

④ Progress Report by Dr. Nobuyuki MATSUBAYASHI, Team Leader

Progress Report

29 AUG 1997

JICA Maternal and Child Health (MCH) service Project

Dr. N. Matsubayashi
Team Leader MCH project JICA

Preface

It is our great pleasure that we submit and notify those who are concerning the Maternal and Child Health (MCH) service project supported by Japan International Cooperation Agency (JICA).

In accordance with the Record of Discussion (R/D) signed between Tanzanian and Japanese authorities in November 1994, the MCH service project started activities from the beginning of 1995. We herein report outline of the activities from the start up to March of 1997 for two years. and three months.

This report is expected to help you to realize the progress of the project activities. We hope you would give us suggestion for future activities of the project.

A. From January, 1995 to March, 1996 (see Annex-1)

I. Tanga Site

Community based activities are basic method in Tanga. Two districts are selected at first as the project activity area. Magoma division and Pongwe division are pilot area in those districts. Regional Health Management Team (RHMT), District Health Management Team (DHMT) are the corroborating authorities which make decisions and conduct activity plans cooperatively.

1. Baseline Study:

1) Study on condition of health centers and dispensaries in the pilot area

showed deteriorating condition of the health facility, lack of equipment, delay of payment and salary rise and high mortality children mortality rate among health workers.

2) Interview study on the health condition of mothers and children in the area indicated 20 % of children of moderate malnutrition and 76.9% of vaccination coverage 54% to 62% of child death at home, 642 /100,000 of maternal mortality rate and so forth.

2. Steering committee for JICA support MCH project:

In each ward in Magoma, the committee was held which will promote community participation.

3. Meeting of village health workers:

The first meeting of village health workers took place in Magoma. 52

VHWs attended it.

4. Registration of the villagers:

After three days seminar, 70 supporters visited each house hold for registration in Pongwe division. This might be the first trial of registration that covered all villagers in a division in Tanzania.

5. Establishment of office in Bombo Hospital: The space for the Project office was kept in Bombo Hospital.

II. MMC Site

1. Baseline study

- 1) Basic capacity of microbiology department, central laboratory and paediatric department were investigated.
- 2) Epidemiology / etiology study on hospitalized patients were done. That shows: i) Top 5 diseases kill 95 % of patients. ii) 90 % of the patients admitted in MMC live within 15 km Away from MMC. iii) 50 % of inpatients who could not survived died within 48 hours after admission.

2. Technical Transfer in Paediatric Department.

- 1) Electrolyte (dry-chemistry introduction, to apply the result immediately after the examination giving salt orally which succeeded to improve electrolyte in patients with hyponatremia)
- 2) To attend to the round, to discuss with paediatricians and to give suggestion.

3. Technical Transfer in Neonatal Unit.

- 1) Baseline survey
- 2) Setting up a side laboratory (bilirubin, haematocrit) in Neonatal Unit
- 3) Better phototherapy for infant with jaundice
- 4) Proper use of Suction machine

4. Technical Transfer in Ultra-sonic Investigation.

A modern Ultra-sonic investigation apparatus (with color Doppler) was introduced in the paediatrics. Japanese experts started instruction the use of the apparatus. The aim of the instruction is to improve the diagnostic ability and make use of the accurate diagnosis for better treatment. Stable supply of electricity and secure space for the apparatus were kept in advance.

5. Establishment of Office in Ocean Road Hospital.

6. Establishment of Office in MMC

B. From April, 1996 to March, 1997 (see Annex-2)

I. Tanga Site

1. MCH steering committee expanded the committee into each ward in Magoma division
2. Basic Health survey
 - 1). Analysis and feedback of the registration held in Pongwe
 - 2) Survey of U5 children health condition showed 1.5% of severe, 20% of moderate malnutrition which are rather higher than Tanga average (2%, 0.2%). Vaccination coverage was 76.9% which is lower than Tanga average (85%)
 - 3) Interview survey to 3180 mothers which showed literacy rate (80%, 70%), high percentage of home delivery (34%, 51%), non-referred cases in serious sick children (79%, 72%) in Pongwe and Magoma respectively and very low rate of gaining safety water (8%)
3. Training for Village Health Workers
 - 1) Meeting to get information from VHWs
 - 2) 60 VHWs were appointed in Pongwe.
 - 3) The introduction course for VHWs was held in Pongwe (60 VHWs) and full training course in Magoma (52 VHWs)
4. Training Traditional Birth Attendants
 - 1) Survey on TBA
 - 2) Seminar for TBA were held in Pongwe (38 TBAs) and in Magoma (45 TBAs)
5. Seminar and on-the-job-training for Medical Staff in Pongwe Health Centre.

Workshops on emergency delivery for midwives and nurses in Pongwe Health Centre were held.
6. Classes for mothers

Classes started giving basic health information using IEC such as picture stories in Pongwe Health Centre.
7. Renovation of Pongwe Health Centre

Roof renovation started in Pongwe Health Centre.
8. Construction of Mapojoni Dispensary

Villager in Mapojoni decided to construct a dispensary in their village because he result of health survey indicated higher mortality rate in

Mapojoni area than the others. In this construction Tanga municipality supply cement, Villagers offer labor and MCH project provide equipment. This might be good example of the community participation.

II. MMC Site

1. Technical Transfer in Paediatrics

- 1) Medical education at bed side, in journal club and in conference to realize better practical diagnostic / therapeutic procedure.
- 2) Improvement of Malaria diagnosis including other diagnostic skill,

2 Technical Transfer in Neonatal Unit

- 1) Basic procedure in Neonatal Unit such as keeping body temperature, cleanliness, nutrition and minimum handling.
- 2) Proper use of Phototherapy light and infant incubator.
- 3) Improve diagnosis for jaundice

3. Technical Transfer of Ultra-sonic Examination

- 1) Start transferring ultra- sonic examination skill to Tanzanian doctors
- 2) Total number of client who had the service was skull, for cardiac, for abdomen during this fiscal year.

4. Seminar for Doctors

- 1) Conference for doctors started mainly focusing on theoretical, diagnostic and therapeutic meaning of the laboratory examination items once a week.
- 2) A total of 250 doctors attended to the conference in past 7 months.
- 3) Attitude of the doctors has changed to make use of lab-data since the conference started.

5. Seminar for Nurses

- 1) About 100 nurses in the Paediatrics attended the course focusing on management of fever, respiratory and cardiac disturbance.

6. Clinical Laboratory in Ward A&B in MMC

- 1) Construction of the clinical laboratory started in April 1996.
- 2) Test working started in February 1997.
- 3) Capacity of the laboratory is Complete Blood Count (CBC), Biochemistry, Immunology (viral titer, hormonal tests etc.), Electrophoresis, Bacteriology, Malaria test by Polymerase Chain Reaction (PCR) and so forth.

