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Ensuring High Quality Basic Emergency Obstetric Care In Nigeria

By

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**JHPIEGO in partnership with
John Snow Incorporated, Save the Children,
PATH, JHU-IIP, Broad Branch,
PSI, Macro International**

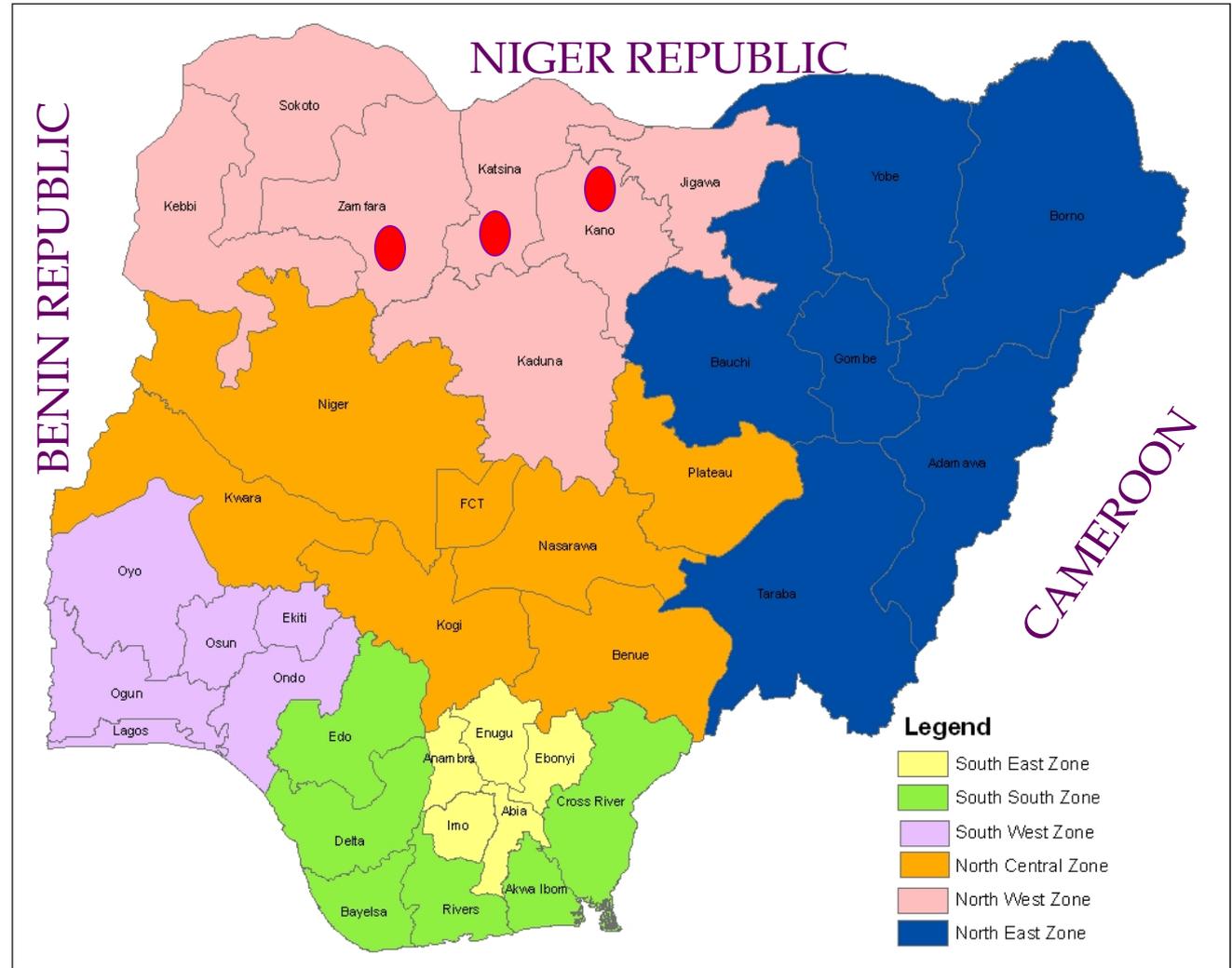
- Background information about status of maternal health in Nigeria
- ACCESS/MCHIP Program Interventions
- Achievements
- Challenges, Opportunities and Lessons learnt

The reality in many health facilities

- Few health workers for service provision
- Staff overburdened by workload
- Poor working conditions, lack of resources
- Low motivation of staff
- Weak pre-service education, often staff lack basic knowledge and skills
- Dysfunctional management systems, including patient records and information

