Nigeria

Quality, Equity, Dignity

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

Country context

POPULATION & MORTALITY RATES	2017	2018	2020	2022
Population (in million)[1]	193.5	–	208.3	213.4
Maternal Mortality Ratio per 100,000 live births[2]	917	512	1047	–
Neonatal Mortality Rate per 1,000 live births[3]	37	39	35	35
Stillbirth Rate per 1,000 births[3]	23	–	23	22

NATIONAL COVERAGE OF KEY INTERVENTIONS (2019)	%
Antenatal care (4 or more visits)[4]	57
Skilled birth attendance during delivery[5]	43
Institutional deliveries[6]	39
Post natal visit for baby (within 2 days of birth, medically trained provider)[6]	38
Postnatal care for mother (within 2 days of birth, medically trained provider)[6]	42
Caesarean section rate[7]	3
Family planning[8]	34
Initial breastfeeding (1 hour of birth)[9]	42
Exclusive breastfeeding rate (of infants under age of 6 months)[10]	29

1. United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. https://population.un.org/wpp/Download/Standard/MostUsed/
2. World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. World Health Organization. https://apps.who.int/iris/handle/10665/327596
   Nigeria Demographic and Health Survey 2018.
   World Health Organization (2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. https://apps.who.int/iris/handle/10665/366225
3. United Nations Inter-agency Group for Child Mortality Estimation (2023). https://childmortality.org/
   Nigeria Demographic and Health Survey 2018.
4. WHO/SHR Global Database, Percentage of women aged 15–49 years attended at least four times during pregnancy by any provider, September 2022.
5. Nigeria Demographic and Health Survey 2018.
6. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Maternal and Newborn Health Coverage Database, New York, May 2022.
7. Nigeria Demographic and Health Survey 2018.
8. United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.
9. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Ever breastfed, Early initiation of breastfeeding, Exclusively breastfed for the first two days after birth, New York, October 2022.
10. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, October 2022.

Milestone progress (2017-2022)

STRATEGIC OBJECTIVES	MILESTONE DELIVERABLES	2017	2020	2022
LEADERSHIP	Supportive governance policy and structures developed or established	On track	On track	On track
	Quality of care for maternal and newborn health roadmap developed and being implemented	No information	On track	On track
ACTION	On-site coaching visits occuring in learning districts	No information	On track	On track
	Quality improvement coaches trained	No information	On track	On track
	QoC coaching manuals developed	No information	On track	On track
	Learning districts and facilities selected and agreed upon	In progress	On track	On track
	QoC implementation package developed	No information	On track	On track
	Adaptation of MNH QoC Standards	In progress	On track	On track
	Orientation of learning districts and facilities	Not started	On track	On track
LEARNING AND ACCOUNTABILITY	Mechanism for community participation integrated into QoC planning in learning districts	Not started	In progress	On track
	A research institution to facilitate documentation of lessons learned identified and is active	Not started	Not started	In progress
	District learning network established and functional (reports of visits)	No information	In progress	On track
	Common indicator data collected, used in district learning meetings, and reported upwards	Not started	In progress	On track
	Baseline data for MNH QoC common indicators collected	Not started	On track	On track
	Common set of MNH QoC indicators agreed upon for reporting from the learning districts	Not started	On track	On track

Key: On track (achieved); In progress (initiated but not completed); Not started; No information

Ensuring MNH QoC core indicators are available in routine HMIS

DATA ELEMENTS	Integrated into HMIS	Collected	Reported	Used	Source
Pre-discharge maternal deaths	YES	YES	YES	YES	
Maternal deaths by cause	YES	YES	YES	YES	
Neonatal deaths by cause	YES	YES	YES	YES	
Facility stillbirth rate (disaggregated by fresh/ macerated when possible)	YES	YES	YES	YES	
Pre-discharge neonatal mortality rate	YES	YES	YES	YES	
Obstetric case fatality rate (disaggregated by direct/indirect when possible)	NO	NO	NO	NO	
Pre-discharge counselling for mother and baby (woman-reported)	NO	NO	NO	NO	
Companion of Choice (woman-reported)	NO	NO	NO	NO	
Women who experienced physical or verbal abuse in labor or delivery (woman-reported)	NO	NO	NO	NO	
Breastfeeding within one hour	YES	YES	YES	YES	
Immediate postpartum prophylactic uterotonic for PPH prevention	YES	YES	YES	YES	
Birthweight documented	YES	YES	YES	YES	
Premature babies initiating KMC	YES	YES	YES	YES	
Basic Hygiene Provision	YES	YES	YES	YES	
Basic sanitation available to women and families	NO	NO	NO	NO	