Annex-2

Reference of Activity 1996/1997

No	Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activities in Tanga													
1	MCH steering committee												
2	Basic Health Survey		US Child Health Survey		Interview to Mothers				Registration Mapoma				
3	Training for Village Health Workers				Appoint VHWs in Pongwe	Seminar for VHWs							
4	Training for Traditional Birth Attendants							TBA's Seminar in Pongwe Mapoma					
5	Seminar and On-The-Job-Training for Medical Staff												
6	Classes for Mothers Education												
7	Renovation of Pongwe Health Centre												
8	Construction of Mapojoni Health Centre												
Activities in MMC													
1	Technical Transfer in Paediatrics												
2	Technical Transfer in Neonatal Unit												
3	Technical Transfer of Ultra-sonic Examination												
4	Seminar for Doctors												
5	Seminar for Nurses												
6	Clinical Laboratory in Ward A&B in MMC												Working

⑤ プロジェクト進捗状況報告書 (④の邦訳)

プロジェクト進捗状況報告

1997年9月10日

タンザニア母子保健プロジェクト
チームリーダー 松林 信幸

序

1991年11月にR/Dが締結され当プロジェクトが開始した。現在、開始以来2年半を経たが、巡回指導チームを迎え後半の活動指針を内外に示す時期である。そこでプロジェクト前半の活動をまとめ、関係諸氏に広く知っていただきご意見、ご批評をいただき、次のステップの糧としたい。わかりやすく、かつ負担とならないように要点に限るよう努めた。添付の活動のチャートがご理解の一助になれば幸いである。詳細な資料とデータを必要な方はいつでも連絡をいただきたいと思えます。

A. 1995年1月～1996年3月

I. タンガ地区

地域社会型の活動がタンガ地区での活動の基本である。2つの郡が活動地域として選ばれている。その中でコログウェ郡のマゴマ地区及びタンガ市のボングウェ地区をパイロット地域として活動している。州保健管理委員会 (REGIONAL HEALTH MANAGEMENT TEAM, RHMT) と郡保健管理委員会 (DISTRICT HEALTH MANAGEMENT TEAM, DHMT) と協力体制を組み、種々計画と実行の決定を行っている。

1. 基本調査

1) パイロット地区における医療保健施設の状態調査:

保健施設の不足、老朽化、医療器具の不足、給料遅配、昇級の遅れに加えて、医療従事者間で小児の死亡率がむしろ高いことが判明した。

2) 母子に対する面接調査:

中程度栄養不良が20%、ワクチン接種率76.9%、小児死亡の51～62%は家庭で死亡している。また妊産婦死亡率は642/100,000であった。

2. 母子保健運営委員会の設置

マゴマ地区の各区において設置。母子保健活動の支援活動を行う予定。

3. 村保健員のミーティング

マゴマにて第1回のミーティング開催。52名が参加。

4. 村民の登録

ポングウェにて70名の補助員を3日間セミナーにて訓練後、各世帯を訪問し村民の登録を行った。一定地域のこのような登録はタンザニアでは初めての試みではないと思われる。

5. プロジェクトオフィスをボンボ病院に設置した。

II. ムヒンビリ・メディカル・センター

1. 基本調査

1) 微生物科、中央検査室の基本的能力の調査

2) 入院患者についての疫学的・病因学的調査が行われ、以下のことが判明した。

i) 5大疾患で死亡の95%を占める。

ii) 小児科入院患者の90%はムヒンビリから15km以内の地域に住んでいる。

iii) 小児科での死亡患者の50%は、入院後48時間以内に死亡している。

2. 小児科における技術移転

1) 電解質検査：

ベッドサイドでドライケミストリー（簡略化した検査で小さな器具でできる）にて検査を行い、その結果を直ちに患者に適用させる試みを行った。電解質異常を経口の塩分摂取にて補い、著大な改善をみる症例があった。

2) 回診に参加し、タンザニア側医師と症例について討論を行う。

3. 新生児病棟における技術移転

1) 基本調査

2) 黄疸児に対する光線療法の改善

3) 吸引機の適正な使用

4. 超音波検査法の技術移転

カラードップラー付きの超音波診断装置が導入され、日本人専門家による技術移転が開始された。診断能力の向上を目指し、それによってよりよい治療を期待する。安定した電力の供給と安全な部屋の確保が必要であった。

5. オーシャンロード病院内に事務所開設

6. ムヒンビリ病院内に事務所開設

B. 1996年4月～1997年3月

1. タンガ地域

1. 母子保健運営委員会をマゴマ地区の各区に拡大

2. 基本的保健調査

1) ポングウェで行った登録の分析とフィードバック

2) 5歳以下の小児では1.5%の重度及び20%の中程度栄養不良がみられ、これはタンガ平均より高かった(0.2%、2%)。ワクチン接種率は76.9%でタンガ平均(85%)より低かった。

3) 3,180人の母親に対する面談調査では、ポングウェとマゴマ両地区において識字率はそれぞれ80%、70%、家庭での出産率は34%、51%、重症児だが上級施設へリファーされない割合は79%、72%であった。安全な水が手に入るのは全体で8%にしか過ぎなかった。

3. 村保健員のトレーニング

1) ミーティングでの村保健員よりの情報収集

2) ポングウェにおいて60名の村保健員の任命

3) ポングウェにおける初期トレーニングコース開催(60名)、マゴマにおける全トレーニングコースの開催(52名)

4. 伝統産婆のトレーニング

1) 伝統産婆の実態調査

2) 伝統産婆のトレーニングセミナー開催。ポングウェにて38名参加、マゴマにて45名参加。

5. ポングウェ・ヘルスセンターにおける医療従事者に対するセミナー及び現場でのトレーニング

緊急の出産に対する処置法についてのワークショップを助産婦、看護婦向けに開催。

6. 母親学級

母子保健外来にきた母親向けに紙芝居を用いて啓蒙活動を継続。

7. ポングウェ・ヘルスセンターの改装

活動の中心地として同ヘルスセンターの改装を開始した。屋根のふき替えを完了し本年度は井戸、排水、天井及びトイレなどの改善を予定している。

8. マボジョニ・ディスペンサリーの新築

上記調査により高死亡率のみられた同地区に、住民よりの要望によりディスペンサリーを新築することを決定し開始した。資材をタンガ市役所、医療機器をJICA、労力提供を住民側からと3者の協調体制で行われている。

II. ムヒンビリ・メディカル・センター

1. 小児科における技術移転

- 1) ベッドサイドでの教育、文献抄読会、症例検討会、検査項目についての勉強会を通じて診断治療技術の向上を図る。
- 2) PCRなど新技术を使用したマラリア診断法の向上を試みている。

2. 新生児棟における技術協力

- 1) 体温保持、清潔保持、栄養法など基本的新生児学の技術移転
- 2) 光線療法及び新生児保育器の適正な使用法
- 3) 黄疸症例の診断法の改善

3. 超音波診断法の技術移転

- 1) タンザニア医師に対する超音波診断法の技術移転
- 2) 1997年4月までの時点で腹部76、頭部70、心臓186、の症例が検査された。

4. 医師向けセミナー

- 1) 主として検査室データについての勉強会を行い、それらの診断的・治療的意味を技術移転した。
- 2) 7カ月に延べ250名の医師が参加した。
- 3) 医師の検査室データ重視の姿勢を生み出した。

5. 看護婦向けセミナー

- 1) 主として発熱疾患、呼吸器及び心疾患についての患者の取り扱い方について開催した。
- 2) 約100名の看護婦が受講した。

6. 臨床検査室

- 1) 1996年4月建築開始
- 2) 1997年2月試験的運営開始
- 3) 検査室の能力は、血算、生化学、免疫学的検査、蛋白電気泳動、細菌学的検査及びマラリアPCR検査を含む。

Annex-1

Reference of Activities 1995/1996

No	Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Activities in Tanga																	
1	Baseline Study					Preparation					Questionair						
2	Steering Committee for JICA Support MCH Project										MCH investigation						
3	Seminar for VHW										Preparation				Magoma		
4	Registration of the Villagers													Pongwe			
5	Establishment of Office in Bombo Hosp																
Activities in MMC																	
1	Baseline Study in MMC	Microbiol			Paediatrics		Epidemiology		Major Diseases								
2	Technical Transfer in Paediatrics								Electrolysis in Bedside								
3	Technical Transfer in Neonatal Unit																
4	Technical Transfer of Ultra-Sonic Exam								Room Renovation						Install		Start Instruction
5	EPI support													Survey System Information			Cooperation in NID
6	Survey for Clinical Lab Construction														Water		Electricity
7	Estabilis of Office in Ocean Raod Hosp																
8	Estabilish Office in MMC																

Reference of Activity 1996/1997

No	Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activities in Tanga													
1	MCH steering committee												
2	Basic Health Survey		US Child Health Survey		Interview to Mothers				Registration Magoma				
3	Training for Village Health Workers				Appoint VHWs in Pongwe	Seminar for VHWs							
4	Training for Traditional Birth Attendants							TBAS Seminar in Pongwe Magoma					
5	Seminar and On-The-Job-Training for Medical Staff												
6	Classes for Mothers Education												
7	Renovation of Pongwe Health Centre												
8	Construction of Mapojoni Health Centre												
Activities in MMC													
1	Technical Transfer in Paediatrics												
2	Technical Transfer in Neonatal Unit												
3	Technical Transfer of Ultra-sonic Examination												
4	Seminar for Doctors												
5	Seminar for Nurses												
6	Clinical Laboratory in Ward A&B in MMC	Construction											Working

⑥ JICA Support MCH Services Project in Tanga Pilot Area,
Physical Implementation Progress Report, Sept. 1995-Aug. 1997.

