

Using Evidence to Improve Quality along the Thailand-Burma Border

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Overview

- Social and political context
- Mae Tao Clinic background
- Project purpose and objectives
- Methodology
- Key quality improvement results
- Constraints
- Future directions

Historical Background

- Over 50 years under oppressive military rule
- Thousands flee to neighboring countries due to:
 - Civil war
 - Economic depression
 - Human rights abuses





Burmese Refugees: Recognized and Unrecognized



- 13 official refugee camps (Population ~100,000)
- Over one million forced migrants live and work illegally in Thailand

Main Areas of Residence in Thailand for Unrecognised Refugees and Migrant Workers

Chiang Rai Province

Chiang Mai Province

Mae Hong Son Province

Mae Sot, Tak Province

Sanklaburi, Kanchanaburi



Mae Tao Clinic - 1989



Child Health Department

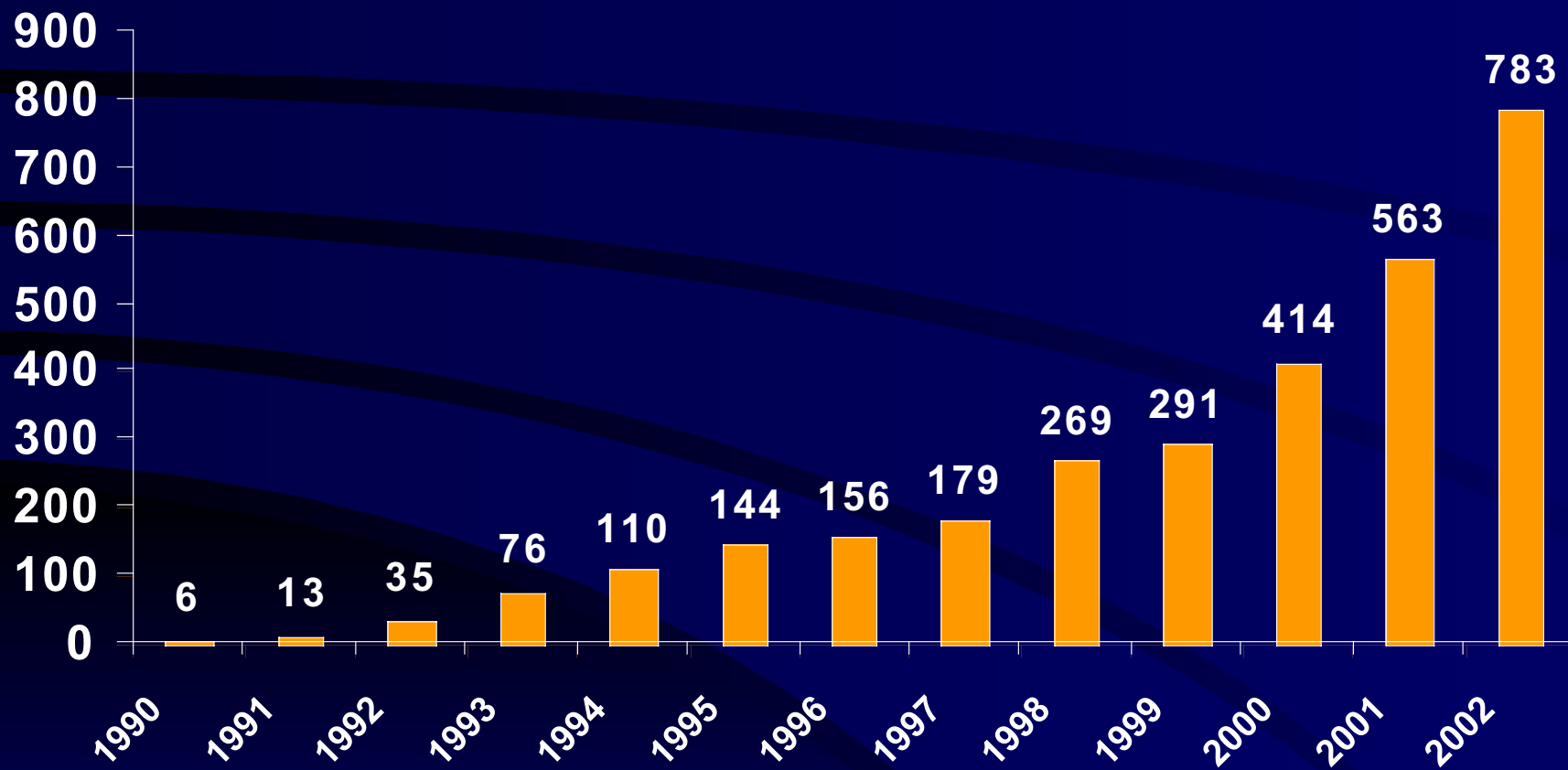


Current RH Services

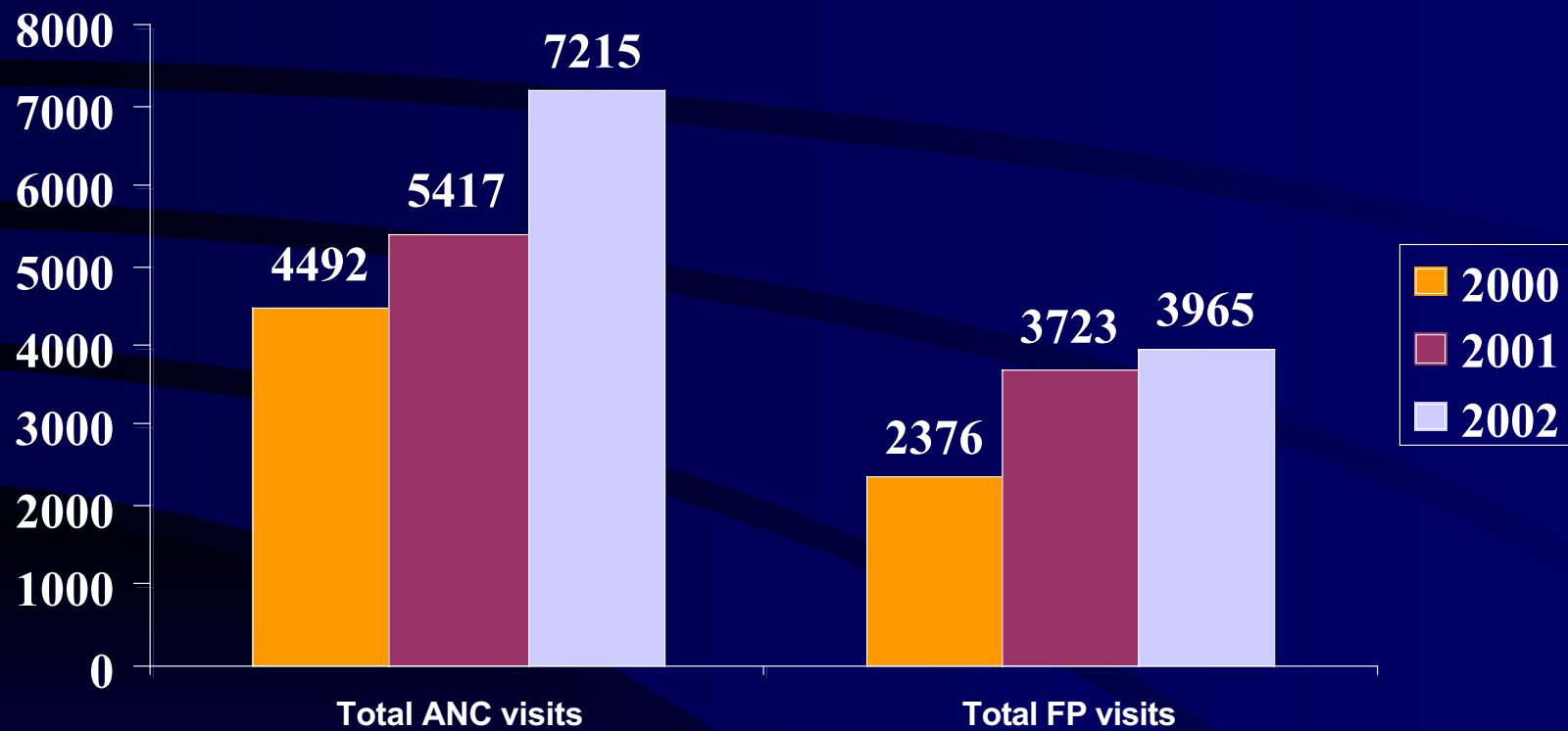
- RH OPD
 - ANC, FP, PAC, STI/HIV management, MTCT, and other gynecological problems
- RH IPD
 - Delivery care
 - Post-abortion care
 - Obstetric/gynecologic problems



Deliveries at Mae Tao Clinic 1990-2002



RH Caseload: 2000 -2002



MTC Quality Improvement Project Purpose

- Mae Tao Clinic RH staff to develop skills and systems to effectively monitor and evaluate reproductive health services

