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

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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 CHILHOOD INDICATORS NIGERIA

### Maternal (NDHS)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Maternal Care Indicators</th>
<th>Rate/Ratio</th>
<th>2008</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pregnancy Related Mortality</td>
<td></td>
<td>545</td>
<td>576</td>
<td>556</td>
</tr>
<tr>
<td>2.</td>
<td>Total Fertility Rate</td>
<td></td>
<td>5.7</td>
<td>5.5</td>
<td>5.3</td>
</tr>
<tr>
<td>3.</td>
<td>Contraceptive Prevalence Rate</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>4.</td>
<td>ANC from skilled provider</td>
<td></td>
<td>58</td>
<td>61</td>
<td>67</td>
</tr>
<tr>
<td>5.</td>
<td>Live birth protected against neonatal tetanus</td>
<td></td>
<td>48</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Delivery by skilled provider</td>
<td></td>
<td>39</td>
<td>38</td>
<td>43</td>
</tr>
<tr>
<td>7.</td>
<td>Delivery in a health facility</td>
<td></td>
<td>35</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>8.</td>
<td>Maternal Mortality Ratio</td>
<td></td>
<td></td>
<td></td>
<td>512</td>
</tr>
</tbody>
</table>

### Childhood (NDHS)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Childhood Care Indicators</th>
<th>Rate /Ratio</th>
<th>2008</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Still birth rate</td>
<td></td>
<td></td>
<td></td>
<td>12.3</td>
</tr>
<tr>
<td>2.</td>
<td>Perinatal Mortality</td>
<td></td>
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<td></td>
<td>41</td>
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<tr>
<td>3.</td>
<td>Neonatal Mortality</td>
<td></td>
<td></td>
<td></td>
<td>40</td>
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<tr>
<td>4.</td>
<td>Post Neonatal Mortality</td>
<td></td>
<td></td>
<td></td>
<td>35</td>
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<tr>
<td>5.</td>
<td>Infant Mortality</td>
<td></td>
<td></td>
<td></td>
<td>75</td>
</tr>
<tr>
<td>6.</td>
<td>Under 5 Mortality</td>
<td></td>
<td></td>
<td></td>
<td>157</td>
</tr>
<tr>
<td>7.</td>
<td>Child Mortality</td>
<td></td>
<td></td>
<td></td>
<td>88</td>
</tr>
<tr>
<td>8.</td>
<td>Vaccination coverage</td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>9.</td>
<td>Early breast feeding</td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>
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.