



# Learning Tour Trip Report

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**Tanzania**  
April 6 – 8, 2009

## Trip Summary:

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No matter how committed an advocate is, reading analysis papers and citing statistics simply does not replace meeting the people living in the developing world, where 99 percent of maternal deaths happen. This belief and the generous support of the Bill and Melinda Gates Foundation enabled CARE to launch the CARE Learning Tours, which seek to build the political will needed to reach the tipping point on maternal, newborn, and child health.

CARE will host six trips within three years to developing countries and support efforts upon return for positive change.

This is the report from the inaugural trip to Tanzania, which was a unique case study since President Kikwete of Tanzania has authored a blueprint “The One Plan”, to reduce maternal mortality. The trip was structured in such a way that the delegation could immerse themselves in real-life conditions by meeting mothers and families in their villages. They then visited in order the five levels of the referral-based health system – from dispensary, to health clinic, to district hospital, to regional hospital and finally to the national hospital – before meeting with Kikwete to offer support and share what they had heard from local people and what they had observed in their visits.

## Traveling party:

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### Delegation:

- Congresswoman Zoe Lofgren
- Congresswoman Lynn Woolsey
- Jennifer Goedke, Deputy Chief of Staff to Congresswoman Woolsey
- Dr. Helene Gayle, President and CEO of CARE

### CARE staff:

- JoDee Winterhof, Vice President of the Policy and Advocacy Unit
- Kate Bunting, Director of Special Initiatives
- Sarah Lynch, Deputy Director of Learning Tours

## Monday, April 6 Mwanza, Tanzania

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The delegation started its first full day early on Monday morning with a scene-setter breakfast. The objectives for the day were to familiarize participants with the Tanzanian context and begin to understand the challenges and responses to maternal, newborn, and child health. The delegation was greeted by Paul Barker, Country Director of CARE Tanzania, and Alfreda Kabakama, the Zonal Reproductive and Child Health Coordinator from the Ministry of Health.

Each day following, Alfreda Kabakama, our featured expert, traveled with us to ensure continuity and provide our delegation with context beyond the quick breakfast briefings.

### Travel to Gabajiga Village – one hour outside of Mwanza

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#### Objectives:

- Understanding the four delays that contribute to maternal mortality
  - Delay #1: Delays in problem recognition;
  - Delay #2: Delays in deciding to seek care;
  - Delay #3: Delays in reaching the health facility; and
  - Delay #4: Delays in receiving treatment at the health facility.
- Understanding the role of the village health worker
- Addressing the transportation challenge from remote villages

**Background:** About 24 women die every day in Tanzania, or about one woman every hour, from pregnancy-related causes. CARE began working in Gabajiga more than 10 years ago after a meeting with district officials revealed its extreme need for health services. CARE met with village leaders and presented some ideas at a village meeting (a common entry point it uses in its programming). By working with the community to identify the factors that contributed to maternal mortality, CARE engaged the community in solving the problems.

#### Participants:

- Jeremia Nyilila (**Je-ya-mia Knee-li-La**), Village Chairman
- Marieta Kiliga (**Ma-ri-y-ta Ki-li-gah**), Village Health Worker
- John Nginila (**John In-gee-ni-lah**), Transport Committee Chair
- Shija Kangwe (**She-ja Kan-Gway**), mother
- Juliana Myeya, (**Joo-lee-ah-nah Me-yay-ya**), CARE Tanzania
- Alfreda Kabakama, (**Al-fre-da Ka-ba-ka-ma**), Zonal Reproductive and Child Health Coordinator

## Visit Notes:

The delegation arrived in Gabajiga village and was greeted by Jeremia Nyilila, the Village Chairman, and Marieta Kiliga, the Village Health Worker, under a large mangrove tree. Through translation, the delegation learned that Marieta was elected to be the Village Health Worker 10 years ago and received training from CARE about community outreach. She still spends two days a week educating her fellow villagers about health issues. She teaches them about the importance of immunizations, and how to stay healthy during their pregnancy, urging them to seek medical care when they deliver their babies.



