



# The Kisarawe Initiative:

Tackling Maternal and Newborn  
Health Challenges in Rural Tanzania



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*FLEMAFA Founder Mama Gurrotto (second from left) with nurses and midwifery staff from the Kisarawe clinic*

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*Photos by Mindy Levy, Sandy Choi, Sera Bonds, and Tommy Huynh compliments of Tropical Trails.*



*COHI founder Sera Bonds (right) with an executive officer from the staff of the First Lady of Tanzania*

Circle of Health International (COHI) is an international non-governmental organization (INGO) founded in 2004, with the mission to build the capacity of women's health care professionals in crisis settings. In its first year and a half of operations, COHI contributed to the tsunami relief efforts in Sri Lanka by sending a team of 11 women's health professionals, provided a pilot training for rural midwives and doctors in Nagchu, Tibet, and demonstrated by example that women are essential in all aspects of policy, advocacy and decision-making.

COHI operates on the tenets of consensus-based decision-making, non-violence, and the grassroots model of social change. In doing so, we hope that our transparent, conscious, and compassionate approach to addressing the growing needs of crisis-affected women leaves the world more peaceful and equitable than we found it.



*COHI Board of Directors Member Mary Drake conducting a family planning training in a rural village clinic*

# An Invitation to Tanzania

In November 2005, COHI was approached by a Tanzanian community-based organization called FLEMAFA (Fly! But Manage Your Family). FLEMAFA hoped to work with COHI to assess and address maternal and newborn health challenges in the rural Kisarawe district of Tanzania. These challenges – which are pervasive throughout the country but far worse in rural areas – include:

- inadequate training in life-saving skills among service providers,
- inadequate numbers of skilled staff,
- lack of essential equipment and supplies at health care facilities,
- lack of transport for emergency obstetric cases (coupled with long distances to health facilities),
- lack of knowledge within the community about appropriate antenatal/prenatal care and health warning signs for women and girls during pregnancy,



*Location of Kisarawe, Tanzania*

- lack of knowledge within the community about women's postpartum period and emergency care for newborns.

Tanzania also faces other challenges that resonate with COHI's mission. In 2006, the country suffered a massive drought and subsequent famine. In addition, a heavily patriarchal culture and rampant gender-based violence combine to severely restrict women's ability to make family planning decisions without their hus-

bands' consent. The drought – and particularly the electricity rationing instituted in its wake – exacerbated the effects of gender-based violence, further restricting women's ability to access crucial pregnancy-related care.

For these reasons, COHI and FLEMAFA formed a partnership to implement what would be called the Kisarawe Initiative.

# Partner Profile

## Leading by Example: An Interview with FLEMAFA CEO Faridah Mgunda



*FLEMAFA CEO Faridah Mgunda*

FLEMAFA CEO Faridah Mgunda is a registered nurse and midwife who has been working on reproductive health issues in Tanzania for more than 25 years. In addition to leading FLEMAFA, Faridah works for the USAID Quality Assurance Project, where she focuses on improving health care quality for children with HIV/AIDS. She also consults with the

Tanzanian Ministry of Health and a range of NGOs on reproductive health issues, particularly among adolescents. Faridah is a single mother.

Faridah's passion for improving reproductive health in Tanzania developed during her time as a nurse in a labor ward, "caring for women and observing those avoidable deaths which many women face in Africa." She also describes coming to consciousness about the suffering of rural Tanzanian women during her early fieldwork. It was during this time that Faridah saw firsthand how "inaccessible services and ignorance" – combined with a system of fierce patriarchy and gender-based violence – led to unplanned pregnancies, unsafe abortions, and a

range of fully preventable medical conditions among mothers and children.

Those early experiences helped forge Faridah into the leader she is today – a passionate advocate for Tanzanian women and children and a highly skilled health care provider. Through the Kisarawe Initiative, she hopes to "reach more women and girls with the information and education related to reproductive health issues," "strengthen Kisarawe health facilities with antenatal and delivery equipments and supplies," "educate the community members on cost sharing for sustainability of the communication and ambulance services," and "improve documentation of the problems and services given."

# The Kisarawe Initiative, Phase 1: Baseline Assessment

In order to evaluate the state of maternal and newborn health services in Kisarawe, COHI and FLEMAFA designed and conducted a baseline assessment of the district's health care infrastructure.

