A. Background

Core demographic data

- Population size (millions): 57,310
- Total fertility rate (per 1,000 women): 8.2
- Maternal mortality ratio (per 100,000 live births): 196
- Neonatal mortality rate (per 1,000 live births): 26
- Child mortality rate (per 1,000 live births): 125
- Under-5 mortality rate (per 1,000 live births): 116
- Under-5 mortality rate (per 1,000 live births): 9.4
- Domestic capital expenditure as a percentage of gross domestic product (GDP): 10.5%
- Domestic general government expenditure per capita (US$): 112

National coverage of key interventions

- Routine care: 97%
- Skilled attendance during delivery: 76%
- Breastfeeding: 85%
- Contraceptive use: 64%
- Maternal care: 75%
- Neonatal care: 67%
- Integrated delivery service coverage: 77%
- Maternal and newborn care: 88%
- HIV care: 75%

National overview of QoC for MNH

- Full establishment of District Health Authority
- National Health and Social Welfare Quality Improvement Strategic Plan, 2013-2018
- National Health Service Strategy Plan, 2011-2018
- Reproductive, Maternal, Newborn and Child Health (RMNCAH) Strategy, 2010-2015
- Tanzania Quality Improvement Framework in Health Care, 2016 (being consistent with WHO guidance)

National areas

- Reduction of maternal, neonatal and child mortality
- Maternal and newborn care
- Health system strengthening

Target vs. targets

A target from RMNCAH Strategy:
- To reduce the under-five mortality rate to 50 per 1,000 live births by 2025.
- Tanzania quality improvement framework in health care, 2016 (being consistent with WHO guidance)

Joint activities and activities by the QoC Thematic Group
- The year of action was developed and is being implemented.
- Data assessment of health service facilities classifying some indicators from SAC.

Learning districts and facilities

- 45 learning facilities in 5 regions supported by UNICEF

B. Implementation milestones

National leadership for quality of care (QoC)

- Supportive governance policy and structures developed and established
- QoC in maternal and newborn health (MNH) developed and implemented
- Learning districts and facilities selected and agreed upon
- National QoC measurement framework
- Adaptation of WHO QoC criteria

National QoC framework and process

- Definition of learning districts and facilities
- District learning networks established and functioned (inputs of data)
- QoC monitoring and evaluation
- Quality improvement (QI) coaching model
- Data collection tool consisting of feedback delivery

Remote and equipment-related QoC measurement

- DCE for MNH baseline assessment completed
- Common and of each QoC indicators: agreed upon for reporting from the learning districts
- Base data for MNH QoC common indicators collected
- Common indicators data collected, used in district learning meetings, and reported upwards
- Identification and engagement with academic or research institute to facilitate documentation of lessons learned at the institutional level of QoC activities

C. Progress at the national level (2017–2018)

Quality interventions included in the national MNH QoC package

- Interventions to build a supportive environment
- The basic needs for training, an essential intervention, provides public reporting and comparative benchmarking.
- Performance-based financing is now operational in regions.

Interventions to support care at facilities

- UHTR (under-five mortality rates) clinical protocols were adapted to the national context.
- A team of members from the regional and district levels provide quarterly site visits.

Interventions focusing people, conditions and outcomes

- Generating community awareness and demand for quality, RMNCH services through community dialogue, distribution of flip charts and promotion of efforts to improve care.
- Monitors and assess screening tool.

D. MNH QoC baseline data for learning facilities

Baseline common indicators

- Setting up health facility data systems
- Human resources issues they impact data collection: analysis and own
- Quality of service, timeliness and data flow that is based on both paper and electronic system at source level
- Operational indicators
- TSF (training system framework)
- Basic capacity of site level officers and nurses on QoC data systems
- Develop dashboards for visualization of progress

E. Implementation progress in learning districts

Learning for QI

- Collecting and delivering learning facilities
- Recommending and delivering learning facilities
- Documenting lesson learned and sharing success stories.
- Using Star rating follow-up tool.
- Facilitating webinars, workshops, etc.

Learning challenges implementing learning coaching

- Challenges: how to ensure the quality of training material, how to ensure the quality of feedback received.

Learning for QI implementation learning system

- Setting up skills for using standards for provision of quality services.

Learning for QI implementation learning system

- Setting up skills for using standards for provision of quality services.

F. Example from implementation

Implementation of Star Rating Approach: Baseline and Reassessment

Baseline assessment

Start Rating Results in 36 Regions
Baseline assessment 2015 - 2016 Primary Healthcare Facilities (M5860)

Reassessment after 2 years of implementation

Start Rating Distribution in Primary Healthcare Facilities Re-assessment 2016 - 2018 Tanzania Mainland (M7288)