

## Lessons Learned from the Quality of Care Project

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### Abstract

*Each year 40,000 women die during pregnancy and childbirth, and over 250,000 babies die in their first month of life in Nigeria. Save the Children International worked to improve the lives and health status of an estimated 435,000 mothers and their babies in Lagos and Jigawa over a period of three years through its Quality of Care (QoC) project in Nigeria. This integrated project drew on existing partnerships with national, state and global experts to strengthen essential training, improve the clinic environment including supervision and monitoring, develop and disseminate communication messages for behaviour change as well as advocate for implementation of transformative policies. A combination of document review, qualitative and quantitative data collection approaches were adopted. These data were then triangulated to respond to the objectives of the evaluation. The findings show that the project has changed the way healthcare is provided in target facilities in Jigawa and Lagos as a result of their participation on the project.*

**Keywords:** project monitoring and evaluation, maternal and child health, project management, public health.

### Introduction

Nigeria is the sixth most populous country in the world (Aluko, 2004). With a population of over 167 million, Nigeria is Africa's most populous country and has the highest annual number of maternal and new-born deaths across the continent (Olusegun, Ibe & Michael, 2012). Each year 40,000 women die during pregnancy and childbirth, and over 250,000 babies die in their first month of life (Adedokun & Uthman, 2019). Haemorrhage and hypertension are the leading causes of maternal deaths, and for new-borns, complications during childbirth, preterm birth, and infections contribute to hundreds of thousands of lives being needlessly lost (Olusegun, Ibe & Michael, 2012). Children in the poorest families carry more than four times the risk of dying compared to counterparts in the richest families. Most of these deaths are caused by conditions that are preventable or treatable. There has been some progress made to reduce these deaths over the past decade, the rate of change has not been fast enough for Nigeria to meet the Millennium Development Goal (MDG) 4 for child survival, or MDG 5 for maternal health.

According to the World Health Organization (2014), key interventions and packages that could prevent 70% of new-born deaths in

Nigeria exist, but coverage is low. For example, in Nigeria, half of all mothers are vaccinated against Tetanus Toxoid, only 39% of mothers deliver in the presence of a skilled attendant and 30% of women breastfeed their new-borns within the first hour of life (Findley, Cometto, & Afenyadu, 2013). The policies are in place; however, action is needed at state and local levels to increase coverage and quality of life-saving interventions while closing the equity gap for the poorest families. The Nigerian health care has suffered several down-falls. Despite the Nigerian's strategic position in Africa, the country is greatly underserved in the health care sphere. Health facilities (health centres, personnel, and medical equipment) are inadequate in the country, especially in rural areas. There are various reforms have been put forward by the Nigerian government to address the wide-ranging issues in the health care system, they are yet to be implemented at the state and local government area levels.

Save the Children International in partnership with Unilever committed to making a real difference in the lives of women and new-born babies in Nigeria; by giving mothers the care they need, and babies the right start to a healthy life; one that they deserve. Through Unilever's support over three years, Save the Children International planned to improve the lives and

health status of an estimated 435,000 mothers and their babies; 112,000 mothers and babies in 13 Health facilities across 6 Local Government Areas (LGAs) in Jigawa state, and 323,000 mothers and babies in 27 facilities in 7 LGAs and Local Council Development Area (LCDAs) in Lagos state. The Quality of Care (QoC) project also committed to building the capacity of 1,000 health care workers to provide quality health services and appropriate care to mothers and their babies as well as increased awareness among mothers and access to quality maternal and newborn health services. This integrated programme drew on existing partnerships with national, state and global experts to strengthen essential training, improve the clinical environment including supervision and monitoring, develop and disseminate communication messages for behaviour change as well as advocate for the implementation of transformative policy.

## Materials and Methods

This study was evaluative in nature and it employed a qualitative method of data collection to gather necessary information. A combination of data sources was used in this assessment to answer the evaluation questions. This included a review of the project documents and the collection of both qualitative data. These data were triangulated to respond to the structured research questionnaires for in-depth interviews (IDIs) and key informant interviews (KIIs) and focus group discussions (FGDs). Several documents were reviewed; this included baseline reports, project proposal, project annual reports and other related research conducted during the project implementation.

## Data Collection

Data collection involved the search for relevant information that will proffer a solution to specific problems. Every research effort, therefore, centred on the search for such information which could be obtained either from primary or secondary sources. But for this research, data for this study was gathered through primary and secondary sources.

