

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

NIGERIA

Summary of implementation readiness

1. National QI approach	10/11
2. Selection of learning sites	3/6
3. QI management and response system	4/6
4. QI coaching system and structures	1/5
5. Measurement	6/8
6. Orientation to districts and facilities	1/3
7. National learning hub	0/5

Response: yes

■ < 50% ■ 50% - 80% ■ > 80%

Core Demographic Data

Population	182,867,631 ¹
Fertility rate per woman	5.5 ²
Maternal Mortality Ratio (per 100,000 live births)	576 ²
Neonatal mortality rate (per 1,000 live births)	37 ²
Perinatal mortality (per 1,000 births)	41 ²

Coverage of Key interventions

Demand for Family Planning satisfied (%)	48.8 ²
Antenatal care (4 or more visits, %)	51 ²
Skilled Birth Attendance (%)	38 ²
Caesarean Section Rate (%)	2 ²
Early Initiation of Breastfeeding (%)	33.2 ²
Exclusive Breastfeeding rate (%)	17 ²
Post-natal visit for baby (within 2 days, %)	14 ²
Post-natal care for mother (within 2 days, %)	40 ²

1. National Quality Improvement Approach

National Standards on MNH QoC developed/available	WHO MNCH QoC standards adapted and adopted. Integrated in existing programmes and in district orientation packages.
National package on QI interventions agreed upon through review and consultation	National action plan for MNCH QoC strategy developed with prioritised interventions across LALA National MNCH
Key interventions in national QI package developed (specify type of interventions):	As defined in the National action plan.
* leadership and organization management	RMNCH Quality of Care Committee with two arms: • RMNCH National Steering Committee • RMNCH Technical Quality of Care Committee • National Health Quality and Standards Performance Committee • Committee
* QI coaching	Ebonyi, Kogi, Cross River, Jigawa, Kaduna, Kano, Katsina, Zamfara
* clinical mentorship	Ebonyi, Kogi, Cross River, Jigawa, Kaduna, Kano, Katsina, Zamfara
* audit and feedback	
* improving data systems	
* learning networks/systems, including learning collaboratives	Ebonyi, Kogi
* performance based financing	
* policy/strategy development support	National Council on Health approval on implementation of Quality of care as strategy for reduction of maternal and neonatal mortalities National Strategy on QoC for MNH developed

2. Selection of Learning Sites

Criteria for selection of learning districts developed and agreed	Agreed: • Supporting partner working on MNH • Burden of MNH Mortality • Volume of facility deliveries • two states per geopolitical zones
Criteria for selection of learning sites/facilities developed and agreed	National criteria similar to State learning sites: Burden of MNH, High volume health facilities for ANC and deliveries and finally sites from the 3 senatorial districts in the States.
Learning districts selected (specify name and any supporting partners)	FCT (WHO), Kogi & Ebonyi (USAID/MCSP), Kaduna, Katsina & Yobe (MNCH2), Cross Rivers (Pathfinder International) Enugu, Bayelsa, Ogun and Ondo (No partner support)
Learning sites/facilities selected (specify name and any supporting partners)	
Baseline situational analysis at learning sites conducted	Partner supported baseline assessments conducted. Plan to agree on common assessment tool.
Initial resource provision to learning sites	Conducted at project start.

3. QI Management and Response System

National, district and stakeholder communication and feedback mechanisms and loops agreed (including for citizen voices)	Utilization of regular review meetings (monthly and quarterly) Core technical committee and cluster meetings at state level. Townhall meetings and other mechanisms for involving communities and civil society Use of the learning platform to share programme with facility and state level.
Roles and responsibilities within existing structures for supporting QI activities agreed	
* focal person with specified ToR for QoC at national level	ToR not agreed. To be planned.
* focal person with specified ToR for QoC at district level	ToR available in partner supported states (not nationally agreed)
* focal person or team with specified ToR at facilities	ToR available in partner supported states (not nationally agreed)