Project Objectives

- To maintain a good system of supply of essential materials, medications, and equipment;
- To increase reproductive health worker knowledge and skill; and
- To improve client knowledge, attitudes, and behaviors

Monitoring and Evaluation Activities

- Ongoing activities
 - Routine data collection
 - Weekly quality assurance meetings
- Quality improvement project
 - Facility audit
 - Observation checklist
 - Client exit interview

Methodology

- ***Facility audit***
 - Logistic coordinators in IPD and OPD provided information about systems, equipment, and supplies
- ***Observation checklist***
 - 6 senior RH health workers trained to observe RH health workers conducting FP and ANC sessions

Methodology *(cont)*

- ***Client exit interview***
 - 5 interviewers from various departments trained to conduct interviews
 - Three sections of client exit interview
 - General reproductive health
 - Antenatal care
 - Family planning

Key Quality Improvement Results

- Facility Readiness
- Technical Competence
- Client-Provider Communication
- Client knowledge, attitudes, and behavior

Facility Readiness: Infrastructure

- New RH OPD and IPD designed and built
 - Wash areas placed closer to new consultation rooms
 - Room constructed to house autoclave and newly processed instruments
- Basic delivery and emergency obstetric care equipment purchased

RH Outpatient Department (Before)



RH Outpatient Department (After)



