# Côte d'Ivoire

Quality, Equity, Dignity

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

## Country context

| POPULATION & MORTALITY RATES | 2017 | 2020 | 2022 |
|---|---|---|---|
| Population (in million)[1] | 24.8 | 26.8 | 27.5 |
| Maternal Mortality Ratio per 100,000 live births[2] | 617 | 480 | – |
| Neonatal Mortality Rate per 1,000 live births[3] | 35 | 33 | 32 |
| Stillbirth Rate per 1,000 births[3] | 24 | 22 | 22 |

| NATIONAL COVERAGE OF KEY INTERVENTIONS (2016) | % |
|---|---|
| Antenatal care (4 or more visits)[4] | 51 |
| Skilled birth attendance during delivery[5] | 74 |
| Institutional deliveries[6] | 70 |
| Post natal visit for baby (within 2 days of birth, medically trained provider)[6] | 83 |
| Postnatal care for mother (within 2 days of birth, medically trained provider)[6] | 80 |
| Caesarean section rate[7] | – |
| Family planning[8] | 35 |
| Initial breastfeeding (1 hour of birth)[9] | 37 |
| Exclusive breastfeeding rate (of infants under age of 6 months)[10] | 23 |


1. United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. https://population.un.org/wpp/Download/Standard/MostUsed/
2. World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. World Health Organization. https://apps.who.int/iris/handle/10665/327596
   World Health Organization (2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. https://apps.who.int/iris/handle/10665/366225
3. United Nations Inter-agency Group for Child Mortality Estimation (2023). https://childmortality.org/
4. WHO/SHR Global Database, Percentage of women aged 15–49 years attended at least four times during pregnancy by any provider, September 2022.
5. UNICEF/WHO joint database on SDG 3.1.2 Skilled Attendance at Birth. May 2022.
6. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Maternal and Newborn Health Coverage Database, New York, May 2022.
7. WHO Global Health Observatory. https://www.who.int/data/gho
8. United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.
9. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Ever breastfed, Early initiation of breastfeeding, Exclusively breastfed for the first two days after birth, New York, October 2022.
10. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, October 2022.


## Milestone progress (2017-2022)

| STRATEGIC OBJECTIVES | MILESTONE DELIVERABLES | 2017 | 2020 | 2022 |
|---|---|---|---|---|
| LEADERSHIP | Supportive governance policy and structures developed or established | On track | In progress | On track |
| | Quality of care for maternal and newborn health roadmap developed and being implemented | No information | In progress | In progress |
| ACTION | On-site coaching visits occuring in learning districts | No information | In progress | On track |
| | Quality improvement coaches trained | No information | Not started | Not started |
| | QoC coaching manuals developed | No information | Not started | Not started |
| | Learning districts and facilities selected and agreed upon | No information | On track | On track |
| | QoC implementation package developed | No information | On track | On track |
| | Adaptation of MNH QoC Standards | On track | On track | On track |
| | Orientation of learning districts and facilities | Not started | On track | On track |
| LEARNING AND ACCOUNTABILITY | Mechanism for community participation integrated into QoC planning in learning districts | Not started | No information | No information |
| | A research institution to facilitate documentation of lessons learned identified and is active | Not started | Not started | Not started |
| | District learning network established and functional (reports of visits) | On track | In progress | On track |
| | Common indicator data collected, used in district learning meetings, and reported upwards | Not started | In progress | On track |
| | Baseline data for MNH QoC common indicators collected | Not started | On track | On track |
| | Common set of MNH QoC indicators agreed upon for reporting from the learning districts | Not started | On track | On track |

*Key:* On track (achieved); In progress (initiated but not completed); Not started; No information