4. QI Coaching System & Structure

A pool of QI coaches/experts developed/available	No national pool, but to be developed at national level as per action plan.
Clinical mentorship program/ approach agreed and developed	Yes at partners supported sites of Jhpiegho, MNCH2 and Pathfinder International by partnering with: 1) Society of Obstetrics and Gynecology in Nigeria 2) Pediatric Association of Nigeria 3) Nigerian Society of Neonatal Medicine to provide clinical mentorship and on the job training for supported facilities 4) PAN
Nationally agreed ToR for QI coaches developed	Partners supported sites-Jhpiegho, MNCH2 and Pathfinder International (not nationally agreed)
Nationally agreed ToR for clinical mentors developed	Partners supported sites-Jhpiegho, MNCH2 and Pathfinder International (not nationally agreed)
Support system for QI coaches and clinical mentors agreed	Partners supported sites-Jhpiegho, MNCH2 and Pathfinder International (not nationally agreed)

5. Measurement

National monitoring framework for MNCH QoC developed	To be developed
Core set of QoC indicators for agreed for national level reporting	QoC Indicators aligned with WHO indicators included in the National Reference list of indicators.
Common set of QI aims across districts agreed	Partners supported sites, focus on the time around birth
System of reporting agreed and necessary tools developed	NHMIS/DHIS2 to collect routine data at all partners supported sites. Jhpiegho supported sites use QI dashboard linked to routine system. MNCH2 supported sites use QoC monitoring tool and mobile apps to generate score cards and give real time information at facility level.
* information flow	
* standardized reporting formats	Standard reporting format - NHMIS/DHIS2
* roles and responsibilities	
* review mechanisms	Cross-River state: Data review meetings monthly support with the SMOH. Cluster review meetings among facilities are also held on a monthly basis

6. Orientation to Districts & Facilities

Orientation package (on the above) for learning districts developed	At partner supported sites, but no nationally agreed package.
Orientation to learning districts completed	Orientation to state and LGA QoC focal persons trained
Orientation to learning sites/ facilities completed	

7. National Learning Hub

Terms of reference for a learning hub/centre to support the national learning network developed	To be developed
The learning hub/centre for QoC established	To be developed
Standardized documentation for capturing and sharing learning from QoC implementation developed	To be developed
Processes for synthesising and sharing key lessons agreed	To be developed
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	To be developed

■ Yes ■ No ■ Being developed

Examples from Implementation

Figure 1: Maternal Health Quality Improvement Performance in 40 Facilities in Ebonyi and Kogi States

