Clinical Governance and Quality of Maternal and Newborn Care in Selected Health Facilities in Nigeria

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Adetiloye Oniyire, Emmanuel Ugwa, Gladys Olisaekee, Onwe Boniface, Adekunle Aladare, and Gabriel Alobo
Learning Objectives

By the end of this presentation, participants will be able to do the following:

1. **Identify at least three methods** used to measure improvements in maternal and newborn health (MNH) care provided by a facility

2. **Describe some gaps in health care workers’** use of routine facility data on MNH

3. **Name at least three indicators** to measure the quality of MNH care

4. **Identify key implementation strategies** that the Maternal and Child Survival Program (MCSP) took as a result of the assessment
Presentation Outline

• MNH in Nigeria
• Assessment of maternity readiness and governance structures in Kogi and Ebonyi States
• Interventions to improve the quality of childbirth care in facilities
• Key messages
MNH in Nigeria

- Population: 198 million*
- Maternal mortality ratio: 560 deaths per 100,000 live births in 2015**
- Neonatal mortality rate: 37 deaths per 1,000 live births in 2015**
- Weak health system and poor clinical governance structure

MCSP’s Program Objectives in Nigeria

• Improve quality of facility-based MNH services
• Strengthen information systems to monitor and evaluate health outcomes
• Increase use of life-saving innovations
Baseline Assessment of Maternity Readiness and Governance Structures—Methodology

In June 2015, MCSP did the following:

• Conducted mixed-methods assessment
• Adapted Service Availability and Readiness Assessment (SARA) Tool from the World Health Organization (WHO) at the facility
• Conducted interviews with facility staff
• Assessed 322 health facilities (130 in Ebonyi and 192 in Kogi):
  • Primary health centers (PHCs): 242 (75.2%)
  • Hospitals: 14 (4.3%) mission, 45 (14.0%) general, 17 (5.3%) private, and 4 (1.2%) tertiary
## Baseline Assessment of Facilities

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Calculated sample size</th>
<th>Total</th>
<th>Actual number assessed</th>
<th>Total coverage # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ebonyi</td>
<td>Kogi</td>
<td>Total in state</td>
<td>Required sample</td>
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<tr>
<td>Primary health centers</td>
<td></td>
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<td>102*</td>
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<tr>
<td>Private hospital</td>
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<td>NA**</td>
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<td><strong>Total</strong></td>
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<td>208</td>
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<td>130</td>
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</tbody>
</table>
Selected Assessment Results

- **Provider job aids** were available in 34% of hospitals and 19% of PHCs.

- **Less than 30% of facilities regularly monitor** priority indicators for MNH.*

- **Less than 50% of facilities regularly submit analysis to state/local government authority managers on the facility’s indicators for MNH.*

- **MNH indicators are rarely analyzed** or visualized to assess trends (stillbirths, postpartum hemorrhage, etc.).

*With exception of three tertiary hospitals in Kogi State
Selected Assessment Results (continued)

- A quality improvement committee is present in less than 28% of facilities.
- **Routine handover of clinical notes** is practiced in 75% of tertiary hospitals and 20% of secondary hospitals—but not practiced in PHCs.
- A facility management team regularly reviews data in 30% of PHCs, 40–48% secondary hospitals, and 75% of tertiary hospitals.
Interventions to Address Baseline Results and Improve MNH Care

National level
- Created national quality improvement (QI) technical working group for MNH (2014)
- Developed national quality of care strategy for MNH (based on WHO’s framework)
- Joined multicountry quality of care network for MNH (2016)

State/district level—Kogi and Ebonyi States
- Developed state QI operational plan and created QI committee (2015)
- Codesigned QI work, including common measurable aims and indicators for MNH (2015)
- Supported creation of facility QI teams and regular capacity-building (clinical and QI)

Facility level—91 facilities with QI teams (since 2015)
- Held regular QI team meetings and change implementation (e.g., redesigning care processes)
- Regularly monitored and interpreted data for priority indicators (across 91 facilities)
- Regularly shared knowledge and conducted peer reviews
Results: Improved Quality of Intrapartum and Immediate Postpartum Care for Women (N = 91 Facilities)
Results: Improved Quality of Essential Care Provided to Newborns on Day of Birth (N = 91 Facilities)
1. **Baseline assessment** demonstrated important gaps in maternity readiness and clinical governance structures.

2. Multifaceted quality improvement intervention across system levels, using routine data, demonstrated rapid improvements in care during childbirth.

3. **Continued monitoring** is needed to assess the sustainability of gains.

4. Facilities with strong support by ministry of health managers and engaged frontline health workers had the greatest improvements.

5. Engagement of ministry of health managers, health workers, and leadership will be critical for scaling up program interventions and sustaining results.
Thank you!
For more information, please visit www.mcsprogram.org

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