Nigeria's 6 Geopolitical zones

**Population
from 2006
Census:
140 million**



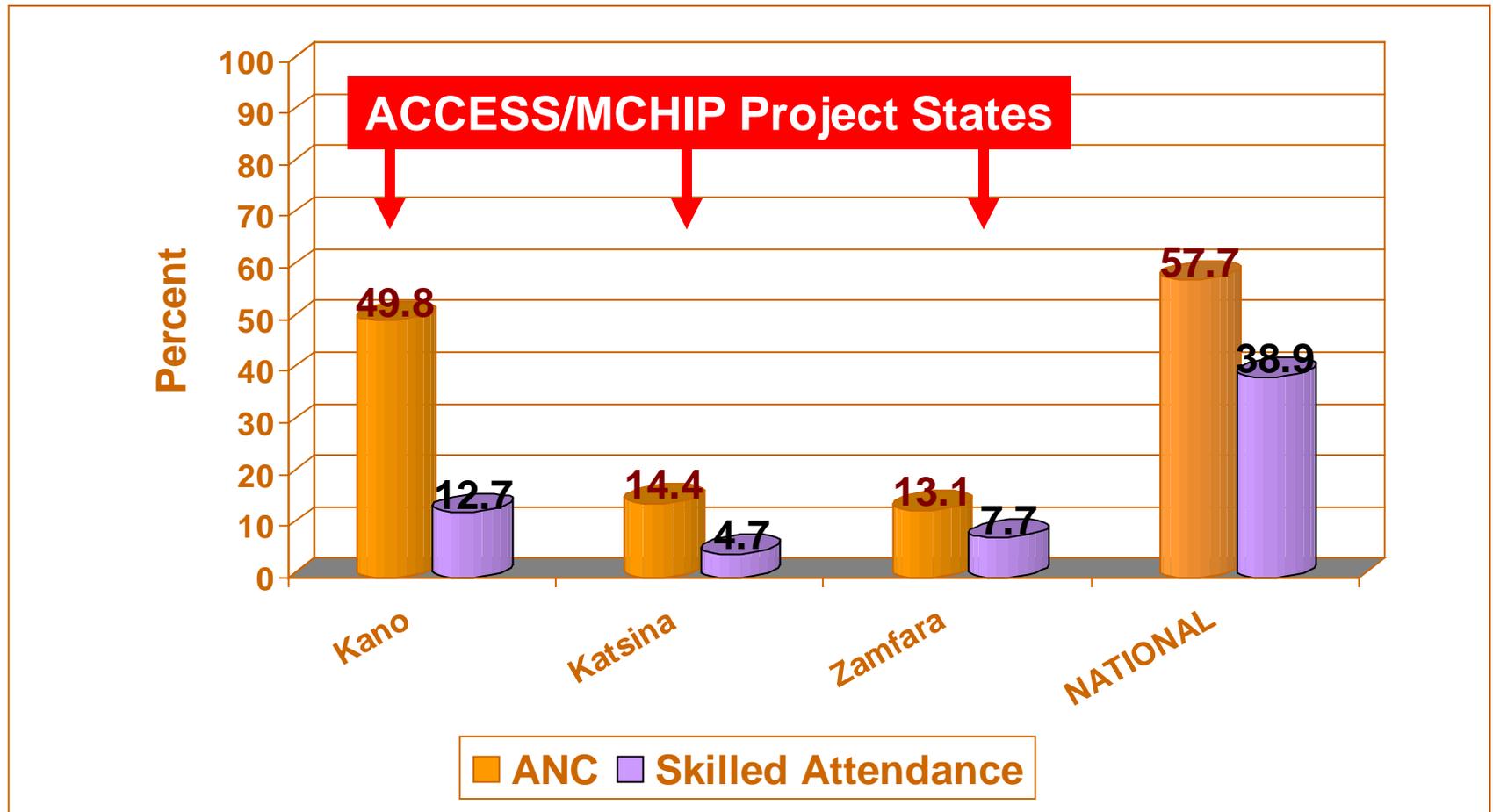
 **Project States**

Why we are working in Northwest Nigeria

Selected socio-demographic statistics	Northwest States	National average
Maternal mortality ratios (deaths per 100,000 live births)	1025*	545

Source: * FMOH 2000
**2008 NDHS

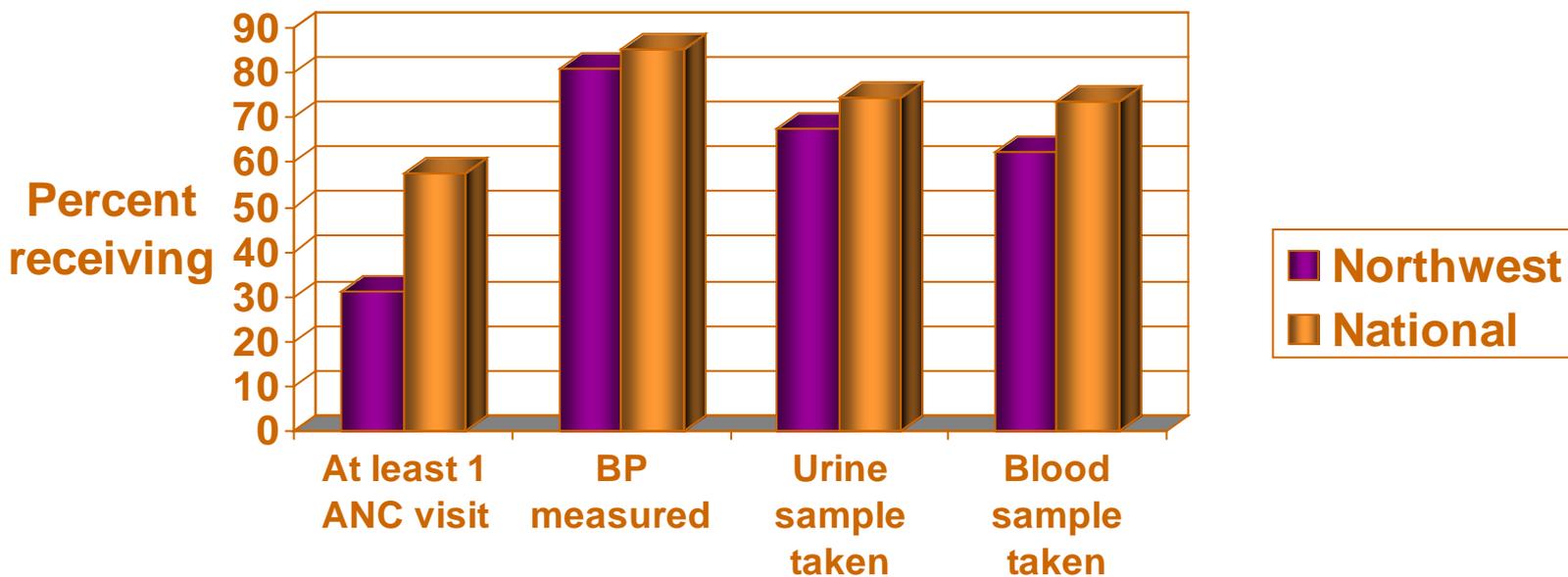
ANC and Skilled Birth Attendance in ACCESS/MCHIP States



