Maternal and Child Health in Tanzania

Although maternal, newborn and child health has seen improvements in Tanzania, women of reproductive age still face a high risk of preventable morbidity and mortality. ANC attendance is often late and incomplete, only half of births occur in a health facility, less than one-third of pregnant women receive the right amount of SP to prevent malaria in pregnancy, and just over half receive pre-test counseling, an HIV test, and the results.

To address these issues, the Tanzania Capacity and Communication Project (TCCP) designed and implemented a campaign to promote safe motherhood. To ensure coordination, the team formed a Task Force, led by the Ministry of Health, Community Development, Gender, Elderly and Children (MoH) Reproductive Child and Health Section (RCHS), with TCCP as Secretariat. The National Malaria Control Program (NMCP), National AIDS Control Program (NACP), Health Promotion and Education Section (HPES), and the mHealth Public-Private Partnership were also key members of the task force, along with several implementing partners.
Designing the Campaign

With the goal of empowering pregnant women and their partners to take the steps necessary for a healthy pregnancy and safe delivery, the campaign targeted pregnant women and their partners, with birth supporters, women intending to become pregnant, health providers, and local and district leaders as secondary audiences. The objectives were to increase the proportion of the primary target audience who attends ANC within the first 16 weeks of pregnancy, attends ANC at least four times during pregnancy, sleeps under a treated net every night, receives at least 2 doses of SP for the prevention of malaria in pregnancy, tests for HIV together with their partner, makes an individual birth plan, and delivers at a health facility with a skilled provider. The campaign was informed by Social Cognitive Theory, and sought to model key behaviors in characters similar to the target audience, thereby increasing self and collective efficacy. The tone was meant to be empowering, emotional, caring, and loving.

Getting the Word Out

Wazazi Nipendeni was officially launched in Mwanza in November 2012. Partners came together to provide ANC and RMNCH services, disseminate healthy pregnancy information, and assist community members in registering for the SMS platform. Local musicians, dance troupes and comedy groups provided related entertainment. The event was preceded by an orientation for partners and the media.

Mass Media

Radio and TV spots began airing and the Wazazi Nipendeni text messaging service went live in sync with the launch. Campaign billboards were placed on major roads. Together with Clouds Entertainment, Wazazi Nipendeni was featured in the Bibi Bomba television show, which follows the lives and experiences of 20 grandmothers. Articles and advertisements appeared in Femina Hip’s Si Mchezo! magazine, a print publication targeting out of school youth. Banners, tire covers, t-shirts, bags, and bumper stickers further promoted the Wazazi Nipendeni brand.

Promotion in Health Facilities

Five client/provider materials were distributed to health facilities through government and service delivery partners in partnership with regional and district health management teams: an individual birth planning (IBP) brochure, an IBP poster, an SP poster, an SP reminder card, and a pregnancy wheel. Materials reached over 3,400 of Tanzania’s approximately 5,000 health facilities through the 11 collaborating service delivery partners.

The Creative Concept

The initial creative concept, Mama Nipende (Love me, mama), changed to Wazazi Nipendeni (Love me, parents) following stakeholder reviews and pre-testing of campaign names. Respondents felt that the new name addressed both mother and father, and that the child was telling the whole society to love him/her. Materials were pre-tested in a series of six focus groups discussions with wives, husbands, and couples from two regions of Tanzania, and went through several rounds of review and continual improvement by the Task Force.

“The first time, Tanzania has a truly harmonized and coordinated, national-level safe motherhood BCC campaign. We have successfully brought together several sections of the Ministry of Health and Social Welfare, and worked together with multiple partners and donors to roll out one unified campaign in health facilities across the country.”

– Dr. Koheleth Winani, Head of Safe Motherhood Unit, Reproductive and Child Health Section, MoH
mHealth
All campaign materials referred users to a dedicated short-message-service (SMS) number for more information. The *Wazazi Nipendeni* Text Messaging Service, provided by the mHealth Public-Private Partnership (PPP) through CDC Foundation (now Cardno), was free of charge for users across all mobile networks. Users registered as pregnant women, mothers of newborns, birth supporters, or general information seekers, then received information, tips, and reminders timed to the stage of pregnancy or age of the baby. The mHealth PPP also oriented health providers and community volunteers in how to enroll clients and community members.

Impact
TCCP tracked exposure to the campaign through national quarterly omnibus surveys. Just two weeks after the campaign launched, 22% of respondents had already been exposed. Later surveys through 2015 showed that anywhere from 29%-47% of respondents had seen or heard *Wazazi Nipendeni*. Radio was consistently the most frequently cited source of exposure. As of June 30, 2015, 627,631 people had enrolled in the *Wazazi Nipendeni* SMS service, and over 50 million text messages were sent to registrants.

