Promoting Mother and Child Health in Kilindi District, Eastern Tanzania
Tanzania is making considerable progress to reduce maternal, under-five and infant mortalities mainly attributed to the Government’s commitment to increase the use of key health interventions.

In the same spirit World Vision Tanzania (WVT) implemented Maternal, Newborn and Child Health Project (MNCH) in Kilindi district from 2011 to 2016.

The project is designed to enhance maternal, newborn and child survival by improving equitable access to MNCH services and adopting positive nutrition and WASH practices.

Working with communities and local government has brought on significant achievements including improved access to maternal and newborn health services, improved nutrition for children, pregnant women and community as a whole.

As the project comes to an end with the existing community groups we hope for continued collaboration with government and all local partners to ensure sustainability in attaining government’s broader plan towards significant reduction of maternal, under-five and infant mortalities by 2035.

Tim Andrews
National Director
PROJECT OVERVIEW

Maternal, Newborn and Child Health (MNCH) project was a five-year project (2011-2016) implemented by WVT through partnership and support of World Vision Australia (WVA) in Kilindi District, Northern Tanzania.

The initiative aimed to improve maternal, newborn and child survival through improved and equitable access to MNCH services, adoption of positive nutrition and WASH practices at community level and enhancing a favorable policy environment.

Using community mobilization, awareness and participation World Vision Tanzania, community members and local government tackled substandard maternal health services, understaffing at health centers, inadequate drugs and equipment supply, weak infrastructure, socio-cultural barriers, gender inequalities and inadequate family planning.

Citizen Voice and Action (CVA) was one of the approaches used to improve services at primary health facilities. This entailed active community members within CVA groups with local government authorities undergoing training then sensitizing the community. As a result of this participatory approach five dispensaries namely Gombero, Lukole, Mvungwe, Koisapo and Elerai were jointly constructed.

Community as actors of change

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Our community has changed; citizens participate fully in development activities especially in health programs by providing building bricks, financial contributions and labor by working at the construction sites.

Samwali Yusuph Mbwana
CVA Group, Mgera Division

<table>
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<tr>
<th>Family planning</th>
<th>Exclusive breastfeeding</th>
<th>Post-natal care (PNC)</th>
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<tr>
<td>44%</td>
<td>49%</td>
<td>56%</td>
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<td>92.7%</td>
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3,000 pregnant women
3,000 mothers
44% - 98% Men-Women Attending Clinics

17,000 under five year old children in 46 villages in Kimbe and Mgera divisions were targeted for response in community health, nutrition and the environment as a whole.

3,000 infants
3,000 pregnant women
44% - 98% Men-Women Attending Clinics
27 year old Chichi Abdallah, a village health volunteer who oversees a noble cause within Tanga region in north Tanzania, supporting local government efforts to save peoples’ lives through curbing the spread of illnesses and especially sexually transmitted diseases.

His role is to support the empowerment of the community and especially youth by promoting family planning and behavior change for safe sex practices and facilitating the development of income generating activities.

Father of 5 children, Chichi was recruited in 2012 by his village administrator and trained by Kilindi Maternal, Newborn and Child Health, a World Vision Tanzania project. Reminiscing on his experiences, he admits to making mistakes that almost ruined him. However, that is all in his past and with wife Zainab, he’s presently on the right track and celebrates his achievements as a beneficiary of such programs.

By championing safe practices among youth, Chichi has used his personal struggles to positively influence others to lead healthy lives and gain valuable knowledge and skills for improved livelihoods.

My daughter attends a good private nursery school, I also provide for the children I had in my former relationships.

He’s built the family a house and manages our farm because he is equipped with good farm practices.

Zainab adds, visibly proud of her husband’s accomplishments.

Since 2012, Chichi harvested up to 19 maize bags earning 2 million Tanzania shillings (US$ 1,000) annually.
Community Health Workers (CHW) were instrumental to provide valuable basic health and medical services in Kilindi localities where critical shortages of health professionals exist. They conducted field and household visits and created awareness in public meetings to educate the community on maternal health. Organizing and training Community Health Workers was crucial in the process of monitoring and evaluation, to attain high levels of performance in the project areas.

People believed us because they knew us, we made follow-ups on pregnant women and their husbands to attend clinics, we are happy that it has now become an acceptable practice in our community.

Pili Magambilwa, Community Health Worker, Kibirashi Village
Setting an example of Men-Women Attending Clinics

One of the positive outcomes of the work of community health workers is how they successfully supported men to participate in attending clinics contrary to traditional social cultural practices in Kilindi district which restrict men from attending clinics with their spouses. This brought on a shift in attitude and a new realization that caring for children is a mutual responsibility.

"Kilindi has become a leading example, the percentage of men accompanying their spouses for antenatal clinics increased from 44% to 98% in Kilindi district." Dr. Abbas Mungia, Acting District Medical Officer-Kilindi

Before the intervention men did not bother to attend antenatal clinics, I would go alone without my husband. I think because of attending clinic with my husband, our relationship has completely improved, we now share many things together

Zuhura Adam, Mgera Village

In Tanzania

- Infant mortality rate 43 per 1000 live births
- Under-fives mortality rate 67 per 1000 live births
- Child mortality rate is 25 per 1000 live births (TDHS 2015-16)

98% of pregnant women have access to health facilities

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Nutritious meals improve child health and education

Consuming a balanced diet is vital to maintain a well-functioning and healthy family and can make a difference to a child’s physical and mental well-being. For Nyamezi and Zuhura, a couple from north Tanzania, this insight came almost too late. By the time they came to this awareness, their children had already encountered prolonged malnutrition.

“Soon as I begun implementing the right diet for my children their academic performance increased ranking them the top three best students in school,” she proudly added.

The knowledge and skills also helped Zuhura establish a small catering business boosting the family income. Through it her team gets cooking tenders within her village earning Tsh 170,000/- (USD 72) for each team member per tender.

Zuhura appreciates the difference the nutrition instruction has made. “Life before was very hard for my husband depending on small-scale farming which didn’t benefit my family, but since World Vision Tanzania came, I stopped calling myself poor. My kids attend school with all the basic needs and I have my investments running. I have nothing to say but thank you.”

Gratefully, hope was on the way in the form of schooling on proper and nutritious diet. Facilitated by the World Vision Tanzania MNHC project, parents and guardians learn how to prepare nutritious food and about healthy eating for the family, with particular attention to expecting mothers and children below five years. Zuhura became a member for this valuable open-air classroom and affirms its positive impact on her children’s health and education.
Increase of members in savings groups reflects the improved accessibility to loans to meet education and health needs for their households. Communities have come together to form socio-economic groups in tackling poverty and improve their livelihoods through saving and lending money to each other. Some groups have also established collective economic projects such as farming and cloth ornamenting.