## Ensuring MNH QoC core indicators are available in routine HMIS

| DATA ELEMENTS | Collected | Frequency of reporting | Source |
|---|---|---|---|
| Pre-discharge maternal deaths | YES | Monthly | Management and Information System |
| Maternal deaths by cause | YES | Monthly | Management and Information System |
| Neonatal deaths by cause | YES | Monthly | Management and Information System |
| Facility stillbirth rate (disaggregated by fresh/ macerated when possible) | YES | Monthly | Management and Information System |
| Pre-discharge neonatal mortality rate | YES | Monthly | Management and Information System |
| Obstetric case fatality rate (disaggregated by direct/indirect when possible) | YES | Monthly | Management and Information System |
| Pre-discharge counselling for mother and baby (woman-reported) | YES | Monthly | Management and Information System |
| Companion of Choice (woman-reported) | YES | Monthly | Management and Information System |
| Women who experienced physical or verbal abuse in labor or delivery (woman-reported) | YES | Survey based | Demographic Health Survey |
| Breastfeeding within one hour | YES | Monthly | Management and Information System & Demographic Health Survey |
| Immediate postpartum prophylactic uterotonic for PPH prevention | YES | Monthly | Management and Information System |
| Birthweight documented | YES | Monthly | Management and Information System |
| Premature babies initiating KMC | YES | Monthly | Management and Information System |
| Basic Hygiene Provision | YES | Survey based | Survey/assessment of the availability and operational capacity of health services |
| Basic sanitation available to women and families | YES | Survey based | Survey/assessment of the availability and operational capacity of health services |

*Key:* YES; *Frequency of reporting:* Monthly; Survey based

## Creating an enabling environment for sustainability and scaling up of MNH QoC

### « 5-star Healthcare Facility » Label

As part of efforts to improve quality of care for MNCH in health facilities, Cote d'Ivoire has put in place the label "5 star health structure". This label is awarded to health facilities providing good quality care for mothers and newborns in accordance with national quality of care standards, as well as having access to water, hygiene and sanitation (WASH). Côte d'Ivoire has provided all the guidelines to the health facilities for the awarding of this label. These standards have been revised and adapted for primary healthcare facilities.

To be awarded as "5 star facility", health facilities should meet the following five criteria:

- Refocused prenatal consultation
- Essential newborn care
- Management of newborn and child diseases
- Exclusive breastfeeding
- Access to water, hygiene and sanitation (WASH)

The project is piloted in 15 health facilities across 3 districts (Ferkessédougou, Odienné and Tanda). These facilities include 3 referral hospitals and 12 primary healthcare centers. The pilot project takes place in several phases:

1. **Health facilities self-assessment:** Each health facility conducts a self-assessment (using the provided self-assessment tool) at the end of this evaluation, an improvement plan to guide the implementation is drafted
2. **Progress Monitoring Mission:** Trainers conduct a mission to evaluate and assess the achievements of the facility improvement plan
3. **Self-assessment mission:** Another self-assessment is conducted by the health facilities to assess progress and update the improvement plan as needed
4. **External evaluation:** This evaluation is conducted by national representatives and partners
5. **Label awarding:** Done progressively based on the scores obtained in the evaluations (1st star: Sexual and Reproductive Health Care; 2nd star: Promotion, Protection and Support of Breastfeeding; 3rd star: Essential Care for Newborns; 4th star: Integrated Management of Newborn and Childhood Diseases; 5th star: Hygiene, Infection Prevention and Control)

*Label plate to be awarded to PHC health facilities*


To date, 15 health facilities are in the process of implementing their quality improvement plans in order to be accredited as "5-star health facilities".

### Reducing maternal morbidity and mortality in Gbêkê Region

As part of efforts to reduce maternal mortality and morbidity at subnational level, the Regional Health Directorate of Gbêkê, in collaboration with WHO, has launched an initiative in May 2021 to **reduce preventable mortality and morbidity from postpartum hemorrhage, eclampsia, and abortion complications** in 6 health districts in the region. Eighteen health facilities have been selected (3 general hospitals, 14 urban health centers, and 1 faith-based health center) with ongoing evaluation, periodic QI visits and capacity building of 181 midwives.

This QI intervention has four aims:

1. Improving quality of maternal and perinatal care
2. Strengthening Maternal and Perinatal Death Surveillance and Response (MPDSR)
3. Support community engagement and mobilization
4. Ensure effective coordination among actors and monitoring of progress

#### Approach:

Starting with an assessment of knowledge and skills of healthcare workers, targeted coaching is taking place which is based on needs identified in terms of reorganization of care and capacity building. Six QI teams have undertaken **virtual and face-to-face capacity building** on the QI approach and tools. Periodic site visits, remote support and follow-up by telephone are done to ensure the effective management of obstetrical complications. To address problems arising at local level, support is provided by health and administrative authorities and the communities. Quarterly meetings are organized to discuss and monitor progress.

