

Initiating quality improvement processes at health system and community level in Tandahimba district to improve maternal and newborn health

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Project Background:

MDGs 4 and 5, for maternal and newborn survival, are still far from being reached despite evidence-based, affordable and appropriate technical interventions. Obstacles persist on both the demand side (low utilization) and supply side (low quality and lack of services), across the continuum of care from pregnancy to postnatal care.

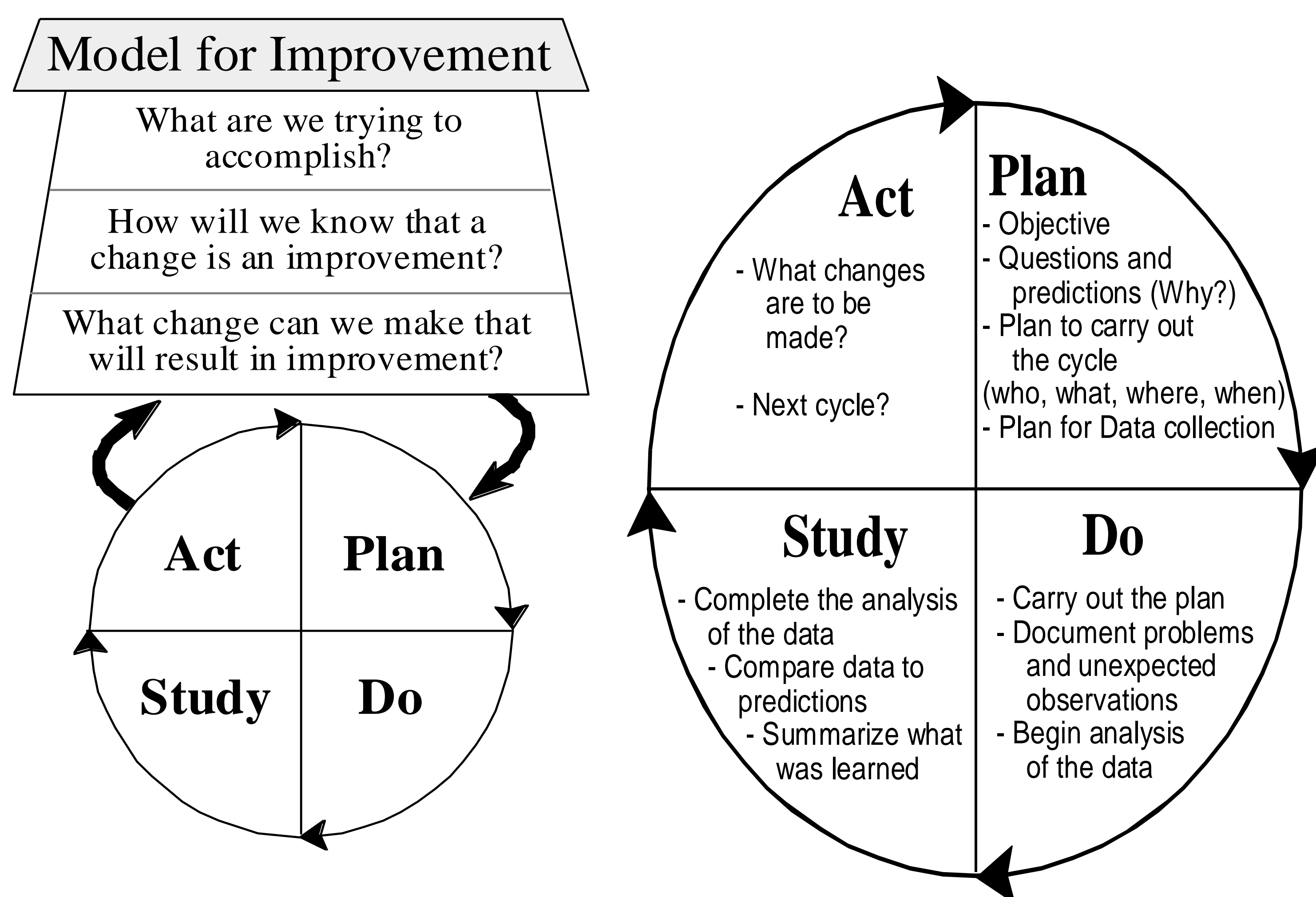
The Expanded Quality Using Information Power (EQUIP) project aims to prioritize the mechanisms to bridge the “know-do gap” in maternal and newborn health by using a quality management approach including community involvement, where both approaches benefit from continuous, locally generated, high-quality health data.

