

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

W E B I N A R   S E R I E S  
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Quality, Equity, Dignity

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



World Health  
Organization

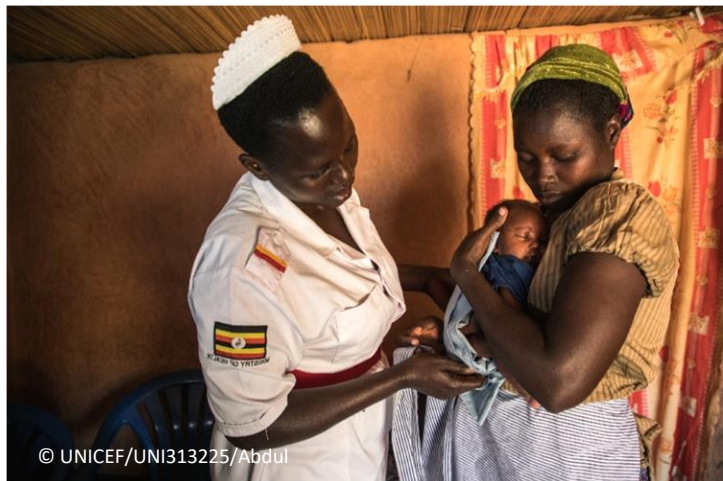


MSD  
for Mothers



## 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. Ibrinke 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



**PHARMACCESS AND LAGOS STATE HEALTH INSURANCE SCHEME: PARTNERS IN DELIVERING QUALITY MATERNAL AND NEWBORN HEALTH SERVICES IN PUBLIC AND PRIVATE FACILITIES**

WEBINAR - THURSDAY 1 APRIL 2021, AT 12PM GMT, 1PM WAT AND 2PM CET

Part of a series on 'Engaging the private sector for quality of care for maternal, newborn and child health'

REGISTER and add to your calendar  
WATCH LIVE on Youtube  
REQUEST to join the Quality of Care Community of Practice

Lagos State, Nigeria and PharmAccess Foundation have jointly developed a health insurance scheme that aims to improve access to quality health Maternal, Newborn and Child Health services in public and private health facilities in Lagos State, Nigeria.

The speakers will present on their collaboration to fill the gap on service provision in primary health care through a public/private partnership. PharmAccess has also introduced innovative financing mechanisms such as health insurance, and standards to assess and stimulate improvement of the quality of care delivered through SafeCare. One lesson learned as the collaboration deepened was the need to develop a regulatory framework to ensure quality improvement for MNCH and this development will be in particular focus in the webinar presentation.

Speakers:

- Dr. Ibrinke 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, World Health Organization Regional Office for Africa

This is the fourth webinar in a series on 'Engaging the private sector for quality of care for maternal, newborn and child health'. This webinar is co-hosted by the Network for Improving Quality of Care for Maternal, Newborn and Child Health, MSD for Mothers and the Child Health Taskforce.

See the whole series and register:

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

MSD  
for Mothers



# 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

**CARD**

## 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



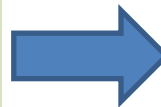
### Demand

- ✓ 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)

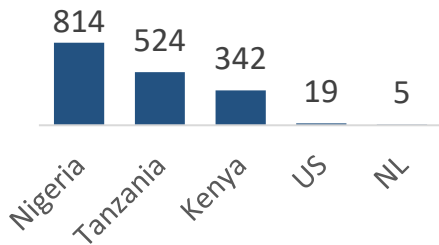


Women,  
newborns,  
and children are  
disproportionately  
affected

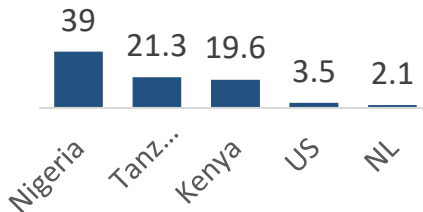
# Maternal and neonatal mortality rates in African countries are high



