## Quality, Equity, Dignity A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Summary of implementation readiness	
1. National QI approach	8/11
2. Selection of learning sites	5/6
3. QI management and response system	4/6
4. QI coaching system and structures	3/5
5. Measurement	4/8
6. Orientation to districts and facilities	1/3
7. National learning hub	1/5

Core Demographic Data	
Population	17,251,000¹
Fertility rate per woman	5 <sup>1</sup>
Total maternal deaths in 2015	3,400¹
Neonatal mortality rate (per 1,000 live births)	221
Stillbirth rate (per 1,000 toal births)	222

Coverage of Key interventions	
Demand for Family Planning satisfied (%)	75¹
Antenatal care (4 or more visits, %)	45¹
Skilled Birth Attendance (%)	87 <sup>1</sup>
Caesearan Section Rate (%)	5 <sup>1</sup>
Early Initiation of Breastfeeding (%)	95¹
Exclusive Breastfeeding rate (%)	70¹
Post-natal visit for baby (within 2 days, %)	81 <sup>1</sup>
Post-natal care for mother (within 2 days, %)	75¹

## Response: yes

50% - 80% > 80%

1. National Quality Improvement Approach	
National Standards on MNH QoC developed/available	Planned for 2018.
National package on QI interventions agreed upon through review and consultation	As per national MNCH QoC roadmap
Key interventions in national QI package developed (specify type of interventions)	
* leadership and organization management	Quality Management Directorate, MoH established
* QI coaching	
* clinical mentorship	
* audit and feedback	
* improving data systems	
* learning networks/systems, including learning collaboratives	
* performance based financing	
* policy/strategy development support	National Quality Policy and Strategy being finalised

4. QI Coaching System & Structure	

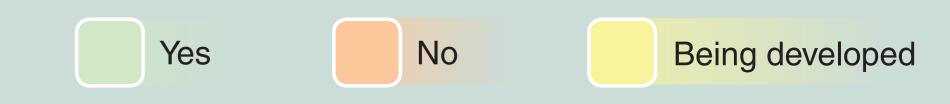
2. Selection of Learning Sites	
Criteria for selection of learning districts developed and agreed	1. Poor MNH performance.
	2. Availability of support from partners.
	3. District ownership
Criteria for selection of learning sites/ facilities developed and agreed	
Learning districts selected (specify name and any supporting partners)	Mzimba, Kasungu, Lilongwe, Mangochi, Zomba and Thyolo (supported by QM directorate, LSTM, LSHTM, WHO and other partners)
Learning sites/facilities selected (specify name and any supporting partners)	
Baseline situational analysis at learning sites conducted	Baseline assessment in Mangochi (learning district) has taken place prior to launch. Quarterly assessment and biennial for learning districts planned.
Initial resource provision to learning sites	

5. Measurement	
National monitoring framework for MNCH QoC developed	Being led by Ken Kanyimbo of the QM Directorate
Core set of QoC indicators for agreed for national level reporting	
Common set of QI aims across districts agreed	
System of reporting agreed and necessary tools developed	Planned for 2018
* information flow	Planned for 2018
* standardized reporting formats	
* roles and responsbilities	To be clarified in 2018.
* review mechanisms	