To ensure the identification, classification and review of maternal deaths (including those related to abortion complications) is done at regional level, capacity building sessions have been conducted for 34 members representing the 6 regional MPDSR review committees.

Tools have been developed and adapted to ensure effective implementation:

- WHO Quality of Care assessment tool adapted to the regional context
- Clinical guidelines developed
- Birth preparedness and obstetric complications plan developed
- Identification of risk factors for eclampsia, postpartum hemorrhage and abortion complications

#### Results:

Good practices have been acquired by health facility teams during the QI process. These include (1) the availability of an emergency kit in the delivery room, (2) establishment of a newborn corner, (3) construction of a placenta pit, (4) poster guidelines for early breastfeeding and delivery plan made available in health facilities, and (5) preparation of medical files.

Following the implementation of the QI project, the average total score of QoC improvements improved from 43.5% to 59.3% in the third evaluation.

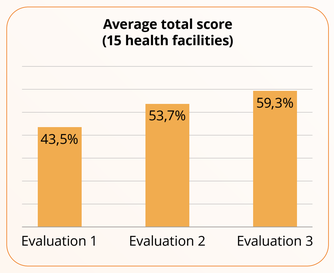



**Figure 1: Progressive QoC improvements for prevention and treatment of complications of abortion, postpartum hemorrhage and maternal and neonatal pre-eclampsia/eclampsia in 15 health facilities (average total score)**

| Formation sanitaire | HG Béoumi | | | CSU Belleville | | | CSU Sokoura | | | HG Botro | | | CSU Djezou | | | CSU Broukro | | | FSU Koko | | | CSU Air France | | | HG Sakassou | | | CSU Diabo | | | CSU Djebo-noua | | | CSU Nimbo | | | Attienkro | | | Assinkro | | | Ahou-gnanssou | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Evaluations | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 | E1 | E2 | E3 |
| Maternal care score % | 61 | 71 | 70 | 48 | 72 | 77 | 48 | 74 | 75 | 68 | 62 | 67 | 33 | 53 | 67 | 37 | 43 | 67 | 49 | 57 | 96 | 66 | 66 | 77 | 77 | 88 | 45 | 45 | 53 | 51 | 54 | 54 | 50 | 64 | 67 | 53 | 66 | 77 | 46 | 55 | 69 | 38 | 61 | 63 |
| Newborn care score % | 81 | 84 | 84 | 60 | 81 | 84 | 70 | 84 | 84 | 53 | 51 | 54 | 45 | 53 | 54 | 43 | 47 | 49 | 72 | 89 | 89 | 80 | 78 | 90 | 91 | 92 | 50 | 50 | 50 | 44 | 57 | 57 | 55 | 66 | 66 | 61 | 75 | 85 | 65 | 85 | 91 | 56 | 60 | 61 |
| Total score % | 61 | 73 | 73 | 32 | 44 | 52 | 41 | 51 | 65 | 51 | 49 | 49 | 29 | 41 | 50 | 30 | 36 | 48 | 52 | 60 | 69 | 50 | 61 | 67 | 67 | 83 | 38 | 37 | 41 | 37 | 41 | 41 | 39 | 53 | 59 | 45 | 68 | 79 | 44 | 52 | 70 | 37 | 57 | 68 |

< 50% | > 50 et <80% | > 80%

### Tiébissou General Hospital: Restructuring of the gyneco-obstetrics Department following the self-assessment of the quality of maternal and neonatal care services

Tiébissou was identified as one of the 3 learning districts for the implementation and documentation of good practices in improving the quality of maternal, newborn and child health services in Côte d'Ivoire when the country joined the Quality of Care Network in March, 2017. Located in the center of the country, in the Bélier region, Tiébissou Department comprises 19 public health facilities, including the Tiébissou General Hospital. This pavilion-style hospital covers an area of 16,984 m2 and has a capacity of 33 beds with a workforce of 82 health workers.

