

SPECIAL 2012 HEALTH REPORT



WORLD HEALTH DAY CHALLENGE REPORT

YOUR SUPPORT AT WORK

For women, Traditional Birth Attendants (TBAs) are the backbone of maternal and child health in African villages where access to health facilities is extremely challenging. TBAs contribute by educating women about breast feeding, the importance of antenatal and postnatal care, health education related to sexually transmitted infections (STIs), reproductive health, and they also visit mothers during and after delivery to assess any labour-related danger signs.

It's hard to imagine going into labour while knowing that the nearest health care facility is too far away to reach before your new baby comes into the world.

It's hard to imagine having to give birth to a child amidst labour complications without the assistance of a skilled birth assistant to help you through it.

Traditional Birth Attendants in rural Tanzania are providing an invaluable and often life-saving service for pregnant women and their children. Many of these women have had birthing knowledge handed down from their grandmothers and great grandmothers and are now carrying forward with this legacy in their villages. These women have the desire and the foundation of knowledge to make a critical difference in the lives of mothers and children but they have often lacked the proper tools, transportation, additional critical training and education to assist pregnant women with all of their health needs.

The World Health Day Challenge is making a difference. Thanks to over 200 Canadian physicians and other supporters, 32 Traditional Birth Attendants in Tanzania now have new bicycles to reach mothers and children in remote rural areas. These Traditional Birth Attendants now have more advanced training on birthing complications and mothers living with HIV & AIDs. These Traditional Birth Attendants are now equipped with birthing kits containing, gloves, scissors, string – some of the basics that are not always readily available in rural Africa.

Turn Over



Traditional Birth Attendant at CPAR's training session



CPAR-trained TBAs help deliver healthy babies

THE FACTS ARE STAGGERING

A woman dies from complications in childbirth every minute – about 529,000 each year – the vast majority of them in developing countries.

A woman in sub-Saharan Africa has a 1 in 16 chance of dying in pregnancy or childbirth, compared to a 1 in 4,000 risk in a developed country – the largest difference between poor and rich countries of any health indicator.

Collectively, the support of World Health Day Challenge participants has made an enormous difference in the lives of mothers and children in rural Africa. Read the details of how the 2011 Challenge has impacted lives.

THE WORLD HEALTH DAY CHALLENGE MATERNAL & CHILD HEALTH PROJECT

It was a slightly overcast day but the mood of 32 Traditional Birth Attendants was bright with excitement. This was the day that the women would receive their new bicycles, training as well as their birthing kits.

CPAR Tanzania, using the guidelines from the Ministry of Health and Social Welfare conducted maternal and neonatal care (MNC) training for 32 TBAs from 14 villages in Bunda District. The main purpose of the training was to equip Traditional Birth Attendants (TBAs) with knowledge, skills and positive practices to enable them to improve their ability to perform their duties when assisting mothers during pregnancy, delivery and after delivery.

MAIN OBJECTIVE OF THE TRAINING

To improve the knowledge and skills of the TBAs in reproductive health services in order to reduce maternal and infant mortality rates and maintain the good health of mothers and children.

SPECIFIC OBJECTIVES OF THE TRAINING

- To improve the knowledge and skills of the TBAs in providing reproductive health services to women, especially young women in order to reduce maternal and infant mortality rates
- To assist women to deliver safely in a clean environment
- To collect data on births, death, and other information about women and their children
- To provide knowledge and counselling about reproductive health services for women and families
- To cooperate and work collaboratively with workers in health facilities
- To counsel women and their partners on modern family planning methods
- To counsel women on the importance of immediate and exclusive breast feeding
- To educate the community on how to prevent infectious diseases including HIV&AIDS
- To educate the community on harmful traditional practices (i.e. female genital mutilation (FGM))
- To reduce mother-to-child transmission of HIV by providing health education

During the training, the TBAs were engaged and educated using the following methodologies:

- Presentations and discussions
- Questions and answers
- Group discussion
- Brainstorming
- Demonstrations of deliveries using delivery models
- Role play



TBAs learn about delivery techniques and safe hygiene

TOPICS COVERED DURING THE TRAINING INCLUDED:

1. Care of pregnant women

Caring for pregnant women is a crucial factor in improving maternal health. During this part of the training several issues including, the utilization of locally available nutritious foods and the effect of a heavy workload on pregnancies were emphasized. In this training, TBAs were able to identify local balanced foods for pregnant women and they agreed that they will train mothers on their preparation.

