



University of Groningen

Improving access to quality maternal and newborn care in low-resource settings: the case of Tanzania

Bishanga, Dunstan Raphael

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2019

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Bishanga, D. R. (2019). Improving access to quality maternal and newborn care in low-resource settings: the case of Tanzania. [Groningen]: University of Groningen.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

PROPOSITIONS



Improving access to quality maternal and newborn care in low-resource settings: the case of Tanzania

D.R. Bishanga, 25 June 2019

1. Maternity care is a continuum of services, where improved care at one stage can predict better care in subsequent stages along the continuum (This thesis).
2. Simply getting women and newborns to health facilities is not enough to guarantee that they receive the quality of care they deserve (This thesis).
3. Multifaceted strategies are required to improve the quality of maternal and newborn care in low-resource settings. These include enhancing health workers' performance; increasing the availability of resources, tools and systems; and improving clients' interaction with the health care system (This thesis).
4. Health facilities require tools to monitor improvements in quality intrapartum care and trends in facility-based preventable maternal and newborn adverse outcomes (This thesis)
5. Initiatives to improve the quality of maternal and newborn care should also pay attention to women's experience of care and the quality of their interactions with the health care system (This thesis)
6. Women have the right to survive pregnancy and childbirth whether they are living in Kagera, Tanzania or in Groningen, the Netherlands. As of 2015, a woman living in a low-income country is eighty times more likely to die from maternal causes compared to one living in a high-income country (Alkema L, et al. 2016).
7. Quality of care is more critical to reducing mortality than just access to care (Kruk ME et al. 2018).
8. "Communities and countries and ultimately the world are only as strong as the health of their women." – Michelle Obama
9. "It is best to save a bird that still has the ability to fly." – Haya proverb, Tanzania
10. "Knowledge isn't power until it is applied." – Dale Carnegie
11. Science today should focus on learning and action to improve health in "real world" conditions. We should be able to use research to improve policies and program delivery and spread knowledge gained from implementation (A statement on advancing implementation research and delivery science, 2014. <https://healthsystemsglobal.org/the-irids-statement/>)
12. "If I have seen further, it is by standing on the shoulders of giants." – Isaac Newton