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

Nigeria

A. Background[1–6]

Core demographic data

Population size (thousands)	182,868
Total fertility rate (children per woman)	5.5
Maternal mortality ratio (MMR) (per 100,000 live births)	576
Neonatal mortality rate (NMR) (per 1,000 live births)	37
Child mortality rate (per 1,000 live births)	64
Stillbirth rate (per 1,000 live births)	42.9
Domestic general government health expenditure as percentage of gross domestic product (GDP) (%)	0.6
Domestic general government health expenditure per capita (in US$)	16.1

National coverage of key interventions

	%
Antenatal care (4 or more visits)	51
Skilled attendance during delivery	38.1
Institutional deliveries	35.8
Cesarean section rate	2
Initial breastfeeding (1 hour of birth)	33.2
Exclusive breastfeeding rate (of infants under age 6 months)	17
Postnatal visit for baby (within 2 days of birth, medically trained provider)	14
Postnatal care for mother (within 2 days of birth, medically trained provider)	39.6

B. Implementation milestones

completed · in progress · not started or incomplete · no data

National leadership for quality of care (QoC)	
Supportive governance policy and structures developed or established	completed
QoC for maternal and newborn health (MNH) roadmap developed and being implemented	completed
Learning districts and facilities selected and agreed upon	completed
QoC implementation package developed	completed
Adaptation of MNH QoC standards	completed
Action: Learning sites identified and prepared	
Orientation of learning districts and facilities	completed
District learning network established and functional (reports of visits)	not started or incomplete
QoC coaching manuals developed	completed
Quality improvement (QI) coaches trained	not started or incomplete
On-site coaching visits occurring in learning districts	not started or incomplete
Learning and accountability: QoC MNH measurement	
QoC for MNH baseline assessment completed	completed
Common set of MNH QoC indicators agreed upon for reporting from the learning districts	completed
Baseline data for MNH QoC common indicators collected	in progress
Common indicator data collected, used in district learning meetings, and reported upwards	not started or incomplete
Identification and agreement with an academic or research Institution to facilitate documentation of lessons learned in the implementation of QoC activities	no data
Accountability and community engagement	
Mechanism for community participation integrated into QoC planning in learning districts	not started or incomplete

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

National overview of QoC for MNH

National quality policy or strategy

- 2017 National Strategy on QoC for MNH
- The Network led to the harmonization of existing QoC documents being used by partners on QoC into the national strategy; it also led to the identification of a national focal person to coordinate the activities

National aims

- To improve MNH outcomes in Nigeria by 2022

National targets

- Reduction in level of maternal deaths in health facilities by 50%
- Reduction in level of newborn deaths in health facilities by 50%
- Reduction in intra-partum stillbirths by 50%
- Reduction in the incidence of severe post-partum haemorrhage by 50%
- Reduction in neonatal sepsis by 50%
- Reduction in the proportion of women of reproductive age who report negative attitude of health workers as barriers to healthcare services by half
- Increase in the proportion of women who deliver in a health facility and are satisfied with their experience of care during childbirth

QoC technical working group (TWG)

- TWG members include government agencies (federal and state), professional bodies, regulatory bodies, non-governmental organizations, civil society organizations (CSOs), and the private sector.
- Has terms of reference and an implementation plan that is being tracked
- Met 2 times in 2018, and the core TWG met 6 times in 2018

Joint products and activities by the QoC TWG

- National strategic plan for MNH QoC in Nigeria and operational plan (validated in April 2018)
- Adapted standards of care (validated April 2018)
- National QI implementation packages (July 2018)
- Developed the QoC assessment tool (validated July 2018)
- Trained data collectors on baseline assessment (Nov 2018)
- Conducted baseline assessment (Dec 2018)
- Reviewed and adopted the QI package training manual (Sep 2018)
- Trained national- and state-level facilitators as coaches (Jan 2019)

Learning districts and facilities

- Learning districts in 39 local government areas (LGA)
- 3 LGA were chosen per state (1 per senatorial district for geographical equity) based on burden of MNH mortality and the availability of partner support
- 3 learning facilities per learning district
- 113 learning facilities

