

# Data To Drive Quality Improvement

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3<sup>rd</sup> National QI forum  
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# Introduction

- Data to drive quality improvement for improved maternal and newborn health is an ongoing challenge.
- Quality population-based data on outputs and outcomes are needed to guide decision making at district levels
  - HMIS (MTUHA) data only provide data about facility users
- The EQUIP project provides districts, facility workers, and communities with population and facility based data on maternal and newborn care through regular report cards

# EQUIP Project

- Expanded Quality Management Using Information Power to improve maternal and newborn health care.
- 4 years EU-FP7 funded project from November 2010
- Study setting: Tandahimba District (intervention) and Newala District (comparison)
- Implements and evaluates the effect of a quality improvement intervention implemented at district, facility and community levels
  - Targeting demand for and supply of high quality maternal and newborn care
  - Supports quality improvement with data generated by a continuous household and health facility survey in intervention district

# Continuous Surveys

- Continuous Household Survey
  - Women aged 13-49 are interviewed about their experience of accessing maternal and newborn health services
- Continuous Facility Census and Health Worker Survey
  - Collect information about supply side indicators of service quality
- Continuous surveys are implemented in Tandahimba and Newala districts
  - Tandahimba- evaluate and support quality improvement
  - Newala- For evaluation only

**A health facility data collector interviewing a health worker with a PDA**

**A Household data collector entering responses into a PDA**



# Continuous Surveys Methodology

- Cluster based household survey using Probability Proportional to Size.
- For **30 consecutive months** survey teams will visit **ten** randomly selected sub-villages **each month** and interview women (13-49 years) who had recent live birth about behaviours in pregnancy, childbirth, newborn period, and their use of health services
- a **repeated census** of **all** health facilities in the district to capture information about health facility readiness to provide good quality

maternal and newborn care

# Continuous Surveys Methodology (Contn)

- The sample size allows indicators reflecting service provision and utilization of care to be analysed every **four months** and results presented in the form of **report cards**.
- Report cards are used by **quality improvement teams** at community, health facility, and district levels
  - Use and interpretation is facilitated by **EQUIP team**

# Results

- Continuous surveys
  - Launched in November 2011
  - End in April 2014
- Continuous households and health facility survey interviews completed per district after one year of implementation (Nov 2011 – Dec 2012)

District	N. of consented households	N. of women aged 13-49	N. (%) of women interviewed	N. women with a live birth in last 12 months	N. facilities surveyed at each of 3 facility census	N. health worker interviews completed
Tandahimba	3436	3598	3196 (89%)	394	32/32	96
Newala	3494	3308	2979 (90%)	374	30/30	84



## Results (contn)

- Three sets of report cards per each level (district, health facility and community) have been shared in Tandahimba district.
  - Different styles/designs of report cards according to the level

# An example of report cards for community level

## Sepsis prevention in Tandahimba District

Women in Tandahimba who delivered at home reported that the birth attendant used gloves during the birth



92 % of women living in Tandahimba who had a recent birth at home said the birth attendant used gloves

Women in Tandahimba who delivered at home reported that their baby's cord was cut using a clean blade



94% of women living in Tandahimba who had a recent birth at home said their baby's cord was cut using a clean blade

Women in Tandahimba who delivered at home reported that their baby's cord was tied using a clean cord tie



70% of women living in Tandahimba who had a recent birth at home said their baby's cord was tied using a clean cord tie

Women in Tandahimba who delivered at home reported that they put nothing on the baby's cord after birth

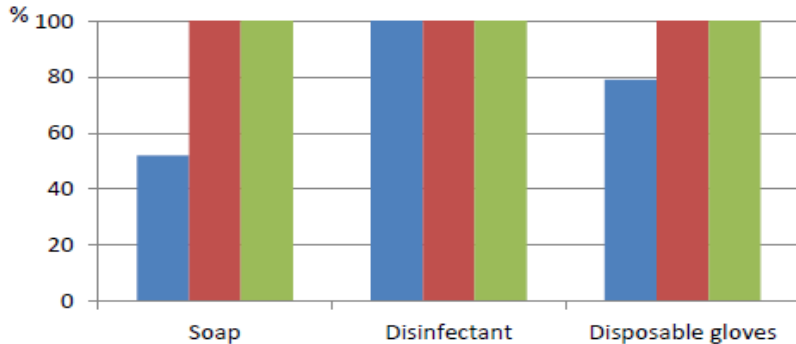


98% of women living in Tandahimba who had a recent birth at home said they put nothing on their baby's cord

