

# Using Evidence to Improve Quality along the Thailand-Burma Border

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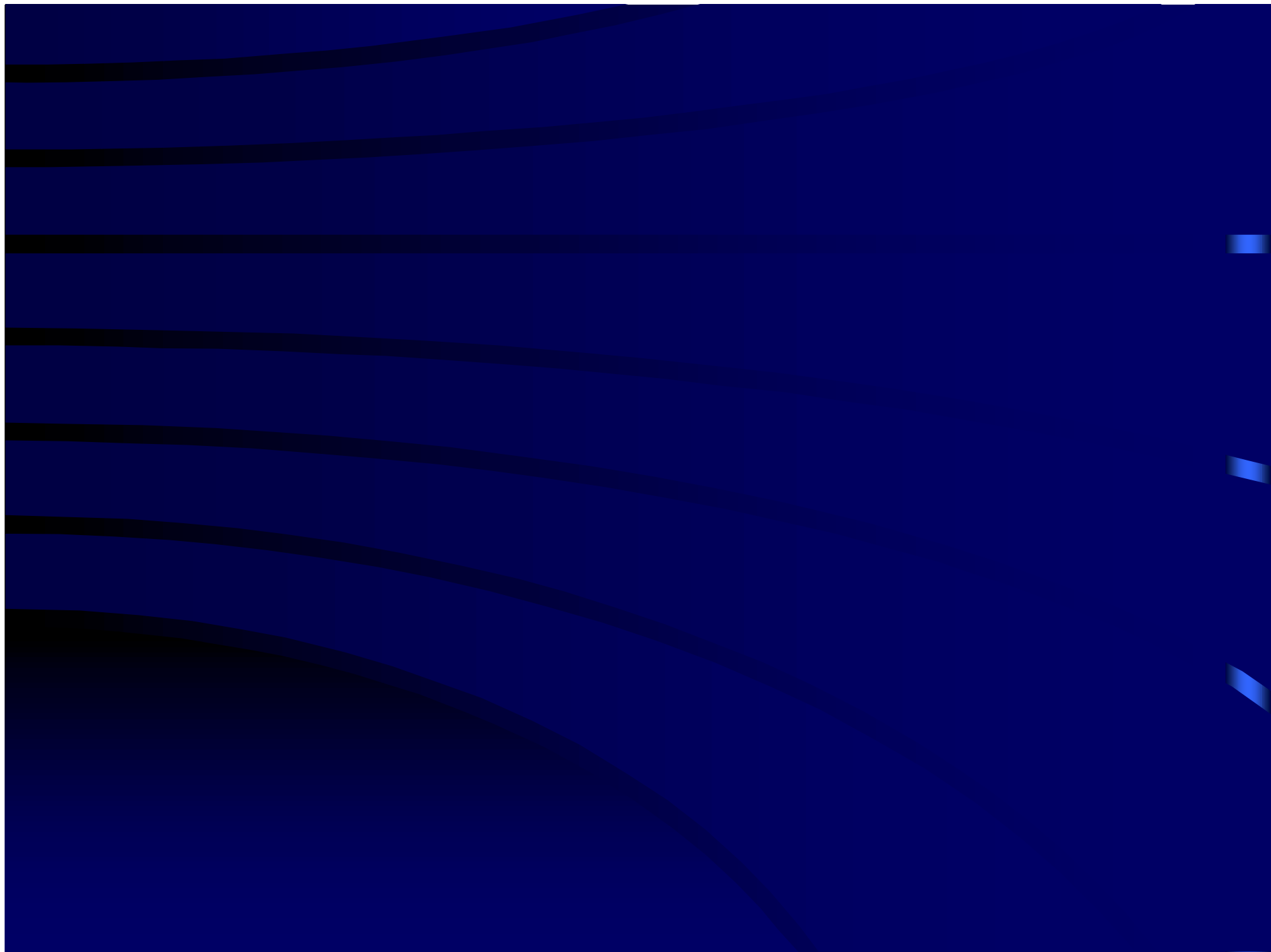
Michigan Population Fellows Program

