The Mama na Mtoto Experience

Summary

Mama na Mtoto

Overview

The Mama na Mtoto initiative aimed to improve maternal child and newborn health (MNCH) and reduce mortality in Lakezone, Tanzania. Partners developed, implemented and evaluated a package of interventions designed to strengthen existing government systems in the districts of Misungwi and Kwimba. Together, they worked to build the capacity of districts and health facilities to provide quality MNCH services, including antenatal care, delivery, and postnatal care. Mama na Mtoto also promoted healthy practices and increased use of MNCH services by mobilizing district-led networks of community health worker (CHW) volunteers.

Intervention: Misungwi and Kwimba Districts (2016-2020)

Mama na Mtoto activities included meetings, equipment provision, facility upgrades, training, mentorship, and technical assistance. Led by districts, activities were delivered in a specific sequence of purposeful steps: SCAN, ORIENT, PLAN, EQUIP, TRAIN, ACT, and REFLECT. This process was designed to promote quality implementation by incorporating partner experiences, recognized best practices, and district priorities. Health workers refreshed their basic emergency obstetric and newborn care (BEmONC) skills in hands-on, simulation-based clinical workshops and received training and mentorship on data use and management. District health managers and facility supervisors participated in leadership training and oversaw facility-based improvements and action planning initiatives. Training, supervision and mentorship encouraged strong networks of volunteer CHWs. These volunteers 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.

"I, together with my fellow health providers, have saved the life of newborns to a huge extent ... We have helped 15 babies to breathe in the last month... Without the skills we got from Mama na Mtoto, we might have lost some of them. But all 15 ... they survived."

—Health worker

1,000,000 people living in catchment communities

Implementation in **2 districts**

107 rural health facilities equipped

Major infrastructure upgrade to **4** health facilities

1,664 CHWs trained

850 facility governance committee members oriented

1,556 hamlets with CHWs

479 health providers trained

75,356 health facility deliveries during project period

Mama na Mtoto Achievements

IMPROVED MNCH SERVICES AT HEALTH FACILITIES

Absolute mean percentage change in service readiness based on health facility surveys (all facilities, both districts).

↑22% antenatal care

↑23% labour & delivery

↑34% newborn resuscitation

↑27% essential newborn care

"If any problem occurs ... a pregnany woman [is] given priority to be attended or to be shifted to another big facility so as to get more treatment, more help." – Father, focus group participant

"My baby was not breathing and the doctors served her [and] she breathed, and she is safe up to now and I am very grateful for the help." – Mother, focus group participant

INCREASED CARE-SEEKING DURING PREGNANCY AND DELIVERY

↑12 % four or more antenatal care visits

↑7 % antenatal care before 12 weeks of pregnancy

↑17 % health facility delivery

↑8 % women reporting postnatal care following delivery

Absolute mean percentage change based on women surveys (>2000 homes).

"The community is now aware about the importance of a pregnant woman giving birth at a health facility ... When a mother feels labour pains she knows she can't wait for anyone there at home. She will be escorted by her fellow or the CHW here to the facility" – Health Worker

INCREASED MNCH SERVICE DEMAND DUE TO ACTIVE DISTRICT-WIDE VOLUNTEER CHW NETWORK

1,664 CHWs trained

46% female

Distributed amongst **1,556 hamlets**

98% retained after 1 year

94% retained after 2 years

Community recognition, local health facility encouragement of income-generating activities, and organization of CHWs into teams to cover all households was seen to promote CHW retention and sustainability.

"Before the coming of Mama na Mtoto there were no clients in this facility, you could have one pregnant mother per month…with CHWs at the hamlet, they have been able to identify them and educated them to come at the health facility." – CHW

"[CHWs] are the ones who see those challenges during their home visits. They educate the community and they understand and take action so that families reach and attend health facilities." – CHW

ENHANCED MALE ENGAGEMENT IN MNCH AND CHANGING GENDER ROLES IN COMMUNITIES

According to qualitative study participants, male involvement in MNCH has grown. This increase is largely attributed to CHW home visits, and it has led to a general positive shift in women's community social standing. Participants noted altered gender role attitudes, including a new acceptance for male support in work typically reserved for women.

"We used to segregrate work that these work are for women only and those are for men, but for now we are cooperating very well … like fetching water we used to leave it for women, but as for now we have been educated … and we are helping each other heavy work"" – Father, focus group participant

Conclusion

A full-district approach to MNCH programming can create a 'readiness' for change by aligning with national programs and policy and embedding activities within existing structures and systems. Carefully selected and integrated district, facility and community-level MNCH activities strengthen capacity and significantly improve service quality and care-seeking over a short period of time. A network of volunteer CHWs can be successfully trained, supervised and retained. Overall, Mama na Mtoto offers an effective, sustainable and replicable MNCH package suitable for district-wide implementation.

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