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# Healthcare Standards in Nigeria

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**JHPIEGO in partnership with  
John Snow Incorporated, Save the Children,  
PATH, JHU-IIP, Broad Branch,  
PSI, Macro International**



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# Session objectives

- Describe previous quality improvement efforts in health care in Nigeria
- Describe Criteria Based Audit approach
- Describe the SERVICOM project
- Describe the Standards Based Management and Recognition Approach to Quality Improvement
- Review lessons learnt from implementation of SBM-R in Nigeria
- Discuss some next steps for quality improvement for health care in Nigeria



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# Health Sector Reform Program: 2004-2007

- 6. Improve access to quality health services
  - Institutionalizing a system for quality assurance;
  - Establishing a system of registration and regulation of alternative and traditional medical practitioners;
  - Ensuring that consumption of essential drugs is met mostly from local production;
  - Harnessing Nigeria's medicinal plant resources for health care delivery;
  - Ensuring that good quality, safe and effective drugs, foods and other regulated products are available in the distribution channels in Nigeria
  - Developing an effective and efficient system for the procurement, distribution and management of drugs and medical supplies.



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# Quality assurance in Nigeria

- Mostly driven by development partners
- Approaches previously used:
  - Client Oriented Provider Efficient (COPE) approach (by AVSC re-branded EngenderHealth)
  - Facilitative or Supportive Supervision (by EngenderHealth and Jhpiego)
  - Performance Improvement (IntraHealth and Jhpiego)
  - Quality Assurance (QAP; JHU-BSPH)
  - Criteria Based Audit (FMC Abeokuta)
  - Accreditations and Certifications (Professional Councils and Associations)
  - Quality assessment or Situational Analysis (FMOH)



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# SERVICOM

- **SERVICOM (Service Compact With All Nigerians) was set up by the Federal Government of Nigeria in June 2003 in recognition of citizens rights and entitlements to good service delivery. Servicom gives Nigerians the right to demand good service. Details of these rights are contained in Servicom charters which are now available in all government agencies where services are provided to the public. The charters tell the public what to expect and what to do if the service fails or falls short of their expectation.**



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# Expectations of Servicom (1)

- **MDAs will:**
  - **Provide quality services** designed around the requirements of their customers and served by trained staff sensitive to the needs of their clients;
  - **Set out entitlements of the citizens** with whom they interact clearly and in ways they can readily understand;
  - **List the fees payable** (if any) and prohibit the asking for and the making of any additional payments;
  - **Commit to the provision of services** (including the processing of applications and the answering of correspondence) **with realistic set time frames;**
  - **Maintain “suggestion boxes”** in public places to facilitate the making of suggestions for improvements in levels of service;



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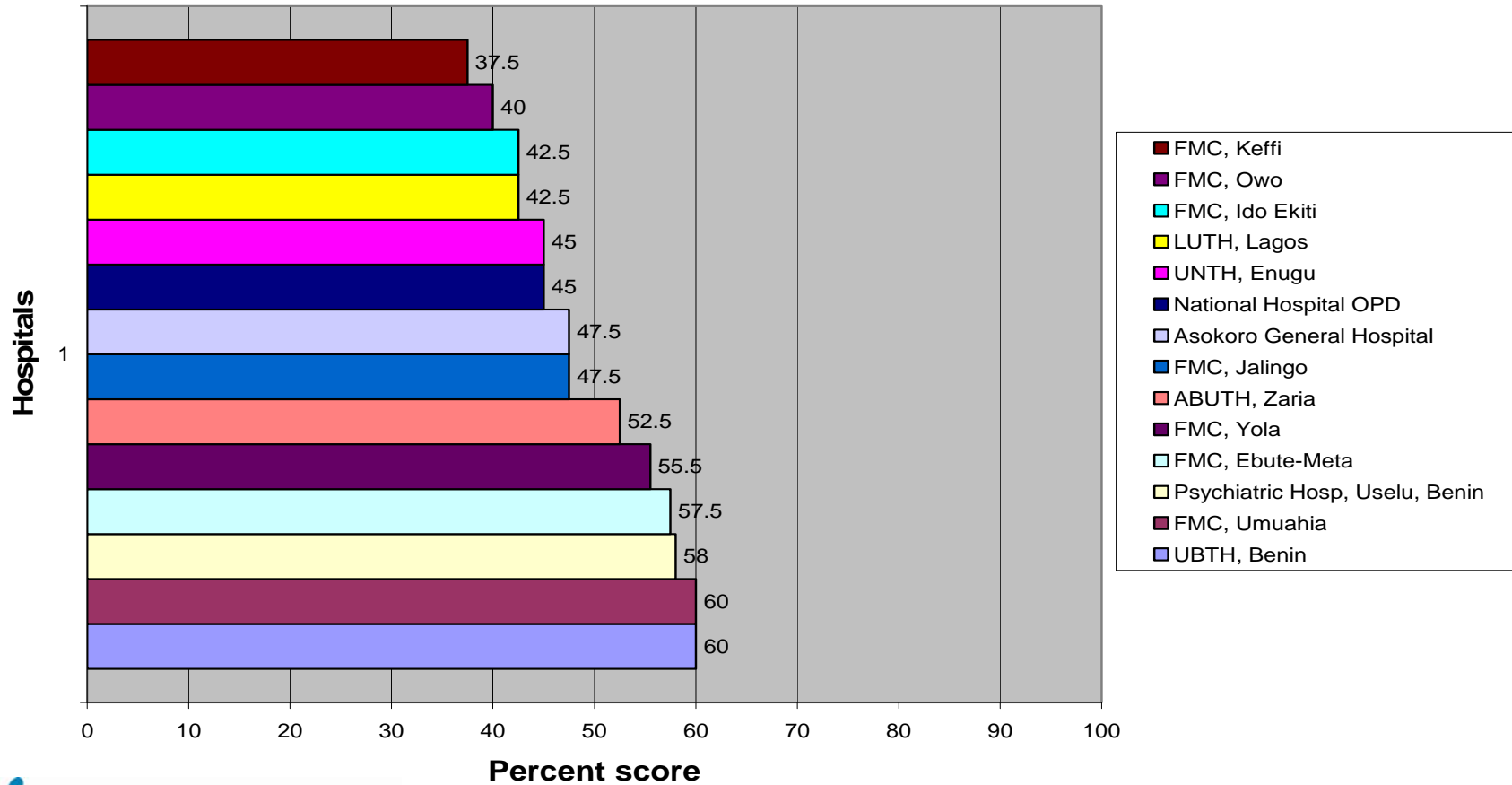
## Expectations of Servicom (2)

- **Provide details of agencies and government officials to whom complaints about any failures to provide such services (or any demands for bribes) should be addressed;**
- **Publish these details in conspicuous places accessible to the public in all buildings where the agencies provide their services and on the Internet;**
- **Periodically conduct and publish surveys of citizens to determine levels of customer satisfaction and the extent to which particular Ministries and Agencies are seen as honoring their SERVICOM commitments; and**
- **From time to time, to review the commitments contained in their SERVICOM Charters and to revise them in the light of experience and further developments.**



