THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

FOCUSED ANTENATAL CARE
MALARIA AND SYPHILIS IN PREGNANCY

National Advocacy Guide

PRE-TESTED DRAFT
JANUARY 2007
FOCUSED ANTENATAL CARE
MALARIA AND SYPHILIS IN PREGNANCY

NATIONAL ADVOCACY GUIDE

JANUARY 2007
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>SP</td>
<td>Sulfadoxine Pyrimethamine</td>
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<tr>
<td>ITNs</td>
<td>Insecticide Treated Nets</td>
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<tr>
<td>IPT</td>
<td>Intermittent Preventive Treatment</td>
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<tr>
<td>ARVs</td>
<td>Antiretroviral</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>PMTCT</td>
<td>Prevention from Mother to Child Transmission.</td>
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<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<td>RHMT</td>
<td>Regional Health Management Team</td>
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<tr>
<td>CHMT</td>
<td>Council Health Management Team</td>
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<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<td>FANC</td>
<td>Focused Antenatal Care</td>
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<td>MIP</td>
<td>Malaria in Pregnancy</td>
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<td>SIP</td>
<td>Syphilis in Pregnancy</td>
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<td>RCH</td>
<td>Reproductive and Child Health</td>
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<td>RPR</td>
<td>Rapid Plasma Reagin</td>
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<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
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<td>CO</td>
<td>Clinical officer</td>
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<td>AMOs</td>
<td>Assistant Medical officers</td>
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<td>OBS</td>
<td>Obstetric</td>
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<tr>
<td>GYN</td>
<td>Gynecology</td>
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<tr>
<td>TOT</td>
<td>Trainers of Trainers</td>
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<tr>
<td>HTI</td>
<td>Health Training Institutions</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>CCHP</td>
<td>Comprehensive Council Health Plan</td>
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<td>DOT</td>
<td>Direct Observed Therapy</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>PMORALG</td>
<td>Prime Ministers Office Regional Administrative and Local Government</td>
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<td>ZHTI</td>
<td>Zonal Health Training Institutions</td>
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<td>IBT</td>
<td>Individual Birth Plan</td>
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<tr>
<td>CBRCH</td>
<td>Community Based Reproductive and Child Health</td>
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<td>CORPS</td>
<td>Community Owned Resource Persons</td>
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<td>CBO</td>
<td>Community Based Organizations</td>
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INTRODUCTION AND RATIONALE

The vision of Reproductive and Child Health Section, (RCHS) of the Ministry of Health and Social Welfare (MOHSW) is “a healthy and well informed Tanzania population with access to quality Reproductive and Child Health Services that are accessible, affordable and sustainable”.

In Tanzania in spite of high antenatal attendance of pregnancy women in various health facilities maternal mortality rate is still high 578 per 100,000 live births, (TDHS 2005). Infant mortality rate is 68 per 1000 live births; (TDHS 2005) out of this neonatal death contributes 32 per 1000 live births (TDHS 2005).

In view of this, the (MOHSW) felt there is a need to strengthen the quality of RCHS by developing Focused Antenatal Care (FANC), Malaria in Pregnancy (MIP), and Syphilis In Pregnancy (SIP) advocacy guide for service providers and supervisors in order to improve the quality of Antenatal Care (ANC) services.

In order to sustain FANC, MIP, SIP and Stakeholders buy in, commitment and support are of paramount importance, hence development of an advocacy guide, will facilitate standardization of massages targeting stakeholders.

GOAL OF THE GUIDE
To standardize messages targeting different decision makers and stakeholders at all levels and service providers in the implementation of the focused ANC National program contributing to reduction of maternal and neonates’ ill health and deaths.

OBJECTIVES OF THE ADVOCACY
1. Explain the magnitude of maternal and neonate ill health and deaths
2. Discuss what is focused ANC/MIP/SIP, its rationale, strategies and activities
3. Discuss ANC Quality Improvement process
4. Discuss the roles and responsibilities of ANC stakeholders
5. Identify challenges in the implementation of focused ANC/MIP/SIP
6. Prepare an action plan to address the challenges

INTENDED USERS
The guide is intended to be used in the implementation of advocacy activities at all levels. Specifically, this guide is intended to be used by policy makers, managers and implementers, individuals, stakeholders and other organizations involved in focused ANC/MIP/SIP National program.

