

Health workers were excited with the use of electronic tool for maternal and newborn health care data.

QUALITY IMPROVEMENT PROJECT (QUADS-2) – MTWARA TANZANIA.

INTRODUCTION

Progress in maternal and newborn health outcomes in low-middle-income countries has been slow, mainly contributed by poor quality of facility care. Globally, improvements in maternal and newborn health are prioritized in the Sustainable Development Goals and by the World Health Organization (WHO). WHO has launched initiative to operationalize improvements in the quality of care for pregnant women, deliveries, postnatal and for newborns (WHO, 2013). Improvement in maternal and newborn health depends on stakeholder buy-in, the availability of timely data around quality of care, use of data, and uptake of effective strategies to improve care. Lack of data presents a barrier to any effective action to improve care (Hoope-Bender et al, 2016).

Although significant progress has been made in the availability of information on coverage of essential services in low and middle-income countries, there is inconsistent data available on the quality of care for maternal and newborn care. There is lack of concise, standardized definitions on quality of care and its main components. This has in many occasions led to leaving out indicators that would constitute quality maternal and newborn care (Blanc AK et al, 2016)

Thus, we are often aware of the quantity of care provided, but not the quality of this care particularly around labour and delivery care. This missing data prevents the creation of effective, context-specific strategies to support improvements in maternal and newborn care. Electronic data collection has advantage of enabling large volumes of data to be collected and stored securely, ease analysis and use including at the local point of collection. Here we report the perceptions of the health workers on the use of electronic tool to improve quality of care for maternal and newborn health in Mtwara Tanzania.

OUR PROJECT

Generally, we aimed to improve the quality of health management information system (HMIS) through establishing a culture around data collection and use. Specifically: -

- We developed and implemented a “user-friendly electronic tool” to measure quality of care.

- A routine measure of the quality for maternal and newborn care which is lacking in HMIS was developed. We adopted WHO’s recommended quality equity dignity indicators that can be routinely collected, For example, to improve the provision of ANC services; *“Percentage of pregnant women whose temperature, pulse, blood pressure HB, RPR, urine and weight measured and recorded”*, *“Percentage of facilities with 1st and 2nd line antibiotics available”*
- We capacitated health service providers to timely access reliable data about the status of the quality of care they are providing and used the data on their ongoing quality improvement activities.



“It is a system that even if one crosschecks the data, there is easy of access compared to HMIS books. Retrieval of data is easy in such that it is just to select the year for example if last year’s data is needed, you just click the year and get all the reports you want”

DEVELOPMENT AND IMPLEMENTATION

- Electronic tool was developed in collaboration and engagement of key stakeholders at regional & district level.
- Health workers from 29 health facilities were trained on the use of the tool.
- Since Oct 2018 HWs started to collect routinely data; monthly, quarterly, and annually up to Oct 2020.
- Dashboard was used by health facility and specific district managers to access data and check facility performance over time
- Data were used to inform quality improvement activities for maternal and newborn health
- Monthly physical and distant follow-ups was done. Involving motivation provisions, and refresher trainings.



METHODS

Semi-structured interviews were conducted with 18 health workers who were trained to use electronic tool, and then apply the tool's data in their quality improvement activities for RCH and labor wards services. We thus explored their perceptions in using electronic tool for maternal and newborn health services. Data collection was done from July- August, 2019 by experienced researchers from IHI who were also part of the project team.

The study area was four districts in Mtwara region: - Tandahimba, Newala town council, Masasi district council, & Masasi town council.

KEY FINDINGS

Health workers had different perceptions on the use of electronic tool

- Health workers reported to use less time, and found it easy to use the tool.
- With the use of the electronic tool, data could be accessed and viewed anywhere, anytime using the dashboard.

- Data collected using electronic tool resulted in the improvement in maternal and newborn care services. For example, increased the number of pregnant women who were measured blood pressure during ANC visit, and increased the availability of essential medicines and equipment for MNHC provision, i.e. soap and running water for IPC services in labor wards.

"It is easy to use the data from electronic tool, compared to the use of hardcopy data. We collect, send, and reach on time"

"When you look on the indicators, you tick on the equipment that you have in your facility. When you find some equipment are missing then you have to take an action by seeing the importance of having such thing, For example, we had only one BP machine here, when is not working means pregnant women will miss the service in that day, so we decided to buy another two machines and now we have three of them"

FURTHER INFORMATION:

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