Source: 2008 NDHS

Components of Antenatal Care in Northwest Nigeria: 2008 DHS

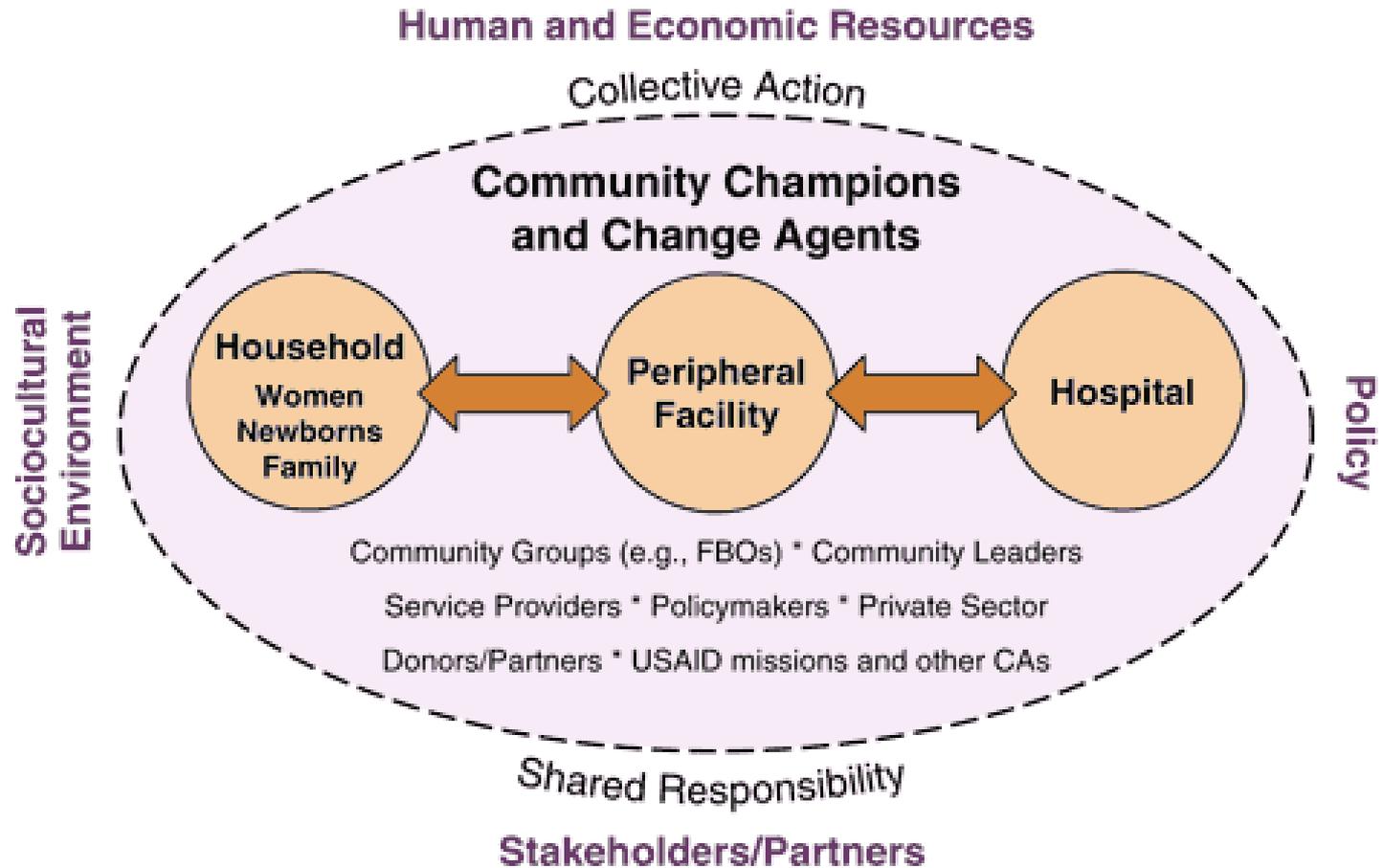
Components of ANC in Northwest Nigeria



ACCESS Program Overview

- **General Objective:** *Increased utilization of quality EmONC Services* by pregnant women, mothers and their newborns as an entry point to postpartum family planning
- **Coverage:** Initiated in 4 selected LGAs in two Northern states (Kano and Zamfara). Now in 29 LGAs in 3 states (Kano, Katsina and Zamfara), supporting 57 health facilities
- **Program Timeline:** January 06 to September 09. Migrated to MCHIP in July FY09 to end Dec FY10.

Community-Centered Household-to-Hospital Continuum of Care Model



Intermediate Results (IRs)

1. **Improved enabling environment** and scale-up of best practices for EmONC at national and state levels
2. **Increased availability and distribution** of EmONC trained health care workers in selected LGAs
3. **Improved quality of EmONC** services in selected LGAs
4. **Improved quality of FP** services in selected LGAs
5. **Increased demand** for maternal and newborn services in selected LGAs
6. **Improved management** of maternal and newborn services in selected LGAs

Project Inputs

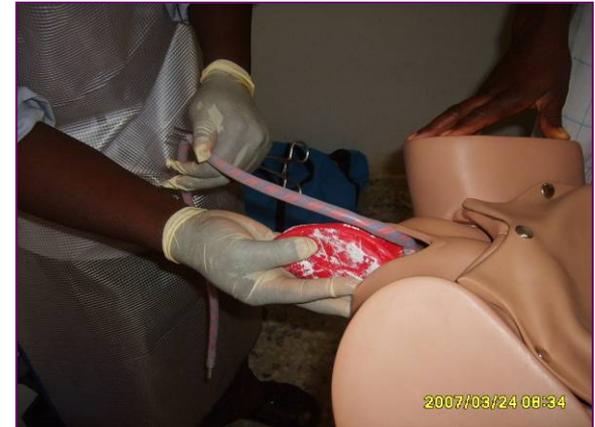
- **Renovation** of health facilities
- **Donation of essential equipment** for basic and emergency obstetric and newborn care (e.g. *delivery, episiotomy repair, Caesarean section and IUD kits*)
- **Donation of other materials by community groups** (water tanks, benches, ambulance, drugs, ITNs, Infection prevention materials etc)
- Advocacy for rational **deployment of scarce human resources** (midwives, CHEWs, NYSC physicians etc)



Sample PHC facility before and after renovation

Process Interventions

- **Competency-based training** of health care providers in:
 - Healthy timing and spacing of pregnancies; family planning
 - Basic emergency obstetric care
 - Essential newborn care; Neonatal resuscitation
 - Kangaroo mother care
 - Anaesthesia for EmONC
 - Record keeping and use of data for decision-making
- **Building a Quality of Care culture**
 - Facilitated the setting of EmONC standards
 - Trained health workers and managers to use the Standards-Based Management and Recognition (SBM-R) approach to quality improvement
 - Supporting joint (MOH/ACCESS) supportive supervision visits to project sites



Process Interventions *contd.*

- **Community mobilization using the Community Action Cycle (CAC) method**
 - Formation of Community Mobilization Teams in LGAS
 - Formation of Community Core Groups around Health Facilities
- **Training of volunteers as:**
 - Household counselors
 - Male birth spacing motivators
- **Introduction of alternative health financing mechanisms**
 - Establishment of numerous Mothers' Savings and Loans Clubs



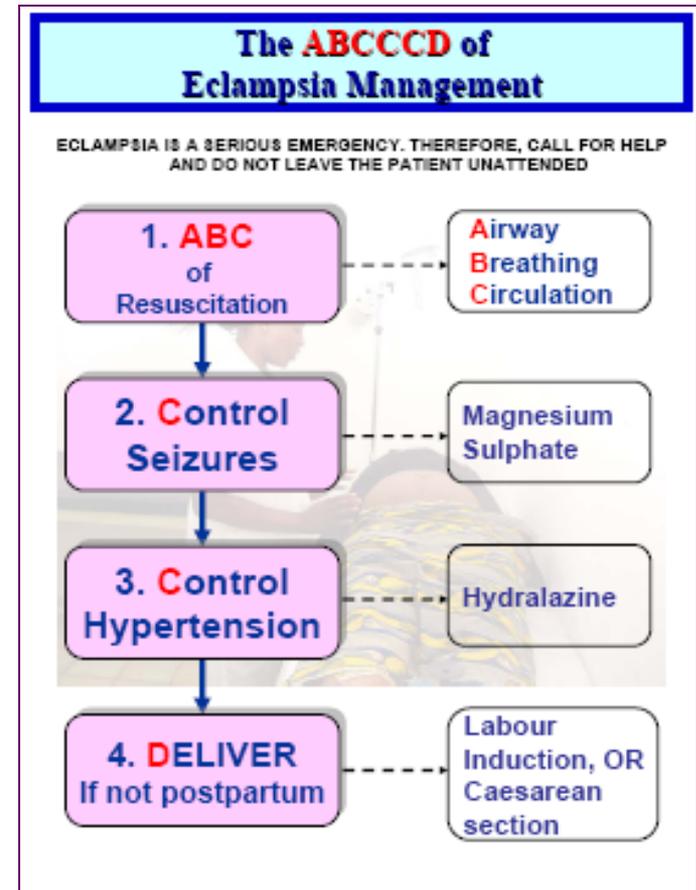
HH Counselors in FGD session with older women



