



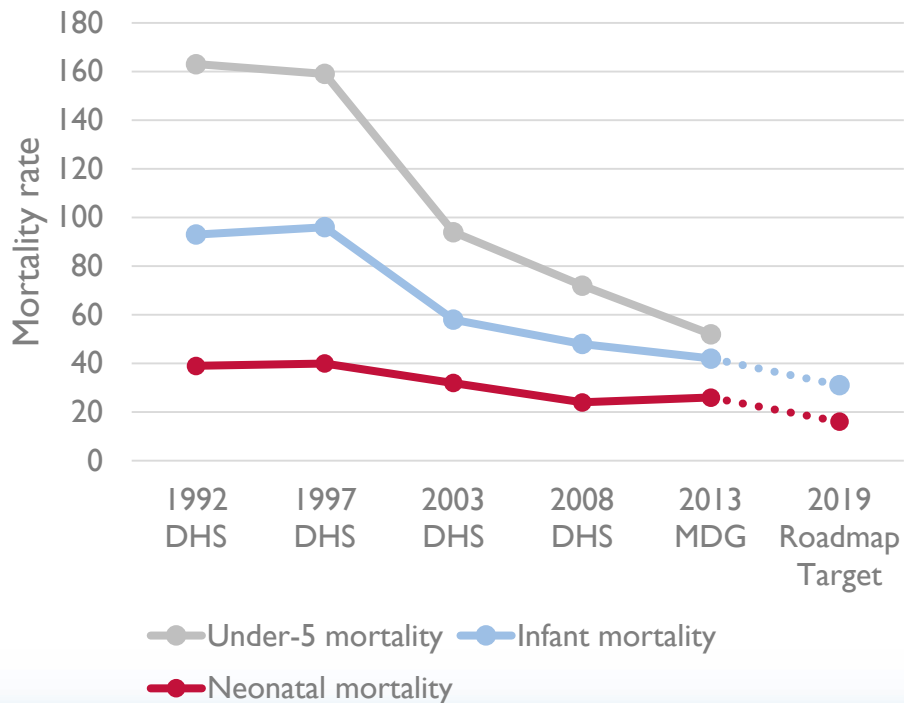
# Improving Quality of Maternal and Newborn Care and Postpartum Family Planning Services in Madagascar

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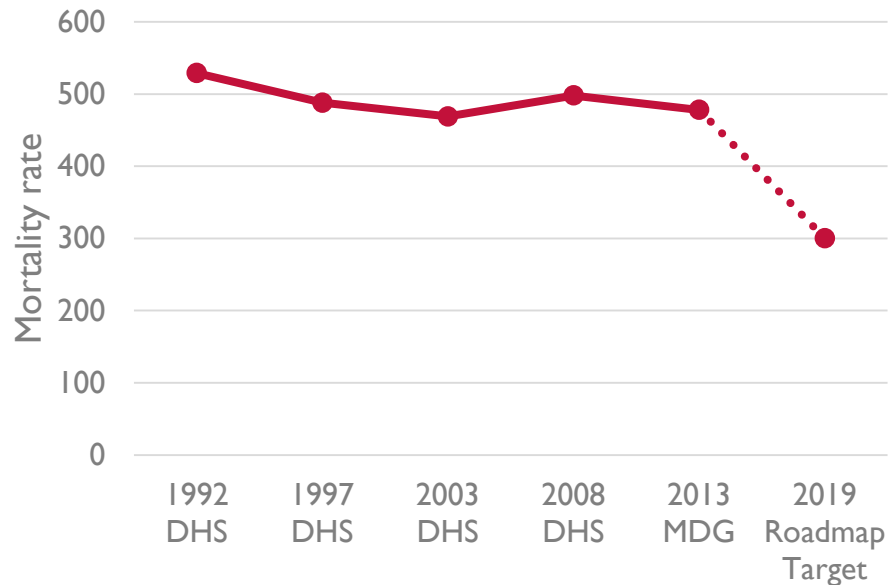


# Background

## Under-5, infant, and Neonatal Mortality in Madagascar



## Maternal Mortality in Madagascar



While under-5 and infant mortality has decreased, neonatal and maternal mortality in Madagascar have remained stagnant.

# RMNCH Quality Goals

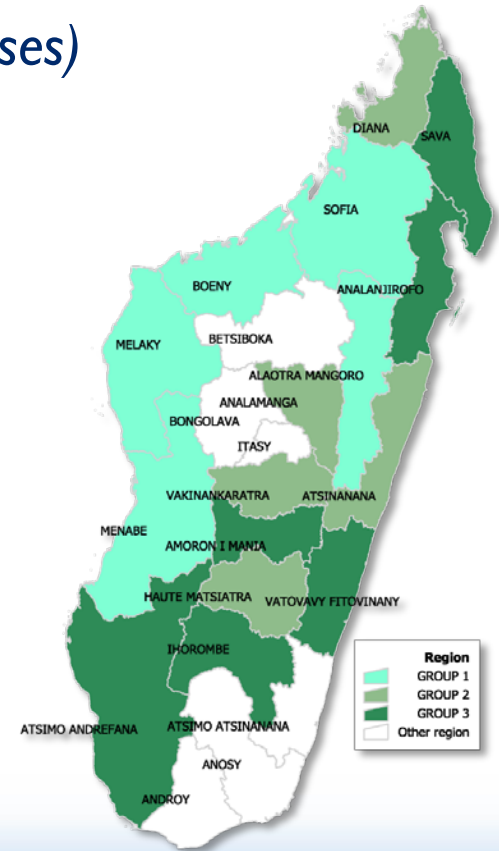
To strengthen the quality of maternal, newborn, and postpartum family planning (PPFP) care in primary health centers and hospitals in 16 regions for improved health outcomes for women and newborns