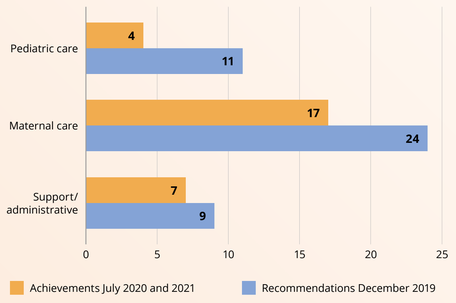
In December 2019, with technical support from a multidisciplinary team at national level (DSIMI, SOGOCI, DMHP, PNSME), a self-assessment of the OB-GYN, neonatology, pediatrics and administrative services was conducted using the Quality of Care Assessment Tool. This exercise was carried out in a participatory and objective manner, and was led by a QI team of 5 healthcare providers from the above-mentioned organizations.

Areas for improvement were identified and an improvement plan was developed thereafter. 44 recommendations were developed to be taken forward by the hospital QI team. The improvement plan was implemented with the technical and financial support of partners, as well as local communities and authorities.

A second evaluation was conducted in July 2020, by the Ministry of Health and Public Hygiene (MSHP-CMU), partners including WHO and JICA, district representatives and the hospital QI team. A visit was conducted to assess and analyze the progress being made, with continuous followups with the hospital QI team by the district representatives.

#### Results:

**Progress analysis**




**Support and Administration**

*Provision of a container for the storage of expired medications*

*Donation of an automaton from the regional council of Tiébissou*

*Purchase of a generator with a monitoring and management system*

**Maternal and neonatal care**

BEFORE

AFTER

*Reorganization of the prenatal consultation room*

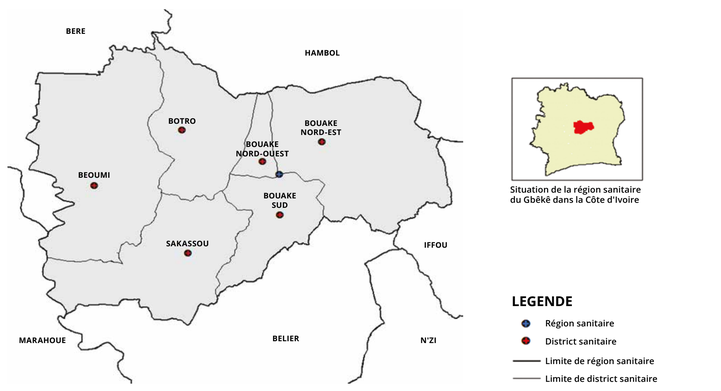
*Rearrangement and equipment of the delivery room*

In conclusion, good practices have been implemented by the QI team. These include:

- The management of suggestion boxes and adoption of a technique to support non-French speakers to communicate and give their opinion on the service they receive.
- Display and implementation of guidelines, standards and standard protocols for quality of care practice.
- Good management of health referral and counter-referral forms with the provision of a mobile phone in the maternity ward to facilitate the organization of referrals and counter-referrals.
- Presence of a health worker in the ambulance for any obstetrical emergency evacuation with a copy of the completed partograph which always accompanies the referral of an obstetrical emergency.
- Maternal assistance with newborn clothing collected to the midwives.

However, some challenges remain. These include the effective involvement of communities in the QI process, ownership of the initiative by the QI team to ensure sustainability even when providers change, and the analysis and use of data by the hospital for decision-making.

## Map of the districts and learning facilities




## Taking forward the unfinished and emerging agenda for quality MNCH

To move the unfinished and emerging agenda for quality MNCH, the Ministry of Health has identified the need to develop a **Quality of Care for MNCH Roadmap** and also designate a **national focal person for QoC monitoring.**

The main challenges identified are the documentation and sharing of learning outcomes from the learning districts and the delay to start QoC activities.

### Priorities moving forward:

To sustain and scale up quality of care for MNCH, Cote d'Ivoire is planning to disseminate further the quality of care standards, QI assessment tools and QoC indicators for MNCH to ensure all facilities are implementing and routinely reporting on these standards.

Another priority moving forward is to ensure the **documentation of learning and best practices**. Discussions are ongoing at national level to establish a **national learning center and learning centers at subnational level** to ensure documentation of experiences and best practices on MNCH QoC at facility, subnational, national and global levels.