The training addressed and clarified myths about specific foods. For example in the Gita tribe in Tanzania, pregnant women are not allowed to eat eggs or honey, as they believe the baby will develop epilepsy.

2. Personal hygiene for mother and baby

This part of the training addressed issues about how mother and child hygiene can reduce infections that cause sickness and deaths. In many cases, rural communities have been using contaminated water that causes diarrhoea in babies.

3. Care of mother and baby

Some of the key points discussed here were good health and a balanced diet during and after pregnancy as well as exclusive breast feeding.

4. Danger signs

The issue of danger signs was a key section of the training. The objective here was to equip TBAs with knowledge on how to detect danger signs during pregnancies, enable them to provide critical first aid and also to inform them as to when to refer pregnant women to a nearby health facility. Danger signs were

placed in two categories i) danger signs during pregnancy and ii) danger signs during labour and after delivery.

5. Preparation before delivery

Emphasis was placed on having TBAs understand how to prepare delivery equipment such as new and clean razor blades, clean cloth to wrap a baby, clean sterilized string, soap, gloves and pieces of clothes or cotton wool.

The basic preparation for a new family includes items such as clean clothes for both mothers and babies, new razor blades, gloves, food, bathing utensils, clean and safe water, kerosene lamp, soap, etc.

6. Care of mother and child after delivery

Topics covered for pregnant mother care included: cleanliness, a balanced diet and a healthy level of rest for pregnant women.

Topics covered for newborn care included: breathing, checking the umbilical cord for any bleeding and providing sufficient warm clothing for newborns.

7. Immunization

The importance of immunization for newborns and pregnant women was emphasized for diseases such as poliomyelitis, tetanus, tuberculosis, diphtheria, hepatitis and pertussis.

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8. Family planning

Key points discussed for family planning included:

- The importance of child spacing
- The importance of family planning
- Challenges associated with large families

9. Sexually transmitted infection

The participants mentioned challenges related to understanding the dangers related to sexually transmitted diseases including HIV & AIDS

Some of the TBAs assist with deliveries with their bare hands and this has been a concern for most of them as they believe that they are in danger of contracting HIV.

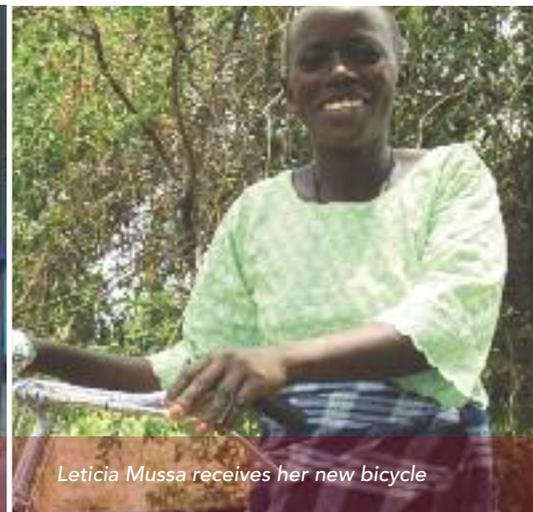
The training emphasized that TBAs need to be aware of the prevention of HIV from Mother to Child (PMCT) and that they need to seek this information before they perform delivery. During session discussions, TBAs learned the difference between HIV & AIDS (in many rural areas the two health conditions can't be differentiated).

10. Data management

Some TBAs don't know how to read and write so there is a big challenge to keep records and to send the report to the nearest health facility. CPAR has adopted a pictorial data collection tool from Wellshare International, a USAID-funded organization that worked with TBAs in Karatu District. TBAs agreed to form committees in each village to so they can meet to share information with each other on child care and also to help them with record keeping.



