

Facility-reported maternal care-seeking in a rural Tanzanian district pre- and post-introduction of volunteer community health workers

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Background

- Increasing antenatal care (ANC) attendance, health facility deliveries, and postnatal care (PNC) attendance can improve maternal and newborn health outcomes in under-resourced communities.
- In Misungwi district, Mwanza region, Tanzania, implementation of a comprehensive Maternal, Newborn, and Child Health (MNCH) intervention included district-wide training of volunteer MNCH-focused Community Health Workers (CHWs) in 2018.
- Anecdotal field reports suggested increased care-seeking since project start, especially post-CHW selection and training.



Figure 2. A CHW interacting with a community member

Objective

To assess trends in facility-based ANC, delivery, and PNC, since project start and post-CHW intervention in Misungwi district.

Methods

- A retrospective review of facility Health Management Information Systems (HMIS) records for relevant tallies was conducted in July 2018.
- All district facilities were visited by trained data collectors. Monthly ANC, facility delivery, and PNC visit totals pre-and post-CHW training date (where month of CHW training date is month '0') were recorded according to facility records, accounting for staggered training.
- Analysis compared trends and tallies 6 months pre- and post-CHW selection and training.

Results

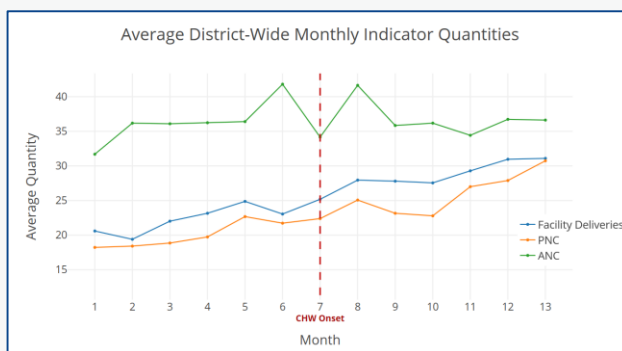


Figure 3. Points are the average of monthly tallies from all available health facilities in the district (n=42-45).

	ANC visits	Deliveries	PNC visits
Avg. 6 Months Pre	36.1	22.2	20.0
Avg. 6 Months Post	36.9	29.1	26.1
Relative Change	+2.33%	+31.3%	+30.7%

Figure 4. District-wide averages for monthly indicator quantities during 6 months pre-/post-CHW introduction and % change from pre- to post.

Discussion

- General trends include a steady increase in deliveries and PNC attendance post-CHW training. ANC attendance did not change significantly across the study timeline.
- Further analysis is needed to determine potential relationships between indicator trends across the study timeline and the introduction of CHWs.
- Limitations to this study include:
 - No denominator for indicators to account for birth seasonality
 - No control group to account for confounding variables
 - Inconsistent data quality and recording methods between facilities
 - Inability to account for CHW referrals to other facilities
 - Potential over-reporting due to financial incentives

Conclusion

- A steady increase in deliveries and PNC visits reported during the report period are consistent with improved service use targets for the overall MNCH intervention.
- Results will inform the implementation planning for this and a second intervention district. Data will also be triangulated at intervention end with coverage survey data.

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Figure 1. Dispensary in Misungwi

