

The Tanzania Capacity and Communication Project: Integrated SBCC in Action

September 25, 2017 Jen Orkis



Tanzania Capacity and Communication Project (TCCP)

- USAID's flagship social and behavior change communication (SBCC) project in Tanzania
- \$49m over 6 years (2010-2016)
- Health areas included:
 - HIV (prevention, VMMC, VCT, PMTCT, Tx), family planning, malaria, maternal and child health (MCH)
- Led by the Johns Hopkins Center for Communication Programs in partnership with:
 - Media for Development International (MFDI)
 - CARE Tanzania
 - Tanzania Communication and Development Center (TCDC)



TCCP Pathways Framework

Interventions Skills Transferred Demand **Behavior Outcomes** Enabling Environment Policy Coordination Harmonisation Resources Media and policy advocacy Advocacy Allocated Systems approach Socio-Coalitions cultural Polices Enacted Norms **Quality Services Priorities** Services Standards Met Outreach Values Client focused Quality IPC/Counseling Community linkage Monitoring Improved Improved Referral/promotion Desire Engaged Health for Communities Outcomes Change Community Participation Collective Action Increased Mobilisation Mobilization Mentoring Monitoring Health Behavioral **Toolkits** prioritized Risk Efficacy **Healthy Behavior** Individual Communication Design Healthy Implementation Choices Media programs QA Campaigns Appropriate Integrated platforms M&E Services Used SBCC Skills Catalyst Advocacy. Service Execute Transferred to Networking, Community Strengthening SBCC To Build SBCC Tanzanians Initiatives



Objectives

- Execute evidencebased SBCC initiatives at scale
- Coordinate SBCC at national, regional, and district levels
- Strengthen SBCC skills of Tanzanian individuals and institutions







































Wazazi Nipendeni: Goal

Empower women and their partners to take the steps necessary for a healthy pregnancy, safe delivery and proper care for the newborn during the first 12 months.





Phase I Communication Objectives

Increase the % of pregnant women who:

- Attend ANC within the first 16 weeks of pregnancy
- Attend ANC at least four times during pregnancy
- Test for HIV together with their partner
- Enroll in PMTCT services if HIV positive
- Receive 2 doses of SP for the prevention of malaria in pregnancy
- Sleep under a treated net every night
- Make an individual birth plan
- Deliver at a health facility with a skilled provider



Communication Channels

Mass Media

- Radio spots
- TV spots
- Campaign song & jingle
- Print
- Outdoor (billboards, banners, stickers)
- SMS platform
- Promotional materials

Facility Level

- IBP brochure
- IBP poster
- SP poster
- SP reminder card
- Pregnancy wheel

Community Level

Interactive modules



Partnerships

- MoHCDGEC
 - Reproductive and Child Health Section (RCHS)
 - National Malaria Control Program (NMCP)
 - National AIDS Control Program (NACP)
 - Health Promotion Section (HPS)
 - mHealth Tanzania Public-Private Partnership
- Donors
 - USAID, PMI, PEPFAR, CDC



Partnerships

- Implementing partners
 - Covered 3,400+ health facilities in all regions

Aga Khan Health Services

Cardno

CCBRT

CRS / AIDS Relief

EGPAF

Jhpiego / MCSP

mothers2mothers

Mwanzo Bora

Plan International

PSI

THPS

Tunajali



National Coordination

- RCHS Advocacy and SBCC Working Group
- Wazazi Nipendeni Task Force
 - Review and update Wazazi Nipendeni materials
 - Monitor distribution of materials
 - Obtain data and coordinate evaluation of the campaign
 - Orient RCH coordinators on the campaign
 - Supervise campaign activities
 - Address SMS platform needs



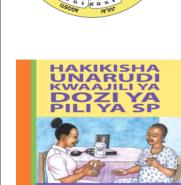












Tarehe ya dozi yako ya pili ya SP ni:

kwa afya njema ya mama na mtoto

Phase I Evaluation: Methodology

- Exit interviews with ANC/PNC clients (n=1708)
- Triangulated with ANC card data
- 122 health facilities in 5 regions
- IRB approval from NIMRI & JHU

Keufman et al. BMC Pregnancy and Childbirth (2017) 17:305 DOI 10.1186/s12884-017-1470-x

BMC Pregnancy and Childbirth

DESEARCH ARTICLE

Open Acces

"Love me, parents!": impact evaluation of a national social and behavioral change communication campaign on maternal health outcomes in Tanzania

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Abstract

Badground: Despite marked improvements over the last few decade, maternal motality in Tanzania remains among the world's highest at 454 maternal deaths per 10000 live binth. Many factors contribute to this dispatis such as a lack of attendance at anternatial care (ANC) services and low rates of delivery at a health facility with a skilled provider. The Watzural Nijendorii (Love me, parents) social and behavioral change communication campaign was bunched in Tanzania in 2012 to improve a range of maternal health outcome, including individual birth planning, timely ANC attendance, and giving birth in a healthcare facility.

Methods: An evaluation to determine the impact of the national Wazazi Nipondeni campaign was conducted in five purposively selected regions of l'anzania using exit interviews with progrant and postnatal women attending ANC dirics. A total of 1708 women were interviewed regarding campaign exposure, ANC attendance, and individual britt planning.