The infrastructure includes one hospital, two health centers, (one of which is still under construction) and 19 dispensaries. There are a total of 319 health professionals in the district, ranging from doctors to village health workers (VHWs) to traditional birth attendants (TBAs) with only informal knowledge of midwifery. There is one doctor for every 12,597 people in Kisarawe.<sup>1</sup>

## Assessment Methodology

The COHI/FLEMAFA baseline assessment, conducted by consultant Sarah Massin,

<sup>1</sup> Compare with the 1:500 ratio that is common in Western countries. World Health Organization; <http://www.who.int>



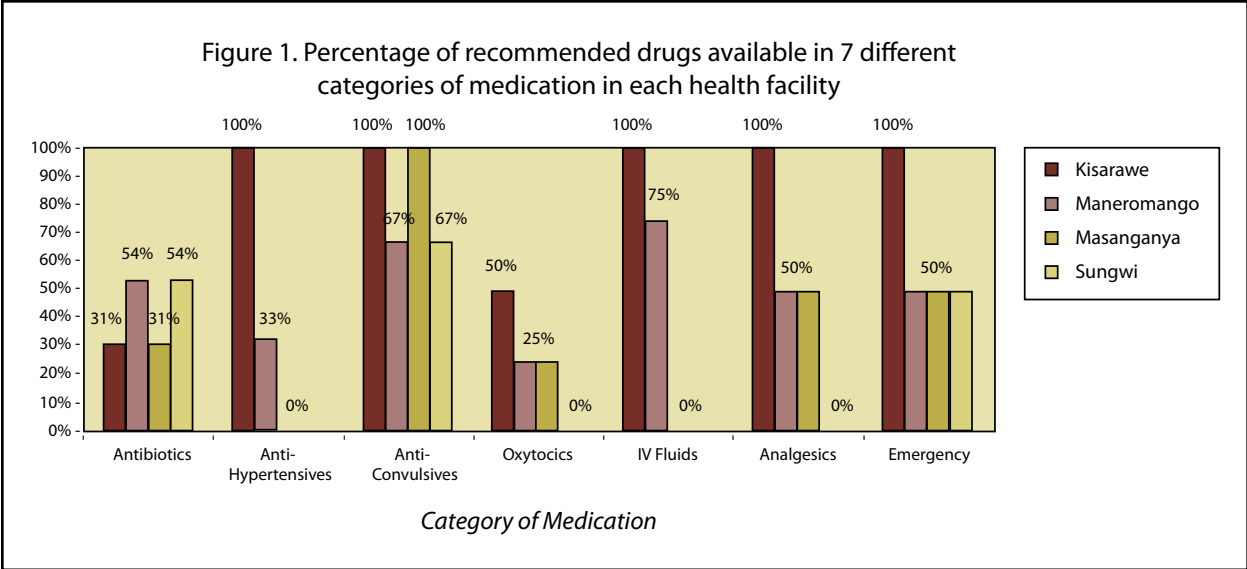
*Nurses and patients at the Kisarawe clinic*

included a review of equipment and supplies available for antenatal care, labor and birth, postnatal care, and newborn care. Information was also gathered on providers' training, performance, and confidence in performing a variety of skills. The final part of the assessment utilized community focus group discussions (FGD) in order to understand community perspectives on issues that affect access to quality maternal and newborn care.

## Findings: District Health Facilities

All of the assessed facilities lacked basic infrastructure and equipment.

- ❖ **Power:** Unlike other facilities in the assessment, the district hospital had a generator, but the electricity it produced was insufficient to power the entire facility. (This was a particularly serious problem given the ongoing electricity



- ❖ rationing at the time of the assessment).
- ❖ **Toilets:** Each facility had toilets. Due to the water shortage, however, patients at three of the four facilities only had access to pit latrines.
- ❖ **Beds:** In two of the four facilities, there were not enough obstetric beds to handle the number of deliveries in any given month.
- ❖ **Medications:** The range and supply of medications was gravely insufficient. Some of the facilities did not have any medications in a given category available at the time of the assessment. See accompanying chart.