*Congresswoman Lofgren shows children their photo in Gabajiga Village.*

Marieta's initial three month training taught her about health issues but also taught her about empowering villagers by helping them help themselves to solve their health care issues. She continues to teach women how to use birth plans and has helped the village plan for and implement a community transport system that brings pregnant mothers to the clinic or hospital when they give birth.

When asked by Helene why Marieta thinks she was chosen by her village to be the village health worker, she replied, "They know that I don't give up easily." She acknowledged the job is challenging because there are long hours and many needs, and it is a volunteer position with no allowance other than the original bicycle she received so that she could visit everyone in her region. But she added, "In my heart I feel the need to volunteer."



*Congresswoman Lofgren greets Shija Kangwe as Marietta Kiliga looks on.*

Helene asked Marieta about the changes she's observed in the last 10 years. She said when she started, many of the children she visited were underweight and now mothers know to bring them to the clinic to be weighed and to receive information about nutrition. She also cited the fact that most women in Gabajiga now deliver their babies in the clinic. (National health data in Tanzania suggests that only 47 percent deliver in a health facility<sup>1</sup>.)

Marieta walked us through the village, past the school, through a grassy field to the thatched-roof home of Shija Kangwe. Shija is a shy woman – not used to talking to foreigners – but through an

<sup>1</sup> National Health Budget Analysis 2007-2008, The Health Equity Group of Tanzania.

interpreter she told us about her complicated pregnancy. Shija was pregnant with her eighth child when she started bleeding. She walked to the village health dispensary, about five minutes by foot, with her sister. The nurse told her she needed to go to Koromijie clinic for better care. Community transport took her to the main paved road, where her sister flagged down a car. The car took them past the clinic to the closest hospital, called Sumve, but by the time she arrived, it was too late and she miscarried. This illustrated the fact that delays in receiving proper medical attention in a timely way can result in tragic consequences.

Marieta then walked us over to the dispensary – a four-room building with a leaky tin roof. The dispensary is open five days a week and sees 40-60 patients per day. The nurse explained that she gives immunizations, does family planning counseling and assists women with births. She showed us the one room where women give birth. There was an old, rusty examination table in one part of the room for giving birth and one twin-sized bed where women lay while they are in labor. There were no drugs, no sheets, no birthing equipment. When asked what would help – the nurse replied that it would be good if the roof got fixed so that the rain wouldn't leak in on the patients.

Before the delegation left, the delegation met with John Ngini, the Transport Committee Chairman. He heads a community transport group organized with CARE's help. The group saved up funds and purchased a tricycle with an ox cart on the back for emergency transport about eight years ago – one tricycle for 4000 people. To use the transport there is a fee of 2500 shillings (about \$1.90) – 2000 shillings for the driver and 500 for the community fund. In Tanzania, the average rural household survives on just 32 cents a day in 2001, with 21 cents—65 percent—going for food.<sup>2</sup> They use the fund for patients who cannot pay for the service or to offer a loan for another health related issue. They currently have 385,000 shillings in the fund, and they would like to buy a motorized bike.



*Dr. Helene Gayle, CEO of CARE, drives the Gabajiga community ambulance as Congresswoman Woolsey and her Deputy Chief of Staff, Jennifer Goedke, look on*

Gama Luslunila and her daughter Catherine, age 8, sat on a bench beside John. Gama was the first person to use the transport. She started hemorrhaging during Catherine's birth and was sent on the transport to the local hospital. Catherine was born by c-section. Gama shared that she's delivered two children at home and five in the hospital. The delegation also met the village driver – a farmer on most days – who wanted to do something to help his community, and so volunteered to become the tricycle's driver.

<sup>2</sup> National Bureau of Statistics of Tanzania 2002: 68-70

From Gabajiga, the delegation drove about 15 minutes to Koromije – where Shija was referred for the next level of health care. As the delegation drove, the sky opened up with a torrential rain. It was easy to imagine just how difficult it would be to pedal that oxcart on a muddy road all the way to Koromije.

