



From Policy to Practice: A Quality Improvement Approach Improves Antenatal Care Services in Tanzania

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JHPIEGO in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and Interchurch Medical Assistance

Objectives of the presentation

- To describe the components and importance of focused antenatal care (FANC) and prevention of malaria in pregnancy (MIP) services in Tanzania
- To present findings on two years worth of implementation of a performance improvement approach applied to FANC and prevention of MIP
- To discuss lessons learned on how national policy supportive of improved maternal service provision can lead to real changes at the health facility and ultimately the national level



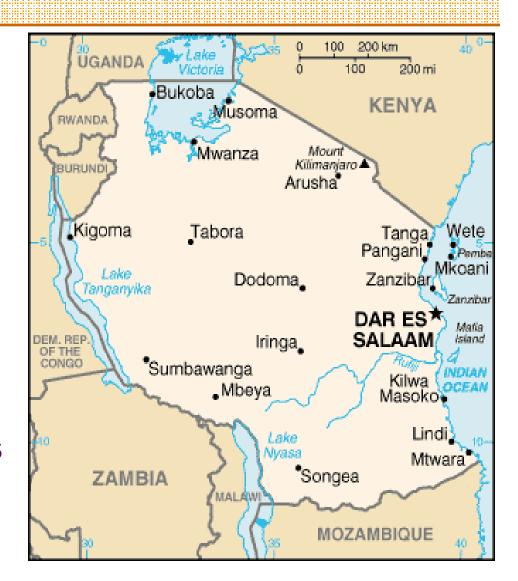


- MMR 578/100,000 live births
- NMR 32/1,000 live births
- ANC Visits
 - 94% at least one visit
 - 62% at least 4 visits
 - 14% 1st visit by 4th month
- IPT₁ 52%
- IPT₂ 22%

Source: TDHS 2004-05







Importance and Components of FANC: The Tanzania Package

- FANC is a WHO-recommended 4 quality visit approach emphasizing timely and individualized care that is provided by a skilled attendant in order to promote maternal and newborn health and survival.
 - Facilitates prevention, early detection and treatment of problems, diseases and complications, such as malaria
 - Birth preparedness and complication readiness
 - Health promotion and counseling through effective interpersonal skills
- Components the FANC Tanzania Package:
 - Protection from Malaria through use of IPT and counseling on ITNs
 - Syphilis screening and treatment for positives
 - Standard precaution practices for infection prevention
 - Health promotion and education on common health aspects
 - Nutrition
 - Prevention of HIV & other STIs
 - Infant feeding
 - Family planning
 - Opening links to PMTCT services
 - Introducing ANC Quality Improvement approach





ANG Quality Improvement Approach

- Is a standards-based management and recognition process for improving performance and quality of health services
- Begins with specific subject matter and builds integrated platform for service delivery
- Based on use of operational, observable performance standards for on-site assessment
- Begins and develops change management skills
- Consists of four basic steps





The Four Steps of ANC Quality Improvement Approach







ANC CI Assessment Tool

PERFOMANCE STANDARDS	VERIFICATION CRITERIA	Y,N, NA	COMMENTS
The health care provider properly conducts individualized care based on national guidelines and according to findings	PROVIDE ROUTINE CARE – TAKE ACTION Gives on DOT 3 tablets of SP according to the national guidelines Explains that in case she vomits within 30 minutes, the dose should be repeated Provides ferrous sulfate and folic acid or FEFOL in enough amounts to last until next visit Provides mebendazole tablets 500 mg DOT once by mouth after first trimester Give tetanus toxoid (TT) based on woman's need according to standard guidelines		





Assessed Sections in the ANC QI

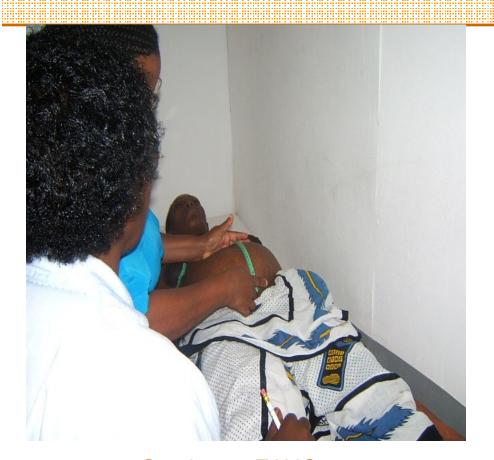
SECTIONS	TOTAL PERFORMANCE STANDARDS	ACHIEVED PERFORMANCE STANDARDS	% ACHIEVED
1. FOCUSED ANTENTAL CARE	17		
2. INFORMATION, EDUCATION AND COMUNICATION (IEC)	5		
3. INFECTION PREVENTION	4		
4. MANAGEMENT SYSTEM	7		
5. HUMAN, PHARMACY AND LABORATORY RESOURCES	10		
TOTAL	43		

Type of assessment: Baseline	Internal Assessment #	
External Assessment #:	Date:	
% ACHIEVED - ACHIEVED STANDARDS / A	SSESSED STANDARDS v 100	





