

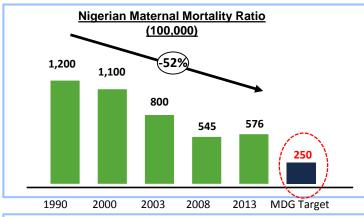
Nigeria's Federal Ministry of Health

Improving Quality of Maternal and Newborn Care in Ebonyi and Kogi States of Nigeria

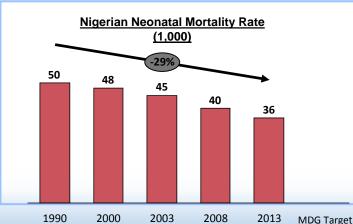
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Nigeria Did Not Achieve Millennium Development Goals 4 & 5



- An estimated 40,000 maternal deaths occur in Nigeria annually; approximately 14% of the global burden
- The maternal risk of dying is 1 in 31 compared to 1 in 19,200 in Austria



- Of the 1,000,000 under-five deaths that occur annually in Nigeria, about 30% occur in the first 28 days of life
- Nigeria accounts for 10% of the global burden of newborn deaths

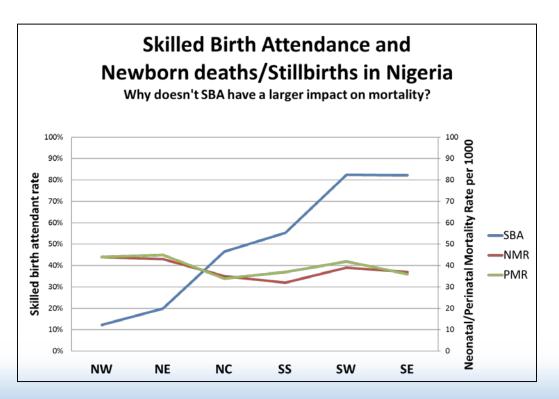
Sources: DHS 1990, 2003, 2008 2013; Countdown to 2015, Maternal, Newborn and Child Survival; Trends in maternal mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division; Levels and Trends in child mortality 2014, UNICEF.

Sustainable Development Goals

Nigeria on track for SDG # 13 only (climate change)



Regional differences in SBA Coverage Do Not Correlate with Institutional Perinatal Mortality Rates



Geopolitical Zones Source NDHS 2013

RMNCH Quality Goals

To improve health outcomes for mothers, newborns and children by ensuring that every woman and child receives appropriate, safe and respectful care at the right time.



Improving RMNCH Care: Key Approaches at National Level

- Creation of a National QI RMNCH Technical Working Group
- Development of a National RMNCH QoC Strategy, building on the WHO QoC framework
- Participation as a first-phase country in the multi-country QoC MNCH network
- Development of a Roadmap for Nigeria's participation in QoC network - national, state, LGA and facility actions



Background: Ebonyi & Kogi States

- State coverage: 2 out of 36 states (5.6%)
- Population of project States
 - Ebonyi State : 2.79m (1.5%)
 - Kogi State: 4.3 m (2.3%)
- Skilled Birth Attendance
 - Ebonyi 60%
 - Kogi 78%
 but high MMR & NMR
- Baseline assessment 2016
 - Limited skills
 - Limited commodities
 - Poor infection prevention and control
- MCSP supported health facilities: (Total 321 over 4 years, 2014 2018)



Improving RMNCH Care: Key Approaches Across the State Health System

State / District level

- State QI operational plan
- State-wide RMNCH improvement strategy
- Prioritization of common quality measures
- Support to QI teams
- Strengthening QI/measurement and clinical capabilities
- Investments in pre-service education



Improving RMNCH Care: Key Approaches Across the State Health System

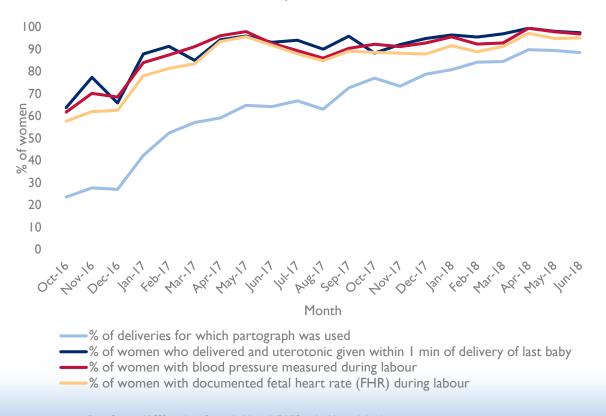
Facility level (Primary Health Centers, Hospitals)

