



Save the Children



IFAKARA HEALTH INSTITUTE
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Health system strengthening for maternal and child health

The role of home-based counseling in the community

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Background – community volunteers

- In Tanzania, long history
 - Instrumental to extend community outreach services
 - However - patchy implementation, no central support
- INSIST designed in 2006-7
 - Primary Health Care Policy (MMAM)
 - Health facility & salaried community health agent (CHA) in every village
 - Potential for link between INSIST & CHA
- In 2012...
 - MMAM and CHA not in place
 - Ongoing cluster-randomised trial of CHA (IHI)
 - Future of CHAs at best uncertain

Newborn health situation in Tanzania

National (DHS 2010):

- NMR 26
- MMR 454
- NMR/U5MR 32%
- Causes of neonatal deaths
 - Infections
 - Complications of preterm birth
 - Intrapartum-related deaths
- ANC 96%
- Home deliveries 50%

Sensas 2007

- Lindi & Mtwara:

- NMR 34 (2004-7)
- MMR 731 (2004-7)
- ANC >90%
- Home deliveries
 - 57% 2007, 31% 2011

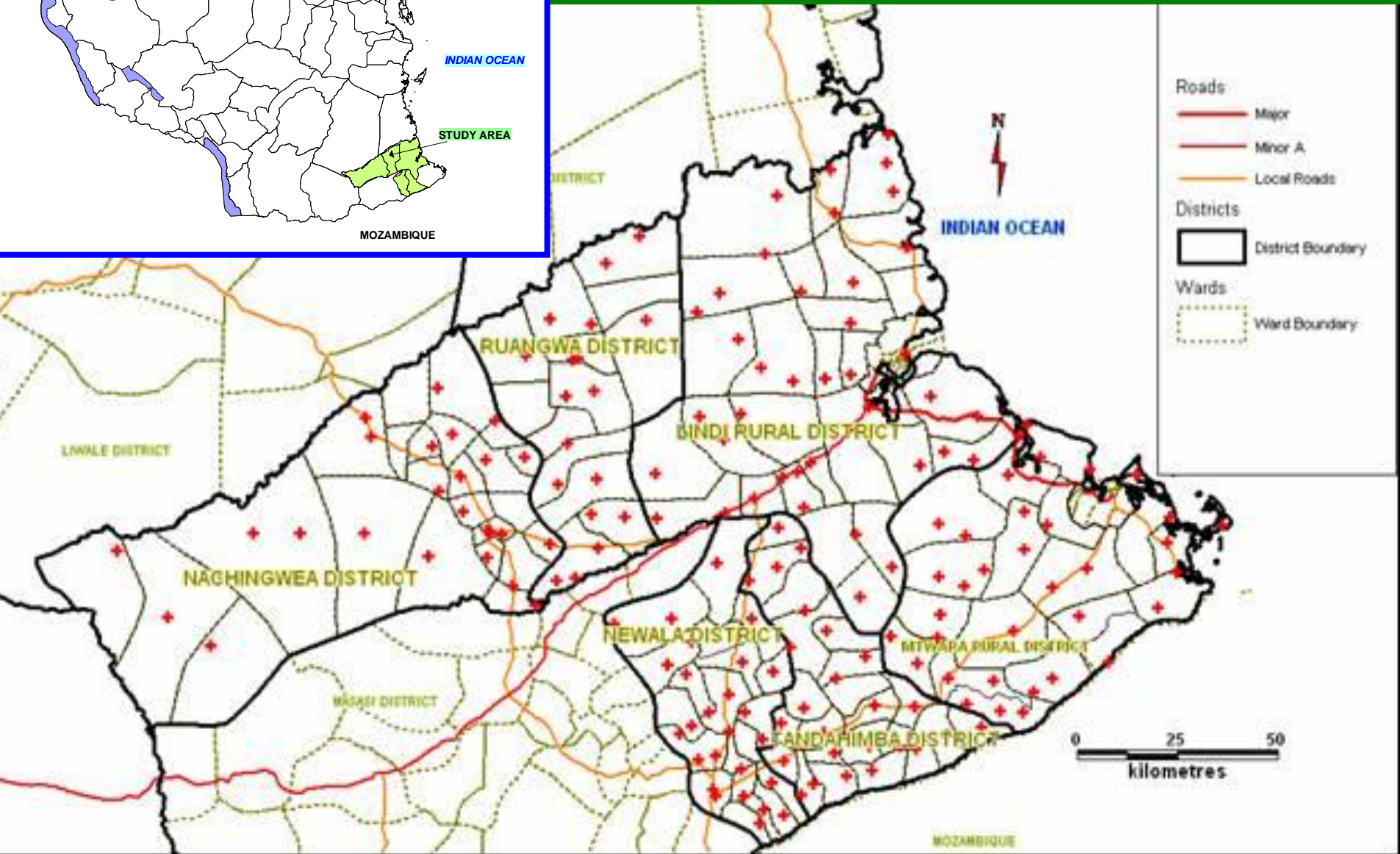
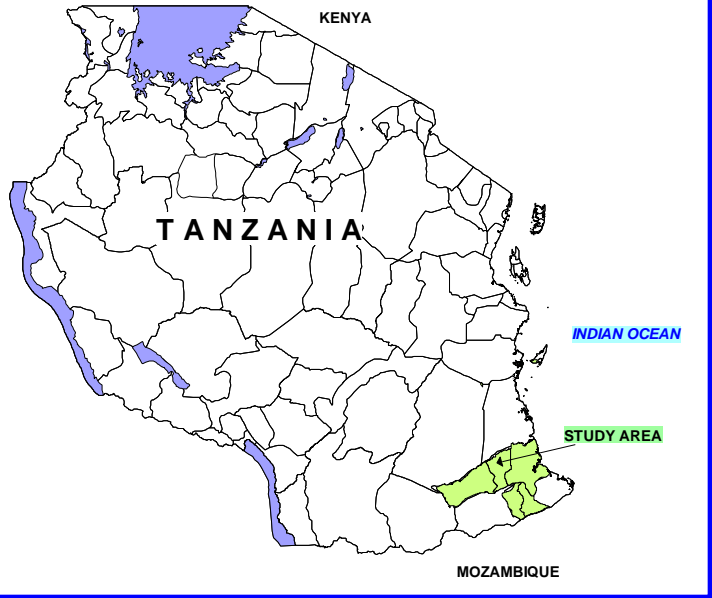
Formative Research Findings:

