

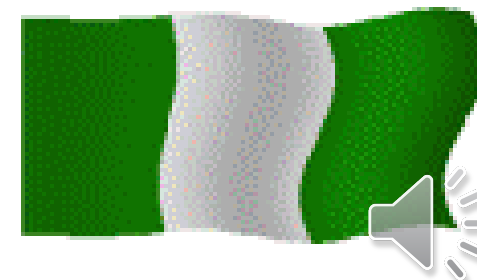


Building National Systems and Strengthening Coordination to Sustain Scaling Up of QOC for MNCH –Nigeria

Dr. Salma Ibrahim Anas
Director/Head, Department of Family Health,
Federal Ministry of Health,
Abuja, Nigeria

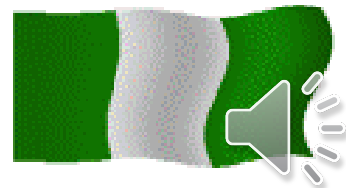
AlignMNH Conference

April 2021



Background

- Nigeria is the most populous African country
 - 206 million people (approximate)
 - Maternal mortality ratio: 512 per 100,000 live births
 - 31 million women of childbearing age
 - 6 million birth cohort
 - 1 in 3 births attended by skilled personnel
 - 50,000 Women die every year as a direct result of child bearing.
 - 1:29 chance of dying in pregnancy.
 - 2nd contributor of global maternal deaths: ranks highest in Africa for number maternal deaths



TRENDS IN MATERNAL AND CHILDHOOD INDICATORS NIGERIA

Maternal (NDHS)

S/N	Maternal Care Indicators	Rate/Ratio		
		2008	2013	2018
1.	Pregnancy Related Mortality	545	576	556
	Maternal Mortality Ratio			512
2.	Total Fertility Rate	5.7	5.5	5.3
3.	Contraceptive Prevalence Rate			12
4.	ANC from skilled provider	58	61	67
5.	Live birth protected against neonatal tetanus	48	53	
6.	Delivery by skilled provider	39	38	43
7.	Delivery in a health facility	35	36	39

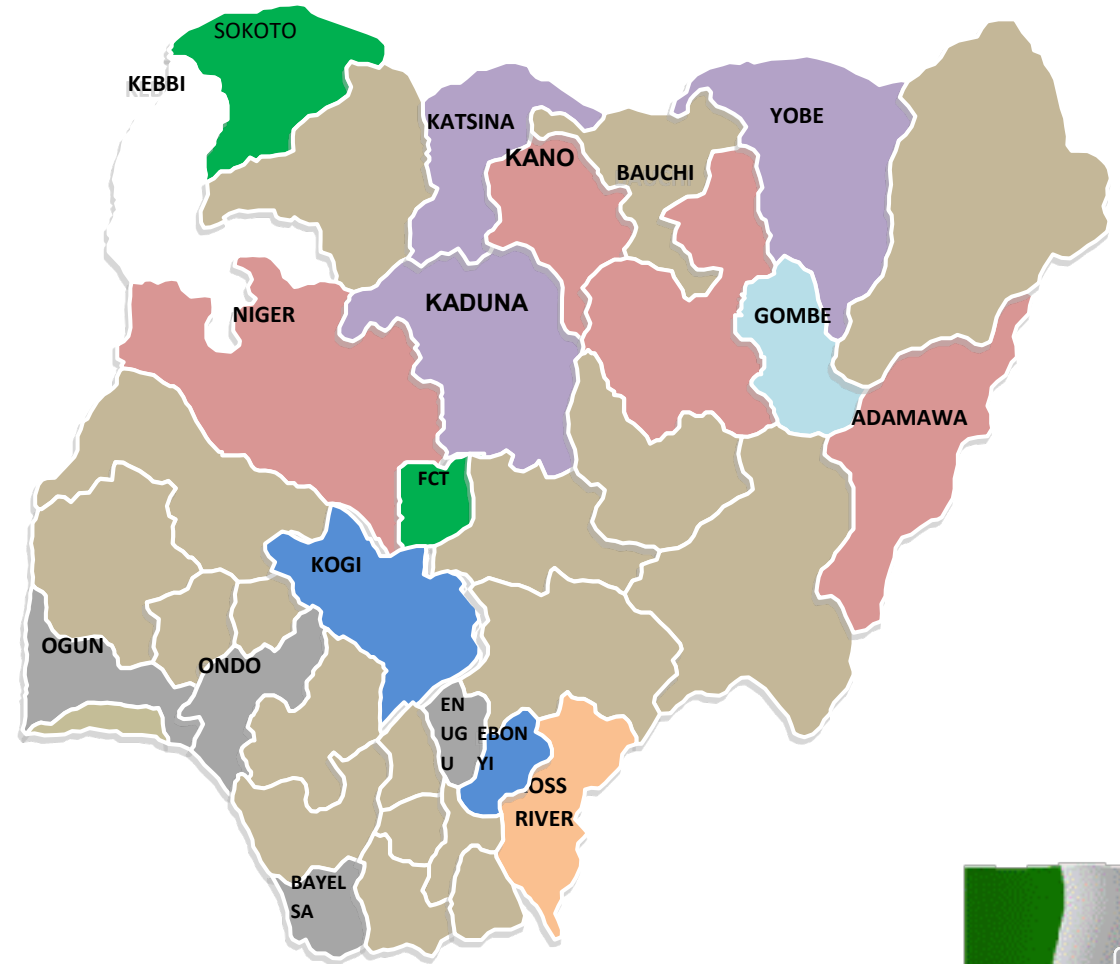
Childhood (NDHS)

