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# **About the Project**

The Improving Reproductive, Maternal and Newborn Health in Mwanza, Tanzania (IMPACT) project aimed to accelerate the reduction of maternal and newborn mortality and morbidity in underserved districts of Mwanza region, namely, Buchosa, Ilemela, Magu, Misunguwi, Nyamagana, Kwimba, Sengerema and Ukerewe.

















- Increase utilisation of maternal and newborn health services by women and their families in underserved districts of Mwanza Region in Tanzania
- Improve availability of quality maternal and newborn health services in underserved districts of Mwanza Region

# Infrastructure Improvement

In the quest to provide quality reproductive, maternal and newborn health (RMNH) services, construction activities were undertaken at 24 health facilities which included maternity wings, operating theaters, delivery units, postnatal wards, reproductive and child health clinics and skills lab. With improved availability of quality health services within communities, Mwanza has experienced a reduction in home deliveries during the life of IMPACT.

















Pic 1. Maternity wing at Misunguwi District Hospital
Pic 2 & 3. An aerial view of Buhongwa health facility

Pic 4. An aerial view of Magu District Hospital
Pic 5. Skills Laboratory at Sekou Toure Hospital

Pic 6. Buzuruga theatre wing

Pic 7. Postnatal ward at Sekou Toure hospital
Pic 8. Side view of Buhongwa health facility



# **Medical Equipment**

To address lack of medical equipment in the targeted health facilities, 80 facilities were equipped with modern medical equipment such as universal anesthesia machines, operating lights and beds, patient monitors, oxygen concentrator photography with baby warmer, neonatal incubators, C-section kits, blood bank refrigerators and water berths. As a result, health professionals have the ability to provide better services within their community. This has greatly reduced the number of referral cases to the district and regional hospitals as well as improved skilled birth attendance at delivery from 71.2% to 89.7%.











From top left:

| Pic 1. Neonatal incubator | Pic 2. Universal anesthesia machine | Pic 3. Operating light | | Pic4 up photograph light and radiant warmerPic | 5. Skill lab classroom | Pic 5. Patient beds | Pic 6. Drip stands | Pic 7. Patient beds |













## **Investing in health professionals**

Health care workers were trained on a number of short courses including antenatal care, essential newborn care, comprehensive emergency obstetric newborn care, basic emergency obstetric newborn care, biomedical waste management, data quality assessment, standard based management and recognition, infection prevention and control, family planning and adolescent sexual reproductive health. Further, 42 nurses underwent a one-year training in anesthesia. The capacity building has increased professional skills and improved provision of health services in the districts.





#### From top left :

Pic 1. Frank Moshi, Anaesthetist, Buzuruga

Pic 2. Catherine Chacha. Anesthetist, Magu District Hospital

Small pic 1-4, Anaesthetist on duties

Pic 5. Catherine Chacha & Juvenary Biseko, Anaesthetists, Magu District Hospital

Pic 6. Jacqueline Budodi, Anesthetist, Buzuruga

### **Community Health Workers**

As an entry point to the community, mobilisation and advocacy approaches were used to build community awareness and influence attitudes and behaviours related to RMNH. Trained community health workers conducted visits to households educating household members on how to identify danger signs during pregnancy, delivery, post-delivery and among children under five. Community Health Workers have supported households to better understand women and children's health issues and when health services are needed.







Pic 1 & 8. Joyce Sanane (CHW) during home visit in Mwangika.

Pic 2. Hezron Magina (CHW) carrying a baby

Pic 3. Joyce Sanane on her way to visit women in labor.

Pic 4. Timotheo Ndelema (CHW) conducting awareness in Isegenghe.

Pic 5. Hezron Magina in Ilekako, conducting a session to Valentina and her husband Ngalili Kilabela.

Pic 6. Timotheo Ndelema in Ilekako cycling to conduct home visits.

Pic 7. Timotheo Ndelema and Lusatu (emergency transporter) in Ilekako assisting women in labor















### **Community Dialogues**

Community Conversations were used for promoting dialogue with community members on RMNH and gender equality issues. Both mixed gender and menonly or women-only groups were used to discuss possibly sensitive issues and promote positive attitudes and practices related to RMNH among both men and women in the community.