## Visit to Koromije Health Center

### Objectives:

- Understanding the delay in receiving treatment at the health facility
- Understanding what services are provided at the clinic level

**Background:** Koromije Clinic is in the Misungwi District and is where women come who are looking for basic care. This is the next level of medical care available beyond the dispensary. A woman may experience delays in reaching the clinic due to poor transportation, and she may also experience delays in receiving needed care. Discrimination, lack of protocols, cost barriers and the health worker shortage all contribute to this problem.

### Participants:

- Dr. Jackson Kamani (**Jackson Kah-ma-ni**), Clinical Medical Officer
- Goodselda Basimaki (**Good-selda BarOsee-mah-key**), Midwife
- Alfreda Kabakama, Zonal Reproductive Health Coordinator

### Visit Notes:

Jumping over massive puddles from the torrential rain, and into the waiting room of the clinic, the delegation was greeted by Dr. Kamani. He began to read many statistics from the previous year's records. The center sees roughly 14 patients a day and had 230 deliveries last year.

The health center medical staff should include one doctor, one clinical officer, one registered nurse, two nurse midwives and two medical assistants. Koromije had two midwives and two medical attendants. Dr. Kamani came to Koromije just last year from Misungwi Hospital to join the staff of four as a clinical medical officer. He also hired a laboratory assistant. Health center services include ante-natal counseling, voluntary counseling and testing, prevention of mother-



*Dr. Jackson Kamani in the delivery room at Koromije Clinic.*

to-child transmission of HIV, maternal care and dental care. The delegation visited the sparse maternity ward and learned about the child health activities that the clinic implements, which include immunizations, weight monitoring and health education for mothers.

Leaving the clinic, the delegation walked over to the town and visited the local pharmacy. The woman who owns the store said she dispenses mostly painkillers that she gets in Mwanza.

The delegation then got back into the cars and drove to Dr. Kamani's old post and the next level of care, Misungwi Hospital.



*Helene Gayle at the pharmacy outside of Koromije Clinic.*

## Tour of Misungwi District Hospital

### Objectives:

- Understand the technical interventions for maternal, newborn, and child health
- Recognize effective access to services
- See a Tanzanian hospital setting

**Background:** The Misungwi hospital serves the entire Misungwi district of more than 250,000 people. They serve about 40 women per day for a range of maternal health services.

### Participants:

- Dr. John Nyorobu (**John Knee-yo-row-boo**), Acting District Medical Officer
- Leonardia Lyamba (**Leonardia Lee-yam-ba**), Hospital Matron
- Juliana Myeya, CARE Tanzania
- Alfreda Kabakama, Zonal Reproductive Health Coordinator

### Visit Notes:

Dr. John Nyorobu, the acting District Medical Officer, met the delegation and walked them around the hospital to introduce them to the different departments responsible for the technical interventions necessary for good maternal health care. He started in the ante-natal care unit, which provides pre-natal treatment and education, and showed the delegation a patient's registration card. It is this card that a mother keeps with her and brings to every check up. It is a way for mothers to record their birth plan and for nurses to

know her history. The delegation was then led through the family planning unit, which provides counseling and contraception services and the prevention of mother-to-child transmission of HIV clinic, which provides testing, counseling and treatment for mothers. Both of these services are voluntary.

Walking past several family members sitting outside in the shade of the Maternity Ward building, the delegation was given a tour of the delivery room, the operating theater and the post-natal and labor wards. The rooms were all full, and the nurses were anxious to show us two sets of twins both born the night before. In the far back of the post-operating room was Kathleen Pina, who had just given birth to Kulwa and Doto by c-section. (These are traditional names for twins – Kulwa is the eldest and Doto is the youngest.) Typically, the mothers are kept in the ward only for 4-6 hours due to overcrowding. Those who have had surgery stay for at least 24 hours and sometimes longer, depending on the circumstances.



*Congresswoman Woolsey (L) and Congresswoman Lofgren (R) ask Dr. John Nyorobu about the CDC funding at Misungwi District Hospital.*

We visited the records room at Misungwi, and it was clear there was insufficient staff to keep records current, or to report to the next level.