A quantitative impact evaluation was conducted in October-November 2013 through exit interviews with antenatal and postnatal care clients. The evaluation found that over a third of respondents (35.1%) were exposed to the campaign, with 16.5% reporting daily exposure and almost a third recalling multiple messages. Those exposed were more likely to attend a higher number of ANC visits, have been tested for HIV, sleep under a mosquito net, receive two or more doses of SP, have improved individual birth planning, and deliver in a health facility.

Adjusting and Repositioning
TCCP worked with partners to adjust and improve the campaign based on monitoring data, evaluation results, programmatic observations, and policy changes, including the new recommendation to receive at least three doses of SP for the prevention of malaria in pregnancy, and Tanzania’s roll-out of life-long ART for pregnant and lactating women. Phase II extended campaign messaging to the post-partum period and the first year of the newborn’s life, and expanded the target audience to include new parents. New and updated health topics included iron and folic acid, tetanus toxoid, Vitamin A, post-natal care, early and exclusive breastfeeding, immunizations, and post-partum family planning. To give the campaign a ‘fresh’ look and feel, while having a clear connection to Phase I, the campaign slogan, “Onyesho upendo wako” (“Show your love”), was included along with a heart as a key design element. While Phase I emphasized the yellow of the color scheme, Phase II brought out the purple.

Re-launching with a New Look
Phase II of *Wazazi Nipendeni* launched in July 2015. A press conference and media orientation was followed by two days of demand creation, service provision, and entertainment-education at Mwembeyanga Grounds in Temeke, Dar es Salaam. Service delivery partners provided family planning services, VCT, malaria testing, net repair, and breast and cervical cancer screening, while stage performances by local musicians helped to draw huge crowds. An estimated 5,000 people attended launch.

Mass Media and mHealth
Fifteen radio spots and four television spots demonstrated how couples around Tanzania “showed their love” in the new Phase II health areas. Refreshed promotional items such as bumper stickers, banners, t-shirts and khangas promoted the *Wazazi Nipendeni* brand. The mHealth PPP expanded the *Wazazi Nipendeni* Text Messaging Service to include Phase II’s new content. In Phase II, users with incomplete subscriptions were automatically enrolled as General Information Seekers.

Promotion in Health Facilities
Outreach continued through health facilities. The IBP brochure was updated to include a checklist for women before and after delivery, and the SP reminder card to reflect the new 3+ doses recommendation. Two posters were distributed to health facilities. Pregnant women received branded sleeves to protect their ANC cards, *Wazazi Nipendeni* brochures, and SP3+ reminder cards.
Promotion in Communities

TCCP produced the Safari ya Mafanikio (Journey of Success) community resource kit (CRK) to comprehensively address all of TCCP’s health areas using participatory games and activities with small groups. Several of the CRK’s twelve modules were relevant to Phase II of Wazazi Nipendeni, including those on maternal and child health, PMTCT, malaria in pregnancy, and family planning. In the MCH module, for example, two teams moved their pregnant couple toward the goal of a happy family by correctly answering questions about healthy pregnancy and safe delivery.

The Impact of Phase II

By the end of March 2016, a total of 1,305,606 people had registered since the start of the campaign, with over 86 million text messages sent to users. The overwhelming majority of users (96.3%) self-enrolled, while 3.7% were assisted enrollments. The November 2015 omnibus report found that 35.4% of respondents reported exposure to Wazazi Nipendeni. This increased to 54.5% in March 2016. Through collaboration with MoH and partners at the launch, 1,061 individuals tested for HIV, 316 tested for malaria, 329 people received family planning services, 46 women were screened for cervical cancer, and 93 women were screened for breast cancer.

Lessons Learned

Integrated SBCC platforms such as Wazazi Nipendeni have several advantages: the ability to include additional health areas, behavior change objectives, or target audiences; meaningful buy-in across multiple stakeholders; leveraging of resources; the ability to take the campaign to scale; and potential for sustainability. However, integrated platforms also present challenges when it comes to the golden, “Focus demands sacrifice” rule of SBCC.

SMS data provides evidence of knowledge-seeking behavior and demonstrates the power of the media: there is a clear association between mass media broadcast and increases in SMS registration. Users continue to enroll when the campaign is off air, however, highlighting the importance of other supportive communication channels. Automatically enrolling users with incomplete subscriptions and developing SMS-focused materials likely contributed to the sharp increase in Phase II registrations.

Wazazi Nipendeni’s success is largely attributable to strong leadership and coordination by MoH, and active involvement of service delivery partners. The Wazazi Nipendeni evaluation provides evidence of how an integrated SBCC program can have significant impact on a number of maternal health outcomes, contributing to the evidence base around SBCC effectiveness. Key recommendations for future programming include enhanced mechanisms for distributing materials to health facilities and orienting providers on their use, and improved monitoring systems to capture health facility data and clearly link SBCC to health outcomes.