# SERVICOM assessment of health facilities

Fig.6: SERVICOM scores in selected Nigerian Hospitals





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# Limitations of SERVICOM

- Set standards rather too general and therefore very superficial
- Mainly focused on raising awareness of Nigerians to their *rights* for quality services
- Lacks operational performance standards for performance improvement



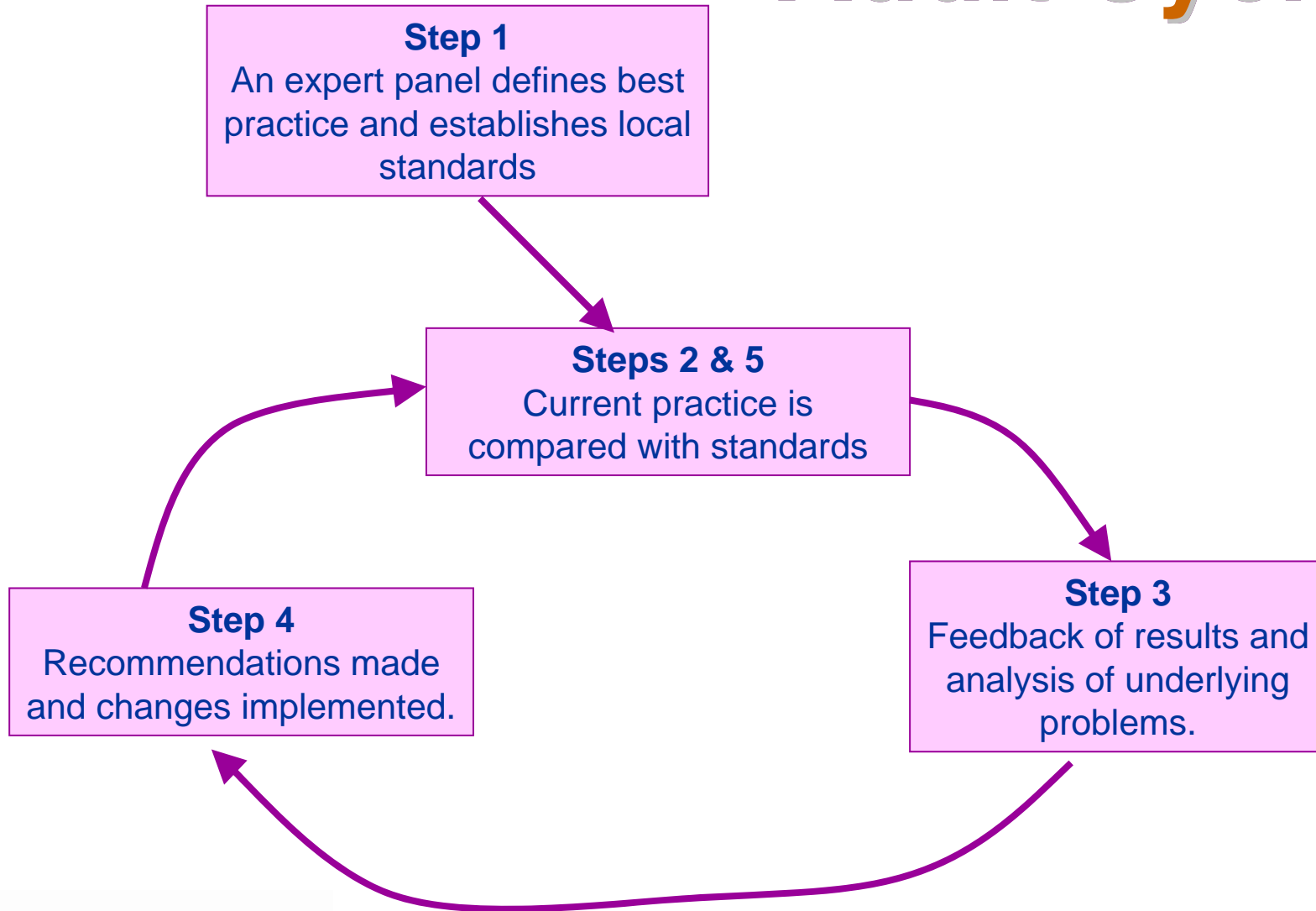
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# Criteria Based Audit





# Audit Cycle





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## Criteria for Optimal Management: **OBSTETRIC HAEMORRHAGE (12)**

1. Experienced medical staff must be involved in management of life-threatening obstetric haemorrhage within 10 mins of diagnosis
2. Intravenous drip must be set up
3. Patient's haematocrit or haemoglobin to be determined
4. Typing and cross-matching of blood performed
5. Coagulation tests performed, if indicated (clotting time, bleeding time and platelet count)
6. Crystalloids and/or colloids infused until cross-matched blood is available



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## Criteria for Optimal Management: **OBSTETRIC HAEMORRHAGE** *contd*

7. **Blood** (preferably cross-matched) must be given, if haemorrhage continues after infusing 3 liters of fluids
8. **Clinical monitoring** (pulse, Bp.) done every 15 mins for 2 hours, to detect deterioration
9. **Urine output** is measured hourly (at least 30 ml/hour)
10. **Oxytocics** are used in the treatment of PPH
11. **Genital tract is explored** in cases of continuing PPH
12. In women with APH, do **NOT** do a vaginal exam unless placenta praevia has been excluded by ultrasound or unless emergency operative delivery is possible.

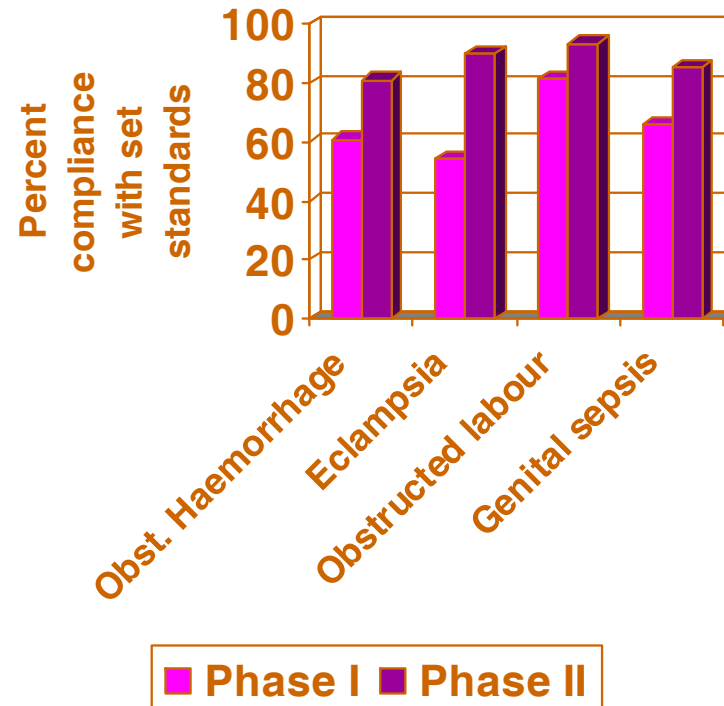


# Criteria Based Audit of Obstetric Practices in FMC Abeokuta

## ● Reference

- Hunyinbo KI, Fawole AO, Sotiloye OS and Otolorin EO. *Evaluation of criteria-based clinical audit in improving quality of obstetric care in a developing country hospital.* Afr J Reprod Health. 2008 Dec;12(3):59-70

