



The Mama na Mtoto Experience

Community Health Workers



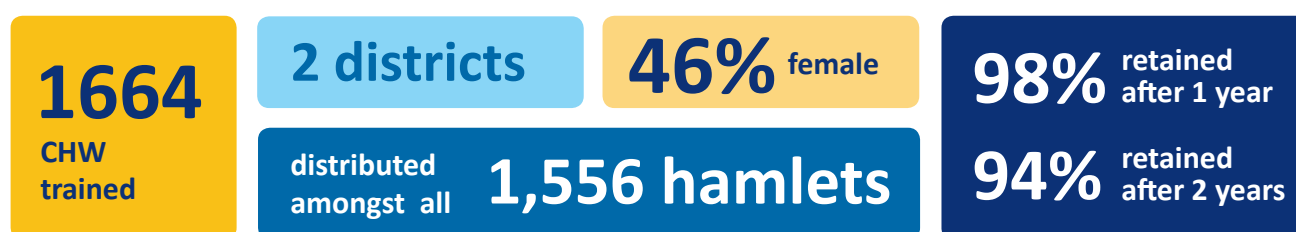
Background

From 2017 to 2019, Mama na Mtoto supported the enhancement of Community Health Worker (CHW) networks in Lake Zone, Tanzania. 1664 volunteer CHWs were selected, trained and supervised in Misungwi and Kwimba Districts. Local governments led the process of establishing and maintaining these networks in alignment with national CHW policy and by incorporating key components of the 'MamaToto CHW Effectiveness Framework.'



Volunteer CHWs were selected (one per hamlet) through a community process, trained under the Tanzania National CHW curriculum, and organized into groups assigned to local health facilities. CHW groups were managed by health facility supervisors through monthly meetings and reporting. CHWs conducted educational home visits, assessed and referred pregnant women and newborns, and promoted health innovation and income-generating activities amongst their own groups and communities.

Outcomes



Significant changes in maternal and newborn-care seeking were documented. Qualitative inquiry attributed these improved outcomes (especially facility-based deliveries and early antenatal care) to CHWs.

"The success brought by MnM Project is that pregnant mothers are delivering at the facility by big number ..."

– CHW

"... we have seen increased number of clients coming to our health facilities ... yes ... mothers under 12 weeks ... the existence of CHWs has contributed to increase the number of clients ..."

– District Health Leader

Summary

Mama na Mtoto activities have shown that a district-owned, high density (hamlet-level) network of volunteer CHWs can be scaled-up and result in improved maternal newborn child health and care-seeking within 2 years. Organizing CHWs into groups supervised by local health facilities and encouraging income-generating activities builds motivation and achieves sustainability.

Lessons Learned

Mama na Mtoto CHW programming was seen to be quite unique for Tanzania. The district-wide and district-led approach, as well as the organization of CHWs from each hamlet into groups for logistics and peer support, fostered longevity, sustainability and community ownership.

High CHW retention is attributed to two main factors:

- Motivation of CHWs demonstrated through their work, community recognition, and income-generating activities, and
- Creation for a peer support network by organizing CHWs into teams that cover all households

Best Practices

ESTABLISH A DISTRICT, FACILITY, AND COMMUNITY OWNED CHW NETWORK

District Network: Scale up CHWs across a whole district (not piecemeal)

Selection: Choose CHWs at community-wide meetings organized by local leaders using community's own process and criteria, ensuring clarity of roles, expectations and incentives

Training: Apply participatory facilitation and encourage skill practice and dialogue; train within communities using low-technology (no electricity) and, local language; build a cadre of local CHW trainers who will move into supervisory roles and provide program sustainability

Supervision and Support: Encourage linkages, support and accountability between CHWs, facilities and local government; have CHW teams report together to health facility-based supervisors strengthening linkages at all facility levels; Engage supervisors together with CHWs from training initiation

Reporting: Prioritize sharing of reports upwards to district level, and CHW data integration into District Health Information Systems (DHIS).

INVEST TO ADEQUATELY SUPPORT ACTIVE, EFFECTIVE, AND SUSTAINABLE VOLUNTEER CHWS

Density: A high ratio of CHWs (i.e. one per hamlet) promotes CHWs reaching all households and a manageable volunteer workload

Peer Support: Organize CHWs into facility-based groups for training, supervision and reporting, fostering CHW group identity; train and support a peer-selected group coordinator; convene regular group meetings together with the supervisor; encourage CHW savings/loans groups and small businesses which may keep volunteers motivated and together

Motivation: Appreciate and recognize CHWs through non-monetary means, by highlighting the importance of their work in the community

Next Steps

Districts, facilities, and communities maintain a commitment for CHW support and supervision. Documentation and sharing of CHW program experiences will continue be incorporated into new programming in East Africa.

"... CHWs were there even before MnM project began, it is not a new thing, they have used the existing CHW structures ... we are not worried that they will continue to exist or not. They will continue to exist.



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