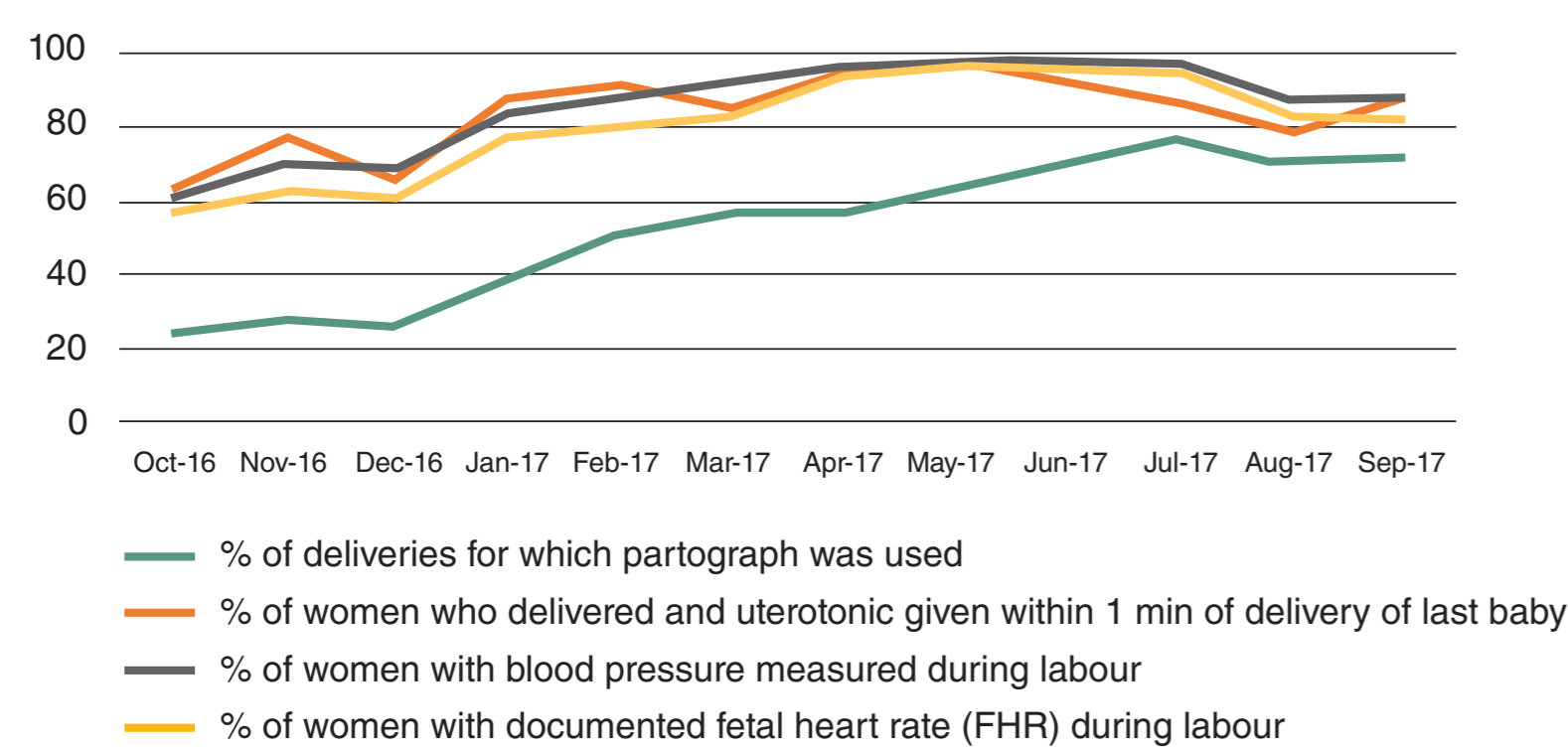
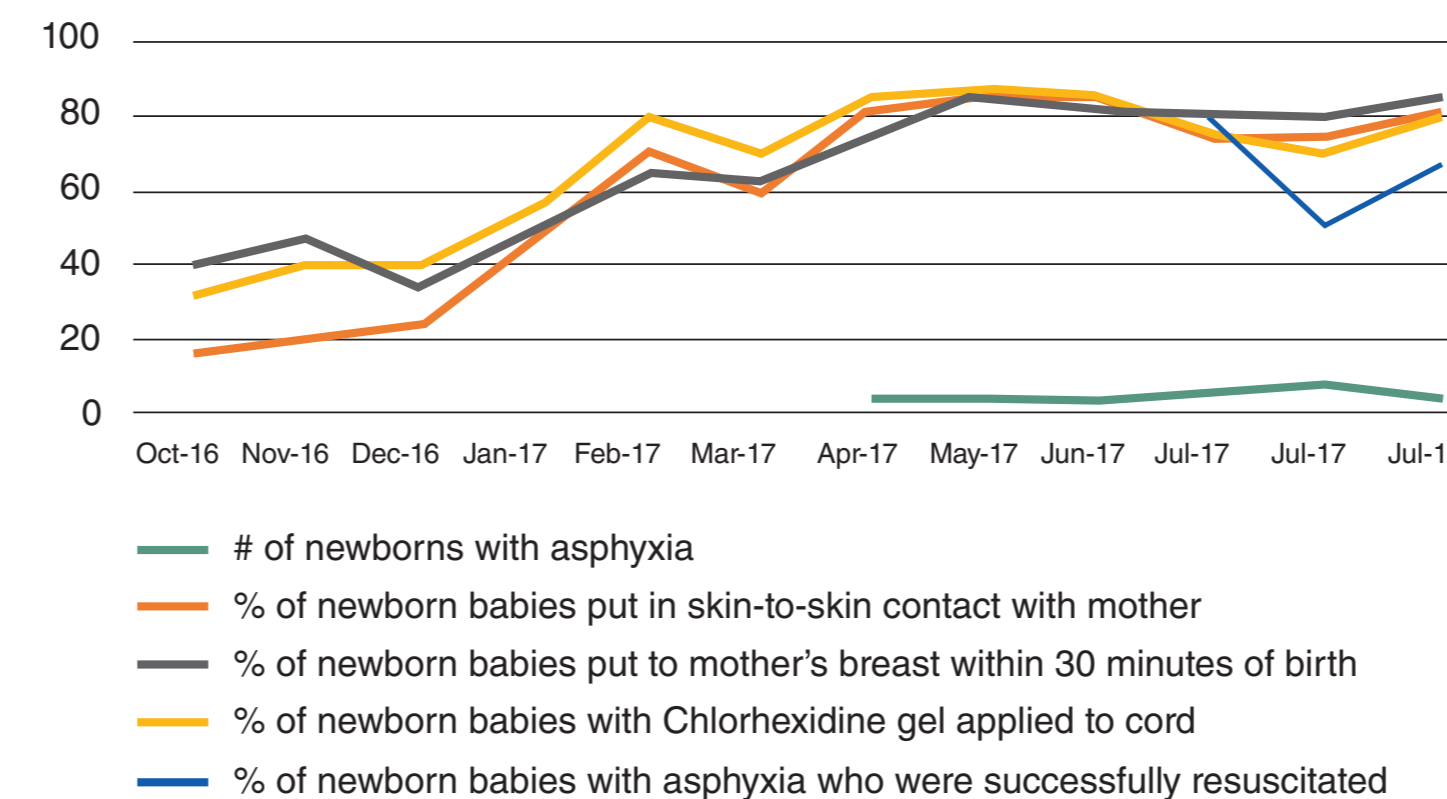
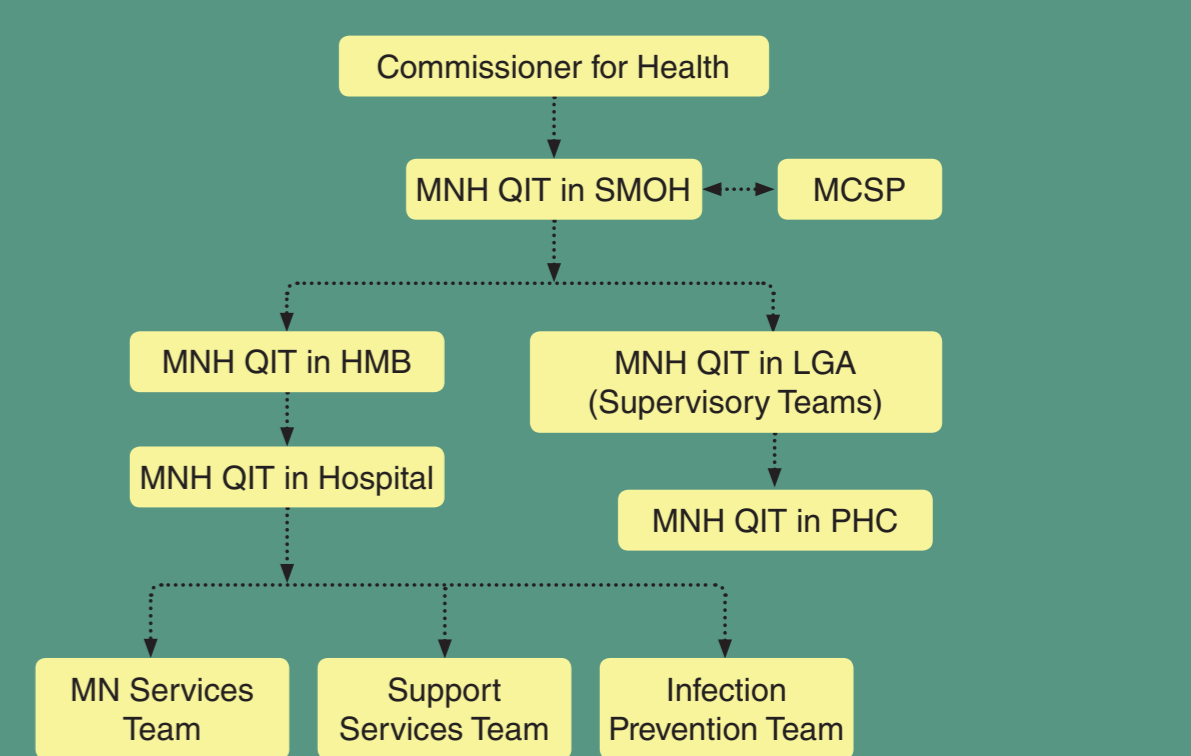