- Harmful behaviours in the community

INSIST: overall aim

- Aim:
 - To develop, implement and evaluate the impact and cost of a scaleable package of newborn survival interventions at **community level** with health system strengthening
- Outcomes at household level
 - Improved newborn care behaviours
 - Warmth, hygiene, breastfeeding
 - *Survival to 28d of babies born in last 2 years*





Community Intervention

- Mtunze Mtoto Mchanga "*Protect your baby*"
- Female volunteer counsellors
 - Recruited by advertising in each village, early 2010
 - 5 days of training by district staff
 - Competitive post-training test before selection
 - Supervised by local health facility staff & village government
- 3 home visits in pregnancy, 2 post-partum + extra for small babies



Approach

- Collaborative approach used
 - National advisory body endorsed health messages
 - Regional and district input to content & implementation
 - Project scientists design (with above), monitor and evaluate intervention
- Logo & brand name,
 - important for recognition
- Training & supervision through existing Government health staff and systems





Sensitise RMOs & DMOs
-What, who, how



Trainer-of-Trainers 1 (2 days)
For Regional Health Teams



Regional
Health
Teams



Trainer-of-Trainers 2 (3 days)
For District Health Teams



District
Health
Teams



Community Sensitisation
-What, who, selecting
trainees



District
Health
Teams



Volunteers Training (5 days)
Integrated training of supervisors
& sensitisation of TBA



Volunteers

Community Based Counselling
-Visiting pregnant women
-Supported by facility staff, community
reps & TBAs

Messages

Key Messages

- Immediate & exclusive breastfeeding
- Gloves & clean hands for birth assistants
- Identify small babies at home by foot size
 - Small (<2500g): skin to skin care at home
 - Very small (<1500g): refer to hospital

Supporting messages

- Facility delivery
- Delay bathing baby
- Put nothing on cord and tie with clean thread
- Care seeking for newborns
- Reinforce ongoing and continued care

Locally-made doll used in counselling



Parent and baby counselling card

Kadi ya Wazazi na Mtoto Mchanga

Jina la Mama: _____
 Kiji cha Mama: _____
 Mkiu wa _____

Kilongoji: _____

Chukua msaada kutawa _____

1	2	3	4	5	Fuatilia 1	Fuatilia 2

Jiandae

- Kwa usalama zaidi jifungulie katika kituo cha huduma ya afya
- Tayarisha vifaa muhimu vitasaidia iwapo kuna dharura
- Weka akiba ya pesa kwa ajili ya usafiri wa dharura









Six of the 800 volunteers

Why newborn foot size?



- Not a substitute for birth weight in clinics

BUT.....

