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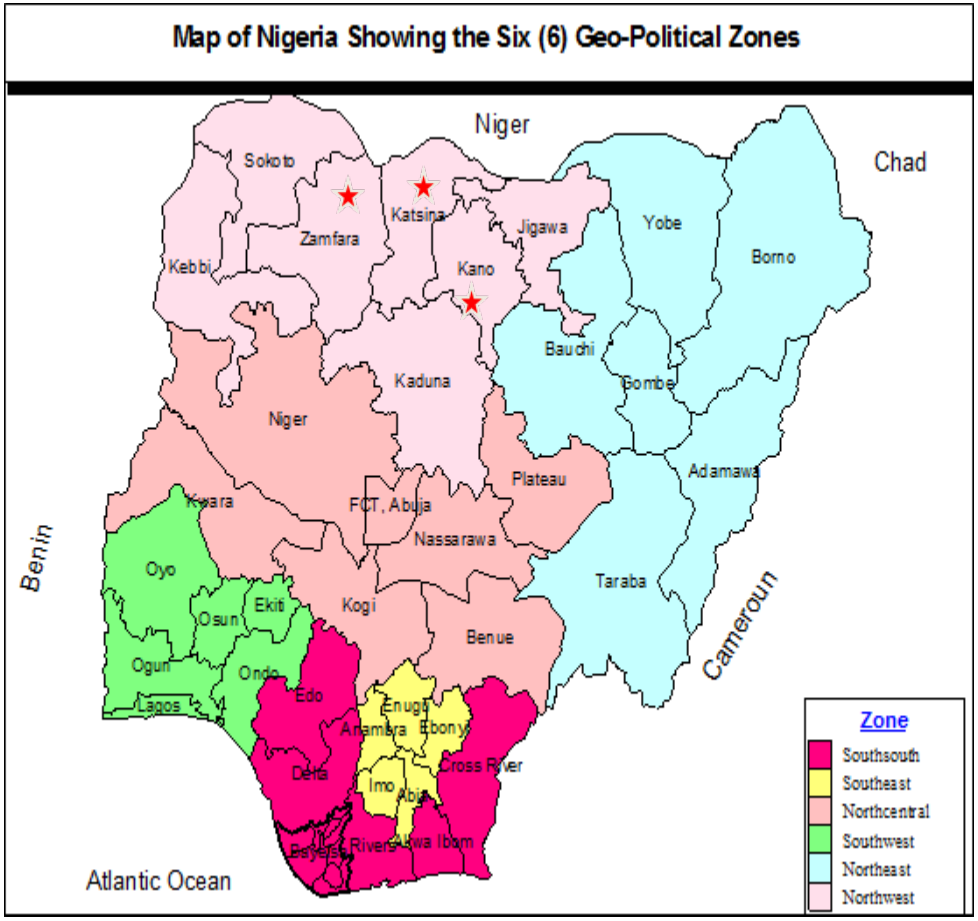
MCHIP Maternal and Child Health Integrated Program

Strengthening Health Facilities to Provide Quality Emergency Obstetric and Newborn Care and Family Planning Services in Northern Nigeria

By:
Lydia Airede, Gbenga Ishola, Tunde Segun, U. Isiugo-Abanihe, Barbara Rawlins and Emmanuel Otolorin

MCHIP Nigeria Program Background

- Nigeria has the second largest number of maternal deaths in the world. This is against a background of female illiteracy, poverty, powerlessness, high fertility rate, lack of skilled birth attendants and poor utilization of modern family planning methods.
- The USAID-funded ACCESS program was implemented from January 2006 to September, 2009 in 3 states in Northwest Nigeria.