# 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, Kanchanburi



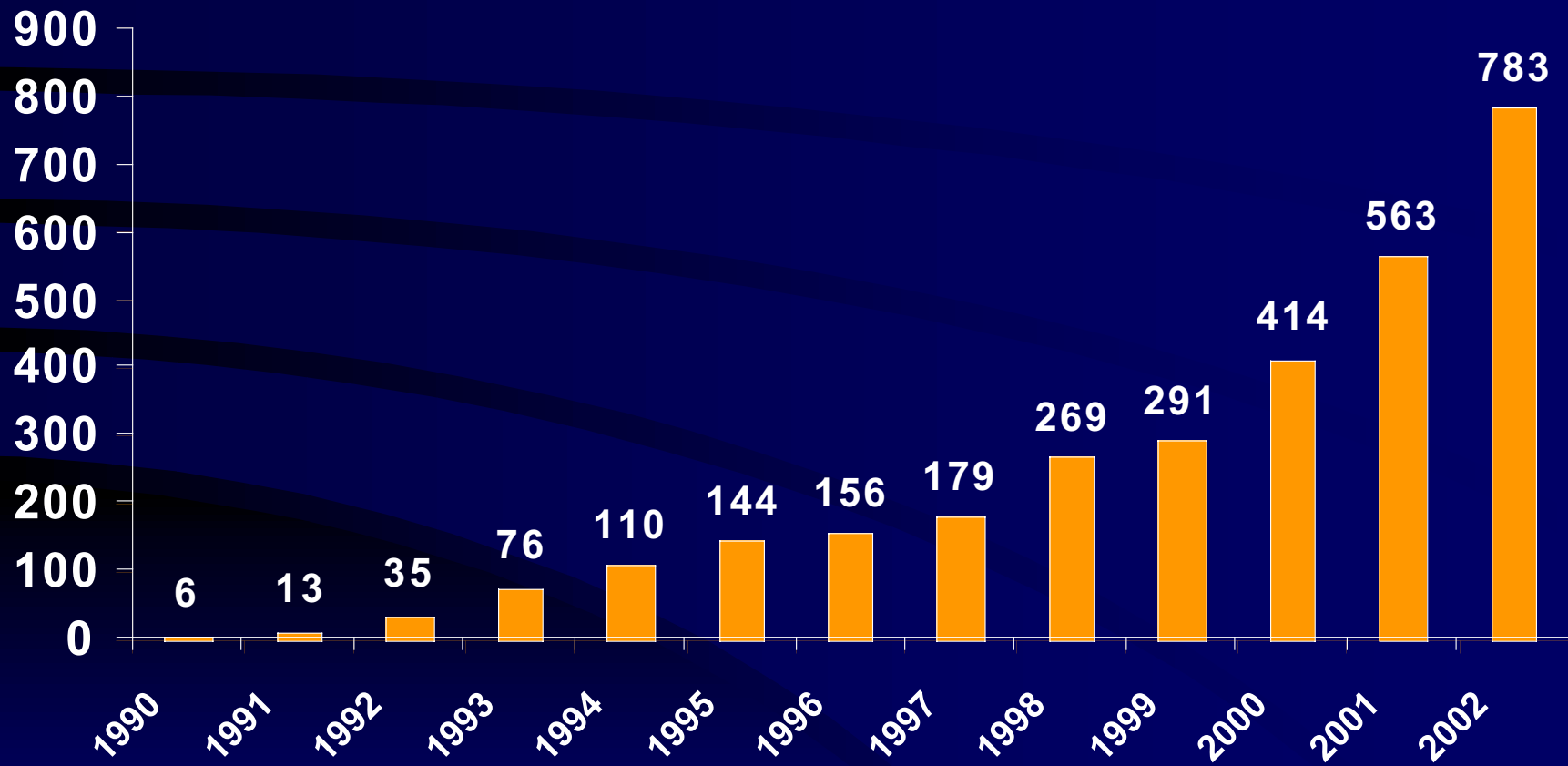
# Mae Tao Clinic - 1989

# Child Health Department

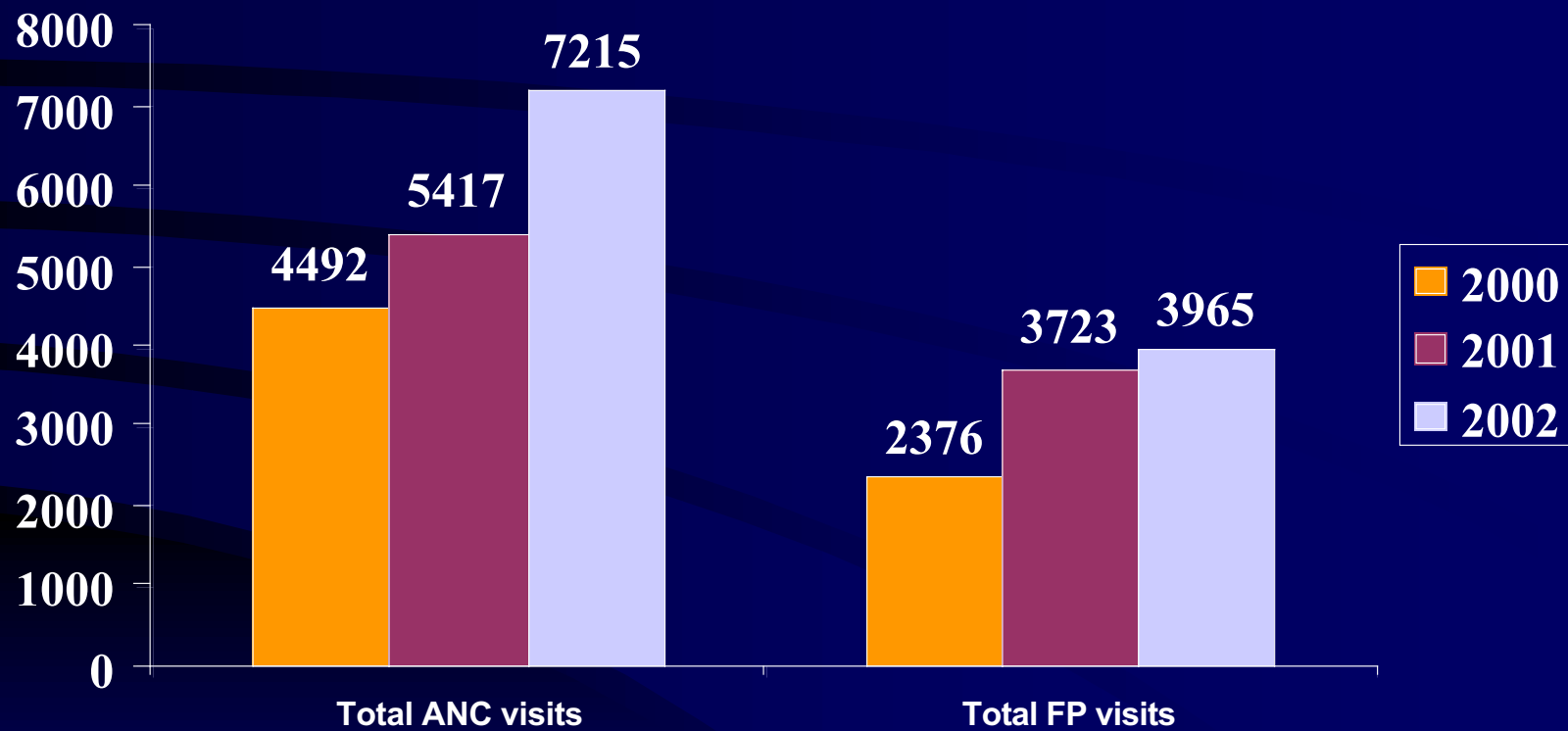
# Current RH Services

- 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

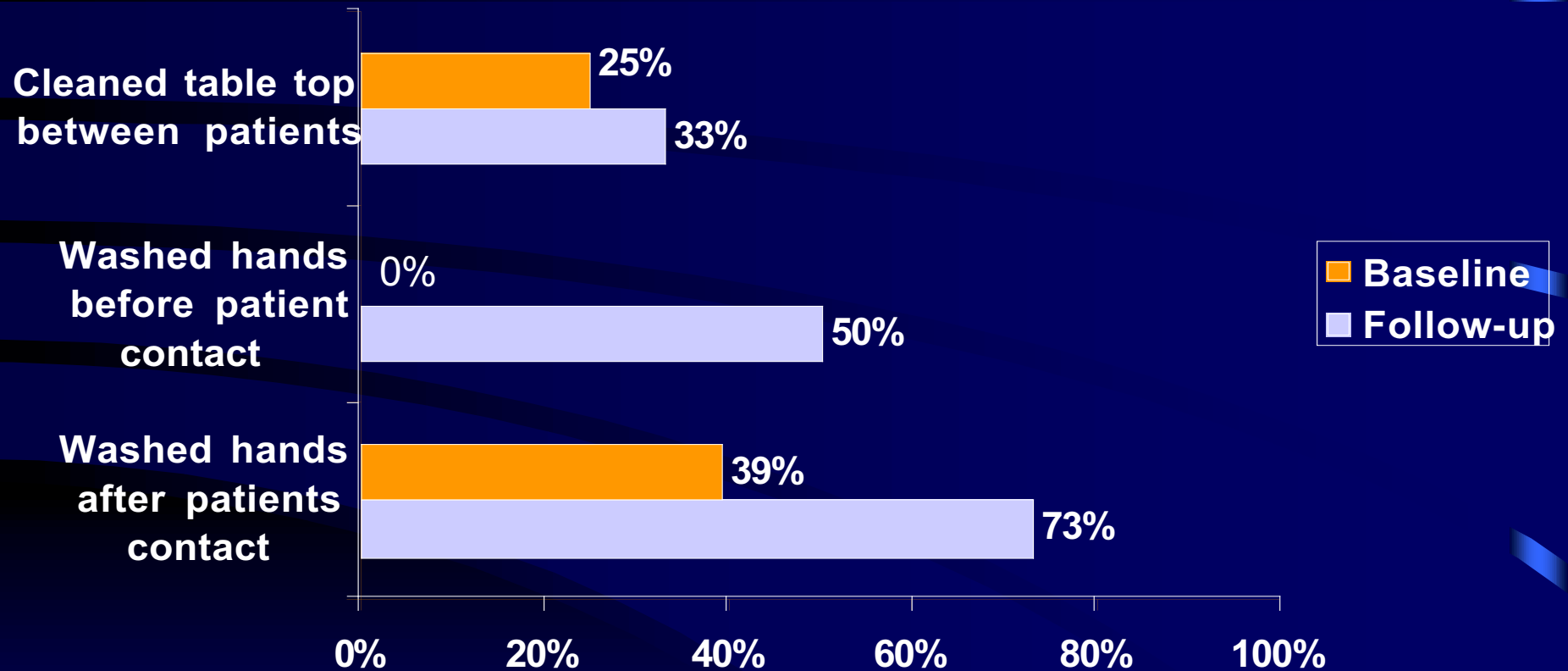
- Developed job descriptions for RH positions
- Revised medical records:
  - Client records, log books, & referral forms
- Developed and revised protocols
- Received training in:
  - Stock and inventory management
  - Proposal and report writing
  - Presentation skills
  - Thai and English language

