

impact

TANZANIA



Watch how parents learn about good nutrition practices.

Supporting Systems to Achieve Improved Nutrition, Maternal, Newborn and Child Health

Every day in low-income countries, 800 women die because they are unable to access skilled health workers before, during or after delivery¹. Those who do seek care often find facilities crippled by the absence of critical supplies and medicines; including sterile blades for cutting umbilical cords and antibiotics for treating infections. A further 1.2 million babies are stillborn and 6.3 million children under five die each year due to poor access to and quality of healthcare².

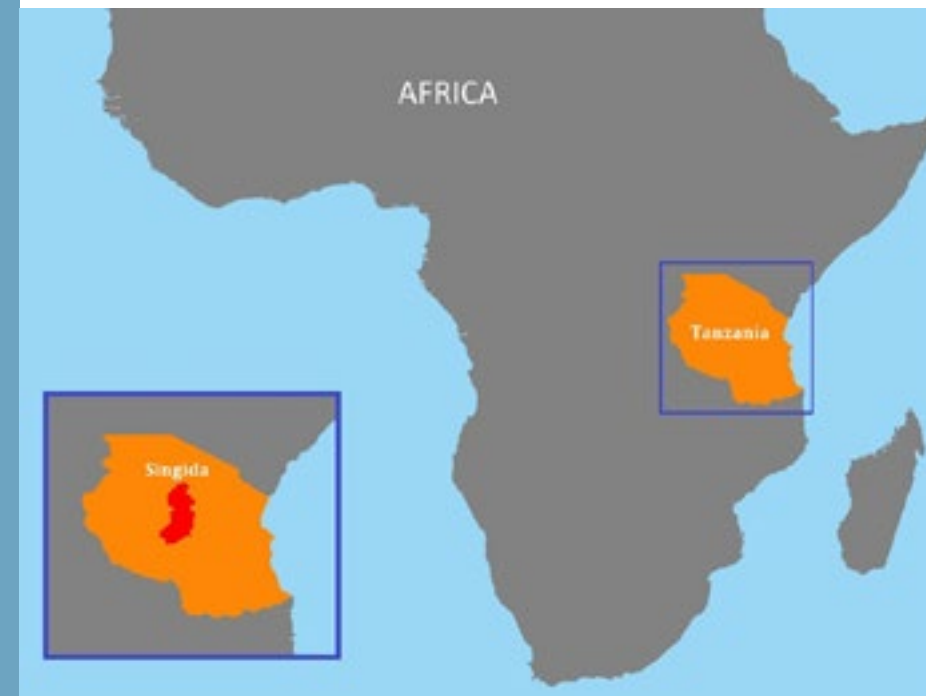
In the last 25 years, maternal and child mortality rates in the developing world have nearly halved³. Tanzania is one country making considerable progress. Yet 50% of all births still take place at home, unattended and in unhygienic conditions. Poor nutritional practices continue to jeopardize the well-being of children, and malaria, acute respiratory infections and diarrhea persist in children under five.

Singida region has won several national awards for improvements in Maternal, Newborn and Child Health services. Singida is now among the highest performing regions in the country and considered a model for health system strengthening.

World Vision has been active in Tanzania for over three decades. As one of the poorest countries in the world, Tanzania has high birth rates and low life expectancy. Though the country offers free health services for pregnant women and children, there are many barriers to access, including poor service quality, few qualified health workers and a lack of knowledge of healthy practices.

In 2012, with funding from the Canadian Government, World Vision Canada undertook a three-year project to tackle issues related to poor nutrition and the delivery and uptake of health services in the rural communities of Singida region, Tanzania. The project, known as Supporting Systems to Achieve Improved Nutrition, Maternal, Newborn and Child Health (SUSTAIN-MNCH), aimed to improve the health of mothers, newborns and children under five.

Recognizing that an investment in health systems has the potential to produce long-term change, World Vision Canada undertook a comprehensive approach. By strengthening the capacity of health service providers, mobilizing parents to seek healthcare when appropriate and engaging communities to adopt healthier nutrition practices, the project encouraged both national and local ownership.



World Vision's response Tanzania

1. World Health Organization (WHO), Fact Sheet 348, May 2014 <http://www.who.int/mediacentre/factsheets/fs348/en/>

2. WHO, Global Health Observatory, 2013 http://www.who.int/gho/child_health/mortality/mortality_under_five/en/

3. UNICEF, Maternal Health, May 2015 <http://data.unicef.org/maternal-health/maternal-mortality>



Strengthening Maternal Newborn and Child Health Services

SUSTAIN aimed to improve service delivery by enhancing capacity at all levels of the health system.

The delivery of health services in Tanzania is decentralized to the districts where health management teams are responsible for developing annual plans and budgets for human and material resources. World Vision trained 243 health service managers on evidence-based program planning, leadership and decision-making with the expectation that improved management would trickle down and enhance all elements of the health system.