HOW TO USE THE GUIDE
- Select messages according to the target audience
- Can be used:
  - As a reference during advocacy
- With other reference materials
- As an individual reading material

**PROCESS OF FACILITATING AN ADVOCACY MEETING**

- Plan for the advocacy meeting
- Opening of the meeting led by key officials with media coverage.
- Meeting Goal and Objectives
- What is focused ANC/MIP/SIP services and the rationale, strategies and activities of the National program
- Discussion on the roles and responsibilities of the targeted audience in relation to quality focused ANC/MIP/SIP services
- Identify challenges in the implementation of focused ANC/MIP/SIP program
- Prepare an action plan to address the challenges to meet needs of pregnant women
- Agree on the mechanism to follow-up the action plans
- Closing of the meeting with media coverage

**BASIC FACTS**

**FOCUSED ANTENATAL CARE**

- Safe Motherhood means ensuring that all women and their babies receive the care they need to be as healthy as possible throughout pregnancy, childbirth and postpartum period.
- Focused Antenatal Care is one of the components of safe motherhood. It is a goal oriented care provided to pregnant women emphasizing the woman’s overall health, her preparation of childbirth, readiness for complications that may occur in pregnancy, labour, delivery and postpartum.
- In-spite of high ANC attendance in the country MMR remains as high as 578/100,000 live births, while infant mortality rate is at 68/1000 births. Although 94% of pregnant women attend ANC only 47% of them deliver at health facilities (TDHS 2005)
- Every pregnant woman is at risk of life threatening complications
- Because complications cannot be predicted, each pregnancy should be treated as a special event needing focused care.
- Encourage mothers to start seeking antenatal services early before 4 months of pregnancy to maintain the wellbeing of the mother and that of the baby.
- **Women with normal** pregnancy should receive at least 4 comprehensive antenatal visits, spread out during the entire pregnancy.
  - Pregnant **women with complications need more visits** depending on individual condition. Early referral to appropriate level of care whenever a complication is detected should take place.
Danger signs during pregnancy, delivery and postnatal includes: fever, lethargy, fatigue, breathlessness, vaginal bleeding, severe headache and/or blurred vision, severe oedema and rise of blood pressure. Danger signs in newborns include; difficult in breathing, fits, blueness of lips tongue and hands, hot or cold to touch, difficult in feeding, jaundice, lethargy and fever

Pregnant woman and or newborn with any of the danger signs should receive immediate attention/ management by a skilled provider.

MALARIA IN PREGNANCY

- Malaria ranks number one in terms of morbidity and mortality in Tanzania. About 1.7 million Tanzanian pregnant women suffer from malaria per year. It contributes to 20% of maternal deaths.
- Malaria parasites hide in the placenta therefore routine peripheral blood may not detect the parasites. The parasites can cause damage to the placenta and thus reducing nutrients and oxygen supply to the foetus
- Pregnant women tend to get more and severe attacks of malaria than non pregnant women because of loss of ability to fight malaria infection
- Malaria infection during pregnancy is often asymptomatic therefore early diagnosis and prompt treatment is of important

The adverse consequences of malaria include:

<table>
<thead>
<tr>
<th>On pregnant women</th>
<th>On the foetus</th>
<th>On the new born</th>
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<tbody>
<tr>
<td>- Anaemia</td>
<td>- Abortion</td>
<td>- Low birth weight</td>
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<tr>
<td>- Hypoglycaemia</td>
<td>- Intrauterine growth restriction</td>
<td>- Growth retardation</td>
</tr>
<tr>
<td>- Cerebral malaria</td>
<td>- Still birth</td>
<td>- Congenital Neonatal malaria</td>
</tr>
<tr>
<td>- Febrile illness</td>
<td>- Congenital infection</td>
<td>- Death</td>
</tr>
<tr>
<td>- Puerperal sepsis</td>
<td></td>
<td></td>
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<tr>
<td>- Death</td>
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MORBIDITY AND MORTALITY DUE TO MALARIA IN PREGNANCY CAN BE REDUCED BY:

