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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Institutionalizing Community Health Conference
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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

Deaths at Home (Presumed) 84%
Deaths in Facilities 16%

Source: Tanzania MOH-DHIS2, 2015 – Deaths in Facilities
Source: Bureau of Statistics Projections & WB’s CDR – Deaths in Communities
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
Conclusion

- 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

Phased-in approach
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