The delegation left Misungwi with warm wishes from Dr. Nyorobu, who underscored the importance of good partnerships with CARE, the Centers for Disease Control (CDC) and other American-based organizations that he said have made his hospital stronger and the patients happier.

## Visit to Mwangala Town's Village Savings and Loan Group

### Objectives:

- Recognize the role women play in their community and the value they hold

**Background:** CARE uses a proven community-based group savings and loans methodology as an entry point to mobilize group members to address a wide range of constraints to the social and economic empowerment of marginalized women and girls.

### Participants:

- Sospeter Buleshi (**So-spay-ter Boo-Lay-she**), Village Chief
- Elizabeth Falu (**Elizabeth Far-loo**), community member



- Fortunata Nkande (**Four-two-na-tah In-kawn-day**), community member
- Juliana Myeya, CARE Tanzania
- Alfreda Kabakama, Zonal Reproductive Health Coordinator

### Visit Notes:

“Thank you for one of the warmest greetings I’ve ever received,” Congresswoman Lofgren said to members of the Mwagala community group. The delegation arrived outside a small meeting room, which had been built with funds saved by the village savings and loan (VSL) group, and was met by women singing and dancing. The energy was high and Elizabeth Falu, one of the community group members explained why.

Not only has this group helped her with a loan that she used to send her children to school but it has also given her confidence. She explained that she used to be shy and uncomfortable speaking before groups. As she gained exposure through the member meetings, she became confident and able to share her story. She’s even been elected to the village council.

The delegation also met one of the four men in this group of 30. He spoke eloquently about how he had been raised without respect for women, but that this experience had changed his mind. The women let him join the group, and he was able to borrow money for his wife’s surgery. He beamed as he spoke of these women and how much he respected them.



*The delegation (with translator, Albert Mdmazzuki, left) meet the Mwagala Village Savings and Loan Group, organized by CARE.*

Salome Nkwande, another woman in the group, had taken a loan from the VSL and started a poultry business. She invited the delegation to her home, and the delegation got to see the chicken coop that has yielded enough income to put her kids in school and expand her home.

Singing and dancing back towards the cars, the group sent the delegation back into Mwanza with lots to think about and hope for the future.

### Evening Reception:

The delegation and the support staff were joined by organizing partners for Day Two at a small reception. They included:

- Amanda Rawls, Touch Foundation
- Grace Lusiola (**Grace Loo-see-oh-lah**) and Juliana Bantambya (**Juliana Ban-tam-b-yah**), Engender Health

## Tuesday, April 7 Mwanza, Tanzania

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The focus of Day Two was on health system strengthening. The poor state of health systems in many parts of the developing world is one of the greatest barriers to increasing access to essential care. A health system consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. Strengthening health systems means addressing key constraints related to health worker staffing, infrastructure, health commodities (such as equipment and medicines), logistics, tracking progress and effective financing.

Our guest expert on Day Two was Dr. Godfrey Mbaruku, a researcher at Ifakara Health Institute and an obstetrician who has practiced in Tanzania for more than 30 years. Dr. Mbaruku spent the entire day with the delegation and provided insight and context to the hospitals they visited. As a young doctor, he was posted to Kigoma – a rural region 1800 km from Dar es Salaam, bordering Rwanda.

Dr. Mbaruku quickly discovered that the hospital he was in charge of had an extremely high maternal mortality rate. When he asked why, he was told that the women arrive late, live too far from the hospital and don't bring the proper supplies. Dr. Mbaruku set to work and developed a "Programme of Change" consisting of 22 interventions – low-cost initiatives that changed the way the staff dealt with women who gave birth at the hospital. He recorded the maternal mortality rates between 1987 and 1991 and found that these changes led to an 80 percent reduction in the number of women who died in childbirth at Kigoma Regional Hospital.



