DISSEMINATION WORKSHOP REPORT

Changing community health practices to improve use of facility services to treat fever in under-fives in the Lake Zone, Tanzania

SEPTEMBER 2014

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DISCLAIMER
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Acronyms

CBO	Community-based organization
CHMT	Council Health Management Team
CHW	Community health worker
CM	Case management
CSO	Civil society organization
ICMNCH	Integrated Community Maternal Newborn and Child Health
IEC	Information, education, and communication
IMCI	Integrated management of childhood illness
mRDT	Malaria rapid diagnostic test
MSH	Management Sciences for Health
NBS	National Bureau of Standards
OVC	Orphans and vulnerable children
PQIT	Pediatric quality improvement teams
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
THP	Tibu Homa Program
URC	University Research Co., LLC
USAID	United States Agency for International Development
VHC	Village Health Committees
VHD	Village Health Day

ABSTRACT

Since 2011, the Tibu Homa Program (THP) has worked to improve case management of children under five years of age with fever in the Lake Zone (Kagera, Mara, Mwanza, Geita, Shinyanga, and Simiyu regions) of Tanzania. The Lake Zone was identified by the Ministry of Health and Social Welfare (MoHSW) and the United States Agency for International Development (USAID) because of its high under-five mortality rate, above the national average, and a high prevalence of malaria. To complement and support government efforts to reduce morbidity and mortality of under-fives in the Lake Zone, USAID launched program, which is led by University Research Co., LLC (URC) working in partnership with Amref Health Africa and Management Sciences for Health (MSH).

Over the past two years, the Tibu Homa community component, implemented in partnership with the Regional and Council Health Management Teams (RHMTs and CHMTs) and other community and faith-based organizations, has made progress towards changing community health practices to improve the use of facility services to treat fever in under-fives in Mwanza, Mara, and Kagera regions. The program and its partners have focused on increasing linkages between health facilities and communities to both improve the use of health services to treat fever in under-fives and to create sustainable and effective linkages between health facilities and the communities they serve, hence contributing to reducing under-five morbidity and mortality due to febrile illness, which is high in the Lake Zone compared to other parts of Tanzania (NBS and ICF Macro, 2011).

Tibu Homa reviewed, identified, and documented community structures, partners, and networks working on community approaches to care for under-fives in Geita, Nyamagana, Sengerema, Muleba, Misenyi, Tarime, and Musoma rural districts. Based on the findings of the review, the program has worked to improve linkages between health facilities and the communities served through the formation and/or revitalization of Village Health Committees (VHCs) that implement monthly community awareness activities to promote timely care-seeking behaviors. The program used the standard integrated community maternal newborn and child health training package to train community health workers (CHWs) and their supervisors (CHWs). Furthermore, the program has conducted quarterly Village Health Day (VHD) events and monthly outreach services jointly with local leaders, CHWs, community-based organizations (CBOs), and health facility quality improvement teams. Information, education and communication materials were disseminated during those events, and monthly community supportive supervisions and data collections were carried out.

Results obtained from program implementation to date include:

- 83 revitalized VHCs have organized monthly plans and promoted early care-seeking behavior activities.
- CHWs and their supervisors met monthly to review progress and planning of activity implementation.
- 166 trained CHWs conducted 1,936 household visits to provide health education that resulted in 192 children being referred to health facilities.
- Monthly joint outreach services with health facilities that included diagnosis and treatment of under-fives with fever contributed to 18.6% of under-fives being brought to the catchment health facilities and seen by a skilled health provider within 24 hours after onset of fever.
- Community sensitization resulted in 41.7% of under-fives being brought and seen by the catchment health facility's skilled health provider within 24 hours after onset of fever during October 2013 to July 2014 quarterly VHD events.
- To improve collaboration, an inventory of 94 CBOs that provide services for under-fives has been developed for collaborative work with other USAID partners.

Success towards changing community health practices to improve use of facility services to treat fever in under-fives requires collaboration between policy makers, skilled health care providers, and families, with support from their communities (UNICEF, 1999).

I. INTRODUCTION

The goal of the Tibu Homa Program (THP), funded by the United States Agency for International Development (USAID), is to reduce morbidity and mortality of children under five years of age in the Lake Zone of Tanzania (Mwanza, Mara, Kagera, Shinyanga, Simiyu, and Geita regions) by improving proper diagnosis and treatment of severe febrile illness in children, focusing on improving case management at the facility level (both public and private). Tibu Homa is implemented by University Research Co., LLC (URC) in collaboration with Management Sciences for Health (MSH) and Amref Health Africa.

Globally, health experts recognize that improving household and community health practices are among those components of the integrated management of childhood illness (IMCI) required for success towards reducing under-fives morbidity and mortality (UNICEF, 1999; WHO, 1998). Close coordination is needed with two other components: availability of adequate health services with very well trained personnel, and improved health systems. Furthermore, success towards reducing under-fives morbidity and mortality requires collaboration between policy makers, skilled health care providers, and families with support from their communities (UNICEF, 1999).

