ENGAGING THE PRIVATE SECTOR FOR QUALITY OF CARE FOR MATERNAL, NEWBORN AND CHILD HEALTH

WEBINAR SERIES
2020 - 2021

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

World Health Organization
MSD for Mothers
CHILD HEALTH TASK FORCE
OBJECTIVES OF THIS SERIES

- Share the lessons on private sector delivery of quality health services, with country examples of successful engagement mechanisms

- Give private providers’ perspectives on working to improve quality of care
PharmAccess and Lagos State Health Insurance Scheme: Partners in delivering quality maternal and newborn health services in public and private facilities

Part 1: Presentations

Speakers:

• Dr. Ibironke Dada, Director of Quality, PharmAccess Foundation Nigeria

• Dr. Abiola Idowu, Executive Secretary, Lagos State Health Facilities Monitoring and Accreditation Agency

Facilitator:
Dr. Nuhu Omeiza Yaqub, Technical Officer, Quality Management, WHO AFRO

Part 2: Questions and Answers
Strategies to improve access to quality MNCH services in Lagos State, Nigeria

Ibironke Dada
Program Director, SafeCare

April 1, 2021
Outline

- Introducing PharmAccess
- Challenges
- Systems strengthening support to Lagos State
  - Scheme Design and Implementation
    - Demand-Side Interventions
    - Supply-Side Interventions
  - Smart Solutions for quality MNH services
    - MomCare pilot
Introducing PharmAccess │ A holistic approach

**Access to finance with Medical Credit Fund**
Provide loans to health SMEs in partnership with local banks

**Insurance**
Support states in realizing UHC using (mobile) technology

**Digital innovations**
Technological innovations help to make healthcare affordable and accessible

**Research & analysis**
Measure the impact of our work to build proof of concept and advocate scale up

**Quality improvement with SafeCare**
Independent standards measuring quality of care and enabling benchmarking
Market Failure and Funding Gap

**Demand**
- High poverty rate and inability to pay out of pocket
- Low trust in the health system
- Low insurance coverage
- Social barriers hamper uptake even when subsidized

**Supply**
- Weak regulation
- Shortages in skilled staff, drugs, equipment
- Issues in quality
- Lack of transparency of cost and availability of services
- 60% services through private sector (often OOP)

Women, newborns, and children are disproportionately affected
Maternal and neonatal mortality rates in African countries are high.

Women often visit clinics too little and too late causing unnecessary complications. Inadequate skilled health personnel and/or medicine available at clinics.

Source: UNICEF Data - 2017 data;
Lagos State

- Lagos State is the most populous but smallest state in land mass in Nigeria
- Estimated population of **27 million**
- Lagos State Scheme Law was enacted in 2015 on mandatory health insurance for residents
- 4000+ health facilities in Lagos (>90% are private)
DEMAND
PharmAccess was a member of the Core Implementation Committee of LSMOH that led the design of the Lagos State Health Scheme.

<table>
<thead>
<tr>
<th>Scheme Design and Pre-Launch</th>
<th>Scheme Implementation</th>
</tr>
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<tbody>
<tr>
<td>• Actuarial Calculation of Premium for the Lagos State Health Scheme (LSHS)</td>
<td>• LASHMA ICT Platform Proof of Concept. - Alimocare 1250 lives (financed by PharmAccess)</td>
</tr>
<tr>
<td>• Design of LSHS Benefit package (MNCH focused)</td>
<td>• Improve enrolment and retention (esp. informal sector) through behavioral nudging</td>
</tr>
<tr>
<td>• Development of Provider Payment Mechanism and medical coding price list.</td>
<td>• Innovative financing tests such as international remittances to mobilize diaspora funds</td>
</tr>
<tr>
<td>• Development of LSHS scheme operational guidelines</td>
<td>• Technical support for marketing and outreaches</td>
</tr>
<tr>
<td>• Development of Marketing and Scheme Roll-Out Plan</td>
<td>• Data analytics and insights to optimize and scale pools for basic care under the LSHS</td>
</tr>
<tr>
<td>• Development of Health Insurance Agents (HIA) contract template</td>
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<td>• Development of a three-year financial model</td>
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### MNCH focused Benefit Package

