



Integrating an automated VA in notification and reporting of vital events into the national CHW program in Tanzania: Progress and Plans

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The National Community-Based Health Program (CBHP)

- Universal Health Coverage requires adequate human resource as essential health services cannot be provided by volunteers if not sustainable and accountable to their communities
- Volunteers make valuable contribution on a short-term or part-time basis, but CHWs adequately trained and waged can increase coverage of essential health care interventions, and many others!
- The national CBHP will address fragmentation and poor coordination through health system development and strengthening by formalizing CHWs as new cadre



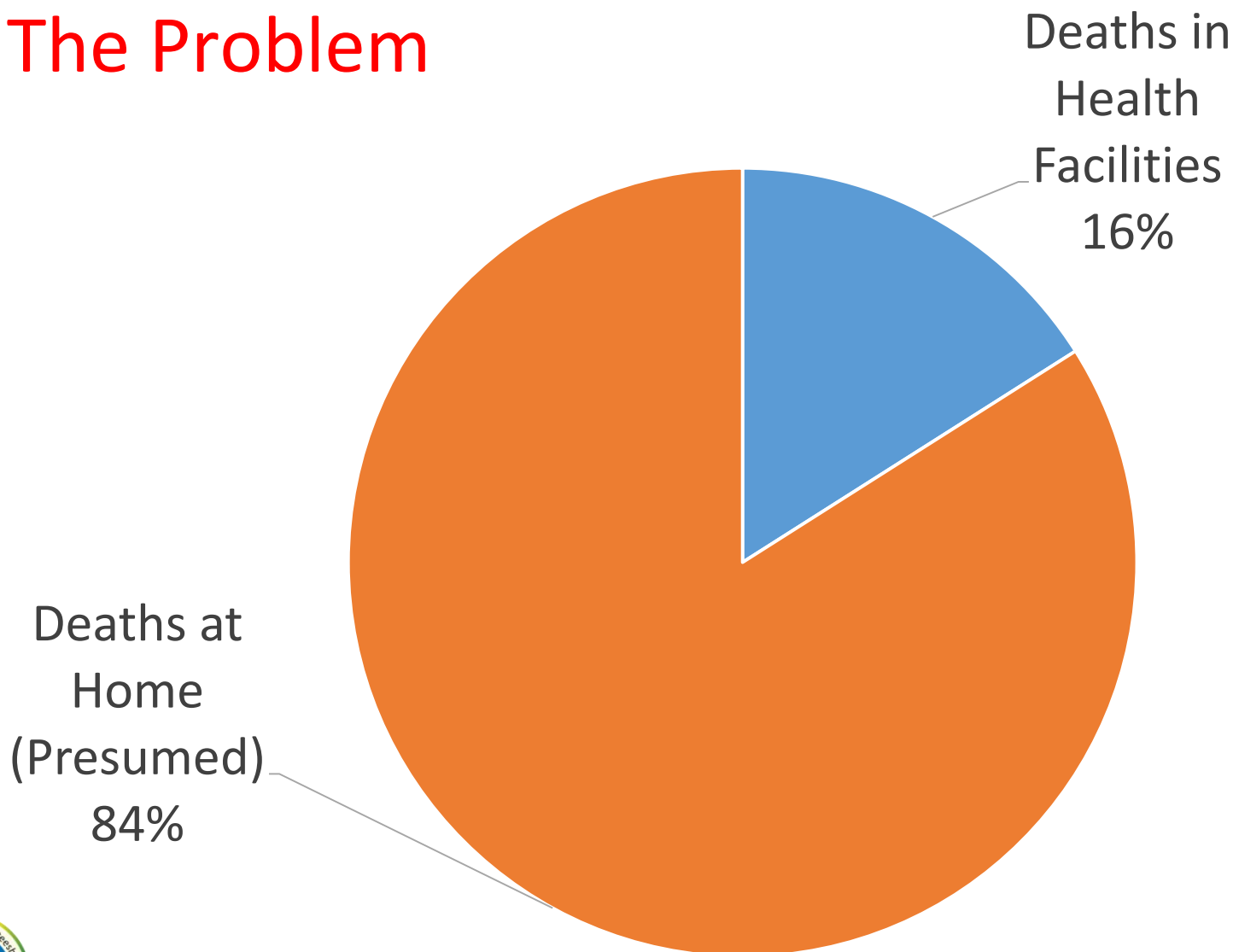
The CHW Package & CRVS-VA

- Community Health Promotion
 - Growth monitoring
 - Immunization admin & promotion
- Monitoring of malnutrition and other danger signs
- Prenatal/postnatal/maternal care
- Referral to/from health facility
- Sanitation inspection & promotion
- TB sputum collection
- Community-based HIV/AIDS services
- **Reporting/recording community births**
- **Reporting/recording community deaths**
- **Conducting verbal autopsy interviews**
(Integrating CRVS services)
- CCM for malaria
- CCM neonates sepsis
- CCM pneumonia
- CCM diarrhea
- Reporting disease outbreak
- Family Planning education, service provision and referral
- First aid and referral
- Mass Drug Administration
- Community-based social welfare services
- Community-based GBV services



CHWs and the CRVS VA Intervention

The Problem





CHWs and the CRVS VA Intervention

The Solution

- Use Verbal Autopsy (VA):
 - VA is a structured interview with the caregivers of the deceased that can be used to determine the most likely cause of death
- Use Community Health Workers (CBHP Policy):
 - To notify all community deaths occurring in their respective wards to leaders
 - To conduct verbal autopsy interviews



How Verbal Autopsy works



- 20 to 30 minutes to interview using tablet computer or Smartphone (WHO 2016 tools)
- Interviewers may be community health workers, retired teachers or similar actors
- Data automatically uploads to central level
- Cause of Death available quickly once central level has data



Progress So Far: Bloomberg D4H...

