

8 . Evaluation of JICA MCH Project Muhimbili National Hospital, Department of Paediatrics and Child Health

EVALUATION OF JICA MCH PROJECT  
MUHIMBILI NATIONAL HOSPITAL  
DEPARTMENT OF PAEDIATRICS AND CHILD HEALTH

- 1.0 **Preamble:** The department of Paediatrics and Child Health opted to evaluate the JICA MCH project, which will come to an end on 30<sup>th</sup> November 2001.

The following are members of the evaluation team:-

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- 2.0 **Background:** The JICA MCH project began in 1994. The first phase ended in 1999 and the second phase (which is a follow-up period) is expected to end in November 2001. The Specialize Paediatric Laboratory was erected in 1996 and became fully operational from 1997.

The overall goal of the project was to reduce Maternal and Child Morbidity and Mortality in the targeted areas in the United Republic of Tanzania. The targeted centers included Pongwe and Korogwe in Tanga region, MUCHS-Microbiology department and MNH-Paediatrics and Child Health department.

This evaluation concentrated only on Paediatric aspect of the JICA MCH project at Muhimbili National Hospital. Information on how much was the initial budget set for the Paediatric laboratory activities and the total expenditure has not been communicated to the local administration or counterpart staff.

- 3.0 **Evaluation Report on JICA MCH Project:** The components of the report are as listed below:-

1. Data presentation (see appendix)
2. Impact on Morbidity and Mortality
3. Impact on diagnosis and management of patients
4. Improvement of facilities
5. Improvement of skills
6. Utilization of the laboratory services
7. Sustainability of the laboratory
8. Achievements
9. Problems
10. Recommendation.

### **3.1 Impact on Morbidity and Mortality**

The trend of child mortality in 1996 through 2000 has not changed significantly (see appendix-Table 15). Compare with previous data of 1996 – 1998, which showed a total of 196,885 admissions and mortality rate of 14.2 – 15.7%. Many deaths: about 70% occur within 24 hours and before some of the necessary laboratory results are available. Most of these patients are critically ill or even already in a gasping state upon ward entry. Morbidity has been on increase during the same period as evidenced by a number of admissions.

### **3.2 Impact on diagnosis and management of patients**

Before the JICA MCH project started, the department of Paediatrics and Child Health had two side laboratories; one at Makuti and another at A & B wards.

In these laboratories only routine tests like urine and stool analysis, blood slide for malaria parasites, full blood picture by manual count and other few simple tests were done.

The JICA MCH project built a bigger and modern laboratory well equipped with advanced machines. Currently in this laboratory advanced tests like immunology, biochemistry, haematology, bacteriology, ECG and Ultrasonography can be done.

The test results from the laboratory have contributed much to the improvement in laboratory based medicine and management of patients. The laboratory also improved capabilities of medical staff (doctors, nurses, technicians and medical students) on laboratory based medicine skill.

### **3.3 Improvement on facilities**

Much work has been done on this aspect. Various forms of building renovation, such as of Wards A3, B3, 17, 36 and Makuti. Also part of Makuti clinic infrastructure was renovated. The Paediatric wards received various equipments including resuscitative and diagnostic gauges; infusion pumps, pulse oximeter, suction machines, one oxygen concentrator and phototherapy machine. Other equipments were oxygen outlet gauges, incubators and good heating system was installed in ward 36.

Internal communication was improved by installation of internal telephone system between the laboratory and paediatrics wards. Through this communication, efficient return of laboratory results to the wards has been facilitated even on panic data or emergency.

### **3.4 Improvement of skills**

During the 5 years period of the project, seven doctors, one being an administrator, a nurse, two laboratory technicians and an assistant administrator

received counterpart training in Japan. Otherwise a number of seminars were conducted especially during the first two years of the initial project period, to improve skills of doctors, nurses and laboratory technicians in the department. Some of these seminars involved other staff of Muhimbili National Hospital from various departments for sensitization on the use of the Specialized Paediatric Laboratory (SPL).

### **3.5 Utilization of laboratory (SPL)**

There is an increase in the laboratory users as observed from increased number of investigations done per year (see appendix).

Initially the laboratory users were confined to Muhimbili National Hospital, mostly paediatric in-patients and outpatients. Laboratory users' information was spread through seminars involving some of MNH staff. Also the information was disseminated to other medical facilities outside MNH in Dar es Salaam city.

However, a decrease of number of investigations and cash collection was experienced during the breakdown of machines and when some reagents were out of stock for a long time.

### **3.6 Sustainability of the laboratory (SPL)**

One has to look for the following for the laboratory sustainability:

- More than 78% of laboratory users are children under fives who are exempted from payment of user fee.
- The machines installed in the laboratory, such as Cobas Core, Cobas Mira and Micros are now more than 5 years old and they have started showing frequent breakdown. The expenses for repairing or maintenance of these machines are very high.
- The expenditure from the self-fund revolving fund exceeds the cash collections per month.
- Some of the laboratory equipments, e.g. Helena, Centrifuge, Deep Freezer (-70) never functioned since the project started.

None functioning equipments and all above-mentioned factors need to be revisited in order to enable sustainability of the laboratory.

### **3.7 Achievement**

The achievements met by the JICA MCH project include:-

- Erection of the modern Paediatric laboratory,
- Provision of equipment to Paediatric and Child Health infrastructure,
- Improvement on laboratory diagnosis and management of patients,
- Transfer of skills to local personnel,
- Improvement of Medical Student training in laboratory techniques,

- Communication skills among medical staff
- Created employment

### **3.8 Problems**

- Unstable supply of reagents
- Delay of full maintenance services to the equipment because of the dependence of engineers from outside the country.
- Lack of full-time administrator and finance management.
- Loss of fee paying patients during breakdown of machines and when reagents become out of stock.
- Inadequate manpower of the laboratory
- Difficulties in acquiring funds for daily running of the laboratory.

### **3.9 Recommendations**

The following are recommended to maximize sustainability of the laboratory and for reducing child morbidity and mortality.

- (1) Provision of financial support for the supply of new laboratory equipment, e.g. Cobas Core, Cobas Mira and Micros or any other related new type of machines in one years time from now.
- (2) Project financial support for the repair and maintenance of the existing machines during the one-year period before the supply of new laboratory equipment.
- (3) Immediate replacement of all equipments, which are not functioning since the start of the laboratory.
- (4) Transfer remaining project funds to SPL code in Muhimbili National Hospital account.
- (5) Provision of out-reach services for the Paediatricians from MNH at different health facilities in Dar es Salaam in order to reduce child morbidity and mortality.