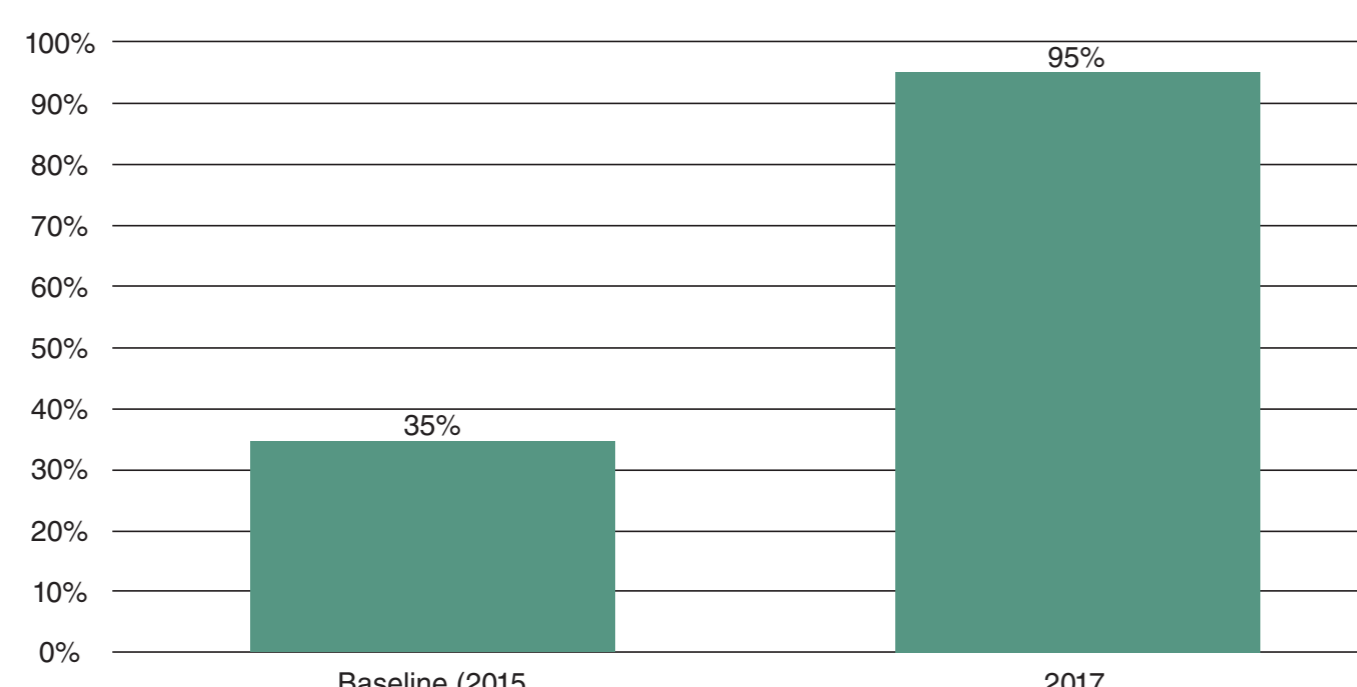
Figure 2: Newborn Health Quality Improvement Performance in 40 Facilities in Ebonyi and Kogi States