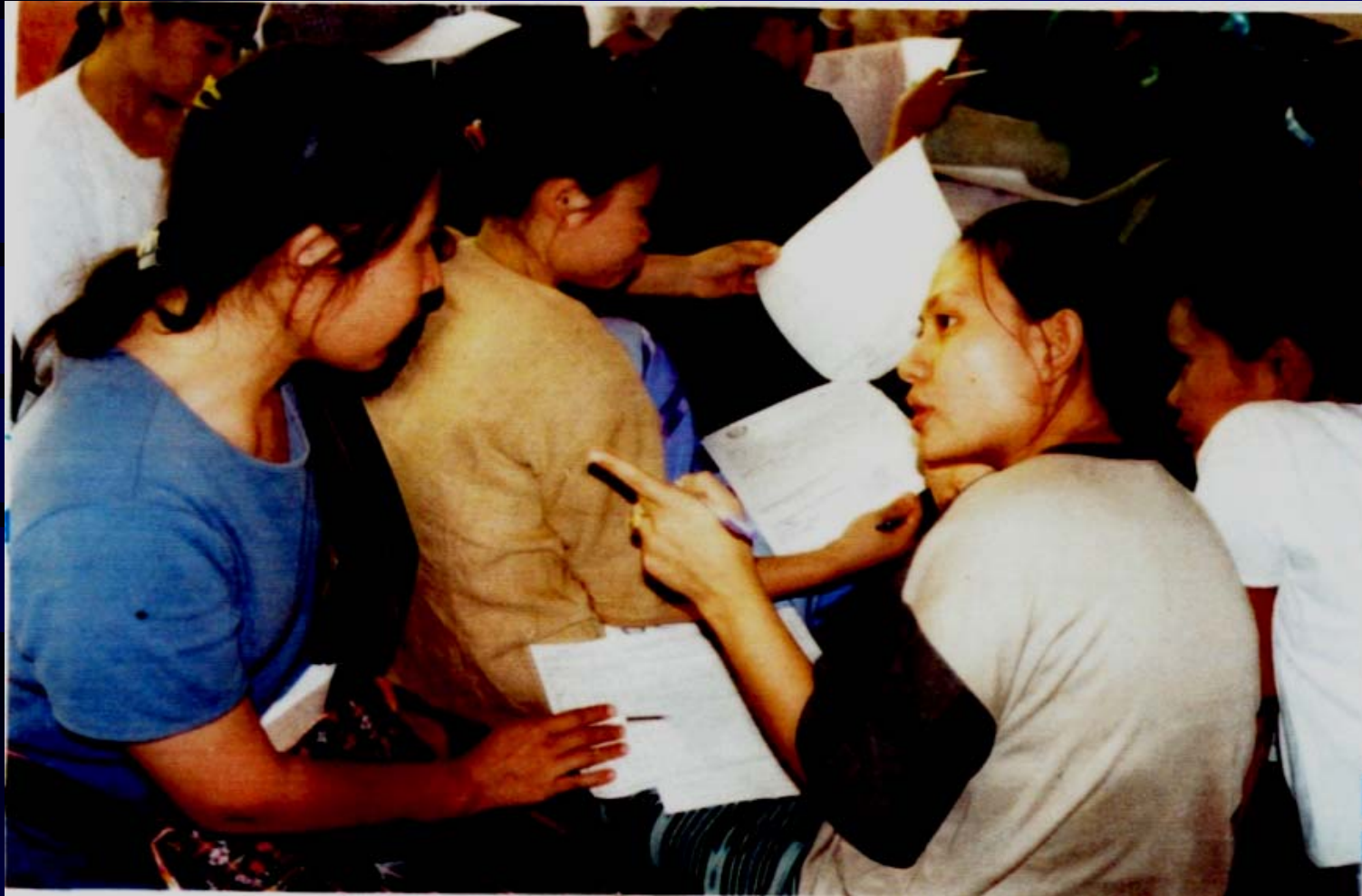
Facility Readiness: Access

- Extended outpatient clinic hours
- Increased number of RH IPD clinic beds
- Increased number of staff

Facility Readiness: Systems

- Developed job descriptions for RH positions
- Revised medical records:
 - Client records, log books, & referral forms
- Developed and revised protocols
- Received training in:
 - Stock and inventory management
 - Proposal and report writing
 - Presentation skills
 - Thai and English language

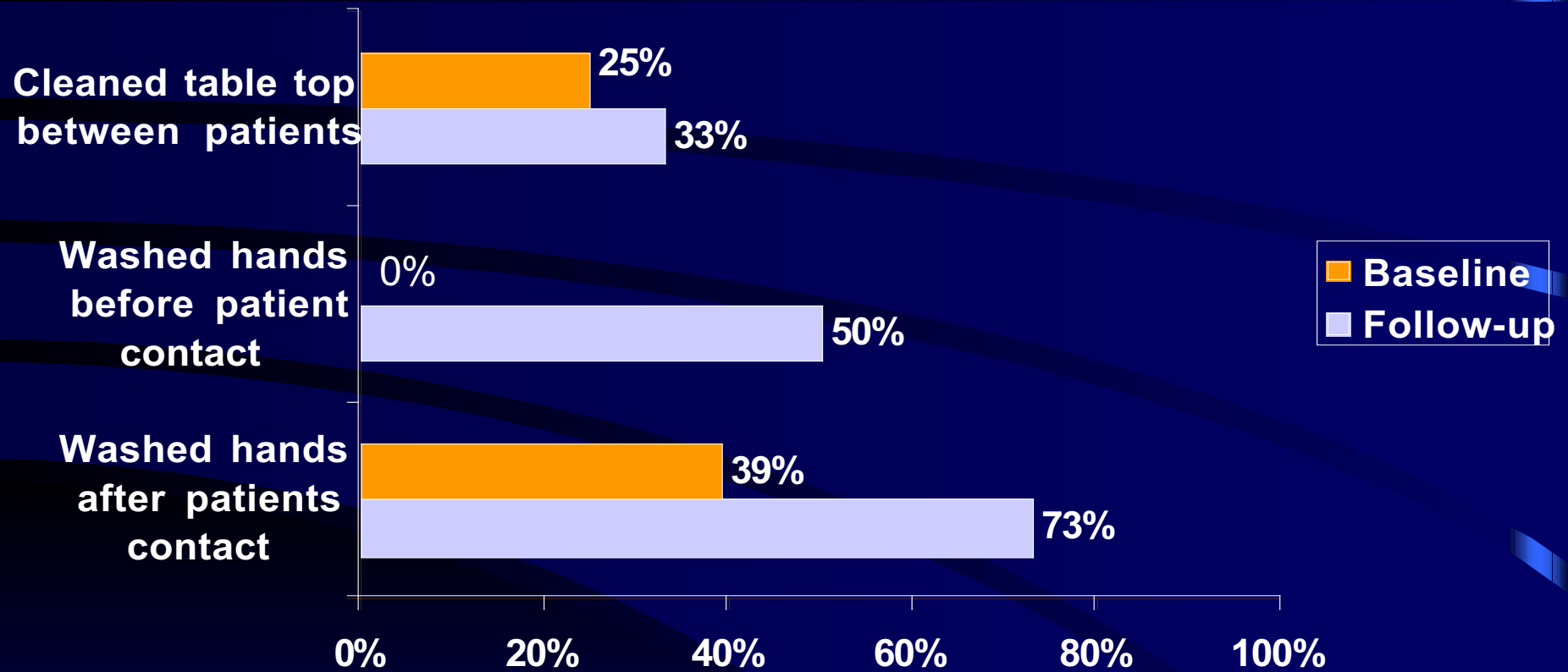
RH Training



Technical Competence

- Training received in:
 - HIV/STI management
 - Newborn care
 - Emergency obstetric care
 - Post Abortion Care
 - Manual Vacuum Aspiration
 - Infection Prevention