Contrast of Two Regions: North & South

Selected socio-demographic statistics	Northern States	Southern States
Maternal Mortality Ratios (deaths per 100,000 live births)*	1025-1549	165-286
Total Fertility Rate (children/woman)	5.7-7.0	4.1-4.6
Contraceptive Prevalence Rate-Modern Methods (%)	3-10	13-23
At least one ANC Attendance (%)	41-75	83-99
Delivery with Skilled Birth Attendant (%)	12-49	56-88

*Source: 2003 NDHS, *FMOH, 2000*

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Baseline Findings in Health Facilities

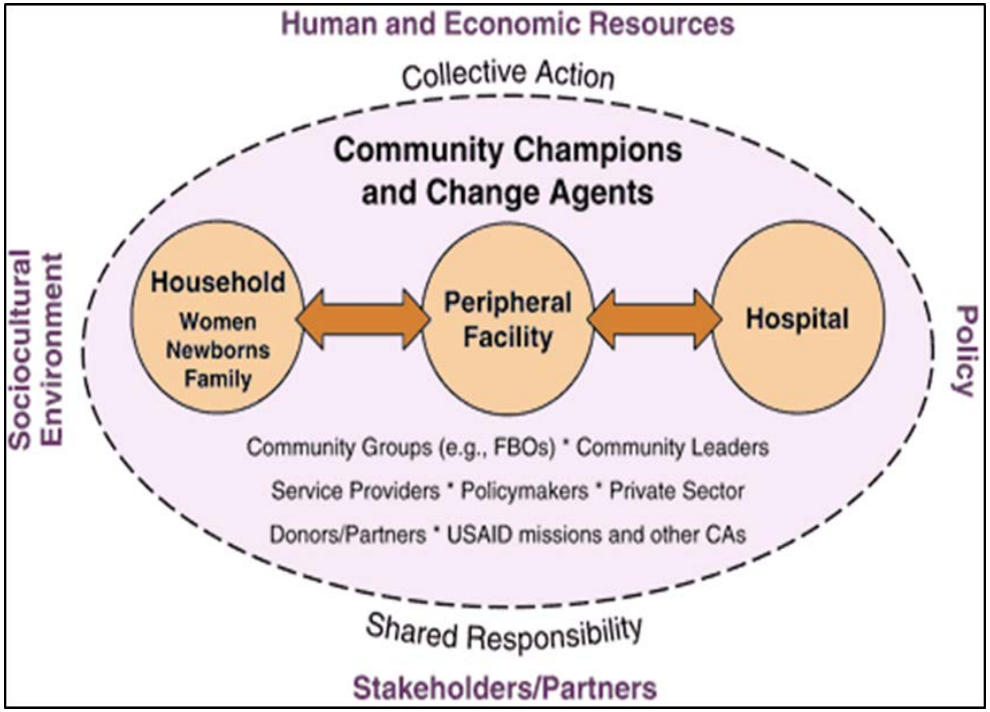
- Most PHCs were not open 24/7
- Dilapidated infrastructure
- Shortage of skilled birth attendants
- Inadequate knowledge and skills of existing staff
- Staff in some facilities overburdened by workload
- Lack of resources (drugs, consumable supplies, basic equipment)
- Low motivation of staff
- Dysfunctional management systems, including non-existent or inadequate patient records and information

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 local government areas (LGAs) in two Northern states (Kano and Zamfara). Expanded to 29 LGAs in 3 states (Kano, Katsina and Zamfara), supporting 57 health facilities
- **Program Timeline:** January 06 to September 09. Migrated to MCHIP in October FY09 and scheduled to end Dec FY11.

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

The ACCESS Program implemented the Household-to-Hospital Continuum of Care (HHCC) with interventions at the community, primary health care and secondary facility levels.



Intermediate Results

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

Interventions at the Facility Level

- Renovation of 18 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 leveraged by community groups (water tanks, benches, ambulances, 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

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Interventions at the Facility Level contd.