Community support for families is crucial in improving household health practices. Families need to be able to seek care in a timely way and seek appropriate treatment when their children become sick. To facilitate appropriate care-seeking, there should be a link between health facilities and communities. Health facility–community linkages help connect health care providers, community organizations, and community members so they can improve patients' access to treatment and promote positive community health practices.

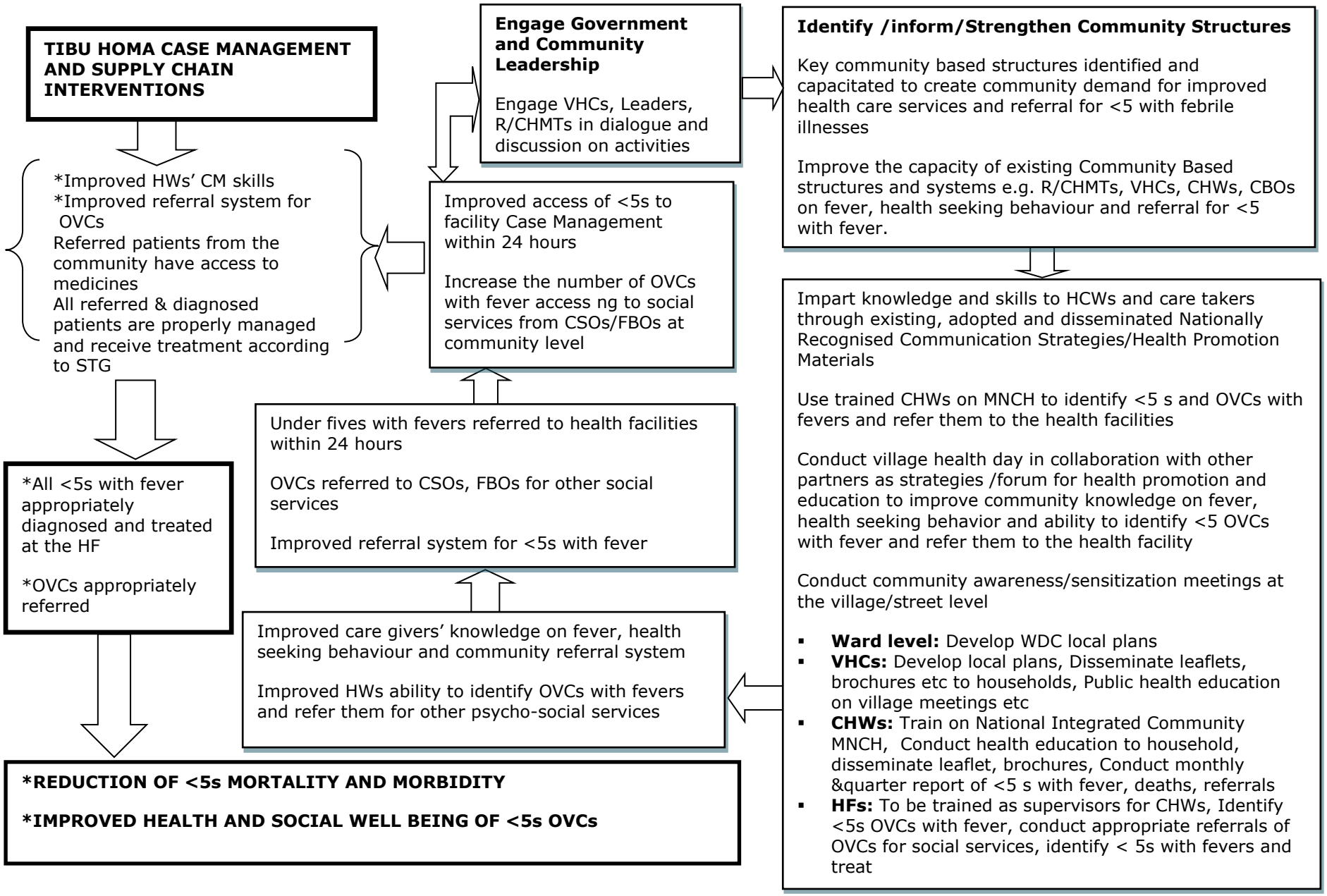
Over the past three years THP in collaboration with Regional and Council Health Management Teams (RHMTs and CHMTs) and community-based organizations (CBOs), have made tireless efforts towards changing community health practices to improve use of facility services to treat fever in under-fives in the Mwanza, Mara, and Kagera regions. The community component of the program has focused on 14 Wards—two in each of the seven districts in the three regions. The efforts are made to contribute to reducing under-five morbidity and mortality due to febrile illness in the Lake Zone. The program has involved a number of partners and approaches, but increasing linkages between health facilities and communities to improve use of facility services to treat fever in under-fives has been its main focus. Partner organizations operating in the Lake Zone include Pact, Baylor, Christian Social Services Commission, Africare, Bugando Medical Centre, and IntraHealth.