*Dr. Godfrey Mbaruku spent Day Two with the delegation as the health systems expert.*

Dr. Mbaruku spent the entire day with the delegation and provided insight and context to the hospitals the delegation toured, both of which are in Mwanza.

### Sekou Toure Regional Hospital

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#### Objectives:

- Witness capacity issues
- Understand the importance of appropriate/adequate building functionality

**Background:** The Sekou Toure hospital is the largest government hospital in Mwanza – a district of 3 million people. It was built in the early 1970s as a health clinic and was converted in 1994 to the regional hospital for Mwanza. Many NGO partners, including PLAN USA, Engender Health and private partners like Vodaphone, have helped to build several units of this hospital. The hospital is an example of health system strengthening, or the continuous process of implementing changes in policies and management arrangements within the health sector. These processes, whether guided by individual governments, NGOs or donor agencies, are underway in many countries as their population needs change and grow.

### Participants:

- Dr. Meshack Massi (**May-shak Mah-see**), Regional Medical Officer
- Alfreda Kabakama, Zonal Reproductive Health Coordinator
- Dr. Godfrey Mbaruku (**God-free Mm-ba-roo-coo**), Researcher, Ifakara Health Institute
- Juliana Bantamba, Field Manager, Engender Health
- Grace Lusiola, Country Director, Engender health
- Winifrida Byesigwou (**Win-i-free-da Bee-yeh-seeg-wa**), Head Nurse
- Ester Kilela (**Ester Key-lay-lah**), Nurse

### Visit Notes:

The delegation was greeted by Dr. Meshack Massi, the Regional Medical Officer for all of Mwanza. His office is located just behind Sekou Toure Hospital, and he offered an overview of the health system. Several media outlets, including Star TV and Radio Free Africa, attended the meeting and then heard from JoDee Winterhof, CARE's Vice President of Policy and Advocacy, about the importance of the visit. Dr. Massi then escorted the rest of the delegation to the hospital, which has 350 beds and serves both outpatients and inpatients. About half of the beds in the medical ward are for people suffering from complications of malaria.

The delegation visited the maternity ward first

and then the post-abortion care ward. In the maternity ward the delegation met several new or expecting mothers, including Belina Grevas, 27, who was having her first baby. She had gone to a health center where staff referred her to the hospital for delivery, because they felt that they could not attend to all her needs. She was waiting to deliver. The delegation also met Edita Mkaumba, 28, who had just delivered her third child. Her other children are ages 12 and 8. She shared with the delegation that she had used a contraceptive implant to space her children.



*A woman arrives by foot in labor at Sekou Toure Regional Hospital and is given a bed.*

In a separate building, refurbished by USAID and Engender Health, the delegation entered the Comprehensive Post Abortion Care (CPAC) ward, which was full. Some beds were occupied by more than one woman. Helene Gayle spoke to a woman who is a lecturer at the university. She had been having stomach pains for five days and came to the hospital when she started bleeding. She had a spontaneous abortion.

The delegation met another young woman who was writhing in pain. She arrived at the hospital with complications from an incomplete abortion. The staff was able to stop her bleeding, but it is estimated that globally, 13 percent of pregnancy-related deaths are due to unsafe abortions.<sup>3</sup>

Leaving the CPAC unit, the delegation walked to the outpatient side of the hospital. Stopping along the way to meet more patients, the delegation saw the family planning clinics, the PMTCT and HIV clinics. Helene Gayle asked about the kinds of tests they performed in the PMTCT clinic. She commented later that one of the tests they administered for HIV is an expensive one that is likely unnecessary in most cases – another inexpensive test that takes longer to come back provides the same results. This illustrated some of the challenges of having so many resources restricted to one intervention (in this case HIV) rather than having more control to allocate the resources more effectively based on what is needed in the local context.

## Lunch with Students from Weill Bugando University

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**Background:** The Touch Foundation, an American non-profit organization that has partnered with McKinsey & Company and Weill Cornell Medical College in New York, has taken a three-pronged approach to the health crisis in Tanzania: building a university from the ground up (Weill Bugando University), using that knowledge resource to assist the government in planning rapid-scale expansion of training across the country, and determining the key impediments to health system recovery in one-third of the country.