- Intermittent Preventive Treatment (IPT) of malaria with SP (photo – refer malaria guidelines series 11 p.52)
- Preventing mosquito bite using Insecticide Treated Nets (ITNs) (photo – refer learners guide p.22)
- Early diagnosis of malaria and prompt case management (photo refer to Malaria guidelines p. 52)

MOTHER TO CHILD TRANSMISSION OF HIV (MTCT)

- Mother to child transmission is a vertical transmission of HIV from an infected mother to her infant.
• HIV prevalence rate among pregnant women in Tanzania is around 8.7%. Without interventions about 48,800 babies will be infected with HIV every year.

• Mother to child transmission of HIV can occur:
  - During pregnancy – 10%
  - During labour and delivery - 20%
  - During breast feeding – 10%

• More than 95% of HIV infection in children under 15 years old is from their mothers

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

PMTCT STRATEGIES:

• Primary prevention of HIV infection through
  Behaviour modification to reduce risk by:
  - Abstinence, Be faithful and use of Condom (ABC).
  - Involving family and community to discourage practices that increase risk of transmission.
  - Prevention, early diagnosis and treatment of STIs

• Prevention of unintended pregnancy among HIV positive women through an effective family planning.

• Prevention of Mother to Child Transmission for those HIV positive pregnant women by:
  - Use of prophylactic ARVs to reduce the risk of Mother to Child Transmission (MTCT).
  - Modified obstetric care.
  - Providing infant feeding options
  - Breast milk remains the best food for the baby.
  - Those who are HIV positive will be counseled accordingly.

• Provision of care and support to HIV positive women, their infants and their families need shared responsibility to build community team.

ANAEMIA IN PREGNANCY

• Anaemia in pregnancy is defined as Hb of less than 11g/dl or haematocrit less than 33%.

• The prevalence of Anaemia in pregnancy in Tanzania ranges between 23% - 82%

• Malaria, worm infestations and nutritional deficiencies are the major causes of anemia in pregnant women in Tanzania.

• The features of anaemia in pregnancy include body weakness, dizziness, paleness of the conjunctiva, palm and tongue, palpitations, heaviness and swollen legs.

• Anaemia in pregnancy is prevented by:
  - Appropriate diet
  - De-worming
- FeFo tablets
- SP DOT two doses.
- Early diagnosis and treatment of any other underlying causes.
- Use of ITNs.
- Child spacing.

**SYPHILISY IN PREGNANCY**

- Syphilis is one of the sexually transmitted infections

- It enhances sexual transmission of HIV. Proper management of STI (including syphilis) reduces HIV incidence by 40%

- Syphilis can be transmitted through:
  - Unprotected sexual contact with an infected person.
  - Mother to child during pregnancy.
  - Unsafe blood transfusion.
  - Contact with infected body fluids and fomites.

- Risk factors for syphilis transmission include:
  - Multiple sexual partners
  - Unsafe sexual behavior.
  - History of genital ulcer syndrome.

**SYMPTOMS AND SIGNS OF SYPHILIS**

Majority of pregnant women may not present with symptoms and signs. However, the following symptoms and signs can be noted:
- Painless genital ulcers
- Generalized non inching body rash like that of measles.
- Fever, anemia, weight loss and mental confusion.

- The effects of SIP include spontaneous or recurrent abortion, intra-uterine fetal death, premature deliveries, still birth, congenital syphilis, low birth weight.

- Syphilis in pregnancy can be diagnosed in the laboratory or ANC clinic after pre-test and post test counseling to every pregnant woman attending ANC for the first time.

- There is treatment for all reactive mothers, male partners and new born babies.

- Syphilis in pregnancy can be prevented through:
  - Screening of all pregnant women attending ANC clinic and provide timely appropriate treatment.
  - Tracing and treating contacts.
  - Screening for other STIs
- Promoting safe sex.

