

Increasing ANC Utilization: A Qualitative Realistic Evaluation on the Role of Health Facility Quality Improvement in Southern Districts of Tanzania

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Abdallah Gumi¹, Mkumbo Elibariki¹, Mlaguzi Mwanaidi¹, Kionga Yusuf¹, Zamoyoni Julius¹ and Manzi Fatuma¹

¹ Ifakara Health Institute, Tanzania

gabdallah@ihi.or.tz | www.ihi.or.tz
[@AbdallahGumi](https://twitter.com/AbdallahGumi)

Introduction

- Globally, an estimated 300,000 women die annually due to complications during pregnancy and childbirth, with Sub-Saharan Africa contributing more than half of the maternal deaths.
- Tanzania reported high maternal mortality rate (556 per 100,000 live births) in 2015-16, indicating that the country is still far from achieving Sustainable Development Goal (SDG) Target 3: Reducing maternal mortality to 70 per 100,000 live births.
- WHO recommends provision of quality maternal health care throughout pregnancy, delivery, and postpartum periods. However, provision of Antenatal Care (ANC) during pregnancy is insufficient and it contributes to misdiagnosis of danger signs or late referral for emergency obstetric care, resulting to maternal morbidity and mortality.
- The Quality Improvement (QI) approach is powerful to address the quality gaps in provision of maternal health care at health facilities.

“Provision of ANC during pregnancy is insufficient and it contributes to misdiagnosis of danger signs”

The Intervention

- A systems-wide QI strategy was implemented at community, health facility and district levels led by regional health managers through the QUADS (Quality Improvement in maternal and newborn health At District Scale) project whereas QI was integrated into pre-existing government structures.

Objectives

- Improve supply & demand sides.
- Build the capacity of 3 levels to understanding and use of QI skills to improve the quality of Maternal and Newborn Health (MNH) services.
- Be able to identify root-cause of implementation or utilization challenge and design appropriate solution and implement so as to address challenges.
- Hence improve the utilization of ANC services in the health facilities.

“A systems-wide QI strategy was implemented at community, health facility and district levels led by regional health managers through the QUADS project”

29

Number of health facilities involved in QUADS

2016

Year the QUADS study kicked off in southern Tanzania

19

Sample of the realistic evaluation

Method

- 29 health facilities in four Councils of Mtwara Region implemented QI through the QUADS project from 2016 to the first quarter of 2020.
- The staff received quarterly learning sessions of QI techniques, then follow up visits for mentoring and coaching made monthly.
 - ✓ Root cause analysis was used to prioritize topics to improve in MNH.
 - ✓ Emphasis on use of local data during learning sessions.
 - ✓ Change ideas were introduced at each level simultaneously to address both demand and supply.
 - ✓ QI teams tested and implemented change strategies.
 - ✓ Use of data informed performance of team and learning.
- A realistic evaluation was conducted on 19 sampled health facilities, categorized as high, medium and low performer to evaluate the outcome of quality improvement implementation at health facilities level.

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Results, Conclusion & Recommendation

• Results

The vast majority of health facilities reported an increasing community utilization of ANC quality services as there were better provision of essential checks (like BP, haemoglobin level, and syphilis). QI led to availability of more essential supplies and equipments; and women received more counseling on danger signs during pregnancy and in delivery.

• Conclusion

QI approaches has important contribution in increasing the uptake of services like ANC utilization at health facilities.

• Recommendation

Scaling-up QI through the routine health system is important to increase the gains on health system strengthening and improved health outcomes.

“facilities reported an increasing community utilization of ANC quality services”

“Scaling up QI through routine health system is important”

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