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

Tanzania

A. Background[1–6]

Core demographic data

Population size (thousands)	57,310
Total fertility rate (children per woman)	5.2
Maternal mortality ratio (MMR) (per 100,000 live births)	556
Neonatal mortality rate (NMR) (per 1,000 live births)	25
Child mortality rate (per 1,000 live births)	25
Stillbirth rate (per 1,000 live births)	18.4
Domestic general government health expenditure as percentage of gross domestic product (GDP) (%)	2.2
Domestic general government health expenditure per capita (in US$)	11.2

National coverage of key interventions

	%
Antenatal care (4 or more visits)	51
Skilled attendance during delivery (%)	64
Institutional deliveries	63
Cesarean section rate	6
Initial breastfeeding (1 hour of birth)	51.2
Exclusive breastfeeding rate (of infants under age 6 months)	59
Postnatal visit for baby (within 2 days of birth, medically trained provider)	42
Postnatal care for mother (within 2 days of birth, medically trained provider)	34

B. Implementation milestones

completed · in progress · not started or incomplete · no data

National leadership for quality of care (QoC)	
Supportive governance policy and structures developed or established	completed
QoC for maternal and newborn health (MNH) roadmap developed and being implemented	in progress
Learning districts and facilities selected and agreed upon	completed
QoC implementation package developed	in progress
Adaptation of MNH QoC standards	not started or incomplete
Action: Learning sites identified and prepared	
Orientation of learning districts and facilities	completed
District learning network established and functional (reports of visits)	in progress
QoC coaching manuals developed	completed
Quality improvement (QI) coaches trained	completed
On-site coaching visits occurring in learning districts	completed
Learning and accountability: QoC MNH measurement	
QoC for MNH baseline assessment completed	completed
Common set of MNH QoC indicators agreed upon for reporting from the learning districts	in progress
Baseline data for MNH QoC common indicators collected	in progress
Common indicator data collected, used in district learning meetings, and reported upwards	not started or incomplete
Identification and agreement with an academic or research Institution to facilitate documentation of lessons learned in the implementation of QoC activities	completed
Accountability and community engagement	
Mechanism for community participation integrated into QoC planning in learning districts	in progress

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

National overview of QoC for MNH

National quality policy or strategy

- Full established Directorate of Health Quality Assurance
- National Health and Social Welfare Quality Improvement Strategic Plan, 2013–2018
- National Health Sector Strategic Plan IV, 2015–2020
- Reproductive, Maternal, Newborn and Child Health (RMNCAH) Strategy, 2016–2020
- Tanzania Quality Improvement Framework in Health Care, 2011-2016 (being revised in accordance with WHO guidance)

National aims

- Reduction of maternal, newborn and child mortality

National targets

- Targets from RMNCAH Strategy:
  - To reduce MMR from 556 to 292 per 100,000 by 2020
  - To reduce newborn mortality from 25 to 16 per 1,000 live births by 2020
  - To reduce the under-five mortality rate from 67 to 40 per 1,000 live births by 2020

QoC technical working group (TWG)

- TWGs convened on quality assurance (QA) and RMNCH.
- QA TWG met 4 times in 2018/2019
- RMNCH TWG met 4 times in 2018
- TWG members include the Ministry of Health (MoH), PORALG, WHO, CDC, USAID, UNFPA, GAC, UNICEF, GIZ, World Bank, Jhpiego, IHI, White Ribbon Alliance, and Pharm Access among others.

Joint products and activities by the QoC TWG

- The plan of action was developed and is being implemented.
- Star rating reassessment of primary health care facilities incorporating some indicators from QoC

Learning districts and facilities

- 44 learning facilities in 3 regions supported by UNICEF
- 49 health facilities as learning sites in 4 regions supported by GIZ
- 20 learning facilities in 2 regions supported by Jhpiego
- Plans for learning facilities in 3 districts on the mainland and Zanzibar supported by WHO
- Learning facilities in 8 regions supported by Star rating/RBF

District aims towards national strategy

- Some districts aim for improvement in quality of MNH service delivery and to contribute towards the achievement of national targets for maternal and newborn mortality reduction by 15%.

Clinical improvement aims

- Each facility has its own QI plan based on the assessment.

Quality interventions included in the national MNH QoC package*

Interventions to build a supportive environment

- The Mama na Mwana, an mHealth intervention, provides public reporting and comparative benchmarking.
- Performance-based financing is now operational in 8 regions.

Interventions to support change at facilities

- LSTM clinical protocols were adapted to the national context
- A team of mentors from the regional and district levels provide quarterly onsite supportive supervision and mentorship.

Interventions involving people, families and communities

- Generating community awareness and demand for quality RMNCAH services through community dialogue, distribution of IEC materials and promotion of male involvement.
- Mama na Mwana gives SMS feedback on quality of services provided to pregnant women and mothers of young infants.

*Interventions have started since the last update.

