

tropEd Master's Programme in International Health

Quality Assessment of the Safe Motherhood Programme in rural Tanzania: The case of Rufiji District

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DECLARATION

This thesis is the result of an independent investigation. Where my work is indebted to the work of others, I have made acknowledgement.

I declare that this study has not been accepted for any other degree nor is it currently being submitted in candidature for any other degree.

Date: October 30, 2008

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Signature: .....

EXECUTIVE SUMMARY

The reduction of maternal mortality ratio (MMR) by three quarters by 2015 is formulated in the fifth Millennium Development Goal. In spite of the Safe Motherhood Initiative that goal shows the least improvement and still every year around 600,000 women die worldwide due to pregnancy or delivery, most of them in sub-Saharan Africa.

We conducted our study in Rufiji, a rural district in the coastal region of Tanzania, where MMR is high despite of good coverage of ANC and delivery care, which raised concerns on the quality of care. The aim of our study was to identify the gaps in regard to structural quality, the process of service provision and the outcome of obstetric complicated cases in both antenatal care (ANC) and emergency obstetric care (EmOC).

The cross-sectional health facility based study incorporated quantitative and qualitative methods. On quantitative methodology, 157 observations of routine ANC provision were conducted and 35 self-administered questionnaires from health providers collected. Seven health facilities were assessed against pre-set standards on their structural quality in regard to ANC and EmOC. On qualitative methodology, we carried out 12 case studies on the provision of service and care to women with obstetric complications and normal labour pain.

Findings on the structural quality in the health facilities revealed gaps in the presence of basic equipment, drugs and laboratory tests, whereas the mission facilities scored better than the public ones. Further findings were that none of the first level facilities had the capacity to provide basic EmOC. The ANC observations identified the poor performance of health personnel in technical aspects in both public and mission facilities. Blood pressure check and fundal height examination was conducted in 148 (94.3%) and 156 (99.4%) respectively. Eighty-one (51.6%) women were screened for anaemia and 42 (26.8%) for oedema. In the current visit 59 (38%) had their haemoglobin level tested, whereas 6 (3.8%) and 4 (2.6%)

respectively had their urine protein and urine sugar checked. Routine iron and folate supplement and malaria prophylaxis were, respectively administered to 63 (40.1%) and 81 (51.6%) clients. The Tanzanian MOH introduced a new ANC model, which clearly outlines the elements for the four recommended ANC visits. Blood pressure check, haemoglobin and urine test and the administration of iron and folate tablets are routine services for every visit. Delay on health facility level on admission and consultation of pregnant women, the timely start of treatment, monitoring and follow up of patients and the poor documentation indicates frail quality of care.

The ANC service had only the capacity to address elevated blood pressure and some foetal complications but showed deficiencies in detecting, treating and preventing other conditions, in particular anaemia, malaria and pre-eclampsia. Only the hospitals qualified as an EmOC facility, capable to manage women with obstetric problems. Equipping health facilities with the necessary utensils and an uninterrupted supply chain is an absolute need to perform and to provide the required services. Improvement of technical and counselling skills, supervision and monitoring of health providers would help to meet national standards and to improve the quality of care and the utilization rate in the health facilities. Consequently, having a well-informed community knowing where to seek for help in case of obstetric complications would contribute to a better pregnancy outcome for both the mother and newborn.