Promotion of Clinical Outcomes by Institutionalization of Maternal Care Quality Improvement Measures in Tanzania

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Objectives

1. Describe institutionalization of the SBM-R process for improving quality of maternal and newborn health services

2. Share clinical outcomes related to application of the SBMR
Tanzania Maternal Health Status

- MMR: From 454 in 2010 to about 410 in 2013
- NMR: 32 in 2005 to 26 in 2010
- Facility delivery 49% in 2005 to 51% in 2010
- ANC Visits
  - 96% - at least one visit
  - 43% - at least 4 visits
- Low facility utilization is attributed to low quality services

Sources: 2010 Tanzania Demographic Health Survey; UN Data
MAISHA – Mothers and Infants, Safe Healthy, Alive

- Was a five-year (2008-2014) USAID Program in Tanzania, led by Jhpiego
- Worked with MOH to build capacity of frontline health providers, their supervisors to provide quality focused antenatal care and basic emergency obstetric and newborn care in Mainland Tanzania and Zanzibar
Institutionalization of the SBM-R Quality Improvement process

The MAISHA Program:

- Integrated the SBM-R process; a systematic, consistent use of operational standards for organizing the services, by

- Engaged stakeholders through advocacy, training, assessments, rewarding compliance through recognition.
Methods

• Developed ANC & BEmONC performance standards based on WHO guidelines
• Translated them to national policies, strategies
• Trained managers, service providers on SBM-R
• Observed provider performance, assessed health records, medication inventories and provider knowledge
• Rolled out standards after first assessment, along with measuring progress.
• Addressed gaps, cerebrated successes which provided momentum for change.
Observational Quality of Care Study

To provide Program baseline and end line measures of quality at selected supported facilities were assessed.

<table>
<thead>
<tr>
<th>Year</th>
<th>Regional Hospitals Assessed</th>
<th>Health Centers and Dispensaries Assessed</th>
<th>Number of L&amp;D observations</th>
<th>Number of ANC observations</th>
<th>Number of HW knowledge assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12</td>
<td>40</td>
<td>489</td>
<td>391</td>
<td>216</td>
</tr>
<tr>
<td>2012</td>
<td>12</td>
<td>38</td>
<td>555</td>
<td>367</td>
<td>218</td>
</tr>
</tbody>
</table>

2012 assessment in same facilities as 2010 assessment
## ANC Counselling on Preventive Treatments

<table>
<thead>
<tr>
<th>Counseling tasks</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tasks for iron pills or folic acid:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the purpose of the treatment</td>
<td>83%</td>
<td>77%</td>
</tr>
<tr>
<td>Explain how to take</td>
<td>92%</td>
<td>83%</td>
</tr>
<tr>
<td>Explain side effects</td>
<td>37%</td>
<td>44%</td>
</tr>
<tr>
<td>All counseling for iron/folic acid</td>
<td>71%</td>
<td>68%</td>
</tr>
</tbody>
</table>
## ANC Counselling on Preventive Treatments

<table>
<thead>
<tr>
<th>Counseling tasks</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tasks for tetanus toxoid injection:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the purpose of the treatment</td>
<td>60%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Tasks for antimalarials:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the purpose of the treatment</td>
<td>80%</td>
<td>89%</td>
</tr>
<tr>
<td>Explain how to take</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>Explain side effects</td>
<td>34%</td>
<td>40%</td>
</tr>
<tr>
<td>All counseling for antimalarials</td>
<td>68%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Tasks for insecticide-treated nets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the importance of the treatment</td>
<td>87%</td>
<td>83%</td>
</tr>
</tbody>
</table>
Counseling on birth preparedness and postpartum family planning, 2010 and 2012

- Ask client where she will deliver: 70% (2010), 84% (2012)
- Advise client to prepare for delivery (e.g., set aside money, arrange for emergency transport): 75% (2010), 85% (2012)
- Advise client to use skilled health worker during delivery: 65% (2010), 77% (2012)
- Discuss with client what items to have on hand at home for emergencies (e.g., sterile blade): 67% (2010), 83% (2012)
- Counsel on postpartum family planning: 51% (2010), 71% (2012)
- Mean percent score for birth preparation counseling: 69% (2010), 82% (2012)
Provision of key preventive services during ANC, 2010 and 2012

- Iron pills or folic acid or both (1st visit only): 66% (2010), 83% (2012)
- Tetanus toxoid injection: 69% (2010), 77% (2012)
- Voucher for insecticide-treated net provided (or client already purchased): 51% (2010), 76% (2012)
- Mean percent score for preventative treatments: 62% (2010), 72% (2012)
Screening for Pre-eclampsia/Eclampsia in ANC, 2010 and 2012

- Take client's blood pressure with appropriate technique: 65% (2010), 84% (2012)
- Perform or refer for urine test: 40% (2010), 43% (2012)
- Ask about headache or blurred vision: 25% (2010), 64% (2012)
- Ask about swollen hands or face: 22% (2010), 55% (2012)
- Both PE/E screening elements (ask about a danger sign and take BP): 24% (2010), 27% (2012)
Screening for Preclampsia/Eclampsia during labour
2010 n=386, 2012 n=365
Counseling on danger signs at ANC 2010 and 2012

- Seek immediate care if vaginal bleeding: 61% (2010), 84% (2012)
- Seek immediate care if headaches with blurred vision: 42% (2010), 78% (2012)
- Seek immediate care if severe abdominal pain: 57% (2010), 75% (2012)
Counseling on danger signs at initial assessment in labour

Mean score increased by 27% in asking about danger signs at initial assessment

2010 n=305, 2012 n=317
AMSTL with Oxytocin

Noteable increase occurred between 2010 and 2012 on use of oxytocin for AMTSL. Gap between levels still statistically significant.
Women friendly care

Explaining care & findings to clients gone up but giving chance to ask questions & companion still low

Respectively greets pregnant woman 95% 95%
Encourages support person 40% 42%
Asks woman she has any questions 27% 53%
Explains procedures to woman before proceeding 72% 86%
Informs the woman of findings 69% 86%
Drapes woman 46% 52%
Mean percent score 64% 73%

2010 n=310, 2012 n=327
Regional Hospitals recognized for high performance in BEmONC

- Songea: Verification 28%, Latest Internal 70%, Baseline 70%, Total 77%
- Singida: Verification 39%, Latest Internal 70%, Baseline 70%, Total 90%
- Mwananyamala: Verification 5%, Latest Internal 60%, Baseline 81%, Total 81%
- Amana: Verification 4%, Latest Internal 80%, Baseline 90%, Total 90%
- Mbeya RH: Verification 22%, Latest Internal 75%, Baseline 84%, Total 84%
- Babati: Verification 27%, Latest Internal 75%, Baseline 83%, Total 83%
- Shinyanga: Verification 9%, Latest Internal 77%, Baseline 91%, Total 91%
- Mt Meru: Verification 39%, Latest Internal 79%, Baseline 90%, Total 90%

SBM-R Performance Score

Verification, Latest Internal, Baseline
Conclusion

• In Tanzania, SBMR has produced important changes in the quality of ANC & BEmONC services in facilities, which fit in with national strategies to reduce maternal and new born mortality.

• Sustaining and institutionalizing these changes is part of the ongoing work to improve quality of care for mothers and new born.
Acknowledgements

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