Unraveling Health Inequities: The Transformative Power of Targeted Interventions in ANC Services

Stella Mujaya, Jackson Ilangali, Gerald Teshla, Lilian Mageto, Data for Implementation (DFi) Project, Palladium

Context

Tanzania’s health system has been guided by a devolutionary devolution (DoD) strategy since the late 1990s, enabling local government authorities to customize health and social welfare programs to better fit the needs of local communities. However, inequities persist, with 44% of women giving birth outside health facilities (ICG 2018). To achieve the Sustainable Development Goals (SDGs), Tanzania should improve maternal and child health (MCH) outcomes. One strategy is the Data for Impact (DFI) initiative, which aimed to improve health equity and achieve targeted improvements in MCH outcomes in Dodoma and Dar es Salaam.

Activity Impact

By understanding the barriers to health equity, and addressing the root causes of inequity, our activity has made significant strides in improving health outcomes and promoting equity within the health system. We identified and prioritized indicators for improving ANC in the two regions, and conducted supportive supervision and mentorship visits to all health facilities within their councils for implementation and scale-up of these approaches.

Evidence

During implementation, the CHMTs use the Plan-Do-Study-Act (PDSA) cycle to test and refine their change ideas. Regular meetings into regular reporting procedures in the CHMTs, providing a dynamic platform for discussion and feedback on results. Results are documented in data use briefs to improve the CHMTs’ understanding of the data and facilitate decision-making. The graphs show the performance of early ANC booking for pregnant women in Temeke MC, Kinondoni MC, Dodoma CC and Chamwino DC from January 2021 to March 2022. Before the initiative, performance was more unpredictable, with no significant improvement for all councils. After the initiative, performance became more consistent and predictable compared to before the initiative. The sustained phase of our implementation project (light blue) all councils reached the targets in their aim statements (dashed line).

Facilitators

We attribute the success of this activity to the Tanzania’s DoD strategy, which created a conducive environment for local innovation. Local government authorities were pivotal to engage effectively with CHMTs, the council’s (MCM) medical officers, health facility representatives, and other council partners. Secondly, a central support of our success was the establishment of the ‘situation room’ platform during the initial stages of our project, leveraging technology and equipment, supported by Tanzania’s DMI for advanced analytics and visualization.

Challenges

The project faced challenges, including the following:

- Paper-based systems for documenting services create an increasing workload for healthcare workers. There are delays in completing documentation and hence data transmission.
- The CHMTs’ busy and ad-hoc work schedules sometimes make it difficult to implement weekly situation room meetings. The irregular meetings delay monitoring of planned actions and measurement of progress achieving the targets.
- At the peak of COVID-19, CHMTs were diverted to attend with COVID-19 vaccination campaigns efforts, routine primary healthcare priorities were shifted to meet targets for COVID-19 vaccination campaigns, affecting their contribution in other areas.
- Emerging issues such as data quality tend to delay the focus of situation room participants when planning aligned actions. CHMTs expressed increased demand for more review of data, not prioritized at the start of the activity because of improvements in the select focus areas—ANC, prevention of mother-to-child transmission (PMTCT) of HIV, and non-communicable diseases (NCDs).

Lessons Learned

Implementing the situation room approach in Tanzania generated numerous lessons learned:

- Do not prescribe, the national and subnational leaders know best what is good for them!
- Coordination, alignment, and leveraging existing activities within the councils facilitated implementation and improved data quality.

A community-based health project implemented by the Benjamin Mosipa Foundation (BMF) helped fund transport costs for health facility representatives through The Ministry of Health (MoH).
- The MoH implemented a capacity-building activity for CHWs. A module on reproductive, maternal, infant, and child health (RMNACH) was conducted during the implementation period. This training improved the capacity and confidence of CHWs to provide quality education sessions.
- Regular data reviews help identify data quality issues (initially, you may think you have good data, and yet you don’t!).
- Regular data reviews estimate strategies for improvement since they facilitate implementing data to avoid “business as usual” and work towards continuous performance improvement.

Question 1: How have systems thinking approaches and tools been incorporated in activities to achieve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?