

Maternal and Perinatal Health Outcomes Improve in Cross River State Nigeria

SMGL was expanded to Cross River State in Nigeria in 2015, and has achieved substantial successes over just two years of programming. A key contributor to success in Nigeria is the linkage between public, private and faith-based facilities, as well as primary and secondary facilities, which has led to stronger referral systems and improved working relationships between service providers in each sector.

INDICATOR**	2015 Baseline	2018 Endline	% CHANGE between Baseline and Endline
Institutional Maternal Mortality Ratio (or the number of maternal deaths per 100,000 live births)	313	225	-28
Pre-discharge neonatal mortality rate (number of newborn deaths per 1,000 live births)	2.1	6.2	N/A*
Institutional Total Stillbirth Rate (per 1,000 births)	53	37	-31
Live births put to breast and kept warm within 30 minutes of birth (%)	34	95	179
Newborns not breathing at birth successfully resuscitated (%)	84	95	13
HIV-positive pregnant women who receive ARVs (%)	80	89	11
Women who received uterotonics in the third stage of labor (%)	46	98	113

*Prior to SMGL, newborn deaths in Cross River State were often discounted. SMGL is emphasizing the importance of capturing all newborn deaths. In the short term, this will result in an increase in reported newborn mortality; in the long-run, with programming to improve maternity care, we anticipate a reduction in newborn deaths.

** Slight variations in values may be due to differences in rounding

Maternal and Perinatal Health Outcomes Improve in Uganda SMGL-supported Districts

The district-level maternal mortality ratio (MMR), or the number of maternal deaths per 100,000 live births among all women residing in SMGL districts, is a key indicator of access and quality of obstetric services and is a measure of a country's progress towards the Sustainable Development Goals. The MMR continued to decline in the four SMGL Learning Districts of Uganda.

In 2016, the MMR had declined by 44% compared to the level at the beginning of SMGL (from 452 to 255 deaths per 100,000 live births). The 11% annual rate of reduction in SMGL districts between baseline and endline is about 4.5 times higher than the annual reduction rate for Sub-Saharan Africa and 4 times higher than the annual reduction estimated for Uganda as a whole.

INDICATOR**	PHASE 0 (June 2011– May 2012)	PHASE 2 (Jan–Dec 2016)	% CHANGE between PHASE 0 and PHASE 2
District-wide Maternal Mortality Ratio (or the number of maternal deaths per 100,000 live births)	452	255	-44
Institutional Maternal Mortality Ratio (or the number of maternal deaths per 100,000 live births)	534	300	-44
Direct Obstetric Case Fatality Rate in EmONC facilities (%)	2.9	1.7	-37
Institutional Fresh Stillbirth Rate (per 1,000 live births)	22.4	14.5	-36
Pre-discharge Neonatal Mortality Rate (per 1,000 live births)	8.4	7.6	-10
Facilities reporting having performed newborn resuscitation in the past 3 months (%)	32	88	175
Number of CEmONC facilities where the nine signal functions were performed in the last 3 months	7	17	143
Number of BEmONC facilities where the seven signal functions were performed in the last 3 months	3	9	200
Facilities that did not experience stock outs of oxytocin in the past 12 months (%)	56	82	46
Facilities that did not experience stock outs of magnesium sulfate in the past 12 months (%)	47	64	36
Population-based Cesarean Section Rate (%)	5.3	9.0	71
Institutional Delivery Rate (%)	46	67	47
Deliveries in EmONC facilities (%)	28	41	45
Health facilities with electricity (%)	58	96	66
Health facilities with running water (%)	77	100	30
Facilities that provided active management of the third stage of labor (AMSTL) (%)	76	96	27
Facilities that routinely use a partograph to monitor labor (%)	33	92	178
Hospitals that currently have at least one long-acting family planning method (%)	63	94	51
Number of pregnant women who received prophylaxis or treatment for the prevention of mother-to-child transmission of HIV/AIDS	1,262	6,837	442
Number of HIV-exposed infants receiving HIV prophylaxis	1,117	3,245	191
Hospitals conducting maternal death audits (%)	31	94	201

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Maternal and Perinatal Health Outcomes Improve in Zambia SMGL-supported Districts

In Zambia's intervention districts, women who delivered in health facilities were monitored during labor, childbirth and the immediate postpartum period. This series of indicators reflects overall improvements in the facilities' ability to deliver quality maternal and newborn care services after 5 years of SMGL implementation.

INDICATOR**	PHASE 0 (June 2011– May 2012)	PHASE 2 (Jan–Dec 2016)	% CHANGE between PHASE 0 and PHASE 2
District-wide Maternal Mortality Ratio (or the number of maternal deaths per 100,000 live births)	480	284	-41
Institutional Maternal Mortality Ratio (or the number of maternal deaths per 100,000 live births)	370	231	-38
Institutional Perinatal Mortality Rate (per 1,000 births)	38	23	-39
Institutional Total Stillbirth Rate (per 1,000 births)	31	19	-39
Pre-discharge Neonatal Mortality Rate (per 1,000 live births)	8	5	-41
Facilities reporting having performed newborn resuscitation in past 3 months (%)	27	75	173
Number of CEmONC facilities where the nine signal functions were performed in the last 3 months	4	5	25
Number of BEmONC facilities where the seven signal functions were performed in the last 3 months	3	8	167
Deliveries in EmONC facilities (%)	26	29	12
Population-based Cesarean Section Rate (%)	2.7	4.8	79.4
Institutional Delivery Rate (%)	63	90	44
Facilities that reported having an associated Safe Motherhood Action Group (SMAG) (%)	64	96	51
Facilities that reported having an associated mother's shelter (%)	29	49	69
Health facilities that report having electricity (%)	55.5	92.7	67
Health facilities that reported having available transportation (motor vehicle or motorcycle) (%)	55	73	31
Health facilities that are open 24/7 (%)	65	96	47
Health facilities that reported having communications equipment (including 2-way radio, landline, or cell phone with service). (%)	45	100	124
Health facilities that report having at least one doctor, nurse, or midwife on staff (%)	90	99	10
Facilities that currently have at least one long-acting reversible method (%)	20	71	256
Facilities that provided active management of the third stage of labor (AMSTL) (%)	71	96	35
Number of pregnant women who received antiretroviral therapy for the prevention of mother-to-child transmission of HIV/AIDS	930	1036	11
Number of HIV-exposed infants receiving HIV prophylaxis	523	1030	97
Facilities that did not experience stock outs of magnesium sulfate in the past 12 months (%)	20	43	115
Facilities conducting maternal death reviews (%)	43	75	77
Hospitals conducting maternal death reviews (%)	50	100	100

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