

Measurement and Effects of a Quality Improvement Program on Antenatal Care in 12 regions of Tanzania

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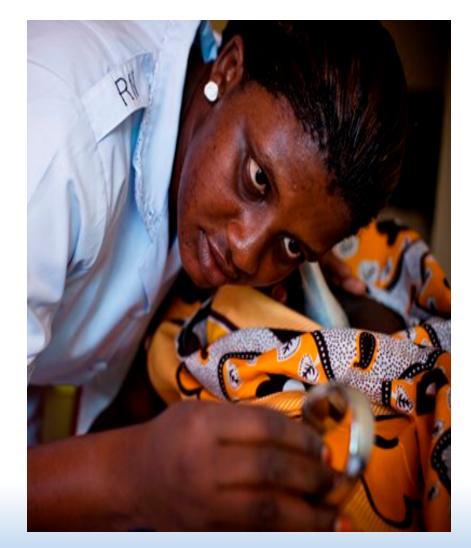
Presentation Outline

- Background
- Program Approach &
 Interventions
- Study Methodology
- Results
- Recommendations



Background

- MAISHA USAID-funded program was implemented in collaboration with the Ministry of Health and Social Welfare to improve the quality of maternal and newborn care in Tanzania
- Utilized Standards-Based Management & Recognition (SBM-R) process as a change management tool



SBM-R Approach introduced to improve quality of care



- National <u>ANC</u> performance standards adapted from WHO guidelines
- Provision of ANC basic equipment
- Training of providers and supervisors:
 - FANC clinical skills 7,309 covering 3,540 facilities
 - Supportive supervision 619
 - SBM-R continuous modular sessions- 111 representing 21 regional hospitals
 - Quarterly supportive supervision, coaching & mentoring
 - Assessments I to 4 per year, by Regional & Council HMTS in collaboration with MAISHA staff

QoC Study Objectives

- To capture proportion of women and newborns receiving key maternal health services
- To assess knowledge of providers on maternity and ANC evidencebased practices
- To assess availability of key medicines and supplies for ANC and maternity services



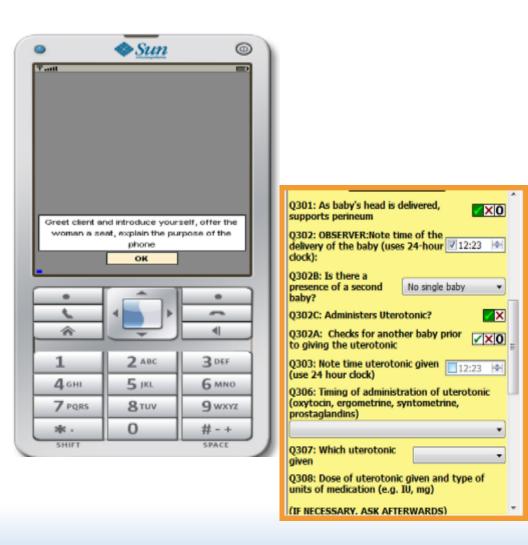
Study Design

Pre/post health facility survey with direct observation of clinical care, including antenatal care and labor and delivery care, at baseline (2010) and endline (2012) in selected program facilities with at least one delivery a day

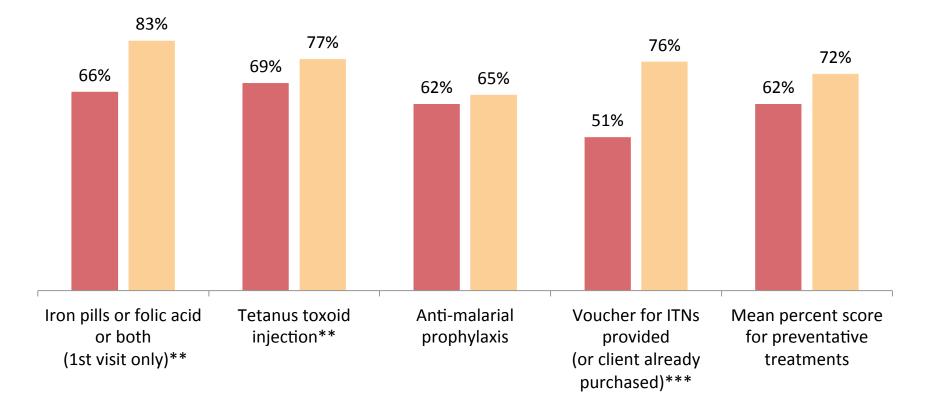
	Regional Hospitals Assessed	Health centres/ dispensaries assessed	Number of ANC Observations	Number of labour and delivery observations
2010	12	40	391	489
2012	12	38	366	555

