

Village-level pregnancy registers: Improving pregnancy and post-partum data collection in rural Tanzania

Innocent Augustino Nduhura, B.A.
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PRESENTER DISCLOSURES

Innocent Nduhura

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



TANZANIA CHILD SURVIVAL PROJECT

- Located in Karatu District, Arusha Region
- Population ~250,000



PROGRAM OBJECTIVES

- 1) Maternal and neonatal mortality are decreased as a result of access to improved quality ANC, delivery, PPC and neonatal care
- 2) Maternal and neonatal morbidity and mortality are decreased as a result of child spacing/family planning
- 3) The effects of malaria, diarrheal disease and pneumonia on infants and children is diminished as a result of improved prevention, home-based care and facility-based case management.



STRATEGIES

- Strengthening government-mandated cadres and institutions
- Mainstreaming traditional providers (e.g. Traditional Birth Attendants, private drug vendors, community-owned resource persons)
- Developing new community groups for high-need populations.





WHY TBAs?

- Trusted and respected
- Cultural norms/traditions
- Can bridge gap between pregnant women and trained health workers
- Limited health staff and little outreach
- Poor access to health facilities
- Opportunity for village level data



THE CHANGING ROLE OF TBAS

- From birth attendants to...
 - Maternal advocates
 - Data collectors and users
 - Reproductive and child health educators
 - Post partum supporters



TRAINING CONTENT

- Danger signs for pregnant women and newborns
- Conducting a delivery in an emergency situation
- Development of a birth plan
- Home-Based Life Saving Skills (HBLSS)
- Working in collaboration with the formal health system and referrals
- Data collection (Village Pregnancy Register)



PREGNANCY REGISTER - PILOT

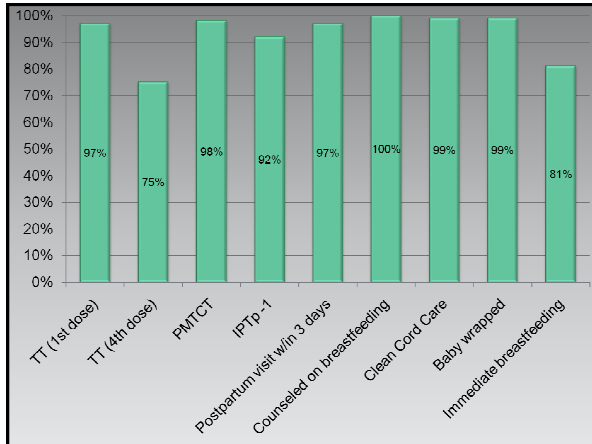
- Piloted in 9 villages with a plan to incrementally scale up to all 45 villages in Karatu district
 - TBAs trained in 42 villages to date
- Tool adapted to reflect feedback
- Implementation support from the District and Regional health management teams
- Integrated into on-going TBA/HBLSS training
- Development of supportive supervision structure and on-site training



PREGNANCY REGISTER - RESULTS

- 730 pregnancies have been tracked with this tool
- Trained TBAs now referring 40% of women they encounter





PREGNANCY REGISTER – RESULTS CONT'D

- July 2008 to July 2009
- 730 pregnancies tracked (582 deliveries)
 - 15 abortions/miscarriages
 - 558 live births (not including premature)
 - 17 premature/small for birth
 - 11 still births
 - 5 neonatal deaths
 - 1 maternal death (before 28 days)



DATA QUALITY TRACKING

- Random selection of women in the register
- Follow up interviews with these women to check the validity of the information
- Additional selection by special case (e.g. stillbirths, premature babies, etc.)
- Data accuracy of 96.7%



CHALLENGES

- Low literacy and education levels
- TBAs have many other demands on their time
- Collaboration gap between health workers and TBAs
- Shortage of emergency delivery supplies
- Geographic spread of villages and transportation issues



SUSTAINABILITY

- Developed in collaboration with the community and local government
- Data collection integrated into district supervision system
- Interest in scaling up use of the tool
- Tanzanian government supports training of and collaboration with TBAs
- Well-received by the TBAs
- Data is used at the village and district level



CONTRIBUTORS

- **AUTHORS**
 - MIHV
 - Jolene Mullins
 - Eveline Cosmas
 - Innocent Augustino
 - Laura C. Ehrlich
 - Diana K. DuBois
 - District
 - Clement Kambarangwe
 - University of Minnesota
 - Joan Patterson
- **OTHER CONTRIBUTORS**
 - Tanzanian Ministry of Health and Social Welfare
 - American College of Nurse Midwives
 - Karatu CHMT
 - Reproductive and Child Health Coordinator
 - Health facility workers in project area
 - Village governments
 - TBAs in Karatu
 - Catharine Hurley



THANK YOU!

On December 2nd, MIHV will officially become