CBA in FMC Abeokuta: Improvement in Compliance With Set Criteria





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## Quality Assurance (JHU-BSPH)

- This study explored the ability of local-level PHC supervisors in rural Nigeria to use quality assurance (QA) management methods to improve the quality of the PHC system.
- PHC supervisors from Bama Local Government Area were trained for 3 days in the use of QA methods and tools. The supervisors **targeted the supervisory system and the health information system (HIS) for improvement**. Health worker performance in diarrhoea case management was assessed, using a simulated case, to measure the impact of supervision. A HIS audit assessed data collection forms used by 17 PHC facilities. **Gaps in quality were monitored over a 2-month study period** and flaws in work processes were modified. PHC supervisors introduced a checklist during monthly visits to facilities to monitor how workers managed cases of diarrhoea. Performance in history-taking, physical examination, disease classification, treatment and counselling improved over the evaluation period. The HIS audit found that a variety of reporting forms were used at PHC facilities. **After HIS reporting was standardized, the number of health facilities using a daily disease registry significantly improved during the study period**

- Reference:

- Paul S. Zeitz 1, Charles G. Salami 2, Gilbert Burnham 1, Stella A. J. Goings 1, Kyari Tijani 2, Richard H. Morrow 1 (2006). *Quality assurance management methods applied to a local-level primary health care system in rural Nigeria*. Int. J. Health Planning and Management, Vol. 8, Issue 3, Pages 235-244





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# Standards-Based Management and Recognition (SBM-R) Approach





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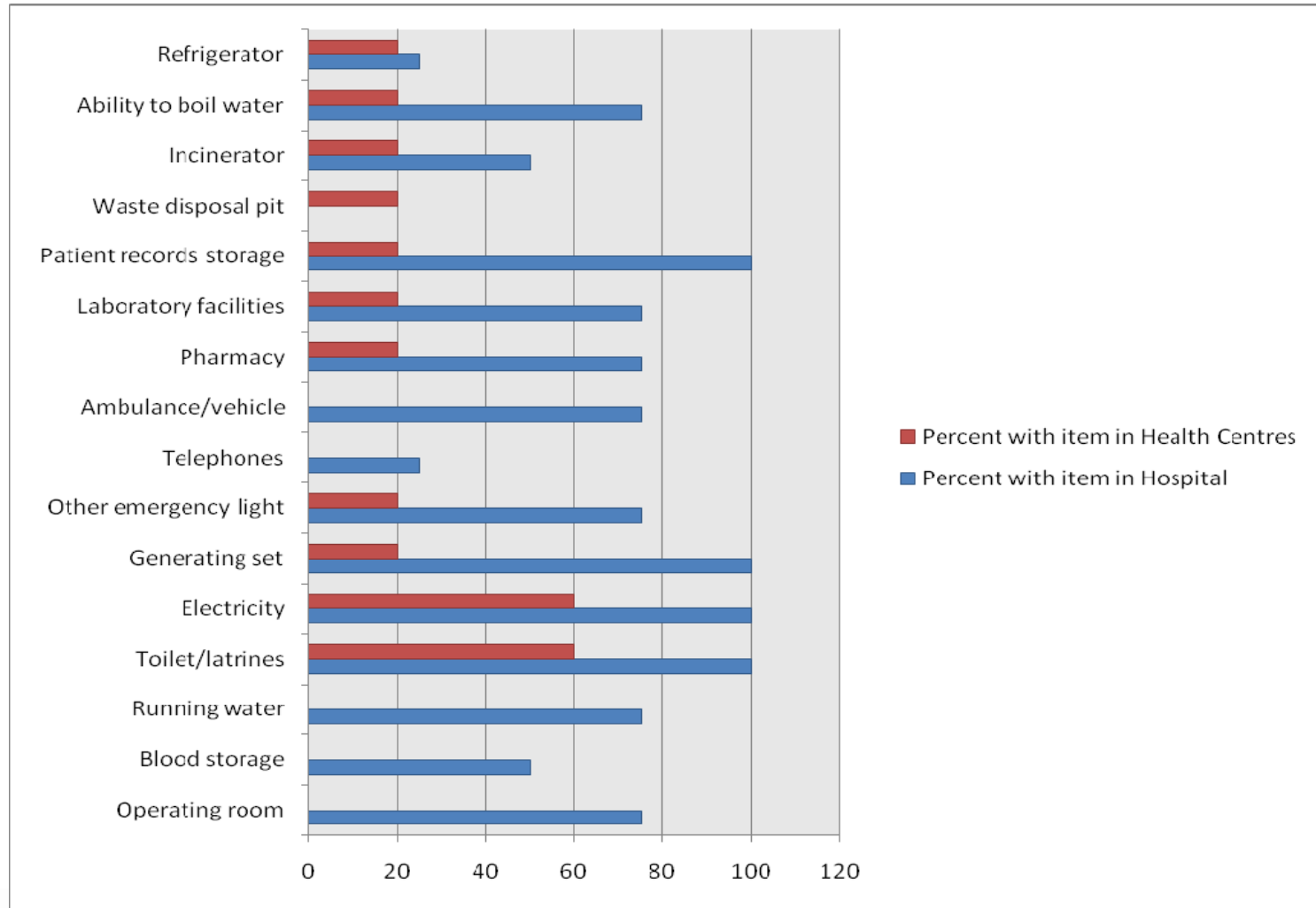
## Why introduce SBM-R Approach for EmONC?

- Health care service provision in Nigeria lacks a coordinated quality assurance program
- Many health care workers (HCWs) have resigned themselves to the “business as usual” mental model
- Many HCWs trained in institutions that lack QA systems lack a vision for quality assurance
- Poor quality of health care in the public sector is often used as an excuse for patient diversion to private clinics