**TABLE 1: CAUSES OF ADMISSION IN WARDS A & B**

	Diagnosis*	No of patients	Percentage
1.	Malaria	7339	47.6
2.	Anaemia	4450	28.9
3.	ARI	3544	23.0
4.	UTI	404	2.6
5.	PTB	387	2.5
6.	Septicaemia	334	2.2
7.	Sickle Cell Anaemia	286	1.9
8.	Severe malnutrition	220	1.4
9.	HIV/AIDS	190	1.2
10.	Meningitis	155	1.0
11.	Heart diseases	113	0.7
12.	Others	592	3.8

\* These are the diagnosis on admission, so the final diagnosis after investigations may not be the same to all patients. At least more than 2600 patients had more than one diagnosis at admission, e.g. severe malaria and malaria and pneumonia etc.

There were a total of 15,423 admissions in the two wards in 1999 and 2000.

The leading causes of admission in the two wards were malaria severe, anaemia and ARI.

**TABLE 2: MORTALITY IN WARDS A&B**

	1999			2000		
	No. of Admis.	No of Deaths	Mortality Rate	No of Admis.	No of Deaths	Mortality Rate
Jan – March	1854	288	15.5%	1814	279	15.4%
April –June	2111	355	16.8%	2283	319	14.0%
July – Sept	2298	310	13.5%	1831	242	13.2%
Oct – Dec	1653	242	14.6%	1479	259	17.5%
Total	7916	1195	15.1%	7407	1099	14.8%

More admissions were observed during the middle months of the year between April and September.

There was no change in the mortality rate in the two years 1999 and 2000. The mortality rate was 15% of all the admissions.

**TABLE 3: CAUSES OF DEATHS IN WARDS A & B**

Cause of Death*	1999 N = 1195		2000 N = 1099	
	No. of Patients	Percentage	No. of Patients	Percentage
Malaria	534	44.7	490	44.6
Anaemia	498	41.7	364	33.1
ARI	409	34.2	359	32.7
Meningitis	55	4.6	78	7.1
Septicaemia	19	1.6	53	4.8
PTB	19	1.6	37	3.4
Severe Malnutrition	5	0.4	3	0.3
Diarrhoea	9	0.8	4	0.4
HIV/AIDS	26	2.2	50	4.5
Others	38	3.2	35	3.2

\* One patient may have had more than one problem contributing to death such as severe malaria and severe anaemia and it is sometimes difficult to state the exact cause of death.

The leading causes of death were malaria, anaemia and ARI.

Deaths due to HIV/AIDS and PTB increased two fold from 1999 to 2000.

Diarrhoea and severe malnutrition were the least causes of death in the general Paediatric wards.

**TABLE 4: UTILISATION OF LABORATORY INVESTIGATIONS IN  
WARD A & B (n=100)**

Investigation	Requested		Done		Results in file		Relevant Inv.		Result Utilised	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hb	95	95	95	100	92	97	84	88.4	81	85.2
Bs	95	95	95	100	92	97	90	94.7	45	47.4
FBP	54	54	54	100	37	88.5	51	94.4	46	85.2
ESR	51	51.0	50	98.0	35	70.0	48	94.0	45	90.0
Biochem.	9	9	9	100	5	55.6	8	88.9	6	66.7
Sickling	4	4	4	100	4	100	4	100	2	50
Immunol.	15	15	15	100	5	33.3	15	100	7	46.7
Echo	1	1	1	100	1	100	1	100	1	100
Others	33	33	31	94	22	71	28	84.8	27	81.8

Most of the investigations requested were relevant for the diagnosis and were done, but there was poor utilization of the results in the management of the patient.

Ultrasound examination was the least requested investigation.

**TABLE 5: ADMISSIONS IN WARD 17 & MAKUTI**

	1999			2000		
	Ward 17	Makuti	Total	Ward 17	Makuti	Total
Jan – March	283	70	353	287	98	385
April – June	272	100	372	363	95	458
July – Sept	178	57	235	208	72	280
Oct – Dec	261	54	325	249	76	325
Total	994	281	1275	1107	341	1448

There was an increase in the total number of admissions in the two wards by 13.7%. More admissions are observed during the first half of the year and the last few months. This corresponds to the rain season when more children gets diarrhoea. Of all admissions in ward 17; 1640 (78%) were due to acute watery diarrhoea, 356 (16.9%) had persistent diarrhoea, 91 (4.3) had dysentery and 14 patients (0.7%) had cholera.

**TABLE 6: MORTALITY IN WARD 17**

	1999			2000		
	No. of Admis.	No of Deaths	Mortality Rate	No of Admis.	No of Deaths	Mortality Rate
Jan – March	283	60	21.2%	287	78	27.2%
April – June	272	65	23.9%	363	69	19.0%
July – Sept	178	33	18.5%	208	43	20.7%
Oct – Dec	261	44	16.9%	249	53	21.3%
Total	994	202	20.3%	1107	243	21.9%

There is an increase in the overall mortality rate from 20% in 1999 to 22% in 2000.

**TABLE 7: MORTALITY IN MAKUTI WARD**

	1999			2000		
	No. of Admis.	No. of Deaths	Mortality Rate	No. of Admis.	No. of Deaths	Mortality Rate
Jan – March	70	18	25.7%	98	22	22.4%
April – June	100	35	35.0%	95	26	27.4%
July – Sept	57	18	31.6%	72	26	36.1
Oct – Dec	54	11	20.4%	76	17	22.4%
Total	281	82	29.2%	341	91	26.7%

There was a decline in the overall mortality rate from 29% in 1999 to 26% in 2000.

**TABLE 8: CAUSES OF DEATHS IN WARD 17**

Cause of Death	1999 N = 202		2000 N = 243	
	No. of Patients	Percentage	No. of Patients	Percentage
Malaria	50	24.7	56	23.1
Anaemia	27	13.4	30	12.3
ARI	54	26.8	67	27.6
Meningitis	2	1.0	2	0.8
Septicaemia	6	3.0	6	2.5
PTB	11	5.4	14	5.7
Severe Malnutrition	15	7.5	18	7.5
Diarrhoea	12	5.9	20	8.2
HIV/AIDS	16	7.9	19	7.8
Others	9	4.4	11	4.5

Although diarrhoea is main reason for admission in the ward, it contributes very little to the mortality.

ARI is the major cause of death followed by malaria and anaemia while meningitis was the least.

**TABLE 9: CAUSES OF DEATHS IN MAKUTI**

Cause of Death	1999 N = 82		2000 N = 91	
	No. of Patients	Percentage	No. of Patients	Percentage
Malaria	2	2.5	2	2.2
Anaemia	1	1.2	1	1.1
ARI	6	7.3	8	8.8
Meningitis	-	-	-	-
Septicaemia	-	-	-	-
PTB	4	4.9	5	5.5
Severe Malnutrition	57	69.5	60	65.9
Diarrhoea	1	1.2	2	2.2
HIV/AIDS	9	10.9	10	11.0
Others	2	2.5	3	3.3

Severe malnutrition is the main cause of death in Makuti followed by HIV/AIDS and PTB. Most of the other problems do not significantly contribute to mortality.

