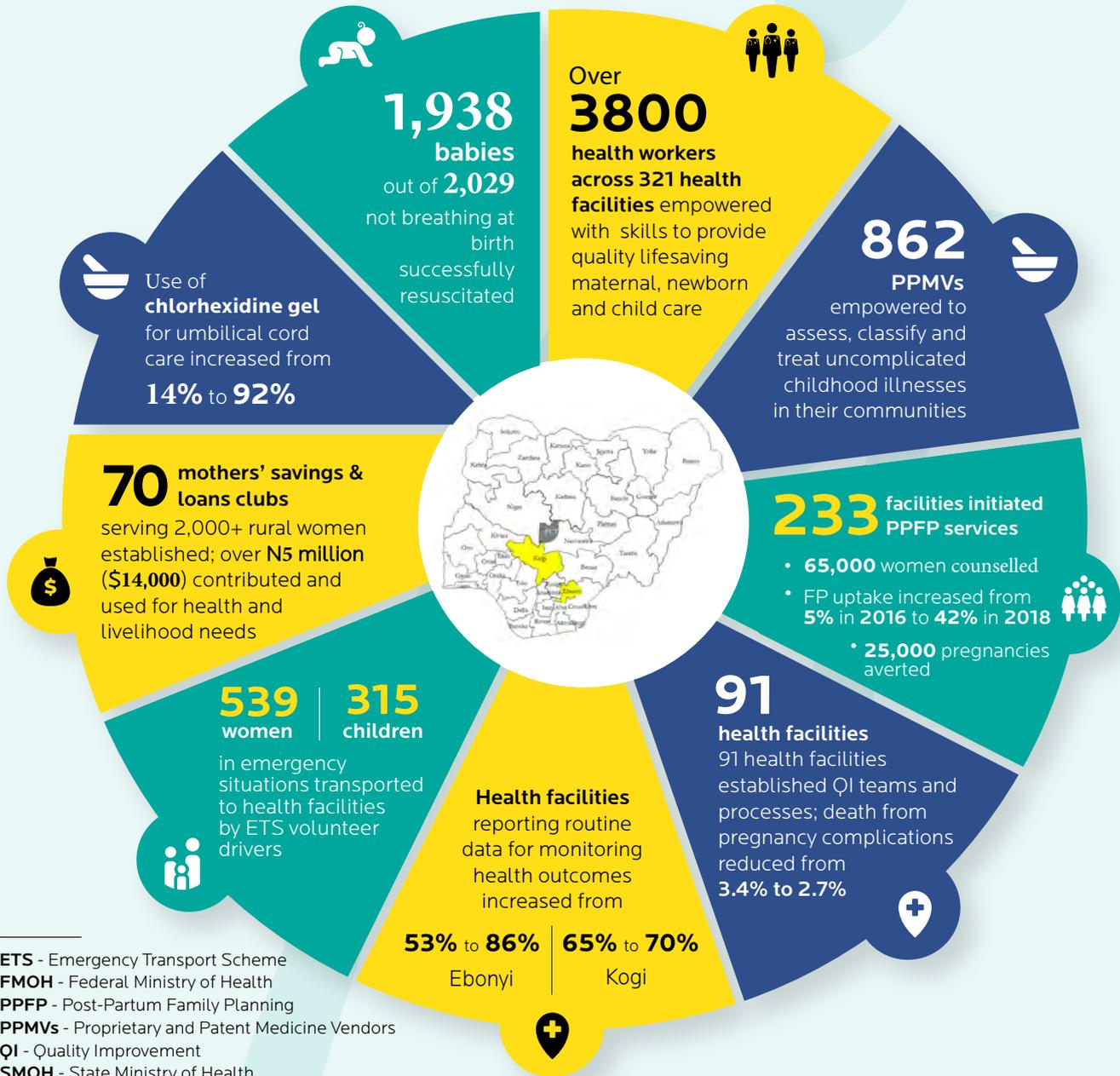




Better Care for Nigerian Women and Children

In Kogi and Ebonyi States: Between 2014 and 2018, MCSP collaborated with the FMOH, Ebonyi and Kogi SMOH, professional associations and other key stakeholders to improve the delivery and utilization of quality maternal, newborn and child health services in selected health facilities and communities in Ebonyi and Kogi states. Here are the key outcomes of these efforts.