### Participants:

- Amanda Rawls, Senior Associate, Touch Foundation
- Stella Mongella (**Stella Moan-gay-la**), recent MD graduate
- Athuman Saubiri (**Ah-thoo-mahn Sah-boo-ri**), Nursing Student
- Hassan Hamad (**Ha-sshan Hah-Mahd**), Nursing Student

### Visit Notes:

The delegation was joined for lunch by those closest to the health system – those who are about to join the staff. Three students from Cornell University-sponsored Weill Bugando University in the Bugando Hospital held court about their experience as young professionals entering the field. Both Stella and Hassan are from Dar es Salaam, while Athuman is from a remote village near the Kenya border. When asked about returning to the village versus staying in the city, Athuman responded, “I have a very big future.

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<sup>3</sup> World Health Organization (WHO). Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2003, Geneva: WHO, 2007.

In rural areas people suffer from things that are preventable. I can teach others and help them so people aren't suffering so much, I urge others: Please! Go back to the rural areas. This is not the time for your own enjoyment. People are suffering."

Amanda Rawls of the Touch Foundation explained that the health worker crisis is in part due to the fact that there is such a small budget for hiring workers. The money goes into facilities rather than salaries and housing.

Congresswoman Woolsey remarked, "Our visits were sobering. Much is being done with so little."



*Helene Gayle is introduced to Stella Mongella, as Congresswoman Woolsey meets Athuman Saubiri (left) and Hassan Hamad (right) in the foreground.*

## Visit Bugando Hospital

### Objectives:

- Gain deeper understanding of access issues and the referral system
- Understand the strength of a public/private partnership
- Focus on training and how it builds health systems
- See a national hospital in Tanzania

**Background:** Bugando Hospital is a public/private partnership hospital of the government and the Catholic Church. Bugando Hospital serves six regions, which make up the Lake Zone of 13 million people. Quality services depend on skilled professionals. Bugando also serves as a training hospital to develop skills, protocols and management training of health staff.

### Participants:

- Dr. Charles Majinge (**Dr. Ma-jin-gay**), Director General of Bugando Hospital
- Ester Mkungu (**Es-ter Mm-kun-goo**), Chief Nurse

### Visit Notes:

Ester Mkungu, chief nurse, greeted the delegation just past the gates of Bugando Hospital. She escorted the group to the office of Dr. Majinge, the Director General of the Hospital. The delegation learned that Bugando has 900 beds with 4 internists and 26 specialists (6 of which are OBGYN). This has been scaled up from 9 physicians since 2000. OBGYN and surgery are the busiest.

Dr. Majinge talked about the challenges of the health system and the value of having a teaching hospital. He discussed extending retirement age to deal with the lack of trained health workers coming out of the graduate schools. He discussed the great challenges of maternal mortality and expressed remorse over these women “dying without dignity.”

Ester then led the group through the various floors of the hospital. The delegation first visited the fistula ward and met Paulina Joseph, age 22. She has never been to school before. She gave birth in 2006 after 3 days of labor and suffered a fistula. After the birth, she lived with her family because her partner wouldn't accept her condition. She was leaking urine and has been shunned by the community. She said she felt ashamed. No one wanted to be near her.

The local hospital told her she could come to Bugando and receive a fistula repair, but her family didn't have the money to send her by bus and didn't think they could afford the surgery. So, for three years she lived with the fistula and its consequences.

A few months ago, a Catholic nun visiting her village offered to drive her to Bugando for services, explaining that surgery would be free. Her family was still hesitant to send her by herself but they finally sent her with her cousin, Anastasia Joseph, age 19, who also suffered a fistula in 2008.



*Ester Mkungu, chief nurse at Bugando Hospital, introduces the delegation to cousins Paulina and Anastasia Joseph.*



*Congresswoman Woolsey gets to know patients at Bugando Hospital.*

Anastasia has already had the surgery and is on the mend. Paulina is still waiting for the surgery. Doctors want to make sure she is healthy enough for it. They are monitoring her nutrition and have been making sure that she will be ready.