Group photo of Male Birth Spacing Motivators in Faggae LGA, Kano

Process Interventions *contd.*

- **Information, Education and Communication**
 - Development, printing and distribution of posters and **job aids** on **MNH** and **FP** (English/Hausa)
- **Monitoring and evaluation**
 - Printing and distribution of **HMIS tools** (maternity record booklets, ANC, Delivery and FP registers, referral slips etc)
 - Training of health care workers on record keeping
 - Support of monthly data collection meetings
 - Periodic internal and external DQA



Project outputs/outcomes

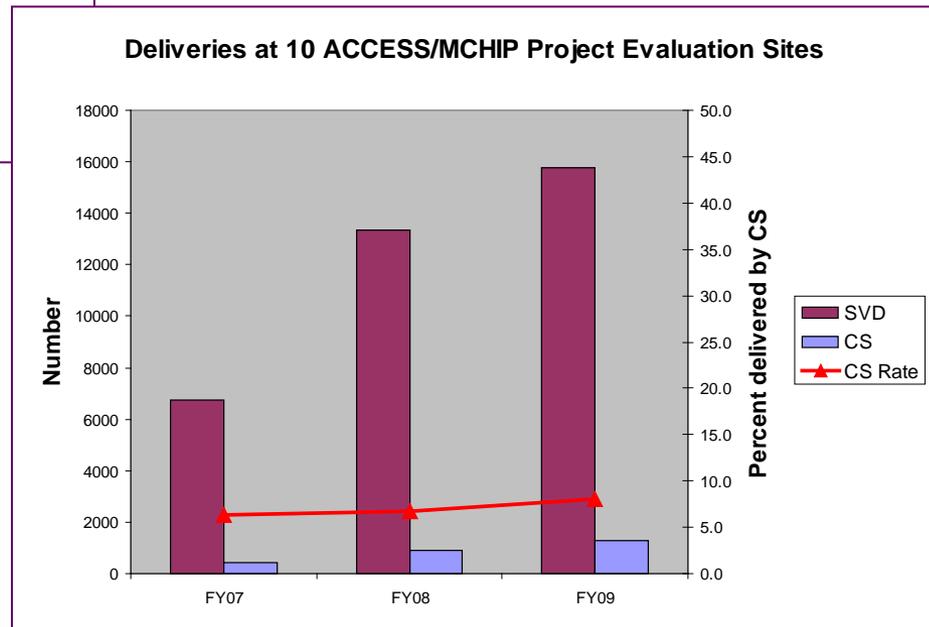
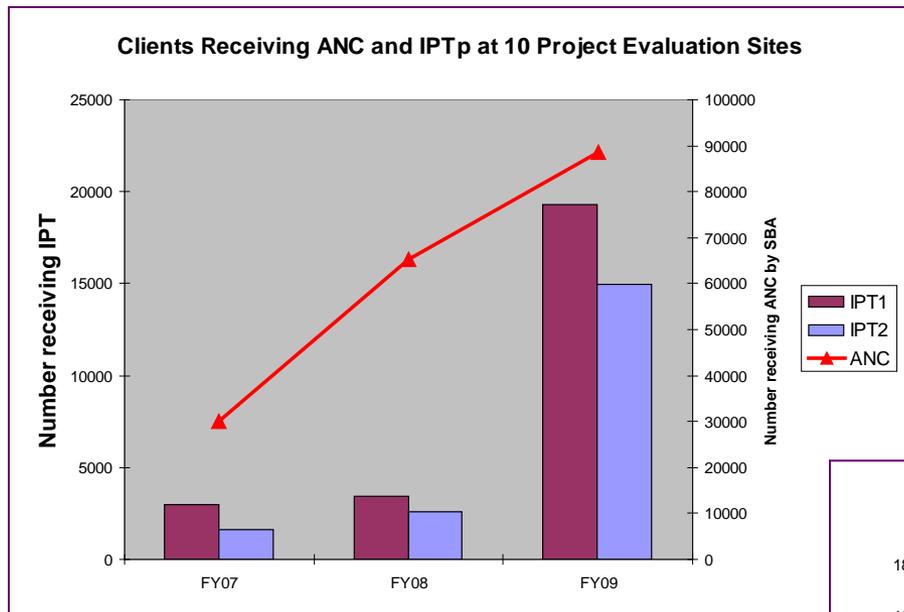
- **Increased service utilization in USG-supported facilities**
 - ANC by skilled birth attendants (SBAs)
 - Delivery by SBAs
 - Use of AMTSL, Partograph to monitor labor, use of Magnesium Sulphate to manage eclampsia
 - Essential newborn care
 - CYP
- **Increased compliance with set EmONC performance standards**