JICA SUPPORT MCH SERVICES PROJECT IN TANGA PILOT AREA



JICA

Mradi wa Huduma ya
Afya ya Mama na
Mtoto Tanzania

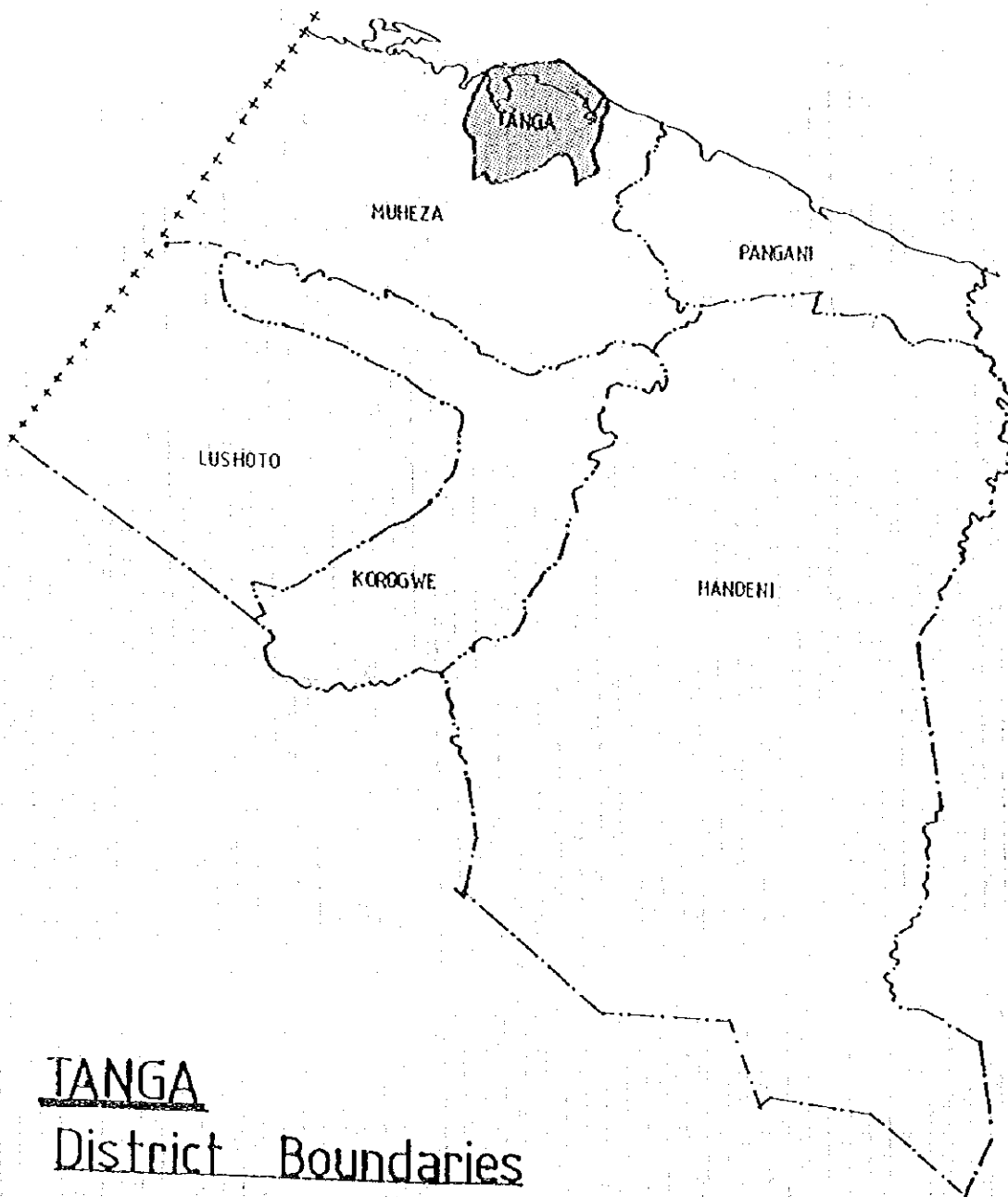
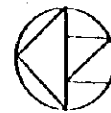


Imetayaridhwa na Shirkati ya Ushirikiano
wa Kinataifa la Japan (JICA)

