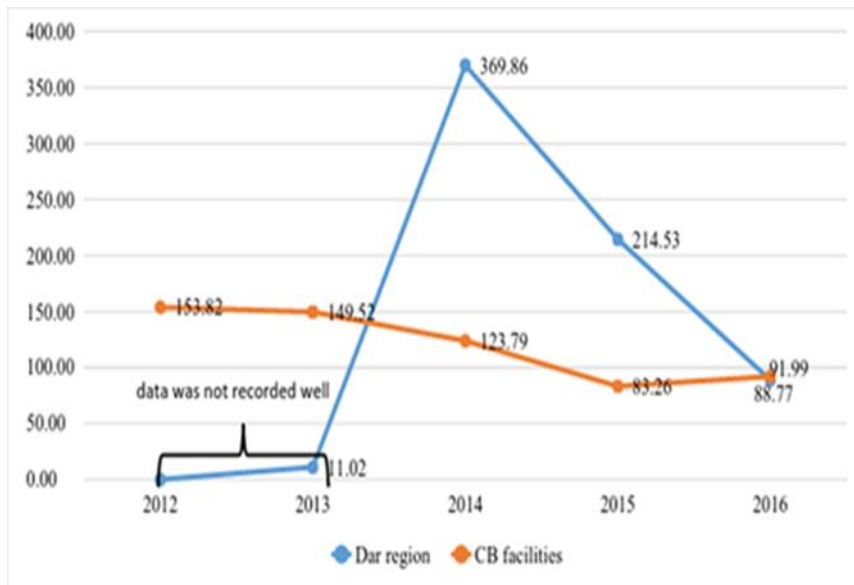
- Standards-Based Management and Recognition (SBMR) of Basic Emergency Obstetric and Neonatal Care (BEmONC)
 - 670% increase in scores



Results



- 40% reduction in maternal mortality
 - 369.86 in 2014 to 88.77 in 2016
- 14% reduction in stillbirth
 - 37.54 in 2012 to 22.54 in 2016



Indicator	2012	2013	2014	2015	2016	p-value*
Facility maternal mortality ratio						
Maternal deaths/10000 0 live births (95% CI)	153.8 (127.4-184.0)	149.5 (123.6-179.3)	123.8 (103.4-147.1)	83.3 (64.3-106.1)	92.0 (71.6-116.4)	0.0006
Facility direct maternal mortality ratio						
Direct maternal deaths/10000 0 live births (95% CI)	98.2 (77.4-122.9)	86.4 (66.9-109.7)	70.1 (54.9-88.1)	41.0 (28.0-57.9)	44.0 (30.3-57.9)	0.0001
Facility direct maternal mortality ratio						
Indirect maternal deaths/10000 0 live births (95% CI)	18.1 (9.9-30.4)	25.8 (15.8-39.8)	25.9 (17.1-37.7)	7.7 (2.8-16.7)	16 (8.3-27.9)	0.75
Obstetric specific case fatality rate						
Eclampsia/pre-eclampsia (Deaths per 100 cases (95% CI))	1.8 (1.2-2.5)	1.0 (0.6 – 1.6)	0.8 (0.5 – 1.3)	0.3 (0.1-0.8)	0.3 (0.07-0.7)	<0.0001
Sepsis (Deaths per 100 cases (95% CI))	20.0 (5.7-43.8)	25.0 (9.8-46.7)	8.5 (3.2-17.5)	7.1 (1.5-19.4)	3.1 (0.1-16.2)	0.045
Haemorrhage (Deaths per 100 cases (95% CI))	5.1 (3.9-6.6)	3.4 (42.6-4.4)	2.2 (1.7-2.9)	1.8 (1.3-2.5)	1.6 (1.1-2.3)	<0.0001
Women with obstetric fistula after delivery in a supported facility out of all women accessing CCBRT fistula repair unit (%)						
	5.8 (3.9-8.2)	NA	NA	NA	2.7 (1.5-4.3)	0.009