# RH Training

# Technical Competence

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

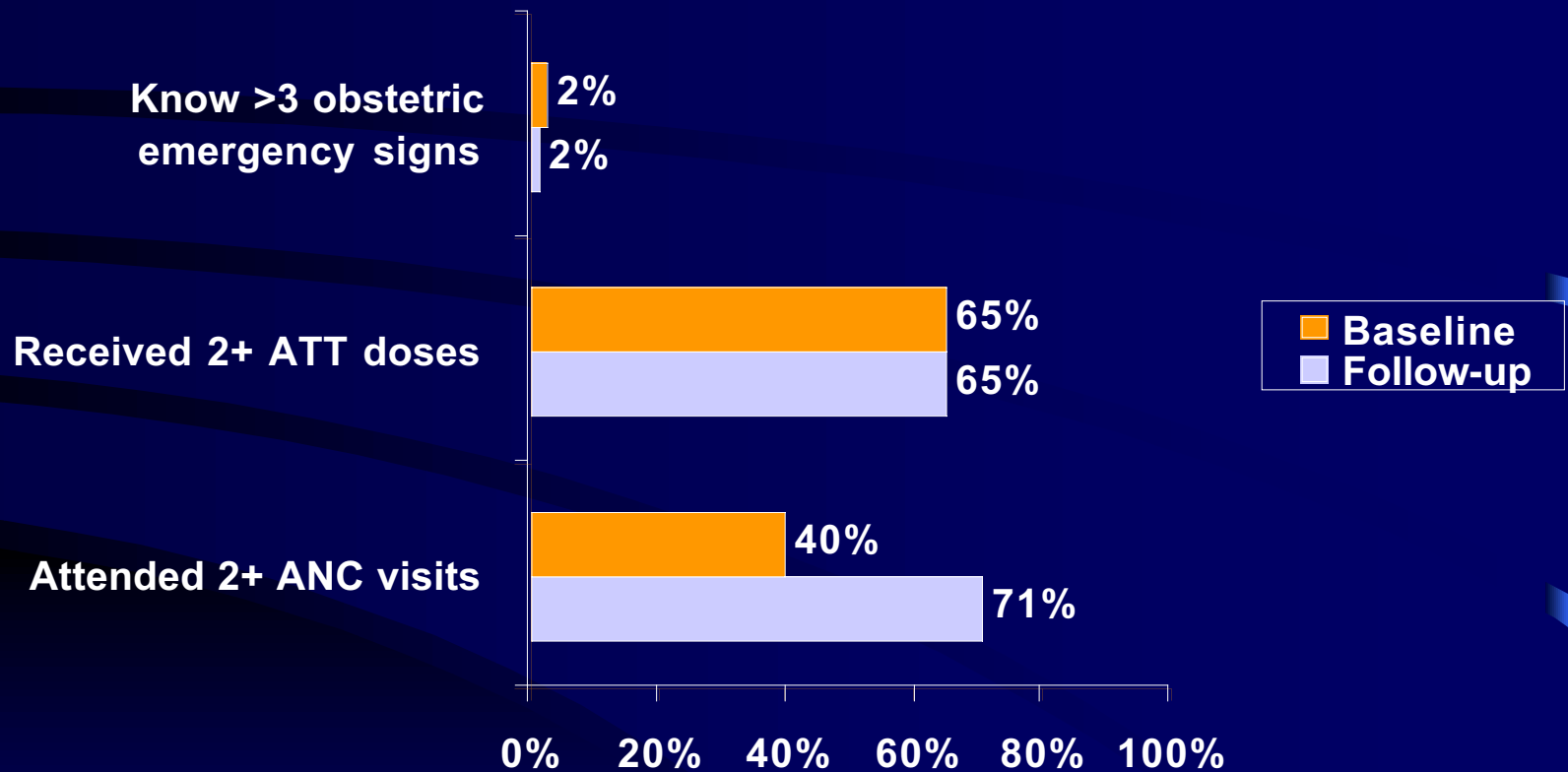
# Technical Competence: Infection Prevention