TBAs finish their training and receive their safe motherhood kits



Leticia Mussa receives her new bicycle

DISTRIBUTION OF BICYCLES AND DELIVERY KITS

BICYCLES

After the training session, CPAR distributed 32 bicycles to the TBAs in order to facilitate visits and community outreach. One of the challenges that TBAs face is transport and so the bicycles will enable TBAs to visit more women to follow up on maternal and neonatal care (MNC) progress and health education related to other health issues such as malaria, nutrition, etc. The bicycles will help the TBAs to arrive on time for emergency deliveries in the villages and accompany women to health facilities if necessary.

CLEAN DELIVERY KITS

According to the World Health Organization, 15% of maternal deaths are due to infection. In order to overcome this challenge, CPAR provided clean delivery kits to 32 TBAs to help reduce infections amongst mothers delivering at home, as well as among their infants. Kits include such items including soap for washing of hands, clean razors and cord ties for cutting the umbilical cord, plastic sheets for creating a clean delivery surface and gloves. TBAs acknowledge that babies who have been delivered on a plastic sheet have fewer illnesses as compared to babies delivered on a dirt house floor.

THE VOICES OF BENEFICIARIES

HOW THE SAFE MOTHERHOOD PROJECT HAS IMPACTED LIVES

NYAMINSANGO MUINJA

Age 50, 5 children (Three boys and two girls)

Years as a Traditional Birth Attendant: 30

Before receiving the TBA training, Nyaminsango Muinja was using her basic experience but she was not trained in crucial hygiene practices for delivering babies.

Originally, Nyaminsango learned her skills from her grandmother who raised her.

For more than 30 years, Nyaminsango has delivered babies and often women are brought to her in the middle of the night and she is forced to deliver children in the darkness.

The training taught Nyaminsango at what point she must send a mother to a health centre and when it is safe for her to handle the delivery.

The new birthing kit that she received will be invaluable for her work. She will now have a clean mattress for the mother and child as well as gloves to protect her from disease. Also, before, she was not aware of the risks that HIV & AIDS posed to her and she has learned to lower the risk by wearing nylon gloves during delivery.

Her new bicycle will also allow her to quickly reach expecting mothers – in the past she would have to walk long distances to deliver babies.

“I would like to say thank you to the World Health Day Challenge doctors. We need more partnerships with doctors in Canada and TBAs in Tanzania.”



ESTHER KANWA, 47, 8 children (Four boys and four girls)

Years as a Traditional Birth Attendant: 15

Esther enjoys helping women. One of her biggest challenges as a TBA before the training was knowing the danger signs of women who need to go to the hospital as well as those who can safely deliver at home. She was also faced with having few delivery tools and a lack of transport to attend to expectant mothers.

As a result of not having the proper tools, Esther was forced to use plastic bags instead of nylon gloves for delivery. She knows that the new gloves that she has received as a part of her birthing kit will help to prevent contamination. The gloves are also helpful for HIV & AIDS prevention during delivery because now she knows the risks.

The question remains as to what TBAs like Esther will do once the items in her new kit run out. CPAR is working with the local government to help provide TBA kits once the World Health Day Challenge kits run out of materials. TBAs can also buy materials locally with the income generated from their deliveries.

“On behalf of myself and other TBAs I would like to thank the World Health Day Challenge doctors for their support. The training and the bicycles will really help us and we would also like to increase our training in the future if possible,” says Esther.



A MOTHER'S STORY

ANNA JOHN, Mother of SIX

Anna John, a mother of six children lives in Kenkombyo village, 55 km from Bunda town, a rural District in Northern Tanzania. The nearest health facility is 13 km from her home with no reliable public transport.

For delivery services, Anna and other women in her village need trained TBAs to assist them.

CPAR is building the capacity of TBAs by providing training in mother and child care so that they can assist women with deliveries and facilitate referral plans for complicated deliveries.



A CPAR-trained TBA helped Anna-John to deliver a healthy baby girl

The impact that trained TBAs can have on the health of women and babies in African rural settings is depicted through Anna John's story who had experienced complications shortly before delivering her sixth child.

Anna knew that she needed to visit Ester – a CPAR-trained TBA. Ester learned that Anna had signs of obstructed labour and immediately she organized a referral plan to go to a health center 13 km away. Ester accompanied Anna to the health facility where she had a caesarean delivery and had a healthy baby girl.