Medical experts on radio talking about Reproductive, Maternal and Newborn Health

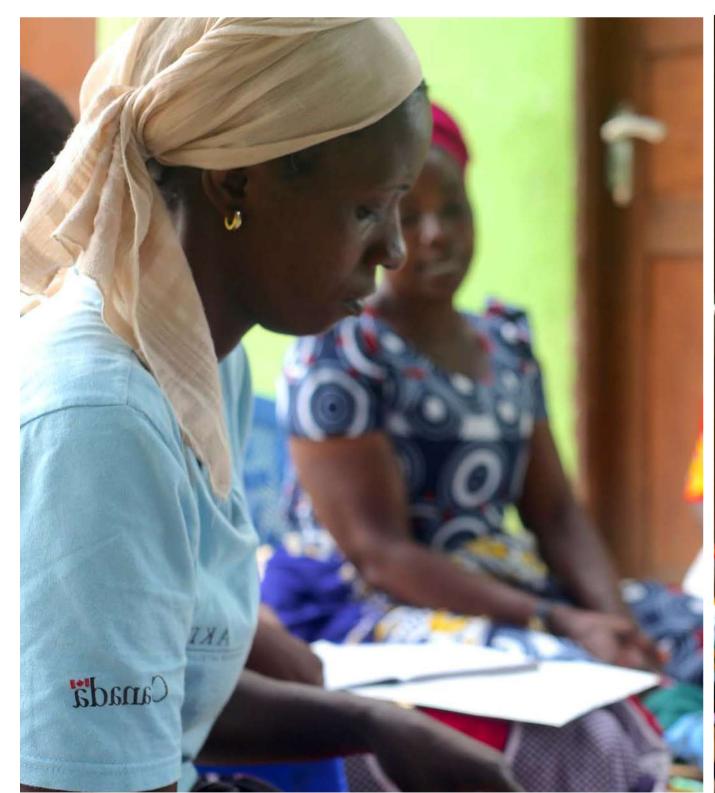
#### Radio Programs

Radio programs were used to create awareness and advocate for behaviour change related to RMNH and gender equality issues within Mwanza communities. Media was also used to amplify messages addressing harmful social and cultural norms such as misconceptions related to infant feeding practices and or how to induce labour.













# **Income Generating Groups**

Through the IMPACT project, 285 community-based saving groups were formed. Through their savings, the groups have showed financial gains and are engaged in income generating activities. Part of the savings is used for emergency transport, hence easing transport challenges for community members who require referrals for RMNH services. The groups have also become champions of change and helped to build awareness related to RMNH services and utilization in their communities.











The IMAPCT project has enhanced safe delivery. Following this, it has increased live births and encouraged importance of breastfeeding, nutrition and family planning and to pay regular visits to health facilities to see if there are any risks that can affect a child's healthy growth. As a result, babies get a health start in life.

