Use of Maternal and Newborn Data for Decision-Making by Health Workers in Selected Facilities in Ebonyi and Kogi States, Nigeria

Session: Women's Health Issues and Policies

Declaration of Good Standing and Conflict-of-Interest Disclosure

Use of Maternal and Newborn Data for Decision-Making by Health Workers in Selected Facilities in Ebonyi and Kogi States, Nigeria

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Learning Objectives

1. Explain possible barriers to use of data and data visualization to monitor and analyze trends in maternal and child health (MNH).

2. Describe methods for assessing data use and visualization in health care facilities.

3. Advocate for inclusion of MNH data elements in health information management systems (HMISs).

Background

- Nigeria has high maternal and newborn mortality rates (MMR/NMR):
  - MMR is 576 per 100,000 live births.*
  - NMR is 37 per 1,000 live births*
- The latest demographic and health survey demonstrated common levels of perinatal mortality across Nigeria's geopolitical zones irrespective of presence of a skilled birth attendant.
- Measuring trends in key MNH indicators is critical to improving quality of care.

*National Population Commission, Federal Republic of Nigeria. 2013. *Nigeria Demographic and Health Survey 2013*. Rockville, MD: ICF International.

The Maternal and Child Survival Program (MCSP) works with national and local counterparts in Nigeria to strengthen MNH services and HMISs in Kogi and Ebonyi states.
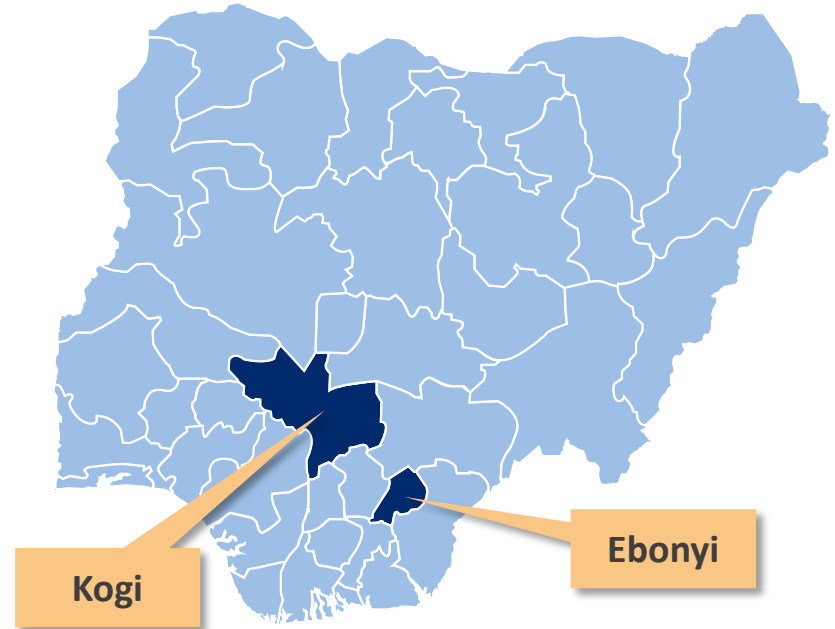
Barriers to Data Use for Improved MNH Care

- Few HMISs include MNH data elements.
- Data are typically of poor quality.
- Local stakeholders have weak ownership of data and results.
- Facilities have limited capacity to track and interpret data trends and to take action to improve care and reduce maternal and newborn mortality and morbidity.

Methods: Assessment

- A mixed-methods assessment in June 2015 used an adapted version of the World Health Organization Service Availability and Readiness Assessment tool.
- Methods included facility observations and staff interviews.
- Assessment included 322 facilities in Ebonyi (N=130) and Kogi (N=192) states:
  - 242 (75%) primary health centers (PHCs)
  - 17 (5%) private hospitals/clinics
  - 14 (5%) mission hospitals
  - 45 (14%) general hospitals
  - 4 (1%) tertiary hospitals

Methods: Factors Reviewed

Facility reviews assessed:

- Availability of primary MNH data in facility registers and patient records

- Completeness and quality of priority MNH indicators

- Use of data visualization tools to assess trends and guide action

- Data quality assurance processes

Results: Data Quality and Reporting

- In Ebonyi, data quality of priority MNH indicators was poor across all levels of the health care system.

- In Kogi, two of the three tertiary and 40% of the secondary hospitals reported MNH indicators on a monthly basis.

Results: MNH Data Use

- MNH indicators were rarely analyzed or visualized to assess trends (e.g., graphs/charts of postpartum hemorrhage [PPH] and eclampsia incidence and outcomes in facilities).

- Few facilities displayed results for maternal deaths, intrapartum stillbirths, and eclampsia and PPH (with the exception of the three tertiary hospitals in Kogi).

Results: Facility-Level Findings

- In Ebonyi, most facilities at all levels of the health care system displayed priority indicators.

- In Kogi, data were displayed in all PHCs and secondary facilities. However, for tertiary hospitals, data visualization rates were 66.7% for PPH and 33.3% for eclampsia, maternal death, newborn resuscitation, and intrapartum stillbirth.

Manager- and Provider-Reported Barriers to Use of Data for Decision-Making

- Managers and providers lack skills, confidence, and motivation to analyze data for action.

- MNH data elements are not available on facility forms.

- There are no resources to support data use.

- Managers do not support use of data for decision-making.

Conclusions

- Managers' and health workers' visualization and use of MNH data is nonexistent or weak.

- Health workers say they lacked skills, confidence, and support to use MNH data in their daily work.

- Interventions are needed to build managers' and health workers' skills to monitor and analyze trends in MNH indictors to improve MNH services.

- More focus is needed on quality of available data and support for quality assurance processes.

Key Messages

1. To improve quality of MNH care in Kogi and Ebonyi states, inefficiencies in data visualization and its use for decision-making must be overcome.

2. Health care managers and providers need support to build skills and confidence in data use and visualization.

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