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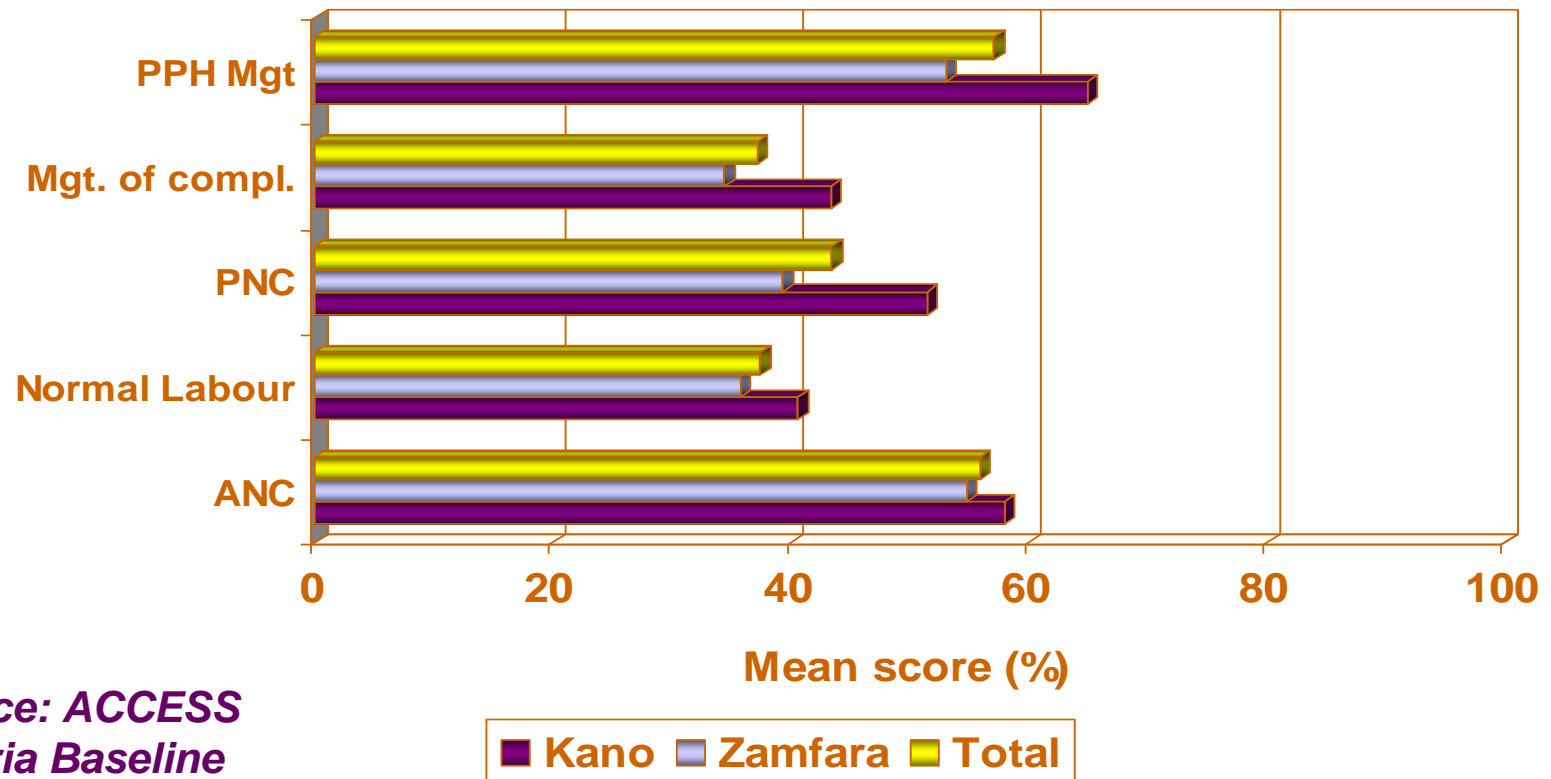
# ACCESS Baseline Study: Infrastructure items, by facility type, Kano state





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# Health Care Provider Knowledge Assessment: ACCESS Project Baseline (2006)



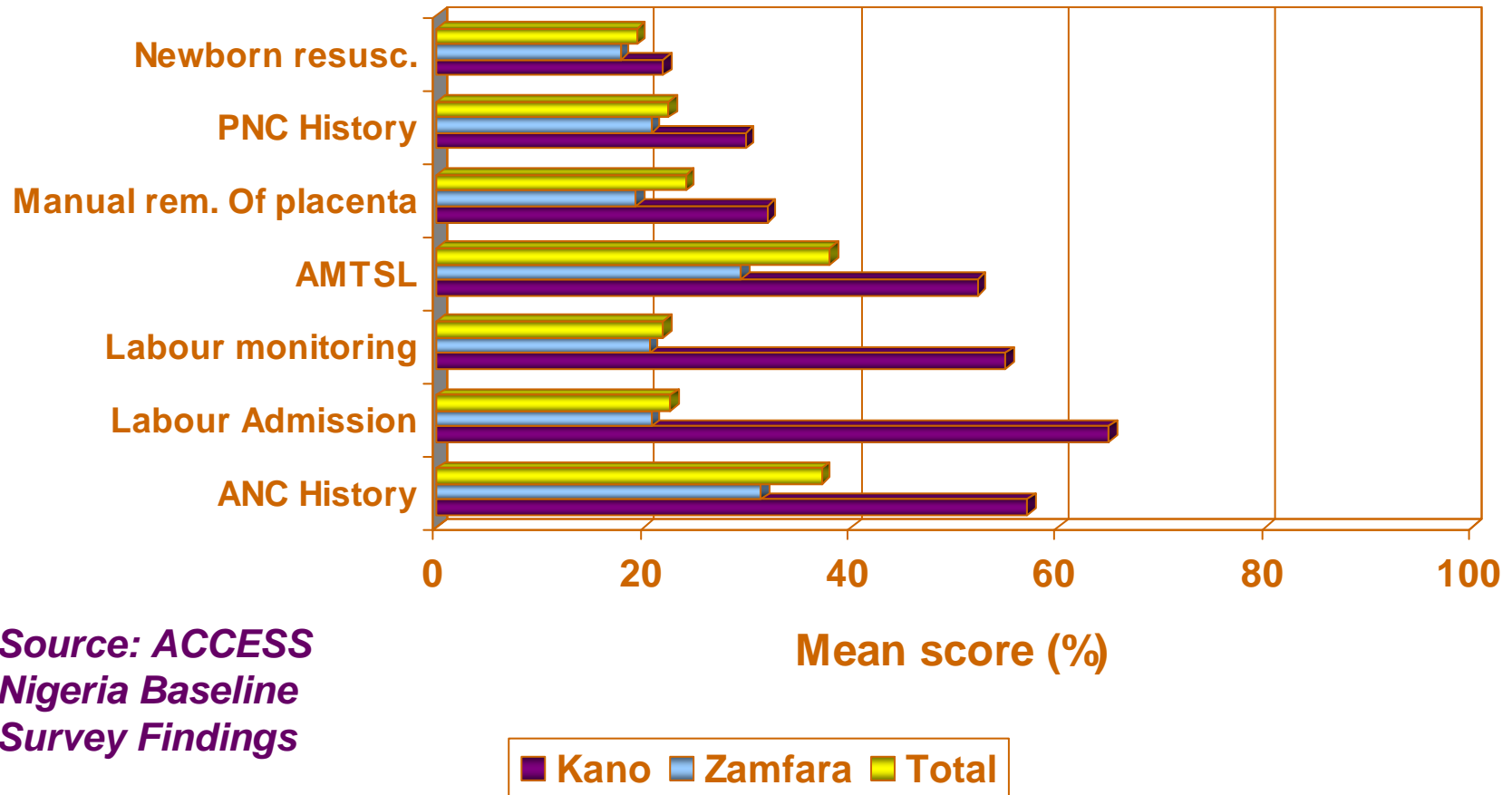
Source: ACCESS Nigeria Baseline Survey Findings





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# Health Care Provider Skills Assessment: ACCESS Project Baseline (2006)



Source: ACCESS  
Nigeria Baseline  
Survey Findings





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**Placenta, used IV sets, bottles, syringes, paper, gauze in surface disposal**



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# Photos from a Nigerian health facility





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# Lack of maintenance culture...