- Beneficiary women in-depth interview
- Community leaders' in-depth interview
- Spouses of beneficiary women in-depth interview

- Trained Community Health Extension Workers (CHEW) in-depth interview
- Project staff in-depth interview
- Ministry of health officials' in-depth interview
- Schools of midwifery and health technology in-depth interview
- Health facility audit questionnaire
- Healthcare provider questionnaire
- Woman exit questionnaire

## Results and discussion

The Quality of Care (QoC) project was intended to reduce maternal and neonatal morbidity and mortality ratio and rates by 2015, through significantly improve care for mothers and babies at the time of birth and the immediate postnatal period in Lagos and Jigawa states by 2015. The table below shows key project goals of the Quality of Care (QoC) project;

Objective 1	Objective 2	Objective 3
Creation of an enabling clinical environment in 20 health facilities, and effective referral system to increase access to quality healthcare at the time of birth and in the immediate postnatal period.	Ensuring 1000 health workers have the skills and support they need to provide quality health services to mothers and babies.	Ensuring that 2 states and its local decision-makers implement key national policies at state and local levels and enable communities to realize their right to quality Maternal and Newborn Health services.

Source: Quality of Care Project Implementation Plan, 2012.

The lead researcher reviewed the existing literature and gaps where they explicitly propose an evaluation methodology. The evaluation met the principles of participation in involving children and adults and making sure that men and women are represented in the data collection. The evaluation process included the following key steps:

- Secondary data review: Review of relevant literature related to the Quality of Care (QoC) project, this included; the baseline health facility assessment report, project annual reports, project inception report, project monitoring data barrier analysis, referral study, facility assessment, community-based study of neonatal mortality in Lagos, and the report of the ongoing pilot for provision of postnatal home visits.
- Draft inception report with a summary of literature review and detailed evaluation study design including the application of appropriate data collection tools (e.g. questionnaire, checklist etc.) for interviews and discussions with stakeholders including Save the Children International staff.
- Field Data Collection by using: Quantitative and qualitative methods was used (including focal group discussions and key informant interviews) with appropriate groups/individuals including beneficiaries, health workers, ward development committees (WDC) and community development committees (CDC) members, policymakers and government officials at local government area (LGA) and state level. Health facility assessment using similar research methodology as baseline assessment including observation of service provision in health facilities, assessments of equipment, commodities and infrastructure.
- Reviewed the current status of maternal, newborn, and child health (MNCH) related policies and strategies as outlined in the project log frame, as compared to their status at the inception of the project e.g. child health policy and the integrated maternal, newborn, and child health (IMNCH) strategy.
- Ensured that all outcome indicators in the project log frame are assessed.

## **Evaluation Results Considering Project Objective One**

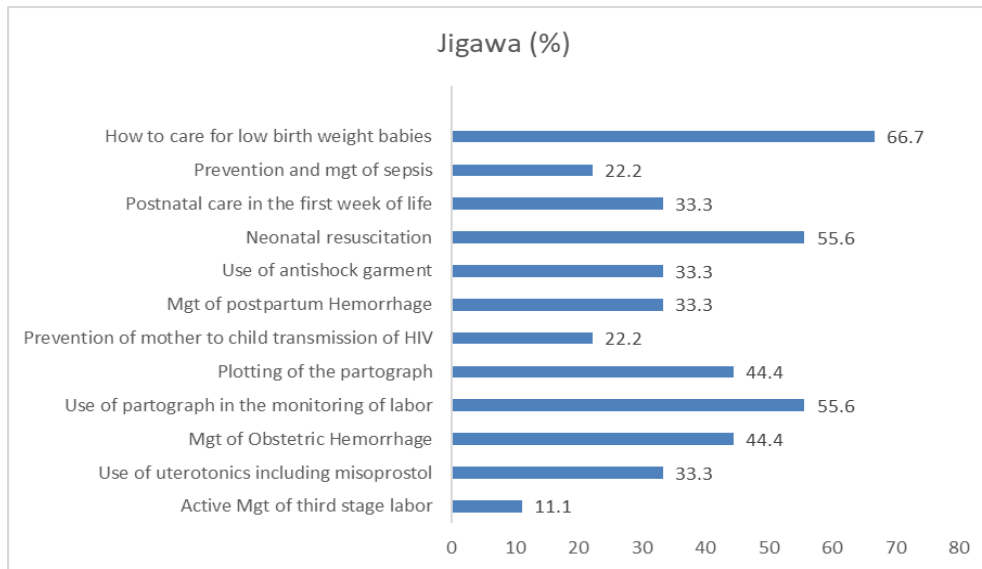
One of the most important achievements of the Quality of Care (QoC) project was the fact that it exceeded its target in terms of the number of target facilities that reached 100% from 20 to 40, of its original target. Within the two states, Lagos and Jigawa, where the intervention took place, the project supplied equipment and supplies and also carried out basic improvements on healthcare infrastructures based on evidence from the health facility assessment that was conducted early in the second year of the project. These procurements included about 189 infant resuscitators, 1,300 mucus bulb syringe extractors and 49 digital baby weighing scales to target health facilities in Jigawa and Lagos states within the three years in which this project was implemented as a form of response to the shortages noted by the assessment.