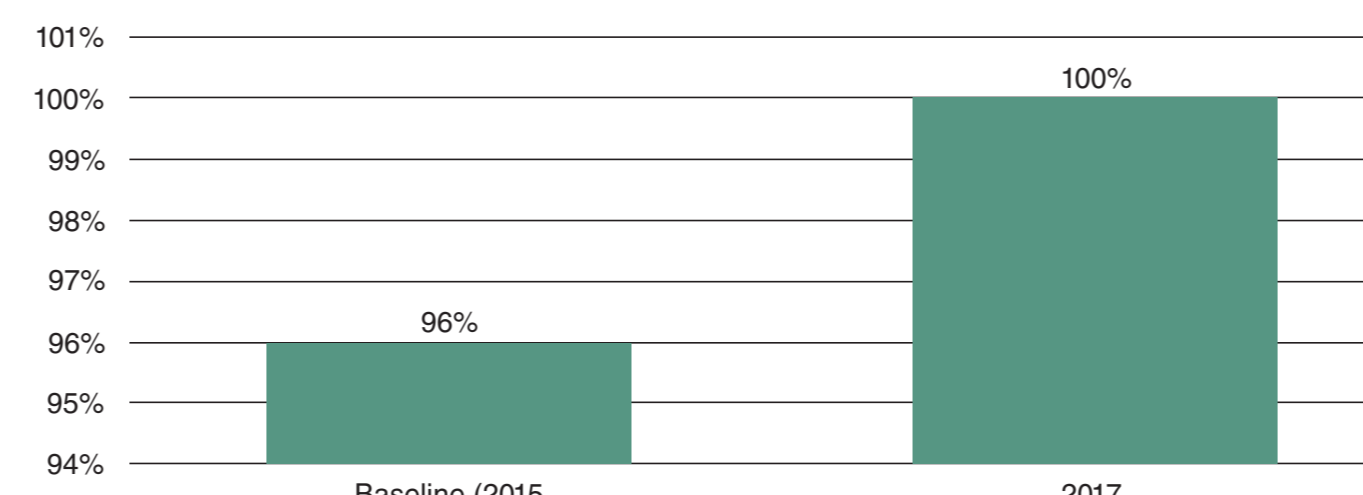
Kogi State Quality Improvement Organogram