**TABLE 10: UTILISATION OF LABORATORY INVESTIGATIONS IN WARD 17 & MAKUTI (n=50)**

Investigation	Requested		Done		Results in file		Relevant Inv.		Result Utilized	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hb	49	98	49	100	49	100	49	100	42	85.7
Bs	49	98	49	100	49	100	49	100	43	87.8
FBP	50	100	42	84.0	42	100	50	100	34	80.5
ESR	50	100	42	84.0	42	100	50	100	34	80.5
Biochem.	48	96	35	73.5	34	97.1	32	66.7	32	91.4
Sick ling	4	8	2	50	1	50	4	100	1	50.0
Immunol.	25	50	20	80	10	50	20	80	10	50
Echo	-	-	-	-	-	-	-	-	-	-
Others	31	62	24	80	21	87.5	24	77.4	21	87.5

Most of the investigations requested were relevant for the diagnosis and were done and the results were available in the patient's file. Utilization of the results in the management of the patient was also satisfactory.

Comparing to previous data, it appears that the mortality rate has not changed despite of having a very good laboratory facility, which is also very efficient in providing results. Observation has however showed that persistently high mortality rate could not be due to under utilization of the laboratory facility, but rather due to delay of patients in the peripheral clinics and hospitals. Most of the patients who die are the ones who come very sick, and it has been observed that more than 70% of the deaths occur within the first 24 hrs of admission. Most of these patients will not have been investigated and therefore they do not benefit the laboratory facility.

So to reduce the mortality rate it needs to improve the peripheral hospitals so that they also improve the care to their patients and refer the one who need referral in the early stages of illness before they go to irreversible state.

**TABLE 11: ADMISSIONS AND DEATHS IN WARD 36**

	1999			2000		
	No. of Admis.	No of Deaths	Mortality Rate	No of Admis.	No of Deaths	Mortality Rate
Jan – March	2001	370	18.5	2277	348	15.3
April – June	2201	362	16.4	2251	399	17.7
July – Sept	2151	303	14.1	1853	320	17.3
Oct – Dec	1803	307	17.0	1961	342	17.4
Total	8166	1342	16.3	8342	1409	16.9

The admissions are distributed almost equally throughout the year, however more during the first half.

Mortality rate has remained almost the same in the two years 1999 and 2000.

**TABLE 12: CAUSES OF ADMISSION IN WARD 36 (1999 & 2000)**

	Diagnosis*	No of patients	Percentage
1.	For care	4464	34.1
2.	HIE	3179	24.3
3.	Prematurity	2997	22.9
4.	Septicaemia	630	4.8
5.	Cord sepsis	386	3.0
6.	Infected liquor	522	4.0
7.	SFD	300	2.3
8.	Pneumonia	198	1.5
9.	Jaundice	98	0.7
10.	HDN	42	0.3
11.	RH incompatibility	43	0.3
12.	ABO incompatibility	22	0.2
13.	BBA	43	0.3
14.	Congenital malformed.	54	0.4
15.	Dehydration fever	98	0.7
	Total	13076	100

At least a third of the neonates admitted in ward 36 are for care for several reasons in their mothers such as caesarian section, eclampsia, and e.t.c.

**TABLE 13: CAUSES OF DEATHS IN WARD 36**

Cause of Death	1999 N = 1342		2000 N = 1409	
	No. Patients	Percentage	No. of Patients	Percentage
HIE	372	27.7	352	25.0
Prematurity	407	30.1	376	26.7
Aspiration Pneumonia	81	6.0	98	7.0
RDS	96	7.2	123	8.7
Septicaemia	117	8.7	134	9.5
Meningitis	6	0.4	8	0.6
HDNB	8	0.6	15	1.1
Hypothermia	10	0.8	20	1.4
HIV	-	-	2	0.1
Others	245	18.3	281	19.9

About a third of all deaths in ward 36 are due to prematurity. The second common causes of death in the neonates are ischaemic encephalopathy resulting from severe birth asphyxia, respiratory distress syndrome and septicaemia.

**TABLE 14: UTILISATION OF LABORATORY INVESTIGATIONS  
IN WARD 36 (n=100)**

Investigation	Requested		Done		Results in file	Utilization
	No.	%	No	%	No.	%
Hb	8	8	4	50	4	50
BS	13	13	11	85	8	61
FBP	3	3	3	100	2	66
Biochem.	11	11	11	100	10	90
Sick ling	0	0	0	-	0	-
Immunol.	4	4	4	100	4	100
Echo	5	5	5	100	5	100
Others	18	18	18	100	12	66

Of the 100 files selected randomly, very few investigations were requested; therefore it is difficult to conclude on the level of utilization of the laboratory facility in Ward 36.

**TABLE 15: TOTAL ADMISSION FOR PAEDIATRIC WARDS**

	1999			2000		
	ADM	DEATHS	%	ADM	DEATHS	%
Jan – March	4138	736	17.8	4369	727	16.6
April – June	4584	817	17.8	4897	813	16.6
July – Sept	4627	664	14.4	3892	631	16.2
Oct – Dec	3717	604	16.2	3689	671	18.2
Total	17066	2821	16.5	16847	2842	16.9

More admissions were observed during the middle months of the year between April and September.

- There was no significant change

1996 – 1998: Admissions = 19,685

Mortality Rate = 14.2% – 15.7% (mean 15.0%)

1999 – 2000: Admissions = 33,913

Mortality Rate = 16.5% - 16.9% (mean 16.7%)

- Project done nothing? - No

Why?

- 70% of deaths occur within 24 hours after admission. Patients are critically ill upon ward entry.

Reason: Late referral from periphery.

Intervention – Needs financial support for outreach activities to the periphery.

- Other needs necessary, e.g. to improve skill of medical of Medical Staff.

**TABLE 16: UTILISATION OF LABORATORY INVESTIGATIONS  
FOR ALL WARDS (n=100)**

Investigation	Requested		Done		Results in file		Relevant Inv.		
	No.	%	No.	%	No.	%	%	Utility(mean)	Utilization(mean)
BS+Hb	144		144	100	141	97.9	93.5	63	76
FBP	107		99	85.91	81	81.8	97.2	100	82
ESR	101		92	91	77	83	98.5	77	85.2
Biochem	65		55	84.85	49	89	80.9	38	78.7
Sickling	8		6	75	5	83	100	3	50
Immunol.	44		39	88.89	19	48.7	90	21	63.6
Others	82		73	89	55	71.4	81.1	48	84.6

1. Investigation Done: 75% - 100%

- Laboratory efficiency is very good
- Lack of reagent affects efficiency

Other effects of efficiency: machine breakdown

2. Results in file: range is between 48.7% and 97%

What does it mean? Improvement on proper record keeping

3. Relevant investigation:

- 81 – 94% - Relevant = Clinicians use the laboratory properly to confirm the clinical diagnosis.
- Impact on diagnosis and management of patients improved
- Cost-effectiveness of the laboratory is ensured.