"I give thanks to the TBA. My child and myself might have died if it was not for a trained TBA who detected the danger signs and made efforts to make sure that I got the care I needed for my health and my baby, I felt so safe to have a TBA accompanying me to the health facility for a safe delivery," says Anna.

A month after delivery, Ester the TBA visited Anna and her husband to educate them about the importance of family planning. Later, they traveled to Bunda town, 55 km away to seek family planning counselling and services.

Anna's story as well as the untold stories of many other women show how referral strategies can assist trained TBAs in helping to reduce the disturbing incidents of maternal and child mortality in Tanzania.

Continuous training is crucial to keep our TBAs motivated and updated with new information on mother and child health in rural Tanzania, where maternal and child health care services face a multitude challenges.

RECAP: LOOKING BACK AT THE 2010 WORLD HEALTH DAY CHALLENGE

VISITING A WORLD HEALTH DAY CHALLENGE PROJECT SITE

In October 2011, I had a chance to travel to Malawi to see how the 2010 World Health Day Challenge project was continuing to make a difference in the lives of African community members.

I visited the Kabudula Community Hospital that has received more than 40 long lasting treated bednets for their maternity ward to reduce the risk of mothers and children contracting malaria. While part of the project focused on providing households with treated bednets for home use, this part of the project moves towards completing the circle by providing more effective malaria prevention while mothers and children are in the hospital.

According to nursing officer Priscilla Mtponga, the hospital did not previously have treated bednets and their old nets would easily get holes in them after some time and would have to be replaced.

The new nets are more durable and because when they are treated they are much more effective in helping to prevent malaria.

"The nets have been effective in reducing the incidence of malaria during the rainy season," says Priscilla.





THE DAIRY GOAT PROJECT - DONATE A DAY 2012 You Can Help Fight Child Malnutrition in Rural Tanzania

THE FACTS

Child Malnutrition in Rural Tanzania

Nationwide in Tanzania, 42% of children under 5 are stunted, 5% have low weight-for-height and 16% have low weight-for-age which reflects both chronic and acute malnutrition. Children in rural Tanzania are the most affected.

HOW CAN YOU HELP?

Improve Household Nutrition

To improve the nutrition of the households, CPAR has consulted communities and village leaders to identify and prioritize needs. Communities want to improve household nutrition through a better understanding of the current relationship between livestock rearing and health.

CPAR will work with farmers in Tloma village of Karatu District to improve household nutrition status through the consumption of animal food sources such as milk and meat by providing dairy goats to households that are mostly female-headed as well as those that are affected by HIV.

Tloma village is located north of Karatu, and has a total number of 1,220 households and a population of 9,272 people. Currently, there are only six households that keep dairy goats. Cattle are kept by men, mainly for prestige, so are of little benefit to the family.

The consumption of milk and meat in Tloma Village is therefore very low. Goat milk is an important daily food source of protein, phosphate, and calcium not available otherwise due to a lack of cow milk.

PROJECT OBJECTIVES

The dairy goat project aims to improve the nutritional and socio-economic status of women and children in 150 vulnerable households in Tloma village of Karatu District.

1. Increase the consumption of milk by children and women in 150 households, and therefore improve their intake of vital micronutrients, such as vitamin A and Zinc and Calcium.
2. Increase household income and the standard of living of the women and their families.
3. Improve the household food security
4. Facilitate the process of women empowering themselves through the development of leadership skills, technical knowledge and gender equality awareness, and provide them with more control over generated income.

SUSTAINABLE CHANGE FOR AFRICA

The Dairy Goat Project will ensure sustainable change for Africa by incorporating the 'pay it forward' concept. As the goats begin to multiply, each female recipient of a dairy goat will have to pass on one dairy goat to another woman in the village and share her training skills.



'Partnering with physicians and health care professionals for over 25 years...'



Traditional Birth Attendants in rural Tanzania are providing an invaluable and often life-saving service for pregnant women and their children.

THANK YOU FOR SUPPORTING CPAR'S SAFE MOTHERHOOD PROJECT



CPAR works in partnership with vulnerable communities and diverse organizations to overcome poverty and build healthy communities in Africa.

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