# Partial pictures: what routine health data can and cannot tell us about the quality of maternal and neonatal health services in Tanzania

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Measurement of contact coverage of maternal and newborn health services may overestimate the benefits of care provided, because care quality is not captured. This study explored healthcare workers' (HCWs), health sector managers', and policymakers' perspectives on the value and limits of routine health data for understanding the quality of maternal and neonatal health services in Tanzania. We conducted qualitative research across facility, district, regional, and national levels in two phases. In Mtwara region in 2023, we conducted ethnographic observations at two hospital labour wards and 29 in-depth interviews with HCWs, hospital leaders, and district/regional managers. In 2025, we carried out 17 additional interviews with regional managers in Mtwara and with national-level stakeholders. Our findings demonstrate that Tanzania's routine health information system (RHIS) provides a valuable but partial picture of quality of care. Care processes - including both provision and experience of care - are captured only to a limited extent. Using boundary object theory, we highlight how the same health information must serve diverse stakeholder needs. While opportunities exist to integrate more quality-ofcare indicators, standardized RHIS cannot be expected to comprehensively capture the multifaceted nature of care quality. For quality measurement to support meaningful local health service improvement, a flexible, bottom-up approach is essential. Yet the current emphasis on top-down oversight acts as a barrier to local data use. Relevant and feasible measurement of facility-based care quality requires a fundamental shift in RHIS priorities: from systems that extract data for those 'up there' to platforms that also create value for those who provide care.