Championing maternal and child health in Dodoma, Central Tanzania
One of World Vision’s child wellbeing aspirations is to ‘enjoy good health’. Thus, we design and implement programmes that ensure that children are well nourished, protected from infection, disease and injury and their caregivers access essential health services. Our goal is to sustain mental, physical and spiritual wellbeing of children within families and communities.

Between 2011 and 2015, World Vision Tanzania implemented Infant and Maternal Health (IMH) in Dodoma region, Central Tanzania. This represents our continued collaboration with other partners to support government’s broader plan towards significant reduction of maternal, under-five and infant mortalities by 2035.

Indeed, we have witnessed transformation taking place in communities as citizens, government leaders and officials at all levels and community at large take maternal and child health as a concern and take action to address it. We are impressed by findings of our evaluation notably on improved nutrition among children, clinic attendance and safe deliveries.

We appreciate the government at all levels, other implementing partners, World Vision Ireland and Irish Aid for their commitment in making this project a success. As you go through the pages of this brief, you will undoubtedly share our happiness for good health of children.

Enjoy!

Tim Andrews
National Director
The Access - Infant and Maternal Health (AIM Health) programme is a five-year initiative of World Vision Ireland, with funding support from Irish Aid, implemented between January 2011 and December 2015. World Vision Tanzania implemented the project in two districts of Bahi and Chemba, in Dodoma region, Central Tanzania. The overall goal of AIM Health was to improve maternal, newborn and child health (MNCH) outcomes and reduce maternal and infant mortality in those communities. AIM Health programme was implemented through World Vision three core project models namely

- Counselling at the household level through Community Health Workers
- Community Health Committees at the community level and
- Citizen Voice and Action (CVA) approach for grassroots advocacy

We attribute the achievements of this project to our well designed and result based programming, our robust financial systems, strong project management structure, high level of professionalism, better staff care and our strong commitment and partnership with other NGOs and the government at all levels.

### Project reach and major achievements

<table>
<thead>
<tr>
<th>Produce Overview</th>
<th>Direct Beneficiaries</th>
<th>Households with latrines</th>
<th>Children under 5 whose birth is attended by a Skilled Birth Attendant</th>
<th>Nutritional Status among Children under Five</th>
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<tr>
<td>Bahi District (Four Wards)</td>
<td>2,304 Pregnant women, 2492 Infants and children under two years</td>
<td>Mundemu ADP (Bahi District) 24.6% 31.9%</td>
<td>Mundemu ADP (Bahi District) 68.8%</td>
<td>Mundemu ADP (Bahi District) 42.7% 50%</td>
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<tr>
<td>Chemba District (Four wards)</td>
<td>Mundemu ADP (Bahi District) 43.3%</td>
<td>Mundemu ADP (Bahi District) 43%</td>
<td>Mundemu ADP (Bahi District) 45%</td>
<td>Mundemu ADP (Bahi District) 41.4% 39.6%</td>
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- **Exclusive breastfeeding for the first six month**: 42.7% Baseline 2011, 89.76% Evaluation 2016
- **Households with latrines**: 48.5% Baseline 2011, 92.9% Evaluation 2016
- **Children under 5 whose birth is attended by a Skilled Birth Attendant**: 43.3% Baseline 2014, 74.8% Evaluation 2016
- **Nutritional Status among Children under Five**: 45% Baseline 2014, 41.4% Evaluation 2016
Citizen Voice and Action: Creating a life changing dialogue

Citizen Voice and Action (CVA) is an approach that aims to increase dialogue between ordinary citizens and duty bearers that provide services to the public. It also aims to improve accountability from the administrative and political sections of government (both national and local) in order to improve the delivery of public services. Through this approach, the AIM Health Programme used CVA to focus on identifying and addressing local level health system gaps.

The groups were trained on educating and sensitizing communities on their rights and entitlements and through this they have facilitated in the building of new dispensaries and help facilities.

“We decided to build a dispensary by mobilizing each other and with assistance from the government and World vision Tanzania, we are now at the foundation stage and we will soon have a fundraising event in order to complete it.”

Dominic Tikilo, CV&A Chairperson, Gungi Village
Taking family health as a shared responsibility

The program also promoted family planning and encouraged male involvement in reproductive health. This was meant to address socio-cultural practices that exempt men from direct involvement in caring for their children and family health. As a result, men in the community have realized that children and family health is a shared responsibility between men and women.

“The Access- Infant and Maternal Health programme had a positive impact in the communities, they have moved away from unhealthy practices. We have seen increase of pregnant women attending clinic with their spouses and also the giving birth in health centres has increased.”

William Haule, Clinical Officer- Babayu Dispensary

According to AIM Health evaluation report, pregnant women attending clinics has increased from 24% to 51% in Mundemu ADP and from 31% to 57% in Sanzawa ADP.

“After being educated by community health workers, I realized that it is important to accompany my wife to clinic. This is because I get to know about the health of my wife, the child to be born and also of my own.”

Hamisi Ramadhani from Babayu village
After being trained, nutrition groups were resourceful in educating the community on nutrition for children and pregnant women. Through nutrition groups, community members have been educated on proper meals for their children and families. In addition communities have been trained on producing nutritious foods for example establishing family vegetable gardens. The work of nutrition groups has led to improved nutritional state in the project areas. Mothers have good health and get enough milk for their children as a result of eating nutritiously.

Previously the nutritional state of our children was really bad. Most families had children with malnutrition and families did not give any attention to it. Today mothers exclusively breast feed their children for six months and after the six months they prepare well balanced meals for them.

Ezeleda Mnduli, Nutrition Group Member

Champions of healthy diet for children
Community Health Workers: Talking health at the household

Community health workers (CHW) were instrumental in extending primary health care counseling to households within the communities. They visited and collected data from households. Community Health Workers were trained on a range of food production and preparation methods, identifying and supporting rehabilitation of malnourished children and on nutrition communication and counselling.

The groups were crucial in reaching the community up to the household level. The CHWs mobilised and sensitised the community on the importance of among others attending clinic, family planning, proper breast feeding practices and household hygiene.

We have tirelessly been working to educate the community on the importance of maternal and child health and we are happy to see healthy children and a community that respects and trusts us,”

Petro Chiminyawazi Community Health Worker, Rungu Village
Maternal, Newborn and Child Health do not only translate to getting proper medical services but also getting well balanced meals. Access Infant Maternal Health (AIM) programme ensured that mothers understood the importance of feeding their children proper meals for mental and physical wellbeing.

“Before being educated on the importance of feeding my children proper meals, they were very weak. When I gave birth I only used to breastfeed them for two months then fed them with regular foods like porridge which I only prepare with maize flour. But now I know how to feed my children and what to feed them, my children look healthy and I could not be happier.”

Beata Chilingulu is a mother of four. She says,