PHYSICAL IMPLEMENTATION PROGRESS REPORT

SEPT. 1995 - AUG 1997

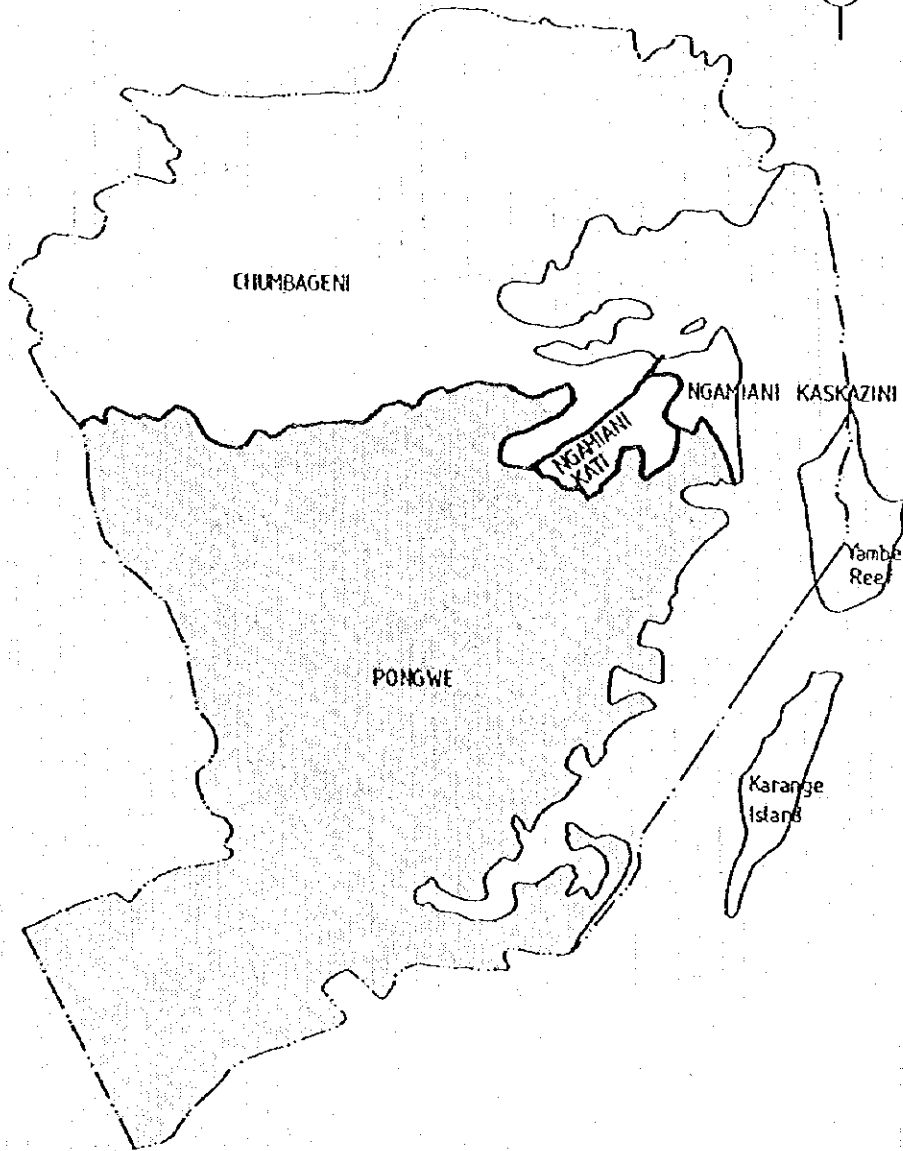
JICA MCH PROJECT



TANGA
District Boundaries

SCALE 1:500000

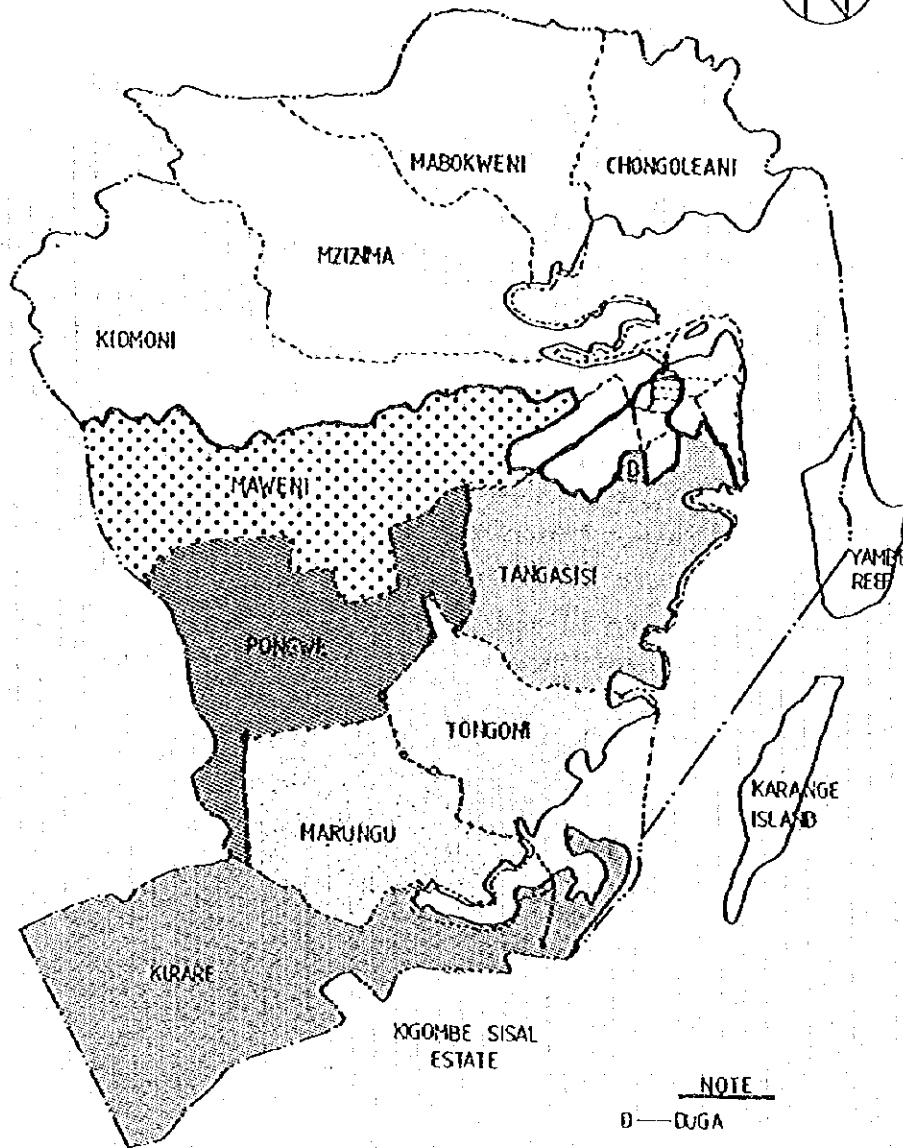
JICA MCH PROJECT- TANGA.



TANGA MUNICIPALITY
DIVISION BOUNDARIES.