The delegation walked through the maternity ward and saw the row of cubicles where women give birth. Women who give birth here are referred for major complications – otherwise they should be giving birth at Sekou Toure, the regional hospital. The delegation learned that over 75 percent of women who die in Bugando hospital die because they came too late. Measures are not effective enough in other facilities and/or they waited too long to refer patients to Bugando.

The delegation did go into the neonatal unit. The average size of a baby is 1.2kg and the infant mortality rate is about 35-40 percent, down from 60 percent one year ago. They get about 40-50 babies a month and they each stay about 2-3 weeks.

### **Evening Reception:**

The delegation and the support staff were joined by the CARE Mwanza team at a small, joyful reception to celebrate the hard work that the Mwanza-based staff is doing. Each participant offered something memorable from their visit, and Helene Gayle presented a book to the team in appreciation of their many contributions to CARE's mission.



*Staff from the Mwanza sub-office of CARE Tanzania took time out with the delegation for an evening reception.*

## Wednesday, April 8 Dar es Salaam, Tanzania

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Our objective on Day Three was to understand the role of civil society in governance and accountability. CARE believes that if the lives of poor women are to improve in a sustained manner, change must occur in three realms:

- The Human Condition: individuals must gain power to change and effect change;
- The Enabling Environment: structures that dictate social, economic and political power-holding must be altered;
- The Social Position: human relationships must be created or modified to support change.

Dr. Dorcas Robinson, CARE's Mother's Matter signature program coordinator, joined the delegation as the issue expert to discuss the role of governance and accountability. She discussed the importance of building political will from the grassroots perspective and the role NGOs can play in maintaining pressure on members of Parliament and the administration. President Kikwete has a plan for maternal health, "The One Plan", but no one has costed it or implemented it. The Health Equity Group, made up of CARE, the White Ribbon Alliance, Women's Dignity, Youth Action Volunteers and the Tanzania Gender Networking Programme, has been working with citizen advocates to pressure the national and local governments to pay more attention to maternal health issues. They've called for a national czar on maternal health who would hold local government authorities accountable for implementing changes of the sort Dr. Godfrey Mbaruku was able to do in Kigoma.

### Meeting with His Excellency President Jakaya Mrisho Kikwete

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Kikwete's government has received accolades across the country and in the donor community for fighting corruption, investing in people, particularly in education, and pushing for new investments. In April of last year, Kikwete launched "The One Plan" aimed at reducing maternal, newborn and child mortality rates. The plan includes a health clinic within 5 km of every village.

#### Participants:

- H.E. Jakaya Mrisho Kikwete, President, United Republic of Tanzania
- Dr. David Mwakyusa, Tanzanian Minister of Health
- Dr. Naomi Katunzi, Tanzanian Minister of Communication, Science and Technology



*The delegation met with President Kikwete at the State House in Dar es Salaam.*



The President welcomed the delegation and engaged in a 45 minute discussion about the importance of maternal health. He talked extensively about the challenges his country faces and displayed great familiarity with the issue and the statistics. He also discussed “The One Plan”, calling it a “roadmap to the future” as he presented it to the delegation. He expressed great willingness and interest in working on this issue, but he did point out that his country remains one where many births occur at home (he and all of the officials in the room were born at home.) That said, he is committed to adhering to the health and safety of women in Tanzania.

## Lunch debrief and focused discussion on next steps

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JoDee Winterhof, Vice President of Policy and Advocacy for CARE, facilitated a discussion about the United States’ role in reducing maternal mortality in the developing world and the way members of Congress could share their knowledge with their colleagues and champion the issue.

The result was a thoughtful discussion about tactics that work, including the importance of hearings, telephone town halls, utilizing caucuses, and creation of a 60-second video clips that can be played on Blackberries and sent virally among strong constituencies and even among members of Congress.