4. Utilization: 50 – 85%; means: utilization is poor.

Reasons:

1. Premature discharge of patients
2. Difficult to assess utilization with the method used.

TABLE NO.16

NUMBER OF INVESTIGATION BY YEAR					1999
	WARD A&B				
MONTHLY	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	3580	182	472	35	86
APR-JUN	3626	165	313	44	48
JUL-SEP	3545	153	433	38	72
OCT-DEC.	3391	154	449	95	84

NUMBER OF INVESTIGATION BY YEAR					2000
	WARD A&B				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	3239	121	589	20	81
APR-JUN	3634	92	594	114	63
JUL-SEP	3188	103	459	129	65
OCT-DEC.	3197	96	841	39	71

TABLE NO.17

NUMBER OF INVESTIGATION BY YEAR					1999
	WARD MKT				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	198	39	80	1	15
APR-JUN	204	35	79	16	28
JUL-SEP	198	24	101	12	18
OCT-DEC.	257	25	87	41	20

NUMBER OF INVESTIGATION BY YEAR					2000
	WARD MKT				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	223	25	129	18	20
APR-JUN	252	30	136	110	16
JUL-SEP	178	32	101	25	13
OCT-DEC.	211	30	131	13	16

TABLE NO.18

NUMBER OF INVESTIGATION BY YEAR					1999
	WARD 17				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	379	92	94	9	1
APR-JUN	366	43	73	7	1
JUL-SEP	416	46	90	14	6
OCT-DEC.	446	48	87	34	3

NUMBER OF INVESTIGATION BY YEAR					2000
	WARD 17				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	394	75	136	18	5
APR-JUN	389	98	109	15	5
JUL-SEP	332	53	100	5	2
OCT-DEC.	325	95	150	5	4

TABLE NO. 19

NUMBER OF INVESTIGATION BY YEAR					1999
	WARD 36				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	38	43	44	26	79
APR-JUN	28	22	12	21	72
JUL-SEP	41	25	10	3	61
OCT-DEC.	31	14	24	9	13

NUMBER OF INVESTIGATION BY YEAR					2000
	WARD 36				
MONTHS	NUMBER AND TYPE OF INVESTIGATION				
	BS/HB	BIOC.	HAEM.	IMMUN.	ULTRAS.
JAN-MAR	32	12	14	2	60
APR-JUN	39	20	149	25	71
JUL-SEP	34	32	110	22	80
OCT-DEC.	33	27	183	18	75

TABLE

	1999	Nos. Tests	%		Nos. Tests	%
Biochemistry		1060	5.14		981	4.78
Heamatology		2448	11.88		2747	13.38
BS + HB		16240	78.80		15836	77.15
Immunology		424	2.06		573	2.79
ECG		223	1.08		177	0.86
Ultrasound		214	1.04		211	1.03
TOTAL		20609	100		20525	100
PAYING PTS		8119	21.56		10915	25.04
EXEMPTED		29530	78.44		32670	74.96
TOTAL		37649			43585	

\* 78% Exempted patients-

Laboratory sustainability needs support from government/ project

\* Number of Investigations- No much difference despite increased number of admissions  
Why?

\* Clinicians are now more selective on tests to be done than before

\* Not enough tests being done due to lack of reagents (delayed supply, very expensive and breakdown of machine)

\* Lack of personnel trained in the use of certain types of machines; e.g. Ultrasonography needs training)

**TABLE 15: TOTAL ADMISSION FOR ALL PAEDIATRIC WARDS**

	1999			2000		
	ADM	DEATHS	%	ADM	DEATHS	%
Jan – March	4138	736	17.8	4369	727	16.6
April – June	4584	817	17.8	4897	813	16.6
July – Sept	4627	664	14.4	3892	631	16.2
Oct – Dec	3717	604	16.2	3689	671	18.2
Total	17066	2821	16.5	16847	2842	16.9

More admissions were observed during the middle months of the year between April and September.

- There was no significant change

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Reason: Late referral from periphery.

Intervention – Needs financial support for outreach activities to the periphery.

- Other needs necessary, e.g. to improve skill of medical staff, improvement of facilities

NB: Already counter-part training done:

- 7 Doctors (1 Administrator)
- 1 Assist Administrator
- 1 Nurse
- 2 Technicians
- Seminars (during phase 1)

**TABLE 16: UTILISATION OF LABORATORY INVESTIGATIONS  
FOR ALL WARDS (n=100)**

Investigation	Requested		Done		Results in file		Utilization		
	No.	%	No.	%	No.	%	Relevant Invest. (%)	Utilization (mean No)	Utilization (mean %)
BS+Hb	144	100	144	100	141	97.9	93.5	63	76
FBP	107	85	99	85	81	81.8	97.2	100	82
ESR	101	91	92	91	77	83	98.5	77	85.2
Biochem	65	84	55	84	49	89	80.9	38	78.7
Sickling	8	75	6	75	5	83	100	3	50
Immunol.	44	88	39	88	19	48.7	90	21	63.6
Others	82	89	73	89	55	71.4	81.1	48	84.6

1. Investigation Done: 75% - 100%

- Laboratory efficiency is very good
- Lack of reagent affects efficiency

Other effects of efficiency: machine breakdown

2. Results in file: range is between 48.7% and 97%

What does it mean? Improvement on proper record keeping

3. Relevant investigation:

- 81 – 94% - Relevant = Clinicians use the laboratory properly to confirm the clinical diagnosis.
- Impact on diagnosis and management of patients improved
- Cost-effectiveness of the laboratory is ensured.

4. Utilization: 50 – 85%; means: utilization is poor.

Reasons:

1. Premature discharge of patients
2. Difficult to assess utilization with the method used.

## TANGA MUNICIPAL COUNCIL REPORT.

### TRAINING OF TRAINERS FOR TBA'S – PONGWE DIVISION

#### INTRODUCTION:

Traditional Birth Attendants (TBA) is a cadre in its own right that is acceptable by all standards in the local community and enjoys respect among the people as witnessed by reports collected by the health department.

It is this respect that is commanded by the TBAs that calls for a need to accept them as partners, and therefore equip them with knowledge on western medicine, so as to make their practice safer.

From experiences that were gained in previous training which were done by the Maternal and Child Health – Coordinator (MCH – CO.) and the Assistant. Knowledge gained was short lived as acceptable reinforcement which should come from the trainers was lacking hence the need to recruit trainers who should serve as teachers as well as supervisors of the daily activities of the TBAs.

#### PURPOSE:

As mentioned above, one of the aims of the short training, was to get local trainers and supervisors living with the TBAs for close guidance and monitoring of the daily activities.