Key: YES; NO; No information

Creating an enabling environment for sustainability and scaling up of MNH QoC

Institutionalizing Maternal and Perinatal Death Surveillance and Response (MPDSR) to improve the quality of maternal and newborn health care

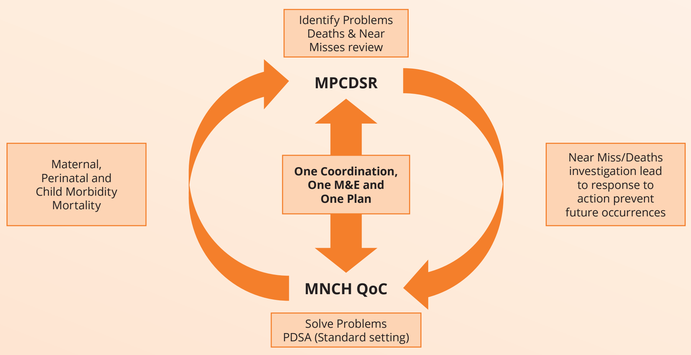
Systematic analyses of mortality trends and the factors that contribute to individual deaths can help uncover QoC and health systems deficits and inspire local solutions. The MPDSR continuous action cycle relies on teams to collect information on when, where, and why women and babies die, and outline the necessary actions to prevent similar deaths.

In Nigeria, MPDSR has been institutionalized integrated with quality MNCH

- In 2021, Nigeria passed the National Maternal and Perinatal Death Review and Response Bill - in the National Assembly in November 2021 as *an act to provide the surveillance, review and prevention of maternal and perinatal deaths and related matters.*
- The MPDSR is integrated with quality of care on the request of the Director of Family Health for maternal, newborn and child health as one goal to identify the causes and solutions to ending mortality, and scale up implementation for quality MNCH.
- The National RMNCAEH-H Strategy outlines one plan for integrated implementing rather than parallel programmes on MPDSR and quality improvement which would be a duplication of time and resources for the same health workers, managers and partners.
- Coordination structures are defined. MPDSR QoC National Steering Committee is chaired by the Honorable Minister of Health and oversees a secretariat with the role to implement in all states' tertiary hospitals and federal medical centres. At the State level, a state MPCDSR QOC Committee reports to the State MOH and leads implementation in all primary and secondary facilities.

In 2022, the National Maternal, Perinatal, Child Death Surveillance and Response (MPCDSR) Steering Committee was inaugurated by the Honourable Minister of Health, Dr. Osagie Ehanire.

Concept of Integration



Aligning and integrating MPDSR and QoC structures and activities at the subnational level – the examples of Ebonyi, Kogi, Sokoto and Kebbi States

- In Ebonyi and Kogi states, members of the MPDSR committees in the two states worked in collaboration with state, LGA (district) and health facility managers to prioritize state-wide MNH areas for improvement and to understand root causes of quality of care problems at tertiary, secondary and PHC levels. A subnational monthly reporting template was harmonized to capture MPDSR and QI activities and results. District and state MPDSR committee members participated in all QI learning meetings across facilities and helped to support QI, clinical and MPDSR capacity building activities.
- In Sokoto state, MPDSR structures have been incorporated into a state-wide operational plan to improve quality of maternal, newborn and child health care, including participation of the state MPDSR committee chair as part of the state QI Technical Working Group.
- In Kebbi state, discussions are underway about whether or not to combine an established state MPDSR committee with a newly forming state QI MNCH committee. In addition, in primary health care centres (PHCs) death audits were incorporated as part of the responsibility of PHC QI teams.

Assessing the engagement of the private sector in the delivery of quality maternal and newborn health services in Nigeria

Achieving national MNCH targets, SDG targets by 2030 and UHC requires joint efforts from both public and private healthcare providers. To better understand the drivers and current engagement of the private sector in the delivery of quality maternal and newborn health services, the Federal Ministry of Health (FMOH) Nigeria engaged in an exploratory study commissioned by WHO in 2021.

Firstly, a technical working group was established under the leadership of the FMOH. Secondly, key stakeholders were interviewed, and a desk review of available literature was conducted to assess the current engagement of the private sector in quality MNCH service delivery. The findings of the situational analysis indicate that the private sector delivers more than 60% of healthcare services in Nigeria. Although highly fragmented and poorly regulated by the Government, quality of services is perceived to be good by patients due to easy access, low waiting time and respect by healthcare providers.