<table>
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<tr>
<th>Benefits</th>
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<tbody>
<tr>
<td>Vaginal delivery</td>
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<tr>
<td>Blood transfusion</td>
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<tr>
<td>Neonatal sepsis</td>
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<td>Phototherapy for 1-5 days</td>
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<tr>
<td>Antenatal care, postnatal care</td>
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<td>Transportation Ambulance</td>
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<td>Gestational diabetes management</td>
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<tr>
<td>Inpatient care</td>
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<tr>
<td>Hysterectomy; in case of PPH</td>
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<tr>
<td>Caesarean section</td>
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<tr>
<td>Multiple vaginal delivery</td>
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<tr>
<td>Neonatal exchange blood transfusion</td>
</tr>
<tr>
<td>Evacuation of uterus (dilatation and curettage)</td>
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<tr>
<td>Anti-D (Rhesus) immunoglobulin (Humans) Injection</td>
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</table>
REGULATION
Strengthening Regulation

- Mapping of private health facilities
- Review of regulatory framework
- Organizational capacity assessment and capacity strengthening plan
- Documenting and standardizing core processes – HEFAMAA Process Manual
- Developed Basic Standards for Health Facility Registration
- Developed the Health Facility Inspection tool

Digitization to improve efficiencies in licensure, inspection and quality monitoring

Staff capacity building focused on skills development and excellent service delivery
QUALITY ASSURANCE AND IMPROVEMENT
Other Supply Side Interventions

**Facilitate Transparent Empanelment of Health Providers**
- Developed the LSHS accreditation and empanelment guidelines
- 698 private health facilities assessed by HEFAMAA (checklist assessed capacity to provide MNCH services)
- Only 179 health facilities (115 private and 64 public) met the minimum quality requirements for empanelment

**State QI program**
- Adoption of SafeCare QI methodology for all empanelled health providers
- Trained 20 State Quality Assessors and 45 Quality Facilitators to support health facilities
- Private health facilities join SafeCare QI program at a discounted rate negotiated by Government
**Quality Assurance Systems**

**HEFAMAA Health Facility Inspection Tool (HealthFIT)**

HEFAMAA staff use the Health Facility inspection tool for quality assurance and monitoring.

**LSHS Provider Supervision Checklist**

LSHS partner HMO quality managers were trained on the QA checklist to audit private health facilities.

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**Quality Improvement System**

**SafeCare Quality Improvement Methodology**

- Adopted by Lagos State as the QI methodology for health facilities (public & private) empanelled on the Lagos State Health Scheme.

- State Quality Team was constituted, inaugurated and trained on the SafeCare Standards & QI methodology with mentored and mock assessments.

- 20 State Quality Assessors and 45 Quality Facilitators trained
MNCH Services + Family Planning

HEFAMAA (regulation)

MNCH + FP Indicators

- Basic equipment & materials
- Basic consumables
- Minimum Staffing
- Referral system

Licensure

SafeCare (QI)

More MNCH + FP Indicators

ASSETS
- Infrastructure/layout
- Equipment
- Materials
- Consumables

SKILLS
- Adequate staff
- Qualified staff
- Staff training program

PROCESSES
- Protocols, SOPs & Guidelines
- Documentation
- Maintenance Audits
- Health education

- Clinical guidelines and audit
- Triaging, fast tracking & referrals
- Emergency care & resuscitation
- ANC, labor, delivery and PNC
- Neonatal & paediatric care
- Family planning
- Patient assessment & follow-up
- Infection prevention (hand hygiene, Waste management, use of PPEs, Cleaning, disinfection & sterilization)

Improved MNCH outcomes
Benchmarking performance of facilities based on improvement areas

All 25 General Hospitals performed best in HIV/TB/Malaria and MNCH criteria but poorly in Infection Prevention, Waste Management, and Emergency Care criteria.

n=25 General Hospitals
Benchmarking performance of facilities based on improvement areas

- **Public Facility** vs. **Private Facility**
  - **MNCH Services**
  - **Customer Care**
  - **Emergency Care**
  - **HIV/TB/Malaria**
  - **Infection Prevention & Control**
  - **Business Performance**

- **Total Facilities**:
  - **Public HFs**: 63
  - **Private HFs**: 81

**Legend**:
- NC
- PC
- FC
LEVERAGE ON TECHNOLOGY
Goal: Improve maternal and child outcomes through smart solutions

Location: Lagos

Duration: 2 Years
Maternal and newborn outcomes in Nigeria remain poor due to high out-pocket payments and a lack of confidence and transparency in the quality of health services.