Not only that, but also as a way of getting the programme sustained and as a means of getting the local supervisor closer to the TBAs. In this aspect then training was done to equip the trainees with the methodology of training, handling techniques in adult learning and updating the midwifery skills.

However, in the management aspect a major achievement and purpose of this system will be the reduction in costs involved in training the TBAs. Cost reduction in the long term is in the areas of per-diems and honorarium in training as well as allowances on supervisory activities.

#### SELECTION OF PARTICIPANTS:

For participants to be selected, several points were looked at:

- (a) Midwifery skills, any participant should have midwifery skills, that would enable her to practice and demonstrate professionalism in the field, and be able to assist and guide somebody else. In this aspect only Public Health Nurses (PHN), Maternal and Child Health Aide (MCHA) and Nurse midwives qualified.
- (b) Locality for such a person to be selected must be working in a health facility that serves the geographical areas in question.

## GENERAL LEARNING OBJECTIVES:

The general learning objectives in training were in three domains:

- Skills
- Attitudes
- Knowledge

In the area of skills, the training was to impart communication, planning, management and teaching skills to the participants. In this case teaching made sure it accommodates development of relevant skills.

The area of attitudes was a difficult one. Through discussion, role playing and explanation of the problem the community faces, building of relevant attitudes was given a trial.

As far as midwifery is concerned, no new knowledge was given except revision and updating.

## DURATION:

2 weeks (23<sup>rd</sup> October – 4<sup>th</sup> November 2000).

## VENUE:

Considering the geographical area, Pongwe Health Centre was chosen to be site of training, because of communication and the infrastructure present.

Areas utilized were:

- MCH Clinic.
- Antenatal Clinic.
- Labour ward.

## METHOD OF TRAINING:

- Combination of several methods were employed depending on what was taught. The variety methods used were:
- Lecture discussion
- Group work
- Role play
- Lepsa
- Practical Demonstration
- Songs

## TRAINING MATERIALS:

Among materials used during training included:

- Flip charts 4
- Writing pad 1
- Pens 7
- Pencils 7
- Exercise books 8
- Masking tapes 2
- Marker pens 10
- Pelvis models 2
- Baby models 2
- Delivery kit 1
- Chalks with different colours.
- Different report forms e.g. Referral forms, Risk factor forms, Special forms to buy consumables in their health facilities.

## REFERENCES.

- Trainers' Guideline
- Implementation Guideline
- Training of Trainers' (TOT) Guideline

## ACCOMPLISHMENT:

All in all, the programme as shown on the time-table was accomplished. However, there are some areas that needed more time. Section on Micro-teaching would have been done better, if more than one teaching session was allowed per participant. The section on Action plan development needed as well more time such that every individual plan of action, should have been discussed in a panel.

## RATING:

There was an agreed criteria for rating the participants in the different aspects of the training. The Pre-test and Post-test was scored out of one hundred points; whereas clinical procedures, micro-teaching, plan of action and presentation the rating varied. To this a checklist was utilized.

PARTICIPANTS LIST; DESIGNATION, ADDRESS AND AREA.

NO.	FULL NAME	DESIGNATION	ADDRESS	AREA (WARD)
1	HAMIDA MOHAMEDI	PHN 'B'	PONGWE H/C	PONGWE
2	ZANIA MOHAMEDI	MCHA	MWAKIDILA DISP.	TANGASISI
3	MWANTUMU ABDALLAH	PHN 'B'	MAPOJONI DISP.	KIRARE
4	SALAMA MWINYIJUMA	MCHA	TONGONI DISP.	TONGONI
5	ZAINABU MUSA	PHN 'B'	KIRARE DISP.	KIRARE
6	MARGARETH KAPOKOLO	N/M	MARUNGU DISP.	MARUNGU
7	ESTRIDA MNKANDE	MCHA	MAWENI DISP.	MAWENI

FACILITATORS LIST:

NO.	FULL NAME	DESIGNATION	ADDRESS	AREA (WARD)
1	PHOIBE MURO	RMCH-CO	BOX: 452 TANGA	BOMBO HOSP.
2	GRACE ATHUMANI	AgMNO	BOX: 178 TANGA	NGAMIANI H/C
3	SARA FUBUSA	AgMMCH-CO	BOX: 178 TANGA	NGAMIANI H/C

BUDGET:

- Participants ..... Tsh. 10,000 x 7 x 14 days = 980,000
- Bus fare ..... Tsh. 29,000 = 29,000
- Allowance for opening and closing ceremony Tsh. 10,000 x 2 = 20,000
- Facilitators allowance ..... Tsh. 7,500 x 3 x 12 days = 270,000
- PER DIEM for RMCH –CO ..... Tsh. 20,000 x 1 x 14 days = 280,000
- PER DIEM for DMCH – CO ..... Tsh. 10,000 x 2 x 14 days = 280,000

GRAND TOTAL TSH. 1,859,900

## PRE AND POST TEST FOR TBA IN PONGWE DIVISION.

TIME: 1 Hour

1. Distinguish who is a traditional birth attendant?
2. Mention 8 responsibilities of a traditional birth attendant?
3. What risk factors will you teach a TBA to give a refer mother? Mention 10 risk factors.
4. Mention 7 main collected reasons, which cause maternal deaths.
5. Mention 5 important steps of newborn babies' problems.
6. Explain the ideas you will use, to teach TBA. (Mention 5)
7. In your view, what stops an adult person in not being trained?
8. Explain 3 steps to set the lesson.

NO.	NAMES	PRE – TEST	POST TEST
1.	HAMIDA MOHAMEDI	69 %	84 %
2.	ZANIA MOHAMEDI	50 %	88 %
3.	ESTRIDER MNKANDE	49 %	88 %
4.	SALAMA MWINYIJUMA	48 %	50 %
5.	MARGARETH KAPOKOLO	41 %	94 %
6.	ZAINABU MUSA	31 %	72 %
7.	MWANTUMU ABDALLAH	11 %	94 %

**TBA REFRESHER COURSE TIMETABLE PONGWE DIVISION. 2000**

DATE/MONTH	TANGA SISI WARD	DUGA WARD	TONGONI WARD	MARUNGU WARD	MAWENI WARD	PONGWE WARD	KIRARE WARD	MAPOJONI WARD
28/11/00 (TUE)								
29/11/00 ( WED)								
30/11/00 (THUR)								
01/12/00 (FRI)								
02/12/00 (SAT)								
03/12/00 (SUN)								
04/12/00 (MON)								
05/12/00 (TUE)								
06/12/00 (WED)								
07/12/00 (THUR)								
08/12/00 (FRI)								
09/12/00 (SAT)								
10/12/00 (SUN)								
11/12/00 (MON)								
12/12/00 (TUE)								
13/12/00 (WED)								
14/12/00 (THUR)								
15/12/00 (FRI)								
16/12/00 (SAT)								
17/12/00 (SUN)								