D. MNH QoC baseline data for learning facilities

Baseline common indicators

Challenges

- Setting up health facility data systems
- Human resources issues may hamper data collection, analysis and use
- Quality of data, timeliness and data flow that is based on both paper and electronic system at council level

Opportunities

- Already existing ad functional District Health Information System (DHIS) platform to enhance QoC data collection
- QoC is one of the key indicators for results-based financing

Planned activities

- TWG session to adapt the QoC indicators
- Build capacity of data focal persons and health workers on QoC data systems
- Develop dashboards for visualization of progress

E. Implementation progress in learning districts

On-site support for clinical skills and QI

Support for clinical skills	
Who provides on-site support for clinical skills	• Trained mentors, MDs, NOs, ANOs (based at national, regional and district levels) provide quarterly on-site support visits.
Challenges solved implementing on-site support for clinical skills	• To overcome the shortage of essential equipment required for quality MNH service delivery, we supported procurement and distribution. • Solved poor allocation of MNH staff (i.e. fewer health workers in night shifts) by supporting re-planning of duty rosters.
Unresolved challenges implementing on-site support for clinical skills	• Attrition of trained health workers (i.e. due to transfers within/ outside the facility, deaths) is a challenge. Onsite orientation of newly appointed/recruited staff is also a challenge.
Support for QI	
Who provides on-site QI coaching	• Trained mentors, MDs, NOs, ANOs (based at national, regional and district levels)
Challenges solved implementing QI coaching	• Challenges included poor filling and completion of partographs, poor hand washing practices and perinatal death reviews not given priority. We solved these challenges with the development of facility QI plans, monthly reviews, anonymous observers and quarterly supportive supervision.
Unresolved challenges implementing QI coaching	• Layoffs have caused poor health worker morale and increased the workload for remaining staff. Advocacy is needed to hire additional new staff and redistribute staff from low- to high-volume sites.

Learning for QI

Tools for capturing learning from facilities	• Documenting lessons learned and human interest stories • Online Star rating follow up tool
Tools for sharing learning between facilities	• Exchange visits, supervisors/mentors, WhatsApp • Increasing use of partographs for monitoring labour • Conduct of maternal and perinatal death surveillance and response meetings
Challenges solved implementing a learning system	• Enhanced skills for using standards for provision of quality services
Unresolved challenges implementing a learning system	• Trying to learn more about how QI happens and the spill over effects of MNCH services on QI

Measurement system for QI

Patient-level common indicator data	• Not yet agreed on key indicators
Programme-functioning data	• Mentoring and supportive supervision reports • Programme monitoring visits • Facility QI meeting reports
Availability of data system for measuring QoC	• Working with health management information system to include QoC data in DHIS 2
Challenges solved implementing a measurement system	• Availability of data system platform through DHIS 2
Unresolved challenges implementing a measurement system	• Inadequate capacity of human resources to report and analyses information • Multiple data systems especially at health-facility level

Community and stakeholder engagement

Approaches for community/ stakeholder engagement	• Stakeholders have participated in the QoC Network meeting and contributed to the country presentations
Roles of community stakeholders or patient representatives	• Providing feedback on quality of care received • Providing suggestions on quality of care provided • Community representation in facility MNH QI teams • Deciding on what improvement aims to prioritize
Challenges solved engaging communities and stakeholders	--
Unresolved challenges engaging communities and stakeholders	--

Programme management

Programmatic responsibility	• **Facility level**: – Chair of the MNH QI team – Facility in charge – QI team – All staff • **District level**: – QI focal persons – District Medical Officer – Council Health management team – QoC focal persons at council- and health-facility levels • **National level**: – Director Quality Assurance – Director Preventive Services – Direct Policy and Planning
Challenges solved implementing programme management	• Leadership and governance issues
Unresolved challenges implementing programme management	• Programme coordination is still happening in isolation; there is a need to strengthen coordination at national levels among the departments.

Lessons learned implementing a QoC program

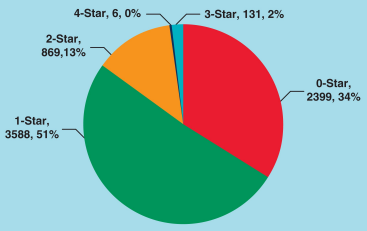
- Improvement in QoC takes time to be effected.
- Committed leadership is required to make sustainable changes.
- When staff members are motivated and change attitudes for improved quality of MNH services, the delivery spill over effect happens to other part of the facility as well (eg, 5S-Kaizen).

F. Example from implementation

Implementation of Star Rating Approach: Baseline and Reassessment

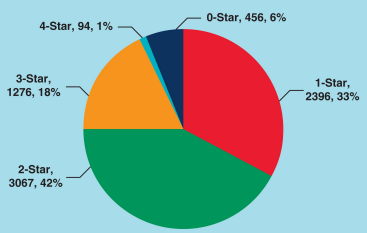
Baseline assessment

Start Rating Results in 26 Regions
Baseline assessment 2015 - 2016
Primary Healthcare Facilities (N=6993)



Reassessment after 2 years of implementation

Star Rating Distribution in Primary Healthcare Facilities
Re-Assessment 2016 -2018 Tanzania Mainland (N=7289)



References

1. Tanzania Demographic and Health Survey and Malaria Indicator Survey: 2015-2016 (December 2016).
2. UNICEF WHO Interagency SAB Database, data.unicef.org, 2018.
3. United Nations Children's Fund, Division of Data Research and Policy (2018). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2018.
4. United Nations Children's Fund, Division of Data Research and Policy (2018). Maternal and Newborn Health Coverage Database, New York, May 2018.
5. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.
6. WHO Global Health Observatory data repository, http://apps.who.int/gho, 2017.

All other data received from the relevant Ministry of Health and WHO Country Offices.

Acronyms

DHIS	District Health Information System
MMR	maternal mortality ratio
MNCH	maternal, newborn, and child health
MNH	maternal and newborn health
NMR	neonatal mortality rate
QI	quality improvement
QoC	quality of care
RMNCAH	reproductive, maternal, newborn, child, and adolescent health
TWG	technical working group