SCALE 1 : 250,000

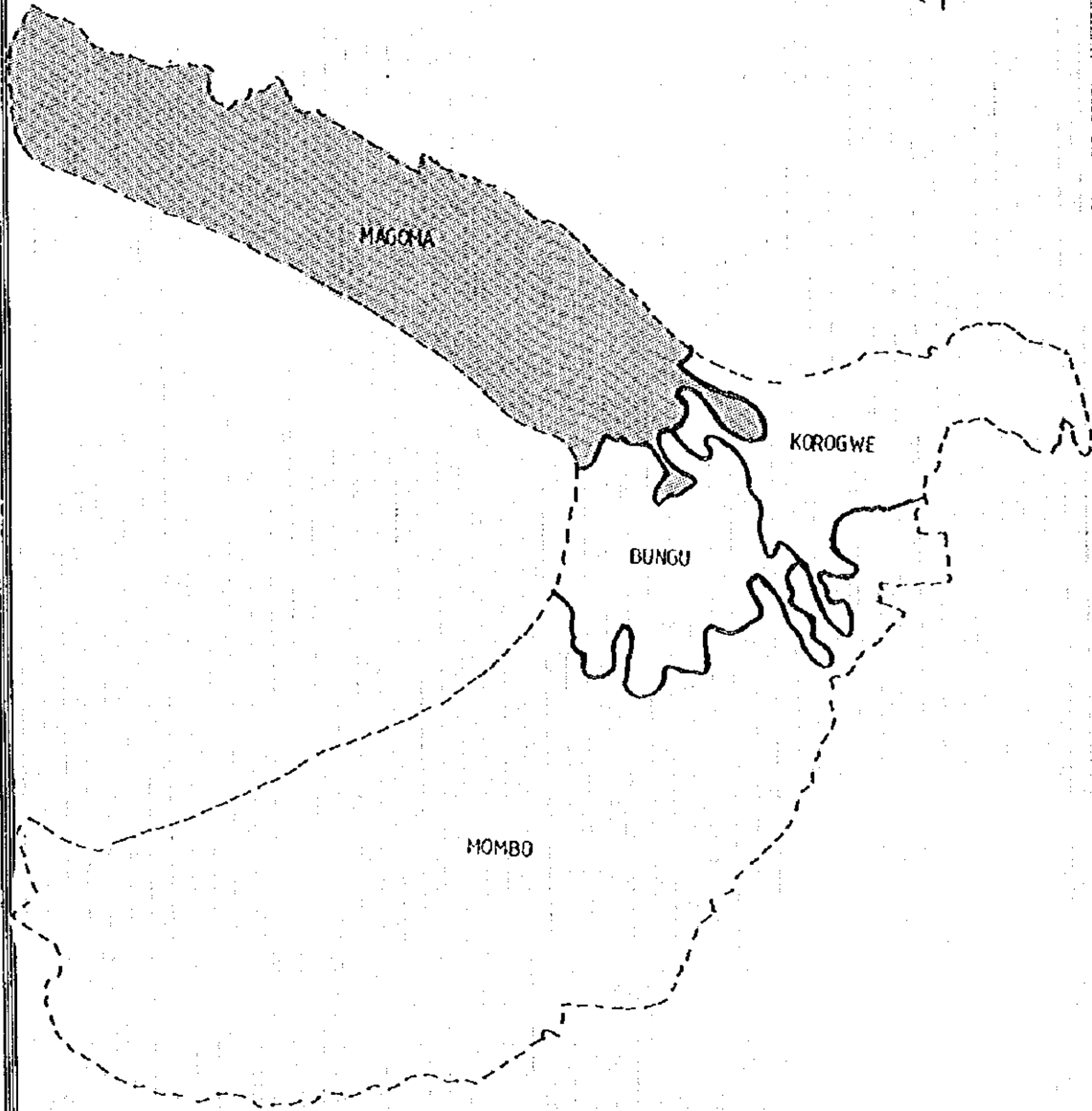
JICA MCH PROJECT



TANGA MUNICIPALITY Ward Boundaries

SCALE 1:250,000

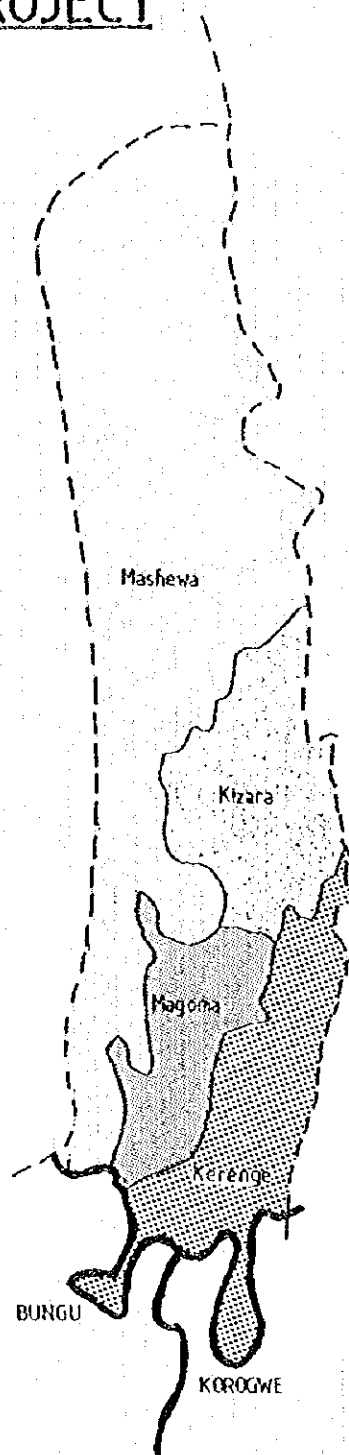
JICA MCH PROJECT- TANGA.



KOROGWE
DIVISION BOUNDARIES.

SCALE 1 : 200,000

JICA MCH PROJECT



MAGOMA

Ward Boundaries

KIPIMO 1:360,000

Table of contents	page
1.0 Introduction	1
2.0 Project Sites	1
2.1 Pongwe division project site	1
2.2 Magoma division project site	1
3.0 PROJECT PURPOSE	2
4.0 LONG TERM TARGET	2
5.0 Project activities	2
6.0 Achievement	3
6.1 Completion of Community Baseline survey and initial registration exercise.	3
6.1.1 PONGWE DIVISION (IMR)	3
6.1.2 MAGOMA DIVISION (IMR)	3
PONGWE DIVISION (IMR & USMR)	4
MAGOMA DIVISION (IMR & USMR)	4
6.2 Other findings of the survey	5
7.0 Training of the community own resource persons - VHW's and TBA's in the project sites.	5
7.1 VHW's training programme	5
7.1.1 Support to VHW's on income generating activities.	5
7.2 TBA's training programme	5
7.3 Production of a simple training manual for training of TBA's.	6
8.0 Provision of Equipment (MCH services) to Health centres and dispensaries	6
9.0 Renovation of Health facilities and improvement of water supply	6
10.0 Support to construction of NEW COMMUNITY DISPENSARY in Mapojoni village.	6
11.0 Constraints encountered during the implementation of the project	7
12.0 Future Plans	7
13.0 Recommendations	8
14.0 Conclusion	8

TANGA - JICA MCH SERVICES PROJECT PHYSICAL PROGRESSIVE IMPLEMENTATION REPORT

1.0 Introduction

Tanga - JICA support MCH service project is a community based programme aiming at involving the health providers and consumers in laying out strategies to reduce the maternal and child morbidity and mortality in the project areas.

Community will be given more chances to make decision on how to improve MCH services in their respective areas. The programme will continue carefully to follow the national health policy guidelines, health sector reform policy and PHC/CBHC strategy in order to achieve its overall goal.

2.0 Project Sites

The project is implemented in two divisions in two districts within Tanga region that is **Pongwe division** in Tanga Municipality and **Magoma division** in Korogwe district. Please see the maps.

2.1 Pongwe division project site

Total population 42,460
Number of wards 7
Number of villages 23

	Ward name	Number of Villages
1	Pongwe	4
2	Marungu	2
3	Kirare	3
4	Duga	4
5	Maweni	2
6	Tongoni	4
7	Tangasisi	4

Table no: 1

HEALTH FACILITIES:

1. Pongwe Rural Health centre
2. Maweni dispensary
3. Tongoni dispensary
4. Kirare dispensary
5. Mwakidila dispensary

2.2 Magoma division project site

Total population 35,086
Number of wards 4
Number of villages 26

	Ward name	Number of Villages
1	Magoma	7
2	Mashewa	6
3	Kerenge	6
4	Kizara	7

Table no: 2

HEALTH FACILITIES:

1. Magoma Rural Health centre
2. Kerenge dispensary
3. Kwemazandu dispensary
4. Makumba dispensary
5. Mashewa dispensary
6. Kalalani dispensary
7. Kwemkole dispensary
8. Kizara juu dispensary

3.0 PROJECT PURPOSE

The project purpose is to reduce the Maternal and the under-five mortality rate in the project areas.

4.0 LONG TERM TARGET

The mother and child can live healthy and safely during pregnancy, delivering and nursing supported by community.

- Mother and child can receive MCH services safely from government and private institution.
- Mother and child can take health education actively using necessary health information
- Community Own Resource Persons within the pilot areas especially VHW's / TBA's and Health Workers (Providers) can support mothers and children to actively participate in strengthening the MCH services at community level.
- Government and private health institution support to achieve self reliance in MCH services using health sector reform strategies.

5.0 Project activities

The project is implemented according to the master plan of the programme agreed by the two Governments and will carry out the following activities:

- 5.1 To train Regional and District Health Management Teams in Public Health and Health Management Information System
- 5.2 To support surveillance of EPI diseases
- 5.3 To prepare education materials
- 5.4 To conduct family planning and other educational seminars in the community
- 5.5 To procure appropriate equipment to the maternal and child health service units
- 5.6 To procure appropriate materials for monitoring and supervision

6.0 Achievement

6.1 Completion of Community Baseline survey and initial registration exercise.

The project conducted registration exercise in order to get the exact information on the target population, house holds characteristics, conditions of mothers / children, and other relevant indicators especially the Mothers and Child mortality rates.

The information was collected using the data instrument known as a QUESTIONNAIRE. The information was collected from women between the age of 12 - 50 years. The total number of 3,360 respondents were interviewed in Pongwe and Magoma division.

The first registration exercise in the two project sites conducted and completed. We have registered all members in each house hold in all villages / subvillages / streets and coded in register book number 1 and 2. We have recorded separately all the underfives in each village. The work was done by Village Health Workers in their respective areas after being adequately trained to perform the exercise.

We now know the mortality figures for each village, ward, division and for the whole project site. We are also pretesting a computer soft ware in analysing vital statistics especially deaths and its causes from the community. The information will be collected by VHW's and TBA's. The study has clearly shown that 54% and 62% of the last child death in house hold occurred at home in Pongwe and Magoma division respectively.

The two tables no: 3 & 4 below show infant mortality rates calculated by using the direct method in the project areas while the other tables no: 5 & 6 calculations for IMR and U5MR were made by using the Brass method.