ETS - Emergency Transport Scheme
FMOH - Federal Ministry of Health
PPFP - Post-Partum Family Planning
PPMVs - Proprietary and Patent Medicine Vendors
QI - Quality Improvement
SMOH - State Ministry of Health





MCSP Nigeria

IMPROVED QUALITY OF **MATERNAL AND NEWBORN HEALTH SERVICES** IN KOGI AND EBONYI STATES

BACKGROUND

The MCSP Nigeria Maternal, Newborn, and Child Health (MNCH) program collaborated closely with Ministry of Health counterparts to support quality improvement interventions in **91 health facilities** in Kogi and Ebonyi states. MCSP conducted a pre/post evaluation of the quality of antenatal care (ANC) and labor and delivery services (L&D) at 40 MCSP-supported facilities that received quality improvement interventions as part of Phase 1 of the program. Evaluators observed ANC and L&D client-provider interactions, interviewed health workers and conducted an audit of supplies, equipment and infrastructure.

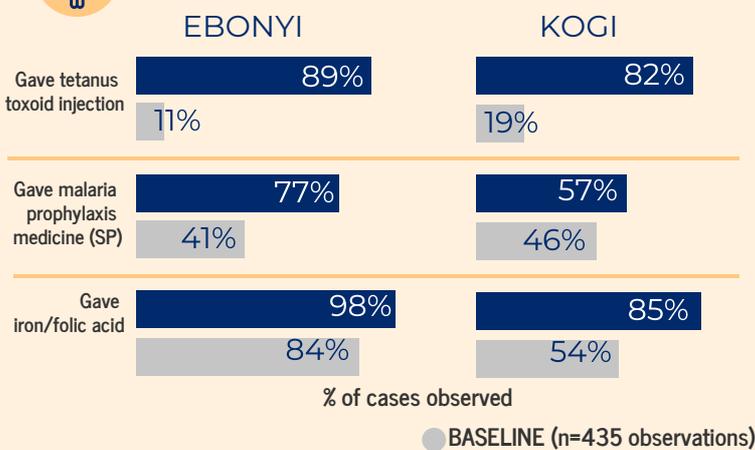


Changes in quality of antenatal care and labor and delivery were measured between 2016 and 2018 in 40 MCSP-supported facilities.