As part of the evaluation, the lead researcher conducted an end line facility assessment, to assess the current level of availability of this equipment at the project sites and also explored how this may have affected and impacted the way services are provided in these facilities. The results showed that there is a significant increase in the proportion of health facilities that reported availability of equipment and supplies before and after participation in the project in Jigawa and Lagos states. While the availability of these equipment and supplies increased significantly in both states as a result of their participation in the project, Jigawa experienced a lot more of these changes when the lead researcher compared with Lagos. This is perhaps because of the level of availability of this equipment and supplies was lower at baseline in Jigawa when compared with Lagos. The data collected in the health facility assessment did not only assess how equipment and supplies may have changed between baseline and end line, the data further explored how the project may have changed how care is being provided in these target facilities.

Figure 1.1 and 1.2 below captures the main highlights of these results. An appreciable proportion of health facilities have now started providing different types of services that target mothers and babies and they are now that they are receiving the quality of service that is possible within this immediate postpartum period and beyond. Some of these services range

from prevention and management of sepsis in babies, provision of care for neonates in the first week of life, resuscitation for neonates and the for mothers, the use of the anti-shock garment, management of postpartum haemorrhage, use of pantograph among others. More than half in Jigawa and more than two-thirds in Lagos

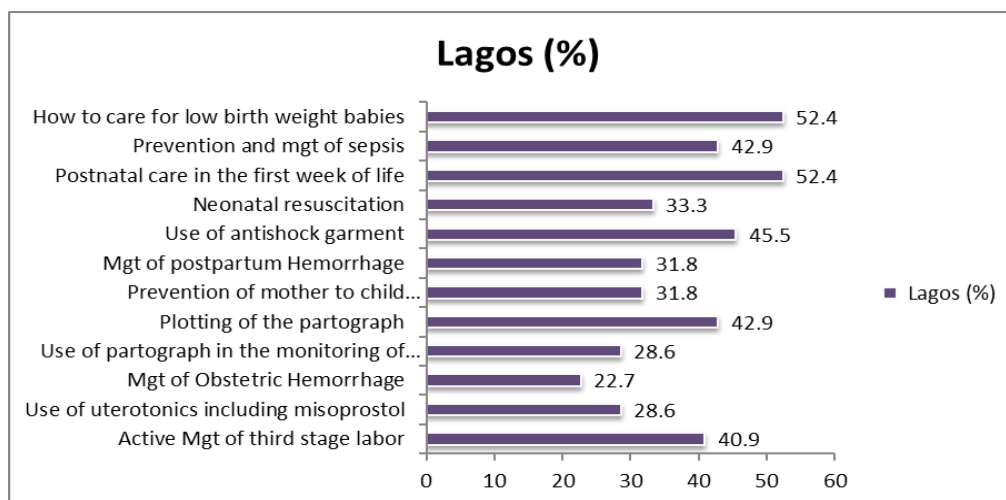
reported that they now provide care for low birth babies as a result of their participation in the project. All these are no doubt lifesaving services and techniques that have great potentials to reduce mortality and avert deaths of neonates and their mothers, especially at the immediate postpartum period.



**Figure 1.1.** Proportion of facilities that started providing and using lifesaving services and techniques as a result of project intervention in Jigawa, Project End line Evaluation, 2019

In Jigawa, about two-thirds of the facilities reported they now offer care for low birth weight babies as a result of their participation in the intervention. Neonatal resuscitation is a care that more than half of the facilities in Jigawa

said they now provide. Other care and services that facilities in Jigawa are offering as a result of the intervention are shown in Figure 1.1 and 1.2 above.