Results: Over one third of interviewed women (5.5 %) reported exposure to the campaign in the last morth. The more sources from which women exported hearing the Wataral Nipomodin message the more they planned for the birth of their child ($\beta=0.08$, p=0.01). Greater numbers of types of exposure to the Wataral Nipomodin message was associated with an increase in ANC vists ($\beta=0.05$, p=.004). Intervention exposure of in retsignificantly predict the timing of the first ANC vist or ($\beta=0.05$, p=.004). Intervention exposure of one stignificantly predict the timing of the first ANC vist or ($\beta=0.05$, p=.004). Noweer, findings showed that exposure did not significantly predict the timing of the first ANC vist or ($\beta=0.05$). The time is a significant model of the constraint of the variety o

Condusions: The Wazar Mijenderia campaign shows promise that such a behavior change communication intervention could lead to better pregnancy and full-birth outcomes for women in low resource settings. For outcomes such as HM testing, message exposure showed some promising effects, but demographic variables such as age and socioecomonic status appear to be important as well.

Keywords: Maternal health, Social and behavioral change communication, Tanzania, Birth planning, Antenatal care Low-income setting, Women's health

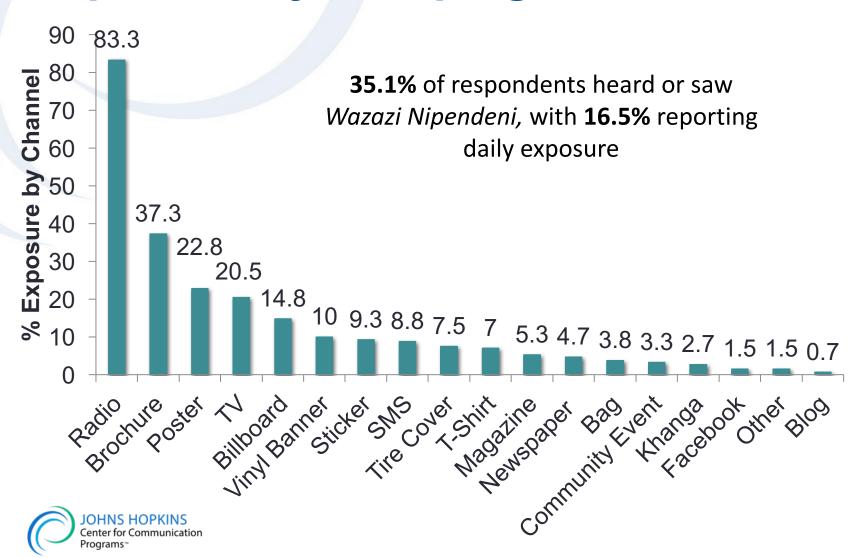
* Correspon dencer Micheletkusfmangijhuseka ¹Johns Hriptim Bloomberg School of Public Health, Department of Health, Behavior & Society, CEA N. Broadway, Bildmonn, MD. 2020, USA Full lit of Sauthor information in savalable active end of the article.



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Exposure by Campaign Channel



Outcome	Exposure Impact	Other Predictors	Details
Time of first ANC visit		Education	More educated women had 44% greater odds of attending ANC before 16 weeks
Number of ANC visits	✓		Exposure improved ANC attendance
HIV testing	✓		Exposure increased the odds of HIV testing by 18%
Individual birth planning	✓	Age, SES	The more sources of exposure, the more they prepared for their birth
Partner testing for HIV		Education	The higher the woman's education, the more likely the partner had been tested for HIV
Delivery at a health facility		Education	With higher education, the odds of delivering in a health facility increased 37% With more message sources, there was a 20% greater odds of delivering at a health facility

Outcome	Exposure Impact	Other Predictors	Details
Knowledge of prevention of malaria in pregnancy		All demographic variables except education	With age, employment and increased SES, the odds of being knowledgeable about malaria prevention increased With greater exposure, participants reported greater knowledge of malaria prevention
Taking SP	✓	Age, SES	With greater exposure, there was a 17% greater odds women received an SP dose
Number of doses of SP			The more message sources to which women were exposed, there was a a 23% greater odds the woman received 2+ SP doses
Sleeping under a net		All demographic variables	With increased number of message sources, there was a 61% greater odds the woman slept under a net

Did Wazazi work?

- The more a woman heard the Wazazi Nipendeni messages, the more likely she was to engage in many of the campaign's recommendations
- The more message sources that women had been exposed to, there was a:
 - 23% greater odds that the woman received 2 SP doses
 - 20% greater odds that the woman delivered at a health facility
 - 61% greater odds the woman slept under a mosquito net



Phase II: New Health Areas

Pregnancy

- Iron and Folic Acid
- SP 3+
- Option B+
- Tetanus Toxoid

Post-Partum

- Post-nantal care
- Danger signs
- Care for the newborn
- Breastfeeding
- Immunizations/Vitamin A
- Post-partum family planning











Kwa taarifa zaidi tuma neno 'mtoto' kwenda 15001. *huduma hii haina malipo.























Mwongozo wa

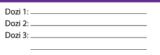
mjamzito na mama aliyejifungua





Mpango binafsi wakujifungua salama





Pata angalau dozi tatu za SP ili kumkinga mtoto aliye tumboni dhidi ya athari za malaria













Integration Lessons Learned

- Increased prominence of less visible topics
- Strength (and challenge) of an allencompassing umbrella brand
- Know where to draw the line
- Harmonization + scalability potential
- Look for integration opportunities



For more information...

- HealthCOMpass Spotlight on Wazazi
 Nipendeni
- HealthCOMpass TCCP Overview and Campaigns
- TCCP K4Health Toolkit
- BMC Pregnancy and Childbirth article on Wazazi Nipendeni

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