Leverage digital technology to improve maternal and newborn care outcomes in Nigeria

1. **Improve quality of care** by digitising and scaling up PharmAccess’ quality standards approach
2. **Improve access** through establishing a digital platform connecting a network of contracted facilities and pregnant women enrolled on a mobile health wallet to access prepaid care
3. **Develop a business case for quality Mother and Child care** by creating and incentivising a ‘smart contract’ - a digital three-way agreement between participants, contracted facilities and health service funders at pre-agreed terms and conditions to deliver quality MNH services
4. **Stimulate family enrolment on the LSHS**
A quality health journey based on WHO standards

Every woman and every child is entitled to quality care

Protocols
- Standardized WHO evidence-based clinical care protocols for a healthy pregnancy, childbirth and postnatal care

Experience guidelines
- WHO patient-centric guidelines to promote a positive experience and improve satisfaction throughout pregnancy, childbirth and postnatal care

Quality elements
- Skilled staff, equipment, processes, drug supplies

Key clinical elements to manage the risk in pregnancy

Experience of care
- Motivation to utilize

Economic elements
- Incentives and financial sustainability

Medical & operational prerequisites
- SafeCare standards: a holistic quality improvement program for health facilities
- Infrastructure: availability of key staff, equipment, drugs and skills

Behavioural & economic conditions
- Patients: Entitled to all the elements of a well managed health journey
- Facilities: Financial protection and full payment for providing complete services
Healthy Pregnancy

- **Weeks 16-27**
  - ANC II
  - Blood Pressure
  - ANC Profile (incl. FBC, VDRL, BLGRP, HBSAG, HIV, urinalysis, HB)
  - Fetal doppler
  - Tetanus vaccine
  - Ultrasound

- **Weeks 28-32**
  - ANC III
  - Blood Pressure
  - Urinalysis
  - Haematinics

- **Weeks 33-40**
  - ANC IV
  - Blood Pressure
  - Urinalysis
  - Haematinics

- **Delivery**
  - PNC I (incl. Chlorhexidine, Tetracycline)
  - PNC II (incl. Chlorhexidine, Tetracycline)
  - IMM I (incl. pentavalent1, rotavirus, pcv1)
  - IMM II (incl. opv2, pentavalent2, pcv2)
  - IMM III (incl. pentavalent3, opv3, pcv3, rotavirus)
  - Tetanus vaccine
  - Blood Pressure
  - Urinalysis
  - Haematinics

- **Visit Schedule**
  - Visit 0: Week <16
  - Visit 1: Week 16-27
  - Visit 2: Week 28-32
  - Visit 3: Week 33-40
  - Visit 4: Delivery
  - Visit 5: < wk. 2.
  - Visit 6: < wk. 6.
  - Visit 7: wk. 6
  - Visit 8: wk. 10
  - Visit 9: wk. 14
  - Visit 10: wk. 20

- **Routine Checks**
  - Baby: Oxytocin + baby: vitamin K
  - Baby: weight
  - Baby: temperature
  - Mother: Blood Pressure
  - Mother: Temperature
  - Mother: Temperature
  - Fetal doppler
Supportive Systems for MomCare
**MomCare | Facilitating quality care for pregnant women**

### For Patients

- **Identify**
  - Records
  - MPS Tool
  
  Identify all pregnant women attending ANC clinic includes indigent with premium subsidies

