

MINISTRY OF HEALTH – ZANZIBAR

SAFE MOTHERHOOD PROGRAMME
URT/98/P02

A COMPONENT PROJECT OF RH
SUB-PROGRAMME IN TANZANIA

ANNUAL PROGRESS REPORT
FOR THE YEAR 2000

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**ZANZIBAR SAFE MOTHERHOOD PROGRAMME
URT/98/PO2**

**BRIEF SUMMARY OF ANNUAL REPORT FOR THE
YEAR, 2000.**

1.0: Introduction:

The Zanzibar RH Project is the component project designed to contribute to the overall outputs of the national RH sub-programme which is one of the three sub-programs supported by UNFPA in Tanzania. The other sub-programs being – population and development strategy and advocacy.

The project is known as Zanzibar Safe Motherhood and is the continuation of the UNFPA support programme that is now in the last year of its fourth phase. The fourth phase was officially signed on 21st April 1998 between Zanzibar and UNFPA and on June 1999 the mid-term review was done.

The project is working under the Ministry of Health and has a mandate to implement RH activities in the two islands of Unguja and Pemba (referred as zones) which make up the island of Zanzibar. The implemented activities are those planned to achieve goals and objectives for Reproductive and Child Health in Tanzania pursuant to the global reproductive health activities stipulated in the ICPD plan of action.

2.0: Objectives

• Overall Objective

To improve the quality and the health of the Zanzibar population in general with emphasis to the health of women and children.

Outputs planned to realize specific objectives are:-

1. Trained personnel equitably deployed and providing quality RH care and services.
2. Renovated and adequately equipped service delivery points.
3. Contraceptive, medical supplies and other expendables in place.
4. Communities and leaders are sensitized and mobilized to support the implementation of RH interventions.
5. Essential package of RH services provided through diversified channels.
6. Functional mechanism for coordinated programme management in place.
7. Functional referral system in place.
8. Policy and programme decisions influenced based on research and information derived from routine RH data collection.

3.0: Execution Modality

• Levels Used for Implementation

1. Central office
2. Hospital
3. Primary Health Care Centre (PHCC)
4. College of Health Sciences
5. Primary Health Care Unit (PHCU)
6. Community

4.0: Implementation Strategies

The programme consists of six sections implementing programme related activities under the administration and supervision of the Programme Manager. The sections are:-

- i) Training
- ii) Research, monitoring and evaluation
- iii) Service delivery
- iv) Logistics
- v) Information, Education and Communication (IEC)
- vi) Management

5.0: Activities Undertaken during the Reporting Period

Activities undertaken during the reporting period to achieve the following outputs were as follows:-

Objective 1

Trained personnel equitably deployed and providing quality RH care and services.

Activity: Training.

Clinical Service Providers

- **Reproductive Health Update**

Two batches of 5-weeks training were conducted at Mbweni College of Health Sciences. The first batch was conducted from 1st May – 2nd June 2000 and the second batch from 22nd November to 10th December 2000 all at the same venue.

The aim of the course was to update the knowledge of service providers and provide clinical skills of integrated reproductive and child health services.

- **Special courses**

Two service providers have been sponsored by UNFPA to pursue courses that will help to improve quality of reproductive and child health services at the referral hospital. One doctor is doing a two years in PAC and one nurse midwife is doing tutorship course in Arusha.

- **Capacity Building of Central Office Staff.**

Three programme staff – one male and two females are carrying different courses in Mainland. The programme training officer (Clinical officer), is taking MD in International Medical and Technological University (IMTU) in Mainland. The finance and administration officer is doing post graduate diploma in Accountancy in Dar-Es-Salaam.

- **Sub-regional training workshop on MIS**

Logistics officer attended a ten days training of management of information system for Safe Motherhood Programme. The training was conducted at Nairobi Kenya from 19th – 30th June 2000.

- **IEC Training**

IEC staffs were given an intensive one-week training to be able to use appropriate approaches with respect to new integrated reproductive and child health services. This was done with the assistance of local IEC experts started from 16th October to 26th October 2000.

Community Service Providers

- **TBA Training**

TBA training was postponed awaiting the newly developed TBA (LSS) curriculum following the recommendation made after the dissemination of the LSS research result. No TBA training conducted through out the year.

- **CBD Follow-up Meeting**

On 23rd June the CBD supervisors meeting was conducted in central district. The meeting was attended by 14 participants.

Objective 2:

Renovated and adequately equipped service delivery points

Activity: Renovation.

During the reporting period, only one service delivery point (Wete hospital) was renovated.

Activity: Equipping SDPs.

During the reporting period the following equipment were procured and distributed.

- MCH kits
- Minilaparatomy
- IUD kit
- MVA kit
- Norplant kit
- Calculators

Objective 3:

Contraceptive, medical supplies and other expendable in place.