# of maternal deaths per 100,000 live births



# of death neonates per 1,000 live births



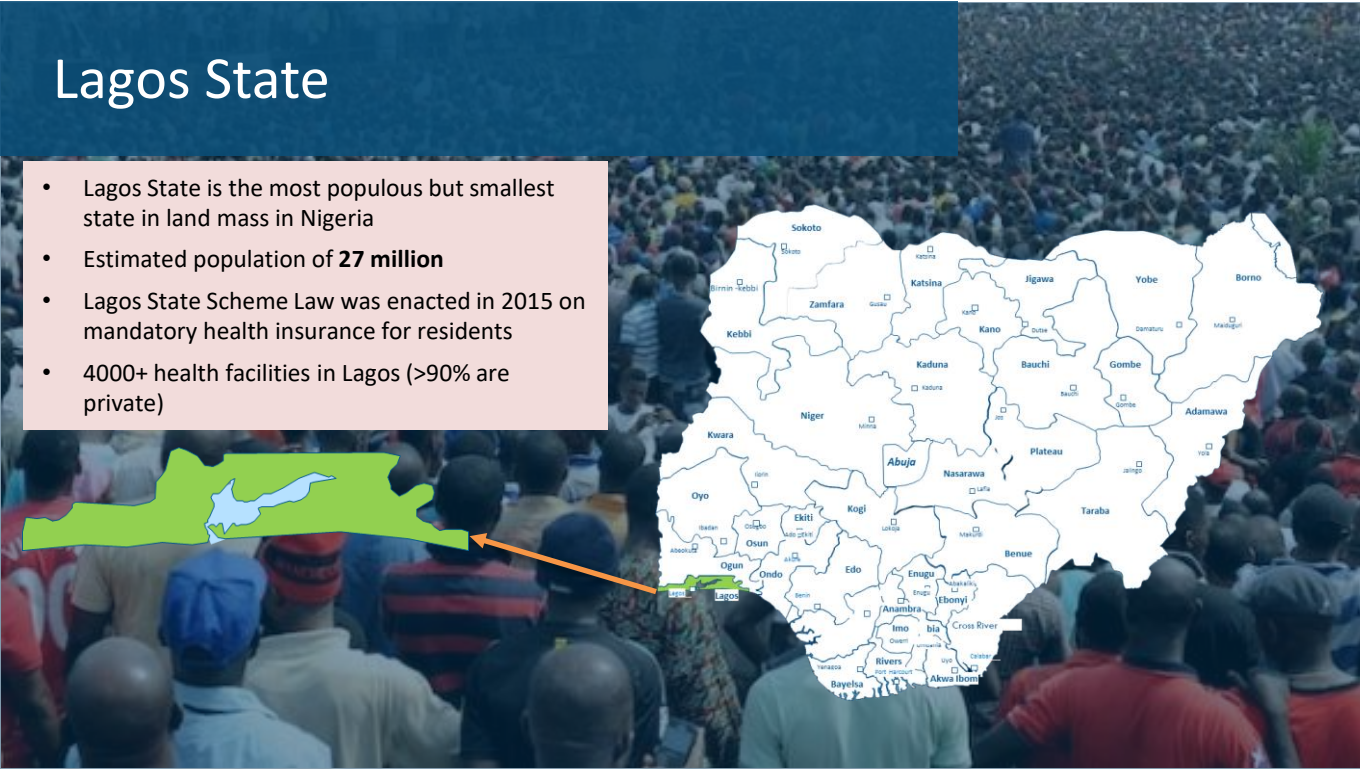
Women often visit clinics too little and too late causing unnecessary complications  
Inadequate skilled health personnel and/or medicine available at clinics

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

# Lagos State Health Scheme

- PharmAccess was a member of the Core Implementation Committee of LSMOH that led the design of the Lagos State Health Scheme

## Scheme Design and Pre-Launch

- Actuarial Calculation of Premium for the Lagos State Health Scheme (LSHS)
- Design of **LSHS Benefit package (MNCH focused)**
- Development of Provider Payment Mechanism and medical coding price list.
- Development of LSHS scheme operational guidelines
- Development of Marketing and Scheme Roll-Out Plan
- Development of Health Insurance Agents (HIA) contract template
- Development of a three-year financial model

## Scheme Implementation

- LASHMA ICT Platform Proof of Concept. - Alimocare 1250 lives (financed by PharmAccess)
- Improve enrolment and retention (esp. informal sector) through behavioral nudging
- Innovative financing tests such as international remittances to mobilize diaspora funds
- Technical support for marketing and outreaches
- Data analytics and insights to optimize and scale pools for basic care under the LSHS

## MNCH focused Benefit Package

- Vaginal delivery
- Blood transfusion
- Neonatal sepsis
- Phototherapy for 1-5 days
- Antenatal care, postnatal care
- Transportation Ambulance
- Gestational diabetes management
- Inpatient care

- Hysterectomy; in case of PPH
- Caesarean section
- Multiple vaginal delivery
- Neonatal exchange blood transfusion
- Evacuation of uterus (dilatation and curettage)
- Anti-D (Rhesus) immunoglobulin (Humans) Injection

# REGULATION

# Strengthening Regulation

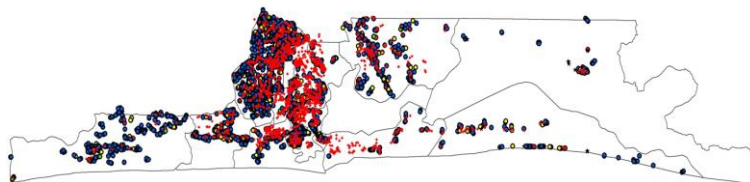


**HEFAMAA**  
Health Facility Monitoring  
and Accreditation Agency

- 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

Mapping of health providers

- 2821 health facilities mapped
- 1686 community pharmacies
- 3719 patent medicine vendors