District aims towards national strategy

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Clinical improvement aims

- Aims were jointly selected in close collaboration with sub-national level stakeholders
- To commence, the plan is to have all facilities initially work on the same improvement aims.
- Proposed aims:
  - Maternal health:
    - Postpartum haemorrhage: Partograph, active management of the third stage of labour, use of uterotonics drugs
    - Eclampsia: use of magnesium sulphate
    - Sepsis
    - Respectful maternity care
  - Newborn health:
    - Hypothermia/Prematurity: skin to skin
    - Birth asphyxia: Resuscitation
- Sepsis: Use of chlorhexidine

Quality interventions included in the national MNH QoC package*

Interventions to build a supportive environment

- Leverage existing basic health care provision fund and Saving One Million Lives initiative to strengthen QoC activities at learning sites

Interventions to support change at facilities

- Plan to implement the following at the health facilities:
  - QI cycles
  - Clinical mentoring
  - Peer-to-peer learning

Interventions involving people, families and communities

- Plan to:
  - Have a community representative as a member of the state QoC team and facility QI team
  - Conduct exit interviews

*Interventions have started since the last update.

D. MNH QoC baseline data for learning facilities

Baseline common indicators

Challenges

- Incomplete data on the district health information system (DHIS) for most of the core indicators

Opportunities

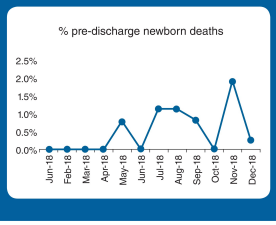
- Some of the core indicators have been included in the recently reviewed indicators of the national health management information system
- Efforts to align the core indicators with some ongoing health financing programs by government, including the basic health care provision funding, will ensure adequate reporting.

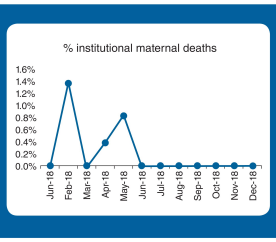
Planned activities

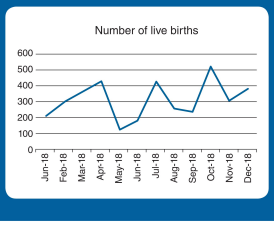
- Finalise collection of the 12-months' retrospective data on the core indicators
- Set up data systems at facility, local, state and national levels for collecting QoC data
- Create a module in the DHIS for QoC indicators to ease reporting

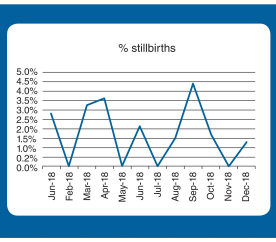
Baseline data from six facilities in FCT, Abuja (January 2018 – December 2018)

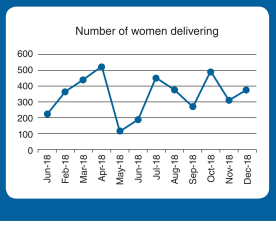
Baseline core indicators	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Number of women delivering	217	364	439	512	119	188	443	377	280	484	320	379
Number of births	216	297	368	443	121	183	427	262	248	527	302	385
Number of live births	210	297	356	427	121	179	427	258	237	518	302	380
Number stillbirths	6	0	12	16	0	4	0	4	11	9	0	5
Number of newborn deaths	0	0	0	0	1	0	5	3	2	0	6	1
Number of maternal deaths	0	5	0	2	1	0	0	0	0	0	0	0
% stillbirths (Num=stillbirths, Den=all births)	2.8%	0.0%	3.3%	3.6%	0.0%	2.2%	0.0%	1.5%	4.4%	1.7%	0.0%	1.3%
% pre-discharge newborn death	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	1.2%	1.2%	0.8%	0.0%	2.0%	0.3%
% institutional maternal deaths	0.0%	1.4%	0.0%	0.4%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%











E. Implementation progress in learning districts

On-site support for clinical skills and QI

Support for clinical skills

Who provides on-site support for clinical skills	• Representatives from professional organizations will provide this support, but this has not yet started.
Challenges solved implementing on-site support for clinical skills	--
Unresolved challenges implementing on-site support for clinical skills	--

Support for QI

Who provides on-site QI coaching	• Different states are going to try different approaches. These approaches include: – Reproductive health coordinators at the LGA level – State level officials – Staff from larger hospitals – Specially recruited consultants
Challenges solved implementing QI coaching	--
Unresolved challenges implementing QI coaching	--

Learning for QI

Tools for capturing learning from facilities	• Not yet developed
Tools for sharing learning between facilities	• Planning regular meetings at LGA level
Challenges solved implementing a learning system	--
Unresolved challenges implementing a learning system	--