**Figure 1.2.** Proportion of facilities that started providing and using services and techniques as a result of project intervention in Lagos, Project End line Evaluation, 2019

Another key output under this objective is the need to strengthen the referral linkages between Primary Healthcare Centre (PHCs), secondary and tertiary facilities and in target Local

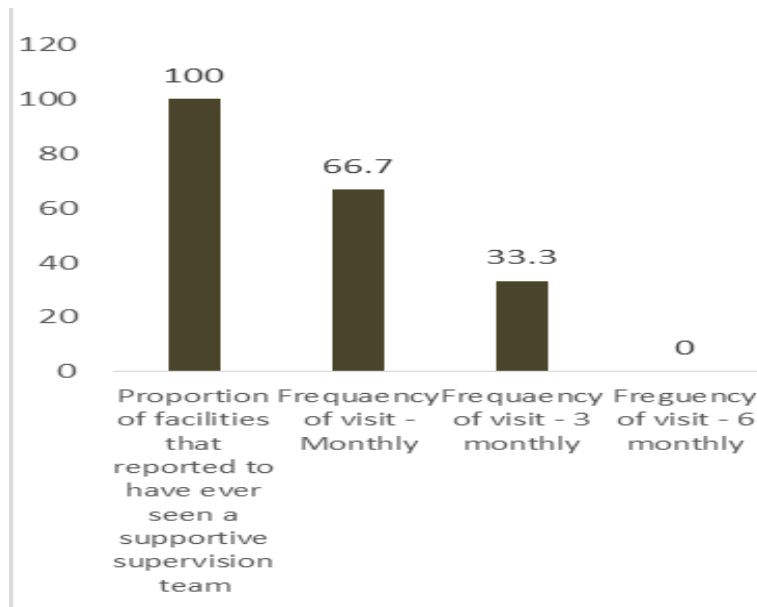
Government Area (LGAs) in the two states. For example, a woman who has just given birth and is beginning to haemorrhage may die within two hours if she is not treated for this obstetric

complication. This timeframe should be enough for her to reach the emergency obstetric and neonatal care (EmONC) she needs. To better understand the current referral system as at the time of the project start-up, the project conducted an assessment of the system to understand the challenges and identify a plan of action that can help in achieving an improved referral system in the target states. Based on these findings, the project worked with the State Ministries of Health, LGAs and the health facilities to revise existing referral systems and ensure that women and newborns experiencing complications access advanced care as soon as possible.

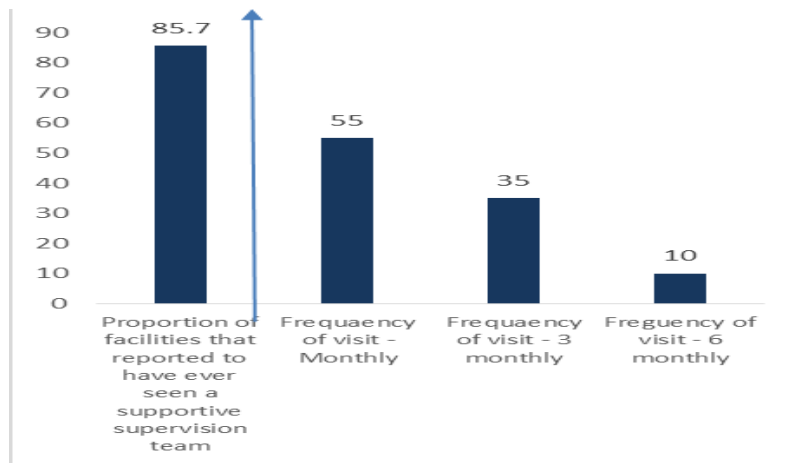
Current barriers in the referral process include lack of transportation and limited systems to indicate the nearest available bed space. The project has since engaged the government using different platforms within its reach. Through advocacy, the project made efforts to ensure that all recommendations offered in the report are implemented by the government. Part of the project included advocating for the improvement of existing ambulance services provided by the

State Government. This effort has made the government to put in place functional ambulances in all the eight-flagship health centres in the focused LGAs which in turn has provided immediate access to emergency treatment for mothers and their babies. The project has also used the monthly health facility data review meetings to provide an avenue for the retraining of health workers on the application of the two-way referral system using referral tools in both Lagos and Jigawa states.