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



# QA/QI Interventions

## 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

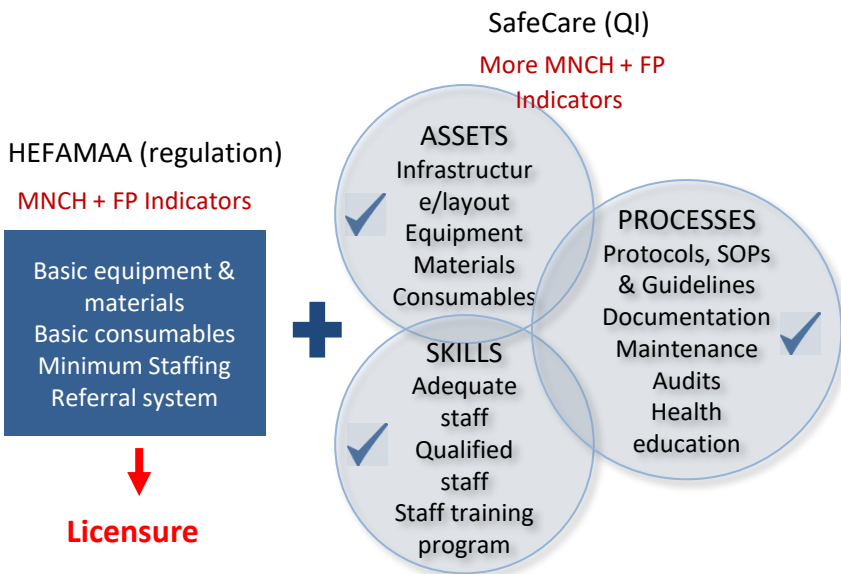
## Quality Improvement System



### **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



- Clinical guidelines and audit
  - Triage, 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*)

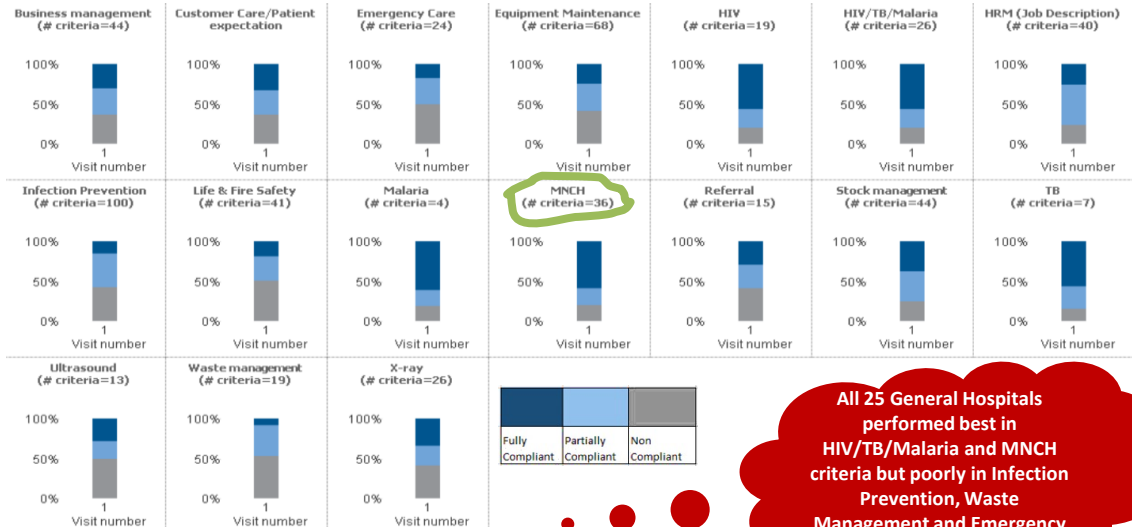


**Improved MNCH outcomes**



# Benchmarking performance of facilities based on improvement areas

n=25 General Hospitals

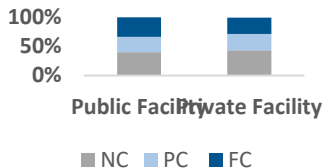


All 25 General Hospitals performed best in HIV/TB/Malaria and MNCH criteria but poorly in Infection Prevention, Waste Management and Emergency Care criteria