At the frontlines, more than 300 healthcare providers received training on emergency obstetric care and managing childhood illness. In line with the national Community MNCH Protocol, 355 community health workers (CHWs) were trained to promote healthy practices and track illnesses in communities that healthcare providers have difficulty reaching.

Increasing Use of MNCH Services

In addition to strengthening health service delivery, World Vision sought to increase uptake of these services. Caregivers needed to know the symptoms and danger signs of disease in children and pregnant women. The project also addressed issues related to accessing health services such as cultural practices and gender equality.

Education and awareness campaigns, radio dramas broadcast throughout the region and counselling by CHWs, helped to educate the public on health seeking behaviours. The project reached more than 12,000 caregivers with messages on how to prevent and treat diseases.

Mobile outreach clinics provided prenatal services, routine health checks and immunizations to women and children in 50 of Singida's most remote communities.

Other barriers were more difficult to overcome. Traditionally, men have been the household decision-makers, determining how to use money and food and when to go to the health post. SUSTAIN brought together over 4,500 men in 51 villages to discuss their role within the home. They were encouraged to be more involved in childcare, and to attend clinics with women and children, thus narrowing the gender divide.

Community Health Workers (CHWs) are unsalaried volunteers of the informal community health system. Many CHWs work almost full time and without any compensation.

Preliminary investigations suggest that SUSTAIN interventions in communities where World Vision has already been working were significantly more likely to achieve better outcomes.

Impact and Results

The project achieved significant improvements to health service delivery. One hundred percent of health facilities are now reporting accurate and timely data to the districts, an increase from just 66% at the beginning of the project. The availability of trustworthy data allows health management teams to understand the health situation in the districts, monitor illnesses and deaths, and plan accordingly for necessary resources and supplies.

Before the SUSTAIN project, the majority of health service managers had not received any training. Now they unanimously report confidence and competence in their roles and in their ability to provide effective supervision.

These successes are substantiated by the fact that the Singida region has won several national awards for improvements in MNCH services. Singida is now among the highest performing regions in the country and considered a model for health system strengthening.

Impact and Results

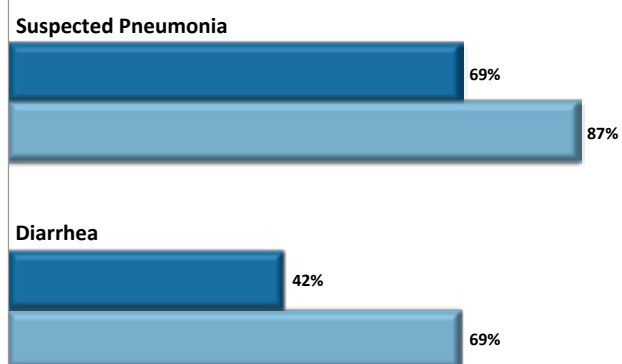
Community knowledge of disease transmission and prevention practices surpassed all targets set by SUSTAIN. Knowing all three ways HIV can be transmitted from mother to child improved from just 6% at the project's inception to 73% at its close. This resulted in higher rates of HIV testing and counselling among pregnant women: 97% at the end of the project compared to 82% in 2012.

The expansion of mobile outreach services meant that more women and children were able to access care, resulting in greater immunization coverage for children and almost all pregnant women (99%) receiving proper prenatal care at least once during their pregnancy. Although only 50% of women received all four recommended prenatal checks during their pregnancy, it was an improvement from 43% at the project's start.

Care-seeking behaviour increased for children under five with symptoms of malaria and pneumonia, and rates of treatment improved significantly for children with diarrhea and suspected pneumonia. These results show that caregivers are better informed about common childhood conditions, and delivery of essential treatments has improved.



Children under 5 receiving appropriate treatment for their illness



Improving Household Nutrition Practices

Inadequate breastfeeding of infants and poor feeding practices for children contribute to malnutrition. SUSTAIN fostered better nutrition for pregnant women and children by promoting good dietary practices and increasing access to micronutrients such as vitamin A and iron/folate.

Nutrition awareness campaigns and counselling by CHWs taught nearly 20,000 caregivers best practices for infant and young child feeding. As well, more than 25,000 women were educated on the importance of micronutrients in the diet and iron/folate supplementation during pregnancy.

Micronutrient deficiency, the silent epidemic, is not easily detected at the household level, but can dramatically affect women and children's health. In an attempt to reverse the pattern of low micronutrient access and use at the beginning of the project, World Vision supported biannual vitamin A distribution campaigns that reached nearly half a million children under five.