Activity: Procurement, distribution of contraceptives and expendable supplies.

- **Procurement of Expendable Supplies**

The following items were procured during the reporting period:-

1. Contraceptives
2. Syringes
3. Gloves
4. Jik
5. Vim
6. Soap
7. Iodine
8. Cotton
9. Batteries

- **Distribution**

Family Planning contraceptives, equipment and supplies are routinely distributed to all facilities by district coordinators whenever they are available. While Contraceptives and expendable supplies are distributed monthly, other supplies e.g. kits are distributed according to quantity available and facility requirements. Full data on supply and consumption of contraceptives and expendables are obtained in the quarterly logistic report.

Activity: Logistics Monitoring and supervision

Data on consumption of contraceptives were collected as one among the logistic monitoring activities (details to be found in the logistic report). These data are obtained from logistics reports collected monthly by district Safe Motherhood coordinators. Programme logistics officer also conduct supervision visits to monitor logistic activities in various service outlets.

Objective 4:

Communities and leaders are sensitized and mobilized to support the implementation of RH interventions.

Activity: IEC

- Preparation and distribution of IEC materials
- The use of Media
- Conducting motivation sessions
- **Supervision**
 - The programme IEC staff conducted supervision to see how health education is being provided in various MCH clinics.
 - Supervision was also conducted to see how CBD agents provide health education and organize their income generating activities.

Other Activities

- Participation in the village Panorama
- Participation in the population celebration and other activities.
- Participation in the World Population Day
- Participation in the TBA Curriculum Development
- Workshop to discuss integration of IEC activities.
 - The IEC programme officer conducted 5 days workshop at Pemba to discuss various issues relating to IEC activities including strategies of integration.
- Training to sharpen IEC skills to the regional IEC officers in the programme and other areas of the MOH.
 - IEC UNV expert conducted special training for regional IEC coordinators.
- Participation in training Workshops
 - All IEC officers participated in a 10 days training workshop on how to develop IEC materials organized by UNICEF.

Objective 5:

Essential package of RH services provided through diversified channels.

Services – both clinical and community –based were offered in all service outlets and outreach sites.

Activity: Clinical services Provision

These services are provided in government facilities and privately owned facilities all over Zanzibar. However, most private facilities offer curative and some family planning services with the exception of SDA and

Marie Stoppes that offer all components of reproductive health services. SDA being the leading facility that provides services to a large number of mothers and children.

The services offered by majority of the government and few private facilities include:-

- Antenatal care services
 - Child care services
 - Delivery services (in hospitals and some distinguished health facilities)
 - Postnatal services
 - Family planning services
 - Home visiting
 - Outreach services
 - Supervision
- Zonal and district coordinators conducted supervisory visits in all 10 districts in Unguja and Pemba. Some programme officers also conducted supervision during the reporting period.

Activity: Community-based Services

TBA Training

TBA training was postponed awaiting the newly developed TBA (LSS) curriculum following the recommendation made after the dissemination of the LSS research result.

CBD Follow-up Meeting

On 23rd June the CBD supervisors meeting was conducted in central district.

The activity reviewed what has been so far done with respect to CBDs agents –

- Their achievements and constraints.
- Trained and untrained CBD agents in each district.
- Provision of identity cards.
- The availability of reports of their day to day work.
- How the training help them in their works.
- How they organize their income generating activities.
- The recruitment of new clients.

Objective 6:

Functional mechanism for coordinated programme management in place.

Activity: Management

Management activities implemented during the reporting period include:-

- i) Quarterly management meetings
- ii) Annual MCH Review Meeting
- iii) Participation in activities outside SM Programme.
- iv) Dissemination of research result and other programme information.
- v) AYA meeting.

- **Participation in study tours.**

The tour involved programme manager/coordinators of UNFPA funded projects in Zanzibar that include:-

- ZPPU
- MEES
- ZSMP
- Advocacy

The head of the delegation was the Principal Secretary, Ministry of Planning and Investments.

- Receiving missions that have come to the programme for various purposes.
- Participation in the national celebrations.

During the reporting period, the programme has been fully involved in various national and international celebrations including the celebration to mark the World Population Day.

The activities performed at the celebration include:-

- Rally
- Exhibition
- Local dances
- Poets and speeches from the leaders

Activity: Coordination

Under this activity, the following sub-activities were implemented in the reporting period.

- Conducting coordination meetings.
- Developing terms of reference for the coordination committee of Safe Motherhood Programme.
- Participating in the meetings/seminars/workshops conducted by other programmes.

Objective 7:

Functional referral system in place

Activity: Provision of the means of communication and referral of obstetric emergency cases in 5 health centers.

- **Strengthening Referral System**

- **Procurement of ambulance.**

One ambulance was procured and allocated to serve the referral situation in Pemba.