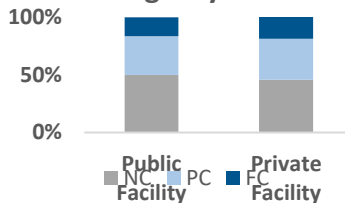
# Benchmarking performance of facilities based on improvement areas

n = 63 public HF's  
n = 81 private HF's

## MNCH Services



## Emergency Care



## HIV/TB/Malaria



## Customer Care



## Infection Prevention & Control



## Business Performance



# LEVERAGE ON TECHNOLOGY

# MOMCARE

**Goal:** Improve maternal and child outcomes through smart solutions

**Location:** Lagos

**Duration:** 2 Years



## Objective | Improving maternal and child outcomes through smart solutions

### WHY

**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.

### HOW

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

### WHAT

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**

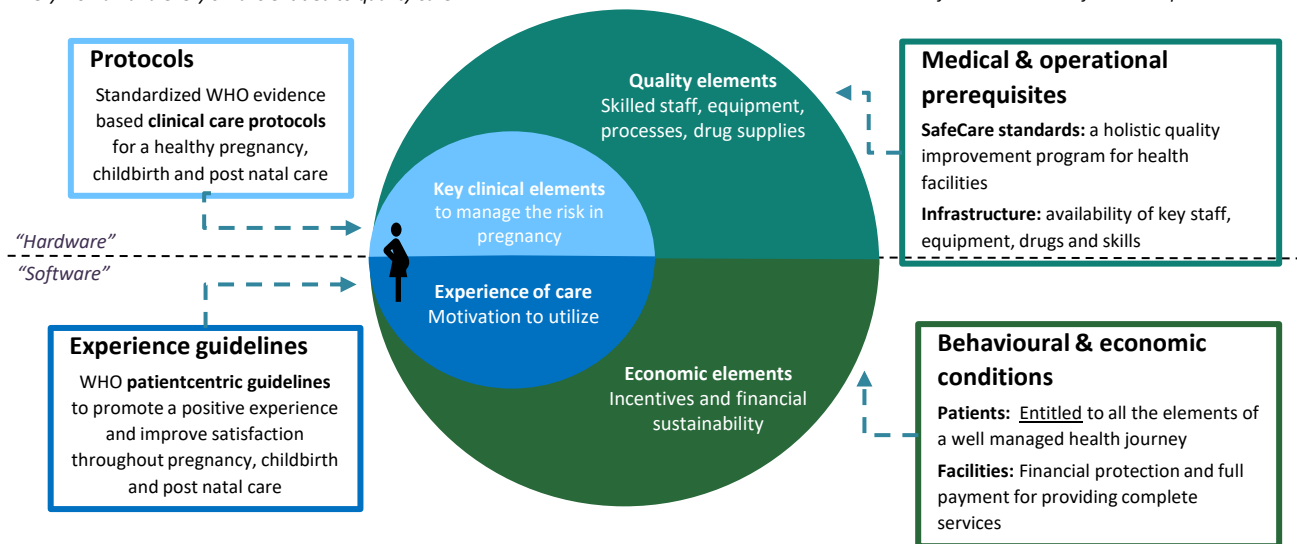
# Patient perspective | Better outcomes require 'hardware' and 'software'