- 4-year project, Apr 2015 – Mar 2019
- To build and strengthen Tanzania's civil registration and vital statistics system (CRVS)
- To improve the capacity for data analysis and interpretation
- D4H collaborates with:
 - Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) – **supervision**
 - Registration, Insolvency and Trusteeship Agency (RITA) – **guidance**
 - National Bureau of Statistics (NBS) – **official statistics**
 - President's Office for Regional Administration and Local Government (PORALG) – **implementation**



Progress So Far: Bloomberg D4H...

CRVS-VA Demonstration Sites:

- Currently: in 5 districts (3 regions; 2 wards each district)
 - Site should have electricity supply & Internet coverage
 - Rural & Urban mix
 - Should have relatively high mortality and being distant from the nearest inpatient health facility
- From July 2017 – Mar 2019:
 - Scaling to all 26 regions of Mainland Tanzania
 - 1 district per region; 2 wards per district
- Scale up involving:
 - Sensitization; Training; Active VA; & Supportive Supervision



Progress So Far: Training of CHWs

Enrollment into the 1-year CBHP course:

- **2015**

- 9,400 applicants
- 7,415 eligible (4 passes including D in Biology)
- Selected 3,800+ selected and posted to 71 Health Training Institutions (HTIs)
- 113 tutors from 63 HTIs oriented on the curriculum
- Capacity assessment existing HTIs

- **2016**

- Health Training Institutions with students include Government, Private and Faith-Based Organizations

- **2017** – total of 3,721 CHWs from all 26 regions



Challenges to Scaling VA

- Strong government commitment
- Coordination of multiple stakeholders
- Transition from VA intervention to fully functional CRVS system
 - Institutionalization and sustainable scaling up will be a priority over the next two years
 - Resource constraints (to full scale all 184 districts: about USD 10mil – within 2 years; thereafter about USD 3 mil annually)
- Resource mobilization from different partners



- CBHP national program integrated and well coordinated
- CHWs playing a central role at the community level as formalized cadre of the MOH
 - Health care delivery
 - Primary agents for Civil Registration and Vital Statistics
- Involving multiple partners in a structured format



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