Study Procedure

- Data Collection Tools based on WHO guidelines:
 - Antenatal care observation checklist
 - Record review form
 - Health care worker interview
- Facility inventory checklist adapted from the Service Provision Assessment
- Data collection at health facility over a 3-4 day period
- Smart phones/tablets used; sent data to an online database



Provision of Key Preventive Services During ANC, 2010 and 2012



*** p<0.0001, **P<0.005, *P<0.05

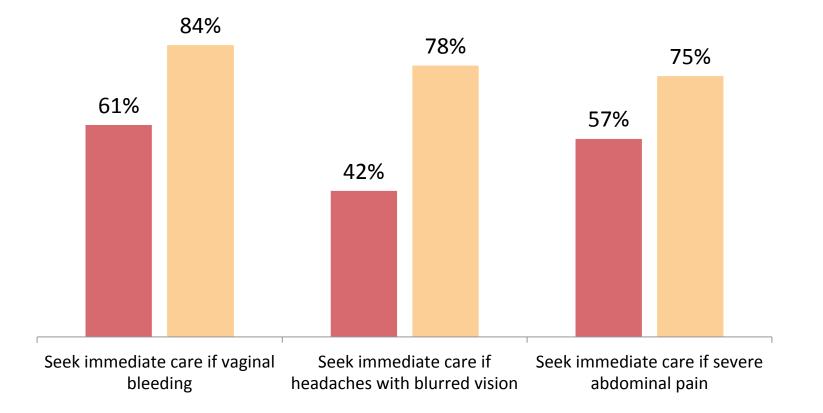
2010 2012

Antenatal Care Counseling tasks

		1	
Tasks for ITN	Explain importance of treatment		83% 87%
Tasks for IPTp	Counseling for IPTp	6	73% 8%
	Explain side effects	40% 34%	
	Explain how to take		90% 89%
	Explain treatment purpose **		89% 80%
Tasks for TT injec tion	Explain treatment purpose**	60%	73%
	Counseling for iron/folic acid		8% 71%
Tasks for Fe pills or Fol	Explain side effects	44% 37%	
for Fe	Explain how to take **		83% 92%
Tasks	Explain treatrment purpose		77% 83%
*** p<0.0001	, **P<0.005, *P<0.05	% 20% 40% 60%	80% 100%

2012 2010

Counseling on danger signs at ANC, 2010 and 2012



2010 2012

Availability of Equipment and Supplies

Supplies for ANC	2010 (N=48)	2012 (N=50)
Functioning adult weighing scale	90	94
Functioning blood pressure apparatus	90	94
Functioning stethoscope	81	96
Functioning fetal stethoscope	96	96
Iron or folic acid tablets	90	80
Tetanus toxoid vaccine	90	94
SP for intermittent preventive treatment	90	82
RPR kit/Syphilis SD Bioline	92	74
HIV rapid test/HIV Determine and Unigold	N/A	76
Mebendazole/albendazole	N/A	84

Conclusion/Recommendation:

- Direct observations with structured checklist provided a real picture on providers performance
- The study showed there was an improvement in Maternal and Neonatal health Services including the skills of health care providers.
- Ensure continuous availability of all necessary equipment, supplies and medicines for providing ANC services
- Strengthen supportive supervision during ANC consultation
- Encourage on job training to refresh/update staff on the national service standards

Acknowledgements

Authors: Scholastica Chibehe, Gaudiosa Tibaijuka, Mary Drake, Dunstan Bishanga

Institutions: Regional & Council Health Management Teams, Zonal Health Resource Centres, Reproductive and Child Health Section of the Ministry of Health and Social Welfare, Tanzania; Jhpiego Tanzania Office;





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This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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