- Regular team work
- Strengthening facility readiness
- Regular measurement, visualization and analysis of prioritized quality measures
- Regular shared learning across sites



Improving Women-centered Labor, Delivery, Postpartum Care:

Measuring BP, fetal heart rate; partograph use; prophylactic uteronic (N=27,643 Total Deliveries in 91 Facilities)

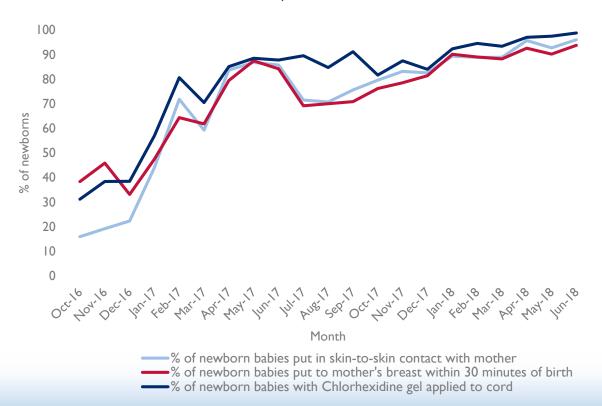


Illustrative changes:

- Re-organizing care pathways to be more people centered and to expedite timely care
- Drug-revolving scheme, buying essential medications from pharmacies to sell to patients at a fair price
- Ensure privacy for women in labor and delivery in high-volume facilities
- Targeting additional support to lowerperforming facilities

Improving Early Postnatal Care for Newborns:

Skin to Skin, Early Breastfeeding, Chlorhexidine Gel to Umbilical Cord (N=27,643 total deliveries in 91 facilities)



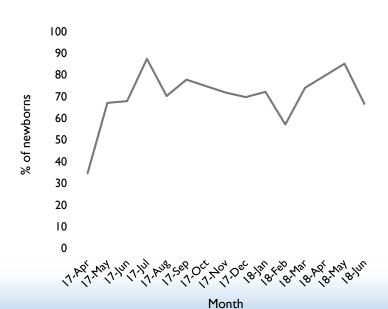
Illustrative changes:

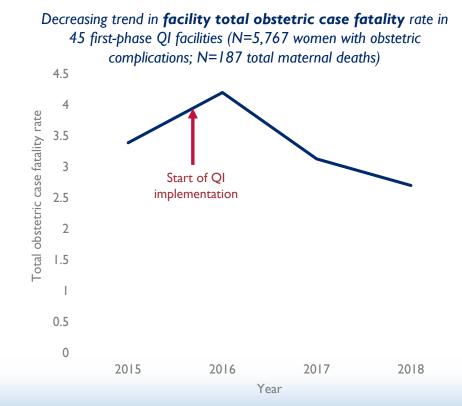
- Creating hand-washing corners
- Introduction of chlorhexidine
- Establishing fully stocked newborn, small sick newborn corners

Trends in Health Outcomes

Newborn resuscitation; Institutional Obstetric Case Fatality Rate

Improving the proportion of newborns with asphyxia who were successfully resuscitated (n = 27,643 total deliveries in 91 facilities)





Reflections and Recommendations

- Partnership and engaged leadership at all levels is essential to strengthens systems, and improve and sustain results
- Skills-building alone is not sufficient!
- Pre-service education is critical
- Documenting and using data for decision-making needs greater attention
- Shared learning and recognition motivates health workers and can accelerate improvement across sites



Acknowledgements

Officials and Representatives, Ebonyi & Kogi States:

- Ministry of Health
- State Primary Health Care Development Agencies
- Local Government Authority

Quality Improvement Coaches

Professional Associations

- Society of Obstetricians & Gynecologists (SOGON)
- Pediatric Association of Nigeria/Nigerian Society of Neonatal medicine (PAN/NISONM)
- Nigerian Association of Nurses and Midwives (NANM)



For more information, please visit www.mcsprogram.org

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