Objectives:

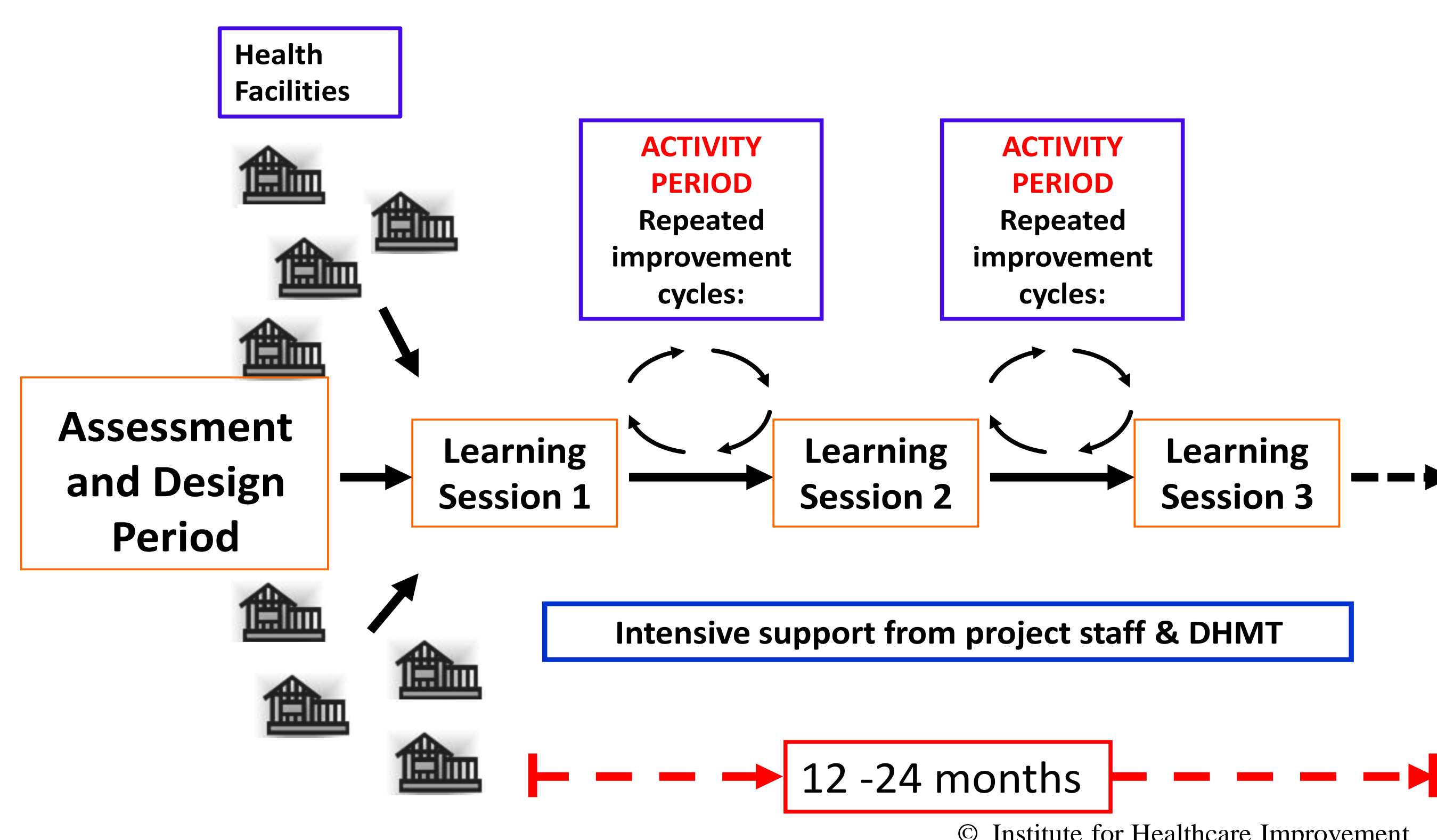
To improve maternal and newborn health through a quality improvement approach for maternal and newborn care provision processes in Tandahimba District from 2011 to 2014.

Methods:

The Model for Improvement with multiple PDSA cycles and Collaborative Improvement network at both health facility and community level.



Improvement Collaborative Network



Results:

The project has recently been launched in two of the three divisions. 15 health facilities have started to test change ideas to improve antenatal, delivery and post-natal care. At the community level, eight wards have started to test ideas to improve health facility utilization.



Community volunteers making QI plan in Mahuta division – Tandahimba



Health workers analyzing existing ANC data in order to make QI plan in Litehu division – Tandahimba.

Conclusions:

These early results suggest the model is acceptable at district, health facility and community level.

Policy Implications and Lessons Learned:

Quality management approaches at community and health facility levels are feasible at district scale.