Summary findings from Endline Household Survey

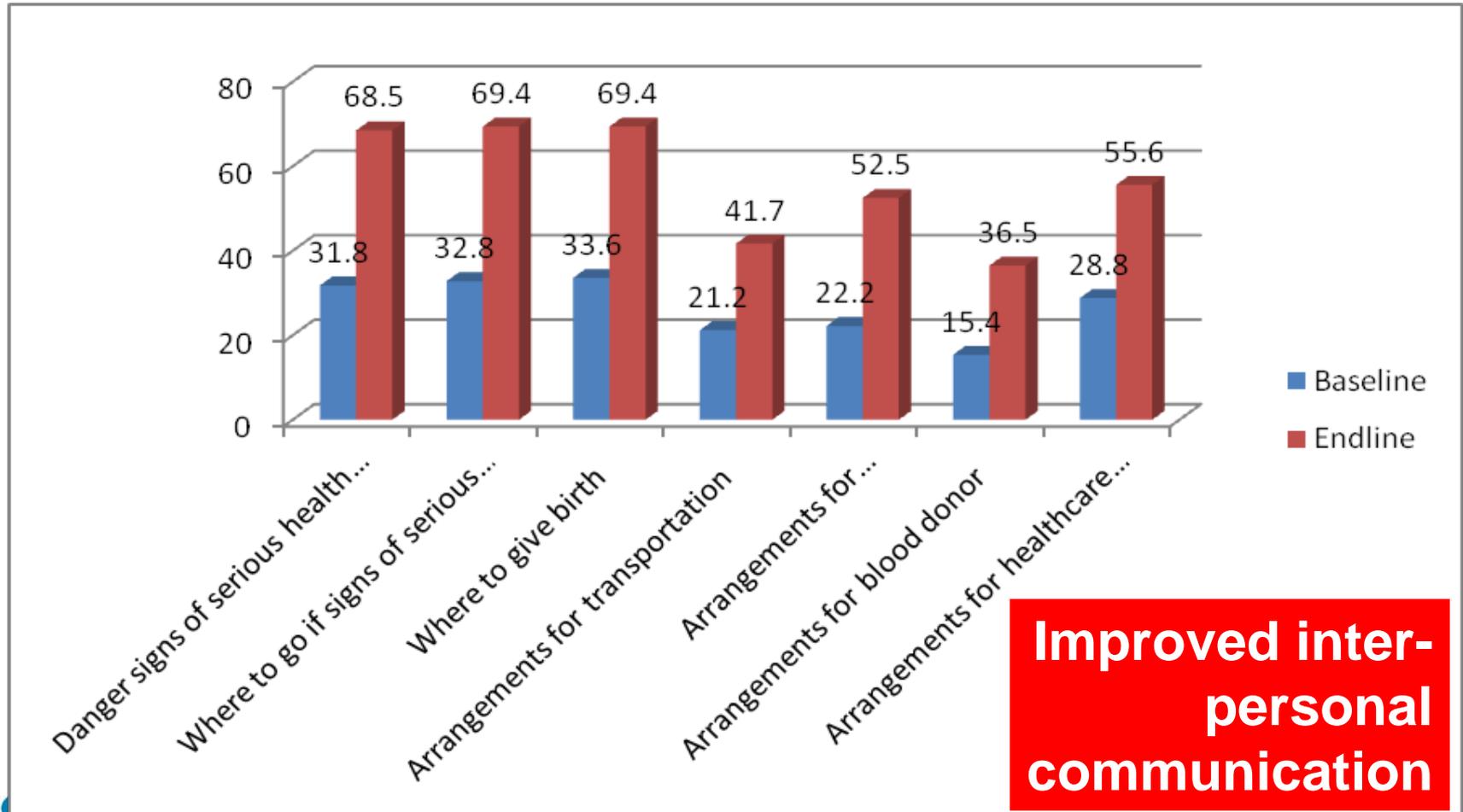
- When compared with baseline findings, the endline evaluation showed that there was **increased knowledge of:**
 - Danger signs in:
 - Pregnancy,
 - Labor
 - Postpartum period,
 - Neonatal period,
 - Family planning methods



ANC Visits and Deliveries at 10 Project Evaluation Sites

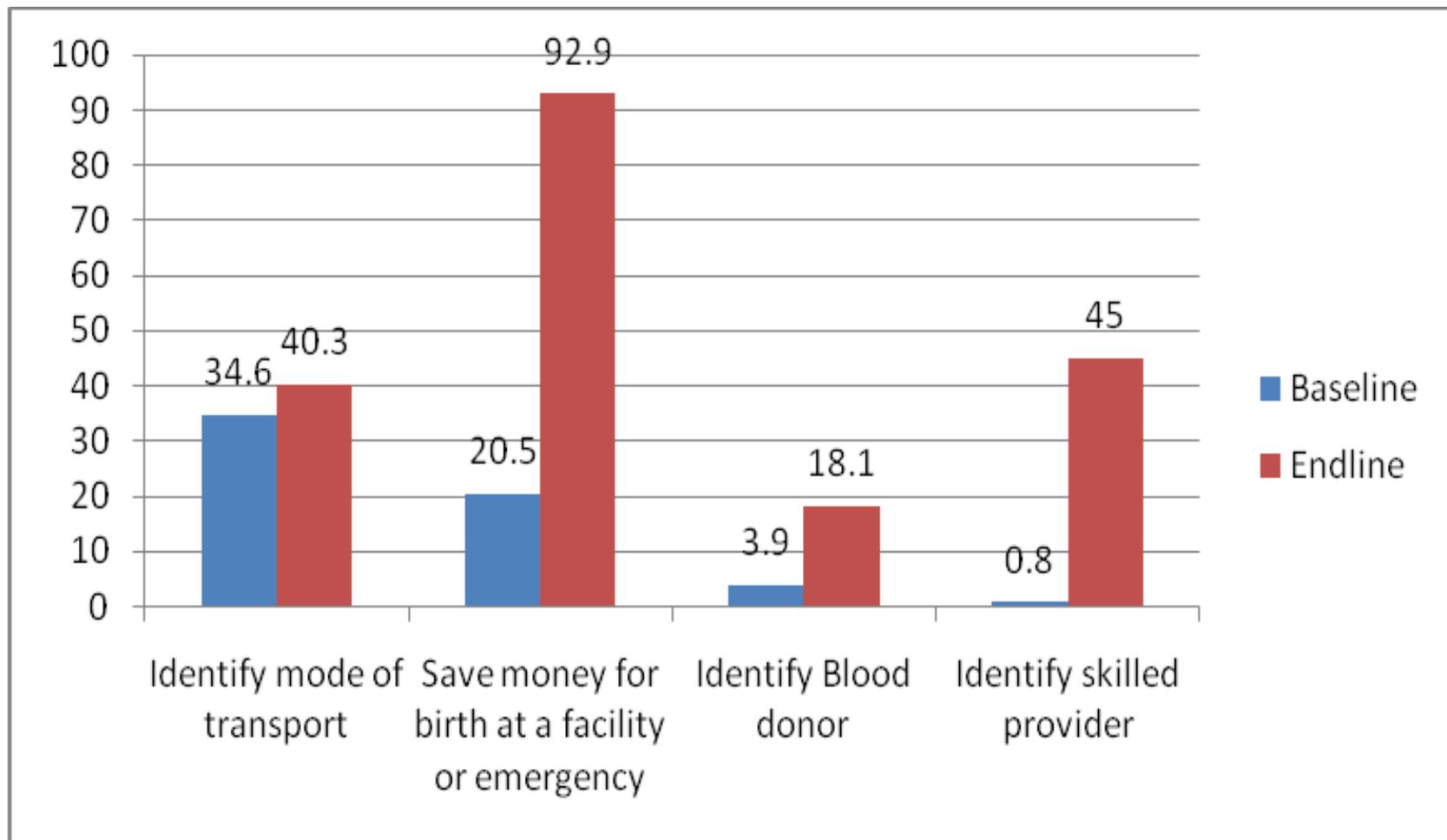


Percentage of women who received Birth Preparedness advice from a Health worker (Baseline N=296, Endline N=444)