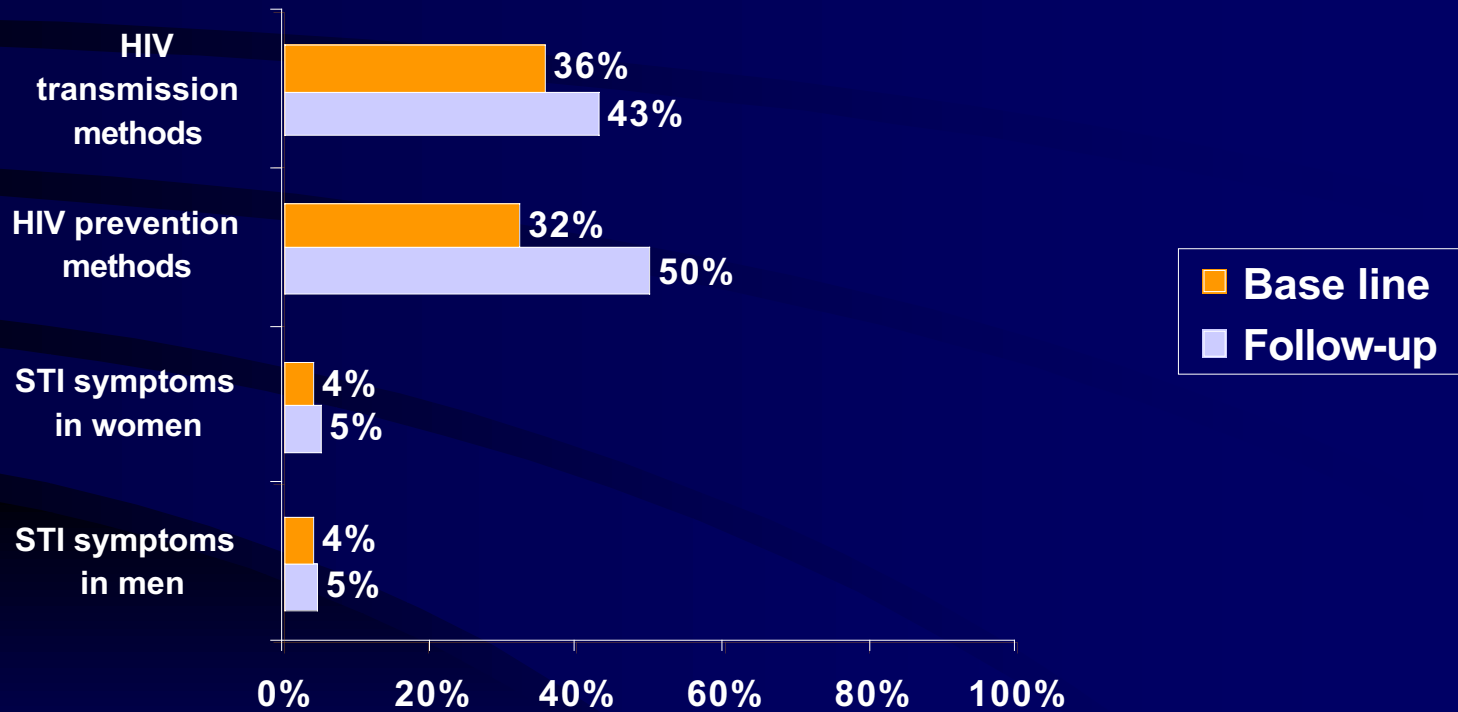
# Client-Provider Communication

- 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

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