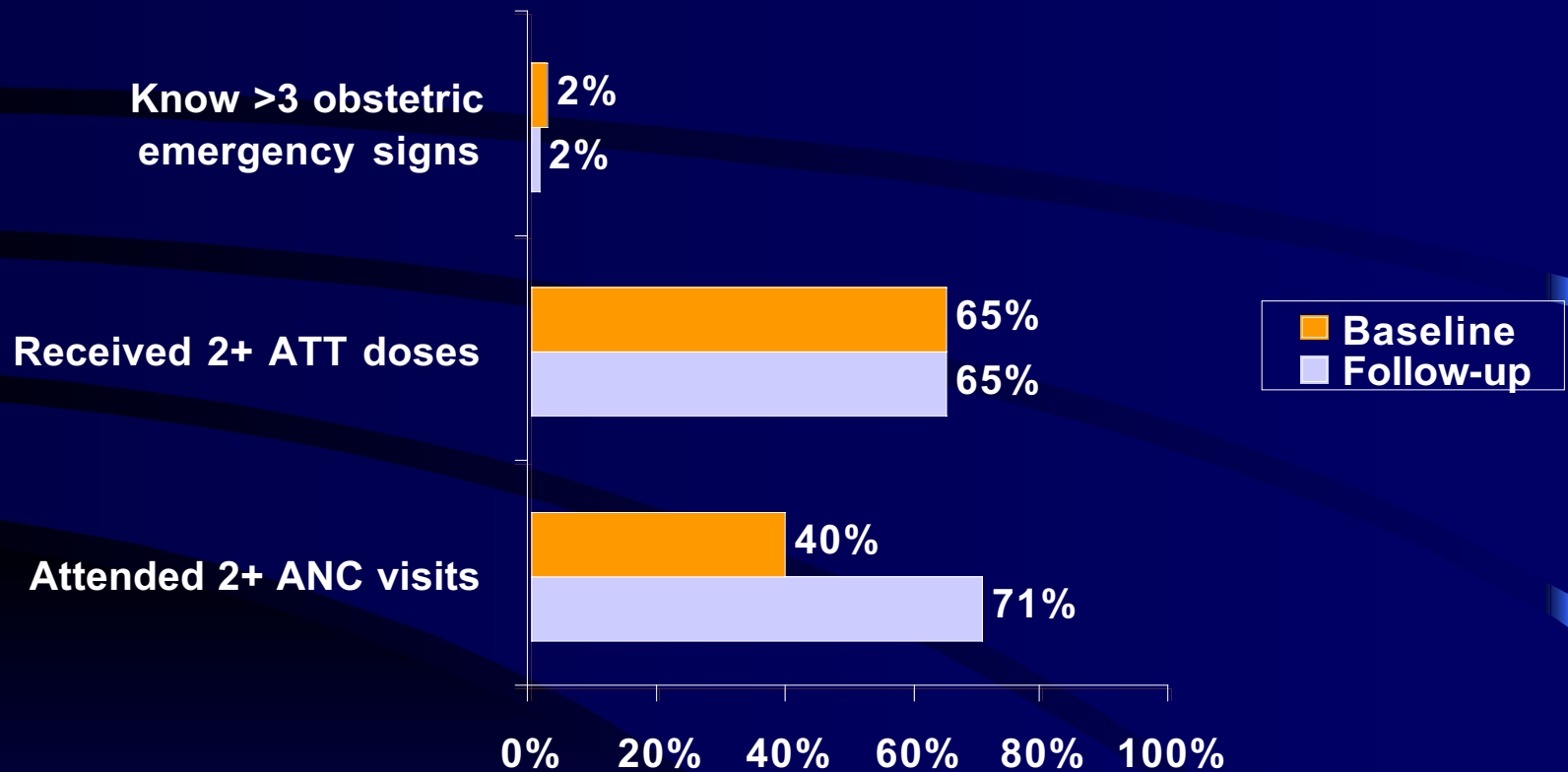
Technical Competence: Infection Prevention