- Improvement of referral system through visits by O/G specialists to the Primary Health Care Centers.

Objective 8:

Policy and programme decisions influenced based on research and information derived from routine RH data collection.

To realize this output, three activities were carried out. These were:-

- i) Data collection, organization, analysis and production of biannual service statistics report.
- ii) Monitoring activities.
- iii) Research activities.

Activities:

- **Data Collection**
- **Monitoring visits.**
- **Research**

A Need Assessment for Safe Motherhood survey was carried out from March-May,2000 with funding from UNFPA and technical assistance from Family Care International (FCI).

- **The Strategic Planning workshop**

The workshop was conducted to develop the “District Action Plans” following the results from the needs Assessment on maternal health services in March 1999.

- **Dissemination Meeting**

The meeting was conducted to disseminate the Needs Assessment research results.

6.0: ACHIEVEMENTS

With respect to the environment prevalent in Zanzibar and the various interventions that have been established to improve the situation, the following are celebrated as achievements:-

1. There is an increased awareness that changed some people in the community from the conservative behavior to the acceptance of family planning.
2. Improvement of quality of service through the following changes:-
 - ✳️ ♦ Renovation of 25 Service delivery points.
 - ♦ Erection of 2 Storage facilities – 1 for Unguja and 1 for Pemba.
 - ♦ Training of:-
 - 324 service providers.
 - 200 CBD agents.
 - 300 TBAs (of whom 100 were given TBA kits).
 - ♦ Provision of equipment and expendable supplies to the MCH clinics.
 - Provision of TBA kits (to TBAs)
 - Provision of MCH kits.
 - Provision of IUD kits
 - Increase of supplies and expendables.
3. **Reproductive and child health services have been integrated.**
 Mothers and children are getting all required services in the same service delivery points. These include safe motherhood services, immunization, IMCI, STD management and all other MCH related services.

4. Increased services utilization

The general Immunization coverage is high. With the exception of TT, the vaccination coverage is by average above 80 percent.

Note

The fall in the CPR from 25.9 % in 1999 to 19.7 % in the year 200 has been due to drop out of clients reported from the clinics due to lack of Depo provera.

5. Increased support from the government and the community leaders.

There is currently an increased support in terms of creating more awareness amongst the people on the use of RCH services and collaboration in the implementation of various programme activities from:-

6. More effective IEC approaches are utilized.

7. Better community participation is obtained.

This has been obtained from the establishment of village health days where people are from the community gathered and provided with RCH services and sensitized to use such services.

8. Coordination and multi-sectoral collaboration enhanced.

Coordination and multi-sectoral collaboration with other government ministries NGOs and programs have been enhanced through:-

- The establishment of joint advisory committee of all UNFPA funded programmes in Zanzibar by the ZPPU.
- Coordination meetings which are attended by members from government and NGOs.
- Participation in training workshops and seminars.
- Participation in joint activities such as celebration in population days, village health days etc.

9. There is a good teamwork spirit and working relationship.

7.0: CONSTRAINTS

Despite of all the above-mentioned achievements, some constraints are still faced in the implementation of some activities in some areas. Some constraints include:-

- Shortage of some basic equipment for various RH activities eg. BP machines, haemoglobinometers and urine test equipment.
- Inadequate supply of essential drugs. Specifically, the recent Needs Assessment for Safe Motherhood revealed acute shortage of drugs such as:-
 - (i) Shortage of qualified staff at various levels of service delivery at peripheral and Pemba.

- (ii) Lack of communication from the peripherals to the general hospitals in Pemba.
- (iii) There is only one ambulance in Pemaba which is not adequate.
- (iv) Shortage of teaching aids/materials relevant to RH training.
- (v) Post-abortive care and emergency obstetric care not widely available.
- (vi) RH services to cater for youth, adolescents and elderly are not available.
- (vii) Male participation in reproductive health issues is still low.
- (viii) Poor roads that make some service delivery points to be not regularly supervised. Either some service delivery points at the islets needs special sea transport.

The main limiting factors include:-

1. Sustainability-the component project is highly donor dependent.
2. Poor economic condition-contribution by the government is very low.
3. There is low sense of ownership of the project - the community feel that the project belongs to the government.
4. There are still pockets of resistance and awareness on the importance of reproductive health services from individual, family level to the level of the society is still needed.

This reduces commitment in both service provision and sharing of cost of services.

8.0: FUTURE PLANS

The present and future plans on reproductive health services in Zanzibar will focus on the poverty alleviation strategies and furthering of gender equity and equality and women empowerment. To accomplish this, special indicators to measure women realization of their reproductive rights will be developed

Specifically, to comply with the ICPD Programme of Action, the priority components to be implemented with emphasis in gender mainstreaming are:-

- Family planning
- Safe motherhood
- STD/HIV/AIDS
- Child survival and protection