## A **quality health journey** based on WHO standards

*Every woman and every child is entitled to quality care*

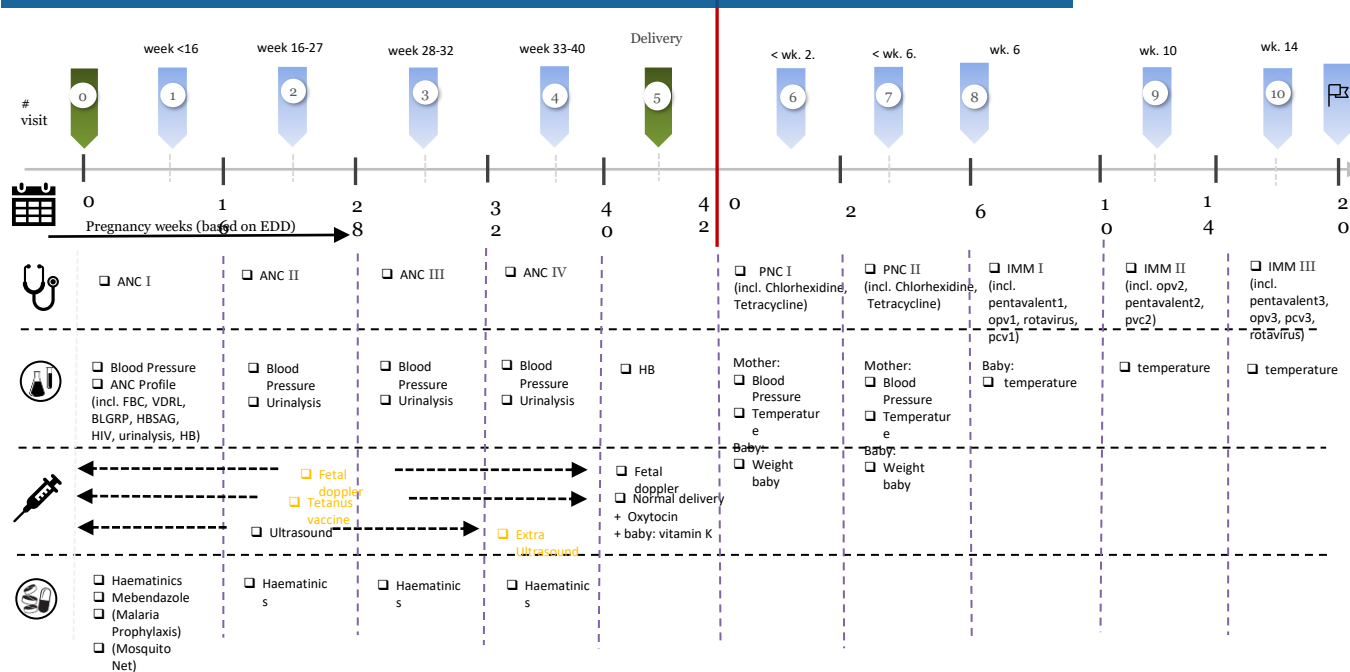
## An **enabling** environment

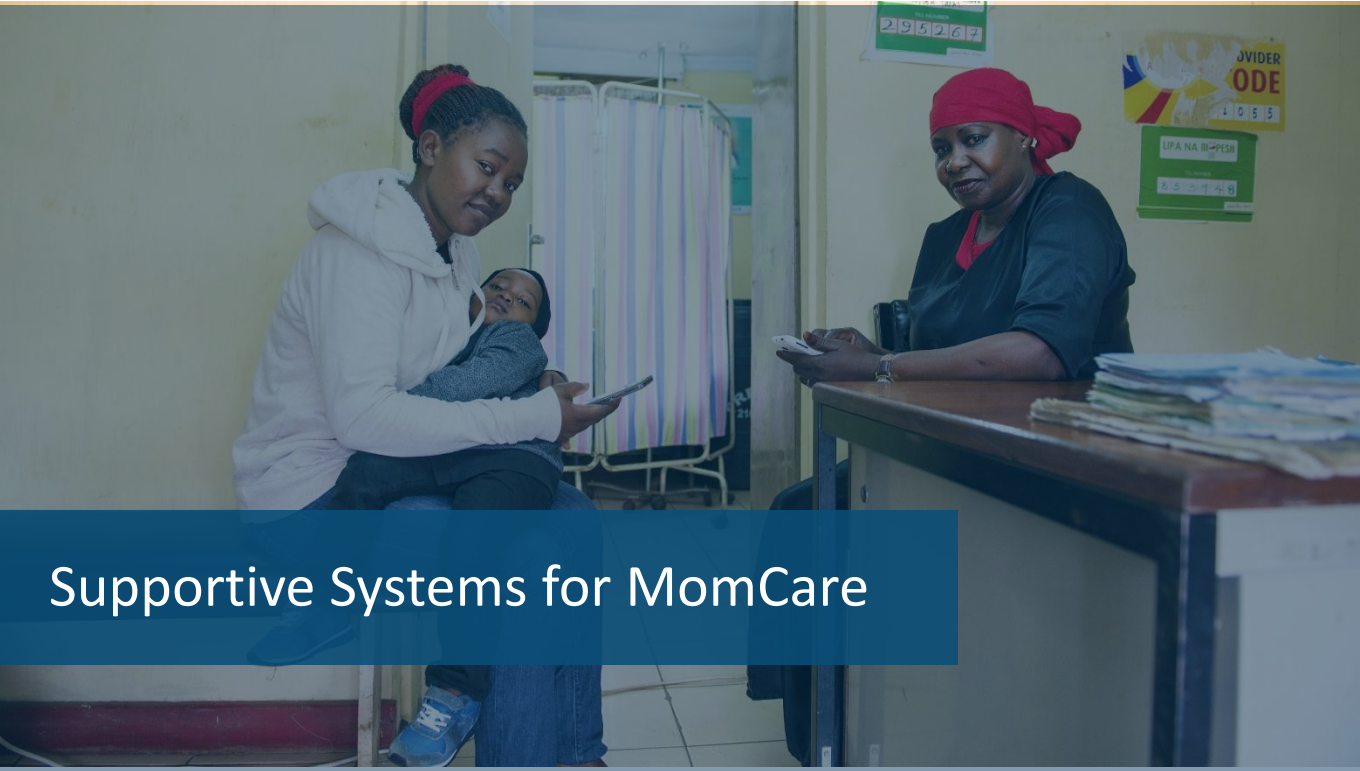
*Transform the culture of care & improve outcomes*