# Coverage of IMNCH interventions in Nigeria is extremely low

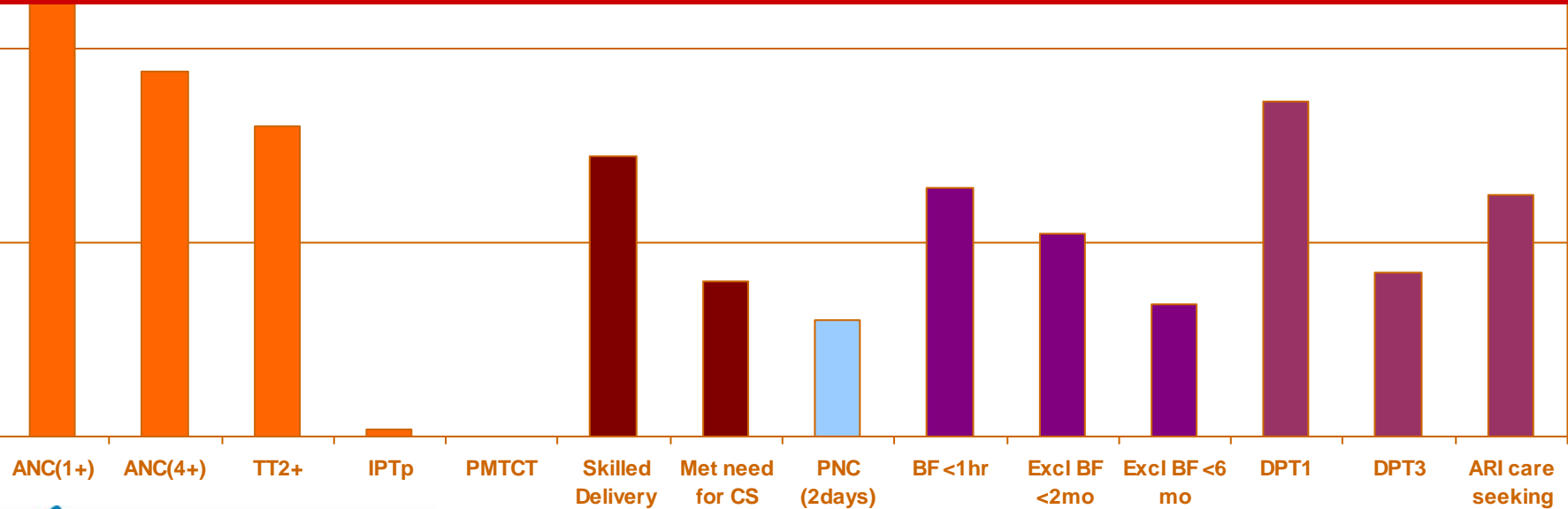
100%

Not one major intervention for MNCH is above 60% in Nigeria!

50%

25%

0%



Source: NDHS 2003, MICS 2007



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# SBM-R Approach to Quality Improvement

1. Setting standards of performance in an operational way
2. Implementing the standards through a streamlined and systematic methodology
3. Measuring progress to guide the improvement process towards these standards
4. Recognizing the achievement of the standards





# Why the SBM-R approach?

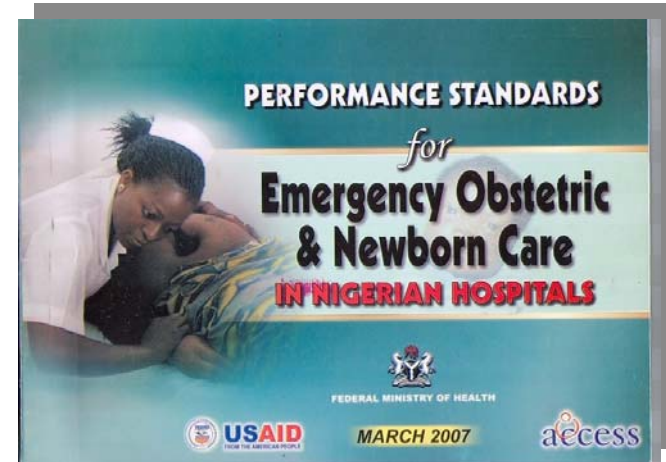
Other current models	SBM-R
Process begins with quality concepts and methodologies	Process begins with subject matter/technical content
Focus on problems	Focus on desired performance
Use of selected standards/indicators (the what to do?)	Use of detailed standards ( <b>what to do and how to do?</b> )
Process redesign happens during implementation	Most process redesign is done upfront
Focus on selected/isolated problems	Focus on integrated platforms of service delivery
Emphasis on prioritization	Emphasis on rapid results and gradual development of change management skills
Focus on single best solutions	Focus on multiple solutions and multiple sources of support
Use of measurement for evaluation	Use of measurement for managerial purposes
Adoption of fixed roles during implementation process	Adoption of changing roles during learning process (including clients/communities)
Emphasis on logical rationale of the process	Emphasis on consequences of performance
Quality is seen as a specialized function	Quality is incorporated as a regular function in day-to-day management



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# Application of SBM-R in Nigeria

- Performance Standards for Emergency Obstetric and Newborn Care (EmONC) in Kano, Katsina and Zamfara States
- Performance Standards for Malaria in Pregnancy (MIP) Program in Akwa Ibom State
- Performance Standards for Family Planning in Nigeria (being finalized)





# Sample performance standard for EmONC

Area: Focused Antenatal Care			
Perf. Standard	Verification Criteria	Y, N, NA	Comments
<p><b>1. Personnel conduct a rapid initial evaluation of the pregnant woman at the first contact.</b></p>	<p>Determine whether the provider/receptionist asks the pregnant woman upon her arrival in the clinic whether she has or has had the following signs:</p> <ul style="list-style-type: none"> <li>• Vaginal bleeding</li> <li>• Respiratory difficulty</li> <li>• Fever</li> <li>• Severe headache/ blurred vision</li> <li>• Severe abdominal pain</li> <li>• Convulsions or loss of consciousness</li> <li>• Assures <b>immediate</b> attention in the event of any of the above signs</li> </ul>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	



# Performance Standards for EmONC: Hospitals

AREAS	STANDARDS
1. Focused Antenatal Care	16
2. Pregnancy Complications	25
3. Labor, Delivery, Postpartum, and Newborn Care	27
4. Postnatal Care for Mother and Newborn	23
5. Support Services	24
6. Information, Education, and Communication	10
7. Human, Physical, and Material Resources	26
8. Management Systems	14
9. Infection Prevention	34
<b>Total</b>	<b>199</b>

# Performance Standards for EmONC: PHCs

AREAS	STANDARDS
1. Focused Antenatal Care	16
2. Pregnancy Complications	20
3. Labor, Delivery, Postpartum, and Newborn Care	27
4. Postnatal Care for Mother and Newborn	23
5. Support Services	13
6. Information, Education, and Communication	10
7. Human, Physical, and Material Resources	25
8. Management Systems	14
9. Infection Prevention	25
<b>Total</b>	<b>173</b>



