A. Background*4

Core demographic data

- Population: 1,339,180,000
- National fertility rate (children per woman): 2.3
- Infant mortality rate (IMR) (per 1,000 live births): 34
- Stillbirth rate (per 1,000 live births): 4
- Current health expenditure (% of GDP): 4
- Health insurance coverage (% women aged 15-49 years): 20.4

National overview of key interventions %

- Primary care centres (as per site): 31
- Initial antenatal care during delivery: 91
- Institutional delivery: 79
- Breastfeeding rate: 66
- First level care within 2 days: 29
- Preterm care services: 72
- Postnatal care: 23

B. Implementation milestones

- National status for quality of care (QoC)
- Access to health care services for all population
- Quality improvement mechanisms
- Implementing evidence-based practice
- Continuous quality improvement
- Learning accountability

D. MNCH QoC baseline data for learning facilities

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal care (in hours)</td>
<td>2</td>
</tr>
<tr>
<td>Initial antenatal care during delivery</td>
<td>91</td>
</tr>
<tr>
<td>Institutional delivery</td>
<td>79</td>
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<td>Postnatal care</td>
<td>23</td>
</tr>
</tbody>
</table>

C. Progress at the national level (2017–2018)

- Continuity and mentorship by people with a range of expertise facilitate streamlined implementation and nurture the potential of the initiative in impacting morbidity and mortality of women during childbirth.
- Standard operating procedures should be in place to ensure standardization of practices.
- Ownership, initiative and innovation is key to effective implementation of quality programme.
- Inconsistent documentation practices in various non-standardized formats.
- Patient satisfaction survey and feedback system.

E. Example of implementation in learning districts

- Data not being entered and health providers not looking at data to drive interventions from data for better outcomes.
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F. Example from implementation

- Level
- Quality Structure
- Quality Drivers

- National Level
- CDQC
- National Grouping

- State Level
- 50AC
- State Grouping

- District Level
- DBDC
- District Grouping

- Facility level
- Quay Trust
- Quality Ends (360)

Lessons learned Implementing a QoC program

- Diagnosis: initiation and implementation is key to effective implementation of quality programme.
- The design largely influenced and shaped the implementation of monitoring and measurement mechanisms.
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