- **Nudge**
  - SMS
  
  Nudge patients and influencers with SMS & BCC interventions

- **Enrol**
  - MOMCARE
  
  Enrol pregnant women into health insurance scheme

- **Monitor**
  - MOMCARE
  
  Monitor the patient journey, schedule alerts, incentivize care utilization

- **Feedback**
  - SMS
  
  Collect patient feedback and service confirmation through SMS and USSD

### For Providers

- **Quality assessments**
  - Contracting of Provider if SafeCare Level 2

- **MomCare linking**
  - New pregnant women with providers on the LSHS

- **Quality support**
  - To promote adherence to MNCH standards

- **Sets payment based**
  - On quality, utilization, and patient feedback

- **Manages claims**
  - And schedules payments using ICT platform

### Assess quality | Match clients | Monitor service | Monitor journey | Settle payments
Patient visits the MomCare provider
- ANC registration
- Identification as LSHS enrollee
- Enrolment of non LSHS clients on the MomCare app
- MomCare sensitization
- Baseline survey
- Assign to a cohort

Patient receives care according to LSHS benefit package from the MomCare provider

SUSHI form is completed at every visit

Health facility inputs information & computes billing

LSHS disburses to the facility

User Journey

Care Analytics

Output data

Patient Journey App

Data analysis
### Journey tracking | Identifying patterns and looking at drivers

#### Top 15 patterns only

<table>
<thead>
<tr>
<th>Journey Type</th>
<th>Journey Score</th>
<th>Key Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good journey</td>
<td>5%</td>
<td>• Mother profile</td>
</tr>
<tr>
<td>Late enrolment, fine journey</td>
<td>24%</td>
<td>• Availability and timely use of ultrasound</td>
</tr>
<tr>
<td>Limited ANC care, skilled delivery</td>
<td>12%</td>
<td>• Distance to clinic</td>
</tr>
<tr>
<td>Sufficient ANC care, no skilled delivery</td>
<td>12%</td>
<td>• Ability and timely use of ultrasound</td>
</tr>
<tr>
<td>Bad journey: insufficient pregnancy care</td>
<td>19%</td>
<td>• Distance to clinic</td>
</tr>
</tbody>
</table>

**Source:** MomCare data; Note: includes first 6.109 journeys that where completed until week 60, only top 15 patterns shown (72% of total); Note1: simplified, Journey score takes content (e.g. tests) into account.
Payment linked to quality

Women choose bundles of care* covering the full journey

Digital market

Demand

Behavior nudging

Payment linked to quality

Research and development of new bundles

Quality support for providers

Supply

Transparency on quality and cost

*Mobile care bundles: Store, exchange and assure delivery of entitlements for healthcare
Thank You
Health Facility Monitoring and Accreditation Agency (HEFAMAA)

Regulating Maternal Newborn and Child Health Services in Lagos: Strategies to improve MNCH Indices in Africa’s Most Populous City

by

Dr. Abiola Idowu
Executive Secretary, HEFAMAA

1st April, 2021
### CONTENT

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<td>Who We Are &amp; What We Do</td>
<td>MNCH Statistics for Nigeria and Lagos State</td>
<td>Challenges / Barriers resulting in poor MNCH Indices</td>
<td></td>
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</tbody>
</table>

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<th>Pag</th>
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<td>Lagos State Government Efforts to address Challenges</td>
<td>Role of HEFAMAA in Regulating Quality MNCH Service Delivery in Lagos State</td>
<td>Conclusion</td>
<td></td>
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</table>
WHO WE ARE

The Health Facility Monitoring and Accreditation Agency (HEFAMAA) was established by the Health Sector Reform Law 2006.

VISION
To be a reputable regulatory agency effectively promoting quality healthcare for all Lagosians

MISSION
To ensure all Lagos residents have access to good quality and safe healthcare through effective regulation of health facilities and monitoring their compliance with set standards

CORE VALUES

INTEGRITY
Providing unbiased, competent and professional service, whilst upholding honesty and consistency

EXCELLENCE
Continually promoting innovation, efficiency, effectiveness, and dynamism

PROFESSIONALISM
Performing our functions in accordance with the highest ethical standards and with utmost responsibility

ACCOUNTABILITY
Performing functions transparently, taking responsibility for our decisions and actions

CLIENT-ORIENTED
Committed to providing service to our customers by continuously striving to improve the execution of our business

TEAM WORK
Working collaboratively and cooperatively with stakeholders to effectively and efficiently achieve our goals
## WHAT WE DO

The functions of the Agency are articulated in section 48 of Health Sector Reform Law 2006