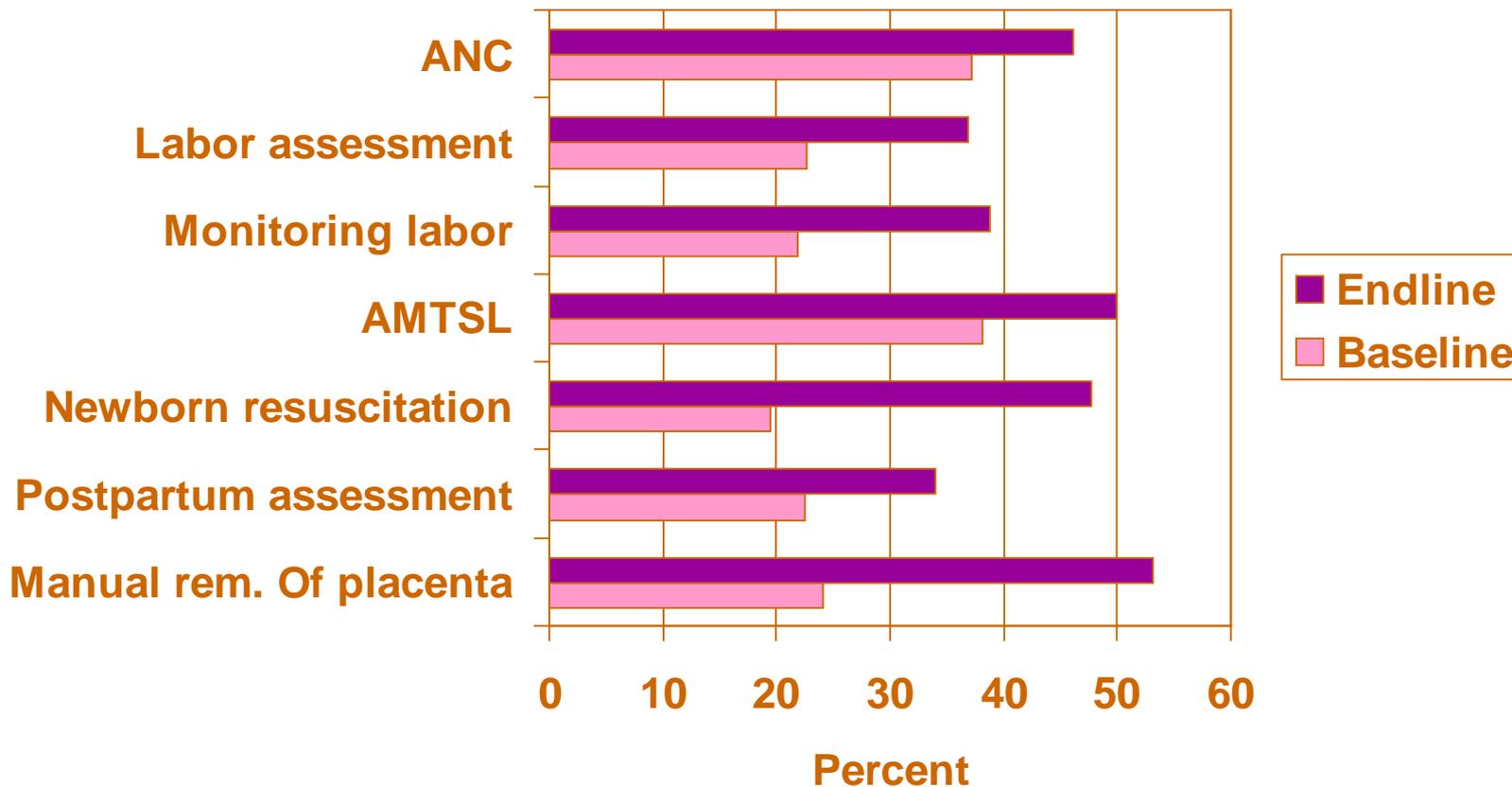


Improved inter-personal communication

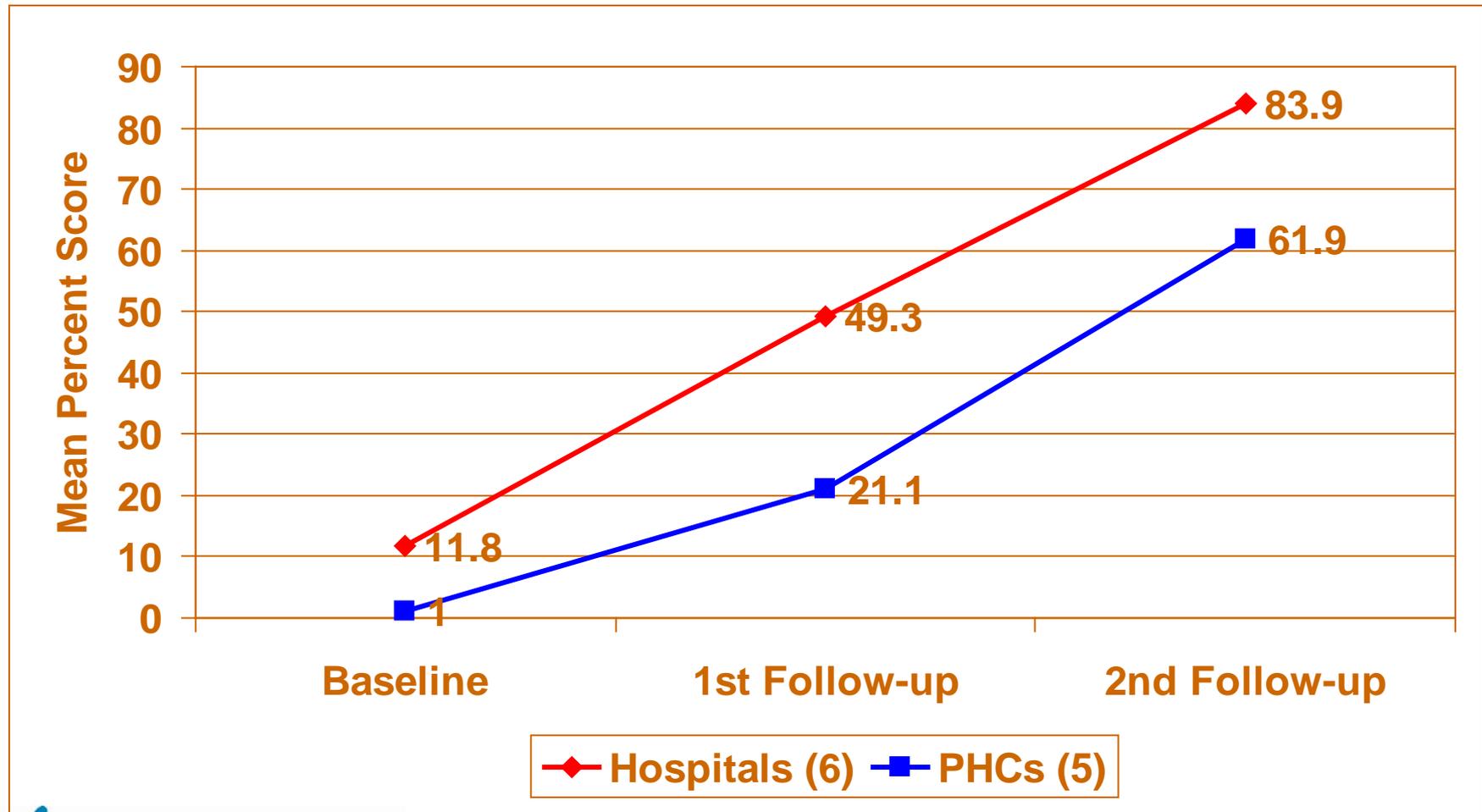
Percentage of women who made specific birth preparedness arrangements