# Healthy Pregnancy





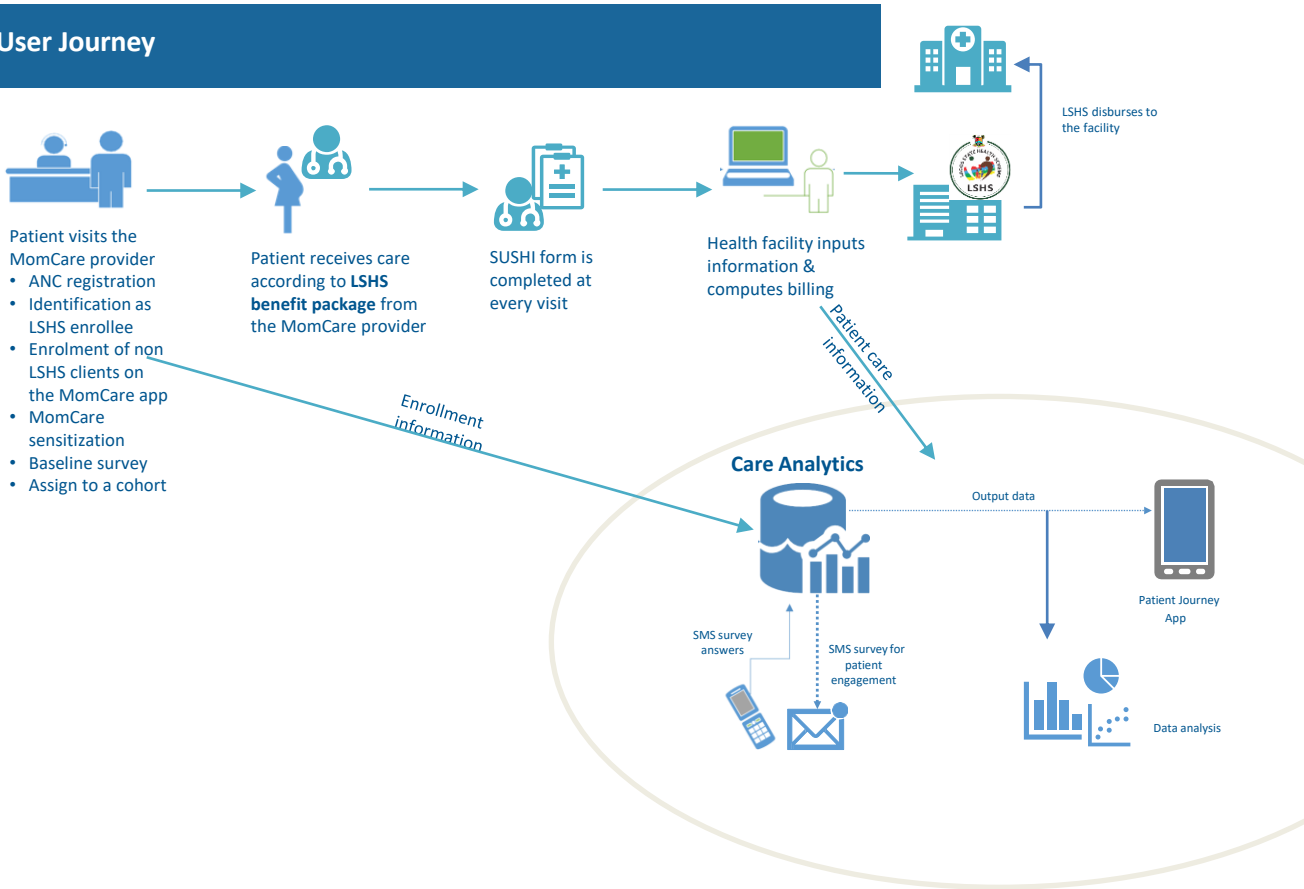
# Supportive Systems for MomCare

**MomCare | Facilitating quality care for pregnant women**

|                     |  |   |  |   |   |
|---------------------|--|---|--|---|---|
| <i>For Patients</i> | <b>Identify</b>  | <b>Nudge</b>  | <b>Enrol</b>   | <b>Monitor</b>  | <b>Feedback</b>   |
|                     |  <p><b>Records</b></p> <p>Identify all pregnant women attending ANC clinic includes indigent with premium subsidies</p> |  <p><b>MPS Tool</b></p> <p>Nudge patients and influencers with SMS &amp; BCC interventions</p> |  <p><b>MOMCARE</b></p> <p>Enrol pregnant women into health insurance scheme</p> |  <p><b>MOMCARE</b></p> <p>Monitor the patient journey, schedule alerts, incentivize care utilization</p> |  <p><b>MOMCARE</b></p> <p>Collect patient feedback and service confirmation through SMS and USSD</p> |