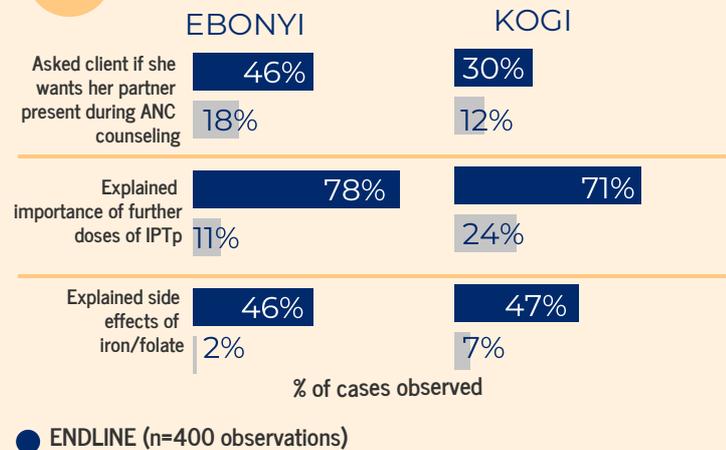
RESULTS: ANTENATAL CARE



Improvement in essential ANC services provided



Improvement in counseling during ANC



RESULTS: SECOND AND THIRD STAGE OF LABOR



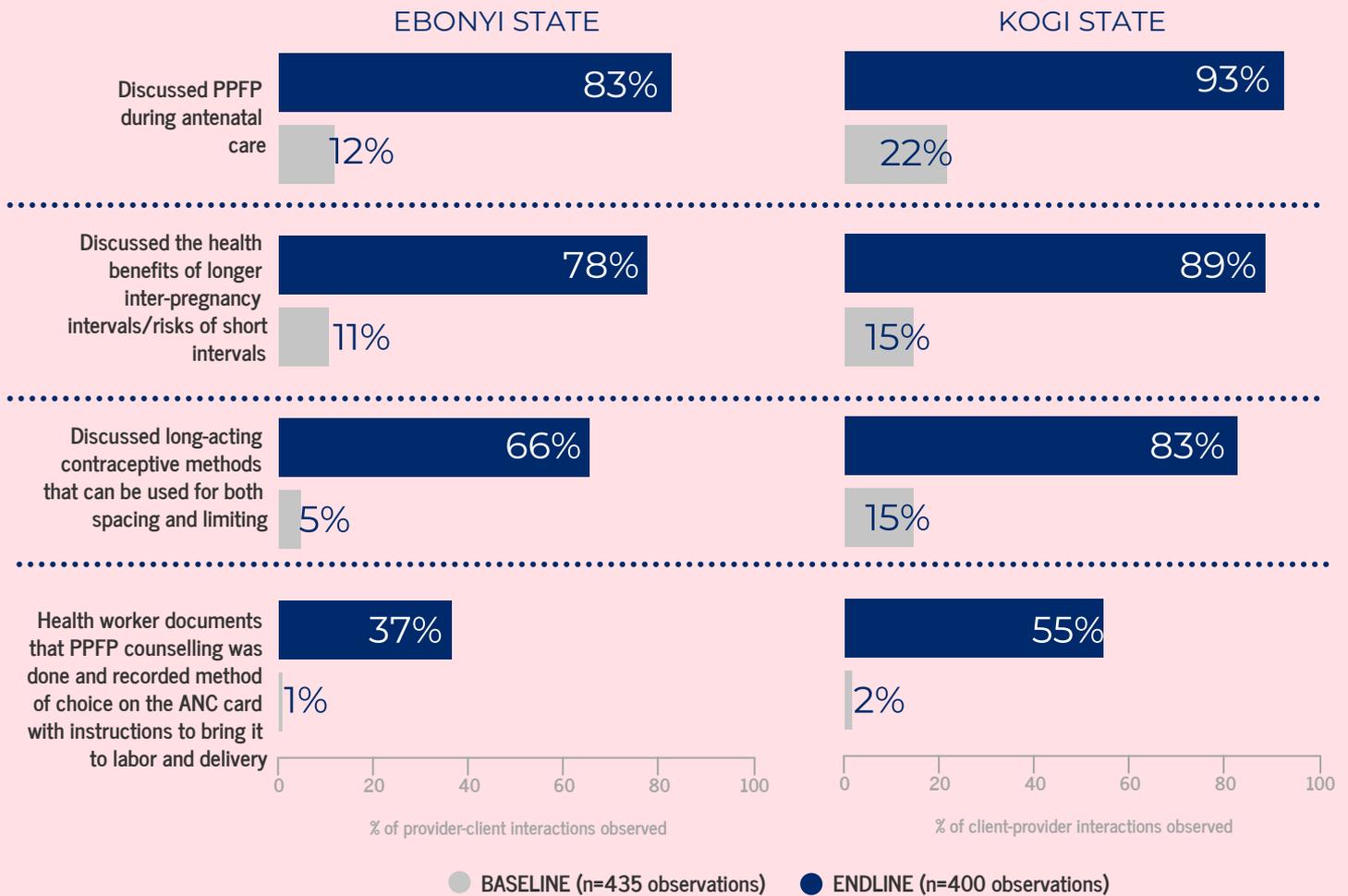
Improved quality of care practices during labor and delivery give mothers and babies the right start.



After support from MCSP, observed quality of ANC and L&D dramatically increased. Institutionalization of MCSP quality improvement interventions could translate to improved service delivery for mothers and newborns in Kogi and Ebonyi States.



Both Kogi and Ebonyi states saw substantially improved quality of postpartum family planning counseling after support from MCSP.



After a live birth, the recommended minimum interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes. After support from MCSP, overall performance of postpartum family planning counseling dramatically improved in both Kogi and Ebonyi.