Facility Decongestion

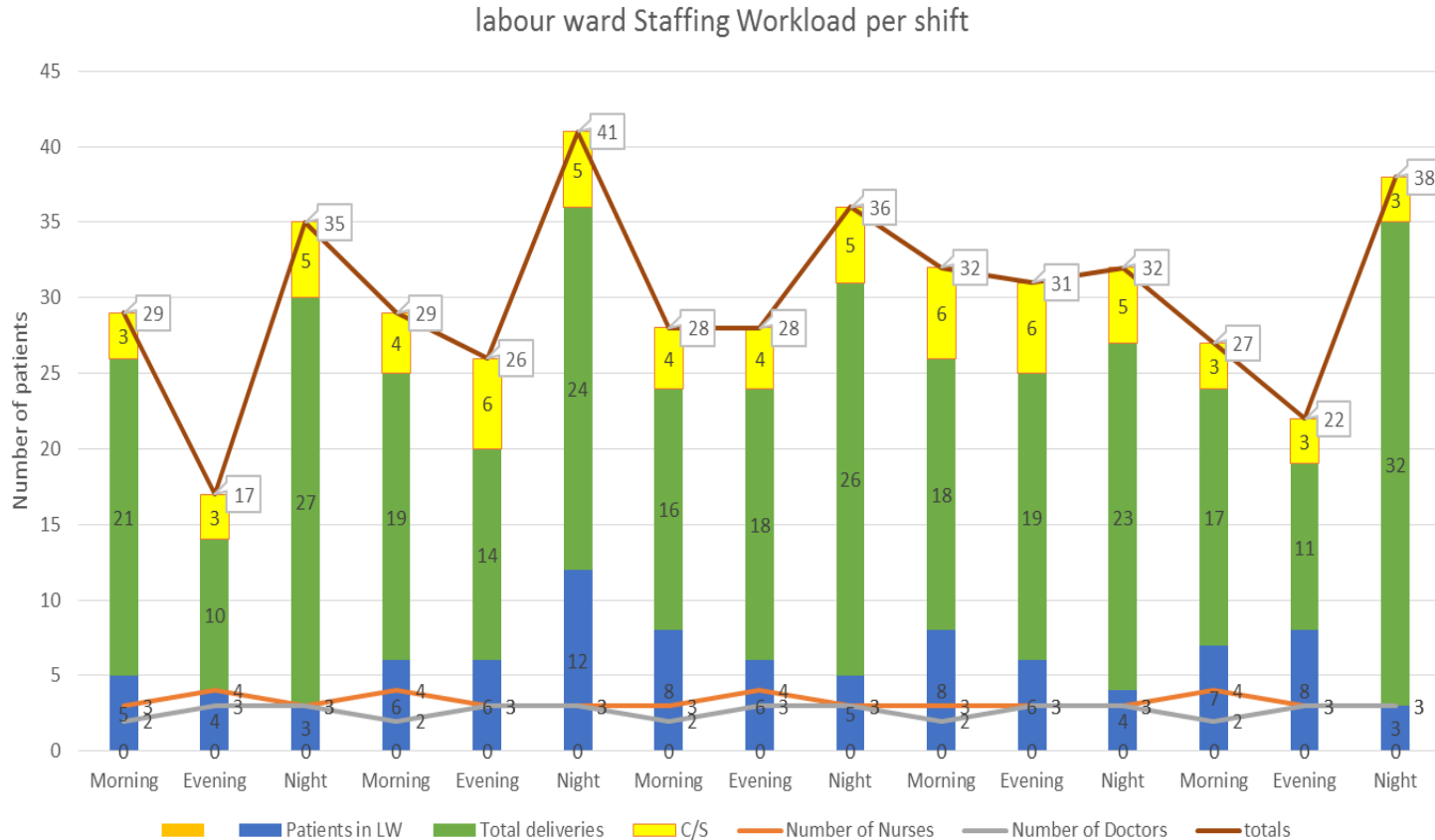


	Facilities	2011	2012	2013	2014	2015	2016	2017
1	Amana Hospital	22,666	22,935	21,386	22,685	16,550	15,948	16,815
2	Temeke Hospital	21,093	21,124	17,932	21,547	14,781	12,483	13,566
3	Mwananyamala Hospital	16,353	12,563	10,429	13,599	10,380	9,302	11,323
4	Sinza Health Centre	4,182	8,589	9,973	12,744	9,107	10,690	11,129
5	Mbagala Rangitatu Health Centre	1,870	3,716	7,329	12,826	9,675	10,539	13,476
6	Mnazi Mmoja Health Centre	32	616	1,395	3,376	2,996	3,125	3,515
7	Vijibweni Health Centre	1,234	1,378	1,627	3,637	2,901	2,856	3,220
8	Buguruni Health Centre	1,441	1,813	1,562	2,923	1,879	1,213	1,536
9	Kigamboni Health Centre	638	611	547	668	630	643	732
10	Round Table Dispensary	3,185	2,665	2,487	3,668	3,014	2,495	2,491
11	Chanika Dispensary	949	1,392	1,327	1,795	1,378	1,178	1,743
12	Tandale Dispensary	406	835	1,033	1,388	1,386	1,303	1,270
13	Kitunda Dispensary	0	0	0	830	826	785	799
14	Kimara Dispensary	344	495	587	993	969	862	788
15	Tegeta Dispensary	167	352	325	334	376	348	388
16	Tabata NBC Dispensary	125	209	316	440	375	286	404
17	Kunduchi Dispensary	107	180	362	521	356	317	248
18	Kiwalani Dispensary	0	0	0	734	465	352	458
19	Majimatitu Dispensary	0	0	0	213	308	266	345
20	Kimbiji Dispensary	0	0	0	155	140	121	122
21	Kawe Dispensary	0	0	0	75	102	103	114
22	Mwenge Dispensary	0	0	0	34	126	136	143
	Total	74,792	79,473	78,617	105,185	78,720	75,351	84,625

The Staffing Challenge



- With ratio of 1:10, monitoring is compromised
- Issues of burn out, morale and disrespect





Innovation



- Closed User Group Established for intra-facility communication, consultation and feedback
- Satellite Blood Banks
 - More than 15,000 units collected through 4 new collection sites.
- Referral System Operational Research
 - Increase in quality of referrals and feedback. More than 75% followed appropriate protocols.



Innovation



- Postnatal Follow-up Operational Research
 - Patients significantly more likely (1.5X) to attend postnatal appointment
 - Additional ND in those who missed PNC (further study)
- Care for the sick newborn - SOP/OJT
- Perinatal audit database > 60,000 deliveries/year
- Leadership standard work
- USS initiative at RCH



Tim's Corner



Primary objectives:

- Address unmet need for family planning (FP) services
- Create awareness about FP services to all staff, patients and relatives
- Create demand for family planning services

Results to-date:

- More than 1,600 clients served
- Developed and implemented a protocol for internal referral of all CCBRT fistula patients to receive family planning services prior to discharge
- In last quarter of 2017, 15-19 year olds made up only 5.7% of clients



Key Takeaways



- Use evidence-based interventions
- Work within existing and routine systems
- Monitor and recognise progress
- Implement programmes over the long-term





Connect with us!

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