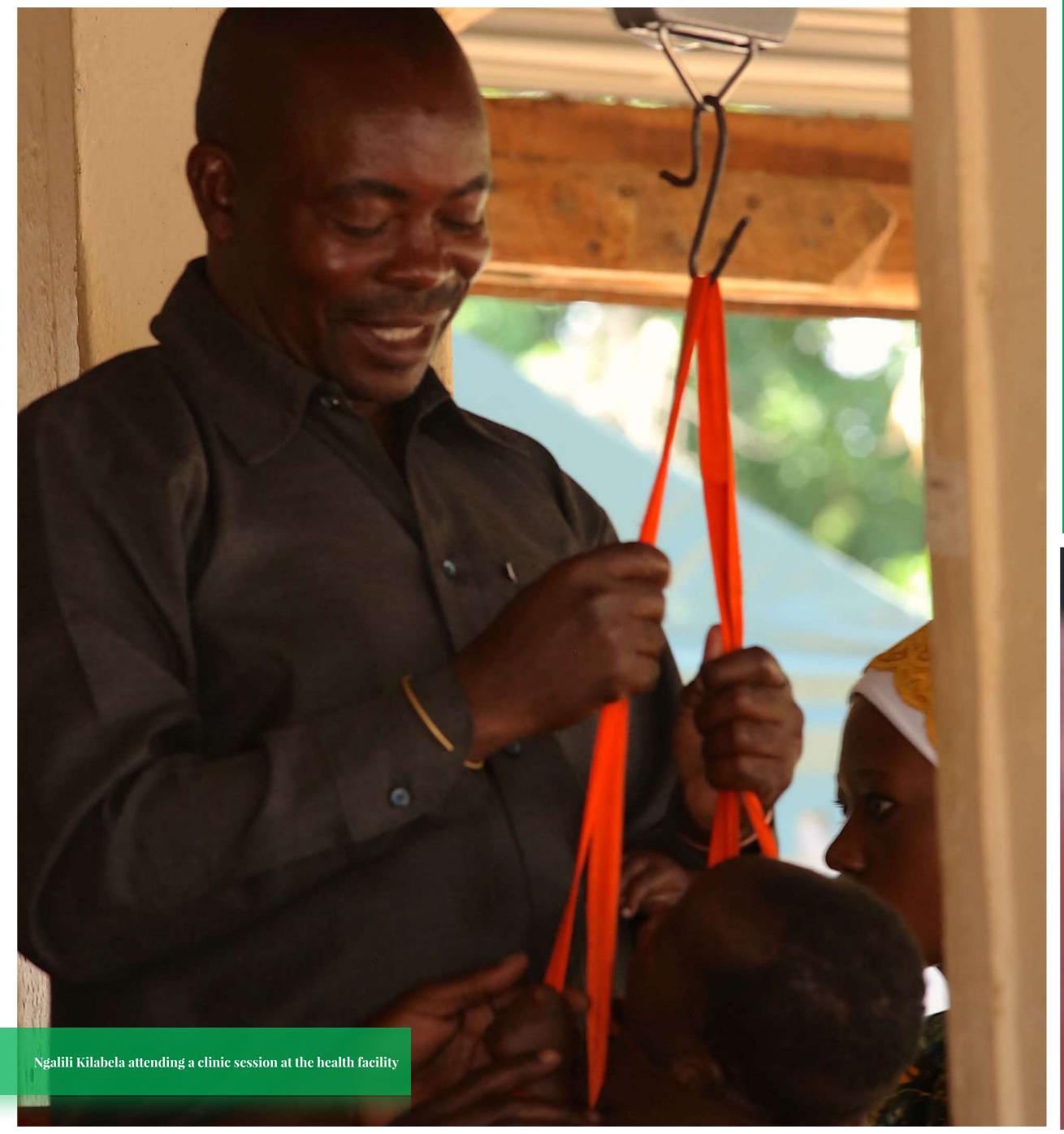






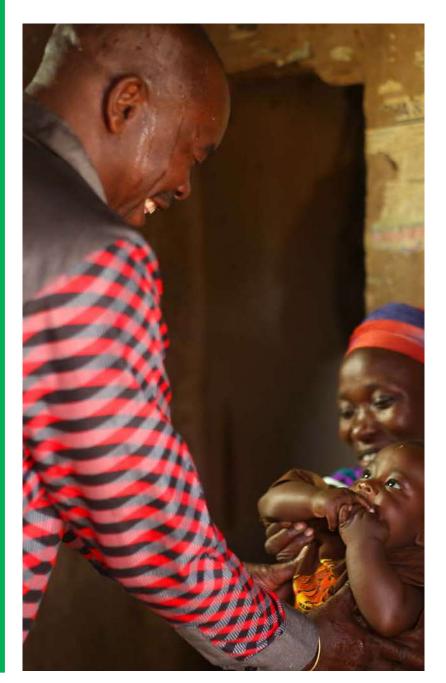






### Male involvement

Each community has its own set of values, in the past, men were never involved in with issues related to their wives pregnancy. However, through community awareness, there is a change in perception and more men are taking responsibility and are supporting their wives during their pregnancy. For example, more men are accompanying their wives to the health facilities, do a follow-up to know their wives progress, remind them to take their medication, if any and when to attend their next appointment. This has helped to reduce delay in seeking health care among mothers delivering. Further, it has provided an opportunity for men to learn more about their health and get tested for non-communicable diseases such as diabetes.