Percent of procedure steps performed competently by HCWs for various obstetric and newborn skills

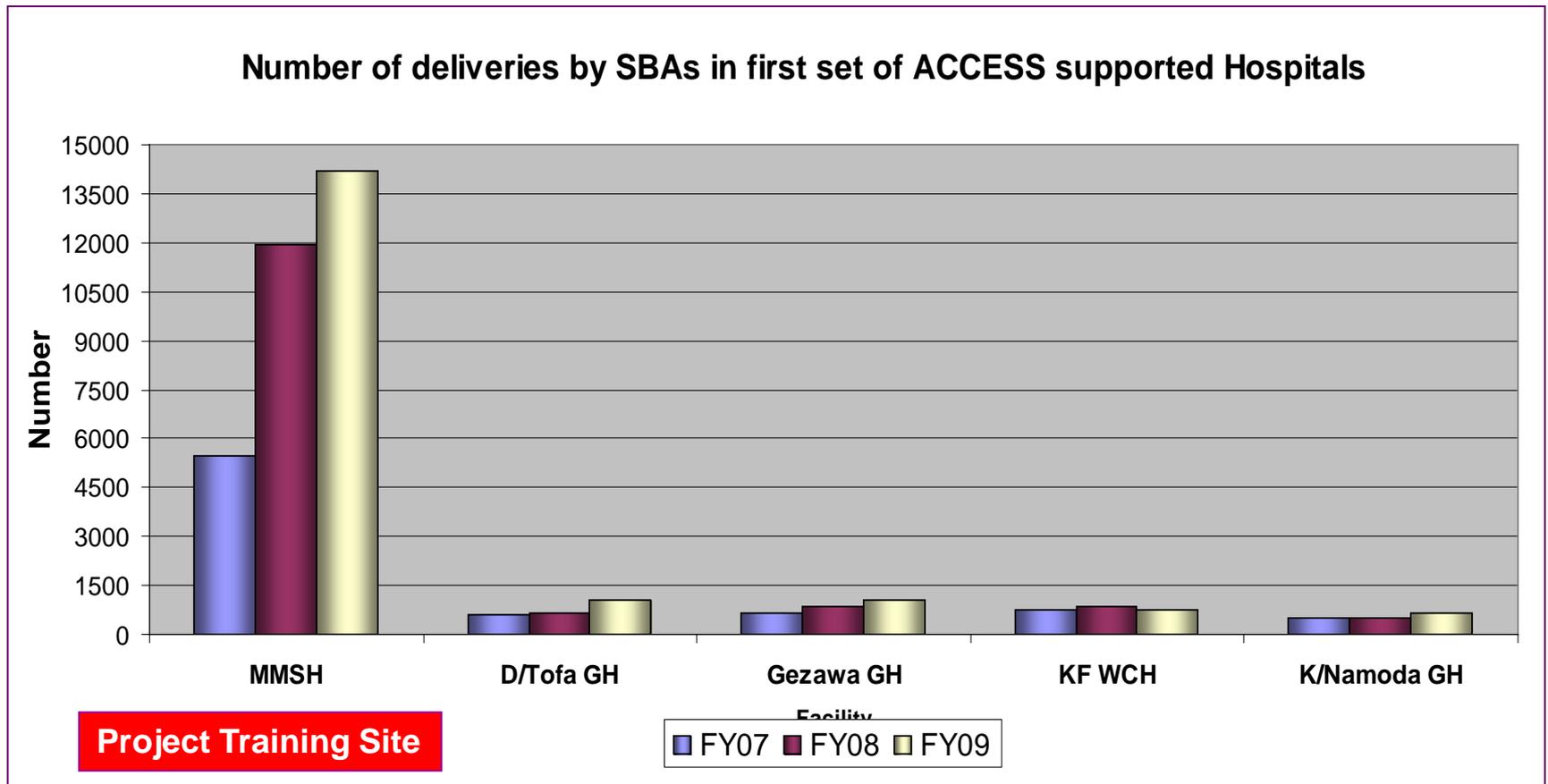


Mean SBM-R Performance Scores at MCHIP Supported Health Facilities



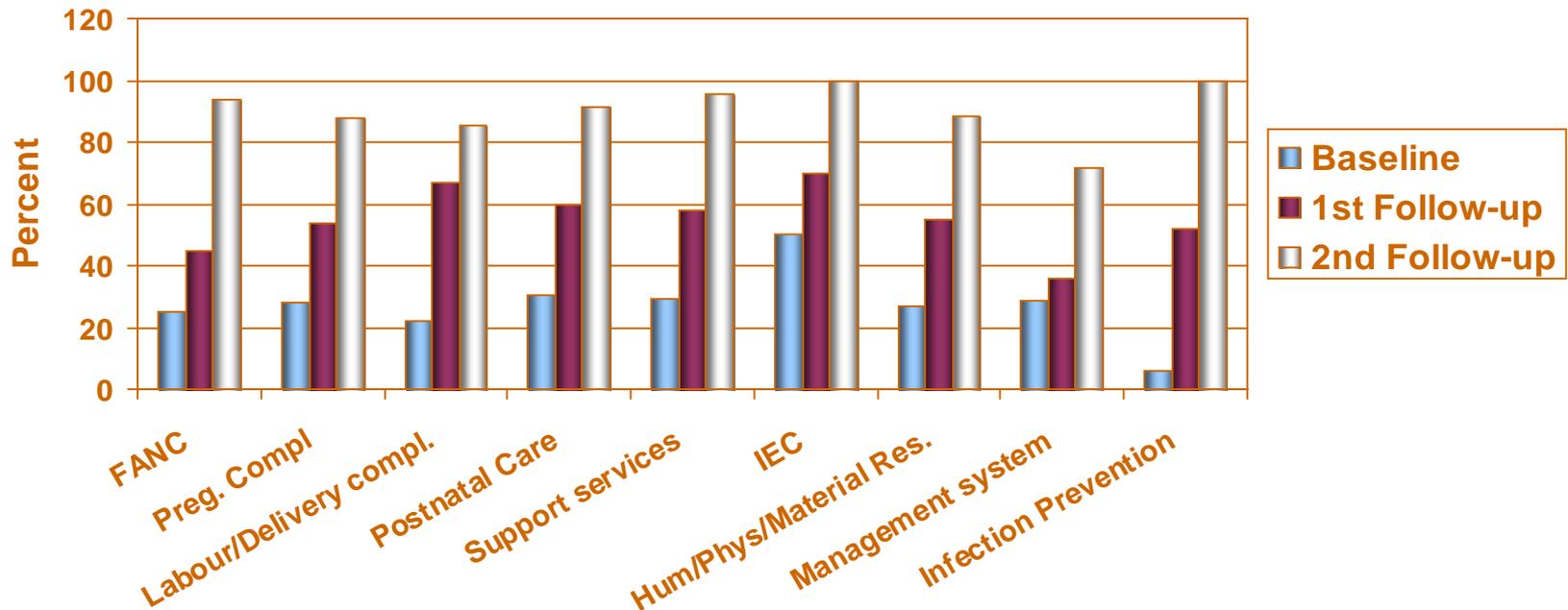
SBM-R=Standards Based Management and Recognition

Deliveries By SBAs Attained in Initial SBM-R Hospitals



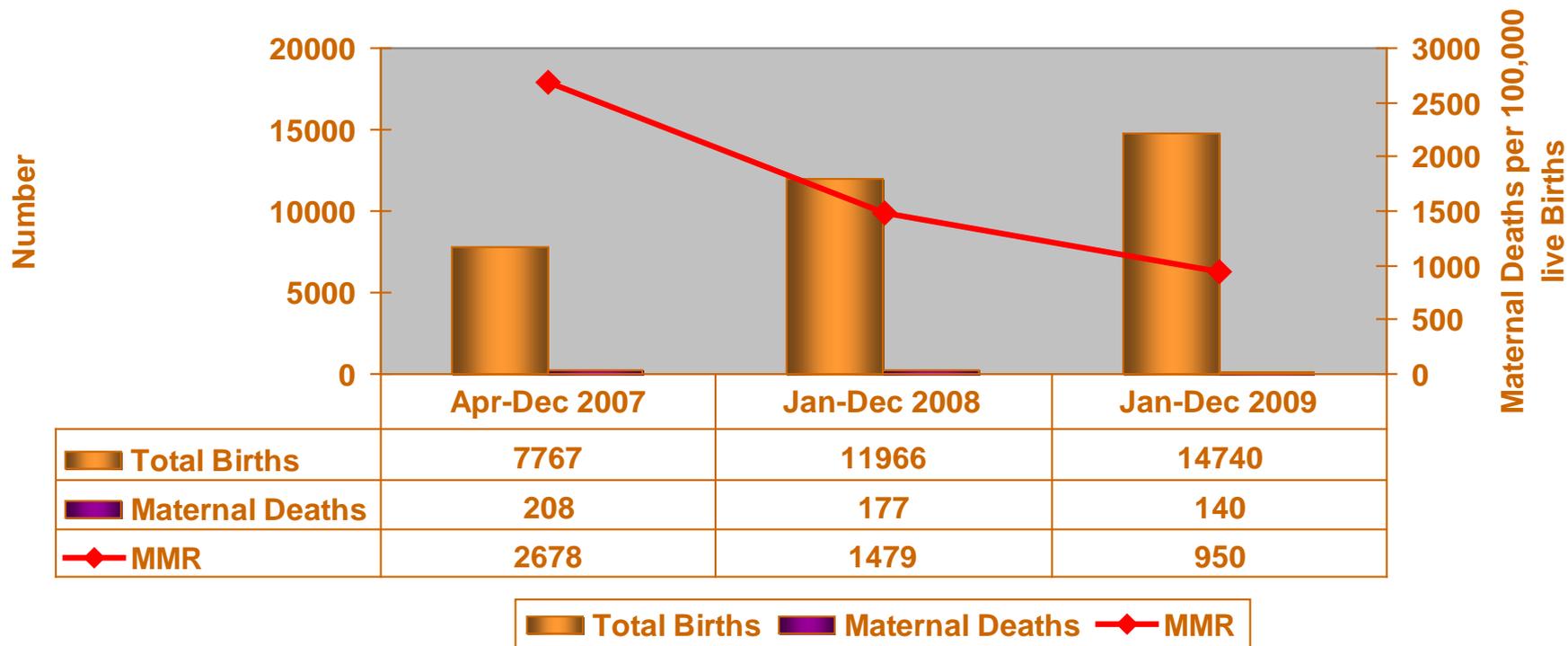
Murtala Mohammed Specialist Hospital: Scores By Thematic Areas

EmONC Assessment Scores in Hospital at MMSH



Deliveries and MMR at Project Training Centre (MMSH): 2007-2009

Total Deliveries, Maternal Deaths and MMR at MMSH, Kano: 2007-9



There has been a significant reduction in MMR at MMSH from 2007-2009!

- **Weak health systems**, especially at PHC levels (e.g. facilities not always open 24/7; no nurse/midwives or physicians at PHC level; drug and equipment shortages; poor infrastructure, lack of maintenance culture)
 - Working with the NPHCDA on the new Midwifery Service Scheme (MSS) program that places midwives in PHCs
 - Renovation of additional health facilities
 - Donation of more equipment for basic EmONC and FP services

Challenges and Solutions

- Persisting **preference for high fertility and home deliveries** (90% of women)
 - BCC activities slowly yielding fruits. Planning to further scale-up household counselling and education by male birth spacing motivators
- **Poor funding** of maternity services at LGA levels
 - Ongoing advocacy visits to LGA chairmen, SMOH officials and religious groups
 - Awaiting implementation of National Health Bill (2% of Budget to PHCs)
- Widespread **poverty** limiting access to health facilities
 - Education of communities about existing opportunities for poverty alleviation e.g. NAPEP

Lessons learnt

- Strengthening of the health system is key to quality emergency obstetric and newborn care services
- Training of frontline health care workers should be competency-based and focused on high impact interventions like AMTSL, use of Mg SO₄ for eclampsia
- Joint supervisory visits of project sites helps to enhance MOH support of the program
- Total state coverage is recommended to address the problem created by frequent staff transfers between project supported and unsupported facilities

Thank You

Thank You
For Your Attention