



## Bridging the gap between health system and community to increase health facility delivery

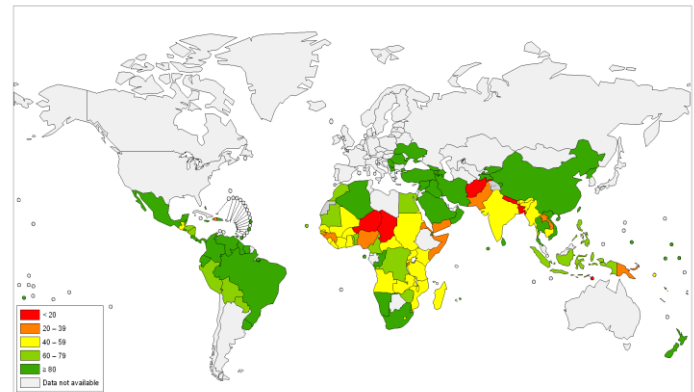
### Introduction

Despite decades of global health initiatives focused on maternal health, maternal mortality has remained an intractable problem. One of the Millennium Development Goals (MDG) indicators for maternal health—the maternal mortality ratio—showed promising signs of a decline in some developing countries. However, 800 women still die during pregnancy and childbirth every day and many countries especially in Sub-Saharan Africa will not reach the MDG 5 target of reducing maternal deaths by 75 per cent from 1990 to 2015 (WHO, 2012).

Skilled attendance in childbirth, another MDG indicator, is a key component of primary care strategies in most developing countries and a core part of the essential package of health services. Regular antenatal care is important for identifying women who are at increased risk of adverse pregnancy outcomes, ensuring birth planning and for establishing good relations between the women and their health care providers. Most maternal deaths occur during labour, delivery or the first 24 hours after delivery.

Generally, most complications occurring during delivery cannot be reliably predicted or prevented, though most can be successfully treated with prompt diagnosis and care. Consequently the role of timely, efficient and appropriate health services cannot be underestimated. Nevertheless, facility delivery rates in Sub-Saharan Africa are still some of the lowest in the world.

Proportion of births attended by skilled health personnel (%), 2001 – 2009



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Data Source: World Health Organization  
Map Production: Public Health Information and Geographic Information Systems (PHGIS)  
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Tanzania has made impressive progress in the reduction of child mortality (Masanja *et al.*, 2008), however maternal mortality changed insufficiently between 2000 and 2010 and the attainment of the MDG 5 –is in jeopardy. Health facility delivery rates in Tanzania are still low. According to the Tanzania Demographic and Health Survey (TDHS) 2010, 50 per cent of births are delivered at a health facility, and 48 per cent are delivered at home. Compared to 2004-2005, this is only a slight increase from 47 per cent to 50 percent in health facility deliveries (NBS and ICF Macro, 2011).

### Urban-rural differences

In Dar es Salaam, achievements have been made in terms of promoting pregnancy and delivery related services by skilled health workers. Many pregnant women have a high level of awareness and clearly prefer to deliver at a health facility. Only in rare occasions do women turn to a Traditional Birth Attendant (TBA) for delivery. Access to health care services is easier in urban than rural areas due to availability and reliability of transport and higher coverage of health facilities. Costs in the city are low and mainly involve delivery kits and transport fees. Women in Dar es Salaam seem to be well informed about the importance of antenatal as well as postnatal

care services and danger signs during pregnancy (Pfeiffer & Mwaipopo, 2011).

While women in southern Tanzania are generally positive about both antenatal and postnatal care, the use of antenatal care services does often not translate into a health facility delivery. Although many women often prefer delivering in a health facility, various factors prevent them from doing so. Attitudes of health workers, shortage of well trained health workers, lack of well equipped health facilities, shortage of essential drugs, inability to pay for transport and supplies, poor referral systems as well as lack of confidentiality at a health facility negatively impact the credibility of the health services offered by the health system (Mrisho *et al.*, 2008; Mbaruku *et al.*, 2009; Gross *et al.*, 2011; Pfeiffer & Mwaipopo, 2011).