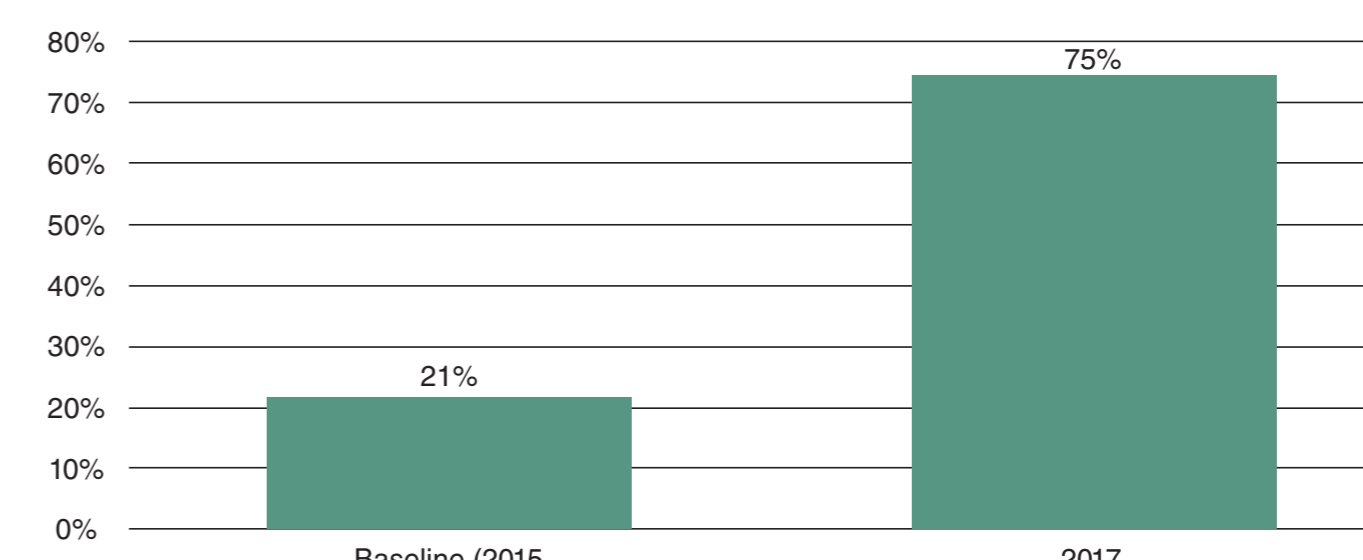
PERCENT OF LIVE BIRTH PUT TO BREAST AND KEPT WARM WITHIN 30 MINUTES OF BIRTH



PERCENT OF HEALTH FACILITIES REPORTING TO NHIS



PERCENT OF HEALTH FACILITIES USING PARTOGRAPH



References

- 2014 projected population based on growth rate of 3.2% National Population Commission
- Nigeria DHS 2013, National Population Commission
- All other data received from the relevant Ministry of Health and WHO Country Offices.