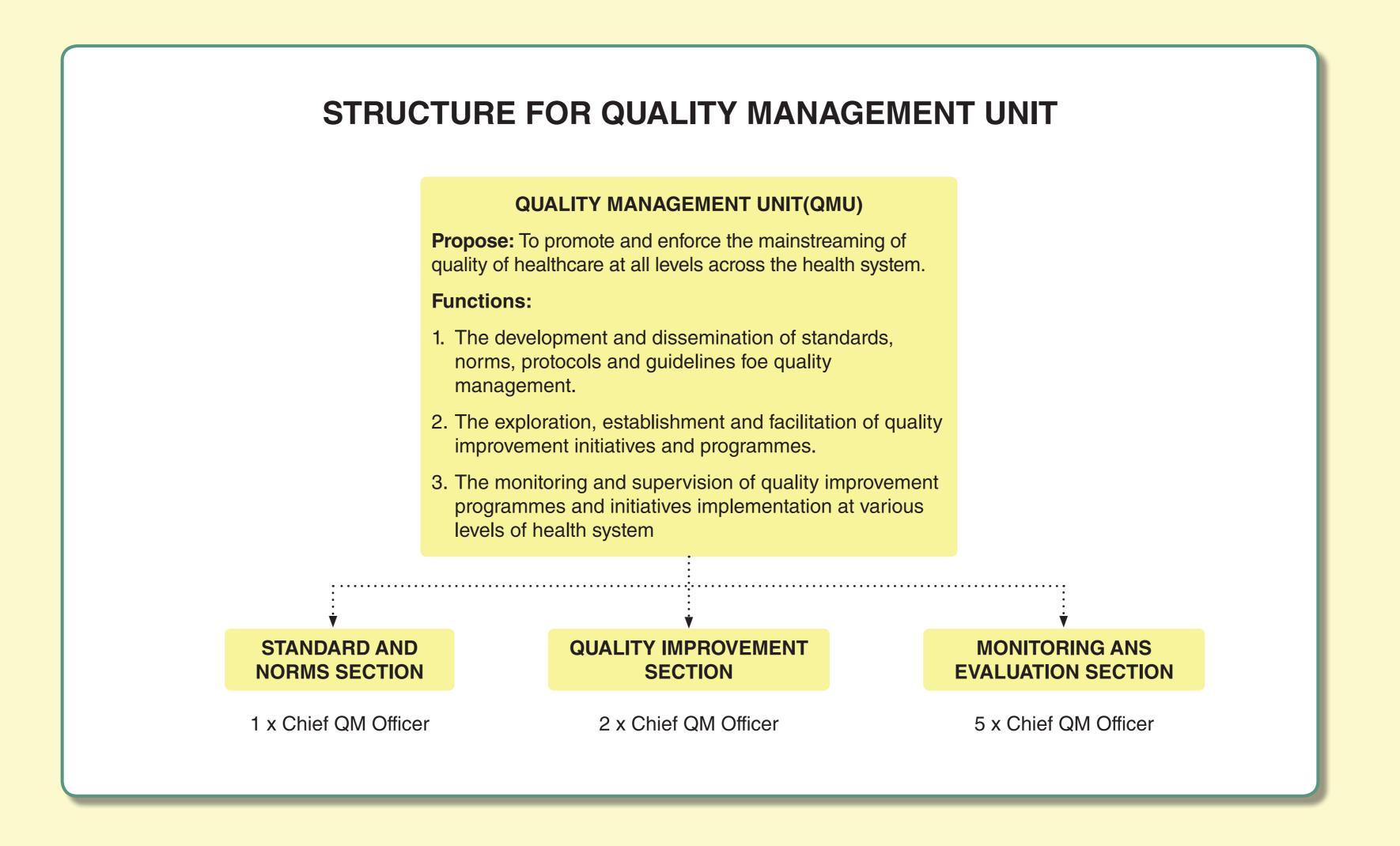
National, district and stakeholder communication and eedback mechanisms and loops agreed (including for citizen voices)	
Existing structures to be utilized for supporting QI activities reviewed and identified	
Roles and responsibilities within existing structures for supporting QI activities agreed	
* focal person with specified ToR for QoC at national level	
* focal person with specified ToR for QoC at district level	
* focal person or team with specified ToR at facilities	Planned for 2018

6. Orientation to Distrcits & Facilities	
Orientation package (on the above) for learning districts developed	The adopted QoC tool was used as a part of the orientation.
Orientation to learning districts completed	To be completed before the end of 2017.
Orientation to learning sites/ facilities completed	To be completed before the end of 2017.

7. National Learning Hub	
Terms of reference for a learning hub/ centre to support the national learning network developed	ToR will include documentation and evaluation, identification of best practices, agreement on common objectives for learning, collaborative sessions in districts and at national level.
The learning hub/centre for QoC established	MUST identified as learning hub.
Standardized documentation for capturing and sharing learning from QoC implementation developed	Under discussion; will be completed in 2018.
Processes for synthesising and sharing key lessons agreed	To be done early 2018.  Some district level learning activities have started
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	To be done early 2018.



## **Examples from Implementation**



## References

1. Countdown to 2015, 2015 report See http://countdown2030.org/ 2. UNICEF.Maternal and Newborn Health Disparities in Malawi 2016 https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles/ 3. All other data received from the relevant Ministry of Health and WHO Country Offices.