The summary of mortality rates of Infant / Underfives in each ward for the two divisions (Pongwe and Magoma) is as follows:

6.1.1 PONGWE DIVISION

WARD	UNDER ONE YEAR DEATHS (IMR)
KIRARE	114
DUGA	0
TANGASISI	35
MARUNGU	52
TONGONI	23
PONGWE	65
MAWENI	10
	39

Table no: 3

6.1.2 MAGOMA DIVISION

WARD	UNDER ONE YEAR DEATHS (IMR)
MAGOMA	66
MASHEWA	35
KERENGE	73
KIZARA	36
	53

Table no: 4

Recorded : 1st Oct. 1995 to 31st Sept. 1996

The causes of deaths were recorded as follows:

Fever	65%
Malaria	25%
Diarrhoea	3.1%
Unknown	6.3%

PONGWE DIVISION

WARD	UNDER ONE YEAR DEATHS (IMR)	UNDERFIVE YEARS DEATHS (USMR)
KIRARE	72	113
DUGA	117	195
TANGASISI	62	96
MARUNGU	146	241
TONGONI	109	182
PONGWE	80	129
MAWENI	84	135

Table no: 5

MAGOMA DIVISION

WARD	UNDER ONE YEAR DEATHS (IMR)	UNDERFIVE YEARS DEATHS (USMR)
MAGOMA	117	193
MASHEWA	119	200
KIRENGE	52	78
KIZARA	136	230

Table no: 6
October 1996

N. B Infant Mortality rate

$$\frac{\text{Deaths of infants under 1 year of age in one year} \times 1000}{\text{Live births in a year}}$$

Underfives Mortality rate

$$\frac{\text{Number of Deaths of children from birth to 4 years}}{\text{Number of children in the population aged 0- 4 years (at mid year)}}$$

6.2 Other findings of the survey

- The literacy rate of the interviewed women is 80% for Pongwe division and 70% for Magoma division
- The study found out that among the interviewed women 74% and 52% highlighted that they were not satisfied with health services provided by the Government health Institutions in Pongwe and Magoma respectively.
- The place of delivery of last pregnancy clearly indicated that 34 % and 51% of the interviewed women delivered at home in Pongwe and Magoma respectively.
- We have also found that once the child gets seriously sick is not referred to the upper level health facility for further management. Among the interviewed women 79% in Pongwe and 72% Magoma they did not refer their children to hospital for intensive care.
- Adequate water supply is one the basic elements of PHC because water - borne diseases are among the major problems that require intervention. The study has shown that only 8% of the interviewed women are being provided with clean water in Magoma division. The rest of the women collect their cooking and drinking water from unprotected wells and river water. Pongwe gets the water from Tap water (empty) 43%, unprotected wells 31%, and protected 24%. The rest use the river water.

7.0 Training of the community own resource persons - VHW's and TBA's in the project sites.

7.1 VHW's training programme

The training of VHW's is one of fundamental tasks of the project. The project will increase the coverage of VHW's in the area. The programme has so far conducted full training course of 52 VHW's in Magoma division and an introduction course including conduction of registration exercise for 60 VHW's in Pongwe division.

7.1.1 Support to VHW's on income generating activities.

The roles for VHW's are well defined as a health promoter, animator, motivator, coordinator and innovator at community level. Hence, they have the responsibilities to facilitate community members to live a healthier life. The VHW's are normally Volunteers selected by community within their respective villages. The programme looked into the strategies to make VHW's continue to give their services effectively with minimal daily life problems. We have introduced the VHW's to NGO' (Poverty Africa) that supports on establishing income generating activities. The VHW's have formed their own groups of five persons at ward level to initiate income generating projects. We hope this strategy will reduce the drop out rate and enhance the sustainability process.

7.2 TBA's training programme

Training of TBA's is one of the strategies to improve delivery services at community level and the emphasis has been put to identification of at risky mothers. The project has so far identified all the TBA's in the project area. The total number of 190 TBA's were identified in Pongwe division and 131 TBA's in Magoma division. We have conducted a training of 38 TBA's and 45 TBA's in Pongwe and Magoma division respectively.

7.3 Production of a simple training manual for training of TBA's.

We have prepared a simple reference manual to be used by the TBA's at home. The manual will be distributed and pretested to all trained TBA's in our area. We expect to get the feedback on its usefulness so that we can improve the manual.

8.0 Provision of Equipment (MCH services) to Health centres and dispensaries

The current situation of MCH equipment in the our health facilities is not in very satisfactory. We have done the first inventory of MCH equipment last year to all Health facilities in our project area. The inventory was based on the MOH standard list of equipment for health centres and dispensaries. JICA supplied some of equipment last year please see the attached in the appendix. The equipment for the Peadriatic ward is not yet supplied. We are going to do another inventory in each Health facility very soon so that we can request JICA to order for us the necessary MCH equipment.

9.0 Renovation of Health facilities and improvement of water supply .

The programme realised the importance of renovating the Health facilities as one aspect of improving the MCH services in the pilot areas. The long term plan is required to undertake this task. The exercise requires contributions from the community, local government and JICA.

JICA provided funds to renovate Pongwe Health centre. The roof is repaired and replaced with new c.i sheets. The centre still requires further renovation like replacement of ceiling, sewage system rehabilitation, and other minor repairs. Inadequate Water supply is one of the major problem mentioned in almost all health facilities. We are working out a plan with JICA to support on this issue on a joint basis.

Water supply in Magoma Rural Health centre is a major problem and Magoma ward in general. JICA conducted a special water survey through MERRY WATER COMPANY of Dar-es-salaam. The report is with JICA MCH service office in Dar es salaam.

We have constructed as temporary measures 'a rain water harvest tank' in Magoma Health centre. We expect to prepare an appropriate plan to improve water supply in our health facilities. We will discuss the recommendations made by the MERRY water to improve water supply in our project areas.

10.0 Support to construction of NEW COMMUNITY DISPENSARY in Mapojoni village.

The feedback on the registration exercise was provided to community after the analysis process. Mapojoni was one the village with the highest IMR and MMR in the pilot area. Hence, during the feedback meeting community were given chance to discuss the situation and give their opinion on how to reduce the magnitude of the problem.

The community ranked the main problems as follows:

- 1. Long distance to their catchment dispensary (KIRARE)
- 2. Tansport to carry their cash crops and the road not passable all seasons
- 3. Inadequate water supply

Thereafter, they prioritised their solutions to overcome the above problems as follows :

- **1. They need to construct their own Community dispensary**
- **2. Rehabilitation of feeder road connecting to main road**
- **3. Support to improvement of water supply**

We later prepared a joint plan to initiate the construction of the dispensary on the following agreement terms :

- The community agreed to provide labour force for the construction under the supervision of Municipal Building Engineer
- Municipal Council to provide transport to carry the building materials and cement for construction.
- JICA to provide c. iron sheets, doors and windows frames, furnitures, MCH equipment etc.
- The Municipal Medical officer of Health to recruit staff to run the dispensary

11.0 Constraints encountered during the implementation of the project

11.1 Failure to respond in time to support community initiative efforts on health development activities.

11.2 The project is not fully integrated into Regional and District health plans

11.3 Inadequate coordination of JICA MCH services at Regional, District and Community level

11.4 Inadequate funds

11.5 Limited local contribution

11.6 Limited counter part training opportunities to Tanga team

12.0 Future Plans

12.1 Follow the action plan for the year 1997 and improve whenever necessary by the DIIMT and RHMT in collaboration with the JICA Experts.

12.2 Strengthen the training of VHW's and TBA's and improve on data collection, analysis, and utilisation process of vital statistics at community level.

12.3 Continue to support on provision of essential equipment to MCH health units according to standard list approved by the MOH

12.4 Continue to support community efforts on health development activities related to improvement of MCH services.

12.5 Facilitate the integration of JICA MCH services into the Regional and District health plans by encouraging more participatory planning

12.6 Strengthen the Referral line

12.7 Improve coordination at all levels

12.8 Conduct Operational research to address specific problems related to MCH services according to the districts priority.

13.0 Recommendations

We highly recommend that the project must follow carefully the national health sector reform policy during planning, implementation, monitoring and evaluation stage. The programme must always think in advance on sustainability concept in all stages.