<table>
<thead>
<tr>
<th>Standards</th>
<th>Set required minimum standards for operations of health facilities both in public and private health sectors as shown in the schedule to this law</th>
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<tbody>
<tr>
<td></td>
<td>Issue a format for registration form to include information on projected patient flow and monitoring chart for actual performance</td>
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<tr>
<td></td>
<td>Evaluate performance based on set standards by at least a monitoring visit twice a year</td>
</tr>
<tr>
<td>Facility Registration &amp; Licensing</td>
<td>Accredit, inspect, monitor, and license all health facilities listed in a Schedule to this Law</td>
</tr>
<tr>
<td></td>
<td>Process applications for registration submitted to the agency from any person</td>
</tr>
<tr>
<td></td>
<td>Inspect the premises to be registered under this law</td>
</tr>
<tr>
<td></td>
<td>Collate all necessary information on registered health facilities in the state;</td>
</tr>
<tr>
<td></td>
<td>Advise the commissioner on all matters relating to the registration, inspection and supervision of private and public hospitals in the state</td>
</tr>
<tr>
<td>Research, Monitoring &amp; Review</td>
<td>Oversee the quality drug assurance laboratory</td>
</tr>
<tr>
<td></td>
<td>Disseminate specific performance indicators by way of information to the public from data made available by the research and statistics department at least quarterly and this shall be the responsibility of the executive secretary</td>
</tr>
<tr>
<td></td>
<td>Ensure actual performance of the indicators</td>
</tr>
<tr>
<td>Governance &amp; Stewardship</td>
<td>Enforce compliance with the provisions of this law</td>
</tr>
<tr>
<td></td>
<td>Ensure the authenticity of the credentials of its personnel</td>
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</table>

Source: Part 5 [47] HSRL 2006
Lagos State, Nigeria’s and Africa's largest city with an estimated *27,281,339 population, has set in motion several programs to improve its MNCH statistics.

<table>
<thead>
<tr>
<th>MNCH Indicators</th>
<th>National Statistics</th>
<th>Lagos Statistics</th>
</tr>
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<tbody>
<tr>
<td>Infant Mortality Rate (per 1,000 live births)</td>
<td>67</td>
<td>47</td>
</tr>
<tr>
<td>Children under five who are stunted (low height-for-age)</td>
<td>37%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Maternal mortality ratio (maternal deaths per 100,000 live births)</td>
<td>512</td>
<td>NA</td>
</tr>
<tr>
<td>Under-five child mortality Rate (per 1,000 live births)</td>
<td>132</td>
<td>NA</td>
</tr>
<tr>
<td>Proportion of demand for FP satisfied for modern methods</td>
<td>33.9%</td>
<td>44.1%</td>
</tr>
<tr>
<td>ANC coverage (at least 4 times during pregnancy)</td>
<td>57%</td>
<td>NA</td>
</tr>
<tr>
<td>Skilled attendant at birth</td>
<td>43%</td>
<td>83.6%</td>
</tr>
<tr>
<td>Postnatal care for mothers within two days of birth</td>
<td>42%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Postnatal care for babies within two days of birth</td>
<td>38%</td>
<td>66.8%</td>
</tr>
<tr>
<td>Exclusive breastfeeding for six months (0–5 months)</td>
<td>29%</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Source: Lagos Bureau of Statistics, 2020*
CHALLENGES / BARRIERS RESULTING IN POOR MNCH INDICES

- Poor regulation and misuse of traditional and alternative medicine which result in harm
- Inadequate health workforce (especially doctors and midwives) at all levels of care
- Inadequate access to health care services (financial, geographical barriers)
- Ineffective and inadequate referral system
- Poor quality of health care services
- Preponderance of traditional birth attendants (TBAs) at the community level
- Poor regulation and misuse of traditional and alternative medicine which result in harm
LAGOS STATE GOVERNMENT EFFORTS TO ADDRESS CHALLENGES

To address these challenges with MNCH indicators, Lagos State Government has been carrying out the underlisted interventions, most of which are included in its T.H.E.M.E.S. Agenda.