## TGNP Wednesday Empowerment Forum

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### Objectives:

- Hear directly from citizens about their experience with the health system
- Further understand the role of civil society in health care

**Background:** Since 1993, TGNP has worked to promote gender equality and social equity at all levels of Tanzanian society, from grassroots communities to the highest levels of national policy making and legislation. The Wednesday forum is an increasingly popular space for capacity-building, lobbying, networking, debate and dialogue.

### Participants:

- Festa Andrew (**Fay-stah Andrew**), Women’s Dignity
- Anna Mushi (**Anna Moo-she**), TGNP



*Dar es Salaam residents spoke at the TGNP Wednesday Forum.*

## Visit Notes:

After lunch, the delegation hurried across town to the weekly forum hosted by the Tanzania Gender Networking Programme (TGNP). The public forum is held outside in the TGNP parking lot with hundreds of plastic white chairs set up under tents. Due to heavy rains, the crowd was slow to gather, but eventually about 250 people came together under tents to talk about the challenges that they face as citizens. They were reacting to a new study about the barriers to maternal health care.

Festa Andrew from Women's Dignity, a Tanzanian advocacy organization, presented the topic of discussion over the sound system: Sharing Information on Barriers to Accessing and Providing Maternal Health. Copies of the report were circulated and then Anna Mushi from TGNP invited discussion and questions.

Citizens spoke about their frustration of going to a hospital and being turned away because they were too late or didn't bring the right supplies. They spoke of the need for more healthcare workers. And they asked that their concerns be shared with Members of Parliament.

Before leaving, each member of the delegation received a Barack Obama khanga – a traditional garment that women wear in the region.



*The TGNP organizers gave the Barack Obama khangas to the delegation.*

## List of All Trip Participants:

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### Government:

H.E. Jakaya Mrisho Kikwete, President, United Republic of Tanzania  
Dr. David Mwakuyusa, Tanzanian Minister of Health  
Dr. Naomi Katunzi, Tanzanian Minister of Communication, Science and Technology  
Alfreda Kabakama, Zonal Reproductive and Child Health Coordinator, Ministry of Health

### Health Practitioners/Experts:

Dr. Charles Majinge, Director General of Bugando Hospital  
Ester Mkungu, Chief Nurse at Bugando Hospital  
Dr. Meshack Massi, Regional Medical Officer, Mwanza  
Winifrida Byesigwou, Head Nurse at Sekou Toure Hospital  
Ester Kilela, Nurse, Sekou Toure Hospital  
Dr. John Nyorobu, Acting District Medical Officer for Misungwi District  
Leonardia Lyamba, Hospital Matron, Misungwi District Hospital  
Dr. Jackson Kamani, Clinical Medical Officer at Koromije Health Center  
Goodselda Basimaki, Midwife at Koromije Health Center  
Dr. Godfrey Mbaruku, Researcher, Ifakara Health Institute  
Stella Mongella, recent MD graduate  
Athuman Saubiri, Nursing Student  
Hassan Hamad, Nursing Student

### Partner Organizations:

Amanda Rawls, Senior Associate, Touch Foundation  
Festa Andrew, Women's Dignity  
Anna Mushi, TGNP  
Juliana Bantamba, Field Manager, Engender Health  
Grace Lusiola, Country Director, Engender health

### Community Members:

Sospeter Buleshi, Mwagala Village Chief  
Elizabeth Falu, Mwagala community member  
Fortunata Nkande, Mwagala community member  
Jeremia Nyilila, Gabajiga Village Chairman  
Marieta Kiliga, Gabajiga Village Health Worker  
John Nginila, Gabajiga Village Transport Committee Chair  
Shija Kangwe, mother in Gabajiga Village

### CARE Staff:

Paul Barker, Country Director for CARE Tanzania  
Juliana Myeya, Reproductive Health Coordinator, CARE Tanzania  
Dr. Dorcas Robinson, Mother's Matter signature program coordinator, CARE Tanzania  
Emmanuel Ndaki, Health Sector Coordinator, CARE Tanzania  
Elizabeth Samoja, Program Manager, CARE Tanzania.



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