- Half of babies born at home
- Low birthweight identifies those at most risk of death
- Resistance to 'medical' community volunteers
 - Drugs
 - Equipment
- Feasibility issues for scale-up



Upimaji wa nyayo za mtoto mchanga



Smaller than the smaller foot:

- "Njiti" (premature)

- Referred to hospital

Smaller than the larger foot

- Smaller than usual

- Skin-to-skin care at home & extra home visits

Larger than the larger foot

- Standard follow-up at home

Sensitivity and specificity

Smaller foot (7cm)

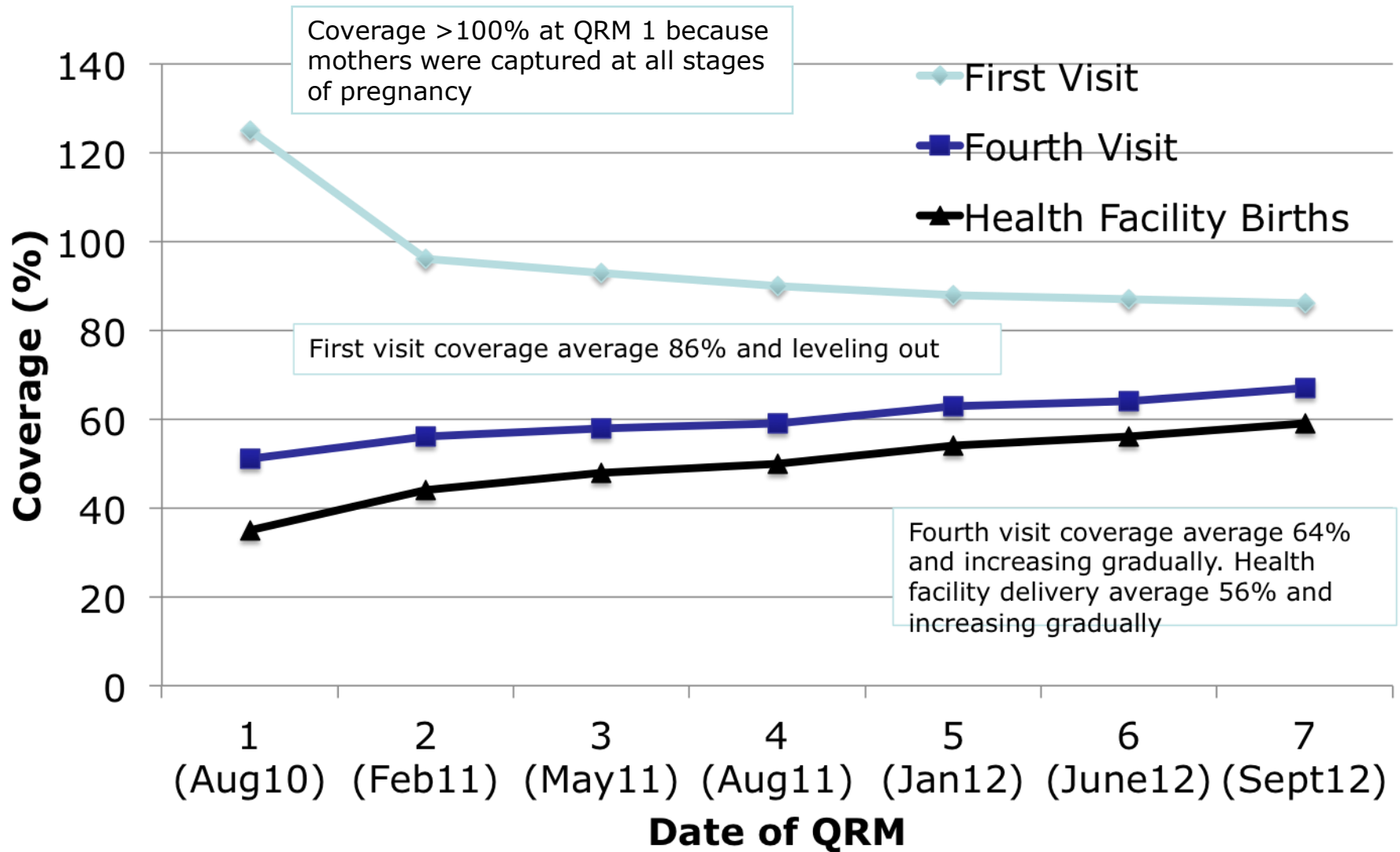
99% specificity, 75% sensitivity for birthweight under 1500g

Larger foot (8cm)

60% specificity, 84% sensitivity for birthweight under 2500g

Reliability moderate (kappa=0.51)

Monitoring data - Coverage by QRM: Total All Districts



Adequacy survey coverage

Coverage is increasing

- First Visit – during pregnancy: 78% for at least one visit
- Fourth visits - soon after delivery: 48%
 - Remain a challenge
- Facility delivery: 73%,
 - DHS data: 58% (Mtwara), 51% (Lindi)

Key points

- Implementation research in population of over 1 million
- Innovations
 - Community intervention designed for scale-up in the Tanzanian setting
 - Community-linked supervision & support
 - Foot size proxy for birth weight
- Key behaviours have started to change
- Community health workers have potential to impact on neonatal survival





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