**DEMAND SIDE**

- Dedicated budget line for financing of Maternal and Child Health activities from the State’s Health Financing options.
- Expansion of the Lagos State Health Insurance Scheme to the vulnerable and poor population groups through equity funding from Government.
- Increased community and public awareness on issues concerning maternal and child health care

**SUPPLY SIDE**

- Establishment of Comprehensive Primary Health Centres across all LGAs and Maternal and Child Centres (MCCs) across the senatorial districts of the State.
- Improved health workforce at PHCs (minimum of 3 doctors, 3 nurses and 5 community health workers in all comprehensive PHCs).
- Capacity building of health workers on various maternal and child health interventions.
- HEFAMAA: Strengthening and re-organization of the Agency to improve oversight on private and public health facilities.

Lagos State also holds biannual Maternal Newborn and Child Health (MNCH) Week, which is geared towards the provision of essential package of maternal, newborn and child health care interventions across all the LGAs of the State.
HEFAMAA ELECTRONIC PLATFORM

New Profile Account - Signup

Step 1
Download User Guide for Health Facility Owners

Step 2
Please fill out the following fields to signup:

Firstname Surname
Email Address
Mobile Number
Password (Please use at least 1 Uppercase, 1 Number and 1 Special Character in your password)
Repeat Password

Create Account
HEFAMAA has an obligation to monitor the performance of public and private health care organizations to ensure that services that are essential to women and children’s health are of good quality.

<table>
<thead>
<tr>
<th>Set adequate standards that support management/treatment of MNCH services for operations of public and private facilities in Lagos State</th>
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<table>
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<tr>
<th>Formulate policies and guidelines to improve MNCH indices e.g. development of guidelines for Artificial Reproductive Technology (ART) practice</th>
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<thead>
<tr>
<th>Ensure compliance of health facilities to MNCH policies and guidelines, by assessing compliance to minimum standards for licensing:</th>
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<tbody>
<tr>
<td>- adequate infrastructure</td>
</tr>
<tr>
<td>- adequate and appropriate medical personnel</td>
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<tr>
<td>- adequate and appropriate medical equipment and supplies</td>
</tr>
<tr>
<td>- adequate protocols and guidelines for administration of care</td>
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</tbody>
</table>
**Role of HEFAMAA in Regulating Quality of MNCH Service Delivery in Lagos State 2/2**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>Evaluate performance based on set standards by carrying out monitoring</td>
<td>Monitor visits to health facilities using the Health Facility Inspection Tool and strengthening franchising arrangements for monitoring.</td>
</tr>
<tr>
<td>Sealing of health facilities operated by quacks or unauthorized personnel</td>
<td>Sealing health facilities operated by quacks or unauthorized personnel or non-compliant facilities involved in MNCH practices.</td>
</tr>
<tr>
<td>Deepened stakeholders engagement with negotiations to enforce compliance</td>
<td>Increasing stakeholder engagement with negotiations to enforce compliance: e.g., collaboration with the Traditional Medicine Board to effectively regulate the TBAs.</td>
</tr>
<tr>
<td>Incentivize private facilities to build sustainable capacity</td>
<td>Incentivize private facilities to build sustainable capacity for improving ante-natal care, delivery, post-natal care and strengthen health system functions that underpin quality care.</td>
</tr>
<tr>
<td>Strengthen referral systems and quality assurance mechanisms</td>
<td>Strengthen referral systems and quality assurance mechanisms.</td>
</tr>
</tbody>
</table>
Continuous and effective regulation of health facilities providing MNCH services will ensure provision of MNCH services that are safe, effective, timely and efficient, which will in turn improve the MNCH indices in Lagos State.
THANK YOU
Part 2: QUESTIONS & ANSWERS

Facilitator:
Dr. Nuhu Omeiza Yaqub,
Technical Officer, Quality Management,
WHO AFRO

Speakers
• Dr. Ibironke Dada, Director of Quality,
PharmAccess Foundation Nigeria

• Dr. Abiola Idowu, Executive Secretary, Lagos
State Health Facilities Monitoring and
Accreditation Agency

Please put your questions in the CHATBOX for the speakers.
STAY ENGAGED

- Check out the Private sector engagement for quality of care series: bit.ly/PrivateSectorseries
- Join the Community of Practice: bit.ly/JoinCoP
- Join the conversation: #qualitycare