**INFECTION PREVENTION AND CONTROL (IPC)**
Standard precautions for Infection Prevention are simple and effective practice guidelines aimed at creating a physical, mechanical and/or chemical barrier to protect healthcare workers and patients/clients from infection with wide range of pathogens especially blood-borne pathogens.

**INFECTION PREVENTION AND CONTROL PRACTICES RELATED TO ANTEMNATAL CARE INCLUDE:**

- Hand (hand washing and alcohol hand rub) and body hygiene
- Use of personal protective equipment (PPE),
- Proper handling of sharps including injection safety
- Proper processing of instruments
- Proper healthcare waste management
- Minimize unnecessary traffic flow and activity pattern
- Proper house keeping.

**ANTENATAL CARE QUALITY IMPROVEMENT PROCESS**

- ANC Quality Improvement Process is a practical evidence-based standards management approach for improving performance and quality of focused ANC services.
- Quality Improvement Process puts the power in the hands of local providers and managers and requires team work, supervision and support.
- The process must be tied to reward or incentive program when standards are accomplished.

**ANC QUALITY IMPROVEMENT PROCESS CONSISTS OF FOUR BASIC STEPS.**

- Setting standards
- Implementing standards (Diagram)
- Measuring Progress
- Recognizing achievements

**MESSAGES**

**NATIONAL LEVEL**
Reduction of maternal morbidity and mortality as well as achieving a good outcome for the baby is an outcome of different efforts made by various players.

**MINISTRY OF HEALTH AND SOCIAL WELFARE**

- Develop/Revise and disseminate National policy guide lines and standards at appropriate intervals to incorporate best practices and facilitate their implementation to keep abreast with current development.
• Support pre-service and in-service training of nurse midwives and other relevant cadres to increase the number of skilled service providers at each service delivery point all over the country.

• Ensure regular availability and accessibility of good quality basic Ante Natal equipment, supplies and drugs from MSD to health facilities to minimize stock-out.

• Update Health Management Information System (HMIS) documents in collaboration with relevant stakeholders to suit current practices including focused ANC, malaria and syphilis in pregnancy to eliminate existing deficiencies.

• Strengthen the HMIS to facilitate adequate and timely availability of documents and data/information to all levels.

• Support establishment, improvement and sustainability of comprehensive emergency obstetric care at all health facilities to reduce maternal and newborn deaths.

• Strengthen communication system between MOHSW and health workers in the districts.

• Collaborate with Ministry of PMORALG on the deployment of skilled staff according to the MOHSW staffing level.

• Collaborate with district councils/private sector to sensitize communities to create their own funding mechanism to ensure functioning of healthy facilities including supporting pregnant women when transport need arises.

• Collaborate with PMORALG to create conducive working environment to motivate and retain health workers particularly those working in hard to reach areas.

• Allocate realistic budget for Reproductive and Child Health activities including FANC/MIP/SIP and other safe motherhood interventions country wide.

MINISTRY OF COMMUNITY DEVELOPMENT
Ministry of Community Development Gender and Children to collaborate with MOHSW in supporting extension workers to:

• Educate the community and individuals to realize importance of early ANC booking and to deliver in a health facility by a skilled service provider.

• Sensitize village leaders to advocate for elimination of harmful socio-cultural, traditions and beliefs that affect the health including nutrition of pregnant/postnatal women and children.

• Encourage male involvement and family participation to reduce workload to pregnant women to prevent pregnancy complications.

• Facilitate women to access loans with low interest rate for them to make a healthy living.
MINISTRY OF WATER AND MINERALS
- Support district water authorities to improve water supply system to facilitate easy access to adequate clean and safe water in health facilities and at household level to reduce women’s workload and save their lives.

MINISTRY OF AGRICULTURE AND LIVESTOCK
Support district councils and extension workers to sensitize and advice community to improve food security at household level.