NOVEMBER 2018

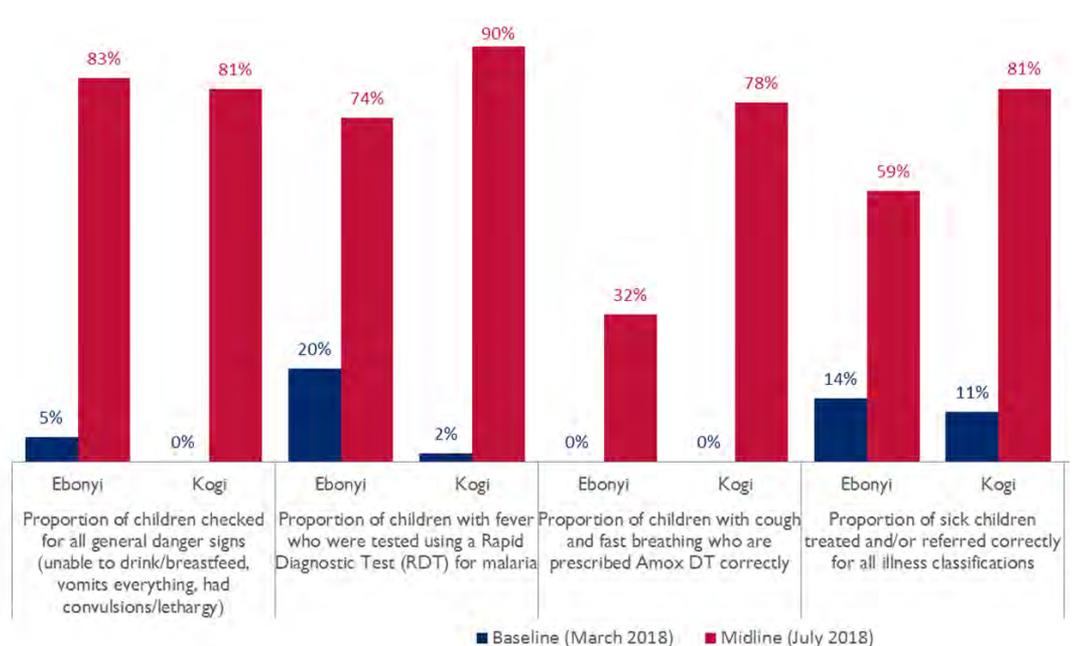
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QUALITY OF ASSESSMENT, TREATMENT AND COUNSELING FOR SICK CHILDREN UNDER FIVE

EQuiPP improved the capacity of the 862 trained and supported PPMVs and 682 PPMV outlets to provide quality iCCM services.

EQuiPP's impact on PPMV knowledge and practice was evaluated through direct observation with clinical re-examination at baseline and midline.

The findings show that the proportion of sick children assessed for danger signs, tested for malaria, and treated and/or referred correctly based on their illness classifications increased significantly after the introduction of the EQuiPP approach.