Men accompanying their wives to the clinic

















Male involvement in Reproductive Maternal and Newborn Health

















#### Adolescent Sexual Reproductive Health-POP UP EVENTS

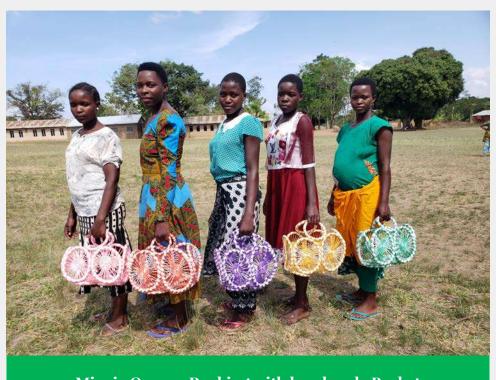
The project adopted the Kuwa Mjanja model from PSI, which implements community outreach events that inspire girls to dream, help them discover and learn what is possible, and then act through accessing contraceptive services through adolescent girl-friendly service providers.







Fine girls-Ukerewe (Pop UP)



Mjanja Queens Rocking with handmade Basket

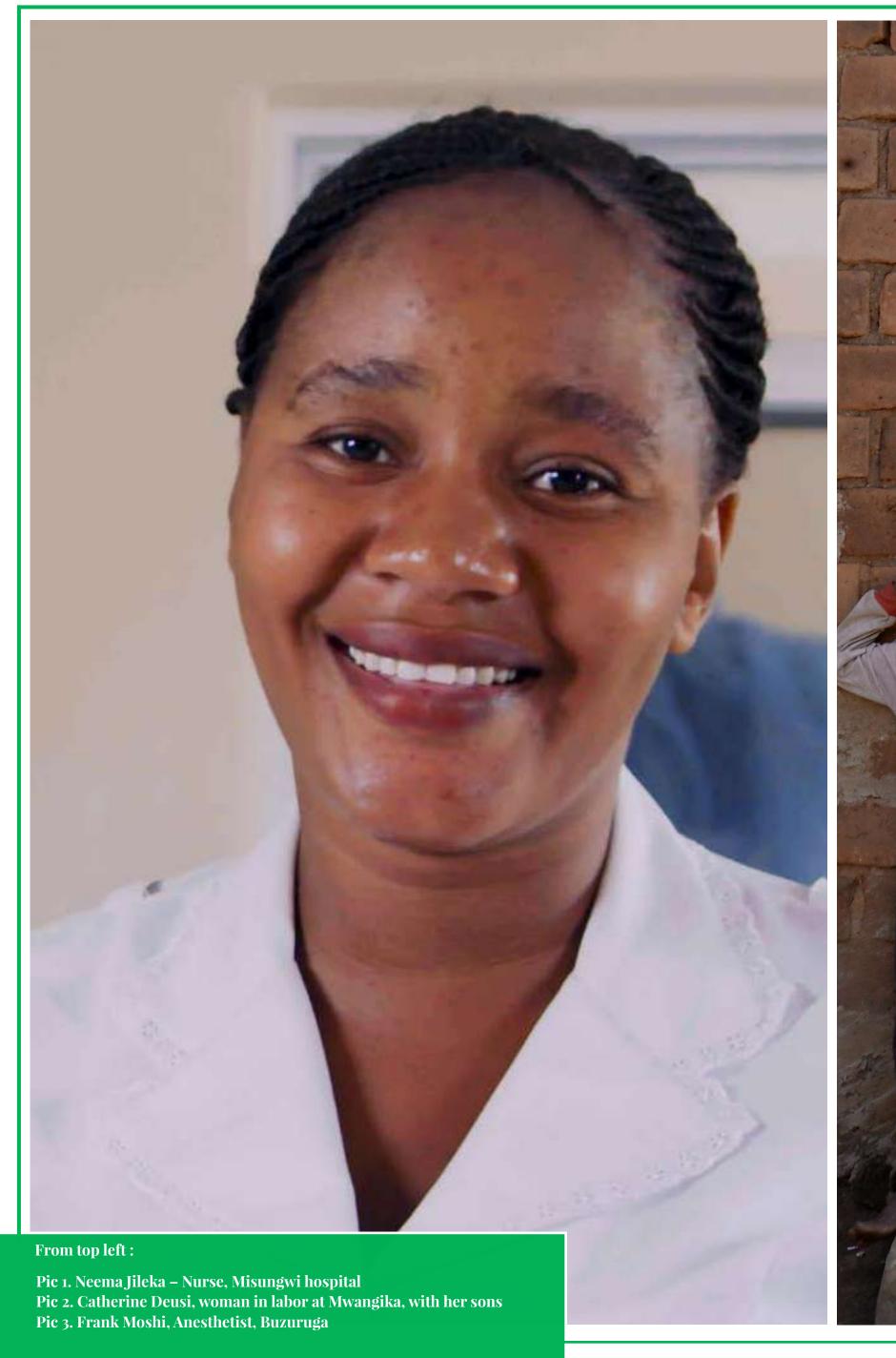


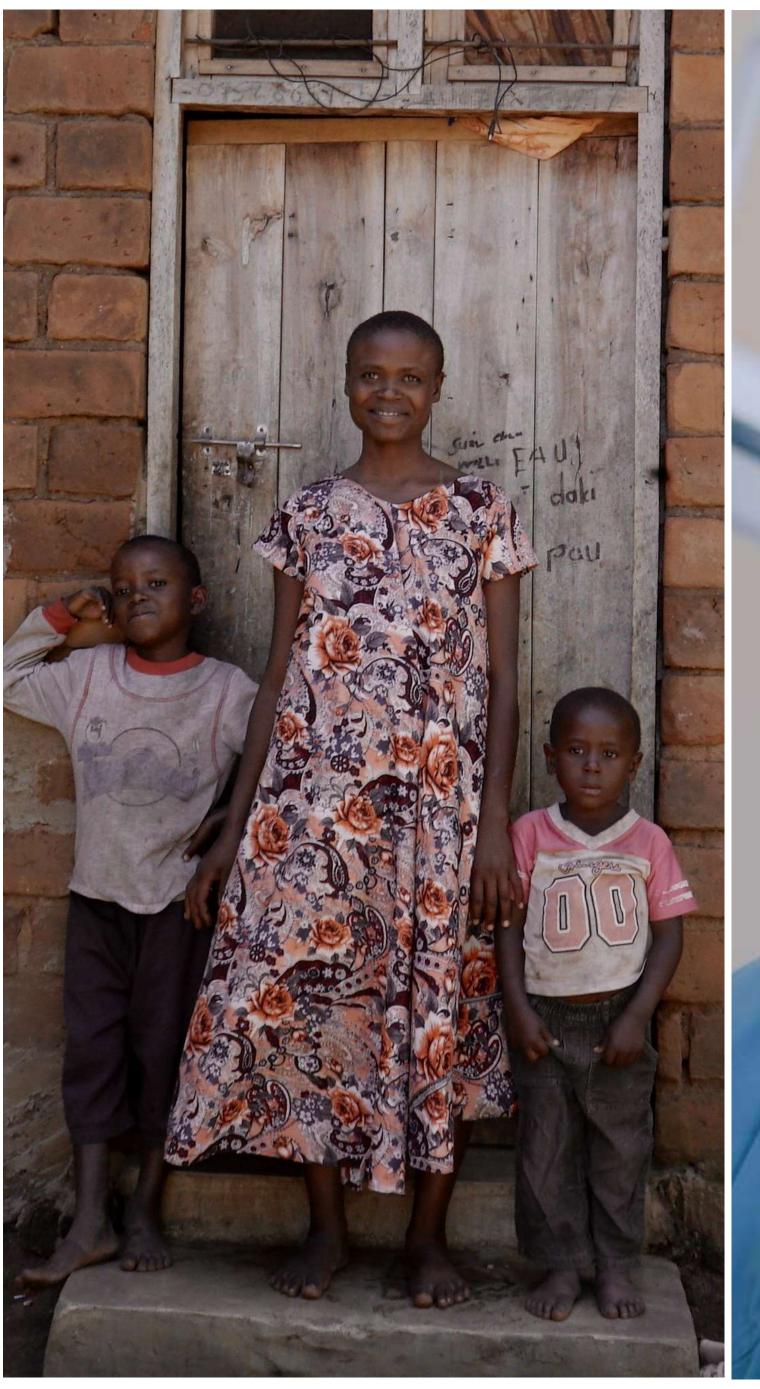


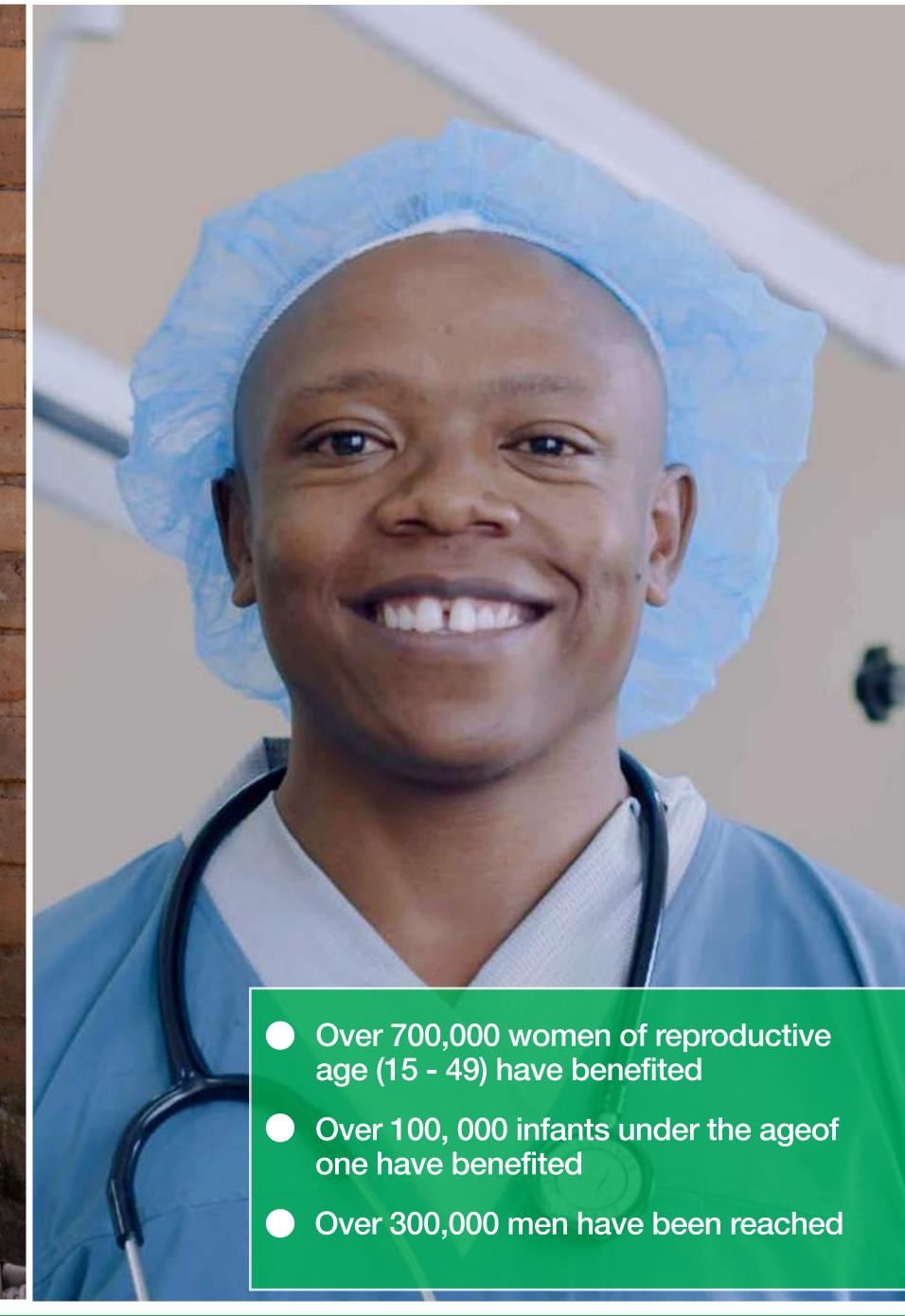
Play time - Mjanja Queens



Facilitation session on ASRH







# AKDN

# AGA KHAN DEVELOPMENT NETWORK

Improving Reproductive, Maternal and Newborn Health in Mwanza, Tanzania