The impact of JICA MCH services will assist us to evaluate the implementation process of Health sector reform policy.

14.0 Conclusion

The two and half years implementation period of JICA - Tanga MCH project has been a good experience in improving the MCH services with limited resources. We have to express our sincere thanks to the Japanese Government for the assistance.

The equipment supply, renovation of Pongwe health centre, provision of health education materials and office equipment / data processing facilities, provision of funds for training of VHW's and TBA's, support to community health project (Mapojoni village model), support to carry out the study on improvement of water supply, and technical support from JICA Experts are well appreciated as a great investment to Tanga people.

The experiences learnt from the programme will assist both parties to strengthen our future strategies on reducing high morbidity and mortality rate of mothers and children in our project site by involving both health providers and consumers.

We have all of us to agree that if you educate the MOTHER you have educated the whole family ..

If you think education is expensive, then try ignorance...

We hope to improve better communication in future to our project.

THANK YOU FOR LISTENING.

ACTION PLAN FOR YEAR 1997 (Jan. to Dec.)

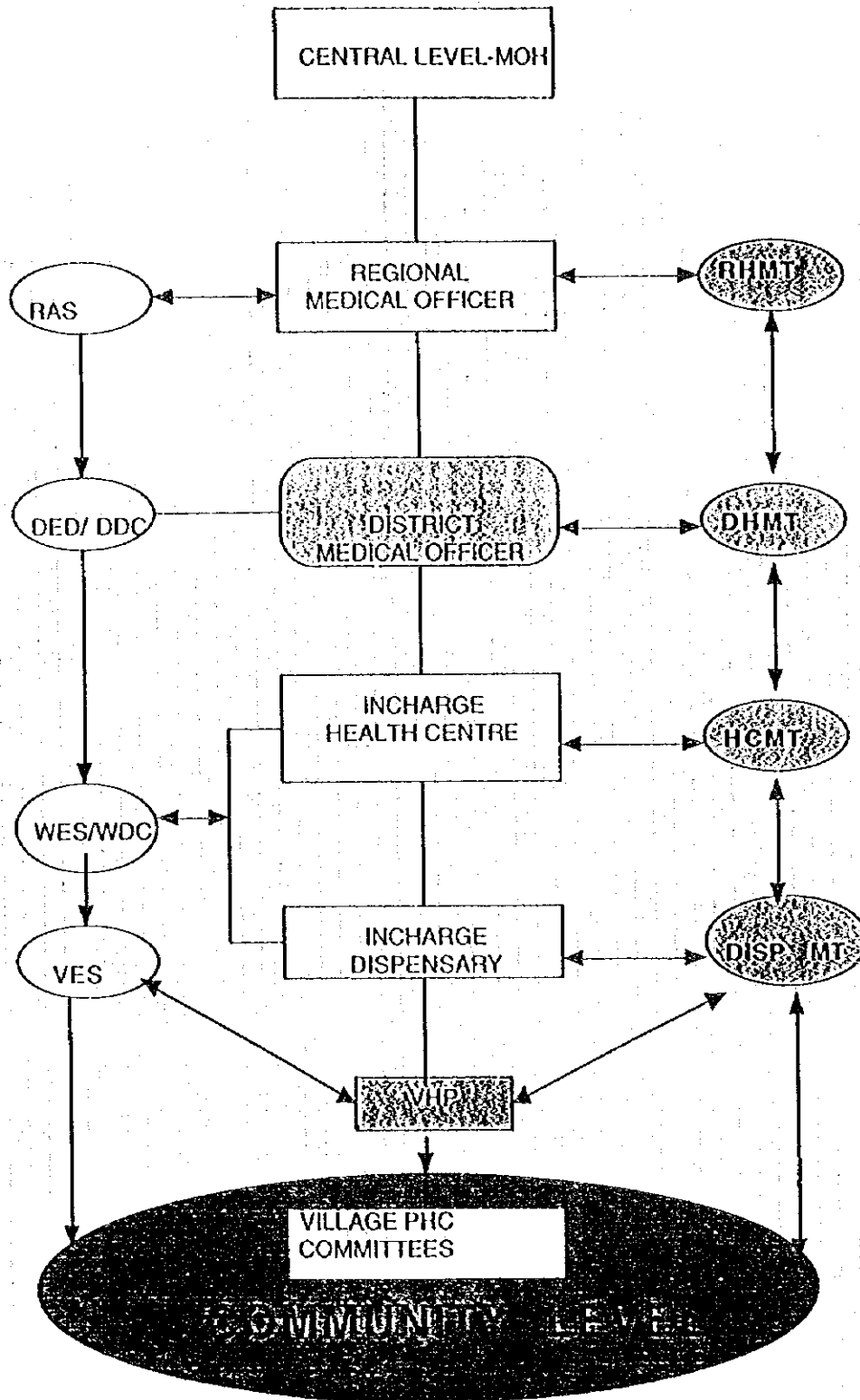
JICA Maternal and Child Health Services Project in Tanga Region

OUTPUT: Strengthening Maternal and Child Health Services in the pilot areas

Activities	J	F	M	A	M	J	J	A	S	O	N	D	Responsible person	INPUT		Important assumptions
														Budget	Resource	
1 Conduct Baseline survey (cont.)													JICA/R/HMT/DHMT	stationary & transport	JICA provide logistic support	
- Data analysis																
- Feedback to H.U & Community													DHMT			
2 Continue to hold seminars and training of VHW/TEA													JICA/DHMT	stationary & transport	JICA to provide funds	
- Closing ceremony													DHMT			
- Refresher courses													JICA/R/HMT/DHMT			
3 Conduct 2nd registration exercise													DHMT	stationary & transport	community support secured	
- Data collection & analysis														registers/transport		
- Presentation/Feedback to all levels													JICA/R/HMT/DHMT			
4 Upgrade H.U with community support (Community based initiative)													JICA/R/HMT/DHMT	materials		
5 Supply MCH equipments to H.U													JICA/R/HMT/DHMT	equipment	JICA release funds in time	
6 Conduct integrated supervision & monitoring													JICA/R/HMT/DHMT	transport	DHMT support realised	
7 Conduct evaluation (internal & external)													JICA/R/HMT/DHMT	stationary & transport		
8 Technical support to clinical aspects													JICA/R/HMT/DHMT		Coordination improved JICA experts in DES & Tanga site	
9 Preparation of 3rd registration exercise													R/HMT/DHMT	Registers/transport		
10 Re-planning w/ shop with DHMT																

PROJECT ADMINISTRATION FROM CENTRAL TO VILLAGE LEVEL

6



JICA SUPPORT MCH SERVICES PROJECT

EQUIPMENT SUPPLIED TO HEALTH FACILITIES IN THE PILOT
AREA ACCORDING TO THE STANDARD EQUIPMENT LIST BY
MINISTRY OF HEALTH.

