**Quality improvement for integrated HIV, TB and Malaria services in Antenatal and Postnatal Care in Togo – Key performance indicators**

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**Background**

Since 2017, LSTM has been implementing this Quality of Services (QoS) project in partnership with the University of Lomé, thanks to generous funding from the Global Fund. Over the three phases of the project intervention packages have been implemented in 112 beneficiary health facilities (HFs). Prior to the intervention in each HF, a baseline assessment was carried out to determine the availability, functioning and use of ANC-PNC, TB, HIV and malaria services. At the end of this third phase, an overall evaluation was carried out to measure the changes that had occurred following the implementation of the interventions in each HF.

**Objective**

The objective was to assess the impact of the interventions implemented by the LSTM as part of the QoS project on the various indicators of availability and use of integrated ANC and PNC services in the 112 HFs.

**Method**

This was a quantitative study in which two categories of data were used: the project's contractual indicators and additional data on the availability and quality of ANC and PNC services. DHIS2 data was collected quarterly for the 112 HFs over the period from January 2021 to June 2023, i.e. ten quarters over this third cycle. Additional data were collected in the 112 HFs for June 2023 by interviewers using a digital questionnaire. The techniques used were interviews, observations and document review.

**Results**

In June 2023, the 50 HFs in phase 3 recorded 12,023 ANC, 3025 ANC1, 2,801 PNC, 3,858 deliveries and 3727 live births. In terms of screening, 3,025 women were tested for HIV, 2,356 for syphilis, 20 for tuberculosis and 1,210 for malaria. 87/112 facilities have a functional HQA team, 85 of which are implementing the standards-based audit cycle. Over the 10 quarters and for the 112 HFs, the percentage of women tested at ANC1 for HIV was 98.7% (94.1% for Togo), the percentage of pregnant women having taken at least 3 doses of IPT was 64.5% (60.8% for Togo) and the percentage of women having had their first ANC before 12 weeks was 21.6% (22% for Togo).

**Conclusion**

Overall, there has been good progress in the impact indicators. The average for most contractual indicators is higher than the national average. Supervision has made it possible to sustain the benefits of training. With the change in the QI approach, we will be looking at other impact indicators to monitor in the near future.