- **Competency-based training** of health care providers in:
  - Healthy timing and spacing of pregnancies; family planning, especially IUD/Jadelle
  - Basic emergency obstetric care (BEmOC)
  - Essential newborn care; Helping Babies Breathe
  - Kangaroo mother care (KMC)
  - Anaesthesia for EmONC (Ketamine and Spinal)
  - Record keeping and use of data for decision-making
- **Building a Quality of Care culture:**
  - Trained health workers and managers to use the Standards-Based Management and Recognition (SBM-R) approach to quality improvement
  - Supported joint (MOH/ACCESS) supportive supervision visits to project sites

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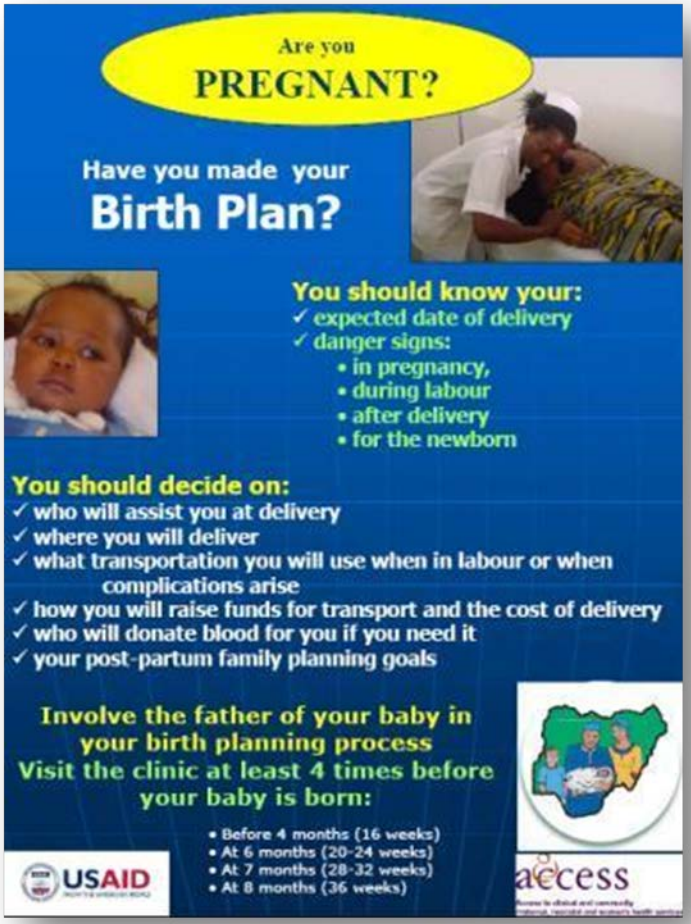
Interventions at the Facility Level contd.

- **Information, Education and Communication**
  - Development, printing and distribution of health posters 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



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Methodology

- The project was evaluated by comparing baseline and endline household survey and facility audit findings, as well as a review of facility service statistics, using UN indicators.

Summary of Results

Selected UN Indicators in the ACCESS/MCHIP Project States

	FY07	FY08	FY09	FY10
Population served	1,470,673	5,143,461	5,313,195	6,880,468
Expected births	60,298	210,882	217,841	282,099
Expected complications	9,045	31,632	32,676	42,315
Service statistics				
Births in EmONC facilities	7,685	22,092	39,677	50,130
Women with complications delivering in EmONC facilities	276	2,576	4,147	6024
Cesarean births	473	1,237	2,114	4209
UN Process indicators				
Proportion of births in EmONC facilities (Percent)	12.7	10.5	18.2	18
Met need for EmONC (Percent)	3.1	8.1	12.7	14
Cesarean sections as a proportion of all births (Percent)	0.8	0.6	1.0	1.5