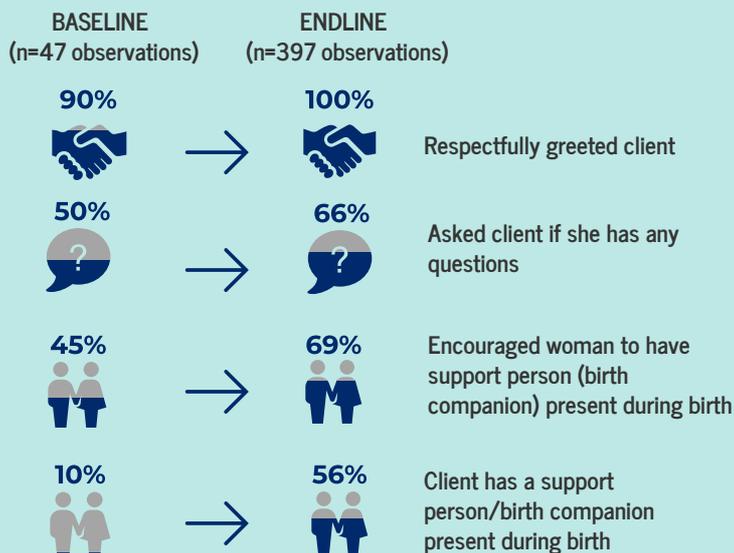


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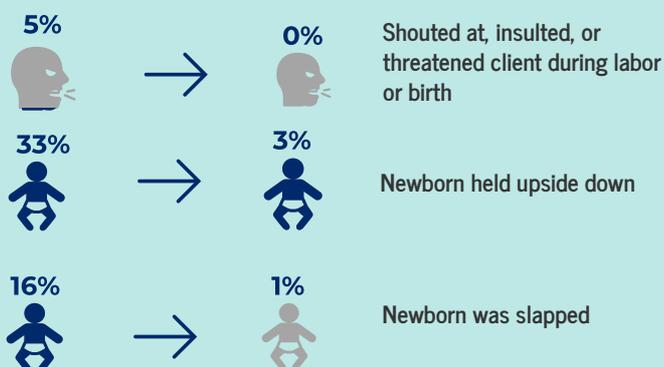
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Maternity clients were treated more respectfully during labor and delivery



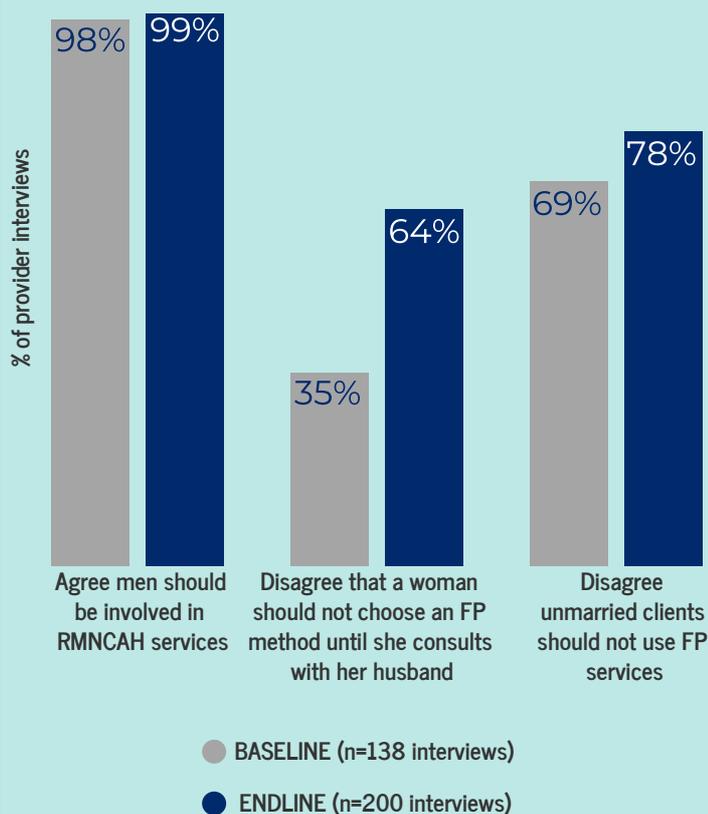
Harmful or disrespectful practices decreased following MCSP quality improvement support



NOVEMBER 2018



ANC and L&D providers became more aware of gender-equitable health decision making after MCSP support.



QI interviews were associated with more respectful care for mothers during labor and delivery. Additionally, providers showed increased awareness of gender equitable decision making. These improvements will increase mothers' satisfaction with the facility-based services they receive.

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GOING FORWARD

MCSP directly supported **321 health facilities** in both Kogi and Ebonyi states, representing about a quarter of health facilities in both states. Scaling up the interventions of the program across the states is therefore a critical next step that should be prioritized, especially by state actors.

It is assuring that key stakeholders like health care workers, FMOH and SMOH officials, professional associations, and PPMVs have already been engaged to serve as effective champions, advocates, mentors, and trainers. MNCH Core Technical Committees (CTC) in both states have also been revitalized to mirror the CTC at national level and champion the cause of maternal, newborn and child health in the state.

Going forward, it is important that state actors show serious political will to drive the process of scaling up these gains and that communities continue to demand quality services in order to achieve the overall goal of reducing maternal and child deaths in the states.