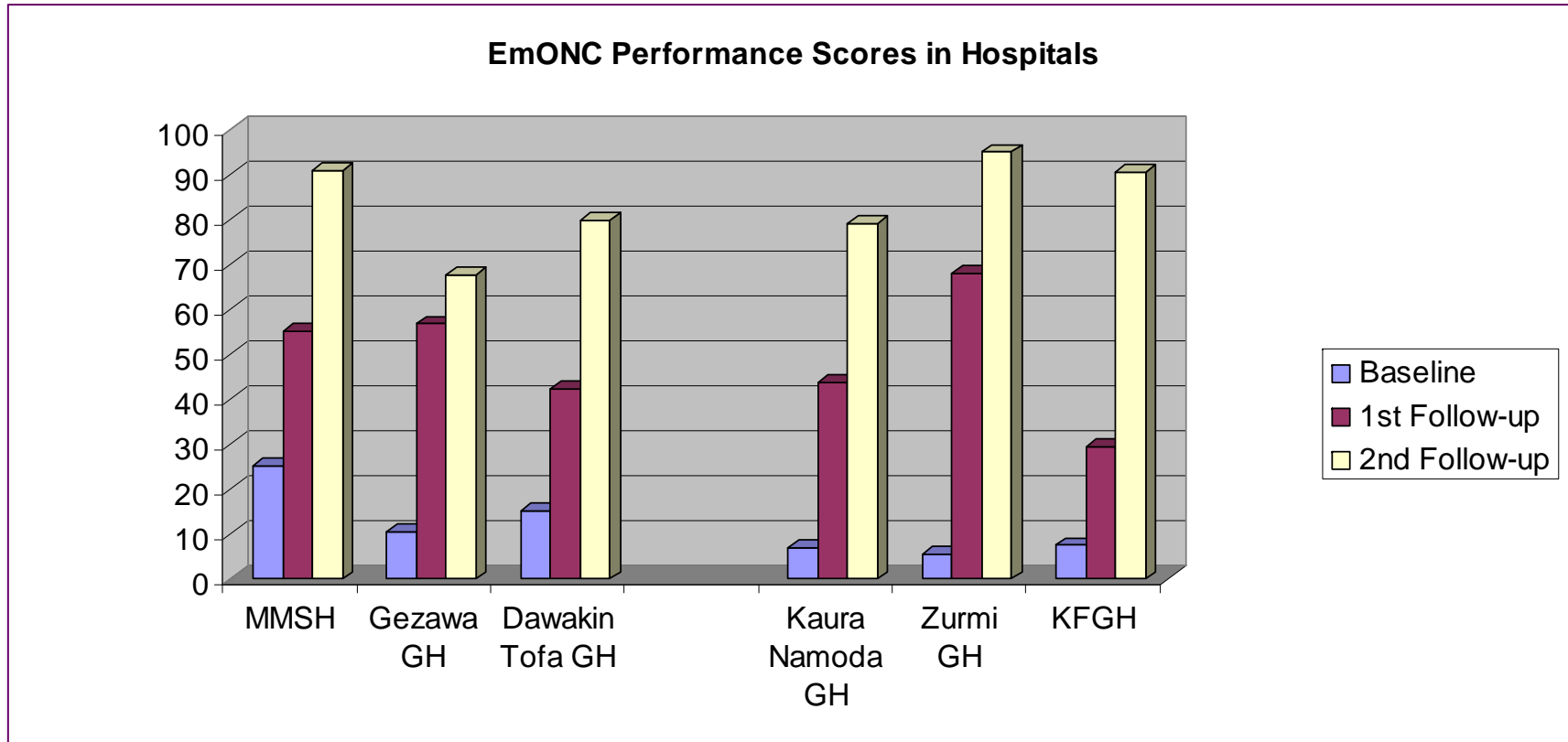
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# Sample Results

- Quantitative results
- Qualitative results

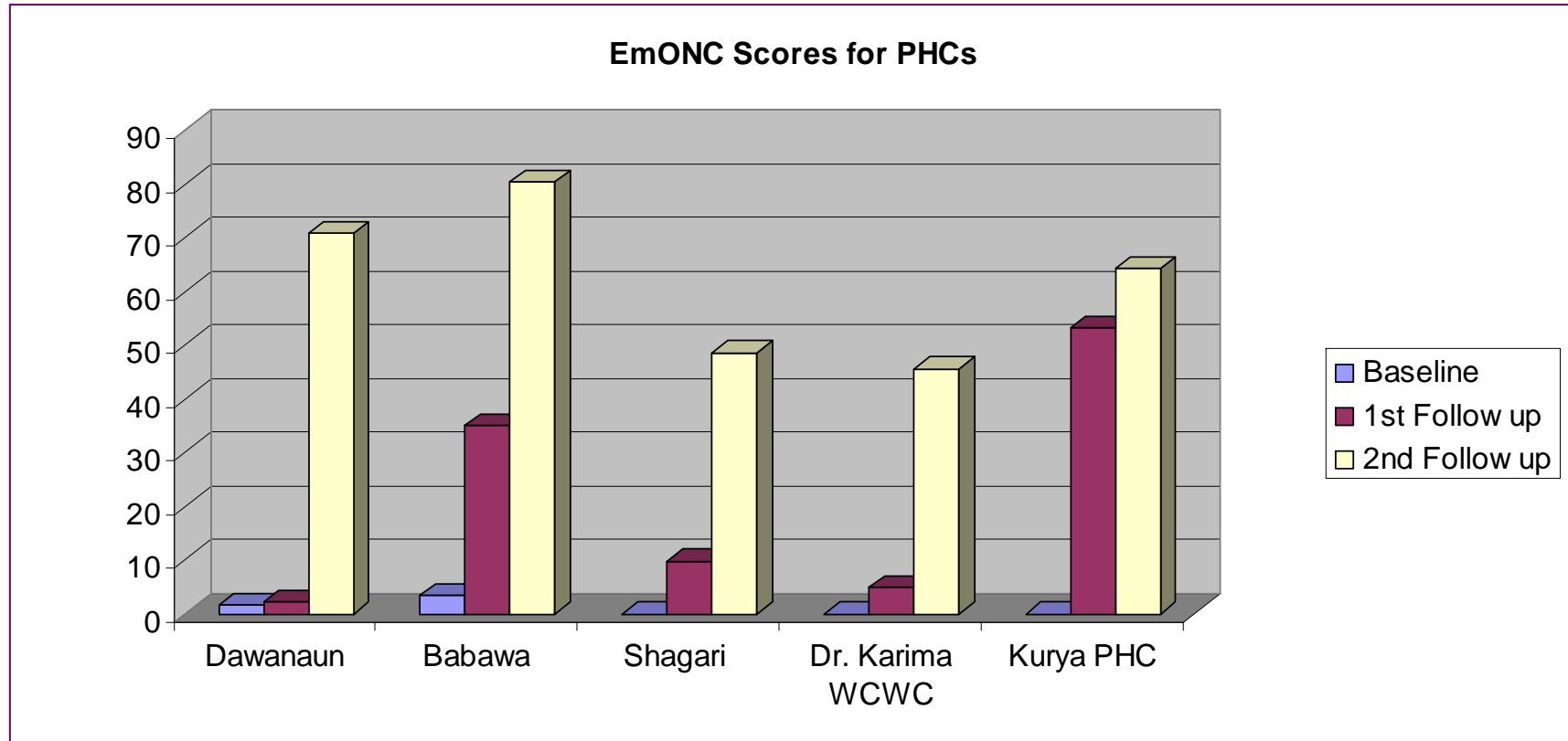


## SBM-R Scores for EmONC in 6 Hospitals in Kano and Zamfara States.





# SBM-R Scores for EmONC in 6 PHCs in Kano and Zamfara States.





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# SBM-R: Qualitative Improvements



