Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

TANZANIA

Summary of implementation readiness	
1. National QI approach	5/11
2. Selection of learning sites	1/6
3. QI management and response system	5/6
4. QI coaching system and structures	0/5
5. Measurement	1/8
6. Orientation to districts and facilities	0/3
7. National learning hub	0/5

Response: yes

< 50% | 50% - 80% | > 80%

Core Demographic Data	
Population (thousands)	51,570[1]
Fertility rate per woman	5.2[2]
Maternal mortality ratio (per 100,000 live births)	556[2]
Neonatal mortality rate (per 1,000 live births)	25[2]
Stillbirth rate (per 1,000 total births)	26[4]

Coverage of Key interventions	
Demand for Family Planning satisfied (%)	63[2]
Antenatal care (4 or more visits, %)	51[2]
Skilled Birth Attendance (%)	64[2]
Caesearan Section Rate (%)	6[2]
Early Initiation of Breastfeeding (%)	51[2]
Exclusive Breastfeeding rate (%)	59[2]
Postnatal visit for baby (within 2 days, %)	42[2]
Postnatal visit for mother (within 2 days, %)	34[2]

1. National Quality Improvement Approach

National Standards on MNH QoC developed/available	National QoC standards do not exist; standards are program specific Efforts to develop national MNH QoC standards ongoing
National package on QI interventions agreed upon through review and consultation	Standard based management and Recognition (SBMR) and Star rating are examples of QI strategies for specifc programmes Plan to harmonize National QI approaches
Key interventions in national QI package developed (specify type of interventions)	Plan to harmonize National QI approaches
* leadership and organization management	Technical Working Group (TWG) RMNCH TWG Quality Assurance Proposed to establish a National Ministerial Steering Committee on QI chaired by Chief Medical Officer
* QI coaching	There are coaches and mentors in UNICEF supported districts implementing EMEN
* clinical mentorship	Exist for some programmes such as HIV and RCH National clinical mentorship guide being developed
* audit and feedback	For Maternal and Perinatal death reviews
* improving data systems	Data quality improvement exist under HMIS/DHIS2 RMNCH data included in data quality assessments (quarterly basis)
* learning networks/systems, including learning collaboratives	In selected districts where Quality Improvement initiatives are taking place (UNICEF and GIZ supported)
* performance based financing	In selected regions under the support of GFF and the Health Basket
* policy/strategy development support	National QI strategy and RMNCAH Strategy available

2. Selection of Learning Sites

Criteria for selection of learning districts developed and agreed	Under discussion Suggested criteria: • willingness of the district to participate in quality improvement • availability of partners to support the implementation • commitment of resources from district level
Criteria for selection of learning sites/facilities developed and agreed	In process of being finalized
Learning districts selected (specify name and any supporting partners)	Proposed 1) Iramba and 2) Singida District Councils, and 3) Meru District Council in Arusha
Learning sites/facilities selected (specify name and any supporting partners)	To be done in collaboration with the district teams.
Baseline situational analysis at learning sites conducted	Planned for QI 2018
Initial resource provision to learning sites	Will be part of action plan. Planned for Q1 2018.

3. QI Management and Response System

National, district and stakeholder communication and feedback mechanisms and loops agreed (including for citizen voices)	Planning and reporting forums for the health sector at national, district and facility level are functional Annual health sector thematic reviews TWG meetings RMO/DMO conferences are forums for comunication and feedback mechanisims Voices of community captured through the star rating quality assessment tool area number 8 on social accountability National QI forum needs to be re-activated
Existing structures to be utilized for supporting QI activities reviewed and identified	Directorate of Quality Health Assurance, QI teams/ commitees on district & facility level
Roles and responsibilities within existing structures for supporting QI activities agreed	Currently in process
* focal person with specified ToR for QoC at national level	3 QI focal points in PORALG; ToRs available for focal pointS Need to review the ToRs and responsibilities to support QI implementation
* focal person with specified ToR for QoC at district level	QI team at district level and QI focal point at district level: ToRs available ToRs have a narrow focus on 5S and IPC; need to broaden scope
* focal person or team with specified ToR at facilities	Facility leader TOR's available