# MCSP Geographic Scope

*(increasing coverage in three phases)*

- National level
- Sub-national level
  - 16 regions (73%)
  - 80 districts (65%)
- Facilities supported
  - 753 primary level facilities (CSBs)
  - 63 hospitals
- Population served: 17,391,085



# A Systems Approach to Improving Quality

## National Level

- Global RMNCH policy and guidelines

## District /Regional level

- Building capacity of district teams
- Use of data for decision-making
- Shared learning and exchange

## Facility Level

- Targeted service-delivery support (competency-based training, supervision, commodities, and organization of services)
- Standardized MNH/PPFP data-dashboard
- QI / clinical governance teams and an engaging community



# Improving Measurement of Blood Pressure During ANC to Screen for Pre Eclampsia

(N = 1,002,989 total ANC visits in 513 CSBs)



## Illustrative Improvements:

- Reorganizing ANC patient flow
- Routine measurement of blood pressure for every women
- Access and availability of essential commodities and medications in key areas
- Tracking measures on standardized dashboard

## Improving uptake of postpartum FP before discharge

(N = 28,204 total postpartum women discharged with a FP method of choice in 513 CSBs; does not include lactation amenorrhea method)



### Illustrative Improvements:

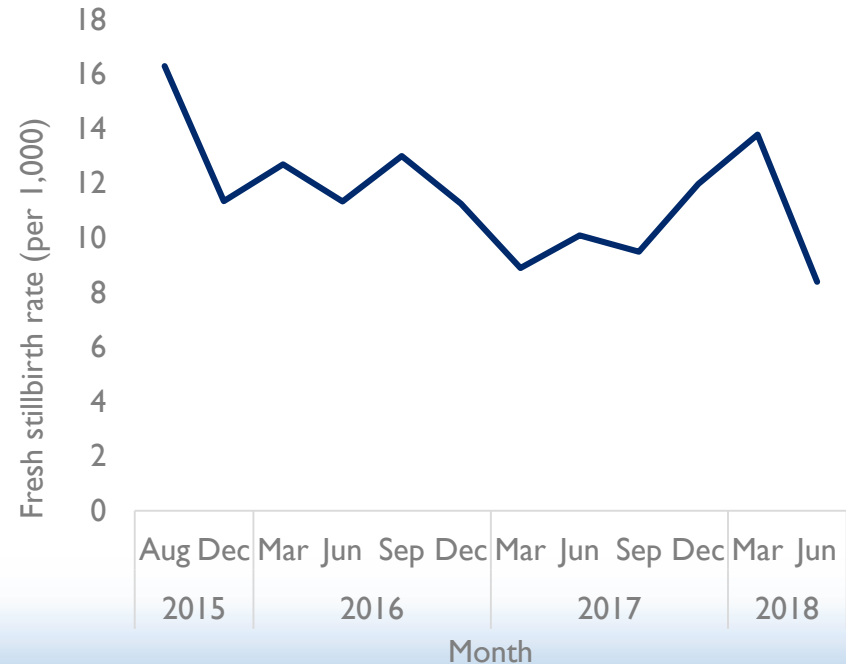
- Reorganizing patient flow and care
- Provision of counselling in ANC and early labor
- Counselling results guiding provision of method after delivery

# Decreasing Institutional Maternal Mortality and Fresh Stillbirth Rate in 513 CSBs

Maternal mortality ratio in CSBs (N = 183,483 total women delivered and 151 total maternal deaths in 513 CSBs)



Fresh stillbirth rate in CSBs (N = 183,483 total newborns [live and stillborn] and 2,035 total fresh stillbirths in 513 CSBs)





# Decreasing hospital newborn mortality rate

(N = 9,321 live births; 211 pre-discharge newborn deaths in five regional hospitals)

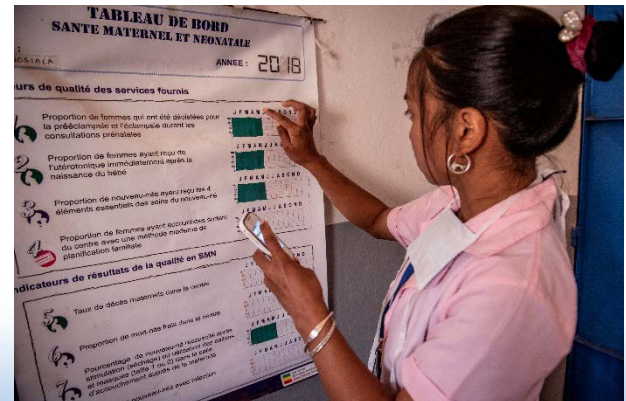


## Illustrative Improvements:

- Mapping and redesigning patient care pathways
- Enhanced coordination across departments to expedite provision of care
- Strengthened compliance and adherence to national guidelines
- Introducing and maintaining resuscitation equipment where deliveries happen

# Reflections and Recommendations

- Despite challenges (capacity / data availability), tracking quality measures helped drive improvement and motivate staff
- Ongoing support for standardized quality of care dashboards, health worker QI and data interpretation capacity is critical
- Leadership and commitment of national, regional and district managers and facility health workers is critical
- It's possible to achieve improvements at scale, even in a weak health system without quality structures



For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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