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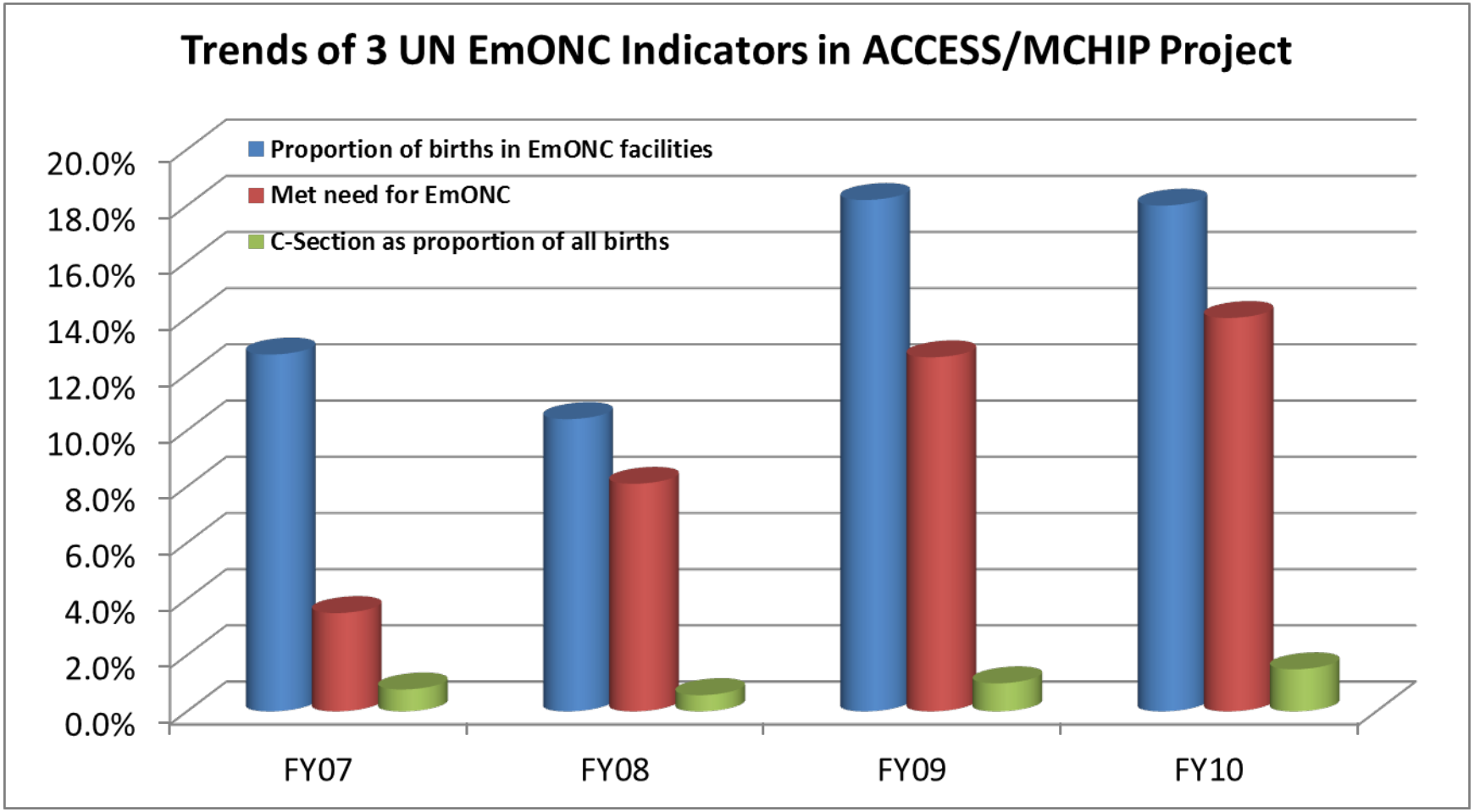
Program Evaluation by UN Process Indicators