Inlets in a labor ward



Renovated doctor's quarters



Newly purchased ambulance



Improved infection prevention



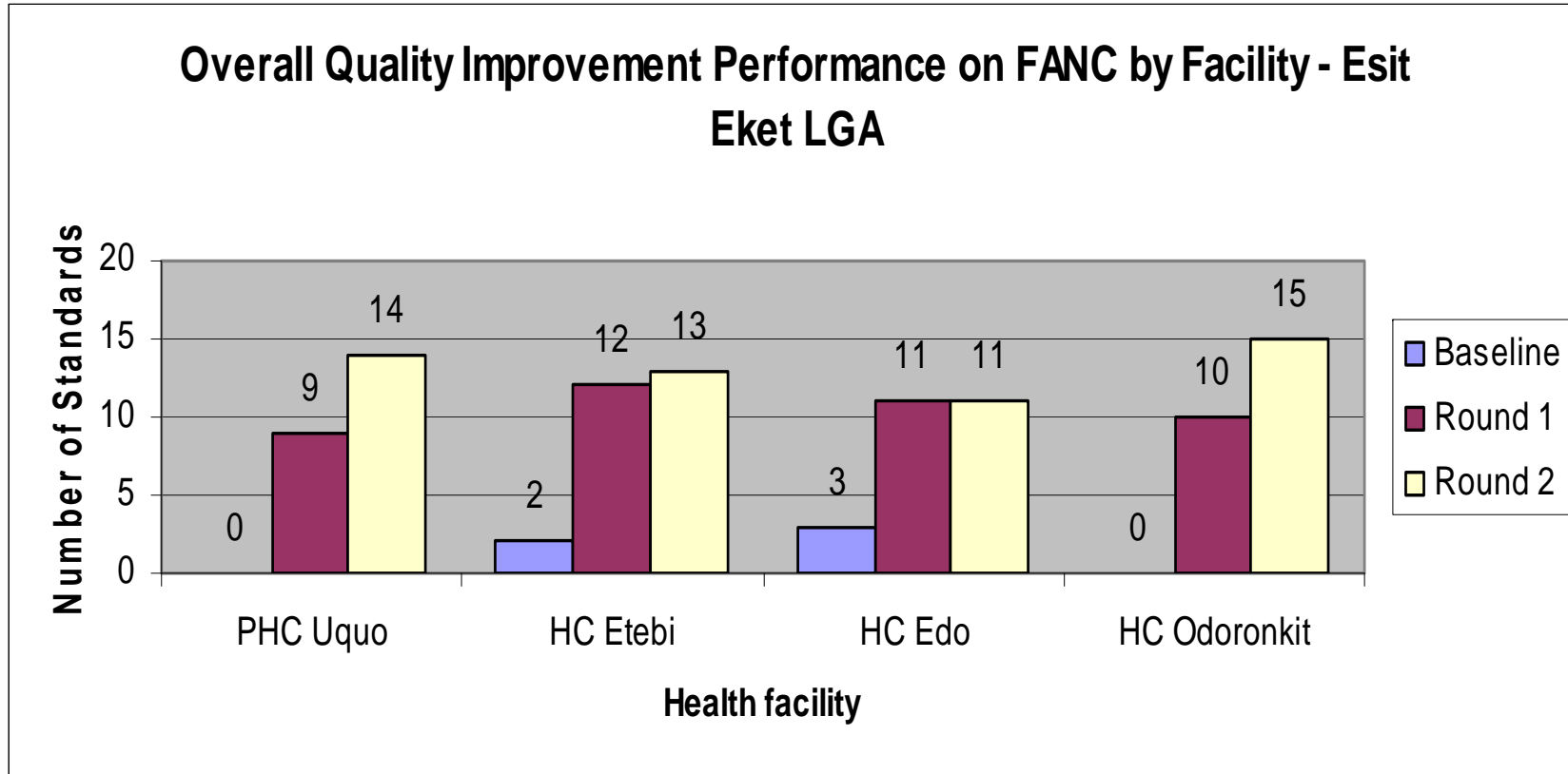
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## Application of SBM-R to Malaria In Pregnancy Project in Akwa Ibom.

- A two-pronged intervention was designed to improve access to and quality of MIP control services in the public sector in four intervention LGAs (Eket, Esit Eket, Ibeno and Onna).
- Community-directed intervention (CDI) is the first component and involves mobilizing communities to select volunteers, or community-directed distributors (CDDs) that can provide first contact MIP services, health education early in pregnancy as well as institute a referral system from the community to the health services of pregnant women..
- The second component is a quality improvement intervention to enhance the performance standards of FLHF staff in 15 LGA primary care facilities so when CDDs in the villages surrounding these facilities refer women for ANC services they will be more inclined to attend.