Measurement system for QI

Patient-level common indicator data	• Collection of patient-level common indicator data is yet to commence.
Program-functioning data	--
Availability of data system for measuring QoC	• The data system is being linked to collect patient-level data from the DHIS.
Challenges solved implementing a measurement system	--
Unresolved challenges implementing a measurement system	--

Community and stakeholder engagement

Approaches for community/ stakeholder engagement	• This is yet to commence.
Roles of community stakeholders or patient representatives	--
Challenges solved engaging communities and stakeholders	--
Unresolved challenges engaging communities and stakeholders	--

Programme management

Programmatic responsibility	• The national focal person for maternal, newborn, and child health (MNCH) QoC is responsible for managing the QoC programme. This person is also the Director/Head of the Child Health Division in the Department of Family Health. • National level: Under the leadership of the government, coordination and partnership with the sub-national level, professional associations, and development partners have led to the domestication of the QoC framework for MNH through the development of the National Strategy on QoC for RCAH: MNH 1 • This is yet to commence. However it has been agreed that the head of the facility for PHCs and Obs and Gynae/medical officer in charge of O&G department in secondary health facilities will lead the facility QI team. • Nigeria is implementing at the state and facility levels, since there are just a few (3 – 2PHCs and 1 secondary) facilities per district/LGAs • There are 2 committees for implementation at the state level: the steering committee, which is a top management team chaired by the Head of State Ministry of Health, and the MNCH QoC TWG headed by Director of Public Health or hospital services with the RH/MCH Coordinator as secretary
Challenges solved implementing program management	--
Unresolved challenges implementing program management	--

Lessons learned implementing a QoC program

National level

- The Network's strategic objectives of Leadership, Action, Learning, and Accountability, as well as the focus on experience of care in the QoC framework are apt to the domestication of QoC for MNH.
- Government leadership at the national level provided strategic direction to the domestication of the QoC framework for MNH as well devolution to the sub-national level.
- Strong coordination mechanism through the regular holding of the TWG on QoC meetings during which consensus are built
- Partnership
- QoC on MNH has provided the platform for collaboration between the MNH programme managers and monitoring and evaluation officers at national and sub-national levels.
- Professional associations namely SOGON, PAN, and NISONM with the mandate of provision of on-site clinical mentoring at learning sites
- Strong partnerships: under the leadership of the Federal Ministry of Health, development partners including WHO, UNICEF, UNFPA, Pathfinder International, MNCH2 and USAID/MCSP have been providing support to national- and state-level activities linked to their ongoing interventions in the selected states.
- Recent efforts in concert with White Ribbon Alliance to gather CSOs for advocacy
- Learning sites are at different level of implementation because QoC activities are currently being implemented with partners' support.

Sub-national level

- Need to get baseline data from the facility and use it to identify needed changes during their stepdown training on QI
- Need for training/demonstration of midwives on skin-skin initiation for newborns
- Selection of the least busy days and times for the stepdown training and need to simplify the training manual to their level of understanding, particularly in the PHC facilities
- Need to create separate data collection form, as most of the indicators to be measured are not in the delivery registers
- Most of the facilities have high performance levels of giving uterotonics at 1 minute compared to zero performance in skin-to-skin initiation, delayed cord clamping, and measuring temp at 1 hour
- Recurring issues of lack of basic medical supplies such as thermometer, angle poise lamp, and mama kits
- Inadequate skilled human resources- midwives

F. Example from implementation

FCT learning sites supported by WHO

Design: Inis Communication – www.iniscommunication.com

References

1. Nigeria Demographic and Health Survey 2013 (2014). Abuja, National Population Commission and ICF International.
2. UNICEF WHO Interagency SAB Database, data.unicef.org, 2018.
3. Nigeria Every Newborn Action Plan (2016).
4. United Nations Children's Fund, Division of Data Research and Policy (2018). Maternal and Newborn Health Coverage Database, New York, May 2018.
5. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.
6. WHO Global Health Observatory data repository, http://apps.who.int/gho, 2017.

All other data received from the relevant Ministry of Health and WHO Country Offices.

Acronyms

CSOs	civil society organizations
DHIS	District Health Information System
LGA	local government areas
GDP	gross domestic product
MMR	maternal mortality ratio
MNCH	maternal, newborn, and child health
MNH	maternal and newborn health
NMR	neonatal mortality rate
QI	quality improvement
QoC	quality of care
TWG	technical working group