

Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCH)

TANZANIA

Program: Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCH)

Donor: Government of Canada through Global Affairs Canada

Initiative: Partnerships for Strengthening Maternal, Newborn and Child Health (PS-MNCH)

Budget: \$35,084,743; Government of Canada contribution: \$31,122,612

Duration: 6 years (2016 to 2022, including COVID-19 response)

Target Countries: Ethiopia, Kenya, Malawi, Tanzania, Senegal

Consortium Partners: Amref Health Africa in Canada, Children Believe (formerly Christian Children's Fund of Canada), SickKids Centre for Global Child Health, WaterAid Canada

The CAIA-MNCH program in Tanzania was implemented in Geita and Nyang'hwale districts located in Geita region in the northwestern part of the country. The program was jointly implemented by Amref Health Africa Tanzania and WaterAid Tanzania. Compared to national averages, Geita had relatively low coverage of essential MNCH health services, and poor nutritional indicators among children under five.

The program had a significant positive impact on the availability of essential nutritional supplements. The program successfully engaged community health management teams and conducted advocacy efforts regarding supply chain management and logistics to improve delivery of essential health care services (and related products/supplementation/nutrition).

Ultimately, the program resulted in **an increase of Vitamin A supplementation to 79% at endline from 65% at baseline in children (both boys and girls) aged 6-23 months** over the course of the program.

There was also a positive trend observed in national MNCH indicators. **The national Neonatal Mortality Rate was 25 deaths per 1,000 live births in Tanzania in 2015 and decreased to 20.6 per 1,000 in 2019.** The underweight prevalence for children under 5 also showed a noted decrease, with 16% at 2015 and 14.6% in 2018.

The CAIA-MNCM program in Tanzania had a significant long-term impact in the form of **training health care workers** who would be able to build on learned expertise to continuously improve health care services in their communities. In program areas, **health care worker knowledge of EmONC delivery increased from 41 to 59 as a mean score on a knowledge questionnaire.** Amref was further involved in a collaborative change to the Essential Newborn Care curriculum in Tanzania, with pre-testing conducted by Amref, and ultimately is expected to have a lasting impact in terms of education, training and the quality of health care services and delivery in the Geita region.

The Geita region of Tanzania was noted as having poor infrastructure compared to Tanzania's national averages, and by the end of the program, there were **substantial gains in available essential supplies at various facilities for newborn health, child health and infection control**, which was sustained through actions taken to mitigate environmental and health risks and offering training on safe health practices to ensure consistent availability of these supplies. **Availability of essential supplies for newborn health increased to 83% at endline from 8% at baseline, availability of supplies for child health increased to 50% from 33% and the availability of supplies for infection control increased to 92% from 58%.** Overall, the program was able to strengthen the capacity of the community health system by improving service delivery, conducting gender-sensitive training of health care workers, and addressing some of the infrastructure challenges in Geita region.