A review of the project documents showed that in Lagos, the number of referrals has increased from 64 to 92 between August 2014 and January 2015 and from 92 to 98 between January 2015 and June 2015. During the conduct of the health facility survey, the facilities reported that about the existence of referral system operationalized in the form of a plan of action for referral for women and babies requiring more specialized care in their facilities, our results showed that 92% of the facilities in Jigawa and 100% of those in Lagos reported that they have a functional referral system in place.



**Figure 1.3a.** Supportive supervision in target facilities in Jigawa state, Project End line Evaluation, 2019



**Figure 1.3b.** Supportive supervision in target facilities in Lagos state, Project End line Evaluation, 2019

Several studies have shown that training alone is not enough; health care providers always require additional support on an ongoing basis to get full reward of training interventions, and in ensuring that trained providers can put their skills to use. Based on this knowledge, the project implemented a supportive supervision activity based on what is obtainable in the two states. In the assessment, the facilities reported they have seen a team of supportive supervisor as well as the frequency of times they have seen such a supervision team. Figures 1.3a and 1.3b above showed that 100% of the facilities in Jigawa and 85.7% (about 9 out of 10) in Lagos reported that they have seen a supportive supervision team visit their facilities before. Facilities in Jigawa appear to have been more visited when compared to that of Lagos.

A further review of the project documents showed that the Quality of Care project has provided technical support to health workers in the target health facilities by engaging them in discussions on skills acquired during trainings to ensure that skills acquired are put to appropriate use. To ensure that this happens systematically, the Jigawa State Ministry of Health implemented an Integrated Supportive Supervision (ISS) framework conducted by the State Ministry of Health (MOH). The purpose of the framework was to ensure coordination in the conduct of integrated supervisory activities among partners within the state. The Quality of Care project made use of rare opportunities during these monitoring visits to address some of the challenges faced by the health workers at work. This had ultimately helped to improve the quality of maternal and newborn health services provided in the supported health facilities. In

Jigawa, there were more supportive supervision visits in 2015 compared to Lagos. For example, in Jigawa, the facilities there saw more monthly and quarterly supportive supervision visits compared to those in Lagos that reported to have a supportive supervision team in up to six months ago as shown in figure 1.3a and 1.3b above). The implementation of this supportive supervision was collaborated during one of the key informant interviews conducted with one of the key partners of the Quality of Care project.

A referral in the health system context is a process by which a health worker at one level of the health system seeks the assistance of a facility at the same or higher level to assist in or take over the management of the client's case. Patient referral services constitute an integral part of any well-functioning health system. The goal of a referral service is to ensure that a patient is attended to at the appropriate level health facility and receive cost-effective and quality management. Also, a referral serves to provide linkages between primary, secondary and tertiary care centres. This Quality of Care project implemented a study that reviewed the current referral system in Lagos state and found that only 10 out of the 22 facilities surveyed had a functional ambulance. Based on this the project engaged the government of Lagos, both the State Ministry of Health and Local Government Authorities to alert them on the lack of ambulances and drivers and requested them to address this critical gap. At the time of this evaluation, the results showed that 100% of the facilities in Jigawa and 92% of those in Lagos reported that they have a referral system that helps transfer women to a higher level of care.

Save the Children International support has contributed to the provision of Maternal and Newborn Health services in the facilities to 308,678 mothers and newborns in focused Local Government Areas in Lagos. Save the Children International worked to improve the availability of lifesaving equipment for newborns and their mothers and had procured and distributed to public healthcare centres and 3 general hospitals -100 infant resuscitators with masks, 1000 suction bulb mucus extractors, 200 penguin mucous extractors, 12 digital baby weighing scales and 8 resuscitation tables.

Save the Children International have contributed to a successful Maternal Newborn and Child Health (MNCH) week campaign in the 3 focused LGAs, having leveraged the supply of 9,500 capsules of Vitamin A 100,000 iu, 717,500 capsules of Vitamin A 200,000iu and 717,500 tablets of Albendazole, from Vitamin A Angels in support of MNCH weeks in focus LGAs. Save the Children International supported the state government during the period of Ebola scourge to distribute over 745,000 antiseptic soaps to public schools and health facilities. This was through the support of Unilever. This was to ensure the prevention of the spread of the Ebola virus disease (EVD). Save the Children International provided the flagship health centres in focused LGAs with curtains and Newborn resuscitation tables. The curtains were mainly for the delivery rooms and lying wards. Sango PHC, Oregon PHC, Ifako PHC, Kola PHC, Ogba PHC, Alausa PHC, Ojodu PHC are some the PHCs that benefited from this.