**SCHEDULE FOR TRAINING OF TRAINERS OF  
TRADITIONAL BIRTH ATTENDANTS - TANGA MUNICIPAL**

**23 - 10 - 2000 - 4 - 11 - 2000**

<b>I<sup>st</sup> WEEK</b>			
<b>DAY</b>	<b>TIME</b>	<b>SUBJECT</b>	<b>RESPONSIBLE</b>
<b>1<sup>st</sup> DAY</b> 23/10/00 Monday	8:00 am - 9:00 am	<ul style="list-style-type: none"> <li>Registration, Introduction</li> <li>Logistic Issues</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
	9:00 am - 9:30 am	<ul style="list-style-type: none"> <li>Official Opening</li> </ul>	MOH(Dr. Ikamba)
	9:30 am - 10:30 am	<ul style="list-style-type: none"> <li>Participants Expectations</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
		<ul style="list-style-type: none"> <li>Workshop Objectives</li> </ul>	RMCH - CO (Mrs. P. Muro)
	10:30 am - 11:00 am	<ul style="list-style-type: none"> <li>Background information of TBA trainings.</li> </ul>	RMCH - CO (Mrs. P. Muro)
		<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Important Information.</li> <li>Roles of a TBA</li> </ul>	RMCH - CO (Mrs. P. Muro)
1:30 pm - 2:30 pm	<b>LUNCH</b>		
	2:30 pm - 3:30 pm	<ul style="list-style-type: none"> <li>Menstruation &amp; Conception</li> </ul>	Ag - DNO (Mrs.G. Athumani)
3:30 pm - 4:30 pm	<ul style="list-style-type: none"> <li>Care of Pregnant mother</li> </ul>	Ag-MMCH - CO (Mrs. S. Fubusa)	
<b>2<sup>nd</sup> DAY</b> 24/10/00 Tuesday	8:00 am - 8:15 am	<ul style="list-style-type: none"> <li>Report of the 1<sup>st</sup> day</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
	8:15 am - 10:30 am	<ul style="list-style-type: none"> <li>Demonstration on how to care for a pregnant mother</li> </ul>	
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Practicals on Palpation</li> </ul>	Ag - DNO (Mrs.G. Athumani)
	1:30 pm - 2:30 pm	<b>LUNCH</b>	
2:30 pm - 4:30 pm	<ul style="list-style-type: none"> <li>Cleanliness &amp; Infection</li> <li>Prevention of Pregnant mothers.</li> </ul>	RMCH - CO (Mrs. P. Muro)	
<b>3<sup>rd</sup> DAY</b> 25/10/00 Wednesday	8:15 am - 8:30 am	<ul style="list-style-type: none"> <li>Report of the 2<sup>nd</sup> day.</li> </ul>	Ag - DNO (Mrs.G. Athumani)
	8:30 am - 10:30 am	<ul style="list-style-type: none"> <li>Nutrition of Pregnant mothers.</li> </ul>	Ag - DNO (Mrs.G. Athumani)
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Breast feeding &amp; weaning</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
	1:30 pm - 2:30 pm	<b>LUNCH</b>	
2:30 pm - 4:30 pm	<ul style="list-style-type: none"> <li>Danger signs during and after delivery.</li> </ul>	RMCH - CO (Mrs. P. Muro)	

<b>1<sup>st</sup> WEEK</b>				
<b>DAY</b>	<b>TIME</b>	<b>SUBJECT</b>	<b>RESPONSIBLE</b>	
<b>4<sup>th</sup> DAY</b> 26/10/00 Thursday	8:15 am - 8:30 am	<ul style="list-style-type: none"> <li>Report of the 3<sup>rd</sup> day.</li> </ul>	RMCH - CO (Mrs. P. Muro)	
	8:30 am - 9:30 am	<ul style="list-style-type: none"> <li>Preparations of conducting delivery.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)	
	9:30 am - 10:30 am	<ul style="list-style-type: none"> <li>How to conduct delivery.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)	
	<b>10:30 am - 11:00 am</b>	<b>TEA BREAK</b>		
	11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Practicals - (Delivery)</li> </ul>	Ag - DNO (Mrs.G. Athumani)	
	<b>1:30 pm - 2:30 pm</b>	<b>LUNCH</b>		
	2:30 pm - 4:30 pm	<ul style="list-style-type: none"> <li>Practicals</li> </ul>	RMCH - CO (Mrs. P. Muro)	
	<b>5<sup>th</sup> DAY</b> 27/10/00 Friday	8:15 am - 8:30 am	<ul style="list-style-type: none"> <li>Report of the 4<sup>th</sup> day.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
		8:30 am - 10:30 am	<ul style="list-style-type: none"> <li>Post Natal Care.</li> </ul>	RMCH - CO (Mrs. P. Muro)
		<b>10:30 am - 11:00 am</b>	<b>TEA BREAK</b>	
		11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Care of the New born baby.</li> </ul>	Ag - DNO (Mrs.G. Athumani)
		<b>1:30 pm - 2:30 pm</b>	<b>LUNCH</b>	
2:30 pm - 3:30 pm		<ul style="list-style-type: none"> <li>Vaccination.</li> </ul>	Ag - DNO (Mrs.G. Athumani)	
	3:30 pm - 5:00 pm	<ul style="list-style-type: none"> <li>Family Planning.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)	
	<b>6<sup>th</sup> DAY</b> 28/10/00 Saturday	8:15 am - 8:30 am	<ul style="list-style-type: none"> <li>5<sup>th</sup> day report.</li> </ul>	RMCH - CO (Mrs. P. Muro)
		8:30 am - 10:30 am	<ul style="list-style-type: none"> <li>Diseases of the Newborn.</li> </ul>	RMCH - CO (Mrs. P. Muro)
		<b>10:30 am - 11:00 am</b>	<b>TEA BREAK</b>	
		11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Prevention of sexually transmitted diseases including HIV.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
		<b>1:30 pm - 2:30 pm</b>	<b>LUNCH</b>	
2:30 pm - 3:30 pm		<ul style="list-style-type: none"> <li>Customs &amp; Taboos in caring pregnant mothers</li> </ul>	Ag - DNO (Mrs.G. Athumani)	