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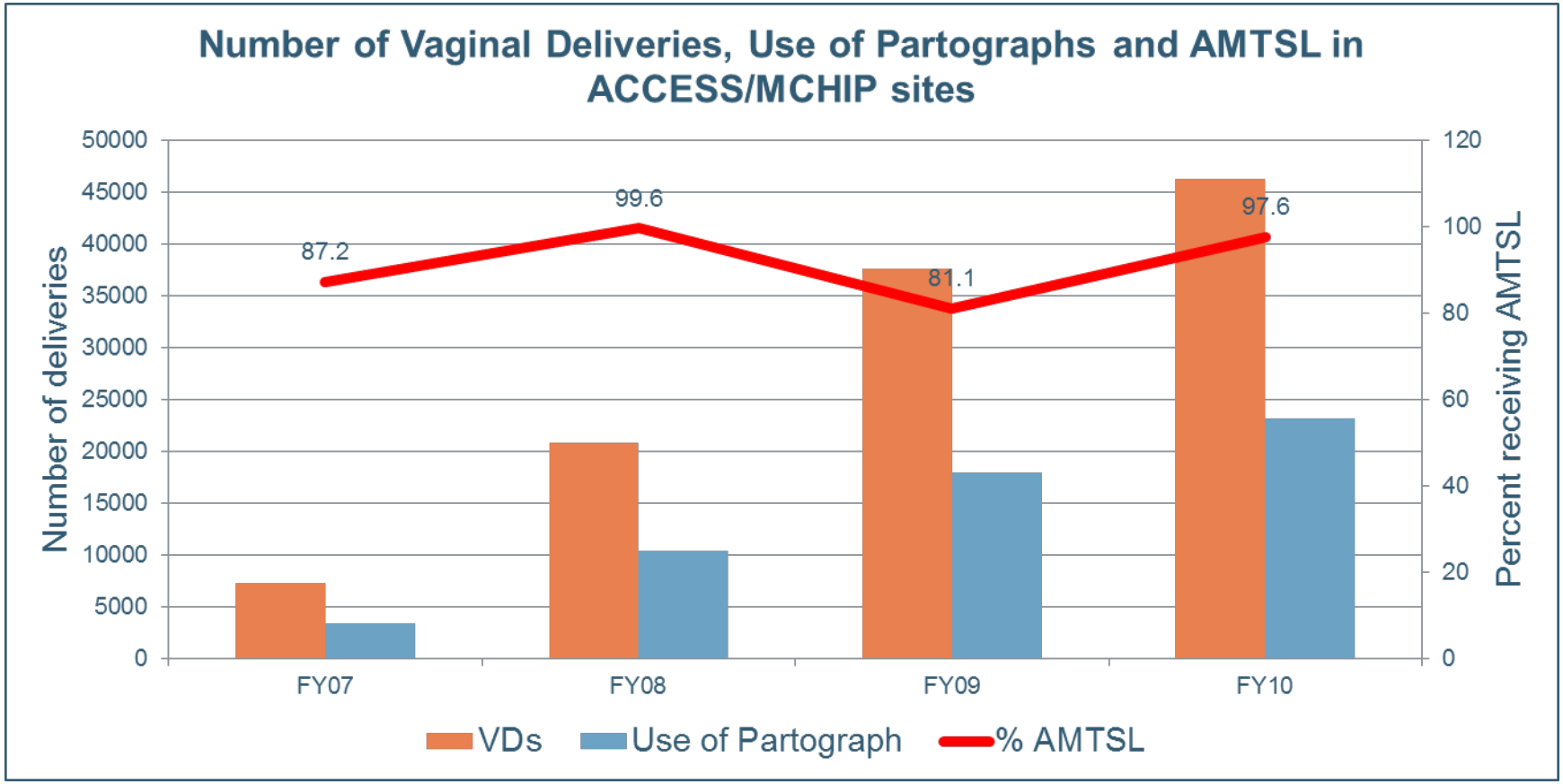
Number of Vaginal Deliveries, Use of Partographs and AMSTL in ACCESS/MCHIP Sites: 2007 - 2010