❖ **Neonatal Unit Equipment:**

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*From the needs assessment report: "The only neonatal unit in Kisarawe is located at the district hospital. At the time of our assessment, this facility had less than half of the recommended neonatal unit equipment available. Only about three-quarters of the available equipment were working correctly, and less than half of the available equipment was present in adequate supply."*  
 .....

- ❖ **Emergency Obstetric Care Services:** In Kisarawe, most EmOC services are only available at the district hospital (including anesthesia and caesarian sections). Due to a shortage of essential

equipment and supplies – including blood supplies – even the district hospital is unable to function as a comprehensive EmOC site.

- ❖ **Emergency Transport:** Because the hospital is the district's only EmOC site, other health facilities refer complicated cases to the hospital. Without access to an ambulance, however, patients are forced to travel long distances to the hospital via expensive public transportation.
- ❖ **Communication Infrastructure:** There are no means of direct communication between any of the four health facilities.
- ❖ **Referrals:** There is no standard follow-up pro-

cedure for referral cases. In fact, there is confusion among the providers about which facility is responsible for recording information on the referred patient.

## Findings: Skilled Care Providers

Kisarawe District has a shortage of highly trained personnel, particularly outside the hospital. There are no obstetricians or pediatricians available in the public clinics to attend to emergency maternal or neonatal cases.

Our individual assessments of service providers revealed that many of them are performing medical procedures for which they have received no training.

❖ **Testing for Disease:** Tanzanian Ministry of Health guidelines dictate that a pregnant woman be tested for syphilis and HIV/AIDS at her first antenatal care visit, tested for anemia at every subsequent visit, and tested for malaria if she has symptoms. While the requisite diagnostic supplies were



*FLEMAFA Founder, Mama Gurrotto (second from right) with nurses and midwifery staff from the Kisarawe clinic*

available in at least two of the facilities, our assessment team was unable to confirm that these tests were being performed.

❖ **Diagnosis and Treatment of Pre-Eclampsia and Eclampsia:** Only one of the eight service providers we assessed felt confident managing a woman with pre-eclampsia; none of the service providers out of eight felt confident managing a woman with eclampsia.

❖ **Management of Post-Delivery Bleeding:**

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*From the needs assessment report: "Medications used to*

*stop post-delivery bleeding were in short supply across Kisarawe. (One of the facilities expected pregnant women to bring their own supply.)"*

Individual assessments revealed service providers' lack of training and lack of confidence in their ability to manage post-delivery bleeding or shock resulting from bleeding.

❖ **Infection Prevention:** At the time of our assessment, the health center had run out of chlorine and was forced to use the soap and boiling method to disinfect its equipment and supplies.

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*From the needs assessment report: "Individual assessments showed that many service providers had not received training on the implementation of infection prevention measures, and only half of the service providers indicated that they had performed infection prevention measures in the previous six months."*  
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❖ **Newborn Resuscitation:**

The facilities did not have the equipment or supplies necessary to avert birth asphyxia or assist in the initiation of breathing immediately following delivery.

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*From the needs assessment report: "Individual assessments revealed that none of the service providers were confident in performing newborn resuscitation and that many were performing this skill despite never having received training."*  
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**Findings:**  
**Community Focus**  
**Group Discussions**

Focus group discussions were conducted to gain the

communities' perspectives on a variety of maternal and newborn health issues. The most common answers to the questions we posed at these sessions mirrored our teams' findings at the health facilities. They were as follows:

"What are the problems facing pregnant mothers?" This question generated a variety of responses: community members mentioned economic hardship, shortage of supplies and equipment, lack of accessible health facilities, bad roads, lack of food for patients at health facilities, and the lack of a pharmacy. Each group also described the lack of reliable transport as a significant problem.

"What are the existing problems women face

when they need or are getting pregnancy-related care at the hospital, health center and/or dispensary?" Common responses included lack or shortage of drugs, lack of supplies at the health facilities, and delay in accessing services.

"What is to be done to rectify the above problems?" Common responses included access to reliable transport, community education on reproductive health issues, and improved and regular training for service providers.



*Maternity wing, Kisarawe Hospital*

# Baseline Assessment Conclusions

Based on the assessment, COHI and FLEMAFA concluded that many of the facilities and service providers in Kisarawe are unable to offer essential life-saving interventions to avert maternal and neonatal deaths. Three of the district's four health care facilities lack even the most basic equipment and supplies necessary to provide routine antenatal, postnatal, and neonatal services.