S/N	Childhood Care Indicators	Rate /Ratio		
		2008	2013	2018
1.	Still birth rate		12.3	
2.	Perinatal Mortality		41	
3.	Neonatal Mortality	40	37	38
4.	Post Neonatal Mortality	35	31	
5.	Infant Mortality	75	69	67
6.	Under 5 Mortality	157	128	132
7.	Child Mortality	88	64	
8.	Vaccination coverage	23	25	31
9.	Early breast feeding	30	26.1	29



Status of QoC implementation

- Learning sites comprise of 9HFs per state-3 GH and 6 PHCs. A total of 112 HFs across 12 states and FCT
- Three sets of data are collected monthly-process indicators, QED network core indicators and program management data
- The Technical Working Group on QoC for MNH is functional –meetings hold quarterly.
- States have made some progress through establishment of QoC coordinating structures, formation of facility QoC committee and step-down training on Quality Improvement.



Implementation milestones

1. National level planning

Supportive governance policy/structure developed/established -National and state level TWGs -RMNCH QOC strategic plan approved by National Council on Health	QoC roadmap developed and being reviewed for 2021-2021	Learning districts and facilities selected and agreed upon – this is being scaled up to more states and saturating the existing states	QoC implementation package developed. This is presently being increased to include more areas on RMCNH	Adaptation of MNH QoC standard -ongoing plans to include Paediatric standards too
--	--	--	--	---

2. Learning sites

QoC coaching manuals- developed	QI coaches trained and supporting all facilities	On-site coaching visits occurring in learning districts	Orientation of learning facilities	LGA learning network established -Learning network established at state level due to the initial small number of facilities involved
---------------------------------	--	---	------------------------------------	---

3. Measurement

Baseline assessments (date; number of facilities) Done – December,2018 – January 2019. 113 HF assessed	Common sets of MNH QoC indicators agreed upon for reporting from the learning districts	Baseline data for core indicators	Common core indicators are collected and used for LGA learning meetings and reported upwards -analysed data are used at state and national levels	Indicator dashboard developed
---	---	-----------------------------------	--	-------------------------------

4. Learning and community engagement

Identification/agreement with academic /research institution to facilitate documentation	Mechanism for community participation integrated into QoC planning in learning district	Key: Green= Completed; Orange=Incomplete; Red= Not Done		
--	---	--	--	--



Lessons learned

- **Leadership:** Leadership is key, a coordination built around the different divisions will ensure sustainability
- **Action:** QI initiatives cannot exist in a vacuum, other health system interventions are needed to translate quality improvements into improved health outcomes
- **Learning:** Continuous training of Health workers linked to Quality improvement aims yields maximal benefits. Regular analysis and synthesis of data is essential for Quality improvement.
- **Accountability:** Urgent need to scale up QoC to all states. More funding and technical support required. An updated DHIS platform supports LGAs, states and federal levels to track progress made on QI.
- **Community engagement:** Community participation linked to QI activities at health facility through a 2-way referral is crucial for overall success of QoC



Challenges

- Challenges with weak health system with attendant effect on MNCH QOC
 - Poor health information system
 - Poor infrastructure
 - Inadequate skilled staff
 - Weak coordination mechanisms
- Poor sustainability efforts by Government
 - Close out of some projects which supported implementation in some states
- The initiative is limited to only Public Health sector and northern part of Nigeria.
 - There are recent efforts at scale up and a current study on how to engage private sector for improving MNH QOC



Recommendations

- Scale up QoC initiatives in all the states in Nigeria
- Collaborate with academic institutions in the 6 geopolitical zones in Nigeria for research and mentoring support to health facilities.
- Strengthen Coordination mechanisms through RMNCAEH+N platform
- FG-led advocacies to the states and private sector for more ownership and sustainability.
- Continuous monitoring and sharing results.
- Strengthening data measurement and feedback into the health system.