Impact and Results

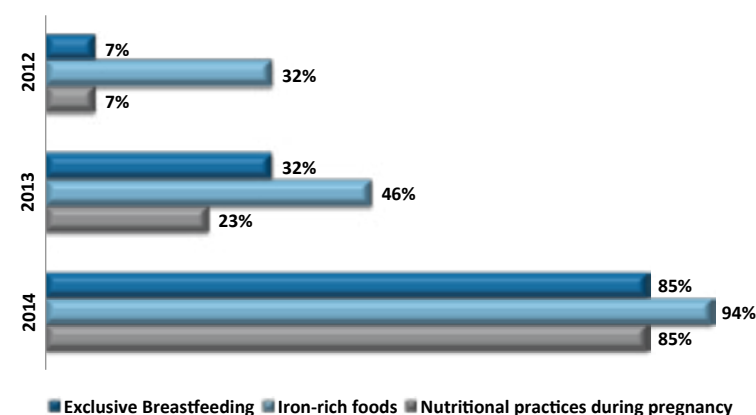
Over the course of the project, significant increases were seen in mothers' knowledge of the benefits of exclusive breastfeeding (7% to 85%); locally-available iron-rich foods (32% to 94%); and healthy nutrition practices for pregnant women (7% to 85%).

Increased knowledge led to improved rates of exclusive breastfeeding (EBF), with 88% of children 0-6 months exclusively breastfed, as per World Health Organization guidelines, compared to 72% at the project's start.

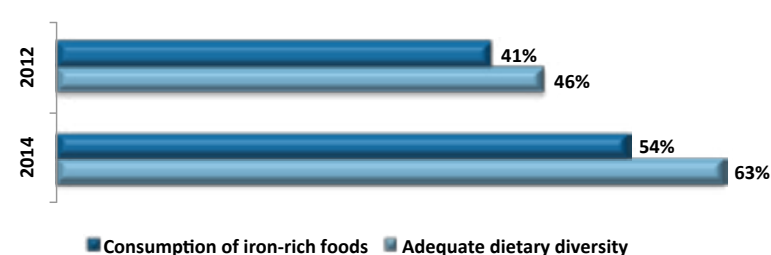
Transitioning from EBF to adequate complementary feeding appeared difficult for caregivers. Dietary diversity scores and the consumption of iron-rich foods increased for children from 46% to 63%, and 41% to 54% respectively. However, increased knowledge was higher than improved feeding practices. One possible explanation is that the availability of food in communities remained unchanged.

The project resulted in a significant increase in micronutrient supplementation with 98% of children receiving vitamin A supplements, up from 51% in 2012. Iron/folate supplementation increased from 69% to 94% for pregnant women, though women were twice as likely to take the supplement for sufficient duration if they attended all four of their recommended prenatal clinic visits.

Improvement in nutritional knowledge among mothers



Improvement in nutritional practices for children under 5



Community Health Workers are a lifeline for families

Helena Amasi is a Community Health Worker (CHW) who volunteers to visit families in remote villages in the Singida Region of Tanzania. Part of the informal health system, CHWs help to bridge the gap between health facilities and communities, bringing important health information and counselling to pregnant women and their children.

The CHWs visit 657 households in the community. "I visit three households per day, which takes me three hours," says Amasi. "Many children I visit are underweight and in poor health. Without counselling for their mothers, a child like that could die." World Vision trains CHWs and equips them with mHealth applications on mobile phones. These applications enable health workers to track their visits to families and prompt them to ask questions throughout the stages of pregnancy. They also help the CHWs to recognize the danger signs of malnutrition and other illnesses that attack children under five.

Teresia is grateful for Helena's help. "I wouldn't have known my son was malnourished if it weren't for the CHW. She advised me to take my son to the hospital. World Vision advised me to feed my son nutritious porridge."

These interventions are already showing positive results. The district hospital lost 350 babies in the two years prior to the project's start. In two years, the number of deaths has been reduced by a third, largely because of the new health and nutrition practices that have been introduced and better access to emergency care.

Community health workers, however, need ongoing support to ensure that they can continue delivering services. In a focus group, one CHW commented, "If we could have a salary, it will be good so I can meet the needs of my family. I feel good because I know I am saving people's lives. Because I am changing my community from bad to good situation, I will never lose hope. But we need the government to think about us."



Community Health Worker, Helena, shares information with Teresia about signs of illness and how to best feed and care for her son.

looking ahead



To effectively reduce chronic malnutrition rates, strategies that address underlying causes, such as household food insecurity and improvements in water, sanitation and hygiene, must also be included in an integrated approach.

World Vision Canada adopted a health system strengthening approach to improve the delivery and use of health services for pregnant women and children in Singida Region. Government health staff's capacity improved and parents learned about disease prevention and infant and young child feeding practices. Access to and use of micronutrients increased and nutrition support groups taught caregivers how to prepare locally-available nutritious food.

To address gaps in government health systems, World Vision will continue to use this successful approach in our MNCH programming.

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Foreign Affairs, Trade and Development Canada

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www.worldvision.ca

World Vision is a Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice, in nearly 100 countries. As followers of Jesus, we are motivated by God's love for all people regardless of race, religion, gender or ethnicity.

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