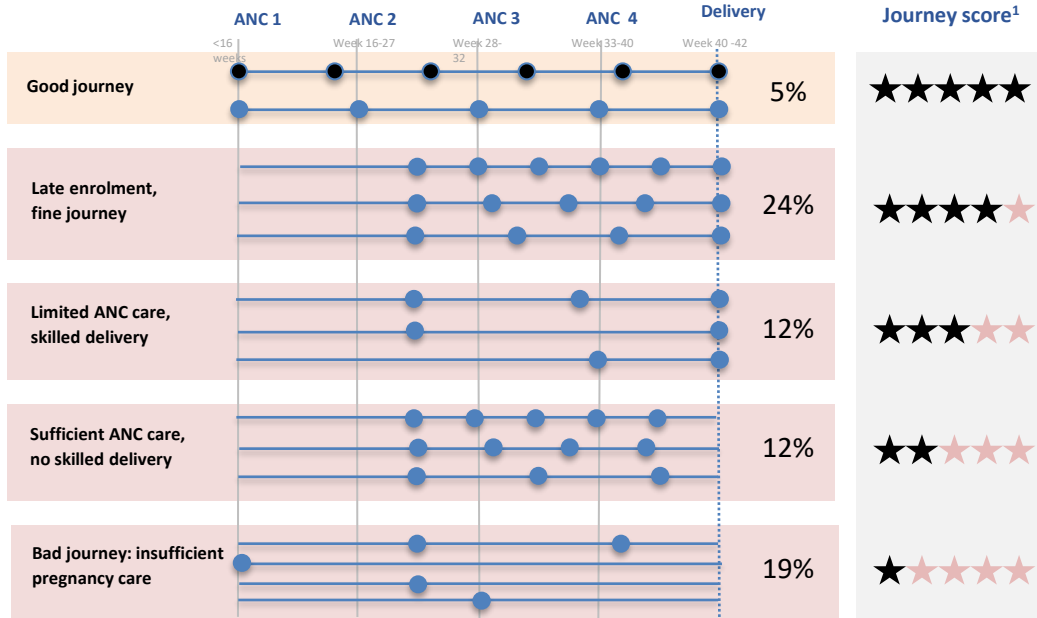
|                      |  |  |   |   |   |
|----------------------|--|--|---|---|---|
| <i>For Providers</i> | <b>Assess quality</b>  | <b>Match clients</b>   | <b>Monitor service</b>  | <b>Monitor journey</b>  | <b>Settle payments</b>  |
|                      | <p>Quality assessments contracting of Provider if SafeCare Level 2</p>  | <p>MomCare linking new pregnant women with providers on the LSHS</p>  | <p>Quality support to promote adherence to MNCH standards</p>  | <p>Sets payment based on quality, utilization, and patient feedback</p>  | <p>Manages claims and schedules payments using ICT platform</p>  |

# User Journey



# Journey tracking | Identifying patterns and looking at drivers

Top 15 patterns only



**Key drivers seem to be**

- Mother profile
- Availability and timely use of ultrasound
- Distance to clinic

Source: MomCare data; Note: includes first 6,109 journeys that were completed until week 60, only top 15 patterns shown (72% of total); Note1: simplified, Journey score takes content (e.g. tests) into account

## MomCare: A digital business model for quality maternal and newborn care



Women choose bundles of care\* covering the full journey



Behavior nudging



Digital market

Payment linked to quality



Transparency on quality and cost



Supply

Quality support for providers



Research and development of new bundles

MOMCARE

*\*Mobile care bundles: Store, exchange and assure delivery of entitlements for healthcare*



Thank You

PHARMACCESSGROUP

PharmAccess  
FOUNDATION

Health  
Insurance  
Fund

MEDICAL  
CREDIT  
FUND  
AFRICA

SafeCare  
BASIC HEALTHCARE STANDARDS



## 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

1<sup>st</sup> April, 2021



## CONTENT

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|     | Lagos State Government Efforts to address Challenges | Role of HEFAMAA in Regulating Quality MNCH Service Delivery in Lagos State | Conclusion   |