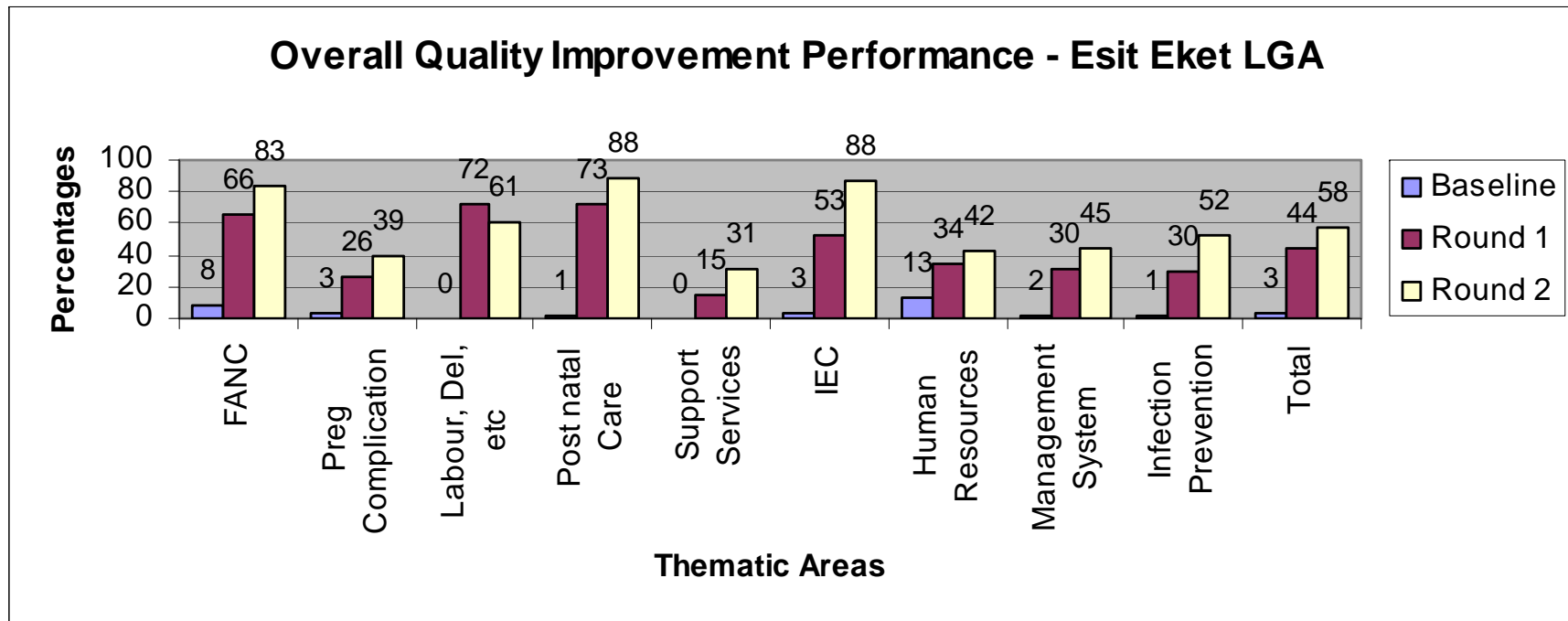


# Sample compliance with MIP standards in PHCs in Esit Eket LGA



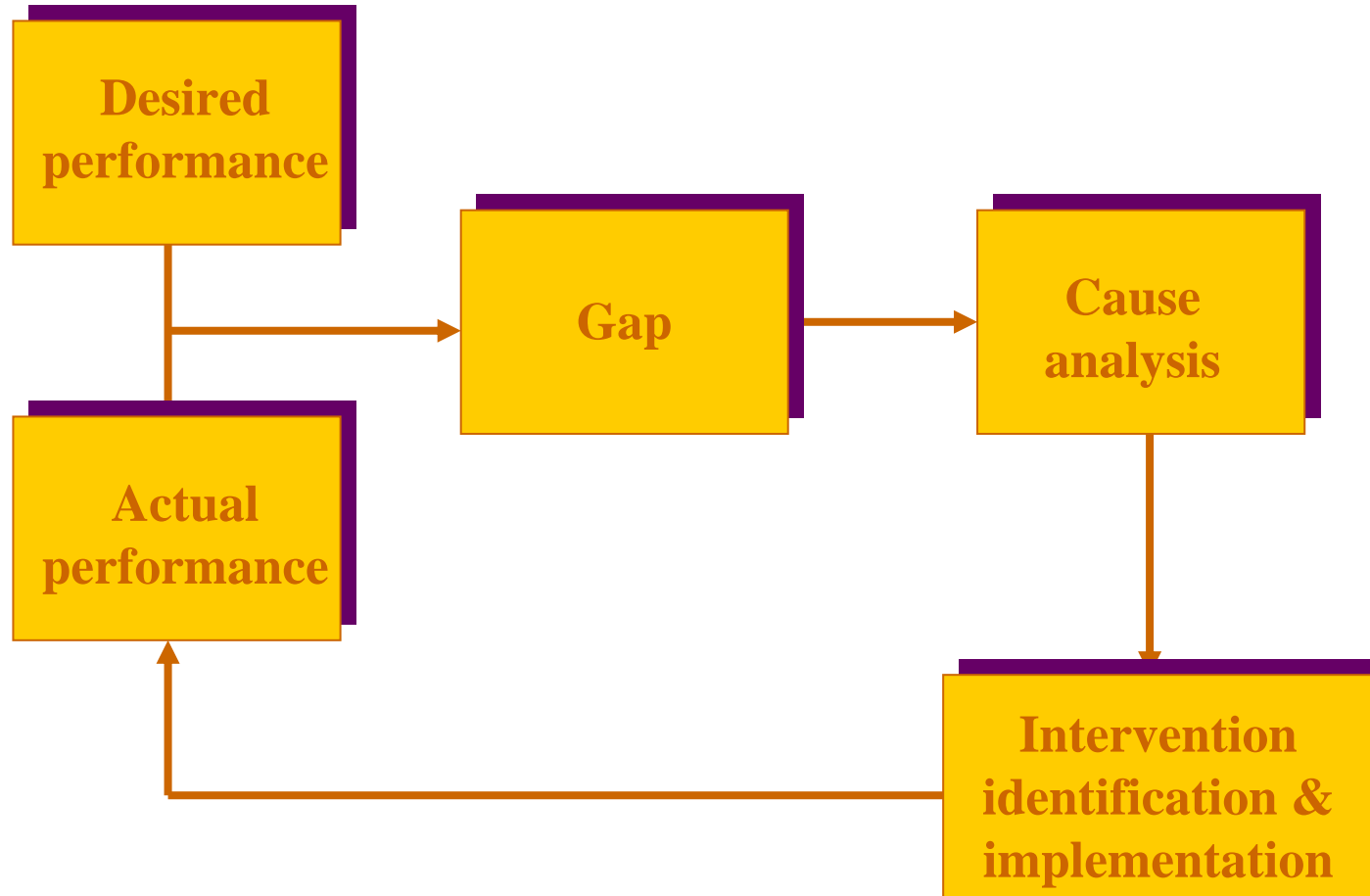


# Compliance with MIP standards by thematic area in Esit Eket LGA





# Implementation Cycle for SBM-R





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# Sample Recognition Events





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# SBMR Recognition Event in Malawi



Maternal and Child Health  
Integrated Program



*Conferred by the Zamfara State Ministry  
of Health to:*

\_\_\_\_\_ *in*  
*recognition of the achievement of Standards*  
*of Excellence in Emergency Obstetric*  
*and Newborn Care*

Date: \_\_\_\_\_



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**a<sup>o</sup>ccess**

\_\_\_\_\_  
**Commissioner of Health**



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# Possible Next Steps





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## Adapting EmONC SBM-R for overall health facility (hospitals and PHCs) use

- **Retain crosscutting sections such as:**
  - Support systems
  - Information Education and Communication (IEC)
  - Human, physical and material resources
  - Management systems
  - Infection prevention
- **Condense specific EmONC-related sections into one**
- **Develop additional sections for key thematic areas such as:**
  - Child health (IMCI, immunization)
  - Acute medical conditions including diabetes, hypertension and asthma
  - Infectious diseases such as HIV/AIDS, Malaria and TB
  - Acute surgical conditions including traumatology
  - Mental health
  - Family planning
  - Oncology



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# Adapt alternative approaches

- Uganda's Yellow Star program
- Egypt's Gold Star program



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# Acronyms and acronyms

innovating to save lives



an affiliate of Johns Hopkins University



**Access to clinical and community  
maternal, neonatal and women's health services**





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# Thank You

# For Your Attention

For more information, contact:

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