The EQUIP Project

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This presentation

1. Introduce the EQUIP project
   – Conceptual framework

2. Describe the evaluation design
   – Evaluation design
   – Continuous survey and feedback methods

3. Lessons learned

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Expanded Quality Management Using Information Power (EQUIP)

• 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 health care for mothers and newborns
  • Supports quality improvement with data generated by a continuous household and health facility surveys

• Study setting: Mtwara Region (Tanzania), Eastern Uganda (Uganda)

• Nov 2010 – Oct 2014
Conceptual framework

**Policy Briefs**
on evidence and new technologies

**District QM process**
QM team of district managers support local QM processes

**QM process in facilities**
QM process in communities

**PDSA**
QM process in facilities overcome supply issues
QM process in communities overcome demand issues

**Package data into report cards**
Continuous HH and linked HF survey & HMIS data extraction, complemented by qualitative data

**Feedback**
Information

**QM structures at national level**
support local efforts

**QM team of district managers** support local QM processes

**Improved quality of services**
Improved quality of services

**Increased uptake of services**
Increased uptake of services

**Decreased mortality**
(modelled using LiST)
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Objectives of the evaluation

1. Assess the effects of the intervention on use and quality of service provision for maternal and newborn health
   – Predominantly continuous survey plus contextual data

2. Estimate cost and cost-effectiveness of the intervention
   – Predominantly continuous survey data

3. Assess the feasibility and acceptability of the intervention
   – Predominantly qualitative data

4. Model the potential mortality impact
   – Applying continuous survey data to the Lives Saved Tool (LiST)
Plausibility design

**Intervention Districts**

**EQUIP Intervention**
Quality management at community, health facility, and district level empowered by Report cards from cluster-based data + Policy briefs

Cluster-based data collection: household and linked health facility surveys for:
- Report cards & Effect evaluation

C: Community; HF: Health facility

**Comparison Districts**

Cluster-based data collection: household and linked health facility surveys for:
- Effect evaluation

C: Community; HF: Health facility
Continuous surveys

In comparison districts (evaluation) and intervention districts (intervention + evaluation), over 30 months:

• Sample 10 household clusters (30 HHs/cluster) with PPS from the entire district each month
  – each month of data is representative of the district
• Complete a census of all health facilities in each district every 4 months, including interviews with midwives
• Analysis organised in 6 * 4-month ‘rounds’
• Data synthesised into report cards
• Effect: Non-interrupted time series analysis (combining interrupted time series and before-after approaches)
Continuous feedback

• More difficult to do than to say!

• Report card formats were piloted for each level:
  – Classical reports with figures and tables (preferred by DHMTs)
  – Run charts (suitable for both facilities and communities)
  – Pictorial design (suitable for both facilities and communities)

• After every 4-months of data collection, routine tabulations of all (110) indicators produced by data manager

• Sub-sets of indicators prepared as report cards according to requests from quality improvement teams

• Process typically took four to six weeks
Pregnant women in Tandahimba say they plan to deliver in a health facility

84% of pregnant women living in Tandahimba say they plan to deliver in a health facility

Pregnant women in Tandahimba have already started birth planning

38% of pregnant women living in Tandahimba have already started birth planning

Women who had a recent live birth in Tandahimba say they did deliver in a health facility

58% of women who had a recent live birth in Tandahimba delivered in a health facility

Women who had a recent live birth in Tandahimba say they did make birth preparations before delivery

81% of women who had a recent live birth made birth preparations before delivery
Report cards discussion at health facility between staff and community members
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Lessons learned

• Continuous surveys are feasible and can provide a feedback mechanism as implementation proceeds
  – But continuous fieldwork (rainy seasons!) needs careful planning

• The use of PDAs important to maximise timeliness

• Keeping questionnaire content up to date and internally consistent

• Facilitated discussions about data interpretation required

• Quality improvement teams repeatedly requested more granularity that was not possible to report on

• Temporality of data sources important
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