<b>2<sup>nd</sup> WEEK</b>			
<b>DAY</b>	<b>TIME</b>	<b>SUBJECT</b>	<b>RESPONSIBLE</b>
7 <sup>th</sup> DAY 30/10/00 Monday	8:00 am - 9:00 am	<ul style="list-style-type: none"> <li>Summary report of the 1<sup>st</sup> week.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
	9:00 am - 10:30 am	<ul style="list-style-type: none"> <li>Learning &amp; Teaching.</li> </ul>	RMCH - CO(Mrs. P. Muro) /Ag-MMCH-CO (Mrs. S. Fubusa)
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 am	<ul style="list-style-type: none"> <li>Adult Teaching Methology</li> </ul>	RMCH - CO(Mrs. P. Muro) /Ag - DNO (Mrs.G. Athumani)
	1:30 am - 2:30 pm	<b>LUNCH</b>	
	2:30 pm - 4:30 pm	<ul style="list-style-type: none"> <li>Preparation sessions/ subjects</li> </ul>	All trainers.
8 <sup>th</sup> DAY 31/10/00 Tuesday	8:15 am - 8:30 am	<ul style="list-style-type: none"> <li>7<sup>th</sup> day report.</li> </ul>	Ag - DNO (Mrs.G. Athumani)
	8:30 am - 10:30 am	<ul style="list-style-type: none"> <li>Preparation of Sessions.</li> </ul>	All trainers
	10:30 am - 11:30 am	<b>TEA BREAK</b>	
	11:30 am - 1:30 pm	<ul style="list-style-type: none"> <li>Continue - Preparation of sessions.</li> </ul>	All trainers
	1:30 pm - 2:30 pm	<b>LUNCH</b>	
	2:30 pm - 5:35 pm	<ul style="list-style-type: none"> <li>Prepare Sessions.</li> </ul>	All trainers
9 <sup>th</sup> DAY 1/11/00 Wednesday	8:15 am - 8:30 am	<ul style="list-style-type: none"> <li>Report of the 8<sup>th</sup> day.</li> </ul>	Ag-MMCH-CO (Mrs. S. Fubusa)
	8:30 am - 10:30 am	<ul style="list-style-type: none"> <li>Micro - teaching</li> </ul>	All trainers
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	<ul style="list-style-type: none"> <li>Cont. of Micro - teaching</li> </ul>	All trainers
	1:30 pm - 2:30 pm	<b>LUNCH</b>	
	2:30 pm - 4:30 pm	<ul style="list-style-type: none"> <li>Cont. of Micro - teaching</li> </ul>	All trainers

<b>2<sup>nd</sup> WEEK</b>			
<b>DAY</b>	<b>TIME</b>	<b>SUBJECT</b>	<b>RESPONSIBLE</b>
10 <sup>th</sup> DAY 2/11/00 Thursday	8:15 am - 8:30 am	• Report of the 9 <sup>th</sup> day.	RMCH - CO(Mrs. P. Muro)
	8:30 am - 10:30 am	• Micro - teaching	All trainers
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	• Micro - teaching	All trainers
	1:30 pm - 2:30 pm	<b>LUNCH</b>	
	2:30 pm - 4:30 pm	• Micro - teaching	Ag - DNO(Mrs.G. Athumani) / AgMMCH-CO (Mrs. S. Fubusa)
11 <sup>th</sup> DAY 3/11/00 Friday	8:15 am - 8:30 am	• Report of the 10 <sup>th</sup> day.	Ag - DNO (Mrs.G. Athumani)
	8:30 am - 10:30 am	• Record Keeping, Data analysis and Reporting.	Ag-MMCH-CO (Mrs. S. Fubusa)
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	• Record Keeping, Data analysis and Reporting.	Ag - DNO(Mrs.G. Athumani)/RMCH - CO (Mrs. P. Muro)
	1:30 pm - 2:30 pm	<b>LUNCH</b>	
	2:30 pm - 3:30 pm	• TBA KIT & Revolving Funds	Ag-MMCH-CO (Mrs. S. Fubusa) / Ag - DNO (Mrs.G. Athumani)
12 <sup>th</sup> DAY 4/11/00 Saturday	8:15 am - 8:30 am	• Report of the 11 <sup>th</sup> day.	RMCH - CO (Mrs. P. Muro)
	8:30 am - 10:30 am	• Action Plan of TBA training.	RMCH - CO (Mrs. P. Muro)
	10:30 am - 11:00 am	<b>TEA BREAK</b>	
	11:00 am - 1:30 pm	• Training Evaluation.	Ag - DNO (Mrs.G. Athumani)
	1:30 pm - 2:00 pm	<b>Closing</b>	MOH (Dr. Ikamba)

# TANGA MUNICIPAL COUNCIL REPORT

## REFRESHER COURSES FOR TBAs IN PONGWE DIVISION

### INTRODUCTION:

Pongwe Division with 8 wards is one of the two divisions in Tanga Region (together with Magoma Division in Korogwe district) selected for the Japan International Cooperation Agency (JICA) Maternal Child Health (MCH) Project. From 1996 to 1998 the project sponsored courses for untrained Traditional Birth Attendants (TBAs). In 1999 the project sponsored initial refresher courses for TBAs conducted by trainers from the office of the Tanga Municipal Council. As the JICA MCH project is nearing its completion and phasing out by year end of 2001 it was then decided to decentralise the exercise by training TBAs trainers from amongst the working MCHA/PHN/NMW based at Health Centres and Dispensaries within the project area.

### OBJECTIVES:

- Reduce the number of maternal and infant deaths.
- Increase the knowledge and skills of TBAs by teaching them upto date information relating to their working environment,
- Lower the cost of training.
- Make teaching and supervision of TBAs closer and more effective.

### VENUE:

Courses were conducted at eight (8) ward centres each 6 days. Names of trainers and number of TBA participants were as follows:

S/n	Wards	Dates of Courses	TBA (attend)	TBA (absent)	Trainers
1	Pongwe	06/12 – 12/12/00	13	1	Hamida Mohamed (PHN)
2	Maweni	06/12 – 13/12/00	12	2	Estrida Mnkande (MCHA)
3	Marungu	28/11 – 04/12/00	10	0	Margareth Kapokolo (NMW)
4	Kirare	11/12 – 16/12/00	6	0	Zainabu Musa (PHN)
5	Mapojoni	11/12 – 16/12/00	9	4	Mwantumu Abdallah (PHN)
6	Tongoni	28/11 – 04/12/00	6	0	Salama Mwinyijuma (MCHA)
7	Duga	11/12 – 16/12/00	6	2	Zania Mohamed (MCHA)
8	Tanga Sisi	04/12 – 09/12/00	11	4	Zania Mohamed (MCHA)
<b>Total</b>			<b>73</b>	<b>13</b>	

## **SELECTION OF PARTICIPANTS:**

Local village leadership was involved in the selection of practising TBAs who had attended earlier courses. No allowances were paid for attending the courses and therefore, each participant had to personally pay for own subsistence and travelling expenses while attending the courses. In all 86 TBAs showed interest to attend the courses but 13 out of these failed to attend due to various reasons, for instance, sickness, death, marriage and movement outside their villages.

## **METHOD OF TRAINING AND TEACHING AIDS:**

1. Lecture and discussion.
2. Role plays
3. Aprons with pictures
4. Practical demonstration
5. Songs .

### **Teaching Aids included:**

Delivery kit, mother and child cards, bed for pregnant women, delivery mat, clean clothes for mother and child, family planning kit.