Examples of Performance Standards





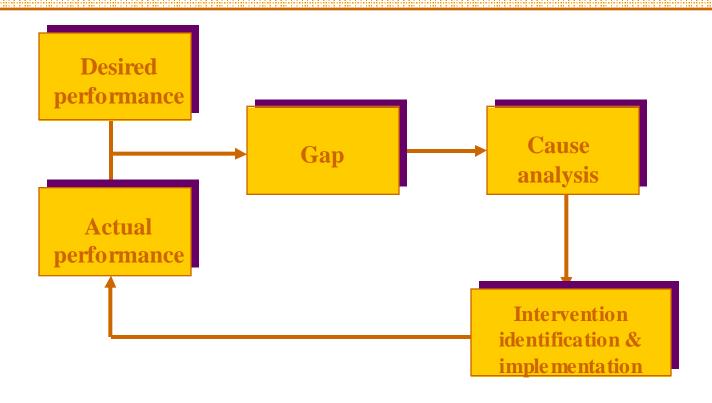
Section 1: FANC

Section 3: IP





Implementation Cycle



- Model Adapted from the International Society for Performance Improvement





Inputs for ANC QI program

- Advocacy and joint planning
- Development and dissemination of materials
- Training trainers and supervisors
- Capacity building of facilities
 - Training of providers on FANC and QI
 - Provision of equipment and supplies
- Targeted supervision basing on QI results
- Training of PSE tutors and preceptors who in turn teaches students best practices







Results to date

- 1,177 facilities (24%) with trained FANC providers are implementing ANC QI performance standards
- 81 health facilities (49 hospitals, 17 health centers and 15 dispensaries) conducted and reported ANC quality assessments
- Of the 81 facilities, 59 (73%) showed improvements in meeting the standards per the self-reported results of their follow-up assessments



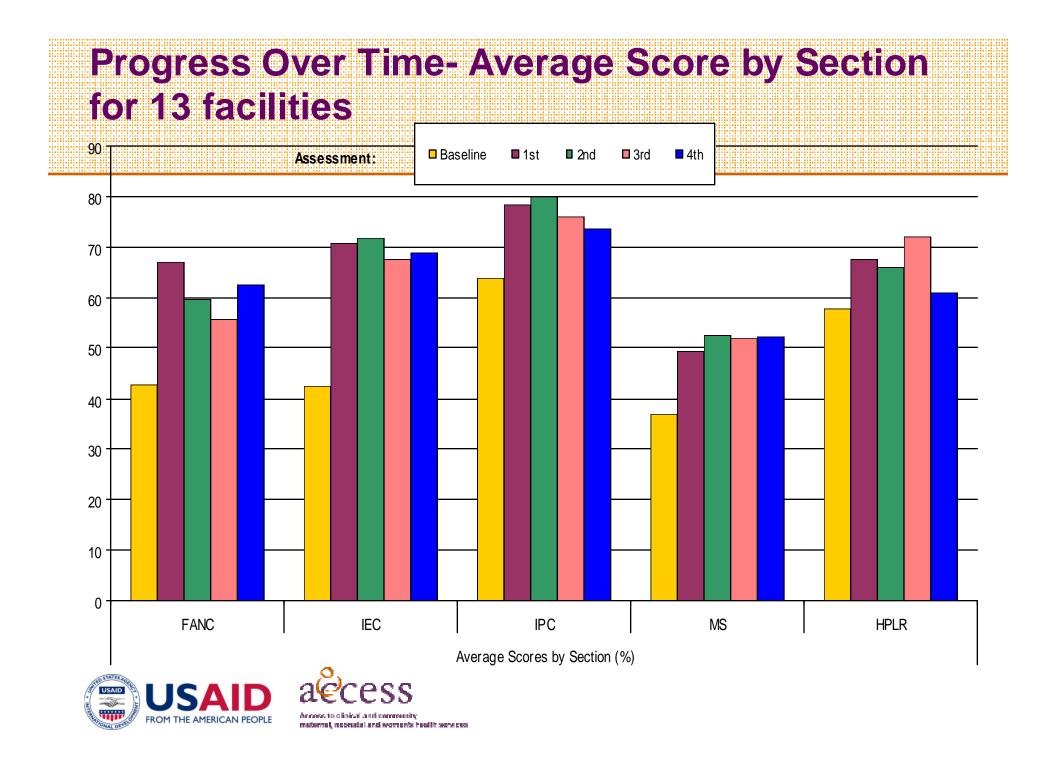


Summary of ANC QI Results

Assessment No.	No. of HFs	Average Scores by Section (%)				· Overall	
		FANC	IEC	IPC	MS	HPLR	Ovoran
Baseline	81	41%	35%	58%	27%	53%	43%
1st	73	58%	52%	71%	40%	63%	57%
2nd	41	57%	64%	71%	43%	64%	57%
3rd	28	62%	65%	74%	50%	66%	61%
4th	13	58%	67%	74%	54%	63%	60%
5th	1	82%	100%	100%	71%	50%	74%







Lessons: ANC Olls Proving to be a Managerial Tool

- Improving working relationships, decision making and taking actions such as incorporating ANC requirements into annual budgets
- If facilities know exactly what quality is and how to achieve it they become creative and start new ways to address performance gaps
- Lack of formal recognition system tends to slow down ownership of the process
- Advocacy and joint planning are promoting a shared responsibility spirit







Challenges







Planned Eulture Activities

- Review the ANC QI model based on lessons learnt
- Closely follow-up 33 target sites
- Finalize recognition system
- Supportive supervision for all providers through district/regional RCH coordinators guided by ANC performance standards





Summary

- Tanzania ANC QI process has illustrated a shift from policy to practice with an important lesson that it is a managerial tool.
- Application of the tool leads to identification and addressing performance gaps which has shown improvement in quality of FANC
- Multisectoral strategies are required to promote shared responsibility in order to achieve quality of care especially where external support is required.

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Thank you for active listening!