### **Evaluation Results Considering Project Objective Two**

To reduce infant and maternal mortality, a major challenge is making sure that the required human and infrastructure resources are available. The lead researcher was made to understand through literature review that the best interventions for avoiding and resolving those complications in low-resource environments are: access to a skilled attendant at birth, access to emergency obstetrical and neonatal care in the event of complications, and a functional referral system that guarantees emergency care if it becomes necessary. However, in many developing countries, even the most basic of these interventions is available

to only a negligible fraction of the population. Constantly improving and broadening available care is one of the best ways to reduce infant and maternal mortality. Building capacity helps health providers take concrete steps towards reducing morbidity and mortalities when they are needed most.

The Save the Children International Quality of Care project was intended to provide health care providers with the necessary knowledge and skills they need to provide timely care to mothers and babies especially during delivery and the immediate postpartum period. Under this objective, the project has trained 1,001 health care providers of varying cadres (exceeding its target of 1,000) and in different skills relevant to mothers and infants, these trainings were informed by the findings of the health facilities assessment that was conducted by the project in its second year of implementation. These trainings focused mainly on gaps in health workers' knowledge and skills identified during the assessment. From the review of project documents and analysis of the qualitative data collected, the Save the Children Quality of Care project has accomplished much in its work towards improving access to quality services for mothers and babies at the time of birth and the immediate postpartum period in Jigawa and Lagos states.

The School of Nursing and Midwifery and School of Health Technology located in Lagos have also benefited from the generous donations from Unilever through this project. They have been provided with training mannequins (4mamanatalie and 20 Neonatal) for improved quality of pre-service training for their students. During project implementation, Save the Children had trained 744 health workers (nurses, doctors and medical record officers) in Lagos on various Maternal Newborn Health (MNH) interventions- Essential newborn care, Helping Babies breathe, Active Management of the Third Stage of Labour (AMTSL), Respective maternal care, National Health Management Information System (NHMIS) training for record officers.

### **Evaluation Results Considering Project Objective Three**

This objective is crucial for mobilizing the necessary support for improved maternal and child health services in the target states and Nigeria as a whole. The Quality of Care project

has made significant progress and contributions to the advocacy arena especially in the area of maternal and child health. From our synthesis, the project adopted two approaches in its advocacy work; Implementation and conduct of policy-relevant research to be used as an advocacy tool and engagement and dialogue with policymakers including partnership building with other stakeholders such as Ward Development Committees (WDC). The project's advocacy effort was informed and guided mainly from results from landmark researches conducted by the project. The project conducted key policy-relevant research on maternal and child health and related development issues in the two target states and across intervention LGAs. In the past years of its work in Lagos and Jigawa states, Save the Children Quality of Care project had engaged policymakers and other key stakeholders to achieve measurable policy impacts and ensure decision making across the state as informed by rigorous evidence-based research. The project has shared through several platforms such as presentations and published reports, key findings from his policy-relevant studies with the government of the two states.

Several reviews have shown relevant maternal, newborn and child health policies have been developed and adopted by the Federal Government, implementation at the state level continues to be a challenge. Save the Children Children's Quality of Care project has focused resources towards garnering the needed government support and political commitment for these health policies to be implemented by putting the discussion in the forefront of its advocacy strategies efforts. As part of its data use strategy to advocacy, the project in 2013 launched on a once a year publication of the Save the Children's titled global 'State of the World Mothers' to report current global statistics on the status mothers. The 2013 edition was launched by the Lagos State Government. This report provided information on the health of mothers across the globe and examines the way investments in healthcare, nutrition and education can make a difference for newborns and their mothers.

The launch was well attended and disseminated, the participation and collaboration of the project with the media in this regard ensured that this important information on maternal and child health continues to be

available and accessible over a long time and to a wider audience. Another key policy-relevant research conducted by the project was in January 2012, the study assessed the 'national and state-level barriers to scaling up maternal and newborn healthcare interventions. Findings of this study were shared with the State Ministries for Health in Lagos and Jigawa. A key achievement of the project's advocacy work is that the Lagos State Ministry of Health made use of the findings from these studies to fine-tune the development of its strategy document to be implemented in the state. Learnings from some of the results have provided opportunities for the health workers in private clinics, including those providing maternal and newborn health services, to benefit from health worker trainings organized by the Government. Some of the findings have led to State Ministry of Health currently looking at strategies to scale up known evidence-based maternal and newborn health interventions in other Local Government Areas.