## Role of Traditional Birth Attendants

The utilization of TBAs and traditional medicines remains widespread in Tanzania, particularly in rural areas. The government of Tanzania has officially recognized the potential contribution of traditional knowledge, including the role of TBAs in communities. However, while provision of maternal and neonatal health counselling and initiating timely referral by TBAs is promoted, the Tanzanian government does not support them to attend deliveries (MoHSW, 2008).



*Uniformed TBAs who support health facilities in Mtwara*

TBAs lack biomedical skills and resources, and yet still handle complicated deliveries (Pfeiffer & Mwaipopo, 2011). Standards of safety and hygiene procedures are

often not maintained. But being community-based, TBAs command a culturally-assigned level of respect and confidence. In addition, they are geographically and financially accessible (Mrisho *et al.*, 2008).

Following training provided in the past decade, many TBAs today possess basic understanding of maternal and neonatal health issues. Although TBAs are often not as skilled as health workers, community members appreciate them due to their accessibility, availability and caring behaviour.



*Items used by TBAs for delivery in Dar es Salaam*

Besides their positive reputation in terms of providing psychosocial support, no positive traditional knowledge related to medicine, practices and resources could be identified in Dar es Salaam or Mtwara. In contrast, some of the practices such as manipulating the uterus by hand and use of herbs (applying “*mlenda*” leaves on the uterus) were encountered. Such practices are harmful and might risk the life of the mother and the child. There was no evidence that the traditional sector complements the formal health system (Pfeiffer & Mwaipopo, 2011).

While TBAs, who are mainly elderly, are slowly phasing out, home deliveries for instance with the assistance of relatives are likely to remain for the immediate future and beyond. The role of community based actors, TBAs or relatives cannot be underestimated. Instead of focusing on the traditional sector, it is argued that more attention should be paid towards a systematic approach to overcome health-system constraints and to extend the health system beyond the facility to the community level.

## Improving access to and strengthening of the health system

The following recommendations can be drawn:

- There is a need to **promote health facility delivery** as well as antenatal and postnatal care services by skilled health facility personnel.
- Investment in the capacities of **health facility staff** (clinical and interpersonal skills) especially of female nurses and midwives is crucial.
- **Overcoming access barriers** by exploring a variety of options is necessary, including setting up maternity waiting homes and improving means of transport such as different types of ambulance services and community-based transport schemes.
- Guarantee **private and confidential environment** and adequacy of staff. In this case, female staff are preferred during delivery.
- **Providing sufficient equipment and commodities** including medical supplies and essential drugs.
- **Incorporating existing TBAs into the health system** by training them as community health workers, who are advocates for referral and skilled childbirth attendants.
- Exploring the potential of **free distribution of delivery kits in health facilities**. The kits should be handed out to women in their last trimester during ANC services for use in case of unexpected delivery at home.

## Bridging the gaps between communities and the health sector

While there is no evidence on the contribution of trained TBAs to reducing maternal and neonatal mortality rates, services offered by Village Health Workers globally have contributed to the decline of maternal and child mortality rates (Bhutta *et al.*, 2010). In order to contribute to bridging the gaps between communities and the health sector, the Ifakara Health

Institute (IHI) with the support of international partners is implementing intervention-based research projects, including 'The Connect Project: Introducing Community Health Agents (CHAs) to facilitate accelerated progress towards achievement of MDGs 4 and 5 in Tanzania' and 'Improving Newborn Survival in Southern Tanzania' (INSIST) that aims at evaluating the effectiveness and cost of scalable strategies to improve neonatal and maternal health in rural southern Tanzania. In this regard, the following aspects are stressed:

**Provide community-based counselling and health education through well-trained and supported community health workers (CHWs)**, who are members of and chosen by the community and can therefore be more acceptable due to cultural awareness.

**Utilise CHWs that are formally trained, supervised and employed by the health system** in order to provide promotional and preventive health services in general. The training will include a package of maternal and neonatal health related services in the community and the way in which CHWs can engage in risk identification and management.

**Integrate CHWs into the formal health systems.** The development of strong referral links, health planning and budgeting as well as supplies for community health workers needs to be considered.

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