Based on these findings, **a multi-stakeholder policy dialogue workshop** was held in 2021 to review mechanisms, challenges and identify models for the effective engagement of the private sector in the delivery of quality MNCH services. Consensus was built on ways forward and the following recommendations were developed to be taken forward by the government of Nigeria:

- Strengthening government's capacity to oversee and regulate the private sector.
- Adequately engaging the private sector in health policy development.
- Aligning structures.
- Providing adequate health insurance tariffs (Capitation) for the private sector.
- Disseminating health policies, quality standards, strategies and plans to private providers.
- Sharing data collection tools with the private sector.

Building capacities for the effective use of QoC data collection templates

- The need to strengthen the capabilities of M&E officers and engage in using a standardized quarterly reporting template was highlighted during the MEAL sub-committee meeting in February 2022. States raised concerns on the lack of a standardized template for data collection and the need for guidance to effectively utilize the tool.
- In response, a capacity building session of M&E Officers from 12 State representing the initial RMNCAEH+N QoC States and 26 State participants was held. The virtual learning provided an important opportunity for FMOH and State representatives to reflect and identify potential solutions for improving measurement of provision of care and experience of care indicators in the RMNCAEH+N QoC data tool that are not captured in the National HMIS tools or the DHIS2 instance. Potential approaches for measuring priority QoC indicators not included in HMIS identified are the use of coaches/mentors, community health volunteers, Ward Development Committee, Quality Improvement team, Follow-up calls and Use of notebooks.
- The Federal Ministry of Health and the RMNCAEH+N QoC Secretariat will continue to support the National QoC TWG and MEAL sub-committee and state counterparts to test and share approaches for regularly measuring, reporting and using recommended QoC measures to strengthen QoC program management, including for measures that cannot be tracked via HMIS and require supplemental data collection strategies (e.g. experience of care; WASH indicators).

Map of the districts and learning facilities

Taking forward the unfinished and emerging agenda for quality MNCH

There are multiple significant challenges to the implementation of quality MNH

- MNCH QoC activities are mostly partner driven, with little or no funding by the government (lack of budget allocation for MNCH QoC), posing a threat to the sustainability of gains made.
- There is a critical shortage of human resources for health at all levels, with most facilities reporting a shortage of skilled personnel (both in terms of the number and mix); high rate of attrition, and over-dependency on volunteers, as well as need for capacity building of the available staff on key MNCH training modules and interventions.
- There is also a limited capacity of health workers in conducting data quality checks, analysis, and use of data for decision-making at the facility level.
- Inadequate basic equipment (thermometer, weighing scale, glucometers, etc.) as well as insufficient supply of MNCH commodities and supplies at some facilities negatively impacts the ability of healthcare workers to provide quality service.

Priorities for the next phase of work are:

- Mainstream MNCH QoC activities into the state's annual operational plans.
- Strengthen existing QOC coordination structures at Federal and State level.
- Integrate and strengthen the accountability mechanisms.
- Involving stakeholders and communities to improve MNH QoC in Nigeria.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Performance of MNH QoC indicators at subnational level

Core MNH QoC indicators are periodically analyzed and reviewed by MEAL sub-committee to assess state level performance. The figures below represent prevailing patterns at sub-national levels. Improvements have been observed across key indicators, despite differences in timing across states.

Northern Region: QoC Scorecard for 2022

STATE	Qtr	Total number of learning sites a (facilities) in the state	% Functional	% Coaching/ mentoring sessions	% Uninterrupted water supply	% Single area or room that allows for privacy	% Suction machine bag and mask	% Complete NHMIS tools	% DQA using the national tool	% ISS using the national tool
Bauchi	Q1	9	67%	0%	100%	44%	100%	100%	0%	0%
Bauchi	Q2	169	100%	100%	72%	28%	50%	100%	99%	99%
Bauchi	Q3	169	100%	100%	72%	28%	50%	100%	0%	99%

Number of Partners Supporting QoC in Bauchi State: 2

Southern Region: QoC Scorecard for 2022

STATE	Qtr	Total number of learning sites a (facilities) in the state	% Functional	% Coaching/ mentoring sessions	% Uninterrupted water supply	% Single area or room that allows for privacy	% Suction machine bag and mask	% Complete NHMIS tools	% DQA using the national tool	% ISS using the national tool
Ebonyi	Q1	40	100%	25%	25%	75%	100%	100%	50%	75%
Ebonyi	Q2	40	100%	100%	60%	78%	98%	100%	90%	80%
Ebonyi	Q3	40	100%	100%	60%	78%	98%	100%	0%	0%

Number of Partners Supporting QoC in Ebonyi State: 6

Key: 0-49%; 50-59%; 60-79%; 80-100%