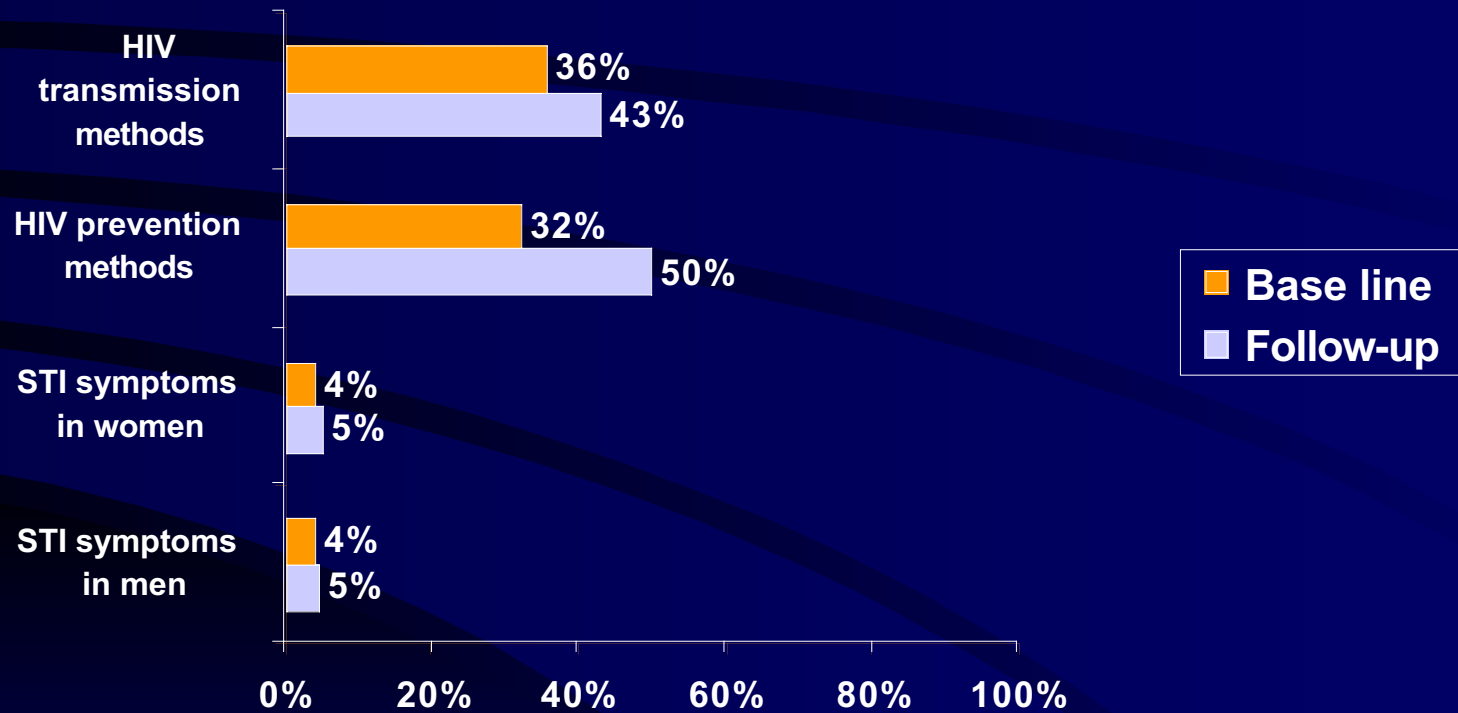
Client-Provider Communication

- Improved distribution of health education materials
 - Established health education materials coordinator
 - Set up Resource Center
- Training received in:
 - Communication skills
 - Post-abortion care counseling
 - Family planning counseling
 - HIV/STI (pre/post test counseling)
 - Mental health

ANC Client KAP: Safe Motherhood Issues



RH Client Knowledge of HIV/STI Symptoms and Prevention Methods



Unplanned Pregnancy and Unsafe Abortion

- 37 PAC admissions per 100 live birth in 2000
- 35 PAC admissions per 100 live birth in 2001
- 31 PAC admissions per 100 live birth in 2002

Constraints

- Quality improvement project:
 - Staff and clients unfamiliar with monitoring and evaluation process
 - Limited time to design, implement, and measure results of project
- Ongoing challenges:
 - Limited knowledge and skills among health workers
 - Limited resources
 - Staff turnover
 - Legal status of health workers

Future Plans

- Regular review and revision of objectives and indicators
- RH case definitions will be matched with Burma Border Guidelines
- Develop skill and procedure checklists and observation for key medical/ surgical activities
- Monthly quality improvement team meetings
- Review and revise health worker training curriculum

**For further information
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