MINISTRY OF INFRASTRUCTURE
Support TANROADS and district councils to ensure all roads are passable all year through to ensure that all health facilities are easily accessible to promote health facility deliveries

MINISTRY OF FINANCE
- Provide support for development of human resource for health.
- Facilitate availability of funds for acquisition of low interest rate loans to women groups to improve their economic status

PRIME MINISTER’S OFFICE REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT
- Facilitate employment of skilled health workers according to current MOHSW staffing levels
- Support councils to improve working conditions particularly for staff working in underprivileged areas

DEVELOPMENT PARTNERS
- Support MOHSW to implement interventions that reduce maternal and newborn morbidity and mortality
- Collaborate with and the Government and other partners to ensure FANC/MIP/SIP and other RCH services are equitably distributed

FBOS, NGOS AND PRIVATE ORGANIZATIONS
- Collaborate with MOHSW, Community and other partners to ensure provision of quality FANC/MIP/SIP and other RCH services.
- Support the provision of FANC/MIP/SIP services in line with the Government policy guidelines and standards
- Recruit and maintain skilled health workers guided by the MOHSW staffing levels

REGIONALHEALTH MANAGEMENT TEAM
COUNCIL HEALTH MANAGEMENT TEAM
- Integrate focused ANC/MIP/SIP strategies and activities in Comprehensive Council Health Plan (CCHP) for ownership and sustainability.
• Organize, conduct, evaluate, document and report focused ANC/MIP/SIP advocacy and capacity building events for effective management of the programme
• Ensure availability and adherence to FANC/MIP/SIP national guidelines and standards for consistency and quality service provision
• Facilitate availability of equipment and supplies including haemoglobin test kits, multistics, vaccines, SP, ferrous sulphate, mebendazole, HIV and RPR test kits, BP machines, data collection tools at all health facilities providing RCH services for detection of danger signs for prompt action
• Plan for construction of health facilities following standards for effective flow of RCH services
• Maintain and rehabilitate health facilities including RCH clinics in order to provide quality ANC services
• Ensure proper deployment of skilled health providers guided by current staffing levels of the MOHSW for provision of quality of care
• Motivate service providers through provision of relevant knowledge, skills facilitative supervision to enhance their performance for effective service provision
• Supervise, monitor and evaluate RCH services including FANC and report to key stakeholders appropriately for effective planning and implementation.

HOSPITAL MANAGEMENT TEAMS
PRIVATE HEALTH INSTITUTIONS
• Establish, implement and supervise focused ANC services guided by National guidelines and standards to maintain quality
• Procure quality equipment, supplies and drugs to ensure constant availability for continuity of ANC services
• Plan, organize, conduct, evaluate and document RCH activities including focused ANC/MIP/SIP for effective and sustainable programme management
• Provide good infrastructure, skilled staff, equipment, drugs and supplies including for IPC for focused ANC and other obstetric services to enhance conducive working environment

HOSPITAL GOVERNING COMMITTEES
COUNCIL HEALTH SERVICES BOARDS
HEALTH COMMITTEES AT ALL LEVELS
• Advocate for focused ANC plans in CCHP for sustainability
• Provide guidance in resource allocation to implement FANC/MIP/SIP strategies
• Ensure smooth implementation of activities for health facilities to meet community expectations
• Ensure exemption and waivers are granted to pregnant women and children to increase utilization of the services.
COUNCIL MANAGEMENT TEAM
FULL COUNCIL TEAM
- Approve RCH plans including focused ANC plans and budgets in CCHP to facilitate implementation of focused ANC/MIP/SIP strategies at all levels
- Solicit and allocate adequate resources to implement FANC/MIP/SIP strategies
- Recruit and retain skilled service providers by providing adequate salaries and other benefits to enhance motivation
- Approve by-laws to safeguard FANC/MIP/SIP service delivery.
- Authorize construction of health facilities according to National standards to increase accessibility of FANC/MIP/SIP services.