### **Subjects taught included:**

- Day 1:**
- Introduction, Registration and Course objectives.
  - Menstruation and conception.
  - Care of pregnant mothers.
  - Nutrition of pregnant mothers.
  - Breast feeding and weaning
- Day 2:**
- Identification of danger signs during pregnancy period, at the time of delivery and after delivery.
  - Referral cases.
  - Post natal care of new babies and mothers.
  - Vaccination of mother and child.
  - Family planning services

- Day 3:**
- Prevention of sexually transmitted diseases including HIV.
  - Preparations of conducting delivery
- Day 4 & 5:**
- Practicals (Delivery).
  - Sustainability of consumables.
- Day 6:**
- Record keeping and Reporting.
  - Training Evaluation and closing.

### **ACCOMPLISHMENT:**

On the whole objectives of the course were achieved as shown by:

- Good attendance by TBAs to the courses at all centres.
- Commendable effort of the trainers to conduct the courses as planned.
- Results of Pre- and Post - tests for TBAs.
- The spirit of self – reliance by course participants and village leadership and notably Tongoni village which paid Shs. 500.= daily to each participant.

### **SUGGESTIONS:**

- Trainers be equipped with adequate materials for future courses.
- Future training be planned to avoid inconveniences of heavy rains, fasting month of Ramadhan and travelling long distances to venues.
- Tongoni village good example be emulated by other villages within the project area.

### **SUPERVISION LIST:**

<b>NO</b>	<b>FULL NAME</b>	<b>DESIGNATION</b>	<b>ADDRESS</b>
1	Phoibe Muro	RMCH – Co	Box 425, Tanga
2	Sara Fubusa	MMCH – Co	Box 178, Tanga
3	Tamae Yamamoto	JICA MCH - Project	Box 6005, Tanga

11. Ministry Health MCH Services Project, JICA Tanga, TBA Trainers Course Report Korogwe  
District Date 31/7/2000 to 12/8/2000

**MINISTRY OF HEALTH**  
**MCH SERVICES PROJECT**  
**JICA TANGA**  
**T B A TRAINERS COURSE REPORT**  
**KOROGWE DISTRICT**  
**DATE 31/7/2000 TO 12/8/2000**

**TRAINERS:**

**MRS. PHEUBE MURO**  
**MRS. HANNA MOSHI**  
**MRS. LEVINA MNTAMBO**

## **T B A TRAINERS COURSE REPORT.**

**DATE 31st JULY TO 12th AUGUST 2000.**

### **1. INTRODUCTION:**

TBA Trainers Course held at Korogwe from 31st July to 12th August 2000 involved 1 PHN and 7 MCHA from MCH Clinic at Magoma Division. The training was facilitated by a team of three trainers. These were:

- a. Pheube Muro - RRCHC
- b. Hanna Moshi - DRCHC
- c. Levina Mntambo - Ass. DRCHC

### **2. SELECTION OF PARTICIPANTS:**

Selection of participants done by DRCHC.

### **3. PURPOSE OF TRAINING:**

The purpose of training was to equip knowledge to PHN & MCHA on how to plan and conduct TBA training.

### **4. GENERAL LEARNING OBJECTIVES:**

To improve knowledge and skill of PHN & MCHA in conducting training to adult learners.

- Plan and conduct TBA training according to TBA guideline.
- Follow up and evaluate TBA activities.

### **5. VENUE:**

The training was conducted in Korogwe Town at Zung'unut Centre.

### **6. METHOD OF TRAINING:**

- Lecture
- Small group discussion
- Demonstration and return demonstration
- Role play
- Story

### **7. TRAINING MATERIALS:**

Training materials were provided by JICA MCH Project Tanga.

### **8. PROBLEM OF PARTICIPANTS:**

- Nearly all participants were unable to draw objectives on various topics. They were also poor in planning, making presentation and evaluation as well as summarising.

### **9. ACCOMPLISHMENT:**

All participants were able to draw objectives on various topics. Some of the participants plan and present well their topics.

### 10. RATING FOR MICROTEACHING:

<b>LESSON PLAN</b>	<b>JANE SALIM</b>	<b>ELIZA-BETH EDWARD</b>	<b>JESTINA GWEBE</b>	<b>FATUMA KASSIM</b>	<b>ROSE SEMKIWA</b>	<b>JERUMINA KOMBA</b>	<b>ANNA DHAHABU</b>	<b>JANETH GURISHA</b>
<b>CONSTRUCTION OF OBJECTIVES</b>	3	3	3	3	3	3	3	3
Lesson content relevant to objective	3	3	3	3	3	3	2	3
Does lesson contents right message to participant?	2	3	3	3	3	3	1	3
Method of teaching relevant with contents	2	3	3	3	3	2	1	3
Are visual aids relevant to the topic	0	3	3	2	3	2	0	3
<b><u>PRESENTATION OF THE TOPIC</u></b> <u>How does it establish relationship?</u>	3	2	3	2	3	3	2	3
Ask relevant questions	2	3	2	2	1	2	1	3
Clear language	2	3	3	3	2	2	1	3
Voice: Clear/tone	2	3	3	3	3	2	2	3
Starter	3	3	3	3	3	2	0	3
Participatory teaching	2	3	3	2	3	1	1	3
Various teaching methods	2	2	3	2	3	1	1	3
How to summarize the subject	1	2	3	2	2	1	1	2
How to evaluate the subject	1	3	2	1	1	1	1/2	2
Closure	1	2	3	2	1	1	0	2
General appearance	4	4	4	4	4	4	4	5
	33/50	45/50	47/50	40/50	41/50	33/50	21 1/2/50	44/50

11. **LIST OF THE PARTICIPANTS:**

<b>NAME</b>		<b>WORKING HEALTH FACILITY</b>
JANE SALIM	MCHA	KERENGE
ROSE SEMKIWA	MCHA	KWEMAZANDU
FATUMA KASSIMU	PHN	MAGOMA
ELIZABETH EDWARD	MCHA	MAKUMBA
JERUMINA KOMBA	MCHA	KWAMKOLE
JESTINA GWEBE	MCHA	KIZARA JUU
ANNA DHAHABU	MCHA	MASHEWA
JANETH GURISHA	MCHA	KALALANI

12. **FINDING AND RECOMMENDATION:**

- Some participants were weak on planning and conducting the lesson.
- Venue during training was conducive.
- Training materials were enough.
- The objectives were met.

**RECOMMENDATION**

Jane Salim MCHA of Kerenge, Jerumina Komba and Anna Dhahabu need technical assistance during planning and conducting the TBA Training.

13. **VOTE OF THANKS:**

The Korogwe DHMT express their thanks to JICA MCH Project for sponsoring the TBA trainer course.