No facility in the district is capable of providing comprehensive emergency obstetric care services.

COHI and FLEMAFA concluded that in order to address these deficiencies, a range of responses would be required. These include: training and retraining service providers, acquiring new and regular stocks of equipment and supplies, address-

ing community education and awareness on maternal and newborn health issues.

Finally, we concluded that these interventions needed to be conducted simultaneously so as not to increase community demand for services before that demand can be met by an improved health infrastructure.

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# Baseline Assessment Recommendations

Our conclusions led us to make a series of recommendations – specific actions that could be taken to improve the gaps in maternal and newborn health coverage in Kisarawe. They included:

- ❖ Equipping health facilities with the essential equipment and supplies to provide emergency obstetric care.
- ❖ Equipping Maneromango Health Center as a comprehensive EmOC site due to its central location within the district.
- ❖ Constructing a maternity waiting home for high-risk pregnant mothers near Kisarawe District Hospital.
- ❖ Providing refresher training in specific maternal and newborn health-related skills to service providers.
- ❖ Training community-based distribution agents (CBDAs) and village health workers (VHWs) as community-level maternal and newborn health educators.
- ❖ Creating information, education and communication (IEC) materials to provide to community members on maternal and newborn care.

# Action

In the wake of these recommendations, COHI and FLEMAFA decided on a division of responsibilities: COHI would provide technical assistance and guidance on securing funding for

FLEMAFA's operational and programming needs, while FLEMAFA would take on the role of implementing the recommendations.

In addition to carrying out

these tasks, COHI and FLEMAFA have also continued to gather information about community reproductive health care needs by expanding the focus group discussion program.

## The Kisarawe-Kilimanjaro Challenge: Summit for Women and Children's Health

In August of 2007, COHI and FLEMAFA coordinated a two-week summit in Tanzania that included an international health conference on reducing maternal and newborn death and disability in Kisarawe, a series of training sessions for local health care providers, and a trek to the peak of Mt. Kilimanjaro to raise funds for The Kisarawe Initiative.

The Kis-Kili Challenge was a success on every front. Our team of international health workers and volunteers trained local health



*Challenge participants at the summit of Mt. Kilimanjaro*

care workers in post-traumatic stress disorder (PTSD), family planning, and well-woman gynecological care. We delivered supplies and conducted a range of additional site visits, interviews, and clinical observations. And we raised \$60,000 in cash and

gifts-in-kind, all of which went directly to the Initiative.

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*"The biggest impression the Kis-Kili Challenge left on me was through the amazing women and men I met, both Tanzanians involved in the health care commu-*

nity we worked with, and those who brought their professional expertise from places stretching from Latin America to the Middle East. I was deeply touched by their commitment, compassion, and generosity.”  
 –Kisarawe-Kilimanjaro Challenge Participant Sandy Choi

As a result of both the Challenge and the ongoing Initiative, COHI and FLEMAFA have earned notice and support from both local health officials and the Tanzanian government.



COHI staff and volunteers with FLEMAFA staff local, Kisarawe District Health Ministry staff and local health providers



Nurse working in Kisarawe District presenting at the conference on the health needs of women during pregnancy



Sandy Choi, Washington D.C. and Benilda Seballos, San Francisco, California, who reached the summit for COHI in Tanzania

# Monitoring and Evaluation

FLEMAFA conducts ongoing site visits to the health facilities in Kisarawe, using the baseline assessment as a gauge for evaluating equipment and services. During these visits, FLEMAFA assesses service providers' retention of the skills taught in our training sessions. In addition, COHI and FLEMAFA hold monthly meetings with local CBDAs and VHWs to gather information and collect reports on community training sessions and household surveys.

In collaboration with FLEMAFA, COHI will compile two large-scale project evaluations – one in Spring 2008, and another at the conclusion of the Kisarawe Initiative. All of the tools used to measure the Initiative's efficacy are based on international best practices.



*Mindy Levy, Israel, COHI field volunteer demonstrating informed consent before a pelvic exam during a training in rural clinic in Kisarawe District*



*FLEMAFA Founder, Mama Gurrotto, going through some files with an administrator in a rural family planning clinic*



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