No.	I T E M	D E L I V E R E D		
		PONGWE	MAGOMA	TOTAL
1.	Examination Couch			
2.	Delivery Bed			
3.	Sphygmomanometer Aneroid	13	18	31
4.	Stethoscope Binaural	13	17	30
5.	Foetalscope Pin.mono			
6.	Bathroom scale			
7.	Infant scale	3	3	6
8.	Salter Scale			
9.	Sterilizer Inst. Boil			
10.	Kerosine stove			
11.	Kidney Basin 825 ml	10	8	18
12.	Inst.Tray & Cover			
13.	Forceps Hyst. straight	11	11	22
14.	Forceps Sponge Hold			
15.	Forceps Uterine	10	14	24
16.	Scissors Uterine Sins			
17.	Uterine Sound Simpson	10	14	24
18.	Measuring Tape			
19.	Forceps Artery Med	11	9	20
20.	Forceps Artery long	9	13	22
21.	Scissors Curved	1	5	6
22.	Scissors Episiotomy	6	9	15
23.	Bowl Medium Size	23	5	28
24.	Bowl Small Size	1	16	17
25.	Nail Brush			
26.	Enema Jar & Tube Set	6	5	11
27.	Speculum Vaginal Biv	5	8	13
28.	Speculum Vaginal Large	2	2	4
29.	Mucus Suction Set			
30.	Ambu Bags Neonatal	5	10	15
31.	Vacuum Delivery Set			
32.	Thermometer Clinical	14	8	22
33.	Macintosh Apron			
34.	Macintosh 2 Meter	12	11	23
35.	Gloves Reusable	49	68	117
36.	Catheter Urethral	24	26	50

No.	I T E M	D E L I V E R E D		
		PONGWE	MAGOMA	TOTAL
37.	Torch			
38.	Urinary Test Set	6	8	14
40.	Haemoglobinometer Set	5	5	10
41.	Bicycle	2		2
42.	Vaccine Carrier			
43.	Ice Packs			
44.	Jerry Cans (Kerosine)			
45.	Chalk Board			
46.	Stove (EPI)			
47.	Steam Sterilizer			
48.	Kit B			
49.	Vaccine Trays			
50.	Timer Clock			
51.	Thermometer (Vaccine)			
52.	Refrigerator	1		
53.	Apron (MCH)	38	53	91
54.	Foot Suction Pump	4	6	10
55.	Electrical Suction Pump	1	1	2
56.	Str Scissors 15cm	6	9	15
57.	Flip Chart Board		1	1
58.	MCH Files		100	100
60.	Matres	6		6
61.	Mosquito Nets	21		21
62.	Long Desk	8		8
63.	Long Chair	8		8
64.	Motor Bike	1	1	2
65.	Cement		21 bags	21

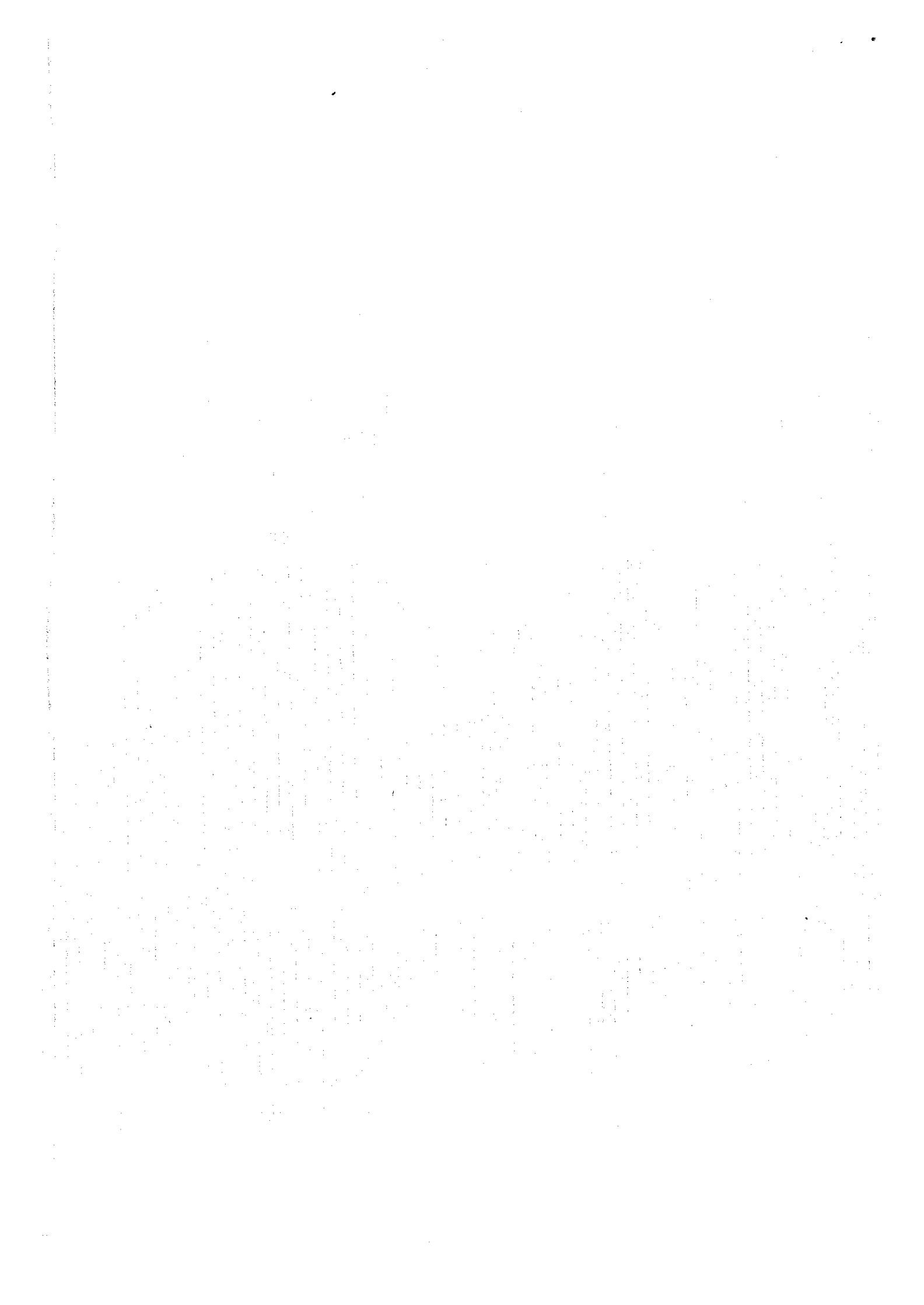
JICA SUPPLIES LIST IN MAPOJONI JICA HEALTH POST.

ITEM	QUANTITY	AMOUNT Tsh
1.Iron Grill door (S)	3	120,000
2.Gutters	10	30,000
3.Brackets	15	12,750
4.Iron sheet (S)		246,000
5.Iron bars 8mm	2	4,000
6.Iron bars 12mm	10	18,000
7.Ridge caps	8	20,000
8.Wood cypres, 1 x 6-350 Rf		
2 x 2-330 Rf		
2 x 4-275 Rf		
1 x 8-120 Rf		95,000
9.Window 5 x 6	6	230,000
10.Door and Frame (S)	1	40,000
11.I Table and 4 chairs (S)		80,000
12.Bench 6.5 x 8 (S)	4	9,500
13.Timber for bed (S)		8,000
14.Wood 0.5 x 2-205 Rf (S)		8,000
15.Wheel barrow	1	20,000
16.Shovel	4	10,000
17.Basin	10	8,000
18.Nails	10 kgs	5,000
19.Roofing nails	5 kgs	5,000
20.Red oxide (S)	2 gals	12,000
21.Blue paint (S)	2 gals	12,000
22.Brush (S)	3	900
23.Mosquito gauze (S)	2 rolls	9,000
24.Bolt & Nut (S)	33	4,950
25.Lockes (S)	2	2,000
26.Pad bolts (S)	2	1,300
27.P bend 1" (S)	1	500
28.Pipe 40cm (S)	3	
29.Gate valve 1" (S)	2	
30.Washells (S)	100	1,000
31.Iron bar 12mm	8	14,400
32.Stop cock 1"	1	
TOTAL		1,339,000

MUNICIPAL ENGINEER.

- 1) Cement 100 bags @ 3500/- = 350,000.
- 2) Coarse aggregates stones 2 trips @ 25,000/- = 50,000.
- 3) Transport.

Kata	Code no.	Kijiji	Code no.	Kitungoji	Code no.	Tarehe	Mwezi	Mwaka	Ujazito kadi MCH N/H	Mimbo ya mwisho M/Mwaka
Kaya No.	Jina	Jinsia	Kuzaliwa	Dalili za ugonjwa	Kifo	Mahali pa Kifo				
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/
			/ /	1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 Nyingine ()	/ /					/



JICA