HEALTH TRAINING INSTITUTIONS (PRE-SERVICE AND IN SERVICE)
- Teach FANC, MIP and SIP to all students during the sessions of Reproductive Health in order to acquire knowledge and skills for provision of quality ANC services when they qualify.
- Provide basic equipment and supplies for focused ANC practice during theory training and when they practice in the field for mastery.
- Update curriculum of allied health institutions (Clinical Officers, Assistant Medical Officers, Laboratory workers, Nursing, medicine, Obstetrics and Gynaecologists) to incorporate focused ANC to enable the qualified students provide quality ANC services when they qualify and for sustainability
- Advocate for focused ANC/MIP/SIP to the community during community field work to mobilize community to demand and use focused ANC/MIP/SIP services

ZONAL HEALTH TRAINING INSTITUTIONS
- Monitor focused ANC/MIP/SIP training activities in the zone to ensure quality.
- Carry out capacity building to RHMTs, CHMTs and FBOs on focused ANC/MIP/SIP to support FANC activities in their respective regions and districts such activities are:
  - TOT for cascade training and sustainability
  - Advocacy in order to get commitment and support from stakeholders in the districts
  - Training service providers to provide quality focused ANC/MIP/SIP services.
  - Trainee follow-up to provide technical assistance for quality services.
  - Carry out supportive supervision to Health Training Institutions on FANC in the respective zone to ensure that FANC/MIP/SIP is taught in the schools
  - Support District to include focused ANC/MIP/SIP activities in the CCHP for sustainability and ownership.
- Conduct joint Monitoring and Evaluation with RHMT to the Districts for focused ANC/MIP/SIP activity progress, monitoring and planning

**SERVICE PROVIDERS**

Provide quality focused ANC/MIP/SIP services according to the national guidelines and standards:

- Provide two doses of SP DOT appropriately to every pregnant woman.
- Counsel and screen all pregnant women for syphilis and treat all reactive and their contacts
- Counsel and screen all pregnant women for HIV and register them for PMTCT program in order to prevent HIV transmission to their babies.
- Help pregnant women to involve families and the community in developing an IBP for delivery.
- Promote use of ITNs to pregnant women for prevention of malaria.
- Show commitment and positive attitude towards provision of ANC services to increase demand and utilization.
- Make efforts on continuous knowledge and self skill development to keep abreast with the current changes and development in health.
- Advocate for focused ANC/MIP/SIP to clients, colleagues and community to get support from them.
- Manage focused ANC/MIP/SIP data appropriately to support in planning of resources.

1. **COMMUNITY (FAMILY, WOMEN AND MALE PARTNER, CORPS, LEADERS, INFLUENTIAL PEOPLE)**

2. **CBOs**

- Ensure prompt referral of pregnant women and children to health facilities from household/community for early diagnosis and management
- Encourage early attendance to ANC clinic before 4 months of pregnancy for early detection and treatment of complications
- Promote health seeking behavior among pregnant women and children for early diagnosis and prompt treatment in case of sickness
- Promote eating of nutritious foods during pregnancy to prevent anaemia and low birth weight babies.
- Advocate for elimination of harmful socio-cultural, traditions and beliefs that affect the health including nutrition of pregnant/ postnatal women and children to ensure good health of the mother and the baby.
- Advocate the use of ITNs especially among pregnant women and under fives to prevent malaria
- Prevent malaria through closing windows and doors before dark, use of windows mosquito gauze and manage the environment to reduce mosquito breeding places
- Collect, store and report data on maternal and child health information including maternal and neonatal deaths for planning.
- Facilitate decision making using existing community structures in planning for community interventions to ensure sustainability
- Ensure roles, responsibilities and power relations of men, women and other family members in the household facilitate use of RCH services.
- Mobilize and contribute resources to scale-up and sustain focused ANC/MIP/SIP services
- Facilitate participatory community assessment, analysis and planning for focused ANC/MIP/SIP services
- Advocate for male involvement to enhance effective decision making in utilization of focused ANC/MIP/SIP services
- Form/use existing community theatre groups to effectively inform and educate community members on maternal and child health
- Advocate to pregnant women, their partners family members and decision makers on IBP to avoid complications related to pregnancy and delivery.
REFERENCES

- Majukumu Bodi, CHMT na Kamati.
1. The Community Health fund (ACTs supplement), ACT 2001