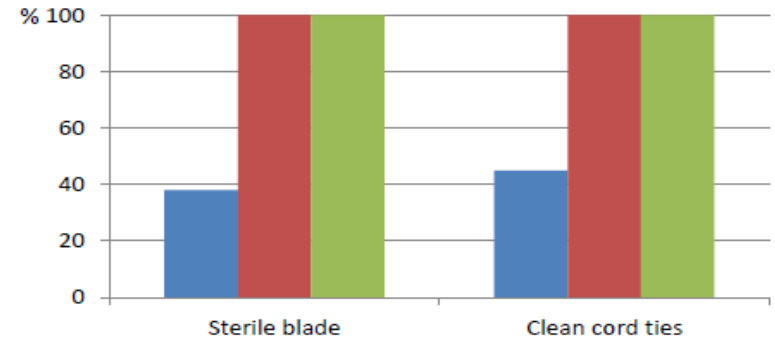
Produced on 13 May 2013 by Ifakara Health Institute for the EQUIP project, Mtwara, Tanzania

# An example of report cards for Health facility level

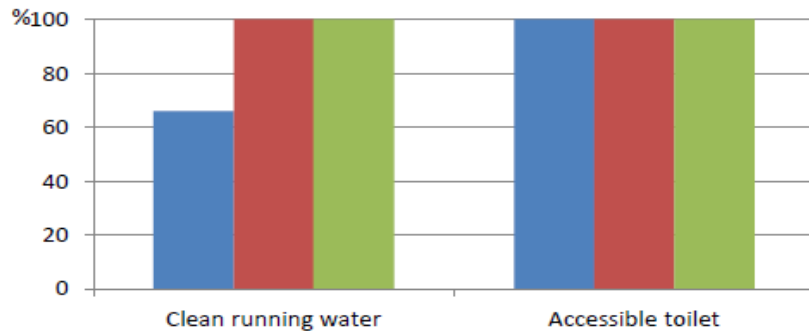
Health facilities in Tandahimba had soap, disinfectant, and disposable gloves in stock on the day of survey



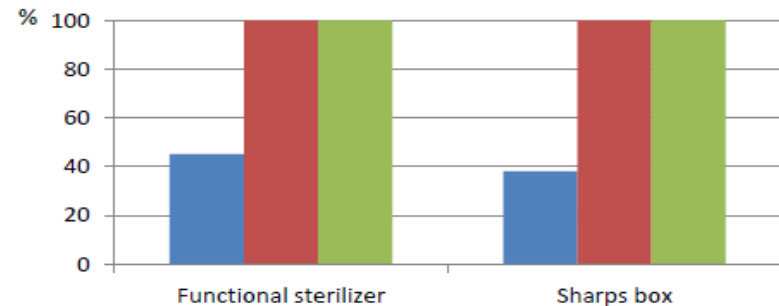
Health facilities in Tandahimba had sterile blades and clean cord ties for the newborn on the day of survey



Health facilities in Tandahimba had a source of clean running water and an accessible toilet on the day of survey



Health facilities in Tandahimba had a functional sterilizer and a sharps box in place on the day of survey



Dispensary
  Health Centre
  Hospital

# Results (contn)

- Quality improvement teams at community, health facility and district levels receive positively data from report cards and discuss how to work on areas that need improvements
- At district level, whenever data did not reflect what they expected to some of the indicators, they queried how questions were asked, analysed and/ or reliability of mother's report
- At district level, indicators on maternal and newborn care interest only CHMT members working in that area

# Report cards discussion at health facility between staff and community members



# Conclusion

- Continuous household, facility and health worker surveys are an innovative method to generate timely, high quality data for district with which to track indicators in uptake and quality of maternal and newborn health seeking in high mortality settings



# Partners



- Karolinska Institutet
- Makerere University, Uganda
- Ifakara Health Institute, Tanzania
- LSHTM, UK
- EVAPLAN, Germany





Expanded Quality Management  
Using Information Power to improve  
maternal and new-born health

# THANK YOU



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