II. METHODOLOGY

As part of the process of changing community health practice to improve use of facility services to treat fever in under-fives in the Lake Zone, THP first conducted a desk review. The aim of the review was to identify and document community structures, partners, and networks working on community approaches serving under-fives in the seven districts. The findings from the desk review resulted in the development of a community model shown below in Figure 1.

The focus of the model was to support and enable communities to improve/make positive health practices through collaboration between community health workers (CHWs), village health committees, CBOs, informal and formal community groups, and the corresponding health facility.

Figure 1: Community Model to Improve Access to Facility Level Case Management (Tibu Homa, 2011)



The key features of the THP community model were:

- Active Village Development Committees (VDCs) develop and implement monthly community awareness plans to promote importance of early health-seeking behavior.
- In-charges and heads of Reproductive and Child Health (RCH) units of the nearby health facilities are trained using the standard community maternal, newborn and child health (MNCH) training package to become CHW supervisors. The supervisors' role includes providing support to CHWs in planning monthly activities, organizing community education, and conducting household visits.
- CHWs are trained and supervised according to Integrated Community Maternal Newborn and Child Health (ICMNCH) guideline to enable them to play the role of a change agent in promoting early recognition of fever and referrals of under-fives, including orphans and vulnerable children (OVCs).
- Village Health Day (VHD) events and outreach services are jointly conducted to link the community and the health facility, improving access to case management and changing community health practices to improve the use of facility services to treat fever in under-fives.
- Dissemination of information, education and communication (IEC) materials.
- Conducting monthly community supportive supervision and data collection.

Putting these key features together as approaches towards changing community health practices to improve use of facility services to treat fever in under-fives allowed Tibu Homa and its partners to begin to achieve results.

III. RESULTS

The community interventions have achieved some notable successes:

- Joint Village Development Committees (VDCs), CHWs and catchment health facilities community sensitization resulted in 41.7% of under-fives being brought and seen by the catchment health facility's skilled health provider within 24 hours after onset of fever during October 2013 to July 2014 quarterly VHD events.
- During monthly joint outreach services, 736 of under-fives (equivalent to 18.6% of all children below five years with fever sent to health facilities where THP implement community activities) were brought within 24 hours after onset of fever and were seen by skilled health providers.
- 92% of trained CHWs conducted household health education that resulted into provision of 192 referrals of under-five years with fever to the corresponding health facility.
- All Village Health Committees (VHCs) in 83 villages of the seven districts in three regions were revitalized, and 51% of them conducted at least one monthly community awareness creation meeting.
- 94 CBOs working with OVCs are collaboratively working to improve referrals of vulnerable children for febrile illness and improve their access to health and other social services.

IV. DISCUSSION

Community interventions with integrated strategies are crucial in changing community health practices to improve the use of facility services to treat childhood illnesses (Prosper and Borghi, 2009). Integrating strategies such as creating appropriate linkages between health facilities, CHWs, formal and informal community structures; building strong partnerships with local, regional and national structures; and creation of community awareness on the importance of early care-seeking behavior, have been essential for changing community practices to improve use of facility services to treat fever in under-fives.

Integrated outreach services can not only reduce the burden of walking long distances to access health services, but also improve the use of facility services to treat childhood illness.

However, they do require good planning, especially in the integration of health interventions with immunization at routine outreach sessions (Partapuri et al., 2012). In order to have under-fives with fever diagnosed and managed correctly, pediatric quality improvement teams (PQITs) should be added to the routine under-five weighing and immunization outreaches and VHD events. There should be early planning for commodities like artemisinin-based combination therapy and malaria rapid diagnostic tests, for transport, and for appropriately skilled health care providers.

Likewise, engaging ward and village leaders in the planning and implementation of activities to improve community health practices, is a significant factor for motivating communities to generating sufficient local support for implementation of an integrated child health program. Community leaders' involvement and commitment in community awareness creation, supporting VHD events, assisting with community-level supportive supervision, conducting household visits, revitalizing/forming important community supporting structures such as VHC, and implementation of the agreed action points, should always be observed and maintained.

CHWs can play an important community role in reducing child mortality (Perez et al., 2009). They can be the first point of contact for provision of health information. They can also promote early diagnosis and treatment of under-fives with fever, facilitating their referral to a health facility and collecting and documenting community data. The program emphatically learnt that population-coverage and the range of services offered at the community levels and frequent community supportive supervision and mentorship, are vital in the design of effective CHW schemes. It is noted that the smaller the population coverage, the more integrated and intensive the service offered by the CHWs. In the current government system however, two CHWs are required to cover a very wide area and households in a village. The use of the informal community structures to support them is an advantage and would improve their performance.

V. CONCLUSION AND RECOMMENDATIONS

Improving linkages between health facilities and the communities is crucial in changing community health practices to improve use of facility services to treat fever in under-fives. Linking different levels of the under-five facility health care system with the community, strengthening the cooperation between them, and integrating health interventions relating to prevention and treatment in under-fives, are key to contributing to the reduction of under-five morbidity and mortality. They are not solutions on their own, but should be considered as part of the solution. Support from community leaders and policy makers with political will is highly desirable.

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