Save the Children International has States offices and national level office in the Federal Capital Territory, Abuja, this structure has made it possible to engage the Ministry of Health and other stakeholders at these two levels in a clear and distinctive manner. Through this direct engagement and partnership building approach, the project has been able to engage the State Ministry of Health, Local Government and Millennium Development Goals (MDGs) office in Jigawa State to complete the renovations in selected facilities including the provision of extensions for maternity units to ensure the maximum standard of service provision is achieved. Also, in Lagos, the engagement of government ministry of health has led to the recruitment of two retired midwives who were working in one of the supported health facilities in Agege LGA. In addition to this renovation work had been concluded in three of project supported flagship health centres. As the project kept the care for mothers and their babies at the front burner through its engagement with the ministry of health, the state has continued to pay adequate attention to the agenda. In late 2013, the project marked World Prematurity Day by participating in a three-day advocacy initiative organized by the Federal Ministry of Health called "Every Breathe Counts" as a means to bring attention to the challenges of premature babies and a call for action to stakeholders. The



project also participated and contributed to the Lagos State health policy review workshop in June 2013 in collaboration with other partners, led by the advocacy team of the Quality of Care project during which health-related policy documents including the Lagos state health development plan and the health sector reform law were reviewed and recommendations made to improve the policies and implementation plans.

## Conclusion

This project has no doubt improved the quality of service to mothers and babies at the immediate postpartum period in Lagos and Jigawa where it was implemented. The project carried out advocacy at all levels and achieved an enabling environment for this project in particular to succeed and general promotion of issues of maternal and child health in the target states. Other critical issues of sustainability for such programs include continued expressed commitment on the part of the government and maintaining and improving on the quality of care offered at the health facilities at all time. Save the Children International had made some progress towards the sustainability of the program and government partners and other NGOs are also beginning to show commitment to promote sustainability that will eventually lead to overall improvements of their health systems.

Given the significant contributions that the Quality of Care project has made to the health system in Jigawa and Lagos states in improving access to quality life-saving services to mothers and babies, the following recommendations will suffice for a more effective and client-centred intervention in future.

- Although community involvement is not part of the project design from the start, the lead researcher thinks that future interventions of this type needs to have strong community involvement to ensure increased service utilization by mobilizing the communities to target facilities where care is domiciled, this in future will increase return on investment. In addition to this, the plan that will scale up this intervention needs to carry out a mapping of the locations where it intends to carry out the intervention, this will allow for proper use of community resources and will help in

documenting the other relevant indicators at the population level.

- In future, similar projects will need to explore different ways through which it can involve and engage the communities. This will need to incorporate Strategic Behaviour Change Communication (SBCC) in its engagement and communication plan. This will ensure that community centered and effective communication agenda is developed and implemented.
- As a result of increased utilization of the services at the government facilities offering such services and as a step towards sustainability, government and other partners should make deliberate efforts to increase recurrent budgetary support for equipment and supplies. The government will need to support the training of more health care providers in other Local Government Areas across the States since Save the Children International resources cannot meet the ever-increasing and diversifying needs in this regard.
- Future projects may support more opportunities for Heads of Hospitals where such projects are implemented to meet more regularly at a central level. This will enable them to exchange experiences relating to such services and other management issues. The Heads of the hospital will begin to show more commitment to overseeing the implementation of these services. This type of interaction has the long-term potential of promoting integration since such management meetings will not restrict its discussion to just this component of the entire care offered.
- Advocacy initiatives such as the one set up by the project with Ward Development Committee's and others should be sustained and scaled up with more emphasis at the community level and with the appropriate actors in these communities. These include religious and traditional leaders and other key and influential people from these communities. Although the project did not show any problem in its monitoring and evaluation system, future projects of this type that will be expanded to include the community at a greater scale and a stronger behaviour change communication change

content may require that project have a state-level monitoring and evaluation team.

- To scale up the postnatal home visit piloted in Lagos, the project needs to explore the use of other messages/service "carriers" such as community resource persons instead of Community Health Extension Workers (CHEWs). Although CHEWs are supposed to offer community-level services, the shortage of human resource for health at the facility level continues to make it impossible for CHEWs to leave the health facility as they are usually the main service provider in most places.

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