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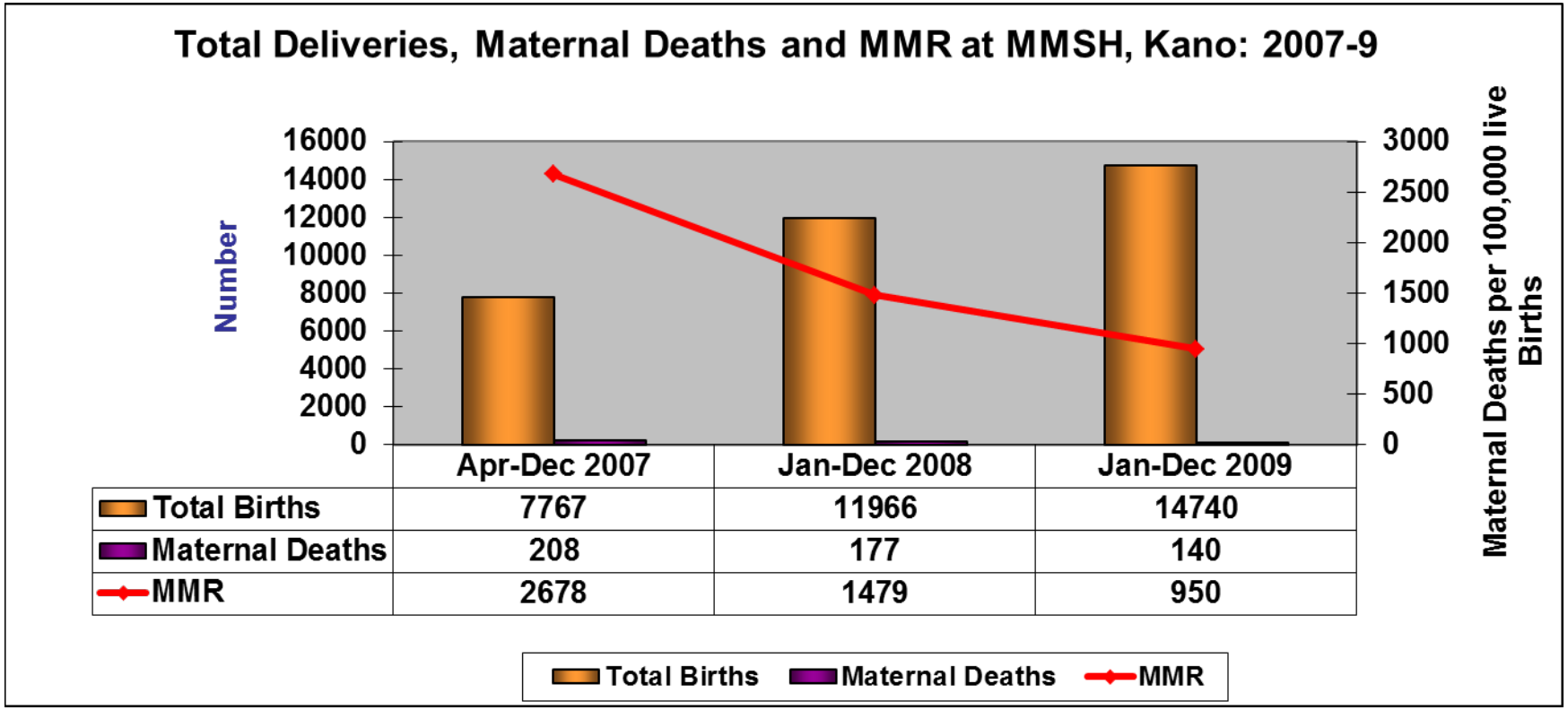
Case Study: Deliveries and Maternal Mortality Ratios at Project Training Centre (MMSH): 2007 - 2009



	Apr-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Total Births	7767	11966	14740
Maternal Deaths	208	177	140
MMR	2678	1479	950

*P-value less than 0.05

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Summary

- ACCESS/MCHIP implemented the full spectrum of the household-to-hospital continuum (HHCC) of care in Nigeria
- Health facility interventions improved proportion of births at EmONC facilities, ‘met need’ for EmONC and the proportion of births by Caesarean section.
- Maternal mortality ratios fell significantly in many project facilities

Study Limitations

- Short period of implementation
- Representativeness of selected sites
- Convenience sampling
- Potential interviewee bias

Key Findings

- Postpartum systematic screening was effective in identifying need and improving quality of services
- FP counseling and referrals increased dramatically but not actual service use
- Minimum additional resource was required
- No negative effect was observed in other services

Priority Next Steps

- Further examine potential for FP/immunization integration
- Examine means of providing FP counseling and services at immunization clinics
- Streamline screening procedure through utilizing new technology
- Review service flow for effectiveness and efficiency
- Establish feedback mechanism to minimize lost of referrals or follow up

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