4. QI Coaching System & Structure

A pool of QI coaches/experts developed/available	Some programs have developed QI coaches Overall, QI mentorship and coaching for MNH is weak There is no national QI coaching or mentoring approach
Clinical mentorship program/ approach agreed and developed	Supportive supervision guideline has a chapter on mentorship and coaching Plan for training QI focal points in mentorship and coaching RCH is in the process of finalizing the National mentorship guideline
Nationally agreed ToR for QI coaches developed	ToR for coaches doesn't exist
Nationally agreed ToR for clinical mentors developed	ToR for clinical mentors doesn't exist
Support system for QI coaches and clincal mentors agreed	System has not been established

5. Measurement

National monitoring framework for MNCH QoC developed	Not developed
Core set of QoC indicators for agreed for national level reporting	Planned for 2018 after the meeting Some QoC indicators selected through DHIS 2
Common set of QI aims across districts agreed	To be agreed by March 2017
System of reporting agreed and necessary tools developed	To be agreed by March 2018
* information flow	To be agreed by March 2018
* standardized reporting formats	To be agreed by March 2018
* roles and responsbilities	To be agreed by March 2018
* review mechanisms	Proposed quarterly review meetings at district level; bi-annual and annual review meetings at National level

6. Orientation to Distrcits & Facilities

Orientation package (on the above) for learning districts developed	Planned in Q1 2018
Orientation to learning districts completed	End of QI in 2018
Orientation to learning sites/ facilities completed	End of QI in 2018

7. National Learning Hub

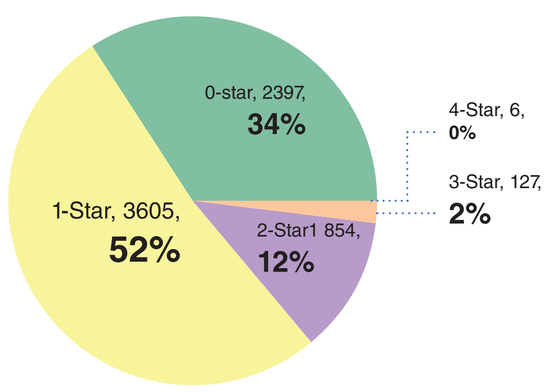
Terms of reference for a learning hub/centre to support the national learning network developed	To be agreed by end of March 2018
The learning hub/centre for QoC established	By June 2018
Standardized documentation for capturing and sharing learning from QoC implementation developed	By June 2018
Processes for synthesising and sharing key lessons agreed	By June 2018
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	By June 2018

Yes | No | Being developed

Examples from Implementation

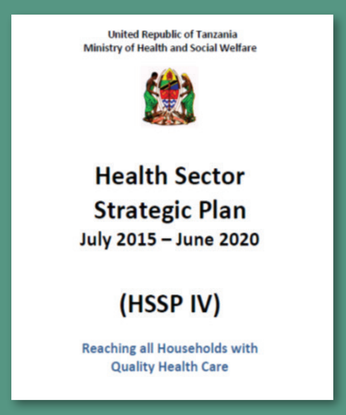
BRN Star Rating Assessment

Star Rating Baseline

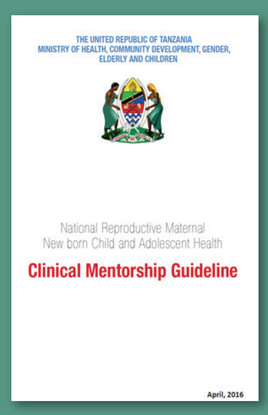


League Table – Star Rating High and Low Performing Regions

Region Name	BRN or Non BRN	Num of Facilities Star Rated	Num of Facilities Rated 1-star or above	Percentage of facilities Rated 1-Star or Above	Rank based om % 1-Star1+
Der es Salaam	BRN	465	407	88%	1
Singida	BRN	213	176	83%	2
Arusha	NON-BRN	343	279	81%	3
Shinyanga	BRN	205	164	80%	4
Katawi	BRN	80	64	80%	5
Rukwa	NON-BRN	207	104	50%	22
Songwe	NON-BRN	163	81	50%	23
Pwani	BRN	301	148	49%	24
Kigoma	BRN	253	120	47%	25
Simiyu	BRN	208	65	31%	26



National Health Sector Strategic Plan



National clinical mentorship guide

References

1. NBS, 2017 projection from Census 2012
2. Tanzania DHS 2015-16
3. Trends in Maternal Mortality: 1990 to 2015. Interagency UN Maternal Mortality estimates, 2015
4. Countdown to 2015, 2015 report See http://countdown2030.org/
5. All other data received from the relevant Ministry of Health and WHO Country Offices.

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