## 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

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

Source: Part 5 [47] HSRL 2006

## MNCH STATISTICS FOR NIGERIA AND LAGOS STATE

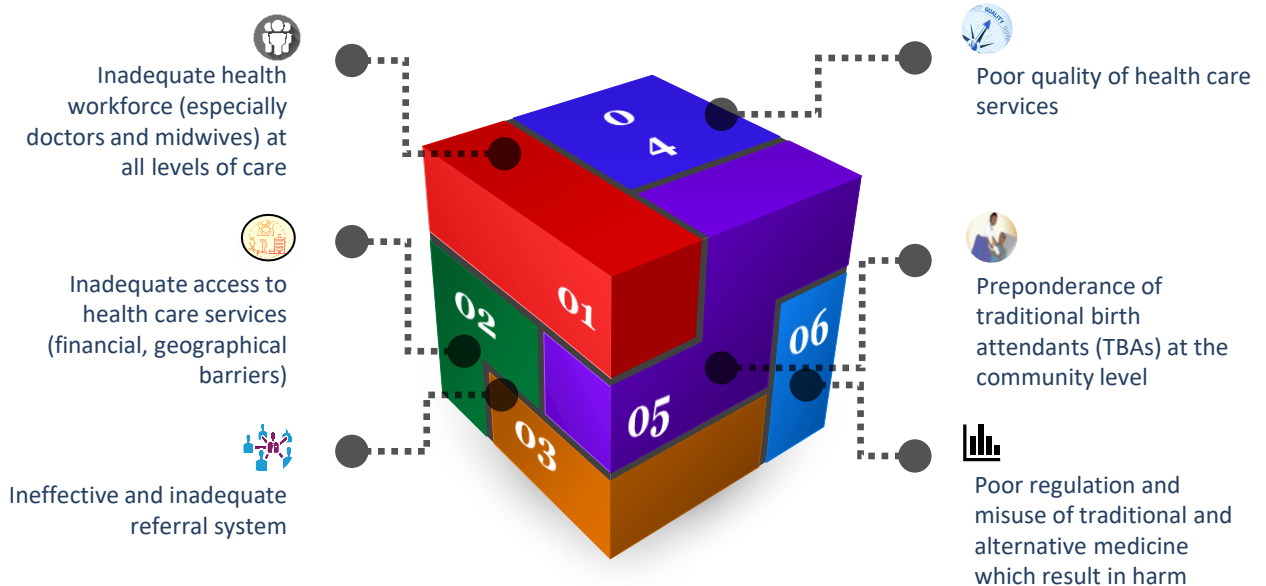
Lagos State, Nigeria's and Africa's largest city with an estimated \*27,281,339 population, has set in motion several programs to improve its MNCH statistics.

National and State Lagos MNCH Statistics from Nigeria Demographic and Health Survey 2018

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

\*Source: Lagos Bureau of Statistics, 2020

## CHALLENGES / BARRIERS RESULTING IN POOR MNCH INDICES



## 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

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.

### 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.
- MPDSR: Implementation of the Maternal Perinatal Death Surveillance and Response in the State.
- HEFAMAA: Strengthening and re-organization of the Agency to improve oversight on private and public health facilities.

# HEFAMAA ELECTRONIC PLATFORM

The screenshot displays the HEFAMAA website interface. At the top, the navigation menu includes links for Home, About, Registration, Profiles, News, FAQ, Contact Us, and PORTAL. The main banner features the text "PROTECTING LIVES" and "Our Activities are Targeted Towards Safeguarding the Health of All Residents of Lagos State".

**Account Login**

Profile ID

Password

Remember Me

[Sign in](#)

[FORGOT PASSWORD ?](#)

[NEW PROFILE REGISTRATION](#)

**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](#)

## ROLE OF HEFAMAA IN REGULATING QUALITY OF MNCH SERVICE DELIVERY IN LAGOS STATE 1/2

**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.**

Set adequate standards that support management/treatment of MNCH services for operations of public and private facilities in Lagos State

Formulate policies and guidelines to improve MNCH indices e.g. development of guidelines for Artificial Reproductive Technology (ART) practice

Ensure compliance of health facilities to MNCH policies and guidelines, by assessing compliance to minimum standards for licensing:

- adequate infrastructure
- adequate and appropriate medical personnel
- adequate and appropriate medical equipment and supplies
- adequate protocols and guidelines for administration of care



## ROLE OF HEFAMAA IN REGULATING QUALITY OF MNCH SERVICE DELIVERY IN LAGOS STATE 2/2

Evaluate performance based on set standards by carrying out monitoring visits to health facilities using the Health Facility Inspection Tool and strengthening franchising arrangements for monitoring

Attend to petitions on malpractices by health providers and ensure sanctioning of offenders

Sealing of health facilities operated by quacks or unauthorized personnel or non-compliant facilities involved in MNCH practices

Deepened stakeholders engagement with negotiations to enforce compliance: e.g Collaboration with the Traditional Medicine Board to effectively regulate the TBAs

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

Strengthen referral systems and quality assurance mechanisms

## CONCLUSION

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. Ibrinke 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](http://bit.ly/PrivateSectorseries)
- Join the Community of Practice: [bit.ly/JoinCoP](http://bit.ly/JoinCoP)
- Join the conversation: [#qualitycare](https://twitter.com/#qualitycare)